



Independent observer  
of the Global Fund

## SOME KEY HIV INTERVENTIONS FOR ADOLESCENTS AND YOUTH OVERLOOKED IN FUNDING REQUEST TO THE GLOBAL FUND FOR 2017-2019 FUNDING CYCLE

The Global Fund has committed to increasing investment in HIV prevention programming among adolescent girls and young women (AGYW), following its [third strategic objective, “Promote and protect human rights and gender equality.”](#) Specifically, the Global Fund aims to reduce HIV incidence by [58% in 13 high-burden countries in eastern and southern Africa by 2022](#). An important element of this will be HIV prevention among AGYW, and the Global Fund has increased funding for interventions for this vulnerable group.

Besides funding HIV interventions within allocations during the 2017-2019 funding cycle, the Global Fund also set up matching funds to incentivize ambitious and innovative HIV interventions for adolescents and youth. Furthermore, in 2018, the Global Fund [launched the ‘HIV Epidemic Response \(HER\) initiative,’](#) a private partnership in AGYW HIV programming, to increase the private sector’s contribution in mobilizing resources to bolster HIV interventions targeting adolescent girls and boys, and young men and women.

In this article, we explore how eastern and southern Africa, a [region with the highest prevalence of HIV among adolescent girls and young women](#), prioritized HIV interventions among this vulnerable group during the 2017-2019 funding cycle. Also, we analyze the extent to which these interventions follow the standard service package for HIV prevention among adolescents and youth recommended by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

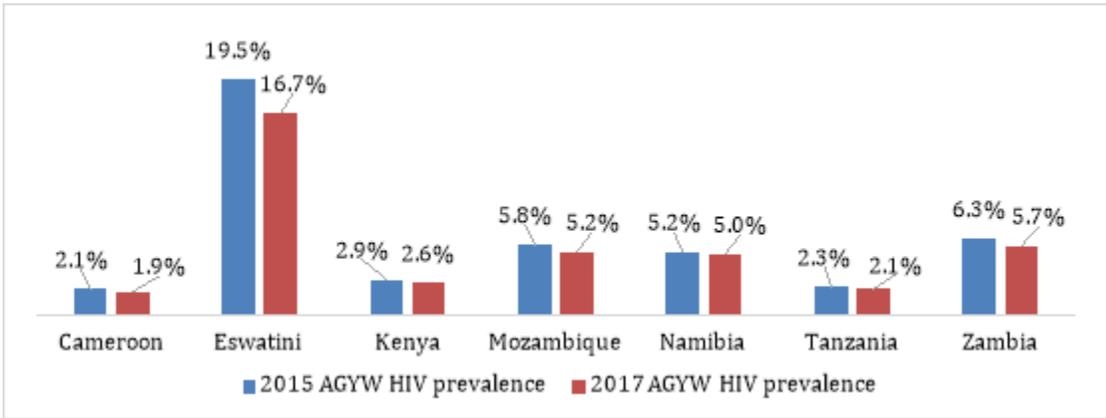
Data for this article comes from funding requests to the Global Fund for the 2017–2019 funding cycle. More specifically, from strategic priority areas under the module (a broad program area further subdivided

into a comprehensive set of interventions) on prevention programs for adolescents and youth, in and out of school. We obtained data from seven countries for which data was publicly available out of the 13 in eastern and southern Africa, where the Global Fund has scaled up interventions among adolescent girls and young women during the 2017–2019 funding cycle. The seven countries are Cameroon, Eswatini, Kenya, Mozambique, Namibia, Tanzania and Zambia. We obtained HIV epidemiology data from UNAIDS.

AGYW HIV profiles of the seven countries

Of the seven countries analysed here, Eswatini had the highest prevalence of HIV among adolescent girls and young women at 16.7%, and the lowest was in Cameroon at 1.9%, according to the 2017 UNAIDS data. A comparison of the 2015 and 2017 data reveal a slight decline in HIV prevalence among adolescent girls and young women across all seven countries. HIV prevalence among AGYW dropped by 2.8% in Eswatini, 0.6% in Mozambique and Zambia, 0.3% in Kenya, and 0.2% in Cameroon, Namibia and Tanzania.

Figure 1: HIV prevalence among AGYW

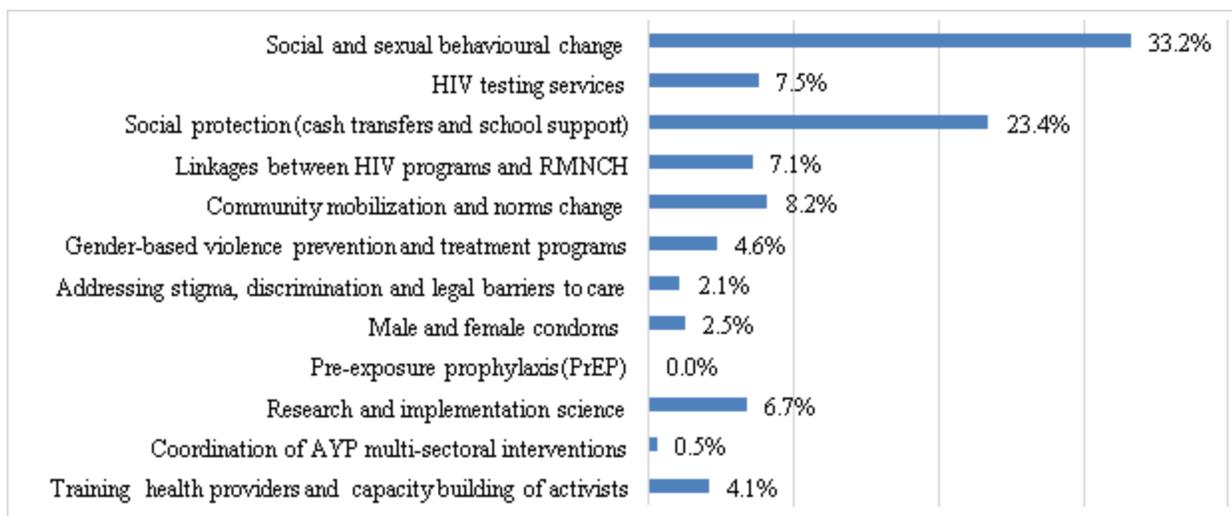


Source: UNAIDS Data 2017

Social and sexual behavioral change are the most prioritized HIV interventions among AGYW

The seven countries requested a total of \$72,302,426 for HIV prevention interventions among adolescents and youth. The most prioritized set of interventions was social and sexual behavioral change for adolescents and youth; this intervention consumed 33.2 % (\$24,024,742) of the funds. The second most-prioritized intervention was social protection, such as cash transfers, keeping girls in school, and livelihoods and economic empowerment at 23.4% (\$16,930,927). The least-prioritized intervention was oral pre-exposure prophylaxis (PrEP) for this group, as none of the seven countries included it as a standalone program specifically targeting adolescents and youth.

Figure 2: Priority HIV interventions for AGYW in funding requests to the Global Fund for 2017-2019 funding cycle



Source: Aidsplan, using data from funding requests to the Global Fund for 2017-2019 funding cycle

### Distribution of adolescent and youth HIV interventions among the seven countries

All the seven countries included social and sexual behavior-change interventions and social support such as cash transfers and keeping girls in school, for HIV prevention among adolescent girls and young women in their funding request to the Global Fund during the 2017-2019 funding cycle. Eswatini excluded HIV testing services while Cameroon excluded community mobilization and norms change in their funding request for adolescents and youth programs. Of the seven countries, only Kenya included a program for coordinating multisectoral interventions for adolescents and young people with a view to improving programming, while Mozambique was the only country that included interventions to build the capacity of health providers and activists.

Table 1: Distribution of adolescent and youth HIV interventions among the seven countries

Adolescents and youth HIV Interventions	Cameroon	Eswatini	Kenya	Mozambique	Namibia	Tanzania	Zambia
Social and sexual behavioral change	X	X	X	X	X	X	X
HIV testing services	X		X	X	X	X	X
Social protection (cash transfers and school support)	X	X	X	X	X	X	X
Linkages between HIV programs and RMNCH		X			X	X	X
Community mobilization and norms change		X	X	X	X	X	X
Gender-based violence prevention and treatment programs			X	X	X	X	X
Addressing stigma, discrimination and legal barriers to care			X		X	X	
Male and female condoms				X		X	
Pre-exposure prophylaxis (PrEP)							

Research and implementation science	X	X	X	X	X
Coordination of AYP multi-sectoral interventions		X			
Training health providers and capacity building of activists			X		

Source: Funding requests to the Global Fund for 2017-2019 funding cycle

The 'standard service package' in AGYW programs

UNAIDS recommends a [standard service package for adolescent girls and young women priority programs](#). UNAIDS developed the standard service package in 2016, considering evidence in systematic reviews of effective HIV prevention programs and high-quality experimental studies. The standard service package should include:

- Comprehensive sexuality education
- HIV testing and counseling
- Antiretroviral therapy
- Male and female condoms and lubricants
- Harm reduction for people who use drugs, and prevention for young sex workers and sexually exploited adolescent girls, and other key populations.

The seven countries included comprehensive sexuality education as part of the social and behavioral change interventions in the module on prevention programs for adolescents and youth, in and out of school. Similarly, in their funding request to the Global Fund during the 2017-2019 funding cycle, all the selected countries except Eswatini included HIV testing services, with antiretroviral therapy as a component, specifically for adolescents and youth.

Of the seven countries, only Mozambique and Tanzania included male and female condom interventions in the prevention programs for adolescents and youth module. When correctly and consistently used, [condoms are highly effective in preventing sexually transmitted infections, including HIV](#), according to World Health Organization. Regarding voluntary medical male circumcision (VMMC), none of the selected countries included it as part of adolescent and youth interventions but rather under the prevention programs for the general population. This is despite VMMC interventions [being documented to reduce the risk of HIV transmission posed by male sexual partners](#) to adolescent girls and young women. Similarly, none of the selected countries offered harm-reduction services for adolescent drug users in the 'prevention programs for adolescents and youth' module but rather under the module on comprehensive prevention programs for people who inject drugs and their partners.

For very high HIV-incidence settings, UNAIDS recommends that in addition to the standard service package, programs should include PrEP access to all who are at risk of HIV infection, social protection interventions for adolescents and youth such cash transfers, incentives and parenting programs, school-based programs with demonstrated evidence, and intensive social and behavioral change programs and community outreach. The seven countries analysed here included all the additional recommended HIV prevention interventions for high HIV-incidence settings, except for PrEP access, in the prevention programs for adolescents and youth module, as standalone interventions.

## Conclusion

In eastern and southern Africa, some key HIV interventions specific to adolescent girls and young women were excluded or least-prioritized in the funding request to the Global Fund in the 2017-2019 funding cycle. Without these interventions, countries are unlikely to reach their HIV reduction targets for adolescent girls and young women.

Further reading:

- UNAIDS 2016 'guidance' note: ['HIV Prevention among adolescent girls and young women'](#)
- The Global Fund 2017 report: ['The Global Fund Strategy 2017-2022: Investing to End Epidemics'](#)
- UNAIDS 2018 report: ['UNAIDS Data 2018'](#)

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