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Advancing HIV Prevention to Achieve Epidemic Control

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

Webinar Agenda

Time	Topic
8:30 AM – 8:35 AM	Welcome and Introductions
8:35 AM – 8:40 AM	The Role of Prevention in Epidemic Control
8:40 AM – 8:50 AM	Office of HIV/AIDS Approach to Prevention
8:50 AM – 9:35 AM	PART I: Evidence-Based Prevention Responses - Interventions - Pre- and Post-Exposure Prophylaxis - Voluntary Medical Male Circumcision - Condoms Q&A and Local Partner Reflections
9:35 AM – 10:15 AM	PART II: Evidence-Based Prevention Responses - Populations - Key Populations - Adolescent Girls and Young Women Q&A and Local Partner Reflections
10:15 AM – 10:25 AM	Final Q&A
10:25 AM – 10:30 AM	Closing

THE ROLE OF PREVENTION IN EPIDEMIC CONTROL

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Office of HIV/AIDS - USAID/Washington

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A Focus on HIV Prevention Is Still Required

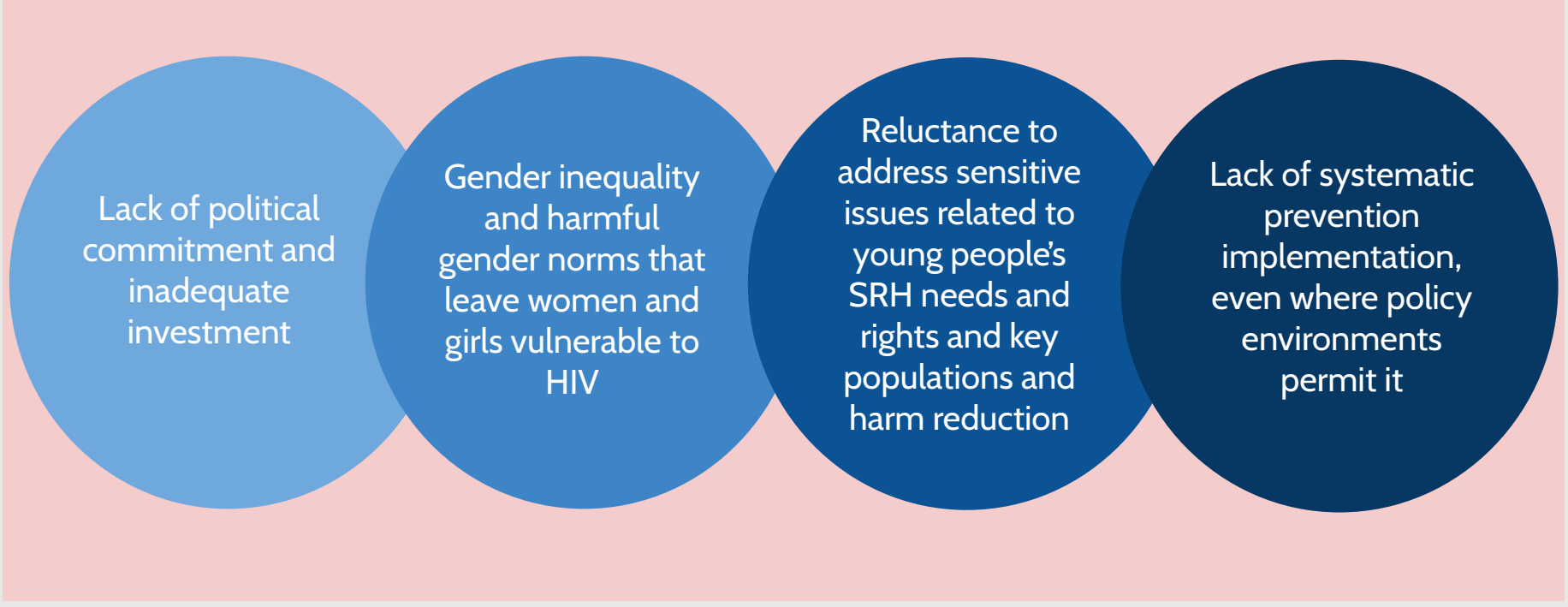
- ART and viral load suppression prevent HIV transmission at the community level with a high degree of effectiveness and are key to reducing incidence and achieving epidemic control
- However, modeling shows that treatment alone will be insufficient to overcome the rate of new infections
- UNAIDS 2021 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



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

OFFICE OF HIV/AIDS APPROACH TO PREVENTION

Alison Cheng, MPH

Deputy Division Chief, Prevention, Care, and Treatment

Office of HIV/AIDS - USAID/Washington

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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

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Pre- and Post-Exposure Prophylaxis

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STAR HIV PrEP Intern

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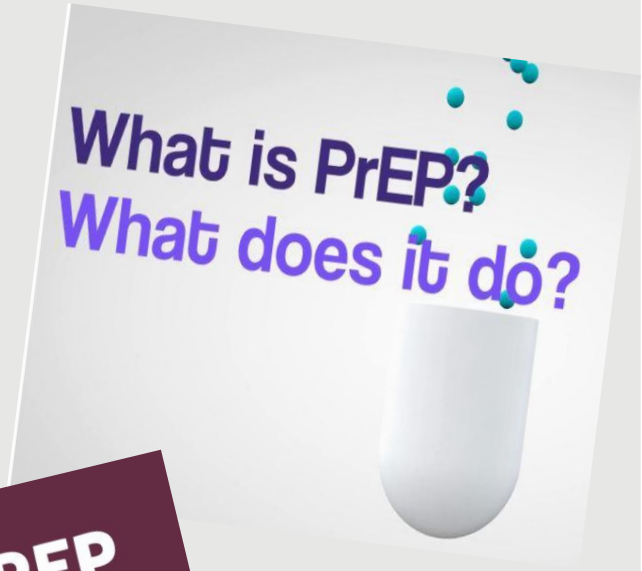
What is PrEP and PEP?

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

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

Measuring PrEP and PEP through MER Indicators

PrEP_NEW definition:

Number of individuals newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.

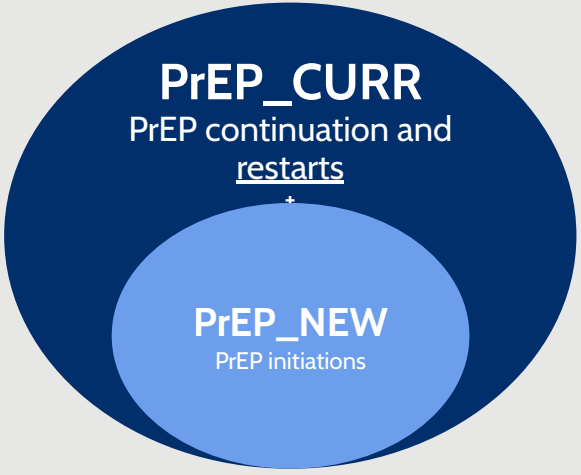
PrEP_CURR definition:

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.

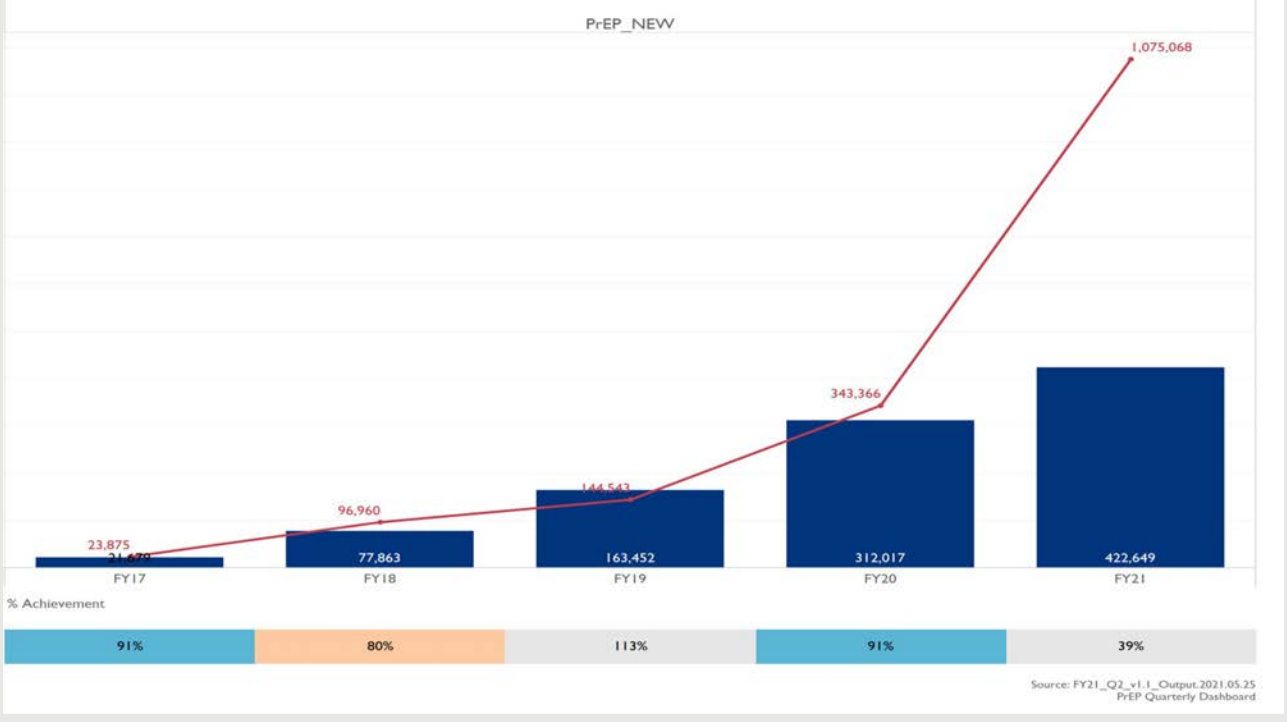
- Also counts the number of people receiving PEP



PrEP_CURR will always be equal to or greater than PrEP_NEW.

NOTE: A client coming for PEP repeatedly may be a good candidate for PrEP.

Global Trends: PrEP_NEW

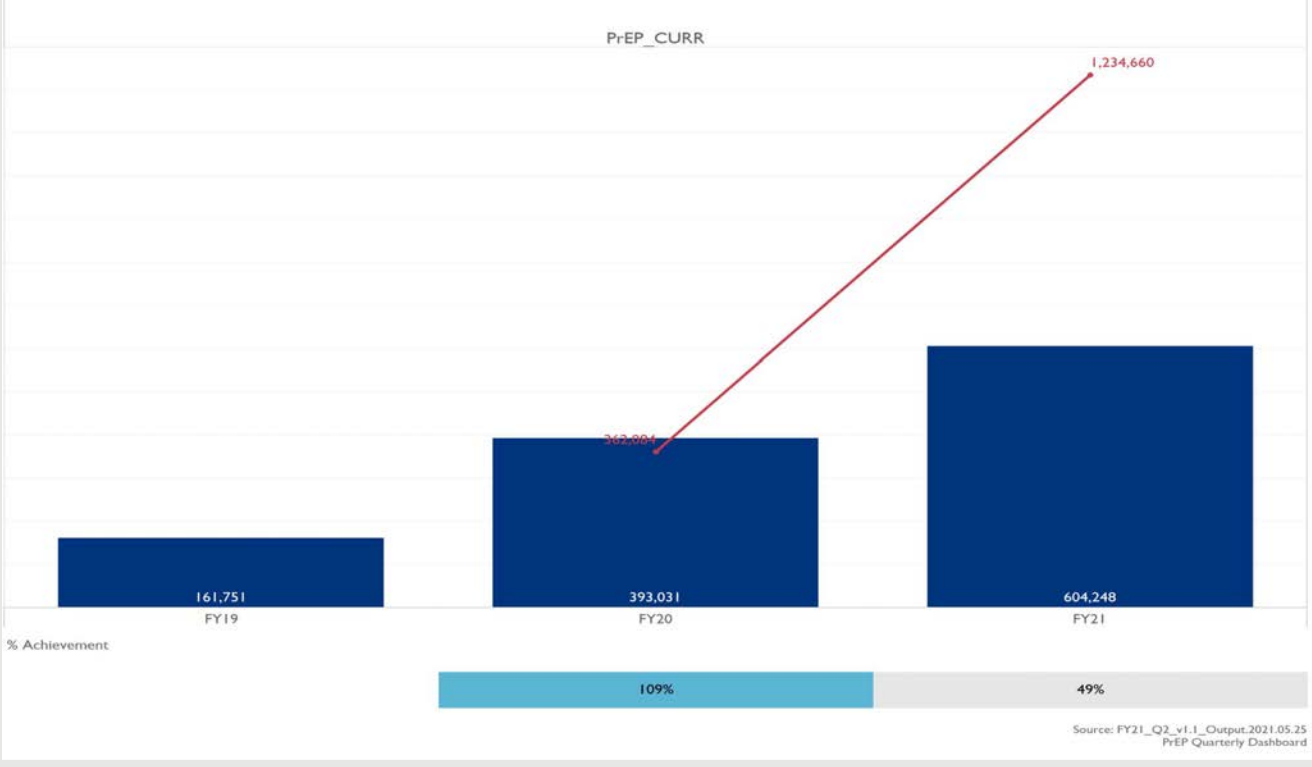


In COP20, PEPFAR made oral PrEP a core programmatic requirement and set an overall goal of serving **1 million people** with PrEP in FY21.

As of FY21 Q2:

- At 39% of PrEP_NEW globally
-
- Exceeded total PrEP initiations (PrEP_NEW) from previous COP year

Global Trends: PrEP_CURR



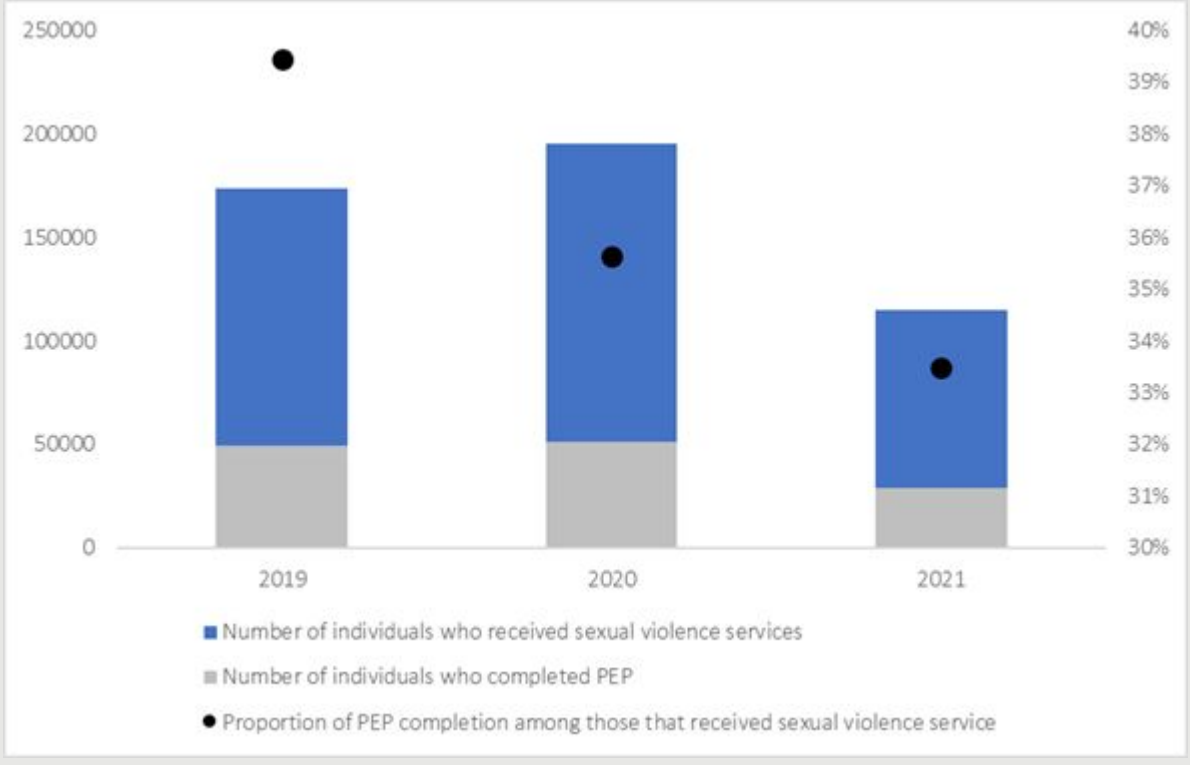
As of Q2, at 46% of PrEP_CURR globally

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

Challenges

- **Policy limitations** restricting implementation
  - PrEP provision limited to certain populations - can be stigmatizing
  - Restrictions in some contexts on community delivery and DSD of PrEP
- **Supply chain and stock issues**
  - Country rationing of stock due to COVID-19
  - ARVs for PrEP not considered in supply chain planning
  - Poor management of supply chain and stock across sites
  - Delayed procurement and distribution
- **COVID-19 restrictions** that have halted or slowed programs
- Limitations in **COP budgeting** for PrEP expansion
- Continuing limitations of **training and support of providers**; limited HRH to support PrEP expansion

Opportunities

- **Leverage partner innovations/strategies adapted and accelerated during COVID-19**
  - Successful adaptations (e.g., online screening, reservation apps) should be identified and scaled in COP21
- Continue to **promote DSD** by decongesting health facilities to support PrEP access for clients (e.g., community-based delivery of PrEP, MMD for PrEP)
- Continue to **advocate for co-funding of PrEP** by other funders/donors
- Leverage **virtual platforms** for increased provider training and support
- Introduce new biomedical prevention technologies (e.g., DVR, CAB-LA) and dosing strategies (e.g., ED-PrEP for MSM) as additional HIV prevention options

Key Resources

- PrEP Learning Network: Monthly Webinar Series
- West Africa PrEP Learning Network
- WHO and Jhpiego: Oral PrEP eLearning Resource Package (for clinicians)
- 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

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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

VMMC Age Eligibility:

- 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.
- All VMMC targets will be in 15+ age band unless S/GAC Chair approves Shang Ring use in clients ages 13-14.
- If Shang Ring is approved in 13-14 year olds, targets should be relatively small and not meant to replace previous <15 year old volumes.
- 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)
- Enhanced Shang Ring safety monitoring and reporting remains in place; device displacement is now a notifiable adverse event, reportable to S/GAC.
- Coverage estimates (from DMPPT2, formerly implemented by Avenir Health) transitioned into UNAIDS Spectrum; continue use of coverage estimates to guide geographic prioritization.

Other Guidance Considerations:

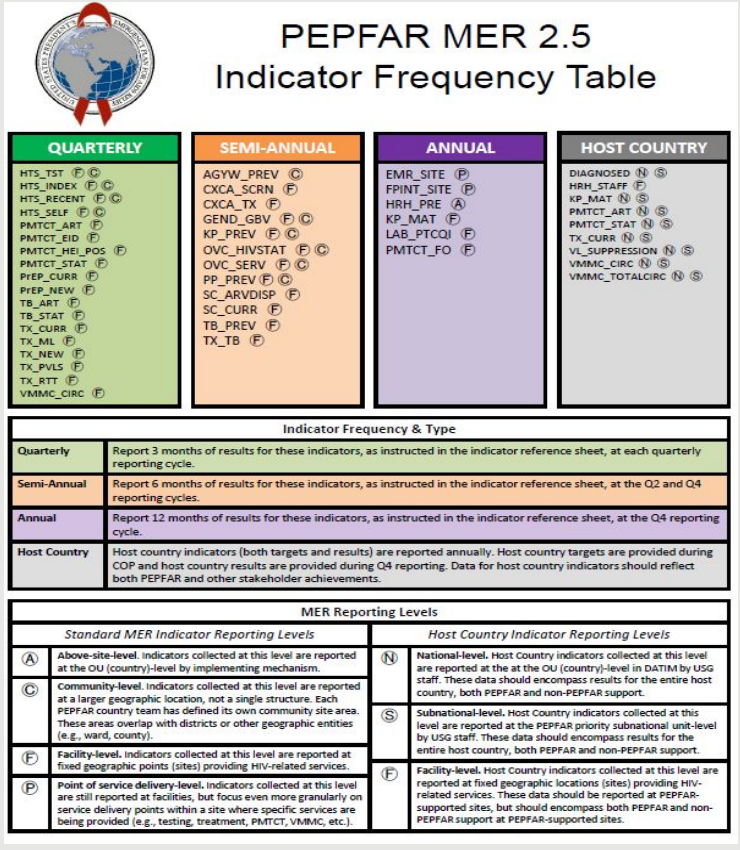
- **Geographic pivot:** For geographic areas reaching >=80% VMMC coverage, VMMC services should continue if demand remains **to ensure that coverage is not lost**; countries should plan to **sustain ongoing circumcisions for boys turning 15 years**.
- **Reusable instruments:** Programs should provide quantitative evidence of substantive shifts towards reusable VMMC instruments to justify their commodities budgets.
- **HTS:** VMMC programs should show clear plans for decreasing testing among low yield clients.
- **HIV index testing:** Index case testing should be offered at multiple entry points including at VMMC facilities.
- **Cervical cancer:** 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.

VMMC MER Indicators *(MER 2.5 can be found here on pages 78-79)*

- **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
Indicator Frequency Table

QUARTERLY	SEMI-ANNUAL	ANNUAL	HOST COUNTRY
HTS_TST (F) (C)	AGYW_PREV (C)	EMR_SITE (P)	DIAGNOSED (N) (S)
HTS_INDEX (F) (C)	CXCA_SCRN (F)	FPINT_SITE (P)	HRH_STAFF (F)
HTS_RECENT (F) (C)	CXCA_TX (F)	HRH_PRE (A)	KP_MAT (N) (S)
HTS_SELF (F) (C)	GEND_GBV (F) (C)	KP_MAT (F)	PMTCT_ART (N) (S)
PMTCT_ART (F)	KP_PREV (F) (C)	LAB_PTCQI (F)	PMTCT_STAT (N) (S)
PMTCT_EID (F)	OVC_HIVSTAT (F) (C)	PMTCT_FO (F)	TX_CURR (N) (S)
PMTCT_HEI_POS (F)	OVC_SERV (F) (C)		VL_SUPPRESSION (N) (S)
PMTCT_STAT (F)	PP_PREV (F) (C)		VMMC_CIRC (N) (S)
PrEP_CURR (F)	SC_ARVDISP (F)		VMMC_TOTALCIRC (N) (S)
PrEP_NEW (F)	SC_CURR (F)		
TB_ART (F)	TB_PREV (F)		
TB_STAT (F)	TX_TB (F)		
TX_CURR (F)			
TX_ML (F)			
TX_NEW (F)			
TX_PVLS (F)			
TX_RTT (F)			
VMMC_CIRC (F)			

Indicator Frequency & Type	
Quarterly	Report 3 months of results for these indicators, as instructed in the indicator reference sheet, at each quarterly reporting cycle.
Semi-Annual	Report 6 months of results for these indicators, as instructed in the indicator reference sheet, at the Q2 and Q4 reporting cycles.
Annual	Report 12 months of results for these indicators, as instructed in the indicator reference sheet, at the Q4 reporting cycle.
Host Country	Host country indicators (both targets and results) are reported annually. Host country targets are provided during COP and host country results are provided during Q4 reporting. Data for host country indicators should reflect both PEPFAR and other stakeholder achievements.

MER Reporting Levels

Standard MER Indicator Reporting Levels		*Host Country Indicator Reporting Levels*	
(A)	**Above-site-level.** Indicators collected at this level are reported at the OU (country)-level by implementing mechanism.	(N)	**National-level.** Host Country indicators collected at this level are reported at the at the OU (country)-level in DATIM by USG staff. These data should encompass results for the entire host country, both PEPFAR and non-PEPFAR support.
(C)	**Community-level.** Indicators collected at this level are reported at a larger geographic location, not a single structure. Each PEPFAR country team has defined its own community site area. These areas overlap with districts or other geographic entities (e.g., ward, county).	(S)	**Subnational-level.** Host Country indicators collected at this level are reported at the PEPFAR priority subnational unit-level by USG staff. These data should encompass results for the entire host country, both PEPFAR and non-PEPFAR support.
(F)	**Facility-level.** Indicators collected at this level are reported at fixed geographic points (sites) providing HIV-related services.	(F)	**Facility-level.** Host Country indicators collected at this level are reported at fixed geographic locations (sites) providing HIV-related services. These data should be reported at PEPFAR-supported sites, but should encompass both PEPFAR and non-PEPFAR support at PEPFAR-supported sites.
(P)	**Point of service delivery-level.** Indicators collected at this level are still reported at facilities, but focus even more granularly on service delivery points within a site where specific services are being provided (e.g., testing, treatment, PMTCT, VMMC, etc.).		

VMMC Country Programs Working with Local Partners

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
(Grant contract with Jhpiego)

- LP Name: Tchova Tchova Communication Programs
- Focus: Demand creation

Malawi:
(LP transition award from PSI)

- LP Name: Right to Care Malawi
- Focus: Demand creation, communications, and direct service delivery

Malawi:
(LP transition award from Jhpiego)

- LP Name: Catholic Health Commission
- Focus: Direct service delivery

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

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				
Country	**Prime and Local Partner Name**	**COP20 Target**	**Performance Towards Annual Target**	**Comments**
Malawi	Jhpiego/ EMPOWER II Project - CTC	1,875	1360 (73%)	CHC runs 2 sites (Chapananga and Montfort) out of 8 static sites in Chikwawa district; this is a contribution to Q3 results
Malawi	PSI/EMPOWER I VMMC Project – Right to Care	3,351	2747 (82%)	Q1-Q3 performance and contribution to PSI's overall performance
Mozambique	Tchova Tchova Communication Programs	N/A	N/A	LP doing demand creation only

USAID Data Sources: Preliminary data from country teams

Country Spotlight: Tanzania
Aligning HQ TA to Address LP Challenges

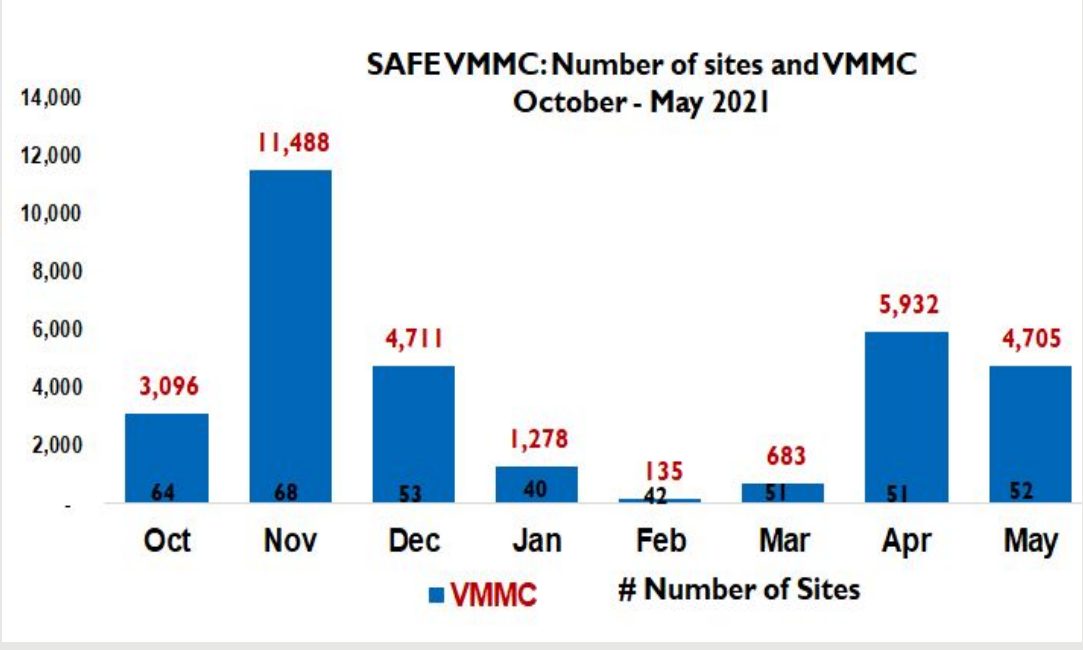
APHFTA performance remained suboptimal due to persistent challenges

	Key Challenges	Solutions and Status
01	Funding Delays: Fixed reimbursement contract - can only access funds after submitting results	• Meetings with COR, OAA, and Tanzania VMMC team • Guidance from HQ LP on provision of advance funding • Contract updated, advance funding approved by 06/30 • USAID reimbursement and bank loan both processed concurrently; funding challenge RESOLVED
02	Delayed MOH Approval: MOH had concerns about excluding 10-14 year olds from the PEPFAR target	• Verbal approval to work in MOH facilities and districts • LP now implementing services; improvement already seen • Will continue to follow up on MOH approval of the MOU

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

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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

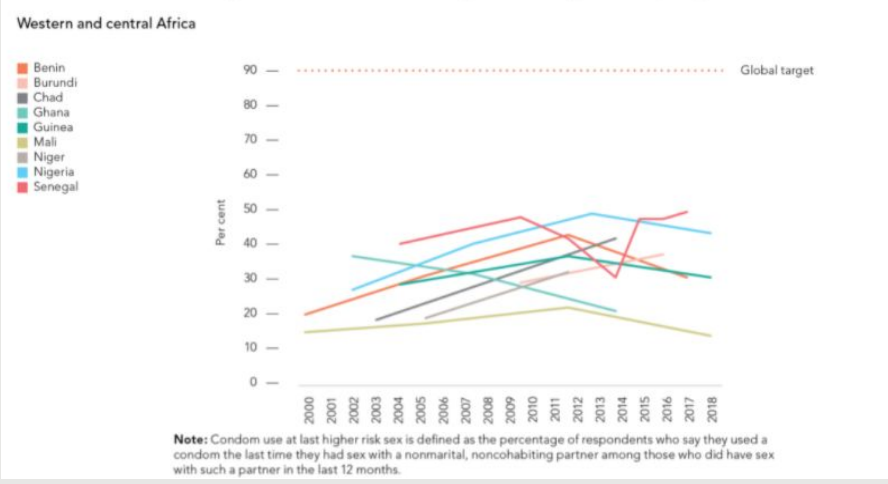
Source: UNAIDS, https://www.unaids.org/en/resources/presscentre/featurestories/2020/november/20201123_condom-use-declining, November 23, 2020

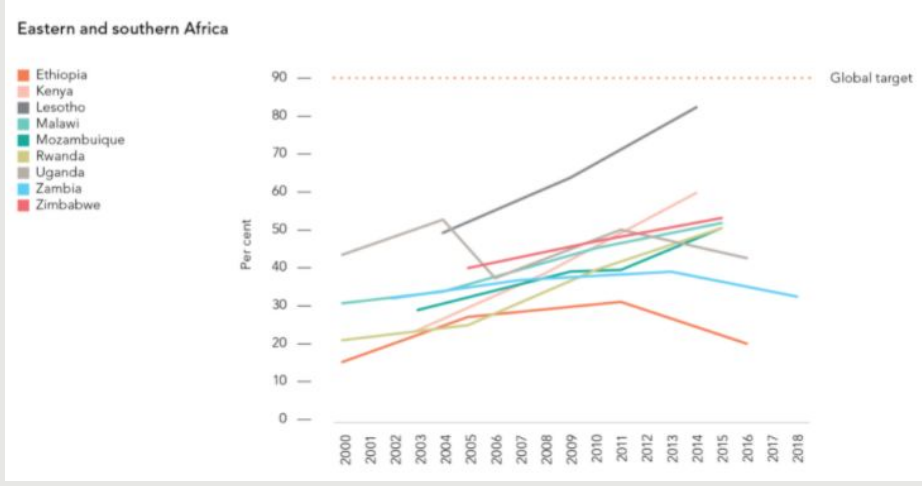
Male condom sales through social marketing declining over past decade

Source: DKT International, Contraceptive Social Marketing Statistics - 1991-Present, c2020

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

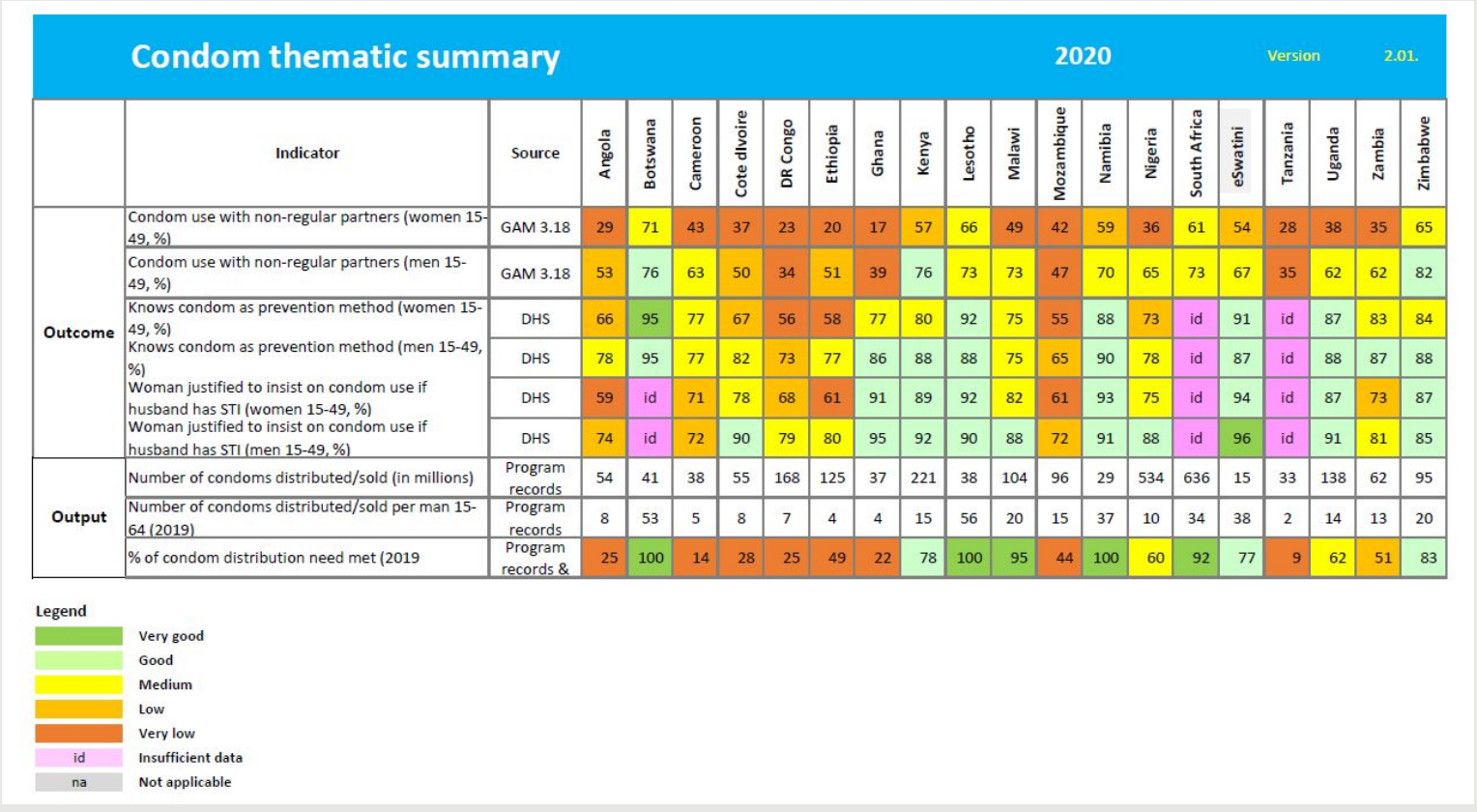
Condom use at last higher risk sex, women aged 15-24 years, by region, 2000-2018





Source: UNAIDS, https://www.unaids.org/en/resources/presscentre/featurestories/2020/november/20201123_condom-use-declining, November 23, 2020

UNAIDS Condom Scorecard



Condom thematic summary

2020 Version 2.01.

	Indicator	Source	Angola	Botswana	Cameroon	Cote dIvoire	DR Congo	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria	South Africa	eSwatini	Tanzania	Uganda	Zambia	Zimbabwe
Outcome	Condom use with non-regular partners (women 15-49, %)	GAM 3.18	29	71	43	37	23	20	17	57	66	49	42	59	36	61	54	28	38	35	65
	Condom use with non-regular partners (men 15-49, %)	GAM 3.18	53	76	63	50	34	51	39	76	73	73	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	75	65	90	78	id	87	id	88	87	88
	Woman justified to insist on condom use if husband has STI (women 15-49, %)	DHS	59	id	71	78	68	61	91	89	92	82	61	93	75	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	81	85
Output	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	92	77	9	62	51	83

Legend

- Very good
- Good
- Medium
- Low
- Very low
- id — Insufficient data
- na — Not applicable

Source: UNAIDS, https://hivpreventioncoalition.unaids.org/global-dashboard-and-country-scorecards/

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

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PART II

EVIDENCE-BASED PREVENTION RESPONSES: POPULATIONS

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Key Populations

Sarah Yeiser, RN, MPH

Key Populations Advisor

Office of HIV/AIDS - USAID/Washington

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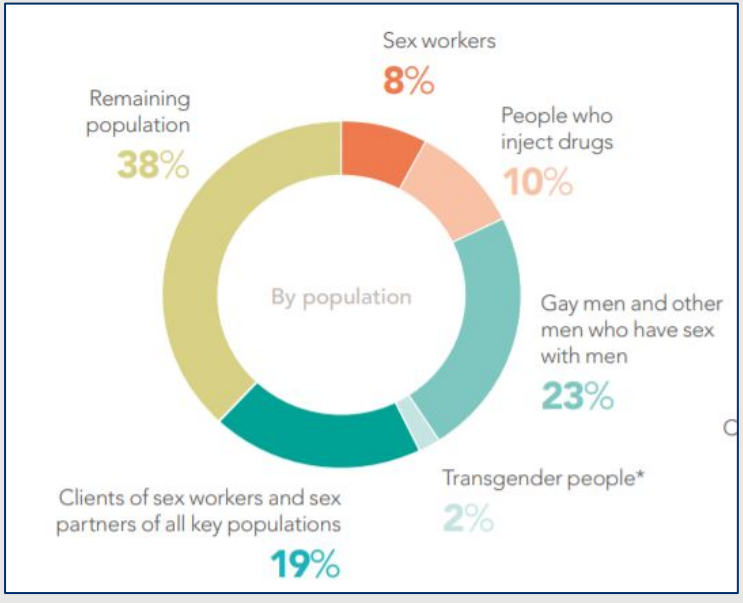
Globally, key populations are disproportionately affected by HIV in comparison to the general population

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)

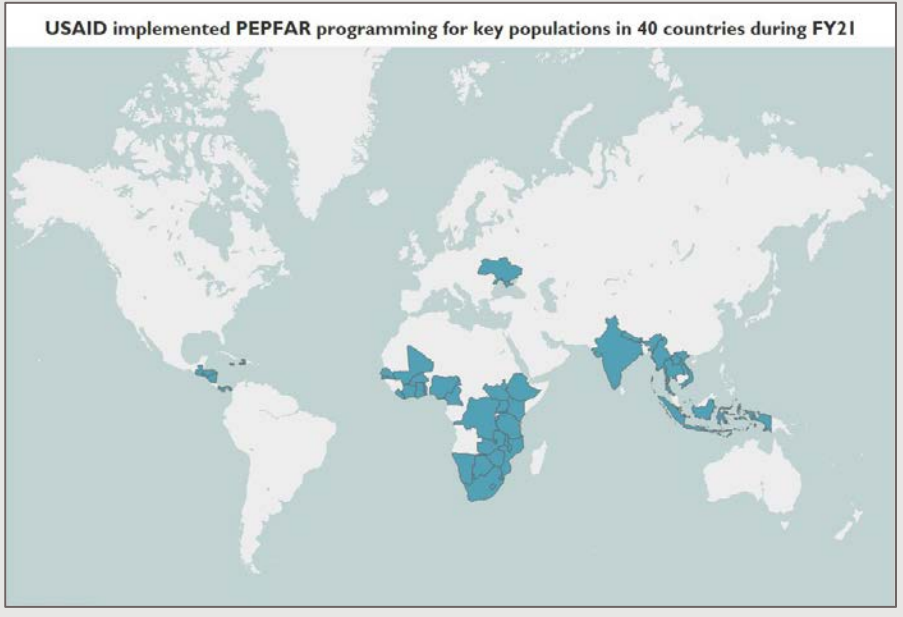
Distribution of new HIV infections by population, global 2019 (UNAIDS, 2020)



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
2. Behavioral and biomedical interventions, incl. scaling up PrEP for KPs and other STI diagnosis and treatment.
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



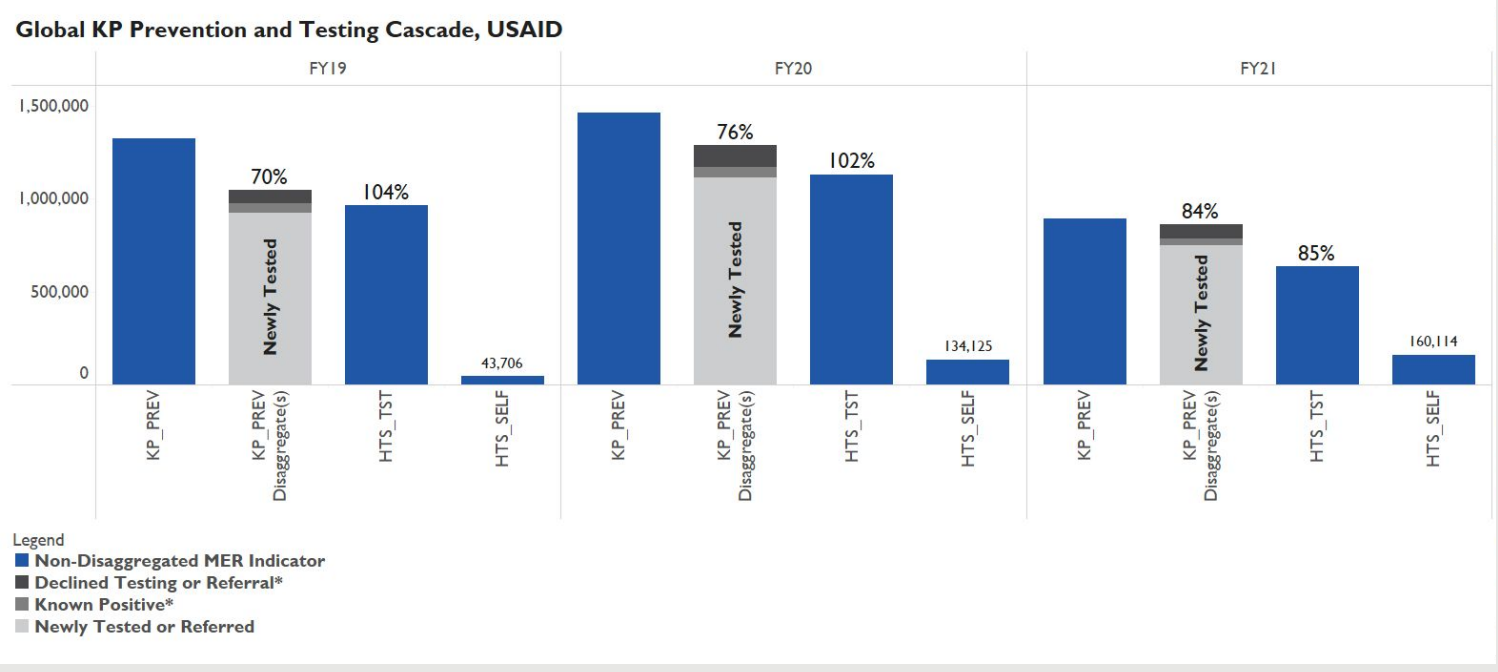
PEPFAR MER Indicators Used for KP Programming

Indicator Code	Indicator Name	Disaggregates Required	Reporting Frequency
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

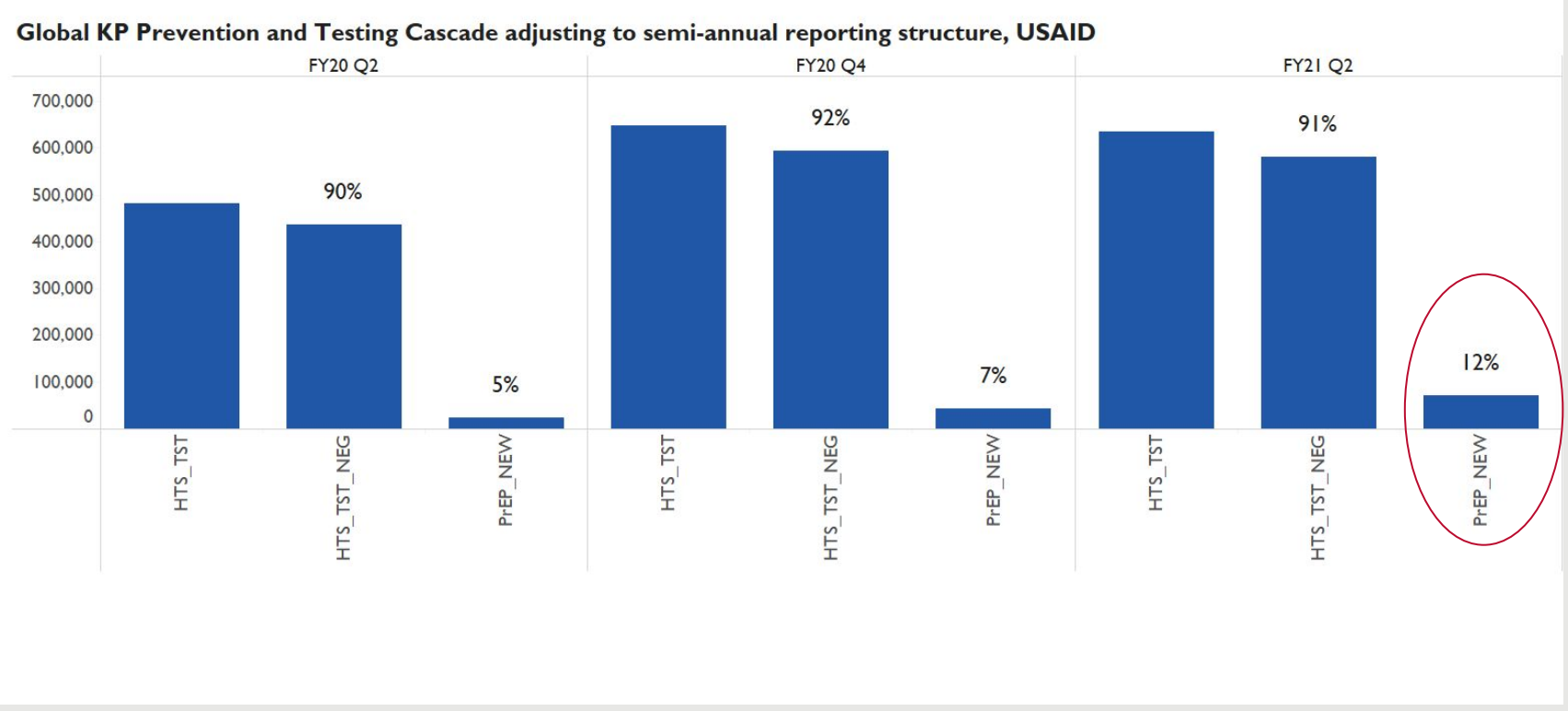


USAID's tailored and optimized programming ensures the most at risk KPs are reached and linked to HIV prevention and testing services.

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

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

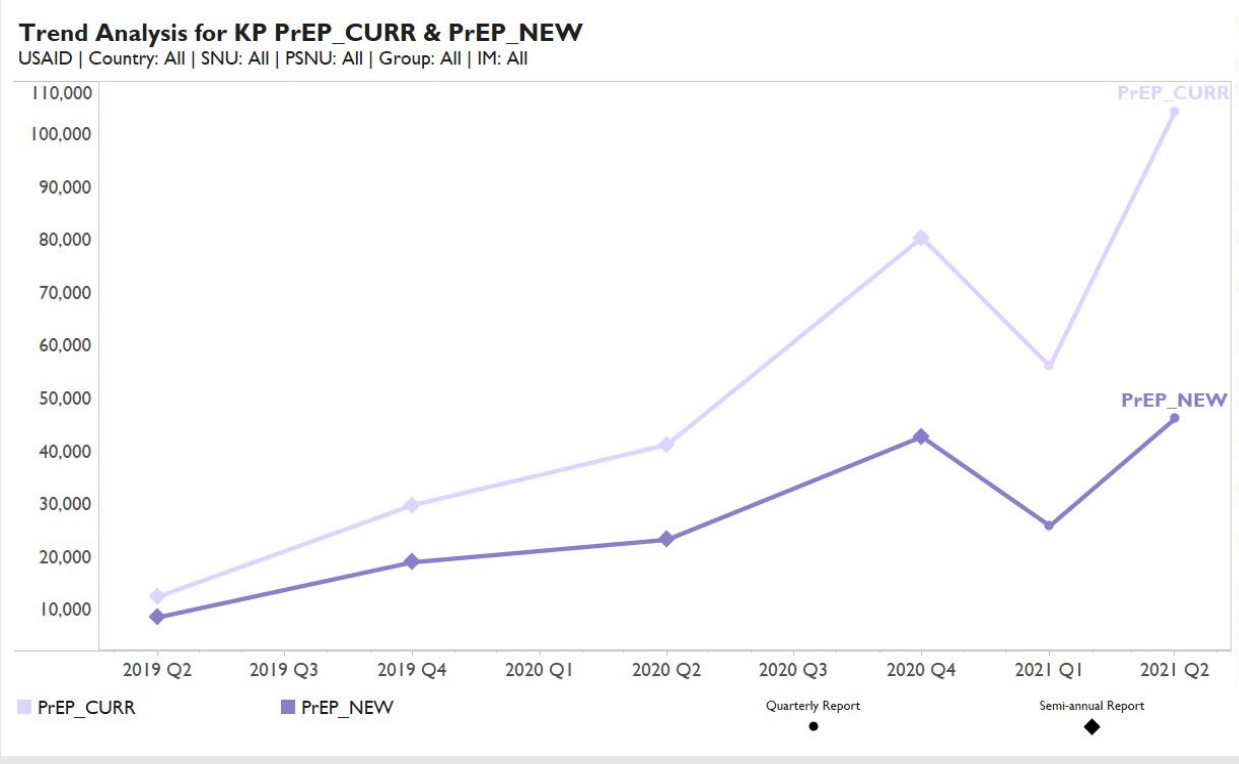
USAID programs continue to increase linkage to PrEP for those KPs who test negative for HIV



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

PrEP use among KPs continues to grow

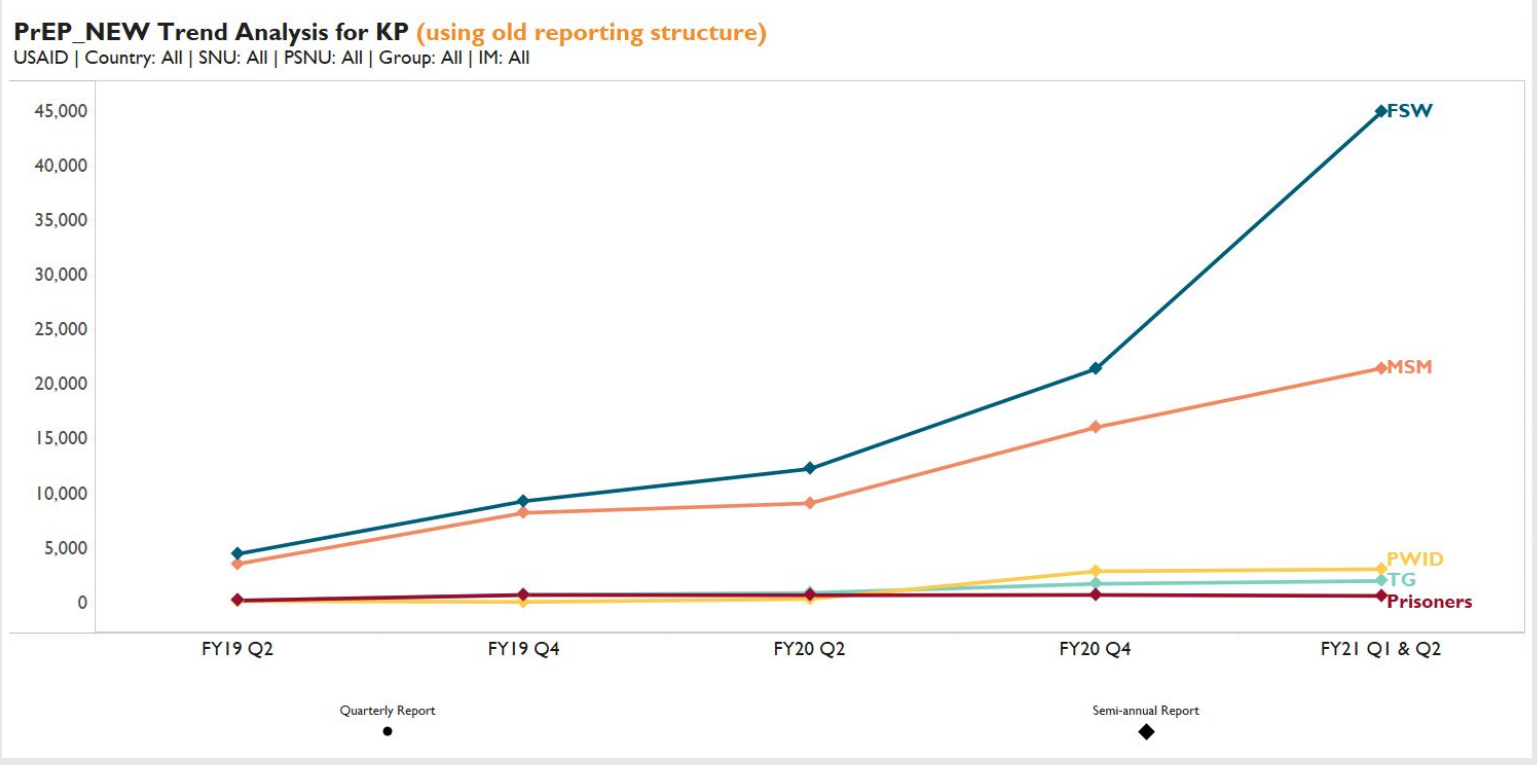
- Q2 PrEP initiations exceed FY20 Q3-Q4 and FY20 Q1
- PrEP_CURR shows continued growth of PrEP



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

Adolescent Girls and Young Women

Erin Schelar, MPH, RN

Gender Advisor

With thanks to Kate Plourde, Annaliese Limb, and Kiernan King

Office of HIV/AIDS - USAID/Washington

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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

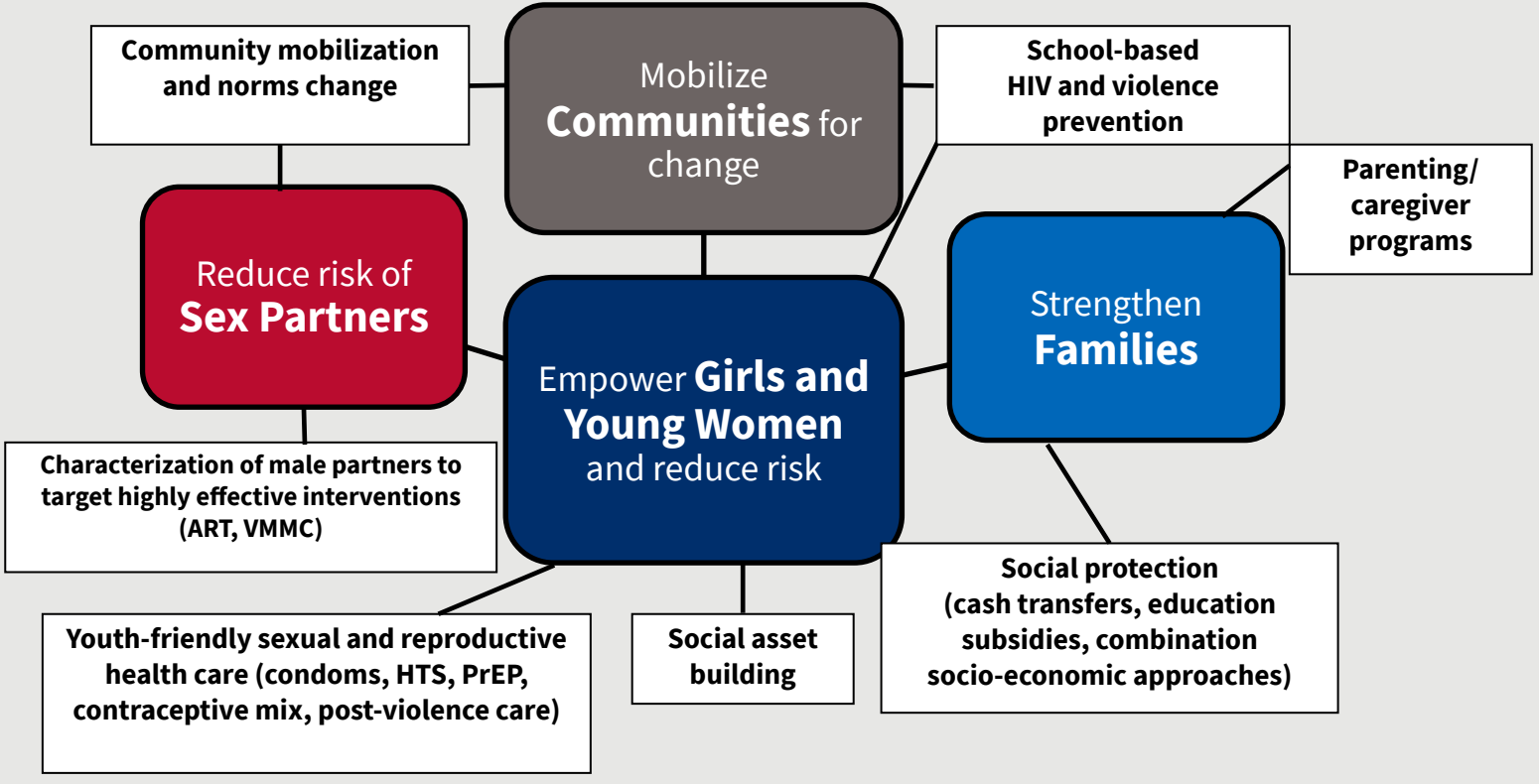
In sub-Saharan Africa, 3 in 4 new HIV infections among 15-19 year olds are among girls

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



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

DREAMS layering table COP 20

	AGYW 10-14y	AGYW 15-19y	AGYW 20-24y

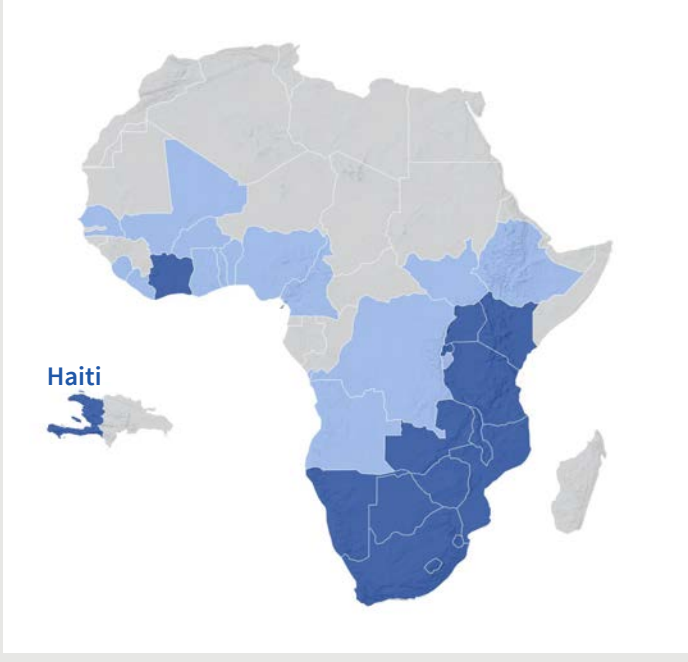
Primary Interventions	• Primary Prevention of Sexual Violence and HIV
	  ○ Life Skills Education
	  ○ SRHR Education including HIV/STI Prevention
	  ○ S/GBV Prevention
	• Social Asset Building
	• HIV Risk Screening
	• Economic Strengthening (Financial literacy)
		• Life Skills Education
		• SRHR Education including HIV/STI Prevention
		• S/GBV Prevention
		• Social Asset Building
		• HTS
		• Economic strengthening (Financial literacy)
			• Economic Strengthening (TVET, ISLG, apprenticeship)
			• SRHR Education including HIV/STI Prevention
			• S/GBV Prevention
			• Social Asset Building
			• HTS

Secondary Interventions	• Education support • S/GBV Post-violence Care • Child protection services • HTS • Positive parenting for parents/caregivers of AGYW 10-14 years	• Education support • Economic Strengthening (TVET, ISLG, apprenticeship) • Condoms & Contraceptive mix • S/GBV Post-violence Care • Child protection services • PrEP active linkage (for 18+) • Positive parenting for parents/caregivers of AGYW	• Life Skills Education • Condoms & Contraceptive Mix • S/GBV Post-violence Care • Child protection services • PrEP active linkage
Contextual Interventions	• Economic strengthening for parents of AGYW 10-14 years • Promote school- based "Safe Spaces" • Community mobilization and norms change	• 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	• Community mobilization and norms change • Reduce risk of male sexual partners

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

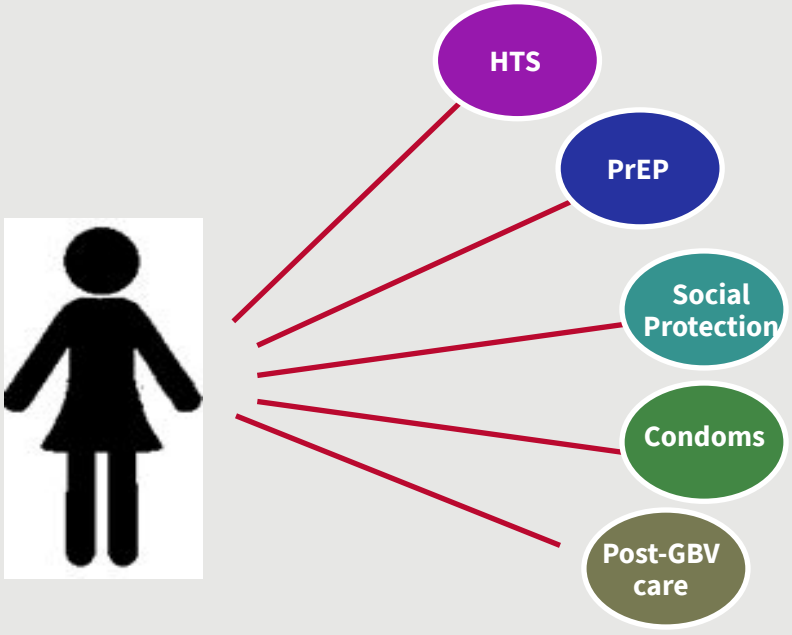
AGYW

(10-24 Years Old)

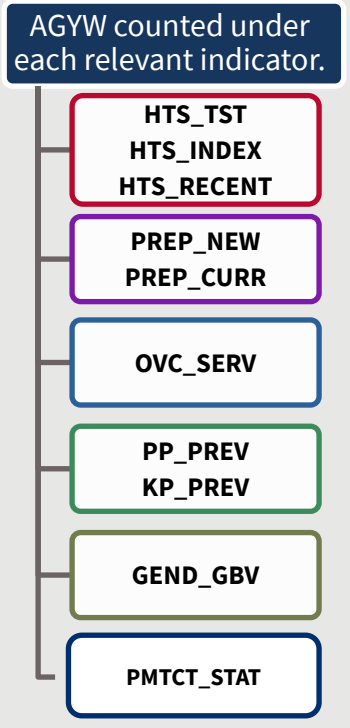
- AGYW 10-14 who are or have been sexually active
- AGYW 15-24 who are seuxally actiive and have high number of partners or inconsistent condom use
- Currently or ever been pregnant
- Experiencing neglect (living without emotional and financial support of adult caregiver)
- Commercial, transactional, 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



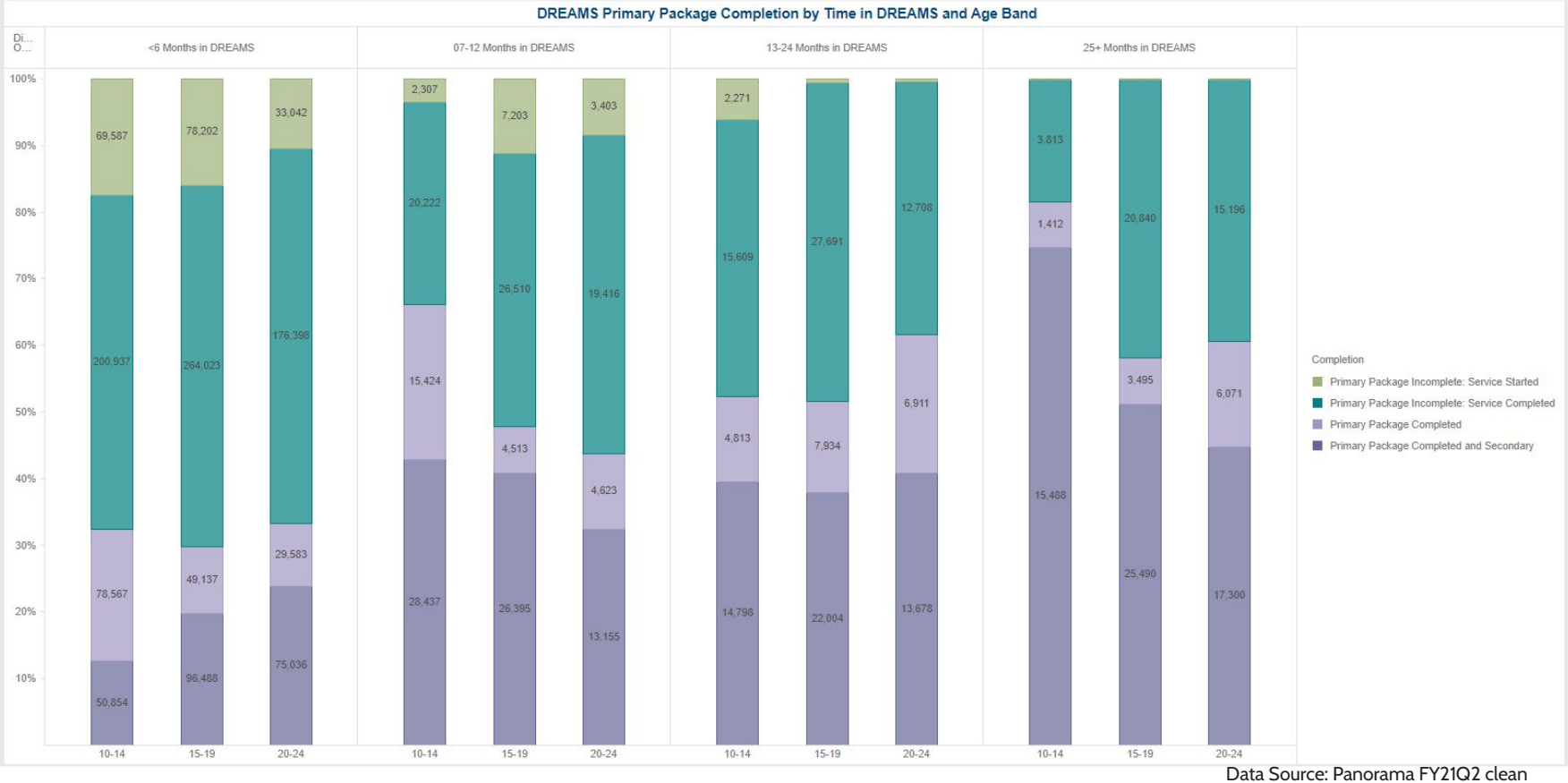
AGYW_PREV:
Percentage of active DREAMS beneficiaries that completed at least the DREAMS primary package of evidence-based services/interventions



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

MER 2.0 (Version 2.5) - pages 34-43

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 SNUs
- Employ DREAMS Ambassadors, through IPs, for provincial/regional/district level coordination and oversight

COVID impact on DREAMS implementation continues

<u>Specific Challenges</u>: **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.

<u>Ongoing Modifications</u>: 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

- Saul J, Bachman G, Allen S, Toiv NF, Cooney C, Beamon T. The DREAMS core package of interventions: A comprehensive approach to preventing HIV among adolescent girls and young women. PLoS One. 2018 Dec 7;13(12)
- 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

Part II Q&A and Local Partner Reflections

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FINAL Q&A

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CLOSING REMARKS

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Thank you!
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