



Regional Update on Adolescent HIV: Progress and Priority Actions

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Outline



Super Fast Track Targets



- Reduce new infection among AGYW by 95%
- Ensure 95% of all adolescent living with HIV are on ART

BY 2020!!



Outline



Progress!



- **Understanding of Adolescence**
- **Global Health and HIV plans**
- **Country-level Political Commitment and Leaders**
- **Regional Initiatives and Catalytic Funding**
- **Improved Data and Use**
- **More evidence of what works!**
- **Strong Youth-led Advocacy**

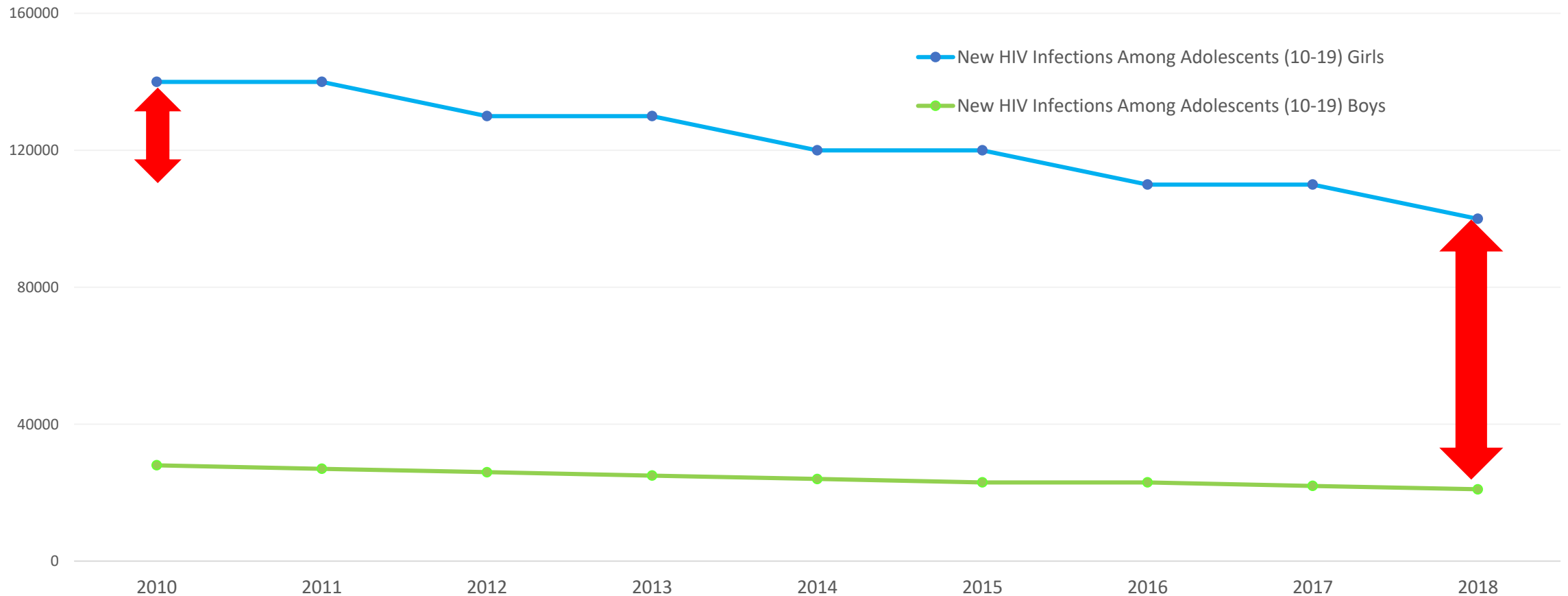


**GLOBAL NETWORK OF
YOUNG PEOPLE
LIVING WITH HIV**

New Infections



New HIV Infections amongst Adolescent Boys and Girls (10-19 years old): 2010-2018, ESA

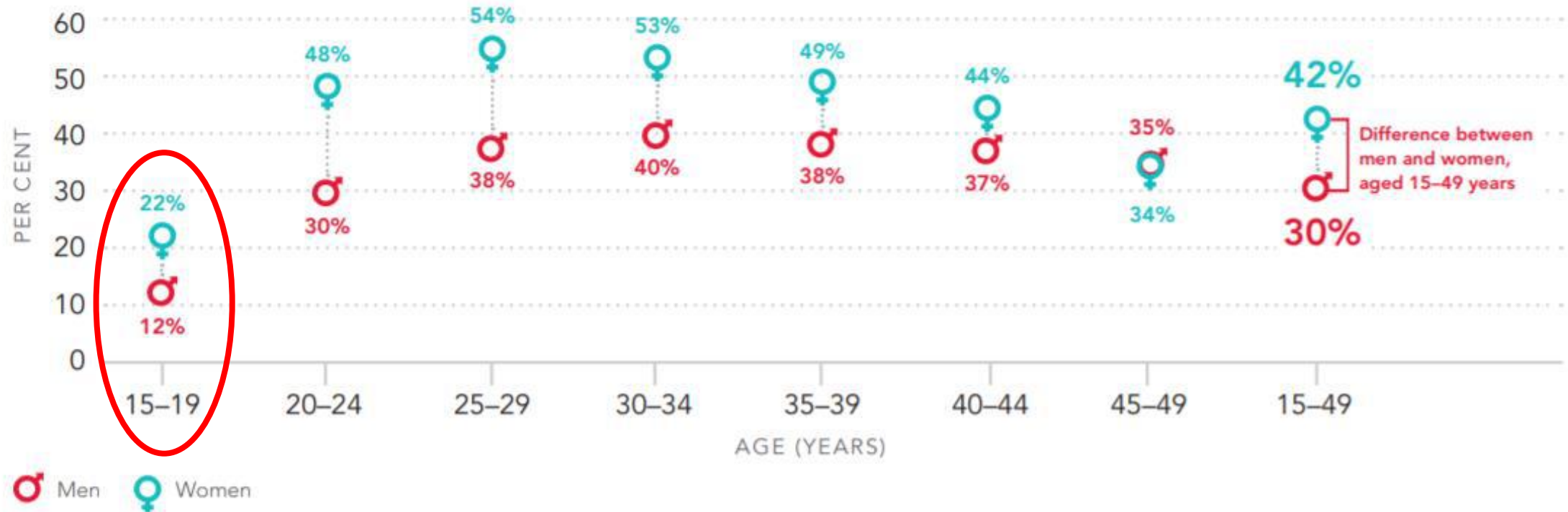


Data Source: UNAIDS Estimates, July 2019

HIV Testing Gap



Percentage of men and women who ever tested for HIV and received results by age: 2011 - 2016, SSA



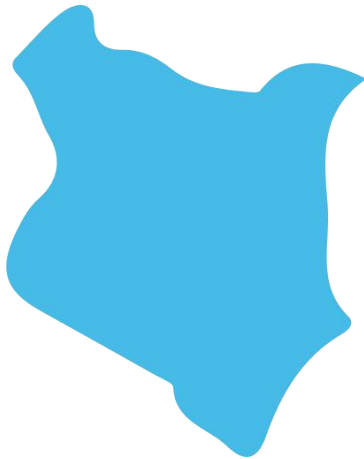
Source: Population-based surveys, 2011-2016.

HIV/SRH Knowledge



Young people (15 -24 years) still have **low or incorrect knowledge** about HIV prevention

Only in **3 ESA countries** do 50% of young people have adequate HIV prevention knowledge



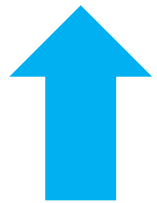
In Kenya, fewer than **1 in 4** samples students (15-17 years) had learnt about contraception

Only 15% knew **where to get access** to contraception

Linkage to Health Services

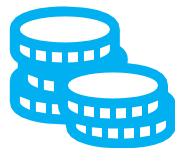


Limited understanding linkage for adolescents including HIV Self Testing



Higher rates of loss to follow up for 15-19 and 20-24 year old's

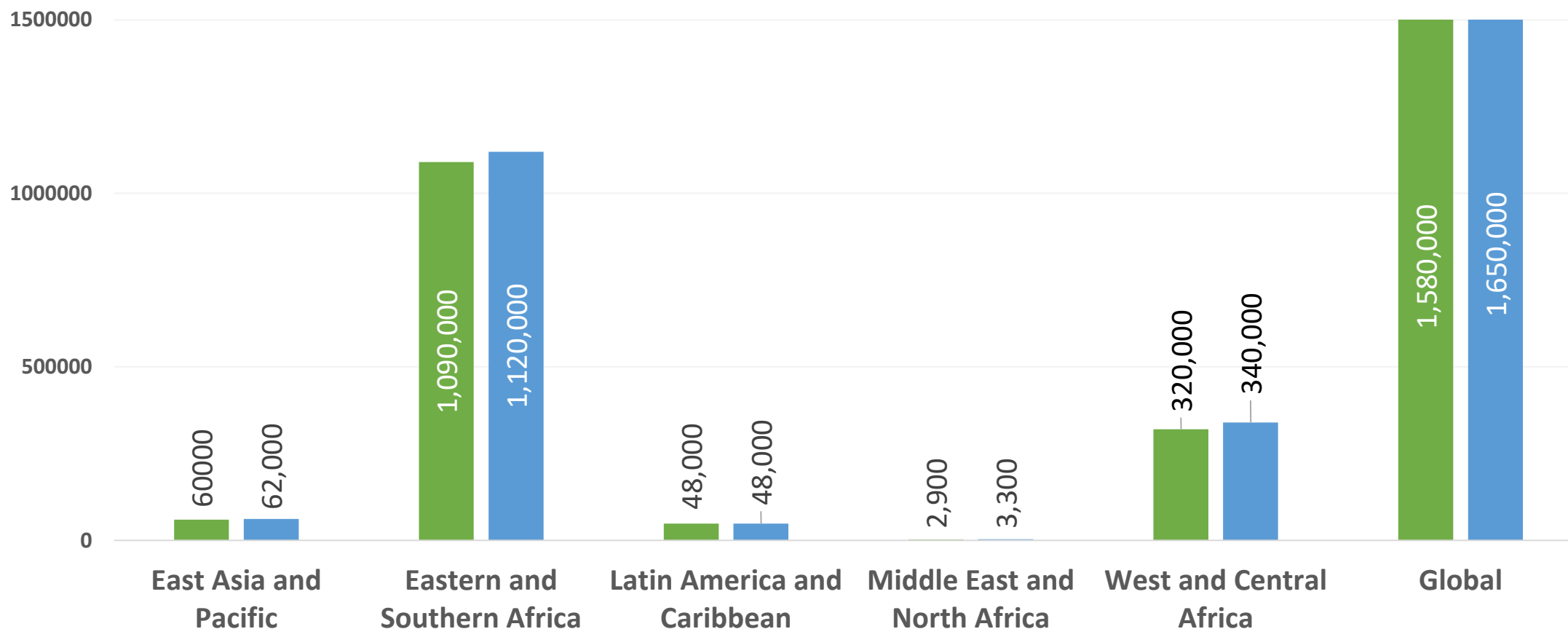
Complex barriers to accessing services



Adolescent Living with HIV



Estimated number of Adolescents living with HIV



Data Source: UNAIDS Estimates, July 2019

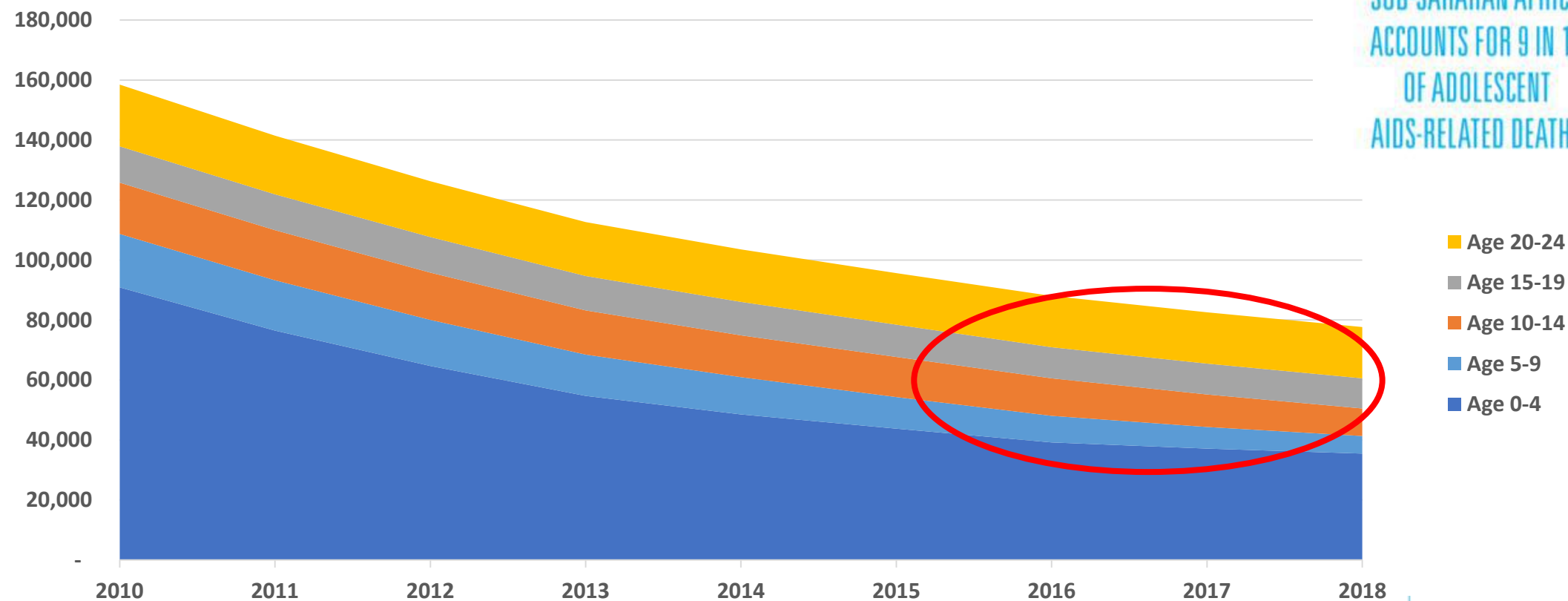
■ 2010 ■ 2018

AIDS –related Deaths



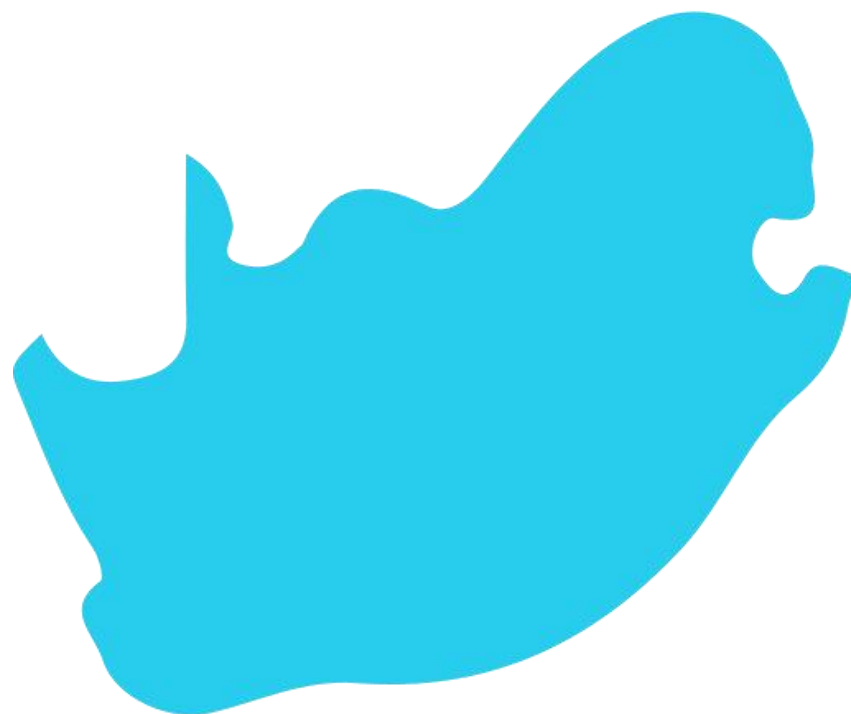
SUB-SAHARAN AFRICA
ACCOUNTS FOR 9 IN 10
OF ADOLESCENT
AIDS-RELATED DEATHS

Number of AIDS-related Deaths among 0-24 years in Five-Year Age Bands:
ESA (2010 – 2018)



Data Source: UNAIDS Estimates, July 2019

Adolescents Initiated on ART



10 -14 year olds

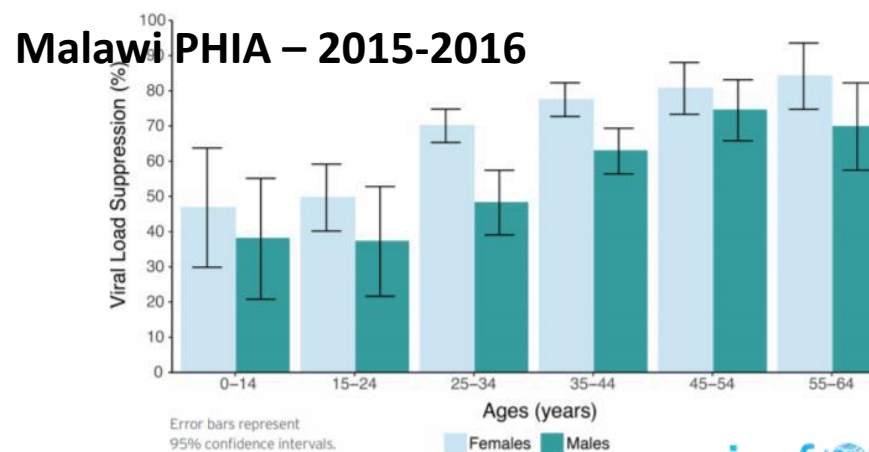
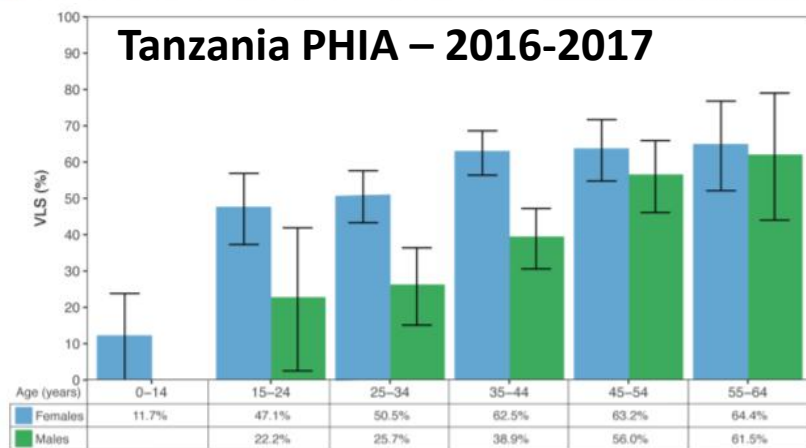
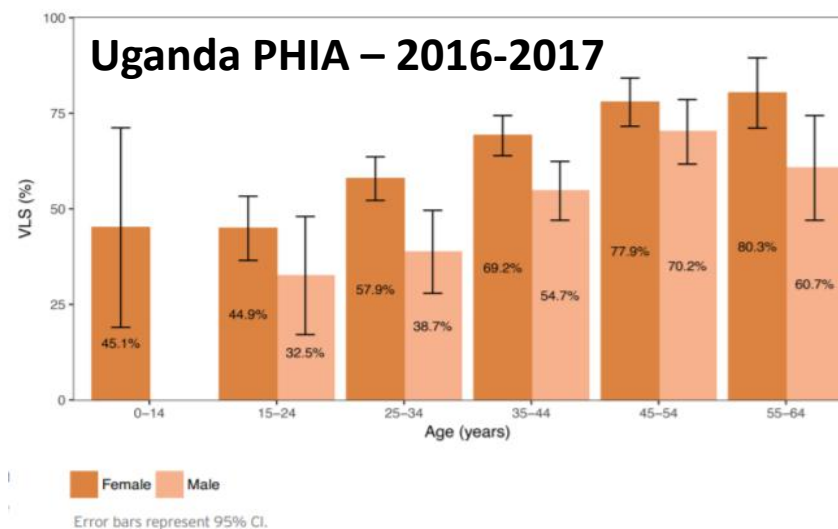
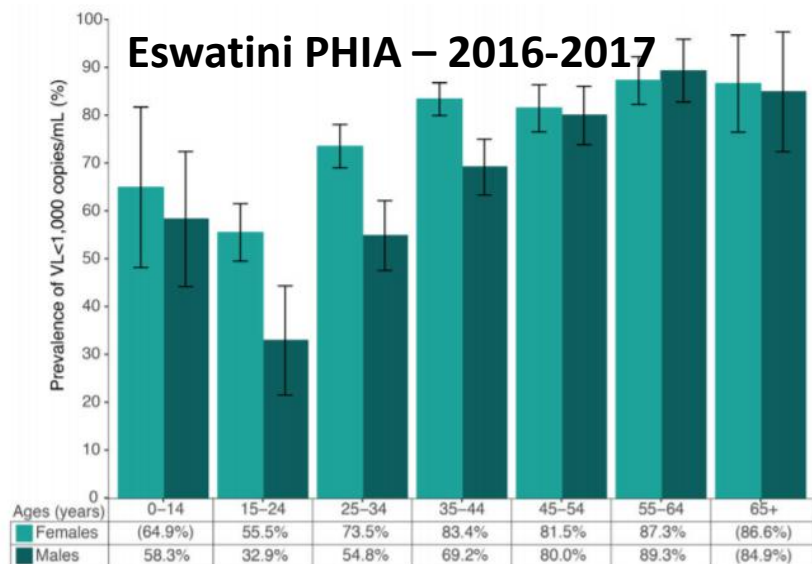
64% initiated ART



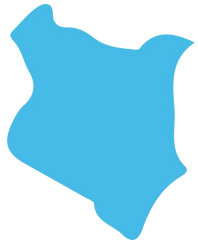
15 -19 year olds

44% initiated ART

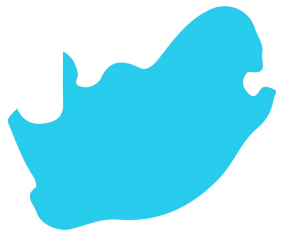
Virologically Suppressed



Mental Health Of ALHIV



- Clinic study in Nairobi
- **50%** had depressive symptoms
- Complex associations – **clinical, environmental, social**



- Clinic study in Johannesburg
- ~30% had **1 or more** symptoms of depression, anxiety, PTSD or suicidality



- Contributes to negative outcomes at each stage **across the HIV cascade**

SRHR of ALHIV



Sexual Debut

Nearly $\frac{1}{2}$ adolescents had had sex

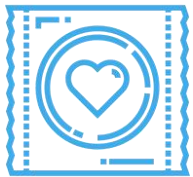
Between $\frac{1}{2}$ and $\frac{2}{3}$ reported older sexual partner during first sex



High risk sexual practices

$\frac{1}{3}$ – $\frac{1}{2}$ of participants reported unprotected sex at last sex

1 in 5 reported engaging in transactional sex or having sex for money or goods



Contraception use

$\frac{1}{3}$ are on a form of contraception

Only 5% on combined contraception – (1 study in Uganda)



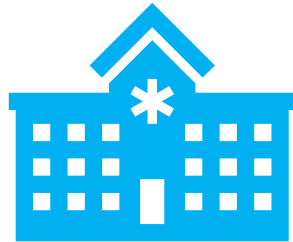
Sexually Transmitted Infections

HSV-2 was found in 50% of ALHIV and HPV at 88%

Pregnant and breast feeding ALHIV



Over **130 births** for every **1,000 adolescent girls** in 5 ESA countries



Lower PMTCT service uptake



Higher rates of mother-to-child HIV transmission

Outline



Scaling Up Services



➔ Strengthen use of data to inform programmes

- Age, sex and sub-national disaggregated data!
- Ensure interventions scaled, work
- Expand understanding of key clinical AND psychosocial outcomes
- Use the data advocacy and resource mobilisation

➔ Galvanise the role of national programmes

- Facilitate coordination and partnership mechanisms i.e TWG's
- Ensure interventions for ALHIV are incorporated in national HIV plans and policies
- Harness the expertise of NGO's to support national programme scale up of ALHIV interventions

Reaching ALL Adolescents



Build the capacity of implementers

- Standardise national packages including operational tools and training curriculum
- Clearly define peer provider roles and responsibilities, with accountability and compensation.
- Implement supervision, mentorship and support mechanisms

Prioritise sustainability

- Champion the broader adolescent health agenda
- Advocate for inclusion of scale up funding within broader funding mechanisms
- Understand cost considerations, prioritizing the elements of greatest impact

Explore new interventions and approaches!

- New interventions that take into consideration the diversity of ALHIV including understanding the role of digital technology

Thank you!

Acknowledgements

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unicef  | for every child