

Addressing HIV in Adolescent Girls and Young Women in Malawi: The DREAMS Partnership

Introduction

“Knowing what we now know about the transmission belt—with men passing HIV to young women, who pass it on to younger men—we have to interrupt the life cycle of the virus, or we’ll never get ahead of the epidemic. . . . We can . . . break the back of the epidemic only if we focus on adolescent girls and their male partners.”

VIRGINIA PALMER, U.S. AMBASSADOR TO MALAWI²

By Janet Fleischman
and Katey Peck¹

Key Data⁴

9 percent of girls complete secondary school

1 in 5 girls under 18 have been sexually assaulted

46 percent of girls are married by age 18

29 percent of girls are pregnant by age 19

Total fertility rate is 4.4 children per woman

58 percent of married women use a modern family planning method

10.6 percent of adults are HIV positive

The maternal mortality ratio is 439 deaths per 100,000 live births

In many ways, Malawi exemplifies the success of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). Over the last 14 years, new HIV infections have declined by 34 percent.³ Despite being among the poorest countries in the world, Malawi is approaching its HIV treatment targets. The possibility of controlling the epidemic is within reach.

But Malawi also lays bare **MAJOR CHALLENGES AND GAPS FACING THE HIV RESPONSE, NOTABLY HOW TO PREVENT HIV AND ADDRESS HIV RISK FOR ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW)** in low-resource settings: in Malawi, a 25-year-old woman is three times more likely to be HIV positive than her male peers.⁵ Adolescent girls now comprise almost a third of new infections in Malawi,⁶ stemming from the social, economic, and cultural factors that fuel their risk for HIV. Related indicators demonstrate the stark realities for young women, including very low secondary school completion and high rates of adolescent pregnancy, gender-based violence (GBV), and child marriage.⁷ Meanwhile, Malawi’s population has doubled between 1990 and 2016 and continues to grow; with nearly half of Malawians under the age of 15, there are more young people to reach with information and services than ever before. This “youth bulge” presents critical challenges to curbing the AIDS crisis in Malawi, and highlights the importance of effectively addressing young people’s health and development needs. In addition, Malawi is facing a severe food security crisis, which also increases the vulnerability of adolescent girls and young women.

Malawi is 1 of 10 focus countries in east and southern Africa⁸ under DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe), a public-private partnership led by the President’s Emergency Plan for AIDS Relief (PEPFAR) that aims to reduce the number of new HIV infections among 15- to 24-year-old women by 40 percent in geographic “hot spots.”⁹ As a prevention program, it is attempting to reach young women and their male partners, populations that have proven very difficult to reach thus far.¹⁰

This is a moment of heightened focus on the urgency of addressing HIV in adolescent girls and young women by the United States, other international partners, and the government of Malawi.¹¹ To learn more about the status of DREAMS implementation and lessons for other country programs, CSIS conducted a research trip to Malawi in April 2017. **THIS IS A PARTICULARLY IMPORTANT MOMENT FOR U.S. POLICY, WHICH HAS PLACED A SPECIAL FOCUS ON HEALTH**

AND DEVELOPMENT PROGRAMS FOR WOMEN AND GIRLS IN MALAWI; in addition to DREAMS, the U.S. government is supporting initiatives to prevent and respond to gender-based violence and to increase educational opportunities for adolescent girls. Our visit explored the significance of the new, more holistic approach to preventing HIV in adolescent girls and young women in Malawi, a place where alignment of U.S. investments have the potential to achieve greater results and impact.

This briefing paper provides an overview of the DREAMS program in Malawi, discusses some of the major implementation opportunities and challenges, and concludes with implications for U.S. policy. The paper recommends that the U.S. government consider key policy recommendation for PEPFAR and DREAMS, including: maintain the specific goals for HIV prevention in this population and refine the combination of interventions to achieve sufficient reach and demonstrate impact; enhance coordination and referral systems to ensure that the intended range of services are reaching the right girls; emphasize local capacity building as a priority area to enable eventual transition to the government and communities; and enhance monitoring and documentation to demonstrate outcomes and share lessons with other countries and donors focused on this population. **AT A TIME OF CONSTRAINED U.S. BUDGETS, THESE NEW APPROACHES TO PREVENT HIV IN ADOLESCENT GIRLS AND YOUNG WOMEN ADDRESS A CRITICAL GAP IN EFFORTS TO CURB THE EPIDEMIC**, and simultaneously could advance the economic and social progress for adolescent girls and young women, their families, and communities.

DREAMS Malawi

“We’re pushing with all cylinders.”

LITTLETON TAZEWEEL, USAID MISSION DIRECTOR,
LILONGWE, MALAWI¹²

In FY 2017 the U.S. government planned to provide \$195.65 million in assistance to Malawi; 85 percent of the budget is dedicated to health,¹³ including over \$114 million for the HIV response.¹⁴ DREAMS in Malawi has a dedicated, centrally funded \$14 million budget for FYs 2016–17 to cover core HIV prevention and community mobilization activities for adolescent girls and young women, with additional resources for HIV services for their male partners funded through PEPFAR’s annual Country Operational Plan (COP).¹⁵ The program is operating in two districts, Machinga and Zomba.¹⁶ In

addition to having high HIV prevalence, these districts were chosen because they have large numbers of orphans and vulnerable children, high rates of sexual initiation and school dropout among young girls, and high rates of early pregnancy.¹⁷

The program is working to reach vulnerable young women with an evidence-based core package of interventions to prevent HIV, including improved access to key health services, education support, social skills and asset building through safe spaces, and economic strengthening. These activities focus on directly meeting the needs of the girl by going beyond traditional clinical services, and are complemented by efforts to strengthen families, mobilize communities for change, and reduce HIV in their male partners. Addressing these factors through a **COMPREHENSIVE APPROACH IS KEY TO THE DREAMS CORE PACKAGE AND IS A SIGNATURE FEATURE OF THE PROGRAM** design. DREAMS also builds off the public health and social service systems provided by the government of Malawi, and the work of other donors, civil society groups, and faith-based organizations.

Several PEPFAR implementing partners are working to deliver the core package of interventions in Machinga and Zomba, focused in the following areas:

- Efforts to keep girls in school through improved quality of education and access to water, sanitation and hygiene (WASH) and menstrual hygiene products; reenroll girls in school through mothers groups that advocate for the benefits of girls’ education and the annulment of child marriages, as well as providing material support to the girls;
- In- and out-of-school clubs to provide safe spaces for girls to socialize and learn;
- Access to youth-friendly HIV and family planning/reproductive health services;
- Economic empowerment through village savings and loans groups;
- Family/community strengthening through engagement of parents, male champions, and traditional and religious authorities;
- Risk reduction for male partners through voluntary medical male circumcision (VMMC) and HIV testing, counseling, prevention, and treatment.

Education has emerged as a prominent feature of the DREAMS program in Malawi. Keeping girls in school, as well as re-enrolling girls who have been forced to drop

out (most often due to early pregnancy, child marriage, and/or poverty), is viewed as essential to improving economic prospects and reducing HIV risk.¹⁸

In its attempts to reach the most vulnerable girls in Machinga and Zomba, DREAMS has largely oriented its activities around in- and out-of-school populations and different age categories. For girls who are enrolled, school serves as a key entry point for reaching students with important health and life skills information as well as linking them to other services in the core package. For example, through Save the Children's ASPIRE project, girls participate in after-school clubs, are referred to mobile clinics during school health days, and can receive additional material and psycho-social support from trained mothers groups. Orphan and vulnerable children (OVC) support is also provided through another partner, One Community, led by Johns Hopkins Center for Communication Programs.

Go Girls! community clubs are the main platform to reach vulnerable girls who are out of school. The clubs are segmented based on age and marital status and have customized curricula—for girls under 15, a “mentor mother” provides oversight, while older girls choose someone from the group who undergoes a short training to serve as a facilitator. The clubs provide a safe space for girls to socialize with friends and receive information on education, risk avoidance and reduction, family planning, and HIV. From the clubs, girls are linked to mothers groups to assist with school reenrollment as well as with mobile clinics for HIV and family planning services. The implementers have plans to refer girls for skills training and secondary school bursaries under the DREAMS Innovation Challenge.

Layering and Saturation

When asked how DREAMS differs from past efforts, representatives from U.S. government agencies and their implementing partners focused on **THE NEW APPROACHES OF “LAYERING” AND “SATURATION” TO EFFECTIVELY REACH YOUNG WOMEN AND PREVENT NEW INFECTIONS**. Layering means providing girls with a comprehensive package of services related to HIV prevention, as opposed to singular, standalone interventions.¹⁹

Given that the DREAMS model in Malawi has each partner providing a specific piece of the package, this also requires successful referral of girls across the program areas. **REFERRAL PATHWAYS HAVE PROVEN COMPLICATED TO ESTABLISH BETWEEN AND AMONG PROGRAMS**. While all the partners utilize a standardized

From the Field

DREAMS MALAWI CORE PACKAGE SNAPSHOT

Mothers groups to keep and reenroll girls in school

Mothers groups have emerged as an important component of DREAMS's attempts to keep and reenroll girls in school. Under the Ministry of Education, every public school in Malawi has a mothers group, which includes 10 mothers chosen by the community, as well as the school's head teacher, child protection officer, traditional leader, and PTA head. Mothers groups spend time in the community speaking with parents who have forced or allowed their girls to drop out of school. While mothers groups predated the launch of DREAMS, the program has added several components including village savings and loans, which has allowed the mothers groups to cover school fees and purchase uniforms and books for girls at risk of dropping out. Block grants have also allowed the groups to feed the students in school, which has improved participation and reduced absenteeism. So far, mothers groups under DREAMS have convinced over 300 families to return their daughters to school.

Mobile clinics to provide youth-friendly health services

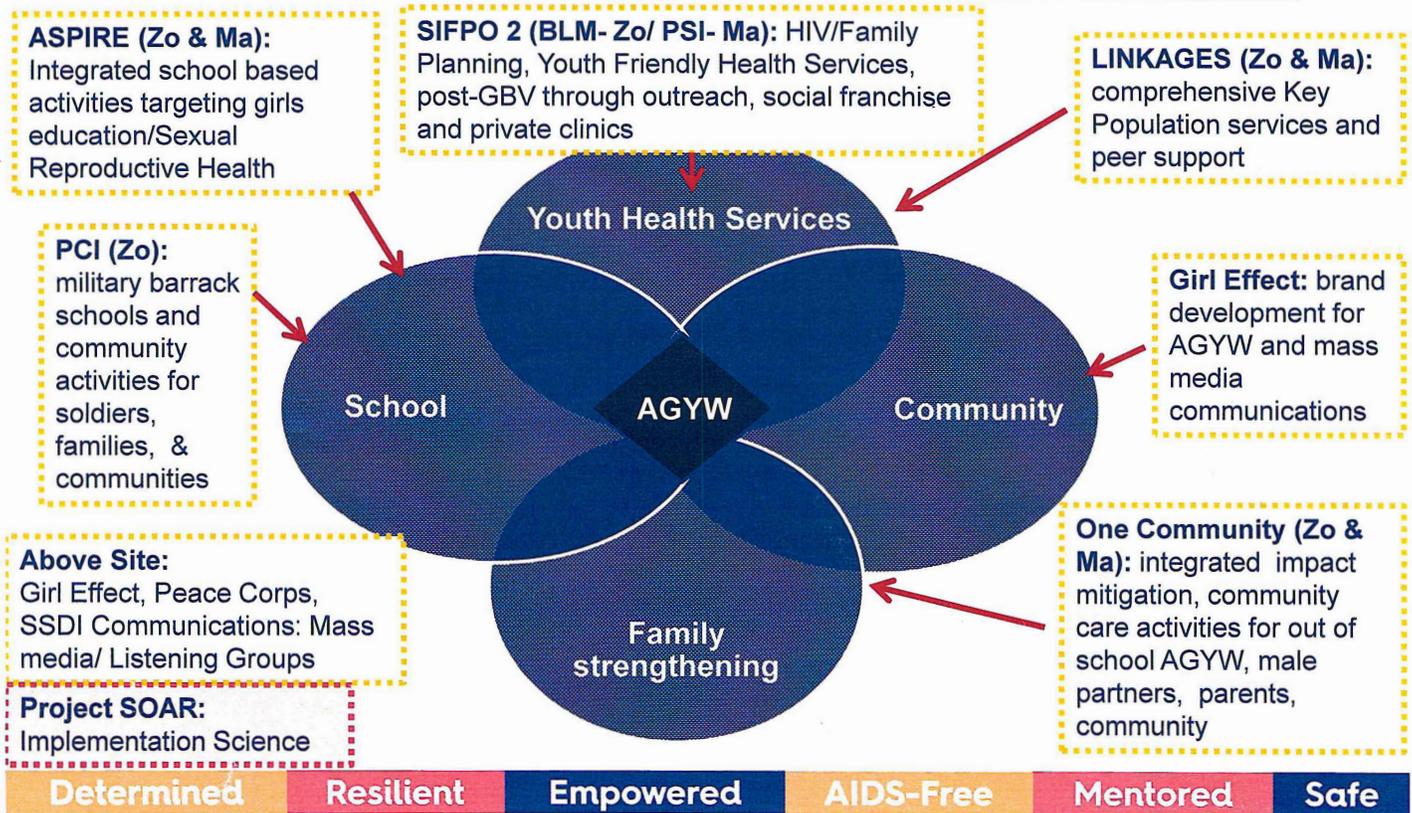
Mobile clinics, operated by Population Services International and Banja la Mtsogolo, are helping adolescent girls and young women to receive integrated HIV and family planning services. The clinics are purposefully situated in places that are convenient for young women to access, including near schools, and use several large tents to ensure privacy and confidentiality of services. The providers come to each location approximately once a month, and stay long enough to see all the clients seeking services. There is coordination among the DREAMS partners to ensure that girls in and out of school are referred to mobile services and aware of the dates, and PSI also provides condoms to the Go Girls! community clubs.

Zathu brings private-sector knowledge and skills to the table

Zathu (“Ours”) is a norms change program that looks to bridge the gender divide and promote girls' empowerment in Malawi. As the primary private-sector partner under DREAMS, Girl Effect (formerly part of the NIKE Foundation) is looking to harness the power of branding to unlock behavior change, supported by in-depth market research to customize messaging for a Malawian audience and high-level execution. *Zathu* is Girl Effect's first program targeting girls and boys, and it is looking to reach young people through a coordinated mass-media campaign. This includes a radio show starring three male and three female characters who are part of a band; the shows feature dramas and music (highlighting themes from friendship to sexual and reproductive health), and are broadcast to all districts in Malawi. Certain districts (including Zomba and Machinga) include additional outreach activities and print magazines. To evaluate the project, Girl Effect is working with PEPFAR to create indicators around perception of girls and gender equality, and is employing Technology Enabled Girl Ambassadors (TEGA) to collect data using mobile research tools.



Implementing the core package takes a coordinated effort



referral form, as well as personal health passports, to keep track of vital information and record when clients have received services, a unique identifier system to track whether girls are receiving multiple services has not yet been implemented throughout DREAMS programs in Malawi.²⁰

Saturation entails reaching the majority of vulnerable girls²¹ in the two target districts with the full package of interventions. The goal in Machinga and Zomba is to reach roughly 60 percent of all identified vulnerable girls with the core package in 2017, and 80 percent of girls by 2018.²² Saturation is what differentiates DREAMS from pilot programs: in reaching an entire district, the goal is to create a lasting change in attitudes, behaviors, and patterns of transmission within an entire geography, not just within a small subset of the population. Saturation with services also means that girls are receiving the full range of tools to protect themselves from HIV, and that VMMC and HIV treatment are available for their male partners.

Results to Date

Quarterly data collection for DREAMS is ongoing by the implementing partners. As of May 2017, the reported results were: 25,458 out-of-school girls have been enrolled in Go Girls! clubs and 13,283 OVCs enrolled in community-based social services and in school OVC support; 14,600 adolescent girls and young women have accessed family planning through mobile outreach; 562 girls have returned to primary and secondary school, and 132 child marriages have been annulled (including one non-DREAMS district); and over 4,200 men (25-49) have tested for HIV through mobile outreach services.²³ PEPFAR will use HIV infection rates among pregnant 15- to 24-year-old women in antenatal clinics at public health centers to determine if there have been reductions in new HIV infections.

The following programs are supported by the U.S. government and are operating in both districts, unless otherwise noted, and combine to form the “layering” of interventions. **Save the Children:** ASPIRE is an integrated school-based project featuring after-school health clubs, mothers groups to support school reenrollment and to work with traditional leaders to annul child marriages, teacher trainings, quality improvement for health and life skills education, and school health days. **Population Services International and Banja La Mtsogolo** are working to provide integrated family planning and HIV services through mobile outreach services. **Johns Hopkins Center for Communication Programs:** The One Community project works to meet the needs of out-of-school girls through Go Girls! community clubs; comprehensive orphans and vulnerable children (OVC) case management; and engaging male partners, parents, traditional authorities, and male champions. **FHI 360:** LINKAGES focuses on providing comprehensive HIV, STI, family planning, and GBV services to female sex workers (FSWs) and their male clients through public clinics, drop-in centers, and community-based peer educators and navigators. **Project Concern International (Zomba)** focuses on addressing risks in a military context through school clubs; Go Girls! clubs; GBV services; and programs targeting female soldiers, families, and the community. **Girl Effect**, the private-sector partner, runs Zathu (“Ours”), a mass-media effort targeting adolescent boys and girls, with a print and radio campaign to change gender norms and promote girls’ empowerment. **Population Council:** Project SOAR is supporting Implementation science for DREAMS. **Peace Corps** has a volunteer supporting district-level coordination through District AIDS Councils.

The DREAMS Innovation Challenge²⁴ awards, which include private-sector funds (notably ViiV healthcare), are filling identified gaps in the core package by providing secondary school bursaries, linking girls to vocational skills training, and expanding the reach of reproductive health information and services through a hotline and SMS messaging. The five partners in Malawi are: FHI 360, Camfed (Campaign for Female Education), Save the Children, Badalika Foundation, and Village Reach. John Snow Inc. (JSI) is managing the grants for the Innovation Challenge in all the DREAMS countries. The Innovation Challenge is engaging new partners that have never received PEPFAR funding before, thus expanding beyond the regular PEPFAR partners.

Other Funding for AGYW Programs in Malawi

“It is possible. We did a lot to break the silence on HIV, and things have changed. We can also do the same for adolescent girls. . . . Adolescents are our window of hope to sort out our problems tomorrow. . . . If you empower the woman, you empower the nation, so the saying goes. The number one problem in Malawi is to educate the girls, keep them in school, or the other interventions won’t work.”

RUTH HOPE MWANDIRA, HEALTH AND HIV ADVISOR,
UK DEPARTMENT OF INTERNATIONAL DEVELOPMENT (DFID)²⁵

Complementary U.S. Government Programs

The focus on adolescent girls and young women under **DREAMS IS HELPING TO FACILITATE AN INTEGRATED AND COORDINATED APPROACH THAT SPANS U.S. GOVERNMENT PROGRAMS** in the two focal districts. In addition to DREAMS funding, the program is leveraging other resources from PEPFAR and USAID, which include funding for family planning commodities,²⁶ VMMC, HIV testing and treatment for male partners,²⁷ treatment for HIV-positive young women, OVC support,²⁸ education, and water, sanitation and hygiene activities. Malawi has also received \$18.6 million from the DREAMS Innovation Challenge for two years to address programmatic gaps in select areas, including scholarships for secondary education, providing a bridge to employment for out-of-school girls, and mobile health technologies.

Education for girls, with a focus on secondary school

Given evidence demonstrating that staying in school reduces the risks of HIV infection, **EDUCATION FOR GIRLS IS AN IMPORTANT FOCUS OF DREAMS IN MALAWI AND IS AN AREA FOR OTHER U.S. DEVELOPMENT INVESTMENTS.** AMAA (which means “give girls a chance to learn” in the local language, Chichewa, and was formerly called Let Girls Learn) is a U.S.-funded program with a \$10.5 million budget over five years to work in five districts (including one DREAMS district, Machinga, which has a \$1 million budget for classroom expansion and bursary support). With the goal of keeping girls in school and reenrolling girls who have been forced

to drop out, its major focus in one DREAMS district will be on building secondary schools and dormitories, both of which are in high demand for female students.²⁹ Some of its other activities will resemble interventions in the DREAMS core package, including a focus on sexual and reproductive health, gender-based violence referral systems, female role models, and improving teacher's academic performance.³⁰ In addition, the U.S. Department of Agriculture (USDA) is providing \$7 million in complementary funding, which includes school construction and feeding programs.

Gender-based violence prevention and response

The DREAMS partners are **WORKING TO STRENGTHEN THEIR GENDER-BASED VIOLENCE (GBV) RESPONSE SYSTEM AND PROGRAMS FOR RISK AVOIDANCE AND REDUCTION FOR ADOLESCENT GIRLS AND YOUNG WOMEN**. LINKAGES, the partner working with female sex workers and led by FHI360, has established a rapid response system for GBV, a screening tool, and training for peer navigators to provide psychosocial support. In the DREAMS districts, they are partnering with the health facility partners to provide screening and treatment for sexually transmitted infections (STIs) as well as postexposure prophylaxis (PEP), a short course of antiretroviral drugs taken after potential exposure to HIV to prevent infection.

In 2015, the U.S. government designated Malawi to be a GBV focus country. In late 2016, it was announced that Malawi would receive \$6 million in prevention and response funding from the State Department's Office of Global Women's Issues. Implemented by EngenderHealth, the initiative will **USE TARGETED, MULTISECTORAL APPROACHES TO PREVENT AND RESPOND TO GBV BY STRENGTHENING CARE FOR SURVIVORS OF VIOLENCE**, engaging communities, and supporting economic empowerment activities.³¹ While at this writing, the program still has not started, it is expected to fill a critical need, since studies³² show that women and girls in Malawi face high rates of physical and sexual violence.

For example, the 2013 Violence Against Children Survey,³³ led by the Centers for Disease Control and Prevention (CDC) as part of the Together for Girls Partnership showed that **ONE IN FIVE FEMALES EXPERIENCE AN INCIDENT OF SEXUAL VIOLENCE BEFORE THE AGE OF 18**, with over three-fourths of those who experience sexual violence reporting multiple incidents. Half of the girls and reporting sexual violence describe their perpetrator as being five years or more older.

Global Fund and Other Donor Investments

An example of the catalytic influence of DREAMS is the Global Fund to Fight AIDS, Tuberculosis and Malaria's

support for programs on adolescent girls and young women. **THIS IS NOW A FOCUS POPULATION FOR THE GLOBAL FUND, AND ADDITIONAL FUNDS HAVE BEEN PROVIDED TO 13 PRIORITY COUNTRIES, INCLUDING MALAWI**, to intensify efforts to prevent new infections. In Malawi, the Global Fund is implementing a package, through Action Aid, that is aligned with DREAMS but is focusing on other districts with high HIV prevalence that also overlap with other priority PEPFAR districts: peri-urban Lilongwe, Mulanje, and Mangochi. With \$12.4 million for three districts in Malawi for 2016–2017, the Global Fund program will provide several of the elements of the DREAMS package. The PEPFAR country team collaborated closely with the Global Fund in determining where the program should be implemented and what the package of interventions should look like.³⁴

Other donors working on issues related to the health and wellbeing of young women include Norway, the United Kingdom, Germany, the European Union, Canada, Japan, and the United Nations agencies. Some of these development partners focus more narrowly on sexual and reproductive health for adolescents, but many of their programs are increasingly holistic and multisectoral, and their support could be leveraged if DREAMS is replicated in other parts of the country.

Challenges

“Ten years from now, what kind of footprint do you want DREAMS to leave behind?”

TIONE CHILAMBE, HEAD OF DISTRICT COORDINATION UNIT, NATIONAL AIDS COMMISSION OF MALAWI³⁵

From its initial announcement in December 2014, DREAMS has generated anticipation and excitement, and the government and partners in Malawi have greeted it with particular enthusiasm. By “going beyond business as usual,” government officials, development partners, and civil society groups alike are eagerly awaiting lessons learned from the first two years of implementation. But there is also pressure to deliver on a highly anticipated, novel, and complicated endeavor. Despite the considerable amount of time and resources that have been invested in the program to date in Malawi, there are several ongoing challenges to be reckoned with if DREAMS is to succeed in preventing new infections among adolescent girls and young women.

Coordination Challenge and Delays in Start-Up Time: DREAMS WAS LAUNCHED WITH AMBITIOUS GOALS AND A SHORT TIMELINE TO DEMONSTRATE IMPACT. The program

start-up was delayed for several reasons, including the time required to coordinate the implementing partners to work together on a shared vision, to sensitize the government of Malawi at the national and district level, and to put the monitoring and evaluation systems (DREAMS will track outcomes/outputs not currently tracked by PEPFAR). In an effort to move rapidly, DREAMS Malawi, like other DREAMS countries, enlisted PEPFAR implementing partners with preexisting programs to deliver the core package. This also meant that their awards had to be modified to include the DREAMS activities, and some of these activities were new to some partners. It has proved challenging to rapidly advance this new, holistic approach to HIV prevention.

Given that the layering model in Malawi has each organization delivering a piece of the core package, it has given rise to unique challenges: partners operating on different timelines; the time-consuming process of building relationships among the different organizations; a need to coordinate messaging, referrals, and information sharing; and the initial absence of a dedicated person at the district level to help coordinate this process. **THE GOVERNMENT OF MALAWI HAS BEEN VERY SUPPORTIVE AT THE HIGHEST LEVELS, AND IS CURRENTLY FINALIZING ITS NATIONAL STRATEGY FOR ADOLESCENT GIRLS AND YOUNG WOMEN**, an inter-ministerial effort to provide holistic and integrated services that is expected in August 2017. However, district-level collaboration and coordination has been more limited. In November 2016, a Peace Corps volunteer was brought in to support the district AIDS coordinator in Machinga and Zomba on DREAMS, although the long-term solution would be to strengthen the government's capacity to coordinate the efforts on adolescent girls and young women.

Scale and Sustainability: The DREAMS activities have been included in Malawi's FY 2017 Country Operational Plan and will be integrated into regular PEPFAR programming.³⁶ In addition to providing important lessons about reaching adolescent girls, the DREAMS partners hope that certain pieces will be taken on by community-based organizations and the government. But **DREAMS IS RESOURCE-INTENSIVE AND LIMITED IN SCOPE, CURRENTLY WORKING IN ONLY 2 OUT OF 28 DISTRICTS**. As one HIV expert noted, DREAMS comes with international partners, technical assistance, and substantial funding, and in its current form it is unlikely to be replicated across the country.³⁷ The ultimate goal would be for the government of Malawi to eventually take on this initiative, building on its new national strategy and the involvement of the National AIDS Commission with both DREAMS and the

Global Fund program.³⁸ But Malawi remains a solidly low-income country,³⁹ and the majority of the national health budget is funded by donor partners.⁴⁰ Prospects for government scale-up of the program in its current form are unlikely in the near term, though integration of existing cross-sectoral interventions are already under consideration through the forthcoming strategy.

Monitoring and Evaluation: A shortfall in program design is the **LACK OF A SPECIFIC MONITORING AND EVALUATION COMPONENT TO IDENTIFY THE RELATIVE IMPACT OF THE DIFFERENT ELEMENTS OF THE CORE PACKAGE** on HIV incidence. DREAMS is composed of several components of evidence-informed interventions, built on the recognition that a more holistic approach is required to address the complex needs of adolescents. The potential impact of such a program is broader than just HIV prevention, since it also includes prevention of teenage pregnancy, delayed marriage, school completion, and reduction in sexual violence. However, more evidence needs to be generated to better understand the influence of the program on beneficiaries and their communities, including the impact of layering the interventions and the referral mechanisms. Additional costing work is needed to understand the fixed and variable costs associated with this type of innovative and comprehensive intervention. There is a risk that if the program is concluded prematurely, the important learning about the impact of comprehensive approaches could be lost.

DREAMS in Malawi is relying largely on data from prevention of mother-to-child transmission (PMTCT) programs to demonstrate a reduction in HIV in this population.⁴¹ However, this data will only be able to demonstrate if the program has worked as a whole, but not how it could be effectively slimmed down to a minimum package or replicated in a more targeted and cost-effective way. This would require a costly and complex evaluation, for which there was reportedly little interest either in Washington or in-country.⁴² At a minimum, expanded implementation science research is needed to ensure that programs are targeting the right girls, with the right interventions, to allow for appropriate learning and course corrections. A few DREAMS countries with stronger research infrastructure than Malawi are looking at the DREAMS package to hopefully inform all of DREAMS country programs.

Implications for U.S. Policy

To date, PEPFAR has seen much success in supporting HIV programs in Malawi. However, Malawi cannot control its epidemic without preventing new infections among adolescent girls and young women, which involves

empowering them with the knowledge and skills to protect themselves and better reaching their male partners. The **ANTICIPATED SPILLOVER EFFECTS—THROUGH EDUCATING GIRLS, PROMOTING ACCESS TO FAMILY PLANNING INFORMATION AND SERVICES, STRENGTHENING FAMILIES, AND MOBILIZING COMMUNITIES—COULD ALSO CONTRIBUTE TO SIGNIFICANT ECONOMIC AND DEVELOPMENT GAINS.** These, in turn, could provide potential economic benefits for the United States, as controlling the HIV epidemic helps to create stable markets for U.S. business. As Ambassador Palmer noted, PEPFAR is all about “safety and security for American prosperity.”⁴³

The reverse is also possible: if DREAMS activities are interrupted or ended prematurely, this could lead to increased vulnerability for marginalized young women. Failing to curb the epidemic, at a time of threatened U.S. budget cuts to health and development programs, could have a serious, destabilizing effect on Malawi, which struggles with the complicating factors of widespread food insecurity and rampant poverty.⁴⁴

© 2017 by the Center for Strategic and International Studies. All rights reserved.

Next Steps

The United States should continue to make adolescent girls and young women a primary focus of its efforts to prevent HIV infections in Malawi. This will not only serve to break the back of the AIDS epidemic in Malawi, but it will save thousands of lives, educate and empower girls and young women to secure the country’s health and development, protect them from violence, and build on critical U.S. investments through PEPFAR and USAID. To accomplish these objectives, the United States should consider the following policy options:

- 1 **Ensure that the DREAMS targets and unique activities** are continued through PEPFAR’s country operational plans, with the goal of achieving sufficient coverage of the interventions to demonstrate impact for vulnerable adolescent girls and young women.
- 2 **Enhance coordination and referral systems** across the implementing partners in the DREAMS districts to ensure that the girls and young women have access to the intended range of services and that the partners can learn from their implementation successes and challenges. Given the complex nature of DREAMS, the program needs a dedicated coordinator at the district level.
- 3 **Build capacity to transition DREAMS activities and coordination** to community and government oversight, at the district and national level, as a glide path to national scale-up and sustainability. As the program is expanded to new districts, ensure that district and city government officials are engaged from the beginning.
- 4 **Invest additional resources to monitor and document** that the combination of DREAMS interventions is producing outcomes for the most at-risk girls and their male partners, and ensure that lessons and best practices are shared with other countries, donors, and multilateral institutions focused on this population. In addition to reduction in HIV, areas to monitor for longer-term impact should include reduction in teenage pregnancy, early marriage, and gender-based violence, and increased access to and retention in secondary school.

Notes

1. Janet Fleischman is a senior associate of the CSIS Global Health Policy Center; Katey Peck is a program manager and research associate at the CSIS Global Health Policy Center. This paper is based on a CSIS research trip to Malawi in April 2017, and received input from a CSIS Global Health Policy Center working group on HIV and adolescent girls/young women, whose members include the following individuals (organizations listed for identification purposes only): Isolde Birdthistle, London School of Hygiene & Tropical Medicine; Sara Bowsky, Palladium; Gina Dallabetta, the Bill & Melinda Gates Foundation; Jennifer Kates, Kaiser Family Foundation; Nina Hasen, Population Services International; Daniela Ligiero, Together for Girls; Pete McDermott, Fajara Associates; Julie Pulerwitz, Population Council; Anita Smith, Children's AIDS Fund International.
2. Interview with Ambassador Virginia Palmer, Lilongwe, Malawi, April 12, 2017.
3. Amb. Deborah Bix, "Optimizing Results in PEPFAR: Every Partner Every Site Driving Towards Increased Impact," Presentation, March 29, 2017, citing ICAP at Columbia University, "Malawi Population-Based HIV Impact Assessment, MPHIA 2015–2016," December 2015, http://phia.icap.columbia.edu/wp-content/uploads/2016/09/MALAWI-Factsheet.FIN_.pdf.
4. UNICEF, "Education: Upper secondary completion rate among population aged 3–5 years above upper secondary graduation age—Percentage," UNICEF Global Databases, May 2016, <https://data.unicef.org/topic/education/secondary-education/>; Ministry of Gender, Children, Disability and Social Welfare, Republic of Malawi, "Violence against Children and Young Women in Malawi: Findings from a National Survey 2013," December 2014, https://www.unicef.org/malawi/MLW_resources_violencereport.pdf; UNICEF, "Percentage of women aged 20 to 24 years who were first married or in union before ages 15 and 18," UNICEF Global Databases, April 2016, <https://data.unicef.org/topic/child-protection/child-marriage/>; National Statistical Office (NSO) [Malawi] and ICF, Malawi Demographic and Health Survey 2015–16 (Zomba, Malawi, and Rockville, Maryland, USA: NSO and ICF, 2017), <http://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>; ICAP at Columbia University, "Malawi Population-Based HIV Impact Assessment, MPHIA 2015–2016," December 2015, http://phia.icap.columbia.edu/wp-content/uploads/2016/09/MALAWI-Factsheet.FIN_.pdf.
5. The chain of transmission involves young adult men (ages 23–35) infecting adolescent girls and young women (ages 16–23), who then grow up to infect their male peers (ages 24–29) later on, continuing the cycle of infection. *Ibid.*
6. ICAP, "Summary Sheet: Preliminary Findings—Malawi Population-Based HIV Impact Assessment MPHIA 2015–2016," December 2016, http://phia.icap.columbia.edu/wp-content/uploads/2016/09/MALAWI-Factsheet.FIN_.pdf
7. In Malawi, 30 percent are pregnant/with child by the age of 19, 9 percent complete secondary school, 1 in 5 girls is sexually abused before 18, and 50 percent of girls are married by the age of 18. The government strategy cites UNICEF 2016: 46 percent married by 18, and 9 percent by 15. Ministry of Gender, Children, Disability and Social Welfare, Republic of Malawi, "Violence against Children and Young Women in Malawi: Findings from a National Survey 2013"; National Statistical Office (NSO) [Malawi] and ICF, *Malawi Demographic and Health Survey 2015–16*. UNICEF, "Data on Secondary Education—Completion Rates," <https://data.unicef.org/topic/education/secondary-education/>.
8. The other nine countries are Kenya, Lesotho, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. In addition, five DREAMS-like countries were announced in 2017: Botswana, Côte d'Ivoire, Haiti, Namibia, and Rwanda.
9. Hot spots refer to geographic areas with high rates of HIV prevalence and vulnerability among adolescent girls and young women.
10. This relates to the fact that vulnerable girls and young women are frequently socially isolated and economically disadvantaged, while their male sexual partners often avoid clinic-based HIV services and have fewer interactions with the primary health care system, causing them to enter care and start treatment late, when their disease has progressed to an advanced stage.
11. This level of engagement was exemplified in December 2016, when senior U.S. and PEPFAR officials participated in a high-level mission to Malawi that included the Global Fund to Fight AIDS, Tuberculosis, and Malaria; Gavi, the Vaccine Alliance; Girls Not Brides; and the Global Program on Education. The mission helped encourage Malawi's President Peter Mutharika to task the ministers of health, education, gender (and later labor/youth) with putting together a national adolescent girls strategy to guide multisectoral efforts to reach this population. At this writing, the strategy is being developed by members of an Inter-Ministerial Task Force, reportedly among the first of its kind in sub-Saharan Africa, and is expected to be released in August 2017.
12. Interview with Littleton Tazewell, USAID Mission Director, Lilongwe, Malawi, April 12, 2017.
13. \$16 million to maternal child health, and \$12.7 for family planning/reproductive health. In addition, \$6.25 was planned for education and social services. See [Foreignassistance.gov](http://foreignassistance.gov), <http://beta.foreignassistance.gov/explore/country/Malawi>.
14. Information supplied by PEPFAR Malawi, email June 7, 2017.
15. Starting with the 2017 COP, the DREAMS activities are being incorporated into the COP as opposed to being funded separately.
16. These districts have among the highest HIV prevalence in the country: in Machinga, 13.3 percent of adults are HIV positive, and in Zomba 16.6 percent. See PEPFAR, "Malawi DREAMS Overview," <https://www.pepfar.gov/documents/organization/253957.pdf>. By comparison, the national prevalence for adults is 10 percent, according to Malawi Population-based HIV Impact Assessment (PHIA), http://phia.icap.columbia.edu/wp-content/uploads/2016/09/MALAWI-Factsheet.FIN_.pdf.
17. *Ibid.*
18. Jan-Walter De Neve et al., "Length of secondary schooling and risk of HIV infection in Botswana: evidence from a natural experiment," *Lancet Global Health* 2015; 3: e470–77, June 29, 2015, [http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)00087-X.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00087-X.pdf).
19. The Population Council is conducting implementation science research in Malawi, under Project SOAR, to build the evidence base to inform decision-making and programing and to assess the HIV risk and health-seeking behaviors of adolescent girls and young women before and after their engagement in DREAMS, as well as exploring how best to reach their male sexual partners. See Population Council, "Reducing HIV Risk among Adolescent Girls and Their Partners through the DREAMS Partnership in Malawi," May 2017.
20. Through LINKAGES (FHI 360), female sex workers are given a unique ID and tracked across services and districts. DREAMS Malawi is working to build off this success and roll out IDs to the girls in clubs and most vulnerable in schools. DREAMS will be adding a unique identifier to the new sites in Blantyre, which will be the first peri-urban area for DREAMS Malawi. This more sophisticated system will be supported through additional funding in PEPFAR's 2017 Country Operational Plan (COP) for Malawi.
21. The priority subpopulations of vulnerable girls for DREAMS in Malawi are: vulnerable girls and adolescent and teenage mothers (in school and out of school, pregnant, married); 18- to 24-year-old female sex workers; other vulnerable groups (estate/farm workers, fishing communities, underage girls in "hot spots," female soldiers, vendors, bar girls, border traders). See PEPFAR, "Malawi: DREAMS Overview," <https://www.pepfar.gov/documents/organization/253957.pdf>. Based on lessons learned from the first year of implementation and the impact of the severe drought, DREAMS is starting to look at food security for adolescent girls and young women as a factor of vulnerability. Email correspondence from PEPFAR Malawi, June 20, 2017.

22. "PEPFAR," DREAMS Malawi Vision, Briefing for CSIS: April 6, 2017, in Lilongwe, Malawi.
23. DREAMS Malawi Vision, CSIS: April 6, 2017.
24. The DREAMS Innovation Challenge is an \$85 million public-private initiative designed to bring new thinking, approaches, and partners to address the complex needs of adolescent girls and young women in the DREAMS countries. The focus areas are: strengthening community capacity to deliver services; keeping girls in secondary school; linking men to services; supporting preexposure prophylaxis; providing a bridge to employment; and applying data to increase impact. In July 2016 at the International AIDS Conference in South Africa, 55 winners were selected representing each of the DREAMS countries. See PEPFAR, "Innovation Challenge," <http://www.dreamspartnership.org/innovation-challenge/#innovation>.
25. Interview with Ruth Hope Mwandira, Health and HIV AIDS adviser, U.K. Department of International Development, Lilongwe, Malawi, April 12, 2017.
26. This funding includes \$500,000 for family planning commodities in Machinga, through PSI, as well as family planning support to public health facilities through commodities and training, and condom social marketing through PEPFAR.
27. The funding for VMMC in the two districts totals approximately \$867,000; test and immediate treatment initiation for HIV-positive male partners is \$5 million for two years.
28. The support for orphans and vulnerable children is \$1.5 million over three years.
29. In Malawi, dropout rates among girls are very high at both primary and secondary level; most adolescent girls never make it past primary school (standard 1–8), with only 39 percent of all schoolgirls reaching standard 8. In the DREAMS districts, only 48 percent of standard 8 girls who pass their exams even enroll in secondary schools, due to lack of spaces available in secondary schools, educational and living costs of boarding away from home, and increased vulnerability of girls living away from families and communities. Adding a classroom to accommodate girls in Form 1–4 (at secondary level) at select primary school locations would allow more girls to enter secondary and keep them safe (rather than having to board far away from home, with the added costs for transport, food, and maintenance). This intervention would also provide younger girls and their families with role models to stay in school and delay early marriage. Information provided in email by USAID Malawi, May 26, 2017.
30. USAID, "Fact Sheet—Let Girls Learn: Apatseni Mwayi Atsikana Aphunzire."
31. U.S. Embassy in Malawi, "U.S. Contributes \$6 Million to Address Gender-Based Violence in Malawi and Tanzania," December 12, 2016, <https://mw.usembassy.gov/u-s-contributes-6-million-address-gender-based-violence-malawi-tanzania/>.
32. See Ministry of Gender, "Violence against Children and Young Women in Malawi," https://www.unicef.org/malawi/MLW_resources_violencereport.pdf; and NSO [Malawi] and ICF, *Malawi Demographic and Health Survey 2015–16*.
33. CDC et al., *Violence against Children and Young Women in Malawi: Results from a National Survey 2013*, <http://www.togetherforgirls.org/wp-content/uploads/Executive-Summary-VACS-Report-Malawi.pdf>.
34. For 2018–2020, the Global Fund is providing Malawi with \$7 million in catalytic funds, in addition to the roughly \$12 million within the allocation. This means that in the currently negotiated grant, the total funding is about \$19 million. The total funding would expand the package of interventions in the existing districts (peri-urban Lilongwe, Mangochi, Mulanje), and expand it further to two more districts (Blantyre-urban and Thyolo). Information supplied by the Global Fund, email to CSIS on June 1, 2017.
35. Interview with Tione Chilambe, Head of District Coordination Unit, National AIDS Commission of Malawi, Lilongwe, Malawi, April 7, 2017.
36. According to USAID in Malawi, in 2017, DREAMS will be expanding to priority urban areas in Blantyre district, and DREAMS-like interventions will be implemented in other priority PEPFAR districts.
37. Interview in Lilongwe, Malawi, April 11, 2017.
38. Interview in Lilongwe, Malawi, April 12, 2017.
39. The GNI per capita in Malawi is \$340. See World Bank, "GNI per capita, Atlas method (current US\$)," <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD>.
40. In Malawi, donors represent 86 percent of expenditures on HIV, and 62 percent of expenditures on health.
41. Interview in Lilongwe, Malawi, April 13, 2017. In addition, DREAMS in Malawi has indicated that, later in 2017, CDC will begin pilot-testing an algorithm to identify recent HIV infections in the DREAMS districts. This will involve collecting blood samples from adolescent girls and young women who test newly HIV positive at antenatal clinics to determine "recency" of HIV infection. While this is not an evaluation of DREAMS impact (as this activity hasn't even started and it's only reaching pregnant women), it could serve as an indicator of HIV incidence in this population, and will guide clinical management both for these girls and for their male partners, to ensure partners of recently infected individuals are tested and then initiated on treatment as soon as possible.
42. See Population Council, "How to best reduce HIV risk among adolescent girls and young women in sub-Saharan Africa?: implementation science around the DREAMS Partnership," *DREAMS Project Brief* (Washington, DC: Population Council, 2017). The council is conducting an implementation science evaluation of DREAMS in Malawi to: (1) examine the characteristics associated with high risk of HIV infection among young women in Machinga; (2) assess the HIV risk profiles of out-of-school girls reached by DREAMS programming, identify barriers and facilitators of effective and appropriate implementation, and examine the effect of the DREAMS package of interventions in reducing HIV-related risk; and (3) characterize the male partners of AGYW and their perspectives of HIV services.
43. Interview with Ambassador Virginia Palmer, Lilongwe, Malawi, April 12, 2017.
44. Richard Downie, "Southern Africa's Silent Food Crisis," July 6, 2016, <https://www.csis.org/analysis/southern-africas-silent-food-crisis>.