

of violence within sexual relationships are likely to influence decisions about PrEP. Furthermore, young women's access to education, information, and social support and their own HIV risk perceptions are likely to significantly influence PrEP uptake. The two sides of the framework are connected to illustrate the continuous interplay between these elements.

An assessment of these factors will determine whether health systems have the capacity to deliver PrEP safely and effectively to adolescent girls and young women and will highlight key barriers and facilitators to PrEP uptake, use, and adherence among adolescent girls and young women. Oral PrEP offers an exciting opportunity for adolescent girls and young women to access a new prevention option. Now, the public health community needs to develop quality programmes and services that can support informed choice, effective access, and successful use in adolescent girls and young women.

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We declare no competing interests.

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### Correction to *Lancet HIV* 2016; 3: e361–87

GBD 2015 HIV Collaborators. Estimates of global, regional, and national incidence, prevalence, and mortality of HIV, 1980–2015: the Global Burden of Disease Study 2015. *Lancet HIV* 2016; **3**: e361–87—In this Article, Kerrie E Doyle and David M Pereira have been added to the list of collaborators and Claudia C Pereira has been removed. These corrections have been made as of Aug 22, 2016.

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