Worldwide, there were an estimated 2.1 million [1.4 million - 2.6 million] adolescents (10-19 years old) living with HIV in 2016, with 150 adolescents dying from AIDS-related causes every day. Between 2000 and 2015, annual AIDS-related deaths declined for all age groups except adolescents, where mortality more than doubled from 18,000 to 41,000.

In 2016, there were an estimated 260,000 [150,000 - 340,000] new HIV infections among adolescents. In sub-Saharan Africa, two out of three newly infected adolescents aged 15-19 years were girls. With the successful scale up and effectiveness of antiretroviral therapy (ART), children living with HIV are surviving and growing into adolescence. This increasing population requires ongoing support to remain in care and adhere to ART, as well as to manage the changes related to adolescence.

Adolescents living with HIV are in urgent need of improved approaches to address their specific health needs. Evidence indicates higher rates of loss to follow up and poor adherence, as well as increased needs for psychosocial support. This population group continues to be underserved by current HIV services and have significantly worse access to and coverage of ART. Despite a rapidly growing area of HIV research, a considerable amount of effort is still needed to inform the understanding of what works for this population. Improving outcomes for adolescents and reaching global targets for an AIDS FREE generation by 2030 will require evidence-based interventions and policies. These should take into consideration the developmental stage of adolescence while comprehensively addressing the multiple needs of adolescents living with HIV and actively engaging them in their own healthcare. To overcome these barriers and challenges in a context of increasing funding constraints, targeted research is urgently required to bridge identified research gaps and inform policy on adolescent HIV.

Targeted research is urgently required to bridge identified research gaps and inform policy on adolescent HIV.
METHODS

This process was based on the Child Health and Nutrition Research Initiative (CHNRI) methodology for setting priorities in health research, and was guided by a working group of experts in paediatric and adolescent HIV.

The main steps included:

**A broad call for research questions:** A survey calling for priority research questions and planned/ongoing studies was sent to a broad range of stakeholders.

**Consolidation:** Submitted research questions were cleaned and consolidated through a thematic content analysis.

**Scoring of the research questions:** Respondents to the first survey were asked to score the consolidated lists of research questions against pre-defined CHNRI criteria, resulting in a prioritized list.

**Expert consultation:** To form the final research agenda, an expert consultation of researchers, UN organizations, civil society and community representatives, was held to review the top 10 ranked questions for testing, treatment and service delivery in the context of ongoing research, published scientific literature and current WHO guidance. Themes, rather than questions, were used for the final agenda.

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**BROAD CALL FOR RESEARCH QUESTIONS**
226 respondents

**CONSOLIDATION**
Consolidation: 986 questions were cleaned and consolidated into 61 questions after merging.

**SCORING OF THE RESEARCH QUESTIONS**
158 respondents scored the consolidated questions.

**EXPERT CONSULTATION**
5 themes per research area included in the prioritized research agenda.

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**TEN KEY CONSIDERATIONS FOR IMPLEMENTATION OF THE RESEARCH AGENDA**

The following considerations, which emerged from the research prioritization process, should be taken into account when implementing the prioritized agenda for adolescents:

- Strengthen national monitoring and evaluation systems to obtain relevant disaggregated data (age, sex, region, mode of transmission) for accurate monitoring of progress and challenges, informing policies and effective programme planning.
- Improve programmatic data to help assess the implementation of ongoing service delivery and determine what works best in specific contexts.
- Recognize adolescence as a developmental stage of life within service delivery models.
- Assess the effect of social determinants of health to ensure successful scale up of HIV services and positive individual outcomes.
- Increase participation of adolescents, civil society and community-based organizations as key stakeholders, especially in implementation research, advocacy and service delivery.
- Develop innovative approaches to trial design and implementation to maximize their added value and expedite results.
- Overcome reluctance of including adolescents in studies due to issues of consent or concerns around study retention to ensure that data relevant to this age group are gathered.
- Use observational data and big data collaborations to inform policy and programme decision making.
- Utilize modelling as an important tool to help bridge data gaps and optimize existing data.
- Innovate clinical and implementation science to provide new tools for more effective care for adolescents living with HIV.
TOP RESEARCH PRIORITIES
FOR ADOLESCENT HIV

TESTING

• Strategies and interventions to improve access to and uptake of HIV testing services, and factors that impact their success
• Strategies and interventions to improve linkage of newly diagnosed adolescents to HIV treatment, and factors that impact their success
• Safe and acceptable strategies or interventions to improve access to and uptake of HIV testing services for adolescents from key populations
• Consent policies and practices to facilitate access to and uptake of HIV testing services in adolescents
• Safety, acceptability, feasibility and effectiveness of self-testing

TREATMENT

• Interventions to improve retention in care and factors that affect their success
• Strategies or interventions to improve sexual and reproductive health outcomes in adolescents living with HIV
• Strategies or interventions to support pregnant adolescents living with HIV and improve both maternal and child health outcomes
• Optimal sequencing of ART in adolescents
• Impact of HIV infection and ART on short- and long-term outcomes of adolescents, in particular non-communicable diseases

SERVICE DELIVERY

• Interventions to improve retention in care and factors that affect their success
• Strategies or interventions to improve sexual and reproductive health outcomes in adolescents living with HIV
• Strategies or interventions to support pregnant adolescents living with HIV and improve both maternal and child health outcomes
• Service delivery models to improve outcomes along the HIV cascade, including peer interventions and differentiated service delivery models
• Psychosocial support strategies or interventions to improve individual and programmatic outcomes
A CALL TO ACTION

Stakeholders involved in clinical and operational research in adolescent HIV can support the successful implementation of this agenda by actively engaging with the established priorities and integrating them into their activities in the following ways:

**FUNDERS**
- Utilize the agenda to guide funding priorities.
- Focus available resources on research areas that will have the greatest impact on reducing the adolescent HIV.

**RESEARCHERS**
- Integrate relevant elements of the research agenda into ongoing and future research.
- Engage and partner with programme implementers to effectively assess the outcomes of service delivery models focused on adolescents.
- Reduce research overlap and maximize resources by informing others in the research community about ongoing and future projects.

**IMPLEMENTERS AND PROGRAMME MANAGERS**
- Improve and integrate information from routine monitoring systems to help evaluate and learn from ongoing activities and new strategies.
- Apply lessons learned from programmes in similar settings or different countries.

**CIVIL SOCIETY AND COMMUNITY-BASED ORGANIZATIONS**
- Engage with the agenda and promote community participation in research, particularly operational research, and programme support.
- Advocate for implementation of the research agenda to improve outcomes in adolescent HIV.

For more information on the research agendas and the process that was followed, please visit: [https://www.iasociety.org/CIPHER](https://www.iasociety.org/CIPHER)

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11. The scope of the exercise included testing, treatment and service delivery for adolescents. Preventive interventions were not within the scope of this exercise.