

HIV and Adolescents: Global Data and Lessons Learned from Country Programme Experience

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children



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WVI Objective: increasing HIV prevention and treatment services for adolescents, especially girls, key populations and the most vulnerable and empowering them to protect themselves.

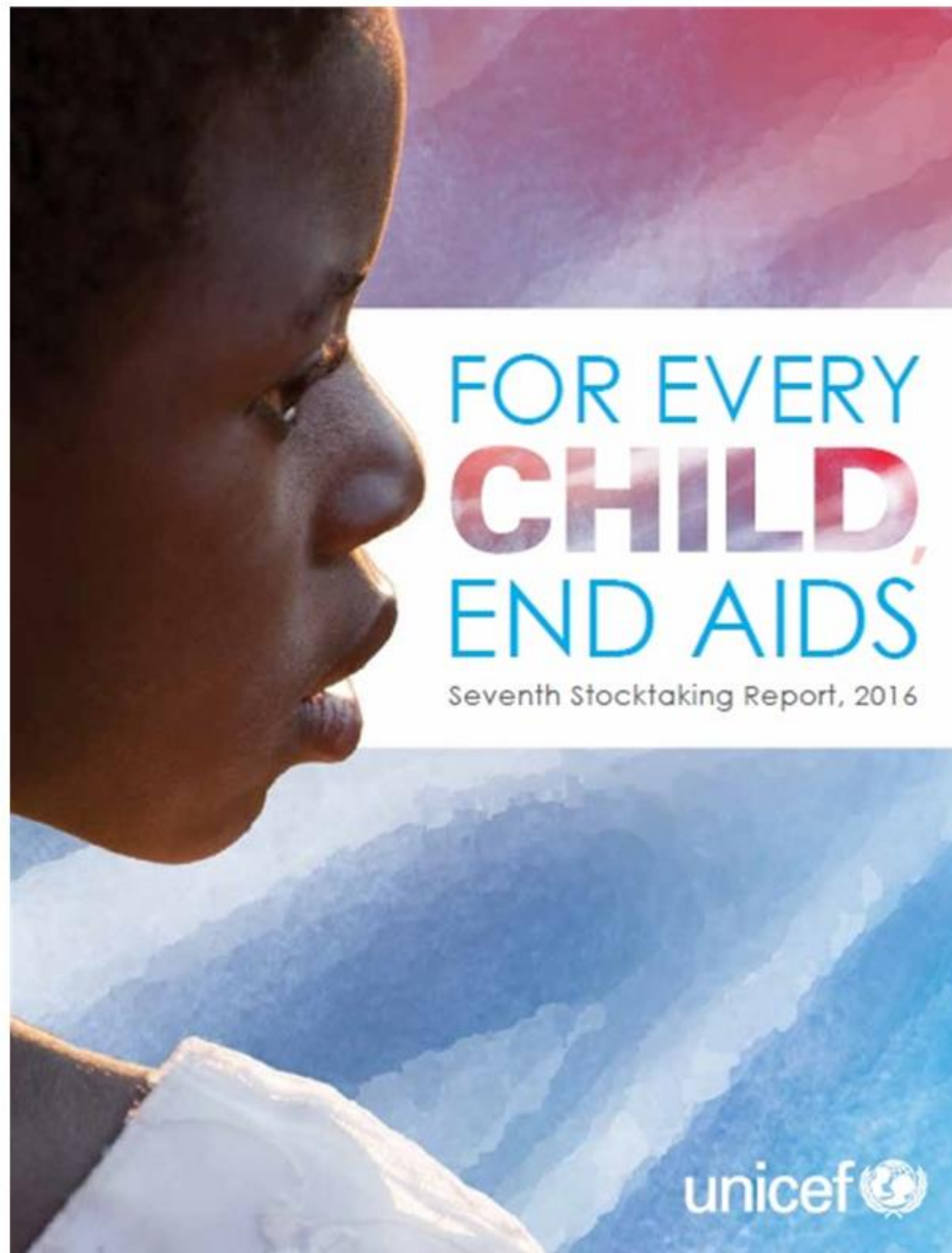
Two Questions:

1. Where does the data point us?
2. What can we learn from country experiences about how to get there?

Global Picture

UNICEF: Children and AIDS, 7th Stocktaking Report, 2016

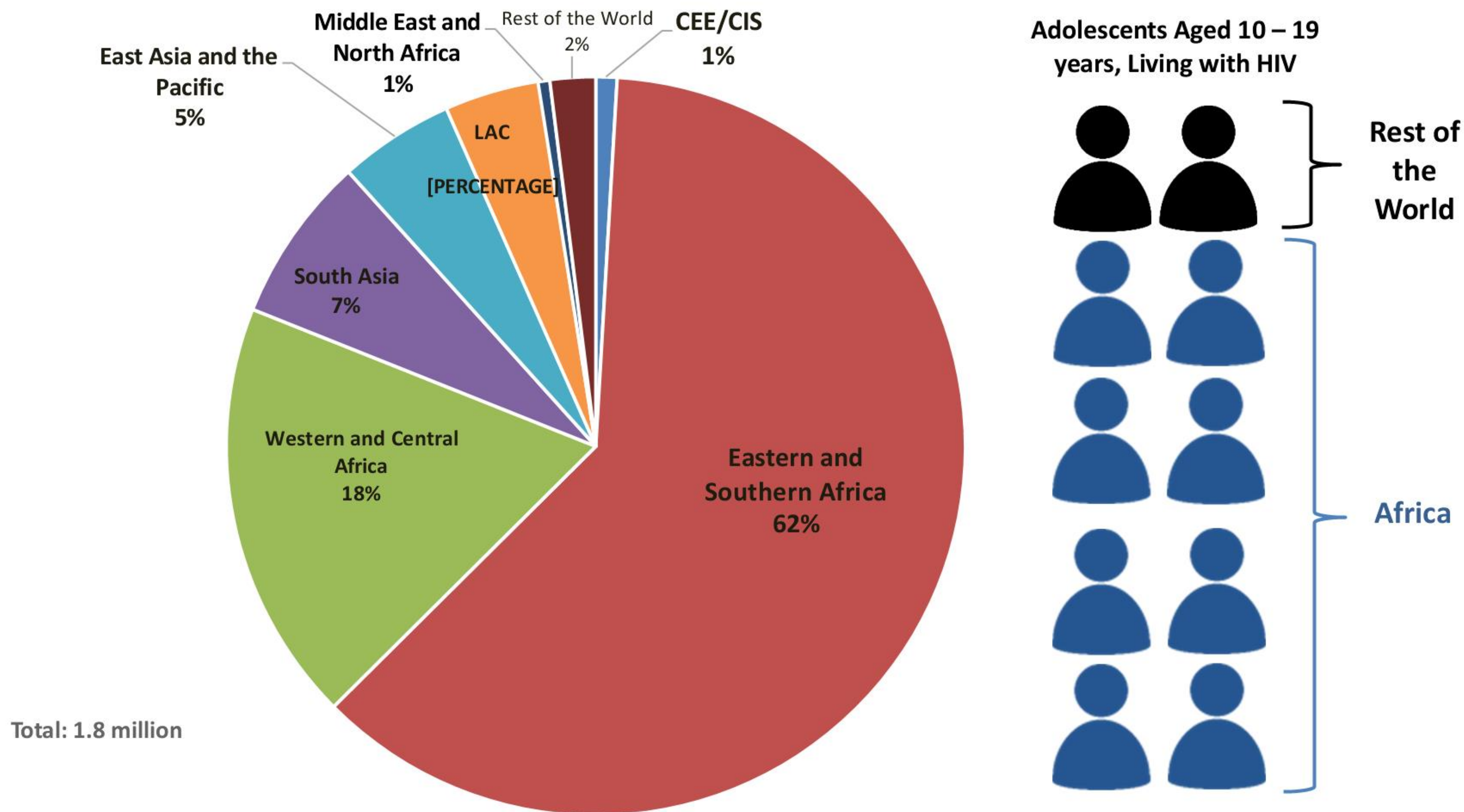
<http://childrenandaids.org/>



Challenges:

- 1. AIDS is not over:** Children and adolescents are still dying of AIDS-related causes.
- 2. Growing population numbers have implications:** New adolescent HIV infection are projected to rise
- 3. Health and community systems are not prepared for the increase in demand:** Systems and resources are overstretched while demands for HIV prevention and treatment increase.

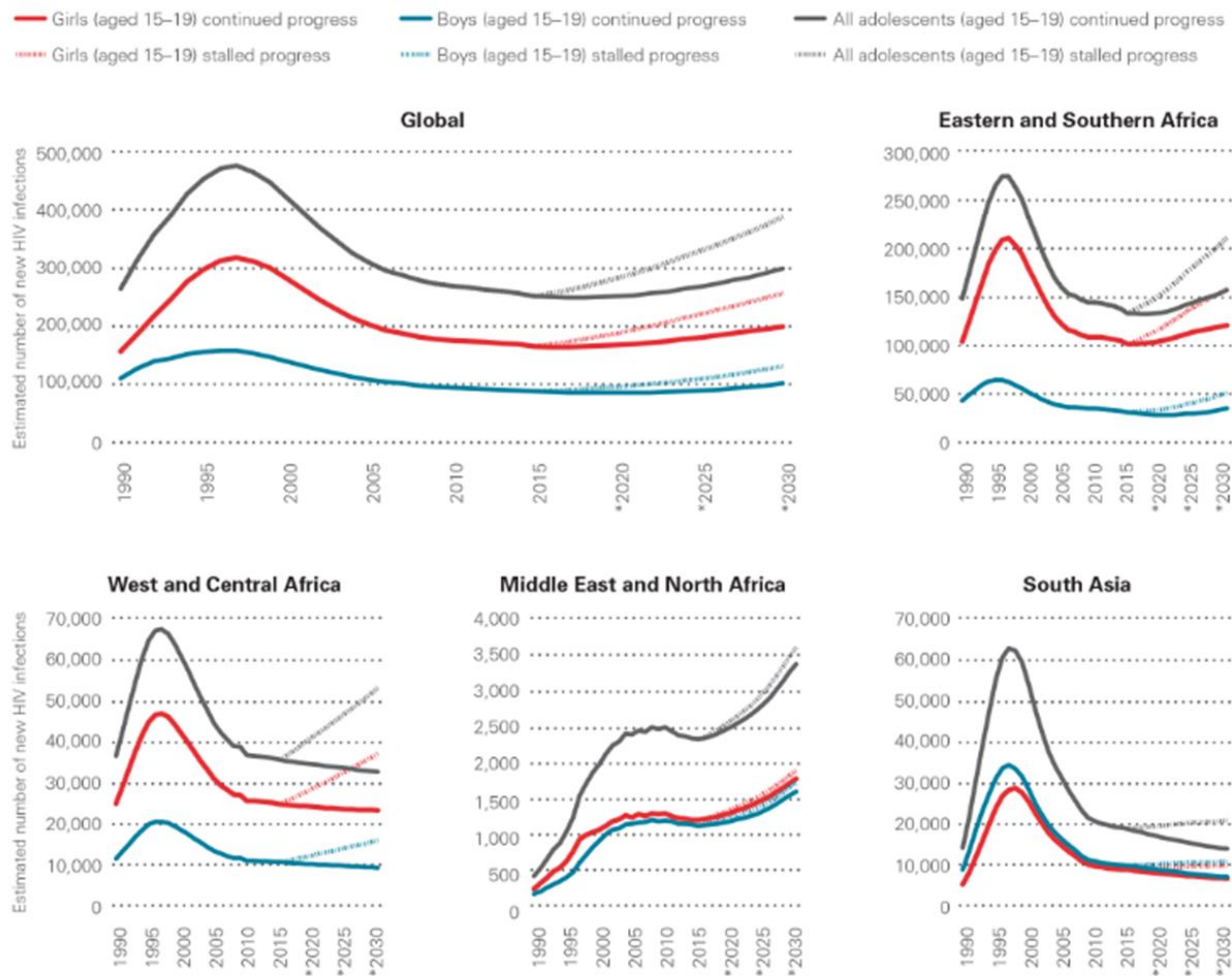
Nearly 2 million adolescents Living with HIV in 2015. 80% are in Sub-Saharan Africa



Estimated percentage of adolescents aged 10–19 living with HIV globally, by UNICEF region, 2015

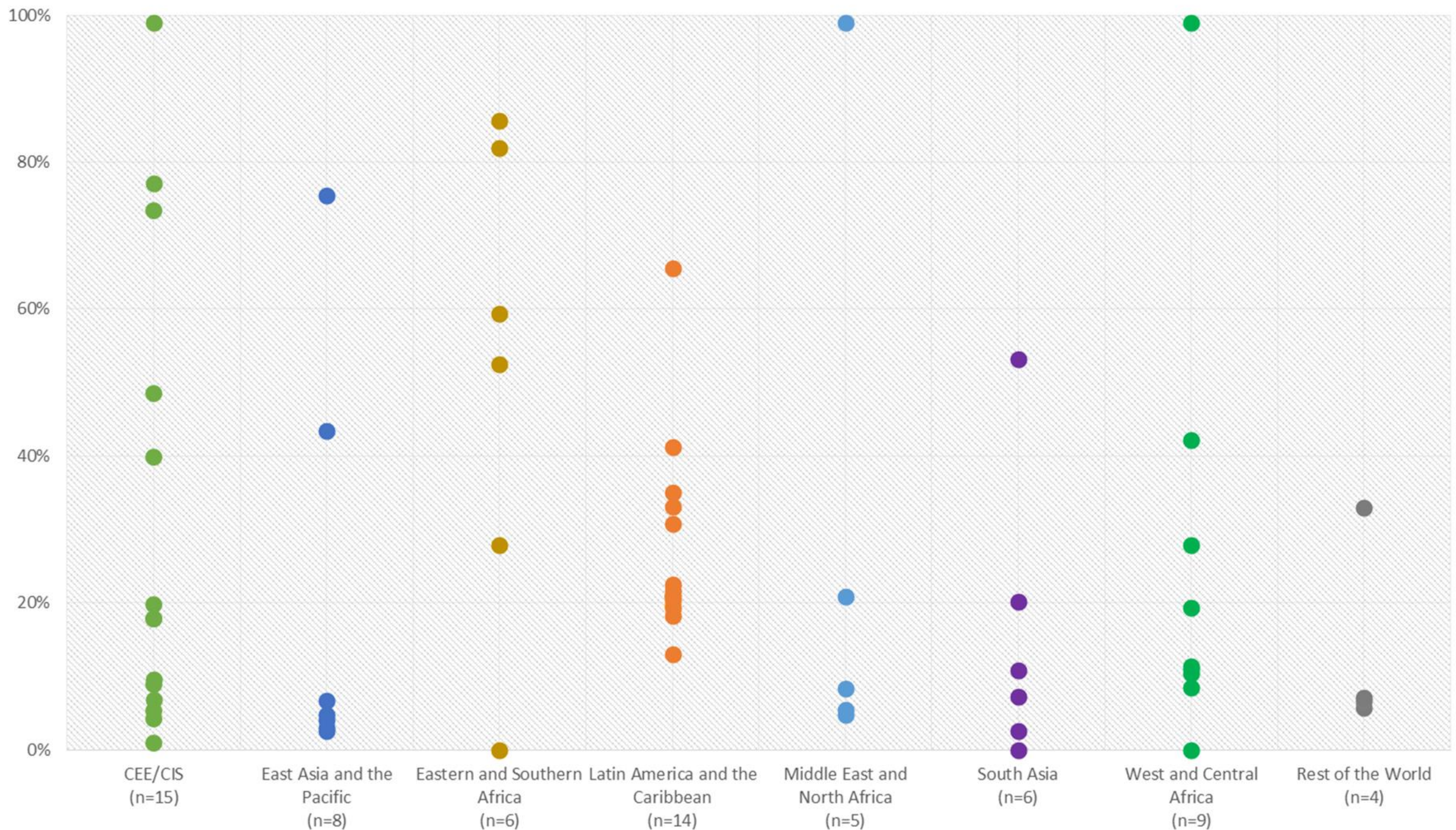
Source: UNAIDS 2015 HIV and AIDS estimates, July 2016.

Growing number of adolescents, growing number of new infections



Limited reporting & low coverage of ART in adolescents

Percentage of adolescents (aged 10-19) living with HIV who are receiving ART, 67 countries reporting by UNICEF Region, 2015



Source: UNAIDS/UNICEF/WHO 2015 Global AIDS Response Progress Reporting and UNAIDS 2016 estimates.

Note: Global reporting of ART numbers by 5-year age group began in 2014 and not all countries are yet able to report ART numbers disaggregated to this level of age specificity. As a result, the values above represent the 67 countries that were able to report adolescent ART data for 2015 (either full -year or first 6 months). These 67 countries account for 16% of all adolescents (aged 10-19) living with HIV globally in 2015.

Challenges in the Adolescent HIV Response

1. **Scaling up and picking up the pace to meet the urgency:** The adolescent population is growing rapidly driven by the growth in sub-Saharan Africa where the number of adolescents and youth will nearly double over the next 25 years
2. **The gender gap:** Meanwhile, we have not yet closed the gender gap and ensured protection or fulfilment of the rights of girls and women – they remain disproportionately affected by HIV
3. **Adolescent key populations:** They remain excluded, neglected, vulnerable, programme action is far from adequate, political will remains poor

More than **100**
adolescents (10–19) died of
AIDS every day in 2015.[†]

Every **2 minutes**
an adolescent (15–19) is newly infected with HIV.



In sub-Saharan Africa,
3 in 4
new infections in
15–19-year-olds are
among **girls**.[†]



Priorities for Accelerating the Adolescent Response

- 1. Sharpen planning:** Strengthen data collection and analysis to inform better decision-making on adolescents.
- 2. Integration:** Define and deliver in combination, a package of high impact HIV interventions and complementary social and structural support appropriate for reducing risk and vulnerability in the adolescents at greatest risk of infection, AIDS-related illness or death.
- 3. Protective environment:** Prioritize action to address forced sex and sexual exploitation.
- 4. Recognize and act on the rights of all:** Analyze and respond to the needs of adolescent key populations.
- 5. Empower and engage adolescents:** Invest in improving knowledge and risk perception and therefore engagement and effective demand for services among adolescents at greatest risk.
- 6. Invest in service quality:** Improve the quality of care around transition from paediatric to adolescent and from adolescent to adult ART.
- 7. Strengthen quality of evidence for action:** Strengthen the quality of documentation and learning through implementation science to inform quality and pace of scale up.

Lessons from Country Action

Vision: ZERO New Infections; ZERO Deaths; ZERO Discrimination

ALL IN Strategic Framework End the AIDS Epidemic among Adolescents (ages 10-19) by 2030

**Priority Population
(10-14) and (15-19)**

Programmes*

Targets to 2020

Adolescent leadership, mobilization and engagement; Human rights and Equity; Sexual and Reproductive Health and Education; Improved Data to drive planning and results

Adolescents Living with HIV

- *Adolescents who acquire HIV during adolescence*
- *Adolescents with vertically-acquired HIV (diagnosed and undiagnosed).*

At Risk Adolescent Population Groups

- *Adolescent girls (particularly in Sub-Saharan Africa)*
- *Adolescent key population groups i.e. adolescents who inject drugs; gay, bisexual and transgender adolescents; and adolescents who sell sex*

**Social and
programmatic
enablers**

**HIV Testing,
treatment and Care**

**Combination HIV
Prevention**

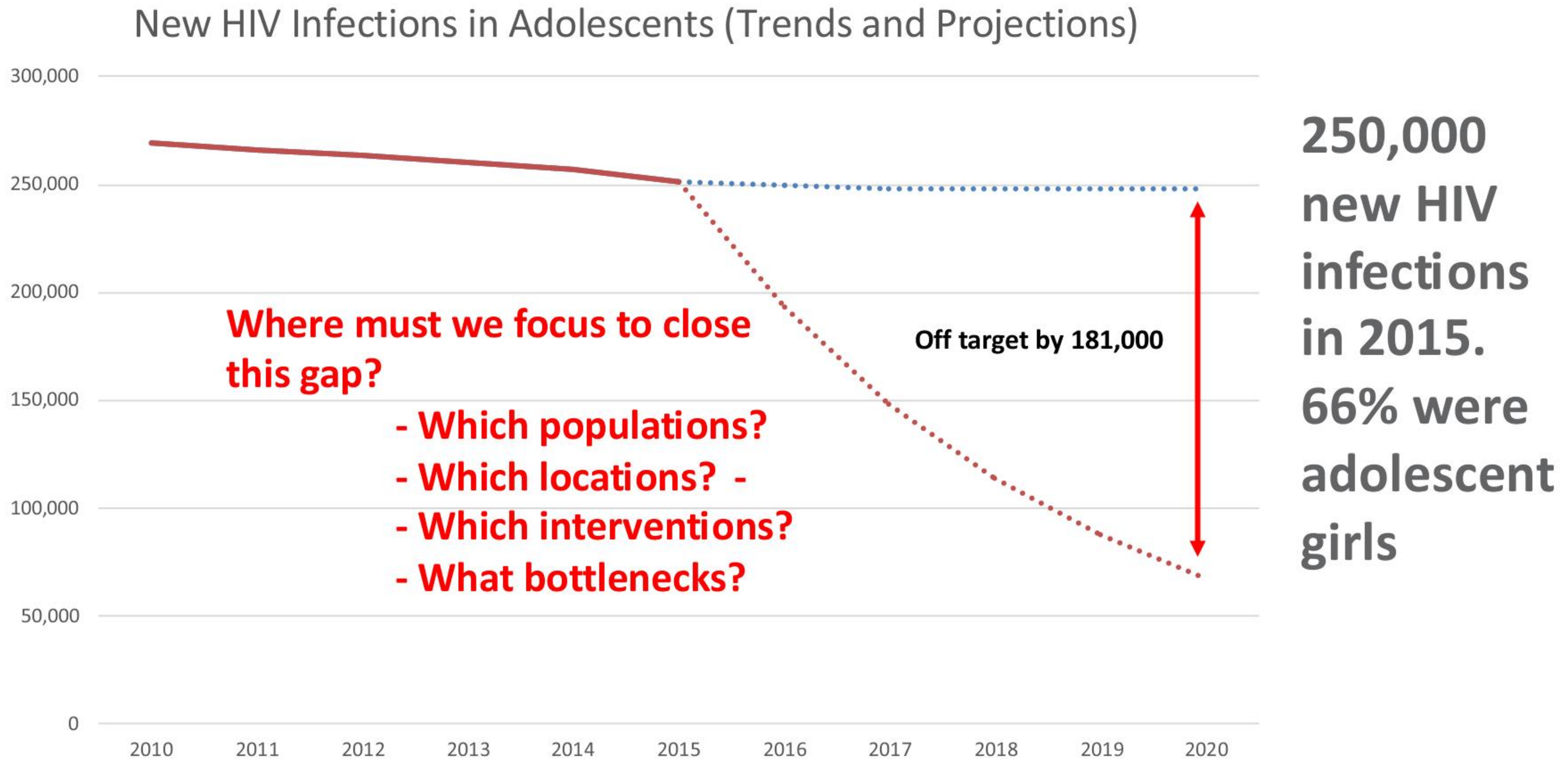
**90 – 90 – 90 =
reduce AIDS-related
deaths among
adolescents living with
HIV by 65%**

**Reduce new HIV
infections among
adolescents at risk of
infection by 75%**

**Zero stigma and
discrimination (by 2030
-2020 impact target in
development)**

***PACKAGE** appropriate mix of proven programmes for each defined adolescent population group based on epidemiological context

Intensifying Prevention: To achieve the global target of a 75% reduction in new HIV infections in adolescents, we need to reduce new infections from 250,000 per year to about 67,000 by 2020

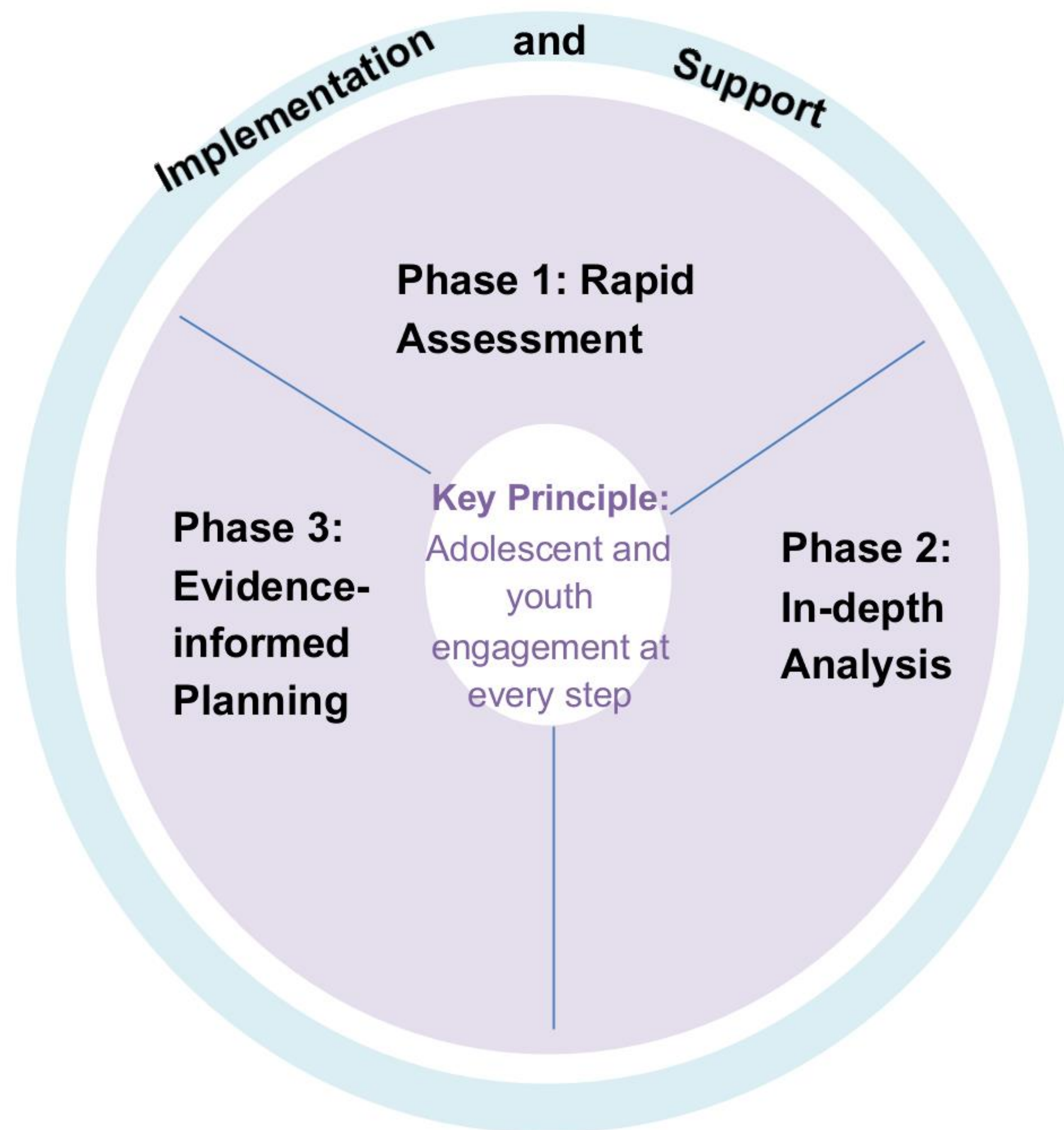


New Partnership for Acceleration



A SUPER-FAST-TRACK FRAMEWORK
FOR ENDING AIDS IN CHILDREN,
ADOLESCENTS AND YOUNG
WOMEN BY 2020

Define Who, Where, What, Why and How Data-driven planning through ALL IN Assessments –



Strategic Opportunities: Sector and cross-sectoral programme review; AIDS programme review; adolescent programme review; and resource mobilization opportunities (e.g., GFATM; PEPFAR)

Progress in implementation of country assessments

Region	Phase 1 (Review of data, confirmation of priority adolescent populations, locations, interventions)	Phase 2 (In-depth sub-national level analysis)	Phase 3: Action Planning
CEE/CIS (1)	Ukraine	Ukraine	
EAPR (4)	China, Indonesia, Philippines, Thailand	Philippines	Philippines
ESAR (9)	Botswana, Kenya, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Uganda, Zimbabwe	Botswana Namibia	Namibia
LAC (1)	Jamaica	Jamaica	
WCAR (9)	Burkina Faso, Cameroon , Chad, CAR, Cote d'Ivoire, DRC, Gabon, Guinea Bissau, Nigeria	Cameroon, Cote d'Ivoire, DRC, Nigeria	Nigeria

Example of Result: Highlights - Benue State, Nigeria

Tracer Intervention	Identified Bottleneck	Reasons/Causes	Solutions	Strategies
HIV testing and Counselling; (Demand Side)	Low proportion of adolescents aged 15-19 who were tested and received result in the last 12months	<ul style="list-style-type: none"> Poor knowledge about benefit of knowing their HIV status Non involvement of AYPs in demand creation 	<p>AYP focused and sensitive awareness creation</p> <p>Train and deploy adolescents as HTC service providers</p>	<p>Demand creation</p> <p>Innovation</p>
(Supply Side)	Very few facilities currently providing adolescent-friendly HTC services according to the national guidelines	Adolescent-friendly service delivery skills not part of staff training on HIV and AIDS service delivery	Integrate AYP friendly service delivery skills in to all health service delivery training package	<p>Advocacy</p> <p>Capacity building</p>
Antiretroviral therapy (ART) for adolescents living with HIV; (Supply Side)	Very few facilities offering AYP-friendly services	<p>No Adolescent-friendly ART service delivery model;</p> <ul style="list-style-type: none"> Infrastructure Skills 	Develop and implement an AYP sensitive model of ART service delivery model	<p>Advocacy</p> <p>Capacity building</p>
(Demand Side)	Low proportion of adolescents are placed on ART	<ul style="list-style-type: none"> Improper counseling leading to loss to follow-up Non involvement of AYPs in ART services 	<ul style="list-style-type: none"> Adherence to counselling protocol Train adolescents to provide ART literacy/adherence services 	Capacity building

Common corrective actions emerging from country assessments

1. **Partner with adolescents and community actors** to design and implement more efficient and effective strategies for HIV testing that **target adolescents at high risk of exposure** and enable these adolescents and their families and caregivers to recognize their risk of exposure, **enhance literacy on HTC and ART** and thus increase active **demand for testing among families affected by HIV**.
2. Ensure the implementation of provider initiated testing and counseling to **reduce missed opportunities for testing and linkage to care** among adolescents seen at facilities for chronic illness.
3. **Scale up targeted family-based care** to identify undiagnosed adolescents and link them to care.
4. Improve the **legal and policy environment** including factors such as laws on consent to access services to ensure that adolescents are not excluded from or denied access to HIV testing services and therefore timely access to life-saving treatment.
5. Improve **service quality** to enhance **acceptability** and provide **holistic care** that addresses the needs of adolescents living with HIV and thus achieve better retention and transition among adolescents in care.

Focus response on the most vulnerable, inform effective and context-relevant strategies, set, monitor & steer progress towards targets

End adolescent deaths
(reduce by 65% by 2020)

End new infections
(reduce by 75% by 2020)

End stigma and
discrimination

Efficiency and Urgency: Reach the right adolescents, with the right interventions, right now!

**Adolescents living
with HIV**

- Vertically infected
- Behaviourally infected

**Adolescents at
greatest risk of
infection**

- Adolescent girls
- Adolescent key populations

Define
**differentiated
strategies**
relevant to
each context



**Find the
adolescents**
(who and
where are
they are, why
at risk, who
reaches them)



**Link them to
services**



Measure
progress and
learn from
practice to
inform
replication

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