Globally, an estimated 2 million adolescents between the ages of 10 and 19 are living with HIV. Opportunity in Crisis presents this data for the first time, highlighting the importance of scaling up age-appropriate interventions to protect very young adolescents, older adolescents and young people from infection.

HIV prevalence and incidence have declined among young people in many high-burden countries, but these drops are too small. In 2009 there were an estimated 4.3 to 5.9 million young people aged 15 – 24 years living with HIV, and every day some 2500 young people are newly infected. Yet a package proven interventions – if scaled up – has the potential to reverse the spread of HIV and AIDS.

The evidence of what works to prevent HIV infections in adolescents and young people is clear. The package of proven interventions includes: abstaining from sex and not injecting drugs; correct and consistent use of condoms; medical male circumcision; needle and syringe exchange programmes as part of comprehensive harm reduction; antiretroviral drug use as treatment or post-exposure prevention; and effective communication for social and behavioural change.

In 2009, young people aged 15-24 years accounted for 41 per cent of new infections among adults aged 15 and older, and most adolescents living with HIV do not know their status. The overall picture of young people living with HIV is predominantly African and predominantly female. Globally young women make up more than 60 per cent of all young people living with HIV. In sub-Saharan Africa their share jumps to 72 per cent.

High risk behaviours such as early sexual debut, pregnancy and experiences with drug use are all signs of things going wrong in the environment of the young adolescent. Such behaviours may be associated with violence, exploitation, abuse and neglect, and must be addressed in the battle against HIV. HIV-sensitive social protection systems, for example, can contribute to the financial security of affected households and ensure that the most vulnerable have access to prevention and treatment services.

Young people aged 15-24 make up 40 per cent of the world’s unemployed. A dearth of decent work drives social exclusion, including drug use, and can fuel the spread of HIV. In all regions, unemployment and poverty are reported as the main reasons young people enter the sex trade. For young men and women who are employed, the workplace provides a sound entry point to promote access to HIV prevention, treatment, care and support.

Stigma and discrimination fuel the HIV epidemic and hinder an effective response. Worldwide many young people driven by economic duress, exploitation, social exclusion and lack of family support turn to commercial sex and injecting drug use. They experience extremely high risk of infection yet often lack access to HIV prevention and protection services.

Young people themselves are central to the success of prevention efforts. Empowered with comprehensive, correct knowledge about HIV, they are more likely to abandon risky behaviours and seek out HIV prevention services. Mass media and new technologies to reach young people via social media have vast potential, yet these resources are not utilized enough to engage young people and link them to services.

Communities are integral to successful HIV prevention. Young peoples’ families, peers, elders, teachers and co-workers have a crucial role to play in advocating on their behalf for the services they need to stay healthy. They also play a vital role in changing discriminatory attitudes and harmful social norms that place young people at risk.

Governments are responsible for shaping the legal and policy landscapes that can help prevent HIV. Governments and parliaments have the power to revise laws and knock down legal barriers that restrict young people from accessing existing HIV prevention, care and treatment services.

Achieving an AIDS-free generation requires no single intervention, but a continuum of HIV prevention for adolescents and young people throughout their lives. To be effective, prevention efforts need to provide information, support, effective commodities and services as well as address the problems that heighten a young person’s risk, such as lack of opportunity, gender inequality and poverty.

1 Estimated 2 million (1.8 million – 2.4 million).