

A POST-2015 WORLD FIT FOR CHILDREN

ISSUE BRIEF: Achieving an AIDS Free Generation



Why an AIDS Free Generation is a critical component of the Post-2015 Development Agenda

HIV and AIDS is disproportionately a heavy burden on the world's children and adolescents. Although the annual number of AIDS-related deaths worldwide fell by 35% from 2005 to 2013, deaths among adolescents (ages 10–19) living with HIV are the only age groups in which AIDS-related deaths did not decline. In 2013, there were an estimated 250,000 adolescents (aged 15–19) newly infected with HIV, of which 64% were girls.¹ AIDS remains the second leading cause of death among adolescents globally and the leading cause of death among adolescents in sub-Saharan Africa.² Even with continued progress in prevention of mother-to-child transmission, WHO and UNICEF project that 1.9 million children will require HIV treatment in 2020. Globally, an estimated 35 million people were living with HIV in 2013; and nearly 40 million people have died from the disease since the beginning of the epidemic. In order to achieve an AIDS Free Generation, the prospects for children and adolescents vulnerable to and living with HIV must improve.

Significant gaps in the global HIV/AIDS response for children and adolescents persist, jeopardizing prior gains and necessary progress to end the epidemic. In 2013, while 37% of adults living with HIV in all low- and middle-income countries received antiretroviral therapy, only 23% of children living with HIV in all low- and middle-income countries obtained HIV treatment. Infants who acquire HIV face a 50% chance of dying before their second birthday if they do not receive treatment.³

Global health is contingent on achieving an AIDS Free Generation – a generation of children and adolescents free from HIV infections and HIV-related death and illness. To eradicate this threat and end the epidemic, children and adolescents living with HIV/AIDS must know of their status, receive sustained antiretroviral therapy, achieve viral suppression and be supported by their families and the communities in which they live.

In regard to HIV testing, treatment and follow-up services, adolescents face many challenges. A global consultation convened by UNICEF and UNAIDS on the adolescent treatment challenge found that children and adolescents often struggle with receiving and retaining health care with particular challenges experienced as adolescents transition from pediatric to adult services. Young people often have no access to comprehensive sexuality education and limited information regarding sexual and reproductive health and rights. In addition, age of medical consent laws can either improve, complicate or limit children and adolescent's access to HIV testing and appropriate follow-up services, especially the most marginalized, including adolescent males who have sex with other males, adolescents who inject drugs and adolescents who are sexually exploited/sell sex. Therefore, efforts need to be made to ensure that parents, guardians and caretakers enhance health services of young people as these policies intend.

The social movement around ending the AIDS epidemic has built a foundation for contributing to all health and development goals. Achieving an AIDS free generation will impact efforts to improve maternal health and child survival considering that HIV is the leading killer of women of reproductive age and a significant underlying cause of child morbidity and mortality in high HIV-burdened countries. Improved access to life-long HIV

therapies has supported the development of supply chain systems, laboratories and health information systems, which are essential components of a health care system. Communities of people living with and affected by HIV have formed the core of the AIDS response. The first chronic disease care models, driven by communities in many low- and middle-income countries, are being built and strengthened. Our efforts towards an AIDS Free Generation will secure the health of future generations. To sustainably achieve this, equity is vital. The world will not end the AIDS epidemic unless *all* communities affected by HIV have full and equitable access to treatment and other prevention and social protection services.

Suggested priority Open Working Group Targets*

- By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis,

HIV AND AIDS DATA SNAPSHOT

Figure 1: 2014 Progress Report on the Global Plan: towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive



Source: UNAIDS, 2014 *Progress Report on the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*, September 2014.

water-borne diseases, and other communicable diseases

- Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
- By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

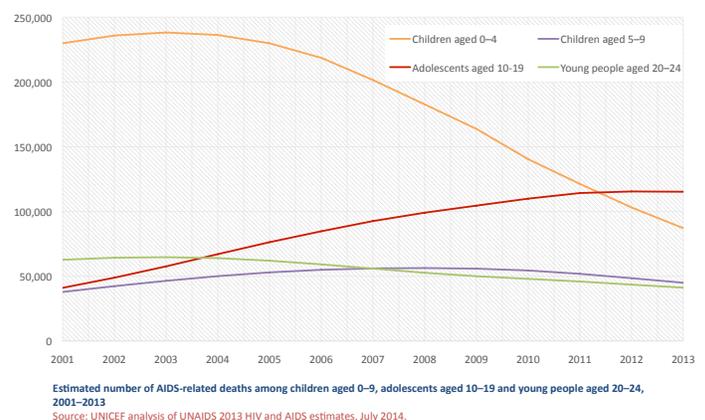
* To maximise the effectiveness and contribution of the targets in the Post-2015 Development Agenda, UNICEF supports the Open Working Group (OWG) on Sustainable Development Goals (SDGs) related to health for children, but recommends the inclusion of timelines and measurable numerical targets where these are lacking.

Additional Suggested Targets

In addition to the suggested targets derived from the OWG goals and targets, UNICEF, in collaboration with UNAIDS, suggests that we must strive to end adolescent AIDS by driving for the following 90-90-90 UNAIDS goals for children and adolescents:

- By 2020, 90% of all people living with HIV will know their HIV status
- By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression

Figure 2: AIDS-related deaths are declining rapidly for all age groups...except adolescents



For more information

Please see UNICEF's webpage on Children and the Post-2015 Development Agenda: <http://www.unicef.org/post2015/>

¹ UNAIDS 2012 HIV and AIDS estimates.

² World Health Organization, *Health for the world's adolescents*, WHO, 2014.

³ Newell ML et al. Mortality of infected and uninfected infants born to HIV-infected mothers in Africa: a pooled analysis. *Lancet*, 2004, 364:1236–43.