Like many complex challenges, the global HIV epidemic looks different from different perspectives and contexts. There has been strong success in prevention of mother-to-child transmission (PMTCT) but progress has stalled, and large numbers of children continue to be infected with HIV. Prevention efforts among adolescent girls and young women – who remain highly vulnerable in most high-prevalence settings – also have shown improved results, but the rate of this positive change is far too slow to substantially reduce their overall risk and vulnerability. HIV treatment results are even less impressive than prevention ones for both children and adolescents overall, as can be seen in the weak momentum in increasing access to and uptake of antiretroviral therapy (ART) among them.

Significant variations in progress are evident across regions and countries. An infant born to a mother with HIV in Eastern and Southern Africa, for example, is more than twice as likely to be tested for HIV within two months of birth than one born in West and Central Africa or South Asia, and fewer than half of all children aged 0–14 living with HIV are receiving ART in Latin America and the Caribbean compared to more than 9 out of 10 children in South Asia.

These wide variations in progress mean that none of the key 2020 ‘super-fast-track’ global targets for HIV responses among children and adolescents will be met. Yet it is important to recognize that the rate of progress is not the same across the targets. A recurring, urgent priority should be to better understand the barriers that continue to hinder greater progress and to introduce catalytic and innovative programming and approaches to move faster toward the changes needed.
In 2012, global coverage for early infant diagnosis (EID) was 43 per cent; by 2018, the proportion had edged up only to 59 per cent. This persistent gap can be deadly in young children: Without treatment, 30 per cent of HIV-exposed infants die before their first birthday, with the majority of those deaths occurring between the ages of 2 and 4 months. Locating and testing all exposed infants is essential for them to be diagnosed and put on ART as soon as possible.

Although lack of EID access remains a significant challenge to the health and well-being of the youngest children, a steadily increasing proportion of HIV transmissions are occurring during breastfeeding. This trend points to ongoing challenges in several areas such as the continued high rates of new HIV infection among women who are breastfeeding in many high-prevalence countries; late initiation on ART (or no initiation at all) of pregnant women living with HIV; and the need to retain mothers living with HIV in treatment and care.

Furthermore, improving the health and future of children infected with HIV also requires immediate uptake of ART after they have been diagnosed. Although paediatric ART access has increased nearly three-fold since 2010, coverage globally was only 54 per cent in 2018. That proportion was lower than coverage among adults (62 per cent) and substantially worse than the proportion among pregnant women living with HIV (82 per cent). The difference in improvements in maternal and paediatric ART coverage is especially stark: In 2018, coverage in pregnant women living with HIV was five times higher than observed in 2010, but paediatric coverage was less than three times higher over the same period.
Longstanding concerns about the impact of prevention efforts among adolescents have not eased in recent years. Progress has occurred, but it has been slow and varied. The annual number of new HIV infections among adolescents worldwide has fallen by about one quarter since 2010, far too slow to be anywhere near the 75 per cent reduction target for 2020. And although new HIV infections have declined more among adolescent girls than boys and the adult population, girls still comprised 74 per cent of all new infections among those aged 10–19 in 2018. That share was even higher, at about 81 per cent, across sub-Saharan Africa, the part of the world with the greatest number of high-prevalence countries.

The situation in 2018 is not completely dire, however, as the data show many optimistic signs and trends. Learning from what has worked, when combined with adequate commitment and resources, offers promise for hastening progress and better serving children and adolescents living with and at risk for HIV. Substantial benefits are also likely from increased adoption and use of new technologies and approaches, such as point-of-care (POC) diagnostic technologies, HIV self-testing and long-lasting injectables of antiretroviral drugs.
FIGURE 5. Percentage of children aged 0–14 living with HIV and pregnant women living with HIV receiving ART, 2010–2018

FIGURE 6. HIV intervention coverage, by region, 2018

FIGURE 7. Number of pregnant women living with HIV and number and percentage receiving antiretrovirals (ARVs) for the prevention of mother-to-child transmission, 2010–2018

FIGURE 8. Number of HIV-exposed infants and number and percentage tested for HIV within two months of birth, 2010–2018

FIGURE 9. Number of children age 0–14 living with HIV and number and percentage receiving antiretroviral therapy, 2010–2018