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THE GEOGRAPHIC PLATFORMS

2019 ANNUAL REPORT

OUR PLATFORMS

An international union of community-based NGOs in the fight against HIV and viral hepatitis, Coalition PLUS counts 16 member organizations operating in 52 countries and working with some 100 partner associations. As part of the community-based approach, our union advocates for people infected with, affected by or particularly vulnerable to HIV and viral hepatitis to be systematically placed at the center of decision-making and the implementation and assessment of the health programs that concern them. Through the programs of its Secretariat and its six sub-regional Platforms, Coalition PLUS aims to strengthen the capacity of its members and partners under creating forums for the sharing of knowledge and expertise.

OUR VALUES

Our Values include:

- Innovation
- Solidarity
- Respect for Diversity

THE COALITION PLUS NETWORK

16 member organizations
52 countries
100 partner associations
COALITION PLUS IN 2020

Our geographic networks
- AGCS PLUS: Algeria, Morocco, Benin, Burkina Faso, Bolivia, Colombia, Ecuador, Uruguay, Paraguay, Argentina, Brazil, Nicaragua, Portugal, Spain, France
- Hepatitis C: Brazil, Colombia, Malaysia, Morocco, India
- RIGHT PLUS: Bolivia, Brazil, Chile, Guatemala, Mexico, Peru, Portugal, Spain
- Lusophone network: Portugal, Brazil, East Timor, Guinea-Bissau, Angola, Mozambique, Cape Verde, São Tomé and Príncipe

Our thematic and linguistic networks
- TB: Pakistan, Afghanistan, Bangladesh, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Nepal, Philippines, Thailand
- Dementia: Brazil, France, Germany, Italy, Portugal
- TSE: Bolivia, France, Morocco, Senegal

They support us

Our institutional partners
- AFD: A solidarity-based public financial institution, AFD is the central stakeholder in France’s development policy. It is committed to projects that tangibly improve the daily lives of populations in developing and emerging countries and in French Overseas Territories. AFD operates in a number of sectors—energy, health, biodiversity, water, digital technology, training— supports the transition to a safer, fairer and more resilient world, and is fully in line with the Sustainable Development Goals. Present in 109 countries via a network of 85 agencies, AFD currently supports over 4,000 development projects. In 2019, it committed 14.1 billion euros of funding to these projects.

Find out more at:
- www.afd.fr
- www.initiative5pour100.fr
- www.robertcarrfund.org

The Robert Carr Fund for civil society networks, launched in 2012, is the world’s leading international fund focused on funding regional and global networks led by and involving key, vulnerable and inadequately served populations in order to improve their health, inclusion and well-being.

Find out more at: www.robertcarrfund.org
A LETTER FROM THE PRESIDENT
The Platforms: Networks building the Coalition PLUS global social movement

Coalition PLUS and its members shape innovative mechanisms to network community-based associations in the fight against HIV/AIDS and viral hepatitis in various sub-regions of the world.

In line with the community-based approach that guides all of our actions, these geographic Platforms – six of which are now in place – are part of a dynamic process of horizontal solidarity, breaking with the predominant North-South vertical model. They provide a forum for actors with the same epidemiological and sociocultural contexts to share their knowledge and know-how, to pool their best practices and to build shared strategies in response to epidemics.

The Platforms provide a means for Coalition PLUS to develop its network and step up its impact at international level. The Platforms were thus opened to new countries in the Middle East (Lebanon), Central and Eastern Europe (Ukraine), East Africa (Rwanda) and Latin America (Guatemala) in 2019, and now encompass more than 70 community-based organizations in the fight against AIDS and viral hepatitis in some thirty countries. Together, they help fuel the constantly evolving global movement that is Coalition PLUS and make it possible to achieve concrete results at national and regional level, as set out in this report.

Pioneers in their countries, our member and partner associations have decades of combined experience in community-based healthcare. The Coalition PLUS Platforms mobilize and promote their expertise through capacity-building activities to enable access to these innovative services for marginalized populations. These activities are also supplemented by research and advocacy initiatives that are vital to create favorable operating environments and to adapt our services to the needs of those most vulnerable to the epidemics.

By positioning themselves as technical support providers, our geographic Platforms help promote community-based expertise. In recent years, they have contributed to the dissemination of community-based testing in Niger, Madagascar and the Republic of Congo, as well as to the introduction of sexual health services in West Africa. The Platforms are gaining growing recognition of their expertise and confirming their role as a driving force for social change in their geographic zones. Thanks to the quality of their actions, they are once again demonstrating the need to raise the status of community-based actors in public policy when it comes to the AIDS and viral hepatitis response.

This report provides an overview of the pioneering work undertaken by our geographic Platforms on a daily basis on the ground.

We hope that you find it an interesting and enjoyable read.
PARTNERSHIPS AND GOVERNANCE

Steering Committees: Governance structure of the Platforms

The Steering Committees (SCOMs) serve as frameworks for dialog between the partners of each of the Platforms and a forum for identifying shared sub-regional issues. They also determine and amend the governance processes of certain Platforms. This is the case of the Indian Ocean Platform (PFOI), for example, which set out its governance by incorporating new partner associations and consequently new representatives into their SCOMs. The PFAO and the PACE cover the two sub-regions concerned by the United Nations Fast Track to Accelerating the Fight against HIV. This resulted in the PACE refocusing its strategic priorities on strengthening representation in the islands it encompasses. Their roles and tasks and the process for communicating with the associations in their territory have been officialized within each of the islands it encompasses. They also revised their governance by incorporating new partner associations and consequently new representatives into their SCOMs. The PFAO and the PACE cover the two sub-regions concerned by the United Nations Fast Track to Accelerating the Fight against HIV. This resulted in the PACE refocusing its strategic priorities on the achievement of the targets of this plan by optimizing the community-based contribution. Similarly, the PFAO and the PACE have revised their governance in order to encourage the sharing of expertise and the Platform's horizontal partnership approach.

The Americas-Caribbean Platform (PFAC), Middle East & North Africa Platform (PFMENA), West Africa Platform (PFAC) and Central and East Africa Platform (PACE) have also revised their governance in order to incorporate new partner associations and consequently new representatives into their SCOMs. The PFAO also incorporated four new partners: SONGES (Niger), ENDA Santé and ANÉLS (Senegal), and Espace Confiance (Côte d'Ivoire) into their SCOMs. These associations could act as forces for capacity-building within the platform in order to

Support for the identification of needs and the definition of assistance plans

The organizational review (OR) is the first step in defining a capacity-building plan (CB). It can be conducted on site or remotely in the form of a self-assessment. The PACE, one of the Platforms with the most partners, had its partners carry out 12 self-assessments. It also conducted an OR at the APC site, its Congolese partner, in May 2019. The PFMENA also conducted an OR for APCS (Algeria) in September 2019.

Growing recognition of the Platforms that is strengthening the appeal

The Platforms are constantly developing specific and cross-cutting community-based expertise. At the same time as developing this expertise, they are receiving growing recognition as networks, which is strengthening the appeal. Consequently, 14 new partner associations have been integrated, for all Platforms combined. Likewise, 4 new countries are now covered: Lebanon, Guatemala, Colombia and Ukraine.

The PFOI, which has 15 partners in 5 countries in the Indian Ocean, chose to officialize its governance in order to optimize the commitment of its members. It also carried out another fact-finding mission in Madagascar, the country with the highest concentration of issues and challenges in the HIV response in the sub-region, to update its data on the association-based, institutional and epidemiological landscape in Madagascar and subsequently adapt its actions.

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The PACE therefore sought to optimize its network’s coverage in some countries by incorporating the national networks of community-based associations wishing to join. This resulted in ADN and We Act For Hope joining the PACE in 2019.

The MENA Platform wanted to expand to Lebanon, and thus organized a fact-finding mission during which it identified a new partner: MARSA. The Platform also wanted to expand its partnerships within the countries already covered, and notably in Tunisia and Algeria. As part of two missions in each of these countries, it drew on its longstanding partnerships with the APCS and ATI, to identify its new partners: ATP in Tunisia and ANISS in Algeria.

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Yet this came about in a context where the Global Fund had subject of a 2-year pilot project as part of the CHAMP program funded by USAID and the Global Fund (GF). This pilot project is which hamper efforts to stop the epidemiological dynamic, in April 2019 with 25 participants. In Cameroon, PrEP was the aims to include 2,000 participants in Douala and Yaoundé.

post-placement follow-up. This was continued in 2019 with three on-site post-placement follow-up missions conducted by the PFAO at AIDES Sénégal, in Dakar, in August, and at Humanity First and Affirmative Action in Yaoundé (Cameroon), in June.

This resulted in better treatment of anal conditions, overall beneficiary satisfaction and an increase in the active list in Senegal. In Cameroon, the number of proctology consultations almost doubled, and Humanity First was able to obtain specific equipment (anoscopes, examination tables, electrosurgical devices, etc.) through the PACE. The PACE also carried out on-site follow-up on the development of the SHS provided by the ANSS in Burundi in August 2019, involving five provincial doctors initially trained by the PFAO.

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Comprehensive sexual health services

The PFAO has developed a set of CB activities in sexual health services (SHS) consisting of an initial assessment, a placement at the Halles clinic run by ARCAD Sante PLUS for doctors and community health workers, and an on-site post-placement follow-up. This was continued in 2019 with three on-site post-placement follow-up missions conducted by the PFAO at AIDES Sénégal, in Dakar, in August, and at Humanity First and Affirmative Action in Yaoundé (Cameroon), in June.

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PFMENA

Training of new community workers in testing:

- **PACE**: Training of 130 peer educators in Cameroon and 30 peer educators in the Republic of Congo.
- **PFMENA**: Training of community representatives for the partner associations of the ALCS in Marrakech on March 24.

Assistance in developing mapping for vulnerability spots

- **PFMENA**: Transfer of its community-based expertise in demedicalized testing to Madagascar; training of 13 RDTer trainers; training supervision for some forty RDTers; follow-up mission in July 2019 aimed at monitoring and supporting the implementation of the pilot phase for community-based testing; follow-up of the pilot project to implement testing, in place up until August 2019.

**Reinforcement of community-based testing**

Nine activities to reinforce community-based testing were carried out in 2019. This technical support primarily covers three components.

**Strengthening community-based sexual health schemes**

**PREF**

The Platforms are also working on the major issue of access to PREP, which should be included in SHS.

**PACF**

2 national PREP days in Cameroon in June 2019, bringing together some fifty participants, and in Senegal in April 2019 with 25 participants. In Cameroon, PREP was the subject of a 2-year pilot project as part of the CHAMP program funded by USAID and the Global Fund (GF). This pilot project is based on associations including Alternatives Cameroun and aims to include 2,000 participants in Douala and Yaoundé. Yet this came about in a context where the Global Fund had alerted authorities to human rights violations which hamper efforts to stop the epidemiological dynamic, against a background where 44% of MSM are HIV+. During the workshop, the PREP pilot research project currently underway with sex workers was presented, the results of which will allow for PREP to be scaled up at national level.

**PFMENA**

1 regional workshop with around sixty participants in Tunis in June 2019. While Morocco was in the PREP expansion phase, following the positive feedback on the pilot phase, and Algeria and Tunisia also wish to deploy PREP.

**PFAC**

Members of the Platform conducted a technical mission on PREP and PEP in Guatemala in April 2019 to ensure regional sharing processes at a time when these two prevention tools were unevenly distributed in Latin America.

**PFMENA**

Biannual coordination meeting of ALCS community-based testing counselors in Essaouira in March 2019; training in August 2019 of SOS Pairs Éducateurs community workers in Mauritania on the use of the combined prevention database in order to improve the deployment of prevention activities and testing on the ground.

**PFDE**


**PACF**

Delivery to its Congolese partner associations of inputs and the required equipment to launch a pilot testing phase following training of RDTers.

**PFDE**

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**Strengthening of Harm Reduction programs for people who use drugs**

The PFOI set out a support plan for the Harm Reduction (HR) program led by the Madagascan association AINGA AIDES. In addition to the assessment of the HR program, the support plan includes a capacity-building component for AINGA AIDES in documenting consumption methods in order to convince the authorities to provide a response to the issue, and lastly support for the preparation of an advocacy action plan specific to the association.
Strengthening of psychosocial support programs and retention in care

Five activities led by the Platforms in 2019 aimed to strengthen psychosocial support for people living with HIV (PLWHIV) and their retention in care. They can be divided into two categories: direct support for PLWHIV and regional workshops.

Direct support for PLWHIV

The community-based development methodology (from development of content based on the needs analysis of PLWHIV) was introduced in MadAids to enable the association to organize other WES independently. A WES for 10 adolescents living with HIV in Mauritius in November 2019. All the WES organized by the PFOI are followed by quarterly meetings of beneficiaries to maintain the collective dynamic infused by the WES and, in fine, retention in the care continuum.

Regional workshops

Four activities on community structuring and the sustainability of services were conducted by the Platforms in 2019. These activities cover assistance with financial management, monitoring & evaluation, and resource mobilization. In addition, the Platforms carry out an ongoing review of their partners' projects.

Strengthening of community structuring and the sustainability of services

In addition to this ad-hoc assistance, all of the Platforms carry out an ongoing project review mission. This is particularly the case of the PFAO and PFOI, which have chosen to provide a specially dedicated HR who, in addition to this review, ensures the dissemination of relevant calls for tenders to their partners in order to meet the objective of perpetuating community-based services for KP.

In Marrakesh in February 2019, bringing together 87 Moroccan and regional participants. A UPS guide of best practices will be published in 2020.

Edition of the UPS (Université des Personnes Séropositives) Workshops

In January 2019, the Regional workshop for the valorization of peer education, organized in Bamako by the PFAO, tied in with Coalition PLUS’ position on the recognition and valorization of community-based initiatives, as set out in the advocacy guide “Pour un monde sans Sida, Démédicalisons” (“Demedicalize for a world without AIDS”), adapted at regional level in West Africa. The 20 participants in this workshop were invited to collectively and consensually define the role and responsibilities of peer educators in the care continuum and to identify and capitalize on best regional practices through the sharing of experiences.

Regional workshops

In April 2019, the Regional workshop “HIV treatment cascade on the eve of 2020”, held in Casablanca, brought together some sixty representatives from the partner associations in the sub-region, as well as institutional partners. It provided an opportunity to share regional community-based best practices with the aim of achieving the 90-90-90 goals and identifying the barriers and obstacles to their achievement.

In 2019, the inter-association project involving community health workers in the care continuum, in a context marked by strong discrimination against people living with HIV, particularly people who inject drugs, in the healthcare system.

Assistance with M&E for the Mauritian association SOS Pairs Educateurs. Following the various assistance provided to completely remodel the association’s Monitoring and Evaluation (M&E) scheme, the PFMENA helped put in place a single coding system for beneficiaries from KP, with the help of a national consultant, in September 2019. This unique identification code was produced and approved in collaboration with the PFMENA and the SENLS, and will be used by all actors in the AIDS response in Mauritania. It should therefore allow for systematic collaboration between these works with KP and easier monitoring of the latter. Lastly, it will make it possible to estimate the size of KP, to produce accurate data and to identify new beneficiaries.

On-site support for financial management for the ANJFAS in the Central African Republic in December 2019; a dual on-site support mission to project proposals and resource mobilization to help the KP, and governance support for the Congolese association following the organizational review of the association conducted the same.
PROMOTING COMMUNITY-BASED EXPERTISE IN HIV RESPONSE STRATEGIES

Capitalizing on community-based expertise

In September 2019, the PFOI published its regional guide “Sexual Health Services in West Africa”, following on from a regional preparation workshop in April 2019, and then a second regional validation workshop in November 2019 in Bamako. Compiled of 6 sections, the guide highlights the existence of international frameworks guaranteeing access to sexual health services, despite the lack of deployment. It identifies the main principles of action in sexual health services dedicated to key populations, suggests minimum and optimal service packages, and presents a selection of best practices across West Africa and Cameroon.

The PACE has officialized a system to identify community-based experts from its region, and has appointed four – all Cameroonian – to run training on demedicalized testing. The PACE also systematically incorporates an advocacy component into its capacity-building (CB) conducted in parallel by a delegation led by the President of the ANS and representatives of the local association. This advocacy model has enabled the PACE to obtain commitments from the Congolese State on the decentralization of treatment, and notably the implementation of community-based testing and community-based provision of ARV. It is in this context that the PACE organized its training on treatment, and notably the implementation of community-based testing and community-based provision of ARV. It is in this context that the PACE organized its training on treatment, and notably the implementation of community-based testing and community-based provision of ARV. It is in this context that the PACE organized its training on treatment, and notably the implementation of community-based testing and community-based provision of ARV. It is in this context that the PACE organized its training on treatment, and notably the implementation of community-based testing and community-based provision of ARV.

The PFOI has been positioned to transmit its community-based expertise in demedicalized testing. Over the first half of 2019, the Platform was more specifically responsible for supporting training for RDTers and monitoring of the pilot project to implement testing, which ran until August 2019.

The associations behind the Platforms consolidate their position as leaders in the HIV response

While the Platforms are working for the uniform deployment of PrEP within all the national contexts it encompasses, the PrEP decision at national and regional level are based on the experience of the associations behind the Platforms. This is especially true of the ALCS which led the community-based component of the pilot project PrEPare Morocco and of ARCAD Santé PLUS which is involved in the Coh-MSM PEPFAR project at national level. It is based on this meaningful experience that the supporters of the Platforms establish their legitimacy in the eyes of the health authorities in the countries within their sub-region so that the latter take up this prevention tool.

The expertise of the PFOI when it comes to sexual health is also based on its backing of the Halles clinic, one of the first sexual health clinics in Africa specifically dedicated to key populations, run by ARCAD Santé PLUS which regularly invites institutional and financial partners to visit the clinic, including the French Ambassador in June 2019 and L’Initiative in April 2019. It can therefore be proud of having expanded this expertise at sub-national level thanks to the “Sexual Health Services in West Africa” guide.

The external interim assessment of the project found:

- that the “conclusive results in the quantitative achievement of the goals of the Access to quality health services for key populations project after 18 months of implementation are undeniable”
- “A qualitative improvement of testing noted in numerous reports of the beneficiary associations and during the focus groups”.

THE PLATFORMS’ DEVELOPMENTAL PROJECTS

Focus on the results of the “Access to quality health services for key populations” project supported by L’Initiative

Period: April 2017 - September 2021

Content: Strengthening of health services for key populations among 20 associations in the Maghreb, West Africa and the Indian Ocean

Members: Concerns the eligible members of the Coalition PLUS Platforms (PIYENA, PFAO, PACL, PFOI)

Program goals:

- Allow for effective treatment as of HIV-positive diagnosis for key populations in 10 countries (Test and Treat);
- Promote sexual health services or key populations in 8 countries;
- Create the conditions needed to maintain the services put in place.
In West Africa, number of HIV+ cases detected by key population

- **9%** among sex workers
- **12%** among men who have sex with men
- **70%** first-time testers

- **47%** men who have sex with men
- **7%** people who inject drugs
- **1%** trans women
- **45%** sex workers

**Breakdown of individuals tested by key population (since 2017)**

**PEOPLE TESTED**
- 65,000 people tested
- Of which 70%+ first-time testers

**NEW COMMUNITY-BASED TESTING SCHEMES**
- 25 new community-based testing schemes
  (from 15 in 2016 to 40 in 2020)

**RDTERS TRAINED**
- 200 RDTers trained

**STRENGTHENING OF COMMUNITY-BASED TESTING SCHEMES**
- 9% among sex workers
- 70%+ first-time testers

**STRENGTHENING OF SEXUAL HEALTH SCHEMES**
- 65% men who have sex with men
- 31% sex workers
- 2% people who use drugs

**REGIONAL REFERENCE FRAMEWORK ON SEXUAL HEALTH SERVICES**
produced by the West Africa Platform, an expert in this field

**BENEFICIARIES REACHED**
- 23,635 beneficiaries reached
- Of which 74% men who have sex with men

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1/ All the results given in this note are as of the fifth semester of the project, out of a total of seven.
“Platforms” program agreement, supported by the AFD

**Period:**
June 2018 – February 2022

**Members:**
Concerns the eligible members of the Coalition PLUS Platforms (PFMENA, PFAD, PACE, PFOI, PFAC)

**Content:**
Capacity building for the Platforms and cross-cutting activities (geographic and thematic) of the program in services dedicated to key populations (KP) and community structuring

Program agreement no 1 “Platforms”, supported by the AFD, aims to strengthen 5 Coalition PLUS Platforms that coordinate capacity building among community-based associations in the AIDS response in their sub-region (Maghreb, West Africa, Central and East Africa, Indian Ocean and Latin America), in two fields in particular:

- Services dedicated to key populations,
- Community structuring.

The entire Coalition PLUS organization is strengthened through the Platforms, through which the role of community-based expertise will be placed at the heart of strategies to fight AIDS at international level.

“Advocacy and community-based research” program agreement, supported by the AFD

**Period:**
January 2019 – December 2021

**Members:**
Concerns the eligible members of the Coalition PLUS Platforms (PFMENA, PFAD, PACE, PFOI)

**Content:**
Strengthening of advocacy development for 20 associations and creation of a research function in the Platforms

Program agreement no 2 (PA2) “Advocacy and community-based research”, supported by the AFD, expands the initial scope of the Platforms, dedicated to capacity-building, to advocacy and community-based research which should be structured throughout the duration.

“Better access to rights-based, quality HIV services for ISPs”, supported by the Robert Carr Fund

**Period:**
September 2019 – December 2021

**Members:**
Concerns the eligible members of the Coalition PLUS Platforms (PFMENA, PFAD, PACE, PFOI)

**Content:**
Co-funding of program agreements 1 and 2, and in particular PA2 for the (i) coordination of decentralized advocacy and (ii) implementation of health and rights advocacy activities components.

The Robert Carr Fund supports the networking, governance and advocacy activities within the Platforms.

EXPANDING THE MENA PLATFORM AND STRENGTHENING ITS PARTNERSHIP DYNAMIC

In 2019, the MENA Platform conducted three missions in Algeria, Lebanon and Tunisia primarily with the aim of optimizing its recognition and visibility in the region, notably through the presentation of its programs to the institutional, technical and financial partners (PNLS, UGFM, CCM, UNAIDS, AFD, etc.). The goal was also to identify new partner associations.

The MENA Platform now covers a new country, Lebanon, and has expanded to three new associations: Marsa1 in Lebanon, ATP+2 in Tunisia and Anis3 in Algeria, thus extending the geographic scope and strengthening the Platform’s partnership dynamic.

PROMOTING PREP IN TUNISIA AND IN THE MENA REGION

While Morocco was in the PrEP expansion phase following the positive feedback on the pilot phase, and Algeria also wished to deploy PrEP, the Tunisian partners of the MENA Platform, notably the Tunisian CCM and the UNAIDS national office in Tunisia, asked the platform to organize a regional workshop to raise the awareness of the institutional decision-makers on the implementation of a community-based PrEP scheme.

This workshop brought together some sixty participants, including community representatives of the region, the CCM and the UNAIDS national office in Tunisia, as well as a WHO expert for the sub-region.

One of the main recommendations to come out of this workshop was the production of a regional PrEP guide to supplement the publication of the two previous regional guides produced by the MENA Platform on testing and combined prevention. This regional PrEP guide is currently being drafted.

The workshop concluded with a proposed action plan for the deployment of PrEP at the level of the MENA region based on various key aspects: politics (advocacy and strategic alliances, etc.), community (take-up of PrEP by communities, implementation of pilot projects, etc.) and finance (cost efficiency of PrEP).

PrEP thus illustrates the added value of the platform which aims to share the best practices developed in some national contexts with other countries in the sub-region.
KEY RESULTS IN 2019

WEST AFRICA PLATFORM

2019: THE YEAR OF SEXUAL HEALTH SERVICES

Sexual health services were without a doubt the major focus of the West Africa Platform (PFAO) in 2019, which ended with the preparation of a regional guide to “Sexual Health Services in West Africa”. The guide was officially launched at a symposium during the ICASA conference in Kigali (Rwanda) in December 2019, attended by 250 people from across the African continent.

Although HIV prevalence in the general population remains low in Mali, as in the rest of West Africa, the epidemic is concentrated within key populations with a HIV prevalence that can be up to 20 times higher. Despite advances in recent years, vulnerable populations still encounter difficulties in accessing prevention adapted to their needs, differentiated treatment and recognition of their rights. The epidemic is therefore dynamic and continues to gain ground against this backdrop. Which is why ARCAD Santé PLUS has been striving to provide sexual health services (SHS) since 2010 at its Halles de Bamako clinic, in the face of numerous challenges.

These SHS constitute a service package for populations on the fringes of the health system, where the community approach is based on the idea that health is a right and that it should be accessible and promoted as such among HIV-positive and HIV-negative populations alike. This SHS model has been promoted, replicated and/or strengthened elsewhere in Mali and West Africa through the PFAO, at a time when the sub-region is struggling to achieve the 90-90-90 goals set by UNAIDS for 2020.

SHS are based on a solid set of principles such as respect for human rights and the holistic approach centered on the needs of persons. Standardized in the form of minimum and optimal services, this package is scalable and can be adapted to the different structural levels of the associations that provide SHS, and developed in line with the funding opportunities that present themselves. It must also be incorporated into the political and strategic frameworks offered by the different national contexts, and draw on the most recent scientific innovations.

This PFAO reference framework is therefore a guide for the implementation of systems for access to prevention, care and quality follow-up. This guide is a proposal from communities to end the epidemic!

COMMUNITY-BASED TESTING AT LAST AUTHORIZED IN MOROCCO!

Following the success of the pilot phase in Morocco, the circular authorizing HIV testing by non-medical community workers was at last published in October 2019.

This represents a great achievement for the community-based organizations as it clearly demonstrates the contribution of communities to the HIV response and paves the way for the integration of new community-based services, such as PrEP, on a large scale.

The Platform trained a dozen testers from the ALCS as part of the “Access to quality health services for key populations” project, contributing to the testing of over 20,000 people in 2019 in Morocco.

In Mauritania, the PFMENA strengthened the testing scheme of the SOS Pairs Éducateurs association. The Mauritanian association is now leading its own project funded by L’Initiative which aims to strengthen the community-based service of its national partners thanks to the experience acquired from the assistance from the PFMENA.

Although HIV prevalence in the general population remains low in Mali, as in the rest of West Africa, the epidemic is concentrated within key populations with a HIV prevalence that can be up to 20 times higher. Despite advances in recent years, vulnerable populations still encounter difficulties in accessing prevention adapted to their needs, differentiated treatment and recognition of their rights. The epidemic is therefore dynamic and continues to gain ground against this backdrop. Which is why ARCAD Santé PLUS has been striving to provide sexual health services (SHS) since 2010 at its Halles de Bamako clinic, in the face of numerous challenges. These SHS constitute a service package for populations on the fringes of the health system, where the community approach is based on the idea that health is a right and that it should be accessible and promoted as such among HIV-positive and HIV-negative populations alike.

This SHS model has been promoted, replicated and/or strengthened elsewhere in Mali and West Africa through the PFAO, at a time when the sub-region is struggling to achieve the 90-90-90 goals set by UNAIDS for 2020.

SHS are based on a solid set of principles such as respect for human rights and the holistic approach centered on the needs of persons. Standardized in the form of minimum and optimal services, this package is scalable and can be adapted to the different structural levels of the associations that provide SHS, and developed in line with the funding opportunities that present themselves. It must also be incorporated into the political and strategic frameworks offered by the different national contexts, and draw on the most recent scientific innovations.

This PFAO reference framework is therefore a guide for the implementation of systems for access to prevention, care and quality follow-up. This guide is a proposal from communities to end the epidemic!

“The idea of creating the Halles de Bamako clinic came from the need to fill a void. That of prevention, care and follow-up for marginalized and vulnerable populations, but above all key populations particularly stigmatized and excluded from the healthcare system.

Whether in Mali, Burkina Faso or Togo, access for those most concerned by HIV infection is only possible through the community-based approach which ensures their support and involvement within an environment of trust and conviviality. This is the message we need to hammer home to the population and authorities. And that’s what we’ve done. We continue to advocate among national authorities and raise awareness every day to create and maintain an environment favorable to our activities.”

Bintou Dembele, Director of ARCAD Santé PLUS and PFAO Co-Coordinator

2 / http://www.fr.icasa2019rwanda.org/  3 / See box “Capacity-building for the sexual health services provided by the PFAO”
CAPACITY-BUILDING FOR THE SEXUAL HEALTH SERVICES PROVIDED BY THE PFAO

1. REGIONAL WORKSHOP
   On the valorization of peer education, with 20 participants from some fifteen associations across West Africa.

2. VULNERABILITY SPOT MAPPING
   Assistance for the Nigerian association MVS in producing a map of vulnerability spots in Niamey to enable the association to optimize its outreach testing strategy on the ground.

3. SEXUAL HEALTH FOLLOW-UP MISSIONS
   For the Cameroonian associations Humanity First and Affirmative Action, and the Senegalese association Aides.

4. ORGANIZATION OF THEMED DAYS
   In Senegal and Cameroon to optimize access to PrEP in the region, bringing together civil society, political and institutional decision-makers and international sponsors such as the Global Fund.

5. SEXUAL HEALTH SCHEMES
   Strengthening of 7 sexual health schemes in West Africa and Cameroon as part of the “Access to quality health services for key populations” project. These sexual health schemes treated some 10,000 MSM and SW beneficiaries in 2019.

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7. COMBINING CAPACITY-BUILDING AND ADVOCACY: THE CASE OF CAMEROON
   In Cameroon, the PACE and the three Cameroonian community-based associations previously mentioned organized a pilot national training workshop for demedicalized testing trainers for all seven Cameroonian members of the PACE, as well as other identity-based associations active in the AIDS response and operating on various regions in the country. This activity coincided with an institutional gathering coordinated by the Chair of the PACE Steering Committee and the CNLS/Yaoundé Advocacy Officer during which demedicalisation - an approach promoted by Coalition Plus and its Platforms - was discussed as an effective and innovative approach.

   In this regard, it is important to find allies among medical staff. During the workshop, a CNLS doctor thus advocated the community-based approach, further solidifying national efforts to achieve the first 90 goal.

   The workshop built the capacities of some thirty trainers who went on to train 130 peer educators.

   **Demedicalized testing: proven efficacy**

   | Positive test results, i.e., 13.82%, whereas the overall prevalence is 3.4% in the country | 394 | 13,82% |
   | 5,175 people tested, of which 98% from key populations | 98% |
   | Individuals placed under ART (i.e., 96.7% of those tested positive, whereas national data indicate 58% of PLWHIV under ART) | 381 | 96.7% |

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COMBINING CAPACITY-BUILDING AND ADVOCACY: THE CASE OF CONGO

The epidemic has remained almost stable in general since 2010, and in decline since 2015, with a 3.6% prevalence rate among adults (ESIS/2009). However, prevalence remains high within vulnerable groups such as men who have sex with men (41.2%) and sex workers (8.1%).

Despite the progress made, analysis of the response has identified major challenges and constraints, as well as persistent program shortcomings:

1. The slow reduction of HIV prevalence (3% over 7 years), the rise in new infections, the high and increasing prevalence among men who have sex with men and sex workers due to the low reduction of infection risks among key populations;

2. The absence of a strategy for the involvement and participation of communities and the private sector in funding and implementation;

3. The poor performance of the supply and distribution system leading to input shortages.

DEMEDICALIZED TESTING IN MADAGASCAR

2019 saw the culmination of years of work by the PFOI for demedicalized testing in Madagascar. This is a major issue for the country, given that at mid-2019, only 4,882 people living with HIV knew their HIV status out of an estimated 31,500 people across the territory.

Given the urgent need to act, the Madagascan authorities decided to launch a pilot demedicalized testing phase in collaboration with technical and financial partners such as L’Initiative. Within the framework of ad-hoc technical assistance (L’Initiative), the PFOI was involved in this initiative for its community-based expertise, which enabled it to position itself as a key actor in the HIV response with regard to the Madagascan authorities.

The Platform was involved in the early stages in the preparation and validation of the training protocol for RDTers and training supervision. The PFOI also conducted a follow-up mission in July 2019 to monitor and support the implementation of the demedicalized testing pilot phase through interviews, focus groups and on-site observations. Testing had been put in place and the teams were able to carry out tests and refer individuals to health centers where necessary.

Nevertheless, avenues for improvement were identified, in particular the need to work on the supply of testing inputs, testing targeting, and a strategic and operational framework to ensure the continuation of demedicalized testing in Madagascar.

The pilot phase was brought to an end prematurely in August 2019 on the decision of the PNLS, due to the delay in compensating RDTers and the shortage of testing inputs. The report on the pilot phase and the recommendations issued by the PFOI argue for better coordination of the deployment of demedicalized testing, greater involvement of community-based actors and the strengthening of input supply chains.

This pilot phase demonstrated that it is possible to conduct demedicalized testing in Madagascar and a scale-up is planned in the next Global Fund concept note in 2020.
THE HEALTH WEEKEND FOR ADOLESCENTS LIVING WITH HIV IN MAURITIUS

The Health Weekend (WES - Week-end Santé) is an activity designed to improve the self-esteem and empowerment of people living with HIV (PLWHIV) with regard to their health determinants, within a convivial setting bringing together medical personnel, community-based actors and PLWHIV.

In November 2019, the PFOI (through the PILS) created a health weekend for adolescents living with HIV or affected by HIV in Mauritius with the aim of improving their knowledge of HIV, medico-social treatment and sexuality, and to strengthen their ties with the medical staff at the health center where the participants are treated. This weekend resulted in a 13.1% increase in adolescents’ knowledge of HIV and a 20.8% increase in their knowledge of sexuality. Following the WES, longer term follow-up was introduced to maintain the group dynamic, in the relationship with medical staff in the context where the main gap in the Mauritian health care continuum is adherence to treatment.

The WES also highlighted the importance of continuing the work initiated on the emotions and anger felt by the young people in the face of stigmatization and self-stigmatization. This was the third WES organized by the PFOI (the first brought together women using drugs, and the second men and women on opioid substitution treatment), and this type of strongly community-based psychosocial support, in collaboration with the Ministry of Health, consolidated the status of the PFOI as a relevant partner for the PILS) created a health weekend for people living with HIV (PLWHIV) with regard to their health determinants, within a convivial setting bringing together medical personnel, community-based actors and PLWHIV.

STRONG COMMUNITY MOBILIZATION DESPITE A CONTEXT ADVERSE TO HEALTH ISSUES

Although Europe is not just about what happens at the European Union (EU) level, the EU represents a considerable portion of the activities of the Europe Platform.

The European elections in 2019 marked the renewal of the EU institutions, while the global context of Euroscepticism, the rise in extremism and Brexit further reduced the already limit place of health issues. The former European Commission had gradually disengaged from strong action against HIV and hepatitis, a trend not countered by the arrival of a new Commission with the unilateral closure of its advisory body the HIV/AIDS, Hepatitis and Tuberculosis Civil Society Forum.

Yet the Europe Platform has remained mobilized despite this context. Firstly at the biennial European ‘HepHIV’ conference addressing testing issues, which was held in Bucharest in 2019. In addition, the members of the Europe Platform held three community-based thematic meetings: at the PrEP in Europe Summit in October in Warsaw, at the European Chemsex forum in November in Paris, and at the Hep C Community Summit in November in Marseille.

REGIONAL ADVOCACY FOR A EUROPE FOR HEALTH

Even though health is not a political priority for the EU, the situation in Europe remains a matter of serious concern: 160,000 individuals found out their HIV-positive status in 2017, of which 53% with advanced HIV infection. The pandemic is active in Central and Eastern Europe, representing 80% of new infections.

Still further overlooked, hepatitis C kills 112,500 people in the region every year, despite the fact that effective treatments exist.

This is why the Europe Platform published its call to action for a Europe for Health #EUR4Health in 4 languages and signed by 47 NGOs and CSOs addressed to future Members of the European Parliament and all the institutions of the European Union.

This call to action asks them:

■ To increase its development aid through an increased contribution to the Global Fund to fight HIV, tuberculosis and malaria and through the establishment and allocation to health of the Financial Transaction Tax;

■ To implement a migration policy respectful of people, including appropriate health care issues, bringing an end to the deaths, violence and infections within the European Union and at its door, and protection HIV+ individuals and LGBT refugees from expulsion;

■ To make its drug policy respectful of the health and rights of consumers by bringing an end to the repression and criminalization of people who use drugs;

■ To ensure the transparent and fair pricing of medicines so that all citizens of Europe can access medicines without discrimination due to their financial means or those of their national health system.

The pandemic is active in Central and Eastern Europe, representing 80% of new infections.
KEY RESULTS IN 2019

AMERICAS-CARIBBEAN 
PLATFORM

Two major problems have marked 2019 in the region:
The first corresponds to the Venezuelan migration phenomenon, caused by the political and humanitarian crisis in the country, which is resulting in serious challenges in terms of the health and human rights of migrants and particularly those from the most vulnerable populations, such as people affected by HIV.

Secondly is the current phenomenon of the drastic decline in international funding to fight HIV, which has led civil society organizations to suggest that States implement new HIV prevention strategies that will decelerate the epidemiological dynamic and increase medium- and long-term effectiveness.

PFAC: TWO STRATEGIES FOR ACTION THAT MARKED 2019

The humanitarian crisis among the Venezuelan people and other peoples in transit has created a migration corridor from Venezuela, passing through Colombia, Ecuador and Peru to reach Argentina or Chile.

Some of these migrants are not just moving south, but are also settling in countries like Colombia and Ecuador where they attempt to survive in critical situations in terms of food, housing, health and safety, among others.

This situation is becoming critical as it has caused serious public health issues, including sexual and reproductive health, as well as human rights issues.

The Americas-Caribbean Platform (PFAC) has sought to develop a response to this phenomenon based on its mission to improve the quality of life of key populations in the region, populations that represent a substantial group within this migration phenomenon. Which is why the members of the PFAC and other regional actors signed a framework agreement in 2019 to develop actions at regional level to protect the health and rights of migrants, placing the emphasis on key populations. In addition, some associations of the PFAC have worked together to present a regional project to resolve this problem, in response to a Request for Proposals launched by the Robert Carr Fund.

RESPONSE TO THE MIGRATION PHENOMENON
The Fight for Implementation of New Prevention Strategies: PrEP

Against the backdrop of reduced resources supplied by regional cooperation and given the need to provide a better response to the dynamic epidemic, 2019 saw the development of a major movement in the region for the adoption of new HIV prevention strategies such as PrEP. Several countries in the Americas-Caribbean region have joined this movement, as well as PFAC organizations.

The efforts of these organizations over the year yielded the following results:

1. **In Bolivia,**
   with IDH, a PrEP pilot project was approved and launched.

2. **In Guatemala,**
   a project for free PrEP for MSM was launched with the participation of the Colectivo Amigos Contra El Sida, thanks to funding from the Global Fund.

3. **In Ecuador,**
   based on the advocacy work of Kimirina, the Treatment Guide was approved as public health policy, and PrEP is a component of this guide.