PEPFAR’s Focus on Girls, Adolescent Girls and Young Women:
The DREAMS Partnership and Preventing sexual violence and HIV among 9-14 year olds
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
HIV Prevalence by age and sex
Malawi

Malawi PHIA, 2016
HIV Prevalence by Age & Sex

Zambia

Source: Zambia PHIA, 2016
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

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<td>77</td>
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<tr>
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<td>Virally Suppressed</td>
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<td>90</td>
<td>86</td>
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PEPFAR
U.S. President’s Emergency Plan for AIDS Relief
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.

Source: PEPFAR PHIA
Youth Bulge in Zambia

At the beginning of the Epidemic

<table>
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<th>Male</th>
<th>Female</th>
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Young Men Population: 781,000
Young Men PLHIV: 38,000
Young Women Population: 772,000
Young Women PLHIV: 66,000

Today

<table>
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<tr>
<th>Age Group</th>
<th>Male</th>
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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: $300M + $85M + $188M + $188M = $761M 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
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.
Swaziland Trends: HIV Prevalence Among Women 18-49 Years by Age, SHIMS 1 (2011) vs. SHIMS 2 (2016-17)

![Graph showing HIV prevalence among women 18-49 years by age, comparing SHIMS 1 (2011) and SHIMS 2 (2016-17).](image-url)
**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.
Where DREAMS Happen

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-based violence.
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 Dougis
The Core Package

- **Empower Girls & Young Women and reduce risk**
- **Mobilize Communities for change**
- **Reduce Risk of Sex Partners**
- **Strengthen Families**

- **Community Mobilization & Norms Change**
- **School-Based Interventions**
- **Additive Funding VMMC**
- **Additive Funding TX for Men**

- **Characterization of male partners to target highly effective interventions (HTS→ART, VMMC)**
- **Youth-friendly sexual and reproductive health care (Condoms, HTC, PrEP, Contraceptive Mix, Post-violence care)**
- **Social Asset Building**
- **Social Protection (Education Subsidies, Combination Socio-Economic Approaches)**

**Inclusions**:
- Parenting/caregiver Programs

**Keywords**: Determined, Resilient, Empowered, AIDS-Free, Mentored, Safe
DREAMS PP_Prev MER Achievements

Prevention Services among Females and Males in DREAMS Countries, 2016-2017

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.
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

Source: VACS, 2016
Percentage of 13-24 Year Old Female Respondents Who Reported First Sex as Forced/Coerced

Country

Cambodia 15.8%
Haiti 23.3%
Kenya 22.0%
Malawi 38.4%
Nigeria 24.3%
Swaziland 54.4%
Tanzania 32.8%
Zambia 27.2%
Zimbabwe* 40.7%

*Data for Zimbabwe only available for 18-24 year old female respondents.

Source: VACS, 2016
Early sexual debut associated with exposure to violence:
Adjusted Odds Ratios for early sexual debut among sexually active youth ages 19-24

<table>
<thead>
<tr>
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<th>Adjusted Odds Ratios for Sexual Debut &lt;=15 years (95% Confidence Interval)</th>
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<tbody>
<tr>
<td></td>
<td>No childhood violence</td>
</tr>
<tr>
<td>Malawi</td>
<td>1.0</td>
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<tr>
<td>Rwanda</td>
<td>1.0</td>
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<td>Haiti</td>
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<td>Botswana</td>
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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!