

Adolescent HIV

How U.S. policymakers can improve HIV prevention, diagnosis, and treatment efforts for adolescents.

Eric Bond/EGPAF, 2026

Worldwide in 2025, more than 1 million adolescents were living with HIV, 150,000 were newly infected, and 15,000 died from AIDS-related causes.ⁱ

Based on current trends, by 2030, approximately 183,000 new HIV infections are expected among adolescents each year.ⁱⁱ Adolescent girls are particularly vulnerable to HIV acquisition and face unique barriers to care. In Eastern and Southern Africa, they are six times as likely to acquire HIV as adolescent boys.ⁱⁱⁱ

Barriers to Health

Adolescents who have access to quality health services, including for HIV testing, treatment, and prevention, will have lower rates of both HIV acquisition and AIDS-related deaths.^{iv} However, young people face unique barriers to these services. A lack of awareness of HIV risk and adolescent-specific vulnerabilities, limited knowledge of testing sites, and misconceptions about parental consent all contribute to adolescents having lower rates of HIV testing than adults.^v For adolescents, medicines like pre- and post-exposure prophylaxis (PrEP and PEP) can prevent HIV.

Adolescents receive treatment at lower rates than adults: in 2024, only 64% of those aged 10-19 living with HIV were receiving the recommended regimen of antiretroviral treatment (ART).^{vi} Adolescents living with HIV are also less likely than adults to adhere to treatment, and have lower rates of viral load suppression: 88% compared to 96% among adults.^{vii} A number of medical innovations have been introduced that could improve HIV prevention and treatment rates among adolescents, including long-acting injectable PrEP, such as lenacapavir (given twice yearly) and cabotegravir (given every other month).

Risk Factors

Adolescents with economic and household stability are at a lower risk of HIV infection. Poverty-related factors such as debt, unemployment, insufficient income, and food insecurity are associated with engaging in sexual behaviors that increase the risk of acquiring HIV.^{viii} Economic insecurity can increase HIV risk among adolescent girls and young women.^{ix}

Adolescents who are safe and protected from harm, abuse, and exploitation are less likely to become infected with HIV. Gender-based violence in the form of physical, sexual, emotional, economic, and structural violence all increase HIV risk.^x Child marriage also puts adolescent girls at increased risk of HIV with age disparities, power imbalances, social isolation, unprotected sex, intimate partner violence, and forced sex all compounding the risk.^{xi}

Expanding access to quality education and support for academic achievement can significantly lower HIV rates among adolescents. Research shows that both women and girls with poor school attendance and those with lower education levels are at higher risk of acquiring HIV.^{xii} Adolescents also often lack important health knowledge: only 37% of young people in sub-Saharan Africa know about HIV prevention and transmission.^{xiii} Comprehensive sexuality education (CSE) significantly reduces HIV and often leads adolescents to delay sex, practice safer sex, and have fewer sexual partners.^{xiv}



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Recommendations

1. Prioritize solutions to reduce legal, social, and systemic barriers to adolescent HIV testing, prevention, and treatment.

Work with U.S. State Department to identify opportunities to: reform guardian consent requirements that prevent adolescents from independently accessing HIV testing and treatment services; expand access to digital health platforms where appropriate and supported; and improve health worker training to ensure youth-friendly and respectful care.

2. Increase investment in, and access to, long-acting injectable PrEP for adolescents at risk of acquiring HIV.

Invest in the expanded rollout of injectable options, such as lenacapavir and cabotegravir, which adolescents often prefer over daily oral medication, and which are associated with higher rates of viral suppression. Support the distribution infrastructure to expand access in high-burden countries.

3. Fund integrated programs to address gender-based violence as an HIV prevention strategy for adolescents.

Support programs that address intimate partner violence, child marriage, and sexual abuse as drivers of HIV acquisition among adolescents. Reducing violence can improve adherence to medicines and must be core to HIV programming versus a separate initiative.



4. Support initiatives that keep girls in school and increase their health and wellness education.

Fund initiatives that keep girls in secondary school since each additional year of schooling is associated with a reduced lifetime risk of HIV infection. Prioritize skill building that gives adolescent girls tools to make informed health decisions. Support comprehensive sexuality education programs as part of school programs to improve knowledge of HIV, prevention, and treatment.

5. Invest in economic empowerment programs for adolescents and their guardians.

Support economic stability through cash transfer programs, social services, and caregiver/guardian programs. Poverty, food insecurity, and homelessness are closely tied to increased risk of HIV, and adolescent girls' particular economic insecurities should be acknowledged and addressed.

6. Address barriers to adolescent HIV prevention through targeted research and the creation of sex and age disaggregated data.

Continue investment in adolescent-specific research with data disaggregated by sex and age to better identify the specific risks facing adolescent girls as compared to boys and other age groups. Research will help ensure programs and services reflect the realities and wants of adolescents themselves rather than being adapted from studies of adults.

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