

**ANNUAL
ACTIVITY
REPORT**

2020

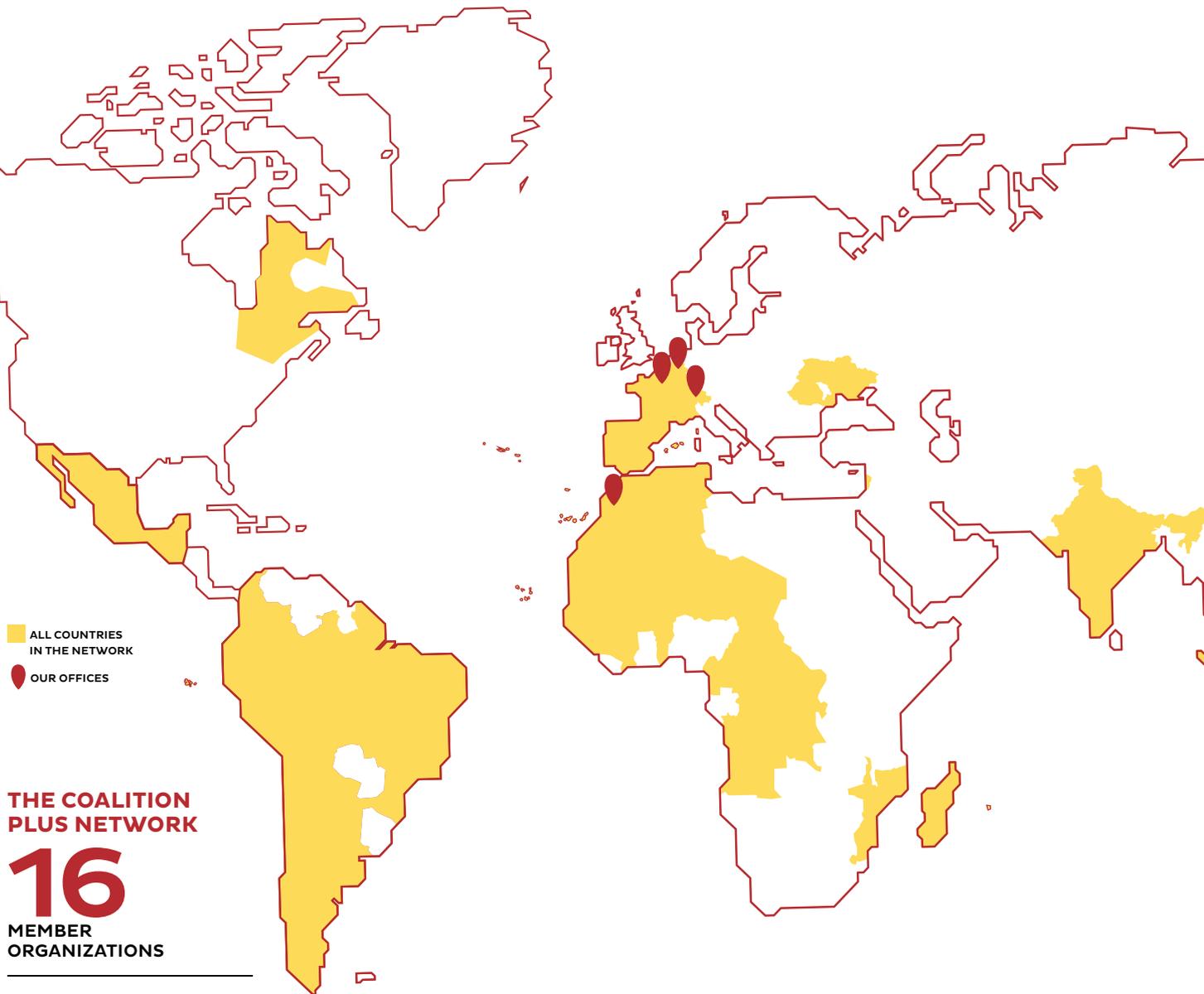


www.coalitionplus.org



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COALITION PLUS AROUND THE WORLD



THE COALITION PLUS NETWORK

16

MEMBER ORGANIZATIONS

4

CONTINENTS AND

52

COUNTRIES

+100

PARTNER ASSOCIATIONS

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 santé Genève,
 Switzerland
IDH, Bolivia
Kimirina, Ecuador
Malaysian AIDS Council,
 Malaysia
PILS, Mauritius
REVS PLUS, Burkina Faso

OUR VALUES



SOLIDARITY



**RESPECTING
DIVERSITY**



NON-JUDGMENT



INNOVATION

THE NETWORKS SUPPORTED BY COALITION PLUS

CENTRAL AND EAST AFRICA CAPACITY BUILDING PLATFORM

Burundi, Cameroon,
 Central African Republic,
 Chad, Democratic Republic
 of the Congo, Republic
 of the Congo, Rwanda

WEST AFRICA CAPACITY BUILDING PLATFORM

Benin, Burkina Faso, Côte
 d'Ivoire, Guinea, Mali, Niger,
 Senegal, Togo

AMERICAS-CARIBBEAN CAPACITY BUILDING PLATFORM

Argentina, Bolivia,
 Canada (Quebec),
 Colombia, Ecuador,
 French departments in the
 Americas (Guadeloupe,
 French Guyana, Martinique,
 Saint-Martin), Guatemala

EUROPEAN CAPACITY BUILDING PLATFORM

Belgium, France, Portugal,
 Romania, Switzerland
 (Geneva), Ukraine

MENA CAPACITY BUILDING PLATFORM

Algeria, Libya, Morocco,
 Mauritania, Tunisia

INDIAN OCEAN CAPACITY BUILDING PLATFORM

Comoros, France
 (Mayotte, Reunion),
 Madagascar, Mauritius
 (including Rodrigues
 Island), Seychelles

ALLIANCE GLOBALE DES COMMUNAUTÉS POUR LA SANTÉ ET LES DROITS (GLOBAL ALLIANCE OF COMMUNITIES FOR HEALTH AND RIGHTS) (AGCS PLUS)

Algeria, Benin, Burkina
 Faso, Burundi, Cameroon,
 Côte d'Ivoire, Guinea,
 Mali, Morocco, Senegal,
 Togo, Tunisia

ADVOCATING ACCESS TO MEDICINE TO FIGHT AGAINST HEPATITIS C (AGCS PLUS)

Brazil, Colombia, India,
 Malaysia, Morocco,
 South-East Asia

RESEARCH NETWORK OF QUESTIONS LINKED TO THE WELLBEING AND GLOBAL HEALTH OF GAY MEN, BISEXUALS, OTHER MSM, AND THE TRANSGENDER COMMUNITY IN LATIN AMERICA (RIGHT PLUS)

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

LUSOPHONE NETWORK

Angola, Brazil,
 Cape Verde, Guinea-Bissau,
 Mozambique, Portugal,
 Sao Tomé & Príncipe,
 Timor-Leste



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GLOSSARY OF ACRONYMS

DAA: Direct-acting antivirals (medicines used to treat hepatitis C)

ANRS: Agence nationale de recherche sur le sida et les hépatites (National Agency for Research on AIDS and Hepatitis) - autonomous Inserm agency

ARV: Antiretroviral treatments

CoNE: Community Network for Empowerment

DNP+: Delhi Network of Positive People

MSM: Men who have sex with other men

Inserm: Institut national de la santé et de la recherche médicale (National Institute of Health and Medical Research), the French public body focused on science and technology

STI: Sexually transmitted infection

MTAAG+: Positive Malaysian Treatment Advocacy and Access Group

OECD: Organization for Economic Co-operation and Development

WHO: World Health Organization

KP: Key populations

PEPFAR: President's Emergency Plan for AIDS Relief (international American government initiative to save and improve the lives of persons infected by or exposed to HIV/AIDS)

PrEP: Pre-exposure prophylaxis

RENAPC: Réseau national des associations des positifs du Congo (National Network of Associations for the HIV+ in Congo)

SESSTIM: Unité mixte de recherche Sciences économiques et sociales de la santé & traitement de l'information médicale (Joint Research Unit for Health Economics and Social Sciences & Medical Information Processing), based in France

AIDS: Acquired immunodeficiency syndrome

SW: Sex worker

DU: Drug user

IDU: Injecting drug user

HBV: Hepatitis B

HCV: Hepatitis C

HIV: Human immunodeficiency virus

A WORD FROM THE PRESIDENT



**The place of our
associations
in healthcare
systems must be
recognized by all
our States.**

Devastated by Covid-19, 2020 will have, more than ever, placed solidarity right at the heart of our commitment and fight to guarantee access to health for all. In the context of a major health crisis which has affected every part of the world, our member and partner associations have demonstrated their ability to adapt and innovate in order to pursue their commitments to prevention and care concerning the communities most vulnerable to HIV and hepatitis C. As a result of responding to the needs created by this crisis, 5,841 people have benefited from virtual prevention activities, 15,514 from remote psychological support, and 25,000 from humanitarian aid.

We owe this ability to adapt and innovate to the responsiveness of our communities who, historically, have always known how to mobilize and reinvent themselves in an emergency. But we also owe it to our financial partners such as L'Initiative, the French Development Agency, Unitaïd, as well as the Robert Carr Fund, which allowed us to create an emergency fund to help fight AIDS and viral hepatitis, and to ensure the survival of the most vulnerable. We thank them for their loyal support, which has allowed us to respond to health and humanitarian crises even before the States and international community could react.

A major positive impact has arisen from this crisis: the role of our community healthcare systems has proved to be more essential than ever. Even during a serious health crisis, which has caused elevated levels of anxiety and uncertainty, we reach those whom public healthcare systems cannot.

It is time for the place of our associations in healthcare systems to be recognized by all our States. It is also time for international organizations to no longer consider us as simple service providers but as key players with a significant role to play in the healthcare system. The elimination of AIDS and viral hepatitis will not happen without the participation and knowledge of the most exposed communities. We will continue to demonstrate our community expertise and our ability to innovate for the wellbeing of all. ■

In solidarity,

Prof. Hakima Himmich
President of Coalition PLUS

OVERVIEW

TOTAL BUDGET

13

MILLION EUROS

(of which €9.1 million is for Coalition Internationale Sida)

HUMAN RESOURCES

91

EMPLOYEES

PROGRAMS

17

IN PROGRESS supported by

8

PRIVATE AND PUBLIC BODIES

FRENCH DEVELOPMENT AGENCY

- ◆ Community involvement across 5 regional platforms supporting associations working to fight HIV/AIDS in the regions of the Maghreb, West Africa, Central and Eastern Africa, Indian Ocean, Latin America
- ◆ Multi-country advocacy and community research program in Morocco, Mali, Burundi, Republic of Mauritius, Burkina Faso, Cameroon, Côte d'Ivoire, and Ecuador

ANRS

- ◆ Assessment of the short and medium-term effects of a capacity-building program for women living with HIV in Mali, around the question of sharing serostatus
- ◆ Access to pre-exposure prophylaxis for men who have sex with other men: study on the acceptability and feasibility in community-based clinics in West Africa
- ◆ Exploratory and descriptive multi-country study, aiming to identify the determinants of HIV and the sexual health needs of sex workers born male and offering their services online

EXPERTISE FRANCE

- ◆ Access to PrEP for women: development and implementation of a modifiable community intervention adapted to women exposed to HIV in Mali, Morocco, and Mauritius
- ◆ Access to quality healthcare services for key populations
- ◆ Community response for access to care and rights for key populations in 7 francophone African countries "Responders: the voice of key populations"
- ◆ Community HIV cascade: improvement in the impact of the contribution of the community to the access of treatment and maintenance in the care of key populations



THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA - COMMUNITY, RIGHTS AND GENDER INITIATIVE

- ◆ Short-term technical assistance for civil society and communities

ROBERT CARR FUND

- ◆ For better access to quality HIV services, and based on rights for the most vulnerable populations

INSTITUT BOUISSON BERTRAND

- ◆ Access to pre-exposure prophylaxis for men who have sex with other men: study on the acceptability and feasibility in community clinics in West Africa

VILLE DE PARIS

- ◆ Treatment of STIs/HIV, hepatitis, and sexual and reproductive health among vulnerable groups across Senegal, Guinea-Bissau, and the Gambia
- ◆ Sexual health measures for key populations and people living with HIV in Ecuador
- ◆ Access to sexual health and rights for MSM and vulnerable women (SW, migrants, and rural women) in Algeria
- ◆ Program to reduce risks among people who use drugs in Madagascar

NEW VENTURE FUND FOR GLOBAL FUND ADVOCACY

- ◆ Encouraging the President of France to lend his support to the 6th Global Fund to Fight AIDS, Tuberculosis and Malaria Conference in 2022





OUR PRIORITY AXES

As soon as Covid-19 became a global threat, our absolute priority was to give our members and partners the means to guarantee access and continuity of care to their beneficiaries. As a network of communities fighting AIDS and viral hepatitis, this constitutes our fundamental mission.

As such, we succeeded in setting up an emergency fund of 1.5 million euros and starting up a community research project to evaluate the impact of the health crisis on community health systems.

We also implemented strategic activities, unrelated to Covid-19, such as developing knowledge management within the network and launching the first edition of the International Testing Week.

OUR MOBILIZATION AGAINST COVID-19

EMERGENCY FUND OF 1.5 MILLION EUROS TO MAINTAIN THE CONTINUATION OF COMMUNITY SERVICES

While the capacity-building activities have been suspended from March onwards, health services dedicated to key populations have also been impacted by government measures concerning social distancing, and full or partial lockdowns.

In fact, community activities could not be conducted with the means or tools necessary to ensure at least the continuation of services, all while ensuring prevention of the spread of the virus. Additionally, in already fragile socioeconomic situations where men who have sex with men, transgender people, sex workers, and people who use drugs are marginalized and

forced to live off casual economic activity, the health measures worsened their living conditions even more.

To combat this situation, Coalition PLUS has undertaken a large campaign to reallocate its financial resources, with the agreement of the Board of Directors, and the support of its private donors and its main financial partners (L'Initiative, French Development Agency, Unitaid, the Robert Carr Fund). This effort has allowed to raise 1.5 million euros for emergency funds deployed to face this unprecedented crisis. ■



"In the capital, Quito, we quickly adapted to social distancing and lockdown. We implemented telemedicine to maintain a close link with our communities and continue to respond to their needs. The key is not to believe that technology is the answer to everything! Humans are still central, and support from community agents is fundamental to create new links between doctors and patients."

Amira HERDOIZA
Executive Director of Kimirina (Ecuador),
Vice-President of Coalition PLUS



© Malaysian AIDS Council



OBJECTIVES

To guarantee the continuation of comprehensive HIV care services for key populations and people living with HIV or viral hepatitis, the Coalition PLUS emergency fund has 3 specific objectives:

- ◆ To maintain a minimum package of HIV/HCV prevention services for KPs
- ◆ To maintain a minimum package of psychosocial support and therapeutic care for people living with HIV/HCV
- ◆ To respond to life-threatening, food, economic, and therapeutic emergencies affecting KPs and people living with HIV/HCV

These objectives were defined based on needs observed by the key players in the network, according to the principles of the community approach. It was certainly a question of adapting activities to the context of the pandemic so as not to expose professionals and beneficiaries to contracting Covid-19, and above all to protect HIV and HCV services. ■

RESULTS

Emergency humanitarian aid

25,000
beneficiaries

Distribution of

7,560
food baskets

Distribution of

11,420
hygiene kits

Distribution of transportation allowances

2,474
beneficiaries

Distribution of emergency financial aid

6,923
people

Virtual prevention activities

5,841
beneficiaries

Remote psychological support systems

15,514
beneficiaries



“No matter if it is fighting against SARS-CoV-2, HIV, or viral hepatitis, it is not only about testing, but also about supporting and informing, while avoiding any discrimination or judgment. Our community testing approach is all the more necessary today as we see an accumulation of vulnerabilities within our key populations, who have been very severely affected by the economic and social consequences of the health crisis.”

Mehdi KARKOURI
President
of ALCS (Morocco),
Board Member
at Coalition PLUS





STIC PROGRAM: EVALUATING THE IMPACT OF THE COVID-19 PANDEMIC IN THE COMMUNITY

To evaluate the impact of the Covid-19 health crisis in the community, the Coalition PLUS Community Research Laboratory has initiated a series of coordinated surveys within the STIC¹ program. In light of existing data, it is important that research projects in the field of HIV take responsibility for producing these at the level of key populations, community health workers, and community organizations. This data will allow us to identify needs, and take appropriate decisions to implement HIV services in the context of Covid-19. This data will also be essential to supporting national and international advocacy, so that key HIV populations are not forgotten about in public responses to not only during the current health crisis, but also in the future.

Crisis makes innovation, creativity, and a certain flexibility in methods necessary, while maintaining high standards. The fight against HIV has never ceased to be a field for innovation in prevention,

patient care, the way in which patients in the care process participate in research, and the development of community research. The health crisis caused by Covid-19 revises this need of methodological innovation and good practice in the field of HIV. The STIC program is one such example.

A working group comprising partner research laboratories (Santé Publique France, INSERM, AP-HP, Public Health England, Faculdade de Ciências Médicas da Santa Casa de São Paulo), and key members coordinating geographical platforms (ARCAD Santé PLUS in Mali, ALCS in Morocco, AIDES in France, PILS in Mauritius, Kimirina in Ecuador, and ANSS in Burundi) has been created to support the implementation of the program and reflect on methodological challenges. ■

NOTE 1: STIC: Surveys to evaluate the impact of the Covid-19 health crisis in the community

AT THE END OF 2020, THE STIC PROGRAM REPRESENTS



100+

surveys conducted, in progress, or in project
(“quantitative” surveys by questionnaires and “qualitative” surveys by individual interviews)



32

bodies or associations
members or partners
of Coalition PLUS included



**Around 30 countries
of intervention on 5 continents**
(Africa, South America, Central America, North America, Asia, Europe, and the Middle East)



Tools developed in 8 languages
English, Arabic, Catalan,
French, Spanish, Malaysian,
Portuguese, Romanian



100+

people involved
in conducting STIC surveys,
and around



50

people directly trained
by the Coalition PLUS Community
Research Laboratory

Initial results from the surveys
in France, Morocco, and Romania

MODIFIABLE SURVEYS DEPENDING ON THE FIELD

Collection of data by
mixed methods (questionnaires
and/or interviews)

Handover depending on health
constraints (face-to-face,
Internet, WhatsApp...)

Possibility of choosing
between 15 question modules
(thematic and/or populational)

Ability to include certain
questions relevant to local needs



“It is not enough to tell populations to clean their hands when they do not have access to water, and cannot pay for hygiene products, or even food. They must be given the means to put these instructions into practice, and this is what we have done, thanks to the support given by Coalition PLUS emergency fund.”

Jeanne GAPIYA

President
of the ANSS (Burundi),
Board Member
of Coalition PLUS

NUMBER OF EXPECTED RESPONDENTS

More than

14,000

expected **respondents**
through

60

surveys by questionnaire

More than

1,000

people audited
through

40

**surveys by individual
interview**

KNOWLEDGE MANAGEMENT AND COMMUNITY EXPERTISE

STRUCTURING OF THE KNOWLEDGE CAPITALIZATION AND MANAGEMENT DIVISION

A new Knowledge Capitalization and Management hub was created at the end of 2019. This constitutes the first step of an institutional knowledge capitalization and management approach within our network. Transforming knowledge from community experience into shareable knowledge, Knowledge management is strategic work for Coalition PLUS. This will allow us to make more visible and promote our added value.

Knowledge management work allows us to

- ◆ strengthen the ability of our members and partners to formalize their understanding, experiences, knowledge, and know-how;
- ◆ highlight the knowledge capital gained from the network's experiences and expertise, in order for its legitimacy and specificity to be recognized on the international scene;
- ◆ use, enrich, develop strategic knowledge identified by capitalization.

As part of the structuring of the division, methodological tools, adaptable to the context and objectives of knowledge capitalization and management, have been developed, and internal educational work on the role and challenges of capitalization was conducted by drafting a briefing note².

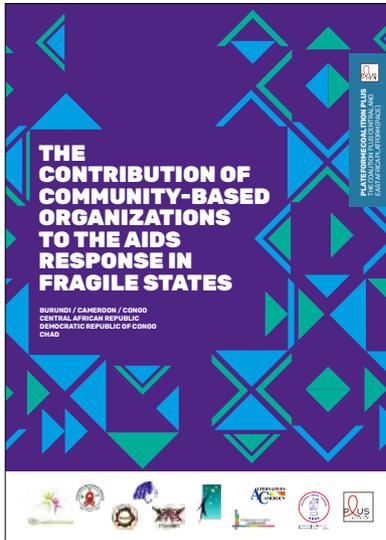
With the aim of implementing this within our network, capitalization has also been

the subject of a cross-functional project across our six geographic capacity-building platforms. Five years after implementation, the Platforms developed a significant body of methodological tools and know-how. Nowadays, it is essential that capitalization has a dual objective: internally promote the pooling of expertise developed between platforms, and externally promote the unique expertise and successes achieved. ■

NOTE 2: Newsletter COVID-Info #3 : <https://mailchi.mp/0bb28bccf967/covid-info-3-newsletter-coalition-plus>

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Demonstrating and recognizing community expertise

A capitalization document was drafted by our Central and East Africa Platform (PACE), dedicated to community-based HIV organizations in the fragile States of Central and East Africa³. According to the OECD⁴ definition, this subregion consists of four extremely fragile countries (Burundi, Central African Republic, Democratic Republic of the Congo, and Chad), and two fragile countries (The Republic of the Congo and Cameroon). The structural fragility of States produces major deficiencies in public health policy, putting the fight against HIV on the back burner. That is why there is a need for associations to adapt their interventions, to be resilient, and to permanently re-establish a dialogue with health authorities. PACE's frame of reference, therefore, proposes documenting the ability of community-based organizations to reinvent themselves in difficult situations.

Recognizing our expertise

L'Initiative, a specific Expertise France plan, supplementary to the Global Fund, selected PACE



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to support the RENAPC in the strengthening of prevention work for key populations in the Republic of the Congo. In this context, PACE started to deliver a series of programmatic (psychosocial support) and structural (organizational diagnostics, financial management) technical support.

So that promoting community expertise becomes a main axis of our network, we decided to launch Coalition PLUS Expertise in the form of a hub based in Dakar. In September 2020, The Global Fund's CRG (Community, Rights & Gender) Initiative accepted the proposal of a portfolio of Coalition PLUS experts to make for their provision on technical support missions. ■



NOTE 3: <https://www.coalitionplus.org/etats-fragiles-capitalisation/>
NOTE 4: Organisation for Economic Co-operation and Development: <http://www.oecd.org/dac/conflict-fragility-resilience/statesoffragilityframework2018.htm>

MAIN RESULTS

Thirteen member associations and twenty-eight partners participated in the first edition of the International Testing Week

13,844
HIV TESTS
of which 2.6% were positive

4,919
HCV TESTS
of which 3.8% were positive

5,202
HBV TESTS
of which 5.2% were positive

© Malaysian AIDS Council



**SEMAINE
INTERNATIONALE
DU DÉPISTAGE**
23-29.11.20

FIRST EDITION OF INTERNATIONAL TESTING WEEK

Testing for HIV, hepatitis, and sexually transmitted diseases is a global priority to curb the impact of these epidemics. Coalition PLUS decided to launch a vast global mobilization campaign for testing, with the intention of carrying this out every year, bringing together an increasing number of partners.

AXES OF MOBILIZATION

For access to testing to become a reality for all, we organized the first edition of the International Testing Week from November 23-29, as a follow-up to the European Testing Week.

Three axes of mobilization were developed:

- ◆ Raising awareness and testing among key populations,
- ◆ Communicating to the public at large about the importance of testing and the visibility of community services in diagnosis and support in care,
- ◆ Advocacy: appealing to public authorities on issues of access to prevention and care; forming alliances between civil society organizations and technical and financial partners; consolidating associative leadership to obtain a position. ■

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MAIN RESULTS IN ADVOCACY IN COMMUNICATION

Morocco

70 participants in the “Let’s mobilize to make HIV/HCV community testing more accessible to key populations in the MENA region” online seminar.

Algeria

Request from authorities to put into place testing strategies which are inclusive and adapted to the needs of key populations.

Guatemala

84 participants in two forums dedicated to viral hepatitis and its impact on health, and the challenges which STIs contribute to in the response against HIV.

Colombia

3,100 people reached by the digital campaign dedicated to the importance of rapid HIV and HCV diagnostics “Knowing is winning... get tested for HIV and hepatitis C”; 146 participants in the National Self-testing Forum, where the digital broadcast garnered 335 views between November 29 and December 29, 680 interactions, and 70 shares.

Bolivia

1 million people reached by the digital campaign (TikTok, Facebook, Instagram, and webpage)

Argentina

36 influencers involved in the online campaign to raise awareness #PontelaCinta (Wear the ribbon)

Argentina

24 jurisdictions, based in 23 provinces and in the city of Buenos Aires, were called upon to request a better location for public testing centers on the online platform #Donde. Half of the jurisdictions responded, with 10 providing information that was fed onto the #Donde platform.

Burkina Faso

Drafting of a roadmap with the Minister of Health, dedicated to national recommendations on testing, which REVS PLUS must follow up on.

Benin

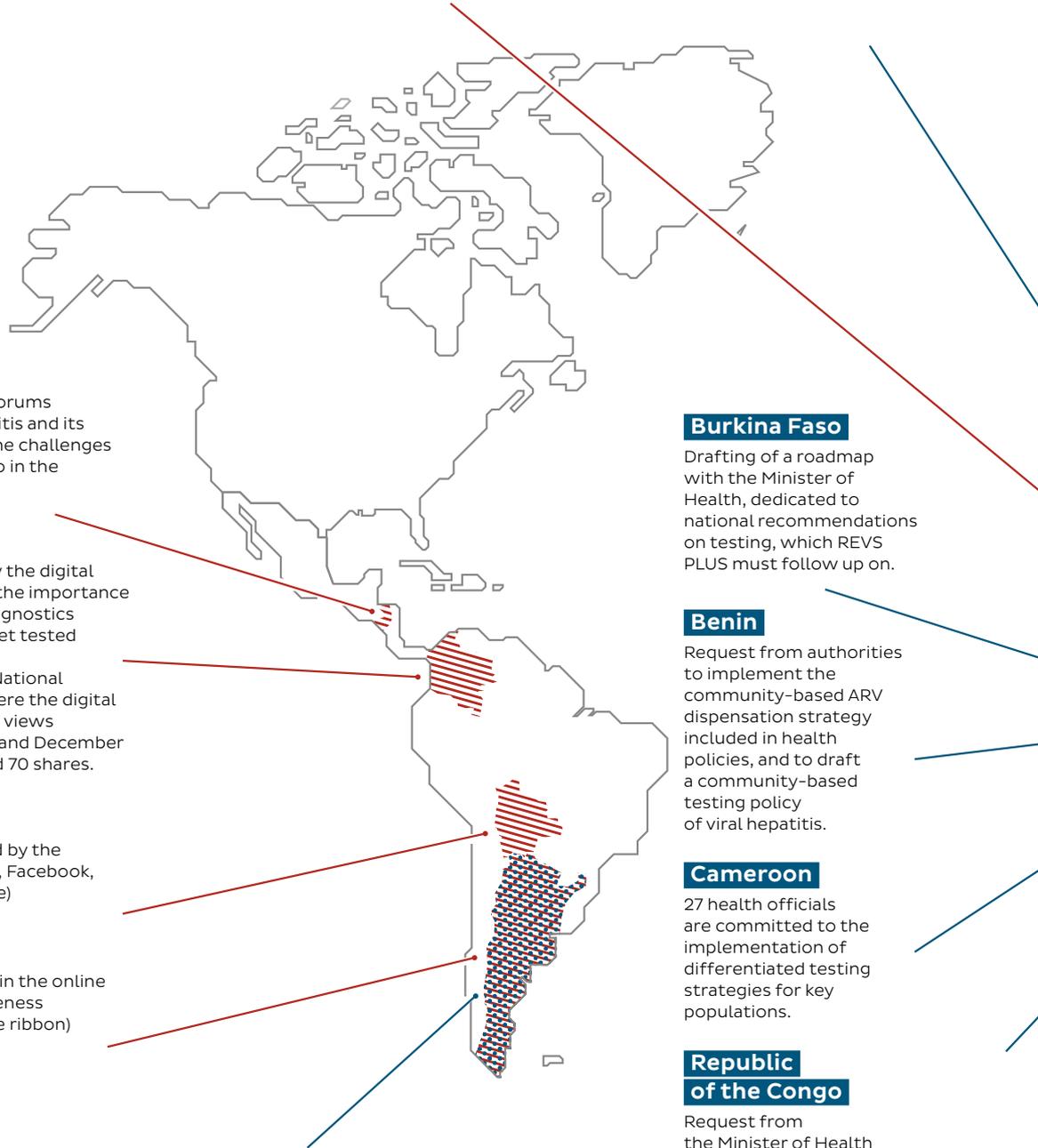
Request from authorities to implement the community-based ARV dispensation strategy included in health policies, and to draft a community-based testing policy of viral hepatitis.

Cameroon

27 health officials are committed to the implementation of differentiated testing strategies for key populations.

Republic of the Congo

Request from the Minister of Health to obtain formal authorization to provide community-based ARV dispensation to adults living with HIV.



Romania

Request from political parties taking part in the legislative election campaign to commit to stepping up the fight against HIV; appeal from the Minister of Health to finalize the national strategy for the fight against AIDS, including recommendations for involving key players from communities in testing and assisting in the treatment of HIV.

Ukraine

More than 1.5 million people reached by a digital campaign (series of videos shown on Facebook, Instagram, and YouTube).

India

Obtaining dispensation to allow direct treatment for all people who tested positive to begin during International Testing Week.

Malaysia

Launch of the first pilot study on HIV self-testing for key populations "JOM TEST": 1,246 people have signed up, 896 active participants, 427 tests, of which 7% were positive.

Burundi

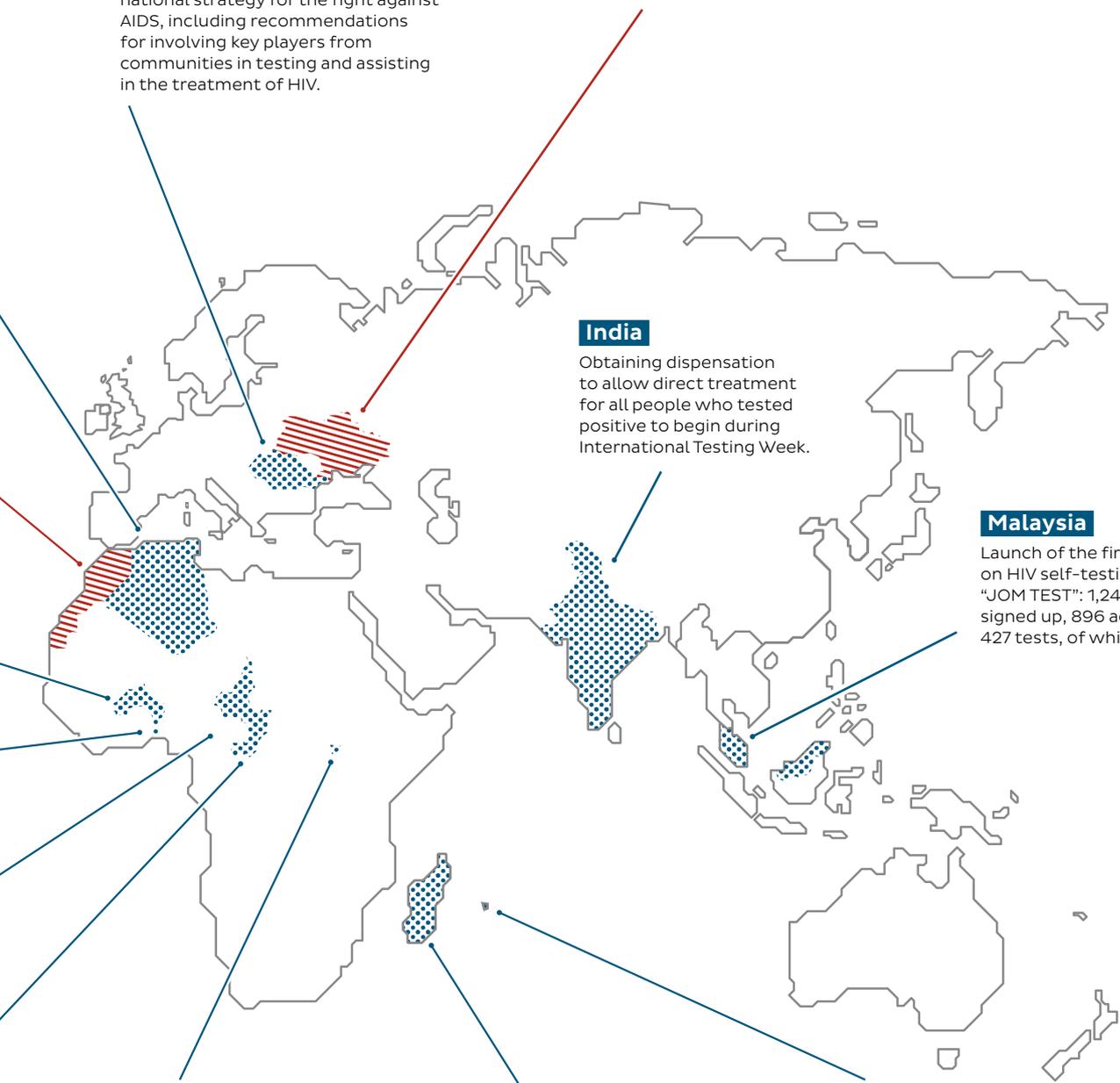
Formulating recommendations in collaboration with technical and financial partners fighting against AIDS with the aim of improving the treatment of viral hepatitis.

Madagascar

Appeal from the Executive Secretary of the National Council for the fight against AIDS to include data from community testing, conducted during the campaign in the data from public health centers.

Mauritius

Reaching an agreement with the Minister of Health on the formalization of testing policy recommendations ("testing policy consultancy") in December, allowing concrete changes to the problems associated with HIV and HCV testing to be made.





OUR MAIN RESULTS IN ADVOCACY AND RESEARCH

In our global approach to the fight against these epidemics, advocacy and community research constitute the most significant levers of action. Community research provides data that feeds into advocacy, while advocacy fights against discrimination and changes rules and standards to strengthen funding and community health services.



MOBILIZATION OF PEPFAR IN MALI AND BURKINA FASO

Our advocacy dedicated to the mobilization of international funding in low- and middle-income countries convinced PEPFAR, the bilateral American aid organization, to release its “Ambition Funds” amounting to \$500,000 for Mali and Burkina Faso, where our network has two member associations, ARCAD Santé PLUS and REVS PLUS.

By mobilizing the civil society organizations, collaborating with international technical and financial partners, we have highlighted the sharp deterioration in security and health experienced by these two Sahelian countries. As a result, our member associations were invited to draw up their national emergency plans likely to receive external funding. In these two countries, the flare-ups in violence have led to the

displacement of 600,000 people⁵. The following has weakened the continuum of care: decrease in early detection, more complicated access to treatments, increase in the number of people lost-to-follow-up patients. Subsequently, the UN objective of the 3x95⁶ becomes even more difficult to achieve for 2030.

By paying particular attention to the quality of care, and the retention of patients in the active file, PEPFAR has been sensitive to our arguments and has been particularly collaborative. The United States particularly supported the solution of mobile clinics, developed by our associations for several years, indicating that they represented a solution perfectly adapted to emergency situations. ■

NOTE 5: BBC report: <https://www.bbc.com/afrique/region-51348050>

NOTE 6: Understanding FastTrack, UNAIDS, June 2015: https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_fr.pdf

SEXTRA RESEARCH PROJECT



The multicountry project ANRS-SEXTRA, which aims to identify the sexual health needs of cisgender/transgender men and transgender women sex workers who find clients online, has managed to continue to function despite the health crisis.

Although the recruitment of participants was postponed, the teams in the project succeeded, in collaboration with the member organizations involved⁷ and with the partner research teams (SESSTIM/INSERM), in finalizing the tools for data collection, including a Covid-19 component (quantitative questionnaire, country profile), in defining the communication strategy, and in developing the appropriate materials (logo, visuals). ■

© Coalition PLUS/Morgan Fache et le Collectif Item



NOTE 7: Bolivia (IDH), Canada (REZO), Ecuador (Kimirina), France (AIDES), Morocco (ALCS), Mauritius (PILS), Romania (ARAS), and Portugal (GAT).

COMMUNITY RESPONSE TO HEPATITIS C



© Coalition PLUS / Ronel Kongkham



Even though the project we are leading, with funding from Unitaaid, on the challenges in the access of treatments for hepatitis C in five middle-income countries (Brazil, Colombia, India, Malaysia, Morocco) ends in 2021, we are finding that governments are showing more willingness to collaborate with communities and populations affected by hepatitis C.

Throughout 2020, due to the burden on health services caused by the Covid-19 pandemic, this desire became a necessity and several collaborations in the project countries have moved forward. A significant example of this collaboration is in India, where Coalition PLUS collaborates with a partner in Delhi, DNP+, and a partner in Manipur, CoNE.

In Delhi, the community's voice is nowadays heard on all steering committees (on a local level in Delhi itself and at federal level). In addition, DNP+ has succeeded in urging the government to recognize people deprived of their liberty as a key population and has started to test and treat them in the central prison complex in Delhi, Tihar.

Lastly, DNP+ gained the authorization for three members of its staff to deliver medicine to patients incapable of continuing their treatment due to lockdown and avoiding treatment against HIV, HBV, and HCV (194 people received ARVs and DAAs in their homes).



© Coalition PLUS/CoNE

In Manipur, during the preliminary stages of the pandemic, CoNE was able to continue working on the prevention and testing of HCV by adapting its actions to current health measures. The government supported the creation of community-run shelters for injecting drug users. In addition, despite the health crisis, CoNE succeeded in organizing 37 testing campaigns where awareness was raised among 2,252 people and 1,404 were tested (501 were deemed to be reactive). These testing campaigns were so successful, and their contribution to the implementation of the National Program on viral hepatitis became so undeniable, that the Minister of Health for the State asked CoNE to continue the testing of people who use drugs after the shutting down of the project. This means, in 2021, the terms of reference will be directly provided to CoNE by the government.

Coalition PLUS has worked with DNP+ and CoNE, project partners since 2017, on these successes. These two partners have developed plans for campaigns adapted to local situations, and these have been constantly revisited to adapt to opportunities and changes in the situation. ■



OUR CONTRIBUTION TO INTERNATIONAL CONFERENCES

As the health context obliged, the major scientific meetings in 2020 had to take place online. But this did not prevent us from presenting our community research work at AIDS 2020, the largest global conference on AIDS which takes place biennially, and at AFRAVIH, the international Francophone Conference dedicated to HIV/AIDS and to chronic viral infections.



AIDS VIRTUAL 2020

Due to the Covid-19 pandemic, the international AIDS conference, AIDS 2020, which was originally going to be held in San Francisco and Oakland (United States), took place online, from July 6 to 10. Despite some disruption in organization, we, as in previous years, presented our scientific contributions to advancing the fight against AIDS and viral hepatitis at a global level. In particular, we had the opportunity to make an oral presentation dedicated to the stigmatization of people living with HIV in Morocco. Twenty posters co-written with researchers from our member associations and partners were also presented online. ■

AFRAVIH 2020 CONNECTÉ-E-S

This year, we had a specific role in AFRAVIH, which takes place biennially in a Francophone country. To make the voice of communities better heard, we were invited to co-organize the conference which was to take place initially in Dakar in April. Due to the health situation, we advocated for a virtual event. This took place on November 8-11. Our President, therefore, had the honor of participating in the opening ceremony and reminded⁸, on this occasion, of the essential place of community associations in the response to epidemics.

On a scientific level, we participated in 7 sessions and presented 32 posters, dedicated to various themes. These included PrEP (preventative treatment against AIDS), self-testing of HIV, drug use, viral load in community-based health, and the mental health of people living with HIV. We also held a symposium dedicated to the adaptation of our community associations in the context of the health crisis, "Coalition PLUS, a community response to Covid-19"⁹. ■



Note 8: Hakima Himmich's speech at the opening ceremony of AFRAVIH 2020: <https://www.coalitionplus.org/covid-19-hakima-himmich/>

Note 9: Entire symposium on video: <https://www.youtube.com/watch?v=cW9nYLm0aVg>



OUR MAIN PRESENTATIONS

Despite the health situation, we were able to organize a photographic exhibition in the heart of Geneva, seat of the main international health organizations. And at the height of the health crisis, we called for a reform of drug policies by publishing an article in the French newspaper, Libération. Finally, throughout the year, our campaigners have spoken out on social networks to denounce discrimination, even violence which limits access to prevention and care, and to share their commitment against AIDS and hepatitis C.

PHOTOGRAPHIC EXHIBITION IN GENEVA

The key players from our network in Francophone Africa communities recounted their individual and collective fight against HIV and HCV through a photographic exhibition which ran during the whole of September in Geneva, the strategic city where the international health institutions are located. In addition, a round table questioning the place of vulnerable populations in public health policies was organized at the Groupe santé Genève. Participants included high-level representatives from the Global Fund, UNAIDS, WHO, and the Permanent Representation of France to the United Nations. ■



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ARTICLE: “COVID-19, AN OPPORTUNITY TO REFORM DRUG POLICY”

As part of the “Support. Don’t Punish” campaign, which is launched every year on June 26, we published a column in the French daily newspaper, Libération¹⁰. It was also published in the online journal blog dedicated to risk reduction policies with the co-signature of several international partners: International Drug Policy Consortium (IDPC), Harm Reduction International (HRI), International Network of People who Use Drugs (INPUD), International Network on Hepatitis in Substance Users (INHSU), Correlation-European Harm Reduction Network (C-EHRN), STOPAIDS, hepCoalition, Treatment Action Group (TAG). In effect, the pandemic has initiated a movement of reforms on risk reduction

and the support for consumers of psychoactive substances. It was important for us to make it known, and even more so, to request its sustainability and generalization on an international scale. ■



Note 10: “Covid-19, an opportunity to reform drug policy”, June 24, 2020: https://www.liberation.fr/debats/2020/06/24/le-covid-19-une-opportunite-pour-reformer-la-politique-des-drogues_1792033/

COMMUNITY VOICES ON SOCIAL NETWORKS

INTERNATIONAL HUMAN RIGHTS DAYS

As part of International Women's Day, March 8, we showcased on our social networks' testimonies from cisgender and transgender sex workers in Burundi, Ecuador, Mali, and in Mauritius. **Objective:** to combat preconceived ideas and shine a light on the essential role of these women committed to fighting against AIDS and hepatitis!

In support of our thematic network AGCS PLUS, we produced a series of four testimonial videos¹¹, shown as part of the International Day against LGBTQIphobia, May 17.

AGCS PLUS campaigners emphasized the need to continue mobilizing for the respect of rights, and to guarantee access to care for sexual minorities in Francophone Africa. These minorities, already vulnerable in a context where homosexuality is often criminalized, have been subjected to further discrimination and jeopardized during the lockdown introduced at the start of the Covid-19 pandemic. All these videos were posted on YouTube, Facebook, and Instagram.

WORLD EPIDEMIC DAYS

For World Hepatitis Day, July 28, we showcased the work of key players in communities of four associations in our network committed to the fight against hepatitis C: ALCS in Morocco, DNP+ in India, MTAAG+ in Malaysia, and Corporación Teméride in Colombia. We produced a video showing how extremely rapidly community services for populations most vulnerable to hepatitis C adapted in the context of Covid-19. The video is 11 minutes long and is available in French¹², Spanish¹³, and in English¹⁴: "HCV: a virus won't stop us!"

For World AIDS Day, December 1, we reaffirmed the need to lower mortality caused by AIDS, considering the commitments made by the international community. In order to remind people that dying from AIDS remains a cruel reality in many countries, we posted on social networks new testimonies from our campaigners recalling the loss of a colleague or a close relation. All these testimonies are found in the collection titled "To our dead, testimonies of the living"¹⁵. ■

© PLS/Khatleen Minerve



Note 11: "LGBTIphobia: let's break the silence in the face of violence and repression in the time of the pandemic", Coalition PLUS, May 17 2020, <https://www.coalitionplus.org/lgbti-phobies-brisons-le-silence/> **Note 12:** <https://www.youtube.com/watch?v=JJ6Zlq0qJY> **Note 13:** <https://www.youtube.com/watch?v=t5OpkwwmNu8> **Note 14:** <https://www.youtube.com/watch?v=HdBl7lYwCo&t=305s> **Note 15:** "To our dead, testimonies of the living", Coalition PLUS, http://www.coalitionplus.org/wordpress/wp-content/uploads/2019/11/Coalition-PLUS_A-nos-morts_T%C3%A9moignages_Dec2019.pdf



FINANCIAL REPORT

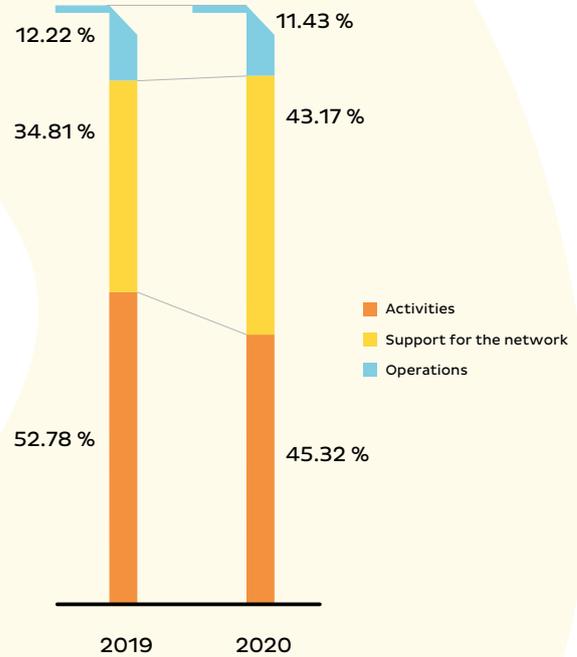
This report is that of the management unit of the Coalition PLUS union, based in France within the legal structure “Coalition Internationale Sida - C.I.S.”. The 2020 annual accounts were audited by Deixis, statutory auditors.

SUMMARY

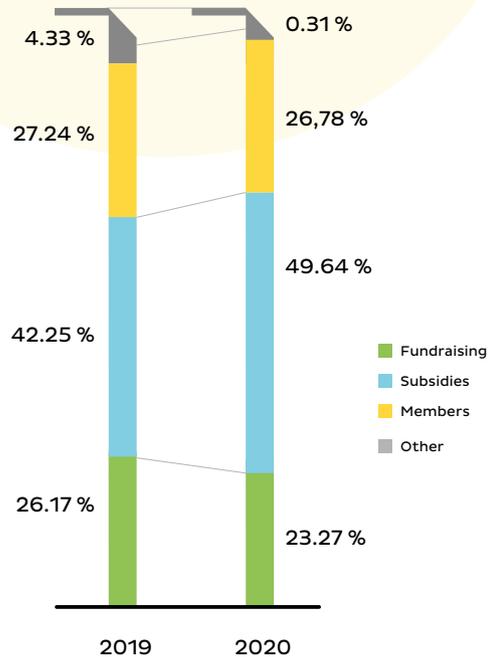
2020 is a year characterized by an elevated level of implementation of international funding. This is thanks to the Covid-19 emergency fund of €1.5 million, of which 84% was funded by institutional financiers. Travel costs, traditionally a high item in the secretariat's budget, fell by 77% between 2019 and 2020, due to travel restrictions. The difficulties in implementing an effective fundraising program during lockdown had a direct impact on donations, which decreased for the first time, in volume and proportion, by -3% compared to last year.

Several indicators of financial health worsened between 2019 and 2020 with a decrease in the level of equity, amounting now to €0.2 million, and net cash at closing of €0.5 million. This has forced the general management of Coalition PLUS to propose a plan to improve our financial health. ■

JOBS



RESOURCES





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INCOME AND EXPENDITURE

The 2020 financial year ended with a loss of -€238,000. Resources (€9.4 million) increased less rapidly by +11% than uses which increased by +15%. The loss represents -2% of the expense budget.

The breakdown of expenses by type shows an increase (+15%) which reflects the increase in external expenses, other expenses, and subsidies awarded (+18%). This is linked mainly to an increase of +€1.9 million of subsidies granted to the network (of which € 1.5 million relates to the Covid-19 emergency fund). The increase in expenses is also explained by the rise in provisioned amounts (+83%), due to the risk of unrealized

losses on receivables denominated in US dollars for €158,000.

We can note a significant increase in the level of operating subsidies of +30%, linked to a particularly good implementation rate of projects connected to the Program Agreements co-financed by the French Development Agency and Robert Carr Fund. The other current management incomes fell by 3%, due to a decrease of €163,000 in the level of donations from fundraising campaigns, mostly linked to the global health situation. ■

BREAKDOWN OF EXPENSES BY TYPE (€0000s)	2019	2020	Variation
Purchases	46	27	-41%
External expenses - other expenses - subsidies awarded to the Coalition PLUS network	6,285	7,445	+18%
Personnel expenses	1,756	1,815	+3%
Dues and taxes	144	152	+6%
Amortizations, provisions, and commitments	96	176	+83%
Financial expenses	24	27	+13%
Extraordinary expenses	2	4	+100%
TOTAL	8,353	9,646	+15%

BREAKDOWN OF INCOME BY TYPE (€0000s)	2019	2020	Variation
Other current management income (donations and member contributions)	4,757	4,626	-3%
Extraordinary income	0	2	-
Financial income	2	0	+50%
Reversal of amortizations and provisions	77	64	-16%
Operating subsidies	3,515	4,601	+30%
Transfer of expenses	148	115	-22,3%
OVERALL TOTAL	8,498	9,408	+11%



NOTES TO THE 2020 BALANCE SHEET

The loss of €238,000 decreases the level of capital, which however remains positive at +€243,000, is an insurance pledge for our financial partners (donors, the bank). In order to assess financial health – which remains characterized by a high level of debt owed to our members, our bank, and our donors through cash advances on projects – other indicators, however, must be considered.

We can, of course, note a more rapid decrease in long-term resources (-27%), than the decrease in short-term (-22%). This is mainly due to the loss of €238,000 which weakens capital.

The total outstanding loans granted by Coalition PLUS amounted to €3.6million as of 12/31/2020. This imbalance in stable uses with respect to sustainable supplies could make it difficult to pay current expenses if Coalition PLUS did not benefit from a negative working capital requirement of €1,955,000. That is to say, a surplus of cyclic resources over cyclic uses, thanks to cash advances made by AIDES, advances made by certain donors

on multi-year agreements, as well as supplier payment deadlines. It is worth noting that this weakening of “equity financing”, that is to say the long-term uses and resources, is also found at the level of “debt financing”, since our short-term resources decreased more rapidly than our uses in less a year. This is particularly explained by a rather slow repayment of loans granted to Swiss and Belgian entities, as well as to members (Groupe santé Genève, Kimirina), and the need to cash advance banking products to finance our operating cycle.

The comparison of these financial indicators confirms, at the end of the 2020 financial year, a sharp deterioration in net cash at -€492,000. With the aim of consolidating the financial health of Coalition PLUS, the Board of Directors, therefore, decided to implement a plan to improve financial health. ■

Output currency - EURO

BALANCE SHEET - ASSETS

	FINANCIAL YEAR N		FINANCIAL YEAR N-1	
	Gross	(Amortization and depreciations to be deducted)	Net	Net
FIXED ASSET				
Immobilisations incorporelles		-	-	-
Intangible fixed assets	-	-	-	-
Start-up costs	-	-	-	-
Research and development costs	-	-	-	-
Temporary donations of usufruct	-	-	-	-
Concessions, patents, licenses, brands, processes, software, rights, and similar values	7,971	7,971	-	-
Ongoing intangible assets	-	-	-	-
Advances and prepayments	-	-	-	-
Tangible fixed assets				
Land	-	-	-	-
Buildings	-	-	-	-
Machinery, tools, and equipment	-	-	-	-
Ongoing tangible fixed assets	-	-	-	-
Other	61,610	52,781	8,829	21,971
Advances and prepayments	-	-	-	-
Goods received by bequest or held for sale	-	-	-	-
Financial fixed assets				
Participations and related receivables	-	-	-	-
Other fixed securities	8,799	-	8,799	8,799
Loans	3,622,858	-	3,622,858	4,406,858
Other	-	-	-	-
TOTAL I	3,701,237	60,572	3,640,486	4,437,628
CURRENT ASSETS				
Inventories and works in progress	-	-	-	-
Receivables				
Accounts receivable, customers, and related accounts	469,896	-	469,896	355,255
Receivables provided by bequest or donations	-	-	-	-
Other	6,336,297	-	6,336,297	7,898,848
Investment securities	-	-	-	-
Treasury instruments	-	-	-	-
Liquid assets	18,620	-	18,620	182,419
Prepaid expenses	11,477	-	11,477	129,798
TOTAL II	6,836,290	-	6,836,290	8,563,320
Loan issue costs (III)				
Redemption premiums (IV)	-	-	-	-
Currency translation adjustments Assets(V)	135,504	-	135,504	112,518
OVERALL TOTAL (I + II + III + IV + V)	10,673,031	60,572	10,673,031	13,113,466

BALANCE SHEET - LIABILITIES

	EXERCICE N	EXERCICE N-1
EQUITY		
Equity without right or recovery	-	-
Statutory equity	-	-
Complementary equity	-	-
Equity with right or recovery	-	-
Statutory funds	-	-
Complementary equity	-	-
Revaluation surplus	-	-
Reserves	-	-
Statutory or contractual reserves	-	-
Reserves for entity's project	-	-
Other	-	-
Retained earnings	477,174	331,933
Surplus or deficit for the financial year	-237,837	145,241
Net position (subtotal)	239,337	477,174
Expendable equity	-	-
Investment subsidies	3,299	7,205
Tax-allowable provisions	-	-
TOTAL I	242,636	484,379
OTHER EQUITY		
TOTAL I BIS		
ALLOCATED FUNDS CARRIED FORWARD		
Allocated funds as bequest or from donations		
Funds carried forward	91,337	19,042
TOTAL II	91,337	19,042
PROVISIONS		
Provisions for risks	158,888	63,631
Provisions for expenses		
TOTAL III	158,888	63,631
LIABILITIES		
Bonds and similar securities	-	-
Loans and liabilities with financial institutions	510,133	258,294
Loans and other financial liabilities	1,199,712	1,097,669
Liabilities to suppliers and related accounts	1,299,659	834,499
Liabilities as bequest or from donations	-	-
Tax and social security liabilities	661,624	253,523
Liabilities on fixed assets and related accounts	-	-
Other liabilities	164,154	16,557
Treasury instruments	-	-
Deferred income	6,023,816	10,034,943
TOTAL IV	9,859,097	12,495,484
Currency translation adjustments Liabilities (V)	260,321	50,930
OVERALL TOTAL (I + I BIS + II + III + IV + V)	10,612,279	13,113,466

PROFIT AND LOSS STATEMENT

	FINANCIAL YEAR N	FINANCIAL YEAR N-1
OPERATING INCOME		
Contributions	13,000	13,100
Sales of goods and services	-	-
Sales of goods	-	-
> including sales of in-kind donations	-	-
Sales of service provisions	-	-
> including sponsorships	-	-
Third-party financial income	-	-
Public subsidies and operating subsidies	4,600,744	3,726,475
Payments from founders or consumption of expendable endowment	-	-
Resources relating to public generosity	-	-
> Individual donations	2,074,018	2,224,190
> Patronages	-	-
> Bequests, donations, and life assurance	-	-
Financial contributions	2,501,850	2,301,750
Reversal of provisions, depreciations, and transfer of expenses	189,859	161,313
Utilizations of allocated funds	19,042	63,236
Other income	7,506	7,615
TOTAL I	9,406,018	8,497,679
OPERATING EXPENSES		
Merchandise purchases	-	-
Inventory change	-	-
Other purchases and external expenses	2,301,078	3,031,319
Financial aid	5,086,290	3,283,952
Dues, taxes, and similar payments	152,042	143,927
Salaries and wages	1,299,363	1,244,527
Social security charges	515,502	510,948
Amortizations and depreciations	13,142	15,282
Provisions	158,796	62,120
Carrying forward of allocated funds	73,435	19,042
Other expenses	15,426	30,430
TOTAL II	9,615,074	8,341,546
1. OPERATING INCOME (I - II)	-209,056	156,133
FINANCIAL INCOME		
From equity interests	-	-
From other securities and fixed-asset receivables	-	-
Other interest received and similar income	197	-
Reversals of provisions, depreciations, and transfer of expenses	-	-
Positive exchange rate differences	-	-
Net income from sales of other securities	9	-
TOTAL III	206	0
FINANCIAL EXPENSES		
Amortizations, depreciations, and provisions	-	-
Interest and similar expenses	3,501	9,184
Negative exchange rate differences	23,606	-
Net costs on transfer of investment securities	-	-
TOTAL IV	27,107	9,184
2. FINANCIAL INCOME (III - IV)	-26,901	-9,184

PROFIT AND LOSS STATEMENT - CONT.

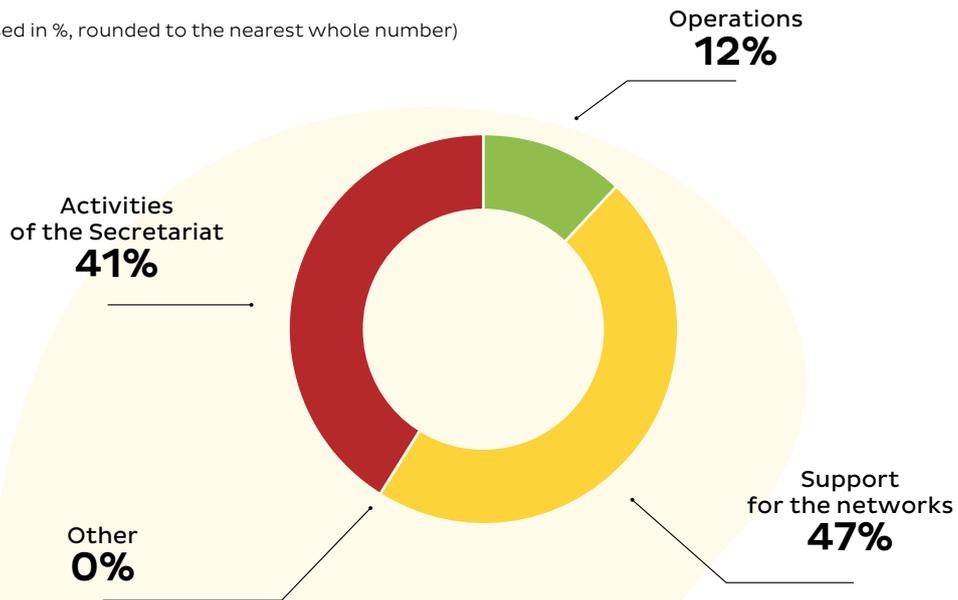
	FINANCIAL YEAR N	FINANCIAL YEAR N-1
3. CURRENT INCOME BEFORE TAX (I-II-III-IV)	-235,957	146,949
ONGOING INCOME		
From management transactions	2,118	362
From capital transactions		
Reversal of provisions, depreciations, and transfer of expenses		
TOTAL (V)	2,118	362
ONGOING EXPENSES		
From management transactions	3,998	2,070
From capital transactions	-	-
Amortizations, depreciations, and tax provisions	1	
TOTAL (VI)	3,998	2,070
4. EXCEPTIONAL INCOME (V-VI)	-1,880	-1,708
Employee profit-sharing (VII)	-	-
Income tax (VIII)	-	-
TOTAL INCOME (I + III + V)	9,408,342	8,498,041
TOTAL EXPENSES (II + IV + VI + VIII)	9,646,179	8,352,799
SURPLUS OR DEFICIT	-237,837	145,241

IN-KIND VOLUNTARY CONTRIBUTIONS

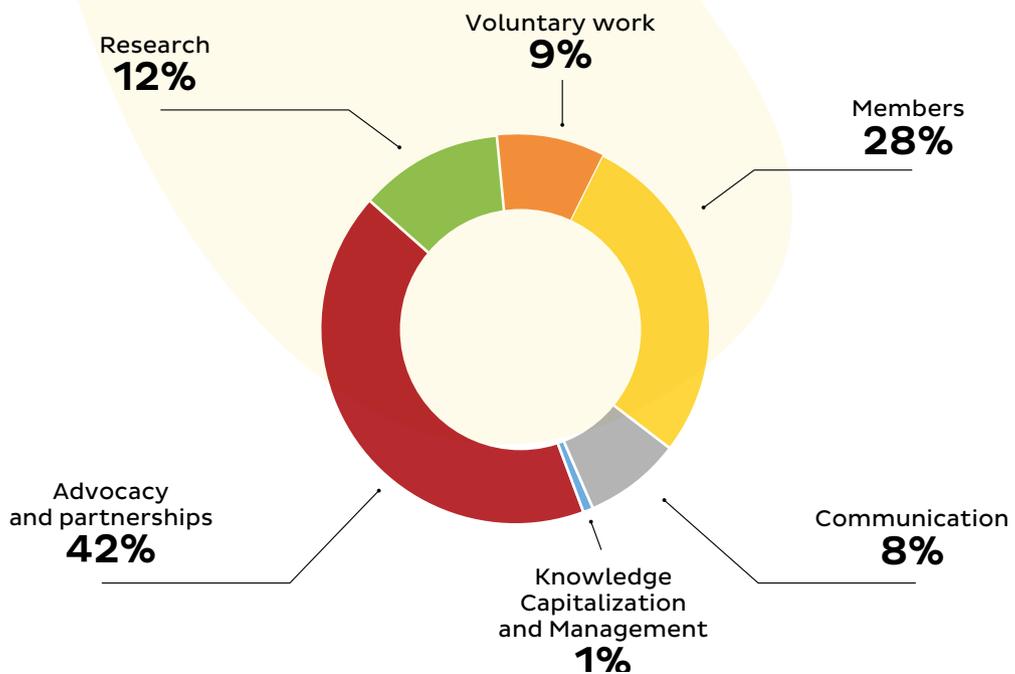
In-kind donations		
In-kind benefits		
Volunteer work		
TOTAL		
EXPENSES FOR IN-KIND VOLUNTARY CONTRIBUTIONS		
In-kind assistance		
Free provision of goods		
In-kind benefits		
Volunteer personnel		
TOTAL		

JOBS

(Expressed in %, rounded to the nearest whole number)



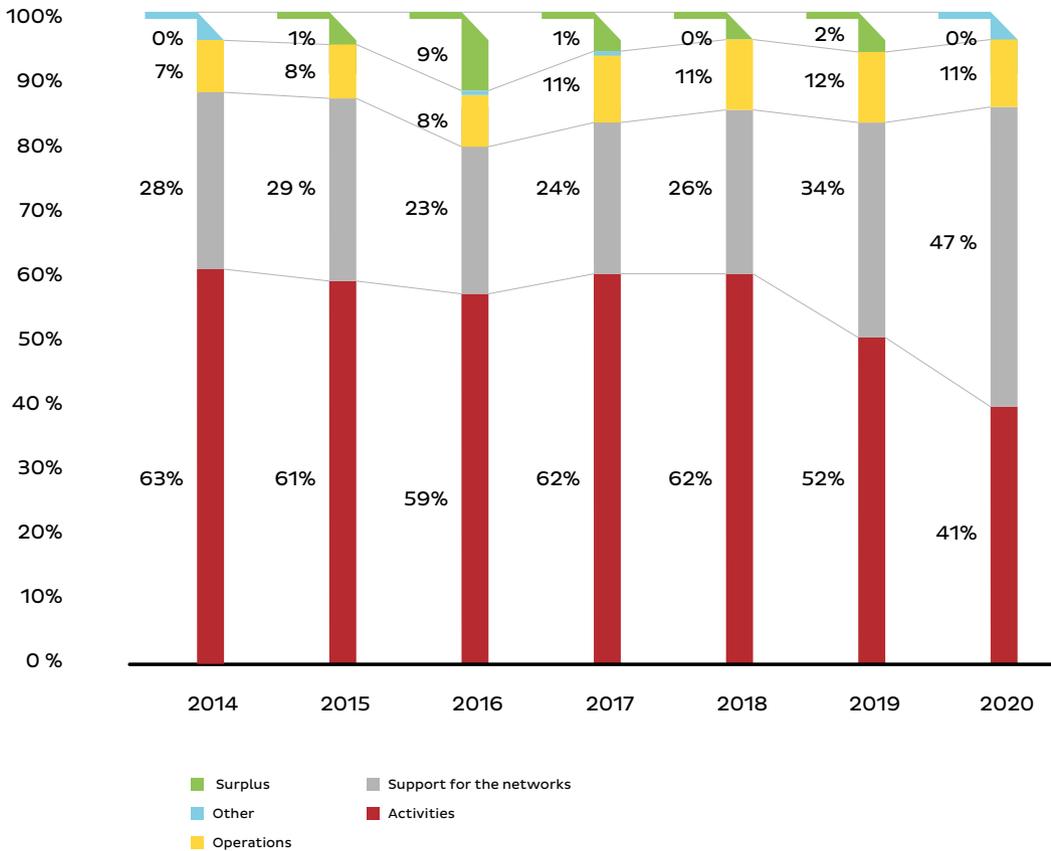
WORK

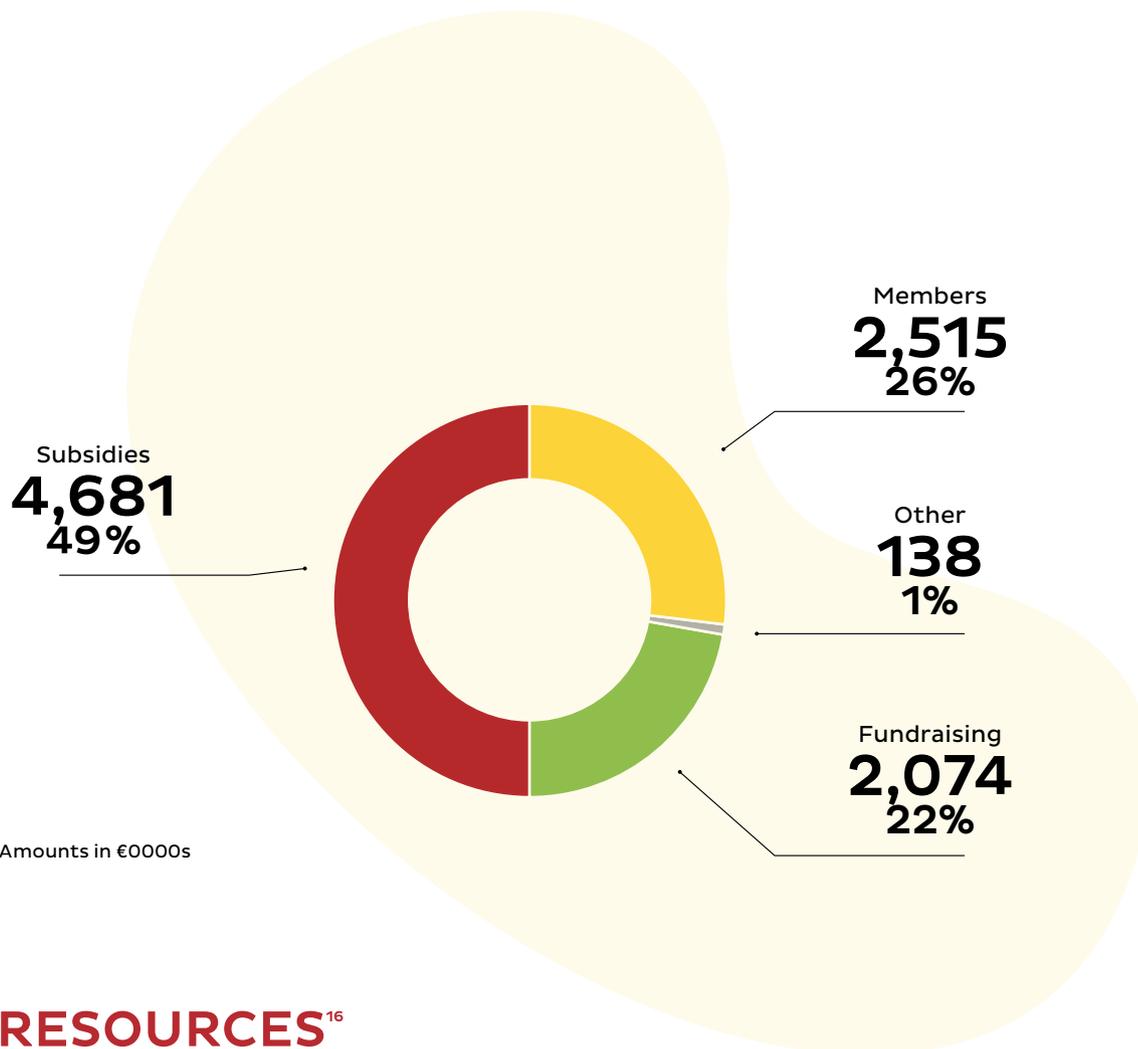


The general volume of jobs increased by +15% between 2019 and 2020. This increase can be particularly explained by the increase in subsidies paid to the networks (+56%). This is mainly due to the implementation of a Covid-19 emergency fund for €1.5 million, the organization of the International Week of Testing for €266,000, and the continuation, despite the health crisis, of the work done by the platforms.

We can also see a rise in operating costs of +13%, linked to the hiring in human resources in internal audit, but also the rise in audit costs on the multiple projects funded by donors. It is worth noting that the level of financing of operating costs remains particularly good, with nearly 75% of these expenses being financed by external financing agreements. This demonstrates that Coalition PLUS has the ability to find funding for finance its work as well as carry out its structural operation. ■

EMPLOYMENT TRENDS 2014-2020





RESOURCES¹⁶

We witnessed an increase in resources of +11% compared to 2019. The donations from fundraising decreased for the first time by 3% due to program performance in 2020, and the inability to implement the program during the year due to lockdowns. The share of donations in the total income also decreased from 26% to 22%. The number of subsidies awarded has risen sharply by +€1 million, reflecting a particularly proficient level of implementation of financial agreements, despite the context

of the health crisis. This level was especially made possible by the implementation of the Covid-19 emergency fund, 84% of which was funded by external donors through budget allocations on current projects or additional allocated funds. Subsidies from public or private institutional financing represent 49% of the total resources. Finally, the support from members remains the same, thanks to an elevated level of funding for Coalition PLUS by AIDES, to the sum of €2.5 million, or 26% of the total resources. ■

Note 16: Resources are expressed in percentages rounded to the nearest whole number.

OUR SUPPORTERS



A public and united financial institution, the AFD is the central player in France's development policy. It engages in projects which concretely improve the everyday lives of populations in developing countries, emerging countries, and in overseas French territories. Intervening in numerous sectors - energy, health, biodiversity, water, digital technology, training -, the AFD supports the transition towards a safer, fairer, and more sustainable world, one world. Its action is fully in line with the sustainable development goals. Present in 115 countries through a network of 85 agencies, AFD today supports more than 4,000 development projects. In 2019, it committed 14.1 billion euros to the financing of these projects. Find out more at: www.afd.fr/en



Created in 1988, the National Agency for AIDS and Viral Hepatitis Research (ANRS) aims to organize, evaluate, co-ordinate, and fund research programs in the field of HIV/AIDS and viral hepatitis, regardless of the scientific field concerned (basic research, clinical research, epidemiology, human and social sciences, public health research, vaccine research). Find out more at: www.anrs.fr



Launched at the end of 2011, L'Initiative is a facility implemented by Expertise France, and complementary to the Global Fund. It provides technical assistance and innovation support to Global Fund recipient countries to improve the effectiveness of its subsidies, and to strengthen the health impact of funded programs. It therefore helps to ensure the effectiveness of the response to pandemics. Among the countries eligible for support from L'Initiative are 19 priority countries for official development aid from France and member countries of La Francophonie. Recent developments from L'Initiative amplify its catalytic effect by strengthening the capacities of the key players in health and civil society. This is done by improving the institutional, political, and social frameworks, and supporting innovating approaches against pandemics. L'Initiative is today a key partner in the impact of the Global Fund. It gives France and its key players in the world of research, civil society, public agencies, etc. an unprecedented place in the field of fighting against the three most deadly pandemics. To find out more: www.initiative5pour100.fr



A public agency, Expertise France is a key player in international technical co-operation. It designs and implements projects which sustainably strengthen public policies in developing and emerging countries. Governance, security, climate, health, education... It intervenes in key fields of sustainable development and contributes alongside its partners to the realization of the 2030 Agenda. To find out more: www.expertisefrance.fr/en/

Le Fonds mondial

The Global Fund to Fight AIDS, Tuberculosis and Malaria was founded in 2020 to act as a financial institution which supports the States and the most appropriate local structures from more than 100 countries in their response to the three diseases mentioned in its mandate. It forms a particular partnership with associations looking after vulnerable people, fighting against stigmatization, and developing information and prevention. To find out more: www.theglobalfund.org/



The Robert Carr Fund for Civil Society Networks, launched in 2012, is the first international fund in the world focused on funding regional and global networks led by and serving key, vulnerable, and underserved populations. It does this to improve the health, inclusion, and well-being of these populations. To find out more: www.robertcarrfund.org



L'Institut Bouisson Bertrand is a humanitarian and scientific foundation, created in 1895, which affirms a public health commitment focused on the prevention and control of infectious diseases. This is done through its reference center for vaccinations and travel medicine, and through the development of its international actions, notably in more than a dozen countries in Africa and Asia. To find out more: www.bouisson-bertrand.fr



La Ville de Paris is involved internationally in the fight against HIV/AIDS, as well as in a policy of prevention and reduction in the risks linked to using psychoactive substances which extends beyond the population in Paris.

The Mairie de Paris, therefore, provides its support for projects focusing on access to care, and reducing health and social risks for people who take psychoactive substances. To find out more: <https://www.paris.fr/pages/paris-renouvelle-son-engagement-contre-le-vih-sida-a-l-international-7022>

newventurefund

FFounded in October 2006, the New Venture Fund is a charity organization which dedicates itself to supporting innovative and effective public interest projects for a healthier and more equitable world. The organization currently manages programs, provides fiscal sponsorship to non-profit organizations, co-ordinates subsidy programs, and houses projects particularly in the field of global health. To find out more: www.newventurefund.org



Unitaid is an international organization which invests in finding new means of warning about, diagnosing, and treating HIV/AIDS, tuberculosis, and malaria more quickly, more economically, and more effectively. It also works to improve access to diagnosis and treatment of HIV-related co-infections and co-morbidities, including hepatitis C and human papillomavirus infection (HPV).

The organization puts health innovations and the potential they represent within reach of those who need it most. It also enables the large-scale introduction of new health products in collaboration with governments and financial partners. The organization was created in 2006 by Brazil, France, Norway, and the United Kingdom with the aim of approaching the subject of global health in an innovative way. Unitaid is a partnership hosted by the World Health Organization. To find out more: www.unitaid.org/#en

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