INTRODUCTION

• Coverage of HIV-related services among adolescents and young adults remains low, despite evidence of increased HIV risk among females of this age in sub-Saharan Africa. In response, PEPFAR has launched the DREAMS initiative.

• Epidemiological data on these age groups is informed by national-level planning, implementation, and special initiatives such as DREAMS, and international advocacy efforts, including the United Nations Children’s Fund’s (UNICEF) Safe Motherhood (WRA), and ThinkWell.

• The only countries with HIV prevalence rates above 10% for females ages 15–24 were Swaziland (15.5%) and Lesotho (10.2%) (Figure 3). This is in response to the 23 countries, Vietnam and Jamaica which had the lowest baseline HIV prevalence rate among males ages 15–24 was estimated to be higher than the rate among females ages 15–24. For all other countries, females in this age group had a higher HIV prevalence rate than males.

• In four countries the HIV prevalence rate among females ages 15–24 was at least double that among males aged 15 to 24: —Ukraine (3.5 times), Mozambique (2.7 times, in 2.2 times), and South Africa (2.1 times).

• There is a lack of such data available in the literature.

• The USAID- and PEPFAR-funded Health Policy Project (HPP) aimed to fill some of these data gaps by consolidating the most recent data available to model HIV epidemiological trends among people ages 15–24.

• Only a few countries accounted for a disproportionate number of new infections in the 23 countries, with adolescents and young adults accounted for 31% of new infections in 2014 (Figure 1).

• Epidemiological trends among people 15-24 years in 23 high-burden countries across seven indicators: prevalence, incidence rate, population of people living with HIV (PLHIV), number of people with CD4 counts below 500, new infections, need for prevention of mother-to-child transmission (PMTCT), and AIDS deaths.

• Uncertainty analysis was run in the AIDS Impact Module (AIM) within Spectrum, resulting in a 95% confidence interval for select country-specific HIV epidemiological estimates. Demographic data (e.g., population size, fertility data) came from DemPop within Spectrum.

• HPV disaggregated findings by sex and age (15–29 vs. 20–24).

METHODS

• HPP used official 2015 Spectrum files to analyze epidemiological trends among people 15–24 years in 23 high-burden countries across seven indicators: prevalence, incidence rate, population of people living with HIV (PLHIV), number of people with CD4 counts below 500, new infections, need for prevention of mother-to-child transmission (PMTCT), and AIDS deaths.

• The number of people ages 15–24 on antiretroviral treatment (ART) in all 23 countries may need to quadruple from 2014 to 2020 to meet the 90–90–90 target of at least 81% of all PLHIV on treatment by 2020 (Figure 4).

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RESULTS

• People 15–24 years accounted for 19% of the total population and 11% of all PLHIV, yet represented 31% of new infections in 2014 (Figure 1).

• Of the estimated 23.8 million PLHIV in the 23 countries in 2014, 2.6 million (Range: 2.1 – 3.4) are ages 15–24 and 63%, of PLHIV 15–24 years. Of which 1.6 million (Range: 1.4 – 2.1), are female. There were more young women ages 20–24 living with HIV than adolescent female ages 15–19.

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• Adolescents and young adults accounted for a disproportionate number of new infections in 23 countries, with females in this age group at a particularly high risk of having and acquiring HIV in the vast majority of the countries.

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