The DREAMS Partnership: The rationale for the DREAMS Partnership, achievements to date, and noteworthy lessons learned along the way.
Why DREAMS?
HIV Prevalence by Age & Sex  Swaziland

<table>
<thead>
<tr>
<th>Age (years)</th>
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<th>Female</th>
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<td>5-9</td>
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<tr>
<td>65+</td>
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HIV Prevalence (%)
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

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
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

9-24 yo

25-35 yo

HIV

VMMC
Condoms
PrEP

15-30 yo
Who knows their status and who doesn’t

Percent of HIV positive individuals aware of their HIV status, by age,
Pooled data from Lesotho, Malawi, Namibia, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe

N = 8,071 individuals

*Self-reported awareness of HIV status was corrected using detectable ARV data for Malawi, Zambia, Swaziland, and Uganda. ARV data are not yet available from Lesotho, Namibia, Tanzania, and Zimbabwe.
Who is and who isn’t virally suppressed

*Pooled data from Lesotho, Malawi, Namibia, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe from PHIA projects.
What is DREAMS?
Determined
Resilient
Empowered
AIDS-Free
Mentored
Safe
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
PEPFAR DREAMS: the commitment remains both in funding and in focus

<table>
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<th>Year 1 (FY17)</th>
<th>Year 2 (FY18)</th>
<th>Year 3 (COP 17)</th>
<th>Year 4 (Planned COP 18–TBC)</th>
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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 Dougis
The Core Package

- Mobilize Communities for change
- School-Based Interventions
- Community Mobilization & Norms Change
- Additive Funding VMMC
- Additive Funding TX for Men
- Reduce Risk of Sex Partners
- Strengthen Families
- Empower Girls & Young Women and reduce risk

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)

Parenting/ caregiver Programs
DREAMS Monitoring & Impact Evaluation: How will we know if we are successful?
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 interventions

**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 # with parenting 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
- Decrease 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
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**
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)
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
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
The **DREAMS** Partnership has reached more than 2.5 million **adolescent girls and young women** with critical comprehensive HIV prevention interventions.
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."

Hadjiah is a mother of four children, living in Mityana district. She dropped out of school after becoming pregnant with her first child. Hadjiah'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.
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

- **100% of Districts**
  - Malawi

- **80% of Districts**
  - Mozambique
  - Uganda
  - Tanzania
  - Swaziland
  - Kenya
  - Lesotho

- **<50% of Districts**
  - RSA
  - Zambia
Districts with > than 25 % declines (2/3rd)
Districts <25% declines (1/3rd)
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 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
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
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!
# DREAMS Geographic Expansion

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<thead>
<tr>
<th>Country</th>
<th>Original SNU (COP15-16)</th>
<th>COP17 Expansion</th>
<th>COP18 Expansion</th>
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<tbody>
<tr>
<td>Kenya</td>
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<td>Migori, Mombasa, Kiambu</td>
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<td>Namaacha, Matutuine</td>
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# DREAMS Geographic Expansion

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<td>Adding Kagera-Muleba &amp; Shinyanga-Shinyanga DC</td>
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### DREAMS-Like Countries added in COP17

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