

2023 Global Snapshot on HIV and AIDS

Progress and priorities for children, adolescents and pregnant women

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for every child

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Where we are now

Despite tremendous gains, progress is stalling for children and adolescents living with and affected by HIV.

Collective action across multiple sectors has brought the global community closer to reversing a global AIDS epidemic which, two decades ago, seemed unstoppable. There has been significant progress in preventing new HIV infections and reducing AIDS-related deaths and in expanding access to lifesaving treatment.

Progress is especially strong in sub-Saharan Africa, which is home to approximately **87% of children (0–14 years) and 82% of adolescents (10–19 years) living with HIV.**

The gains made have been remarkable. New HIV infections and AIDS-related deaths have been reduced markedly among children, adolescents and young people. In 2022, **the annual number of new vertical HIV infections in children (0–14 years) had fallen by more than 75% since 2000.** And, in 2022, half as many (53%) of adolescent girls and young women acquired HIV as in 2010. Coverage of HIV testing and treatment for infants has improved dramatically, new testing tools are more widely accessible, and effective paediatric antiretroviral formulations are finally in wide use.



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But troubling gaps remain and progress is stalling:

- In 2022, 4 in 10 infants with HIV missed out on a timely diagnosis
- Children and adolescents living with HIV fare much worse than adults in accessing lifesaving treatment and face comparatively higher rates of AIDS-related deaths
- Adolescent girls and young women in sub-Saharan Africa continue to be at disproportionately high risk of HIV

Every day

356 

children, 0–14 years, are newly infected with HIV

Every day

384 

adolescent girls, 10–19 years, are infected with HIV

Every day

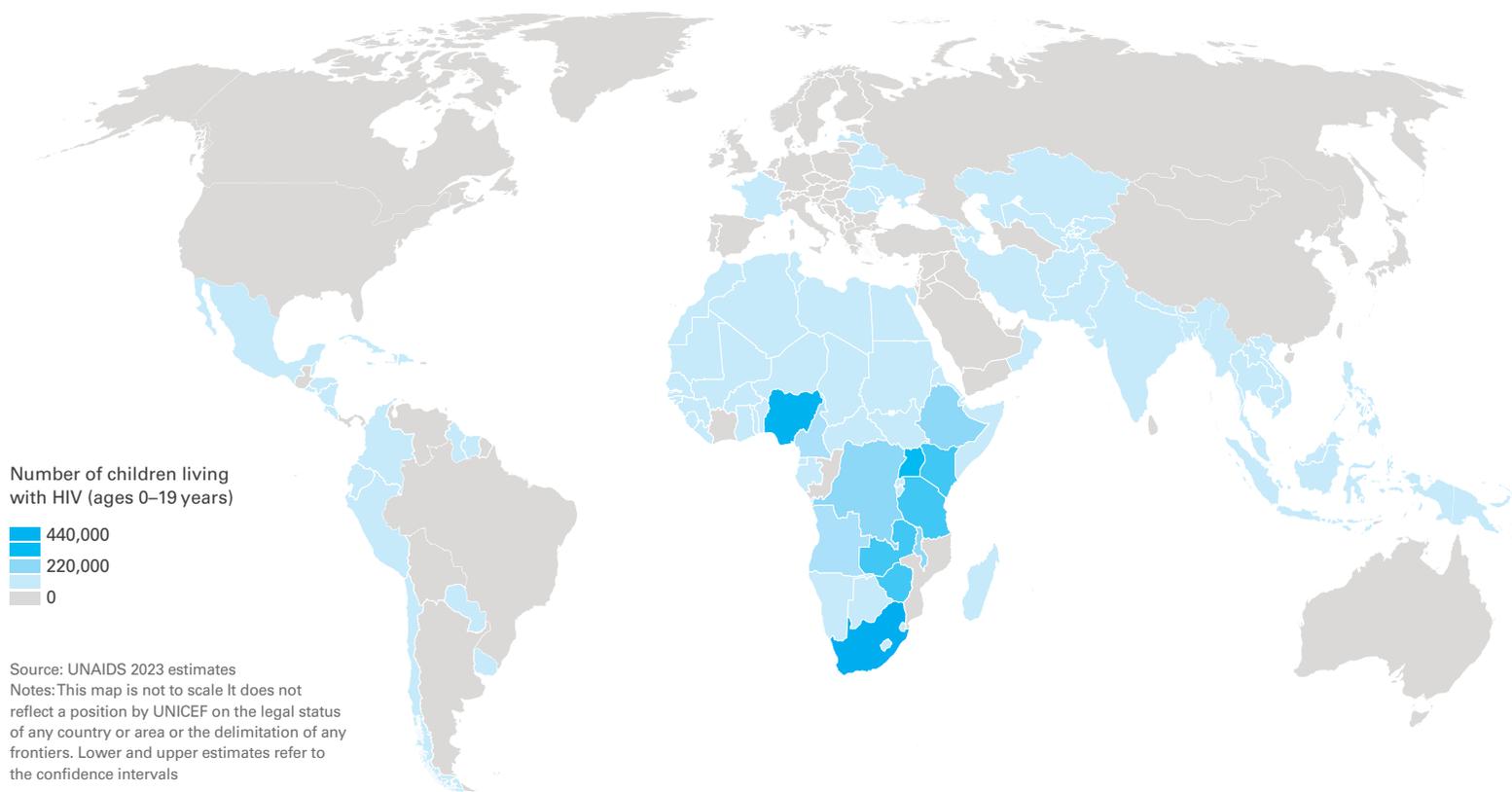
271 

children and adolescents, 0–19 years, die from AIDS-related causes

Global and regional documents such as the Sustainable Development Goals, the Global AIDS Strategy 2021–2026, the Dar es Salaam Declaration for Action to End AIDS in children by 2030, have reaffirmed collective commitments to end AIDS in children, adolescents and pregnant women. But if we continue at the current pace and scale, we will not meet our collective targets by 2030.



Number of children ages 0–19 years living with HIV, 2022



Of the estimated

1.54 million children living with HIV under 15 years, 87% live in sub-Saharan Africa



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*“Together we can
build a legacy that
allows children living
with HIV to reach
their full potential.”*

The Dar es Salaam Declaration for
Action to end AIDS in Children, 2023



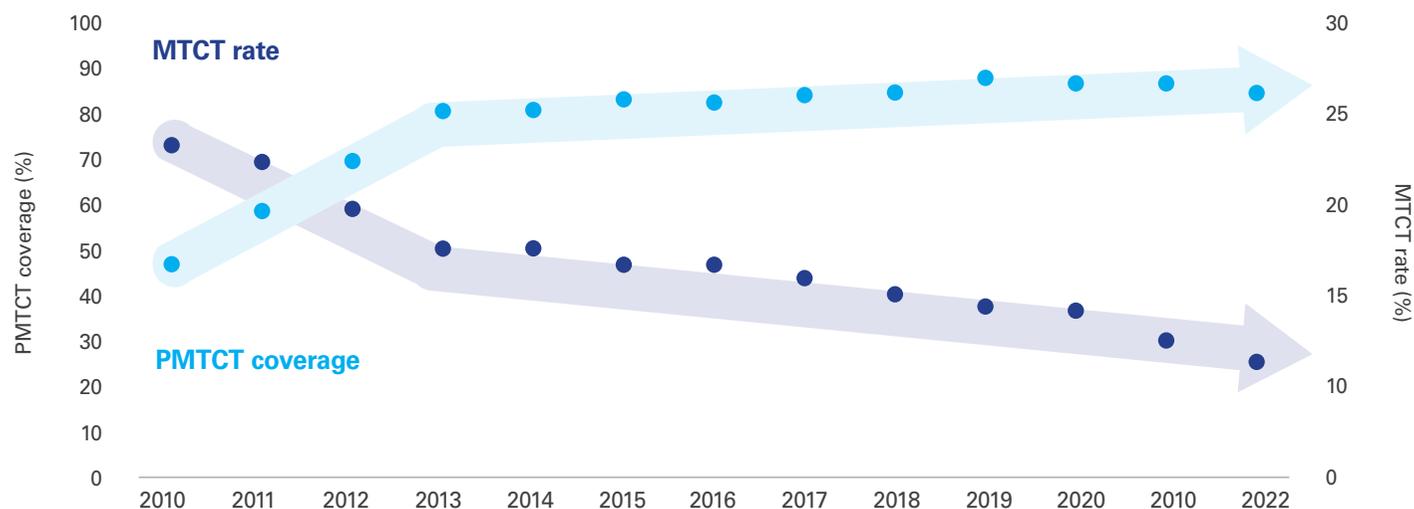
1. Vertical transmission

Vertical transmission of HIV during pregnancy and breastfeeding has been drastically reduced, but challenges persist with ART coverage stagnating and pregnant women living with HIV missing out on treatment.

At the peak of the HIV epidemic in the early 2000s, **over 2.1 million children were living with HIV**. That situation has now been fundamentally transformed. The number of women acquiring HIV has fallen steeply, and vertical transmission of HIV during pregnancy and breastfeeding has been drastically reduced.

In 2010, only **48% of pregnant and breastfeeding women** living with HIV received ARV drugs to protect their health and prevent vertical transmission of HIV to their children. In **2022 this had increased to 82%** but progress has stalled.

The rate of vertical transmission **dropped from 23% in 2010 to around 11% in 2022**, with progress having stagnated in recent years.



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56%



of pregnant women living with HIV outside of sub-Saharan Africa do not have access to lifesaving treatment

75%



decrease in new vertical infections in children from 2000 to 2022

In 2022 the number of new vertical infections was 130,000, the lowest number since the 1980s.

25%



of all pregnant women living with HIV, globally, are aged 15–24 years

Coverage in 2022 was 82% of pregnant and breastfeeding women living with HIV received ARV drugs to protect their health and prevent vertical transmission of HIV to their children, up from 48% in 2010.

UNICEF estimates that **3.4 million HIV infections in children have been averted since 2000**. Fifteen countries and territories¹ have been certified as having halted vertical transmission entirely. Botswana recently became the first country with a high prevalence of HIV to halt vertical transmission, with Malawi, South Africa and Namibia also closing in on the same goal.

Coverage of ART among pregnant or breastfeeding women living with HIV has levelled off in most regions. One in five pregnant women living with HIV was not receiving antiretrovirals to prevent the vertical transmission of HIV to their newborns and challenges persist with:

- Low quality of care
- Inadequate uptake of testing
- Gaps in linking women to antiretroviral therapy and retention in care

Programmes are not sufficiently tailored to address the specific treatment, care, support and sexual reproductive health needs of adolescents and young women living with HIV who are pregnant.

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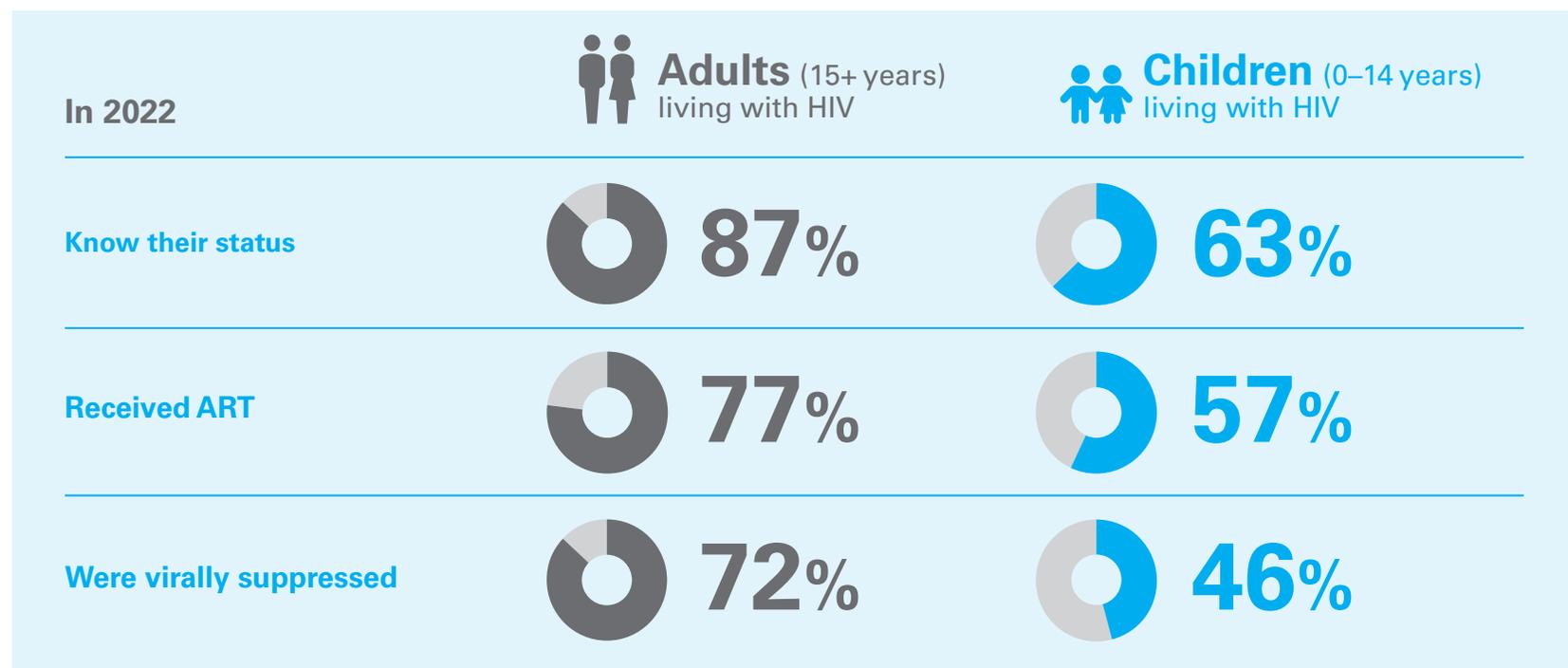
A woman living with HIV with her husband and daughter, who was born free from HIV, in Thailand. Thailand is the first country in Asia to be certified by the WHO as having eliminated mother-to-child transmission of HIV and syphilis.



2. Treatment gap

Coverage of HIV testing and treatment for infants has improved dramatically. New testing tools (including point-of-care EID and HIV self-tests) are more widely available, and the introduction of paediatric dolutegravir ARV formulations mean that children have treatment options that are comparable to the best adult formulations.

These achievements are cause for celebration. But glaring disparities remain. In 2022, four in ten infants with HIV missed out on a timely diagnosis and almost half of the 1.5 million children living with HIV were still not getting ARVs: treatment coverage was 77% among adults (15 years and older), but only 57% among children (0–14 years). The epidemic claimed an estimated 84 000 children's lives in 2022. Children accounted for 13% of AIDS-related deaths in 2022, even though they comprise only about 4% of people living with HIV.



Among adolescents living with HIV (aged 15–19 years), an estimated 350,000 were not receiving ART in 2022. Comparatively, adolescents girls tend to have poorer adherence to treatment and are less likely to be virally suppressed than adults living with HIV.²

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Noura, 19 years old, is pictured with her 1-year-old son Kader in Boundiali, Côte d'Ivoire. Noura benefits from support provided by Girl Power, a collaborative programme of UNICEF and the Government, aiding vulnerable adolescent girls, including teen mothers, by providing opportunities for them to fully develop their potential.



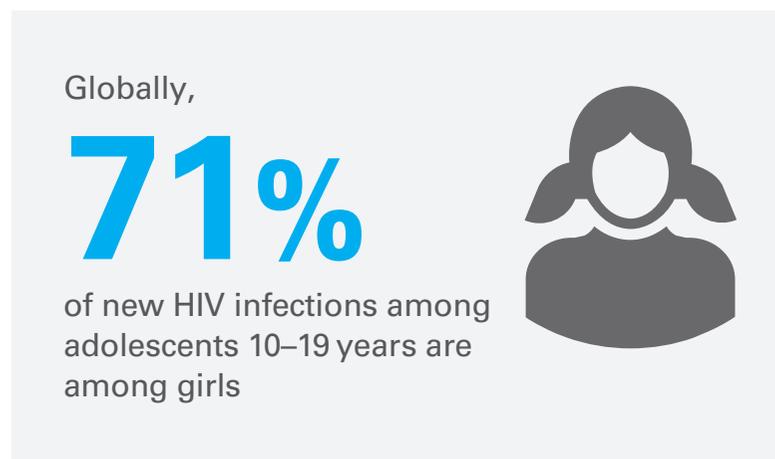
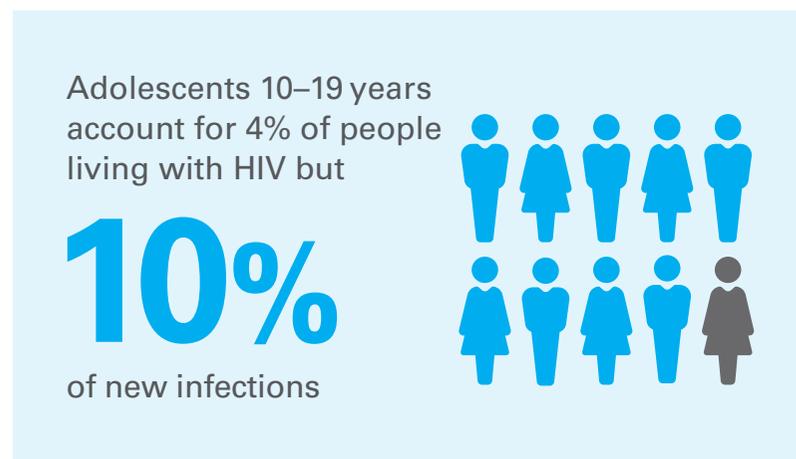
3. Impact on adolescents, especially girls

Globally, 71% of new HIV infections among adolescents 10–19 years are among girls.

Major gaps in basic HIV prevention and supportive SRH programmes for adolescent girls and young women remain:

- Long-standing gender inequalities and discrimination
- Marginalization
- Denial of rights, compounded by poverty and violence^{3, 4, 5, 6}

Due to factors like these, HIV prevalence among adolescent girls and young women in sub-Saharan Africa is still over three times higher than among their male counterparts.



Adolescents represent a growing share of people living with HIV worldwide. In 2022, about 1.7million adolescents between the ages of 10 and 19 were living with HIV worldwide. Adolescents account for about 4% of all people living with HIV and about 10% of new HIV infections.

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In 2022, half as many (47%) of adolescent girls and young women acquired HIV as in 2010. Even with this decline, we are not on track to meet our 2030 target to end new HIV infections among adolescent girls and young women.

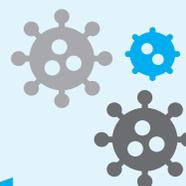
The global sex-distribution of new HIV infections among adolescents is driven largely by sub-Saharan Africa, which carries the overwhelming global burden of HIV. In 2022, 33% of older adolescents aged 15–19 years newly infected with HIV lived outside of the region. In the Middle East and North Africa region, the number of young people living with HIV has increased by 13% since 2010. In East Asia and the Pacific and Latin America and the Caribbean, two thirds of new adolescent infections, age 10–19 years, occur in boys.

Stigma, discrimination, societal inequalities and violence sabotage the efforts of adolescents and young people to protect themselves against HIV and other health threats. Young key populations are especially vulnerable.⁷

In 2022,

**33% of older adolescents
newly infected with HIV**

lived outside of sub-Saharan Africa



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Angela, Vivien, Kunda and Agnes (left to right), all 19 years old, at a UNICEF-supported adolescent-friendly space in Gwembe clinic, Zambia, enjoy the opportunity to discuss SRHR with one another and health professionals in a safe and open environment.

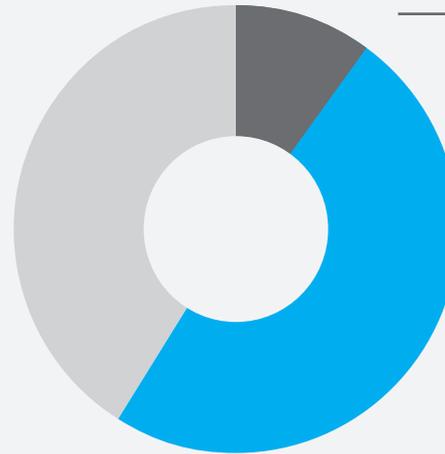


HIV-related stigma and discrimination is alarmingly common.

Across 54 countries with recent survey data,

a median of 59% of people harboured discriminatory attitudes towards people living with HIV.

This is a level that is nearly six times higher than the 2025 global target.



10%
2025 global target

59% have discriminatory attitudes

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A stranger hugs Baurzhan during his "Hug me, I have HIV" public booth with his friend Ayaulym. Baurzhan and Ayaulym are living with HIV and work to fight stigma and advocate for the rights of young people living with HIV in Kazakhstan.



UNICEF is committed to driving the actions needed to end paediatric AIDS and to protect women, children and adolescents against HIV. This means generating and using data for evidence, action and accountability; leveraging HIV resources to address gaps; supporting innovations; and empowering adolescents, especially girls, to lead programmes that drive change.

We also know what progress looks like in the HIV response, and we know that together – with communities, governments and partners – we can overcome the stubborn obstacles that make HIV a persistent threat to the health and well-being of children, adolescents and pregnant women, and meet our commitments to end AIDS by 2030.

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Beatrice, Alex and Naomi, peer educators in Ibanda, Uganda, collaborate and exchange information before embarking on home visits to follow up with clients, particularly other young people living with HIV.

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Key facts: Children and adolescents and AIDS (2022 estimates)

Epidemiology	Estimate
Number of children and adolescents living with HIV (0–19)	2.6 million
Number of new HIV infections*, children and adolescents	270,000
HIV incidence per 1,000 population, adolescents aged 15–19 years	0.22
Number of AIDS-related deaths, children and adolescents	99,000
Number of pregnant women living with HIV	1.2 million
Mother-to-child transmission rate of HIV, final	11%
HIV response	Estimate
PMTCT coverage (%)	82%
Early infant diagnosis (%)	68%
ART coverage, children aged 0–14 (%)	57%
Viral load suppression (%)	46%

Source: Global AIDS Monitoring 2023 and UNAIDS 2023 estimates

*Almost all new HIV infections among younger children occur among those aged 0–4 years, either through pregnancy, birth or breastfeeding.

Endnotes

- 1 Anguilla (2017), Antigua and Barbuda (2017), Armenia (2016), Belarus (2016), Bermuda (2017), Cayman Islands (2017), Cuba (2015), Dominica (2020), Malaysia (2018), Maldives (2019), Montserrat (2017), Oman (2022), Saint Kitts and Nevis (2017), Sri Lanka (2019), Thailand (2016).
- 2 <https://pubmed.ncbi.nlm.nih.gov/29329280/> and <https://data.unicef.org/topic/hivaids/adolescent-hiv-treatment/>
- 3 Leung Soo C, Pant Pai N, Bartlett SJ, Esmail A, Dheda K, Bhatnagar S. Socioeconomic factors impact the risk of HIV acquisition in the township population of South Africa: A Bayesian analysis. PLOS Glob Public Health. 2023;3(1):e0001502.
- 4 Kuchukhidze S, Panagiotoglou D, Boily MC, Diabaté S, Eaton JW, Mbofana F, et al. The effects of intimate partner violence on women's risk of HIV acquisition and engagement in the HIV treatment and care cascade: a pooled analysis of nationally representative surveys in sub-Saharan Africa. Lancet HIV. 2023;10(2):e107–e117.
- 5 Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2021.
- 6 Mabaso M, Makola L, Naidoo I, Mlangeni LL, Jooste S, Simbayi L. HIV prevalence in South Africa through gender and racial lenses: results from the 2012 population-based national household survey. Int J Equity Health. 2019;18(1):167.
- 7 Baggaley R, Armstrong A, Dodd Z, Ngoksin E, Krug A. Young key populations and HIV: a special emphasis and consideration in the new WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. J Int AIDS Soc. 2015;18(2 Suppl 1):19438.

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Indicators by age and UNICEF region*

Indicator by age	Global	Eastern and Southern Africa	West and Central Africa	Middle East and North Africa	South Asia	East Asia and Pacific	Latin America and the Caribbean
Children (0–14)							
HIV population (0–14)	1,500,000	63%	26%	0%	5%	3%	3%
New HIV infections (0–14)	130,000	46%	38%	1%	4%	5%	4%
Annual AIDS deaths (0–14)	84,000	43%	40%	1%	4%	5%	4%
Adolescent (15–19)							
HIV age distribution (15–19)	1,000,000	69%	18%	0%	6%	5%	4%
New infections by age (15–19)	140,000	55%	11%	1%	6%	11%	8%
AIDS deaths by age (15–19)	15,000	67%	27%	0%	1%	2%	2%
Adolescent (10–19)							
HIV population (10–19)	1,700,000	65%	18%	0%	5%	4%	3%
New HIV infections (10–19)	140,000	55%	11%	1%	6%	11%	8%
Annual AIDS deaths (0–14)	27,000	59%	31%	0%	2%	2%	2%
Pregnant Women (15–49)							
Women needing PMTCT	1,200,000	70%	20%	0%	2%	3%	3%

Indicator by age	Global	Eastern and Southern Africa	West and Central Africa	Middle East and North Africa	South Asia	East Asia and Pacific	Latin America and the Caribbean
Children (0–14)							
HIV population (0–14)	1,500,000	940,000	390,000	5,200	78,000	51,000	42,000
New HIV infections (0–14)	130,000	60,000	50,000	760	5,800	6,600	5,300
Annual AIDS deaths (0–14)	84,000	36,000	34,000	420	3,100	4,300	3,500
Adolescent (15–19)							
HIV age distribution (15–19)	1,000,000	690,000	180,000	2,800	58,000	48,000	43,000
New infections by age (15–19)	140,000	77,000	16,000	860	8,600	15,000	11,000
AIDS deaths by age (15–19)	15,000	10,000	4,100	23	220	370	280
Adolescent (10–19)							
HIV population (10–19)	1,700,000	1,100,000	300,000	4,100	90,000	64,000	57,000
New HIV infections (10–19)	140,000	77,000	16,000	870	8,600	15,000	11,000
Annual AIDS deaths (0–14)	27,000	16,000	8,400	41	420	640	630
Pregnant Women (15–49)							
Women needing PMTCT	1,200,000	840,000	240,000	2,800	25,000	30,000	34,000

Source: Global AIDS Monitoring 2023 and UNAIDS 2023 estimates

*EECA regional estimates have not been published

*Numbers may not add up due to rounding

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