

## **Technical Forum: Adolescents and HIV Prevention**

19-20 September 2016

Lagoon Beach Hotel, Cape Town, South Africa

### **1. Introduction**

Evidence for HIV Prevention in Southern Africa (EHPSA) is a five-year programme (2014-2018) funded by UKAID and Sweden in partnership with the World Bank.

EHPSA is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, prisoners and men who have sex with men (MSM), through generating evidence of what works and why, and developing strategies to inform policy making processes.

An important mechanism to achieve EHPSA's aims and objectives in eastern and southern Africa (ESA) is to convene a series of regional fora and symposia where researchers, policy makers and other stakeholders share experience and best practice.

### **Objectives and nature of meeting**

The overall objective of the EHPSA-hosted technical forum, Adolescents and HIV Prevention, was to provide a platform for regional stakeholders to debate pertinent issues related to HIV prevention and adolescents in the eastern and southern Africa (ESA) region.

Specific objectives include to:

- Build on the 21<sup>st</sup> International AIDS Conference in July (AIDS2016) and other regional and global processes to stimulate discussion, sharing of expertise and lessons learned that will contribute to a robust body of knowledge on adolescent HIV prevention in the ESA region;
- Revisit the concept of combination prevention for adolescents;
- Obtain expert input into EHPSA-funded reviews which work towards a) a more nuanced definition of adolescents and b) an understanding of social and behaviour change communication in the advances made in biomedical prevention;
- Share progress of EHPSA-supported research on adolescents and HIV prevention; and
- Define outstanding knowledge and service delivery gaps in order to fast-track HIV prevention for adolescents in the ESA region.

Presentations and webcasts are available at:

<http://www.ehpsa.org/evidence/evidence-into-action/adolescents-2016>.

Seventy-seven stakeholders attended the meeting including policy makers, multilaterals, donors, academics, civil society organisations, EHPSA team members and youth activists. The meeting was opened by Dr Pierre Somse, Deputy Regional Director of UNAIDS and EHPSA Advisory Board Chair, who outlined the background and context for adolescent HIV prevention in the ESA region.

## 2. People and networks

The forum provided a good opportunity for researchers and policy makers to discuss and network around adolescent HIV prevention. Along with leading researchers there was active participation from representatives of:

- Multilaterals - UNICEF, UNESCO, UNFPA, UNAIDS, World Bank.
- Donors - PEPFAR, DREAMS, USAID.
- Civil society organisations - Soul City, Restless Development, Southern African AIDS Trust, Lighthouse Trust, Botswana Family Welfare Association, The Relevance Network.
- Regional stakeholders - SADC, UNAIDS Regional Support Team.
- National AIDS commissions - South Africa, Malawi, Swaziland.
- Ministries/departments of health - Zambia, Kenya Malawi, Uganda.
- Ministries/departments of education - Kenya, South Africa, Namibia.

## 3. Technical inputs

3.1 Two expert presentations outlined key issues in adolescent HIV prevention:

- **ALL IN to end adolescent AIDS:** UNICEF Regional Adviser, HIV and AIDS, Anurita Bains, described this multi-partner initiative to advance adolescent HIV prevention. ALL IN is a framework to support countries to strengthen national adolescent prevention by using evidence to inform programming. This includes identifying most affected groups, analysing barriers and bottlenecks to accessing services, and defining corrective action.
- **Setting the scene: drivers, barriers and innovations for adolescent HIV prevention:** Wits Reproductive Health and HIV Institute research (WRHI) director, Dr Sinead Delaney-Moretlwe outlined the biological, behavioural and structural risk factors for adolescent HIV in the region as well as the five key prevention pillars as identified by UNAIDS - including pre-exposure prophylaxis (PrEP). Key issues with PrEP for adolescents concern the correct focussing of services, efforts to ensure adherence, and creating demand. Innovations that will expand prevention choices in the future include intra-vaginal rings, long-acting injectable PrEP, broadly neutralising monoclonal antibodies and HIV vaccines. The concept of the cascade, as developed for treatment (90-90-90), was presented as a useful way of monitoring progress in HIV prevention.

### 3.2 Critical reviews

Two EHPSA-contracted researchers from Mannion Daniels Ltd presented their work-in-progress for validation and discussion.

- **Disaggregating adolescent data:** Kenzo Fry looked at a range of commonly used definitions of adolescence, including five-year age

bands and life cycle approaches. It was suggested that division into three groups - early adolescence (10-14 years), middle adolescence (15-19 years) and youth or young adulthood (20-24 years) - may reduce overlap and confusion. Fry also discussed the importance, uses, methods and challenges of disaggregating data. Participants provided input on the presentation with the general conclusion that disaggregation depends on the intended usage of the data, but that the three age bands above are practical and already in common usage. Additional factors for disaggregation were suggested as urban/rural location, in or out-of school; and head of household (child-headed, granny, single mother etc). There was a general consensus that there is a blind spot around the 10-14-year age group and more needs to be done to push data collection on this age group. Ethical issues around consent for this age group are a serious barrier. Regional data collaboration is needed to align and standardise indicators from supra-national, to national to community levels.

- **Social and Behaviour Change Communication (SBCC) in an era of combination prevention:** Dilhani Wijeyesekera outlined the data on adolescent HIV knowledge and risk behaviour in the region, showing a worsening of the situation over this decade. There is a need for richer qualitative research to gain greater insight into young peoples' lives and the drivers of risk. Wijeyesekera defined SBCC in the context of combination prevention and showed its limited status in national HIV frameworks in the region. The emerging body of evidence on SBCC also suffers from a lack of testable theories of change. The overall approaches to SBCC for adolescents taken by DREAMS and Soul City were described, as well as the usage of SBCC in biomedical interventions such as male circumcision (VMMC) and PrEP. Participants made inputs on the need for youth leadership on SBCC, how to expand and improve the evidence base of SBCC, the important role of SBCC in creating demand and skills for biomedical prevention and the need to build SBCC into all prevention interventions.

### 3.3 Emerging evidence from EHPSA and World Bank studies

Presentations were made on progress in the four EHPSA-funded adolescent research programmes and the EHPSA- supported World Bank evaluations.

- **Girl POWER** (University of North Carolina Project, UNC Lilongwe): Nora Rosenberg presented on the operational research programme to integrate combination prevention, including empowerment sessions and cash transfers, in public health clinics in Malawi and South Africa.
- **Strive to Empower** (Wits RHI): Jonathan Stadler presented on the demonstration project to enhance prevention options for women, including PrEP and empowerment sessions, in a context of gender-based violence and stigma in South Africa and Tanzania.
- **P-ART-Y** (Zambart, Lusaka): Kwame Shanaube presented on the study to evaluate the acceptability and uptake of a community-level combination packages, including universal HIV test and treat, in Zambia and South Africa.

- **Mzantsi Wakho** (AIDS and Society Research Unit, ASRU, University of Cape Town): Rebecca Hodes presented on the study to understand combination prevention (“cash + care + classroom”) that reduce risk behaviour in HIV positive adolescents.
- **World Bank evaluations:** Marelize Gorgens presented on three major World Bank evaluations/implementation research. These are: VMMC in Malawi, incentives to enhance HIV prevention among adolescent girls and young women in Swaziland; and strategies to enhance linkage to care, adherence to ART and retention in case in South Africa.

#### 4. Discussion sessions

##### 4.1 Revisiting the concept of combination prevention.

The World Café format was used to stimulate discussion on combination prevention for adolescents. Prof Linda-Gail Bekker, Desmond Tutu HIV Centre, UCT and current president of the International AIDS Society, moderated this and summed up. Key issues included:

- While there was consensus that combination prevention means a package of biomedical, behavioural and structural interventions, it is still a contested area. It was asked if the challenge now is to define an **ideal package or processes** whereby young people can be empowered to prevent HIV.
- Combination prevention focuses very heavily on the **biomedical** aspects. Reasons for this are the lack of evidence base for structural and behavioural interventions, and both the challenge of costing, and actual cost of the latter two kinds of interventions.
- Notwithstanding the above, there are several examples of **national combination prevention programming** for adolescents in the region. These should be more widely shared.
- There is a need to engage with **culturally-related barriers** to combination prevention
- **Young people** must be partners and active participants for combination prevention to work.
- Young people are more than their HIV, or HIV risk. To be successful programming needs to be both **multi-sectoral and constructive**, to meet the wider needs of young people

##### 4.2 Youth Voices

The final session of the forum was conducted and moderated by a group of seven youth HIV activists drawn from across the region. They reviewed the meeting from their unique perspective.

- Overall the group appreciated the forum and the fact that they had been invited to participate fully. However some found the academic discourse alienating and difficult to follow.
- There is still a need for youth-friendly corners in health facilities where young people may receive appropriate and non-judgemental services.
- Researchers should consider who is delivering services: adolescents are more receptive to service providers who are near their own ages.
- Young people need to be more involved in research, policy and implementation.

## **5. Conclusions**

### **Key message – “Nothing for us without us”**

A key message from the forum involved the importance of understanding and engaging young people in all aspects of adolescent HIV prevention. The question remains as to how this can be done – as an adaptation of current approaches, or as a complete paradigm shift in programming for adolescent HIV prevention.

### **Publicity**

Selected health journalists in the region were provided with media releases and invited to attend two open sessions at the forum. This strategy resulted in publicity for EHPSA and issues around adolescent HIV prevention in the form of two radio interviews and five print and online articles.

### **The way forward**

Prof Linda-Gail Bekker, president of the International AIDS Society, pledged ongoing support and summed up her take-away thoughts in this profound statement:

“Today what really came home to me was that we are trying to prevent something; but actually what we are trying to do is...deliver a healthy society. It's not the taking away it's actually the adding... We have spent hours talking about risk. No. Young people want to think about their futures – it's positive. It's promotive. It's not about preventing - it's about making things happen, about promoting....Use this opportunity well and take your ideas forward.”