



# Meaningful Youth Engagement

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# TODAY'S PRESENTERS



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# MOSAIC's Guiding Principles

Examine and challenge power

Make labor visible

Embrace diverse perspectives

Prioritize responsiveness to local context

Center the safety and well-being of those most affected



Meaningful youth engagement (MYE) is an **inclusive, intentional, mutually respectful partnership between youth and adults** whereby **power is shared**, respective contributions are valued, and **young people's ideas, perspectives, skills, and strengths are integrated** into the design and delivery of programs, strategies, policies, funding mechanisms, and organizations that **affect their lives and their communities, countries, and the world.**

*USAID Youth In Development Policy*

# MOSAIC'S NEXTGEN SQUAD



**Adaobi**  
FHI 360  
Nigeria



**Celi**  
Wits RHI  
South Africa



**Chantel**  
Wits RHI  
South Africa



**Febbe**  
Jhpiego  
Namibia



**Mercy Luwi**  
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**Maggie**  
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Kenya



**Merci**  
LVCT Health  
Kenya



**Nolwazi**  
FHI 360  
Eswatini



**Nts'ebo**  
Jhpiego  
Lesotho



**Rubuna**  
FHI 360  
Uganda



**Sanele**  
Pangaea Zimbabwe  
Zimbabwe

The NextGen Squad (NGS) is a team of **youth advocates** under the age of 30 hired as project staff in MOSAIC countries.

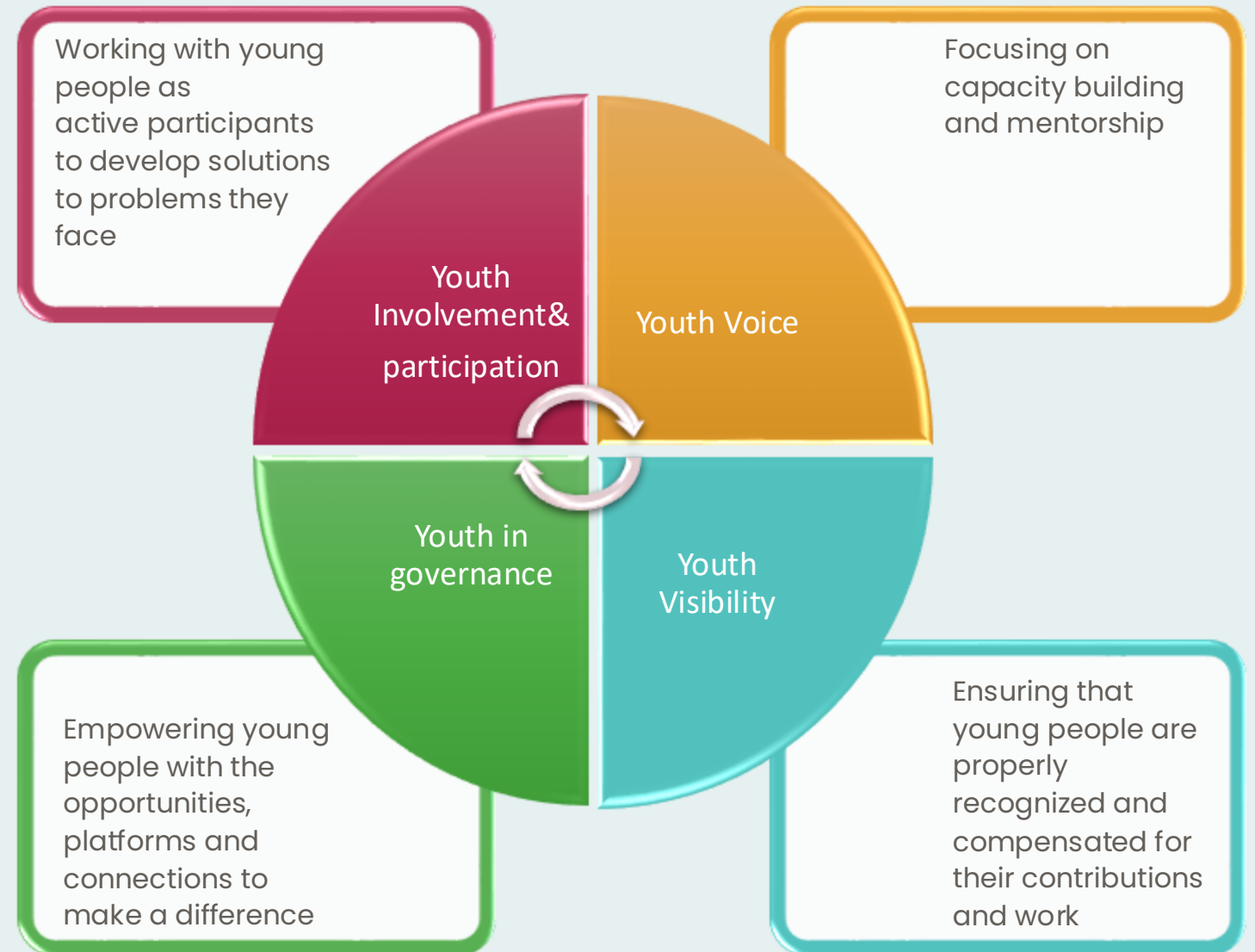
They provide input across MOSAIC and CATALYST activities and **hold MOSAIC accountable** to its plans, actions, and monitoring, evaluation, and learning efforts to:

- Be responsive to young people's needs, preferences, and lived experiences
- Be inclusive of the diversity of AGYW
- Meaningfully engage young people in research and research utilization

## Why is meaningful youth engagement important in MOSAIC?

- Young people, for the most part, **have been sidelined and denied the opportunity to be the architects of their own futures**. This is **especially true for AGYW**, who deal with the double burden of being young and female (and, for some, young and transgender).
- The only way to effectively address the challenges and barriers that young people face is by involving them and ensuring that their ideas, perspectives, skills, and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms, and organizations.

## In real life, meaningful youth engagement looks like:



# Let's Practice.....

**30 UNDER 30** Spotlight

Meet Amogelang Sasha Kekana  
Research Assistant: Implementation Science

#WitsRHI30

A circular inset photo shows Amogelang Sasha Kekana, a young man with a beard and a cap, smiling with his arms crossed.

**Youth Visibility**

**VIBE WITH MOSAIC'S NEXTGEN SQUAD**  
*a webinar series for young people shaping the future of HIV prevention*

**WEBINAR 1: AN INTRODUCTION TO ORAL PrEP**  
WEDNESDAY, 12 JUNE | 1 pm WAT / 2 pm SAST / 3 pm EAT

Are you a young person (29 years old or younger) and interested in HIV prevention? Join us for MOSAIC's first ever youth-led, youth-focused webinar. We will introduce our new series and dive into the topic of oral PrEP for HIV prevention. We will share facts about oral PrEP, talk through myths and misconceptions, highlight youth-friendly resources, hear from a panel of oral PrEP users, and facilitate Q&A with a PrEP provider. This is an opportunity for you to hear from your peers, ask questions, and learn. Join us for the knowledge, stay for the vibes!

Logos for PEPFAR, USAID, and MOSAIC are at the bottom.

**Youth Voices**



**Youth Governance**



**Youth involvement**



**Youth involvement**

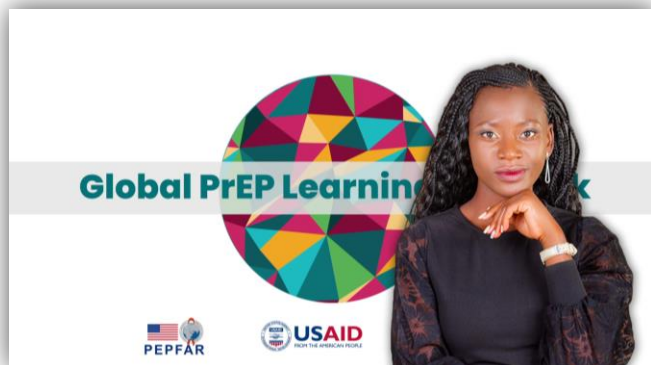


**Youth Governance**



## SUCCESS STORY

# Elevating youth as leaders in HIV prevention



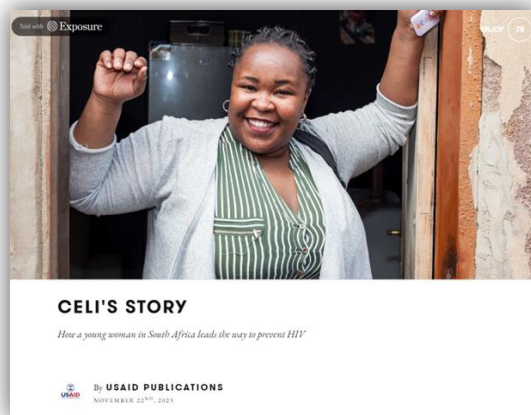
**Global PrEP Learning Network**



**USAID/OHA Partners' Call**



**SA AIDS 2023**



**Celi's story on USAID Exposure**



**MOSAIC Blog**



**HIV & Adolescence 2022**



**Abstracts & Journal Articles**



# NGS in the Media & Blogs



In November 2023, **USAID** featured Celi's story on their *USAID Exposure* platform. This photo story featured Celimpilo Heather Nkambule and highlighted the inspiring work of MOSAIC's NextGen Squad.



In January 2024, **aidsmap** published an article on MOSAIC's demand generation and marketing work.



**Cami Health** featured MOSAIC Kenya in *Word on the Street*, their popular video platform for women to share their reproductive health stories.



In June 2024, NGS members from Kenya co-authored a blog for Jhpiego's **BREAKTHROUGH** Action project on MOSAIC's adaptation of the Empathways activity for **LGBTQIA+** populations.



As of September 2024, NGS members have authored or co-authored 7 blogs this year, and over 19 blogs since the project started.

**MOSAIC on social media** – The consortium is active on LinkedIn, Twitter/X, and WordPress. MOSAIC has **930 connections** on LinkedIn, **850 followers** on Twitter/X, and **30K total visits** to the blog to date.



**MOSAIC BLOG**

# NGS & MOSAIC PUBLICATIONS

**MOSAIC has published 13 peer-reviewed papers to date, with another 15+ submitted or in progress.**

- [Defining principles for a choice-based approach to HIV prevention](#) (Katie M. Williams, Nora Miller, Lilian Tutegyereize, **Adaobi L. Olisa**, Tafadzwa Chakare, Patriciah Jeckonia, Saiqa Mullick, **Margaret A. Atieno**, Definate Nhamo, Kate H. Rademacher | Lancet HIV, 2023)
- [PrEP Method Switching: Will it Yield Greater Coverage of HIV Protection? Applying Lessons Learned from Family Planning to Guide Future Research in the Context of PrEP Choice](#) (Courtney McGuire, **Margaret A. Atieno**, Theresa Hoke, Patriciah Jeckonia, Kevin K'orimba, Lara Lorenzetti, Kenneth Ngure, **Marie Merci Niyibeshaho**, Njambi Njuguna, Kristine Torjesen, Virginia Fonner)
- [Exploring linkages: addressing the relationship between the climate crisis and HIV prevention with recommendations for emerging pre-exposure prophylaxis programs](#) (Katie Williams, FHI 360, **Adaobi L. Olisa**, Rose Wilcher)



# THE NEXTGEN SQUAD SHARES THEIR THOUGHTS

"We were given the **opportunity to communicate with the young people in the community** and identify their preferences on the different HIV prevention methods.

**I am proud of these achievements because they truly reflect MYE . They give us the chance to shape the world we want as young people."**

South Africa



"The pilot testing of the HPAT 2nd edition in Uganda. Because we were **given the opportunity to voice out what we want and how we want it to be delivered."**

Uganda



"Working with the MOH especially during TWGs in leading meetings and **being consulted on policy and programming issues as an AGYW representative."**

Zimbabwe



"Participating in the 2023 CATALYST Investigator's Meeting because it **gave me a better understanding of what was going on in other countries where the CATALYST study is being implemented"**

Lesotho



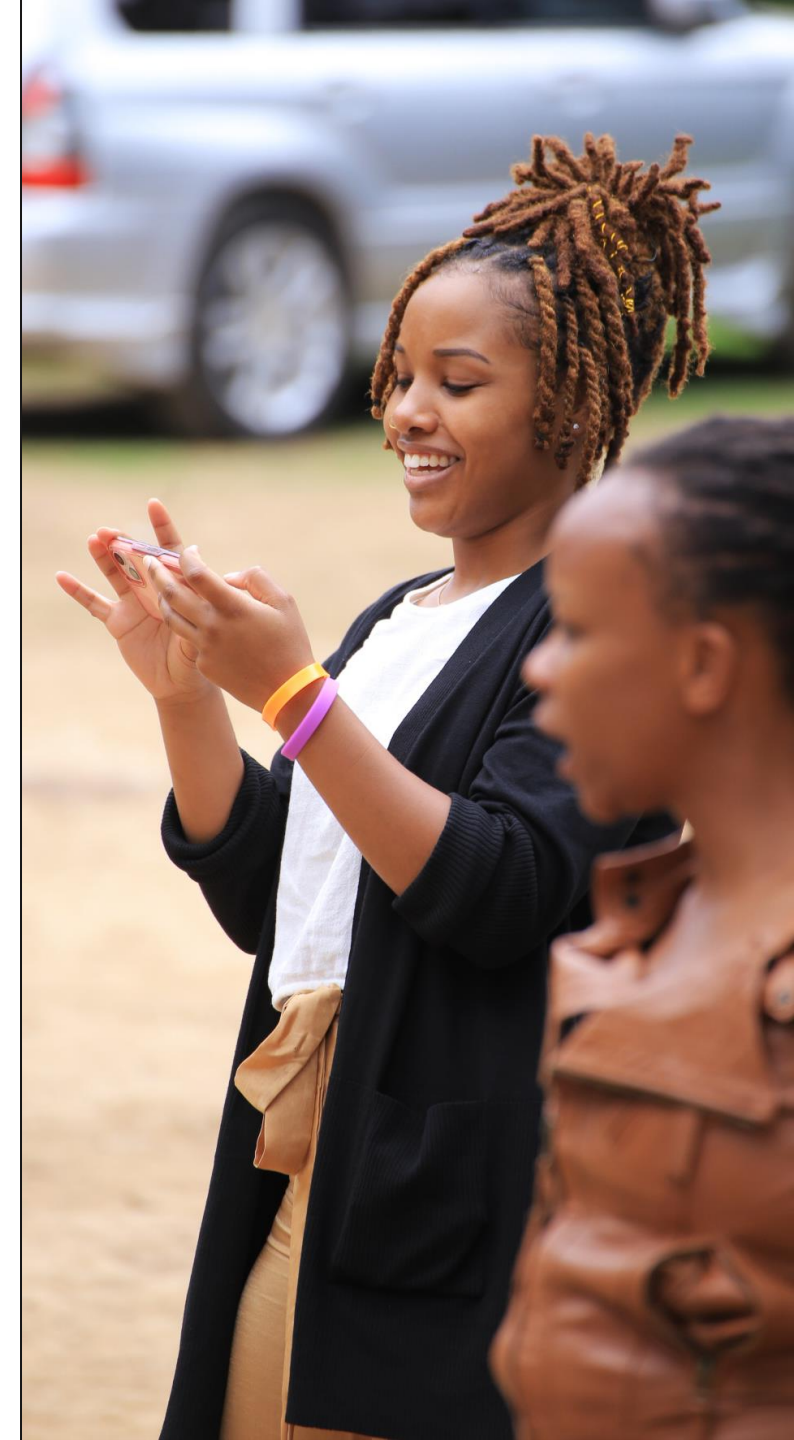
"National oral PrEP SOP review, because it's updated to reflect the new WHO guidelines, as well **youth reps contributed to the demand generation chapter as well as members of the MSM"**

Namibia



## MYE is NOT...

- **Tokenism** — MYE is not including young people as a symbolic gesture without giving them real influence or decision-making power...
- About **adults setting the entire agenda** and merely asking youth to approve pre-made decisions...
- **Limiting participation** — It is not about engaging only with a small group of privileged or high-achieving youth while ignoring diverse youth populations...
- **Ignoring youth capacity** — MYE is not underestimating young people's abilities or assigning them only minor tasks while adults handle the "important" work...
- **One-time consultation** — MYE is not a one-off event or single consultation that excludes youth from ongoing processes...





# Best practices in meaningful youth engagement

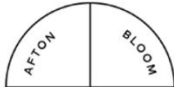


Thank  
you



# ACKNOWLEDGMENTS

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Photo Credit: MOSAIC Consortium



# Considerations for delivering PrEP choice to key populations

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September 10, 2024

*Micheal Ighodaro, Executive Director, GBGMC*

*Chris Akolo, Director, HIV Technical Department/EpiC, FHI 360*





# Who are key populations?

- Key populations (KP) include:
  - Sex workers
  - Men who have sex with men
  - Transgender people
  - People who inject drugs
  - People in prisons and other enclosed settings

(The composition of key populations may vary depending on the local context and epidemiological factors of the HIV epidemic in a particular region or country.)
- Globally, these populations are particularly vulnerable and disproportionately affected by HIV due to:
  - Certain risk behaviors
  - Marginalization
  - Structural factors such as stigma, discrimination, violence, police harassment, human right violations, and criminalization
- These factors limit access to relevant services



# Why are Key Populations Key in the HIV Response?

# Global HIV Prevention Roadmap for Key Populations

This roadmap outlines a strategy for the equitable expansion and delivery of HIV prevention services to key populations (KPs) globally and regionally. It introduces a critical, coordinated approach led by KPs to the implementation of existing and new HIV prevention interventions.

Priorities laid out below reflect conversations from the Cape Town meeting, held this year in May and June, with members of the Global KP HIV Prevention Advisory Group (KPAG) and allied stakeholders.

KPAG, representing civil society, identifies specific priority actions and responsible stakeholders, and focuses on short-term goals achievable within the next 18 months (by mid-2025). Key stakeholders, including manufacturers, policymakers, governments, the private sector, normative agencies, donors, program implementers, researchers, civil society, advocates, and communities, all play crucial roles.

A review of the roadmap's outcomes will be conducted in the second quarter of 2025. KPAG will assess progress, identify necessary follow-up actions, and adapt approaches to better achieve objectives in the future.

## GLOBAL PRIORITIES

The KPAG has identified four global priority areas for immediate action: funding, rights, PrEP and U=U (Undetectable = Untransmittable (Treatment as Prevention)).

### FUNDING

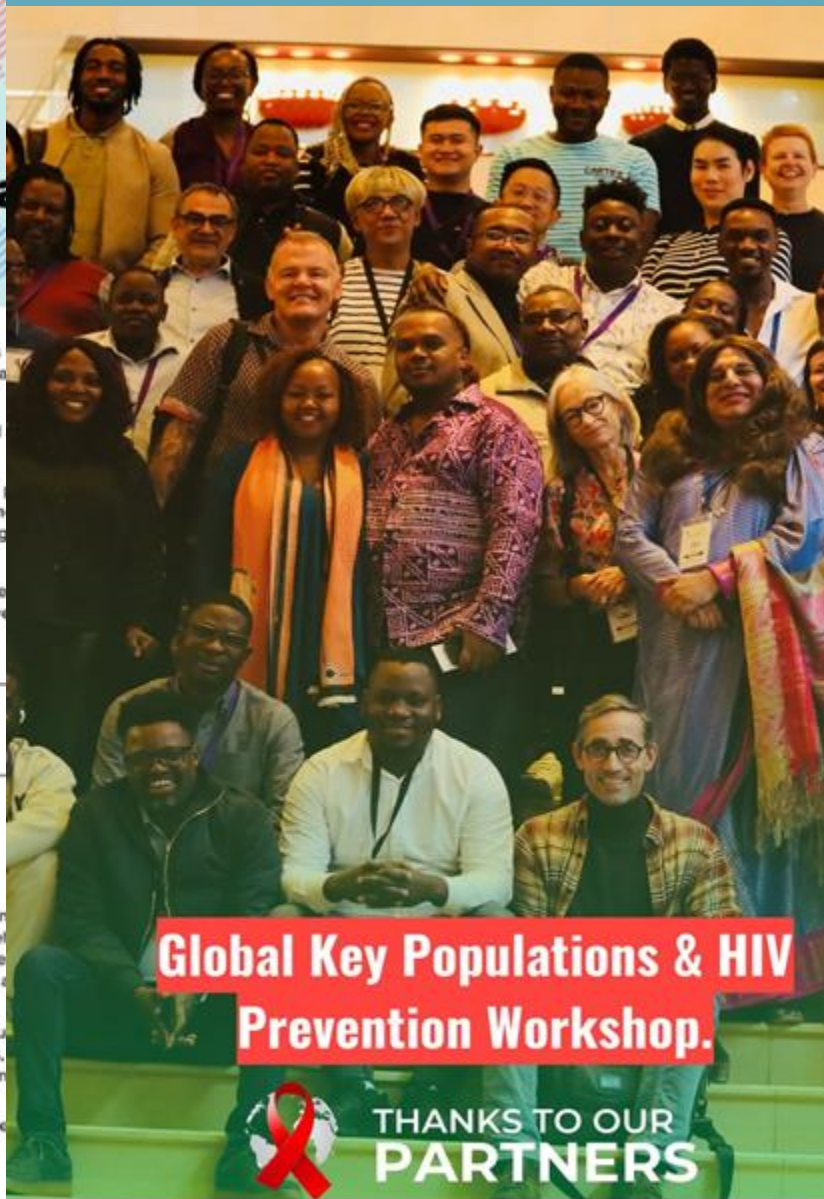
Less than 20 percent of KP funding in low- and middle-income countries has been met. Plain and simple, donors, including bilateral, philanthropic, Global Fund and PEPFAR, need to allocate funds to the communities at the center of the response—for program design, implementation and monitoring of HIV prevention programs. Also, importantly, funding is desperately needed for movement building and community advocacy. Marginalized and criminalized populations need to fight for legal recognition while sustaining public health gains. This advocacy is rarely funded.

Specifically:

- PEPFAR, Global Fund, national governments and other key donors must include comprehensive prevention programs and targets in their strategies and budgeting. KPs must design, lead and implement these programs.
- Donors must provide direct financial support to KP-led organizations for HIV programs, including advocacy, demand creation, and community education.
- The Global Fund must reconsider its development stop funding regional KP networks.

Track report\_AA\_V2.1 (R) pdf

This work was supported by AVAC, Global Black Men Connect, and Global Key Populations HIV Prevention Advisory Group.



World Health Organization



## PrEP for MSM in Africa: Meeting Summary and Next Steps

25–27 April, 2016  
Johannesburg

# Key Considerations for Rolling Out Long-Acting PrEP for Key Populations

## For Oral PrEP:

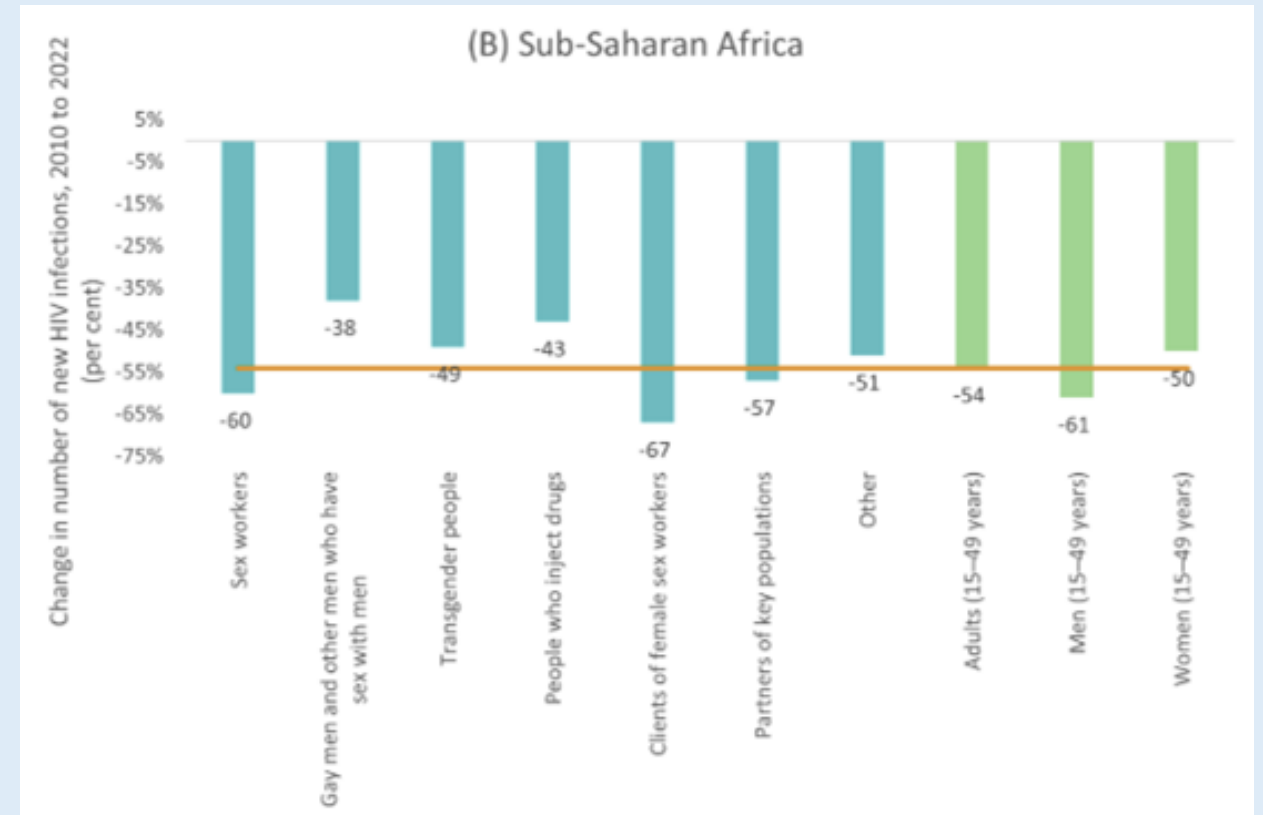
1. **Early Stigmatizing Messaging:** The initial messaging around PrEP was stigmatizing, alienating the very populations it was meant to help.
2. **Lack of Inclusivity:** Current messaging around PrEP still feels disconnected from key populations—it doesn't feel tailored to our needs.
3. **Uptake Not Our Fault:** Blaming low uptake on us ignores broader system failures. Countries like Zambia and Kenya have demonstrated more success—learn from them.
4. **Retention Challenges:** The real issue isn't PrEP uptake; it's retention, as seen in places like South Africa. We need solutions focused on sustained use.
5. **Stop Framing PrEP as Behavioral Change:** The focus on PrEP as a behavior change intervention is problematic. It's a health tool, not a moral decision.
6. **Guidelines Without Impact:** We have guidelines and implementation tools, but without an actualization strategy, these remain ineffective.

## To Ensure Long-Acting PrEP Reaches Us:

1. **Recognize Diversity:** Key populations are not homogeneous. We need diverse solutions to fit our unique needs.
2. **Options Matter:** We want more options, not just one-size-fits-all. Long-acting PrEP could be part of that, but we need flexibility.
3. **Scale Up Accessibility:** The push for scale and accessibility must be increased. We demand widespread availability of long-acting PrEP.
4. **Incomplete Data:** The current data don't capture all of our experiences and realities. We need research that better reflects our needs and conditions.
5. **Tailored Implementation:** Long-acting PrEP could work well for us, but it's essential to ask how, where, and when we want it—not impose assumptions.
6. **Resourcing for Impact:** You've labeled us "key populations," but where are the key resources to ensure long-acting PrEP is available?
7. **Real Demand Creation:** Demand creation must go beyond slogans. Peer education works, but it requires funding—expecting us to do it for free is unrealistic.
8. **Recognize Our Expertise:** We are now experts in prevention, not just outreach workers. Value our input and knowledge.
9. **Normalize Dropout:** PrEP is not meant to be lifelong for everyone, so dropout should be expected and accepted.

# Key populations still carry a high burden of new HIV infections in sub-Saharan Africa (SSA)

- More than half (55%) of all new HIV infections in 2022 occurred among people from key populations and their sexual partners. This represents an increase from 2010 when the estimated proportion was 44%.
- There is apparent progress in reducing new HIV infections among sex workers in SSA, with new HIV infections declining between 2010 and 2022 slightly more than in the overall adult population of the region.
- In 2022, an estimated 25% of new HIV infections occurred among key populations across SSA, an increase from 21% in 2010.



Therefore, pre-exposure prophylaxis (PrEP) rollout cannot be business as usual.

Source: UNAIDS 2024

# What are some of the considerations for delivering PrEP choice to key populations?

Tailoring counseling/services to the specific needs, preferences, and concerns of key populations is essential for promoting informed decision-making and supporting successful uptake and adherence to PrEP, including injectables for HIV prevention.

- Community engagement
- Demand creation
- HIV testing services
- Health care provider training and cultural competency
- Service delivery models
- Efficacy, effectiveness, and adherence
- Side effects and drug interactions
- Pregnancy and breastfeeding, and sexual health counseling
- Psychosocial support
- Monitoring and follow-up

# Community engagement

- Community engagement efforts are necessary to optimize the use of all PrEP options, including injectables for HIV prevention among key populations.
- Involve key populations in the decision-making process and implementation of PrEP programs.
- Engage community organizations, advocates, and leaders to address concerns, provide education, and promote uptake.
- Evaluate the accessibility and affordability of PrEP options for key populations.
- Consider factors such as cost, availability of health care services, and distribution channels to ensure equitable access.



# Demand generation

- Provide community-level sensitization and information efforts through different channels.
- Segment audiences to determine best message content and channel (key population type, age, rural versus urban, etc.).
- Promote interpersonal communication, especially through peers (peer educators, peer navigators, outreach workers, etc.).
- Develop relevant standard operating procedures for health care providers and resources for clients (tailored to the key populations) which can be used across settings to enhance knowledge on new products.
- Develop literacy materials for the community, including the plan for rollout.
- Ensure the intervention does not only target key populations.

# HIV testing services

- HIV testing is an entry point into HIV prevention services.
- Ensure equitable access to HTS, including through modalities that are used for reaching key populations (mobile testing, social network testing, HIV self-testing, etc.).
- Ensure regular testing for HIV and other sexually transmitted infections (STIs) to promptly detect seroconversion and monitor for adverse events.

# Efficacy, effectiveness, and adherence

- Provide information on the efficacy and effectiveness of PrEP options based on clinical trials, particularly in key populations.
- Consider factors such as adherence rates and real-world effectiveness in diverse populations.
- Discuss the importance of adherence to the injection schedule to maintain protection against HIV.
- Discuss strategies to support adherence, such as setting reminders, integrating injections into routine health care visits, addressing barriers to adherence, and use of peer supporters.

# Health care provider training

- Provide training for health care providers on the use of all PrEP options, including injectables for key populations.
- Ensure providers are knowledgeable about PrEP guidelines, patient counseling, side effect management, and other relevant topics.
- Ensure providers have the required skills to manage some other KP-related issues while offering PrEP choice.

# Cultural competency

- Tailor communication and health care services to the cultural and linguistic needs of key populations.
- Address stigma, discrimination, and other barriers to care to promote trust and engagement.

# Side effects and safety

- Information, including myths and misconceptions, often spread very fast within the community.
- Therefore, discuss common side effects (e.g., for CAB-LA: headache, fatigue, and nausea, and reassure that these are usually mild and temporary, and emphasize injection site reactions).
- Address any concerns about more serious side effects and provide information on how they can be monitored and managed.
- Quickly identify and address myths that emanate from the community.

# Drug interactions

- Discuss potential drug interactions between PrEP options and other medications that key populations may be taking.
- Advise on the importance of disclosing all medications, including over-the-counter and recreational drugs, to health care providers.
- This is particularly important for the transgender persons.

# Differentiated service delivery models

- Site selection (ensure sites that deliver services to key populations are included in the pilot, as well as in the plan for scale up).
- Consider key population-led services delivery models such as drop-in centers (with trained providers).
- Key populations – friendly facilities and sites.
- Trained private sector providers in relevant settings.
- Mobile outreach and clinics with linkage to facilities or sites.
- Integrated models that allow access to other key population-relevant services: family planning, STIs, mental health, needle and syringe programs, etc.

# Pregnancy and breastfeeding

- Particularly with female sex workers:
  - Discuss the implications of use during pregnancy and breastfeeding.
  - Provide guidance on contraceptive options for individuals who desire to prevent pregnancy while using any of the options.

# Sexual health counseling

- Provide comprehensive sexual health counseling, including discussions on condom use, STI prevention, and the importance of regular HIV testing.
- Reinforce that the available options do not protect against other STIs or pregnancy.



# Psychosocial support

- Psychosocial factors that may impact adherence and overall well-being, such as stigma, mental health, substance use, and social support networks need to be addressed.
- Therefore, referrals to supportive services as needed.

# Follow up and monitoring

- Key populations are considered very mobile. Therefore, emphasis should be placed on explaining the importance of regular follow-up visits for refill and HIV testing.
- Encourage individuals to report any concerns or changes in their health between visits.
- Follow-up by peers.
- Establish surveillance systems to monitor the impact of PrEP on HIV incidence and other outcomes among key populations.
- Conduct regular evaluations to assess program effectiveness, identify areas for improvement, and inform policy decisions.

# Current research gaps

- The deployment of CAB-LA requires further evaluation in other populations at substantial risk of HIV acquisition.
- The efficacy and safety of CAB-LA have not yet been assessed in people who inject drugs or in transgender men.
- No study reported on outcomes related to drug–drug interactions with gender-affirming hormone therapy.
- Implementation models addressing the needs of sex workers or individuals with overlapping risks of HIV acquisition are necessary.
- Adolescents and young people face difficulties in adherence and persistence with oral PrEP and constitute a priority population for injectable agents.

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EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, and Population Services International (PSI).