

Testing



CROSS-CUTTING PROJECT EVALUATIONS





L'INITIATIVE

L'Initiative is a French funding mechanism launched in 2011, which complements the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It provides technical assistance and catalytic funding to around forty Global Fund recipient countries to improve the effectiveness of their grants and strengthen the health impact of funded programs. In this way, L'Initiative contributes to ensuring the effectiveness of pandemic responses.

6
projects evaluated

8
countries reached
by the projects

21
implementing
partners

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Cross-cutting evaluations of long-term projects

L'Initiative has calls for proposals each year, from which around twenty projects are selected. All funded projects are required to have an external final evaluation.

In order to make the most of this comprehensive exercise, L'Initiative has put in place a thematic cross-cutting evaluation mechanism for projects. This enables reporting on the use of Ministry of Europe and Foreign Affairs funds to highlight L'Initiative's interventions, as well as drawing out learning to improve interventions to respond to the three pandemics and to inform future activities.

KEY DATA

from the "Testing" cross-cutting evaluation

Total budget of the projects:

€5,569,437

PANDEMICS COVERED:

HIV: **5** projects

Tuberculosis: **2** projects

6

projects evaluated

8

countries reached by the projects

21

implementing partners

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The evaluated projects

4 MAURITANIA

1 MALI

2 CÔTE D'IVOIRE

2 5 CAMEROON

3 REPUBLIC OF CONGO

6 NIGER

2 CAMBODIA

2 MOZAMBIQUE

1 MALI - 2019-2022

Improving access through inclusion of all in the fight against HIV/AIDS

LEAD

FÉDÉRATION MALIENNE DES ASSOCIATIONS DES PERSONNES HANDICAPÉES (FEMAPH)

PARTNER

RÉSEAU MALIEN DE PERSONNES VIVANT AVEC LE VIH (RMAP+); HUMANITÉ ET INCLUSION (HI)

2 CAMBODIA, CÔTE D'IVOIRE, CAMEROON, MOZAMBIQUE - 2017-2022

Impact of routine early TB detection using EXPERT MTB/Rif ULTRA in children with severe pneumonia in high TB burden countries (TB Speed)

LEAD

UNIVERSITY OF BORDEAUX INSERM U1219 (UBX)

PARTNER

INSTITUT DE SANTÉ PUBLIQUE, D'ÉPIDÉMIOLOGIE ET DE DÉVELOPPEMENT (ISPED), UNIVERSITÉ DE BORDEAUX

3 REPUBLIC OF CONGO - 2020-2023

Strengthening HIV prevention among key populations (MSM, SWs)

LEAD

RÉSEAU NATIONAL DES ASSOCIATION DES POSITIFS DU CONGO (RENAPC)

PARTNER

ASSOCIATION DE SOUTIEN AUX GROUPE VULNÉRABLES (ASGV), BRAZZAVILLE; CŒUR ARC EN CIEL; UNION POUR L'ASSISTANCE AUX FEMMES PROSTITUÉES D'AFRIQUE (UAFPA), BRAZZAVILLE; ASSOCIATION CŒUR OCÉAN, POINTE-NOIRE; ASSOCIATION AFFIRMATIVE ACTION CONGO (3AC); ASSOCIATION DES JEUNES POSITIFS DU CONGO (AJPC)

4 MAURITANIA - 2019-2022

Promoting access to quality HIV testing for key populations through community interventions

LEAD

SOS PAIRS ÉDUCATEURS (SOS PE)

PARTNER

AGD

5 CAMEROON - 2019-2023

MOVICAM Health On The Road

LEAD

MOTO ACTION FRANCE (MAF)

PARTNER

MOTO ACTION CAMEROON (MAC)

6 NIGER - 2020-2023

Laboratories for Health (Labo 2S)

LEAD

SOLIDARITÉ THÉRAPEUTIQUE ET INITIATIVES CONTRE LE SIDA (SOLTHIS)

PARTNER

FONDATION MÉRIEUX, RENIP+, ANIMAG TB, NIGER MINISTRY OF PUBLIC HEALTH

Introduction

This summary presents results from the cross-cutting evaluation of six L'Initiative-funded projects on the theme of testing, implemented across seven African countries and one Asian country.

Since 2015, the World Health Organization (WHO) has recommended non-clinical testing by community actors as an approach to HIV testing. Community actors are trained and supervised to deliver safe and effective HIV testing services in an autonomous way. These non-clinical approaches to testing have demonstrated that they are reliable, acceptable and provide optimal coverage, as they make it possible to reach population groups that are reached less by conventional services. However, community-based testing continues to face legal barriers that impact its adoption, operationalization and scale up. All of the projects evaluated aimed to advance HIV and/or tuberculosis (TB) testing, both within and outside health facilities.

The cross-cutting evaluation of six projects highlighted the importance of four essential components for testing approaches to be successful:

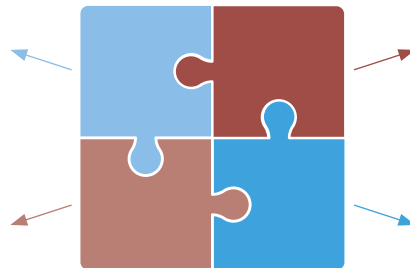
The four pillars of testing

HUMAN FACTOR

- Leadership of the project lead or shared leadership
- Partnerships
- National ownership
- Integration into GC7 funding requests and other funding

SYSTEMS APPROACH

- Joint action on systemic health system weaknesses
- Establishing parallel systems
- Referral / counter-referral system
- Data management



CREATING AN ENABLING ENVIRONMENT

- Acceptability of testing
- Reducing insecurity and demand creation
- Legal age for testing, ethics and data protection
- Reducing gender-related inequities

DIFFERENTIATED SERVICE TOOLS AND APPROACHES

- Differentiated services
- Technological innovations
- Unit costs and economic assessments



METHODOLOGY

This evaluation was carried out by the firm TeAM between June 2022 and March 2024. It was carried out by a team of four specialists in public and community health, laboratories and project evaluation.

The evaluation involved:

- An individual evaluation of each project on the ground.
- Cross-cutting analysis of the results to draw lessons learned and good practices from the projects evaluated, in order to identify the essential pillars of testing approaches, with the aim of drawing out learning and improving the quality of future interventions.
- A co-creation workshop to develop recommendations in February 2024 with the lead organizations from the projects evaluated, members of the L'Initiative team and the Steering Committee. The workshop allowed for the lessons and recommendations presented in this publication to be identified collectively.

AREA 1

Differentiated services and innovations

“The SOS PE project has evidenced the feasibility of non-clinical HIV testing for key populations and has enabled it to be included in the AIDS, hepatitis and STI control service’s national testing strategy in Mauritania.”

Differentiated services

The cross-cutting evaluation revealed that projects implemented a **diverse range of community testing approaches** – clinical and non-clinical through saliva testing – adapted to the specific contexts of the countries and the needs of target populations in all their diversity: people living with disabilities, sex workers, men who have sex with men, truck drivers. The research project led by the University of Bordeaux aimed to revise the pediatric TB screening protocol. The SOLTHIS Labo2S project aimed to strengthen the technical platform in ten laboratories: it integrated demand creation for testing by strengthening the capacity of psychosocial staff and prescribers.

The cross-cutting evaluation revealed that community actors working on the projects have a good knowledge of the differentiated approaches to service delivery recommended by UNAIDS and understand how to adapt them to both target populations and the local context. All the projects that provided testing focused on ensuring that people who test positive are referred effectively to care facilities to initiate treatment and people testing negative are referred to access pre-exposure prophylaxis (PrEP) or another prevention method. **Testing was therefore not approached in isolation, but as a critical tool as part of a comprehensive toolbox.**



Differentiated services and innovations

Creating an enabling environment

A systems approach

The human factor and leadership

Referrals were fostered through prior work by projects to improve the **beneficiary – care provider relationship**; an essential component of quality care that generally results in improved treatment adherence. The projects fostered greater collaboration between peer educators and care providers and improved the beneficiary – care provider relationship, which resulted in high levels of satisfaction from all stakeholders.

Innovations

The six projects introduced innovative ways of using existing tools, mobilized existing community skills or adapted approaches to the local context. For example, Moto Action provided multi-disease testing and care (HIV, TB, malaria, etc.) to truck drivers using a mobile health van in truck parks, which was a new approach to testing in Cameroon. Community-based testing provided by SOS PE’s peer educator network emerged as a particularly suitable and effective solution in a context where there are high levels of stigma against MSM. Conversely, the FEMAPH project implemented a national HIV testing approach using mass awareness campaigns, which proved to have a low level of effectiveness and high cost, highlighting the need to adopt more targeted approaches.

A routine activity in one context, such as saliva self-testing in Mauritania, can be an innovative approach in another context, such as RENAPC in Congo obtaining marketing authorization for saliva self-testing. UBx proposed using a combination of interventions to assess the benefits of changing the testing protocol and generating scientific evidence. The project results effectively led to the WHO’s international guidelines on pediatric TB screening and treatment being revised.

The infrastructure and equipment required for HIV and TB viral load testing means that this technology is not accessible everywhere in the country. It is therefore necessary to transport biological samples to laboratories that have the relevant technical platform and then ensure that service providers receive the test results. Moto Action and SOLTHIS have developed strategies to do this that are adapted



to local contexts. In Cameroon, Moto Action used a network of motorcycle taxis to transport biological samples from the various health facilities to the regional reference laboratory. This innovative approach has strengthened the health system at the regional level. In Niger, SOLTHIS carried out an audit of the different routes used to collect and transport biological samples and share results. They then rolled out tailored technical support to strengthen the transport system for these samples by developing a procedures and guidelines manual.

Recommendations

- Testing interventions cannot happen in isolation and must be part of a minimum package of services to identify PLHIV, provide adapted prevention interventions and initiate treatment, where required.
- Continue to support community actors and trust their creativeness to identify and implement the most appropriate service for the local context.

AREA 2

Creating an enabling environment

The cross-cutting evaluation shows how important community action was for project leads. Creating an enabling environment is an essential step for all testing interventions, in order to promote acceptability of testing, to create the necessary trust and to reduce inequalities in access.

Acceptability

Simply providing a new service or introducing a new approach or new technology is not enough to gain the support of target groups. First and foremost, new innovations must be acceptable for the target group. Demand creation makes testing services acceptable to all by demonstrating the benefit that everyone can get from them. **All the projects aimed to strengthen demand for testing services.** The project leads strengthened the capacities of partner CBOs and peer educator networks to enable them to play a key role in identifying target populations, mobilizing them and raising awareness of the importance of HIV and/or TB testing. These approaches resulted, among other things, in a very high rate of acceptance of testing in all the projects evaluated. Strengthening community actors can therefore be considered to be a prerequisite for demand creation.

Reducing insecurity, building trust

Stigma and discrimination remain significant barriers to testing. **It is essential to reduce the level of insecurity that a person may encounter in the process of accessing testing, which can be achieved in a variety of ways.** Some projects have strengthened the capacity of care providers, in order to change their attitude towards people, improve privacy and confidentiality and reduce discriminatory attitudes. In Mali, care providers were trained in sign language and Braille reading, to enable visually and hearing-impaired people to have access to information on HIV care. This has had a multiplier

effect: care providers trained by FEMAPH have sensitized their colleagues on the need to change their views on disability. In Congo, the project led by RENAPC has put in place an approach to tackle discriminatory attitudes among laboratory staff towards MSM and SWs during biological tests. The partner decided to take the samples themselves and then transport them to the laboratory. Although this has not resolved the underlying problem, which cannot be resolved quickly, this solution has allowed for better access to health services for populations that feel excluded. RENAPC has also developed interventions to educate MSM and SWs about their rights. In Cameroon, the multi-disease approach implemented by MAC has made it possible to deverticalize and make HIV and TB less visible through providing truck drivers with access to more general care (urinary tract infection, blood sugar, etc.).



Ethics and legal age

The legal age for HIV testing without parental consent varies from country to country. This is a barrier as young people may feel unsafe requesting testing and care providers may require the consent or presence of a parent. In accordance with Cameroon law and National Ethics Committee guidelines, MAC only collected data for adults and required parental permission for minors. The data was also protected on a secure server hosted by ANRS-MIE, demonstrating that a national NGO can set up a highly rigorous and secure data collection and storage system. In other regions, some care providers reported disregarding the legal age and providing tests to minors requesting it, with or without parental consent. **Community actors and care providers therefore act based on their own ethical convictions in relation to the legal age for HIV testing** and based on the local social and family context.

Testing and gender-based inequalities

High levels of inequality between women and men translate into structural inequalities that are powerful determinants of population health.

In Mali, women with disabilities who are living with HIV experience vulnerabilities related to gender, disability and HIV status that can be a barrier to accessing HIV testing, treatment and health services in general. In this context, FEMAPH placed particular emphasis on training female providers: 52% of psychosocial counsellors and health providers trained in sign language were women. In Mauritania, SOS PE took into account the gender-specific needs of key populations by providing gynecology consultations for young women and proctology consultations for MSM, which helped to deverticalize HIV testing and integrate it into a package of care.

Recommendations

→ **The lack of respect for human rights and the insecurity felt by people who are stigmatized or discriminated against in health facilities are a barrier to testing and health services. Integrated service provision that includes HIV testing is an effective approach.**

→ **It is not always possible to improve discriminatory attitudes among care providers quickly. Adopting approaches to work around the problem can be a more immediate solution. In order to do this, it is crucial to assess the barriers to accessing care in advance.**

→ **The legal age for testing can represent a barrier to minors accessing this service and implementing actors do not have the capacity to take action. However, by approaching the National Ethics Committee and collaborating with Universal Health Coverage experts, it is possible to develop ethically acceptable approaches and obtain the necessary support from national authorities.**

→ **In addition to testing being an opportunity for people who test positive to initiate treatment and suppress their viral load, it also represents an opportunity to discuss prevention methods, regardless of the person's HIV status.**

GOOD PRACTICE IN MAURITANIA

In Mauritania, Sharia law prohibits homosexual behavior and can result in the death penalty. For MSM, social marginalization translates into poor access to health services. In order to implement a non-clinical community-based HIV testing approach for key populations (SWs and MSM), SOS PE supported and strengthened the capacity of 10 CSOs around prevention and testing provision with these population groups. In some of the trainings, SOS PE chose to bring together community actors and care providers, so that they can progress together to acquire knowledge and skills around the prevention and care of key populations. Working in proximity during these trainings made the health centers involved more welcoming to key populations and made HIV testing more acceptable for them.

AREA 3

A systems approach

The cross-cutting evaluation found that several projects faced health system failures. This confirmed the need for all testing interventions to adopt an approach that also aimed to strengthen the health system (“the systems approach”).

Availability of supplies

The availability of medical supplies is essential for any testing project. The evaluation found that supply stock outs had a major negative impact on four of the six projects. For example, the national health system strengthening interventions implemented by SOLTHIS have contributed to an increase in the demand for viral load tests. However, activities had to be suspended due to prolonged supply stock outs. The University of Bordeaux (Ubx) and RENAPC have set up parallel systems to avoid being dependent on the national system. RENAPC has established a direct collaboration with the Congolese central pharmaceutical purchasing agency for the supply of saliva self-tests. As a research project, the project led by Ubx had the resources to enable them to create their own supply system for optimal study conditions. Most of the supplies were procured in France and transported to the site by Ubx, which ensured their availability without strengthening the national supply chain. Therefore, despite the negative impact of projects being dependent on sometimes failing supply chains, none of the project leads developed partnerships that enabled parallel interventions around the systemic weaknesses of the health system.

Data collection, analysis and dissemination for decision-making

The production and dissemination of reliable, quality, people-centered data is one of the essential components of resilient and sustainable systems for health. The cross-cutting evaluation highlighted challenges with producing community data, which are often not collected by the health information system (HIS). Community data collection is therefore impacted by the limitations of the health system and the level of roll out and effectiveness of HIS usage, for data to be integrated. Only Moto Action was able to collect, analyze and use quality and secure data to guide project activities. MAC was able to tailor its messaging and interventions to the needs and expectations of beneficiaries through the appropriate use of data for decision making.



Differentiated services and innovations

Creating an enabling environment

A systems approach

The human factor and leadership

In Mali, FEMAPH introduced registries in health facilities to collect data related to monitoring people with disabilities. The quality of registers being completed varied depending on the site. To address this gap, FEMAPH advocated to the Ministry of Health to include an indicator on people with disabilities in the HIS, which proved to be a challenge and was not successful. The other organizations set up reporting systems that make it possible to collect the data necessary to inform the project’s logical framework, sometimes by creating indicators that are not recognized by the country. **Where data relating to the treatment cascade or the continuum of care has been collected, they remain “raw” (i.e. uncleaned) and under-used for decision-making and have not been shared regularly with the national authorities.**

GOOD PRACTICE IN CAMEROON

Moto Action has been able to develop a high-quality database of both quantitative and qualitative data, which provides information about beneficiary behaviors. A significant strength of the project was linking the implementation team with a data management specialist from the National Agency for Research on AIDS, Hepatitis and Emerging Infectious Diseases (ANRS-MIE). Thanks to this expertise, a dual data control mechanism was put in place: 1/ the National Ethics Committee validated the data management plan; 2/ the data was entered and stored in the Redcap software in compliance with the ANRS-MIE quality control and security procedures.

As a research body, the University of Bordeaux has internal skills at its disposal and has been a strong model for the collection, use and dissemination of data and the production of strategic information. While it is not realistic to expect this level of effort from organizations, they could look to strengthen their collaboration with universities or national research institutions. The MAC model is a great example that could be replicated (see insert).

Referral / counter-referral system

The cross-cutting evaluation found that **most of the community actors within projects, with the exception of Moto Action, had little or no involvement in the continuum of care and did not receive feedback from health centers** indicating whether or not PLHIV who had been tested and referred had initiated treatment. However, Moto Action set up a unique identifier system assigned to populations targeted by the project and has developed a coordinated monitoring system between health facilities and the project team to collect data on patient monitoring and avoid gaps in the continuum of care.

Recommendations

- Plan for the provision of parallel supplies or include a budget line to build up buffer stock or to source from private facilities, in the event of supply stock outs.
- Donors should allow this to be funded to alleviate supply problems.
- Long-term technical assistance from the central purchasing agencies in the project countries could be envisaged.
- Think about data protection issues for vulnerable populations targeted by the projects, as these groups sometimes already experience discrimination, especially in countries where there is no stand-alone health data protection law.

AREA 4

The human factor and leadership

In all the projects evaluated, the human factor was a key determinant of project success.

Leadership and partnerships

The human factor is a key pillar of any testing approach. This was based on **leadership by the project lead or leadership shared between the project lead and national, regional or local authorities**. Leadership can be earned, developed, strengthened and shared. Project managers have shown leadership in building and facilitating the necessary partnerships. In addition to the financial and technical strength of organizations, the involvement and motivation of individual actors to unite, bring people together and to work together, are essential factors for success. In Congo, RENAPC's strong leadership has allowed it to bring together organizations of PLHIV and MSM and SW identity associations. They also established a collaborative agreement with the Ministry of Health, who participated in the recruitment and monitoring of capacity strengthening of AJPC community partner staff to ensure the quality of services: an example of shared leadership.

The human factor is also key for partnerships that have been forged between the project lead and key actors in the country, region or area of intervention. Multi-form partnerships have adapted to the project objectives to be highly relevant and facilitate project



implementation. **These strategic partnerships between complementary actors** have often been decisive factors, both at the community level and with health services and the national directorates or programs at the Ministry of Health. For example, the SOLTHIS project in Niger combined the leadership of national NGOs, national AIDS and TB programs at the Ministry of Health and international actors.

Integration into national/international strategies

Ownership by national authorities of the proposed testing approaches must be a priority to ensure their sustainability. In addition to national authorities, the involvement of civil society actors and technical and financial partners is also essential. This ownership can be measured by the level of integration of testing approaches into national guidelines and/or Global Fund grants. Such ownership is only possible with strong leadership and partnerships to bring relevant actors together, lead advocacy and facilitate consensus. SOS PE led the necessary advocacy to include non-clinical testing for MSM in Mauritania's national testing protocol. These efforts fed into collective and inclusive work carried out under the aegis of the Directorate General of Health, the Directorate for the Control of Communicable Diseases and the Service for the Control of AIDS, Hepatitis and Sexually Transmitted Infections, with strong participation of civil society, to develop a guiding document for the community testing strategy in Mauritania. **Almost all of the leads have managed to include testing for their target population group(s) in the GC7 Global Fund grant, which is positive in terms of the sustainability of the approach**, given the importance of having it funded.



GOOD PRACTICE IN MALI

In order to carry out their testing intervention, FEMAPH worked with the Malian network of people living with HIV and also developed strategic partnerships with the Executive Secretariat of the High National AIDS Council, the Country Coordinating Mechanism, and the principal recipients and sub-recipients of Global Fund grants, among others. This is all the more remarkable as FEMAPH was not a well-known actor in the national HIV response before the project started. FEMAPH's leadership has been a determining factor in their increased visibility, which is now reflected by them being a recipient of Global Fund funding under the 7th funding cycle (GC7).

At another level, results obtained by the TB Speed project led by UBx made it possible to revise the WHO international guidelines for biological sampling and early detection of TB in children under five. These results have been presented at international conferences, and in scientific publications and a technical guide¹. Sustainability is now reliant on countries in the South adopting the new WHO consolidated guidelines². The Elizabeth Glaser Foundation has taken on these new guidelines to develop training materials, which are needed to support their dissemination.

Recommendations

- Civil society actors need to be supported to acquire, strengthen and/or express the leadership needed for testing projects to be successful.
- Leadership by project leads or shared leadership with the national authorities must result in national ownership of the testing approaches developed. In order to achieve this, it is crucial to involve civil society actors, national authorities and technical and financial partners.

1. Making the best of available tools and approaches. Summary guidance for microbiological and clinical diagnosis of pulmonary tuberculosis among children. 17 June 2021. <https://pedaids.org/resource/making-the-best-out-of-available-tools-and-approaches/>

2. World Health Organization (March 2022). WHO consolidated guidelines on tuberculosis: Module 5: Management of tuberculosis in children and adolescents. Retrieved from <https://www.who.int/publications/i/item/9789240046764>

Conclusion

The four pillars of the conceptual framework used for this evaluation are essential components to be considered when designing a successful testing project: The human factor and leadership, the enabling environment, differentiated approaches and the systems approach.

While the projects evaluated do not meet all the pillars simultaneously, each of them in their own way demonstrates good practices or, at least, examples to reflect on.

Effective and people-centered testing approaches are a gateway to appropriate care and an essential linkage to achieve a world without AIDS and tuberculosis. As Coalition PLUS remind us in their guide to non-clinical community testing, published in November 2023 with the support of L'Initiative: *"Testing allows people living with HIV to benefit from treatment that if taken effectively provides them with the hope and quality of life of people without HIV. Testing also means having an impact on epidemiological dynamics by reducing the viral load of people in care to undetectable levels, meaning that they can no longer transmit HIV."*

Although the community contribution is still not recognized for its effectiveness, civil society and community organizations have been able to provide appropriate responses to complex issues: non-clinical community testing. There are many obstacles to implementation, but more and more countries are recognizing its effectiveness and cost-effectiveness. L'Initiative continues to support this community approach.



REFLECTIONS

During the 12th AFRAVIH Francophone International Conference in Cameroon in April 2024, L'Initiative organized a round table on community testing that three of the project leads evaluated contributed to: SOS Pairs Educateurs, Moto Action Cameroon and SOLTHIS. ALCS from Morocco and UNAIDS also took part. The event was an opportunity to present the key results from the cross-cutting evaluation and to give voice to community actors to highlight their experience of different approaches to testing.

ACRONYMS AND ABBREVIATIONS

AJPC	Association des Jeunes Positifs du Congo
ANRS - MIE	Agence Nationale de Recherche sur le Sida, les hépatites et maladies infectieuses émergentes
FEMAPH	Fédération Malienne des Associations des Personnes Handicapées
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIS	Health Information System
MSM	Men who have sex with men
PLHIV	People living with HIV
P_rEP	Pre-exposure prophylaxis
PWD	People with disabilities
RENAPC	Réseau National des Association des Positifs du Congo
SOLTHIS	Solidarité thérapeutique et initiatives contre le SIDA
SOS PE	SOS Pair Éducateurs
SW	Sex worker
UBx	University of Bordeaux
UHC	Universal Health Coverage

This publication is part of a collection presenting the results from cross-cutting evaluations produced by L'Initiative. The following back issues are available on our website, in the "documentary resources" section, in both full and summary versions, in French and in English:



This cross-cutting evaluation was carried out by **Christelle BOULANGER, Kemal CHERABI, Philippe LEPÈRE and Laurent Malato** of TeAM, between June 2022 and March 2024. It was coordinated by **Elsa Goujon**, Coordinator of the L'Initiative Evaluation Unit at the Expertise France Health Department.

The analysis and conclusions presented in this document are the responsibility of the authors. They do not necessarily reflect the official point of view of Expertise France or of the organizations and projects evaluated.

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