

THE PEPFAR DREAMS PARTNERSHIP

What is the DREAMS Partnership?

The DREAMS Partnership is a public-private partnership between the President's Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation, Girl Effect (formerly the Nike Foundation), Johnson & Johnson, Gilead Sciences, and ViiV Healthcare to reduce HIV infections by 40% among adolescent girls and young women in sub-Saharan Africa within two years. Currently, 80% of adolescent girls and young women aged 15-24 living with HIV globally are in sub-Saharan Africa.¹ Progress made on HIV/AIDS during the last decade has often failed to include adolescent girls and young women. The aim of DREAMS is to foster the development of adolescent girls and young women to be Determined, Resilient, Empowered, AIDS-free, Mentored and Safe individuals with the ability to realize their full potential.² On the eve of World AIDS Day in 2017, PEPFAR shared data that shows that DREAMS works.³ In all ten DREAMS implementing countries, 65% of the highest HIV-burden communities had decreased new HIV infections in adolescent girls and young women by at least 25-40%. Every DREAMS district also reported a decline in new infections.

History of the DREAMS Partnership

Announced on World AIDS Day 2014, DREAMS directed \$385 million to reducing HIV infections in areas of prevalence in ten sub-Saharan African countries – Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. In December 2015, private sector partners Johnson & Johnson and ViiV Healthcare committed additional resources, including \$85 million, to both the DREAMS Partnership and the DREAMS Innovation Challenge Fund, which was designed as a sub-group of DREAMS, in part to invest in grassroots- and community-led proposals to better meet the needs of adolescent girls and young women.⁴ The DREAMS Innovation Challenge selected 56 organizations in all 10 DREAMS countries to intervene with innovative solutions that focus on six key areas (strengthening capacity for service delivery, keeping girls in secondary school, linking men to services, supporting pre-exposure prophylaxis, providing a bridge to employment, and applying data to increase impact) to enhance the DREAMS commitments to HIV reduction.⁵

In Spring 2015, PEPFAR provided guidance to its country-based teams responsible for carrying out the partnership on the ground. The guidance outlined how DREAMS will prevent new HIV infections among adolescent girls and young women through a comprehensive package of evidence-based interventions that focus on four interconnected groups:⁶

1. **Adolescent girls and young women:** Empower adolescent girls and young women and reduce their risk of HIV and violence through a range of activities, from condom promotion to social asset building.
2. **Sexual partners:** Target men and boys within the community for measures such as voluntary medical male circumcision (VMMC) and antiretroviral treatment (ART).

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3. **Families:** Strengthen families through social protection programs, such as education subsidies, and implement parenting programs with a demonstrated positive impact on adolescent HIV risk.
4. **Communities:** Shift norms and mobilize communities for change, including through school-based HIV and violence prevention.

DREAMS addresses the structural drivers of risk for HIV infection through a holistic, multi-sectoral strategy. Young adolescent girls and young women face a range of legal, economic, and social factors that directly and indirectly impact their risk of HIV infection. These factors include poverty, a lack of education and social capital, and gender-based violence, along with inadequate access to rights-based reproductive healthcare and comprehensive sexuality education.⁷ DREAMS put forward a core package of evidence-based interventions intended to operate “synergistically” to both reduce the risk of HIV faced by adolescent girls and young women, but also to increase their agency and empowerment.⁸ Such an approach recognizes that traditional biomedical interventions are only one piece of the solution to HIV in adolescent girls and young women.

Since the launch of DREAMS in 2014, studies have been published that provide additional support for evidence-based, DREAMS-like interventions. This evidence shows that interventions such as cash transfers,⁹ psychosocial care and counseling,¹⁰ both sex and academic education,¹¹ social support and protection,¹² young women’s empowerment,¹³ partner engagement in female condom education,¹⁴ youth-parent communication skills and models,¹⁵ and male¹⁶ and faith-based NGOs’¹⁷ engagement in sexual and reproductive health helped to curtail the risk of HIV infection in adolescent girls and young women.

What does the DREAMS Partnership mean for sexual and reproductive health and rights?

Adolescent-friendly services: DREAMS is focused on promoting adolescent-friendly sexual and reproductive health services that address the barriers to care faced by adolescent girls and young women. It aims to train providers in the provision of care that is adolescent-friendly across a spectrum of services, from HIV testing to violence screening and contraceptive counseling. Interventions that are ineffective or harmful for adolescent girls and young women, such as abstinence-only education, are explicitly discouraged in the PEPFAR guidance.¹⁸

Civil society engagement: PEPFAR recommends that advisory committees in the DREAMS countries include adolescent girls and young women, alongside PEPFAR country teams, national and local governments, United Nations representatives, and civil-society groups.¹⁹

Voluntary family planning and HIV prevention: DREAMS specifically addresses the fact that

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the same girls and young women who are at risk of HIV are also at risk of unintended pregnancy.²⁰ Adolescent girls and young women in low-income countries experience high levels of unintended pregnancy due to an unmet need for voluntary family planning, which is associated with poor maternal health outcomes, as well as reduced educational and economic opportunities.²¹ Improving the overall contraceptive method mix to reduce unmet need for family planning is an important part of the DREAMS package. PEPFAR's guidance also stresses the importance of informed choice among adolescent girls and young women in obtaining contraception.²²

Provision and promotion of male and female condoms: One of the core DREAMS interventions is the provision and promotion of both male and female condoms to prevent transmission of HIV. DREAMS highlights the use of dual protection methods for the prevention of unintended pregnancy and HIV infection.²³

Pre-exposure Prophylaxis (PrEP): DREAMS represents the first instance in which PEPFAR is directly funding the initiation and adherence services of PrEP through its HIV prevention programming²⁴ for at risk adolescent girls and young women.²⁵ PrEP holds significant promise as a tool for HIV prevention that adolescent girls and young women can control themselves.²⁶ Currently PrEP is being offered as part of DREAMS interventions some countries' specific at risk populations and districts:²⁷

- Kenya: PrEP service delivery in four districts (Nairobi, Homa Bay, Kisumu, Siaya) to target 5,000 adolescent girls and young women aged 18-24.
- South Africa: PrEP service delivery in five districts (eThekweni, uMgundundlovu, uMkhanyakude, eKurhuleni, city of Johannesburg) to target 3,000 female sex workers aged 18-24.
- Swaziland: PrEP demonstration projects in one Tinkundhla (Manzini) to target 585 female sex workers and adolescent girls and young women aged 20-24.
- Tanzania: PrEP research/ demonstration project in 2 districts (Dar es Salaam and Mbeya Districts) targeting adolescent girls and young women aged 15-24.
- Uganda: PrEP research/ demonstration project in 1 district (Mukonu) targeting 1,000 female sex workers aged 18-24
- Zimbabwe: PrEP service delivery in 6 Districts (Bulawayo, Chipinge, Gweru, Makoni, Mazowe, Mutare) for high risk AGYW aged 18-24 engaging in transactional sex

A policy and legal environment that discourages harmful traditional practices: To support the long-term sustainability of DREAMS, PEPFAR advises that programming include country-based policy-makers, civil society groups and community leaders to encourage progressive national laws and policies that counteract harmful traditional practices, such as female genital cutting (FGC) and early or forced marriage.²⁸

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The future of DREAMS

Moving past the initial two years of dedicated funding, activities will be incorporated into PEPFAR's programming through country operating plans (COPs) beginning in COP 2018. Adolescent girls and young women should remain targets of both multi-sectoral prevention programming and innovative research and scientific instruments.²⁹

¹ UNAIDS, THE GAP REPORT 20 (2014),

http://unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf.

² Press Release, PEPFAR, The U.S. President's Emergency Plan for AIDS Relief, the Bill and Melinda Gates Foundation, and the Nike Foundation Partner on \$210 Million Initiative to Reduce New HIV Infections in Adolescent Girls and Young Women (Dec. 1, 2014), <http://www.pepfar.gov/press/releases/2014/234531.htm>.

³ PEPFAR, 2017 PEPFAR Latest Global Results (November 2017), <https://www.pepfar.gov/documents/organization/276321.pdf>

⁴ Press Release, PEPFAR, PEPFAR Announces New Partners and Investments in DREAMS (Dec. 1, 2015), <http://www.pepfar.gov/press/releases/2015/250171.htm>.

⁵ PEPFAR, DREAMS Innovation Challenge FACTSHEET: Working Together For an AIDS Free Future For Girls and Women (Jan. 2018), <https://www.pepfar.gov/documents/organization/247602.pdf>.

⁶ PEPFAR, COUNTRY/REGIONAL OPERATIONAL PLAN (COP/ROP) 2015 GUIDANCE 7, 35-44 (2015), <https://2009-2017.pepfar.gov/documents/organization/237669.pdf>.

⁷ Carol Underwood, et al., *Structural Determinants Of Adolescent Girls' Vulnerability To HIV: Views From Community Members In Botswana, Malawi And Mozambique*, 73 SOC. SCI. & MED. 343, 343 (2011); Douglas Kirby, et al., *Sex and HIV Education Programs: Their Impact on the Sexual Behaviors of Young People Around the World*, 40 J. ADOLESCENT HEALTH 206, 209-14 (2007).

⁸ PEPFAR GUIDANCE, *supra* note 5, at 8.

⁹ See Lucie Dale Cluver et al., *Structural Drivers and Social Protection: Mechanisms of HIV Risk and HIV Prevention For South African Adolescents* 19 J. INT'L AIDS SOC'Y 20646 (2016); Rachael C. Dellar, Sarah Dlamini & Quarraisha Abdool Karim, *Adolescent Girls and Young Women: Key Populations For HIV Epidemic Control*, 18 J. INT'L AIDS SOC'Y S64 (2015).

¹⁰ See Lucie Dale Cluver, *supra* note 17; See also Sheree R. Schwartz et al., *Safer Conception Needs for HIV Prevention among Female Sex Workers in Burkina Faso and Togo*, 2014 INFECTIOUS DISEASES IN OBSTETRICS & GYNECOLOGY 1 (2014).

¹¹ See Karen Hardee et al., *What HIV programs work for adolescent girls?*, 66 J. AIDS S176 (2014); Joanne E. Mantell et al., *Promoting Female Condom Use Among Female University Students in KwaZulu-Natal, South Africa: Results of a Randomized Behavioral Trial*, 19 AIDS BEHAV. 1129 (2015); Virginia A. Fonner et al., *School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis*, 9 PLoS One 1 (2014); Takele Menna, Ahmed Ali & Alemayehu Worku, *Effects Of Peer Education Intervention on HIV/AIDS Related Sexual Behaviors Of Secondary School Students in Addis Ababa, Ethiopia: A Quasi-Experimental Study*, 12 REPROD. HEALTH 1 (2015).

¹² See Hardee *supra* note 45; Elona Toska et al., *Resourcing Resilience: Social Protection for HIV Prevention Amongst Children and Adolescents in Eastern and Southern Africa*, 15 AFR. J. AIDS RES. 123 (2016).

¹³ See Alessandra Sampaio Chacham, Andrea Branco Simao Simão & André Junqueira Caetano, *Gender-Based Violence and Sexual and Reproductive Health Among Low-Income Youth in Three Brazilian Cities*, 24 REPROD. HEALTH MATTERS 141 (2016); Rachel Jewkes et al., *Stepping Stones and Creating Futures Intervention: Shortened Interrupted Time Series Evaluation Of a Behavioural and Structural Health Promotion and Violence Prevention Intervention For Young People in Informal Settlement in Durban, South Africa*, 14 BMC PUB. HEALTH 1 (2014); Larissa Jennings, Fred M. Ssewamala & Proscovia Nabunya, *Effect Of Savings-Led Economic Empowerment on HIV Preventive Practices Among Orphaned Adolescents in Rural Uganda: Results From The Suubi-Maka Randomized Experiment*, 28 AIDS CARE 273 (2016); Sharon J. Phillips & Michael T. Mbizvo, *Empowering Adolescent Girls in Sub-Saharan Africa to Prevent Unintended Pregnancy and*

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HIV: A Critical Research Gap, 132 INT'L J. GYNAECOL. OBSTET. 1 (2016).

¹⁴ See Tsitsi B. Masvawure et al., "It's a Different Condom, Let's See How It Works": Young Men's Reactions to and Experiences of Female Condom Use During an Intervention Trial in South Africa, 51 J. SEX RES. 841 (2014); Winny Koster, Marije Groot Bruinderink & Wendy Janssens, *Empowering Women or Pleasing Men? Analyzing Male Views on Female Condom Use in Zimbabwe, Nigeria and Cameroon*, 41 INT'L PERSP. SEX REPROD. HEALTH 126 (2015).

¹⁵ See Bonita Stanton et al., *Assessing the Effects of a Complementary Parent Intervention and Prior Exposure to a Preadolescent Program of HIV Risk Reduction for Mid-Adolescents*, 105 AM. J. PUB. HEALTH 575 (2015); Lusajo J. Kajula et al., *Dynamics of Parent-Adolescent Communication on Sexual Health and HIV/AIDS in Tanzania*, 18 AIDS BEHAV. S69 (2014); Madeline Y. Sutton et al., *Impact of Parent-Child Communication Interventions on Sex Behaviors and Cognitive Outcomes for Black/African-American and Hispanic/Latino Youth: A Systematic Review, 1988-2012*, 54 J. ADOLESC. HEALTH 369 (2014); Caroline Kuo et al., *Developing Family Interventions for Adolescent HIV Prevention in South Africa*, 28 AIDS CARE S106 (2016).

¹⁶ See Erin Stern et al., *Lessons Learned from Engaging Men in Sexual and Reproductive Health as Clients, Partners and Advocates of Change in the Hoima District of Uganda*, 17 CULTURE HEALTH & SEX. S190 (2015).

¹⁷ See Alexandra Lightfoot et al., *Where is the Faith? Using a CBPR Approach to Propose Adaptations to an Evidence-Based HIV Prevention Intervention for Adolescents in African American Faith Settings*, 53 J. RELIGION HEALTH 1223 (2014).

¹⁸ PEPFAR GUIDANCE, *supra* note 5, at 36-38, 49.

¹⁹ PEPFAR GUIDANCE, *supra* note 5, at 10.

²⁰ See generally ANNE E. BIDDLECOM, ET AL., *PROTECTING THE NEXT GENERATION IN SUB-SAHARAN AFRICA: LEARNING FROM ADOLESCENTS TO PREVENT HIV AND UNINTENDED PREGNANCY* (Guttmacher Institute) (2007), https://www.guttmacher.org/sites/default/files/report_pdf/png_monograph.pdf.

²¹ *Id.* at 16-17.

²² PEPFAR GUIDANCE, *supra* note 5, at 22, 38.

²³ PEPFAR GUIDANCE, *supra* note 5, at 22, 35.

²⁴ PEPFAR GUIDANCE, *supra* note 5, at 8.

²⁵ PEPFAR, *FACTSHEET: 2015 UNITED NATIONS GENERAL ASSEMBLY SUSTAINABLE DEVELOPMENT SUMMIT* (2015), <http://www.pepfar.gov/documents/organization/247548.pdf>; *DREAMS: Partnership to Reduce HIV/AIDS in Adolescent Girls and Young Women*, USAID (Jan. 31, 2017), <https://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/dreams>.

²⁶ Kerry A. Thomson, et al., *Tenofovir-Based Oral Preexposure Prophylaxis Prevents HIV Infection Among Women*, 10 CURR OPIN N HIV & AIDS 18 (2016).

²⁷ Lisa Nelson, *Pre-Exposure Prophylaxis: Perspectives from PEPFAR*, (PEPFAR),

https://www.avac.org/sites/default/files/u3/Lisa_PrEP_MSM_meeting.pdf; See also *DREAMS*, National AIDS Council of Zimbabwe (2017), <http://nac.org.zw/dreams/>; POPULATION COUNCIL, *CONSIDERATIONS FOR PREP INTRODUCTION IN ADOLESCENT GIRLS AND YOUNG WOMEN: IMPLEMENTATION SCIENCE IN RESEARCH AND TANZANIA* (2017), https://www.popcouncil.org/uploads/pdfs/2017HIV_DREAMS_PrEP-Tanzania_brief.pdf; PEPFAR, *SWAZILAND COUNTRY OPERATING PLAN (COP) 2016: STRATEGIC DIRECTION SUMMARY* 84, 88 (Apr. 20 2016), <https://www.pepfar.gov/documents/organization/257630.pdf>; *SWAZILAND COUNTRY OPERATING PLAN (COP) 2017: STRATEGIC DIRECTION SUMMARY* 32, 58 (Mar. 18, 2017), <https://www.pepfar.gov/documents/organization/273039.pdf>.

²⁸ PEPFAR GUIDANCE, *supra* note 5, at 13, 44.

²⁹ PEPFAR, *2017 ANNUAL REPORT TO CONGRESS* 66 (2017), <https://www.pepfar.gov/documents/organization/267809.pdf>.