



Technical Brief

HIV Programming for Adolescent Girls and Young Women

Allocation Period 2023-2025

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Introduction

This technical brief provides guidance to countries on how they can strategically invest the Global Fund resources in HIV prevention programming for adolescent girls and young women (AGYW) in the 2023-2025 allocation cycle as part of their national response to HIV. This brief replaces previous guidance issued in 2019¹ and reflects the most recent guidance received from UN agencies and partner organizations. It should be used in conjunction with other key Global Fund documents providing guidance on preparation of funding requests for the 2023-2025 allocation period (listed below).

The Global Fund HIV prevention support for AGYW is focused on programming for 15- to 24-year-olds in moderate to high HIV incidence settings. While this brief focuses on HIV prevention among AGYW, adolescents have comprehensive health needs and are more vulnerable than adults to harmful gender and cultural norms, inequalities, violence, exploitation and other structural drivers. These impact not only prevention strategies but also programming for treatment and care.

These vulnerabilities can be addressed by strengthening broader people-centered primary health care, reinforcing community systems and removing human rights-related barriers, as outlined in the Global Fund's [2023-2028 Strategy](#). AGYW are not a homogeneous group, and this brief emphasizes the importance of tailoring the response to the diverse and multifaceted AGYW profiles, vulnerabilities and needs of sub-populations, taking into consideration not only age but also stage of life.²

This technical brief will be most helpful if it is used in conjunction with other Global Fund guidance on HIV programming for the 2023-2025 funding cycle, including:

- [Global Fund's Modular Framework](#)
- [HIV Information Note](#)
- [HIV Programming at Scale for and with Key Populations](#)
- [Community Systems Strengthening](#)
- [Removing Human Rights-related Barriers to HIV Services](#)
- [Gender Equality](#)

¹ Adolescent Girls and Young Women in High-HIV Burden Settings Technical Brief. The Global Fund, 2019.

² Age-responsive and development stage-tailored interventions are key to programming for adolescents. For example, a 15-year-old who has dropped out of school but is not yet sexually active has different HIV prevention needs from a 19-year-old married mother of two children.

Following the [Executive Summary](#), this brief is divided as follows:

- [Section 1](#): Rationale on why AGYW are particularly vulnerable to HIV.
- [Section 2](#): Detailed considerations for HIV programming for AGYW for each of the key HIV program essentials included in the Global Fund HIV Information Note.
- [Section 3](#): Focus on the four components of the strategic investment approach, building on normative guidance from technical partners, with a focus on HIV programming for AGYW and their male partners.
- [Section 4](#): Summary of the principles critical to ensuring scalable, acceptable and effective HIV programming for AGYW.
- [Section 5](#): Additional considerations for populations of special interest for HIV programming for AGYW.
- [Section 6](#): Annexes including abbreviations, promising practices and innovations in programming, key resource documents, and special considerations on peer-based models for AGYW.

Executive Summary

This technical brief provides information for countries preparing funding requests for programs that address HIV prevention among AGYW in moderate to high HIV incidence settings. While its content is relevant to all HIV prevention programming for 15- to 24-year-old AGYW, it focuses on settings at the national and sub-national levels with moderate to high HIV incidence among AGYW, the majority of which are in sub-Saharan African countries.³ UNAIDS currently uses the following incidence rate categories: low (<0.3%); moderate (0.3-<1.0%); high (<1-3 %); very high (>3%).⁴ The Global Fund funding requests should align with these categories. The Global Fund is focusing on the following 12 countries for AGYW HIV prevention investments in Grant Cycle 7: Botswana, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe.

WHY – The imperative to focus on AGYW and their male partners.

Despite great progress in HIV prevention, AGYW in these settings are three times more likely to acquire HIV sexually compared to their male peers and to other populations. With an estimated 254,000 new HIV infections among AGYW in 2021, the world failed to meet the target of 100,000 by 2020 set by the United Nations. HIV acquisition risk among AGYW is driven by biological, behavioral and structural factors, including profound socioeconomic and human rights inequities and gender-based violence (GBV). Many of these factors were exacerbated by the COVID-19 pandemic, as well as being driven by contexts of ongoing and emerging conflict. Aligning programming for AGYW with HIV programming that reaches their male sexual partners is critical to successfully interrupt the cycle of HIV transmission. Focusing HIV prevention on AGYW in moderate to high HIV incidence settings is critical to maximizing gender equality and health equity and to advance youth-responsive programming, all of which are key principles of the [Global Fund's 2023-2028 Strategy](#).

WHAT – Effective programs to respond to AGYW unique needs and address barriers to service access, using the Global Fund prioritized interventions and HIV program essentials.

The Global Fund investments focus on interventions that increase access to and use of HIV prevention options for AGYW and their male sexual partners in moderate to high HIV incidence settings. Effectively preventing HIV among AGYW and their male partners requires designing an optimal mix of interventions, tailored by geography (sub-national areas) and an understanding of the risk and vulnerability factors by age and other drivers at the national and sub-national level. This brief provides AGYW-relevant guidance for HIV prioritized interventions and program essentials included in the [Global Fund HIV Information Note](#). Where possible, this brief highlights linkages to the HIV and [Resilient and Sustainable Systems for Health Information Note](#).

³ Throughout this document we use the phrase “moderate to high HIV incidence settings” to refer to regions, countries and sub-populations with moderate and high HIV incidence among AGYW.

⁴ UNAIDS (2021). [Global AIDS Strategy 2021-2026 — End Inequalities. End AIDS.](#)

HOW – Using Global Fund grants to support national programs with a strategic mix of behavioral, structural and biomedical interventions that accelerate HIV prevention outcomes among AGYW and their male sexual partners.

The brief summarizes guidance from technical partners to support implementers understand, design, deliver and measure the effectiveness of combination HIV prevention programming for AGYW in moderate to high HIV incidence settings. These include several tools focused on AGYW: (i) the updated Global Prevention Coalition Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women (version for use in 2023 planning processes);⁵ (ii) the UNAIDS/GPC AGYW Priority Population Size Estimate tool; (iii) AGYW HIV Prevention Self-Assessment Tool (PSAT); and (iv) other guidance from UN agencies and Global Fund partners.

Key messages from this brief

- There are effective, high-impact, combination prevention interventions that can reduce HIV incidence among AGYW in settings with moderate to high HIV incidence. Countries are required to prioritize these interventions and implement them at scale, in alignment with technical partner guidance and the Global Fund HIV primary prevention theory of change and results framework ([HIV Information Note](#), p. 48-49).
- HIV risk among 15- to 24-year-old AGYW does not emerge at 15 years, nor does it remain static throughout adolescence and early adulthood. Understanding age-disaggregated patterns of HIV incidence, risk and vulnerability by region/sub-national areas is important to guide prioritization.
- Combination HIV prevention packages for AGYW must be age-responsive and address the developmental needs of each AGYW sub-group by region, risks and vulnerabilities.
- Biomedical and behavioral interventions should be complemented by structural interventions or social enablers, delivered through integrated multi-sectoral efforts (programming and co-financing), to increase access to services and reduce HIV vulnerability for AGYW (see [HIV Information Note](#), sections 2 and 3.2).
- Complementary interventions for all AGYW that are necessary for optimal HIV prevention outcomes should be supported from other development, education, HIV and health financing and resources.
- The Global Fund [2023-2028 Strategy](#) includes key direction to expand HIV prevention coverage for AGYW and their male sexual partners:
 - Accelerate access to and use of precision combination HIV prevention, tailored to individual risks, epidemiology and local contexts.

⁵ Global HIV Prevention Coalition, Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women (version for use in 2023 planning processes). In the remainder of this document, we use "Decision-making Aide for AGYW."

- Support comprehensive sexual and reproductive health and rights (SRHR) programs and their strengthened integration with HIV services.
- Demonstrate scale-up of high-impact interventions for AGYW in priority districts and locations, including linkages with high-impact interventions targeting male partners of AGYW such as HIV testing, pre-exposure prophylaxis (PrEP), voluntary male medical circumcision (VMMC), or treatment programs.
- Expand service delivery platforms for HIV prevention among AGYW, through public sector (health facility, mobile clinics, etc.), community-based and community-led, and private sector delivery systems.
- Strengthen government stewardship and oversight for multi-sectoral responses and multi-stakeholder coordination of AGYW programs at national and sub-national levels, including linkages with HIV prevention reaching their male sexual partners.
- Meaningful engagement and leadership of adolescents and young people: co-design, co-facilitate and co-manage.
- Expand and integrate human rights gender-responsive interventions into HIV prevention activities to respond to individuals' needs, including those of AGYW in moderate to high incidence settings in all their diversity.
- Provide quality, people-centered diagnosis, treatment and care to improve well-being for AGYW living with HIV, prevent premature mortality and eliminate HIV transmission.

Investment priorities

The Global Fund AGYW investment priorities for HIV prevention are included in the [HIV Information Note](#) and [Modular Framework](#).

Prioritize the Global Fund HIV prevention funding for moderate to high incidence areas:

Direct HIV interventions for AGYW and male partners: HTS (self- and index testing and referral to treatment), condoms, PrEP/PEP, STI services (+ post sexual violence care), counselling and support (HIV/sexual and reproductive health (SRH)/rights/family planning) and VMMC.

Prioritize for Global Fund HIV prevention funding only for moderate to high incidence areas for AGYW at higher risk:

Indirect HIV interventions for AGYW that **enable incidence reduction**: comprehensive sexuality education (CSE) (including for boys), school-based prevention campaigns, programs to change gender/social norms and prevent GBV, family planning, antenatal (ANC) and post-natal care (PNC) services, youth-friendly services.

Only consider in high incidence areas for AGYW at higher risk (low priority):

Interventions with benefits to all AGYW **with impact broader than HIV**: Activities to keep girls in school (e.g., educational subsidies, cash incentives, education supplies including

dignity packs, policies), economic empowerment interventions (e.g., cash transfers, vocational training, saving schemes), safe spaces, nutrition support and mental health services.

HIV prevention communication, information and demand creation for specific direct interventions is always needed but must be tailored to target population and local context of service provision.

Investment approach

UNDERSTAND the epidemic situation and response among AGYW

Planning an effective HIV response for AGYW includes gathering and analyzing epidemiological patterns and the underlying determinants of HIV infection and reviewing coverage and effectiveness of existing programs and investments.

Know your epidemic

- Identify and analyze:
 - Region- and age-specific HIV incidence, prevalence, new infections and population size among AGYW and their male sexual partners.
 - Risk factors and vulnerability of AGYW, their communities and their households, including biological, behavioral and structural factors that drive HIV infections.
- Consult technical and implementing partners working with AGYW, their communities and their households to:
 - Map profiles and locations of AGYW.
 - Determine optimal targeting and segmentation for AGYW programmatic response.

Know your response

- Conduct extensive mapping of national and sub-national implementing entities involved in AGYW interventions:
 - Review national policies, strategic plans and guidance that address AGYW's HIV and sexual and reproductive health needs.
 - Map existing services and coverage across all platforms where HIV primary prevention can reach AGYW (health, education, social welfare, community, digital and media) provided by government and all funders.
 - Identify gaps in services and platforms, and opportunities for referrals to other services based on need.
 - Identify community spaces which are accessible, safe and supportive for AGYW to meet with service providers, mentors and peers.

DESIGN: Prioritize the intervention mix for maximum impact

Investment in SRH services to improve HIV and sexual health outcomes for AGYW is a high priority for Global Fund investment. Design of Global Fund-supported programs for AGYW should consider the following:

- Layer and prioritize interventions based on needs:
 - Maximize uptake through differentiation and integration of HIV and SRH services.
 - Build and expand on existing services that respond to social and structural drivers identified in situation analyses ([section 3.1](#)).
- Actively and routinely support leadership and meaningful engagement of AGYW and key stakeholders in their communities to ensure inclusive, equitable and rights-based design that aims to remove barriers to uptake ([section 4](#)).
- Use modelling and existing unit cost data, when available, to develop optimal intervention scenarios ([section 3.4](#)).

DELIVER services through multiple service delivery, person-centered and differentiated platforms

Delivery of Global Fund AGYW-funded programs should consider the following:

- Service delivery planning should apply the Global Fund's Results Framework, a detailed implementation framework that considers how to document and monitor reach, outcomes, adaptations and course correction.
 - Leverage existing platforms for AGYW service delivery across sectors, identify integration and health system strengthening opportunities.
 - Enrollment strategies should consider where AGYW already access services, and also monitor and respond to which AGYW are being reached and missed.
 - Referral and linkages are a critical component of operationalizing a comprehensive set of interventions for AGYW, requiring planning that responds to situation analyses ([section 3.1](#)), theory of change and service journey mapping ([section 3.4](#)).
 - Routinely and actively support leadership and meaningful engagement of AGYW in delivery and management of programs.
- Accelerate adoption, integration and scale-up of novel health products and service delivery innovations for AGYW ([section 6.3](#)).

SUSTAIN a mix of targeted high-impact interventions for AGYW

Monitoring and evaluation (M&E) enables progress tracking, accountability and increases the likelihood of achieving intended outputs, outcomes and impact across the Global Fund's Results Framework. M&E for AGYW investments should articulate:

- Anchoring in national M&E plans and health information systems, with alignment to existing indicators and targets and harmonization across partner efforts.
- Clear linkage between program design, delivery and M&E.
- Plans to strengthen facility- and community-level M&E systems, including availability and quality of age- and sex-disaggregated data collection and reporting through national health information systems.
- Coordinated tracking system for AGYW referrals across implementation partners, platforms, and service delivery points.
- Alignment with international normative guidance on M&E.
- Quality improvement strategies that aim to sustain program impact.

1. Rationale

In recent years, there has been a greater focus on the need to reduce HIV incidence in AGYW at an accelerated pace and address the persistent gender inequalities that influence their opportunities and risks in relation to health, education and empowerment. Several countries in sub-Saharan Africa have developed enhanced national strategies and plans for AGYW, moving beyond pilot projects towards large-scale, well-defined programs that are supporting AGYW with a range of interventions and using data to guide programming. The [HIV Prevention 2025 Road Map](#) focuses on five central prevention pillars, including AGYW combination prevention programming. Updated normative guidance, tools and technical assistance are available from partners including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and UN Women.

However, with an estimated 254,000 new HIV infections among AGYW in 2021, the world has failed to meet the target of 100,000 by 2020 set in the 2016 United Nations Political Declaration on Ending AIDS. With Africa’s youth population projected to increase by 40% over the next decade, failure to act decisively could lead to a reversal of gains achieved to date. The [Global Fund Strategy 2023-2028 – Fighting Pandemics and Building a Healthier and More Equitable World](#) includes a specific focus on three objectives that contribute to reducing HIV risk among AGYW: (i) people-centered integrated systems for health; (ii) engaging leadership of most-affected communities; and (iii) health equity, gender equality and human rights. Key reasons to prioritize programming for AGYW and their male sexual partners in moderate to high HIV incidence settings include:

Increased risk of HIV acquisition among AGYW. AGYW continue to be disproportionately at risk of acquiring HIV: AGYW aged 15-24 years in sub-Saharan Africa are three times more likely to acquire HIV than their male counterparts.⁶ Every week, about 4,900 adolescent girls and young women aged 15-24 become infected with HIV worldwide.⁷ While considerable gains have been made globally, they fall short of the target of 75% reduction by 2020. Moreover, there are significant regional variations in the rate of new infections among AGYW. AGYW’s increased vulnerability is linked to several inter-related biological, behavioral, and structural factors. These factors include greater biological susceptibility among females, age, power-inequitable relationships resulting in unprotected sex, transactional sex, GBV (including sexual and intimate partner violence), harmful gender norms, lack of schooling and economic resources, institutional or socio-cultural barriers to providing comprehensive sexuality education and sexual health services, including HIV services, for AGYW, and their male sexual partners.⁸ It is important to consider age- and developmentally appropriate needs for AGYW as they transition into middle and late

⁶ UNAIDS (2022). [World AIDS Day 2022 – Message from Winnie Byanyima, Executive Director of UNAIDS](#).

⁷ UNAIDS (2022). [Global HIV & AIDS statistics — Fact sheet](#).

⁸ UNAIDS (2022). [Dangerous Inequalities: World AIDS Day Report](#)

adolescence and into young adulthood. Age can also be a key policy barrier to accessing services at the design and delivery levels.

Progress towards reducing new HIV infections among AGYW would be greater if both AGYW and their male sexual partners were reached by effective interventions at scale. Effective HIV prevention programming for AGYW needs to align and link with programming for their male sexual partners, who are both adolescent boys and men. Deconstructing harmful gender norms and stereotypes among men and boys is critical, as it addresses their barriers to accessing health services to improve their health and well-being and supports safer sexual relationships with their AGYW partners. Additional insights on male sexual partners of AGYW are included in [section 5](#) of this brief.

Inadequate access to HIV prevention and health services among AGYW persists, in part driven by their heightened vulnerability.⁹ A 2022 operational review of Global Fund-supported HIV prevention programs for AGYW in 13 priority countries concluded that foundations for an effective AGYW response exist, though HIV prevention systems are weaker than HIV treatment and care, with few countries prioritizing and differentiating AGYW HIV prevention packages.¹⁰ Moreover, WHO situational reviews of HIV/SRH service integration for AGYW in two countries highlighted continuing implementation gaps, which are critical to the effective use of HIV prevention products and technologies among AGYW.¹¹ Results from the UNAIDS AGYW Prevention Self-Assessment Tool (PSAT) in six countries indicated that while many countries had identified the most vulnerable AGYW for targeted programming, financing gaps for AGYW programs remained, and improvement of M&E systems for outcome measurement was needed.¹²

Compounding effects crises and challenging operating environments. Since 2020, the COVID-19 pandemic has negatively impacted the health of hundreds of millions of people globally, shedding light on major global and regional inequalities in health access and outcomes. Indirectly, it exacerbated physical and mental health, social and economic issues with potentially severe short- and long-term impacts on the HIV epidemic, particularly among AGYW (see [section 5](#) for considerations on shocks and crises, including COVID-19). Aligning the COVID-19 response and funding to address the structural and social drivers of HIV is critical to the HIV response, but also pandemic recovery and resilience, particularly among adolescents and young people.^{13,14}

⁹ UNAIDS (2023). Decision-making Aide for Investments into HIV Prevention Programmes among AGYW.

¹⁰ CEPA (2022). Operational review of Global Fund support HIV prevention programs for AGYW: lessons learnt and opportunities for strengthening in the next cycle.

¹¹ WHO (2022). HIV/SRH Integration Landscape reports for Kenya and Mozambique.

¹² Lunika L. 2022. SSLN Synthesis of the AGYW PSAT results.

¹³ UNICEF (2022). [HIV programming in the context of COVID-19: Building back better for children, adolescents.](#)

¹⁴ UNFPA (2020). [Responding to the SRH needs of adolescents during the COVID-19 crisis.](#)

2. Priorities for Global Fund HIV Investments

This technical brief provides information for countries preparing funding requests for programs that address HIV prevention among AGYW in moderate to high HIV incidence settings. The sections below detail how the program essentials included in the Global Fund's [HIV Information Note](#) apply to adolescent girls and young women ([see Annex 6.1](#)). Countries are encouraged to prioritize the following interventions and approaches in their funding requests if not funded by other sources. This section outlines AGYW-relevant considerations for HIV program essentials and prioritized interventions, including references to the modular framework illustrative interventions, key resources and promising practices and innovations from sub-Saharan Africa.

To ensure access and continued effective use of HIV program essentials among AGYW and their male sexual partners, barriers related to age of consent to access comprehensive health services (including HIV and SRHR) must be removed. In parallel, supporting efforts to ensure that promising products and technologies, such as long-acting PrEP (LAC) and the Dapivirine Vaginal Ring (DVR), are approved for use in all countries. This is critical to expanding choices and options available to AGYW to enact their agency in accessing HIV prevention.

Key takeaways

Prioritize for Global Fund HIV prevention funding for moderate to high incidence areas:

Direct HIV interventions for AGYW and male partners: HTS (self- and index testing and referral to treatment), condoms, PrEP/PEP, STI services (+ post sexual violence care), counselling and support (HIV/SRH/rights/family planning) and VMMC

Prioritize for Global Fund HIV prevention funding only for moderate to high incidence areas for AGYW at higher risk:

Indirect HIV interventions for AGYW that enable incidence reduction: CSE (including boys), school-based prevention campaigns, programs to change gender/social norms and prevent GBV, family planning, ANC and PNC services, youth-friendly services.

Only consider in high incidence areas for AGYW at higher risk (low priority)

Interventions with benefits to all AGYW with impact broader than HIV: Activities to keep girls in school (e.g., educational subsidies, cash incentives, education supplies including dignity packs, policies), economic empowerment interventions (e.g., cash transfers, vocational training, saving schemes), safe spaces, nutrition support and mental health services.

HIV prevention communication, information and demand creation for specific direct interventions is always needed – but must be tailored to target population and local context of service provision.

2.1 HIV prevention

Condom and lubricant programming (program essential 1)

Condom and lubricant programming is an essential component of high-impact interventions to prevent HIV, STIs and unintended pregnancies, particularly for AGYW. Effective condom and lubricant programming must ensure that (i) quality-assured condoms are available universally, either free or at low cost; (ii) barriers such as stigma, GBV and sociocultural factors that hinder effective access and use of condoms be addressed; and (iii) young people have the knowledge, skills and can demonstrate the agency to negotiate condom use.¹⁵ There is need for comprehensive programming that addresses barriers to effective use of condoms among AGYW and their male sexual partners specific to each context (supply, demand or structural factors) and engage male sexual partners as an entry point in condom and lubricant use for AGYW. Indicative activities to increase condom use among AGYW in moderate to high HIV incidence settings are detailed in the [Modular Framework](#), with specific considerations for young key populations. Programming to support condom use among pregnant and breastfeeding (PBF) AGYW must be integrated into ANC, PNC, family planning and maternal, newborn and child immunization services in response to this high-risk period for HIV acquisition.¹⁶

Key resources and tools

- [HIV Information Note](#): Sections 3.2.1.a.i - 3.2.1.b.i
- [Modular Framework](#): pp. 66-67 (FSW); pp 84-85 (AGYW and MSP); p. 91 (PBF AGYW)
- [UNFPA Condom Programming for HIV Prevention](#). UNFPA, 2016.
- [Condom Planning Resource](#). UNAIDS, 2020.
- [Developing Effective Condom Programmes; Technical brief](#). UNAIDS, 2020.

Pre-exposure prophylaxis (program essential 2)

PrEP should be included as an additional prevention choice for AGYW at higher risk of HIV acquisition and be linked to HIV testing (including self-testing), STI testing (including dual HIV/syphilis testing), and ANC for PBF AGYW. Evidence from PrEP research and rollout to date indicates that due to poor risk self-perception, supply side barriers, stigma, and structural issues such as experiences of violence, poverty, and gender- and power-imbalanced relationships between AGYW and their male sexual partners, PrEP uptake and its continuation among AGYW is a considerable challenge. Thus PrEP services for AGYW should be provided in accessible, adolescent-friendly locations, including strategies to support PrEP uptake and follow-up tailored to individual AGYW choice and based on fluctuating risk by life stage or seasons. Comprehensive programming to support effective

¹⁵ UNFPA, WHO, UNAIDS (2015). [Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy](#).

¹⁶ Groves A, Gebrekristos, L, Smith, P, et al (2021). Adolescent mothers in Eastern and Southern Africa: An Overlooked and Uniquely Vulnerable Subpopulation in the Fight Against HIV. *Journal of Adolescent Health*, 70. doi: 10.1016/j.jadohealth.2021.12.012

PrEP use must include gender-transformative interventions for AGYW and their male sexual partners and consider continuation support through digital or virtual interventions. Moreover, integrating PrEP in existing services, such as ANC¹⁷ or safe spaces¹⁸ may facilitate improved initiation and ongoing effective use in PrEP for AGYW in moderate and high HIV incidence settings (see [section 5](#) on Population of Special Interest and [section 6.3](#) on promising practices).

Post-exposure prophylaxis (PEP) (program essential 3)

The Global Fund supports the provision of post-exposure prophylaxis (PEP) in alignment with WHO guidance which makes it available to anyone with a potential HIV exposure not covered by another prevention method, including sexual violence. Given the overlap of GBV and HIV acquisition risk among AGYW, access to PEP is critical to HIV prevention in this population. PEP must be provided in integrated adolescent-friendly service packages for post-violence care, including emergency contraception, counselling, support for clinical investigations, medical management, clinical care and psychosocial support (also see [section 4.7](#)).

Key resources and tools

- [HIV Information Note](#): Sections 3.2.1.a.ii and 3.2.1.b.ii
- [Modular Framework](#): pp. 68 (FSW), pp 87-88 (AGYW and their MSP); p. 91 (PBF AGYW)
- [Differentiated and Simplified Pre-exposure Prophylaxis for HIV Prevention: Update to WHO Implementation Guidance](#). WHO, 2022.
- [Improving the Quality of Pre-Exposure Prophylaxis Implementation for Adolescent Girls and Young Women in Eastern and Southern Africa](#). UNICEF, ESARO, 2021.
- [Implementation tool for pre-exposure prophylaxis \(PrEP\) of HIV infection: module 12: adolescents and young adults](#). WHO, 2018.

Voluntary medical male circumcision for male sexual partners of AGYW (program essential 4)

Effective HIV programming for AGYW must complement high-impact interventions among their male sexual partners, which includes both adolescent boys and young men and 25– to 49-year-old men in 15 countries in sub-Saharan Africa prioritized for VMMC by UNAIDS and WHO.¹⁹ Expanding VMMC programs to a more comprehensive service package for adolescent boys and young men is needed to improve the broader uptake of HIV and health services for their own health, particularly access to HIV testing and treatment to improve

¹⁷ Joseph Davey D, Myer L, Coates T (2020). PrEP implementation in pregnant and post-partum women. *Lancet HIV*, 7(1):e5-e6. doi: 10.1016/S2352-3018(19)30371-6.

¹⁸ Jackson-Gibson, M., Ezema, A.U., Orero, W. et al. (2021). Facilitators and barriers to HIV pre-exposure prophylaxis (PrEP) uptake through a community-based intervention strategy among adolescent girls and young women in Seme Sub-County, Kisumu, Kenya. *BMC Public Health*, 21, 1284. <https://doi.org/10.1186/s12889-021-11335-1>

¹⁹ Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.

community-level viral suppression.²⁰ In high HIV incidence settings, the Global Fund supports VMMC services that include demand creation, HIV testing, age-appropriate risk-reduction counselling and post-operative care, medical and social, for example: gender interventions such as SASA!. See [section 5](#) for considerations on reaching male sexual partners of AGYW.

Key resources and tools

- [HIV Information Note](#): Section 3.2.1.b.v
- [Modular Framework](#): pp. 90, 94 (differentiated HIV testing)
- [Preventing HIV through safe voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics](#). WHO, 2020.
- [Enhancing uptake of VMMC among adolescent boys and men at higher risk of HIV - evidence and case studies](#). WHO, 2021.

Prevention communication, information and demand creation.²¹ Individual-level or community interventions that share up-to-date, age-appropriate and reliable information on HIV and STI prevention for AGYW in moderate and high HIV incidence settings are central to improving knowledge, demand-creation, and enabling AGYW to use HIV prevention options. Prevention communication for AGYW must consider the gender and power inequalities they face in accessing services in facilities, communities and non-health programs, which limit the effectiveness of these interventions (see [section 4.7](#) for social norms change, GBV prevention, and gender-transformative interventions). Prevention communication, information, and demand creation for effective HIV prevention among AGYW must combine and integrate different types of modalities but use consistent messaging. In some settings with high incidence, the Global Fund supports targeted HIV prevention campaigns and accelerated implementation of CSE for AGYW and adolescent boys if this is not already funded through the education sector.²²

Key resources and tools

- [HIV Information Note](#): Section 3.2.1.b.iii, vi & viii
- [Modular Framework](#): pp. 67 (FSW), pp. 84 (AGYW), pp. 85 (male sexual partners), pp 86, 91, 95, 106
- [International Technical Guidance on Sexuality Education](#). UNESCO, 2022.
- [International Technical and Programmatic Guidance on out-of-school Comprehensive Sexuality Education](#). UNFPA, 2020.
- [Innovate, Implement, Integrate: Virtual interventions in response to HIV, sexually transmitted infections and viral hepatitis](#). UNAIDS, 2023.

²⁰ Makoni T, Thekkur P, Takarinda K, et al (2010). Linkage of voluntary medical male circumcision clients to adolescent sexual and reproductive health (ASRH) services through Smart-LyncAges project in Zimbabwe: a cohort study. *BMJ Open*. 10:e033035. doi: [10.1136/bmjopen-2019-033035](https://doi.org/10.1136/bmjopen-2019-033035)

²¹ This is the terminology now used in the Global Fund Modular Framework, in place of "behavioral interventions".

²² UNESCO (2018). [International technical guidance on sexuality education: An evidence-informed approach](#).

2.2 HIV testing and diagnostics

HIV testing services are an important entry point for additional components of prevention, treatment and care interventions, including PrEP. The diversity of HIV testing services and modalities provides opportunity for AGYW to act with agency and choice and reduce the burden on health care providers. AGYW should have access to a three-test algorithm for rapid diagnostic tests (**program essential 6**), and rapid testing by health care providers (**program essential 7**). Innovative testing approaches such as self-testing (**program essential 5**) should be used in settings where AGYW experience stigma, including AGYW who are part of key populations. For AGYW who test positive, timely and facilitated linkages to HIV treatment and care are critical. Differentiated approaches to HIV testing to deliver customized interventions that meet the specific needs of AGYW based on their context and environment are needed. The WHO HIV self-testing strategic framework provides a six-step approach to differentiated HIV testing.⁴⁹ Each of these approaches should be considered for AGYW to define the optimal mix of the most effective testing modalities, including self-testing and index-testing of male sexual partners of AGYW, when it is safe to do so.

Key resources and tools

- [HIV Information Note](#): Section 3.2.2
- [Modular Framework](#): pp. 94-96
- [Decision framework for HIV testing](#). IAS, 2019.
- [Consolidated Guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach](#). WHO, 2021.

2.3 Eliminating vertical transmission of HIV, syphilis and hepatitis B (triple elimination)

The Global Fund has committed to integrating approaches for the triple elimination of mother-to-child transmission (PMTCT) of HIV, syphilis and hepatitis B. AGYW-specific interventions supported by the Global Fund (when not funded by other sources) include integrated HIV testing and rapid ART initiation (**program essential 8**), treatment continuity and retention of mother-infant pairs throughout breastfeeding (**program essential 8**), and prevention of new infections among pregnant or breastfeeding (PBF) women ([section 2.1](#) above). In particular, supporting linkages between AGYW who test negative during ANC to be able to access prevention communication, information and demand creation alongside prevention technologies (condoms, PrEP, STI treatment, etc.) is critical to addressing increased HIV risk during early pregnancy and motherhood. Opportunities to promote triple elimination by strengthening the broader health system and supporting integration of services between HIV and reproductive, maternal, newborn, child and adolescent health should be prioritized where feasible.

Key resources and tools

- [HIV Information Note](#): Section 3.2.2.v, 3.2.4
- [Modular Framework](#): pp. 28-36 (RSSH/PP: Human Resources for Health & Quality of Care), pp. 92-93
- [Safeguarding the Future: Giving Priority to the Needs of Adolescent and Young Mothers Living with HIV \(WHO/ UNICEF HIV Service Delivery Technical Brief, 2021\)](#)

2.4 HIV treatment and care, including TB/HIV

Supporting access, retention and adherence to HIV services is critical for AGYW who are living with HIV, particularly those who are PBF. AGYW living with HIV are more likely to experience multiple intersecting vulnerabilities that result in higher rates of loss to follow-up and poorer adherence and treatment outcomes. They can also require more intensive support. Differential HIV treatment, care and support for AGYW must consider (i) differentiated HIV treatment services; (ii) differentiated ART service delivery models; (iii) differentiated adherence and treatment support; and (iv) stigma and discrimination reduction. AGYW living with HIV are more likely to experience higher rates of loss to follow-up and sub-optimal adherence as compared with older women. This includes support for PBF AGYW who are diagnosed with HIV during pregnancy and breastfeeding to initiate HIV treatment and care, as outlined in national and international WHO guidelines (**program essentials 10-14**). Given low rates of retention in care among AGYW, especially young mothers, it is important to roll out models that improve retention, particularly given high rates of repeated pregnancies in AGYW younger than 25 years old.²³ Adolescent-responsive services, through the training of health care providers and the use of community-based approaches (including mental health and psychosocial support programs and livelihood and economic strengthening interventions) are needed to ensure that AGYW living with HIV can have good long-term HIV treatment and care outcomes (see [section 4.7](#)). Services for AGYW must also consider the transition from pediatric to adult HIV services. Peer-based interventions are particularly well accepted among adolescents to improve uptake and adherence to HIV treatment, as a key approach to providing differentiated services delivery for AGYW (see [Annex 6.6](#)).²⁴

Key resources and tools

- [HIV Information Note](#): Section 3.2.2 (HIV treatment and care), 3.2.5 (TB/ HIV)
- [Modular Framework](#): pp. 93-95
- [Updated recommendations on service delivery for the treatment and care of people living with HIV](#). WHO, 2021.
- [Adolescent-friendly health services for adolescents living with HIV](#). WHO, 2019.

²³ UNFPA (2023). [Motherhood in Childhood: The Untold Story](#).

²⁴ WHO (2019). [Technical Brief: Peer driven adolescent HIV models of care](#).

2.5 Differentiated service delivery

Differentiated service delivery (**program essential 17**) for AGYW includes interventions to provide differentiated HIV testing ([section 2.2](#)) and HIV treatment, care and support ([section 2.4](#)). Given adolescents' unique barriers to accessing health care and HIV services, several areas of differentiated service delivery can be considered for HIV programming with Global Fund financial support (see [HIV Information Note](#) and [Modular Framework](#)), aligning with interventions to reduce barriers to accessing services ([section 2.7](#)). Differentiated targets based on incidence and behavioral risk (using the UNAIDS AGYW PPSE tool, 2023) should be used to guide differentiated and scalable demand generation and service delivery models. The Global Fund [Modular Framework](#) stipulates differentiated and scalable demand generation and service delivery models for AGYW, including AGYW key populations and AGYW and their male sexual partners. For AGYW HIV prevention programming to be effective, a key approach to differentiated services delivery is the focus on providing integrated, layered programming with strong linkages and referrals to health and non-health services needed by AGYW (see [sections 3.2](#) on Design and [3.3](#) on Delivery).

Key resources and tools

- [HIV Information Note](#): Sections 2.2a and 2.3a
- [Modular Framework](#): pp. 29, 31 (education and production of new health workers; in-service training); pp. 90, 94-97 (differentiated services)
- [Decision framework for HIV testing](#). IAS, 2019.
- [Global standards for quality health-care services for adolescents](#). WHO, 2016.
- [Adolescent-friendly health services for adolescents living with HIV](#). WHO, 2019.

2.6 Integration of HIV and SRH services, including family planning, MNCH/PMTCT and STI services

Throughout this brief, we have identified opportunities for integrating SRH services as part of HIV prevention services, and HIV services as part of SRH service delivery. This is particularly critical for AGYW, whose entry point into health services may be ANC (for pregnant AGYW), family planning, or maternal, child and newborn health services (for breastfeeding AGYW). SRHR interventions that should be integrated in HIV prevention for AGYW and their male sexual partners include:

- Contraception and family planning, pregnancy testing, and safe abortion.
- Syndromic case management of STIs, screening and treatment for viral hepatitis,²⁵ including rapid diagnostic tests for syphilis or dual HIV/syphilis testing, hepatitis C self-tests,²⁶ and hepatitis B and C antiviral medication.

²⁵ WHO (2015). [Guidelines for the Prevention, Care and Treatment of Persons with Chronic Hepatitis B Infection](#); WHO (2016). [Guidelines for the Screening, Care and Treatment of Persons with Chronic Hepatitis C Infection](#). WHO (2016). [Guidelines on Hepatitis B and C Testing](#).

²⁶ WHO (2021). [Recommendations and Guidance on Hepatitis C Virus Self-testing](#).

- In Female Genital Schistosomiasis (FGS)-endemic regions, integrate FGS prevention, diagnosis and treatment for AGYW alongside SRH services.
- Linkages to HPV vaccine and prevention programming.
- Cancer screening and linkages for anal, cervical and other cancers.
- Provision of post-violence counseling and care, including referral and linkages to PEP, clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, and mental health and psychosocial support services for AGYW.

All of the above SRHR services also provide opportunities to identify and target AGYW who may be at greatest need for HIV prevention. It is important to consider activities that strengthen the primary health care system to provide integrated services, including health care provider training on providing AGYW-responsive service delivery.

Key resources and tools

- [HIV Information Note](#): Sections 3.2.1b and 3.2.1c
- [Modular Framework](#): pp. 86, pp. 106-110
- [Integration of HIV testing and linkage in family planning and contraception services: implementation brief](#). WHO, 2021.

2.7 Social protection focused on AGYW education and livelihood

In the limited number of settings with high incidence, the Global Fund supports “**Keeping Girls in School**” social protection interventions for AGYW at higher risk that aim to remove barriers to attending, progressing or completing school, including cash transfers and other interventions that address socioeconomic vulnerability, community-based training for parents, community leaders and school-based parenting programs, and review of laws and policies, training of teachers and school staff in supporting adolescents in schools, catch-up programs for AGYW who want to return to school, and reintegration services for pregnant and parenting girls, and activities to assure safety of AGYW in schools and on the way to and from schools. Additionally, to address economic vulnerabilities of AGYW in high HIV incidence settings, countries can include economic empowerment interventions for AGYW at higher risk: (i) vocational training and transition-to-work interventions, (ii) loan saving schemes, and (iii) clubs and savings groups. However, evidence from recent reviews highlights that these programs should be tailored to the local context, linked directly with HIV prevention programs, and – where possible – layered onto other existing programs.²⁷

²⁷ Haberland, N, de Hoop, T, Desai, S, et al. (2021). [Adolescent girls' and young women's economic empowerment programs: Emerging insights from a review of reviews](#). Evidence Consortium on Women's Groups – Working Paper 03; Swann, M (2018). [Economic strengthening for HIV prevention and risk reduction: a review of the evidence](#). *AIDS Care*.

Key resources and tools

- [HIV Information Note](#): Section 3.2.1b.ix
- [Modular Framework](#): pp. 88
- [Social protection: a Fast-Track commitment to end AIDS — Guidance for policy-makers, and people living with, at risk of or affected by HIV](#). UNAIDS, 2018.
- [HIV and social protection assessment tool: Generating evidence for policy and action on HIV and social protection](#). UNAIDS, 2017.

2.8 Reducing human rights and structural barriers to services

All of the above interventions require specific attention to reducing human rights and structural barriers to services, particularly among AGYW. Gender inequality, stigma and discrimination embedded in social norms (including in the health care setting), harmful social and cultural practices, legal and policy barriers, limited access to education as well as limited livelihood options and economic opportunities affect AGYW's health and well-being and prevent them from reaching their full potential. Interventions aiming at removing legal and policy barriers for AGYW including ages of consent (for services and sex), criminalization of sex work and same-sex relationships and drug use will be supported. AGYW will also receive support to effectively participate in law and policy reform as well as implementation and monitoring processes at different levels. This section focuses on four types of interventions that address these barriers specifically among AGYW.

2.8.1 Ensuring non-discriminatory provision of health care

Adolescent- and youth-friendly health services delivered in clinics, communities and other platforms are critical to ensuring healthcare settings make adolescents feel welcome, accepted cared and support for. Activities that can be supported by the Global Fund include: training and sensitizing health care workers and providers to ensure non-discriminatory, non-judgmental, confidential and quality provision of care, community-led and community-based monitoring, including “mystery shoppers”, suggestion boxes, and exit surveys, or paralegals in health facilities to provide guidance and legal literacy.

Key resources and tools

- [HIV Information Note](#): **Section 2.3.b**
- [Modular Framework](#): pp. 68 (FSW), pp. 87 (AGYW)
- [Global standards for quality health-care services for adolescents](#). WHO, 2016.
- [Adolescent-friendly health services for adolescents living with HIV](#). WHO, 2019.

2.8.2 Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

Interventions to address GBV should be delivered within a continuum of prevention and response. Interventions should strengthen linkages between health, police or law enforcement, and legal sectors as well as create awareness and availability of emergency medical, psychosocial and legal services. Services should go as far as possible to be one-stop. Refer to the implementation package of practical resources and tools to support the implementation of the [RESPECT women: preventing violence against women framework](#). Interventions should focus on strengthening linkages between health, police or law enforcement, and legal sectors as well as creating awareness and availability of emergency medical, psychosocial and legal services; services should go as far as possible to be one-stop. High stigma associated with GBV, a culture of impunity and intimidation with poor legal precedent, as well as limited information on rights and available services within communities leads to under-reporting of cases, late presentation for emergency care and considerable secondary trauma for survivors. Assessment of risk factors as well as protective factors at the societal, community, interpersonal and individual levels is key to effective programming. Planners and implementers are encouraged to utilize such evidence when designing and responding to GBV. Screening for GBV, while potentially traumatic, can be an opportunity for providing HIV prevention interventions e.g., condoms, PrEP and PEP; as well as support and referral to social and legal services. If done in a safe, confidential, and non-discriminatory way, it can facilitate access to services for AGYW at risk of or who have experienced violence.

Key resources and tools

- [HIV Information Note: Section 3.2.4](#)
- [Modular Framework](#): pp. 69 (FSW), pp. 84-85 (AGYW), pp.107
- [RESPECT women – preventing violence against women](#). WHO, 2019.

2.8.3 Social norms change interventions

These aim to address harmful social and cultural norms that increase vulnerability to HIV infection. HIV programs should be integrated with norms changing and GBV prevention programs. They include primary prevention for GBV as well as development and enforcement of laws and policies that strive for gender equality and equity. The Global Fund supports prevention activities such as empowerment and training on sexual consent, ending early child marriage, and addressing harmful gender norms and attitudes through program approaches such as SASA! and Stepping Stones.²⁸ Engagement of men and boys, community and religious leaders, and law enforcement officials is of critical importance and should be part of these interventions.

²⁸ Gibbs, A, Washington, L, Abdelatif, N (2020). Stepping Stones and Creating Futures Intervention to Prevent Intimate Partner Violence Among Young People: Cluster Randomized Controlled Trial. *Journal of Adolescent Health*, 66(3):323-335. Doi: 10.1016/j.jadohealth.2019.10.004
SASA! [By Raising Voices. A community mobilization approach for preventing violence against women and HIV](#).
Stepping Stones: [Training package on gender, HIV, communication and relationship skills](#).

Key resources and tools

- [HIV Information Note](#): Sections 3.2.1b, 3.2.1c, 3.2.4
- [Modular Framework](#): pp. 69, pp. 88-89; 106-110
- [RESPECT women: preventing violence against women framework](#).

2.8.4 Eliminating stigma, discrimination and violence

Programs to prevent and treat HIV must incorporate efforts to address human rights barriers, including stigma (including self-stigma) and discrimination that may be limiting access to prevention, treatment, care and support services. Legal and policy environments often create barriers to AGYW receiving services, such as parental/spousal consent laws to receive SRH, or discriminatory school policies that force pregnant girls to drop out of school and prevent HIV and SRHR service provision. Some AGYW, such as those who may be engaged in transactional sex, also face stigma and discrimination in the health care setting. The Global Fund supports a range of activities that aim to challenge and address stigma, discrimination and violence, including training of law enforcement officials to enforce existing laws around equal protection; advocacy and programs to remove punitive laws and practices against AGYW; promoting adolescent-friendly behaviors and attitudes by health workers; educating women, men and communities on the equal rights of women and AGYW; and others. Activities that can be supported by the Global Fund include removing legal and policy barriers include reviewing age of consent for services and sex, as well as addressing criminalisation of sex work, same-sex relationships and drug use. Additional areas for consideration, which can be addressed through social protection in schools (keeping girls in school), is addressing discriminatory regulations and practices that prohibit AGYW who are mothers return to school or access onwards training.

Additional components of combination HIV prevention programs that aim to address structural and human rights barriers include **psychosocial and mental health support**, delivered through facility-based or decentralized services. Integrating mental health and psychosocial support interventions in AGYW HIV programming, particularly through community-based or clinic-adjacent cadres such as peer facilitators, community health workers and lay counsellors are critical resources to ensure effective use of HIV prevention tools.

Key resources and tools

- [HIV Information Note](#): Sections 3.2.1b and 3.2.1c
- [Modular Framework](#): pp. 106-110
- [UNFPA Harmonization of Minimum Ages and Adolescent Sexual and Reproductive Health and Rights](#)

3. Investment Approach

There is an urgent need to scale up well-designed and effective programs that leverage multi-sectoral resources and interventions to result in HIV prevention outcomes and incidence reduction for AGYW. To reach HIV and human development targets (ending inequalities, increasing social enablers, access to affordable health products and technologies), different funding mechanisms, especially for AGYW, must be streamlined and aligned. This guidance is designed to support countries in determining what combination of interventions to prioritize (what, by whom, where) based on a strategic, data- and evidence-informed mix of services and prevention modalities tailored to local context and HIV incidence. This process involves four steps, detailed below: understand, design, deliver, and sustain.

3.1 UNDERSTAND the epidemic situation and response among AGYW

Key takeaways

Planning an effective HIV response for AGYW should include gathering data on and analyses of epidemiological patterns, underlying determinants of HIV infection, and reviewing coverage and effectiveness of existing programs and investments.

Know your epidemic

- **Identify and analyze:**
 - Region- and age-specific HIV incidence, prevalence, new infections and population size for AGYW and their male sexual partners.
 - Risk factors and vulnerability of AGYW, their communities and their households including biological, behavioral, and structural factors that drive HIV infections.
- **Consult technical and implementing partners working with AGYW, their communities and their households in order to:**
 - Map profiles and locations of AGYW.
 - Determine optimal targeting and segmentation for AGYW programmatic response.

Know your response

- **Conduct extensive mapping of national and sub-national implementing entities involved in AGYW interventions:**
 - Review national policies, strategic plans and guidance that address AGYW's HIV and SRH needs.
 - Map existing services and coverage across all platforms where HIV primary prevention can reach AGYW (health, education, social welfare, community, digital and media) provided by government and all funders.
 - Identify gaps in services and platforms, and opportunities for referrals to other services based on need.
 - Identify community spaces which are accessible, safe and supportive for AGYW to meet with service providers, mentors and peers.

3.1.1 Know your HIV epidemic among AGYW and their male sexual partners

AGYW are not a homogenous group. This brief emphasizes the importance of tailoring the response to the diverse and multifaceted profiles, vulnerabilities and needs of sub-populations of AGYW based on various population characteristics that are relevant in a particular program context. Specific needs of AGYW who may formally or informally identify or belong to a key population – are reflected in the Global Fund’s 2022 technical brief on [HIV Programming at Scale for and with Key Populations](#) (also see [section 5](#)).

Understanding the HIV epidemic among AGYW and their partners involves two important components:

- **Epidemiological context** – HIV incidence, prevalence, new infections and population size by region and age group for AGYW using the [UNAIDS AGYW Priority Population Size Estimate Tool](#), and their male partners using Spectrum and Naomi sub-national estimates.²⁹ [See Annex 6.4](#) for a list of data sources that can be used for this analysis. Supplement the priority population size estimate (PPSE) tool with the following:
 - Incorporate findings from populations of special interest, including mapping of sex worker hot spots where young sex workers may be based. In-depth understanding of risk and vulnerability for specific key populations or segments, e.g., AGYW who sell sex, pregnant and breastfeeding AGYW, AGYW employed in factories, or out-of-school AGYW.
 - Gather data and document the profile of likely male sexual partners of AGYW, including those at higher risk of HIV, to reach them effectively with complementary interventions.
 - Use venue-based methods to generate insights and data on the community-based locations where girls socialize with their potential sexual partners; particularly for understanding socialization linked to higher-risk sex and exposures to risk. Map hotspots and venues/locations where AGYW engage with their male sexual partners, including geo-spatial mapping. GPS-based mapping may be helpful.
- **Risk factors and drivers** – Mapping of HIV-related risk and vulnerability factors (biological, behavioural and structural) – combined with contextualized understanding of existing data to map out vulnerability at the community and household level. Understanding these risk and vulnerability factors and their linkages to each other is important for programming in several ways:
 - National and sub-national trends over time, e.g., HIV knowledge, condom use, violence exposure and perpetration, adolescent pregnancy. Information and knowledge are an integral part of self-perception and risk awareness.
 - Individual-level risk patterns and fluctuation over time and as linked to the unique lives of AGYW, for example, seasonal migration of male sexual partners or AGYW mobility to areas of economic opportunity, for example, a large infrastructure project.

²⁹ UNAIDS (2023). [Instructions for using the Naomi model](#).

- National and geographical distribution of vulnerability factors, such as poverty (household or community-level), food and resource insecurity (e.g., due to drought and conflict), school dropout, early marriage, and orphanhood.
- Local/geographically focused events, such as large infrastructure projects, location of factories or large-scale businesses such as plantations or farms, areas of high internal or cross-border mobility can be linked to increases in high-risk sex or HIV exposure/acquisition, e.g., Eswatini-Mozambique border, Lesotho-South Africa, etc.

These data and information are critical for identifying AGYW sub-populations to prioritize and target programming. It is important to recognize that risk and vulnerability are not constant but dynamic. Therefore, programs should adjust and adapt accordingly, for example, consider programming during certain periods of the year linked to drought or food insecurity, or cross-border programming for high-mobility areas. Translating the profile of populations into specific intervention packages becomes an important aspect of design ([section 3.2](#)).

Key resources

Modular Framework: Resilient and sustainable systems for health (RSSH) M&E: Surveillance – Bio-Behavioral Surveillance among key populations/AGYW p.46; RSSH: M&E Surveys Activities related to assessment of morbidity, mortality, service coverage and bio-behavioral surveys/studies in general populations or identified populations at risk. p. 51.

Other resources and tools:

- [UNAIDS/GPC Decision-Making Aide for AGYW \(2023 update\)](#)
- [UNAIDS AGYW PPSE](#) (2023 update) based on the Naomi-Spectrum Data
- [Assessing the Vulnerability and Risks of Adolescent Girls and Young Women in Eastern and Southern Africa: A Review of the Tools in Use](#). UNICEF, 2021.
- [UNAIDS HIV Gender Assessment Tool](#)
- [All-In, in Eastern and Southern Africa Catalysing the HIV response for adolescents](#). UNICEF, 2019.

3.1.2 Know your response

Global Fund investments in interventions for AGYW should not be delivered in isolation, but rather should be integrated within the comprehensive programme for AGYW in a catchment area. These programs should respond to national priorities and contribute to nationally or sub-nationally defined incidence reduction indicators and targets across the various interventions. National leadership, with strong political commitment and country ownership, is a critical factor for a successful response. AGYW programs must be **strongly anchored to national strategic plans and related national guidance documents** that address the needs and realities of AGYW, such as those related to HIV/SRH (or HIV prevention more specifically), gender, women’s health, adolescent health and well-being, and others.

Key resources

- [HIV Information Note](#): 3.2.e
- [Modular Framework](#): pp. 10 (RSSH: health sector planning and government for integrated people-centered services).

Strong AGYW programs are also **community-driven** with the meaningful participation, voice and leadership of AGYW in policy development, program design, implementation and monitoring. The Global Fund expects applicants and implementers to ensure that AGYW communities are a strong participant in Country Coordinating Mechanisms (CCMs) and national country dialogue processes. The Global Fund also supports investments in community systems strengthening for AGYW-led and -driven responses; such as investments in community-based monitoring; community-led advocacy and research; social mobilization, building community linkages, collaboration and coordination; and institutional capacity building, planning and leadership development.³⁰

Key resources

- [HIV Information Note](#): 3.2.e
- [Modular Framework](#): pp. 13 (RSSH: community-led research and advocacy).

To understand the current landscape of national priorities, programming and investments:

- **Conduct a national, and where possible, sub-national (e.g., district) level mapping exercise** to identify entities providing interventions for AGYW, to find gaps and support referrals to other services based on need. These should include HIV prevention interventions delivered through various settings and interventions/services provided by other sectors (e.g., education/schooling; social welfare/protection; police/legal assistance; economic empowerment).
- **Identify existing national criteria or mechanisms to define the vulnerability of young people** and their eligibility to receive social protection and education support interventions. Such information may often be available with social welfare and education sectors.
- **Map out existing services in all platforms** where HIV primary prevention can reach AGYW, which based on GPC Decision-Making Aide for AGYW and include health sector, education, and community platforms (including digital and national media platforms). This mapping should include coverage of programs for AGYW supported by the government, the Global Fund, the President's Emergency Plan for AIDS Relief (PEPFAR) and other funder-supported programs, regardless of how they are funded.
- **Map key barriers and gaps in delivering services to AGYW**, including age of consent, human rights and gender-related barriers.

³⁰ Community systems' is a broad term that describes the structures, mechanisms, processes and actors that are needed to support community responses.

- Identify **venues and modalities to deliver the interventions** that are accessible, private and secure (as perceived by AGYW) and where AGYW can meet regularly with peers and mentors.

Key resources and tools

- [UNAIDS Decision-making Aide for Investments into HIV Prevention Programmes among AGYW](#) (2023 update)
- GPC HIV PSAT for AGYW (2022 update)
- GPC HIV PSAT for key populations, VMMC, PrEP, and Condom
- [Social protection: a Fast-Track commitment to end AIDS — Guidance for policy-makers, and people living with, at risk of or affected by HIV](#) (UNAIDS, 2018)
- WHO [Adolescent Health Services Barriers Assessment](#)
- [UNAIDS HIV-sensitive social protection Tool](#)

3.2 DESIGN: Prioritize the intervention mix for maximum impact

Key takeaways

Investment in SRH services to improve HIV and sexual health outcomes for AGYW in moderate to high HIV incidence settings is a high priority for Global Fund investment. Design of Global Fund-supported programs for AGYW should consider the following:

- Layer and prioritize interventions based on needs:
 - Maximize uptake through differentiation and integration of HIV and SRH services.
 - Build and expand on existing services that respond to social and structural drivers identified in situation analyses ([section 3.1](#)).
- Actively and routinely support leadership and meaningful engagement of AGYW and key stakeholders in their communities to ensure inclusive, equitable and rights-based design that aims to remove barriers to uptake ([section 4](#)).
- Use modelling and existing unit cost data, when available, to develop optimal intervention scenarios ([section 3.4](#)).

The key evidence-based biomedical, behavioral and structural interventions funded under a Global Fund grant are meant to be part of a broader national program and complement other investments that seek to reduce HIV incidence among AGYW. The Global Fund applicants should propose a prioritized mix of interventions at sufficient coverage and scale to accelerate progress in the national response. Global Fund support should be used to prioritize interventions that address needs and gaps, building on structures already in place.

To translate the profiles of AGYW and the landscape of current programming (based on information from [section 3.1](#)) into effective programming for AGYW, consultations with

technical and implementing partners may be needed to determine the most appropriate targeting for different segments/profiles of AGYW in a country. As noted in the Guiding Principles ([section 4](#)), AGYW representatives must be included in these processes. Consultations can serve the purpose of triangulation of information, prioritization and identifying opportunities for alignment with other funders and national programs that may not be HIV-focused or specific to AGYW.

To address the risks and vulnerabilities to HIV among AGYW, combinations of interventions are needed, as can be seen from the table below. In low incidence settings there should be HIV programs in place that are focused on all priority populations, including AGYW. This includes interventions rolled-out via different sectors. HIV prevention programs specifically focusing on AGYW should be available in moderate and high incidence locations and include additional interventions. What should be offered and how widely this should be offered through each of the sectors depends on both the incidence in the location and the risk of the individual AGYW. In addition, there are other enabling interventions that should be available everywhere and these are typically funded through other sources than HIV program funding.

Note that there is no expectation that one implementer delivers all services and products. It is important that implementers deliver interventions that fall within their competency and work diligently to enable the linkage and referral to other service providers. The most effective AGYW programs involve communities, AGYW networks, non-governmental organizations (NGOs), faith sector organizations, CBOs, various ministries (including health, education, social security sectors) and others as relevant in the country.

PART I. HIV program (high priority for HIV funding) Source: UNAIDS/Global HIV Prevention Coalition Decision-Making Aide for AGYW (2023 update)				
Incidence	Health sector	Community	Education sector	Multisectoral action and coordination
<i>(by location)</i>	HIV programs for all priority populations (which also benefit adolescent girls and young women)			
Low (less than 0.3%)	<ul style="list-style-type: none"> HIV testing and treatment services, PEP, prevention of vertical transmission of HIV as part of maternal health, PrEP only for individuals at exceptionally high risk within key populations or discordant couples or in other exceptional individual circumstances Male & female condoms and lubricants, VMMC for adolescent boys and men (in relevant priority countries), basic national HIV information (prevention and treatment), risk reduction communications including new & social media 	<ul style="list-style-type: none"> Action to address HIV-related rights, stigma and discrimination HIV programmes including trusted community outreach platforms for key populations (including AGYW within key populations) 	<ul style="list-style-type: none"> HIV integrated in education policies and curricula. <i>(HIV funds only if not funded through education sector)</i> 	<ul style="list-style-type: none"> Multisectoral HIV policy development and coordination between health, community, education, gender, social protection, financing and other sectors
HIV prevention programs for adolescent girls and young women				
Moderate (between 0.3 and 1%) All of the above PLUS	<ul style="list-style-type: none"> HIV/STI risk assessment and risk reduction counselling HIV testing services including self-testing Active condom and lubricant distribution & promotion 	<ul style="list-style-type: none"> Community outreach (interpersonal and virtual) addressing HIV prevention knowledge, risk perception and related social norms, demand generation and outreach services including condoms, self-testing, referrals <i>(focus on popular opinion leaders and high-risk venues frequented by AGYW and men 20-39 at higher risk of HIV)</i> 	<ul style="list-style-type: none"> Dedicated school-based HIV prevention campaigns (knowledge, risk perception, methods, skills, GBV) linked to services (condoms, testing, referrals) in selected schools & tertiary institutions <i>(HIV funds only if not funded through education sector)</i> 	<ul style="list-style-type: none"> Sub-national AIDS Office leads regular prevention programme review & problem-solving (that includes programmes with adolescent girls and young women), multi-sectoral coordination and referral systems between different sectors
High (1.0% and more) All of the above PLUS	<i>Expand the focused action above (in orange) to routine offer</i>	<i>Expand activities above to all AGYW & men 20-39</i>	<i>Expand activity above to all schools & tertiary institutions</i>	<i>Hold dedicated AGYW prevention program reviews</i>
	<ul style="list-style-type: none"> Availability and provider-initiated offer of PrEP services <i>(focus on AGYW with casual or multiple partners, history of STIs and in transactional sex)</i> 	<ul style="list-style-type: none"> Active PrEP and PEP demand generation and community outreach services <i>(focus on settings frequented by AGYW at higher risk)</i> 	<ul style="list-style-type: none"> Accelerated introduction of comprehensive sexuality education <i>(HIV funds only if not funded through education sector)</i> 	<ul style="list-style-type: none"> Full-time HIV prevention focal point at sub-national level to drive action and accountability
	<ul style="list-style-type: none"> <i>Expand provider-initiated offer of PrEP services to routine offer for sub-populations with very high HIV incidence exceeding 3%.³¹⁾</i> 	<ul style="list-style-type: none"> Structured interpersonal communication on HIV prevention and related social norms, e.g., scalable (shorter) versions of Stepping Stones, SASA!, SHARE <i>(focus on locations with higher prevalence of risk factors)</i> 	<ul style="list-style-type: none"> Keep girls in-school / education assistance <i>(Other funding/ HIV funds only in exceptional cases for most vulnerable AGYW at high risk of HIV)</i> 	<ul style="list-style-type: none"> Social support and asset-building - e.g. safe spaces, mentoring and economic empowerment <i>(focus on most vulnerable AGYW at high risk of HIV)</i>
PART II. Other enablers and synergies (typically other funding than HIV)				
All locations (not guided by HIV incidence)	<ul style="list-style-type: none"> Access to integrated SRHR (including family planning, gender-based violence, cervical cancer screening, HPV vaccine and other STI services) including legal and policy support Youth-friendly health systems (trained providers, conducive hours, destigmatized care for adolescent girls and young women...) 	<ul style="list-style-type: none"> Out of school comprehensive sexuality education 	<ul style="list-style-type: none"> Access to primary and secondary education CSE, school health programs, non-discrimination in schools, intersections to GBV 	<ul style="list-style-type: none"> Social support and economic empowerment of vulnerable adolescents Cash transfers, economic empowerment

Legend ■ Routine offer for all AGYW in the area ■ Focus on specific groups of AGYW ■ Highly focused on AGYW at highest risk

Countries must consider and possibly develop locally relevant and inclusive processes for screening the targeted AGYW (sub)populations for the delivery of intervention packages aligned with individual needs and vulnerability. Considering approaches that could be mainstreamed into routine processes within the health, education or social sectors (e.g., through conducting group meetings with AGYW, using assessments completed by teachers or community/social workers who are in regular contact with AGYW, or using self-assessments by AGYW themselves) are useful. In addition to the review of risk and vulnerability screening and assessment tools conducted by UNICEF ESARO, some specific tools include the DREAMS or OVC vulnerability tools (PEPFAR), The Girl Roster (Population Council, 2015),³² and [I'm Here: Steps to Reach Adolescent Girls in Crisis](#) (Women's Refugee Commission, 2016).³³

Layered interventions or services refer to the provision of multiple services by various providers to the same individual over a defined period of time with the same ultimate aim. For AGYW, layering is critical to the effective uptake and use of HIV prevention interventions. Demand creation for biomedical services is integrated in most information, education and communication (IEC) or social and behavior change communication (SBCC) interventions (referred to as prevention communication, information and demand creation, see [section 2.1](#) for more details). Peer-based models are an important aspect to layering interventions (see [Annex 6.4](#) for considerations on how to design and deliver peer-based interventions for AGYW HIV programming).

The design of packages must conclude with several critical AGYW-informed and consulted elements:

- **Theory of change** (Results Framework) – see [section 3.4](#).
- **Implementation framework** outlining: recruitment, entry points, service journey, referrals and linkages, service providers, intervention dosage, and any process/resources needed for the successful delivery of the package.
- **Costed operational plan** based on the coverage targets, dosage, etc.
- **M&E plan:** see [section 3.4](#) and the Global Prevention Coalition Decision-making Aide for AGYW.

3.3 DELIVER services through multiple service delivery, person-centered and differentiated platforms

³² Population Council (2015). <https://www.popcouncil.org/research/girl-roster>.

³³ Women's Refugee Commission (2016). [I'm Here: Steps to Reach Adolescent Girls in Crisis](#); Inter-agency Working Group on Reproductive Health in Crises (2020). [Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings](#)

Key takeaways

Delivery of Global Fund-supported programs for AGYW should consider the following:

- **Service delivery planning should apply the Global Fund’s Results Framework, a detailed implementation framework that considers how to document and monitor reach, outcomes, adaptations, and course correction:**
 - Leverage existing platforms for AGYW service delivery across sectors, identify integration and health system strengthening opportunities.
 - Enrollment strategies should consider where AGYW already access services, and also monitor and respond to which AGYW are being reached and missed.
 - Referral and linkages are a critical component of operationalizing a comprehensive set of interventions for AGYW, requiring planning that responds to situation analyses ([section 3.1](#)), theory of change and service journey mapping ([section 3.4](#)).
 - Routinely and actively support leadership and meaningful engagement of AGYW in delivery and management of programs.
- **Accelerate adoption, integration and scale-up of novel health products and service delivery innovations for AGYW ([section 6.3](#)).**

The large range of interventions for AGYW are delivered through multiple service delivery platforms; therefore, the optimal channels should be context-specific and designed so AGYW can be reached where they are. Local authorities and sub-national structures at the implementation level must be closely involved.

3.3.1 Delivery platforms

The main platforms of service delivery to AGYW are listed below and detailed in the Decision-Making aide for AGYW. In each case, it is important to develop implementation plans that respond to the context-specific profile of young women and girls.

Health facility-based interventions: Many biomedical interventions are provided through health facilities. Programs should explore various approaches to service delivery that are responsive to the needs of AGYW, such as decentralizing services; using mobile clinics, extension workers, mobile-based outlets; reducing the frequency of appointments for antiretroviral drug refills, and others. In many countries, health service delivery to AGYW is considered to require additional action to adequately attract and provide health services to AGYW as well as to make timely referrals and follow-up to other services provided in the community. There is an evolution from traditional standalone models of adolescent-friendly services towards a systems approach, which implies that policies, procedures, and programs across the entire health system are adapted to respond to the diverse needs and preferences of adolescents.³⁴

Further, linking HIV services with related services such as those for sexual, reproductive, maternal, newborn, child and adolescent health, TB, cervical cancer, mental health, and

³⁴ USAID (2022). [Is your health system adolescent- and gender-responsive? A participatory tool for analysis and action planning.](#)

gender-based violence can improve cost-effectiveness, uptake, access to and quality of care for AGYW. A good referral and linkage system across different service providers is critical to ensure effective people-centered delivery and tracking of multiple services.

There are many opportunities to consider system-wide strengthening of health and facility-based services to reduce HIV incidence among AGYW in the illustrative activities of the [Global Fund Resilient sustainable systems for health modular framework](#).

School-based interventions: Schools are an important and effective delivery channel to reach enrolled AGYW with interventions such as CSE (including menarche education)³⁵ and social protection. It is recommended that these interventions are supported by other health and development financing, as the Global Fund supports these interventions only in some settings with high incidence for AGYW at higher risk. Depending on the legal, regulatory and sociocultural environment, dedicated school-based HIV prevention campaigns linked to services and health services such as HIV prevention and testing services, SRH services, and referrals, may also be provided within the school setting.³⁶

Community-based and community-led interventions: Various interventions such as prevention, testing, treatment and adherence support, behavior change, community mobilization and structural interventions can be delivered through outreach in the communities where AGYW live. This is particularly important for AGYW who are not enrolled in schools, and for young key populations. Community-based and community-led organizations are a key service provider in delivering programs for AGYW and, as such, should be part of the service delivery platforms. Community-based health facilities run by local government authorities are also key in the provision of various services and should be part of the service providers, either directly or through the referral system.

In addition to the above, and dependent on the national and sub-national landscape analyses outlined in [section 3.1](#) (Understand), several other platforms may be considered to deliver HIV programming for AGYW:

Workplace-based interventions: Similarly, interventions such as condom distribution, behavior change communication, testing and referrals can also be delivered through workplace settings to reach older AGYW in the locations where they work.

Virtual platforms: A wide range of virtual platforms, including the use of social media platforms, are also being increasingly used to deliver information and communication interventions to AGYW. Such platforms, when used carefully and safely, provide an additional opportunity to reach large numbers of AGYW.³⁷ For example, virtual platforms can be used to promote self-care and distribute HIV self-tests to priority populations.³⁸ Aligning virtual platforms with offline prevention communication activities is critical to ensuring consistent messaging, coverage and quality of services.

³⁵UNESCO (2018). [International Technical Guidance on Sexuality Education](#).

³⁶ WHO (2021). [Guideline on School health Services school health services](#); WHO (2021). [Global Standards for Health Promoting Schools and System](#).

³⁷WHO (2020). [Youth-centred digital health interventions: a framework for planning, developing and implementing solutions with and for young people](#).

³⁸ UNAIDS (2022). [Innovate, Implement, Integrate: Virtual interventions in response to HIV, sexually transmitted infections and viral hepatitis](#)

Social protection programming platforms: Social protection programming by national or sub-national partners (for example, school feeding programs, social cash transfer programs) can provide a platform to layer HIV prevention programming for AGYW. In countries where social protection programming is established, existing targeting mechanisms can be used to identify AGYW at highest risk for HIV (or their households). This is separate from social protection and economic and livelihood strengthening as a prioritized intervention for AGYW at higher risk in high incidence settings (see [section 2.8](#)).³⁹ For example, providing HIV prevention activities by peers in a safe space that reaches at-risk AGYW with food security programming uses the social protection platform to layer HIV prevention. Another example is adding on HIV prevention programming to an existing national school feeding scheme for low-income schools.

3.3.2 Enrollment in HIV prevention programs

A key part of delivery in each platform is a careful strategy for enrolling AGYW in programming that responds to their needs. Use a combination of methods to enroll AGYW into the program being offered – considering schools, parents, community-based groups, media– keeping in mind that each approach may reach a different set of girls. Understand, document and monitor which AGYW are more likely to be reached or missed by specific enrollment strategies. Intentionally invite or enroll those identified as being most in need of an intervention (rather than relying on demand-led recruitment into the program alone). Review progress of different enrollment strategies, as their success may vary by district or community. It is important to link enrollment practices with the targeting and assessments designed in collaboration with AGYW and their communities ([section 3.2](#)).

3.3.3 Referrals and linkages

Implementation of AGYW programming to date highlights the importance of continued or linked access to HIV and integrated programming for this population. Identifying concrete services access journeys, with clear linkages and referrals to additional services must be integrated in design and delivery of AGYW HIV programming.⁴⁰ To sustain program quality, the M&E system for an AGYW program should include common systems across providers within the same ecosystem to track referrals and service delivery that avoids double counting of unique individuals as they move from one service delivery point to another. Where such systems are not in place, it can lead to duplications, gaps and double counting of some beneficiaries.

³⁹ UNFPA (2021). [UNFPA Programmatic guidance on integrating ASRHR and economic empowerment of young people](#)

⁴⁰ UNICEF (2019). Review of risk and vulnerability; CEPA (2022). Operational review of Global Fund support HIV prevention programs for AGYW: lessons learnt and opportunities for strengthening in the next cycle.

3.4 SUSTAIN a mix of targeted high-impact interventions for AGYW

Key takeaways

M&E enables progress tracking, accountability and increases the likelihood of achieving intended outputs, outcomes and impact across Global Fund's Results Framework. M&E for AGYW investments should articulate:

- Anchoring in national M&E plans and health information systems, with alignment to existing indicators and targets and harmonization across partner efforts.
- Clear linkage between program design, delivery and M&E.
- Plans to strengthen facility- and community-level M&E systems, including availability and quality of age- and sex-disaggregated data collection and reporting through national health information systems.
- Coordinated tracking system for AGYW referrals across implementation partners, platforms, and service delivery points.
- Alignment with international normative guidance on M&E.
- Quality improvement strategies that aim to sustain program impact.

In preparing funding applications for 2023-2025, countries may have had opportunities to design, deliver and measure the reach, quality and impact of AGYW-centered or AGYW-relevant programming for the last three funding cycles. Looking forward towards the 2023-2025 cycle, it is critical to use different sources of data (**Annex 6.4**) to identify a strategic mix of targeted interventions addressing AGYW risks and vulnerabilities, with sufficient coverage, reach and quality, based on strong theories of change, informed by costing and modelling. Program design and implementation should build on national systems for delivery and monitoring, and on existing efforts. Critical questions to address in reviewing prior funding cycles include:

- Which AGYW HIV prevention interventions should be continued to be supported by Global Fund in the next funding cycle? If they will be continued, will they be continued as in the prior cycle, expanded or scaled up? How will they be adapted based on data from prior implementation cycles?
- Which AGYW HIV prevention interventions should not be continued based on implementation data to date, due to interventions not being effective, acceptable and feasible for AGYW access, and cost-effective?

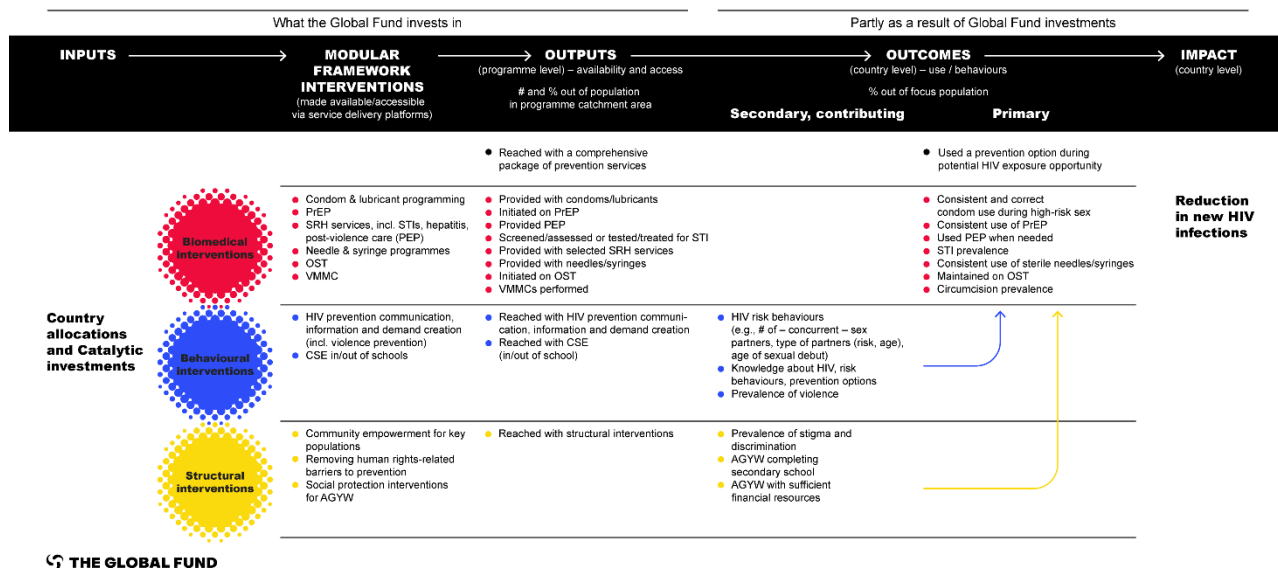
Sound M&E frameworks for the AGYW response are critical for monitoring progress, ensuring accountability and impact, and continuous learning and improvement. M&E for AGYW programs must be anchored within broader national health information systems to ensure harmonization and sustainability of investments by building on national M&E plans, indicator frameworks and data collection and reporting systems.

3.4.1 Measuring outcomes

The [Global Fund HIV Prevention Results Framework](#) clarifies the relationships between investment, outputs (coverage), and outcomes (use, behavior) for HIV impact. The Prevention Results Framework does give some indication of the importance of different indicators. Some indicators are a better proxy measure of the intended outcome (reduction in new HIV infections) than others. It therefore defines some outcomes as “primary” (higher-level outcomes) as these have a closer relation to impact (reduction in new HIV infections), while other outcomes are defined as “secondary, contributing” (lower-level outcomes).

Global Fund HIV primary prevention Results Framework

– results chain (from inputs to impact)



All interventions should be more clearly oriented towards achieving primary outcomes. To illustrate this point, investments in keeping girls in school aim to result in more adolescent girls completing secondary education, an important development outcome. However, for HIV incidence reduction, this outcome – more girls completing school – will only impact on reducing new HIV infections if their attendance in school leads in turn to delayed or decreased high-risk sex, or sex that is protected by use of condoms or PrEP. So, when seeking to clarify HIV prevention results most likely to impact on incidence reduction, outcomes such as condom or PrEP use during high-risk sex (and male circumcision prevalence for sexual partners) need to be emphasized as the outcomes most likely to prevent HIV acquisition. One of the key M&E essential investments items is “Prevention outcome monitoring for AGYW”. Grants should explore innovative and cost-effective approaches that can be integrated in routine monitoring activities to track program outcome regularly to inform ongoing implementation.⁴¹

⁴¹ [RSSH information note allocation period 2023-2025. Annex 4: Essential M&E investments](#)

Detailed guidance on strengthening M&E of AGYW programs is provided in the Measurement Guidance for Global Fund-supported HIV Prevention Programs.⁴² Some of the more critical aspects are summarized below, with practical tips for Global Fund applicants and implementers.

3.4.2 Strengthening data disaggregation capabilities

It is critical to invest resources to strengthen the availability and quality of disaggregated data in the national M&E system, by sex, age and (where available) gender, education, place of residence, etc. This data is essential to design and deliver an effective response for different sub-populations of AGYW in relation to their needs. The Global Fund's core indicator list includes requirements for reporting disaggregated data by age groups 15-19 years and 20-24 years and by sex for selected impact, outcome and coverage indicators. Further guidance on disaggregation is provided in the [Modular Framework](#).

3.4.3 Strengthening community-based M&E systems

Many interventions for AGYW are delivered in the community, which often have weaker data systems as compared to those within health facilities. Deliberate efforts are needed to strengthen the linkages between community-provided services, often through community-based organizations, and the more formal health services' M&E systems at national and sub-national levels. This includes efforts to ensure standardized indicator definitions, recording and reporting tools, skills for data collection and analysis, and efforts to ensure data quality.

It is equally critical to **ensure that data collected through community-based service delivery points are linked with and reported through the national health information system**, for example, by incorporating community-based data into the national DHIS2 system rather than through parallel or standalone data collection and reporting channels. Community-based services are typically a mix of prevention services and messages, health service delivery and social services provided through multiple community-based channels, and therefore involve coordination and efficient reporting channels across multiple ministries at the national level. Community-based data collection must have a formal process of linking to the formal facility-based health information system to capture the data elements necessary for the community response and reflect the critical contribution of the community system to the program. Another important aspect of community-based M&E is improving program quality through **community-led monitoring of the program by AGYW communities themselves**.

3.4.4 Sustaining program quality

With programs delivered through multiple service providers across multiple sectors, it can be challenging to promote and sustain program quality throughout implementation. It is important that all Global Fund applicants and implementers include adequate processes for program quality monitoring and improvement as part of routine program management, as

⁴² The Global Fund (2022). [Measurement Guidance for Global Fund Supported HIV Prevention Programs](#).

well as ongoing processes to meaningfully engage AGYW and their communities (see [section 3.1](#)). Many countries are implementing different models of Quality Improvement Frameworks for AGYW HIV programming with AGYW SI support.

Key resources and tools

- [Modular Framework](#): RSSH M&E Routine reporting pp 14-16, p 44.
- [Community Systems Strengthening](#)
- [Measurement Guidance for Global Fund Supported HIV Prevention Programs](#)
- [RSSH information note \(Annex 4 Essential M&E investments\)](#)

3.4.5 HIV prevention self-assessment tools

Several tools have been developed and tested to support country-led and community-driven HIV programming as listed above. Specifically, the HIV PSATs have been developed as easy-to-use methods for countries to assess and monitor their progress towards comprehensive prevention programming and assist in identifying program areas that might need attention. The overall aim of the HIV PSAT is to help countries define the performance of their HIV programs against a global standardized set of programmatic components, thereby allowing them to prioritize where additional assistance, resources or other investments are required. The [AGYW PSAT](#) has been developed specifically for combination prevention for adolescent girls and young women.

4. Guiding Principles

The following guiding principles are critical to ensure the effectiveness, efficiency, equity and sustainability of the HIV response for AGYW and should form the basis of all planning and implementation of activities in Global Fund-supported programs. These principles align with the Global Fund strategy (see Table 1 below), which need to be clearly addressed in funding applications. The AGYW-centered principles are explained in detail in this technical brief.

Table 1. Alignment of Global Fund Strategy and Guiding Principles for AGYW HIV programming

Global Fund Principles	AGYW Guiding Principles and Section in this Brief
Scale, results and impact	4.5 Evidence-informed and accountable 4.6 Sustainable national programs
Participation and leadership	4.3 Country-led and community-driven 4.1 Adolescent girls and young women-centered
Human rights	4.2 Gender-transformative and rights-based 4.7 Safeguarding AGYW
People-centered services	4.1 Adolescent girls and young women-centered 4.3 Country-led and community-driven
Do no harm	4.7 Safeguarding AGYW

4.1 Adolescent girls and young women-centered

Placing AGYW in the lead to design and deliver programs that are relevant and responsive to their health and well-being.

AGYW-centered approaches, strongly supported by the Global Fund, ensure that:

- The development, implementation and oversight of strategies, policies and programs for AGYW are driven by the **active and meaningful engagement of and inclusive decision-making with AGYW** at all stages, from grant-writing through to scaled-up delivery.
- **AGYW are able to demonstrate agency** and take charge of their own health and to make decisions that result in positive outcomes for their health and sexuality.
- The **needs and realities of AGYW are placed at the center** of interventions that seek to improve their health and well-being.
- **AGYW in all their diversity are considered**, including age, gender identities and sexual orientation and the multiple, interconnected forms of risk, vulnerabilities and discrimination they face.

- **CCMs and community-led platforms supported by Global Fund investments should identify actions to strengthen inclusive decision-making** with AGYW, oversight and evaluation throughout Global Fund-related processes related to AGYW funding.

To operationalize these approaches, investment is needed in AGYW leadership and capacity strengthening for AGYW-led and -focused organizations. Applications to HER Voice Fund are encouraged to enable these actions. For further guidance on incorporating meaningful engagement and leadership of AGYW, go to Investment Approach [sections 3.1-3.4](#); and [section 6.3](#) on promising practices and innovations in AGYW programming.

Key resources and tools

- [UNAIDS/GPC Decision-making Aide for Investments into HIV Prevention Programmes among AGYW](#)
- [Technical Brief: Gender Equality](#)

4.2 Gender-transformative and rights-based

Including clear measures to address gender-related inequities and barriers, protecting and promoting human rights for all AGYW.

Gender equality in the new [Global Fund Strategy](#) (2023-2028) **commits to gender-transformative and rights-based programming for AGYW, which goes beyond simply responding to gender differences and aims to address gender inequalities and transform harmful social, gender and cultural norms, discriminatory laws and policies** (see updated [Gender Equality Technical Brief](#)). It is important to conduct gender analyses to understand and address inequities that undermine AGYW's access to HIV services. Further details on such situation analyses are provided in [section 3.1](#) of this brief.

The Global Fund also **strongly advocates for programs that protect and promote human rights and remove human rights-related barriers to HIV and other health services for the underserved and will support funding for AGYW-focused advocacy efforts.** The Global Fund supports seven program areas for a rights-based approach – including stigma and discrimination reduction; training of health care workers; sensitization of lawmakers and law enforcement agents; legal literacy; HIV-related legal services; policy and legal reform; and reducing discrimination against women in the context of HIV.

In order to reduce or remove barriers for AGYW in accessing combination HIV prevention,⁴³ attention needs to be given to punitive practices, policies, and laws. Coercive practices such as lack of informed consent or confidentiality; required parental/spousal consent for services; and minimum age of marriage constrain the agency and ability of AGYW to access HIV services.⁴⁴ Particular attention should be given to age of consent for health services (HIV testing, PrEP, contraception, etc.).

⁴³Barr-DiChiara M, Tembo M, Harrison L, *et al.* Adolescents and age of consent to HIV testing: an updated review of national policies in sub-Saharan Africa *BMJ Open* 2021;11:e049673. doi: 10.1136/bmjopen-2021-049673

⁴⁴ Ibid

Seven key program areas that are effective in reducing human rights-related barriers to HIV and TB services include:

- Stigma and discrimination reduction
- Training for health care providers on human rights and medical ethics
- Sensitization of lawmakers and law enforcement agents
- Reducing discrimination against women in the context of HIV and TB
- Legal literacy
- Legal services
- Monitoring and reforming relevant laws, regulations and policies

Key resources and tools

- [Technical Brief: Gender Equality](#)
- [Breaking Down Barriers Mid-term Assessment](#)

4.3 Country-led and community-driven

Strongly anchored in national programs and guidance with the meaningful engagement and leadership of AGYW and beneficiary communities.

Coordination and integration of Global Fund AGYW investments across existing investments and accountability structures is required. This includes investments in the organizational capacity of AGYW leaders and AGYW-focused organizations.⁴⁵ Additionally, measures to ensure the safeguarding of younger constituents, and to prevent their sexual exploitation and abuse within the context of their engagement with national structures and processes should be included. This is especially critical for AGYW who further identify or belong to key populations for HIV, facing increased stigmatization, discrimination, marginalization and/or criminalization.

Key resources and tools

- [Making the money work for young people: a participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

4.4 Partnership-based with strong coordination mechanisms

Strong national and sub-national coordination across key sectors to ensure harmonization and complementarity of efforts across health, education and social protection.

⁴⁵ Operational Review of Global Fund supported HIV prevention programs for AGYW: lessons learnt and opportunities for strengthening in the next cycle. Cambridge Economic Policy Associates. November 2022.

HIV prevention investments for AGYW work better when they are designed and implemented in partnership with multiple sectors (including health, education, gender, youth, sports, social welfare and justice).⁴⁶ Strong stakeholder coordination is also needed between national governments, civil society organizations, multilateral partners, bilateral community and their families. While Global Fund AGYW HIV investments must fall within investments outlined in the modular framework, programs can link with investments in other sectors to address multiple drivers of HIV exposure and acquisition. Strong national ownership and national and sub-national coordination mechanisms are key to ensure that such cross-sectoral action can deliver impact for AGYW.

Key resources and tools

- [Resilient and Sustainable Systems for Health Information Note](#)
- [Community Systems Strengthening Technical Brief](#)

4.5 Evidence-informed and accountable

Informed by sound age and sex-disaggregated situational analyses that optimize the use of resources to achieve maximum impact and accountability.

Programs for AGYW should be informed by evidence, including a thorough analysis of the epidemiological situation, intervention effectiveness to lower HIV acquisition and address patterns of high-risk sex, including vulnerabilities, barriers, and program needs and gaps (for more detail on how to conduct situation analyses, see [section 3.1](#)). Evidence-based interventions are further described in [section 2](#), with references to the respective normative guidance. AGYW investment planning should follow the Strategic Investment Approach ([section 3](#)): Understand, Design, Deliver, Measure and Sustain.

Accountability frameworks are essential to monitor and report results, know whether programs are reaching the intended AGYW, whether AGYW use the prevention interventions offered effectively, whether intermediate and health outcomes are changing, and point to course correction as needed. Performance and trend data should be utilized to inform programs and render them accessible to AGYW communities, ensuring a complete feedback cycle. As set out above, representatives of AGYW populations can play a critical role in community-led monitoring mechanisms to ensure the quality and responsiveness of programs. Further information on measurement can be found in [section 3.4](#) of this brief.

⁴⁶ UNAIDS (2023). Decision-making Aide for AGYW.

Key resources and tools

- [UNAIDS/GPC Decision-making Aide for Investments into HIV Prevention Programmes among AGYW](#)
- [Modular Framework Handbook](#)
- [Monitoring & Evaluation Plan Guidelines](#)

4.6 Sustainable national programs

Sustaining program gains with a long-term view by building on national strategies and systems, considering scale from the outset.

All Global Fund investments must carry a long-term view on sustainability and lasting HIV and health impact. Nationally owned and scalable programs require extensive planning and implementation processes that secure value for money (VfM) of the investment, considering the five dimensions of VfM: sustainability, effectiveness, efficiency, economy, equity. Global Fund investments in HIV programming for AGYW should complement and leverage existing investments in national or sub-national health, education, social protection and community development systems,⁴⁷ as well as technical assistance from domestic resources and other partners investing in programming for AGYW and their MSP.

Key resources and tools

- [Value for Money Technical Brief](#)
- [Resilient and Sustainable Health Systems for Health Information Note](#)
- [Innovative Financing Platforms](#)
- [Sustainability, Transition and Co-Financing Guidance Note](#)

4.7 Safeguarding AGYW

Protect and promote the rights of AGYW in programs and services supported by Global Fund investments.

The Global Fund is committed to respecting, upholding, promoting and protecting the rights of children and all AGYW programs and services supported by Global Fund investments. In 2021, the Global Fund updated its Code of Conduct for Recipients of Global Fund Resources and Suppliers to incorporate more specific **sexual exploitation, abuse, harassment (SEAH)** and child protection provisions.

Safeguarding measures should be included in all Global Fund investments to protect AGYW from SEAH, violence and coercion; ensure data privacy and confidentiality; and respect and protect informed consent. The design and delivery of AGYW investments should follow the principle of “do no harm” and ensure AGYW are protected from violence,

⁴⁷ UNAIDS. 2023. Decision-Making guide for AGYW.

exploitation and abuse. In 2022, the Ethics Office created a Self-Assessment Questionnaire for Global Fund applicants to ensure safeguarding within all Global Fund investments. Global Fund recipients and suppliers should mitigate the risks of SEAH, create spaces that support safe disclosure of sexual misconduct when it happens, facilitate support services for victim/survivors, ensure accountability through victim/ survivor-centered investigation, and report all SEAH allegations to the Global Fund as soon as they are discovered.

Key resources and tools

- [Child Protection Framework](#)
- [The Code of Conduct for Recipients of Global Fund Resources](#)
- [Update on the Protection from Sexual Exploitation, Abuse and Harassment \(SEAH\)](#)

5. Populations of Special Interest

5.1 Linking with programming for men and boys

While acknowledging that women are at higher risk of HIV infection compared to their male counterparts, special UNAIDS analyses of 2021 data suggests that a quarter of new HIV infections were estimated to occur among clients of sex workers and sex partners of other key populations that may include women aged 15-24.⁴⁸ Globally, men living with HIV are less likely to know their status, initiate treatment, and attain viral suppression than their female counterparts.⁴⁹ A comprehensive body of evidence shows that men are more likely than women to start treatment late, to interrupt treatment, to be lost to treatment follow-up and to die due to AIDS-related illness. In sub-Saharan Africa, men accounted for 41% of people living with HIV and 57% of AIDS-related deaths in 2016. Designing and implementing HIV programming for AGYW that accounts for their power and age-inequitable relationships is urgently needed.

In the updated [Modular Framework](#), prevention programming for men and boys is incorporated under adolescent girls and young women but with separate interventions (e.g., VMMC, condoms, communication, PrEP). It is important to recognize in designing these programs that there can be an intersection of male sexual partners of AGYW with key populations and that harm reduction commodities and programming should be considered.

Prioritized Interventions for HIV funding

Programs targeting AGYW should complement efforts to reach men and boys with comprehensive HIV services that include differentiated HIV testing, condom programming, VMMC, treatment and adherence. Linkages to services and inclusion of male sexual partners for AGYW in high incidence settings can be done through several interventions highlighted in the HIV Information Note and Modular Framework.

Resources and Principles

UNFPA provides technical guidance on how to work with the male sexual partners of AGYW and engaging men and boys more broadly as supporters of gender equality and health.⁵⁰

Key resources and tools

- [HIV Information Note](#), Section 3.2.1
- [Modular Framework](#): pp. 89 (VMMC), pp. 94-95 (testing)
- [Male Engagement in HIV Testing, Treatment and Prevention in Eastern and Southern Africa](#)

⁴⁸ UNAIDS (2022) Core Epidemiology Slides.

⁴⁹ UNAIDS (2022). [Male engagement in HIV testing, treatment and prevention in eastern and southern Africa — A framework for action](#).

⁵⁰ UNFPA and Promundo-US (2016). <https://www.unfpa.org/sites/default/files/pub-pdf/Adolescent-Boys>

5.2 Young key populations

AGYW key populations include young sex workers, young women who inject drugs, young transgender women, young women who have sex with women and young women in closed settings.⁵¹ The vulnerability to HIV of these groups is further exacerbated by punitive laws, stigma and social exclusion. AGYW who are also key populations are additionally vulnerable, experiencing intersectional social and structural inequities. Women from key populations are between 5 to 19 times more likely to be living with HIV than other women.⁵² Very young adolescents (AGYW <18) who are key populations may require special attention due to the additional age-related legal and normative barriers to accessing services and support, which may not take into account their rights, best interests, and evolving capabilities of children and adolescents.⁵³

Prioritized Interventions

Supporting AGYW key populations can be done through either AGYW-focused interventions, key population-focused interventions, or both. Additional coordination and linkages between AGYW and key population programming may be required in specific areas or times - for example, if there is an increase in transactional sex and sex work in a region linked to a large-scale infrastructure development project or migration/mobility corridor, programming may need to be adjusted to reflect these overlapping risks.

Key resources and tools

- [HIV Programming at Scale for and with Key Populations](#). The Global Fund, 2022.
- [WHO Key Population Consolidated Guidelines](#). WHO, 2018.
- [LINKAGES Enhanced Peer Outreach Approach](#). FHI 360/LINKAGES

5.3 Pregnant and breastfeeding adolescent girls and young women in high HIV incidence areas

Early unintended motherhood – an experience driven by many of the behavioral and structural risk factors for HIV - is a time of high HIV exposure and acquisition for AGYW.⁵⁴ Understanding patterns of adolescent motherhood by region and age in each country - and its drivers - may support HIV programming to reach AGYW that are most vulnerable to HIV acquisition. Given the extremely high rate of HIV acquisition during pregnancy and breastfeeding, PBF AGYW should be a priority population for HIV prevention in all settings, particularly where HIV incidence remains moderate, high or very high.

⁵¹ United Nations considers all young people below the age of 18 who sell sex as sexually exploited children.

⁵² We've Got the Power Women, Girls and the HIV Response, UNAIDS, 2020

⁵³ UN (1989). United Nations Convention on the Rights of the Child, Articles 3 and 5. U.N. Doc. A/Res/44/25.

⁵⁴ Groves A, Gebrekristos, L, Smith, P, et al (2021). Adolescent mothers in Eastern and Southern Africa: An Overlooked and Uniquely Vulnerable Subpopulation in the Fight Against HIV. *Journal of Adolescent Health*, 70. doi: 10.1016/j.jadohealth.2021.12.012

Prioritized interventions

- Ensure access to HIV prevention interventions, especially HIV testing, PrEP, PEP and condoms, to PBF AGYW, including HIV re-testing protocols during third trimester in high HIV burden settings.
- Violence prevention and response among PBF AGYW.
- Integrated family planning, MNCH, and HIV services for PBF AGYW.
- Facilitate access to economic and livelihood. strengthening, including social protection.
- Adolescent-friendly services provided to PBF AGYW.
- Social norms, stigma reduction and legal support, including return to school for adolescent mothers.

Key resources and tools

- [Safeguarding the Future: Giving Priority to the Needs of Adolescent and Young Mothers Living with HIV](#). WHO/ UNICEF HIV Service Delivery Technical Brief, 2021.
- Preventing HIV During Pregnancy and Breastfeeding in the context of PrEP. WHO, 2017.
- [Addressing the Needs of Adolescent Mothers Affected by HIV in Eastern and Southern Africa](#). UNICEF, 2020.

5.4 AGYW affected by compounded crises or living in complex operating environments

Specifically, COVID-19 related impacts that need to be taken into account in current and future programming include:

- The COVID-19 pandemic response was associated with considerable interruptions in access to health products and services, globally but also among resource-limited communities, including HIV and SRH services. This resulted in higher rates of unintended pregnancies, especially among younger adolescent girls and young women in several high HIV-burden settings.⁵⁵ Early unintended motherhood is associated with positive HIV status in sub-Saharan Africa.⁵⁶

⁵⁵ Barron, P., H. Subedar, M. Letsoko, M. Makua, and Y. Pillay (2022). "Teenage births and pregnancies in South Africa, 2017-2021—a reflection of a troubled country: Analysis of public sector data." *South African Medical Journal* 112, no. 4: 252-258.

⁵⁶ Groves A, Gebrekristos, L, Smith, P, et al (2021). Adolescent mothers in Eastern and Southern Africa: An Overlooked and Uniquely Vulnerable Subpopulation in the Fight Against HIV. *Journal of Adolescent Health*, 70. doi: 10.1016/j.jadohealth.2021.12.012

- Pandemic-related community-based restrictions have been associated with increased experiences of violence, particularly sexual violence and intimate partner violence,⁵⁷ which are risk factors for HIV acquisition among AGYW.⁵⁸
- An estimated 10.5 million children and adolescents became orphans in communities most affected by HIV.⁵⁹ Orphanhood is strongly associated with early sexual risk, pregnancy, and HIV acquisition.⁶⁰
- Although young people were less directly affected by COVID-19 related morbidity and mortality than older populations, their access to educational, social welfare and psychosocial support services was severely affected during and due to the pandemic.⁶¹ Worse mental health and limited access to psychosocial support, coupled with interrupted services, can result in worse HIV-related outcomes along the HIV continuum (prevention, care and treatment).⁶² Interrupted school attendance or dropping out of school is associated with a higher risk of HIV acquisition among AGYW.⁶³

Prioritized interventions:

- Violence prevention and post-violence care
- Community-based differentiated testing, treatment and care
- Young KP programming for young women engaged in transactional sex
- Social protection for AGYW at higher risk in high incidence settings

Key resources and tools

- [Protecting and Empowering Adolescent Girls from Gender-Based Violence in Emergencies](#)
- [Girls in crisis: experiences of risk and resilience across three humanitarian settings](#)
- [A Framework for Building Resilience to Climate Change through Girls' Education Programming](#)

⁵⁷ Huldani, Huldani, Walid Kamal Abdelbasset, Saade Abdalkareem Jasim, Wanich Suksatan, Abduladheem Turki Jalil, Lakshmi Thangavelu, Yasser Fakri Mustafa, and Maryam Karami. "Intimate partner violence against pregnant women during the COVID-19 pandemic: A systematic review and meta-analysis." *Women & Health* 62, no. 6 (2022): 556-564.

⁵⁸ Kuchukhidze S et al. Impact of intimate partner violence on women's risk of HIV acquisition and engagement in HIV care cascade in sub-Saharan Africa: a meta-analysis of population-based surveys. 24th International AIDS Conference, Montreal, oral abstract session OAD0505, 2022.

⁵⁹ CDC, (2022). [Global Orphanhood Associated with COVID-19](#); Hillis S, N'konzi J, Msemburi W, et al. (2022). Orphanhood and Caregiver Loss Among Children Based on New Global Excess COVID-19 Death Estimates. *JAMA Pediatrics*;176(11):1145–1148.

⁶⁰ Operario, Don, Kristen Underhill, Carolyn Chuong, and Lucie Cluver. (2011) "HIV infection and sexual risk behaviour among youth who have experienced orphanhood: systematic review and meta-analysis." *Journal of the International AIDS Society* 14, no. 1: 1-11.

⁶¹ Gittings, Lesley, Elona Toska, Sally Medley, Lucie Cluver, Carmen H. Logie, Nokubonga Ralayo, Jenny Chen, and Jane Mbithi-Dikgole. (2021). "Now my life is stuck!": Experiences of adolescents and young people during COVID-19 lockdown in South Africa." *Global Public Health* 16, no. 6: 947-963.

⁶² Comins CA, Rucinski KB, Baral S, Abebe SA, Mulu A, Schwartz SR (2020). Vulnerability profiles and prevalence of HIV and other sexually transmitted infections among adolescent girls and young women in Ethiopia: A latent class analysis. *PLoS ONE* 15(5): e0232598. <https://doi.org/10.1371/journal.pone.0232598>

⁶³ Betthäuser, B, Bach-Mortensen, A, & Engzell, P. (2023). A systematic review and meta-analysis of the evidence on learning during the COVID-19 pandemic. *Nature Human Behaviour*. <https://doi.org/10.1038/s41562-022-01506-4>.

6. Annexes

6.1 HIV program essentials

Relevant program essentials should be reinforced by demand creation activities to inform, increase uptake and support adherence.

Note that all programming must be human rights-based, gender-responsive and informed by and respond to an analysis of inequities.

HIV primary prevention	<ol style="list-style-type: none"> 1. Condoms and lubricants are available for all people at increased risk of HIV infection. 2. Pre-exposure prophylaxis (PrEP) is available to all people at increased risk of HIV infection, and post-exposure prophylaxis (PEP) is available for those eligible. 3. Harm reduction services are available for people who use drugs. 4. Voluntary medical male circumcision (VMMC) is available for adolescent boys (15+ years) and men in WHO/UNAIDS VMMC priority countries.
HIV testing and diagnosis	<ol style="list-style-type: none"> 5. HIV testing services include HIV self-testing, safe ethical index testing and social network-based testing. 6. A three-test algorithm is followed for rapid diagnostic test-based diagnosis of HIV . 7. Rapid diagnostic tests are conducted by trained and supervised lay providers in addition to health professionals.
Elimination of vertical transmission	<ol style="list-style-type: none"> 8. Antiretroviral therapy (ART) is available for pregnant and breastfeeding women living with HIV to ensure viral suppression. 9. HIV testing, including early infant diagnosis (EID) is available for all HIV-exposed infants.
HIV treatment and care	<ol style="list-style-type: none"> 10. Rapid ART initiation follows a confirmed HIV diagnosis for all people irrespective of age, sex or gender. 11. HIV treatment uses WHO recommended regimens. 12. Management of advanced HIV disease is available. 13. Support is available to retain people across the treatment cascade including return to care. 14. CD4 and viral load testing, and diagnosis of common comorbidity and coinfections are available for management of HIV.
TB/HIV	<ol style="list-style-type: none"> 15. People living with HIV with active tuberculosis (TB) are started on ART early. 16. TB preventive therapy is available for all eligible people living with HIV, including children and adolescents.
Differentiated service delivery (DSD)	<ol style="list-style-type: none"> 17. HIV services (prevention, testing, treatment and care) are available in health facilities, including sexual and reproductive health services, and outside health facilities including through community, outreach, pharmacy and digital platforms. 18. Multi-month dispensing is available for ART and other HIV commodities.
Human rights	<ol style="list-style-type: none"> 19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers. 20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings. 21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations. 22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.

6.2 Acronyms and abbreviations

AGYW	Adolescent girls and young women
ANC	Antenatal Care
ART	Antiretroviral therapy
CBM	Community-Based Monitoring
CCM	Country Coordinating Mechanism
COE	Challenging Operating Environment
CSE	Comprehensive sexuality education
CSS	Community Systems Strengthening
DSD	Differentiated Service Delivery
DTG	Dolutegravir
DQA	Data Quality Assessments
DVR	Dapivirine Vaginal Ring
GBV	Gender-based violence
HIVDR	HIV drug resistance
HIVST	HIV self-testing
HRH	Human resources for health
HTS	HIV Testing Services
ICW	International community of women living with HIV
IEC	Information education and communication
KPs	Key Populations
LAC	Long-Acting Cabotegravir
M&E	Monitoring and evaluation
MSP	Male sexual partners
NSP	National strategic plan
NGO	Non-governmental organization
PBF	Pregnant and Breastfeeding
PEP	Post exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
PPSE	Priority population size estimates

PSAT	Prevention self-assessment tool
RSSH	Resilient and sustainable systems for health
SBCC	Social and behavior change communication
SEAH	Sexual exploitation, abuse and harassment
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VMMC	Voluntary male medical circumcision
WHO	World Health Organization

6.3 Promising practices and innovations in AGYW programming

6.3.1 HIV and SRHR integration in Zambia

In Zambia, government health facilities previously had a designated day for family planning and another day for ART provision. The Ministry of Health is receiving funding from the Global Fund to integrate HIV and SRHR, and shift from the designated day siloed approach. They have developed guidelines for integration and are reviewing standard operating procedures. Under the integrated approach, if an AGYW comes into the facility for a HIV test, they are now also offered contraception. Conversely, if an AGYW comes into a facility for an SRHR service, they will also receive active condom promotion. The mobile outreach service is another platform for integration of HIV and SRHR services for AGYW, using the same bi-directional integration approach.

6.3.2 Integrating HIV and GBV services in South Africa

In South Africa the GBV response component of the program is integrated into South Africa's national Thuthuzela Care Centres (TCC) system (one-stop facilities comprehensively supporting victims of sexual violence with investigative, prosecutorial, medical and psychological services under one roof), coordinated by the National Prosecution Agency in the Ministry of Justice. The [process evaluation](#) shows that over 70% of users of these services were children, adolescents and young women under the age of 24. The program supported awareness-raising in schools, which helped increase referrals from schools to the TCC centres. The program also ensured age-appropriate communication for young people accessing the centers. The program covered critical gaps in the services of the National Prosecution Agency and Department of Health, including the provision of 24-hour services, HIV testing and support, STI and TB screening as well as PEP adherence support. From the perspective of survivors, services were perceived to be acceptable and reportedly had had a profound impact on their lives.

6.3.3 Supporting demand for, and adherence, to PrEP in Kenya

In Kenya, [an evaluation](#) of a community-based intervention in **Seme Sub-County, Kisumu**, has highlighted how adolescent girls and young women can be supported to access and adhere to PrEP through linkages to safe spaces and decentralized PrEP support and delivery. Providers highlighted the importance of safe spaces as a critical enabler for PrEP initiation, as it provided a supportive and non-stigmatizing space for AGYW. Safe spaces also allowed the decentralization of PrEP delivery and brought services closer to AGYW through providing medication refills away from the local community clinics and reduced risk of defaulting from PrEP due to the distance needed to travel to clinics. In this approach, peer mentors also played an important role in linking AGYW to local health care facilities for PrEP initiation and supporting following PrEP initiation. The sensitization of decision-makers was important (particularly parents and male sexual partners), as was community engagement, including to reduce stigma associated with the use of antiretroviral drugs for HIV prevention and treatment. The [Her Story](#) case study from South Africa also highlights the critical role of parental and community acceptability and support of PrEP as a

key enabler in the successful PrEP demand creation, provision, uptake and adherence among South African AGYW.

6.3.4 Using innovative approaches to identify AGYW at greatest risk and linking them to appropriate services in Uganda and Mozambique

A number of tools have been developed for identifying households at greatest risk as an entry point for targeted HIV prevention packages delivery for AGYW in those households. For example, in **Uganda**, geographic targeting of highest-burden districts, hotspots, and high-risk venues identified through the [PLACE](#) toolkit (Priorities for Local AIDS Control Efforts) particularly for scaling up condom distribution. The Principal Recipient used a mixed method of profiling through a district technical team and using a snowballing methodology to identify high-risk families, including those where AGYW lived.

As part of the DREAMS initiative in **Mozambique**, the [Population Council's Girl Roster](#) was used to identify communities with high rates of Mozambican migration, e.g., districts bordering on South Africa and Eswatini. AGYW who are engaged in commercial activities, selling food at the border, or crossing borders to buy products to sell in their communities were identified. Implementers were able to map and recognize the full “universe” of girls in the communities, breaking the girls into segments by age, whether they are in or out of school, whether they are married, have children and their living arrangements. Analysis from the Girl Roster identified a large proportion of girls who are out of school or behind a grade. In those communities, the program introduced social asset building in schools to prevent further drop out from schools, in addition to providing support for safe spaces in the communities for girls who were not in school.

6.3.5 Reduce barriers to HIV prevention through policy and advocacy in Botswana

The education sector plays an important role in reducing HIV risk for AGYW as well as promoting broader adolescent well-being. In Botswana, it was found that "additional years of secondary schooling had [a large protective effect against HIV risk](#), particularly for girls, and that increasing progression through secondary school could be a cost-effective HIV prevention measure, in addition to other societal benefits. An assessment of a policy shift which led to year 10 education being provided through the more accessible primary school system – as opposed to secondary school - was associated with an absolute reduction in the cumulative risk of HIV infection of 8.1 percentage points, relative to a baseline prevalence of 25.5% in the pre-reform 1980 birth cohort. By expanding free and compulsory secondary education, Botswana produced a cumulative lifetime risk reduction for HIV among students of approximately one-third. UNICEF has shown that ensuring universal secondary education requires [“Multiple and Flexible Pathways.”](#)

Advocating for affordable secondary education for girls and addressing barriers to educational access - for example, through the provision of school bursaries - could reduce HIV risk. Even before COVID-19, almost 34 million adolescent girls in sub-Saharan Africa were not in secondary school, and many more girls have subsequently dropped out as a

result of schools being shut down and due to the economic impacts of the pandemic. For more information see the UNAIDS [Education Plus Programme](#).

6.3.6 Leveraging non-health investments development synergies in Tanzania

There is considerable potential to leverage existing social protection investments to improve economic and SRHR outcomes for AGYW. In Tanzania, the Government (with support from UNICEF) has successfully layered HIV services and vocational training onto an existing government social protection program. [The evaluation of Ujana Salama](#) “Safe Youth” program showed increases in adolescent-friendly health services and positive impacts on SRH and HIV knowledge; gender-equitable attitudes; livelihoods, skills, self-esteem; HIV testing, and visits to health facilities.

6.3.7 Meaningful Engagement of AGYW and their communities in Zambia

In Zambia considerable progress has been made in the meaningful engagement of AGYW in Inclusive decision-making across all stages of HIV program design. This includes youth representatives on the CCM, the requirement that a minimum of two young people be represented in the Technical Working Group, from national to district level; agenda-setting and presentation platforms for young people to engage with PRs and CCM in the early stages of program design. *“If the young people constituency says we are not happy we are not signing that concept note will not be accepted or forwarded to the Global Fund. They are empowered through the signature part, if they don’t sign, we will not submit.”* (Implementing Partner, Zambia)

6.3.8 Gender-transformative approaches: Changing social norms and behaviors with entertainment education in Nigeria and South Africa

MTV Shuga promotes HIV prevention and good sexual health through a TV series which utilizes stories that resonate with young people, immersing sexual health messaging in engaging plots. It also employs complementary media based on the TV series, such as a radio drama, a graphic novel, digital and social media, and peer education, to reach audiences that are underserved by TV. Since its launch, it has been aired on over 170 channels and has reached an estimated 719 million households globally. [An evaluation of MTV Shuga in Nigeria](#) (Naija) showed that the program led to significant improvements in HIV knowledge, attitudes, social norms, sexual behaviors, HIV testing and STI incidence.

In South Africa, a targeted intervention has helped support the most vulnerable girls and women (including adolescent mothers aged 15-24), who are disproportionately affected by HIV, through a peer mentor model. Peer mentors directly provide HIV testing services to their clients and help them overcome the social and emotional barriers to accessing a continuum of support services for AGYW and their babies. [This set of case studies produced by UNICEF](#) sets out a number of helpful gender-transformative approaches to improving HIV, nutrition and health outcomes for AGYW.

6.4 Types of data that can be used to understand the HIV epidemic and response among AGYW

Information category	Description	Sources of data
Epidemiological data	Including data on HIV prevalence, HIV incidence and HIV mortality among AGYW; with disaggregation by sub-age groups (e.g., 10-14, 15-19, 20-24 years), location and other relevant population characteristics.	<p>Routine surveillance and programmatic data (pre- and post-intervention) and records from various service delivery points such as health facilities, communities.</p> <p>Where available – capitalize on DHIS2 data on service access and utilization by district, types of facilities and platforms for delivery.</p>
Demographic data and other population characteristics	Including data on the AGYW population size and geographic distribution; school enrollment rates; marital status; childbearing; rates of GBV; economic indicators; population mobility; and others relevant for the program, with relevant disaggregation.	<p>Surveys, including national population-based surveys such as the Demographic and Health Surveys (DHS), bio-behavioral surveillance surveys among specific population groups, Population HIV Impact Assessments (PHIA), Violence Against Children (VAC) surveys, Multiple Indicator Cluster Surveys (MICS), and others.</p>
Service coverage and outcomes data	<p>Including data on the availability, coverage and outcomes of various interventions delivered to AGYW, including:</p> <p>biomedical (e.g., coverage of HIV testing, HIV treatment; and treatment outcomes such as adherence, retention, and others)</p> <p>behavioral (e.g., coverage of comprehensive sexuality education programs, coverage of life skills-based education; and outcomes such as knowledge of HIV prevention, condom use, decreased risky sexual behavior, self-efficacy, etc); and</p> <p>structural (e.g., coverage of gender-based violence related services; social protection interventions; and outcomes such as reduced rates of GBV, reduced school drop-out rates, linkage and referral data, and others); with relevant disaggregation.</p>	<p>Civil registration and vital statistics, including data on mortality among AGYW.</p> <p>Program reviews, evaluations and special studies.</p> <p>Qualitative information, including reporting from community-based surveillance.</p> <p>Data from relevant non-health sectors such as education (e.g., data on school enrolment and drop-out rates), welfare (e.g., data on social protection programs), trade and industry (e.g., data on economic empowerment programs), and others.</p> <p>Where available, UNICEF's UReport tool can be used to collect (or may have collected) information from adolescents and young people.</p> <p>This data can be obtained through ministries of health, national HMIS, national statistics offices, other related national ministries, technical and implementing partners and community-based organizations.</p>

6.5 Guidance and tools to inform design and delivery of AGYW-centered programs

Guidance and tools from multiple technical and implementing partners demonstrate how people-centered approaches can work in practice and be applied successfully to programming for AGYW. In addition to the GPC Decision-making aide for Investments into HIV Prevention Programmes among AGYW, recommended examples include:

- **UNAIDS** developed [Guidance on HIV prevention among adolescent girls and young women](#), to provide policy-makers, planners and implementers of HIV prevention programs across multiple sectors (including organizations led by young people) with programming guidance to understand the epidemiological situation, design effective responses, deliver programs, and measure and sustain impact.⁶⁴
- **UNICEF promotes girl-centered design** by incorporating girls into every step of the program planning and implementation process.⁶⁵ UNICEF-supported programs are using open-source social media tools such as “*U-Report*” to gather information from girls on the real challenges faced by them in relation to common issues (such as menstrual hygiene) to seek their inputs for program design and delivery.⁶⁶ Other examples include mobile applications to raise awareness on menstruation, and a social platform for girls to discuss the topic with their peers, track their cycles, and link them to relevant information on medical follow-up.⁶⁷
- **UNFPA’s *My Body, My Life, My World, Our Strategy*** puts young people at the center of UNFPA’s work, recognizing their right to make informed choices about their own bodies, their own lives and the world they live in. In 2022, UNFPA published [Operational Guidance](#) on the strategy for the staff of country and regional offices and UNFPA Headquarters. The nine modules, together with a Young People’s Empowerment Index, provide a practical overview and essential tools and resources for the design, implementation and monitoring of programs, based on the experiences of UNFPA and its partners around the world.
- **The Population Council** provides multiple guides and toolkits for adolescent-girl centered program design, with practical suggestions on how to undertake needs assessments and determine program structure.

Key resources and tools

- [Intentional Design: Reaching the Most Excluded Girls in the Poorest Communities – A Guide for Practitioners and Advocates](#)
- [Building Girls’ Protective Assets: A collection of tools for program design](#)
- [The Girl Roster: A practical tool for strengthening girl-centered programming](#)

⁶⁴ UNAIDS (2016). HIV Prevention Among Adolescent Girls and Young Women.

(https://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf)

⁶⁵ UNICEF (2018). Design for girls, by girls – Period. (<https://www.unicef.org/innovation/U-Report/design-for-girls-by-girls-pakistan>)

⁶⁶ Phillips-Howard PA, Otieno G, et al. (2015). Menstrual Needs and Associations with Sexual and Reproductive Risks in Rural Kenyan Females: A Cross-Sectional Behavioral Survey Linked with HIV Prevalence. *Journal of Women’s Health*. 24(10):8010.

⁶⁷ UNICEF (2018). U-Report: Empowering and connecting young people around the world to engage with and speak out on issues that matter to them. (<https://www.unicef.org/innovation/U-Report>)

6.6 Peer models – key insights from evidence synthesis

These insights are organized in four groups, based on each phase of the Strategic Investment Approach:

UNDERSTAND

- **Align objectives with strategies:** single component peer education or peer-facilitated interventions with broad objectives such as reducing HIV infections, but narrow strategies, such as information dissemination only, are not effective in generating HIV outcomes.
- **Mapping:** based on analyses and mapping of profiles and locations of AGYW, consider optimal recruitment, targeting and segmentation strategies to avoid peers experiencing challenges reaching AGYW in greatest need of HIV and SRH programming.
- **Identify safe community spaces:** many evidence-based peer- or mentor-facilitated interventions require access to private and safe community spaces in order for AGYW to meet with service providers, peers and other community stakeholders.

DESIGN

- **Set clear peer definitions and criteria:** a trained and slightly older peer facilitator (>20 years) from AGYW's community appears to be more effective programme facilitator than an adolescent peer. "Mentors" are more recent and promising model, in which the main differentiating factor from a traditional peer educator is not only age, but additional training and broader functional role which extends beyond information and education to linkages and referrals to health, education and social services.
- **Co-design for AGYW context and profiles:** with adequate input and support, AGYW can co-design, adapt and co-manage peer-facilitated HIV prevention interventions for their community context and AGYW profiles.

DELIVER

- **Peer-supported packages and peer-facilitated linkages:** Peers are most effective when part of a multi-component intervention package that addresses social and structural determinants of AGYW HIV risk.
- **Importance of duration and dosage:** longer exposure to peer-delivered, structured, group-based sessions increases the intended effects of AGYW programming; individual engagement and counselling outside of group settings increases the likelihood of longer exposure.
- **Define fidelity and ensure routine training and supervision:** peer- and mentor-facilitated interventions should be implemented according to a clear theory of change and implementation framework that includes fidelity parameters, initial and refresher training, and routine supportive supervision.

SUSTAIN

- **Plan for monitoring, learning and support:** aligned to M&E principles, peer-facilitated program design, delivery and monitoring plans should follow a clear theory of change and implementation framework, and include time and resources for coordination, debriefing, supervision, learning and adaptation to adjust and improve peer facilitation of critical components of HIV prevention programs.