2018 Global HIV and AIDS Context

The good news:

• Scale-up and impact of PMTCT programmes: a public health success story

• Worldwide in 2017, 80 per cent of pregnant women living with HIV (1.1 million) received antiretroviral medicines to keep them alive and well and stop them from passing on the infection to their infants
  • 1.4M child infections averted since 2010
  • Malaysia in 2018 became the 11th country to be certified by WHO for elimination of mother-to-child transmission

• PMTCT is in its “last mile” in many countries that have achieved national expansion of services to women
  • Many countries starting to address the causes for remaining infections, including newly maternal HIV infections
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The not-so-good news:

• Worldwide in 2017, an estimated 130,000 AIDS-related deaths and 430,000 new infections occurred among those aged 0–19 years. These new infections and deaths could have been prevented.

• Only around half (52%) of the 1.8M children aged 0–14 years living with HIV received ART in 2017. That is below the level among adults (59 per cent) and pregnant women (80 per cent) in 2017.

• Worse still, the share of the 1.8M adolescents aged 15–19 years living with HIV who received ART was only 37 per cent in 2017.

Children and adolescents living with HIV are not getting the services they need – including HIV testing and life-saving treatment.

• Access to paediatric and adolescent treatment must be accelerated.
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The share of children aged 0–14 years living with HIV who were receiving ART has been increasing – and the number of deaths has decreased – but the pace of progress is slowing.

**FIGURE 3: Trends in coverage of ART and number of AIDS-related deaths among children (0–14 years), 2010–2017**

- **UNICEF SP treatment target:** 81% by 2021
- **Global treatment targets:** 90-90-90 by 2020 95-95-95 by 2030
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The challenge:

• Scaling up HIV prevention programmes remains a major challenge worldwide among all populations.

• Adolescents remain especially at risk and underserved by prevention efforts. In 2017, an estimated 250,000 new infections occurred worldwide among adolescents aged 15-19.
  • We estimate an annual rate of decline of 3% since 2010, far short of reaching the 75% reduction by 2020

• New infections among adolescents and young people must be reduced substantially if ‘ending AIDS’ is to be a realistic goal in the short or medium term.

Adolescents are not being reached with comprehensive HIV prevention interventions.
• Breaking the cycle of infection requires more investment, better geographical targeting and risk profiling of adolescents reached and layering of interventions.
• HIV prevention saves lives and averts future costs of lifelong treatment.
TABLE 26: Outcome results for HIV and AIDS, 2018

<table>
<thead>
<tr>
<th>Outcome indicator</th>
<th>Baseline</th>
<th>2018 value</th>
<th>Target (2021)</th>
<th>SDG target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of girls and boys living with HIV who receive ART:</td>
<td>50%</td>
<td>53%</td>
<td>81%</td>
<td>3.8.1: Coverage of essential health services</td>
</tr>
<tr>
<td>Children aged 0–14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents aged 10–19*</td>
<td>68%</td>
<td>Insufficient data</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Number of pregnant women living with HIV who receive antiretroviral medicine</td>
<td>1,020,000</td>
<td>1,035,844</td>
<td>1,190,000</td>
<td>3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations</td>
</tr>
<tr>
<td>receive antiretroviral medicine to reduce the risk of MTCT of HIV through UNICEF-supported programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: There is a one-year lag for HIV estimates; estimates published in 2018 represent 2017.

*Eight of the 35 priority countries reported on the ART indicator for adolescents aged 10–19 in 2018.

### TABLE 27: Output results for HIV and AIDS, 2018

<table>
<thead>
<tr>
<th>Output statement: Countries have accelerated the delivery of services for the treatment and care of children living with HIV</th>
<th>Baseline</th>
<th>2018 value</th>
<th>Target (2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (and percentage) of infants born to pregnant women living with HIV tested for HIV within their first two months of life*</td>
<td>584,000 (42%)</td>
<td>649,755 (54%)</td>
<td>890,000 (64%)</td>
</tr>
<tr>
<td>Number of adolescent girls and boys tested for HIV and received the result of the last test**</td>
<td>18.1 million</td>
<td>22.6 million</td>
<td>23.6 million</td>
</tr>
<tr>
<td>Girls aged 15–19</td>
<td>10.6 million</td>
<td>13.4 million</td>
<td>13.8 million</td>
</tr>
<tr>
<td>Boys aged 15–19</td>
<td>7.5 million</td>
<td>9.2 million</td>
<td>9.8 million</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output statement: Countries have implemented comprehensive HIV prevention interventions at scale</th>
<th>Baseline</th>
<th>2018 value</th>
<th>Target (2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of countries implementing policies and/or strategies for the integration of key HIV/AIDS interventions (HIV testing and counselling, antiretroviral therapy) into child-centred service points and the degree of scale within countries</td>
<td>25</td>
<td>35</td>
<td>32</td>
</tr>
<tr>
<td>Number of countries having initiatives to strengthen availability of gender-responsive evidence for the All In framework for prevention of HIV</td>
<td>0</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Number of countries supporting implementation of at least three high-impact gender-responsive adolescent prevention interventions***</td>
<td>25</td>
<td>31</td>
<td>32</td>
</tr>
</tbody>
</table>

### Notes:
- *Twenty-eight countries reported on the infants tested indicator in 2018.*
- **Twenty-five countries reported on the adolescents tested indicator in 2018.*
- ***High-impact gender-responsive adolescent prevention interventions could include condom distribution, HIV testing services, pre- and post-exposure prophylaxis (PrEP and PEP), keeping girls in school, cash transfers and community mobilization, among others.

2018 HIV and AIDS Results

- UNICEF efforts to end AIDS focused on the contexts, populations and individuals most at risk and vulnerable

- Programmatic and evidence-based considerations continue to guide how and where UNICEF targets its support and emphasis: It’s clear what needs to be done.

- **UNICEF programming approach:**
  - Context-specific priorities and interventions – intensified responses in 35 priority countries
  - Integration of HIV prevention and treatment – with maternal and child health, child protection and education sectors
  - Strengthened partnerships – and leveraging additional resources in a constrained funding environment
  - Innovation and knowledge – for improved programme performance and quality
Result Area 1: Treatment and care of mothers and children living with HIV

Eliminating mother-to-child transmission of HIV – the ‘last mile’:

- We are recalibrating our analysis to determine the causes of new infections and barriers requiring additional investments.
- Virtual consultations were held with country teams in West and Central Africa that are informing additional investments such as community-based testing in Nigeria.

Paediatric treatment:

- We are re-engageing key partners around focusing their investment towards innovative approaches to reach more children.
- In West Africa, with low testing coverage, the push is for family testing of children of identified adults (index case).
Result Area 2: HIV prevention (adolescents)

Adolescent girls and young women:
• We promoted ‘combination’ prevention: high-impact interventions that address the biomedical, behavioural and structural factors that make adolescents vulnerable to HIV
• Leveraged partnership with the Global Fund to address the well-being of adolescent girls and young women in seven countries in Africa
• Joined UNFPA, UNAIDS and WHO in the Swedish-funded ‘2gether4SRHR’, which integrates HIV prevention, care and treatment with sexual and reproductive health services and the prevention of gender-based violence
• Launched a data visualization hub which will track progress on the status of girls’ HIV prevention and overall wellbeing up to 2020

Adolescent and young key populations:
• We extracted and analysed available population size and HIV-related data to identify gaps, build knowledge and guide program actions
• Led the development of the ayKP toolkit to help countries plan and scale up their HIV prevention programmes with/for adolescents and young people from key populations
Global HIV/AIDS Thematic Funding

- In 2018, partners contributed US$28 million ‘other resources – regular’ for HIV and AIDS, a 36 per cent decrease over the previous year.

- All thematic contributions came from National Committee partners. The Korean Committee for UNICEF was the largest thematic resources partner.

- Sizeable thematic contributions were also received from other national committees such as Dutch, UK, Hong Kong and Finnish Committees.
Global HIV/AIDS Thematic Funding

• Thanks to flexible global thematic funding, UNICEF was able to allocate funds across regions to individual country programmes according to priority needs.

• It facilitates programme implementation in a more strategic manner, and the ability to adjust and respond to emerging issues.

• Key areas where the funding was allocated:
  • Eliminating new HIV infections in children where there are critical gaps
  • Following up on the ‘All In’ assessments with priority multi-sectoral actions to prevent HIV in adolescents.
High-Level Priorities 2019 and Beyond

• Better prevention of HIV in adolescents
• Initiating and retaining children and adolescents with HIV on treatment
• Support early infant diagnosis of HIV through the use of point-of-care technologies
• Eliminating mother-to-child transmission of HIV
High-Level Priorities 2019 and Beyond

• UNICEF needs to secure $40 million in flexible funding annually to maintain core staff capacity and a minimum activity budget at all levels, particularly in priority programme countries.

• The requested flexible funds for supporting the priority programming countries represent $21 million of the $40 million envelope. The remaining $19 million will be used for programming in other country typologies and for oversight by regional offices and headquarters.

• Funding shortfalls will impact negatively on achieving key strategic objectives.
  • ‘Finishing the job’ of eliminating mother-to-child transmission
  • Seeking opportunities to prevent new HIV infections among adolescents and young women
  • Timely initiation of antiretroviral treatment and retention of children and adolescents
Thank you to our partners and all our donors.

Together we are stronger.