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


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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
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.

- Eastern and Southern Africa: 62%
- Western and Central Africa: 18%
- South Asia: 7%
- East Asia and the Pacific: 5%
- Middle East and North Africa: 1%
- CEE/CIS: 1%
- Rest of the World: 2%

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

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


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.

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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**

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

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

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**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

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**Social and programmatic enablers**

- HIV Testing, treatment and Care
- Combination HIV Prevention

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- 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)

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**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 HIV Infections in Adolescents (Trends and Projections)

Where must we focus to close this gap?
- Which populations?
- Which locations?
- Which interventions?
- What bottlenecks?

250,000 new HIV infections in 2015. 66% were adolescent girls.

New Partnership for Acceleration

A super-fast-track framework for ending AIDS in children, adolescents and young women by 2020
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

<table>
<thead>
<tr>
<th>Region</th>
<th>Phase 1 (Review of data, confirmation of priority adolescent populations, locations, interventions)</th>
<th>Phase 2 (In-depth sub-national level analysis)</th>
<th>Phase 3: Action Planning</th>
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<tbody>
<tr>
<td>CEE/CIS (1)</td>
<td>Ukraine</td>
<td>Ukraine</td>
<td></td>
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<tr>
<td>EAPR (4)</td>
<td>China, Indonesia, Philippines, Thailand</td>
<td>Philippines</td>
<td>Philippines</td>
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<tr>
<td>ESAR (9)</td>
<td>Botswana, Kenya, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Uganda, Zimbabwe</td>
<td>Botswana, Namibia</td>
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<td>LAC (1)</td>
<td>Jamaica</td>
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<tr>
<td>WCAR (9)</td>
<td>Burkina Faso, Cameroon, Chad, CAR, Cote d’Ivoire, DRC, Gabon, Guinea Bissau, Nigeria</td>
<td>Cameroon, Cote d’Ivoire, DRC, Nigeria</td>
<td>Nigeria</td>
</tr>
<tr>
<td>Tracer Intervention</td>
<td>Identified Bottleneck</td>
<td>Reasons/Causes</td>
<td>Solutions</td>
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| HIV testing and Counselling; (Demand Side)              | Low proportion of adolescents aged 15-19 who were tested and received result in the last 12months | • Poor knowledge about benefit of knowing their HIV status  
• Non involvement of AYPs in demand creation                                                                 | AYP focused and sensitive awareness creation  
Train and deploy adolescents as HTC service providers                                                                 | Demand creation  
Innovation |
| (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 into all health service delivery training package | Advocacy  
Capacity building |
| Antiretroviral therapy (ART) for adolescents living with HIV; (Supply Side) | Very few facilities offering AYP-friendly services | No Adolescent-friendly ART service delivery model;  
• Infrastructure  
• Skills | Develop and implement an AYP sensitive model of ART service delivery model | Advocacy  
Capacity building |
| (Demand Side)                                           | Low proportion of adolescents are placed on ART                                      | • Improper counseling leading to loss to follow-up  
• Non involvement of AYPs in ART services | • 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 at risk, who reaches them)
Link them to services
Measure progress and learn from practice to inform replication
Acknowledgements:

- UNICEF HQ Team (HIV Section and Data and Analytics Team)
- UNICEF Regional and Country Teams
- ALL IN Partners