YOUNG PEOPLE ARE LEADING THE HIV PREVENTION REVOLUTION

- HIV prevalence trends in 16 countries show decline among young people 15–24 years
- Declines are largely due to falling new HIV infections among young people
- Decline of 25% or more in 15 out of 21 countries most affected by HIV

REDUCTIONS IN HIV PREVALENCE AMONG YOUNG PEOPLE HAVE COINCIDED WITH A CHANGE IN SEXUAL BEHAVIOUR PATTERNS AMONG PEOPLE.

PREVENTING HIV AMONG YOUNG PEOPLE

Young people are leading the prevention revolution by taking definitive action to protect themselves from HIV. A change is happening among young people across the world, especially in parts of sub-Saharan Africa. Waiting longer to become sexually active, young people have fewer multiple partners and there's an increased use of condoms among those with multiple partners. And HIV prevalence among young people is dropping in many key countries.

The impact—HIV prevalence among young people is falling in 16 of the 21 countries most affected by HIV. A groundbreaking study for UNAIDS led by the International Group on Analysis of Trends in HIV Prevalence and Behaviours among Young People shows that countries with a high burden of HIV have either achieved or are on track to achieve the international goal agreed at the International Conference on Population and Development in 1994 and endorsed by Member States in the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly Special Session on HIV/AIDS in 2001 of reducing HIV prevalence among young people by 25% in 2010.

This breaking news section of OUTLOOK captures some of the main findings of the study, which will be presented for the first time at the XVIII International AIDS Conference being held in Vienna in 2010.

The report shows that for the first time reductions in HIV prevalence among young people have coincided with a change in sexual behaviour patterns among people. The report also says that declines in HIV prevalence can be attributed to falling new HIV infections among young people—a breakthrough essential for breaking the trajectory of the AIDS epidemic.

SCORE CARD

High-burden countries that have achieved a 25% reduction in HIV prevalence among young people*‡ by 2010

SIGNIFICANT DECLINE OF MORE THAN 25%

- 1. BOTSWANA‡
- 2. CÔTE D'IVOIRE
- 3. ETHIOPIA
- 4. KENYA
- 5. MALAWI
- 6. NAMIBIA
- 7. SOUTH AFRICA‡
- 8. TANZANIA‡
- 9. ZAMBIA‡
- 10. ZIMBABWE‡

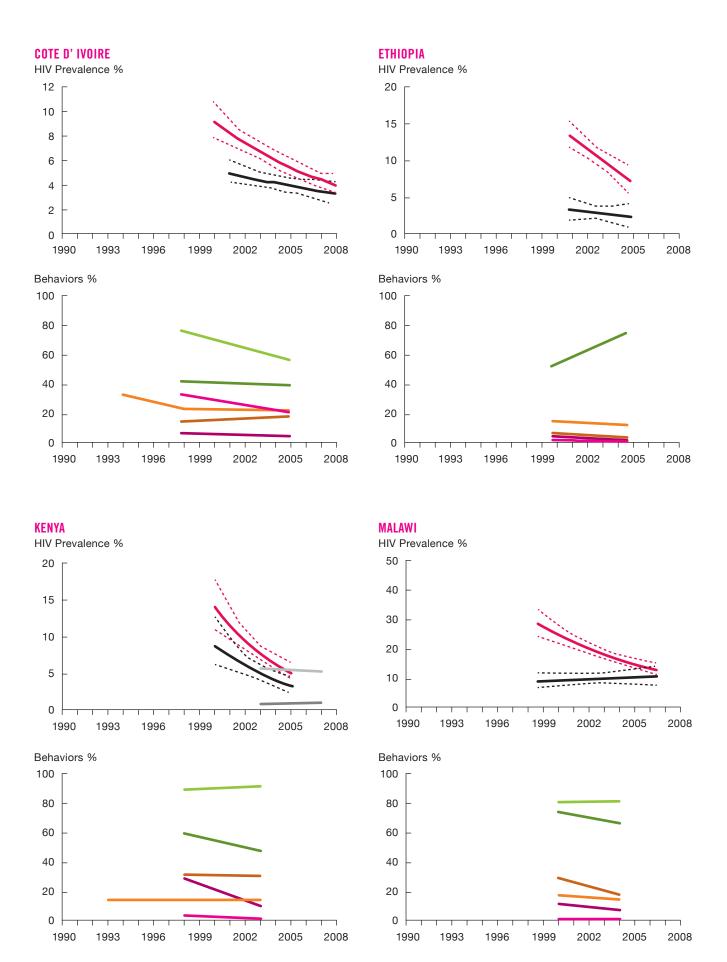
DECLINES OF MORE THAN 25%

- 11. BURUNDI
- 12. LESOTHO
- 13. RWANDA
- 14. BAHAMAS
- 15. HAITI

^{*}Young women (15–24) attending antenatal clinics in either rural or urban settings, or both.

[‡]Trend also observed in data from National HIV prevalence surveys among young men, women or both

COUNTRIES THAT HAVE SIGNIFICANT DECLINES IN HIV PREVALENCE AMONG YOUNG PEOPLE TOGETHER WITH CHANGE IN SEXUAL BEHAVIOUR





HIV AMONG YOUNG PEOPLE

An estimated 5 million people young people between the ages of 15 and 24 are living with HIV. An estimated 900 000 new HIV infections occurred among young people in 2008. Among young people living with HIV, nearly 80% (4 million) live in sub-Saharan Africa. The HIV epidemic has been harsh on the lives of young women, who comprise 66% of infections among young people worldwide. The vast majority of these infections among young women occur in sub-Saharan Africa. More than half of all sexually transmitted infections (more than 180 million out of a global annual total of 340 million new infections) other than HIV occur among young people aged 15 to 24.

Programmes to protect young people from HIV must use combination prevention approaches that are friendly to young people. In countries with generalized and hyperdendemic epidemics, programmes for young people must promote comprehensive services that include knowledge about HIV, sexuality education, access to sexual and reproductive health services and discussion on harmful sexual norms and practices.

FINDINGS

HIV PREVALENCE TRENDS

In 16 countries, HIV prevalence trends among 15–24-year-old pregnant women showed a decline in either urban or rural areas. Of these, in 12 countries a decline of 25% or more was observed in antenatal clincs surveys. In Kenya there was a 60% change between 2000 and 2005. HIV prevalence dropped from 14.2% in 2000 to 5.4% in urban areas and from 9.2% to 3.6% in rural areas in the same period. Similarly in Ethiopia there was a 47% change in HIV prevalence among pregnant young women in urban areas and 29% in rural areas. In Côte d'Ivoire HIV and Malawi prevalence among pregnant urban young women declined by 56% and by nearly half in Burundi and Haiti. In rural areas reductions of more than one third were observed in Botswana, Côte d'Ivoire, Lesotho, Namibia, Rwanda and Zimbabwe.

In six of the seven countries with repeated population-based HIV surveys, a decline of HIV prevalence was seen among young women over time, while only four showed a decline among young men. Declines in HIV prevalence among men in South Africa and the United Republic of Tanzania have been significant. Similar trends have been observed among women in Botswana, Zambia and Zimbabwe.

BEHAVIOUR TRENDS

Young people in 13 countries are waiting longer before they become sexually active. In eight countries these changes were significant for women and in seven countries for men between the ages of 15 and 19. In Cameroon, Ethiopia, Malawi and Zambia both young men and young women were reported to be waiting longer before they become sexually active.

Young people were also having fewer multiple partners in 13 countries. The study found that young men in 13 countries and young women in 10 countries were having fewer partners in the past 12 months than in previous years. In seven countries there was significant increase in both young men and young women reducing their number of partners. These include Cameroon, Côte d'Ivoire, Ethiopia, Kenya, the United Republic of Tanzania, Zambia and Zimbabwe.

And condom use by young people during last sex act increased in 13 countries. Ten countries reported increase in condom use among women, while 13 reported an increase among men. Only Cameroon, the United Republic of Tanzania and Uganda reported an increase in condom use among both young men and women.

MAKING SENSE OF HIV PREVALENCE AND BEHAVIOUR CHANGE TRENDS FOR YOUNG PEOPLE

HIV prevalence data and behavioural trends could be compared in 11 countries. Eight countries—Côte d'Ivoire, Ethiopia, Kenya, Malawi, Namibia, United Republic of Tanzania, Zambia and Zimbabwe—showed a favourable drop in both HIV prevalence and at least two behavioural indicators for either men or women. Declines in HIV prevalence are likely to be the result of drops in HIV incidence. Mathematical modelling suggests that trends in HIV prevalence among young pregnant women mirror trends among all men and women in the same age group. In two countries-Botswana and Zimbabwe—significant declines of more than 25% HIV prevalence were observed among women in antenatal clinic surveys as well as in populationbased surveys. In Zimbabwe, the decline was also seen in a separate cohort study in Manicaland province. Together these data strongly suggest that new HIV infections have dropped significantly in the country. Similar trends were seen in other countries, but only from a single source of data. For example, in Zambia and the United Republic of Tanzania an independent application of a mathematical model of HIV prevalence data from repeat national surveys showed significant declines in incidence among young women and men.

CONCLUSION

UNAIDS has made empowering young people to protect themselves from HIV a priority area. It calls on countries to implement a comprehensive set of programmes that put young people's leadership at the centre of national responses, to provide rights-based sexual and reproductive health education and services and to empower young people to prevent sexual and other transmission of HIV infection among their peers. This can be achieved by ensuring access to HIV testing and prevention efforts with and for young people in the context of sexuality education and by ensuring enabling legal environments, education and employment opportunities to reduce vulnerability to HIV.

Young people have shown that they can be change agents in the prevention revolution.

STUDY METHODOLOGY

Trends in HIV among young people between the ages of 15 and 24 is considered a proxy for assessing trends in HIV incidence because the onset of sexual activity in this age group is expected to be recent and there are relatively fewer AIDS-related deaths.

Twenty-one countries with an estimated adult HIV prevalence of more than 2% in 2007 contributed data on HIV prevalence among pregnant women between the ages of 15 and 24. In addition, sexual behaviour and HIV prevalence data from national population-based surveys were also analysed for seven countries.

The behaviour change indicators analysed included:

- The percentage of young people 15–19 years who reported having had sexual intercourse by the age of 15 years
- The percentage of young men and women aged 15–24 who reported having had sexual intercourse with more than one partner in the past 12 months
- The percentage of young men and women aged 15–24 who had more than one partner in the past 12 months and who reported having used a condom during the last sex act

Data for these behavioural indicators were obtained from surveys conducted between 1990 and 2008 (demographic health surveys, multiple indicator cluster survey, national population-based survey of the Human Sciences Research Council in South Africa).

Linear and exponential regression curves were fitted for each country using prevalence data collected from sites that were consistently included in sentinel surveillance between the years 2000 and 2008 in order to assess whether there have been changes in HIV prevalence over recent years and if they were statistically significant. Trend analysis was done only for countries with at least three points. The analysis was conducted separately for rural and urban areas where possible. For countries that conducted two or more national HIV prevalence surveys between 2000 and 2008, the HIV prevalence among 15-24-year-old young men and women was taken from the published reports and compared between the different survey years. Chi-square tests were performed to assess whether differences in prevalence were statistically significant at p < 0.05. 20 Avenue Appia CH-1211 Geneva 27 Switzerland

T (+41) 22 791 36 66 F (+41) 22 791 48 35

unaids.org

