HIV Prevention with Adolescent Girls and Young Women (AGYW)
Geneva, 8-9 May 2018

SUMMARY OF DISCUSSIONS, RECOMMENDATIONS AND ACTION POINTS

Opening remarks

Tim Martineau, UNAIDS DXD ai, thanked all participants for their attendance and highlighted the complementary roles of the different stakeholders present. He stressed that working towards agreement on geographic and demographic priorities, definitions of programme packages for AGYW as well as ways to scale up and measure programme coverage for AGYW will be key as we move forward with an intensified effort towards comprehensive programme implementation. He also alluded to the timeliness of the meeting in terms of sending a signal to potential funders of HIV AGYW programmes on how we jointly are ensuring alignment and harmonization to ensure the most impact for the investment in prevention. There has been significant progress with the implementation of the 100-day plans as part of the Global Prevention Coalition and that we now need to push forward in terms of the implementation of the Roadmap of which HIV with AGYW is one key pillar.

Expected outcomes

Expected outcomes of the meeting were:

1. A common understanding of geographical pattern of HIV incidence and the number of adolescent girls and young women at risk, and consensus on geographic priorities for HIV prevention programmes
2. Agreement on standard service packages for different epidemiological settings programs, taking into account minimum needs and the scalability of existing projects
3. A better understanding of the role of different partners in supporting key policy and structural actions required for effective HIV prevention and SRHR programmes among AGYW and their partners
4. Recommendations for strengthened approaches to monitoring and evaluation of HIV prevention among AGYW, including agreement on next steps to ensure monitoring against standard indicators and targets
5. Proposed steps to strengthen national stakeholder coordination mechanisms

Reaching the highest incidence locations and populations

Presentations by UNAIDS, PEPFAR, Global Fund and UNICEF have been shared and are available in the meeting drop box:
https://www.dropbox.com/sh/kor8lm4vq6fm7un/AACo_pkQ5WEiJ1Fwm2BeRw0Ha?dl=0
They provided an overview of HIV prevalence and incidence patterns based on a rapid review of DHS+ surveys followed by presentations on geographical prioritization from PEPFAR, Global Fund and UNICEF colleagues, with a summary provided by BMFG.

Key points from the discussion included:

- HIV incidence and prevalence among AGYW have declined in many settings but are still high. There is opportunity for further increased socio-demographic focus of prevention programmes based on a more granular analysis.
- Overall there seems to be good geographic alignment of donor funded partners programmes with HIV incidence locations, with key partners complementing each other in the selection of

districts, but there is still a wide range in coverage of national programmes (between 10 and 100 % of high incidence districts covered).

- In some countries like Uganda and Zimbabwe, geographic coverage of programmes is not fully aligned with areas with highest estimated incidence.
- Some recent PHIA data suggests that HIV incidence among women peaks in the 25-34 year age group, while there is often only limited programmatic focus on this age group.
- There are also challenges in West Africa, e.g. in countries like Ghana and DRC, as the extent of the epidemic among AGYW remains somewhat unclear.
- The existing UNAIDS AGYW incidence maps derived from spectrum estimates, will be updated based on new data, and countries will be engaged following the updated desk review. (presentation available in meeting drop box, folder 1)
- There is need to look at coverage in a more granular fashion, as there might be major gaps at sub district level which may be creating a false or skewed picture of coverage.
- The issue of migration and programme coverage in border areas and other hotspots is also critical to be considered, as it might not be captured by current district level analyses.
- It is only partially clear whether and to what extent current programme intensity is aligned to incidence levels.
- Investing in the highest burden districts will be key to ensure maximum efficiency

Proposed next steps

- Update sub-national incidence maps based on 2018 data (UNAIDS HQ)
- Review HIV AGYW incidence data in selected West African countries (UNAIDS HQ)
- Engage countries in dialogues around geo-spatial analysis of HIV incidence for AGYW & male partners and work towards developing a more granular mapping of high, very high and extremely high HIV incidence locations, including identification of hotspots (all partners, consultants).
- At country-level, develop a consensus estimate of the number of locations and the number of adolescent girls, young women and male partners at high risk to be reached with programs (national HIV AGYW working groups)
- Within locations agree on whom to reach (age 15-24, or 15-29, male partners' profile – age 20-34 or different based on local factors–, socio-demographic and behavioural aspects) based on demographic analysis and use of available risk assessment tool, and estimate numbers to be reached (local HIV and AGYW programmes and stakeholders)
- Update and refine tables of coverage of sub-national areas with HIV prevention program components and adolescent girls, young women and male partner populations segments (national M&E staff)
    - which locations are covered ;
    - which sub-populations in these locations are covered (e.g. by age and gender, in-school, out-of-school etc.);
    - which components of the prevention package are currently provided;
    - who covers & funds which components and which sub-populations (government, PEPFAR, GF, bi-lateral, civil society).
- Based on improved and shared data, establish and address overlaps and gaps in the high, very high and extremely high incidence locations (M&E staff).
- Map investments/coverage from other sectors like education, broader SRH investments, major initiatives on GBV, child marriage and social protection starting with the high, very high and extremely high incidence locations (national HIV AGYW working group).

Basic platforms and minimum and expanded HIV prevention packages

An introductory presentation provided the background to HIV prevention with AGYW as one pillar in the primary prevention road map, and how the UNAIDS guidance document on combination prevention among AGYW presents an options' menu to guide the definition of packages of interventions combining biomedical, behavioural and structural interventions.

Key points from the discussion

- There is a need for the standardization of combination prevention intervention packages for AGYW including male partners, to facilitate and ensure systematic implementation and the monitoring of progress in terms of increased program coverage and attributable impact.
- There is also agreement that program package elements and intensity should differ according to incidence level.
- Harmonising approaches and key indicators among different agencies will have the potential for joint monitoring and efficiency gains.
- Standard health facility and school-based service platforms providing basic Sexual and Reproductive Health (SRH) and HIV prevention services and comprehensive sexuality education (CSE) should be available country-wide but may not necessarily be HIV donor funded. Apart from basic SRH including family planning and CSE, wider non HIV-specific government programmes and development partner interventions may include social protection and economic empowerment measures e.g. to keep girls in schools and programmes to address early marriage and gender-based violence.
- Specific points were made with regards to how to reach adolescent mothers and addressing HIV risk during pregnancy, and that first sex is often forced or coerced, as shown by Violence against Children (VAC) surveys. Prevention packages for 9-14 year old girls and adolescent mothers need to be shaped taking this into account.
- **In high-HIV incidence settings, an expanded and intensified HIV prevention package for AGYWs** should be delivered through community-based approaches, and include peer outreach, community action like SASA or Stepping Stones, condom distribution, and HIV testing and referrals. In extremely high incidence settings, and supported by additional risk assessment and profiling, this should be complemented with PrEP delivery at community level and additional economic empowerment.
- DREAMS provides a very comprehensive HIV prevention package as well as contextual health and social support interventions; countries may lack the required resources to scale up this package.
- Malawi has differentiated high, medium and low burden districts, but is grappling with how to identify and target high risk AGYW in low burden districts. They have developed a comprehensive service package with resource mapping and M&E framework across different development sectors including education, health, gender and social services, though it remains unclear to what extent AGYW are being reached through basic platforms or with an intensified packaged delivered through outreach.
- eSwatini shared experiences on risk assessments as an entry point for referral to differentiated programme packages.

Actions and next steps

- There is a need for all stakeholders to clearly define their approach and their contributions to either strengthening basic health service and education sector platforms and/or the delivery of intensified HIV prevention packages in the community or both (all).
- The planned Global Fund information note review should reflect that HIV prevention would be integrated into existing health and education programmes in all locations (including those with low and moderate incidence), while HIV prevention-specific investments would focus on intensified outreach of combination prevention programmes in locations with high HIV incidence (Global Fund).

- Further guidance on basic programme platforms and AGYW intensified packages based on incidence should be shared with NAC managers and national counterparts, for instance in a dedicated consultation in fall (UNAIDS, Global Fund, others).
- The organization and provision of technical assistance for HIV prevention with AGYW should follow the described approach and make a distinction between the provision of TA for SRH services for AGYW countrywide and intensified programming in high-incidence settings (UNAIDS, UNFPA, UNICEF, PEPFAR, others).
- UNICEF indicated that they are elaborating a programme mapping tool and will consult with other stakeholders on its the finalisation and implementation (UNICEF).

Summary of group presentation Day 2

Can we agree on platforms and basic packages for HIV prevention in high incidence locations?		
Locations	**Components**	**Priority populations**
All locations including low and medium incidence settings (0.0 – 0.3)	Delivered on a facility-based and school-based platform • Access to SRH services (contraception, maternal health, GBV, STIs …) • Access to basic HIV services (HIV testing, ART, condoms, VMMC & related counselling) • National-level HIV communications (SBCC/ demand generation through information materials, social marketing, electronic & new media …) • Access to primary and secondary education including comprehensive sexuality education • Youth-friendly health systems *Only partially funded from HIV response budget*	• Population of reproductive age • PLHIV and people who seek prevention services • Defined priority populations for specific themes/ services • Adolescents in and out-of-school • Young people
High incidence (0.3-1.0) *(in addition to the above)*	Delivered through community and other non-health platforms: • Interpersonal HIV prevention (structured interventions: eg Stepping Stones, SASA!, demand generation for services) • Outreach services (condom distribution, HTS including prevention counselling, very focused PrEP,) • Selected social support (eg. keeping girls in schools, economic empowerment) *Mostly funded from HIV response budget (except social support)*	Analyze risk profiles and focus on adolescent girls, young women and male partners at high risk
Very incidence (1.0-2.0)	Same as above	Same as above but with expanded coverage
Extremely high incidence (2.0+)	Same as above	All or virtually all adolescent girls, young women and male partners within the high-incidence location/ district

Priority Policy Actions

An introductory presentation was provided by UNICEF based on a UNFPA/UNICEF review on how national laws and policies protect or impede the rights of adolescents and young people to access sexual and reproductive health information/services in Eastern and Southern Africa.

Key points from the discussion included:

- There are likely to be policy barriers for each of the components of AGYW packages.
- Some of the main policy actions that should be undertaken include:
    - Lowering the age of consent for accessing SRH and HIV services for both boys and girls,
    - Advance education sector policies, including comprehensive sexuality education, access to school-based SRH services and retention of girls during and after pregnancy
    - Address barriers to the introduction of PrEP

    - Develop men and boy's HIV prevention and SRH strategies
    - Task-shifting for certain clinic tasks, such as VMMC, PrEP, (emergency) contraception
    - Further review and identify policy actions for young adult women and their partners such as policies reducing spousal separation in mines or farms and policies facilitating access to pre-marriage testing and prevention counselling.

- Equally important as policy change is ensuring the implementation of new, more conducive policies and addressing potentially negative service provider attitudes.
- International Community of Women living with HIV (ICW) reminded the meeting that young women in all diversity still face a daunting set of barriers to accessing the HIV prevention, treatment, care and support services they need to live healthy and productive lives. AGYW should be able to enjoy their reproductive ability to get pregnant, and access prevention services during pregnancy both for mother and child, birth and breastfeeding.
- SRHR Africa Trust (SAT) shared examples of actions to address structural barriers for adolescent health and HIV prevention including school fee policies, violence against children both in schools and at home and restricted access to services and commodities.
- There is a need for developing men and boys' HIV and strategies, building on mappings already done by WHO, UNAIDS and UNFPA.
- There should be increased investments to ensure meaningful involvement and leadership by women and girls living with HIV as well capacity- building of AGYW- led responses.

Action points

- Further discuss education sector responses during the upcoming Global Prevention Working Group meeting in September (GPC Secretariat)
- Map (or use existing mapping) and agree on priorities for joint policy advocacy at country level, country-by-country (UNICEF, UNFPA, other stakeholders), starting with age of consent for sexual activity and for health services for access to policies and laws
- Maximize the use of existing UN policies and documents and mappings to develop strategic advocacy approaches (UN agencies)
- Assist countries in developing health and HIV for men and boys (beyond existing efforts to provide VMMC and test+treat) (UNAIDS, WHO, UNFPA)

Implementers and Monitoring

UNAIDS colleagues provided an overview of existing data collection related to HIV among AGYW. While there is standard reporting on knowledge and routine estimation of incidence (impact), there are gaps in AGYW programme monitoring partially because of a lack of standard indicators. Population Council staff presented on "Using Implementation Science to Strengthen HIV Prevention for Adolescent Girls and Young Women", while a colleague from the NAC in eSwatini provided a country example of AGYW programme monitoring including its complexity.

Key points from the discussion

- There is a need for stronger programme data collection to improve programme management. This should be complemented with survey data as appropriate.
- The current lack of agreed programme indicators hinders AGYW programme monitoring and the understanding of their coverage and of the link between programme implementation and impact.
- The need for or agreement on minimum package for high intensity programmes at community level the reach of which can be measured and reported using (a) common indicator(s) was re-stated.
- There are likely to be different implementers, with different AGYW population groups, at facility and community level. For instance, key population/sex worker CSO implementers would likely be different from AGYW outreach service providers.

- There was a call for limiting the number of community-based implementers in the same area that target the same group e.g. high-risk AGYW, to ensure a minimum package of services is systematically implemented, and to facilitate coordination with facilities, as well as monitoring and reporting.
- Layering, e.g. when different services are provided to the same individual AGYW at community and facility level, should be captured, and there was a call for increased efforts to use unique identifiers through whatever means (health cards, passports, codes, etc).
- Given that combination prevention programmes also address SRHR, data collection systems need to be aligned capturing specific HIV data (reached with Stepping Stones, provided condoms, enrolled in PrEP) within wider SRH and possibly adolescent health M&E.
- Within selected high-risk communities, additional assessments are needed to generate risk profiles (combining socio-demographic, knowledge, attitudes variables) for AGYW (& their male partners) for better identification of sub-populations who need to be reached with targeted outreach and programming.
- AGYW community programme monitoring is new, and we need to invest in sharing and learning in a systematic way. This includes sharing the ongoing implementation science to inform programming.

Actions and next steps

- Map and document AGYW programmes implemented by different stakeholders/implementing partners in selected sites to better understand which delivery systems are successful with reaching AGYW with recommended packages (UN agencies, PEPFAR, Global Fund, Population Council, others).
- Document experiences with different unique identifiers and programme implementation models (Population Council, others).
- Develop statistical methods to generate context-specific risk-profiles of AGYW (and their male partners) in select high-risk communities (Population Council, others).
- Establish steps and timelines to have new intensified programme AGYW coverage indicators accepted as part of the Global AIDS Monitoring (GAM) indicators (UNAIDS, GPC secretariat)
- Set up a group to develop and consult on the indicator(s) to be presented for inclusion in GAM (UNAIDS).

National and sub-national coordination

Representatives from the NACs in Malawi and Eswatini and the BMGF participant from Tanzania presented on country's experience with AGYW programme coordination, while UNFPA presented the lessons learnt from the UNFPA/UNAIDS LINKAGES project.

Key points from the discussion included:

- Leadership and accountability to promote and ensure robust coordination and implementation of AGYW policy and programmes across different sectors, at national and subnational levels, is critical. There may be a need for an HIV focal point/lead agency within the wider SRH coordination structure.
- Mapping of stakeholders at different levels needs to take into account the different implementers of facility-based and community-based services.
- There is a need for clear strategies, objectives, work plans, indicators and targets for SRH overall, individual sectors, and specific HIV programme components.
- The national lead agency together with key partners may want incentivize district level coordination, e.g. allocate resources according to jointly defined needs, jointly set targets and past performance.

Possible action points

- Map AGYW stakeholders and funding sources at national and sub-national levels prioritizing high incidence areas first. (countries with UNICEF, UNFPA, UNAIDS, others)

- Review currently existing national AGYW coordinating mechanisms, their composition, objectives and whether there is an HIV specific lead who oversees intensified HIV prevention programme implementation in high-incidence locations (UNICEF, UNFPA, UNAIDS, others), and share good practices in the African region.

Final reflections

The meeting was important milestone towards better organized responses to HIV among AGYW. With growing consensus among key stakeholders with regards to priority locations for AGYW HIV programming as well as basic platforms and intensified service packages, increased efforts will be needed to engage with stakeholders at national level, to address policy barriers and strengthen AGYW strategies, including by setting clear programme targets and improve monitoring. The definition of a community-based service coverage indicator and its inclusion in GAM will be critical. The systematic inclusion of young women in subsequent consultations is recommended.

Annex: Participant list

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