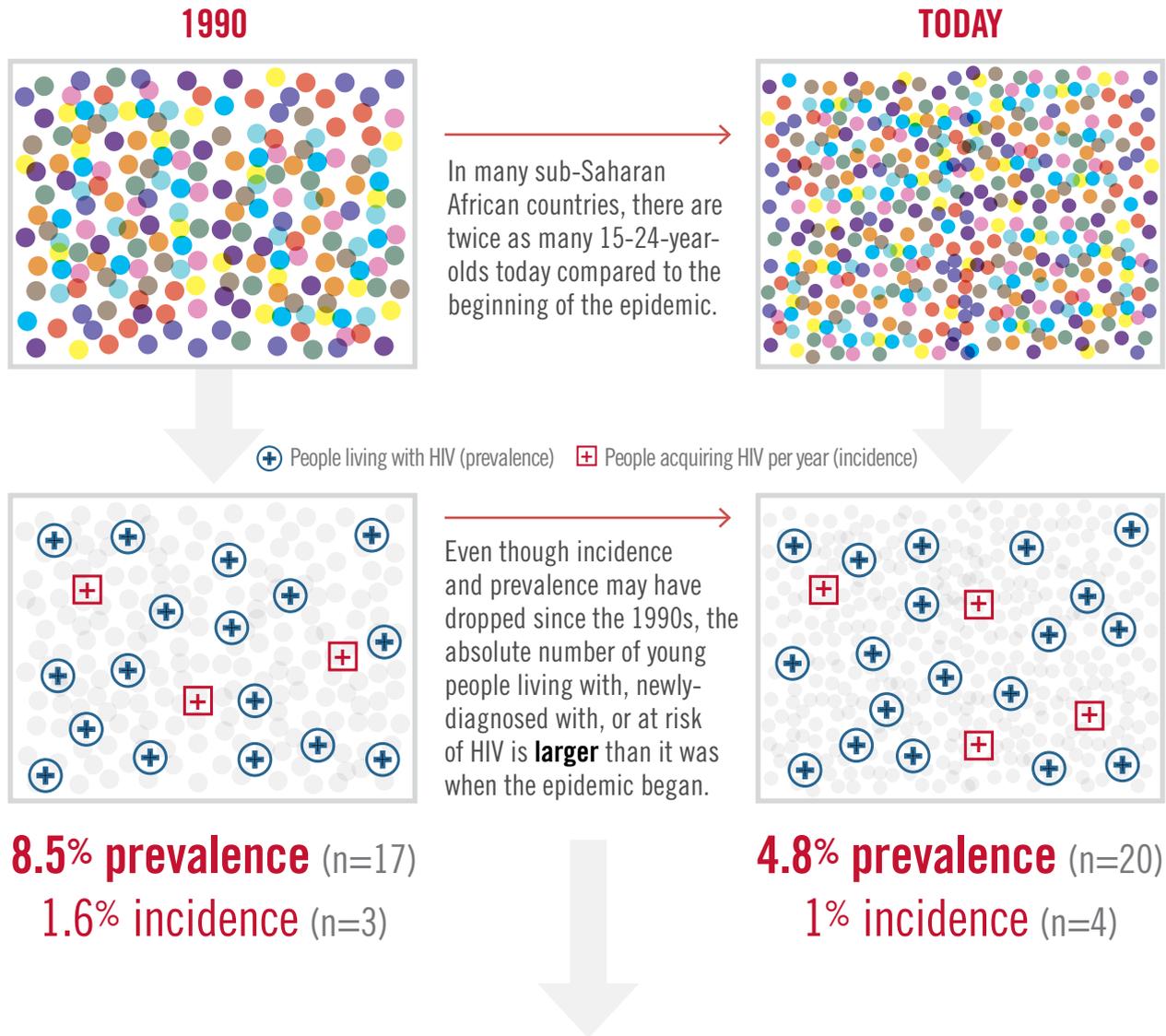


## The Math Behind the “Bulge”

Whether it’s called the “youth bulge” or “wave” or even “tsunami”, the fact remains that there are many more young people today than there were 30 years ago. This has profound implications for the HIV response, as these same young people—especially females aged 15-24—are at highest risk of HIV in East and Southern Africa. But while the math can seem simple—more people means more HIV—it’s actually not that straightforward. HIV prevalence and incidence have gone down across the board since the epidemic started. This graphic explains why the bulge is the most important demographic issue facing HIV prevention today and why efforts to date are only barely holding the problem at bay. The incidence and prevalence figures used below are Zambian data from the time periods in question.



The fact that incidence and prevalence are stable or dropping in today’s 15- to 24-year-old African men and women is good news. Much of this success is due to ART. But there is clear evidence that young people are not being diagnosed and linked to care or prevention nearly as often as those over 24. Strategies that have worked so far cannot keep a new epidemic in young Africans at bay. There needs to be a sustained, ambitious and innovative effort to build and finance programs that find young people, meet their needs and provide key services including sex and sexuality education, safe spaces for peer support and skills-building and much more. Saturation coverage of VMMC, PrEP and other tools is also essential to the future.