Adolescents Living with HIV

A global perspective and lessons from country experience in sharpening national response

Susan Kasedde
Senior Specialist, HIV (Adolescents)
UNICEF, NY
OUTLINE

- Overarching numbers

- Some seminal responses at country level (Botswana, Cameroon, Swaziland, Jamaica, Zimbabwe) relative to creating an AIDS Free future generation

- Tying data to programs
New HIV Infections declining rapidly among children but much less among older adolescents (15 – 19) and young adults (20 – 24)

Estimated number of new HIV infections among children (aged 0–14), adolescents (aged 15–19), and young people (aged 20–24), 2001–2014

Number of Adolescents Living with HIV by Mode of Infection: All LMIC with Current Trends

Half of all adolescents living with HIV and in need of immediate care are in 6 countries. 15 countries account for 80% of all 2 million adolescents living with HIV in 2014.

Clearer global guidelines available to strengthen programmes for ALHIV
AIDS-related deaths are declining rapidly for all age groups . . . except adolescents.
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

HIV Testing, treatment and Care

Combination HIV Prevention

Social and programmatic enablers

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
ALL IN: Accelerating results through four workstreams

1. Changing social context by working with adolescents as agents of change
2. Sharpening adolescent components of national programmes
3. Promoting innovation and approaches for scale-up
4. Advocacy, communication and resource mobilization
Key Principle: Adolescent and youth engagement at every step

Phase 1: Rapid Assessment

Phase 2: In-depth Analysis

Phase 3: Evidence-informed Planning

Implementation and Support

Strategic Opportunities: Sector and cross-sectoral programme review; AIDS programme review; adolescent programme review; and resource mobilization opportunities (e.g., GFATM; PEPFAR)
Work Stream 2: Priority Actions

1. Partnership Strengthening
2. Guidance & Tool Development
3. Country Level Introduction & Implementation Support
4. Capacity Strengthening
5. Reporting & Dissemination of Lessons Learnt
3. Country Level Introduction & Implementation Support

- **Assessments Initiated: 8 Countries, 4 Regions**  
  (Q1 2015- Q3 2015)
  - Botswana, Cameroon, Cote d’Ivoire, Haiti, Iran, Jamaica, Swaziland, Ukraine, Zimbabwe

- **Assessments In Pipeline: 12 Countries, 3 Regions**  
  (Q4 2015- Q2 2016)
  - China, DRC, Gabon, Indonesia, Kenya, Lesotho, Mozambique, Namibia, Nigeria, Philippines, Rwanda, Tanzania, Thailand
1. Adolescent Focus in National Plans
2. HIV Testing, Treatment, Care
3. Combination HIV Prevention
4. Social & Programme enablers
5. Cross Sectoral Programmes (mention sectors)
Progress to 2020 Targets: AIDS related deaths 10-19

*2015-2020 values projected based on applying average annual rate of decline(%) between 2012-2014 to calculate 2015-2020 values

Adolescents through the Lens of the 90-90-90 targets

Limited availability of disaggregated data for 10 - 14 limiting understanding of knowledge of HIV status among 10 - 19

ART Coverage

Percentage of adolescents (aged 15-19) living with HIV receiving antiretroviral therapy (ART), 2014

- **Botswana**: 96%
- **Cameroon**: 13%
- **Jamaica**: 31%
- **Swaziland**: 51%
- **Zimbabwe**: 54%

Source: Department of HIV & AIDS Prevention & Care; HIV/AIDS Information Management Division, M & E Unit, MoH, December 2014 (Botswana); Data Base NACC, 2014 & EPP-SPECTRUM, 2015 (Cameroon); ART Patient Management Information System, 2014 (Swaziland); DHIS, 2014 and Spectrum HIV and AIDS estimates, 2014. (Zimbabwe); source not indicated for Jamaica

Viral Suppression

4 of the 5 countries were unable to provide values for 10-19
What Governments and Partners Say: Six Operational Areas to Drive Change in Adolescent Programming

- Supportive laws & Policies
- Resources & Technical support
- Coordination & Partnerships
- Prioritization & Advocacy
- Data & M&E
- Integration of Services
What Governments and Partners Say: Innovations To Support Scale-Up and Improved Outcomes in Adolescents
Common Programme Priorities for In-Depth Analysis

- ART
- Condoms
- School Linkages
- HTC
- Community Based Interventions

In depth Analysis
Next Steps - Using better analysis of delivery to inform advocacy, partnership development and improvements in programme delivery

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<tr>
<th>Intervention</th>
<th>Determinant to assess</th>
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<tr>
<td>Supply</td>
<td>• Availability of essential commodities/inputs</td>
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<td>• Access to adequately staffed services, facilities and information</td>
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<td>Demand</td>
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<td>• Social and cultural practices and beliefs</td>
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<td>• Management /Coordination</td>
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Context-specific actions defined to address bottlenecks related to programme priorities (HTC, ART, Condoms etc) - focus on acceleration with quality & efficiency; systems-strengthening; sustainability and saving lives.
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Acknowledgements

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- Regional and Country Offices
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UNAIDS

UNDP

UNFPA

UNESCO

UN Women

ILO

WHO

World Bank

AIDS Alliance

Ford Foundation

JSI

Save the Children

Global Fund

PEPFAR

Global youth networks