HIV Prevention Programmes with Adolescent Girls and Young Women

Harmonized approaches to implementation and the way forward; summary of discussions, recommendations and action points, Geneva, 30-31 January 2020
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Opening remarks

Shannon Hader, Deputy Executive Director Programmes, UNAIDS, thanked all participants for coming to the meeting and alluded to the fact that having so many people in the room is testament to the great interest in this topic. Expectations for delivering for adolescent girls and young women are high, which will generate the creativity we need to scale for impact. The main aim of the meeting is to share UN, Global Fund and PEPFAR experiences and learning related to geographic and demographic priorities including targeting, implementation of programme packages for adolescent girls and young women as well as ways to scale-up and see where these are aligned and where not. Furthermore, to discuss how best to assist countries as they go into the COP and Global Fund funding rounds.

The meeting participants were also reminded that when considering the decision aide that will be developed, the human rights and legal issues (e.g. age of consent), and policy barriers must be addressed as part of the programme packages. In addition, ongoing high-level advocacy is needed related to legal and policy change. When considering services for adolescent girls and young women the group was asked to make sure no one is excluded like pregnant young women. Finally, the results of this meeting will be communicated for broader consultation with stakeholders.

Objectives

The objectives of the meeting are:

1. To provide a status update and a review of experiences and learning from implementing HIV prevention programmes for adolescent girls and young women and their male partners.
2. To further align approaches to and suggest modalities for scaling-up HIV prevention responses across different implementation platforms.
3. To reflect on and summarize key aspects of programme management and coordination ensuring critical linkages and layering of essential service components and engagement of adolescent girls and young women.
4. Get agreement on harmonized approaches across the COP2020 and Global Fund supported interventions, including on technical assistance, towards enhancing sustainable nationally owned comprehensive HIV prevention programmes for adolescent girls and young women.

The meeting will result in a reference document for decision making on investment to increase the scale and impact of comprehensive HIV prevention programmes among adolescent girls, young women and their male partners.

All presentations of the meeting are available in the meeting Dropbox.
Reaching 90% of adolescent girls and young women at risk in the highest incidence areas with combination prevention programmes

The session provided an overview of HIV epidemic patterns and trends among adolescent girls and young women (Mary Mahy, UNAIDS); the current guidance and status of programming (Clemens Benedikt, GPC); the PEPFAR-DREAMS approach, results and investments (Nora Toiv, PEPFAR); and the Global Fund approach, results and investment into adolescent girls and young women (Rukia Mannikko, Global Fund).

Key points from the presentations:

▪ Good progress has been made in terms of the decline in new infections among adolescent girls and young women, although not fast enough to meet global targets. There are multiple ways of measuring incidence. Models are able to make projections and they are improving with time.

▪ While implementing comprehensive packages for young women everywhere might feel as the right thing to do, this is not possible with available resources. In deciding how to differentiate service provision, we need to look at HIV incidence in an area, and the effectiveness and unit costs of different packages. Furthermore, besides specific funding for HIV prevention among adolescent girls and young women, broader complementary financing from other sectors is needed for implementation.

▪ DREAMS reached about 1.5 million adolescent girls and young women in FY19. Steady declines in new infections are seen in nearly all of the geographic regions where DREAMS is implemented (except for South Africa and Tanzania). The programme struggles, however, with reaching older age groups (15-24); 10-14 year olds are more likely to complete the package. Pre-Exposure Prophylaxis (PrEP) for young women is expanded upon; there is specific funding allocated for PrEP in the upcoming COP.

▪ The Global Fund guidance on adolescent girls and young women builds on the UNAIDS Guidance from 2016. The Global Fund does not have a standard package across countries for adolescent girls and young women as countries define their packages depending on their needs/priorities. It needs to be ensured that these packages are evidence-based towards a comprehensive package of interventions. While the Global Fund would like to do much more, the reality is that there are significant financing gaps and hence recommendations need to take these into account.

▪ Some of the main programmatic gaps include support to countries to strengthen national systems to the degree required to deliver comprehensive programmes for adolescent girls and young women. This include strengthening linkages and referrals including for sexual and reproductive health rights and HIV services at national and local level; supporting comprehensive sexuality education and community systems; establishing an understanding of risk and how risk changes
through the life course and the impact on programming; offering and supporting PrEP; and reaching men and including them in the package.

**Recommendations and actions from the discussions:**

- There is a need to look more closely at adolescent girls and young women who overlap with key populations to ensure coverage with adequate services including structural interventions, given the barriers to access services due to harmful legal and policy environments.

- There is a need for additional information on the costing of the different interventions or packages. Cost analyses conducted by PEPFAR in different countries will be shared with countries. (UNAIDS, PEPFAR, Global Fund)

- More insight is needed with respect to achieving sustainable scale-up of national adolescent girls and young women programmes including how PEPFAR, Global Fund and country governments coordinate and complement each other. (UNAIDS, all)

- Investment in a real learning agenda is strongly encouraged looking at how different projects are being provided (especially DREAMS) and have an impact on reducing HIV risk factors. These learnings then need to be disseminated to integrate this into national programmes (Global Fund country-led programmes). (BMGF, UNICEF, UNAIDS).
What have we learned?

In this session findings of evaluations of the DREAMS programme (Sanyukta Mathur, Population Council) and findings from impact evaluations done by the London School of Health and Tropical Medicine (Gina Dallabetta, BMGF) were presented. The discussion was introduced by discussing what we have learned from DREAMS and how it has informed the new COP (Nora Toiv, PEPFAR) as well as what we have learned from Global Fund supported programmes and the implication for the new modular framework (Rukia Mannikko, Global Fund).

Recommendations from the presentations and discussions:

▪ DREAMS implementation did not show any significant reduction in sexual risk behaviour; what does this mean for scaling-up? Need to further unpack programme components that do affect sexual risk behaviour over time.

▪ Risk profiling and targeting of young women needs to be improved (specifically for PrEP), and HIV prevention approaches need to be targeted based on that. There are multiple risk tools / vulnerability assessments, but implementers need guidance on those.

▪ Findings from implementation research of DREAMS show that a combination of different layering of interventions influences HIV-related outcomes in different age groups (adolescent girls versus young women). Therefore, the perceived benefits of adolescent girls versus young women programme participants must be considered when designing packages, e.g. adolescent girls participate in programmes for reasons of building social networks versus young women who are more interested in enhancing livelihood skills etc.

▪ PrEP introduction requires multilevel considerations on demand and supply side. To overcome anxiety among young women on PrEP-related stigma if PrEP is only offered to them, strategies for effective use (e.g. support groups, reminders, education of partners) are needed.

▪ DREAMS structures that are already in place can be built on as platforms to deliver primary prevention and sexual reproductive health services.

▪ Global Fund principal recipients have developed standard operating procedures in countries, but there is no consistency among different organizations. If countries are to invest in a comprehensive package, there needs to be a standardized approach for implementing partners.

▪ A process needs to be developed that once new evidence of implementation research is released, this is translated into country programming.

▪ Engagement of adolescent girls and young women in the design of interventions has been critical for making programming attractive and increasing uptake. A way needs to be found to invest in young women engagement at implementation level. DREAMS are taking concrete actions to include young women as staff in their programmes in the new DREAMS cycle.
Programs design and implementation

Representatives from different countries talked about their national programmes for adolescent girls and young women: current implementation “packages” / linkages / platforms; coverage and potential for scaling-up; impact (Coceka Nogoduca, SANAC, South Africa; Regina Ombam, NAC Kenya; Alice Chikhoswe Mvalo, NAC Malawi; Amon Mpofu, NAC Zimbabwe).

Lessons learnt from country implementation - presentations:

- South Africa: Multisectoral collaboration is important to facilitate layering of multiple services for the same young women based on a risk assessment. Layering should be improved using existing delivery platforms to ensure improved access across different age groups. There is a need for scaling-up services and addressing social and structural drivers. Additionally more resources are required to improve coordination and monitoring at sub-national level and ensure engagement of civil society.

- Malawi: A functional monitoring and evaluation system is needed to track services. Social and behavioural change communication strategies should be identified, especially to target men who could be engaged as agents of change to address some of the structural barriers; Strict geographical and sub-population targeting is needed to reduce the cost of interventions (e.g. PrEP).

- Kenya: Investments in knowledge and education are needed to get young people to fully understand their health rights to see change in responding to the epidemic including condom uptake and use which could be supported through distribution outside facilities. New venues for disseminating HIV information have been established between NACC and libraries. In addition cash transfers for young people should be expanded to young women at high risk. Cooperation with the Ministry of Transport to use motorbike taxis for Information, Education and Communication outreach and engaging men is being scaled-up, and work to ensure affordable health care (incl. for young women) should be created.

- Zimbabwe: There are standard operating procedures in place for programmes at district level supporting a coherent approach to implementation. M&E continues to be a challenge without a unique identifier code tracking service cascades and layering of services. In Zimbabwe additional socioeconomic interventions are needed to complete the empowerment agenda. The importance of ensuring risk profiling given the large number of young women engaging in sex work - to ensure proper HIV prevention and treatment programming responding to their needs - was also stressed.
Other lessons learnt from country implementation – discussions:

- Monitoring and evaluation: Programmatic data need to be improved as surveys are not conducted regularly enough; There is a need for matrices that allow for multisectoral monitoring and evaluation, and SMART indicators.

- Multisectoral collaboration: For long-term results and to get buy in from other sectors joint barriers need to be addressed (e.g. access to education). All sectors must have a clear part of the package to allow for long-term multisectoral engagement.

- Engaging men in the response: increasing the uptake of HIV prevention, testing and treatment and ensuring viral load suppression is important for HIV prevention among young women. Examples regarding adherence include the use of peer groups (Zimbabwe, Malawi) and engaging men in approaches similar to SASA! to move from harmful to positive gender norms.

- Different types of engagement platforms for adolescent girls and young women are being rolled out like platforms for young people / women within NAC (Kenya, South Africa); platforms within campaigns (South Africa, Malawi); linking trained adolescents to organisations where they can work and follow higher education programmes at the same time (Zimbabwe). DREAMS are also creating posts for young women within their own programmes. These different forms of engagement were encouraged.

Key messages from country implementation:

In summary, the following is needed:

- Strong coordination for a multisectoral and multidimensional response
- Clear ways to improve risk assessment and better target different groups of adolescent girls and young women based on their needs
- Clear monitoring system with assigned responsibilities

Main gaps to be addressed:

- Coverage is not at the desired level: need to engage communities more; issues of socioeconomic realities create barriers to achieve targets
- Clear monitoring system: Better measurement of impact of interventions, need to see ways to harmonise impact measurement taking into consideration broader sustainable development goals to drive this process
- Sustainability aspects: how can interventions be handed over to national players to be sustained?
- Advocacy for PrEP for adolescent girls and young women in high burden districts
The zero draft of a Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women was presented (Annette Gerritsen, consultant GPC). This decision-making aide – which does not replace more detailed existing guidance – aims to help countries to prioritise investments into differentiated packages (from basic to more comprehensive) taking into account differences in HIV incidence and vulnerability. It provides a step-by-step guide to assist countries in deciding what packages should be provided, by whom, to whom and where, taking into account available HIV funding and complementary funding.

Key points to be taken into consideration when revising the aide:

- Inclusion of interventions for men in order to prevent new infections among adolescent girls and young women need to be addressed. This should reflect VMMC, testing and referral for treatment for actual partners and community wide activities on HIV prevention that address gender norms like SASA! and Stepping-Stones.

- There was a discussion around different HIV incidence thresholds incl. PEPFAR, SADC and UNAIDS. For the purpose of the document the different thresholds should be referred to. A more in-depth discussion around the threshold need to take place at a later stage.

- Prioritization matrix: Terminology should be simplified/clarified.

- Links between the different delivery platforms (health, education, community) should be better reflected e.g. comprehensive sexuality education should be linked to the provision of prevention services. Furthermore, specify who is accountable for what in the multisectoral response.

- Structural barriers (access and parental consent, legal barriers) should be addressed and engagement of adolescent girls and young women should be a central aspect.

- Prioritization matrix: Costs for packages need to be further revised moving forward and Global Fund and PEPFAR should assist to provide good costing.

- Services packages might differ for adolescent girls and young women, those in- and out-of-school.

- Sustainability need to be included in the steps on prioritisation.

- The human rights perspective needs to be included as a key principle of the document.

- Beyond the “prioritization aide”, it was suggested to create a repository of practical experiences to support learning.
There is need for additional discussions and agreement on the definition of saturation to measure coverage of programmes.

Shannon Hader closed the discussion by indicating that we should be cautious to want the aide to be everything for everyone, and ensure that the meeting participants agree to the key aspects that would be most important for countries towards the COP /Global Fund processes.

**Action points:**

- UNFPA and UNAIDS RST will facilitate a quick review of the decision making aide on country level.
- UNAIDS will revise in line with recommendations from the meeting and comments in writing.
- Global Fund will include the decision-making aide to their new technical guidance note to be finalised shortly.
Ensuring coordination, accountability and sustainability of a multisectoral HIV prevention response among adolescent girls and young women

The session discussed where investments need to be made to ensure sustainable multisectoral national programmes; national and decentralised coordination for HIV prevention among adolescent girls and young women; models ensuring engagement of adolescent girls and young women in national coordination mechanisms; and linking and engaging with broader initiatives (education, sexual and reproductive health and gender-based violence) (presentations by: Regina Ombam, NAC Kenya; Evos Makoni, NAC Zimbabwe; and Nyasha Sithole, Athena Network & comments by: UNESCO, UNFPA, UNICEF).

Key points of the presentations and comments:

- To warrant sustainability of HIV prevention programming for adolescent girls and young women, ensuring country ownership is the starting point: the country should be involved in deciding what interventions fit best within the country context and priorities (costed, evidence based, key intervention packages); the country needs to know who (government/partners/donors) is doing or funding what (activities) and based on that can identify the gaps; the country needs to know what the results of the interventions are (sharing of data that is harmonised over different partners). This way programming becomes country-led and not determined by individual donors.

- Zimbabwe has an adolescent girls and young women coordination structure in place including the MoH (at national and provincial level), NAC (at national and provincial level), a technical working group overseeing implementation, and a task force which engages with all stakeholders. Programmes of different partners are linked and there is no overlap. Programmes are monitored by the NAC and participants are involved in analysis and discussing of the data. Community participation is a key aspect in order to establish change.

- Young people want to have a clear position in terms of decision-making including in national and sub-national coordination mechanisms; they want to be supported and mentored to engage meaningfully (inviting them to discussions is not sufficient); they want work to be rewarded especially in environments where people do not even have the basic needs (so involving them as volunteers does not suffice); they do associate with social media and there is need to promote and encourage the use of social media and other technologies to achieve programme outcomes.

- UNFPA launched a comprehensive, life course approach to sexual and reproductive health (based on recommendations of the Guttmacher-Lancet commission) as well as "My Body, My Life, My World" - a new global strategy for adolescents and youth. Both can be used in the context of HIV prevention for adolescent girls and young women.
The main messages of the discussions were:

- For success, we need to ensure that there is national stewardship. This involves a country-led, tailored response to challenges for adolescent girls and young women. Coordination of the multisectoral response is key and it was highlighted that this can be included in the proposal for the new Global Fund catalytic funding.

- It is also important that development partners harmonize interventions, costing and data, agree on things that have been demonstrated to work, and provide implementation support.

- As we promote sustainable multisectoral response, it is important that young people are part of the response at multiple levels and are empowered to effectively contribute to the response.

- The sexual and reproductive health agenda is an opportunity that we can utilise to address urgent issues. To promote sustainability, we should fully utilise momentum of universal health care to make sure the agenda of young people and sexual and reproductive health is adequately addressed.

Action point:

- The GPC need to engage around prevention of HIV among adolescent girls and young women with other sectors (education, social protection, private) and increasingly involve Ministries of Finance for budgeting / costing processes strengthening the multisectoral response.
Monitoring and evaluation of programmes

This part of the meeting discussed how to ensure strong monitoring and evaluation components for multisectoral HIV prevention programmes; lessons learned regarding monitoring of the layered approach, including adoption of unique identifiers and composite indicators; the status of community-led programme monitoring and accountability (presentations by: Mr Amon Mpofu, NAC M&E Director, Zimbabwe and Nora Toiv, PEPFAR & comment by Sanyukta Mathur, Population Council).

Key points of the session:

▪ Zimbabwe has centralised data collection and monitoring. At national level, a comprehensive set of indicators is used, and these indicators aggregate numbers provided by implementing partners. Data is available on individual level (using an implementer partner specific unique identifier code) at sub-national level.

▪ PEPFAR uses three different measures for programmatic coverage: programme completion, AGYW_PREV (Percentage of adolescent girls and young women that completed the DREAMS primary package) and saturation. A unique identifier code is a necessity for monitoring programmatic coverage.

▪ Population Council highlighted the need of measuring other indicators (sexual behaviours, gender norms etc.), not only programmatic coverage. Furthermore, we also need to know the quality of the implementation, besides the quantity. It is also important that the data that is collected by implementing partners is reported back to them once analysed so that they can use it to adapt programming.

▪ It needs to be considered how best monitoring and evaluation of male interventions related to HIV prevention among young women (e.g. VMMC, treatment) can be linked to / triangulated with data from adolescent girls and young women programmes.

▪ There is a need to reflect on what is needed for sustainability. We can only hold ourselves accountable for what we have targets for. Indicators should be reviewed to make sure they are robust enough for this purpose.

▪ The strategic information guide from WHO will update the indicators this year and will look at HIV testing integration in family planning settings to identify young women at high risk in different incidence settings.

▪ Adolescent girls and young women programming could learn from key population programming: they have peer outreach workers, use data locally to understand what they need to change (coverage, access and why people use those services). Looking at the coordination and monitoring structures of key population programmes may speed up progress and addressing monitoring challenges in adolescent girls and young women programmes.
Action point:

- The GPC secretariat need to conduct a dedicated meeting to look at M&E of prevention of HIV among adolescent girls and young women with the SIE team and partners.
Sara Chan (Technical Support Mechanism – TSM) presented the forms of technical assistance that are most frequently requested by national programmes; the technical assistance available to countries for Global Fund; and how provision of technical assistance should be coordinated.

**Summary of the session:**

- TSM is only one mechanism that provides technical support, other partners do so as well. There is a need for better coordination of technical assistance. The GPC have made efforts to map technical support at global level, but a timely approach is still to be identified.

- Countries need to get a better overview of available technical assistance and barriers to accessing it need to be removed. Mapping should take place of country demanded technical assistance to avoid irrelevant support and duplications, and to divide tasks up among partners.

- There is now a window of opportunity for technical assistance as investments need to be made in developing high quality national strategic plans.

- NAC capacity needs to be strengthened with medium- and long-term technical assistance. Look at different modalities of technical assistance (short/medium/long-term consultants, South-South learning).

- The programme sustainability assessment tool (PSAT) can help to review adolescent girls and young women programmes and identify gaps to inform a more structured way of creating technical assistance plans.

- Use new South-South Learning Network and GPC Communities of Practice to share lessons learnt, disseminate information and guidance in relation to adolescent girls and young women programming.

- It is important that countries receive the available Global Fund funding and spend it well. Need to think about how efforts to support countries in this regard can be sustained.
Summary of the meeting

The Coordinator of the GPC, Paula Munderi, presented reflections and summary actions from the two-day meeting.

She addressed the areas of national stewardship including the need for strengthened coordination, accountability and sustainability of a multisectoral HIV prevention response among adolescent girls and young women. In addition, she addressed the need for ongoing investment needed in monitoring and evaluation of HIV prevention programmes for young women. She further reflected on how we can learn from approaches used in key population programmes like peer outreach workers, local data use for problem solving around limited service uptake (coverage) and dip-stick surveys to assess current programme status. She also stressed the need for coordinated and quality assured technical assistance to countries.

Finally, she reinforced the importance of the points raised by Athena Network on enabling young people to engage meaningfully in programming at different levels, aligned with the universal health coverage approach and ensuring we address their needs holistically. This should include reducing economic hardship to ensure participation, promoting the use of social media for programming purposes and exploring new technologies that young women can have full control over and offering mentoring.

Reinforcing the action points identified during the meeting the group agreed on the following:

**Summary of actions from the final discussion:**

**Short term:**

- GPC will finalise the decision-making aide to be available for the Global Fund proposals and COP.
- The Global Fund is committed to make it an annex of their technical brief.
- GPC will develop a simple and quick dissemination plan to countries in coordination with the UNFPA and UNAIDS regional office.

**Medium term:**

- Focus on country ownership, country-led actions, stakeholder engagement. (all)
- Improve collaboration between PEPFAR, Global Fund and country governments. (UNAIDS, Global Fund, PEPFAR)
- Update existing UNAIDS adolescent girls and young women guidance. (UNAIDS)
▪ Further develop the approach to male engagement and links to programmes for adolescent girls and young women. (UNFPA, WHO, UNICEF, UNAIDS)

▪ Update the costing for packages for young women. (UNAIDS)

▪ Establish a learning agenda. (GPC, BMGF, PEPFAR, Population Council, UNICEF)