Adolescents & AIDS

Dr. Chewo Luo
Chief HIV/AIDS, UNICEF
Associate Director, Programmes Division
28/11/17

Professor Father Micheal Kelly Annual Lecture on HIV/AIDS
Dublin, Ireland
In 2016, the world committed once again to bold targets for women, children and adolescents at risk of and/or living with HIV.

How the world comes together in the next 36 months to finally address the needs of the forgotten populations of children and adolescents will be a major driver of the success in putting an end to AIDS.

© UNICEF/UN061625/Dejongh
Key points

• Adolescents are being left behind.
• AIDS is a leading killer of adolescents in Africa.
• Adolescents are the only age group in which AIDS-related deaths have not decreased.
• Prevention efforts need to be intensified and targeted to reach those most at risk; adolescent girls in sub-Saharan Africa and adolescent key affected populations.
• Stigma and discrimination, along with policy and legal barriers such as age-of-consent or punitive laws, prevent services from reaching adolescents.
In 2016

260,000 NEW HIV ADOLESCENT INFECTIONS

2.1M ADOLESCENTS LIVING WITH HIV
Sub-Saharan Africa is carrying the burden of the HIV epidemic among adolescents (10-19) living with HIV

Source: UNAIDS 2017 estimates
Note: Data not available for Eastern Europe and Central Asia, North America, and Western Europe.
Most adolescents are not accessing lifesaving antiretroviral therapy

Percentage of adolescents (aged 10—19) living with HIV who are receiving ART, 41 countries reporting by UNICEF regions, 2016


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 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.


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 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.
AIDS-related deaths among adolescents are not decreasing

Estimated number of AIDS-related deaths, by 10-year age groups, 2010-2016

Source: UNAIDS 2017 estimates
In 2016, 55,000 AIDS deaths among adolescents (10–19) in Sub-Saharan Africa accounts for 9 in 10 adolescent AIDS-related deaths.
New HIV infections among adolescents 15-19 not decreasing as quickly as among children 0–14

Source: UNAIDS 2017 estimates
New adolescent HIV infections are projected to rise

*Note: Projections for 2016–2030 are based on the 2009–2015 average annual rate of change in incidence rates (new HIV infections out of the non-HIV-infected population). Two scenarios are presented: (1) ‘Continued progress’ shows the continuation of the average annual rate of change in incidence rates; (2) ‘Stalled progress’ shows only the latest incidence rate (2015) continued through 2030. In countries where the incidence rate was increasing between 2009–2015, the average annual rate of change is employed in both scenarios. Only ages 15–19 were analysed because current models do not account for behavioural transmission prior to age 15.

Gender plays an important role in determining risk among adolescents

Estimated distribution of new HIV infections among adolescents aged 15-19, by sex, UNICEF region, 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Girls 15-19</th>
<th>Boys 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern and Southern Africa</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Western and Central Africa</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>South Asia</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Western Europe</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>38%</td>
<td>62%</td>
</tr>
</tbody>
</table>

Note: Data not available for North America
Risk related to gender changes throughout the life course of the child

Estimated number of children, adolescents and youth living with HIV, global, 2016

Source: UNAIDS 2017 estimates
Dramatic shift is needed to meet targets set for adolescent girls and young women

Trends and projections in the number of new HIV infections among adolescent girls and young women (aged 15—19) toward the super-fast-track 2020 target

Source: UNICEF analysis of UNAIDS 2017 estimates
Note: This chart assumes the super-fast-track target of achieving only 100,000 new infections among adolescent girls and young women globally by 2020. Projections have been calculated by calculating the average annual rate of reduction from 2010–2016 and applying that rate through 2020. Projection trends towards each target assume an average annual rate of increase from 2016 to 2020.
Adolescents still lack knowledge, are not using condoms and are not accessing HIV testing

Selected indicator coverage among adolescent boys and girls (aged 15—19), Sub-Saharan Africa, 2010-2016

Source: UNICEF analysis of DHS, MICS, and other national household surveys, 2010-2016

Note: Regional summaries are only available for regions in which at least 50% of the population is represented in surveys from 2011 to 2016;
In summary, global targets will not be met for adolescents

The 2017 UNICEF analysis of UNAIDS data suggest that without accelerated action, the All IN and super-fast-track targets for reducing new HIV infections in adolescents and young women, and for increasing HIV treatment in adolescents with HIV will not be met.
Super Fast Track to End AIDS
for children, adolescents, young women and expectant mothers
<table>
<thead>
<tr>
<th>Agenda for Action</th>
<th>• To accelerate HIV results with and for <strong>adolescents (10-19 years)</strong> particularly excluded groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast Track” and “90/90/90” Alignment</td>
<td>• To end the AIDS epidemic as a public health threat by <strong>2030</strong></td>
</tr>
<tr>
<td>Platform for Partnership and Engagement</td>
<td>• To strengthen cross-sectoral <strong>partnerships</strong> and foster <strong>involvement of adolescents</strong> in all aspects of programming and advocacy for adolescents</td>
</tr>
<tr>
<td>Attention to Data</td>
<td>• To support countries to improve <strong>data collection, analysis and utilization</strong> for programme planning, M&amp;E</td>
</tr>
<tr>
<td>Focus on Adolescents</td>
<td>• To amplify and complement <strong>adolescent-focused initiatives, investments &amp; resource mobilization</strong> efforts, e.g. PEPFAR ACT and DREAMS, and national and GFATM funded initiatives for adolescents</td>
</tr>
</tbody>
</table>
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)**
Adolescent leadership, mobilization and engagement; human rights and equity; sexual and reproductive health and education; improved data to drive planning and results

**Programmes**

- HIV Testing, Treatment and Care
- Combination HIV Prevention
- Social and Programmatic Enablers

**Targets to 2020**

- 90 – 90 – 90 = reduce AIDS-related deaths among adolescents living with HIV by 65%
- Reduce new HIV infections among adolescents girls and at-risk adolescent populations by 75%
- Zero stigma and discrimination (2020 impact target under development)

**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; adolescent men who have sex with men, transgender adolescents; and adolescents who sell sex

**PACKAGE:** appropriate mix of proven programmes for each defined adolescent population group based on epidemiological and social context
UN High Level Session on HIV Super-Fast-Track Targets for Adolescents

- UNICEF and PEPFAR (US Government) co-leading on Stay Free
- Reduce the no. of new HIV infections among adolescents and young women to <100,000/yr by 2020
  - Also a target in the include in the Global Prevention Coalition
- Provide 1 million adolescents (aged 15–19 years) with HIV treatment by 2020
UNICEF’s Response
Emerging programme data indicate the reach of adolescent girls in PMTCT / ART is lagging and better investments targeting adolescents are needed.

Comparison of key PMTCT/ART indicators among newly enrolled ANC clients by age group in Malawi, Uganda and DRC.

Source: UNICEF and Governments of Malawi, Uganda and DRC. Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women, 2014 with support from Sweden and Norway.
Likewise, programme data shows that the retention of adolescent girls in PMTCT / ART in lower than for adults.

Retention in the Context of Option B+ among age groups in Uganda

Invest in new ways to reach adolescents outside clinics

HIV counseling and testing & school interventions

Targeted HIV counselling and testing, linked with other services (e.g. referral systems and PICT) at school and community level

- **South Africa**: Youth in a high prevalence setting experienced a 41% reduction in the hazard of HIV acquisition following HTC, an effect sustained for 4.5 years.

- **Namibia**: School Based HIV Counselling and Testing and Pilot project (2014): Evaluation showed that HIV counselling and testing in schools is appropriate to the needs of adolescent learners. It also increases the uptake of HIV testing and counselling.
Brazil: Mobile Health Clinic for adolescents to expand testing to at risk adolescents

Invest in reaching adolescents where they are with the services they need
UNICEF Call to Invest in innovative programmes for adolescents at greatest risk of infection including Pre-exposure prophylaxis

- UNICEF consultation with scientists and implementers helped to define directions for PREP implementation targeting adolescents
Invest in adolescents themselves – as agents of change

**U-Report:** is a social messaging tool for engaging young people around the world to speak pout on issues that affect them. Today it has over 2.4 million registered users, and is live in over 25 countries.
A differentiated & targeted approach is required for adolescents

- Service package has to be cross-sectoral for adolescents
- Menu options across interventions and policy / structural actions to promote cross-sectoral synergies
- Differential approach for different epidemic settings based on Country Data and Local Context

Examples of a combination HIV prevention package for people who inject drugs

UNICEF has been a longstanding partner of Ireland.
Ireland serves on the UNICEF Executive Board.
Ireland was among UNICEF’s top twenty international donors in 2016.
Since 1993, Ireland has contributed to UNICEF funding of over $330m
In 2016, Irish Aid contributed €23,275,818 directly to UNICEF, comprising core funds and other earmarked resources (regular and emergency).
Alongside providing funding from HQ, Ireland provides funding to UNICEF through its Bi-lateral Programmes.
In 2016, bi-lateral funding provided to UNICEF for Health programmes including HIV:
- €2,000,000 for the Health Development Fund in Zimbabwe
- €300,000 through the Joint UNAIDS Programme in Uganda
Ireland also works in partnership with UNICEF in Ethiopia, Tanzania and Sierra Leone on Nutrition, in Uganda on Education, and in Zambia on Social Protection.
Ireland supports UNICEF through a range of initiatives including the Humanitarian Action for Children appeal in Eritrea and the No Lost Generation.
In summary, we can – and must – change the course of the epidemic for adolescents.
Thank you