

Adolescent Girls in Sub-Saharan Africa Still Have High HIV Acquisition Rates

The rollout of antiretroviral treatment in this hard-hit region has apparently not lowered this group's risk of acquiring HIV.

November 1, 2019 By [Benjamin Ryan](#)

Despite the aggressive push in recent years to roll out antiretroviral (ARV) treatment in sub-Saharan Africa, adolescent girls in the region still have a very high rate of HIV acquisition, Avert reports. Because successfully treating the virus blocks transmission, it stands to reason that the relatively low rates of treatment among young men living with HIV in this region helps explain why adolescent females are not benefiting from the ARV treatment-as-prevention effect.

Publishing their findings in *The Lancet Global Health*, a research team led by Isolde Birdthistle, PhD, of the department of population health at the London School of Hygiene & Tropical Medicine, conducted a systematic review and meta-analysis of 51 studies published between 2005 and 2015 that included direct data (as opposed to estimates) of annual rates of new HIV diagnoses among nine of the 10 sub-Saharan African nations included in the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) DREAMS program.

DREAMS was launched in 2014 with the intention of driving down the rate of new HIV cases among adolescent girls and young women.

Across the board, the analyzed studies indicated that teenage girls—specifically those 15 to 19 years old—had higher HIV diagnosis rates than their male peers. The rate among teenage males remained below 1% in all settings, while among adolescent girls the rate was as high as 8% for those living in KwaZulu-Natal, South Africa.

ARV rollout launched in east and southern Africa in 2005. Since that time, data suggest that new HIV transmissions declined among adolescent girls and young women in Rakai, Uganda; Manicaland, Zimbabwe; and across South Africa.

That said, in areas where HIV prevalence is very high in the general population, evidence suggested that increasing overall rates of ARV treatment were not reducing acquisition rates among women belonging to groups that are at notably high risk for the virus.

In KwaZulu, which has the highest prevalence of HIV in South Africa, the rate of new diagnoses of the virus per 100 cumulative years of follow-up was 7.8 diagnoses among females 15 to 19 years old and 8.6 diagnoses among those 20 to 24 years old. Among female sex workers in Zimbabwe, the rate remained high, at 10.8 diagnoses; among young female sex workers in South Africa, the rate was 13.2 diagnoses; and among adolescent girls and women in Ugandan fishing communities, the rate was 12.4 diagnoses among those 15 to 19 years old and 4.7 diagnoses among those 20 to 24 years old.

All studies indicated that the risk of HIV was higher for teenage girls than their male counterparts, regardless of the setting or point in time. When the data were pooled, this indicated that the risk of HIV was up to sixfold higher for adolescent females in southern Africa and threefold higher for adolescent females in east Africa compared with their male counterparts. As young people aged into their 20s, such disparity narrowed.

“To end new infections among the growing population of adolescents in sub-Saharan Africa,” the study authors concluded, “prevention programs must address gender inequalities driving excessive risk among adolescent girls.”

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