
ALL IN
#EndAdolescentAIDS

CONTENTS

"Children should be the first to benefit from our successes in defeating HIV, and the last to suffer from our failures."

Anthony Lake, Executive Director, UNICEF

"AIDS is the leading cause of death among adolescents in Africa. Globally, two thirds of all new infections among adolescents were among adolescent girls. This is a moral injustice. I am calling on young people to lead the All In movement, alongside the United Nations, public and private partners, and countries themselves, to end the adolescent AIDS epidemic."

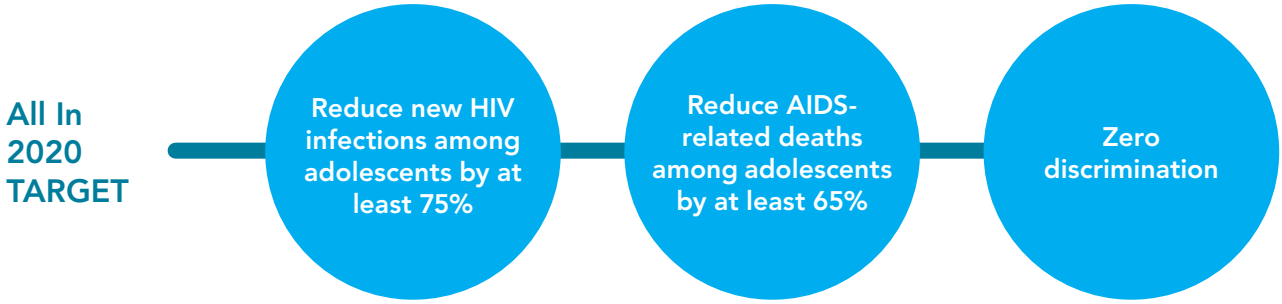
Michel Sidibé, Executive Director, UNAIDS

All In to #EndAdolescentAIDS

There is inequity in progress towards the global goals of the AIDS response. AIDS is now the leading cause of death among adolescents (aged 10–19) in Africa and the second most common cause of death among adolescents globally.[1] There were 250 000 [210 000–290 000] new HIV infections among adolescents in 2013, two thirds of which were among adolescent girls.

To end the AIDS epidemic by 2030, specific—yet flexible—strategies are needed for different age groups, populations and geographical locations. Ending the epidemic among adolescents requires amplifying investments where they can make the most difference and fostering innovation by adolescents and youth themselves, as well as governments, international organizations, civil society and the private sector.

The next five years are crucial. If we are able to rapidly scale-up HIV testing, high-impact treatment and combination prevention programmes between now and 2020—and we address the social context that creates HIV risk and vulnerability among adolescents—the world will be on track to not only #EndAdolescentAIDS, but to end the AIDS epidemic as a public health threat for everyone by 2030. All In is Fast-Track for adolescents—building from the Fast-Track initiative to accelerate service delivery towards attaining the 90–90–90 treatment target[2] and other targets.



All In! to #EndAdolescentAIDS is a platform for action and collaboration to inspire a social movement to drive better results with and for adolescents through critical changes in programmes and policy. It aims to unite actors across relevant sectors in order to accelerate reductions in AIDS-related deaths and new HIV infections among adolescents by 2020 as part of the global push to end the AIDS epidemic for all by 2030.

All In to #EndAdolescentAIDS is convened by a leadership group that includes the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the United States

[1] Health for the world's adolescents: a second chance in the second decade. 2014 (available online from www.who.int/adolescent/second-decade, accessed 5 February 2015).
[2] Under the 90–90–90 treatment target, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression by 2020.

President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the MTV Staying Alive Foundation, and the adolescent and youth movement represented the HIV Young Leaders Fund/the PACT and Y+.

Why adolescents?

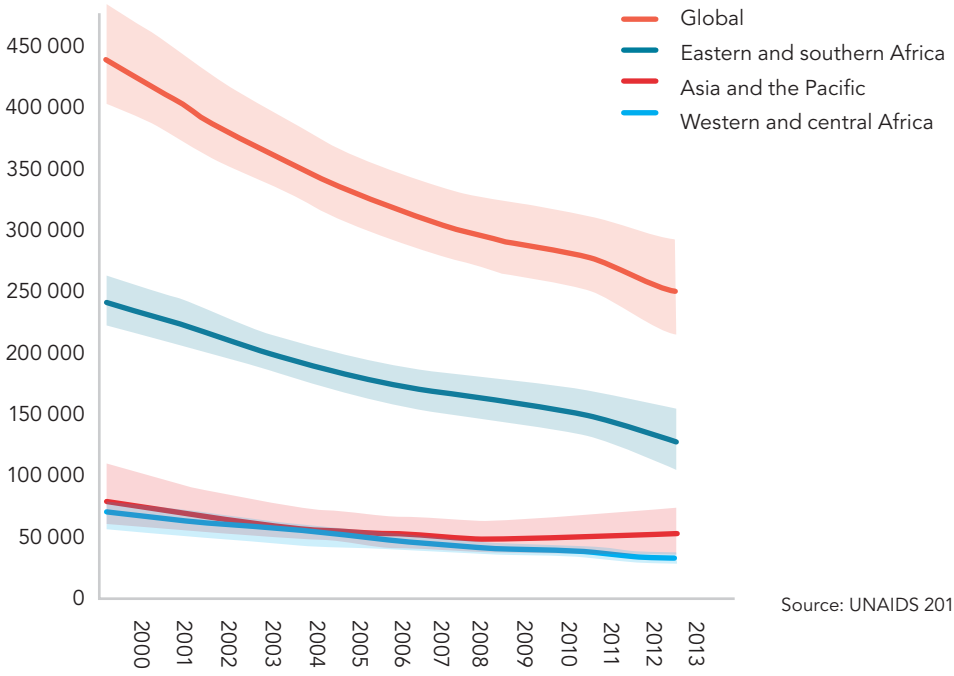
Adolescence: a critical life transition

Adolescence is one of life's critical transitions. The biological and psychosocial changes that take place during this period affect every aspect of adolescents' lives. The meaning assigned to this transition is different in different cultures and contexts, but everywhere it signifies the move from childhood to adulthood. Today, there are over 1 billion adolescents living in the world.

New HIV infections among adolescents are not decreasing as quickly as they should. In 2013, an adolescent between the ages of 15 and 19 was newly infected with HIV every two minutes. Progress is also uneven across different regions; for example, the number of new HIV infections has remained relatively stable in Asia and the Pacific since 2005, while they have decreased in eastern and southern Africa.

Figure 1

Estimated number of new HIV infections among adolescents (aged 15–19) over the period 2000–2013: global and three regions with the largest number of new adolescent infections



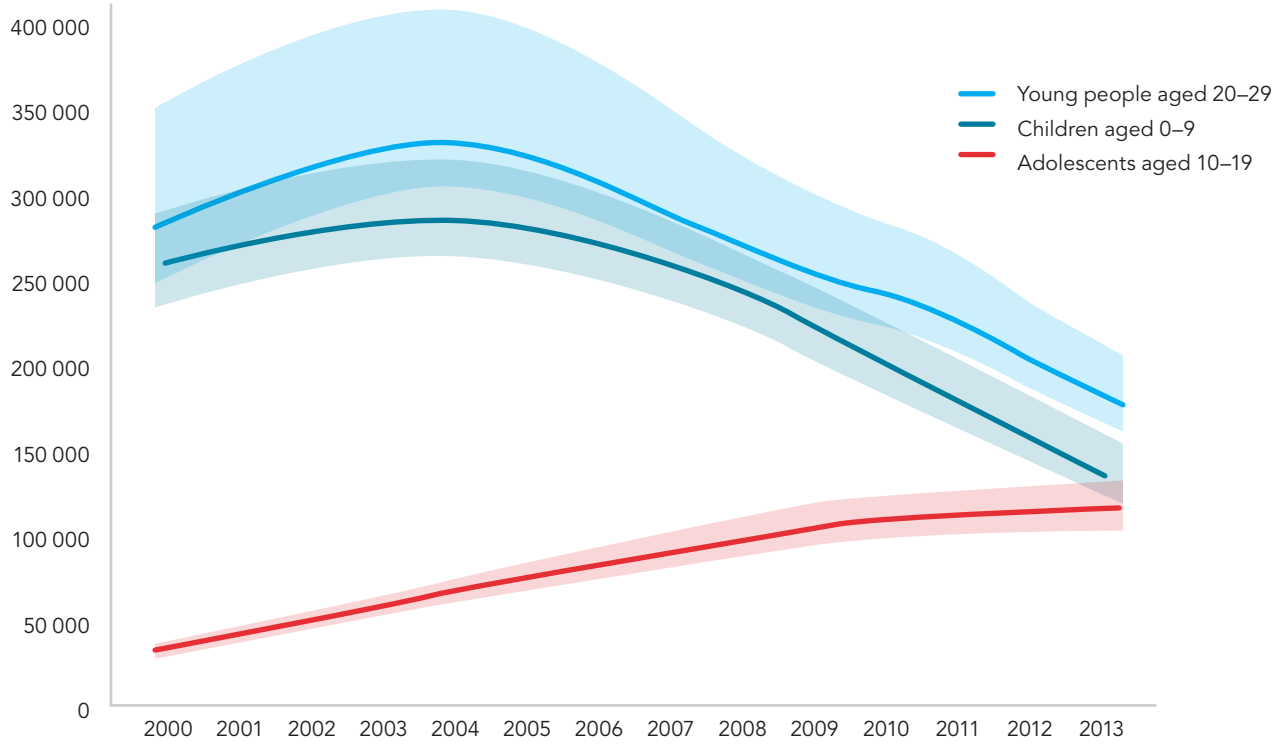
Source: UNAIDS 2013 estimates.

[3] Health for the world's adolescents: a second chance in the second decade. 2014 (available online from www.who.int/adolescent/second-decade, accessed 5 February 2015).

AIDS is now the leading cause of death among adolescents in Africa and the second most common cause of death among adolescents globally.[3] In 2013, 120 000 [100 000–130 000] adolescents died of AIDS-related illnesses. In fact, according to UNAIDS estimates, adolescents are the only age group in which deaths due to AIDS are not decreasing—this while all other age groups combined experienced a decline of 38% in AIDS-related deaths between 2005 and 2013.

Figure 2

Estimated number of AIDS-related deaths among children (aged 0–9), adolescents (aged 10–19) and young people (aged 20–29) over the period 2001–2013



Source: UNAIDS 2013 estimates.

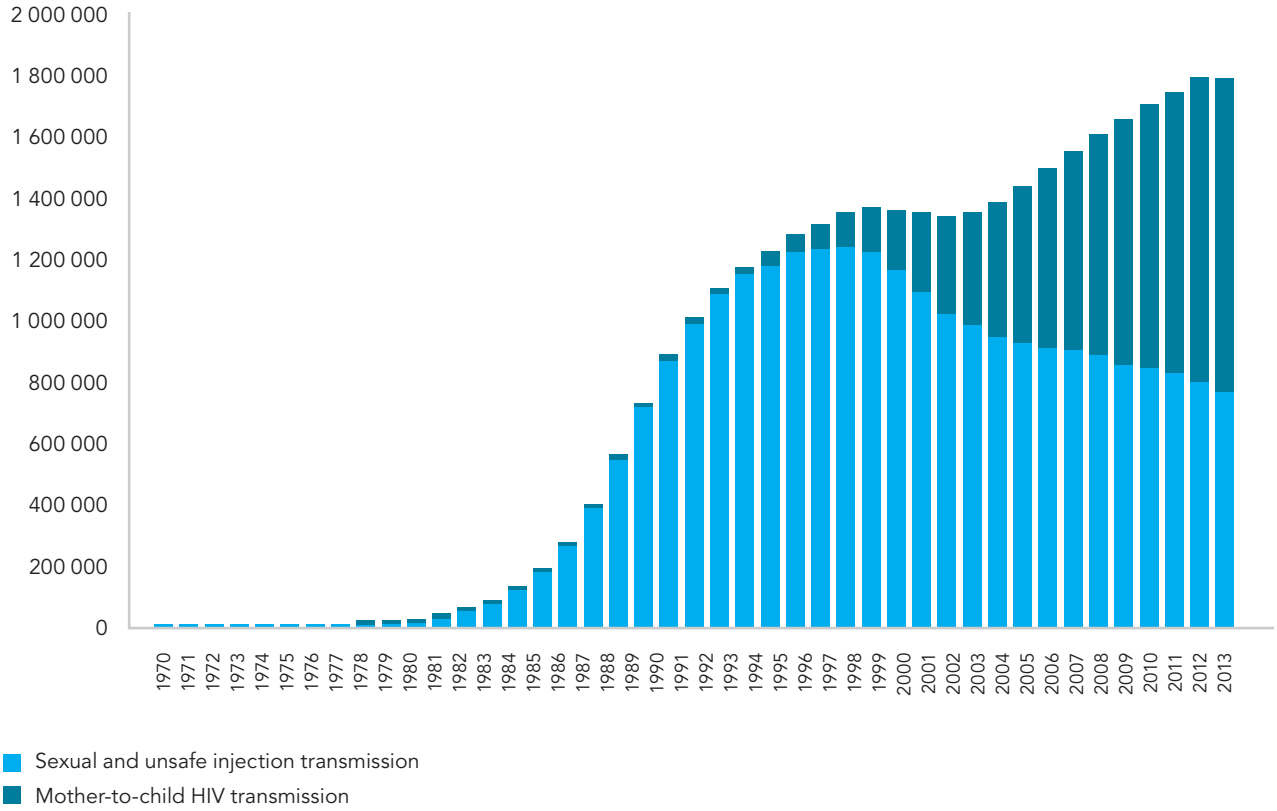
AIDS-related deaths among adolescents today reflect HIV infections in children from at least a decade ago. Many children slipped out of care and treatment programmes, were lost to follow-up or were never diagnosed.[4] The majority of the 2.1 [1.9–2.3] million adolescents living with HIV in 2013 were the result of mother-to-child transmission, and many do not know their status. They enter early adolescence with limited opportunities for early detection or referral to treatment programmes, and they are falling ill and dying preventable deaths. Of the total number of adolescents living with HIV globally in 2013, 83% resided in sub-Saharan Africa.

[3] Health for the world's adolescents: a second chance in the second decade. 2014 (available online from www.who.int/adolescent/second-decade, accessed 5 February 2015).

[4] Kasedde, S et al. Executive Summary: Opportunities for Action and Impact to Address HIV and AIDS in Adolescents. J Acquir Immune Defic Syndr 2014;66:S139-143.

Figure 3

Number of adolescents living with HIV by mode of infection in the 25 countries which contribute to the majority of AIDS-related deaths among this age group



Source: Futures Institute analysis of UNAIDS estimates.

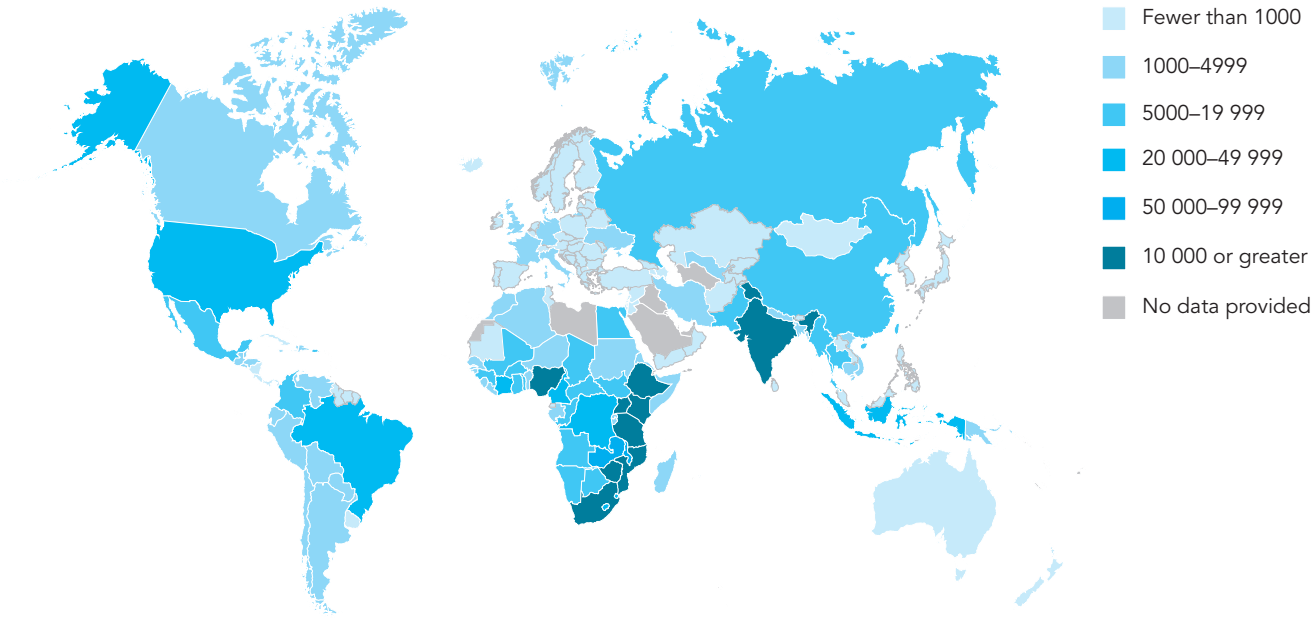
HIV treatment is not equitable

Current available data reveal that the scale-up of testing and treatment for children and adolescents living with HIV remains unacceptably slow. Children and adolescents under 15 years of age who are living with HIV are considerably less likely to receive treatment than adults, with less than one in four children between the ages of 0 and 14 (24% [22–26%]) accessing antiretroviral therapy in 2013.

For adolescents who know their status and who are able to access treatment, many challenges remain. These include disclosure, stigma and discrimination, as well as a lack of support for helping them remain on treatment. Finding optimal antiretroviral regimens and supporting improved clinical and social support and care will be critical to reducing AIDS-related deaths in adolescents, and will require a holistic, life-cycle approach.

Figure 4

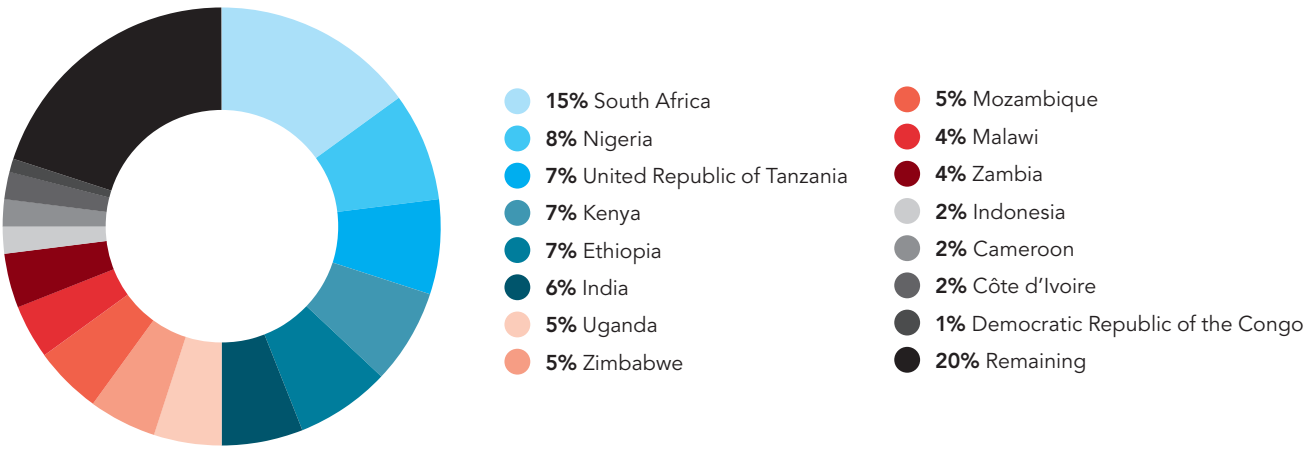
Adolescents living with HIV in 2013



Source: UNAIDS 2013 estimates.

Figure 5

In 2013, nearly half of all adolescents living with HIV globally were in six countries



Source: UNAIDS 2013 estimates.

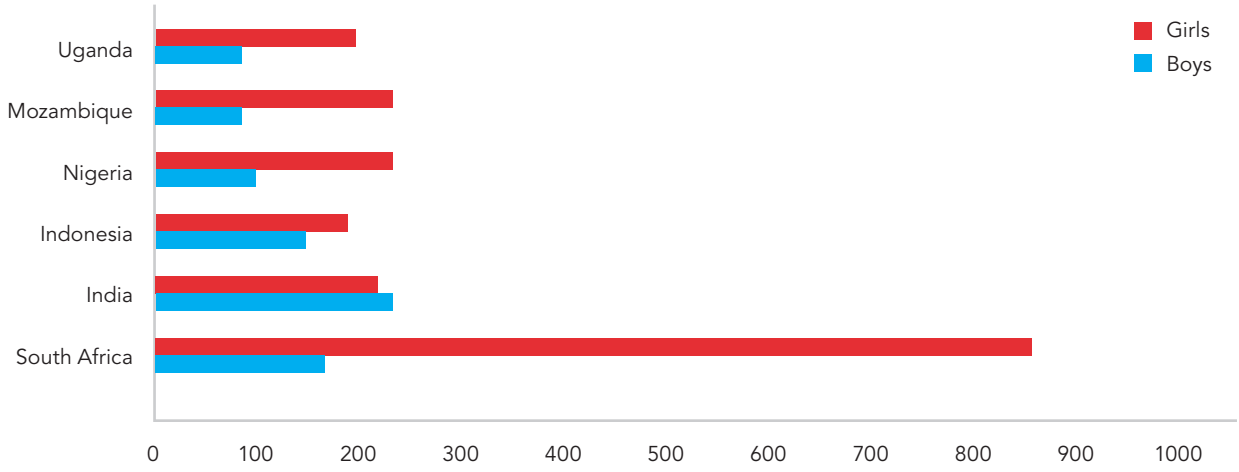
Adolescent girls disproportionately affected

In 2013, two thirds of the 250 000 [210 000–290 000] new HIV infections among adolescents between the ages of 15 and 19 years were among adolescent girls. In fact, in some sub-Saharan African countries (including Cameroon, Côte d'Ivoire, Guinea and Swaziland), girls aged 15–19 are five times more likely to be infected than boys (recent Demographic and Health Surveys).

Gender-based inequality, age-disparate sex and intimate partner violence are three potential factors that put girls at increased risk of acquiring HIV.

Figure 6

Estimated number of new HIV infections per week among adolescent girls and boys (aged 15–19), select countries



Note: This chart displays the six countries with the highest estimated number of new HIV infections among adolescents aged 15–19. The weekly values have been rounded to the nearest 10.

Source: UNICEF analysis of UNAIDS 2013 HIV estimates, 2014.

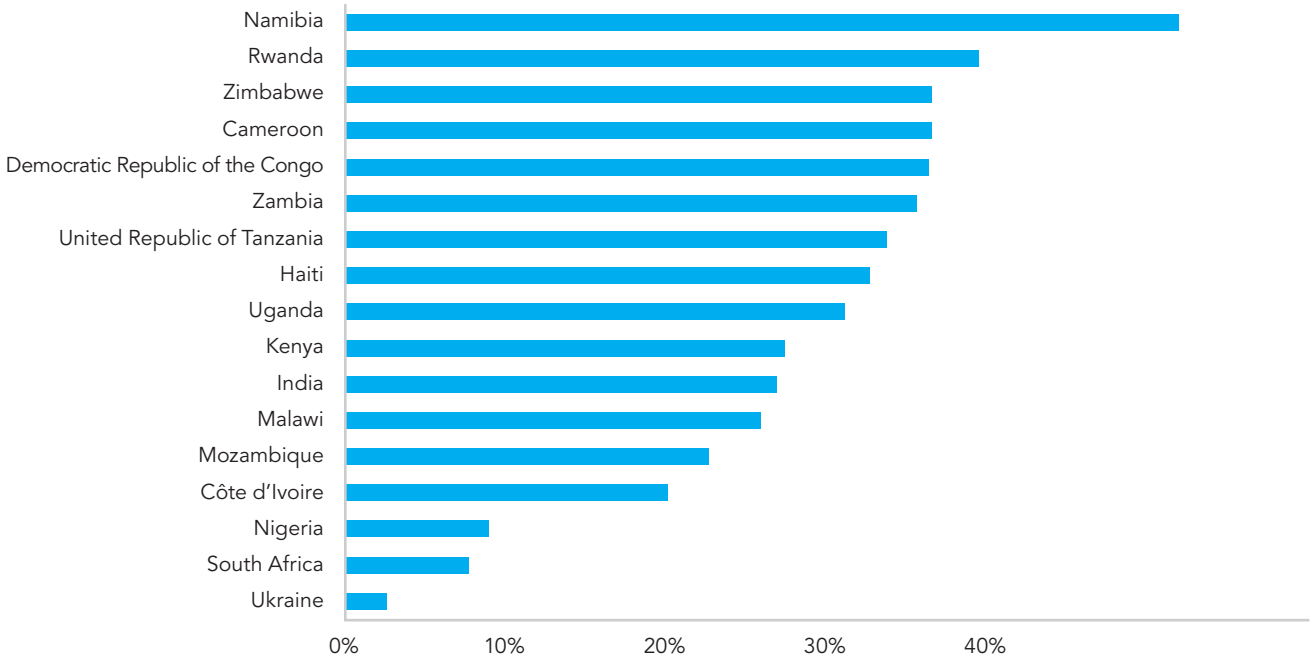
Experience of intimate partner violence in the past 12 months is alarmingly high among adolescent girls in many of the high-prevalence countries. In nine of the 16 high-prevalence countries where data are available on intimate partner violence, more than one in three adolescent girls has experienced such violence in the past 12 months. In six of the countries (Cameroon, Haiti, India, Malawi, Namibia and Zimbabwe) prevalence of intimate partner violence was higher in the adolescent age group than among adult women (aged 20–49).

According to the latest available data from household surveys (2006–2013) in selected countries, where adolescent girls are at increased risk of HIV, condom use at last higher-risk sex ranges from as low as 8.5% in the Democratic Republic of the Congo to a high of 52% in Cameroon; in a series of countries, only about 30–40% of adolescent girls used a condom at last higher-risk sex (Côte d'Ivoire (32%), Lesotho (43%), Malawi (42%), Mozambique (43%), Nigeria (38%), United Republic of Tanzania (35%), Uganda (30%) and Haiti (42%)). In many settings, adolescent girls' right to privacy and bodily autonomy is not respected, as many report that their first sexual experience was forced. In Nepal, for example, 47% of women aged 15–49 who had sex before the age of 15 report that their first sexual experience took place against their will. Age-disparate relationships also contribute to relatively high rates of HIV among adolescent girls. In South Africa, one in every three sexually active adolescent girls is involved in a sexual relationship with a sexual partner who is more than five years older.

However, a rights-based and gender-transformative approach to comprehensive sexuality education—both within and outside of schools—can contribute to reductions in gender-based violence and bullying. It can also promote more equitable relationships between boys and girls, and it can advance gender equality more broadly. This leads to a reduction in risky behaviour (including increased use of condoms and contraception), delayed initiation of sex and fewer sexual partners.

Figure 7

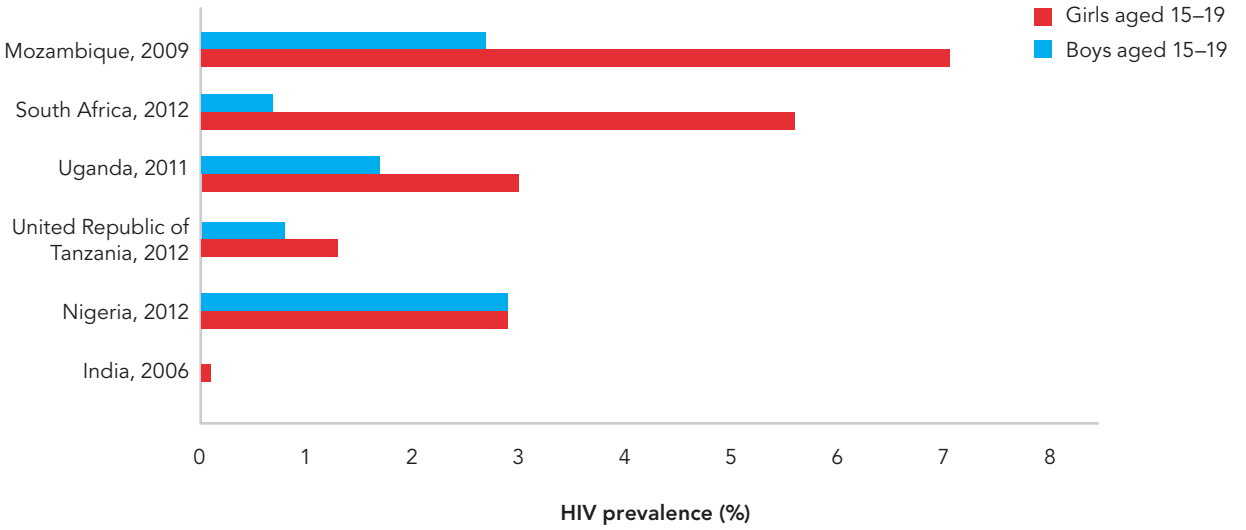
Prevalence of intimate partner violence in the past 12 months among adolescent girls aged 15–19



Source: Most recent population-based survey per country, 2007–2014.

Figure 8

HIV prevalence among adolescents aged 15–19, by sex, among six countries that account for 50% of global new HIV infections among adolescents



Source: Recent household surveys, 2006–2012.

Adolescent key populations: left behind

Worldwide, adolescents in key population groups (including gay and bisexual boys, transgender adolescents, adolescents who sell sex and adolescents who inject drugs) are at a higher risk of HIV infection. These marginalized groups face discrimination and human rights violations, and they often are excluded from services. The epidemic among adolescents in key populations compels us to honestly address their diverse realities and ensure that not only are they able to grow up protected from violence and discrimination, but that they have access to HIV testing, evidence-based HIV prevention and treatment programmes, and sexual and reproductive health services. This will enable them to realize their rights to life and health and to freedom from discrimination.

All adolescents have a right to the information and services that will empower them to protect themselves from HIV. All adolescents living with HIV—whether transmitted from mother to child or acquired during adolescence—have specific needs and vulnerabilities. They have the same right to access HIV treatment and care. To meet these needs and fulfil these rights, HIV testing and counselling—as well as adolescent sexual and reproductive health services—remain critical entry points to the continuum of HIV prevention and treatment and care for adolescents living with HIV.

GLOBALLY IN 2013:

There are 1.2 billion adolescents (one out of every five people).

AIDS is the leading cause of death among adolescents 10–19 years old in Africa.

2.1 [1.9–2.3] million adolescents are living with HIV.

Two thirds of new adolescent HIV infections are among adolescent girls.

Connecting sexual and reproductive health and HIV

- **Globally, more than 15 million girls aged between 15 and 19 give birth every year.**
- **Nine out of ten adolescent pregnancies take place in the context of early, often forced, marriage.**
- **Pregnancy and childbirth are the leading cause of death among adolescent girls aged between 15 and 19 in low-income countries.**
- **About 2.5 million adolescents have an unsafe abortion every year.**

Figure 9

Percentage of adolescent and young males and females (aged 15–19 and 20–24) who have been tested for HIV in the past 12 months and received their results. Selected countries, 2010–2014

Source: UNICEF global HIV and AIDS database based on MICS, DHS, AIS and other nationally representative household surveys.

Lack of data makes adolescents vulnerable

Globally, it is not known how many adolescents are receiving treatment and care for HIV, although data are becoming available in some countries. While countries are now requested to disaggregate data for ages 10–14 and 15–19 years (as well as by sex), most do not have the health information systems in place to do so. As a result, most national responses are unable to track either the adolescent HIV epidemic or HIV-related outcomes (such as viral-load monitoring) in adolescents in an effective way.

Better access to monitoring of the long-term health impact of life-long antiretroviral therapy is needed. The magnitude of the challenge of HIV among adolescents has remained invisible, and as a result national and international resources to address HIV in adolescents have been inadequate.

By improving the available adolescent (10–14 and 15–19 years) data, countries will be better able to plan, monitor and improve health outcomes. This will help to ensure that HIV treatment and prevention funds are directed to those adolescents most in need.

A rallying cry

All In is a rallying cry to take urgent action with and for adolescents, a population clearly left behind in the AIDS response. All In forms a platform for action to inspire a social movement to drive better results with and for adolescents through critical changes in programmes and policy. It aims to unite actors to collaborate across sectors to accelerate reductions in AIDS-related deaths and new HIV infections among adolescents by 2020, towards ending the AIDS epidemic by 2030.

The collaboration platform is focused on driving four key action areas.

Engage, mobilize and support adolescents as leaders and agents of social change.

- Ensure that the realities of adolescents shape national responses to AIDS through deliberate strategies and investments that increase meaningful adolescent participation in decision-making and throughout the full programme cycle.
- Mobilize adolescent and youth groups and collaborate with them to advocate for the review of laws that put age restrictions on the access of, or the requirement of parental consent for, sexual and reproductive health and HIV information and services, including harm reduction.
- Support and strengthen the adolescent and youth-led social movement to address the socioeconomic and policy contexts that increase HIV risk and vulnerability among adolescents (inducing stigma, discrimination and harmful gender norms).

Sharpen adolescent-specific elements of national AIDS programmes by improving data collection and analysis and use to drive programming and results.

- Identify strategic priorities and opportunities in order to link adolescents in HIV programmes with other national commitments to adolescent health and development.
- Build on existing epidemiological and programmatic reviews and conduct new participatory All In assessments that focus on priority geographic areas and adolescent populations that are most at risk of infection, mortality and morbidity within the local HIV epidemiological context.
- Refine national programmes or strategic guidance on priority HIV services and access to information for adolescents by engaging partners and establishing linkages across different sectors.
- Engage national leadership to coordinate, support and lead the participatory All In assessments and the implementation of prioritized adolescent elements of national programmes.

Foster innovation in approaches that improve the reach of services for adolescents and increase the impact of prevention, treatment and care programmes.

- Expand partnerships between the public and private sectors for innovation of HIV-related service delivery.
- Establish mechanisms for the continuous review of promising innovative approaches and platforms to support programme scale-up for adolescents.
- Leverage online technology and innovation to develop innovative community monitoring and accountability systems as well as programmes.
- Strengthen community support in the different epidemic settings for adolescents living with HIV (and for adolescents who are vulnerable to HIV infection).

Advocate and communicate at the global, regional and country level to generate political will to invest in adolescent HIV and mobilize resources.

- Facilitate global, regional and national intergenerational dialogue between policy-makers and adolescent populations in order to strengthen adolescent networks and leadership and to motivate positive social change to reduce HIV risk.

- Undertake data-driven advocacy to optimize resource allocation (including resource gap mapping and expenditure tracking) and to ensure effective, efficient investments towards ending the AIDS epidemic among adolescents.
- Mobilize and direct resources towards programmes that work with and for adolescents most in need.

Strategic framework

The All In strategic framework aligns with the vision of zero new HIV infections, zero AIDS-related deaths and zero discrimination by steering countries to focus on adolescents at higher risk of HIV infection or AIDS-related death. These populations include:

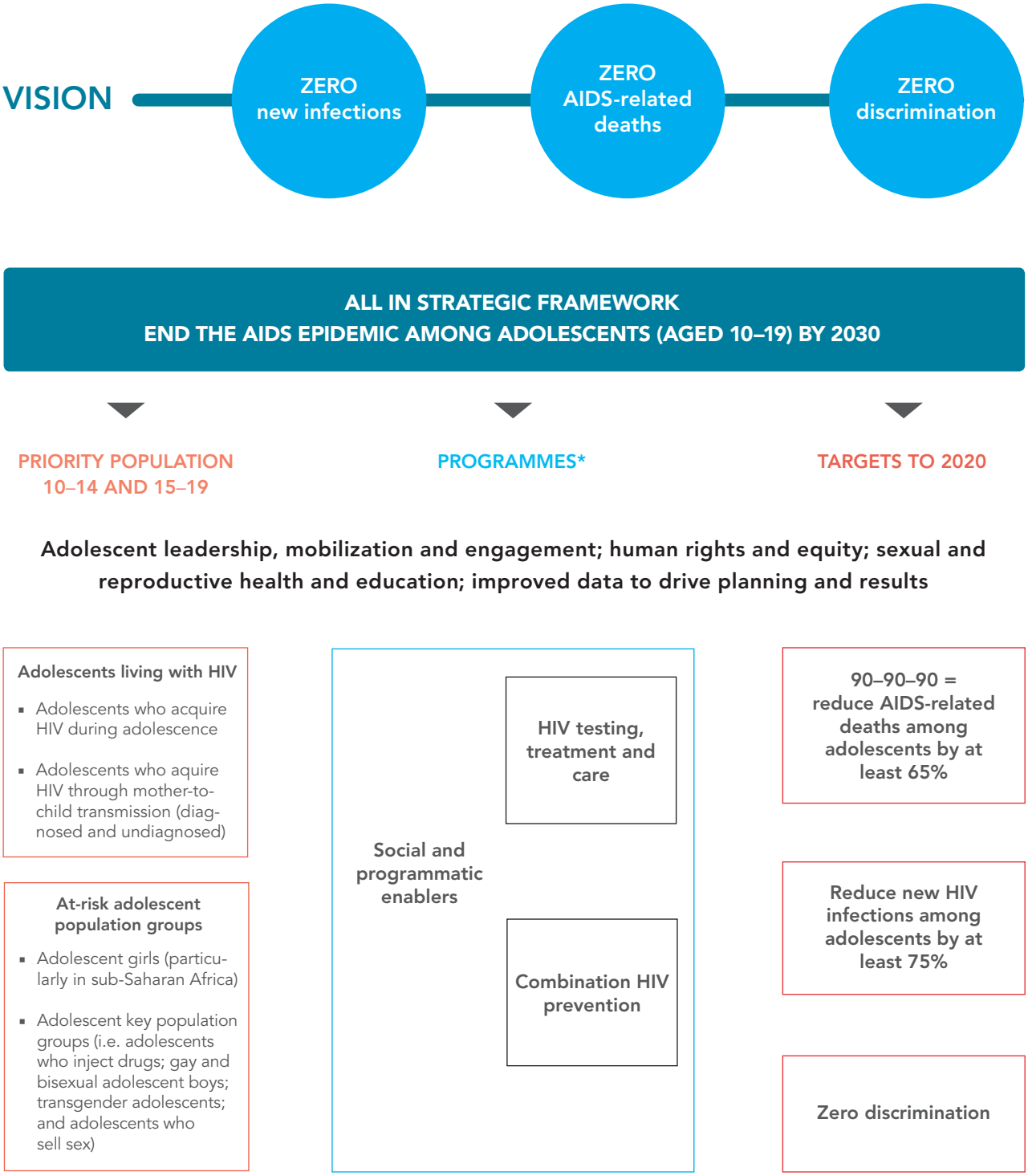
- Adolescents living with HIV (i.e. diagnosed and undiagnosed adolescents living with HIV transmitted from mother to child and those who acquire HIV during adolescence).
- Adolescent population groups at highest risk of exposure to HIV infection (i.e. adolescent girls, particularly in sub-Saharan Africa; adolescents who inject drugs; gay and bisexual adolescent boys; transgender adolescents; and adolescents girls and boys who sell sex).

The framework's **four overarching principles** cut across the three programmatic areas of social and programmatic enablers, HIV testing, treatment and care, and combination HIV prevention:

- Adolescent leadership, mobilization and engagement.
- Human rights and equity.
- Sexual and reproductive health and education.
- Improved data to drive planning and results.

Figure 10

All In strategic framework: end the AIDS epidemic among adolescents (aged 10–19) by 2030



*Package appropriate mix of proven programmes for each defined adolescent population group based on epidemiological context.

The strategic framework is informed by the HIV investment approach and evidence on proven HIV interventions for adolescents. It encourages context-specific programmes.[4, 5, 6]

The framework is an opportunity for innovations and effective approaches and programmes to be brought to scale with the support of key partners who are invested in results for adolescents. Between 2015 and 2020, the targets of reducing new HIV infections among adolescents globally by 75% and AIDS-related deaths by 65% among adolescents can be achieved by focusing efforts on several key steps.

Quality HIV testing, treatment and care. This encompasses different approaches to scale up HIV testing and counselling and linkages to care among adolescents, including the development of specific strategies to reach adolescents with undiagnosed mother-to-child transmitted HIV. For adolescents living with HIV, this programme component will incorporate innovative and efficient approaches to antiretroviral treatment initiation, adherence to treatment and retention in care, as well as treatment of opportunistic infections. This includes support to transition from paediatric to adolescent treatment and care, and management of treatment failure among adolescents who are receiving antiretroviral therapy, including expanding the availability of second- and third-line treatment. Finally, linking adolescents living with HIV to prevention and other sexual and reproductive health services will be critical.

Combination HIV prevention. This means using a mix of evidence-informed, context-specific and age-appropriate HIV prevention programmes. This can include cash transfers, condom promotion, social and behaviour change programmes (such as the use of innovative social media strategies), pre-exposure prophylaxis and male circumcision. Depending on the adolescent population group, a combination of HIV prevention approaches can be implemented through innovative and efficient models and platforms in order to optimize uptake and results for adolescents.

Social change. Addressing the social, political and economic determinants of health will be crucial to delivering outcomes in combination prevention and HIV testing, treatment and care. The programmes will be informed by the country context in order to address the policy, legal and socioeconomic contexts that either increase the risk of HIV infection among adolescents or limit their access to (and utilization of) effective interventions.

[4] Mavedzenge SN, Luecke E, Ross DA. Effective approaches for programming to reduce adolescent vulnerability to HIV infection, HIV risk, and HIV-related morbidity and mortality: a systematic review of systematic reviews. J Acquir Immune Defic Syndr. 2014;66:S154–S169.

[5] Hardee K, Gay J, Croce-Galis M, Afari-Dwamena NA. What HIV programs work for adolescent girls?. J Acquir Immune Defic Syndr 2014; 66:S176–S185.

[6] Schunter BT, Cheng W, Kendall M, Marais H. Lessons learned from a review of interventions for adolescent and young key populations in Asia Pacific and opportunities for programming. J Acquir Immune Defic Syndr 2014; 66:S186–S192.

Linkages. It is critical that efforts are made to link adolescent HIV strategies and programmes to broad national commitments and initiatives on adolescent health and development. This includes improving sexual and reproductive health, reducing interpersonal and intimate partner violence, eliminating gender inequalities and discrimination, and strengthening education and social protection.

The All In roll-out will adopt a holistic and integrated country planning process that is driven by data and evidence. The focus will be on changing the social context in order to generate demand for HIV testing and services across the prevention and treatment continuum, and to secure the availability of services and commodities to meet the demand that it will create. There also will be a strong focus on service integration and efficiency.

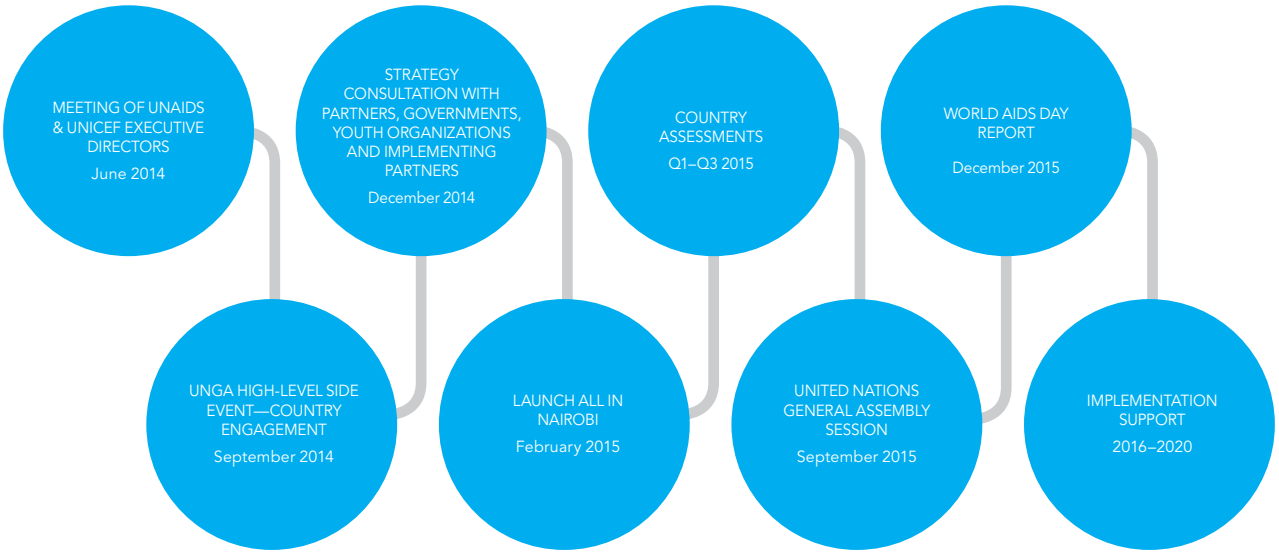
Tracking progress for 2020 impact

Monitoring and evaluation efforts will build on existing national programmes, amplifying them to focus on results for adolescents. A knowledge management platform will be created to support efforts to achieve the three impact-level targets through stronger adolescent components in innovation, engagement, advocacy and national programmes.

The processes for monitoring All In targets will draw on existing reporting structures and support to countries to improve age- and sex-disaggregated data. This, in turn, will drive programming and policy choices. Countries will be supported to undertake initial national participatory rapid assessments, to define baselines and indicators in 2015 and to set targets aligned with the global retargeting process. Specific accountabilities will also be created to track progress on increased quality and breadth of adolescent participation. Finally, the monitoring process will leverage online technology to develop innovative community monitoring and accountability systems that are developed with—and implemented—by adolescents.

Figure 11

All In key milestones



We are All In this together

The neglect of adolescents in national HIV programmes, broader adolescent health strategies and funding allocations are issues of social justice.

But together we can change the course of history. By investing in high-impact interventions and innovative approaches, we can reach the targets of All In.

There are promising signs that a movement to end the AIDS epidemic is gathering force. More programmes are reaching out to adolescents, many steered by young people themselves. More countries are including adolescents in national AIDS agendas.

We need to build on this momentum.

All In concentrates on the areas where we need to accelerate progress: from improving data, to a sharper focus on adolescents in national AIDS programmes and fostering innovation in developing new technologies and approaches to engage and reach adolescents more effectively. All In also advocates for more as well as more strategic investment of available resources to reach every adolescent living with, or at risk of acquiring, HIV, before it is too late.

Most of all, young people themselves need to be All In to end adolescent AIDS. Already, they are helping to steer this movement, calling for change in programmes and policy. The more we engage them and support their leadership, the more successful our common efforts will be to end this epidemic together.

"We can't talk about ending AIDS or getting to zero without including adolescents in every decision-making platform. Adolescents are the group most affected by HIV and they are tomorrow's leaders."

Consolata Opiyo, Y+, the Global Network of Young People Living with HIV

"We can't say that we are on the right track to end AIDS if it continues being the main cause of death for adolescents in Africa. Today is the moment to turn our efforts and mobilize towards creating justice for adolescents living with HIV and adolescents in key populations. We must ensure that no adolescent is left behind. That must be our commitment and responsibility as a global youth movement."

Pablo Aguilera, Executive Director of the HIV Young Leaders Fund and Co-Chair of the PACT

"The future of sub-Saharan Africa rests in the health and well-being of the youth. We're committed to working with partner countries and others to close the health gap that leaves adolescent girls and young women particularly vulnerable to HIV infection."

Ambassador Deborah Birx, United States Global AIDS Coordinator and United States Special Representative for Global Health Diplomacy

"I warmly welcome this launch of the All In initiative as an innovative way to tackle a stubborn stronghold of HIV infection."

Margaret Chan, Director-General, World Health Organization

"We need to meet adolescents where they are and address the challenges they face. UNFPA is All In to protect their human rights and sexual and reproductive health, and prevent and treat HIV."

Babatunde Osotimehin, Executive Director, UNFPA

"We can expand opportunity by getting everyone to recognize the seriousness of HIV, and how to end it."

Mark Dybul, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria