FACT SHEET

UNICEF EASTERN AND SOUTHERN AFRICA REGION

Results for adolescents

ENDING THE ADOLESCENT AIDS EPIDEMIC

Success, but gaps remain

Considerable progress has been made in the HIV/AIDS response in Eastern and Southern Africa (ESA). HIV prevalence has fallen by more than 50 per cent since 2005, there has been a dramatic decline in mother-to-child transmission, and the number of new infections has fallen, as has the number of people dying due to AIDS. Yet the latest data shows that adolescents, who represent 25 per cent of the population in ESA, have been left behind in the AIDS response.

Data on adolescents aged 10–19 years and HIV is inadequate

Routine data collection on adolescents and HIV is scarce in Eastern and Southern Africa (ESA), and information on 10–14 year olds is especially lacking. Generating timely data can help to drive the increased national and international resources needed to end adolescent AIDS.

More than 60 per cent of all adolescents worldwide who are living with HIV are in ESA

About 1.1 million adolescents in ESA are living with HIV. Nearly one-third of these live in South Africa, which also accounts for around 20 per cent of all adolescents with HIV worldwide. About 500,000 adolescents living with HIV are in just two countries: Kenya and South Africa.

The number of adolescents dying as a result of AIDS doubled between 2000 and 2015

Unlike other age groups, AIDS-related deaths have not decreased among adolescents aged 10–19 years. AIDS is the number one killer of adolescents in the region. In all, more than 24,000 adolescents in ESA are estimated to have died of AIDS-related illnesses in 2015. This represents nearly 60 per cent of all adolescent deaths worldwide in that year that were linked with AIDS. Most of these deaths were among adolescents who had been living with HIV since birth, and were deaths that could have been avoided with appropriate treatment. Despite substantial progress in expanding coverage in treatment for HIV, half of all children living with HIV (0-14) did not receive treatment in 2015.

In ESA, 2,500 adolescents between 15-19 years were newly infected with HIV every week of 2015 (130,000)

In 2015, new infections among 15–19 year olds were 43 per cent lower than the estimated number of new infections for this age group in 2000. In ESA, this reduction was driven primarily due to advances in South Africa, which saw a 55 per cent reduction in new infections since 2000. Nevertheless, Angola, Kenya, South Sudan and


Source: UNAIDS 2015 HIV and AIDS estimates, June 2016
Note: Ethiopia not available.
Uganda saw increases in new infections among older adolescents in 2015, compared with 2000.\textsuperscript{i}

Three in every four new infections in 15-19 year olds in sub-Saharan Africa were among girls \textsuperscript{vi}

Girls appear to be at higher risk of HIV than boys, although there are significant variations between countries. Gender-based violence may increase HIV vulnerability. In five countries, more than 40 per cent of ever-married girls aged 15–19 years experienced physical violence (Zimbabwe, Uganda, Tanzania, Malawi and Zambia).\textsuperscript{vii} In the same countries about one in six adolescent girls aged 15–19 years had experienced sexual violence. Among girls under 15 years who have had sexual intercourse, 28 per cent in Zimbabwe, 18 per cent in Malawi and 11 per cent in Tanzania reported their first sex was forced. First sexual intercourse was also reported to be forced among 23 per cent of girls aged 15–19 years in Zimbabwe, 14 per cent in Malawi and 11 per cent in Tanzania.\textsuperscript{viii}

Too few ESA adolescents aged 15-19 years report condom use during sex \textsuperscript{x}
Among those who had multiple sexual partners in the previous year, only about 28 per cent of girls and 44 per cent of boys aged 15–19 years said that they used a condom during last sexual intercourse.\textsuperscript{v}

Few adolescents are aware of their HIV status
Across the region, only 23 per cent of adolescent girls and 16 per cent of boys aged 15–19 years had taken an HIV test and received the results during the previous 12 months.\textsuperscript{xi}

Accelerating action now to end adolescent AIDS is essential to achieve the larger goal of ending the AIDS epidemic by 2030
Adolescents demand our attention. They represent a quarter of the population in ESA, they are the only age group among whom deaths from AIDS-related causes are not declining, and they are not accessing treatment, care and prevention services at the pace they should be. Proven interventions to prevent HIV infections and keep adolescents who are living with HIV alive and healthy exist. Governments have made numerous commitments to ending the AIDS epidemic. But now specific attention, focus and investment are needed on a group that has been left behind in the AIDS response — adolescent boys and girls.

Proven strategies for reducing adolescent AIDS
- Improve routine data collection on adolescents and HIV
- Scale up Combination Prevention, including high-impact interventions, such as increasing access to condoms, prevention of mother-to-child transmission, and appropriate, comprehensive sexuality education for all adolescents
- Ensure health and HIV services meet the needs of adolescents by ensuring they are consulted
- End stigma and discrimination against people living with HIV and AIDS.

\textsuperscript{i-vii} UNAIDS 2015 HIV/AIDS estimates, June 2016
\textsuperscript{viii} UNAIDS et al., 2015 All-In \#EndAdolescentAids Country Factsheets, http://www.allintoendadolescentaids.org
\textsuperscript{ix} DHS Surveys, Malawi (2010), Tanzania (2010), Zimbabwe (2010-11).
\textsuperscript{x} UNICEF analysis of DHS, MICS, and other household surveys, 2010-2015
\textsuperscript{xii} UNAIDS 2015 HIV/AIDS estimates, June 2016

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