

# HIV AND ADOLESCENT GIRLS AND YOUNG WOMEN

## OVERVIEW

In 2023, there were an estimated 1.9 million [1.1 million–2.5 million] adolescent girls and young women aged 15–24 years living with HIV, compared with 1.2 million [840 000–1.6 million] adolescent boys and young men aged 15–24 years<sup>1</sup>. Globally, 44% of all new HIV infections were among women and girls (all ages) in 2023.

Between 2000 and 2023, new HIV infections among adolescent girls and young women fell by 63% worldwide, and the rate of that decline has accelerated over the past decade. The estimated number of adolescent girls and young women aged 15–24 years who acquired HIV in 2023 was 210 000 [130 000–280 000]—four times higher than the 2025 target of 50 000.

This is equivalent to an estimated 4000 new HIV infections among adolescent girls and young women aged 15–24 years every week in 2023. Of these, 3100 infections were in sub-Saharan Africa. Seventy-seven per cent of adolescent girls and young women who acquired HIV in 2023 live in sub-Saharan Africa, including almost two thirds (60%) in eastern and southern Africa. In sub-Saharan Africa overall, there were 160 000 [98 000–220 000]

<sup>1</sup> Unless otherwise specified, the source for all quantitative data in this factsheet is Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>) or UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

new HIV infections among adolescent girls and young women aged 15–24 years in 2023. Women and girls (all ages) accounted for 62% of all new HIV infections in this region. Outside of sub-Saharan Africa, 73% of new HIV infections in 2023 occurred among men and boys (all ages).

Longstanding gender inequalities, discrimination and poverty deny many women and adolescent girls economic autonomy, deprive them of control over their sexual lives, and expose them to the risk of emotional and bodily harm (1–3). These factors can all increase the risk of HIV (1–3), particularly in sub-Saharan Africa, where HIV prevalence among adolescent girls and young women is more than three times higher than among their male counterparts.

For adolescent girls and young women living with HIV, programmes must do better to ensure they can access convenient HIV and sexual and reproductive health services and can live well. Increasing treatment coverage to promote viral suppression, particular among male sexual partners of adolescent girls and young is critical to reduce incidence in this population (4). Monod et al found in a cohort of heterosexual pairings, the contribution of men to onward transmission increased from 57.9% (56.2–59.6) in 2003 to 62.8% (60.2–65.2) in 2018 showing that transmission is now driven more by men than has been the case before (4). The study also showed that over time, a substantial gap in viral suppression levels has developed with women having higher rates of antiretroviral treatment uptake and viral suppression than men (4). Closing the suppression gap in men would change the female-to-male incidence rate ratio from 1.59 (1.38–1.82) to 0.78 (0.69–0.87), eliminating the gender disparity in HIV incidence (4). Therefore targeting HIV services for male sex partners of adolescent girls and young women is a highly effective method of decreasing HIV incidence among women and girls. Research also shows that women and girls with poor school attendance (5), those with lower education attainment (6–8), those exposed to intimate partner violence in settings with high HIV prevalence (9), those who experience severe food insecurity (10), and those with older male partners (4, 11, 12) are at higher risk of acquiring HIV. A lack of basic knowledge about sex and sexuality and limited access to sexual and reproductive health and rights services for both boys and girls add to these vulnerabilities (13).

Programmes need to draw together biomedical tools and behavioural, cultural and structural interventions (14). Providing women with an enabling environment, the information and services they need, and social support is essential. The recently updated United Nations Resolution 60/2: Women, the Girl Child and HIV and AIDS adopted at the Commission on Status of Women in March 2024 underscores this urgent need to prioritize the health and rights of adolescent girls and young women in the context of the global AIDS pandemic (15).

## KEY MESSAGES

- Intensified efforts to curb HIV infections have helped reduce by half (51%) the number of adolescent girls and young women who acquired HIV in 2023, compared with 2010. This progress is due mainly to the preventive effects of antiretroviral therapy among their sexual partners and the expansion of dedicated prevention programmes aimed at enabling women and girls to prevent HIV.
- Targeting HIV services for male sex partners of adolescent girls and young women is a highly effective method of decreasing HIV incidence among women and girls (4, 16). Monod et al quantified the effect of closing the male–female viral suppression levels and found that achieving the 95–95–95 testing and treatment targets so that 86% of men with HIV reach viral suppression would result in a 58.4% (54.9–61.7) additional reduction in HIV incidence in women (4). Additionally, randomized controlled trials have shown that voluntary medical male circumcision reduces acquisition of HIV among men by 60% and reduces the number of new HIV infections in women by reducing the exposure of women to men who are HIV-positive (17).
- Coverage of dedicated HIV prevention programmes for adolescent girls and young women is still insufficient in areas with moderately high HIV incidence. National responses should prioritize nonjudgemental, comprehensive, youth-friendly HIV and sexual and reproductive health services for adolescent girls and young women and gender diverse young people. Adolescent girls and young women need services that meet their sexual and reproductive health needs in one location, but resources are scarce. The unmet need for modern contraception is particularly high in sub-Saharan Africa, where it is almost 47% among adult women, a gap that widens to 53% among adolescent girls aged 15–19 years<sup>2</sup>.
- Access to medicines and commodities remains a challenge. The six-month long-acting injectable pre-exposure prophylaxis (PrEP) product lenacapavir has shown extremely high efficacy in preventing HIV among adolescent girls and women in Africa. As with long-acting injectable cabotegravir, the cost of lenacapavir and the speed with which it is made available to potential users will be decisive.
- Gender-based violence harms adolescent girls—especially those living with HIV—and should be addressed in relation to gender inequality, patriarchal culture and HIV-related stigma and discrimination, and how these constrain adolescent girls’ ability to negotiate their relationships and access comprehensive services and opportunities (18). Studies in sub-Saharan Africa show that adolescents living with HIV exposed to intimate partner violence and sexual abuse were half as likely to adhere to their antiretroviral therapy compared with peers who had not had these experiences (19).

- In sub-Saharan Africa, intergenerational sexual relationships, gender-based violence and HIV stigma intersect under the dominant patriarchal culture to further marginalize adolescent girls and young women (18). Adhering to HIV treatment can be especially difficult for pregnant teenagers and girls who experience violence, and other groups of adolescent girls living in vulnerable situations (18).
- Education, particularly comprehensive sexuality education for all adolescent girls and boys, is an important factor in their ability to protect themselves from HIV (20, 21). A total of 78 countries reported having education policies on life skills-based HIV and sexuality education in both primary and secondary schools, and 30 countries reported having policies only in secondary education (22). A study in Botswana found that each additional year of secondary schooling can lead to a reduction in the cumulative risk of HIV infection in eastern and southern Africa (23).
- Organizations led by communities of young women living with or affected by HIV play a critical role. Engagement of youth is also important to help ensure HIV interventions for adolescents and young people are relevant and inclusive. The Global Network of Young People Living with HIV and UNAIDS are developing practical recommendations and sharing best practices to increase the engagement of youth in national HIV responses.

## KEY DATA

### HIV prevalence

The number of adolescent girls and young women living with HIV was 1 900 000 [1 100 000–2 500 000] in 2023.

### New cases of HIV

In 2023, the number of new HIV infections among adolescent girls and young women was 210 000 [130 000–280 000], a 51% decrease since 2010.

### AIDS-related deaths

In 2023, the number of AIDS-related deaths among adolescent girls and young women was 21 000 [12 000–31 000], a 36% decrease since 2010.

### HIV services

Dedicated combination prevention programmes for adolescent girls and young women are operating in 61% of subnational areas with high HIV incidence and in only 36% of locations with moderately high HIV incidence (24).

### Laws and policies

In 102 of 145 countries with available data, national laws or policies require adolescents above the age of 12 to obtain parental or guardian consent to access HIV testing services (25).

A total of 86 countries reported having education policies on life skills-based HIV and sexuality education in both primary and secondary schools, and 31 reported having policies only in secondary education (22).

In 8 of 21 countries with available data, less than 50% of currently married adolescent girls and young women with secondary or higher education reported making their own decisions regarding sexual relations, contraceptive use and health care (Figure 3).

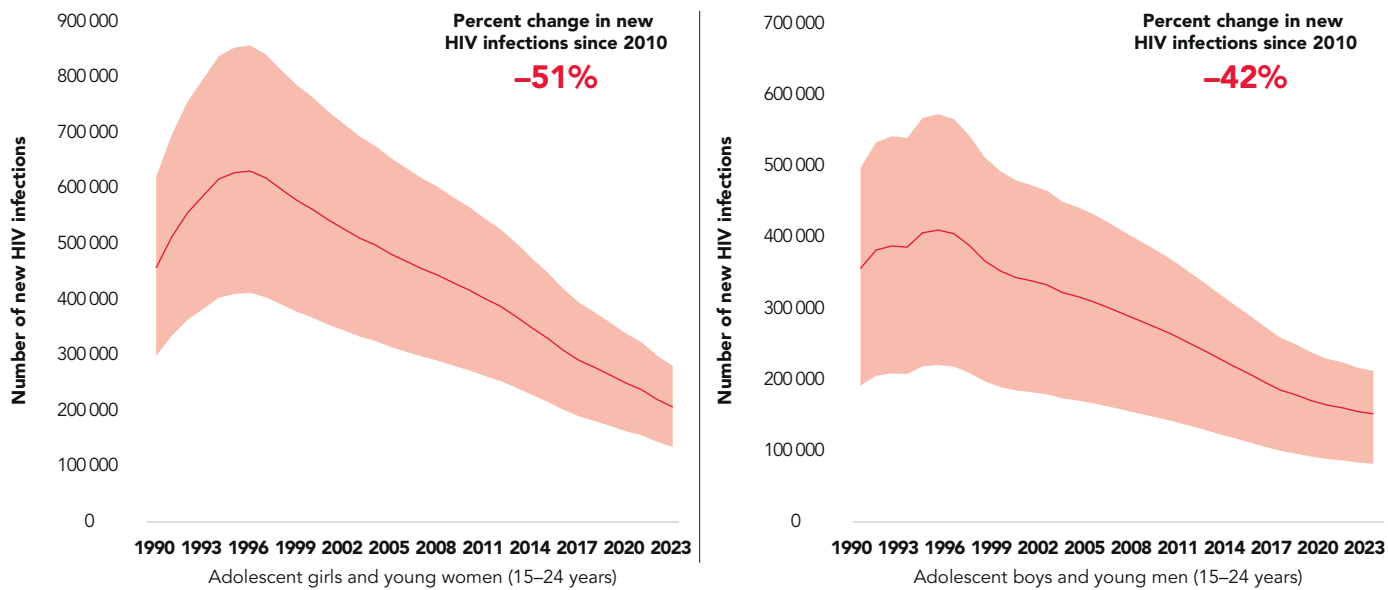
### Impact of social and gender norms

Many countries prohibit condom promotion and distribution in schools and other venues where adolescents socialize:

- 54 countries have reported that their national condom strategy or plan includes condom promotion in (secondary) schools.
- 29 countries have reported that their national condom strategy or plan includes condom distribution in (secondary) schools.
- 21 countries have reported having restrictions on condom distribution in public places, and 124 countries have reported not having such restrictions.
- 38 countries have reported having age restrictions for accessing condoms, and 107 countries have reported not having such restrictions (25).

**Figure 1**

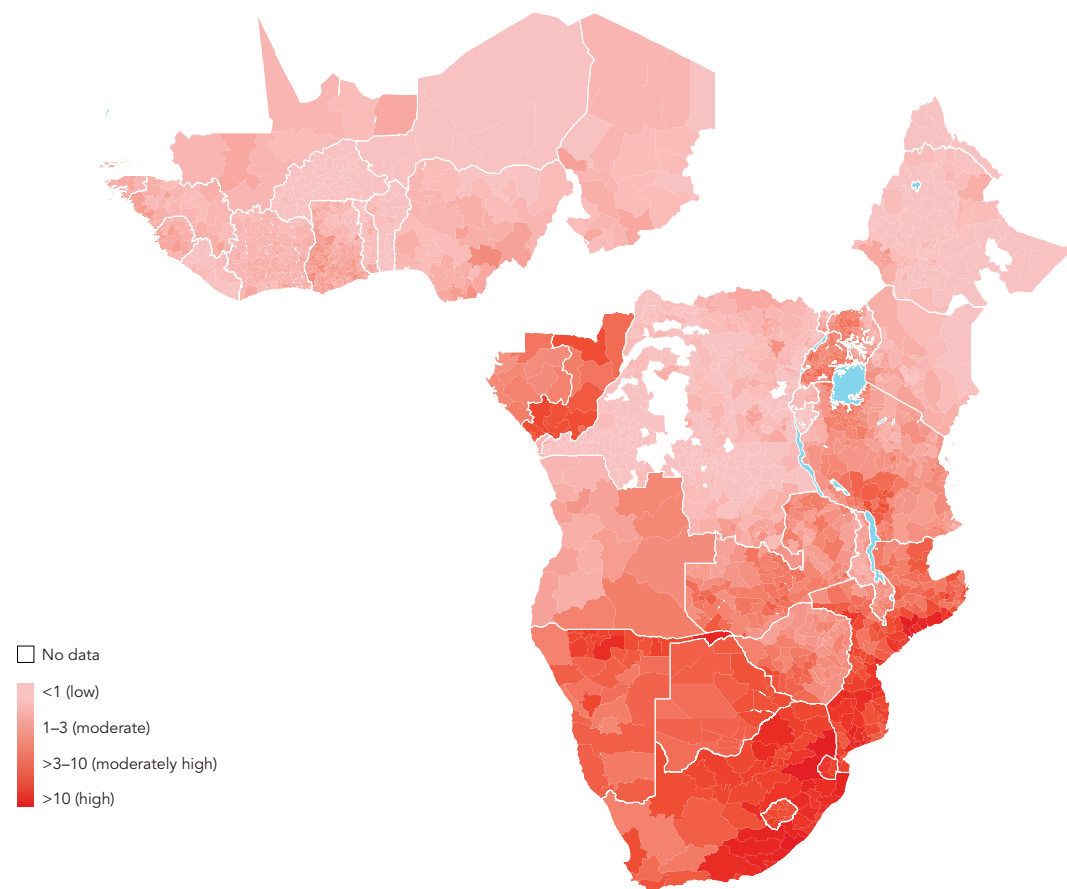
Number of new HIV infections among adolescent girls and young women and adolescent boys and young men, global, 1990–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>)

**Figure 2**

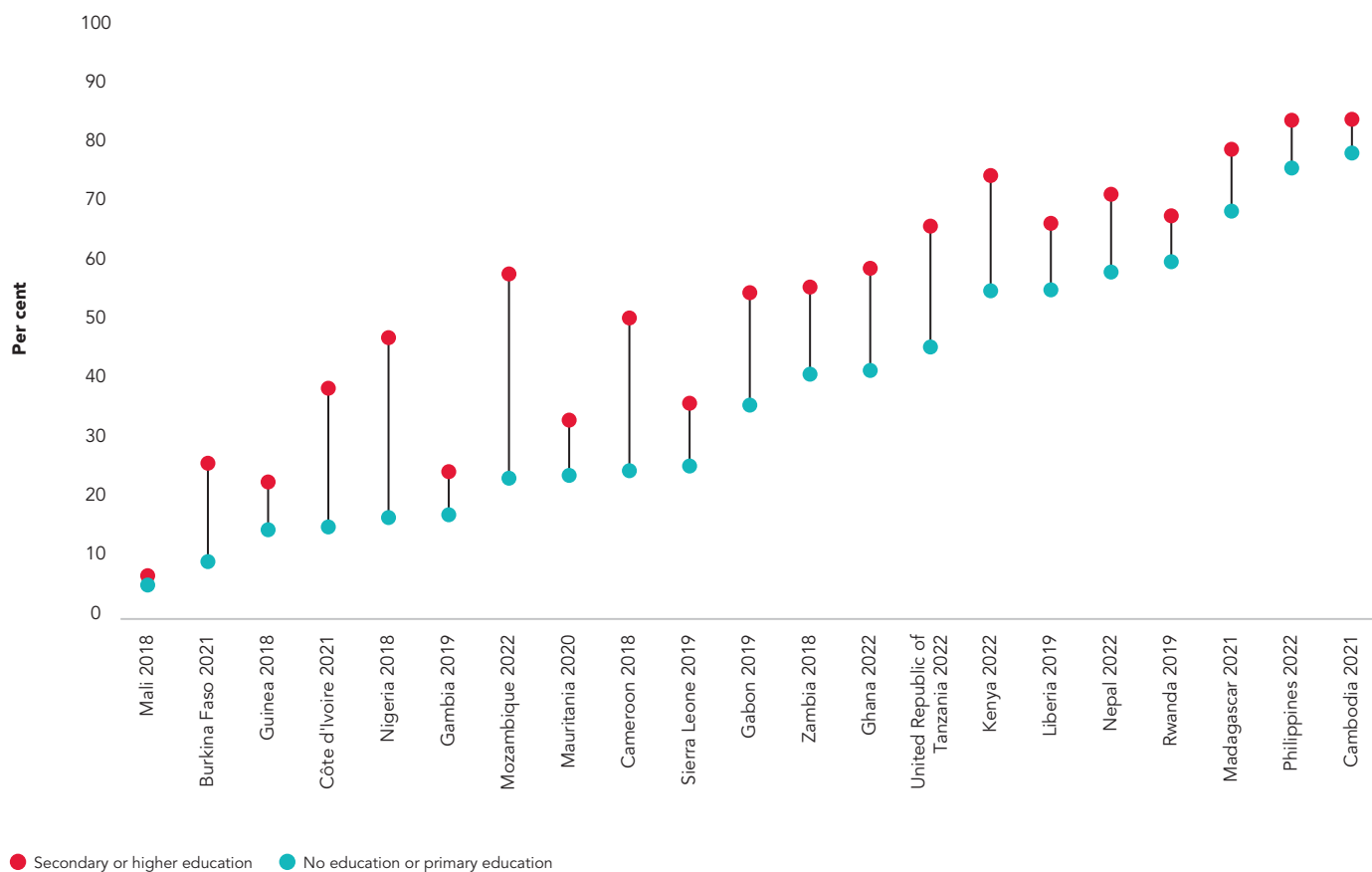
HIV incidence among all adolescent girls and young women (aged 15–24 years), subnational levels, sub-Saharan Africa, 2024



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).  
Note: HIV incidence estimated as new HIV infections per 1000 uninfected population.

**Figure 3**

Percentage of currently married women (aged 15–24 years) who are not pregnant who make their own decisions regarding sexual relations, contraceptive use and health care, by education level, 2018–2022



Source: Demographic and Health Surveys, 2018–2022.

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### For additional information and data on adolescent girls and young women, see:

AIDSinfo. Geneva: Joint United Nations Programme on HIV/AIDS (<https://aidsinfo.unaids.org/>).

2024 global AIDS update. Geneva: Joint United Nations Programme on HIV/AIDS; 2024 (<https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>).

Key populations atlas. Geneva: Joint United Nations Programme on HIV/AIDS (<https://kpatlas.unaids.org/dashboard>).