



COMMUNITY HEALTH

AT THE HEART OF THE 5% INITIATIVE'S ACTIONS



"The Global Fund cannot end the epidemics in isolation; we will only be successful if we embrace partnerships with community leaders among gender, human rights and key population organizations and networks"
Mark Dybul, former executive director of the Global Fund



The **Two Million African Community Health Workers**

initiative seeks to "harness the demographic dividend, end AIDS and ensure sustainable health for all in Africa." According to this initiative, based on an in-depth analysis of human resources in Africa, there are irrefutably strong arguments for investing in community health workers¹.

¹. "2 million African community health workers: Harnessing the demographic dividend, ending AIDS and ensuring sustainable health for all in Africa".

Health systems cannot be improved without also strengthening community systems. Indeed, community systems have a specific responsibility and capacities that are tailor-made for identifying, understanding and meeting the needs of marginalised and vulnerable people with little access to health care and other basic services.

The community health approach is a key component of the health promotion process. In any discussions on community health, it is important to emphasise the need to involve front-line actors (communities and local health workers) in building lasting solutions and analysing their own health issues. This is why developing primary health care was included as an objective in the Alma Ata Declaration, with a view to "tackling the main health problems in the community - providing promotion, preventive, curative and rehabilitative services as appropriate".

To reach UNAIDS' 90-90-90 targets of eradicating malaria and reduce the significant impact of HIV/AIDS and tuberculosis on maternal and child mortality (targets 3.1 and 3.2), we need additional and qualified human resources. The current weaknesses in health systems and human resources are a barrier to achieving these targets.

5% INITIATIVE SUPPORT TO COMMUNITY ORGANISATIONS (NATIONAL AND INTERNATIONAL NGOS)

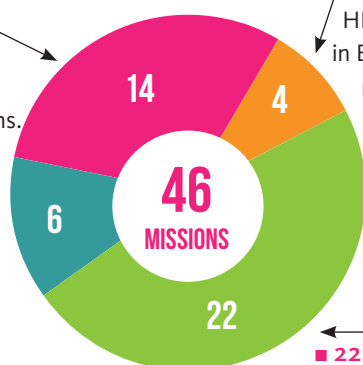
46 direct support missions with local and international NGOs have been carried out in 16 countries at a cost of €2.6 million.

16 countries concerned: Benin, Burkina Faso, Burundi, Cameroon, Ghana, Côte d'Ivoire, Laos, Madagascar, Mali, Morocco, Central African Republic, Democratic Republic of Congo, Senegal, Thailand, Togo and Tunisia.

Among these missions:

■ **14 focused on governance:** providing advice, recommendations, diagnoses and support to draft documents and strategic plans.

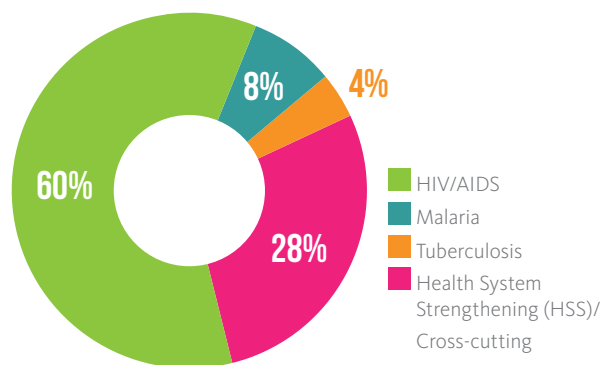
■ **6 focused on access to funding:** helping OCAI to revise its strategic framework; helping ANCS to draft a regional concept note on harm reduction for people who inject drugs in West Africa; supporting community actors in Cameroon (CAMNAFAW) to strengthen the impact of Global Fund grants for key populations and people living with HIV as part of the TB-HIV in Cameroon funding request; helping the MADAI network to draft its 2016-2020 strategic plan and mobilise resources, etc.



■ **4 focused on health care:** carrying out an assessment of harm reduction services and the vulnerability to HIV/AIDS of people who use drugs in Mali; strengthening access to voluntary HIV testing for key and vulnerable populations in Burkina Faso; helping to develop training modules on the comprehensive management of people who inject drugs in Senegal; helping to develop a strategy for increasing the use of prenatal consultation services during pregnancy and a monitoring & evaluation plan in Cameroon.

■ **22 were support missions to strengthen management capacities:** financial and programmatic management and strategic monitoring.

BREAKDOWN OF MISSIONS BY COMPONENT



56% OF MISSIONS (28) targeting civil society were run with community actors already receiving Global Fund grants. The 5% Initiative implemented 28 technical assistance missions with primary and sub-recipients of Global Fund grants to help them conduct organisational diagnoses, strengthen their management capacities and human resources or carry out monitoring & evaluation, e.g. MADAI network in Madagascar, Caritas in Côte d'Ivoire, etc.

10 MISSIONS were carried out with civil society organisations seeking to become sub-recipients of Global Fund grants: the REGIPIV in Burkina Faso, CAMFAIDS in Cameroon, the Réseau des Organisations pour la Lutte contre le Paludisme in Côte d'Ivoire (ROLPCI) and Alternatives Cameroun.

ACCESS TO FUNDING

In November 2015, the *Alliance Nationale Contre le Sida* (ANCS), in partnership with Réseau

Contact (Switzerland) sought 5% Initiative support to draft a regional concept note on mitigating the risk of HIV and tuberculosis transmission among people who inject drugs in 5 West African countries: Burkina Faso, Cape Verde, Côte d'Ivoire, Guinea-Bissau and Senegal. The programme's objective, unprecedented in West Africa, was to collect and/or update epidemiological data from among people who use drugs in order to improve their access to HIV/TB/Hepatitis harm reduction services. This grant covered four priority areas:

- Producing strategic information to guide harm reduction interventions targeting people who use drugs;
- Strengthening the harm reduction capacities of community actors to improve health services;
- Making the social and legal environment more conducive to the implementation of harm reduction activities;
- Running innovative projects and documenting good practices. The 5% Initiative recruited 3 technical experts to help with the drafting of this regional concept note. The note was approved in May 2016 and assigned a budget of 6 million euros. The 5% Initiative later extended its support for the drafting of grant documents, conducting another technical assistance mission from June to September 2016



ORGANISATIONAL AND PROGRAMMATIC STRENGTHENING

The objective of Alternatives Cameroun, created in 2006 in a context of very strong discrimination against sexual minorities, is to assert the rights of key populations in Cameroon. The organisation sought support from the 5% Initiative to strengthen its organisational structure and help it meet the criteria required for becoming a sub-recipient of Global Funds grants. In March 2016, two experts from ICI Health were recruited to help the organisation develop a new

strategic plan for the following three years and produce administrative and financial standard operating procedures. This mission enabled Alternatives Cameroun to appreciate the importance of having a strategic framework for its interventions and development. The work carried out with the experts clarified the organisation's transparency and administrative and financial management obligations, and demonstrated the importance of an efficient and stable management

system. A clear and consensual definition of the organisation's strategic development priorities was drawn up for the following three years and appropriated by the organisation's key members. Lastly, a draft version of the organisation's administrative and financial standard operating procedures was produced. Although yet to be finalised, it contains most of the key elements needed to ensure the efficient management of this kind of organisation.

SUPPORTING INSTITUTIONAL RECOGNITION OF COMMUNITY ACTORS

The 5% Initiative works with national health authorities to strengthen the role of community actors in the fight against the pandemics.

SIX TECHNICAL ASSISTANCE MISSIONS with public bodies (Community Health Directorates, National Tuberculosis Control Programmes and Directorates General for Health) have been carried out in 5 countries, focusing on defining activities, securing funding and obtaining recognition of community health worker status.

In Mali, Niger and Burkina Faso, the 5% Initiative supported the drafting of community health strategy documents on the fight against tuberculosis and Health System Strengthening. In 2017, the 5% Initiative worked with Côte d'Ivoire's Community Health

Directorate on drafting a community health strategy and the production of a document on the status of Community Health Workers and their financial and non-financial motivation.

SUPPORTING THE ORGANISATION OF A COMMUNITY HEALTH WORKSHOP IN SENEGAL

In March 2018, the Directorate General for Health in Senegal organised a workshop attended by twenty or so countries from West and Central Africa to help inform its reflection on best

practices, and work on opportunities, challenges and the stakes involved in integrating community health into the national health system. The objectives of this workshop, which ran from 14 to 16 March 2018, were to:

- Review progress and the limitations of the national community health strategy;
- Share community health innovations and successful and/or specific interventions in priority areas;
- Define the issues, challenges and opportunities involved in integrating community health into Senegal's health system;
- Discuss modalities for funding community health as part of Health System Strengthening;
- Share experiences of the institutionalisation of community health in the various countries to help find a suitable approach for Senegal;
- Develop a national frame of reference for community health.



Participants in the community health workshop in Senegal.

The 5% initiative recruited two experts to support the Community Health Cell and, more specifically, the scientific and organisational commissions with producing materials for the workshop and facilitating this unprecedented event. During the workshop, a book was widely distributed containing abstracts illustrating the most encouraging experiences. In closing, par-

ticipants stressed the importance of institutionalising national strategic plans so they can be used as essential reflection and implementation tools, as well as the need to capitalise on the knowledge of community actors and innovative interventions to help ensure the sustainability of funding for improved integration of community health in Senegal's health system.



SUPPORTING COMMUNITY HEALTH SYSTEM STRENGTHENING IN CÔTE D'IVOIRE

Côte d'Ivoire's Ministry of Health and Public Hygiene has undertaken a series of reforms for harmonising community-based approaches with a view to providing an integrated package of activities - essential if the interventions are to achieve any real impact. A very wide range of actors is working at community level in the country. Some work on a voluntary basis, while others are paid bonuses or incentives of varying amounts. As the status of community health worker (CHW) is not yet recognised, there is no regulatory or legal framework governing their remuneration. To address this problem, the 5% initiative recruited two experts to work with the Directorate of Community Health on drafting a document on the status of CHWs and a consultation document on the implementation of a system of motivation for these workers. Both of these documents will be appended to Côte d'Ivoire's Community Health Strategy. Several stakeholders were involved in producing the first drafts of these documents (international NGOs, French Embassy, Ministry of Health, multinational partners like UNICEF and UNFPA), and visits were also made to Community Health Workers on the ground. The aim was to obtain a sufficiently broad view of the status and motivation of CHWs in Côte d'Ivoire. To provide further input for these documents and the country's community health strategy, the Directorate of Community Health, with the help of the 5% Initiative, organised a regional experience-sharing workshop in Yamoussoukro from 30 May to 2 June 2017. This workshop was an opportunity to learn from the experience of Rwanda, Ghana and Burkina Faso in the field of community health. A meeting was held in Abidjan in November 2017 during



The 5% Initiative has worked with Côte d'Ivoire to harmonise and obtain recognition of the status of Community Health Worker.

which the Director General for Health presented the orientations adopted by Côte d'Ivoire, which were based on the recommendations made at the Yamoussoukro workshop. Côte d'Ivoire has thus defined Community Health Workers as community healthcare providers. These are men or women working on a voluntary basis, selected from within and by their community according to specific criteria and having received training to provide an integrated package of basic preventive, promotion, curative and support services under the supervision of qualified health personnel. The choice of CHWs will take into account parity and peer education strategy, as well as criteria such as membership of the community, capacities and general suitability. The village team will be made up of two types of CHW: standard CHWs, trained to assist families with essential family practices such as nutrition,

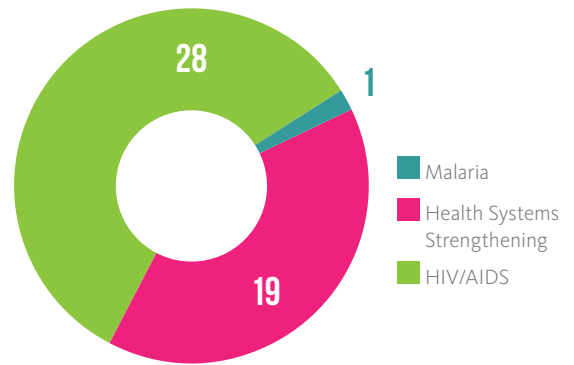
hygiene and sanitation, and CHW coaches, who have more experience and will be identified on this basis by their colleagues to support ten or so standard CHWs in the health district, under the supervision of health personnel. Finally, concerning community-based interventions, Côte d'Ivoire now provides non-financial motivation in the form of training, supervision, work materials and equipment, honorary recognition, as well as financial motivation specific to standard CHWs and CHW coaches, payable each quarter. On the basis of these orientations, organisations working with CHWs in Côte d'Ivoire can now adopt a common approach to the recruitment, use and benefits to be offered to CHWs. The next stage could be to draw up a national policy document on community health with a view to introducing universal health coverage in Côte d'Ivoire.

THE FINANCING OF PROJECTS

Local and international NGOs constitute over 60% of Channel 2's project leads. Since its creation in 2011, the 5% Initiative has provided strong support to community actors in the form of 48 projects (including 13 led by "southern" NGOs) and a global budget of 43.5 million euros. There are currently 25 projects underway.

The 5% Initiative has launched several calls for projects to strengthen national responses to the needs of key populations². The main objective of these calls has been to encourage the participation of key populations in the design, implementation, monitoring and governance of Global Fund grants. Improving the participation of key populations depends to a large extent on community-based networks, as they play an essential role in screening and prevention, as well as in the monitoring of stigmatised groups such as men who have sex with men, sex workers, adolescents and children and people who use drugs. These populations are afraid to attend traditional health facilities. They are more willing to accept outreach care from charitable networks or health workers and peer educators from within their own community. In 2014, the 5% Initiative launched a specific "Key populations" call from which it selected 4 projects implemented by local and international NGOs and relayed by associations in the field.

BREAKDOWN OF PROJECTS BY PANDEMIC



². The Global Fund to Fight AIDS, Tuberculosis and Malaria considers key populations to be: "groups that experience both increased impact from one of the diseases and decreased access to services. It also includes groups that are criminalised or otherwise marginalised".



Project title: Support for the professionalization of community-based organisations working to raise the awareness of vulnerable populations from the world of transport

Project Lead: MOTO ACTION

Implementing partners: IRD, ANRS, Moto Action Cameroun

Country of implementation: Cameroon

Start date: 1st May 2015

Duration: 36 months

Budget: €836,846

With an estimated prevalence of 4.3%, Cameroon is one of the countries worst-affected by HIV/AIDS in West Africa. Today, motorcycle taxi drivers, who offer an essential means of transport in many African countries, are considered to be a potential vector for the transmission of HIV between key populations and the general population. But their mobility and professional activity make them hard to reach, and very little epidemiological and ethno-sociological literature is devoted to this target group.

In order to document the situation of motorcycle taxi drivers, MOTO ACTION carried out a study entitled "MOVIHCAM" using an approach combining an exploratory qualitative study for gaining a clearer understanding of the social organisation of motorcycle taxi drivers, an epidemiological study for gathering quantitative data of their behaviour and a second qualitative study for more detailed information on certain research questions. The quantitative approach involved a cross-cutting survey of 1,798 taxi drivers in Yaoundé, Douala, Kribi and Bertoua, four of Cameroon's main cities.



A survey interviewer exchanges with a motorcycle taxi driver as part of the MOVIHCAM study.

A mapping exercise was used to determine the spatial characteristics of the parking and work areas of motorcycle taxi drivers. A high-level of community participation (recruitment of survey interviewers from among the taxi driver community and involvement of psychosocial counsellors) greatly facilitated work on obtaining consent, recruitment and HIV testing.

One of this project's objectives was to help professionalise Community-based Organisations (CBOs) in charge of HIV/AIDS prevention in this target group by developing their expertise in raising the awareness of motorcycle taxi drivers to HIV/AIDS

issues. This expertise was developed through training on awareness-raising tools such as quizzes, card games or picture-boxes designed by MotoAction for use with lorry drivers and motorcycle taxi drivers. CBO managers were also trained to mobilise resources in order to become financially self-sufficient.

In December 2017, the project's six partner CBOs organised meetings to promote the project's outcomes with local authorities and partners. These meetings were an opportunity for the CBOs to establish new partnerships and weave their actions into the local institutional fabric to ensure their sustainability ■



Actors in MDM's harm reduction project in the community village at the ICASA conference in Abidjan.



Project title: Access to healthcare for vulnerable people who use drugs in Abidjan: towards a national policy

Project Lead: Médecins du Monde France

Implementing partners: Croix bleue, Espace Confiance, ASAPSU

Country of implementation: Côte d'Ivoire

Start date: 8 January 2015

Duration: 30 months

Budget: €840,000 €

In 2014, Médecins du Monde (Mdm) carried out a study of 450 people who use drugs living in Abidjan. HIV prevalence among this particularly vulnerable population was estimated to be 9.7%, against 3.8% among the general population. This high


prevalence is mainly due to unsafe sexual practices and the extreme precariousness of this target group's living conditions.

In January 2015, in response to these alarming findings, MDM and its implementing partners launched prevention, harm reduction and healthcare management actions in Abidjan for people who use drugs.

Using a community-based approach, and employing peer educators and community health workers, MDM's aim was to empower beneficiaries to develop appropriate and acceptable responses and fight the stigmatisation, exclusion and criminalisation that form barriers to healthcare. The most noteworthy outcome of this project is the planned opening of care centres, including a community centre, offering opioid substitution treatments (OST). Supported by a whole range of actors (Ministry of Health and Public Hygiene, national NGOs, community-based actors, etc.), this community care centre will be the first of its kind

in francophone Africa for people who use drugs. In February 2017, the Minister for Health and Public Hygiene publicly announced the introduction of opioid substitution treatments in the country. This announcement has helped accelerate procedures for opening these care centres and obtaining the necessary authorisations for starting OST. MDM and the National Programme to Combat Tobacco, Alcohol, Drug and other Addictions (PNLTA) incorporated estimations for methadone requirements into their Global Fund HIV grant request (2018-2020) and this funding was confirmed at the end of 2017, along with some co-financing via the PNLTA. The National Institute of Public Health (INSP) has now changed the name of its “mental health” service to “mental health and addiction” service. The Global Funds HIV grant will also help finance the equipment and some alterations to the INSP so it can get the opioid substitution treatments underway. So, the harm reduction package is gradually expanding and in three

years’ time should be capable of offering a comprehensive treatment, care and follow-up service adapted to the specific needs of people who use drugs ■

 *“My name is D. Moussa. I’m 37 years old and I’ve been using heroin and cocaine since I was 25. I used to hang out in a ghetto with friends who were already using drugs, and that’s when I started. Since then, I’ve spent 3 years in prison. I was involved in a road accident in November 2017 which left me unconscious with a head injury. I was taken to the Neurology Unit at Yopougon teaching hospital, where MDM took care of all my treatment. Thanks to MDM, I’m now in very good health. I’m hoping that MDM will help me find a training course so I can get qualified and find a job.”*



Project title: “Profgender”: Developing gender-specific intervention and harm reduction capacities in Ukraine

Project Lead: International Charitable Foundation “Alliance for Public Health”

Implementing partner(s): 8 Regional Information and Resource Centres; “All-Ukrainian Public Health Association”; Association of Substitution Treatment Advocates of Ukraine ; Institute of Social Work and Management of the National Pedagogical Dragomanov University;

Country of implementation: Ukraine

Start date: 15 March 2015

Duration: 36 months

Budget: €997,548

The HIV epidemic in Ukraine is one of the worst in Central and Eastern Europe. It mainly affects men who have sex with men (MSM), sex workers (SW) and people who inject drugs (PWIDs). People who inject drugs are the most affected by the disease with a prevalence rate of 19.7%, which represents an estimated 62,000 PWID infected with HIV. According to a bio-behavioural study conducted in 2013, prevalence is even higher among women who inject drugs (22.5%). The objective of this project is to ensure equal access for people who use drugs and their sexual partners to good-quality care and prevention activities that take gender issues into account. Alliance Ukraine has therefore adopted an innovative structural approach that integrat gender issues into harm reduction strategies for people who inject drugs. On top of testing new prevention and support strategies for women who inject drugs. The project also:

- trains a large numbers of professionals from the medical-social sector to be gender-sensitive in their interventions, notably through the development of an e-learning platform. Between January 2016 and December 2017, 424 professionals from the medico-social sector received in situ training on including gender issues in their interventions with people who inject drugs, with an average success rate of 88%.




Beneficiaries of the Profgender project after a workshop on self-esteem

- encourages women who inject drugs to take part in prevention activities (participation in the recruitment and in the mentoring of newly-recruited people). Between January 2016 and December 2017, 3,774 women and 517 male sexual partners of women who inject drugs benefited from the pilot projects.

- allows the local authorities to take ownership of the training programme and other key players in HIV control to learn from the project’s innovations. Between January and December 2016, at least 169 professionals from the medico-social sector took part in experience-sharing workshops. These workshops aim at disseminating the project’s good practices to other community-based organisations and NGOs in Ukraine. This project has also strengthened the competencies of caregivers and social workers.

In the second half of 2017, Alliance Ukraine, in partnership with the Ministry of Health, the Ministry of Social Policy and the Association of Family Medicine, published a practical guide entitled: *“Optimization of inter-sector cooperation between general practitioners and social workers in the delivery of social and medical services to those populations most at risk of HIV, tuberculosis and hepatitis, as well as people living with HIV”* ■

 *“I would like to express my sincere thanks to Alliance Ukraine for organising and running a training course at the NGO “Return to Life” in Kirovohrad, in October 2016. The course was instructive, comprehensive, based on concrete experiences, interesting and very useful for our work. From a professional perspective, I was particularly impressed by the pilot project’s new methodology - the NewMe game. It is a unique technique because it can be used when working with members of a vulnerable group and with anyone else in need of psychological support”.*
(Psychologist for the Mental Health Clinic, Tcherkassy region)



Ukrainian social workers exchanging during a workshop on the different interventions addressing the specific needs of women IDU



SAVING THE FUTURE: INNOVATIVE STRATEGIES FOR FIGHTING HIV IN YOUNG PEOPLE WHO USE DRUGS IN VIETNAM

The project of the Vietnamese NGO, Centre for Supporting Community Development Initiatives (SCDI), was selected in a call for projects targeting teenagers and young girls, and assigned a budget of €860,000 for a period of three years. Launched in June 2016, its aim is to implement a harm risk reduction programme in 8 provinces of Vietnam for young people under the age of 20 who use drugs. An initial 3-month

evaluation was carried out in 2016-2017 in Hai Noi, Hia Phong and Ho Chi Minh City. 584 young people who use drugs aged between 16 and 24 years were interviewed as part of this evaluation. The participants were recruited by community-based organisations of key populations using the respondent-driven sampling method and included men who have sex with men, sex workers and a few transgender people. These respondents completed a questionnaire and were

tested for HIV and Hepatitis C. The survey revealed an HIV prevalence rate of 6.3% and an HCV prevalence rate of 9.4%. In 2017, 38 community-based organisation workers were trained in mitigating the risks linked to the use of methamphetamine and the consumption of drugs by adolescents. They are now capable of making contact and inviting young people to take part in the projects. With technical and financial support from the SCDI, 17 community-based organisations (CBOs) have begun interventions for young people who use drugs in Hanoi, Hai Phong, Ho Chi Minh City and Nghe An. These actions include awareness-raising activities, weekly communication sessions at the CBOs’ office and in the community to gather and provide information on adolescents, who use drugs, as well as community and team-building events to strengthen the adhesion of the CBOs’ members and beneficiaries. Testing and treatment services, as well as other health services (STIs, methadone, tuberculosis screening, and identification with identity papers) have provided financial support to certain patients in need of urgent treatment.



Interview with a young person who uses drugs as part of the “Saving the future” project.

COMMUNITY ACTORS AS KEY ADVOCACY FIGURES: THE ROLE OF HEALTHCARE OBSERVATORIES

In West and Central Africa, associations involved in the fight against AIDS and concerned about the quality of services and the levels of discrimination have created healthcare observatories to provide citizen oversight and feedback on access to healthcare and respect of rights.

Using a participatory approach, these independent and community-based set-ups give patients a voice which allows them to contribute towards obtaining improvements to their care, treatment and follow-up. In fact, there are numerous weaknesses in existing healthcare systems which generate barriers to health care and unequal quality of service against a backdrop of stigmatisation, sometimes resulting in rights violations.

The healthcare observatories pursue the following objectives:

- To obtain alternative and reliable information on the treatment

situation in the country in order to identify the main barriers to care and rights;

- To lobby the public authorities on existing problems and propose solutions for improving access to care or reduce discrimination, and thus carry out effective advocacy;

- To promote the autonomy and empowerment of people affected so they can be actors in their own treatment and care and defend their rights.



Positive-Generation activists demonstrating in support of universal health coverage.



Project title: Health governance through the creation of an independent, community-based system for monitoring access to healthcare

Project Lead: Positive-Generation (PG/Cameroun)

Implementing partners: National Association of Young Women Active in Solidarity (ANJFAS/Central African Republic)

Countries of implementation: Cameroon, Central African Republic, Democratic Republic of Congo

Start date: 1st April 2014

Duration: 36 months

Budget: €776,892

Since 2013, the 5% Initiative has been supporting three healthcare observatories in West and Central Africa with a €4.4 million grant.

In Cameroon and Central African Republic, the effects of the healthcare observatories have been positive and have helped strengthen healthcare systems: fewer stock-outs of drugs (in Cameroon, there are now almost no ARV stock-outs), fewer cases of illegal charging for procedures that should be free-of-charge, fewer cases of overcharging and unnecessary procedures, etc.). Thanks to the observatory and discussion groups, users are now more familiar with their rights and better able to assert them.

The Treatment Access Watch (TAW) observatory is now operating in 80 health establishments throughout Cameroon (despite some difficulties in the north due to the security situation) and in 14 health centres in Bangui. In Cameroon, TAW covers 65% of HIV/AIDS treatment centres and 79% of the patient register.

Use of this tool is recommended in the country's National Strategic HIV/AIDS Plan's monitoring & evaluation plan as a means of documenting stock-outs of ARVs and commodities.

The creation of the TAW observatory has strengthened the role of civil society. It has made Positive-Generation in Cameroon and ANJFAS in the Central African Republic key players in the fight for better access to healthcare, especially with international partners and technical and financial partners.

In light of these encouraging results, the 5% Initiative is continuing its support to Positive-Generation and will be financing the second phase of the project which should cover Cameroon, CAR and Chad. This phase is currently being negotiated and is due to be launched in 2018 ■



Project title: **Community healthcare access observatories (OCASS) in three West African countries**

Project Lead: Network for Access to Essential Medicines (Réseau Accès aux Médicaments Essentiels (RAME))

Implementing partners: Niger Network of Persons living with HIV (RENIP+), Guinean Network of Associations of Persons living with HIV (REGAP+)

Countries of implementation: Burkina Faso, Guinea and Niger

Start date: 1st April 2014

Duration: 36 months

Budget: €841,820.63

The Community Healthcare Access Observatory (OCASS)

is an independent civil society set-up whose objective is to gather data on the availability of health services for people with tuberculosis, HIV and malaria in Burkina Faso, Niger and Guinea. It is run by the Network for Access to Essential Medicines (RAME) and its partners RENIP+ in Niger and REGAP+ in Guinea. The activities began gradually in all three countries in April 2014 and ended in September 2017.

The final evaluation of this project confirmed that, in Burkina Faso and Niger, the information gathered by OCASS, together with its advocacy actions, have helped mitigate many of the problems identified, especially in local health centres and districts and, in certain cases, at central level: stock-outs of drugs - especially ARVs - and commodities are now less frequent; the quality of patient reception has improved and there is less stigmatisation. These examples reveal a gradual change in the behaviour of care providers.

The project has also shown that citizen oversight can prompt the authorities to take action. When an observatory raises the alert, the authorities now call a press conference and try to offer solutions. In fact, there is clearly the political will to integrate the "community observatory" approach into the national health system.



"Over the years, Treatment Access Watch has become an aid to decision-making. The credibility of this observatory comes from its capacity to gather and report factual information on barriers to healthcare for HIV patients, and carry out advocacy actions to resolve the problems observed. Its strength probably lies in its varied approach to data collection (from patients, care-providers, journalists, academics, etc.)."

Abdoulaye Sali, Coordinator of the Association AFSU EN MAR, Maroua, Cameroon

Thus, in Burkina Faso, financing for the OCASS system (information-gathering, radio programmes, green line, etc.) has been incorporated into the new Global Fund grant. In Niger, stakeholders such as UNAIDS are planning advocacy actions in 2018 to persuade the key authorities to take ownership of this system. And in Guinea, civil society organisations, which are also members of OCASS' steering committee, argue for the integration of healthcare observatories into the national health system in the funding request submitted to the Global Fund. And now that community observatories have been recognised for their usefulness and effectiveness in improving the access of communities to quality services, it would indeed be entirely justified for them to receive a Global Fund's HSS (Health System Strengthening) grant until a sustainable financing model can be found.

In light of its success, the 5% Initiative has decided to renew its support to RAME by financing a new project for strengthening community observatories in Niger and Burkina Faso and extending community oversight coverage throughout the two countries using information and communication technologies. This new project also aims to introduce a community certification system in 15 HIV/AIDS treatment centres in each country ■



Gathering reliable data is one of the community healthcare access observatories' key actions.



Peer educator visits drug user as part of Médecins du Monde's risk reduction project, Abidjan



Project title: Strengthening and promoting the role of civil society in the coordination of Global Fund-financed HIV/AIDS control programmes in North Kivu, DRC

Project Lead: Médecins du Monde France

Implementing partners: UCOP+, FOSI

Countries of implementation: Democratic Republic of Congo

Start date: November 2013

Duration: 26 months

Budget: €505,037

In North-Kivu, in the Democratic Republic of Congo, civil society actors engaged in the fight against HIV and the NGO Médecins du Monde ran a project from 2013 to 2015 aimed at strengthening and promoting the role of civil society in steering HIV control programmes. The main focuses of this project were monitoring the provision of and access to HIV services, producing analyses of the HIV situation, disseminating information and consolidating the role of civil society. This programme has had some interesting direct and indirect effects:

- Presentation of data that is complementary to the information disseminated contractually by the sub-recipients or via the SNIS and that documents and highlights the day-to-day difficulties encountered by people living with HIV in accessing care;

- Strengthening of civil society's role in the steering of HIV/AIDS control programmes in North Kivu by producing the data needed for its advocacy;

- Strengthening of the link between people living with HIV and the health areas: some Area Chief Medical Officers are now using the reports produced on the accessibility and quality of HIV services as a key steering tool and management committees are being organised more frequently;

- Development of ad hoc practices to avoid interruptions in access to services, and reduction in the cost of access;

- Supporting the action capacity of people living with HIV who now include the results of the project in their advocacy and activist activities (thanks to the feedback activities, they now have a real role to play).

This project has helped develop good practice in health governance and reduce management risks involved. When it came to an end in December 2015, the Global Fund took over the funding of the observatory in North Kivu, assigning it a budget of US\$ 400,000. Given the success and the importance of this activity, the Global Fund has decided to replicate this observatory. In response to a request from the CCM (Country Coordinating Mechanism), the funding of observatories in Kinshasa and East Kasai has been included in the HIV grant. Médecins du Monde, in partnership with AINGA/AIDES, MADAIDS, AFSA and Solidarité des MSM, has since reproduced this project in Madagascar where activities got underway in May 2017 ■

CAPITALISING ON COMMUNITY KNOWLEDGE

Based on the observation that health system strengthening is not possible without also strengthening community-based systems, in 2016 the 5% Initiative decided to launch a three-yearly thematic call for projects targeting community and national health system strengthening.

Among the responses to these calls, the Alliance Côte d'Ivoire/PAC-CI consortium proposed a project for improving the quality of community HIV/AIDS and tuberculosis services in Côte d'Ivoire through scientific documentation and communication, training in methodology and gathering indicator data.

Improving the quality of community-based HIV/AIDS and tuberculosis control services in Côte d'Ivoire through scientific documentation.

To achieve UNAIDS 90-90-90 goals for the elimination of HIV and WHO's objective for eradicating tuberculosis, community actors need to implement innovative actions based on reliable and better-targeted data. Despite their engagement, the contribution of community-based actors, mainly focused on prevention and the care continuum, is still insufficiently documented and promoted. This lack of visibility is a barrier to popularising and scaling up good community practices for improving service provision.

To address this problem, the Alliance Côte d'Ivoire/PAC-CI consortium is working to strengthen the scientific documentation and communication capacities of NGOs, support the national

and international dissemination of the results achieved by the communities in the fight against the pandemics, and obtain the inclusion of pilot results and good practices in national strategies, policies and planning in Côte d'Ivoire and the sub-region. It has already begun promoting community activities, mainly by sharing their results in oral communications and posters at international conferences.

Following the training of 60 community actors, all of them members of HIV and tuberculosis control organisations in Côte d'Ivoire, 25 résumés were submitted to the scientific committee of the Pan-African HIV conference (ICASA) which took place in Abidjan in 2017. Eleven of them were selected, including one oral communication and 10 poster presentations. In France, five posters will be presented at the AFRAHIV francophone conference in Bordeaux from 4th - 7th April 2018.

As another of the project's objective is to disseminate the good practices of Ivoirian actors beyond French-speaking networks, three abstracts were submitted at the Conference of The Union Africa Region which took place in Accra from 10 to 14 July 2017.



Expertise France is the French public agency for international technical assistance. It aims at contributing to sustainable development based on solidarity and inclusiveness, mainly through enhancing the quality of public policies within the partner countries. Expertise France designs and implements cooperation projects addressing skills transfers between professionals. The agency also develops integrated offers, assembling public and private expertise in order to respond to the partner countries' needs.



The 5% Initiative is France's indirect contribution to the Global Fund to fight Aids, Tuberculosis and Malaria. It supports partner countries in the design, implementation, monitoring and evaluation of programmes funded by the Global Fund through the provision of one-off technical support missions at the request of the countries concerned, and the funding of long-term projects of two to three years' duration.

For more information: www.initiative5pour100.fr

