In the 35-year fight to end the HIV crisis, due in large part to the success of U.S. investments in global health, enough progress has been made to give reason to hope that the global goal of ending the AIDS epidemic by 2030 is within reach. Since 2003, AIDS-related deaths worldwide have decreased 43 percent. In Eastern and Southern Africa, the epidemic’s epicenter, the number of deaths has fallen dramatically, from 760,000 in 2010 to 470,000 in 2015.

In spite of these gains, one population group has been largely forgotten: adolescent girls and young women aged 15 to 24. They are disproportionately affected by HIV and account for 74 percent of new HIV infections among adolescents in the region.

Adolescent girls and young women in sub-Saharan Africa have faced a host of societal factors that increased chances they would contract HIV. Poverty, gender inequality, violence, lack of access to education, teenage pregnancy, and early marriage all converged to keep incidence of HIV infection high. But this population has finally received long overdue attention and care. A $385 million groundbreaking partnership, called DREAMS, was specifically created with a comprehensive approach that extends beyond traditional medical treatment for disease to help reduce HIV infections in adolescent girls and young women. DREAMS stands for Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe, and it enlists families, community and religious leaders, young women, and educators to empower girls and young women. Introduced by the President’s Emergency Plan for AIDS Relief (PEPFAR) and launched in 2014 with private partners including the Bill and Melinda Gates Foundation, The Girl Effect, Johnson and Johnson, ViiV Healthcare, and Gilead, DREAMS aims to reduce the incidence of HIV infections in adolescent girls and young women by 40 percent in 10 sub-Saharan African countries by the end of 2017.

The U.S. DREAMS Partnership report is available online.
Nearly half of all new HIV infections among teenage girls and young women worldwide occur in Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. To assess the DREAMS partnership’s first year of operation as the program was rolled out, CHANGE staff traveled to Kenya and South Africa. Our 2016 report highlighted opportunities as well as the remaining challenges to HIV prevention. We were pleased to see many of the recommendations adopted by PEPFAR. In 2017, DREAMS’ second year, CHANGE staff visited Uganda and Swaziland to look at the lessons learned from the DREAMS interventions and meet with winners of the DREAMS Innovation Challenge, who have created innovative programming to address HIV. This report details our findings and makes recommendations that we believe can and should be implemented.

Recommendations

CHANGE is committed to ensuring the foundation on which DREAMS now rests remains strong. We also offer these actionable recommendations for HIV prevention in adolescent girls and young women:

- Congress and the Administration should fully fund PEPFAR’s engagement in ending the global HIV and AIDS epidemic.
- PEPFAR must fund evidence-based programming consistent with human-rights principles.
- PEPFAR must ensure the knowledge of and availability and access to emergency contraception and post exposure prophylaxis for both circumstances of rape and unprotected sex.
- PEPFAR must monitor and report to Congress on the impact of the global gag rule on HIV prevention, treatment, and care.
- PEPFAR’s HIV prevention programming must continue programming, commodity procurement, and consistent access for male and female condoms.
- PEPFAR must support innovative HIV prevention for adolescent girls and young women as DREAMS programming continues to be folded into COPs.

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