Advancing HIV Prevention to Achieve Epidemic Control

ASAP Local Partner Webinar
July 15, 2021
8:30 AM - 10:30 AM
## Webinar Agenda

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<td>8:30 AM – 8:35 AM</td>
<td>Welcome and Introductions</td>
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<td>8:35 AM – 8:40 AM</td>
<td>The Role of Prevention in Epidemic Control</td>
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<td>8:40 AM – 8:50 AM</td>
<td>Office of HIV/AIDS Approach to Prevention</td>
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<td>8:50 AM – 9:35 AM</td>
<td><strong>PART I: Evidence-Based Prevention Responses - Interventions</strong></td>
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<td>- Pre- and Post-Exposure Prophylaxis</td>
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<td>- Voluntary Medical Male Circumcision</td>
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<td>- Condoms</td>
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<td>Q&amp;A and Local Partner Reflections</td>
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<td>9:35 AM – 10:15 AM</td>
<td><strong>PART II: Evidence-Based Prevention Responses - Populations</strong></td>
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<td>- Key Populations</td>
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<td>- Adolescent Girls and Young Women</td>
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<td>Q&amp;A and Local Partner Reflections</td>
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<td>10:15 AM – 10:25 AM</td>
<td>Final Q&amp;A</td>
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<td>10:25 AM – 10:30 AM</td>
<td>Closing</td>
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THE ROLE OF PREVENTION IN EPIDEMIC CONTROL

Jane Schueller, MA
Health Science Specialist
Office of HIV/AIDS - USAID/Washington
A Focus on HIV Prevention Is Still Required

- ART and viral load suppression prevent HIV transmission at the community level with a high degree of effectiveness and are key to reducing incidence and achieving epidemic control.
- However, modeling shows that treatment alone will be insufficient to overcome the rate of new infections.
- UNAIDS 2021 estimates show 1.5 million people became newly infected with HIV in 2020, far exceeding the 2020 goal of < 500,000 new infections.
- UNAIDS’ global strategy calls for an almost 80% increase in spending on HIV prevention to:
  - Enable urgent, transformational scale-up of HIV prevention services.
  - Ensure rapid investment in high-impact prevention interventions.
A Combination of HIV Prevention Approaches Is Most Effective

- No single prevention method or approach can stop the HIV epidemic on its own.
- Several methods and interventions have proved highly effective in reducing the risk of, and protecting against, HIV infection:
  - Male and female condoms
  - Antiretroviral medicines as pre-exposure prophylaxis
  - Voluntary male medical circumcision
  - Behaviour change interventions to reduce the number of sexual partners
  - Clean needles and syringes
  - Medication-assisted therapy (opiate substitution therapy/methadone)
  - Treatment of PLHIV to reduce viral load and prevent onward transmission

Source: UNAIDS, Implementation of the HIV Prevention 2020 Road Map, Fourth Progress Report, November 2020
Four Interconnected Reasons Challenge the World’s Ability to Implement Effective HIV Programs at Scale

- Lack of political commitment and inadequate investment
- Gender inequality and harmful gender norms that leave women and girls vulnerable to HIV
- Reluctance to address sensitive issues related to young people’s SRH needs and rights and key populations and harm reduction
- Lack of systematic prevention implementation, even where policy environments permit it
Accelerating HIV Prevention Is Possible If We...

- Increase national leadership and resource allocation for evidence-informed HIV combination prevention interventions
- Provide access to quality, gender-responsive, and age-appropriate interventions for populations at greatest risk of infection
- Meet the diverse needs of key populations and young people
- Deliver integrated services that prevent HIV, other STIs, and unintended pregnancy
- Ensure individuals have access to a wide range of HIV prevention options so they can choose the options that best fit their circumstances and needs over time and with different partners

Source: UNAIDS, Implementation of the HIV Prevention 2020 Road Map, Fourth Progress Report, November 2020
Call to Action

Despite global progress towards 95-95-95 goals, 1.5 million people became newly infected with HIV in 2020, predominantly from vulnerable populations.

- Southern/Eastern Africa accounted for 670,000 new HIV infections in 2020.
- Asia and the Pacific accounted for 280,000 new HIV infections in 2020.
- Women and girls accounted for about 50% of all new HIV infections in 2020.
USAID Primary Prevention Programming

**INTERVENTIONS**

- Pre- and post-exposure prophylaxis
- Voluntary medical male circumcision
- Male/female condoms and lubricants
- New methods: dapivirine vaginal ring, long-acting injectable cabotegravir
- Prevention of mother-to-child transmission
- Harm reduction and medication-assisted treatment

**POPULATIONS**

- **Key populations**
  - Men who have sex with men
  - Female sex workers
  - Transgender people
  - People who inject drugs
  - People in prison and other closed settings
- **Adolescent girls and young women**
- **Orphans and vulnerable children**
- **Other priority populations**
Examples of USAID and IPs Leadership in HIV Prevention

- Community-based, innovative, client-centered HIV prevention services and structural interventions for key and priority populations
- Leading PEPFAR DREAMS implementor serving needs of AGYW
- Introduction and scale up of innovative HIV prevention products (e.g. PrEP, VMMC, dapivirine vaginal ring [DVR], long-acting injectable cabotegravir [CAB-LA]) and novel approaches (DSD, private sector engagement)
- Procurement of condoms, incl. multilateral engagement and alignment
- Integration of prevention with other health areas (e.g., family planning, maternal and child health)
- Rapid adaptations to COVID-19 pandemic for prevention programming
MER Indicators for Prevention

- **PP_PREV:** Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake
- **AGYW_PREV:** Percentage of active DREAMS beneficiaries that completed at least the DREAMS primary package of evidence-based services/interventions
- **PrEP_NEW:** Number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period
- **PrEP_CURR:** Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period
- **VMMC_CIRC:** Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period
- **KP_PREV:** Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population
- **KP_MAT:** Number of people who inject drugs on medication-assisted therapy for at least 6 months
- **OVC_SERV:** Number of beneficiaries served by PEPFAR OVC programs for children/families affected by HIV
- **GEND_GBV:** Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package
PART I
EVIDENCE-BASED PREVENTION RESPONSES: INTERVENTIONS
Pre- and Post-Exposure Prophylaxis

Jennifer Duncan, MPH
STAR HIV PrEP Intern
Office of HIV/AIDS - USAID/Washington
What is PrEP and PEP?

PrEP (pre-exposure prophylaxis) is taken to prevent HIV acquisition **before exposure**

PEP (post-exposure prophylaxis) is taken to prevent HIV acquisition **after a suspected exposure** to HIV

Cool video: [http://www.whatisprep.org](http://www.whatisprep.org)
USAID/PEPFAR Technical Priorities for PrEP and Prevention

• Scale-up PrEP globally
  – In COP20, PEPFAR made oral PrEP a core programmatic requirement and set a goal of reaching 1 million people with PrEP in FY 2021
• Reach those at highest likelihood of HIV acquisition: key populations (KP), adolescent girls and young women (AGYW), pregnant and breastfeeding women (PBFW), serodifferent couples (SDC), and anyone requesting PrEP
• Link PrEP scale-up with HIV testing in the most at-risk groups and ensure that all HIV-negative individuals are immediately linked to the full range of prevention interventions
• Implement client-centered approaches and differentiated service delivery (DSD)
• Rollout new HIV prevention products as they are introduced
PrEP_NEW definition:
*Number of individuals* newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.

PrEP_CURR definition:
*Number of individuals*, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.

GEND GBV definition:
*Number of individuals* receiving post-gender-based violence (GBV) clinical care based on the minimum package.
- Also counts the number of people receiving PEP

**NOTE:** A client coming for PEP repeatedly may be a good candidate for PrEP.
In COP20, PEPFAR made oral PrEP a core programmatic requirement and set an overall goal of serving 1 million people with PrEP in FY21.

As of FY21 Q2:
- At 39% of PrEP_NEW globally
- Exceeded total PrEP initiations (PrEP_NEW) from previous COP year
As of Q2, at 46% of PrEP_CURR globally

Have reached over 600,000 individuals with PrEP - well on our way to PEPFAR goal of reaching 1 million people with PrEP in FY21

Reliability of data is variable
Global Trends: PEP Completion

PEP completion among those that received sexual violence services

For COP21/FY22, PEPFAR made PEP a part of PEPFAR’s comprehensive HIV prevention package.

All individuals that report that they experienced sexual violence should be offered PEP.
## Key Challenges and Opportunities for PrEP Going Forward

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Opportunities</th>
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<tbody>
<tr>
<td>• Policy limitations restricting implementation</td>
<td>• Leverage partner innovations/strategies adapted and accelerated during COVID-19</td>
</tr>
<tr>
<td>○ PrEP provision limited to certain populations - can be stigmatizing</td>
<td>○ Successful adaptations (e.g., online screening, reservation apps) should be identified and scaled in COP21</td>
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<tr>
<td>○ Restrictions in some contexts on community delivery and DSD of PrEP</td>
<td>• Continue to promote DSD by decongesting health facilities to support PrEP access for clients (e.g., community-based delivery of PrEP, MMD for PrEP)</td>
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<tr>
<td>• Supply chain and stock issues</td>
<td>• Continue to advocate for co-funding of PrEP by other funders/donors</td>
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<tr>
<td>○ Country rationing of stock due to COVID-19</td>
<td>• Leverage virtual platforms for increased provider training and support</td>
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<tr>
<td>○ ARVs for PrEP not considered in supply chain planning</td>
<td>• Introduce new biomedical prevention technologies (e.g., DVR, CAB-LA) and dosing strategies (e.g., ED-PrEP for MSM) as additional HIV prevention options</td>
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<td>○ Poor management of supply chain and stock across sites</td>
<td>• Limitations in COP budgeting for PrEP expansion</td>
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<tr>
<td>○ Delayed procurement and distribution</td>
<td>• Continuing limitations of training and support of providers; limited HRH to support PrEP expansion</td>
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Key Resources

- PrEP Learning Network: Monthly Webinar Series
- West Africa PrEP Learning Network
- PEPFAR FY21 MER 2.5 Indicator Reference Guide (see PrEP_NEW and PrEP_CURR indicators)
- PrEPWatch
- Zambia Ending AIDS page on prepwatch.org (great resources here!)
- AVAC
Voluntary Medical Male Circumcision

Valerian Kiggundu, MBChB, MPH
VMMC Technical Lead
Office of HIV/AIDS - USAID/Washington
VMMC COP20 and COP21 Priorities

- **Age Pivot**: Ensure full compliance with PEPFAR age guidance established during COP19
  Accelerate VMMC scale up to reach priority age groups, 15+ years; complete phase-out of clients 10-14 (except where Shang Ring is approved for 13-14 year olds)

- **Safety/Quality**
  Ensure VMMC services are of highest quality; and client safety always remains no. 1 priority

- **Program Efficiencies for Success**
  Fast track above-site efficiencies to refocus and align the VMMC program with COP20 guidance - adequate commodities (DS, reusable kits, Shang Ring devices); staff competence, especially on Shang Ring use; adverse event management and CQI scale-up

- **Mitigate Impact of COVID-19**
  Accelerate safe reopening and implementation of VMMC services during COVID-19 by adapting successful demand generation approaches, and monitoring compliance and performance.

- **Leverage G2G for VMMC Sustainability**
  Identify activities and resources to support VMMC sustainability
### VMMC COP21 GUIDANCE - What’s New?

**PEPFAR age guidance and reusable kits re-emphasized in COP21**

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<thead>
<tr>
<th>VMMC Age Eligibility:</th>
<th>Other Guidance Considerations:</th>
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<tr>
<td>- Minimum age requirement of 15 years remains, but the option of circumcising a client under age 15 based on Tanner staging is no longer permitted.</td>
<td>- <strong>Geographic pivot</strong>: For geographic areas reaching &gt;=80% VMMC coverage, VMMC services should continue if demand remains to ensure that coverage is not lost; countries should plan to sustain ongoing circumcisions for boys turning 15 years.</td>
</tr>
<tr>
<td>- All VMMC targets will be in 15+ age band unless S/GAC Chair approves Shang Ring use in clients ages 13-14.</td>
<td>- <strong>Reusable instruments</strong>: Programs should provide quantitative evidence of substantive shifts towards reusable VMMC instruments to justify their commodities budgets.</td>
</tr>
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<td>- If Shang Ring is approved in 13-14 year olds, targets should be relatively small and not meant to replace previous &lt;15 year old volumes.</td>
<td>- <strong>HTS</strong>: VMMC programs should show clear plans for decreasing testing among low yield clients.</td>
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<tr>
<td>- In this age group, it is essential to ensure truly informed assent/consent from clients and parents (which must be obtained prior to any VMMC services)</td>
<td>- <strong>HIV index testing</strong>: Index case testing should be offered at multiple entry points including at VMMC facilities.</td>
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<td>- Enhanced Shang Ring safety monitoring and reporting remains in place; device displacement is now a notifiable adverse event, reportable to S/GAC.</td>
<td>- <strong>Cervical cancer</strong>: Encourage demand generation at VMMC platforms where HIV uninfected men can be encouraged to get circumcised while their female partners living with HIV get screened or treated for cervical cancer pre-invasive lesions.</td>
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<td>- Coverage estimates (from DMPPT2, formerly implemented by Avenir Health) transitioned into UNAIDS Spectrum; continue use of coverage estimates to guide geographic prioritization.</td>
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VMMC MER Indicators

**VMMC_CIRC**
- Collects data on number of VMMCs conducted during the reporting period
- Collected quarterly and annually
- Facility and country-level based

**Four Disaggregates**
- Age (5-year age bands)
- HIV status (positive, negative, or indeterminate)
- VMMC method (surgical or device)
- VMMC follow-up (at least one follow up in 14 days)

**VMMC_AE**
- Notifiable adverse events to S/GAC
- Other AEs (moderate and severe) reported at country level and to HQ using custom indicators

(PEPFAR MER 2.5 can be found here on pages 78-79)
<table>
<thead>
<tr>
<th>Country</th>
<th>Local Partner Details</th>
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</table>
| Eswatini      | LP name: The Luke Commission (TLC)  
Focus: Community program with ART, VMMC, etc.                                       |
| Kenya         | LP Name: AMPATH+ (Moi Teaching Hospital to AMREF Health Africa)  
Focus: VMMC                                                   |
| Tanzania      | LP Name: APHFTA  
Focus: VMMC                                                   |
| Mozambique    | LP Name: Tchova  
Tchova Communication Programs  
Focus: Demand creation |
| Malawi:       | LP Name: Right to Care Malawi  
Focus: Demand creation, communications, and direct service delivery |
| Malawi:       | LP Name: Catholic Health Commission  
Focus: Direct service delivery |

(Grant contract with Jhpiego)
**USAID: VMMC Local Partner Performance in Select Countries**

VMMC local partners have made tremendous milestones despite initial challenges

Local partners fully established as primes in Eswatini, Kenya, and Tanzania

<table>
<thead>
<tr>
<th>Country</th>
<th>Local Partner Name</th>
<th>COP20 Target</th>
<th>Performance Towards Annual Target</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Eswatini</td>
<td>TLC</td>
<td>611</td>
<td>67 (11%)</td>
<td>Data as of 06/21/2021; experienced LP; challenges due to changes in age guidance; small target</td>
</tr>
<tr>
<td>Kenya</td>
<td>MOI/AMPATH+</td>
<td>13070</td>
<td>6810 (52%)</td>
<td>Data as of 6/29/2021; targets shared with AMREF</td>
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<tr>
<td>Kenya</td>
<td>AMREF</td>
<td>TBD</td>
<td>N/A</td>
<td>VMMC service delivery; will work with MOI; results targets expected to start in Q3</td>
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<tr>
<td>Tanzania</td>
<td>APHFTA</td>
<td>115,720</td>
<td>41,076 (36%)</td>
<td>As of June 18th, 2021, APHFTA still recovering from mostly funding challenges</td>
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USAID Data Sources: Preliminary data from country teams
USAID: VMMC Local Partner Performance in Select Countries

In some countries, transitional awards with LPs are contributing to overall targets

Local partners transitioning into VMMC service implementation in Malawi and Mozambique

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<thead>
<tr>
<th>Country</th>
<th>Prime and Local Partner Name</th>
<th>COP20 Target</th>
<th>Performance Towards Annual Target</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Malawi</td>
<td>Jhpiego/EMPOWER II Project - CTC</td>
<td>1,875</td>
<td>1360 (73%)</td>
<td>CHC runs 2 sites (Chapananga and Montfort) out of 8 static sites in Chikwawa district; this is a contribution to Q3 results</td>
</tr>
<tr>
<td>Malawi</td>
<td>PSI/EMPOWER I VMMC Project – Right to Care</td>
<td>3,351</td>
<td>2747 (82%)</td>
<td>Q1-Q3 performance and contribution to PSI’s overall performance</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Tchova Tchova Communication Programs</td>
<td>N/A</td>
<td>N/A</td>
<td>LP doing demand creation only</td>
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USAID Data Sources: Preliminary data from country teams
Country Spotlight: Tanzania
Aligning HQ TA to Address LP Challenges

APHFTA performance remained suboptimal due to persistent challenges

**Key Challenges**

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<tr>
<th>Challenge</th>
<th>Solutions and Status</th>
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<tr>
<td>Funding Delays: Fixed reimbursement contract - can only access funds after submitting results</td>
<td>- Meetings with COR, OAA, and Tanzania VMMC team</td>
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<td>- Guidance from HQ LP on provision of advance funding</td>
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<td>- Contract updated, advance funding approved by 06/30</td>
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<td>- USAID reimbursement and bank loan both processed concurrently; funding challenge RESOLVED</td>
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<td>Delayed MOH Approval: MOH had concerns about excluding 10-14 year olds from the PEPFAR target</td>
<td>- Verbal approval to work in MOH facilities and districts</td>
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<td>- LP now implementing services; improvement already seen</td>
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<td>- Will continue to follow up on MOH approval of the MOU</td>
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- Multiple engagements with all stakeholders
- USAID/Tanzania leadership, OHA FO, HQ/LP team, Tanzania Country Cluster, and VMMC Cluster
Country Spotlight: Tanzania
FY21 Q3 Performance Improved as Country Team Overcame Challenges

Performance in FY21 Q3:

- By end of Q2, 11% (16,481) VMMCs performed (Panorama)
- By June 1, 26% (31,988) VMMCs performed (HFR)
- By June 18, 36% (41,076) VMMCs performed (not on graph)
Key Resources for VMMC

- Comprehensive [VMMC Resources](#) for USAID programs:
  - [FY21 MER 2.5 Indicator Reference Guide](#)
  - [VMMC Cluster Tracker](#)
  - [VMMC COP21 Guidance](#)

Thank you!
Condoms

Jane Schueller, MA
Health Science Specialist
Office of HIV/AIDS - USAID/Washington
Global Condom Situation

- UNAIDS 2020 90% target for condom use was not met
- Condom budgets have been significantly reduced and social marketing programs in sub-Saharan Africa (SSA) have been slashed over past decade
- New generation of sexually active young people has not been exposed to intense condom promotion in place 10-15 years ago
- Key populations in dozens of countries are unable to access multiple HIV prevention services, incl. condoms and lubricants
- Appears to be a shift in condom use to PrEP due to (perceived) higher protection

Male condom sales through social marketing declining over past decade

Condom use across all of WCA and ESA remains low and is decreasing among AGYW in 8 countries in these regions

Condom use at last higher risk sex, women aged 15-24 years, by region, 2000-2018

### UNAIDS Condom Scorecard

#### Condom thematic summary

| Indicator | Source | Angola | Botswana | Cameroon | Côte d’Ivoire | DR Congo | Ethiopia | Ghana | Kenya | Lesotho | Malawi | Mozambique | Namibia | Nigeria | South Africa | Swaziland | Tanzania | Uganda | Zambia | Zimbabwe |
|-----------|--------|--------|----------|----------|--------------|---------|---------|-------|-------|--------|--------|------------|--------|---------|-------------|-----------|---------|--------|--------|---------|---------|
| Condom use with non-regular partners (women 15-49, %) | GAM 3.16 | 29 | 71 | 43 | 37 | 23 | 20 | 17 | 57 | 66 | 49 | 42 | 59 | 36 | 61 | 54 | 28 | 88 | 45 | 65 |
| Condom use with non-regular partners (men 15-49, %) | GAM 3.16 | 53 | 76 | 63 | 50 | 34 | 31 | 29 | 76 | 73 | 78 | 47 | 70 | 65 | 73 | 67 | 35 | 62 | 62 | 82 |
| Knows condom as prevention method (women 15-49, %) | DHS | 66 | 95 | 77 | 67 | 56 | 58 | 77 | 80 | 92 | 75 | 55 | 88 | 73 | Id | 91 | Id | 87 | 83 | 84 |
| Knows condom as prevention method (men 15-49, %) | DHS | 78 | 95 | 77 | 82 | 73 | 77 | 86 | 88 | 88 | 79 | 65 | 90 | 78 | Id | 87 | Id | 88 | 87 | 88 |
| Woman justified to insist on condom use if husband has STI (women 15-49, %) | DHS | 39 | Id | 71 | 78 | 68 | 61 | 91 | 89 | 92 | 82 | 61 | 93 | 73 | Id | 94 | Id | 87 | 73 | 87 |
| Woman justified to insist on condom use if husband has STI (men 15-49, %) | DHS | 74 | Id | 72 | 90 | 79 | 80 | 95 | 92 | 90 | 88 | 72 | 91 | 88 | Id | 96 | Id | 91 | 91 | 85 |
| Number of condoms distributed/sold (in millions) | Program records | 54 | 41 | 38 | 55 | 168 | 125 | 37 | 221 | 38 | 104 | 96 | 29 | 534 | 636 | 15 | 33 | 138 | 62 | 95 |
| Number of condoms distributed/sold per man 15-64 (2019) | Program records | 8 | 53 | 5 | 8 | 7 | 4 | 4 | 15 | 56 | 20 | 15 | 37 | 10 | 34 | 38 | 2 | 14 | 13 | 20 |
| % of condom distribution need met (2019) | Program records & & 25 | 100 | 14 | 28 | 25 | 49 | 22 | 78 | 100 | 95 | 44 | 100 | 60 | 52 | 77 | 9 | 62 | 51 | 83 |

**Legend:**
- **Very good**
- **Good**
- **Medium**
- **Low**
- **Very low**
- **Insufficient data**
- **Not applicable**

COP21 Condom Priorities

PEPFAR GOAL: High levels of use, equitable access to, and sustained demand for condoms and lubricants among key and priority populations and low-income groups

- Integrate with other service platforms as part of informed choice and client-centered approach — VMMC, HTS, C&T, PrEP, DREAMS, KPs, programs to engage men, other community activities
- Prioritize demand generation and employ a range of approaches to address barriers in conjunction with other program areas and limited social marketing activities
- Provide technical support to governments for greater stewardship, leadership, and oversight, and plan for governments to fund and manage free brands
- Foster an enabling environment for a total market approach and, where needed, identify a “market facilitator” to support this
- Phase out procurement and supply support for branded social marketing of condoms
- Avoid investments in branding free condoms, except where data suggest it would help drive use
Central Condom Fund Levels for COP21

- Approximately $20.3 million set aside for Central Condom Fund
  - Same level as COP20
  - Most has been allocated for procurement of condoms and lubricants to:
    - 17 countries in Africa
    - 1 in Eastern Europe
    - West Africa Region (6 countries)
- A portion has been allocated as a buffer reserve for condom procurement to cover unexpected or emergency requests during the year
USAID and Global Fund Engagement

Global Fund Prevention Priorities:

- Scale up prevention, incl. condom programming
- Strengthen support and monitoring of prevention programming
- Focus on “precision prevention”
- Continue to procure commodities, incl. condoms
- Optimize platforms for multiple prevention methods
- Encourage countries to prioritize choice in HIV prevention, given new HIV prevention products in the pipeline
- Investigate options for incorporating STI screening into HIV prevention
- Build on COVID adaptations and innovations
- Collaborate with USAID to catalyze Global Fund resources for condoms
Global Fund Strategic Initiative for Condoms

- For 2020-22, countries could apply for *catalytic funding for condoms* complemented by $5 M in matching funds from the Global Fund
- UNAIDS will be contracted to do this work over next three years
- Four countries to receive support: Malawi, Mozambique, Uganda, and Zambia
- Program aims to:
  - Advance national leadership and coordination to improve market stewardship
  - Support condom strategy development
  - Strengthen national and sub-national systems for program management
  - Improve data systems to monitor need, supply, use, and preferences
  - Increase innovation in demand creation and last-mile distribution
- USAID/PEPFAR encourages linkages with this work, especially given its support for condom programming in the four countries
Part I Q&A and Local Partner Reflections
PART II

EVIDENCE-BASED PREVENTION RESPONSES: POPULATIONS
Key Populations

Sarah Yeiser, RN, MPH
Key Populations Advisor
Office of HIV/AIDS - USAID/Washington
Globally, key populations are disproportionately affected by HIV in comparison to the general population.

Key populations for HIV:
- Female sex workers (FSW)
- People who inject drugs (PWID)
- Men who have sex with men (MSM)
- Transgender people (TG)
- People in prison and enclosed settings

Globally, **62%** of new HIV infections in 2019 occurred among KPs and their partners (UNAIDS, 2020).
High impact prevention programming for KPs is key to reducing new infections globally and ending the HIV epidemic

Key Components of Prevention Programming for KPs:

1. Client centered and tailored prevention programming to each KP type including differentiated service delivery
3. Promotion of a rights-based approach to create an enabling environment for service access by addressing stigma, discrimination, violence, and legal and policy barriers
4. Work with and fund local KP led and KP-competent organizations
## PEPFAR MER Indicators Used for KP Programming

<table>
<thead>
<tr>
<th>Indicator Code</th>
<th>Indicator Name</th>
<th>Disaggregates Required</th>
<th>Reporting Frequency</th>
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</table>
| KP_PREV        | Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population | KP Type: MSM, TG, FSW, PWID, people in prisons and other enclosed settings  
KP Type by Testing Services: KP known positive by MSM, TG, FSW, PWID, people in prisons and other closed settings; KP was newly tested and/or referred for testing by MSM, TG, FSW, PWID, people in prisons and other closed settings; KP declined testing and/or referral by MSM, TG, FSW, PWID, people in prisons and other closed settings | Semi-Annual         |
| KP_MAT         | Number of people who inject drugs (PWID) on medication assisted therapy (MAT); (PEPFAR-supported number) | Sex: Male or female                                                                   | Annual              |
| PrEP_NEW       | Number of individuals who have been newly enrolled on (oral) antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period. | KP Type: MSM, TG, FSW, PWID, people in prisons and other enclosed settings             | Quarterly           |
| PrEP_CURR      | Total number of individuals, inclusive of those newly enrolled, receiving (oral) antiretroviral pre-exposure prophylaxis (PrEP) during the reporting period. | KP Type: MSM, TG, FSW, PWID, People in Prisons and other enclosed settings               | Quarterly           |

Prevention Interventions for KPs include:
- Offer or refer to HTS (required)
- Targeted IEC
- Outreach/empowerment
- Condoms
- Lubricant
- Other STI screening, prevention, and treatment
- Link or refer to ART
- Offer or refer prevention, diagnosis, or treatment of TB
- Offer or refer to screening and vaccination for viral hepatitis
- Offer or refer to reproductive health, if applicable (e.g., FP or PMTCT)
- Refer to MAT, if applicable
- Offer or refer to needle and syringe programming, if applicable
Global USAID Prevention Cascade for KPs Over Time

Source: USAID KP Dashboard, DATIM FY21 Q2.
Visual courtesy of Bourke Betz

USAID’s tailored and optimized programming ensures the most at risk KPs are reached and linked to HIV prevention and testing services.

Percentages: % of KP PREV results that were newly tested or referred for testing and percent of those KP that received HIV testing from USAID programs
USAID programs continue to increase linkage to PrEP for those KPs who test negative for HIV

| Global KP Prevention and Testing Cascade adjusting to semi-annual reporting structure, USAID |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| FY20 Q2                                      | FY20 Q4                                      | FY21 Q2                                      |
| HTS_TST                                      | HTS_TST_NEG                                  | HTS_TST                                      |
| 450,000                                      | 1,300,000                                    | 400,000                                      |
| 500,000                                      | 1,200,000                                    | 300,000                                      |
| 550,000                                      | 1,100,000                                    | 200,000                                      |
| 600,000                                      | 1,000,000                                    | 100,000                                      |
| 650,000                                      | 900,000                                      | 0                                            |
| 700,000                                      | 800,000                                      | 0                                            |
| 750,000                                      | 700,000                                      | 0                                            |
| 800,000                                      | 600,000                                      | 0                                            |
| 850,000                                      | 500,000                                      | 0                                            |
| 900,000                                      | 400,000                                      | 0                                            |
| 950,000                                      | 300,000                                      | 0                                            |
| 1,000,000                                    | 200,000                                      | 0                                            |
| 1,050,000                                    | 100,000                                      | 0                                            |
| 1,100,000                                    | 0                                            | 0                                            |

Source: USAID KP Dashboard, DATIM FY21 Q2. Visual courtesy of Bourke Betz
PrEP use among KPs continues to grow

- Q2 PrEP initiations exceed FY20 Q3-Q4 and FY20 Q1
- PrEP_CURR shows continued growth of PrEP

PrEP reporting shifted to quarterly in FY21

Source: USAID KP Dashboard, DATIM FY21 Q2. Visual courtesy of Bourke Betz
Recent increases in uptake particularly among FSW and MSM within USAID programming

Source: USAID KP Dashboard, DATIM FY21 Q2.
Visual courtesy of Bourke Betz
Key Challenges and Opportunities for KP Prevention Programming Going Forward

Challenges:

- Budget limitations for KP prevention including PrEP and structural interventions
- PrEP scale up and community initiation and dispensation expansion
- Preserving gains in prevention in the context of COVID and ensuring continued access to essential services and commodities in a safe manner
- Policy limitations
- Insufficient demand creation and community awareness
- KP mobility, which impact engagement and continuation in prevention programming

Opportunities:

- Continued expansion of DSD models for prevention including: community DICs, public or private facilities, virtual approaches and platforms, PrEP champions/navigators, MMD and DDD of PrEP, and community distribution points and home based delivery
- Continue to empower CSO and communities to lead the response
- Continued funding of local partners who are KP-led and competent
- Emerging prevention technologies
- Continue to expand tailored approaches by KP type and for men who purchase sex
- U=U
- Leveraging KPIF successes
Highlighted KP Prevention Resources

- WHO Consolidated guidelines on HIV Prevention, diagnosis, treatment and care for KPs (updated guidelines anticipated this summer)
- Guide to Comprehensive Violence Prevention and Response
- Going online to accelerate the impact of HIV programming
- IAS DSD Decision Framework for KPs
- PEPFAR COP Guidance
Global Data: Why DREAMS?

- Every year, over 380,000 adolescent girls and young women (AGYW) aged 15-24 become infected with HIV
- 5,500 AGYW aged 15-24 years old become infected with HIV every week in sub-Saharan Africa
- HIV infection rates range from 2 to 14 times higher than their male peers
- HIV infection among AGYW constitutes 67% of new infections among young people

In sub-Saharan Africa, 3 in 4 new HIV infections among 15-19 year olds are among girls

Source: UNAIDS 2017 estimates
DREAMS: Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe

- DREAMS was announced by Ambassador Birx on WAD 2014
- An ambitious initiative to reduce new HIV infections in AGYW in high burden geographic areas
- DREAMS is the standard PEPFAR HIV prevention approach for AGYW 10-24, funded in the PEPFAR envelope
- DREAMS began as a partnership between PEPFAR, the Gates Foundation, Girl Effect (Nike Foundation), Johnson & Johnson, ViiV Healthcare, and Gilead Sciences
DREAMS programming spans across sectors

- **Mobilize Communities for change**
  - School-based HIV and violence prevention
  - Parenting/caregiver programs

- **Empower Girls and Young Women and reduce risk**
  - Reduce risk of Sex Partners
  - Characterization of male partners to target highly effective interventions (ART, VMMC)
  - Social asset building
  - Social protection (cash transfers, education subsidies, combination socio-economic approaches)

- **Strengthen Families**

- **Community mobilization and norms change**

- **Mobilize Communities for change**

- **Reduce risk of Sex Partners**
  - Youth-friendly sexual and reproductive health care (condoms, HTS, PrEP, contraceptive mix, post-violence care)

- **Strengthen Families**
DREAMS delivers a country-specific comprehensive package of layered services to vulnerable AGYW

### DREAMS layering table COP 20

<table>
<thead>
<tr>
<th>AGYW 10-14y</th>
<th>AGYW 15-19y</th>
<th>AGYW 20-24y</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Interventions</strong></td>
<td><strong>Secondary Interventions</strong></td>
<td><strong>Contextual Interventions</strong></td>
</tr>
</tbody>
</table>
| - Primary Prevention of Sexual Violence and HIV  
  - Life Skills Education  
  - SRHR Education including HIV/STI Prevention  
  - S/GBV Prevention  
  - Social Asset Building  
  - HIV Risk Screening  
  - Economic Strengthening (Financial literacy) | - Education support  
  - S/GBV Post-violence Care  
  - Child protection services  
  - HTS  
  - Positive parenting for parents/caregivers of AGYW 10-14 years | - Economic strengthening for parents of AGYW 10-14 years  
  - Promote school-based “Safe Spaces”  
  - Community mobilization and norms change |
| - Economic Strengthening (Financial literacy) | - Life Skills Education  
  - SRHR Education including HIV/STI Prevention  
  - S/GBV Prevention  
  - Social Asset Building  
  - HTS  
  - Economic strengthening (Financial literacy) | - Economic strengthening for parents of AGYW 15-19 years  
  - Promote school-based “Safe Spaces”  
  - Community mobilization and norms change  
  - Reduce risk of male sexual partners |

- Economic Strengthening (TVET, ISLG, apprenticeship)  
- SRHR Education including HIV/STI Prevention  
- S/GBV Prevention  
- Economic strengthening (Financial literacy)  
- HTS  
- Life Skills Education  
- Condoms & Contraceptive mix  
- S/GBV Post-violence Care  
- Child protection services  
- PrEP active linkage (for 18+)  
- Positive parenting for parents/caregivers of AGYW 20-24y |

**Thanks to Rwanda for COP20 table**
USAID supports DREAMS implementation in 16 countries across high burden geographic districts in FY21 Q2, reaching AGYW with a comprehensive prevention package

- PEPFAR DREAMS programming reached 1.6 million AGYW aged 10-24 years enrolled in DREAMS at Q2
- DREAMS requires partner collaboration
- Of those reached so far this year, 611,606 DREAMS AGYW completed at least the primary package and needs-based secondary package of services
AGYW Risk Factors and Vulnerability Criteria for DREAMS

- AGYW 10-14 who are or have been sexually active
- AGYW 15-24 who are sexually active and have high number of partners or inconsistent condom use
- Currently or ever been pregnant
- Experiencing neglect (living without emotional and financial support of adult caregiver)
- Commercial, transactional, or intergenerational sex
- Exposed to violence (sexual, physical, and/or emotional)
- AGYW <18 who have dropped out of school
- In school, but not attending regularly or 2+ years behind
- Alcohol and/or substance abuse*
- Qualified orphanhood (for AGYW 10-17)

Thanks to Namibia for example framework
DREAMS progress is measured through several PEPFAR MER indicators

AGYW_PREV:
Percentage of active DREAMS beneficiaries that completed at least the DREAMS primary package of evidence-based services/interventions

AGYW_PREV tracks layering of DREAMS services/interventions
Complementary to other MER indicators that track receipt of individual services

HTS
PrEP
Social Protection
Condoms
Post-GBV care

HTS_TST
HTS_INDEX
HTS_RECENT
PREP_NEW
PREP_CURR
OVC_SERV
PP_PREV
KP_PREV
GEND_GBV
PMTCT_STAT
Completion of the DREAMS package varies by age and time in the program

Data Source: Panorama FY21Q2 clean
PEPFAR Technical Priorities for DREAMS COP21

• Implement evidence-based/informed curricula with quality and fidelity that align with the DREAMS guidance
• Ensure that all DREAMS beneficiaries complete the core package of relevant services
• Systematically identify and engage AGYW that are most vulnerable to HIV acquisition, particularly pregnant AGYW and those who are mothers
• Improve the package of economic strengthening services offered to AGYW (incl. exploring potential job opportunities through PEPFAR)
• Enhance mentoring selection, training, compensation, and supportive supervision processes
• Accelerate PrEP uptake for AGYW in DREAMS SNU
• Employ DREAMS Ambassadors, through IPs, for provincial/regional/district level coordination and oversight
COVID impact on DREAMS implementation continues

Specific Challenges: Community-based group activities scaled down/shortened/paused, e.g., parenting classes, savings groups, DREAMS club sessions; school closures; increased pregnancy, early marriage, and GBV rates; DREAMS Ambassadors fearful/increased perception of risk when engaging AGYW in community - affecting layering of services and PrEP retention; fear of exposure to COVID-19 - keeps AGYW clients away from service delivery points; contraceptives/condom promotion and provision scaled down: campaigns and community service days stopped; high turnover of community level personnel, overburdened mentors.

Ongoing Modifications: Use of various media platforms (social media, telephone calls, radio, TV); virtual implementation; scaled up/stronger collaboration between GBV community partner and clinical partner; creating community awareness on toll-free child helpline; radio lessons in two big national radio stations and TV for learners; accelerate and prioritize group sessions for 10-14-year-olds; ensure newly enrolled AGYW attend at least the 1st and 2nd sessions; facilitation through WhatsApp by trained teachers; provision of PrEP in safe spaces and integrating PrEP and FP service provision; scale HIV self testing; service provision at household level; scale production of COVID-19 prevention commodities by DREAMS groups to meet community demand – for income generation and to strengthen beneficiary retention.
Key Resources


- DREAMS Country Fact Sheets

- PEPFAR Technical Guidance in Context of COVID-19 Pandemic

- MER 2.5 Guidance

- MER Training Videos: DREAMS and Prevention

- DREAMS Impact Evaluation

- DREAMS Implementation Science Work
FINAL Q&A
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Office of HIV/AIDS - USAID/Washington
Thank you!