

Scaling up HIV Prevention for Key Populations, Adolescents and Young Adults: Developing a Differentiated Service Delivery Approach

April 10 -11 Amsterdam
Hosted by the Joep Lange Institute

Meeting Agenda

Despite significant progress in scaling up access to HIV treatment, HIV transmission rates remain high in many countries, especially among young adults, adolescents, and key populations. Without significant reduction in HIV incidence, the goal of HIV epidemic control cannot be met. HIV disproportionately affects key populations. It is estimated that as many as 50% of all new HIV infections worldwide are among key populations. And in many settings, HIV incidence in key populations continues to increase, while incidence stabilizes or declines in the general population. Recent studies also show that young adults and adolescents are often not engaged in HIV prevention or care services and, in many places are at high-risk of infection. Young adult and adolescent key populations are particularly vulnerable.

This meeting will bring together a small, diverse group of experts to discuss the potential of differentiated service delivery (DSD) for HIV prevention among key populations, young adults and adolescents. DSD is considered a client-centered approach to HIV care, one that directs clients to the services they need, rather than assume that all clients need the same type and degree of services. DSD is also considered to be a cost saving mechanism that, through scale up of community-based services, eases the burden on health systems. The goal of the meeting is to identify if and how DSD for HIV primary prevention can improve and strengthen the scale up of HIV primary prevention within the overall global HIV response, particularly for those most in need.

Much of the focus on DSD program development to date has focused on testing, treatment and retention in care. Less attention has been paid to the utilization of DSD for primary prevention interventions. The group will identify potential models of DSD in HIV prevention with consideration for promoting high quality services and for potential implementation and scale up in resource constrained community based services, how clients can be assessed to determine their service delivery needs, and what types of organizations and approaches may be best suited to provide these services.

This meeting is a component of **Ensuring Efforts to Scale up, Strengthen and Sustain HIV Responses**, a JLI initiative launched in April 2017. The Project Chairs are Dr. Kesete Admasu, Dr. Mark Dybul and Lillian Mworeko. The overall objectives of the project are to describe challenges in meeting current HIV targets and articulate an approach for the HIV response that takes sharp aim at:

- Maintain the quality of HIV treatment and care delivery as funding is constrained
- Reducing the number of new HIV infections with a focus on key populations, adolescents and young adults;
- Streamlining and improving service delivery;
- Efficiently targeting the use of resources and development of more sustainable approaches for funding.

Day One

- 9:00 – 9:15 Welcome, introductions, agenda review (Michiel Heidenrijk, David Barr)
- 9:15 – 9:45 An urgent need to scale up HIV primary prevention among key populations, adolescents and young adults:
- Overview presentations: current state of incidence reduction and prevention funding (Annette Digne Verster – WHO, Chris Mallouris – UNAIDS)
- 9:45 – 10:00 What is HIV primary prevention now: The role of bio-medical, behavioral, and community mobilization approaches in effective HIV prevention. (Elaine Abrams – ICAP)
- Overview presentation
- 10:00 – 10:45 Full group discussion (Kevin Osborne - moderator)
- 10:45– 11:00 Break
- 11:00 – 12:00 Factors that affect how and where HIV prevention services are developed and implemented: Full group discussion (Kate Thomson - moderator)
- When are population-specific services appropriate? When are broader definitions of identity more reflective of how people see themselves and engage in services?
 - Social factors, e.g. family/community supports
 - Structural factors, e.g. economic, legal and political
 - Factors related to service availability, accessibility, affordability, acceptability
- 12:00 – 13:00 Examples of current HIV prevention programs utilizing DSD approaches: (Alain Manaouan – moderator)
- Kenya - Wanjiro Mukoma, LVCT
 - Dominican Republic -John Waters, CVC/COIN
 - Senegal – Daouda Diouf, Sante Sana
- 13:00 – 14:00 Lunch
- 14:00 – 14:45 Examples of current HIV prevention programs utilizing DSD approaches: (Chris Akolo – moderator)
- Thailand – Matthew Avery, FHI360
 - Indonesia – Caroline Francis, FHI360

- Uganda – Hajjarah Nagadyah, ICW East Africa
- 14:45 – 15:45 How can differentiated service delivery approaches be useful for HIV primary prevention: full group discussion (Gina Dallabetta - moderator)
- 15:45 – 16:00 Break
- 16:00- 17:30 Break-out group: Developing a package of differentiated prevention and health promotion services:
- Women and girls
 - Gay men and MSM
 - Sex workers
 - Adolescent key populations
- 19:00 Restaurant Enoteca in the Manor Hotel

Day Two

- 8:45 – 9:00 Re-cap and agenda review
- 9:00 – 10:00 Break-out group report backs and full group discussion
- 10:00 – 11:00 Developing a prevention services needs assessment for clients and communities (George Ayala – moderator)
- 11:00 – 11:15 Break
- 12:15 – 13:15 Recommendations for further development and implementation (David Barr – moderator)
- 13:15 Close and Lunch