

Distr.: General
27 December 2021

Original: English
English, French and Spanish only

For information

United Nations Children's Fund

Executive Board

First regular session 2022

8–11 February 2022

Item 5 of the provisional agenda*

Background note

Oral report on UNICEF follow-up to the recommendations and decisions of the forty-seventh and forty-eighth meetings and two special sessions of the Joint United Nations Programme on HIV/AIDS Programme Coordinating Board

Summary

This paper provides a progress update on the UNICEF global HIV programme and responses to the decision points of the forty-seventh and forty-eighth Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB) meetings held in December 2020 and June–July 2021, as well as the two additional PCB special sessions held in March and October 2021. The report also provides a statistical update on some key HIV data related to the status of the HIV epidemic and response in children and adolescents.

* E/ICEF/2022/1.

I. Overview

1. The coronavirus disease 2019 (COVID-19) pandemic has entered its second year, but the pandemic of HIV/AIDS has been raging for over three decades. Despite many successes, the pace of progress has been too slow to save hundreds of thousands of children and adolescents from AIDS. The world did not meet the end-2020 super-fast-track targets for paediatric HIV prevention and treatment and the setbacks experienced in the first half of 2020 due to COVID-19 lockdowns threaten the fragile gains made.

2. The Global AIDS Strategy, 2021–2026, led by the Joint United Nations Programme on HIV/AIDS (UNAIDS), was adopted in 2021. UNICEF was closely involved with the process of developing the strategy, and its interventions were essential to the rejuvenated focus on children. The theme of the strategy and the United Nations high-level meeting on HIV/AIDS that formally ratified and adopted the strategy, is “End Inequalities. End AIDS”. The UNICEF approach to rights-based, equity-focused HIV prevention and treatment services for mothers, children and adolescents is central to the thematic focus of the strategy and is now more important than ever before.

3. The development of the strategy saw the reworking of the key result areas of focus for 2021–2026, and the realignment of the Division of Labour across co-sponsors. Paediatric treatment has now been elevated and separated out from adult treatment and combined with elimination of vertical (mother-to-child) transmission) of HIV, as the new result area 3. UNICEF will be co-leading this result area in its longstanding and highly successful partnership with the World Health Organization (WHO). The goal is to leverage country leadership and community engagement as well as advocate for continued and prioritized investments for ending the AIDS epidemic among children.

4. In addition, UNICEF will continue to co-lead a reformulated strategic result area on young people: result area 7, together with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA). This strategic result area will advocate for coherence and institutionalization of youth-led responses across prevention, treatment and care, and will advance their leadership and engagement in policy, governance, accountability and monitoring.

5. This report also highlights the UNICEF responses to the decision points from four Programme Coordinating Board (PCB) meetings: the forty-seventh meeting (15–18 December 2020); the forty-eight meeting (29 June–2 July 2021) and two special sessions (24–25 March, and 6 October 2021). These responses include UNICEF work in support of the development of the Global AIDS Strategy 2021–2026 and the new Unified Budget, Results and Accountability Framework (UBRAF), an update on programming for children and AIDS, prevention among adolescents, mental health among people living with HIV, and HIV services for migrant and crisis-affected populations. This document also reports on UNICEF work to prevent human papillomavirus (HPV) infection among people living with HIV to reduce cervical cancer risk.

6. With an estimated 150,000 new child infections among children aged 0–14 years in 2020, the world fell far short of the target of fewer than 20,000 new infections in that age group by the end of the year. For antiretroviral treatment (ART) access in pregnant women, coverage has stagnated at around 85 per cent over the past five years – far below the 95 per cent target for 2020. Access to ART among children (54 per cent) lags far behind that of adults (74 per cent) and pregnant women (85 per cent).

As a result, children continue to be at disproportionately heightened risk of dying from AIDS, as evidenced by the estimated 100,000 deaths among children in 2020.

7. The situation for adolescents is equally troubling. In 2020, the estimates suggest that there were 150,000 new infections among adolescents aged 15–19 worldwide, a 35 per cent decline relative to the 2010 baseline. This amounts to an annualized reduction of less than 3 per cent globally and is a far cry from the target of fewer than 100,000 annually by 2020. Deep gender disparities persist, with 77 per cent of new infections in the 15–19-year age group borne by girls. Of the estimated 1.75 million adolescents aged 10–19 living with HIV globally, only 54 per cent, or 940,000, were receiving life-saving ART in 2020. At this rate, progress is much too slow to achieve epidemic control and an AIDS-free generation of adolescents.

8. The world continues to face many challenges, but three stand out:

(a) The COVID-19 pandemic illustrated the deep vulnerabilities among women and children living with HIV. The sudden disruption of prevention and treatment services in many countries and communities resulted in significant negative consequences for the most marginalized, including loss of livelihood, increased morbidity and mortality, and increased transmission of HIV from mothers to their children.

(b) The continued loss of funding to HIV programmes has been highlighted in the Global AIDS Strategy as a major roadblock. Sustained donor funding, innovative financing and strategic redeployment of health systems assets to ensure delivery of HIV services in ways that are resilient and sustainable are critical to the future of the global response.

(c) Spending is still not targeted to where the deficiencies lie: retention in care for all populations, but especially for mothers, children and adolescents; reaching adolescents with HIV prevention and treatment services; and identifying and reaching the most marginalized to close persistent coverage gaps. UNICEF is leading the way in ‘differentiated programming’, an approach that seeks to link epidemiologic and programme data with evidence-based best practices to promote the most targeted and effective solutions.

II. UNICEF commitments within the Joint United Nations Programme on HIV/AIDS

9. The Global AIDS Strategy 2021–2026 has 10 result areas, grouped under three strategic priorities and the following five cross-cutting themes: (1) leadership, country ownership and advocacy, (2) partnerships, multisectorality and collaboration, (3) data, science, research and innovation, (4) human rights, gender equality and reduction of stigma and discrimination, and (5) cities, urbanization and human settlements. The result areas and cross-cutting themes were developed to align with the health and health-related objectives of the Sustainable Development Goals. The UNAIDS Division of Labour is organized by the 10 result areas.

10. Under the Division of Labour, each result area is led by one or more co-sponsors with other co-sponsors as contributors. UNICEF is one of the most active co-sponsors and has historically contributed considerable resources from its core organizational budget to invest in a robust HIV response. UNICEF has played a critical role in the formulation of the strategy and is a co-convenor for two result areas within the realigned Division of Labour. The box below shows all the strategic priorities and result areas and, shown in boldface, the result areas where UNICEF has a specific accountability and a co-convening role.

11. Within all result areas where the organization has a co-convening or supporting role, UNICEF drives the development of guidance based on evidence and best practice, and supports implementation at the national level by providing technical and programmatic assistance to countries. UNICEF also plays a central role in tracking national and regional progress, ensuring that results for children are broadly disseminated to raise awareness and create opportunities for advocacy, and facilitating knowledge-sharing among partners and implementers.

12. UNICEF has long-established and recognized programmes in health, nutrition, immunization, water, sanitation and hygiene, gender, education, child protection and social policy. As a result, the organization is uniquely positioned to support women, children and adolescents living with and affected by HIV with multisectoral approaches that can result in sustained impact.

Global AIDS Strategy 2021–2026

Strategic Priority 1: Maximize equitable and equal access to HIV services

Result Area 1: Primary HIV prevention for key populations, adolescents and other priority populations, including adolescents and young women and men in locations with high HIV incidence.

Result Area 2: Adolescents, youth and adults living with HIV, especially key populations and other priority populations, know their status and are immediately offered and retained in quality, integrated HIV treatment and care that optimize health and well-being.

Result Area 3: Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence.

Strategic Priority 2: Break down barriers to achieving HIV outcomes

Result Area 4: Fully recognized, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response.

Result Area 5: People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma and discrimination.

Result Area 6: Women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality, and work together to end gender-based violence and to mitigate the risk and impact of HIV.

Result Area 7: Young people fully empowered and resourced to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS.

Strategic Priority 3: Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses

Result Area 8: Fully funded and efficient HIV response implemented to achieve the 2025 targets.

Result Area 9: Integrated systems for health and social protection schemes that support wellness, livelihood and enabling environments for people living with, at risk of and affected by HIV to reduce inequalities and allow them to live and thrive.

Result Area 10: Fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.

13. UNICEF can point to its extensive field presence in all HIV high-priority countries as well as its steadfast commitment to maintain and support global HIV programming despite dwindling global resources. Because of this global footprint, the organization can respond rapidly to emergencies or disruptions that threaten progress. For example, in 2019 in Pakistan, UNICEF, together with WHO, led a rapid response to a large outbreak of HIV among children; and supported the humanitarian response to HIV in the Bolivarian Republic of Venezuela in 2018, where economic conditions resulted in sudden stock-outs of paediatric antiretroviral medicines.

14. Beyond UNICEF specific accountabilities within the Division of Labour, it also leads on child and adolescent issues within global forums that convene stakeholders engaged in the HIV response. Examples include leadership within the Global HIV Prevention Coalition, where UNICEF heads the work on prevention among adolescent girls and young women; the Global Accelerator for Paediatric Formulations Network;; and the Strategic Initiative on Adolescent Girls and Young Women, where UNICEF provides technical support to gendered HIV prevention responses within the Eastern and Southern Africa region. UNICEF also led the Stay Free Partnership of the ‘Three Frees’ framework, a five-year initiative to accelerate action to end AIDS in children and adolescents through a life-cycle approach. The Three Frees concluded at the end of 2020 and UNICEF is working with UNAIDS and WHO to launch a new coalition that will take forward the work of that partnership into the next five years of the Global AIDS Strategy.

III. Current state of the HIV epidemic and global response for children and adolescents living with and affected by HIV

The global situation

15. There is little doubt that the programming landscape has changed since the launch of the UNICEF global HIV programme over 25 years ago. The marked reduction in the numbers of infants newly infected with HIV through vertical transmission of the virus from mothers to children is arguably one of the crowning public health accomplishments of recent years and one of which UNICEF is especially proud. Global coverage of ART among pregnant women, which stood at 17 per cent in 2010, reached 85 per cent in 2020 – and is even higher (95 per cent) in Eastern and Southern Africa. That public health programmes have been able to integrate HIV testing and treatment for pregnant women into all layers of the health service, particularly within antenatal care at primary level, and to sustain these services, would have once been unthinkable. UNICEF was central to this success and the fact that the organization was undeterred by its critics is a testament to the vision and determination of its leaders.

16. And yet, it is undeniable that the world is failing in the broader response. Gains that were made between 2010 and 2015 have essentially flatlined, as the first five years of the past decade stand in stark contrast to the second five (see table 1). The world missed every single one of the 2020 super-fast-track targets set at the high-level meeting in 2016 and adopted by the Three Frees partnership.

Table 1
Key data indicators for 2010, 2015 and 2020 showing the distinct downturn in the global response for children

<i>Indicator</i>	<i>2010</i>	<i>2015</i>	<i>2020</i>
Number of new HIV infections in children 0–14 years annually	320 000	190 000	150 000
Change from 2010		-41%	-53%
Percentage of pregnant and breastfeeding women on lifelong antiretroviral treatment in any given year	17%	82%	85%
Change from 2010		382%	400%
Number of new HIV infections in adolescents 10–19 years annually	250 000	200 000	150 000
Change from 2010		-19%	-38%
Children (0–14 years) on antiretroviral treatment	420 000	840 000	920 000
Change from 2010		102%	122%
Adolescents (15–19 years) on antiretroviral treatment	110 000	330 000	560 000
Change from 2010		200%	414%

Source: Global AIDS Monitoring 2021 and UNAIDS 2021 estimates.

17. The slow progress and stark gender gaps in reducing new infections among adolescents are especially troubling. The 2020 estimates indicate that there were 160,000 new infections among adolescents aged 10–19 years, a 38 per cent reduction since 2010, and that 77 per cent of those infections were in girls. Furthermore, United Nations demographic models suggest that, by 2050, the population of adolescents and young people (aged 15 to 24 years) will double in sub-Saharan Africa.¹ Since the region accounts for 70 per cent of all new HIV infections among adolescents and young people worldwide, UNICEF projections suggest that not only will the Sustainable Development Goal targets for ending AIDS by 2030 be missed, but also that, unless the pace of progress picks up significantly, the world will not end AIDS in this population until 2050.²

18. Global patterns mask regional variations that are both encouraging and alarming. Some countries have seen notable successes. Worldwide, 13 countries and territories have received validation from WHO for eliminating HIV vertical transmission – and most recently Botswana has been recognized by WHO as being on the “Path to Elimination” – the first country in sub-Saharan Africa to achieve this important milestone. In 2020, Eswatini reported that it had reached the elusive 90-90-90 targets – whereby 90 per cent of people living with HIV knew their status, 90 per cent of those were on ART, and 90 per cent of those on ART were virologically suppressed. While this accomplishment heralds epidemic control, it is important to note that the targets were only reached among adults, not among children.

19. By contrast, maternal ART coverage rates are much lower in most regions other than Eastern and Southern Africa, and progress in reducing new infections much slower. With lower treatment coverage comes higher mortality, and as the global HIV epidemic matures and the historic ‘epicentres’ of the HIV epidemic begin to achieve epidemic control, the burden of HIV mortality and morbidity may well shift to lower-

¹ United Nations Population Division, Department of Economic and Social Affairs, World Population Prospects: The 2017 revision.

² Khalifa, A. et al., ‘Demographic change and HIV epidemic projections to 2050 for adolescents and young people aged 15–24’, *Global Health Action*, vol. 12, no. 1, 2019.

prevalence countries in the not-too-distant future.³ For UNICEF, this means that the organization must continue to advocate for an approach that leaves no one behind and that encompasses not only high-prevalence countries but also lower-prevalence ones.

20. Maintaining a global perspective is not just important for programme partners and implementers partners; it is also crucial for the donor community. Sustained funding and smarter use of the available resources is essential to avoid squandering the opportunity to end AIDS among children and adolescents. UNICEF has worked hard to develop the tools to understand the epidemic in children and adolescents and deliver targeted interventions where they are most needed. This approach needs to become the standard for all implementers and donors and should be adopted by national programmes to ensure optimization of domestic funds.

21. In this effort, the technical expertise that UNICEF country teams provide is critical to help national programmes to deliver services more effectively and efficiently.

IV. Looking to the future and the UNICEF Strategic Plan period

22. As UNICEF begins implementation of its new Strategic Plan, 2022–2025, the world stands at a crossroads. The era of siloed vertical programming for HIV is past. Moving beyond the stagnant statistics that are common in most paediatric HIV prevention and treatment programmes requires careful and systematic integration of HIV into primary care. Without this integration, the ambitious goals of the Global AIDS Strategy will never be reached.

23. At the same time, COVID-19 has shown that there is nothing more important than resilient high-quality health systems. Without a health system that is fit for purpose, all hard-fought gains in HIV, immunization, antenatal care and child and adolescent health will be at risk when the next global pandemic occurs.

24. To respond to these emerging priorities, the UNICEF global HIV programme in the Strategic Plan will be driven by four key imperatives:

(a) Innovation in service delivery, new drugs, smart diagnostics and technology.

(b) Improving understanding of programmes through generation of quality disaggregated data that can permit differentiated, targeted evidence-based programming.

(c) Integrating HIV into primary health in ways that strengthen health systems, improve primary health services, and enhance HIV programme results in terms of access to care and quality.

(d) Placing mothers, children and adolescents living with and affected by HIV at the centre of the work of UNICEF and partnering with stakeholders, other United Nations agencies and affected communities to ensure that the organization remains sensitive to the beneficiaries it is committed to serve.

³ Kempton, J. et al., ‘Most new HIV infections, vertical transmissions and AIDS-related deaths occur in lower-prevalence countries’, *Journal of Virus Eradication*, vol. 5, no. 2, 2019, pp. 92–101.

A. Showcasing the work of the global HIV programme in the prevention of mother-to-child transmission of HIV

25. The remarkable progress made towards the elimination of mother-to-child transmission (EMTCT) of HIV is worth underscoring. UNICEF estimates that as a direct result of its work with partners, an estimated 2 million children have been prevented from acquiring HIV since programming began over 25 years ago. Although coverage of ART in pregnant women has now plateaued, new analytical tools developed by UNICEF, in partnership with UNAIDS, highlight how data can help to uncover the ongoing drivers of new infections in children. Through its last mile to EMTCT framework, UNICEF is mobilizing partners and national programmes to adopt a differentiated approach to testing, care, treatment and support for both mothers who are HIV-negative and those who are living with HIV. The framework provides a detailed approach for countries to review their data, identify sources of new infections and implement evidence-based solutions.

26. UNICEF programme analyses indicate that in many countries, and especially in sub-Saharan Africa, pregnant adolescent girls have lower access to antenatal care, antenatal HIV testing and ART if they are living with HIV. As a result, teenage mothers experience much worse maternal and child health outcomes, including higher rates of HIV transmission. In response, UNICEF is developing guidance to enhance programming for pregnant and parenting adolescents that emphasizes self-care, peer-support platforms, better access to testing, including using HIV self-testing, providing early childhood development and parenting support, and building the capacity of health-care workers to be more responsive to adolescents.

27. UNICEF is also developing a document to highlight the best ways for low-burden countries, including many in the East Asia and the Pacific and West and Central Africa regions, to decrease the high rates of mother-to-child transmission of HIV through strategies such as universal antenatal care testing linked to specialist referral for pregnant women who are found to be living with HIV.

B. Showcasing the work of the global HIV programme in paediatric and adolescent HIV treatment

28. UNICEF is working across the paediatric continuum of care to improve testing, treatment and retention in care for children living with HIV.

29. The organization's flagship work on HIV point-of-care (POC) testing has revolutionized the laboratory landscape across West and Central Africa through investments that have strengthened national capacity to test for HIV in infants and monitor viral load in patients on ART as well as test for Ebola virus disease, tuberculosis and, most recently, severe acute respiratory syndrome coronavirus 2, the virus that causes COVID-19.

30. Across three countries, in partnership with a coalition of implementers and community organizations, UNICEF is using its innovative paediatric service delivery framework to promote a model of differentiated services for infants, children and adolescents living with HIV.

31. In partnership with the Supply Division, the UNICEF global HIV programme is also working to rapidly introduce dolutegravir as one of the antiretroviral drugs in the preferred first-line treatment option for all children and adolescents with HIV. This drug is the first in class for a new type of antiretroviral that is remarkably well tolerated and very effective at controlling viral replication, with a high genetic barrier to resistance.

C. Showcasing the work of the global HIV programme in adolescent prevention

32. In 2021, UNICEF launched a new toolkit to facilitate implementation of high-quality combination prevention programming for adolescent girls and young women. The toolkit adds to a similar set of tools developed in 2019 for programming among adolescent and young key populations, and complements a compendium of tools developed for the Eastern and Southern Africa region.

33. UNICEF is introducing innovations in the West and Central Africa region to address marginalized adolescents at high risk of acquiring HIV. The approach, which was piloted in Côte d'Ivoire and is being expanded to two countries each year starting with Cameroon and Nigeria in 2021, increased access to novel prevention tools among adolescents and young people, specifically HIV self-testing and pre-exposure prophylaxis (PrEP) with a digital interface (geo-mapping, risk profiling and online/offline service delivery).

34. In the two highest-burden regions, Eastern and Southern Africa and West and Central Africa, UNICEF is providing short- and long-term technical support to countries receiving grants under the Global Fund's strategic initiative targeting adolescent girls and young women (aged 15–29 years).

35. Recognizing that HIV prevention has not optimally leveraged current investments in the multiple sectors that provide protection and empowerment services to youth, the HIV programme is developing a new programme format to reach pregnant and parenting adolescents with an integrated package of primary health care services to address their prevention and holistic well-being needs. This package brings together a programme of essential services and support across nutrition, mental health, safe motherhood, education, social protection, violence prevention, and promotion of family planning services.

Table 2

HIV programme at a glance: The UNICEF HIV strategic plan in action

Thematic area	Action		
	Integrate	Differentiate	Innovate
Prevention of mother-to-child transmission (PMTCT) of HIV	<i>Within the maternal, newborn, child and adolescent health platform:</i> Link HIV, syphilis and hepatitis B testing and treatment in pregnancy to move towards 'triple elimination'	Implement the 'last mile' framework to link data on PMTCT to targeted interventions Guidance on best practices for pregnant adolescents Guidance on achieving elimination of mother-to-child transmission of HIV in low-HIV-prevalence settings	Using antiretroviral drugs for pre-exposure prophylaxis (PrEP) in HIV-negative pregnant and breastfeeding women Using HIV self-test for partners of pregnant and breastfeeding women to prevent new HIV infections in women Using viral load testing in pregnant women to enhance PMTCT outcomes

Thematic area	Action		
	Integrate	Differentiate	Innovate
Paediatric and adolescent treatment	<i>Within the child health platform:</i> Use HIV programme learning to develop approaches for chronic disease management in children	Roll-out of the paediatric service delivery framework to identify gaps and implement best practice solutions Differentiated service delivery models to improve outcomes for adolescents living with HIV	Expand roll-out of multiplex testing at point of care for HIV, COVID-19, cervical cancer and hepatitis B Digital engagement to promote adolescent retention in care
Adolescent prevention	Multisectoral integration with gender and adolescent health to scale up multi-level, multi-layered combination prevention Integrate primary prevention into care for adolescents living with HIV	Geo-localized and data-driven prioritization to improve targeting of adolescent and young at-risk/key populations	HIV self-testing, oral PrEP for adolescents and their partners Mental health, violence prevention and stigma mitigation Differentiated, youth-mediated service delivery models Digital data and digital service delivery to identify and link at-risk adolescents to services

V. UNICEF work on Programme Coordinating Board priority issues

Excerpted decisions of the UNAIDS Programme Coordinating Board forty-seventh and forty-eighth meetings, and special sessions in March and October 2021

36. The forty-seventh and forty-eighth PCB meetings and the special sessions in March and October 2021 called on the UNAIDS Joint Programme to make specific contributions to the Global AIDS Strategy 2021–2026 and the 2022–2026 Unified Budget, Results and Accountability Framework. UNICEF worked closely with the UNAIDS secretariat and the Joint Programme (UNAIDS co-sponsors) to develop and ensure endorsement of both documents, with an emphasis on prevention, treatment and care for adolescents, children and their families with a strong equity and gender focus.

37. In addition, at the forty-seventh and forty-eighth PCB meetings, UNAIDS identified several issues for its co-sponsors to respond to and focus on as they determine their HIV strategies, programming and activities (see annex I). The following six are relevant to the work of UNICEF among children, adolescents, young women and mothers living with and affected by HIV:

- (a) Intensifying focus and investment in HIV prevention strategies and programmes;

- (b) Reduce the impact of AIDS on children and youth (follow up from forty-fifth PCB);
- (c) Improving mental health outcomes in adolescents living with HIV
- (d) COVID-19 and HIV;
- (e) Cervical cancer and HIV;
- (f) Migrant populations and crisis contexts.

A. Intensifying focus and investment in HIV prevention strategies and programmes

38. Responding to the UNAIDS PCB decision that asked co-sponsors to intensify their focus and investment in prevention strategies and programmes, UNICEF has played a leading role in HIV prevention through the Global HIV Prevention Coalition, primarily through its work on PMTCT and with adolescents and young people. While the balance of attention has shifted somewhat in recent years towards the latter – in response to the far weaker results in reducing new infections among adolescents, especially girls, compared with the relative success of PMTCT programming worldwide – attention has now been refocused on PMTCT, given stagnating programme coverage.

1. Partner coordination and facilitation

(a) **Mozambique:** UNICEF coordinated and supported the design and development of the new National HIV/AIDS Strategic Plan by advocating for the mainstreaming of adolescent engagement and the establishment of a Youth Advisory Group on HIV/AIDS to encourage systematic youth participation in strategic processes and decision-making.

(b) **Nigeria:** UNICEF provided technical and financial support to strengthen strategic information, including the coordination and preparation of a national investment case for action for adolescents and young people with HIV; an operational framework to collate the evidence base and strategic guidance; and an assessment and profile of the HIV prevention response among adolescent girls and young women.

2. Integrating HIV prevention interventions into other sectors

(a) **Lesotho:** UNICEF, with financial support from the Clinton Health Access Initiative, supported and convened the Government of Lesotho, multiple relevant ministries and partners on the ground, including adolescents and young people themselves, introduced a national referral framework to guide adolescents and young people to appropriate services. The framework institutionalizes and simplifies referrals across the HIV, health, child protection, social protection and education sectors, and strengthens linkages with non-governmental and community-based organizations for maximum impact.

(b) **Eswatini:** Together with the Government, multilateral partners (including other United Nations agencies) and civil society organizations, UNICEF contributed to:

(i) Strengthening the education system as a platform for HIV prevention, including supporting the life skills education programme of the Ministry of Education and Training.

(ii) Integrating HIV into adolescent health and education and other services, including the prevention of early and unintended pregnancy and ensuring the meaningful participation of adolescents and youth.

3. HIV prevention in the context of COVID-19

(a) **Ethiopia:** Between January and October 2020, nearly 50,000 adolescents considered most at risk in six regions and the capital city, Addis Ababa, benefited from a package of services, including HIV prevention, adolescent reproductive health, anti-violence promotion through social and behaviour change and peer education. This work contributed to increased uptake of services including HIV testing and counselling, sexual and reproductive health services and psychosocial support among the most at-risk adolescents and youth in the seven jurisdictions, from 16,200 in 2019 to 46,351 in 2020.

(b) **Jamaica:** The UNICEF-supported Teen Hub enhanced a campaign to reach adolescents with safer sex messages by the addition of animated videos showcasing characters in real-life situations that required sexual decision-making skills. With other innovative approaches, this contributed to increased uptake of HIV testing through the Teen Hub in the last two quarters of 2020.

4. Innovative HIV prevention communication with adolescents

(a) **Côte d'Ivoire:** UNICEF combined digital and interpersonal social network-based outreach and recruitment approaches to optimize HIV self-testing and PrEP among at-risk adolescents, building on the backbone of a national peer navigator cadre and trained adolescent and young U-Reporters in five districts. This approach contributed to the distribution of more than 11,000 HIV self-test kits to adolescents and youth, 40 per cent of whom were from key populations, and more than 350 most-at-risk adolescents and youth successfully being enrolled in a PrEP programme. In 2021, the model was adopted as the national flagship model for integrated adolescent health.

(b) **United Republic of Tanzania:** UNICEF and partners supported scaling up communication for development efforts through the ONGEA ('talk' in Swahili) edutainment radio drama series that depicts the lives of young fictional characters aged 15–19 years and their caregivers. Episodes of the series are used to provide comprehensive knowledge on sexual and reproductive health, HIV, nutrition and gender-based violence. The radio series was expanded from 19 districts in 2019 to 27 districts (out of 169) in 2020 on the mainland and Zanzibar island, cumulatively reaching nearly 400,000 young people aged 15–19 years.

5. Technical support to the Global Fund for HIV prevention

(a) In **Botswana, Cameroon, the Democratic Republic of the Congo, Eswatini, Lesotho and Zimbabwe**, UNICEF provided technical assistance to the Global Fund grant-making process and collaborated with other United Nations agencies to provide technical support to countries receiving Global Fund grants to advance delivery of combination prevention interventions for adolescent girls and young women (aged 15–24 years).

B. Reduce the impact of AIDS on children and youth (follow up from the forty-fifth PCB)

39. One of the PCB recommendations of specific importance to UNICEF is the decision point calling on co-sponsors to ensure that the UBRAF includes coordinated support to countries to reduce new HIV infections among children, adolescents and young people and to end paediatric AIDS. The work of UNICEF on reducing new infections through prevention among adolescents and young people has already been described in section A above. In terms of the scale up of prevention of vertical transmission, and HIV treatment and care among children and adolescents living with HIV, UNICEF works closely with WHO to guide industry in drug development,

support the generation of updated normative and operational guidance, and ensure that countries have the technical support they need to roll out the most effective treatment regimens for mothers, children and adolescents.

40. In countries, UNICEF work on HIV focuses on promoting and supporting differentiated programming, an approach that uses the best available, most granular and most localized data to identify gaps in the continuum of care and determine the optimal high-impact interventions that can improve outcomes. In 2020, UNICEF launched two operational frameworks – the last mile to EMTCT framework and the paediatric service delivery framework – that provide a road map for countries to apply this differentiated programming principle for the prevention of vertical transmission and the scale up of paediatric testing and treatment.

41. The paediatric service delivery framework has been deployed in the field with the support of an industry-funded coalition that brings together UNICEF, the Elizabeth Glaser Pediatric AIDS Foundation, the Paediatric AIDS Treatment for Africa network, and Aidsfonds, a Dutch civil society organization. Dubbed the ‘breakthrough partnership’, this coalition has advanced programming for children in seven subnational regions across Mozambique, Nigeria and Uganda. Now entering its second year, the work of the partnership has generated strong support from Governments and communities alike, and offers a unique and practical model of cooperation among implementers, ministries and civil society organizations.

(a) **Kenya:** In partnership with WHO and UNAIDS, UNICEF is supporting the use of subnational data to develop PMTCT stack bars in five counties with the greatest unmet need for PMTCT. Key areas that have been identified for additional focus and prioritized for funding by partners include interventions that ensure delivery of treatment for pregnant women and strengthen retention in care for mother-infant pairs. Focusing on these five counties will put Kenya on track to meet its EMTCT targets.

(b) **Botswana** elimination validation work: To support Botswana in submitting documentation to WHO for the elimination of vertical transmission of HIV, UNICEF:

(i) Provided financial and technical support for the recruitment of a national data consultant who spearheaded the development of an EMTCT programme data report as part of the national path to elimination assessment report;

(ii) Provided technical support in the coordination of the national validation committee; and

(iii) Led the coordination, review and validation of EMTCT impact and process indicators and systems as part of the regional validation team mandate.

(c) **West and Central Africa:** UNICEF has been supporting introduction and/or scaling up POC early infant diagnosis in 10 countries - Burkina Faso, Cabo Verde, Central Africa Republic, Chad, the Democratic Republic of the Congo, Equatorial Guinea, Gabon, Ghana, Mali, and two states in Nigeria (Anambra and Kaduna). The project applies a health and laboratory systems strengthening approach and utilizes POC multi-disease testing platforms that can also be used for other tests, such as HIV viral load, tuberculosis and Ebola virus disease. Importantly, the strategic use of multi-disease POC testing platforms has already paid dividends as they are being extensively used for COVID-19 diagnosis all around sub-Saharan Africa.

C. Improving mental health outcomes in adolescents living with HIV

42. People living with HIV experience higher rates of anxiety and depression, especially when facing complications related to their HIV status. This has an impact on retention in care, adherence, treatment outcomes and the evolution of resistance in

individuals and communities. HIV-positive youth often must also deal with additional stress factors. Mental health has been a relatively ignored and underprioritized component of comprehensive HIV care and service delivery in much of the world. This is a concern for HIV prevention as well because mental ill-health, especially depression, can become a risk factor for HIV, especially when compounded by concurrent drug and alcohol use. The COVID-19 pandemic has created additional mental health challenges among adolescents, notably those in key populations, as a result of prolonged quarantines and social isolation.

(a) **Ukraine:** In 2020, an existing initiative was accelerated by the UNICEF Regional Office for Europe and Central Asia to develop online e-mental health services for adolescents and young people. In cooperation with the Paediatric European Network for Treatment of AIDS, Children's HIV Association, HealthRight International and Teenergizer (a network for HIV-positive adolescents and youth), UNICEF developed a series of webinars to provide updates for more than 200 paediatric HIV care providers on issues around co-infections and co-morbidities among children and adolescents living with HIV. This is one component of efforts by UNICEF to improve HIV treatment outcomes by building the capacity of HIV care providers to integrate emotional well-being support into their practice. In addition, in 2020, UNICEF utilized web-based technology to help adolescents and young people living with HIV in the region to virtually access emotional well-being care and support services from qualified professionals and peers, including by supporting development of a website that benefited around 500 young people from Ukraine.

(b) **Papua New Guinea:** UNICEF continued to expand digital outreach and engagement, recognizing that the engagement of communities is essential to finding and supporting adolescents in need. By the end of 2020, there were more than 6,100 U-Reporters, of whom 79 per cent were aged 15–30 years. Among the topics emphasized were HIV/AIDS and the impact of the COVID-19 pandemic on mental health and psychosocial support.

D. COVID-19 and HIV

(a) Many of the communities most adversely affected by COVID-19 restrictions are also home to large populations of people living with HIV. These communities quickly found themselves unable to access care, treatment refills and other essential services. UNICEF and partners worked with Governments to rapidly introduce innovations, including multi-month ART prescriptions, virtual consultations and community-based treatment posts, to sustain services and support treatment continuity for people living with HIV.

(b) **Guatemala:** UNICEF, in collaboration with UNAIDS and the Association for Educational and Cultural Services, piloted a radio programme to reach the most vulnerable adolescents and young people with HIV and prevention information, across nine less privileged northern regions, spanning six different local languages. The pilot built on the experience of the HIV prevention campaign Avívate, Infórmate Hoy ('Get Up, Get Informed Today', Developed through consultations with adolescents and young people, and launched on social media and the UNICEF country office website in 2020, the campaign has reached an estimated 1.6 million adolescents and young people.

(c) **Thailand** was able to support communities using digital platforms in 2020 and saw a significant increase in its outreach support through a live counselling chat service. On average, there was a 42 per cent increase in psychosocial support each month amid COVID-19 lockdowns and mobility restrictions.

(d) **Botswana:** In partnership with the Ministry of Health and Wellness and the National AIDS and Health Promotion Agency, UNICEF used U-Report and reached an estimated 22,000 adolescents and young people with targeted messages (in English and Setswana) for COVID-19 and HIV prevention. These messages were further disseminated through short message service (SMS) and social media platforms, radio and television.

E. Cervical cancer and HIV

43. The human papillomavirus is responsible for 70 per cent of cervical cancer cases registered worldwide. Within the context of cervical cancer elimination, the work of UNICEF work entails primary prevention through supporting the HPV vaccination of adolescent girls between ages 9–14 years in low- and middle-income countries. Worldwide, HPV vaccination programmes were hit hard by the pandemic due to overburdened health systems and school closures. Vaccination coverage rates and the number of new HPV vaccines introduced declined.

44. Roll-out of the HPV vaccine in low- and middle-income countries is supported by Gavi, the Vaccine Alliance, and strategically managed by a consultative stakeholder group at the global level, in which UNICEF is a member along with other United Nations agencies and partners.⁴

45. In 2021 Cabo Verde and Mauritania introduced the HPV vaccine in their national immunization programmes. UNICEF provided support and technical assistance in strengthening public awareness, demand and uptake; building health worker capacity; and providing vaccines and immunization supplies. Globally the number of countries administering HPV vaccine programming reached 153.

(a) **Mauritania:** From 29 March to 5 April 2021, Mauritania introduced the HPV vaccine through a mass campaign. A total of 310,170 girls aged from 9 to 14 years, 84.2 per cent of whom were in school, were targeted from the 15 regions of the country. Mauritania is among the top 20 countries with highest incidence of cervical cancer in sub-Saharan Africa and cervical cancer rates among Mauritanian women are second only to breast cancer.

(b) **Cabo Verde:** With the support of UNICEF, Cabo Verde introduced the HPV vaccine for children and adolescents in February 2021, along with the launch of a health guide. A total of 4,900 10-year-old girls will be vaccinated during the first phase. In subsequent phases, the age group will be broadened to include adolescent girls up to 13 years old.

F. Migrant populations and crisis contexts

46. In several countries, UNICEF has worked to increase access to HIV and other essential services among adolescents, children, young women and mothers in migrant populations and populations in crisis. The obstacles and challenges vary by context, and may include legal, political and social barriers, as well as the consequences and impact of emergencies and humanitarian crises. UNICEF continues to drive access to testing and treatment services in a diverse range of humanitarian settings, including a focus on ensuring that humanitarian and health workers have the skills, knowledge and tools to provide accurate, sensitive and timely information to affected women, children and adolescents.

⁴ Gavi, the Vaccine Alliance; World Health Organization; United Nations Population Fund; UNICEF; Centers for Disease Control and Prevention (United States); PATH; Bill and Melinda Gates Foundation; John Snow, Inc.; Jhpeigo.

(a) **Kenya:** UNICEF sensitized 150 youth advisory champions on sexual and reproductive health, HIV, sexual and gender-based violence and COVID-19 prevention; they were also trained in peer-led advocacy, community-based action and mental health and psychosocial support. In 2020, some 70,000 adolescents and young people – more than half of them women and girls – accessed HIV self-testing, double the number in 2019.

(b) **Pakistan:** In 2020, UNICEF supported an online training course on paediatric HIV care led by the Paediatric European Network for Treatment of AIDS. A total of 35 paediatricians across Pakistan were trained. This innovative virtual approach proved to be highly successful in remote regions and helped to establish new HIV services in areas with high numbers of children living with HIV. UNICEF also supported 94 per cent of the over 1,300 children living with HIV in Sindh Province to start antiretroviral therapy – a significant achievement in a location that has been historically underserved and previously lacked paediatric HIV capacity.

(c) **Bolivarian Republic of Venezuela:** In a country where the humanitarian crisis has decimated health and HIV service delivery, UNICEF reached 1,200 children with HIV with ART, and 5,000 children living with HIV with drugs to treat opportunistic infections.

(d) **Chad:** UNICEF supported the inclusion of PMTCT and paediatric HIV treatment and care services in emergency settings, covering 71 per cent of refugee and internally displaced pregnant women.

(e) **Zimbabwe:** UNICEF worked with the Ministry of Health to continue HIV treatment for over 10,000 children (55 per cent girls), 23,000 adolescents (59 per cent girls) and nearly 14,000 pregnant and lactating women.

(f) **Mozambique:** In the wake of Cyclone Idai, UNICEF helped displaced women living with HIV to continue treatment. Almost 4,000 people received treatment in the first half of 2020.

(g) **Bangladesh:** Amid the COVID-19 pandemic, UNICEF organized weekly calls with HIV-positive Rohingya refugees to reinforce treatment adherence and to provide counselling, updates on treatment supplies and advice on COVID-19 prevention and preparation for birth. Lockdowns due to COVID-19 disrupted travel to health centres for ART refills. In Cox's Bazar, UNICEF negotiated for medication to be delivered by designated individuals. Throughout 2020, nearly 23,000 pregnant Rohingya women benefited from HIV counselling and testing and curbside delivery of HIV treatments.

Annex I

Excerpted decisions of the forty-seventh and forty-eighth meetings, and special sessions, March and October 2021, UNAIDS Programme Coordinating Board

Virtual forty-seventh session of the UNAIDS Programme Coordinating Board 15–18 December 2020

Agenda item 3: Annual progress report on HIV Prevention 2020

5.1 *Requests* the Joint Programme to:

(a) ensure that prevention of new HIV infections, is given high priority in the new Global AIDS Strategy and new UNAIDS Unified Budget, Results and Accountability Framework with a particular focus on populations and locations with high HIV incidence, prevalence, and high risk of infection, including through combination prevention;

(b) actively support governments in convening partners at country-level to build unity of purpose among government, communities and implementing organizations in developing HIV prevention responses that are aligned to country epidemic context and to implementation guidance and good practices;

5.2 *Requests* Member States and the Joint Programme to:

(a) Lead a vision for HIV prevention that intensifies focus and investment in strategies and programmes for key and vulnerable populations with a high incidence of HIV in all regions. The Global AIDS Strategy should include a...particular focus on key populations in all regions and adolescent girls and young women in countries with high HIV prevalence. The Strategy should equally incorporate strengthening and resourcing of community-led interventions;

(b) Support and advocate for strategic investment in national capacities and increased domestic HIV prevention investments to manage HIV prevention programs...[and] ensure that adequate technical and implementation support capacity is available in countries;

(c) Reinforce and maintain beyond 2020 the progress made by the Global HIV Prevention Coalition in reinvigorating HIV prevention responses, underscoring national ownership by the members of the coalition and expanding membership to countries and regions with rising HIV incidence;

5.4 *Requests* the Joint Programme to report back to the Programme Coordinating Board on progress made in HIV prevention as part of regular reporting.

Agenda item 4: Follow-up to the thematic segment from the 45th Programme Coordinating Board meeting (impact of AIDS on children and youth)

6.6 *Calls* on the Joint Programme to ensure that the UBRAF includes coordinated support to countries to reduce new HIV infections among children, adolescents and young people and to end paediatric AIDS; and to report on progress as part of annual UBRAF reporting;

Agenda item 5: Mental Health & HIV

7.3 *Recalls* that PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) and requests the

Joint Programme to take into account the comments submitted to inform future interventions;

7.4 *Requests* that the Joint Programme report back on progress in its regular reporting to the PCB;

Agenda item 10: COVID-19 & HIV

12.2 *Requests* the Joint Programme...to monitor the health and social impacts of the COVID-19 pandemic on the HIV response to allow all stakeholders to understand and address the drivers and mitigate the effects;

12.3 *Requests* the Joint Programme...to continue leveraging HIV infrastructure and following a combined approach to both pandemics to contribute to an integrated people-centred approach that can best contribute to resilient systems, which are able to prepare, prevent, detect and respond to all health threats;

12.5 *Requests* the Joint Programme to support countries and communities to protect and enhance efforts to scale-up HIV prevention, treatment and care in the context of COVID-19 by building on and sharing lessons learned, best practices and innovations, including multi-month dispensing and community engagement, to gain ground lost, particularly on prevention, and improve agility, performance and efficiency towards achieving the goal of ending AIDS as a public health threat by 2030.

**Virtual Special Session of the UNAIDS Programme Coordinating Board
24–25 March 2021**

No action for the Joint Programme or co-sponsors.

**Virtual forty-eighth session of the UNAIDS Programme Coordinating Board
29 June–2 July 2021**

Agenda item 5: Zero draft of the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)

7.3 *Requests* the Joint Programme and the 2022–2026 UBRAF Working Group to take into consideration the PCB's comments in the development of the final draft of the 2022–2026 UBRAF.

Agenda item 8: Follow-up to the thematic segment from the 47th PCB meeting [“cervical cancer and HIV—addressing linkages and common inequalities to save women's lives”]

10.4 *Calls* on the UNAIDS Joint Programme to:

(a) Support countries and communities with policy guidance and technical assistance to scale up implementation of HPV vaccination and cervical cancer screening, diagnosis, treatment and care services that are integrated with HIV and health services, including sexual and reproductive health services, for women and adolescent girls and other population groups living with HIV at risk of cervical cancer;

(b) Strengthen support to countries and communities to integrate HIV and cervical cancer primary (prevention of HPV infection) and secondary prevention, treatment and care and to eliminate inequalities, health disparities, stigma and discrimination that increase women's and girls' vulnerability to HIV and cervical cancer;

(c) Advocate for increased domestic and global investments in HIV and cervical cancer programmes with a focus on increasing access and affordability of key technologies, innovations and commodities and optimizing opportunities for integration where appropriate;

(d) Report on progress made on integrated approaches to cervical cancer and HIV, as part of regular reporting to the Programme Coordinating Board.

Agenda item 9: Update on the implementation of the HIV response for migrant and mobile populations

11.3 *Calls* on the Joint Programme to further operationalize the 2021–2026 Global AIDS Strategy’s provisions with respect to HIV among migrant and mobile populations, as well as refugees and crisis-affected populations by:

(a) Collecting data on HIV among migrant and mobile populations, as well as refugees and crisis-affected populations, including in collaboration with International Organisations and take this into account in the new Global AIDS Monitoring System and 2022–2026 UBRAF indicators; and

(b) Reinvigorating efforts for effective action to address HIV among migrant and mobile populations, as well as refugees and crisis-affected populations, including through strategic partnerships with other relevant actors (such as but not limited to the Interagency Task Team on HIV in emergencies) with the intention of elevating global attention to this issue; and

11.4 *Requests* the Joint Programme to report back to the Programme Coordinating Board on progress made on the implementation of the HIV response for migrant and mobile populations, as well as refugees and crisis-affected populations as part of regular reporting.

Virtual Special Session of the UNAIDS Programme Coordinating Board 6 October 2021

Agenda item 3: Unified Budget, Results and Accountability Framework (2022–2026) and 2022–2023 Workplan and Budget

3.2 Approves the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF) and *requests* the Joint Programme to provide clear outputs and associated indicators for the Joint Programme for each of the Results Areas for consideration at the 49th Programme Coordinating Board meeting;

3.4 Welcomes the 2022–2023 Workplan and *requests* the Joint Programme to incorporate two-year targets and outputs for the Joint Programme for each of the 10 UBRAF Results Areas in the 2022–2023 UBRAF Workplan and present the revised version for approval at the 49th PCB meeting.

Annex II

State of the HIV epidemic

A. Focus of the UNICEF response

1. Ending AIDS in children and adolescents remained the main focus of UNICEF global work on HIV, in support of the 2020 global HIV targets and in line with the UNICEF Strategic Plan, 2018–2021 objectives, outlined in Goal Area 1: every child survives and thrives. UNICEF current HIV work focuses on three programmatic areas:

(a) To ensure that children are protected from acquiring HIV through the effective prevention of mother-to-child transmission (PMTCT) of HIV;

(b) To ensure that children and adolescents living with HIV receive the treatment, care and support they need to remain AIDS-free;

(c) To prevent new HIV infections in adolescents and young women, including among key populations.

B. Reduction in new infections in children and adolescents

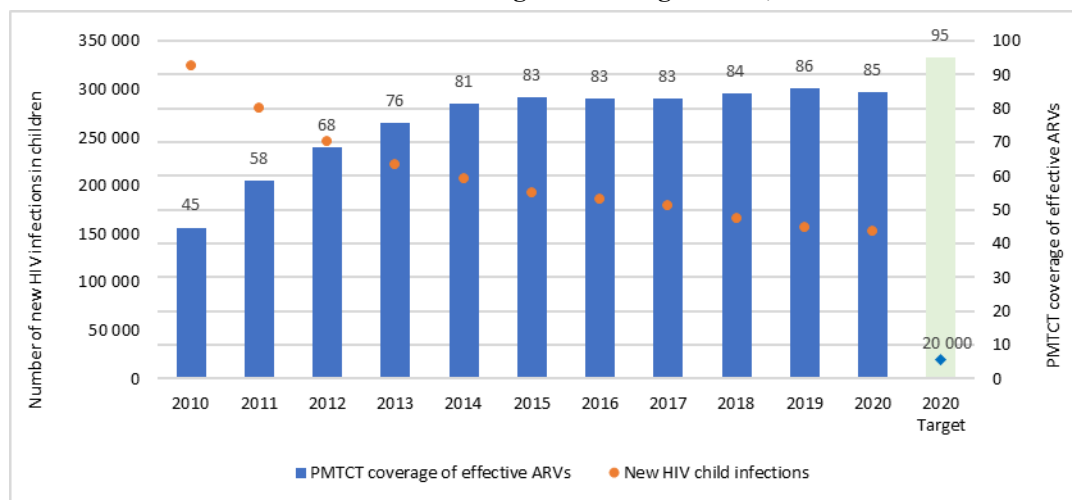
2. Despite the progress made in advancing access to antiretroviral treatment for pregnant women living with HIV, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that in 2020 there were 150,000 new infections among children aged 0–14 years, more than seven times the 2020 global target of 20,000. Eighty-six per cent of these new infections in children occurred in sub-Saharan Africa.

3. Countries have adopted lifelong antiretroviral treatment (ART) for all pregnant and breastfeeding women. By 2020, global ART coverage for PMTCT had increased to 85 per cent, slightly lower than the 2020 target of 95 per cent. Of concern, this ART treatment coverage level has remained static since 2015, long before the service delivery disruptions due to the impact of the coronavirus disease 2019 (COVID-19) pandemic.

4. Huge disparities remain among regions and countries and within countries. In 2020, ART coverage among pregnant women living with HIV in West and Central Africa, for example, was only 56 per cent, compared with 95 per cent in Eastern and Southern Africa. To catalyse action, UNICEF has focused on analysing the sources of new child infections using the new UNAIDS stack bar framework to inform more differentiated programmes, programme redesign and efficient allocation of resources (see figures I and II).

Figure I

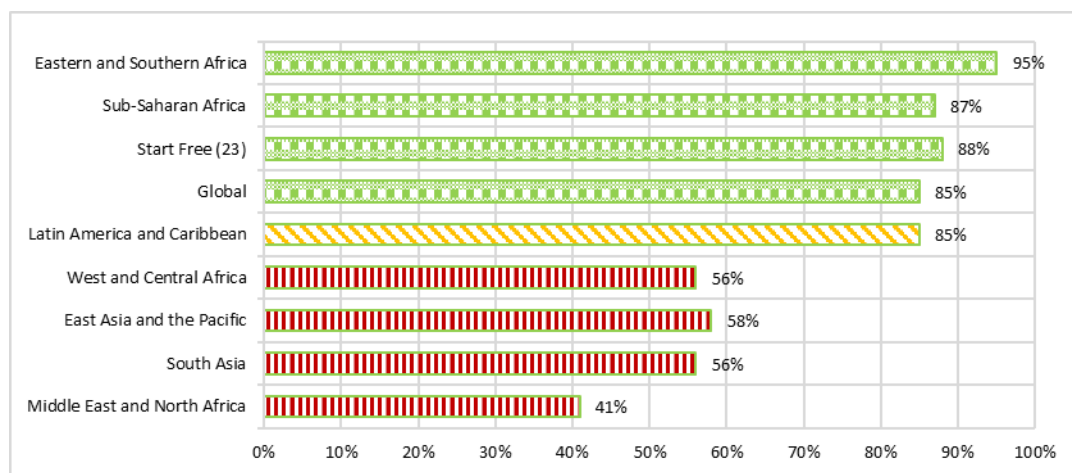
Prevention of mother-to-child transmission coverage of effective antiretrovirals and number of new HIV infections among children aged 0–14, 2010–2020



Source: Global AIDS Monitoring 2021 and UNAIDS 2021 estimates.

Figure II

Percentage of pregnant women living with HIV receiving antiretroviral treatment for prevention of mother-to-child transmission of HIV, by UNICEF region, least developed countries and Start Free countries, 2020

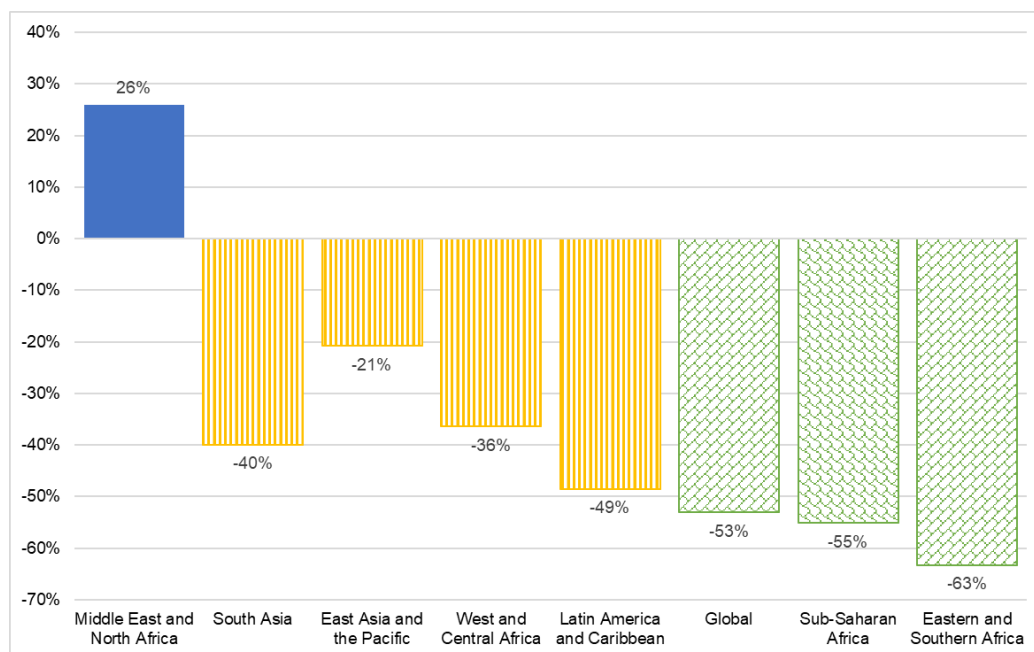


Source: Global AIDS Monitoring 2021 and UNAIDS 2021 estimates.

Note: The 23 Start Free priority countries are Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, the Democratic Republic of the Congo, Eswatini, Ethiopia, Ghana, India, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. Data are not available for Eastern Europe and Central Asia, North America and Western Europe; excludes single-dose nevirapine.

5. The regional differences in ART coverage for PMTCT translate into stark variations in reductions of new infections. Globally, there was a 53 per cent decrease in new HIV infections in children from 2010 to 2020 compared to declines of 50 per cent in Eastern and Southern Africa and 28 per cent in West and Central Africa. In the Middle East and North Africa, new infections may be on the rise, although this estimate is based on small numbers and limited data sets (see figure III).

Figure III
Percentage change in the estimated number of new HIV infections among children (0–14 years), by region, 2010–2020

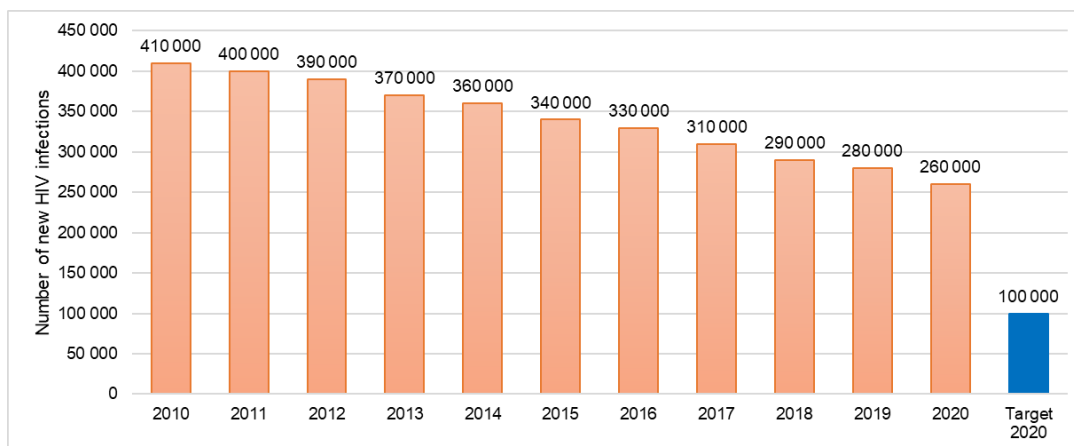


Source: UNAIDS 2021 estimates.

6. While less than optimal, the decline in the number of new HIV infections in children between 2010 and 2020 was still far greater than the decline in adults (28 per cent) and adolescents (38 per cent).

7. The UNAIDS fast-track targets called for a more than 75 per cent reduction in new infections among adolescent girls and young women by 2020, which would correspond to 100,000 per year from a baseline of 440,000 per year in 2010. In 2020, there were 260,000 new HIV infections among adolescent girls and young women, a number almost three times the 2020 target and a 35 per cent reduction from 2010 (see figure IV).

Figure IV
Estimated number of new HIV infections among adolescent girls and young women (15–24 years), 2010–2020 and 2020 target

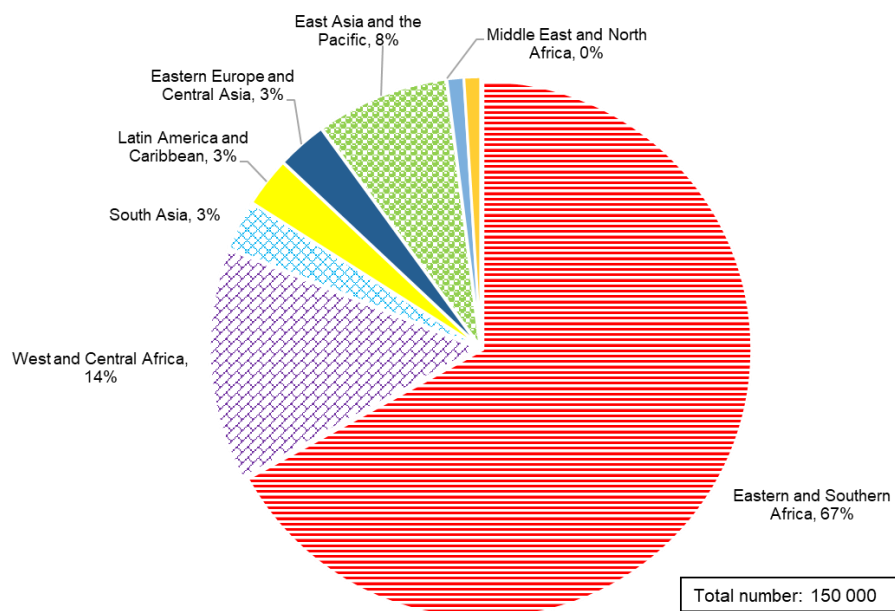


Source: UNAIDS 2021 estimates.

8. While new HIV infections among adolescents are of concern across all regions, sub-Saharan Africa accounts for 81 per cent of these infections (see figure V). Many of these infections are among adolescent girls and young women.

Figure V

Proportion of new HIV infections among adolescents (15–19 years), by UNICEF region, 2020



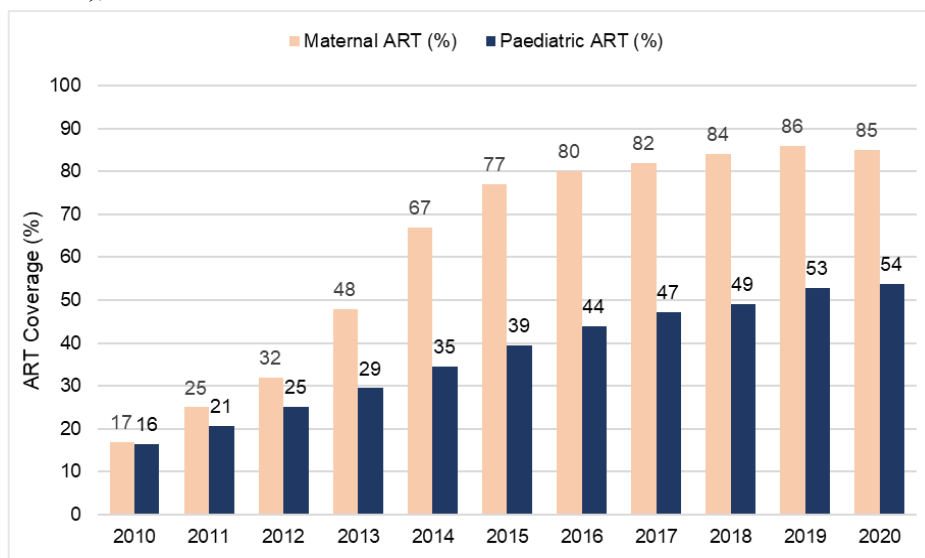
Source: UNAIDS 2021 estimates.

Note: Due to rounding, the percentages do not add up to 100 per cent.

C. HIV-related mortality and access to antiretroviral treatment

9. Incremental progress continues to be made in treatment access for children (0–14 years). In 2020, just over half (54 per cent) of all children living with HIV in this age group were accessing ART. By contrast, 85 per cent of pregnant and breastfeeding women with HIV and 74 per cent of adults with HIV were accessing treatment (see figure VI).

Figure VI
Paediatric antiretroviral treatment coverage (0–14 years) and maternal antiretroviral treatment coverage (prevention of mother-to-child transmission of HIV), 2010–2020



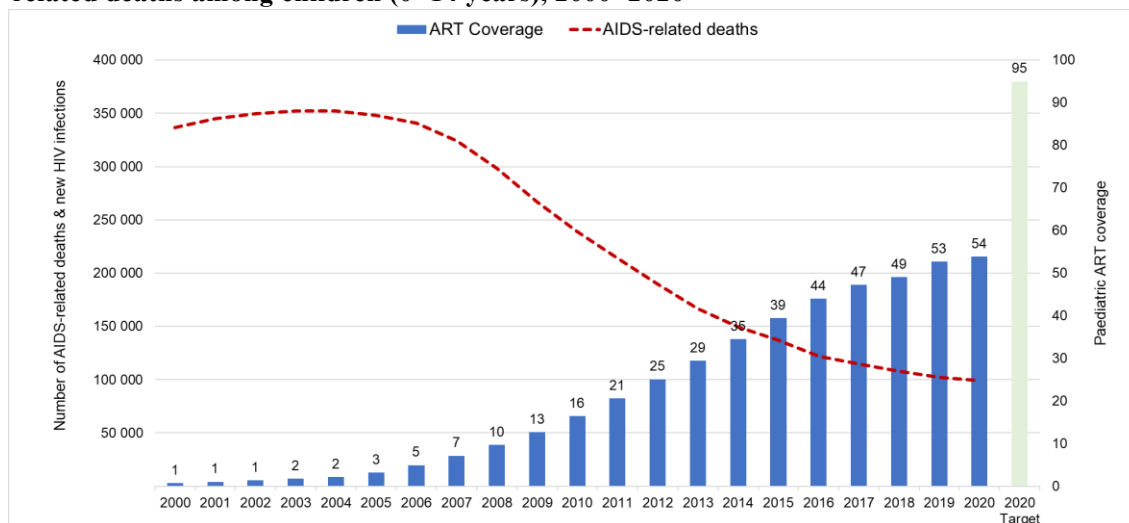
Source: Global AIDS Monitoring 2021 and UNAIDS 2021 estimates.

10. HIV is an aggressive infection in children who contract it during pregnancy and childbirth. Without treatment, 30 per cent will die by 1 year of age, 50 per cent by age 2 and 80 per cent by age 5.

11. In 2020, they were 1.72 million children aged 0–14 living with HIV. Fortunately, ART initiated early greatly reduces their risk of illness or death from AIDS and there has been a steady decline in HIV-associated mortality (see figure VII).

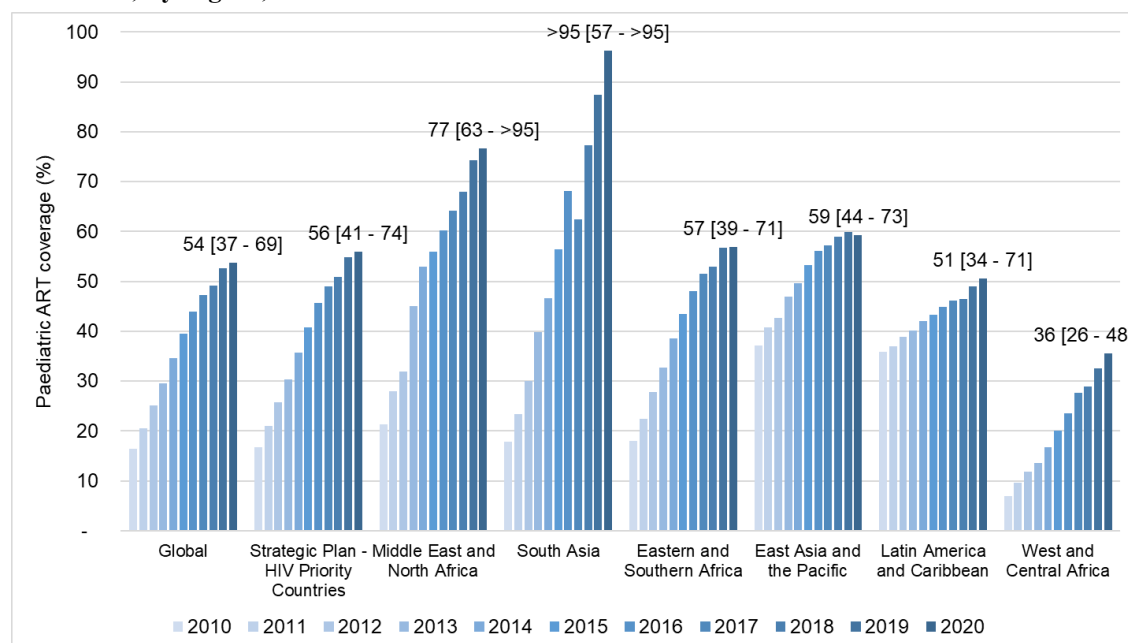
12. In 2020, coverage of eligible children under age 15 receiving ART varied widely, ranging from under 10 per cent in some countries to over 95 per cent in others. Regionally, coverage of ART for children ranged from 36 per cent in West and Central Africa to >95 per cent in South Asia (see figure VIII).

Figure VII
Global trends in coverage of antiretroviral treatment and number of AIDS-related deaths among children (0–14 years), 2000–2020



Source: Global AIDS Monitoring 2021 and UNAIDS 2021 estimates.

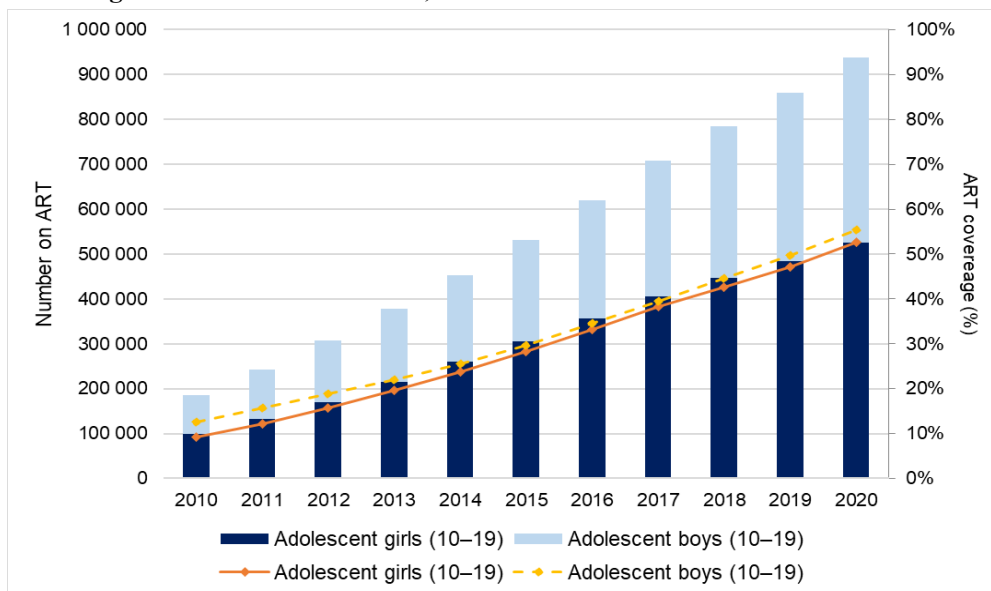
Figure VIII
Percentage of children (0–14 years) living with HIV receiving antiretroviral treatment, by region, 2010–2020



Source: Global AIDS Monitoring 2021 and UNAIDS 2021 estimates.

13. In 2020, the estimated global ART coverage level among adolescents aged 10–19 was 54 per cent. This is a nearly five-fold increase since 2010, when it was just 11 per cent. There was no significant variation in ART coverage among adolescent girls (55 per cent) and adolescent boys (53 per cent). It is worth noting that adolescent coverage for ART is significantly lower than the 74 per cent level globally among adults (see figure IX). Overall, HIV is a leading cause of death in adolescents in sub-Saharan Africa. A major reason is that the majority of adolescents who contracted HIV during pregnancy, childbirth or breastfeeding were not identified early and treated earlier in life. Other reasons include poor support to maintain adolescents in care and treatment adherence.

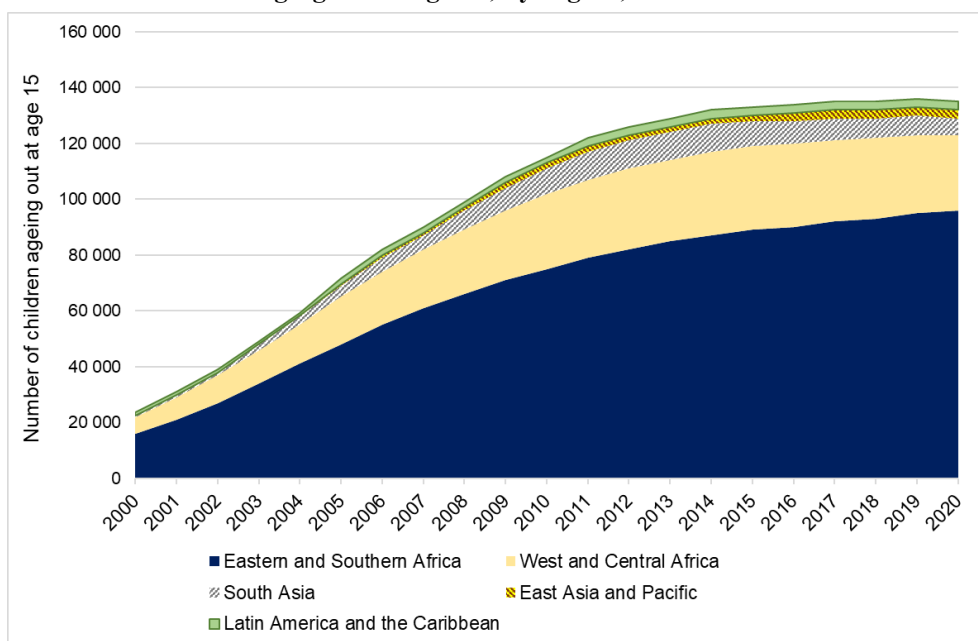
Figure IX
Percentage of adolescents (10–19 years), by gender, living with HIV who are receiving antiretroviral treatment, 2020



Source: Global AIDS Monitoring 2021 and UNAIDS 2021 estimates.

14. With progress in expanding access to early infant HIV-testing services and antiretroviral treatment for children, more infants are surviving into adolescence. In 2020, nearly 136,000 children aged out at age 15 globally – 91 per cent of whom were living in the 35 UNICEF HIV priority countries. More than 70 per cent of these children aging out at age 15 are found in Eastern and Southern Africa, followed by 20 per cent in West and Central Africa. However, the gains that were made in the early 2000s have begun to plateau in recent years (see figure X).

Figure X
Number of children aging out at age 15, by region, 2000–2020



Source: UNAIDS 2021 estimates.