



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

PEPFAR's Focus on Girls, Adolescent Girls and Young Women:

The DREAMS Partnership and Preventing sexual violence and HIV among 9-14 year olds



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DREAMS

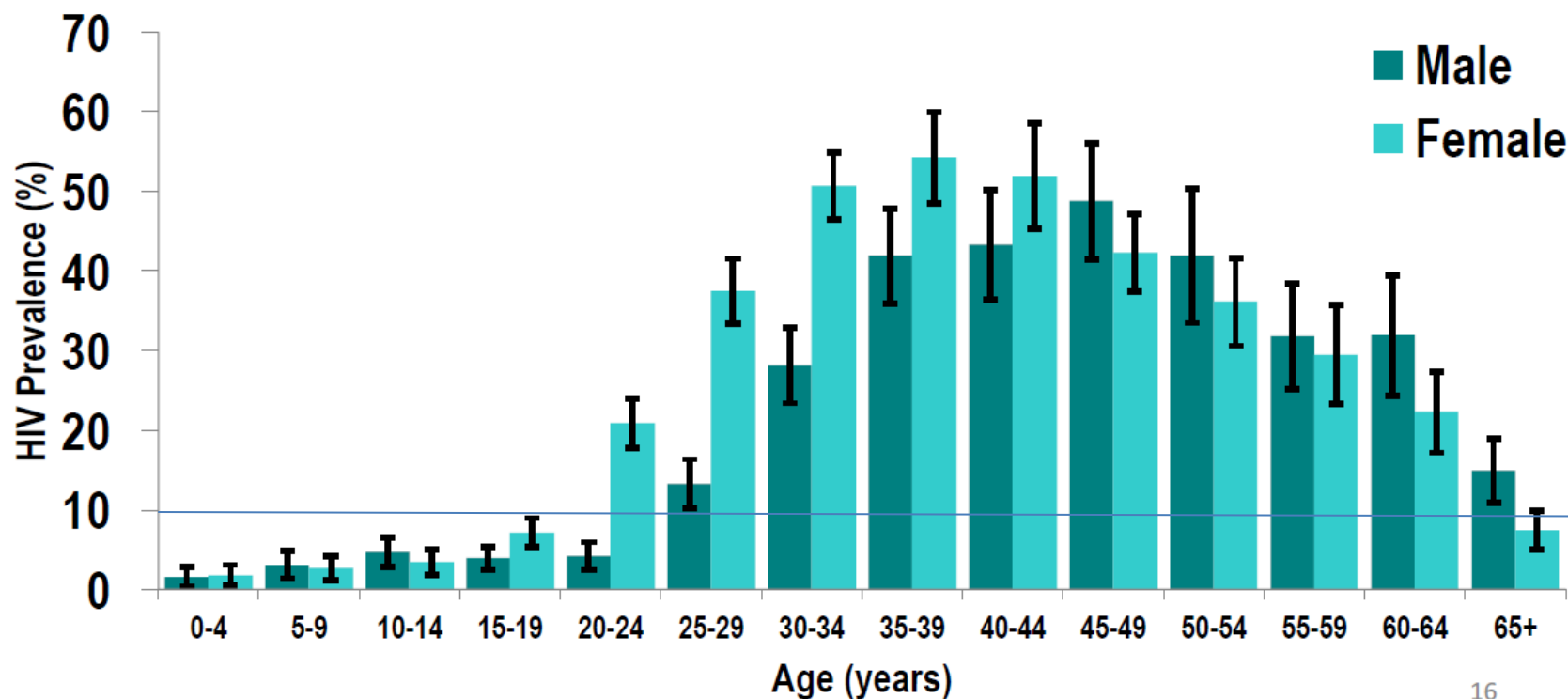
Why DREAMS?

Young women are at elevated risk for HIV infection

Compared to young men, the rate of new HIV infections in young women is

5 times greater* in Zimbabwe
8 times greater* in Malawi
14 times greater* in Zambia

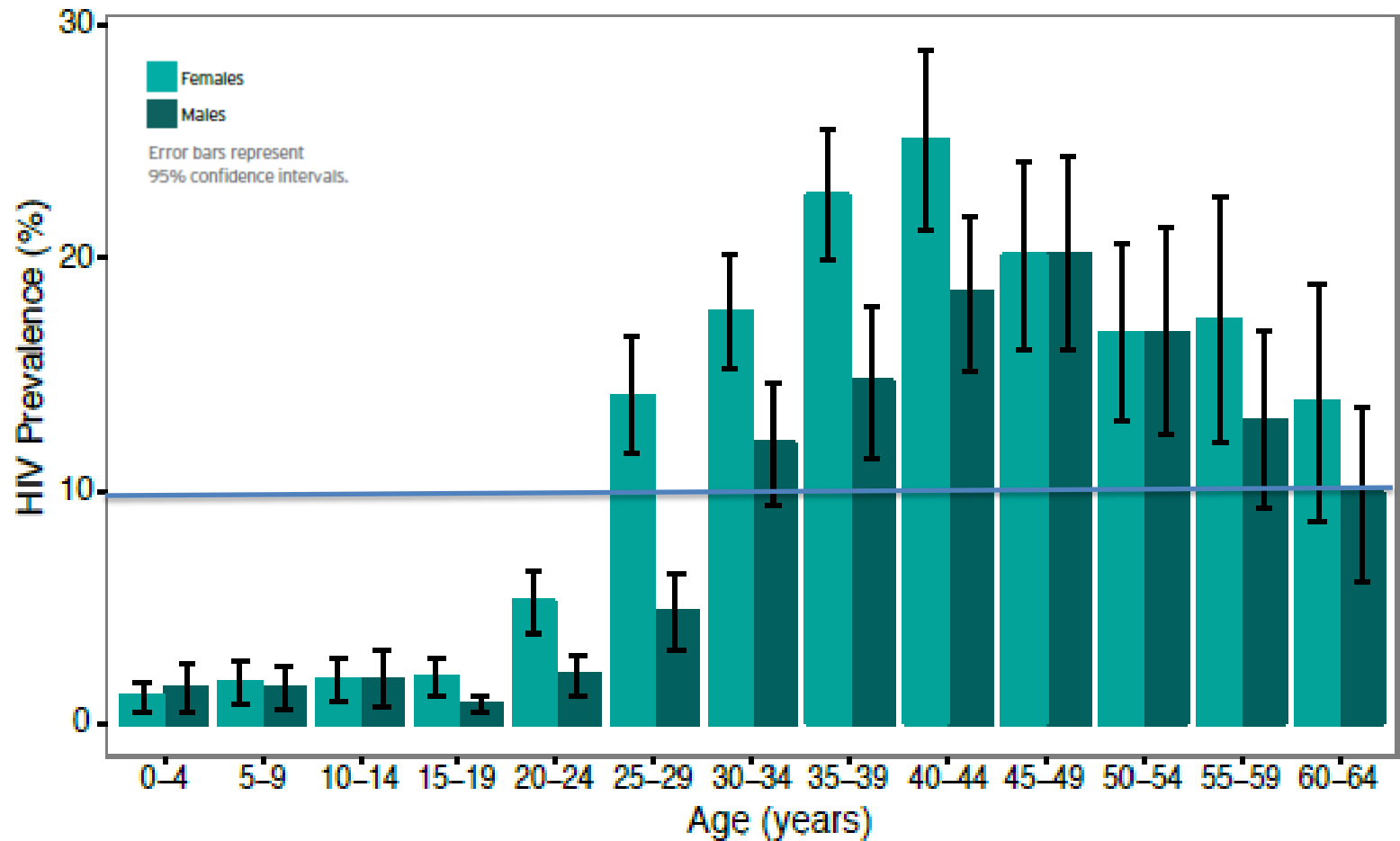
HIV Prevalence by Age & Sex Swaziland



16

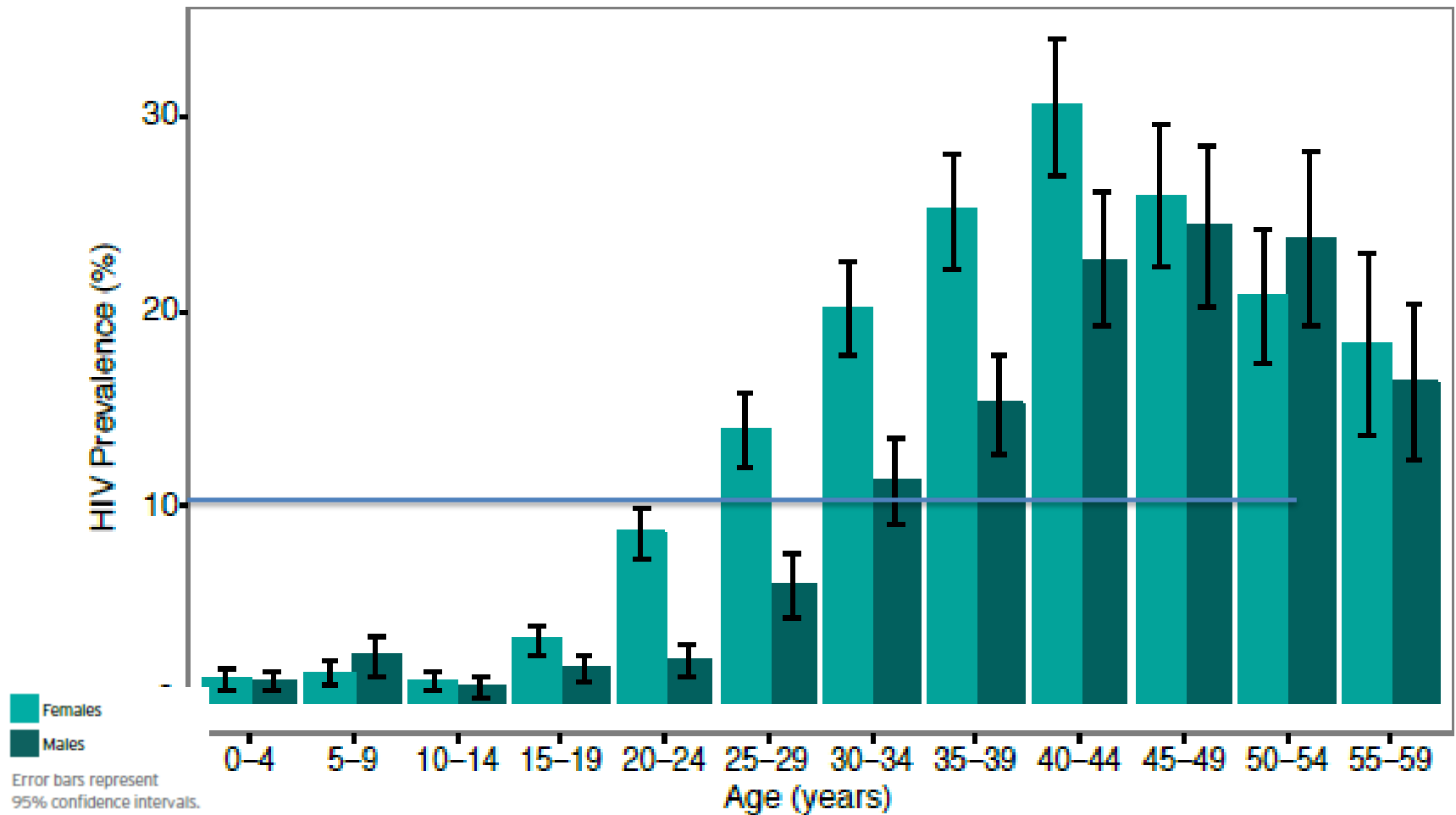
HIV Prevalence by age and sex

Malawi



HIV Prevalence by Age & Sex

Zambia

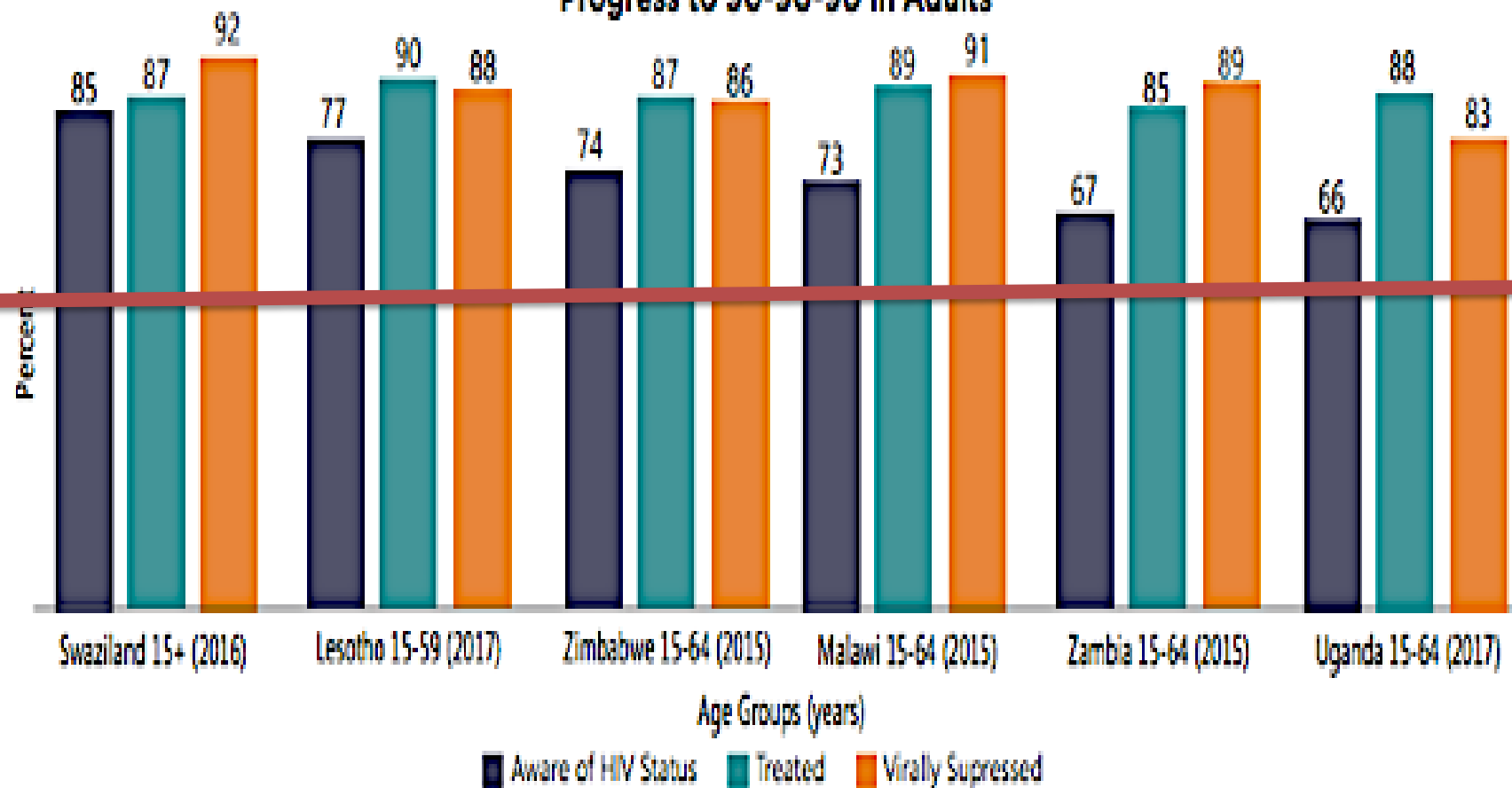


Achieving Epidemic Control

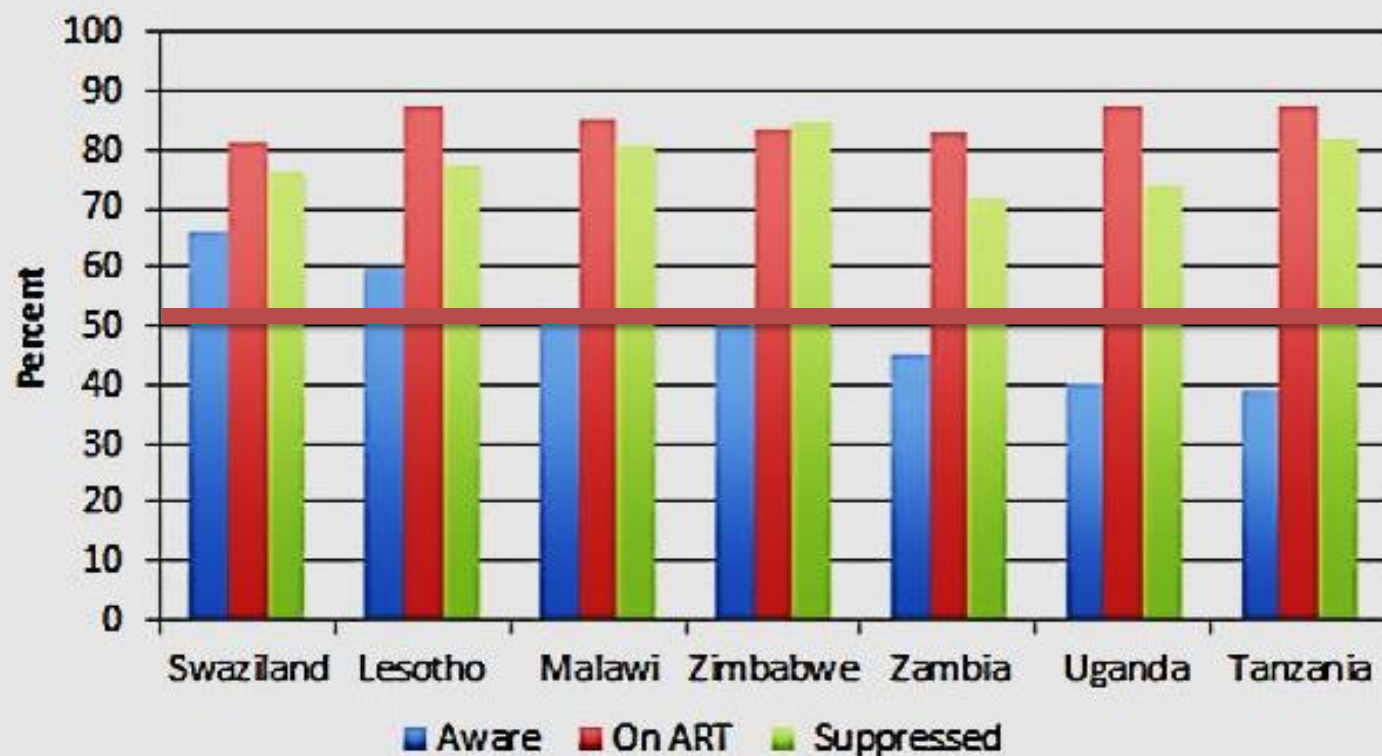
Progress toward 90/90/90 in Adults

Figure 1. Achieving Epidemic Control - Astounding Results from Swaziland, Zimbabwe, Malawi, Zambia, Uganda, and Lesotho Source: PHIA 2015-17

Progress to 90-90-90 in Adults



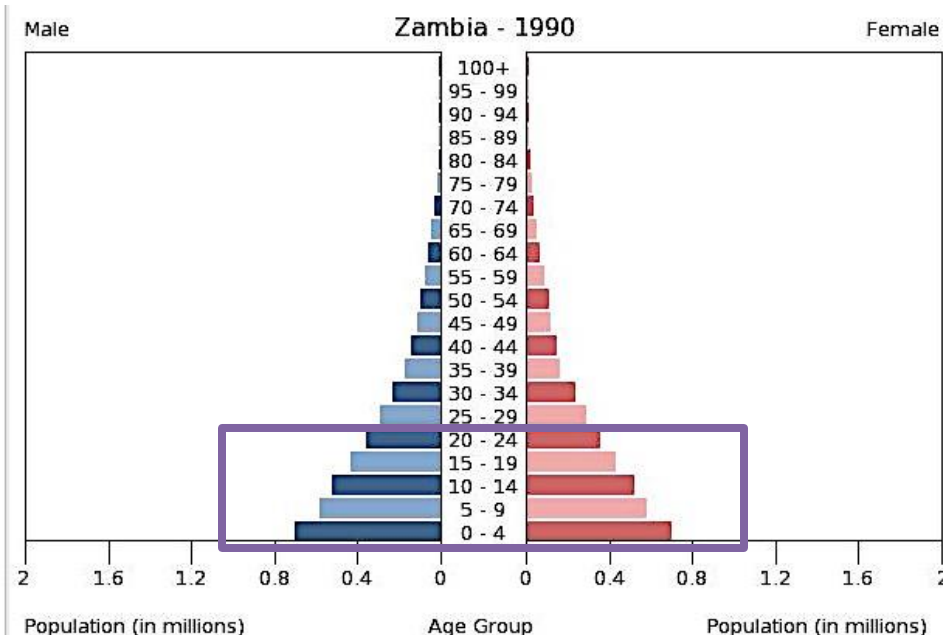
Progress to 90/90/90 in 15 to 24 year olds



Note: Results based on self-report of HIV awareness and ART status (plus ARV testing in Malawi and Zambia), and on viral load testing.

Youth Bulge in Zambia

At the beginning of the Epidemic



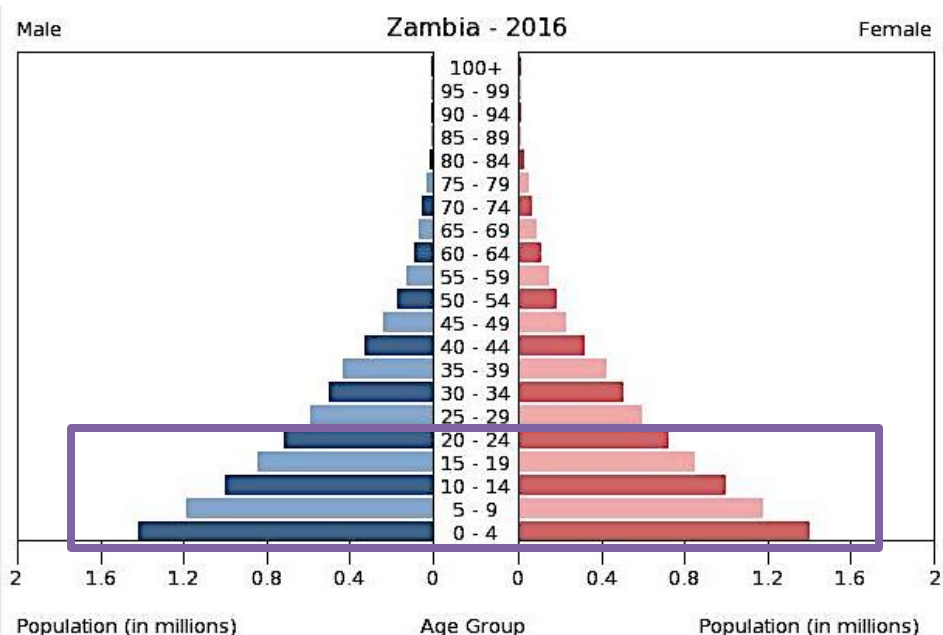
Young Men Population: 781,000

Young Men PLHIV: 38,000

Young Women Population: 772,000

Young Women PLHIV: 66,000

Today



Young Men Population: 1.6 million

Young Men PLHIV: 48,000

Young Women Population: 1.6 million

Young Women PLHIV: 77,000



The DREAMS Partnership

- Announced on World AIDS Day 2014
- \$300 million partnership (originally 2015-2016)
 - Partners include PEPFAR, Bill & Melinda Gates Foundation, Gilead Sciences, Girl Effect, Johnson & Johnson, ViiV Healthcare
- \$85 million for the DREAMS Innovation Challenge
- \$188.9 million in COP 17 funds and \$188.9 in planned COP 18 funds for DREAMS activities
- 10 countries in Eastern & Southern Africa + 5 DREAMS-like countries added in 2017
- Complementary funding to scale up VMMC and test & start for young adult men in DREAMS districts
- TOTAL: $\$300\text{M} + \$85\text{M} + \$188\text{M} + \$188\text{M} = \$761\text{M}$ over 4 years



Monitoring for Impact

DREAMS Inputs into the Model

Outcome modeled:

New HIV diagnoses among AGYW

Inputs into the model:

- PMTCT Program Data from all 10 countries, tracked on a quarterly basis
- New HIV diagnoses among pregnant women 15 to 24
- Pregnancy



DREAMS Results

World AIDS Day, 2017

For the first time, the latest PEPFAR data show significant **declines in new HIV diagnoses** among adolescent girls and young women. In the 10 African countries (63 districts) implementing DREAMS, the majority (**65%**) of the highest-HIV-burden communities or districts achieved a **25-40 percent or greater decline in new HIV diagnoses** among young women. Importantly, new diagnoses declined in **nearly all** DREAMS intervention districts.

Determined

Resilient

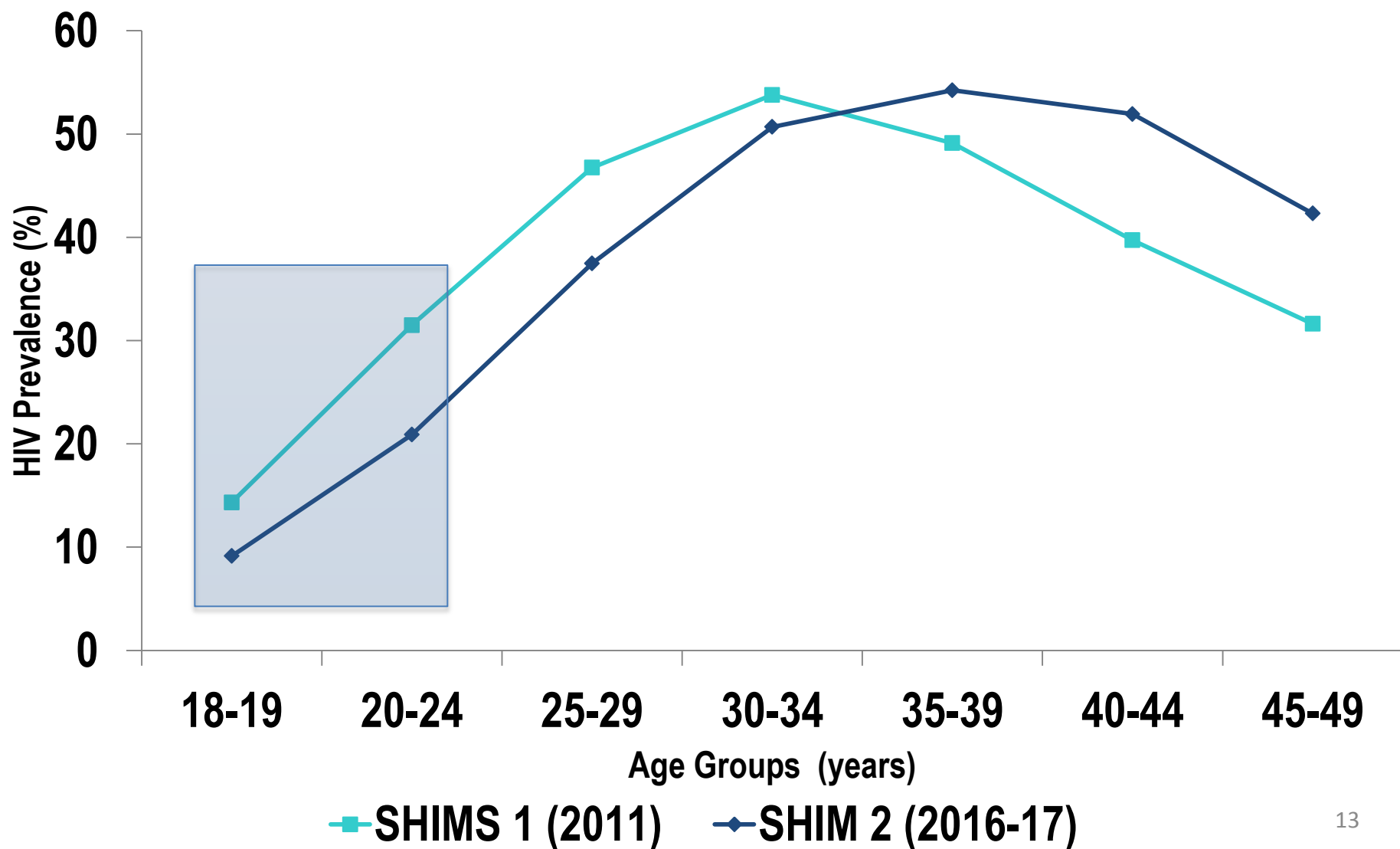
Empowered

AIDS-Free

Mentored

Safe

Swaziland Trends: HIV Prevalence Among Women 18-49 Years by Age, SHIMS 1 (2011) vs. SHIMS 2 (2016-17)



DREAMS COUNTRIES

-  Kenya
-  Lesotho
-  Malawi
-  Mozambique
-  South Africa
-  Swaziland
-  Tanzania
-  Uganda
-  Zambia
-  Zimbabwe



Determined

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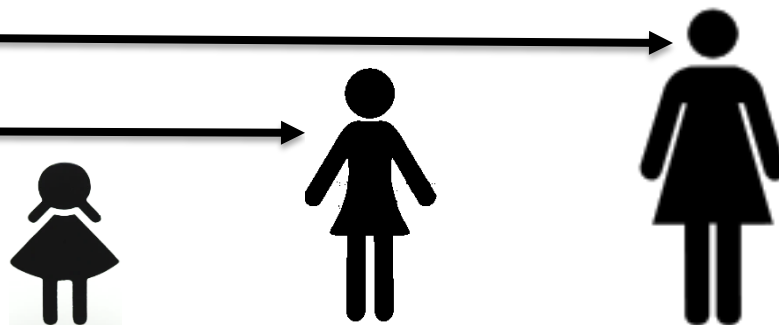
Safe

Layering Definition

What is Layering?




- Fundamental principle of DREAMS
- To provide multiple interventions or services from the DREAMS core package to each DREAMS recipient (AGYW)
- To track **WHO** is receiving **WHAT**

Layering supports prevention, OVC and follows evidence that comprehensive care is more effective than stand-alone services.



DREAMS Story Map

Where DREAMS Happen

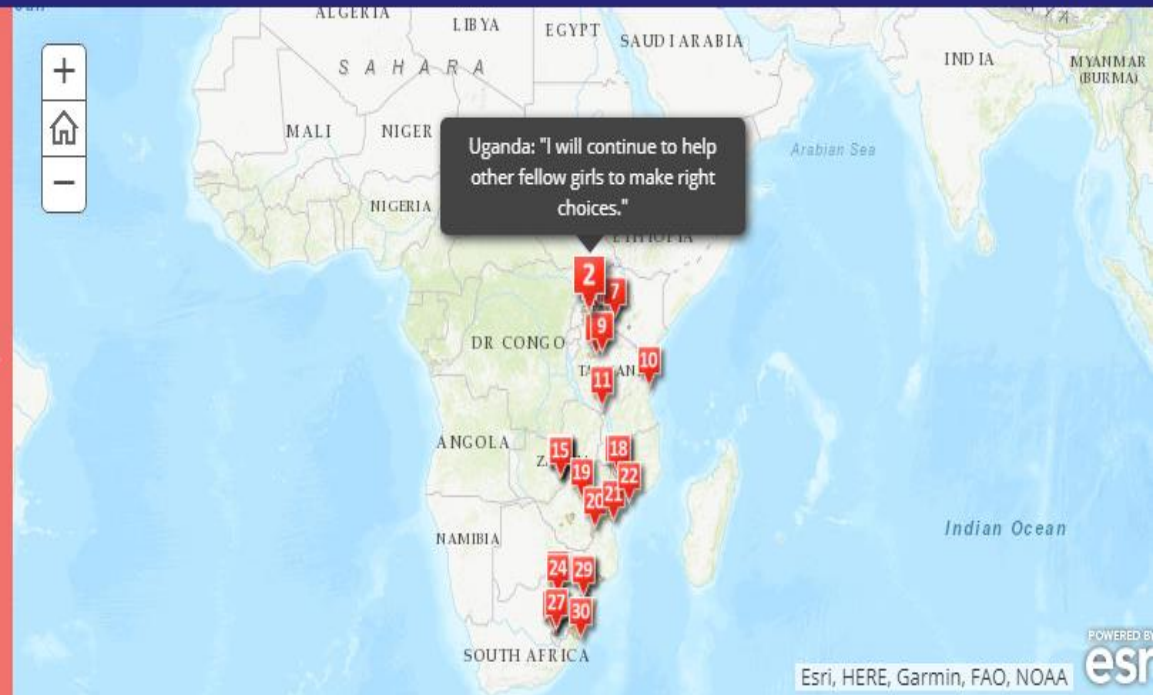
A DREAMS story map   

Success stories from the **DREAMS Partnership**, a PEPFAR-led public-private partnership helping girls develop into Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe women



Uganda: "I will continue to help other fellow girls to make right choices."

Hadijah is a mother of four children, living in Mityana district. She dropped out of school after becoming pregnant with her first child. Hadijah's mother then passed away and she was sent to live with relatives who abused her. She began engaging in transactional and unprotected sex and experienced gender-



POWERED BY
Esri, HERE, Garmin, FAO, NOAA 



Uganda: Sparked Women



Uganda: "I will continue to help other fellow girls to make right choices."



Uganda: Being safe is



Kenya: Alice, a Community



Kenya: "My dream is to



Kenya: "We have become



Kenya: Pre-exposure



Tanzania: Building



Our Priorities for Adolescent Girls and Young Women

Keep them HIV FREE

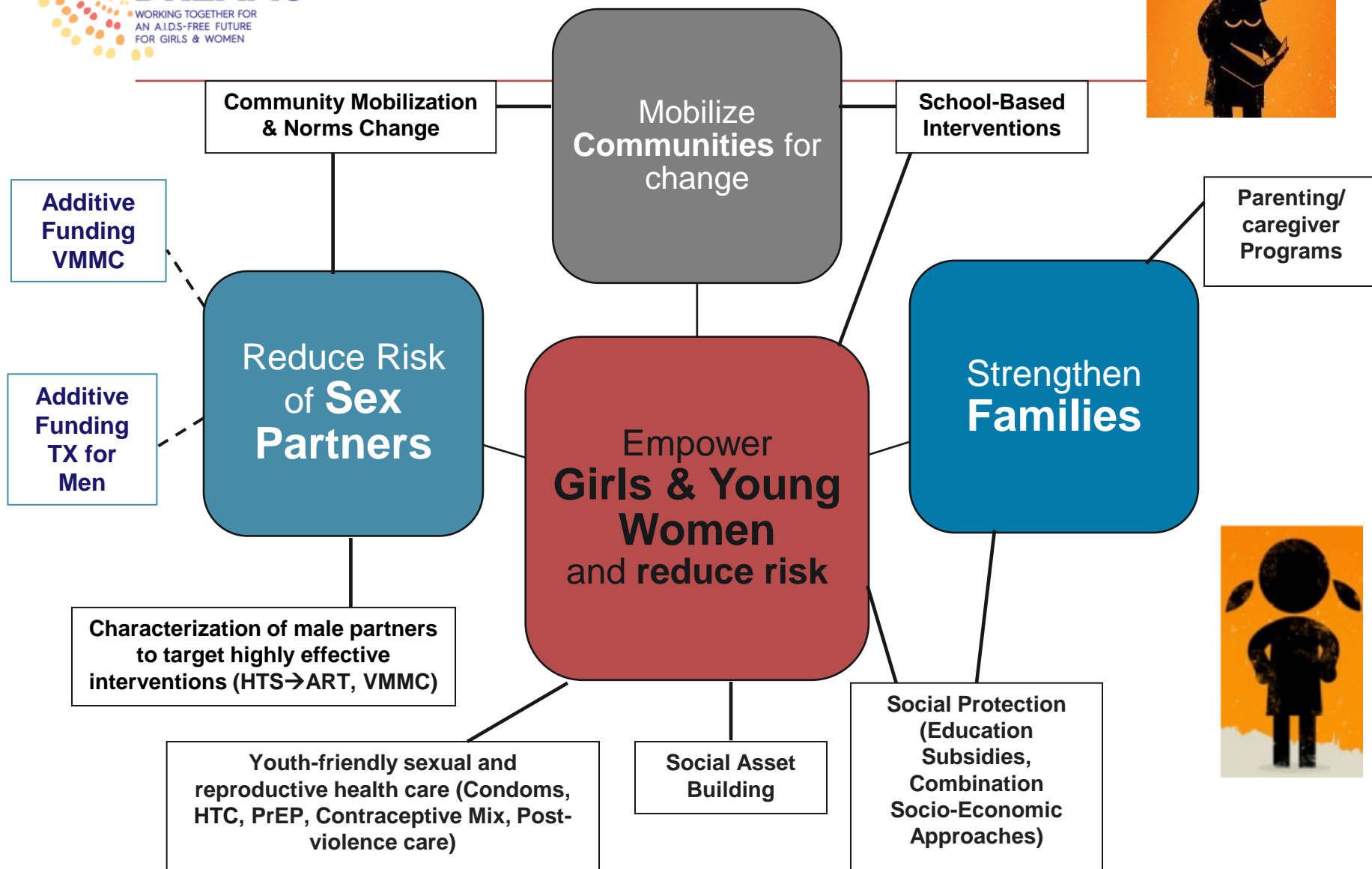
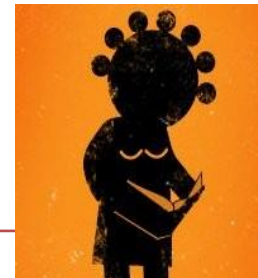
Also, help them:

- Stay in school
- Prevent early pregnancies
- Prevent sexual violence
- Post violence care



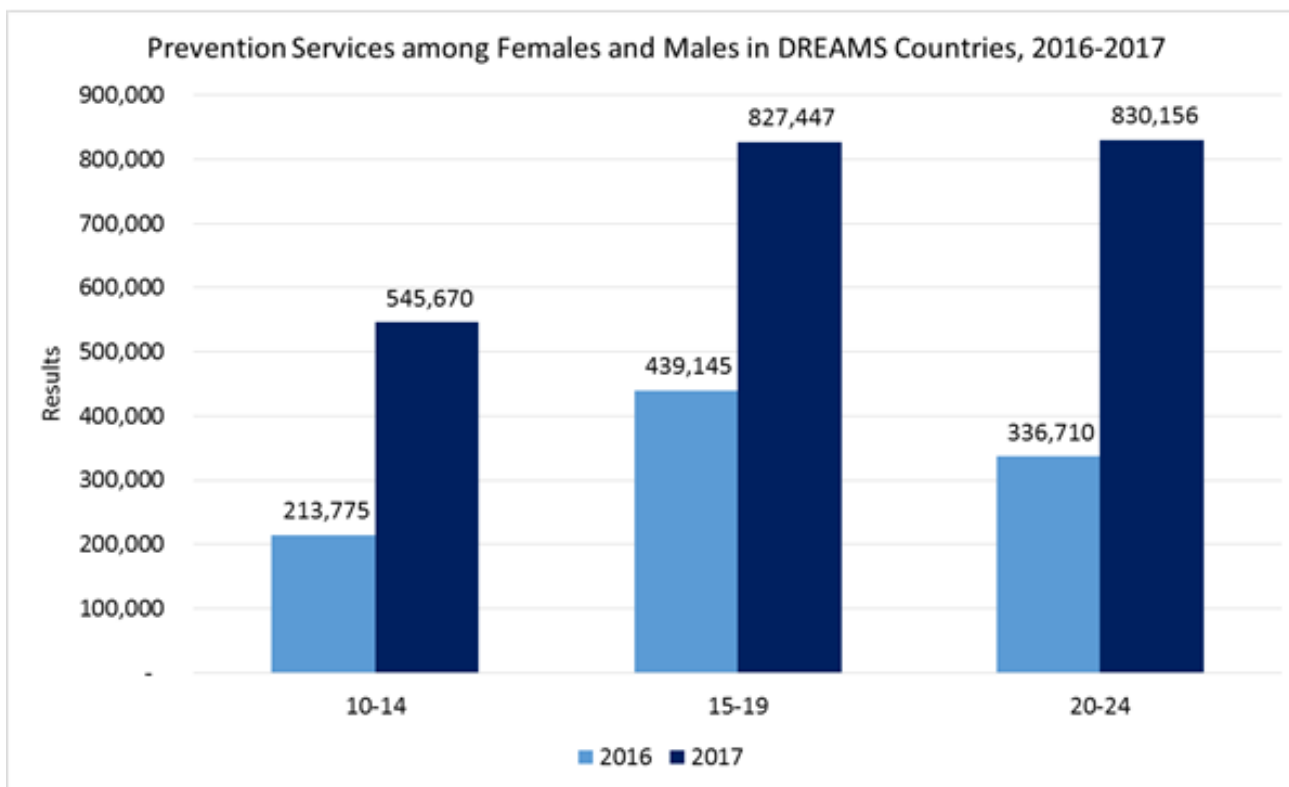
Photo credit: USAID/Carole Douglass

The Core Package



DREAMS PP_Prev MER

Achievements



DREAMS & COP18

- Teams are continuing to ensure that they have a robust and systematic method for **identifying the most vulnerable AGYW**.
- DREAMS and DREAMS-like programs will assess the **efficiency of their core package** to determine if any redirection of resources should be made to maximize funds.
- Some countries are considering **geographic expansion**, depending on their current coverage and achievements



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Preventing Sexual Violence and HIV Infection in 9-14 year olds

COP18: Preventing Sexual Violence and Preventing HIV- A Developmental Approach

Preventing sexual violence and preventing HIV through avoiding sexual risk – focus activities on preventing risk before it begins (preventing sexual violence and any form of coercive/forced/non-consensual sex in the community, preventing early sexual debut, supporting healthy choices, and helping communities and families to surround these youth with support and education – all these activities must be grounded in evidence-based prevention programming)

Preventing sexual violence and preventing HIV through reducing sexual risk — focus activities on helping youth reduce risk (e.g., reduce # of partners, use condoms, PrEP, post violence care)

9-14

Main focus of activities is on avoiding risk

15-19

Focus of activities is a combination of avoiding risk and reducing risk

20-24

Main focus of activities is on reducing risk

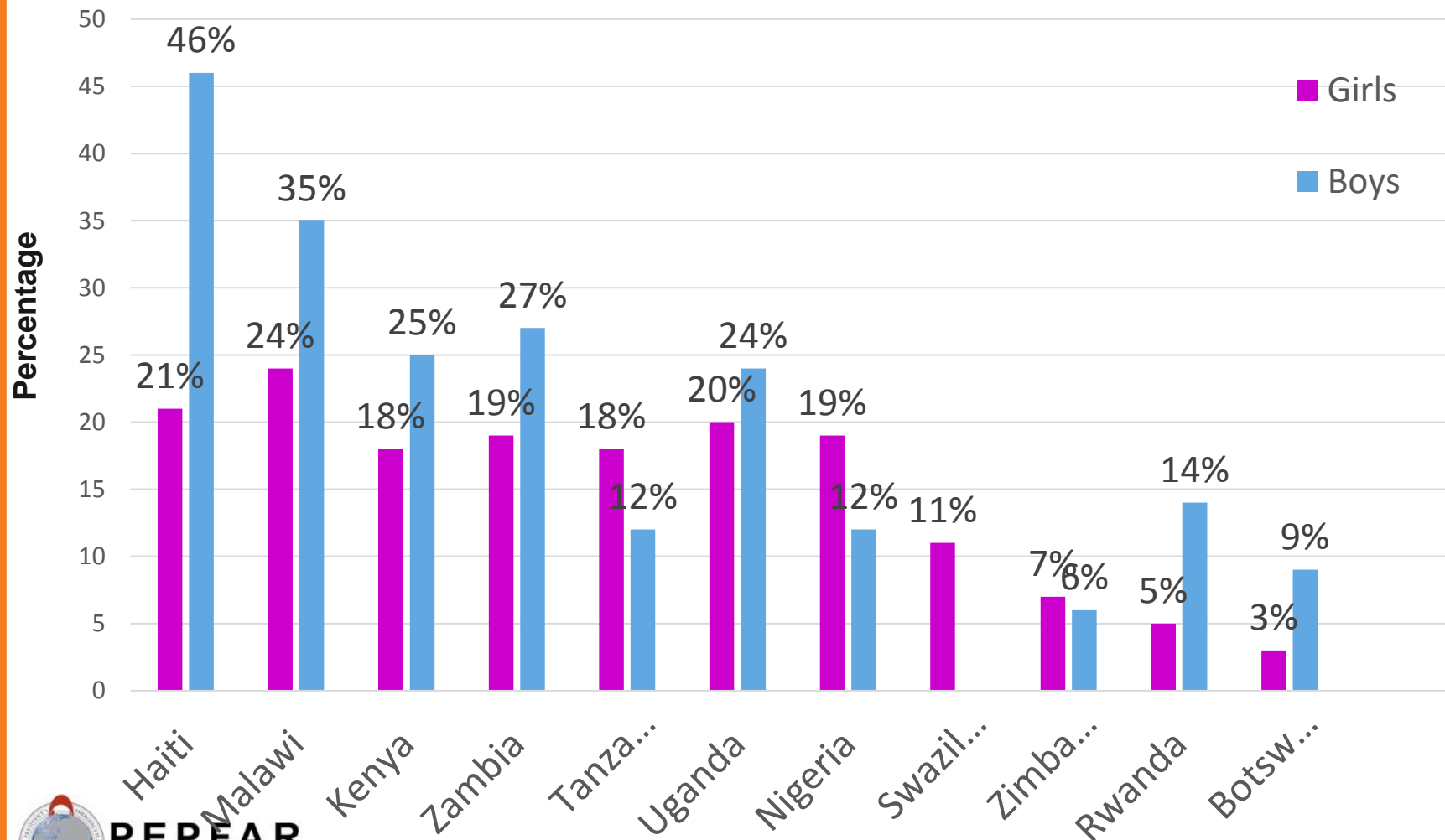
Why is this important?

Early Sexual Debut
AND
Sexual Violence
Are associated with
each other
AND
With risk for HIV

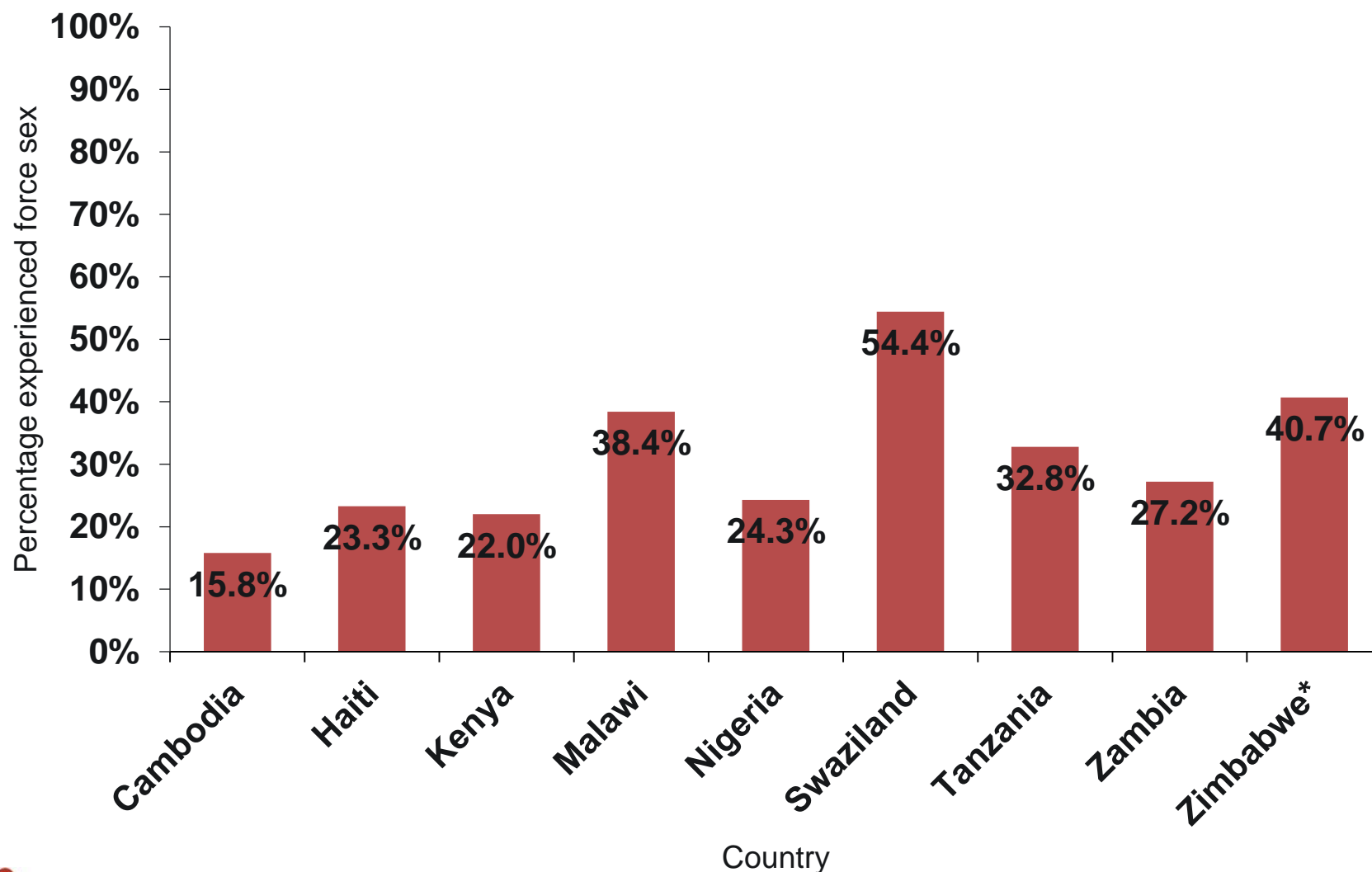


Early Sexual Debut:

Prevalence of Sexual debut ≤ 15 among all youth ages 16-24 years at interview, VACS



Percentage of 13-24 Year Old Female Respondents Who Reported First Sex as Forced/Coerced



***Early sexual debut associated with exposure to violence:
Adjusted Odds Ratios for early sexual debut among sexually
active youth ages 19-24***

	Adjusted Odds Ratios for Sexual Debut ≤15 years (95% Confidence Interval)		
	No childhood violence	1-2 types of childhood violence	3 types of childhood violence
Malawi	1.0	3.0 (1.2-8.0)	3.6 (1.6-8.4)
Rwanda	1.0	2.5 (1.5-4.1)	6.4 (3.1-13.2)
Haiti	1.0	2.6 (1.9-3.7)	6.3 (4.0-10.0)
Botswana	1.0	2.0 (1.3-3.0)	7.6 (3.5-16.4)

COP 18 – Preventing sexual violence and preventing HIV through avoiding sexual risk among 9-14 YO

How Countries Should Plan

Countries

- DREAMS, DREAMS-like & other high-burden countries

Platforms

- DREAMS
- OVC

Delivery

- Evidence-based prevention programming
- Evidence-based curricula with skills-building components delivered directly to 9-14 year olds
- Evidence-informed messages incorporated into parenting/caregiver and community interventions to complement what is delivered to 9-14 year olds

Resources

- S/GAC will be working in a consultative way to help guide OUs with TA, detailed information, examples, and resources on evidence-based content, skills-building activities, and curricula

Thank You!



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