Dreaming of an AIDS-Free Future
The United States has shown tremendous leadership in the global fight against HIV/AIDS. The U.S. government has provided resources linked with comprehensive support, including deep and granular data analysis to improve programming, and validated household surveys as a critical assessment of our joint progress. Over the past 15 years, through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the American people’s generosity has not only saved more than 17 million lives but also changed the course of the HIV/AIDS pandemic.

But our work is not yet finished, particularly for adolescent girls and young women, who remain disproportionately affected by HIV/AIDS. In fact, no greater action is needed right now to control the HIV/AIDS pandemic than elevating and valuing adolescent girls and young women.

In some countries, girls are up to 14 times more likely to be infected with HIV than boys their same age. Three years ago, every day nearly 1,000 adolescent girls and young women were infected with HIV; this has declined to under 800 new infections and must continue to decrease. Girls account for two-thirds of new infections among young people in sub-Saharan Africa. Girls’ lives are complex and full of challenges. Many of these challenges put them at greater risk for HIV, including the startling statistic that one in three girls will experience gender-based violence at a very young age, often leading to a lifetime of violent experiences. Such violence increases a girl’s likelihood of HIV acquisition and many other negative outcomes.

We are working hard to change this. Through collaboration with the private sector, PEPFAR is leading the ambitious DREAMS Partnership to help girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women. The goal of DREAMS is to reduce new HIV infections among adolescent girls and young women in the highest HIV burdened geographic areas of 15 countries. The multi-sectoral DREAMS core package of interventions goes beyond the health sector to address the structural drivers that directly and indirectly increase girls’ HIV risk, including poverty, gender inequality, sexual violence, and a lack of education.

In 2017, after just 13 months of full DREAMS implementation, analyses showed that new HIV diagnoses among adolescent girls and young women declined by more than 25 percent in the majority (>60 percent) of DREAMS intervention regions.

Now, preliminary findings in this report show that, in the past year, new HIV diagnoses among adolescent girls and young women continued to decline in 85 percent of the highest HIV burdened communities/districts that are implementing DREAMS. In addition, eight of the DREAMS-supported districts that had less than a 25 percent decline of new HIV diagnoses among adolescent girls and young women in 2017 had a greater than 25 percent decline in 2018 – showing marked success.

PEPFAR is deeply committed to addressing the vulnerabilities of adolescent girls and young women and ensuring their access to quality HIV prevention and treatment services. We thank the American people for their remarkable generosity and support as we continue our efforts to control the HIV/AIDS pandemic—girl by girl and community by community.

Sincerely,

Ambassador Deborah L. Birx
U.S. Global AIDS Coordinator & U.S. Special Representative for Global Health Diplomacy
Despite substantial declines in the number of new HIV infections globally, the HIV/AIDS epidemic among females ages 15-24 in select countries remains uncontrolled, with 67 percent of new infections in young people in sub-Saharan Africa occurring in adolescent girls and young women, or an estimated 280,000 new infections annually. HIV prevalence rates among female youth ages 15-24 are consistently higher than among their male peers, with adolescent girls and young women (AGYW) being up to 14 times more likely to become HIV-infected than their male counterparts.

The alarming rate of new HIV infections in AGYW, compounded by a projected doubling of the youth population (15-24 year olds) in sub-Saharan Africa from 100 million in 1990 to 200 million by 2020, was a call to action for the global health community. PEPFAR recognized the need to rapidly evolve its programming to prevent the reversal of critical gains achieved in reducing HIV transmission. To disrupt these epidemiological trends and accelerate progress toward control of the HIV/AIDS pandemic, it became imperative for programs to more effectively prevent HIV acquisition among AGYW in areas with a high HIV burden.

PEPFAR announced the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) Partnership on World AIDS Day 2014. In 2015, DREAMS was planned with full grassroots participation. In 2016, DREAMS implementation began in ten countries that represented over half of all infections occurring among AGYW globally in 2014: Eswatini, Kenya, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. In 2017, DREAMS evolved from a centrally-funded, two-year partnership to an integrated part of PEPFAR’s country operational planning process. PEPFAR also added five additional DREAMS countries – Botswana, Cote d’Ivoire, Haiti, Namibia, and Rwanda – and brought its total four-year investment in DREAMS to more than $800 million.

DREAMS provides a comprehensive package of core interventions to address many of the factors that make girls and young women particularly vulnerable to HIV, including gender-based violence, exclusion from economic opportunities, and a lack of access to secondary school. When girls and young women thrive, the effects are felt throughout their families, communities, and countries.

**Figure 1: DREAMS Core Package**
When DREAMS began, although individual interventions had shown promise, no single intervention was able to avert the majority of new HIV infections in AGYW. PEPFAR needed to reduce girls’ vulnerability to HIV and increase their agency and safety. Therefore, the program turned its attention toward examining data in the scientific literature on the effectiveness of various interventions, with consideration given both to the quality of supportive research of an intervention and the consistency of its results. The resulting DREAMS core package includes broad components, such as parenting/caregiver programs and the specific evidence based curricula that should be considered in their implementation (See Figure 1).

The alarming rate of new HIV infections in AGYW, compounded by a projected doubling of the youth population (those ages 15-24) in sub-Saharan Africa from 100 million in 1990 to 200 million by 2020, was a call to action for the global health community. PEPFAR recognized the need to rapidly evolve its programming to prevent HIV infection in AGYW. This included through efforts focused on reducing the HIV risk of their sex partners through prevention programming in young men and finding and treating young men ages 20-30 to ensure they are virally suppressed and do not pass HIV to adolescent girls and young women.

DREAMS interventions also work with other interventions available through core PEPFAR activities (e.g., HIV testing and treatment; orphans and vulnerable children [OVC] programming; and voluntary medical male circumcision [VMMC]) to reduce risk in every sector. DREAMS is committed to several fundamental principles, including reaching and enrolling the most vulnerable AGYW and layering of interventions for maximum impact. Layering is the concurrent delivery of multiple interventions to unique vulnerable AGYW, with the goal of creating a synergistic impact in reducing their HIV vulnerability.

To determine where DREAMS should be implemented and which AGYW should be its focus, DREAMS country teams use survey and administrative data on risk factors such as HIV prevalence by sex and age, early marriage, early pregnancy, and school dropout rates.

ZAMBIA: BRIDGE TO EMPLOYMENT

Sisters Abigail (19) and Hope Nsokolo (24) remember how tough their lives were when their father died in 2004. Their family was plunged into poverty and the girls were forced to help fill the financial void by plaiting hair, selling sweets, and accompanying their mother to the market to sell vegetables. Hope became pregnant at 14, and her dreams of finishing her education began to fade.

Through their mother’s determination to see her daughters succeed and their own creativity and resourcefulness in earning money, both Abigail and Hope managed to complete their high school education. In 2016, the sisters were enrolled in DREAMS where they were assigned a ‘Safe Space’ and a mentor. They meet weekly with a group of 25 girls, following a tailored curriculum on topics such as self-esteem, negotiation skills, HIV prevention, and financial literacy.

DREAMS has so tangibly impacted the two sisters that they were invited to become mentors themselves. The monthly allowance given to mentors was a financial boost that motivated them to further their education. In January 2017, both were awarded scholarships to study heavy equipment repair, a certificate which could lead to employment in the mining, agriculture, or transport sectors. Abigail and Hope are proud to be outperforming many of their male peers in class and succeeding in what is typically a male-dominated field.
In order to infuse innovative solutions, build the capacity of community-based organizations, and address needs that could not be met by the DREAMS core package, PEPFAR launched the DREAMS Innovation Challenge in 2016. The Innovation Challenge had six focus areas: strengthening the capacity of communities for service delivery; keeping girls in secondary school; linking men to services; supporting pre-exposure prophylaxis (PrEP); providing a bridge to employment; and applying data to increase impact. Through the DREAMS Innovation Challenge, the DREAMS Partnership selected over 50 organizations to implement innovative solutions that build upon existing approaches and further the DREAMS’ commitment to reduce HIV infections among AGYW.

Nearly half of the organizations had never received PEPFAR funding in the past, and nearly two-thirds were small, community-based organizations. Examples of solutions implemented through the DREAMS Innovation Challenge include: combining PrEP services for AGYW and distribution of self-testing kits to their male partners; instituting an early warning system to improve retention in secondary school; training of AGYW in skills linked to employment such as mechanics, financial literacy, and coding linked to employment; using community libraries as safe spaces to provide mentorship and information on HIV prevention; and using celebrities and musicians to create demand for prevention and PrEP services.

As of September 2018, grantees through the Innovation Challenge reached:

- 148,000 AGYW with HIV education, awareness, and prevention services through community strengthening
- 88,000 AGYW with interventions to keep them in school
- 9,100 AGYW with PrEP enrollment through increased demand creation activities
- 29,600 AGYW with workforce development trainings, of which 18,000 have been placed in jobs

Over half of the Innovation Challenge implementing organizations are being considered for project period extensions, of which the majority are indigenous organizations. Several other projects will be sustained with continued funding through government, private sector, or existing PEPFAR programming funds.

KENYA: INNOVATION CHALLENGE – PrEP

Vivian (23) learned about pre-exposure prophylaxis (PrEP) from her friend who is a peer educator in the Bar Hostess Empowerment and Support Program, part of the DREAMS Innovation Challenge in Kenya. Concerned that Vivian had multiple sex partners and was engaging in risky behaviors under the influence of alcohol, her friend started talking to her about PrEP and eventually convinced her to go to the clinic where she was tested for HIV and initiated on PrEP.

After a week on PrEP, Vivian experienced side effects and decided to stop. She revisited the clinic for medical help and received counseling on side effects that helped her reinitiate. She also became an active member of a PrEP support group where she mentors other young women taking PrEP. So far, she has referred 211 of her peers for PrEP services. Vivian has now been on PrEP for over one year and has been able to go back to school to study project management. Her dream is to work with a local organization to enhance access to health services and entrepreneurship skills for young women vulnerable to HIV. Vivian says, “Now I can engage with my peers without fear. I feel empowered and in control of my life. My future health is secured, and I can take care of my son.”
Engaging the Right Stakeholders

PEPFAR understood early on that DREAMS would require meaningful engagement and partnership with the right stakeholders to truly impact the lives of AGYW. From the beginning, DREAMS required the establishment of a multisectoral, multidisciplinary steering committee to ensure the comprehensive needs of AGYW are met in a manner that promotes local ownership and sustainability. At both headquarters and the country level, PEPFAR has cultivated partnerships with the private sector, civil society organizations, multilateral organizations, host country governments, and most importantly AGYW themselves. These relationships provided critical expertise, funding, and guidance to better position DREAMS for success.

Each of the DREAMS private sector partners has contributed unique expertise to strengthen and complement PEPFAR programming. The Bill & Melinda Gates Foundation supports implementation science and impact evaluation activities focused on measuring the quality of DREAMS implementation and the difference it is making in the lives of AGYW. Girl Effect used its media, communications, and branding expertise to develop a youth brand, Zathu, which is reaching Malawian youth and improving gender norms around equality and friendships between girls and boys. Johnson & Johnson facilitated workshops amplifying the voices of AGYW and conducted market segmentation research to support programmatic design that is responsive to the most urgent needs of AGYW. Gilead Sciences procured generic PrEP drugs to meet the rising demand for them among AGYW in DREAMS districts. Finally, Viiv Healthcare supported capacity building for community-based organizations through the Innovation Challenge.

DREAMS would not succeed without strong collaboration with PEPFAR’s bilateral and multilateral partners and the advocacy and mobilization of civil society. Civil society, including faith-based and traditional authorities, have been the guiding force for ensuring that DREAMS speaks to the needs of AGYW within the context of the societies in which they live. Coordination with host country governments has enabled buy-in from and entry points into many of the highest HIV burdened communities, and has promoted sustainability and further commitment to serving vulnerable AGYW. PEPFAR’s bilateral partners also support DREAMS implementation, such as through collaborative curricula development, training, and integration into existing systems for in-school HIV education and violence prevention activities. All DREAMS stakeholders work together through routinized coordination efforts to act as steering bodies for DREAMS at the community, country, and global levels. These partnerships have proven critical to the sustained momentum of DREAMS, including timely course correction as these efforts evolve.

A crucial aspect of DREAMS is the meaningful and continuous inclusion of AGYW in the planning and implementation of programs and course corrections. DREAMS girls have been and continue to be essential to the success of DREAMS. By providing a platform for and building the capacity of peer leaders, DREAMS has broadened its reach and elevated the needs and issues of AGYW in national and global fora. Many DREAMS countries promote DREAMS beneficiaries by making them official mentors, ambassadors, and even employees of DREAMS implementing partners, furthering their empowerment and creating positive change. DREAMS Ambassadors have driven the prioritization of AGYW across various sectors and help ensure that the motto “nothing about us without us” is at the heart of all DREAMS programming.
Data have guided every step of DREAMS planning and implementation (See Figure 2). From the creation of the DREAMS guidance to the program and outcome data that PEPFAR collects from DREAMS implementation, DREAMS is shaped by the needs of AGYW. Currently, several sources of data are used to monitor the implementation of DREAMS, as well as changes in outcomes at the district level. Findings are being used to improve DREAMS programming on an ongoing basis.

**FINDINGS ON DREAMS IMPLEMENTATION & IMPLICATIONS FOR PROGRAMMING**

Relevant PEPFAR program indicators track whether implementing partners are achieving their targets in the DREAMS geographic areas. These indicators are disaggregated by age and sex, which show whether interventions are reaching the correct target population. For example, indicators of HIV testing services, prevention programming, OVC services, PrEP, and post-violence care show if AGYW in DREAMS districts are getting the intended services. Indicators on VMMC and treatment are examined to see if young adult men are being appropriately targeted in DREAMS districts either to prevent their own HIV acquisition or to avoid their potential transmission of HIV to AGYW.

PrEP is an intervention proven to have a direct effect on HIV acquisition, and therefore is a critical component of the DREAMS core package. When the DREAMS partnership began, no PEPFAR-supported country was providing PrEP for AGYW outside of research studies. Five of the 10 original DREAMS countries included PrEP in their initial DREAMS programming. DREAMS has subsequently accelerated the implementation of PrEP for AGYW in the majority of DREAMS countries, as 11 of the 15 DREAMS countries are now providing PrEP for AGYW (three through demonstration projects being conducted prior to broader implementation). Although the number of countries providing PrEP has increased, program data show the rollout of this critical intervention needs to be continually accelerated, as only a small number of the AGYW at substantial risk for HIV acquisition in DREAMS districts have been newly enrolled in PrEP (See Figure 3).

**Figure 3: AGYW Ages 15-24 Newly Enrolled on PrEP in DREAMS Districts (Fiscal Years 2016-18)**
The Bill and Melinda Gates Foundation funded Population Council to conduct research on the barriers and facilitators of successful program implementation, including studies to identify strategies for effectively implementing PrEP for AGYW. For example, findings from a study in Tanzania indicate that young women would feel more comfortable enrolling in PrEP if they had the support of their male partners, parents, and the broader community. In the same study, all of these groups reported several socio-cultural factors, such as gender norms and the inability to negotiate condom use in relationships that increased AGYW’s HIV risk (See Figure 4). Therefore, PEPFAR plans to work with DREAMS implementers and stakeholders to increase the community-level demand creation for PrEP among AGYW.

PEPFAR headquarters staff also conducted a series of observational visits to DREAMS districts from May to November 2018. These observational visits were organized around a common set of questions in order to understand the potential differences between districts and countries contributing to DREAMS’ successes and challenges. Questions posed during the visits included the following topics: 1) what components of the core package were being implemented in which districts, including the specific programs or interventions; 2) roles of implementing partners and stakeholders supporting DREAMS; 3) governance structures; 4) implementation monitoring by PEPFAR team; 5) methods and challenges for recruiting the most vulnerable AGYW in all age groups; 6) methods to ensure layering of interventions; and 7) contextual issues that may make implementation more challenging.

Observations from these visits show the challenges that are posed by existing programmatic silos, harmful cultural norms, and challenging contexts; however, they also reveal that, once DREAMS is in place, girls’ lives are being transformed. Finding the most vulnerable girls as well as practicing and tracking layering are essential for DREAMS’ success; these both benefit from standardized procedures within districts and countries. A strong DREAMS Ambassador program allows DREAMS beneficiaries to see themselves in future positions of authority and provides concrete opportunities for AGYW to earn an income and reach other vulnerable AGYW. Engagement with civil society and local government enable full alignment with country and community priorities. Evidence-based programs and curricula that are implemented with fidelity are necessary to ensure DREAMS is being properly implemented. PEPFAR is disseminating the key observational visit findings to all 15 DREAMS country teams to further strengthen their programming.

**FINDINGS ON NEW HIV DIAGNOSES IN DREAMS DISTRICTS**

In all 10 original DREAMS countries, modeling of new HIV diagnoses among adolescent girls and young women ages 15-24 in DREAMS districts is being used to assess changes over time. This geo-statistical modeling utilizes program data from 90,000 antenatal clinics tracked quarterly, including new HIV diagnoses among females ages 15-24 and pregnancy rates. The first round of this modeling, which used data from 2015-2017, revealed that comprehensive prevention interventions improved the lives of AGYW, most of the time and in most places. More specifically, this first round of modeling showed that new HIV diagnoses among adolescent girls and young women declined by more than 25 percent in the majority (>60 percent) of DREAMS intervention districts since 2015 (See Figures 5 and 6). These preliminary results from last year suggested that achievement was better when implementing in rural areas and when DREAMS programming covered the entire district (See Figure 7). Future DREAMS programming will attempt to reach fuller geographic coverage and will explore ways to meet the complex challenges faced by AGYW in urban settings.

**Figure 4: High congruence among respondents: AGYW need PrEP due to socio-cultural circumstances that increase their HIV risk**

- Inconsistent or no condom use in relationships
- Lack of trust in relationships
- Gender norms prohibiting refusal of sex with partner
- Sexual violence (FSWs)

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**MOZAMBIQUE: DREAMS AMBASSADOR**

The Chipenhe Secondary School in Gaza Province, Mozambique has 1,684 students aged 13 to 25, of whom only 36 percent are female. In 2017, none of the female students from the school became pregnant, compared to four girls the previous year who were transferred out of the school when their pregnancies became apparent. The students credit the energetic work of DREAMS Ambassador Hermelinda da Fatima Macamo, a 16-year-old in 10th grade.

Hermelinda explains, “Pregnant adolescents usually abandon their schooling out of shame, or because they don’t have anyone to care for their babies while they’re at school. For that reason, our sessions really focus on the need to delay sexual activity, prevent early pregnancy, and avoid sexually transmitted infections through condom use.”

Hermelinda is currently a DREAMS Ambassador and peer educator. In this role she promotes group sessions and student debates in school on topics such as sexually transmitted infections and gender-based violence for students of both sexes. Professors and students say Hermelinda is breaking taboos around HIV. Last year, 40 percent more adolescents at Chipenhe Secondary School sought health services at the local health center than in the previous year.
Figure 5. DREAMS intervention districts with a greater than 25 percent decline in new HIV diagnoses among adolescent girls and young women, 2015-2017

Figure 6. DREAMS intervention districts with a less than 25 percent decline in new HIV diagnoses among adolescent girls and young women, 2015-2017

Figure 7. Differential declines in new HIV diagnoses among adolescent girls and young women (AGYW) through DREAMS by district type, 2015-2017
Recently, an additional four quarters of data were added to the modeling. Preliminary findings show that, in the past year, new HIV diagnoses among adolescent girls and young women continued to decline in 85 percent of the highest HIV burden communities/districts that are implementing DREAMS (See Figure 8).

In addition, eight of the DREAMS-supported districts that had less than a 25 percent decline of new HIV diagnoses among adolescent girls and young women in 2017 had a greater than 25 percent decline in 2018 - showing marked success. Most notable and encouraging is that these achievements took place in some of the highest HIV burdened communities in the world, particularly for DREAMS districts in South Africa and Lesotho.

*Figure 8: Preliminary findings show continued declines in 85 percent of DREAMS districts from 2017-2018*

As these are preliminary data, it is important to note that we are investigating outliers where these data imply that the percent of decline has decreased compared to last year. Additional analysis is ongoing.
We are at a historic moment in the global HIV/AIDS response, where for the first time we can make the impossible possible—controlling the pandemic. PEPFAR's approach to epidemic control focuses and aligns U.S. government resources toward addressing key gaps and prioritizing populations that are not being adequately reached. One of those priorities is the expansion of HIV prevention for young women under age 25 through the scale-up of innovative and successful DREAMS efforts.

DREAMS activities and a focus on AGYW will continue to be integral to PEPFAR's work. PEPFAR will also continually work to improve DREAMS programming, such as through enhanced efforts to prevent sexual violence and provide AGYW with a bridge to employment.

DREAMS has driven significant changes in the HIV field. DREAMS focused the world on the unique risks of adolescent girls and young women to HIV and through the catalytic funds of the Global Fund, HER was launched in 2017. All HIV bilateral and multilateral programs around the world must analyze their adolescent girls and young women specific programming to measure the outcomes of those programs so they can continually evolve and assess their impact on new infections in young women. PrEP is currently available in most of the DREAMS countries and soon will be in all of them along with existing comprehensive prevention. Partner governments are renewing their focus on the importance of gender equality and the impact on adolescent health and development. Multilateral organizations and non-governmental organizations are successfully advocating for greater attention on and investment in AGYW. AGYW are involved at every step of the way as DREAMS country teams and implementers seek their input.

DREAMS is not a moment, it is a movement. The future we dream of is getting closer and it's looking brighter.