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

The DREAMS Partnership:

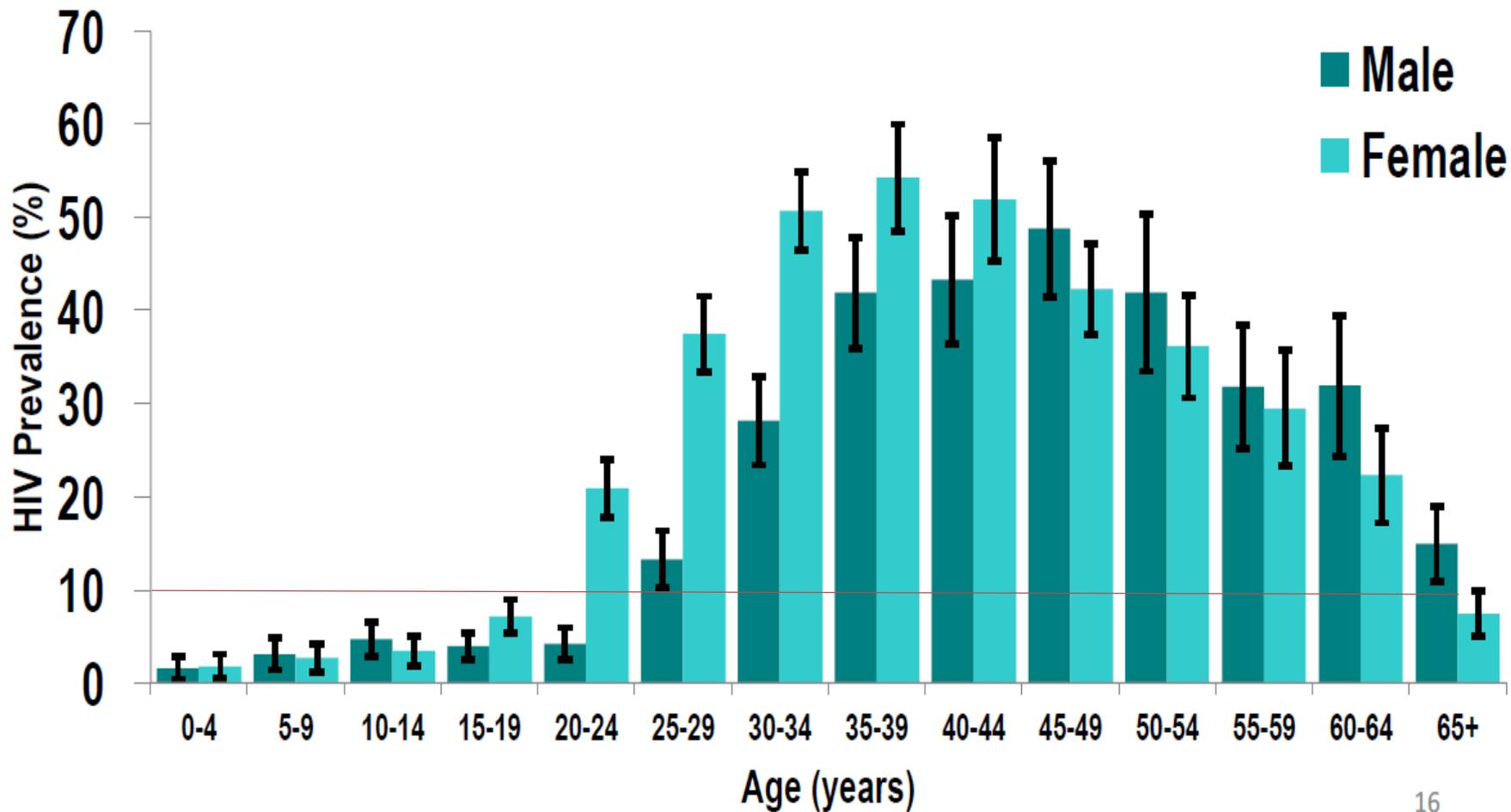
The rationale for the DREAMS Partnership, achievements to date, and noteworthy lessons learned along the way

Why DREAMS?

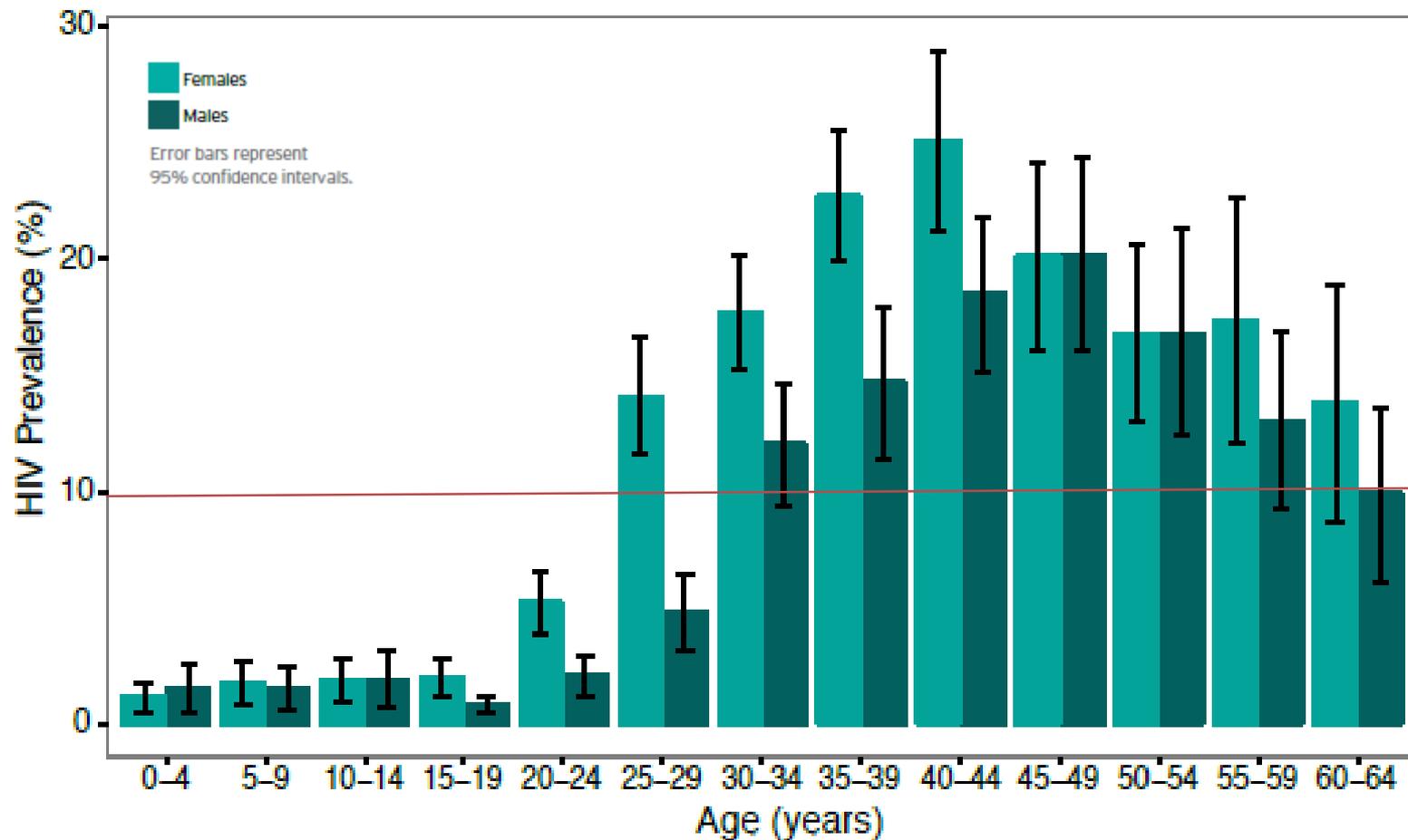


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HIV Prevalence by Age & Sex Swaziland



HIV Prevalence by age and sex Malawi





Young women are at elevated risk for HIV infection

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

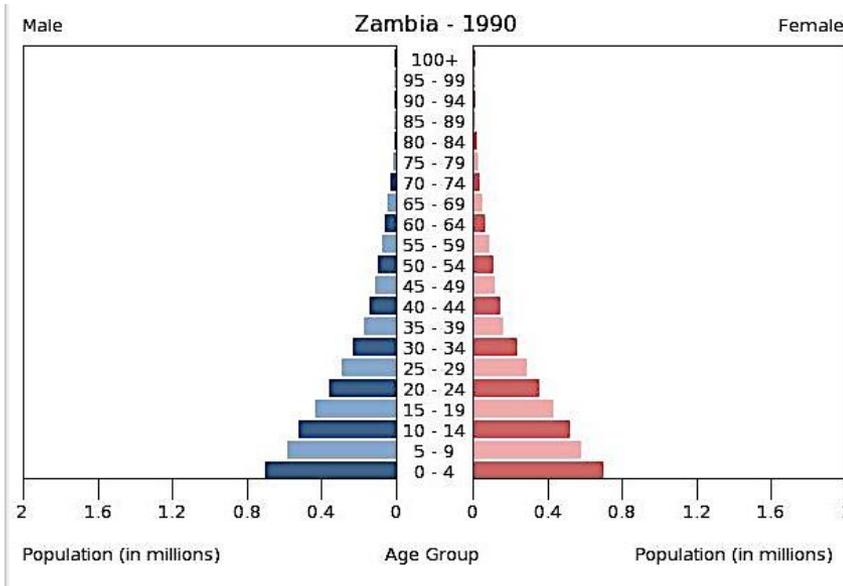
5 times greater* in Zimbabwe

8 times greater* in Malawi

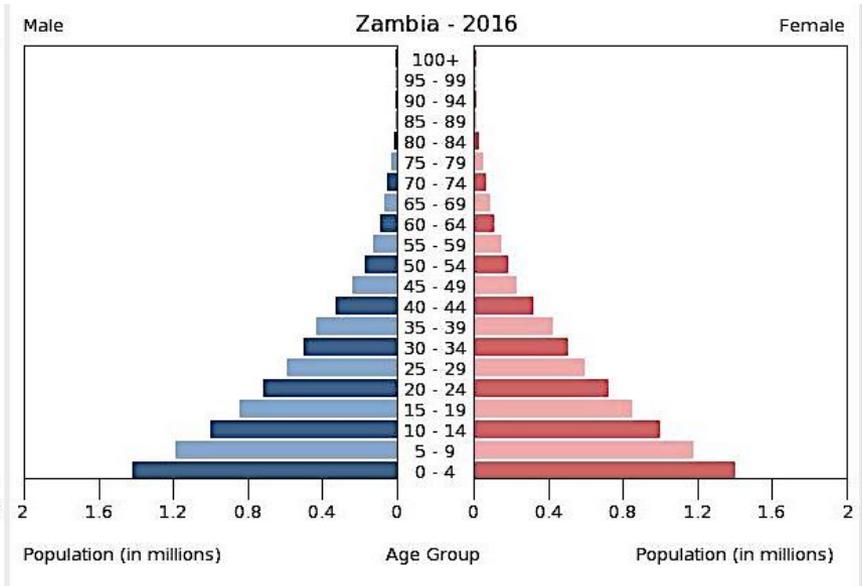
14 times greater* in Zambia

Youth Bulge in Zambia

At the beginning of the Epidemic



Today



Young Men Population: 781,000

Young Men PLHIV: 38,000

Young Women Population: 772,000

Young Women PLHIV: 66,000

Young Men Population: 1.6 million

Young Men PLHIV: 48,000

Young Women Population: 1.6 million

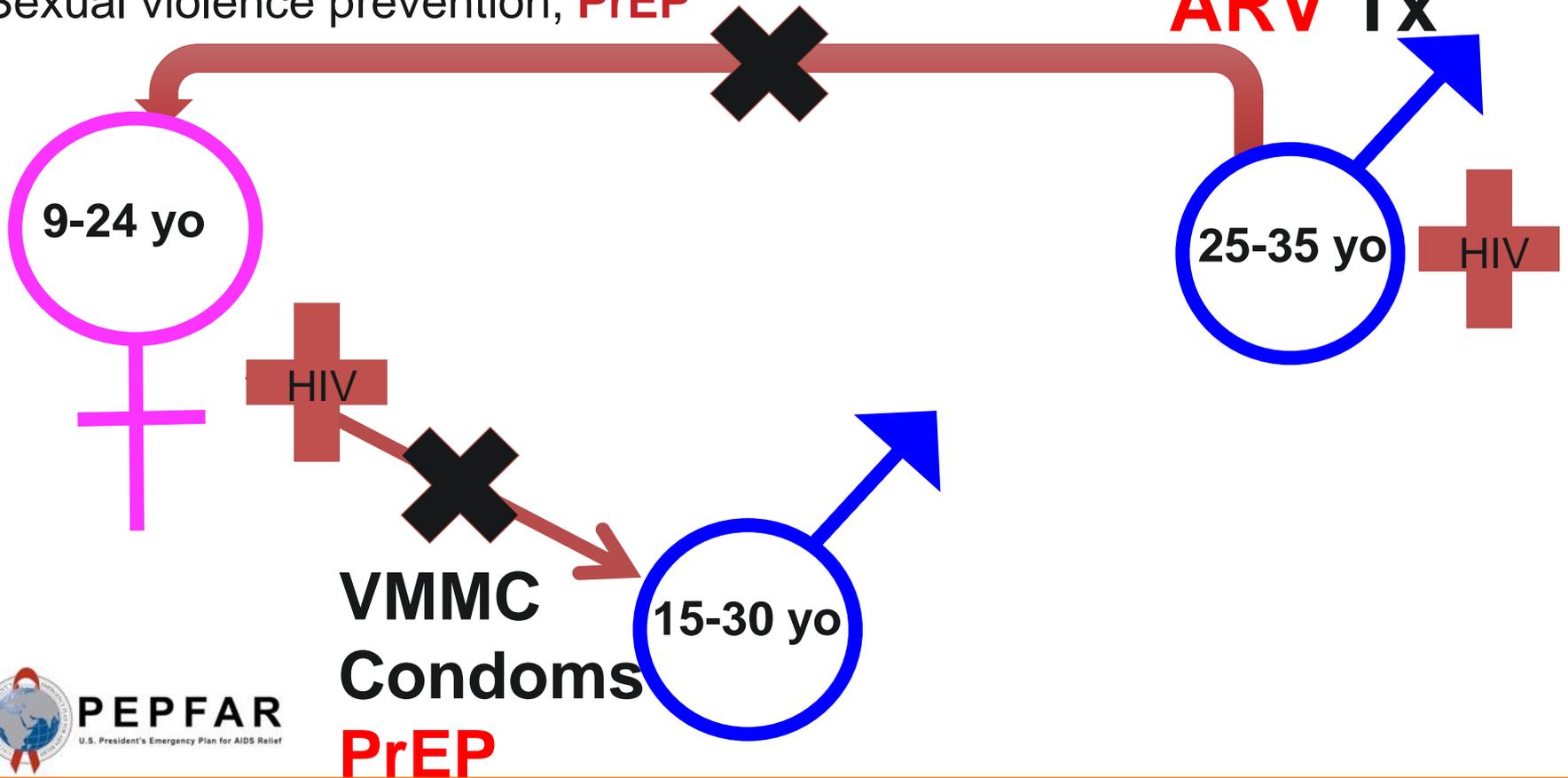
Young Women PLHIV: 77,000

GAP : Prevention and treatment Services for Young Men AND Adolescent Girls & Young Women

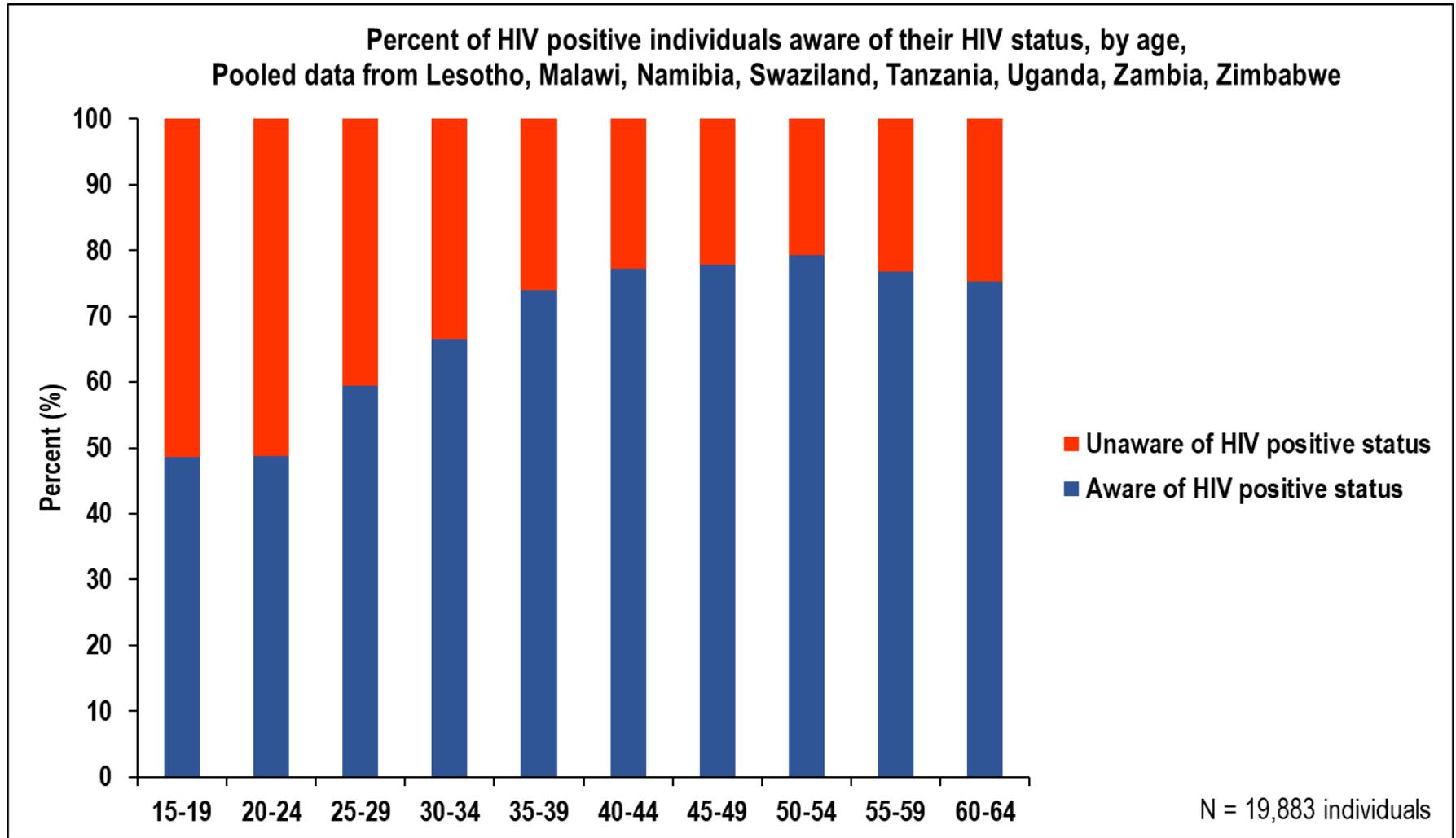
Young Women
DREAMS

Risk avoidance and reduction
Sexual violence prevention, **PrEP**

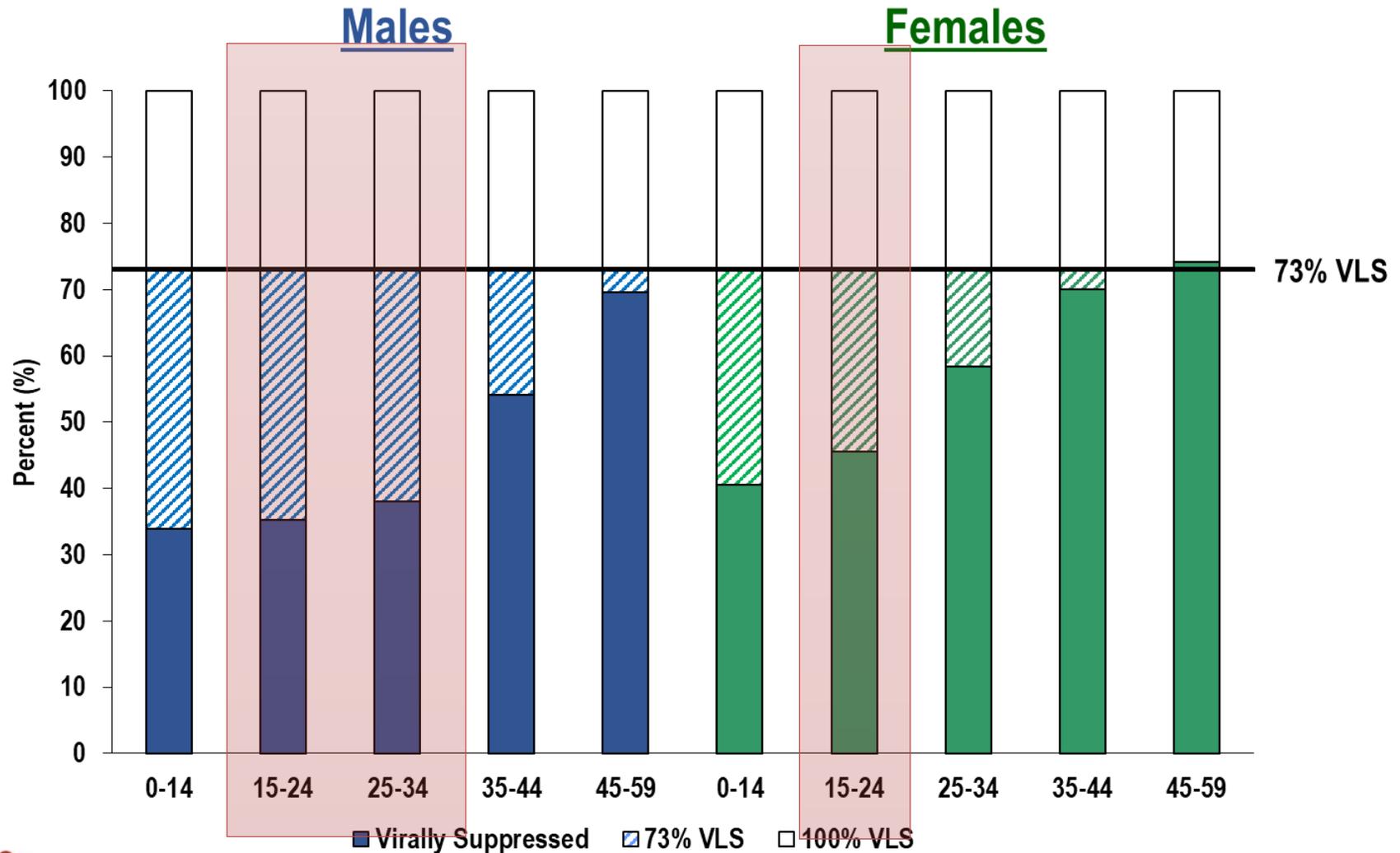
Well Men
HIV Dx and ARV Tx



Who knows their status and who doesn't



Who is and who isn't virally suppressed



What is DREAMS?

Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe

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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

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PEPFAR DREAMS : the commitment remains both in funding and in focus

| | Year 1 | Year 2 | Year 3 (COP 17) | Year 4 (Planned COP 18--TBC) |
|-----------------------------|--------------------|--------------------|--------------------|------------------------------|
| DREAMS | | FY17 | FY18 | FY19 |
| Kenya | 19,742,670 | 19,742,670 | 29,242,670 | 29,242,670 |
| Lesotho | 7,017,660 | 7,017,660 | 10,017,660 | 10,017,660 |
| Malawi | 7,017,790 | 7,017,790 | 7,017,740 | 7,017,740 |
| Mozambique | 10,195,770 | 10,195,770 | 10,195,770 | 10,195,770 |
| South Africa | 33,323,381 | 33,323,381 | 33,323,381 | 33,323,381 |
| Swaziland | 5,009,695 | 5,009,695 | 5,009,695 | 5,009,695 |
| Tanzania | 8,163,178 | 8,163,178 | 18,163,178 | 18,163,178 |
| Uganda | 15,717,403 | 15,717,403 | 15,717,403 | 15,717,403 |
| Zambia | 8,124,208 | 8,124,208 | 13,124,208 | 13,124,208 |
| Zimbabwe | 10,310,785 | 10,310,785 | 15,310,785 | 15,310,785 |
| DREAMS Innovation Challenge | | 80,000,000 | | |
| DREAMS-like | | | | |
| Botswana | | | 4,792,016 | 4,792,016 |
| Cote D'Ivoire | | | 10,000,000 | 10,000,000 |
| Haiti | | | 2,000,000 | 2,000,000 |
| Namibia | | | 10,000,000 | 10,000,000 |
| Rwanda | | | 5,000,000 | 5,000,000 |
| Total | 124,622,540 | 204,622,540 | 188,914,506 | 188,914,506 |

Determined

Resilient

Empowered

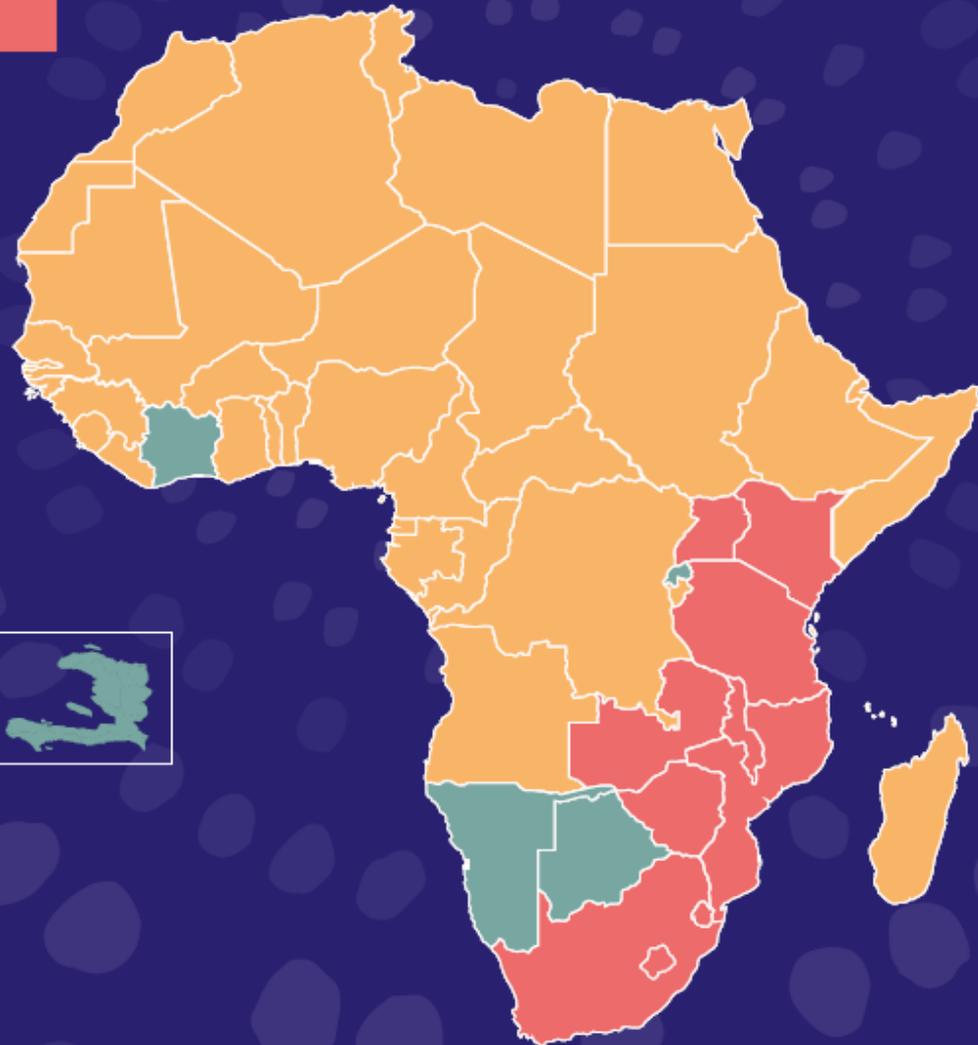
AIDS-Free

Mentored

Safe

15 DREAMS COUNTRIES

-  Botswana
-  Cote d'Ivoire
-  Haiti
-  Kenya
-  Lesotho
-  Malawi
-  Mozambique
-  Namibia
-  Rwanda
-  South Africa
-  Swaziland
-  Tanzania
-  Uganda
-  Zambia
-  Zimbabwe



ORIGINAL
NEW

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Our Priorities for Adolescent Girls and Young Women

Keep them HIV FREE

Support them to:

- Stay in school
- Prevent early pregnancies
- Prevent sexual violence
- Post violence care
- Reduce child marriage



Photo credit: USAID/Carole Douglass

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The Core Package



Parenting/
caregiver
Programs



Mobilize
Communities for
change

Community Mobilization
& Norms Change

School-Based
Interventions

Reduce Risk
of **Sex
Partners**

Empower
**Girls & Young
Women**
and reduce risk

Strengthen
Families

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)

DREAMS Monitoring & Impact Evaluation:

How will we know if we
are successful?

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DREAMS Logic Model to reduce New HIV Infections among Adolescent Girls and Young Women

Epidemiologic Context

AGYW vulnerabilities

(Potential determinants include age, education, economic vulnerability, violence victimization, social isolation, lack of empowerment, child marriage)

Male partner risk

(Potential determinants include age, age disparity with AGYW, education, economic vulnerability, adherence to harmful gender norms, untreated HIV infection, uncircumcised)

Family/Community risk

(Potential determinants include family economic vulnerability, harmful community norms on gender and violence, high HIV prevalence, high violence prevalence)

Interventions

Adolescent-Friendly Health Services

- Condom promotion
- HTC & linkage
- PrEP
- Post-violence care
- Contraceptive mix expansion

Social Protections for AGYW & their families

- Cash transfers + financial literacy
- Education Subsidies
- Combination Socio-Economic supports
- Violence reduction programs

Targeting male sex partners

- Review demographic information in surveys
- Target ARTs, VMMC and condoms to males who fit sexual network partner profiles

Community Strengthening

- Parent/caregiver programs
- School-based HIV/violence/gender education
- Community mobilization, prevention & norms/perception change

Program

Improve AGYW Health Services

- Increase # condoms
- Increase # HTC
- Increase # linked to service
- Increase # initiated on PrEP
- Increase # receiving post violence care
- # FP sites with expanded method mix

Improve AGYW & family assets

- Increase # AGYW or families receiving education subsidies or other social protection

Improve male sex partner participation in ART/VMMC

- Increase # of males on ART who fit sexual network partner profile
- Increase # of males provided VMMC who fit sexual network partner profile

Improve Family / Community Support

- Increase # withparenting intervention
- Increase # receiving school-based HIV / violence prevention and gender sensitization
- Increase # receiving community-based HIV & violence interventions
- Increase # of AGYW and families receiving cash transfer

Program Outcomes

AGYW aged 15-24

- Decrease sexual risk
- Reduce # of pregnant 15-24 with HIV + status
- Reduce maternal mortality
- Decreased unplanned pregnancy
- **Reduce rates of violence victimization**
- Increase empowerment/agency

Increased assets for AGYW & their families

- Increased access to money in an emergency
- **Increased educational attainment for girls**

Male Partners

- Increased favorable attitudes toward gender equity
- Reduce rates of violence perpetration

Family/Community

- Improved family interactions
- Increased community mobilization/commitment to prevent HIV in AGYW
- Improved gender & violence-related norms
- Improve health and economic outcomes for families

Program Impact

Reduce New HIV Infections



Monitoring DREAMS Implementation

How well are we implementing DREAMS?

- Are we reaching targets?
- Are we reaching the right AGYW?
- Are we successfully layering the interventions?

Data Sources & Studies

- PEPFAR MER indicators reported on quarterly, semiannual or annual basis
- Narratives in semiannual and annual reporting systems
- Population Council implementation science projects



DREAMS Implementation Science

(funded by the Bill & Melinda Gates Foundation)

The Population Council is conducting **implementation science studies**. The data gathered from these studies will be used for policy recommendations and program improvements to better serve the AGYW population. The Population Council studies will focus on the following three areas.

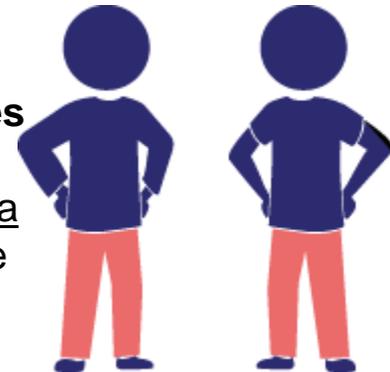
1. Identifying, linking, and retaining vulnerable AGYW in programs

- Leading the studies in Kenya and Zambia
- Providing technical assistance in Malawi



2. Reaching AGYW's male partners and linking them to HIV services

- Leading the studies in South Africa, Swaziland, and Uganda
- Providing technical assistance in Malawi



3. Introducing PrEP among AGYW

- Leading the PrEP study in Tanzania
- Providing technical assistance in Uganda



Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe



Evaluating Impact of DREAMS

Is DREAMS making a difference?

- Is there a reduction in new infections among females 15-24 in DREAMS geographic locations?
- Are there changes in other outcomes, important to the lives of young women?
 - e.g. secondary school enrollment and completion, violence, <18 and unwanted pregnancy)?

Data Sources & Studies

- **For questions on impact/changes in incidence**
 - Directly observed changes in incidence through special studies
 - Modeling
 - Lag Avidity (recency) testing
- **For questions on intermediate outcomes – Survey Data; Administrative Data**
 - Survey data (PHIAs, VACS, DHS, OVC essential surveys)
 - Administrative data (School enrollment and matriculation data by sex and age, Pregnancy rates by age)



DREAMS Impact Studies

(funded by the Bill & Melinda Gates Foundation)

The **London School of Hygiene and Tropical Medicine (LSHTM)** is conducting impact evaluations of DREAMS in Kenya, South Africa and Zimbabwe.

Question being asked include:

- What is the impact of the combined DREAMS package on HIV infection rates and other key outcomes among AGYW and their male partners?
- What is the impact of a DREAMS package which also includes an offer of oral pre-exposure prophylaxis (PrEP) to the highest risk AGYW?
- Through what pathways does DREAMS affect the health, education and social well-being of adolescent girls and young women?

General approach to these studies includes:

- Leverage existing surveillance platforms & ongoing studies
- Directly measure change overtime
- Track area-level measures of DREAMS, for a dose-response
- Use of GIS for cluster comparison
- Aim for good program data by area
- Measure individual level exposure to DREAMS, through nested cohorts
- Interpret all of the above with in-depth qualitative and process evaluation

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Modeling 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

Achievements

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Photo: Rose Mutisya/USAID Kenya

The **DREAMS** Partnership
has reached more than

2.5 million

**ADOLESCENT GIRLS
AND YOUNG WOMEN**

with critical comprehensive HIV
prevention interventions



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DREAMS Story Map

Where DREAMS Happen

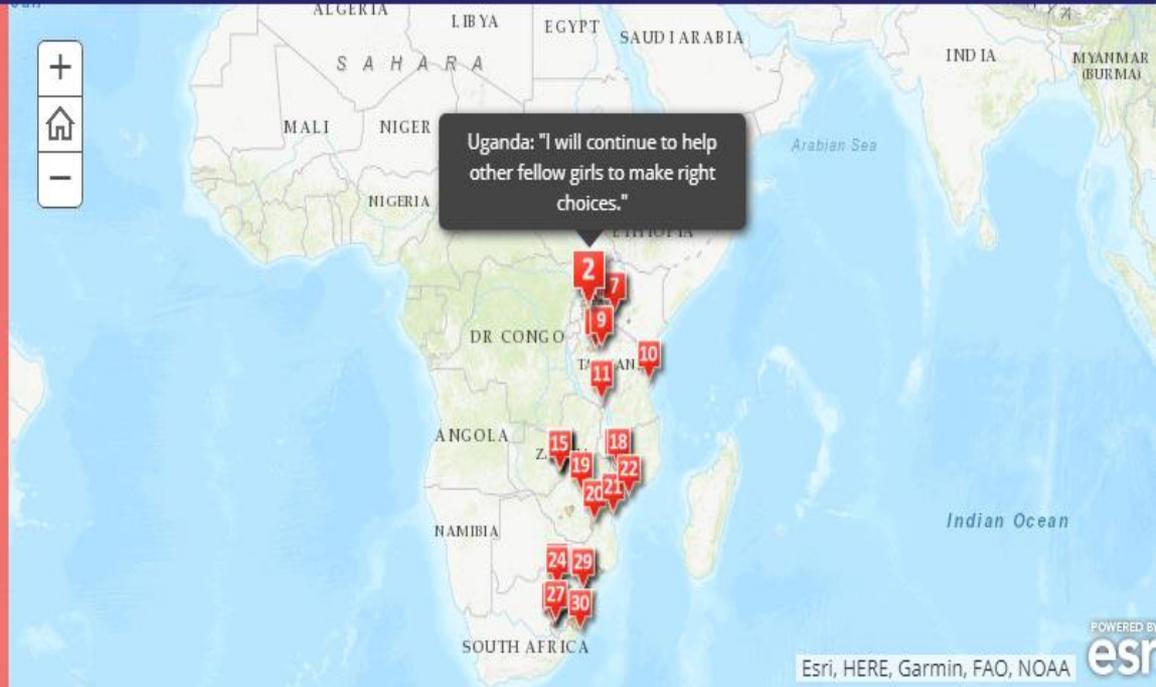
A DREAMS story map   

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



1 Uganda: Sparked Women



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



3 Uganda: Being safe is



4 Kenya: Alice, a Community



5 Kenya: "My dream is to



6 Kenya: "We have become



7 Kenya: Pre-exposure



8 Tanzania: Building



DREAMS Results

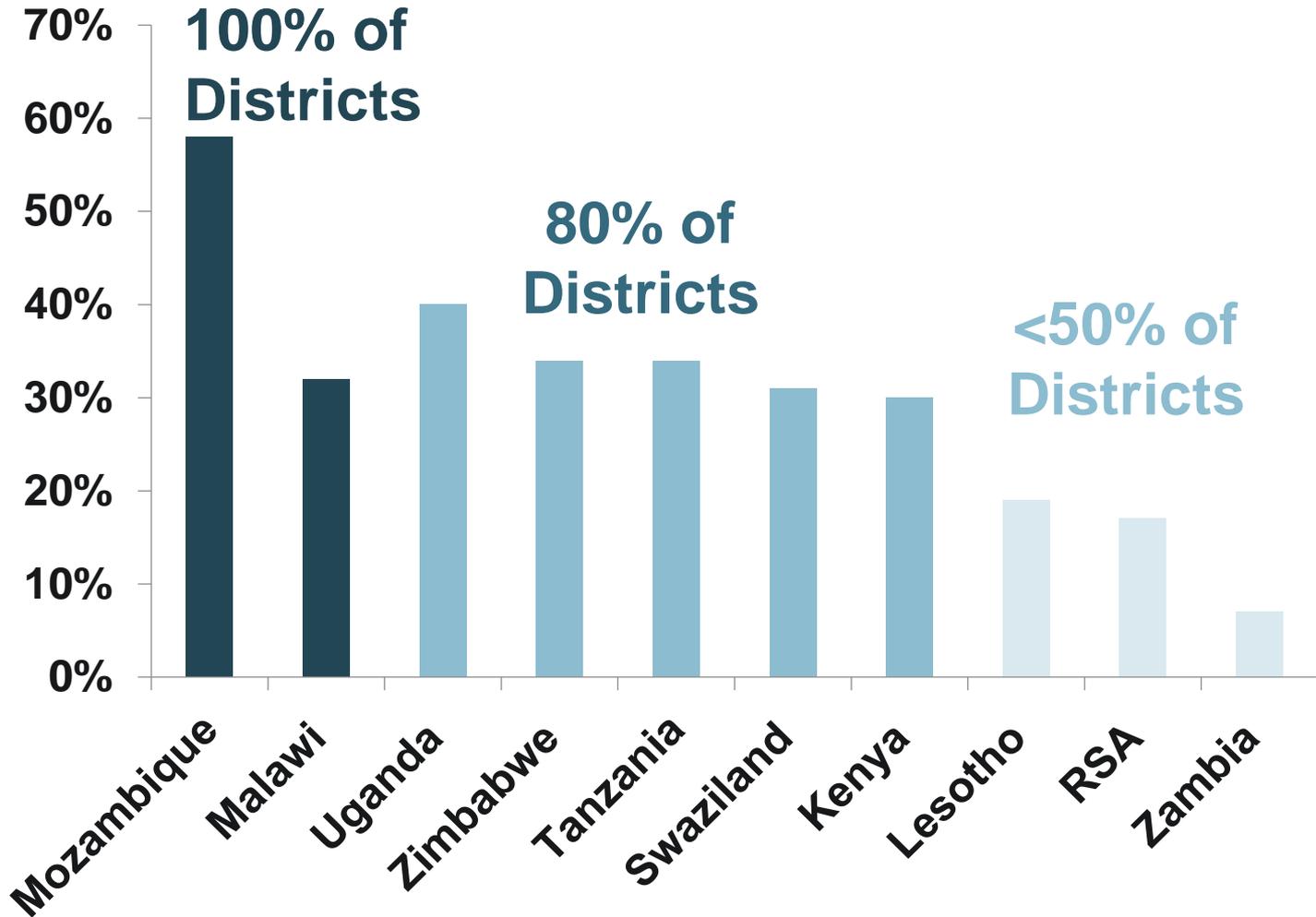
World AIDS Day, 2017

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.



DREAMS Programming Impact

Group by percent of districts in each country with a greater than 25% decline



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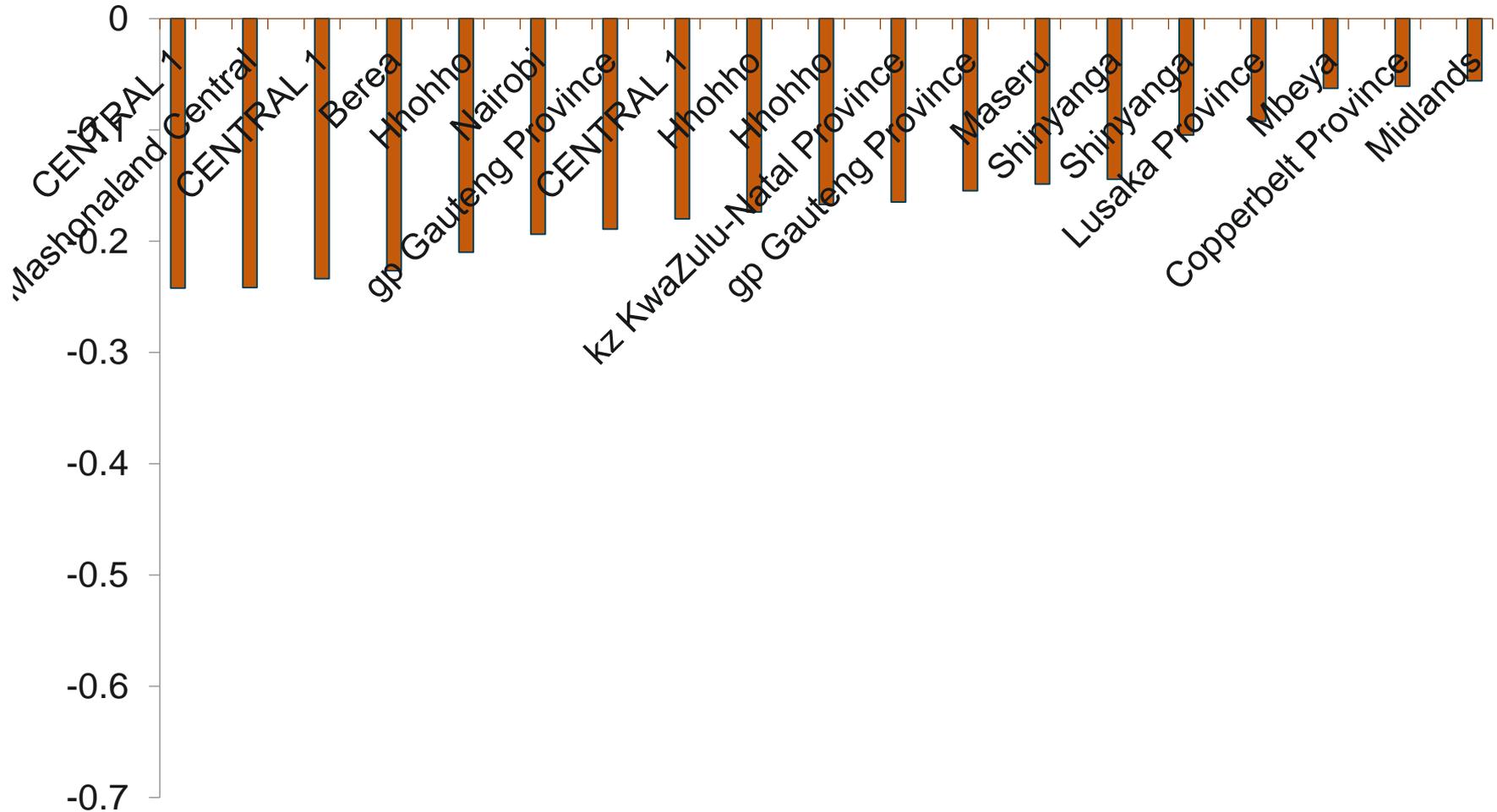
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Districts <25% declines (1/3rd)



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What we have learned and the questions that remain

- Comprehensive prevention interventions work – most of the time in most of the places for adolescents and young women
- We are sending teams into 6 countries—1 where all districts had a >25% decline, 3 with mixed results, and 2 where all districts had a <25% decline
 - Duration of full implementation 10 vs 22 months may have some impact – still evaluating
 - Number of activities did not matter – but relooking at age banded activities and vulnerability mapping



Potential reasons why the impact was less than that are being explored

- Urban areas vs. peri-urban or rural areas?
- Districts where secondary schooling is free?
- Less fidelity to the optimized program implementation?
- Cultural differences?
- Opportunities and options for young women?
- Differential VMMC and treatment coverage for young adult men?
- Geographic coverage of DREAMS activities within DREAMS districts?

The Evolution of DREAMS:

Using data to
determine
future directions



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Moving Forward: DREAMS Geographic Expansion

- Limited expansion
 - No expansion for expansion's sake
 - No expansion if progress limited and needs to be improved
- Based on district level data:
 - Progress towards impact
 - Saturation of programming with vulnerable AGYW
 - Epidemiologic data shows need in expansion area

Early Sexual Debut

AND

Sexual Violence

**Are associated with
each other**

AND

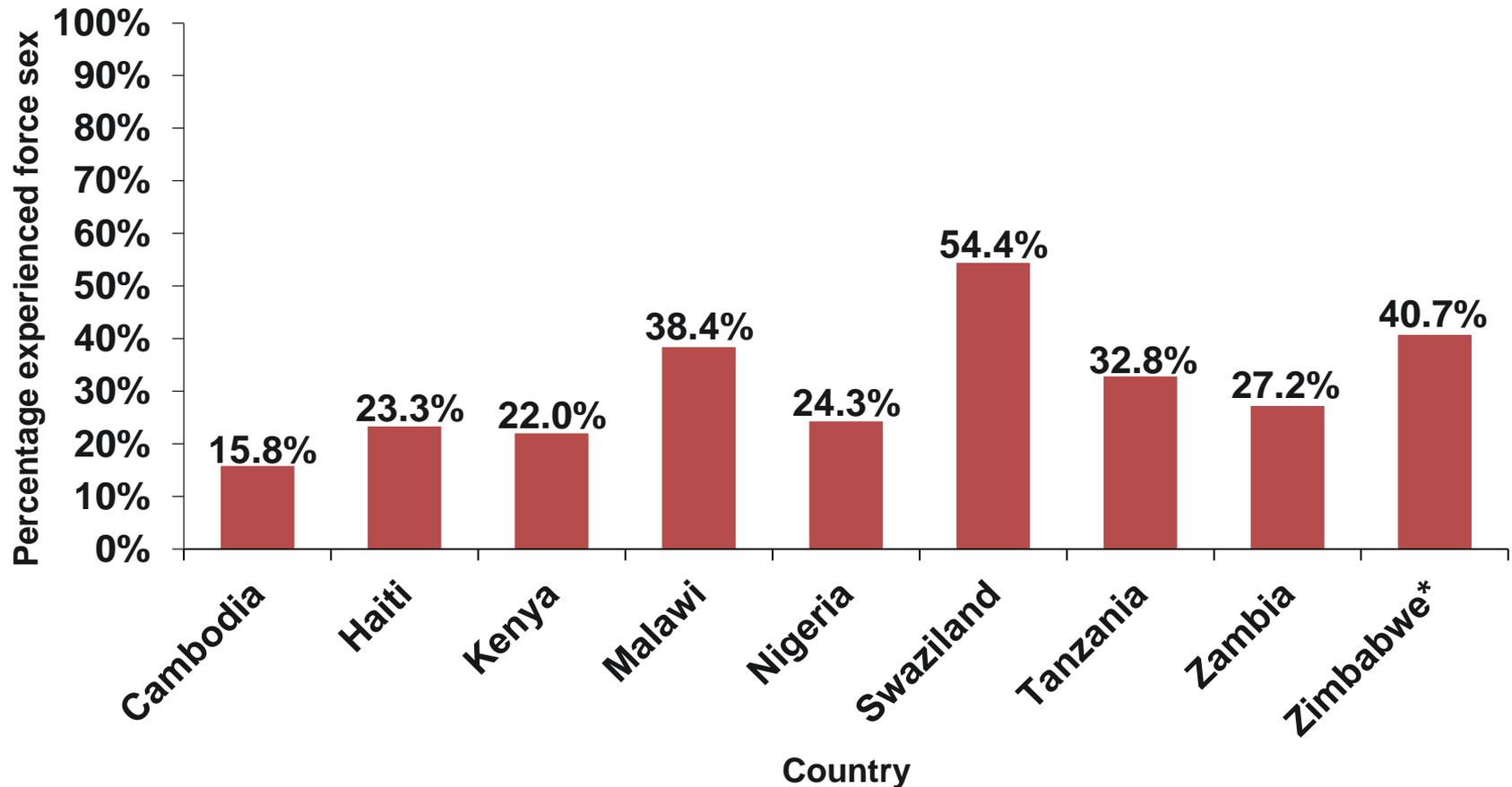
With risk for HIV



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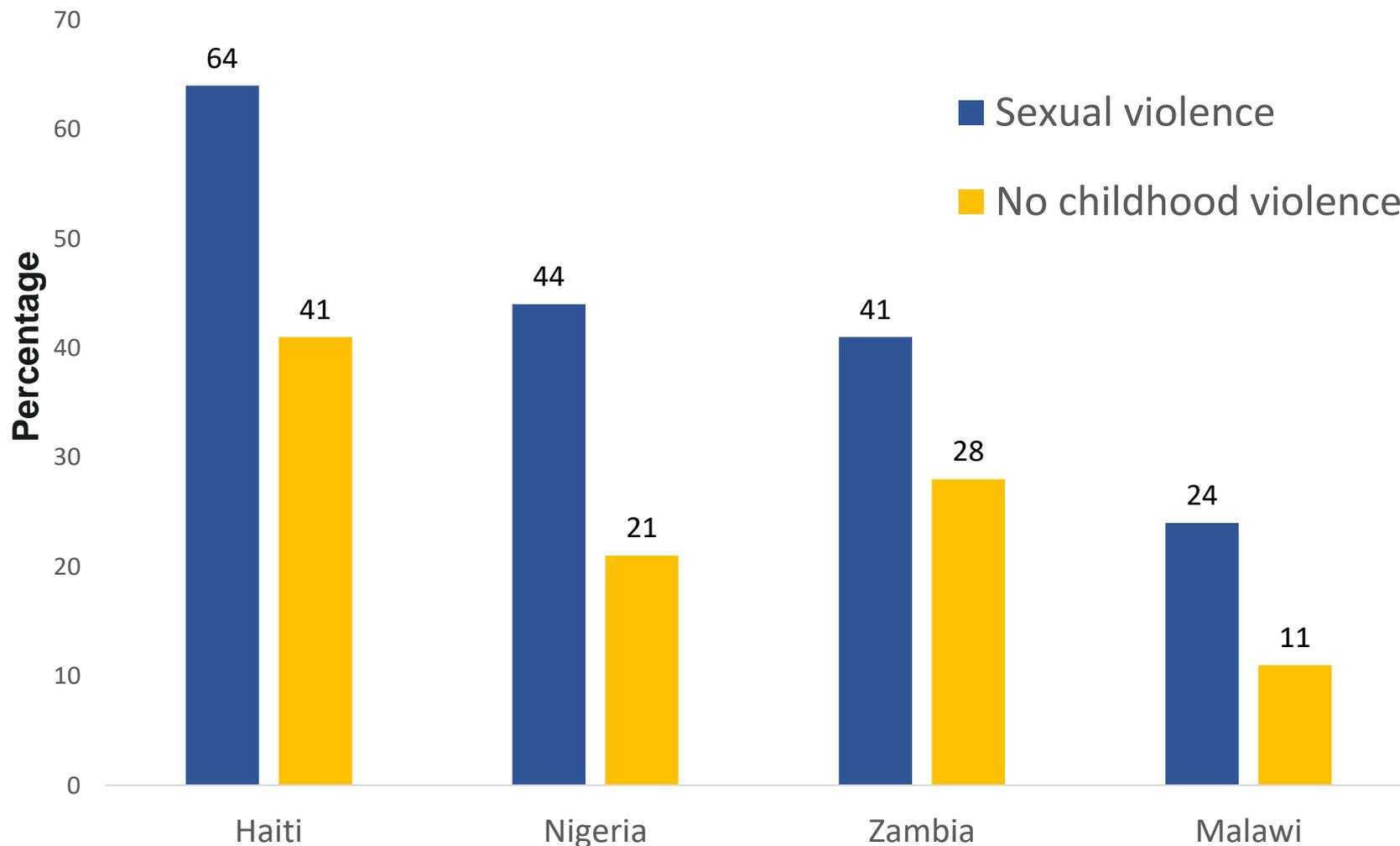
Percentage of 13-24 Year Old Female Respondents Who Reported First Sex as Forced/Coerced



Source: (VACS),
2016

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

Childhood sexual violence associated with increases in young adult sexual risk behaviors: Infrequent condom use past 12 months among sexually active youth, VACS



Source: (VACS), 2016

Early Results from PHIAS

Age at first sex and HIV

6 countries

Pattern same in all countries

Those who have sexual debut <15 have higher rates of HIV than those who begin sex after 15

- Country Example – Malawi*
 - **9.2%** HIV prevalence among those who first had sex <15
 - **3.8%** HIV prevalence among those who first had sex >15

* Source: Population-based HIV Impact Assessments (PHIAs)

Prevention 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

Prevention for 9-14 year olds

Countries & Platforms

Countries required to implement

- 15 DREAMS countries
- Other high-burden countries

Platforms

- **DREAMS programming (Determined, Resilient, Empowered, AIDS-free, Mentored, Safe)**
 - OUs with DREAMS funding must ensure that programs to help youth avoid sexual risk are part of the package for 9-14 year olds
- **OVC programming (Orphans and Vulnerable Children)**
 - OUs in other high burden countries must also consider implementing these programs for boys and girls 9-14 years of age
 - OVC platforms must be leveraged for this purpose for programming



Thank You!



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DREAMS Geographic Expansion

| Country | Original SNUs (COP15-16) | COP17 Expansion | COP18 Expansion |
|---------------------|---|---|---------------------|
| Kenya | Homa Bay, Kisumu, Nairobi, Siaya | Migori, Mombasa, Kiambu | |
| Lesotho | Berea, Maseru | Increase coverage within current SNUs | |
| Malawi | Machinga, Zomba | Blantyre | |
| Mozambique | Chokwe, Cidade de Beira, Cidade de Quelimane, Cidade de XaiXai, Distrito de Xai-Xai | Nicoadala | Namaacha, Matutuine |
| South Africa | City of Johannesburg, Ekurhuleni, eThekwini, uMgungundlovu, uMkhanyakude SD | Increase coverage within current SNUs She Conquers National Campaign | |

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DREAMS Geographic Expansion

| Country | Original SNUs (COP15-16) | COP17 Expansion | COP18 Expansion |
|-----------|---|---|---|
| Swaziland | 20 SNUs | Increase coverage within current SNUs | |
| Tanzania | Kahama TC, Kyela DC, Mbeya City Council, Msalala DC, Shinyanga MC, Temeke MC, Usehtu DC | Increase coverage within current SNUs | Dropping Temeke MC Adding Kagera-Muleba & Shinyanga-Shinyanga DC |
| Uganda | Bukomansimbi, Gomba, Gulu, Lira, Mityana, Mubende, Mukono, Oyam, Rakai, Ssembabule | Lwengo, Lyantonde, Agago | Luwero, Apac |
| Zambia | Lusaka (11 sites) Ndola (5 sites) Chingola (4 sites) | Kitwe, Kabwe, Kapiri Mposhi, Chipata, Livingstone | |
| Zimbabwe | Bulawayo, Chipinge, Gweru, Makoni, Mazowe, Mutare | Increase coverage within current SNUs | |

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