FOCUS ON ITS GEOGRAPHIC PLATFORMS IN 2020 - COALITION PLUS
An international union of community-based NGOs fighting AIDS and viral hepatitis founded in 2008, Coalition PLUS currently encompasses 16 member organizations operating in 52 countries and working with some one hundred partner organizations. 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 (Community-based research, Advocacy, Capitalization and Knowledge, Administration and Finance, Capacity-building), the six sub-regional Platforms contribute to Coalition PLUS’ goal of strengthening the capacities of its members and partners while creating forums for the sharing of knowledge and expertise.

In place since 2014, the Platforms serve as an innovative sub-regional cooperation mechanism in order to consolidate the role of community-based associations in national responses, but also at regional and international level.

The six Coalition PLUS Platforms are now networks composed of community-based associations in the AIDS response, run by Coalition PLUS member associations in their 6 respective regions: Maghreb, West Africa, Central and East Africa, Indian Ocean, Americas-Caribbean and Europe. The Platforms’ activities revolve around three implementation components: strengthening of health programs and services dedicated to key populations, support for advocacy and support for community-based research.

THE COALITION PLUS NETWORK

52 COUNTRIES

100+ PARTNER ASSOCIATIONS

16 MEMBER ORGANIZATIONS

OUR VALUES

INNOVATION

NON-JUDGMENT

SOLIDARITY

RESPECT FOR DIVERSITY
OFFICES
Brussels (Belgium)
Dakar (Senegal)
Geneva (Switzerland)
Pantin (France)

MEMBERS
100% LIFE, Ukraine
AIDES, France
ALCS, Morocco
ANCS, Senegal
ANSS, Burundi
ARAS, Romania
ARCAD Santé PLUS, Mali
COCQ-SIDA, Canada (Quebec)
Fundación Huésped, Argentina
GAT, Portugal
Groupe Sida Genève, Switzerland
IDH, Bolivia
Kimirina, Ecuador
Malaysian AIDS Council, Malaysia
PILS, Mauritius
REV$ PLUS, Burkina Faso

OUR GEOGRAPHIC NETWORKS
COUNTRIES COVERED AND PARTNERS
WEST AFRICA PLATFORM
Benin (BESYP, Racines),
Burkina Faso (ALAVI, REV$ PLUS),
Côte d’Ivoire (Espace Confiance, Lumiére Action, RSB, Alternatives CI),
Guinea Conakry (ASFEGMASSI),
Mali (ARCAD Santé PLUS, AKS, Wale),
Niger (MVS, Songes),
Senegal (AIDES Sénégal, ENDA Santé, ANCS),
Togo (ACS, AMC, EVT)

CENTRAL AND EAST AFRICA PLATFORM
Burundi (ANSS),
Cameroon (AFASO, Affirmative Action, AFSUPES, Alternatives Cameroun, Colibri, Humanity First, Positive Generation),
Congo–Brazzaville (AJPC, RENAPC),
Central African Republic (ANJFAS),
Democratic Republic of Congo (PSSP, Fondation Femmes PLUS, RENOAC, UCOP+),
Rwanda (ANSP+, We Act For Hope),
Chad (ACCPVV, ADN, ASEPVV)

AMERICAS-CARIBBEAN PLATFORM
Argentina (Fundación Huésped),
Bolivie (IDH),
Canada (COCQ-Sida),
Colombia (Red Somos),
Département français d’Amérique (AIDES),
Ecuador (Kimirina),
Guatemala (CAS)

EUROPE PLATFORM
Belgium (Ex Æquo),
France (AIDES),
Portugal (GAT),
Romania (ARAS),
Switzerland (Groupe sida Genève),
Ukraine (100% Life)

MENA PLATFORM
Algeria (APCS, ANISS),
Lebanon (MARSAA),
Morocco (ALCS),
Mauritania (SOS Pairs Educateurs),
Tunisia (ATL–MST/Sida–Tunis, ATP+)

INDIAN OCEAN PLATFORM
Comoros (Sida Espoir, TAS),
Madagascar (AINGA AIDES, AFSA, ASM, SISAL, Solidarité LGBT),
Mauritius (PILS, AILES, CUT, Parapli Rouz),
Mayotte (Fahamou Maecha),
Réunion (RIVES, Ravenne OI),
Rodrigues (Avek Ou),
Seychelles (LGBTI Sey)

OUR THEMATIC AND LINGUISTIC NETWORKS
AGCS PLUS
Algeria, Benin, Burkina Faso, Burundi,
Cameroon, Côte d’Ivoire, Mali, Morocco, Senegal,
Togo, Tunisia

HEPATITIS C
Brazil, Colombia,
India, Indonesia, Morocco,
South-East Asia

RIGHT PLUS
Bolivia, Brazil, Chile, Spain,
Guatemala, Mexico, Peru,
Portugal

LUSOPHONE NETWORK
Angola, Brazil, Cape Verde,
Guinea-Bissau,
Mozambique, Portugal,
Sao Tomé and Principe,
East Timor
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FOCUS ON ITS GEOGRAPHIC PLATFORMS

EDITORIAL

By Bintou Dembele-Keita, Amira Herdoïza, Naoual Laaziz, Patricia Rwimo and Annette Ebsen Treebhoobun
Coalition PLUS Platform Coordinators and Administrators

In the face of the new COVID-19 pandemic that has affected all populations and deeply disrupted our societies, 2020 was a particularly demanding year but also a motivating one for our 6 geographic platforms encompassing 75 community-based organizations in the AIDS response on three continents.

Today, we have all arrived at the same conclusion. Health systems have been severely tested, to the point of saturation in some countries. Faced with the health emergency, the fight against AIDS has been pushed to the sidelines. The key populations who often make a living from the informal economy have particularly suffered. As for community-based associations, their prevention, support and treatment activities have been critically endangered and remain so still.

We know that in many contexts, the fragility of the health systems makes community-based treatment of HIV essential, and even vital. We also know that our Platforms constitute the main reinforcement levers for both community-based programs and the actors that implement them in their geographic zones. They now have a decisive role to play in the COVID-19 response. They have been an important catalyst for our community mobilization.

In record time, they have managed to identify and centralize the most urgent needs so that our Secretariat is able to reallocate our financial means as appropriate with the agreement and backing of our financial partners like the French Development Agency (AFD), the Robert Carr Fund, Unitaid and the Expertise France L’Initiative.

A €1.4 million contingency fund was consequently created as of March 2020 both for the Coalition PLUS member associations and the Platforms’ partner associations. More than 30 organizations in 20 countries have benefited from the fund. These financial resources have made it possible to adapt their services, to protect their health workers and their beneficiaries and to protect the community-based care continuum.

This capacity for resilience has also been seen in the exceptional mobilization of the Platforms and their partners during the first edition of International Testing Week last November. They were able to make it a large-scale regional event in the Maghreb, West and Central Africa, Europe, Latin American and the Indian Ocean.

Despite the difficulties connected with COVID-19, the Platforms have also continued to consolidate and promote community-based expertise in the AIDS response. The Central and East Africa Platform has been actively involved in these issues with the support of its Congolese partner RENAPC and through the production of a regional guide on the community-based contribution to the AIDS response in fragile states.

All of these high points and these extraordinary activities that have marked 2020 are set out in detail in the different chapters of our annual report. Based on our global activity report, this synoptic and educational document aims to provide a better understanding of our work within the Coalition PLUS network. We hope you enjoy reading it.
THE PLATFORMS IN ACTION IN 2020
COVID-19: A CONTINGENCY FUND TO MAINTAIN THE COMMUNITY-BASED TREATMENT CONTINUUM

The Platforms’ activities were suspended in the six sub-regions they cover as soon as the World Health Organization declared the COVID-19 health crisis a pandemic in March 2020. The technical support provided by the Coalition PLUS Platforms generates international travel and gatherings, which is why it was the responsibility of Coalition PLUS, as a healthcare association, not to contribute to the spread of the epidemic nor to expose community-based workers to COVID-19 even though they play a key role in the global care continuum for key populations.

While capacity-building activities were suspended, the health services dedicated to key populations that the Platforms seek to reinforce or create were also affected as social distancing measures and total or partial lockdowns were put in place by States.

Community-based testing activities, from referral to care to retention in care and the sexual health of key populations and people living with HIV, cannot be sustained if community-based actors do not have the resources and tools needed to ensure the continuum of services while preventing the spread of COVID-19. Furthermore, in already fragile socio-economic contexts where populations such as men who have sex with men, transgender and people who inject drugs are marginalized and forced to survive from one day to the next on informal economic activities, lockdown and social distancing measures have further deteriorated their living conditions.

Coalition PLUS conducted a broad-based campaign to reallocate its financial resources with the agreement and backing of its financial partners. Although Coalition PLUS’ activities were suspended, the private donors to Coalition PLUS, the French Development Agency (AFD), the Robert Carr Fund, Unitaid and the Expertise France L’Initiative supported this large-scale operation that reached €1.4 million and that benefited members and partners in some fifty countries covered by the network. This operation was broken down according to the three strategic objectives set forth below, regardless of the origin of the funding:

1. Maintaining a minimum HIV prevention service package for key populations.
2. Maintaining a minimum psychosocial support and treatment service package for people living with HIV.
3. Responding to the life-threatening, food, economic and treatment emergencies of key populations and people living with HIV.

These objectives were set out based on the needs identified by the actors in the network and in line with the community-based approach. The aim was naturally to adapt the activities to the context of the pandemic so as not to expose actors and beneficiaries, but above all to protect HIV services so as to contain a possible epidemic recurrence.

Maintaining a minimum prevention service package

In order to maintain the prevention service continuum in contexts marked by social distancing measures, curfews and a lockdown of the population, interventions had to be adapted and online activities reinforced.

These interventions are carried out on community-based dating sites or via social networks and take the form of a counseling session in which the person can talk anonymously about their sexual practices or product use. In the current health context, they also covered the sharing of information on COVID-19, the promotion of barrier measures and the link between HIV and COVID-19.

On-site prevention activities at premises were able to be continued as long as the associations put in place dedicated circulation systems to ensure social distancing and individual reception. Lastly, the prevention activities carried out off site were also adapted using the same individualization process, placing the priority on home visits and door-to-door.

PREVENTION ACTIVITIES

**VIRTUAL**

- **5,841** beneficiaries reached
- **533** sessions organized

**FACE-TO-FACE**

- **450** outreach activities maintained
- **43,000** beneficiaries reached
- **300** activities on associations' premises
Despite the social distancing, curfew and lockdown measures, the associations were able to maintain connections with people living with HIV in order to prevent potential breaks in the care continuum by continuing their community-based care activities. While over 1,000 community-based care activities were able to be maintained on association premises, the number of home visits literally exploded, reaching 6,087. The constraints caused by the health context have thus accelerated task shifting through community-based provision of antiretroviral drugs (ARV).

A long-standing demand from Coalition PLUS, community-based provision of ARV enables non-medical staff to routinely distribute the equivalent of three to six months of ARV to people living with HIV (previously registered in a medical care pathway). In contexts where there is one doctor for 10,000 inhabitants, as in Mali, and where medical care is not entirely decentralized, community-based provision avoids long journeys to treatment centers while also relieving pressure on them. Other than unburdening health systems, community-based provision also produces interesting results in terms of adherence by encouraging peer-based education.

But community-based provision of ARV is not always incorporated into national AIDS response strategies and can even be met with hostility from those who advocate a doctor-centered approach to HIV treatment. In Mauritius, where community-based provision of ARV was not practiced, an informal agreement between the community-based associations and the Ministry of Health sped up its adoption in order to ensure the provision of ARV to people living with HIV during lockdown. Likewise, in Morocco, as soon as lockdown was announced, the ALCS contacted the Ministry of Health to put in place an ARV dispensation circuit thanks to therapeutic and social mediators.

The COVID-19 contingency fund also allowed greater means of communication to be granted to associations in order to carry out support activities by phone. These activities meant that people could be reminded of the due date for their biological tests or medical appointments, or made it possible to simply check in in order to break the isolation linked to curfew or lockdown measures and to alleviate mental distress.

Reducing the potential proportion of patients lost to follow-up was a top priority. Which is why the associations strengthened their psychosocial support system and were able to reach 15,514 beneficiaries.
Responding to life-threatening, food, economic and treatment emergencies

The associations wanted first of all to equip their active list with the means to protect themselves against the pandemic. Which is why 11,421 hygiene kits were distributed to those most vulnerable. Secondly, 7,560 food kits were distributed. And lastly, emergency financial aid was used to help 6,923 of the most disadvantaged beneficiaries. The associations also had the possibility to provide financial support to people living with HIV in the form of transportation allowances so that they could travel to biological testing appointments. This measure concerned 2,474 beneficiaries.

The coronavirus pandemic, and above all the curfew, lockdown and social distancing measures implemented by States to stem it, have placed key populations at risk and particularly those who make a living from the informal economy like transgender people. Hence the almost 25,000 beneficiaries of direct aid.

The Platforms are covered by two program agreements (PAs) which receive 60% of their funding from AFD. These program agreements are designed to strengthen Coalition PLUS and the Platforms in the role as international actors in the HIV response. As such they are their main developmental projects. The financial support of the Robert Carr Fund (RCF) is consistent with the PAs and notably reinforces the Platforms’ advocacy work.

With the outbreak of the COVID-19 pandemic, AFD and the RCF were quick to realize the need to protect community health services and allowed for the reallocation of a total amount of €800,000 as part of the contingency fund put in place by Coalition PLUS. Coalition PLUS’ own funds were also mobilized to supplement this initial amount and add to the contingency fund.

Note 2. See p.24: The Platforms’ financial partners
FOCUS ON ITS GEOGRAPHIC PLATFORMS

Since 2017, the MENA, West Africa and Indian Ocean Platforms have been reinforcing or contributing to the creation of differentiated health services in ten countries as part of the “Access to quality health services for key populations” project. Although the project made an immeasurable difference to increasing the volume, quality and accessibility of community health services, the outbreak of the COVID-19 pandemic threatened to undermine these efforts. On that account, L'Initiative granted Coalition PLUS additional funding of €223,287.60 in order to protect them.

On the whole, the associations involved in the project were able to continue their activities, despite the impacts. With almost 8,600 people tested, screening recorded a fall of over 50% due to the various lockdowns and curfews which made it impossible to deploy an outreach strategy. Shortages of screening inputs were also identified in Mauritius and Cameroon, for example, due to the slowdown in the global economy.

Nevertheless, the positive result rate remained particularly high, notably among men who have sex with men in West Africa (approximately 16%) and people who inject drugs in Mauritius (approximately 14%). The number of beneficiaries of sexual health services was registered at 6,918, i.e. a 20% decrease.

At the same time, although associations saw their off-site activities drastically reduced, their active lists of people living with HIV were bolstered by the development of community-based provision of ARV and all activities aimed at pre-empting any drop-out from the care continuum. The potential impact on the epidemiological dynamic must therefore be kept under close surveillance.

Maintaining the services of the “Access to quality health services for key populations”, project supported by L'Initiative
ADVOCACY TECHNICAL SUPPORT

In 2020, the array of capacity-building activities implemented by the Platforms gradually expanded to reinforce the strategies put in place by their partners to influence public health policies. Technical support for advocacy therefore launched three initiatives within the MENA, Americas-Caribbean (Plateforme Amériques-Caraïbes, PFAC) and Central Africa Platforms (Plateforme de l'Afrique centrale et de l'Est, PACE).

Technical support for a partner’s advocacy: SOS Pairs Éducateurs in Mauritania, a partner of the MENA Platform, received assistance to structure its advocacy to include community-based testing in the national strategy and its scale-up;

Technical support for advocacy at sub-regional level: The PFAC and its partners supported access to PrEP and the protection of community-based services in the context of the announced or effective withdrawal of the Global Fund through the development of a joint position on the care for migrants in the sub-region;

Capitalization on best advocacy practices: The PACE received support in its efforts to capitalize on advocacy as part of the production of its guide on the contribution of community-based organizations to the AIDS response in fragile states.

In order to initiate a cross-cutting dynamic surrounding technical support for advocacy, these three examples of best practices were presented during an inter-Platform webinar held in July 2020 with a view to sharing them with all the Platforms while providing different perspectives.
THE PLATFORMS’ CONTRIBUTION TO INTERNATIONAL TESTING WEEK

From November 23 to 29, 2020, Coalition PLUS launched the first edition of International Testing Week, put in place around the world thanks to the Platforms and their partners. Although established within a framework of joint mobilization, the Coalition PLUS members and partners were able to adapt the event to their own goals according to the priorities of their national context.

The first level of mobilization, cross-cutting across all the associations, was the promotion of testing for vulnerable people. On the scale of the Platforms and their partners, 14,000 people were tested. As part of this drive, some associations like the ANSS in Burundi, Alternatives Cameroun and EVT in Togo, expanded their HIV testing to sexual health (cervical cancer, genital STIs) and viral hepatitis. Along the same lines, the Latino-American associations Kimirina in Ecuador and CAS in Guatemala promoted the diversity of testing channels, particularly self-testing. Although primarily targeting key populations, the participating associations also wanted to reach a wider audience by organizing some fifteen mass communication campaigns through local and national media, as well as some twenty major events such as open days.

The second key level of advocacy-related mobilization is broken down into two parts: The valorization of community-based actors and their contribution to testing efforts, as was the case for the MENA Platform that held a dedicated sub-regional webinar. The ALCS also ran training for 18 peer educators in community-based testing.

Raising awareness among political and health authorities of the importance of implementing differentiated strategies and of the operationalization of task shifting, encompassing testing and community-based provision of ARV. A dozen advocacy events, round tables and actions to influence public policy were thus put in place.

The first mobilization on an international scale, National Testing Week also contributed to fostering the feeling among the Platform partners of belonging to the wider social movement that is Coalition PLUS, regardless of their geographic location.

**Notes**

1. 19 partner associations of the Platforms took part in International Testing Week in 17 countries of the 5 sub-regions (Cameroon, Congo, Burundi and DRC in Central Africa; Ecuador, Colombia and Guatemala in Latin America; Mauritius and Madagascar in the Indian Ocean; Morocco, Algeria, Mauritania and Tunisia in the MENA region; Mali, Benin, Togo, and Niger in West Africa).
2. See “The MENA Platform: working to promote testing”, p. 23
PROMOTION OF COMMUNITY-BASED EXPERTISE

CAPITALIZING ON COMMUNITY-BASED EXPERTISE

The PACE guide on the community-based contribution to the AIDS response in fragile states

The Platforms constantly capitalize on their respective areas of community-based expertise, as was the case of the PFAO in 2019 with regard to the sexual health services of the MENA Platform in terms of combined testing and prevention in 2018. As part of this initiative, the PACE published a summary report to valorize the key role of community-based organizations and their contribution to the HIV response in fragile states in Central and East Africa.

More than one hundred methodological tools developed by the Platforms have been incorporated into this toolkit, divided into four main topical areas:

- **Coordination of the Platforms**: network coordination, governance, fundraising strategy, strategic planning tools;
- **CB methodology**: capacity-building needs analysis, community structuring, project methodology, CB monitoring arrangements;
- **Community-based expertise**: strengthening of prevention services dedicated to KPs, treatment services for people living with HIV;
- **Advocacy technical support**.

Platform toolkit

Capitalization was the subject of cross-cutting work among the six Platforms to enhance the recognition of the Platforms as the bedrock of community-based expertise. Five years after their creation, the Platforms have developed a large body of methodological tools as well as expertise in capacity-building (CB).

Based on these tools, two goals were set in terms of capitalization:

- **Internally**, encourage the sharing between Platforms of the expertise developed;
- **Externally**, highlight the specific expertise and success stories of the Platforms.

Valorize the key role of community-based organizations and their contribution to the HIV response in fragile states in Central and East Africa.

This toolkit is online and available at any time to the Platform coordination teams, who can add to it with new tools developed. Furthermore, the toolkit helps identify the Platforms’ consolidated expertise and areas to develop.

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**Note 5.** See “Central and East Africa Platform: Recognition of community-based expertise”, p. 18
FOCUS ON ITS GEOGRAPHIC PLATFORMS

RECOGNITION OF COMMUNITY-BASED EXPERTISE

Positioning of the PACE on Channel 1 (Technical Assistance) financed by L’Initiative regarding RENAPC in Congo

In 2020, RENAPC submitted the project “Strengthening HIV prevention among key populations (MSM, SW) in the Republic of Congo” to L’Initiative under Channel 2. While accepting to support this project, L’Initiative suggested positioning the PACE so as to reinforce RENAPC in its project backing through a series of technical support aids, both program-based (psychosocial support) and structural (organizational review, financial management).

This support was launched in 2020 and will be continued in the first half of 2021.

Working group on sexual health services led by ARCAD Santé PLUS and the PFAO

A Coalition PLUS in-house working group on sexual health services was established under the impetus of ARCAD Santé PLUS as part of the publication of the PFAO regional guide in December 2019. This group of experts aims to document and valorize the different sexual health services dedicated to key populations in the Coalition PLUS network, to pool practices and to build the capacities of members who feel the need.

What’s more, the Platforms published their first Annual Report which condenses the main results of 2019 in terms of strengthening community-based testing, sexual health services and psychosocial support programs.

Pooling best practices

Note 6. See “Central and East Africa Platform: Recognition of community-based expertise”, p. 18
FOCUS ON THE KEY RESULTS OF THE PLATFORMS
RECOGNITION OF COMMUNITY-BASED EXPERTISE

In 2020, Coalition PLUS decided to promote the participation of experts from its members in international expert missions. Within this framework, Coalition PLUS was selected by the Global Fund CRG (Community, Rights and Gender) team for inclusion in the CRG expert review panel to work on expert missions.

At the same time, the PACE was identified by the Expertise France L'Initiative to provide a series of technical support measures to RENAPC, its Congolese partner, as part of the backing of a large-scale combined prevention project (including testing) currently in implementation, and access to PrEP in pilot format. The aim of the PACE is therefore to reinforce the national Congolese network with regard to financial management and the backing of an extensive psychosocial support program.

These missions, initiated in 2020 and continuing into 2021, follow on from a training course for RENAPC workers in community-based testing. The PACE also assisted Congolese associations in putting in place advocacy for task shifting to community-based actors, which resulted in the AJPC, a member of RENAPC, being the first Congolese association to receive authorization for community-based provision of ARV. At a sub-regional level, panels of community-based experts from member associations of the Platforms were established. These experts were mobilized as part of the technical support provided by the Platforms and subsequently encouraged a cross-cutting approach and pooling between actors within a sub-region.

In 2020, the PACE was also able to capitalize on its community-based expertise by publishing its first regional guide on the community-based contribution to the AIDS response in fragile states\(^9\). Indeed, the structural fragility of some States results in conflicts, insecurity, and severe shortcomings in public health policies. This particularly concerns the Central Africa sub-region which encompasses four countries covered by the PACE (Burundi, CAR, DRC and Chad) in situations of extreme fragility and two fragile countries (Congo and Cameroon), according to the definition given by the Organisation for Economic Co-operation and Development\(^10\). Given this context, the fight against HIV is more often than not pushed to the sidelines.

Which is precisely why associations must continue to adapt their operations, to demonstrate resilience and to work to ensure that comprehensive treatment of HIV and vulnerable populations remains a public health priority. The PACE guide thus provides a means of documenting the capacity of community-based organizations to reinvent themselves in these difficult circumstances.

Thanks to the “Platforms” program agreement supported by AFD, the Platforms are able to respond to health and security emergencies concerning key populations brought to their attention by their partners. They can also foster the development of differentiated health services among their partners by supplying the necessary equipment not covered by international donors. In 2020, the PACE supported its Cameroon-based partners Humanity First and Alternatives Cameroun through two levers and with regard to sexual health demands. In January 2020, Humanity First was able to add tailored equipment to its sexual health center (anoscope, examination table, electrosurgical devices, etc.) to optimize its treatment of STIs. Alternatives Cameroun also drew on the “Platforms” contingency fund in April 2020 to cover ten cases of complex STIs identified within its active list.
ADAPTING COMMUNITY-BASED ACTIVITIES TO THE PANDEMIC AND COERCIVE MEASURES

In most countries in West Africa, the first cases of COVID-19 were identified in March 2020. To stem the spread of the virus, the West African States all adopted coercive measures, such as issuing decrees of a health state of emergency, curfews, the closure of places of worship, schools and universities, suspension of workshops and conferences, and finally the closure of land and air borders for all countries in the sub-region.

This situation naturally had an impact on HIV treatment, insofar as medical staff were mobilized to combat COVID-19.

Likewise, serious disruptions were noted throughout the HIV care and treatment continuum:

- Fall in outreach strategy testing activities;
- Lack of availability of some inputs (notably for testing) against a backdrop of a global economic slowdown;
- Lack of availability of carers and medical technicians (biologists, for example), mobilized to combat COVID-19;
- Discontinuation of certain community-based care activities, such as community meals and group treatment education, and adaptation or development of some “peer-to-peer” activities like home visits;
- Increased fragility of key populations making a living from the informal economy, notably trans people, and the development of emergency aid for vulnerable groups.

In this context marked by curfew, the PFAO partners continued their day-time prevention interventions on their premises. Additionally, the ban on gatherings and the limitation of public transport services like motorcycle taxis had an impact on the implementation of outreach activities, which were still run during the daytime. But the inability to travel at night affected the targeting of community-based interventions which are usually run in the evening, in favor of primary prevention activities.
The health crisis severely tested the associations and threatened to undermine community-based efforts in the fight against HIV.

Thanks to the contingency fund put in place by Coalition PLUS, community-based organizations were able to provide an early and tailored response starting with the provision of resources allowing community-based workers to be equipped with prevention equipment in advance. Community-based organizations were able to adapt their HIV prevention and care strategies to the social distancing, curfew and lockdown restrictions. Some remote working methods were favored and developed, like virtual prevention activities and phone-based psychosocial support, so as not to lose contact with beneficiaries. Lastly, they provided food and hygiene kits as well as emergency aid to cope with the instability that constantly threatens key populations and people living with HIV in the informal economy.
The South American continent was one of the regions hit hardest by COVID-19, to the point that the pandemic is threatening national efforts to combat HIV. Which is why the PFAC conducted a widespread regional consultation from May 27–29, 2020 to provide a critical analysis of national HIV responses in Latin America and the Caribbean and to measure the impact of the COVID-19 pandemic, in consultation with ITPC-LACTA (the International Treatment Preparedness Coalition – Latin American and the Caribbean).

Indeed, Latino-American countries have concentrated their efforts on combating the spread of the pandemic in order to prevent health systems from crumbling due to saturation. But by establishing these priorities, civil society groups in the AIDS response in Latin America fear that a downward spiral will take hold and will result in HIV prevention, care, and treatment being overlooked, at a time when most countries in the zone have suspended medical appointments as well as referral to treatment for newly diagnosed people living with HIV. Many people no longer have access to HIV testing, and people living with HIV, for the most part, have stopped collecting ARV from health centers due to fears of contracting COVID-19.

In this context, the shutdown of HIV prevention, care and treatment services not only slowed progress in countries regarding the care cascade and continuum, but also the chances of achieving the UN’s 90-90-90 goal.

The PFAC organized three meetings via a virtual forum, each dedicated to a zone in the region: the Andean region (Ecuador, Bolivia, Peru and Venezuela), Central America and the Caribbean (Guatemala, Salvador, Dominican Republic, Mexico and the French Departments of America) and the Southern Cone (Argentina and Brazil). During these meetings, civil society actors discussed the situation in their respective countries in the presence of institutional representatives. Following these meetings that brought together 50 participants, the consultation was brought to a close with a series of recommendations for the political and health authorities in the zone.
As part of International Testing Week and within a health context that prohibited gatherings, the MENA Platform organized the regional webinar “Working to make community-based HIV and HCV testing more accessible to key populations in the MENA region” on November 20, 2020.

This event was attended by five countries: Algeria, Lebanon, Morocco, Mauritania and Tunisia. The primary goal was to plead the cause to the sub-regions' decision-makers in order to consistently incorporate community-based HIV and hepatitis C (HCV) testing, and to involve community-based associations in national HIV and HCV testing strategies.

70 participants (medicalized and community-based testing service providers, beneficiaries, heads of national HIV and viral hepatitis response programs, and institutional representatives) discussed the region's advances in terms of testing and the essential contribution of community-based testing in achieving the goal of eliminating HIV in 2030, including within the context of the COVID-19 pandemic.

In a social context marked by high levels of poverty and because the fight against COVID-19 starts with people washing their hands, SOS Pairs Éducateurs had the idea of installing public street fountains in the Lekreiga in cooperation with the national water company, Nouakchott city council and the prefecture. Water is a rare commodity in this neighborhood where the most disadvantaged key populations are concentrated: people are supplied by carts that sell 200-liter barrels at many times the regular price. This large-scale initiative will take place over several months, with the first phase already completed.

On a proposal from the national water company, a 1,200-meter pipe was built to run less than 60 meters from most households in the neighborhood. 60 households among the most vulnerable in the neighborhood will thus have a free connection to the water supply. Thanks to media coverage of the operation on social networks and Mauritanian news websites, the company Exxon Mobil approached SOS Pairs Éducateurs to propose a financial solution for the project amounting to USD 10,900, allowing another 90 households to be connected free of charge.
STRENGTHENING OF COMMUNITY-BASED CARE IN MAURITIUS

Although the State of Mauritius had declared a curfew, the associations PILS, AILES and CUT quickly obtained travel authorizations in order to continue their prevention efforts.

In parallel to the lockdown announcement, the syringe exchange program was also suspended. Yet CUT peer educators working in the field discovered that used syringe containers had been reopened by consumers, indicating a resurgence of risk-taking and therefore of infection. Which is why CUT resumed the syringe exchange program independently of the Ministry of Health as of April 2020. 4,822 people thus benefited from prevention services through 86 outreach activities.

The inter-association referral system between the four Mauritian associations in the AIDS response was reinforced. The health crisis linked to the outbreak of the COVID-19 pandemic contributed to promoting a more integrated approach in the fight against HIV. Community-based provision of ARV, for example, had not been incorporated into the national Mauritian strategy, yet it was one of the cornerstones of the activities carried out within the framework of the Coalition PLUS contingency fund in the country.

The Mauritian associations ran most of the community-based treatment activities from their premises. They were able to maintain a large number of activities thanks to the establishment of the low-threshold center Nou Vi La by PILS. In the context in Mauritius of a care cascade of 76.2%-48%-10.4% in 2019, the major gaps in the care continuum clearly concern the adherence to treatment of people living with HIV. Mauritian associations have long been sounding the alarm regarding this state of affairs and condemn stigmatizing practices notably targeting drug users, who make up the main component of people living with HIV in Mauritius, within care structures. Which is why PILS initiated the renovation of Nou Vi La to transform it into a community treatment center.
THEY SUPPORT US
THE PLATFORMS’ FINANCIAL PARTNERS
“ACCESS TO QUALITY HEALTH SERVICES FOR KEY POPULATIONS” SUPPORTED BY L’INITIATIVE

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

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

Based on a comprehensive care approach and on the “Test-Treat-Retain” strategy, the “Access to quality health services for key populations” project led by Coalition PLUS proposes to valorize, develop, strengthen and maintain health services, notably sexual health, for key populations.

**Program goals** Allow for effective treatment as of HIV-positive diagnosis for key populations in 10 countries (Test and Treat);

Promote sexual health services for key populations in 8 countries;

Create the conditions needed to maintain the services put in place.

“BETTER ACCESS TO RIGHTS-BASED, QUALITY HIV SERVICES FOR ISPS”, SUPPORTED BY THE ROBERT CARR FUND

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

**Content** Co-funding of program agreements 1 and 2, and in particular PA2 for the

1) coordination of decentralized advocacy and

2) implementation of health and rights advocacy activities components

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

“PLATFORMS” PROGRAM AGREEMENT, SUPPORTED BY AFD

**Members** Concerns the eligible members of the Coalition PLUS Platforms (PFMENA, PFAO, 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 and community structuring

“Program agreement n°1 Platforms”, supported by AFD, aims to strengthen the 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 AFD

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

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

Program agreement n°2 “Advocacy and community-based research”, supported by 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.
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