Policy Brief

L'INITIATIVE SIDA, TUBERCULOSE, PALUDISME

POSITIONING ON IMPROVING ACCESS TO HEALTH SERVICES FOR VULNERABLE AND / OR MARGINALIZED POPULATIONS

Keywords

Marginalized populations, gender, human rights, partnerships, capacity strengthening

Summary

There has been clear progress in recent years around promoting and facilitating access to quality health services with a view to reducing the impact of the HIV and AIDS, tuberculosis and malaria pandemics. However, many barriers remain for vulnerable and / or marginalized populations in L'Initiative-eligible countries[1]. For over ten years, L'Initiative has supported a large number of projects and technical assistance assignments focused on strengthening the quality and accessibility of health systems, including community systems. L'Initiative supports approaches that are adapted to and integrated into communities and has carried out rigorous evaluation on a cluster of funded projects. This brief outlines our positioning based on the cross-cutting analysis of these evaluations and shares lessons for scale up.

[1] https://www.initiative5pour100.fr/en/where-do-we-act

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Introduction

We have seen a major turning point since the mid-2000s in the response to HIV and AIDS in particular, as well as in the response to tuberculosis and malaria. This has involved a shift to promoting approaches that are adapted to local epidemiological and health contexts. For example, the well-known slogan "know your epidemic, know your response" highlights[2] that reducing transmission rates is linked to the epidemiological context, the types of transmission among the most affected groups, how well screening and testing services are performing, and the conditions of access to care and treatment.

This paradigm shift led to a twofold movement in the fight against AIDS. Firstly, the assumption that heterosexual sex is the only mode of transmission in sub-Saharan Africa was called into question, and secondly the concept of "key populations[3]" emerged. This term has made it possible to identify groups at increased risk of infection not only because of potential biological vulnerability, but also because of legal or social challenges that make it hard from them to access prevention and care[4]. These population groups, who are more affected than others, are also recognized as being "key" in the response: it is not possible to respond to the epidemic without their involvement. Similar developments are now taking place in the tuberculosis and malaria responses, albeit on a much smaller scale. It is more common to talk about "vulnerable and/or marginalized populations" in relation to these two diseases. There is, however, a growing consensus around the need to design and evaluate targeted and differentiated intervention approaches that are tailored to different groups and their needs, and which take into account the stigma and discrimination experienced by some of these population groups.

The analysis here gives a policy overview of 15 projects, which were selected between 2014 and 2016. This analysis takes stock of the strengths and weaknesses of these projects supported by L'Initiative, and above all highlights the potential to improve support for catalytic, high-impact projects capable of structurally reducing inequalities in access to quality health services.

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[2] ONUSIDA, 2007, AIDS epidemic update. Geneva: Joint United Nations Programme on HIV/AIDS Wilson D, Halperin D, 2008, "Know your epidemic, know your response": A useful approach, if we get it right. Lancet 372: 423–426

[3] As defined by the Global Fund: https://www.theglobalfund.org/en/key-populations/

[4] "Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations", 2014, updated in 2016

Methodology:

This evaluation was carried out by three experts from the consultancy firm Oasys and TeAM in several stages:

* An evaluation of all selected projects from the 2014 and 2016 calls for proposals (15 projects) based on L'Initiative's criteria around accountability, learning and sharing of results. It should be noted that the results of most of these projects were considered to be good or very good, but the sustainability and management capacity of implementing partners needed strengthening, as did ownership by beneficiaries.

* Two cross-cutting analyses carried out in 2019 and 2021 with the objective of increasing knowledge among all stakeholders around strategic topics that are of shared interest.

* A workshop to co-develop recommendations comprising 28 participants from the L'Initiative team, its steering committee and some of the project leads from evaluated projects.

Glossary:

CBO: Community-based organization   DU: Drug user

LGBTI: Lesbian, gay, bisexual, transgender and intersex   MSM: Men who have sex with men

PLHIV: Person living with HIV   PrEP: Pre-exposure prophylaxis

SS: Skills strengthening   STI: Sexually transmitted infection   SW: Sex worker

1 | Involving target populations to ensure quality, accessible and adapted service provision

In the projects evaluated, the target population groups were crucial partners, and their involvement was a determining factor in the **provision of adapted, quality, holistic, accessible and responsive services**. By mobilizing their peers, these groups created strong local demand, thereby promoting increased use of services. However, projects where there was a low level of ownership were not very effective, were of lower quality, had less impact and a high rate of dropout or loss to follow up.

Yet, when there was strong involvement of these populations, based on a formal partnership, this enhanced their empowerment and role as agents of change within their community. It also enabled **feasibility testing of innovative services**, such as

pre-exposure prophylaxis (PrEP) and sexual health services for men who have sex with men (MSM) and transgender people.

Several projects also leveraged a strong focus on breaking down silos by integrating STI, hepatitis and tuberculosis management with HIV, or by expanding services to include prevention to cervical cancer, drug use and even forced alcohol intake. This open approach has been much appreciated by target populations and **has contributed to consolidating and expanding a differentiated provision of prevention and care**, including responses tailored to the specific needs of key populations with multiple vulnerabilities.

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Positioning:

• L'Initiative reaffirms its support for vulnerable groups in the broad sense with a specific focus on intersectionalities and multiple vulnerabilities, through its calls for projects in particular. In this way, supported projects may relate to populations with cumulative risk exposure or vulnerability factors (LGBTI, people who use drugs, sex workers), but may also relate to vulnerabilities that have not been explored in great depth, such as people living with disabilities, transport workers or young people / women who use drugs. These population groups are heterogeneous and complex, they include different groups that need to be taken into account depending on the country context, age groups, their vulnerabilities and their specific needs.

• L'Initiative encourages project leads to ensure that communities and representatives from key populations are involved throughout the projects, from the development phase to monitoring project quality, and are included in decision-making bodies. This involves a stronger requirement for project partnerships to prove their expertise and to be more representative of vulnerable populations[5].

2 | Improving gender mainstreaming and human rights approaches

Several projects had objectives relating to advocating against discrimination and for access to testing and care for target populations. Some of the projects were able to make changes through their advocacy work, including legal and regulatory changes (access to methadone, community testing), work around anti-discrimination laws and on the priority given to key populations and recognition of their legitimate role. Within these projects, the evaluation found that progress on human rights was linked to capacity building focused on technical subject areas (access to care for people who use drugs or migrants, testing), rather than on tackling human rights head-on. In this way, by improving the credibility and recognition of the technical skills of community-based organizations (CBOs) and key populations in the eyes of institutional stakeholders, capacity building had a positive impact on human rights. However, there was one area that was not really explored, namely self-stigma among key populations who are not accessing care.

In other projects, inclusion of approaches to reduce vulnerabilities and barriers related to gender and human rights were limited and appeared to be on the periphery of the project or focused on the needs of the project. Some projects working with female sex workers did not sufficiently include gender-based violence, which is a major issue in terms of health, HIV exposure and quality of life.

The level of gender mainstreaming was considered too low among the projects evaluated. Although L'Initiative has greatly strengthened its approach to gender and its requirements since these calls for projects, this series of projects did not benefit from this, as they predated this work.

Positioning:

• L'Initiative encourages partnerships to be developed with identity organizations representing beneficiaries and with human rights and / or gender equality NGOs in order to be part of a local approach that makes it possible to deliver solutions that will be more easily accepted in a given context.

• L'Initiative has identified several approaches to facilitate the analysis of barriers to access to services for marginalized populations in projects related to gender and human rights, and the inclusion of interventions to overcome these barriers. For example, tools to help integrate gender into projects and simple tools, such as a gender mainstreaming checklist, can be shared. Establishing a gender focal point ensures that the intervention logic of the project is reviewed from a gender perspective (that goes beyond disaggregating data by gender) in line with relevance and project feasibility.

• L'Initiative encourages the use of combined approaches to integrate human rights and discrimination issues: legal literacy and empowerment of vulnerable populations, advocacy, training of health professionals, awareness-raising of legislators and law enforcement officials, and mechanisms to respond to gender-based violence (GBV) and rights violations. There is now a

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[5] As an example, the relevance and robustness of partnerships as well as the proportion of funding allocated to local partners may be looked at more intensively during project selection.

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greater emphasis on, and value given to, "advocacy" initiatives in L'Initiative calls for projects, to ensure a more structured and qualitative approach[6].

In order to go above and beyond service access and have a meaningful influence on the legal environment in particular for populations, the evaluators recommended involving human rights organizations, and training them on health issues and key populations, even if this means documenting levels of knowledge about local services and populations. Integrating gender and human rights into projects would benefit from drawing on examples of relevant approaches or references in these areas (UNAIDS recommended programs or clearly identified feedback).

3 | Recognition of the effectiveness of combined approaches, including services, skills strengthening, advocacy, empowerment and legal literacy

Projects supported by L'Initiative often take a combined approach that can integrate services, individual and organizational capacity strengthening, advocacy and empowerment of key populations and community health workers. Taking action at these different levels is the best way to bring about changes to effective care for vulnerable populations.

SKILLS STRENGTHENING

Skills strengthening is crucial and exists across all projects supported by L'Initiative because it ensures knowledge and expertise, as well as team cohesion. Skills strengthening takes various forms (theoretical and practical training, tutoring, coaching, supervision, internships) and contributes to project impact and sustainability, even if the impact on access to care or on progress for populations is limited. Skills strengthening enables all types of organizations to find common goals, and enables health professionals to understand the challenges and needs of patients and their families and vice versa, etc.

Although the organizations supported know how to innovate thematically and often include relevant skills strengthening (PrEP, people living with disabilities, survey techniques), few projects have carried out needs assessments to establish a baseline and enable an objective assessment of progress to be made. The lack of evaluation, analysis and learning within training modules represents a missed learning opportunity.

Recognition of target populations, particularly key populations or organizations representing them, almost always involves capacity strengthening and CBO structuring, with training in governance and organizational management, strategic planning, seeking funding from a sustainability perspective or monitoring and evaluation. There is an indisputable role for capacity strengthening around organizational structure, but this is much more effective when an initial CBO needs assessment take place, to guide and assess strengthening activities more effectively. Unfortunately, these assessments are often weak. Getting from theory to practice is a challenge that can only be met by the human resources and skills available.

Positioning:

• L'Initiative is enhancing its support to project leads around skills strengthening by proposing the systematic inclusion of a needs analysis, an evaluation of the impact of capacity strengthening and a formal assessment of the capacity of community-based or identity-based organizations to ensure more targeted support and clearer objectives around strengthening their structure. L'Initiative suggests adapting skills strengthening to ensure that local support is included in projects to provide on-site support for learners (theoretical and practical training, mentoring, coaching, supervision, internships). This facilitates ownership of the anticipated skills and ensures the quality of activities carried out. South-South sharing of good practice and work placements are particularly relevant and should be encouraged.

[6] The aim of L'Initiative's 2022 call for projects is to structure the role of advocacy and ensure the protection of litigants (lawyer's fees; care costs; accommodation costs), as well as learning from advocacy interventions throughout the project.

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4| Urgency of recognizing community health workers

Target population groups, including key populations, are the key stakeholders in project implementation, and have been the primary project workforce. The COVID-19 pandemic has strengthened the crucial role that peers play in ensuring the continuity of services and has further legitimized community interventions. However, the cross-cutting evaluation confirmed observations that have been made previously by various groups, including UNAIDS[7], that remuneration for the work that these staff carry out on projects is often too low and their workload is too heavy. This contributes to a rapid turnover of community workers or peers and to them being both personally and professionally exhausted. Their roles are unstable, limited to the lifetime of the project, and the lack of professional prospects leads to a loss of community expertise, which also threatens the quality and sustainability of services.

Positioning:

• The contribution of community workers and their paramount importance in these projects working with vulnerable groups must justify the urgency of giving or creating a clear and rewarding status to them within care teams. Although this is a national policy issue, it is L'Initiative's role to ensure systematic vigilance around this when reviewing projects it supports and by encouraging more reflection and approaches to ensure improved status of community workers.

• L'Initiative is undertaking knowledge generation around the recognition of community work in order to better understand the models and practices aimed at improving the status of community workers, in particular by analyzing the influence of the various technical and financial partners and the added value of L'Initiative around community worker status. The aim of this study is to engage in a coordinated process with TFPs.

5| Improved integration of partnerships and projects into national health systems

The effectiveness and **ability to generate new models, evidence or approaches** that are integrated into country policy and planning documents has been a great success for most of these projects. By influencing national strategies, either directly or indirectly, these projects have enabled target populations to be taken into account, adapted intervention responses, expanded the range of services provided and improved recognition of key populations and of the technical expertise of PLHIV, or TB survivors, etc. However, some projects would have benefited from being more integrated into the public health system.

The continuity of care between prevention and access to care and treatment has been particularly effective where HIV testing and ARV treatment are carried out in the same facility; and when appropriate, having access to a support person (peer educator, mediator, community health worker, etc.) has also been effective in reducing numbers of loss to follow up.

Positioning:

• L'Initiative encourages project leads to form partnerships that ensure a comprehensive range of care services. This continuum involves ensuring the availability of testing inputs and drugs and should extend all the way up to successful treatment for the three diseases, including co-infections (hepatitis, tuberculosis and STIs).

• L'Initiative ensures that inclusive and operational steering committees are set up to act as monitoring and governance bodies for projects. Project results highlighted various catalysts, such as the involvement of steering committee members and modelling this involvement, following an alliance strategy logic, and targeting stakeholders according to the steering committee level / subject (hierarchical / operational). Strengthening the partnership can also be based on the effective involvement of key players and bodies, such as the regional global health advisors (CRSMs). By linking the project lead with

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[7] UNAIDS «2 million African community health workers» https://www.unaids.org/sites/default/files/media_asset/African2mCHW_en.pdf

national and possibly international stakeholders, CRSMs can also play a crucial role in promoting good practices from projects and in advocating with national and international stakeholders for scale up.

L'Initiative also encourages project steering committees to be inclusive and involve at a minimum:

targeted vulnerable populations, Ministry of Health, CCM, CRSM, Fund Portfolio Managers, TFPs and L'Initiative Project Managers. The composition of the steering committee should be planned in the project design phase to enable it to play its role of monitoring and governance body.

6 | Strengthening learning[8] within projects to support implementation

Projects play a highly valued catalytic role in relation to health systems, but there is need for greater impact, and to anticipate scale up and to share results more effectively[9]. Indeed, project learning, when it does take place, happens at the end of the project and is often outsourced, which makes it difficult for the health system to learn from the results. In this respect, there should be better planning to transfer activities at the end of project, which should be accompanied by robust learning that reflects the reality on the ground. This would contribute to the sustainability of activities undertaken by projects and their scale up. This would also mean that projects can be promoted and communicated about to demonstrate their merit, which is often underestimated because Projects are not very well-known. However, documentation of good practices for the health system did take place in various projects: effectiveness of establishing a cohort of PLHIV to monitor the evolution of their care or establishing a community center to provide care to people who use drugs; a model of risk reduction services adapted to young people, or referrals on community testing and sexual health provision.

Positioning:

• L'Initiative strengthens project learning to act as a catalyst and facilitate the scale up of good practices. Learning must be a formative component for the project and for the lead organization from the project design phase through to it being transferred. The learning implementation process should be planned as early as possible, with relevant human resources allocated to ensure it is carried out.

• This must also be accompanied by strategic communications to public health system partners to facilitate the transfer of projects and their scale-up in particular, where there are conclusive results.

• When L'Initiative is asked to support countries with preparing new funding requests to the Global Fund, we provide mobilized experts with information on catalytic projects being implemented, or that have been completed, which warrant being continued through support from the Global Fund or other donors.

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[8] *L'Initiative has increased the budget and human resources of its Monitoring, Evaluation, Accountability and Learning (MEAL) unit to increase capacity to learn from results and processes.*

[9] *For projects completed in 2020, the key performance indicator from L'Initiative's project scale-up strategy has documented only one project that has been replicated in another geographic area.géographique.*

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Conclusion

There needs to be ongoing accelerated efforts to empower communities, particularly key, vulnerable and /or marginalized populations, to take charge of their health and to remove barriers to access to health care in the broad sense, ranging from prevention and diagnosis to management and monitoring. Barriers to access to care are known and have been identified by these populations. They relate to unsuitable provision in terms of facilities that are unwelcoming, the distance from facilities, restricted opening hours or access that is not compatible with their desired anonymity and frequently facilities that lack trained providers that respect the specific needs and rights of key populations[10]. To help reduce these barriers and increase access to care for these populations, projects supported by L'Initiative have made it possible to diversify the types of care at local level, or in several countries for multi-country projects. Projects support the approach to go where these populations are located, through community mobilization, community testing for HIV, tuberculosis or malaria, the introduction of pre-exposure prophylaxis (PrEP) to expand prevention provision, or adapted sexual health provision including the management of sexually transmitted infections; access to care and harm reduction forpeople who use drugs, for both HIV and tuberculosis; training health personnel and awareness raising for populations around their rights.

In contexts where respect for human rights, access to care and an adapted service provision, including combination prevention, are[11] not yet a reality, what needs to be supported is testing, experimenting, and demonstrating the feasibility and relevance of these approaches with a view to scale up.

L'Initiative integrates all this learning throughout the project cycle: calls for proposals, selection, preparation, development and monitoring. In this way, these recommendations are, or will be, accompanied by specific measures, and the outcomes will be evaluated on the basis of the results of future projects.

L'Initiative also reaffirms its willingness to support catalytic projects and, to do so, it will have to meet the challenge of reconciling the risk inherent in unique and potentially innovative projects by ensuring strong project efficiency and accountability. L'Initiative wants to continue to support some less experienced project leads, which involves a balance between managing new requirements and an approach that raises awareness or potentially strengthens leads with regard to these areas. It takes time to change practices, as can be seen with regard to integrating gender and human rights, for example, and this requires investing in supporting lead organizations to update or produce new reference tools or documents and improve their support methods, as required. Finally, our technical assistance and capacity-building mechanism (the Expertise Channel) will enable greater synergy, by providing integration and sustainability opportunities to health stakeholders and authorities, as well as technical and financial partners, including the Global Fund.

REFERENCE:

- Cross-cutting evaluation: Marginalized populations, A. Wade, Dr. H. Rossert, J. Papy, P-Y. Le Norval, 2021
- Cross-cutting evaluation: Key populations, A, Wade, Dr H. Rossert, 2020

TO FIND OUT MORE, PLEASE VISIT:

Cross-cutting evaluation summary: Key and marginalised populations, L'Initiative-Expertise France:

https://www.initiative5pour100.fr/en/documents/evaluation-key-populations-324

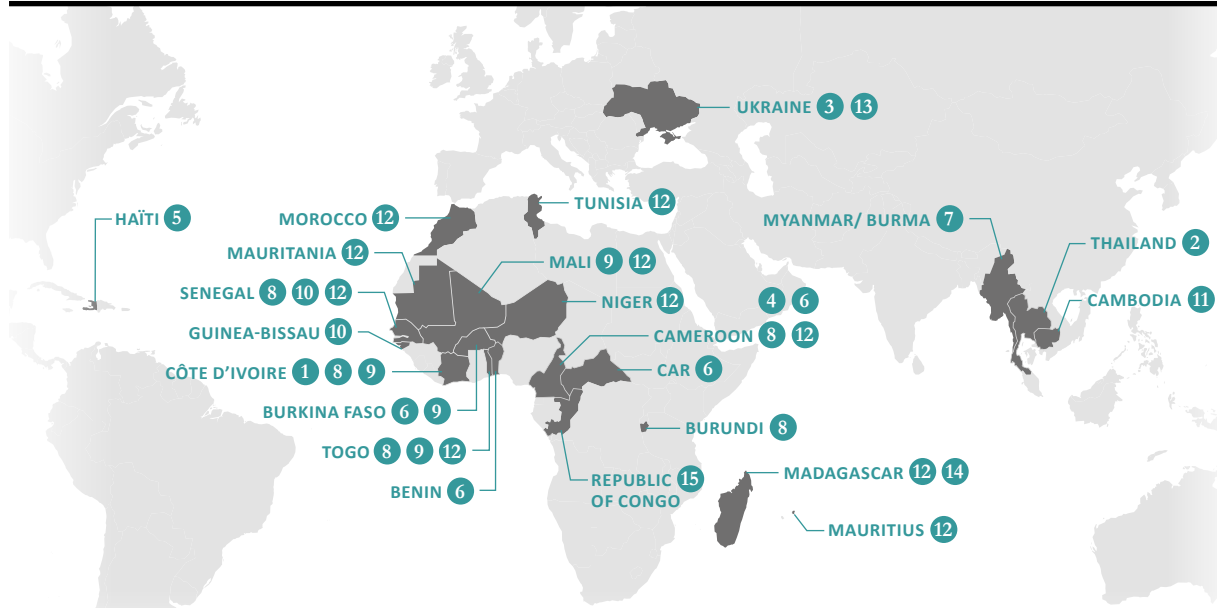https://www.initiative5pour100.fr/en/documents/marginalized-populations-459

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[10] "In 2020, key populations accounted for 65 % of all new HIV infections and 39 % of new HIV infections in sub-Saharan Africa. The risk of acquiring HIV is: 35 times higher among people who inject drugs; 34 times higher among transgender women; 26 times higher for sex workers; and 25 times higher for men who have sex with men.", UNAIDS; 2021 HIV/AIDS Fact Sheet: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

[11] Refers to a combination of behavioral, biomedical and structural approaches. https://www.unaids.org/sites/default/files/media_asset/20151019_JC2766_Fast-tracking_combination_prevention.pdf

UKRAINE ③ ⑬
HAÏTI ⑤
MOROCCO ⑫
MAURITANIA ⑫
TUNISIA ⑫
MYANMAR/ BURMA ⑦
THAILAND ②
SENEGAL ⑧ ⑩ ⑫
MALI ⑨ ⑫
NIGER ⑫
④ ⑥
CAMBODIA ⑪
GUINEA-BISSAU ⑩
CAMEROON ⑧ ⑫
CÔTE D'IVOIRE ① ⑧ ⑨
CAR ⑥
BURKINA FASO ⑥ ⑨
BURUNDI ⑧
TOGO ⑧ ⑨ ⑫
MADAGASCAR ⑫ ⑭
BENIN ⑥
REPUBLIC OF CONGO ⑮
MAURITIUS ⑫

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① CÔTE D'IVOIRE
Project lead: **Médecins du Monde (MDM)**
Thematic: **Access to care**
Key populations/PV: **DU**

② THAILAND
Project lead: **Program for HIV Prevention Treatment (PHPT)**
Thematic: **Access to HIV testing**
Key populations/PV: **MSM, SW, DU**

③ UKRAINE
Project lead: **Alliance for Public Health (APH)**
Thematic: **Access to harm reduction services based on a gender approach**
Key populations/PV: **DU**

④ CAMEROON
Project lead: **MOTO ACTION**
Thematic: **Support to professionalize CBOs providing HIV and AIDS prevention**
Key populations/PV: **Vulnerable transport worker populations**

⑤ HAÏTI
Project lead: **Volontariat pour le Développement d'Haïti (VDH)**
Thematic: **Access to community-based HIV testing**
Key populations/PV: **MSM and SW**

⑥ BENIN, BURKINA FASO, CAMEROON, CENTRAL AFRICAN REPUBLIC (CAR)
Project lead: **L'Union**
Thematic: **Investigating transmission of tuberculosis**
Key populations/PV: **Children**

⑦ MYANMAR/ BURMA
Project lead: **Première Urgence Internationale (PUI)**
Thematic: **Structuring a group of people living with HIV and self-help groups**
Key populations/PV: **PLHIV**

⑧ BURUNDI, CAMEROON, CÔTE D'IVOIRE, SENEGAL, TOGO
Project lead: **AfriCASSO**
Thematic: **An environment conducive to better access to HIV prevention and care services**
Key populations/PV: **MSM AND SW**

⑨ BURKINA FASO, CÔTE D'IVOIRE, TOGO, MALI
Project lead: **IBB/IRD**
Thematic: **Access to HIV-related PrEP**
Key populations/PV: **MSM**

⑩ SENEGAL, GUINEA-BISSAU
Project lead: **Humanité et Inclusion**
Thematic: **Inclusion of people living with disabilities in the response to HIV**
Key populations/PV: **people living with disabilities**

⑪ CAMBODIA
Project lead: **KHANA**
Thematic: **SMS interventions to improve the health of SWs and provide a reliable source of monitoring and evaluation data**
Key populations/PV: **SW**

⑫ MOROCCO, TUNISIA, MAURITANIA, MALI, NIGER, SENEGAL, CAMEROON, TOGO, MAURITIUS, MADAGASCAR
Project lead: **Coalition PLUS**
Thematic: **Access to quality health services for key populations**
Key populations/PV: **SW ,DU, MSM**

⑬ UKRAINE
Project lead: **AFEW Ukraine**
Thematic: **Access to integrated HIV care services**
Key populations/PV: **Young people, DU**

⑭ MADAGASCAR
Project lead: **Médecins du Monde (MDM)**
Thematic: **Contributing to strengthening HIV and AIDS and HIV/TB coinfection prevention, testing, management and monitoring approaches**
Key populations/PV: **SW, MSM, DU and young people**

⑮ REPUBLIC OF CONGO
Project lead: **Association de Solidarité Internationale (ASI)**
Thematic: **Access to quality health services**
Key populations/PV: **Young girls in vulnerable situations and SW**

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