



CROSS-CUTTING PROJECT EVALUATIONS

HIV across a lifetime

L'INITIATIVE

L'Initiative is a French mechanism launched in 2011, which complements the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. L'Initiative provides technical assistance and support to catalytic projects in 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

44
implementation
partners

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Cross-cutting project evaluation

L'Initiative has established a cross-cutting evaluation mechanism for projects it supports. This mechanism enables to account for the use of the Ministry of Europe and Foreign Affairs' funding, to promote the interventions of L'Initiative, and to learn from them. This contributes to improving practices in the response to the three pandemics and guiding L'Initiative's future interventions.

KEY DATA

from the "HIV across a lifetime" cross-cutting evaluation

Total budget of the projects:

€6,378,118

6

projects evaluated

8

countries reached by the projects

44

implementation partners

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The projects evaluated



1 VIHeillir: Aging well with HIV. Integrating management of comorbidities and aging between clinic and community settings

CAMEROON, SENEGAL - 2020-2024

PROJECT HOLDER
INSTITUT BOUISSON BERTRAND

PARTNERS
CAMEROON NATIONAL AIDS COMMITTEE, POSITIVE GÉNÉRATION, CENTRE RÉGIONAL DE RECHERCHE ET DE FORMATION À LA GESTION CLINIQUE DE FANN (CRCF)

2 TRANSITIONS: Inclusive program to optimize continuity of care for adolescents and young adults

BURKINA FASO, SENEGAL - 2020-2024

PROJECT HOLDER
ASSOCIATION RÉSEAU ENFANTS VIH EN AFRIQUE (EVA)

PARTNERS
REGIPIV, CHUP-CDG, CHNYO, CHNEAR

3 PRESERV: Project to strengthen access to HIV and reproductive health services for adolescents and young people living with HIV and vulnerable populations in the Center and North regions

IVORY COAST - 2022-2024

PROJECT HOLDER
CENTRE SOLIDARITÉ ACTION SOCIALE (CSAS)

PARTNERS
CARITAS, SAVANE COMMUNICATION, ANIMATION RURALE DE NAPIE, FEMMES ET ENVIRONNEMENT, RENAISSANCE SANTÉ BOUAKÉ (RSB)

4 PAJES: Empowerment of organizations and young people working on sexual health

GUINEA - 2021-2024

PROJECT HOLDER
SOLIDARITÉ THÉRAPEUTIQUE ET INITIATIVES CONTRE LE SIDA (SOLTHIS)

PARTNERS
LA COALITION, ASSOCIATION DES BLOGUEUR·EUSE·S DE GUINÉE (ABLOGUI)

5 Saving the Future 2.0 (STF 2.0): Strengthening community-based innovative interventions to prevent HIV transmission among people who use drugs in Vietnam

VIETNAM - 2020-2025

PROJECT HOLDER
CENTER FOR SUPPORTING COMMUNITY DEVELOPMENT INITIATIVES (SCDI)

PARTNERS
20 COMMUNITY ORGANIZATIONS IN 7 PROVINCES, HANOI MEDICAL UNIVERSITY (HMU), VIETNAM NETWORK OF PEOPLE WHO USE DRUGS (VNPUD)

6 AGIR: Taking action on sexual health for young people and people living with HIV

BURUNDI, DEMOCRATIC REPUBLIC OF CONGO - 2022-2025

PROJECT HOLDER
SIDACTION

PARTNERS
ANSS, SWAA, SOS SIDA

Introduction

This summary presents the results of a cross-cutting evaluation of six projects funded by L'Initiative that aim to support specific population groups at each stage of life to respond to HIV: from childhood and adolescence to the transition to adulthood and older age. These projects were implemented in seven countries in Africa and one in Asia.

In 2022, 2.5 million children and adolescents aged 10–19 were living with HIV, representing about 6% of all people living with HIV (PLHIV). However, this age group proportionately remains the most affected by new infections and AIDS-related deaths. According to UNICEF, HIV prevention and treatment among children, adolescents and pregnant women stagnates, and only half of the children living with HIV are on treatment. Young people aged 10 to 24 are particularly vulnerable with significant gender disparities: young women aged 15 to 24 are three times more likely to be infected than their male peers.

At the same time, the issue of ageing with HIV is emerging: thanks to antiretroviral therapy (ART), people living with HIV are now living longer and nearly 4 million of them are over the age of 50. This is a population group which has received only little attention so far in the pandemic responses.

The cross-cutting evaluation of the six projects provided key lessons on adapting healthcare, psychosocial services, and advocacy to the specific needs of each age group.

Definitions

- **Children, adolescents and young people:** UNAIDS uses the WHO definition to distinguish between age groups in the HIV response¹:
 - Children: 0–14
 - Adolescents: 10–19
 - Young people: 15–24
- **Older people:** UNAIDS and the WHO consider older people living with HIV to be those aged 50 and older.²

1. UNAIDS. (2022). *In danger: UNAIDS global AIDS update 2022*. Joint United Nations Programme on HIV/AIDS (UNAIDS). Geneva: UNAIDS. <https://www.unaids.org/en/resources/documents/2022/in-danger>

2. UNAIDS. (2023). *The path that ends AIDS: Global AIDS update 2023*. Joint United Nations Programme on HIV/AIDS (UNAIDS). Geneva: UNAIDS. <https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023>



METHODOLOGY

The evaluation was carried out by the consultancy firm Health Management Support Team (HMST) between May 2024 and December 2025. The team comprised four experts in public and community health, sexual and reproductive health and project evaluation.

The evaluation involved:

- An individual evaluation of each project on the ground.
- A cross-cutting analysis of the results enabling lessons to be learned and best practices to be identified from the projects evaluated, with a view to learning and improving the quality of future interventions.
- A workshop to co-develop recommendations, organized with the lead organizations of the projects evaluated, the team members and the Steering Committee of L'Initiative. The workshop enabled the recommendations presented in this publication to be developed collaboratively

AREA 1

Access to care and treatment according to age

“It was a headache to move children from the pediatric to adult services because they are two different worlds. (...) The project provided a bridge for this transition.”

Doctor, TRANSITIONS project, Burkina Faso

The projects evaluated highlighted systemic barriers that limit access to HIV care according to age and the different socio-economic contexts. Stigma linked to HIV status and/or risky behavior, remains a major barrier, which is further exacerbated by social, economic and gender inequalities. Without targeted interventions, these barriers reduce the effectiveness of health responses and increase people living with HIV's vulnerability, especially for children, adolescents, young people and older people. In response to this, the projects **adapted their approaches**: age-specific status

disclosure, integration of comorbidities management, continuity of care between pediatric and adult services, and development of community support models that improve access to and quality of care. Social and financial support, such as in the VIHeillir project—with a solidarity fund and partial coverage of certain medical costs—has improved access to care and prevented treatment interruptions.

Life transitions – childhood, adolescence, adulthood, old age – are critical points in the journey of PLHIV.

The PRESERV and TRANSITIONS projects have demonstrated the need for differentiated support for young people living with HIV, combining medical monitoring, psychosocial support and progressive empowerment. Other projects, such as VIHeillir, address transitions in an integrated way, by combining medical, social and community interventions.

A one-size-fits-all approach is not enough: successful transitions require close coordination between institutional and community actors to secure the key transitions in a life course.

Community services play a central role in the care pathway for PLHIV. These services meet both medical and social-educational needs and foster solidarity and continuity of care. Their role is essential to maintaining adherence. In the AGIR and PAJES projects, involving peer educators strengthened sexual and reproductive health (SRH). Successful experiences, such as cervical cancer screening (AGIR project) or transition to adult services being accompanied (TRANSITIONS project), show that strengthened monitoring promotes continuity of care. Coordination and effective referrals between clinic-based and community actors remain key factors to remove structural barriers and improve care for young people and older people living with HIV.

The involvement of families embeds interventions in the social fabric and stabilizes individual pathways. Peer support, based on lived experience, promotes treatment adherence and the sharing of practices adapted to each age group. **Synergy between community organizations, peer educators and families / relatives therefore makes it possible to transform structural barriers into drivers of resilience.**

Recommendations

- Strengthen health provider training and care provision so that they are adapted to the specific needs of the different groups (ages, gender, etc.) and life transitions.
- Improve care transition for adolescents and young adults, with progressive and individualized approaches based on their capacity for independence.
- Structure transition frameworks between community and clinical services.

- Strengthen community-based approaches.
- Among the young and older people living with HIV, target groups that are most at risk of dropping out of the care pathway.
- Promote the involvement of families in the monitoring of the care pathway.

GOOD PRACTICE IN BURKINA FASO AND SENEGAL: A SUPPORTED AND COORDINATED PROTOCOL FOR THE TRANSITION TO ADULT SERVICES

The TRANSITIONS project, led by the EVA network, put in place the PACTE protocol to support the transition of adolescents and young people living with HIV from pediatric care to adult services, which can sometimes be an abrupt process, often resulting in gaps in follow-up and reduced adherence. Care teams at adult sites not being sufficiently prepared, free or pediatric support being stopped and/or stigma felt from other adults can impact retention in care. PACTE proposes medical interventions (joint consultations between pediatricians and general medical doctors), psychosocial support (support groups, health insurance funds, school support, professional training and peer support) and strengthens caregiver skills. This promotes retention and continuity of care, adherence to treatment and the overall wellbeing of adolescents and young people living with HIV. Viral suppression rates among adolescents transferred to adult services increased from 78% to 94% from the start to the end of the project.



AREA 2

Integration of SRH services and gender across age groups

“Before, people thought that sexuality should be banned. Through the PAJES project, we understood the importance of talking about it.”

Journalist, PAJES Project, Guinea

Integrating care and awareness-raising activities above and beyond HIV addresses several key challenges. It aims to improve the wellbeing of adolescents and young people living with HIV by taking into account their sexual and reproductive health and preventing new infections. Projects that integrate sexual and reproductive health demonstrate the **effectiveness of an integrated approach**, community strategies, localized interventions, digital solutions and advocacy interventions. This complementary approach compensates for the limitations of an institutional provision, which is often poorly adapted to the needs of young people, older people and key populations. The AGIR project contributed to improving the provision of SRH services, particularly through embedding them into HIV care centers.

The projects have highlighted **barriers to accessing SRH services** for adolescents and young people living with HIV, in particular social taboos around sexuality and stigma resulting from this, the lack of training for service providers, and high costs. Parents and families can facilitate access to SRH services for their adolescents (AGIR project) or oppose it (TRANSITIONS project). Among adolescents, accepting their HIV status and disclosing their status to

their partner are key psychological barriers.

Digital tools improve access to health information and services, especially for young people who are familiar with mobile technologies. They allow for educational content to be disseminated widely and quickly and to reach audiences often not accessed by conventional approaches. Project websites are a particular useful source of information. **The projects evaluated adapt their approaches, messages and tools to the specific needs of each targeted age group.** In Vietnam, where phones are an important source of health information for young people, the SCDI project used Facebook and the Zalo app, widespread throughout the country. In Guinea, the G Qui Ose app (PAJES project) lists available SRH services, among others. In Senegal, the Hello Ados app made it possible to disseminate targeted SRH messages (TRANSITIONS project). However, the effectiveness of digital technology remains limited due to inequalities of access, economic barriers with an offer that is still too general and poorly adapted to the specific needs of people living with HIV, young and older.

Among young people, **peer education** makes it possible to break down isolation and open up dialogues. These localized interventions are conducive to positive prevention and improved adherence, as demonstrated by the PRESERV and AGIR projects. The approach enables messages to be adapted to social and cultural realities and builds trust between beneficiaries and providers. For older people,

communication relies primarily on face-to-face interactions (individual interviews, leaflets, round tables) to address SRH topics that are often neglected. **In this sense, digital tools and localized interventions make it possible to respond to the various needs of target populations in a complementary way.**

Several projects have implemented **differentiated approaches to address gender inequalities** and better address the specific needs of (young) women and (young) men living with HIV. They have adapted educational approaches, awareness-raising tools or terms and conditions of accessing care. The AGIR project, by targeting cervical cancer screening for young girls aged 9 to 14 years, represents a gender-sensitive preventive approach in line with WHO recommendations. However, despite the desire to operationalize a gender approach in HIV responses, some projects included approaches that were oftentimes incomplete or not been properly formalized. The participation of men and women of all ages and gender diversity, taking into account their specific vulnerabilities, and reducing inequalities in access to health services, especially those related to gender norms, remains a major challenge.

Recommendations

- **Strengthen the adaptation of tools and messages to target audiences by tailoring educational content to the social, cultural and emotional realities of different groups (age, gender, HIV status, family environment).**
- **Strengthen systematic gender mainstreaming in all HIV projects.**
- **Improve the economic and geographic accessibility of SRH services for adolescents, young people and older people living with HIV.**
- **Promote the complementary nature of digital innovation and localized interventions.**
- **Identify what worries parents who oppose their adolescents accessing SRH services.**

- **Train parent peer educators to facilitate access to SRH services for young people.**
- **Ensure that older people living with HIV in care can access sexual health services with caregivers who are aware of stereotypes about their sexuality.**

GOOD PRACTICE : INTEGRATING CERVICAL CANCER SCREENING INTO SEXUAL HEALTH SERVICES IN BURUNDI AND DRC

The AGIR project led by SIDACTION made it possible to integrate cervical cancer screening into sexual health services, in particular through the ANSS branches in Burundi and SOS Sida in DRC. By taking a structured approach and collaborating with national programs, approximately 4,700 screenings were carried out, through annual screening campaigns, innovative approaches to reach women in vulnerable situations and regular gynecology consultations. The training provided made it possible to integrate sexual health into the services at seven sites in a sustainable way, combining screening for sexually transmitted infections, cervical cancer prevention and engaging peer educators. This integrated approach has strengthened the quality of HIV care and improved access to appropriate prevention services for women living with HIV. The project also established specific strategies to facilitate young girls' access to sexual health services, with dedicated time slots and topics specifically tailored to them, such as menstruation.



AREA 3

Addressing mental health and psychosocial challenges

“I’ve become more sociable, I’m opening up more and more to people. (...) When we talked about the disease I didn’t like it very much but thanks to the project, I really learned about the disease and how to protect my family from the virus”

Adolescent living with HIV, TRANSITIONS project



The projects evaluated highlight the major **psychosocial challenges** faced by adolescents, young people and older people living with HIV. Late status disclosure, stigma, isolation, and lack of access to mental health support impact their wellbeing. The projects developed tangible responses: training community actors and identifying people at risk, creating spaces for people to express themselves and collective support to strengthen social ties and improve care provision. Without a coordinated approach that integrates mental health, the emotional and psychosocial needs of PLHIV are often not well met.

HIV status disclosure to children and young people living with HIV is a key step. The TRANSITIONS and PRESERV projects structured status disclosure across several stages from childhood onwards, with age-appropriate communication and involving families and caregivers. This approach, far from being a late and/or abrupt disclosure, mitigates emotional reactions, builds trust, and facilitates acceptance of the status and treatment adherence. In the VIHeillir project, disclosure of HIV

status by older adults living with HIV to those around them remains a complex and sensitive issue and a crucial step toward regular access to care, especially in a context of economic insecurity and increased dependence.

Family support and intergenerational relationships are an essential pillar and play a structuring role in the care pathway for PLHIV. These relationships build trust, continuity, and mutual learning across generations. They make it possible to break down taboos, share life experiences and create spaces for dialogue for target groups. The AGIR project promotes intergenerational dialogue through dialogue spaces for parents and young people, while the PRESERV and TRANSITIONS projects support families struggling with silence, stigma or poverty. The PRESERV project’s parent school and related support groups have provided a space for discussion and sharing between parents, to break isolation and to strengthen solidarity around children and adolescents living with HIV.



GOOD PRACTICE : ADDRESSING MENTAL HEALTH AMONG PEOPLE WHO USE DRUGS IN VIETNAM

The STF2.0 project, led by SCDI in Vietnam, highlighted the high prevalence of mental health disorders among young people who use stimulant drugs, 85% of whom have had at least one negative experience in childhood and 27% four or more. In response, a set of innovative, evidence-based psychological support tools, validated by professionals, was integrated into their community-based interventions. The project strengthened collaboration with universities, improved data collection and management, and enabled community-based organizations to carry out simple and effective interventions at local level. The support groups created had a significant impact by providing a listening ear, solidarity and a sense of belonging. STF2.0 has demonstrated that taking psychological and social wellbeing into account is essential for strengthening the resilience and inclusion of young people who use drugs.

Recommendations

- Systematically involve and strengthen the capacity of families to support the HIV pathway.
- Include mental health support (and dedicated staff) into projects and lead facilities.
- Establish early identification mechanisms for people at risk and ensure effective referrals to specialized mental health services.
- Establish age-appropriate psychosocial approaches (e.g. digital tools and/or proximity-based approaches to reach PLHIV as close to where they live as possible).

AREA 4

Advocacy across age groups

“Training in advocacy techniques is relevant (...). CSOs must check whether we are meeting our commitments and should question us when necessary. Their feedback role is critical to what we are implementing.”

Health Manager, PAJES Project, Guinea

Advocacy proved to be a determining factor in all the projects and made it possible to **translate realities on the ground into tangible reforms**. The projects relied on local data and meaningful community mobilization to feed the advocacy. In Vietnam, SCDI worked closely with the police and health authorities, providing data on young people who use drugs. This led to protocols in detention centers being reformed and to a more informed public debate. In the VIHeillir project, the issue of ageing among PLHIV was

taken to the political stage through studies, publications and symposia, promoting the integration of age-related comorbidities into national policies.

In Burundi, the AGIR project enabled the inclusion of gynecological cancers and the integration of screening and treatment of precancerous lesions of the cervix into the national cancer control strategy, strengthening prevention among HIV-positive women and girls aged 9 to 14 years. The TRANSITIONS project trained young community actors to analyze and use data, enabling them to participate in the development of Senegal’s HIV strategic plans and to have the role of the peer educators recognized. The PRESERV project, in collaboration with the Ivory Coast NACP and UNAIDS, produced a national advocacy guide and training manual on care provision

for children and young people living with HIV. Finally, in Guinea, the PAJES project promoted sexual and reproductive health and rights through the G Qui Ose app and trained journalists on SRHR, despite the institutional environment being unfavorable. **These initiatives demonstrate the transformative power of advocacy, while highlighting the need to strengthen alliances between communities, policymakers, and partners to ensure sustainability of progress made.**

The level of **beneficiary involvement in advocacy** varies depending on the projects. In Vietnam, young people who use drugs under the STF2.0 project contributed to the production of data informing public policies, however direct participation remains limited. In the VIHeillir project, older people living with HIV were involved in awareness raising interventions, without being able to fully engage due to stigma and age-related constraints. Conversely, the TRANSITIONS project illustrates exemplary participation: adolescents and young people living with HIV were trained, co-created advocacy messages and spoke at national and international conferences. Similarly, in Guinea, the PAJES project placed young people at the center of the process, as they led the committee responsible for the G Qui Ose app and developed an advocacy plan for free contraceptives and the recognition of the rights of vulnerable young people.



📄 CASE STUDY: PARTICIPATION OF OLDER PEOPLE LIVING WITH HIV IN ADVOCACY IN SENEGAL AND CAMEROON

In a context of persistent stigma towards people living with HIV, involving older people living with HIV in advocacy remains challenging in Senegal and Cameroon. To avoid unwanted exposure of older people living with HIV in the VIHeillir project, participation was limited to secure settings, such as institutional or partnership meetings. However, collaboration with patients’ organizations for other chronic diseases (diabetes, hypertension, hepatitis, etc.) and with organizations for older people, such as the National Council of Seniors of Senegal (CNAS), has made it possible to collectively address the issue of aging with HIV. This approach has encouraged older people living with HIV to speak out and actively participate in national and international events. The CNAS president has a strong commitment to advocacy, which helped to make these issues visible beyond the national context.

📌 Recommendations

- Develop citizen monitoring systems, actively involving CSOs and communities, in response to inconsistent implementation of legislation.
- Develop appropriate strategies to strengthen active participation of beneficiaries, young people and older people in advocacy interventions.



Conclusion

This cross-cutting evaluation made it possible to analyze the difficulties encountered, the different strategies deployed and the lessons learned regarding HIV issues and challenges throughout the life course. These projects, covering a variety of geographical contexts and age groups, demonstrate the importance of a differentiated, integrated and community-based approach to meet the complex needs of these populations concerned. This really highlights the importance of age-appropriate, person-centered and community-driven approaches to improving HIV care throughout the life course. The documented experiences provide valuable lessons to guide future interventions of partners and donors, and HIV policies more broadly. The challenge for coming years will be to intensify these dynamics, while ensuring that structural barriers are removed, the sustainability and equity of actions guaranteed, particularly in the areas of gender, mental health and social justice.



PROSPECTS

For World HIV/AIDS Day 2025 (1st of December), L'Initiative organized a panel discussion to present the results of this cross-cutting evaluation. The event brought together the project holders from the projects evaluated, the evaluation team and L'Initiative, as well as around one hundred participants, for round table discussions, video screenings and testimonials.

Following the event, an article was published on the website of L'Initiative.

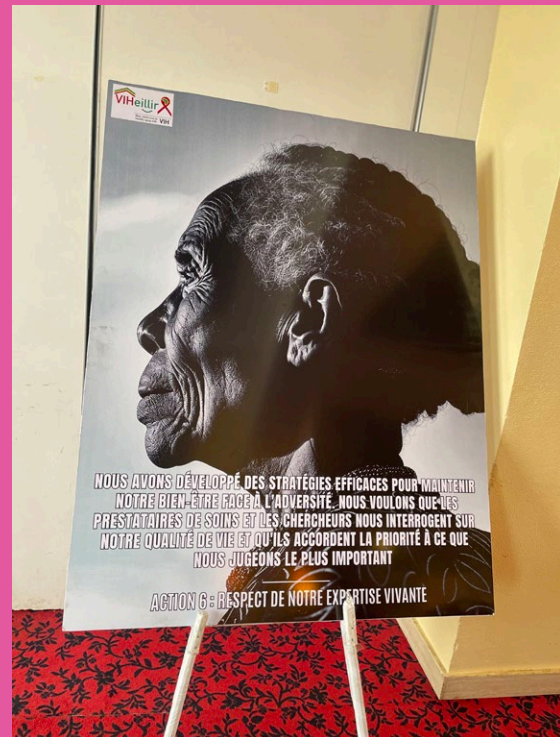
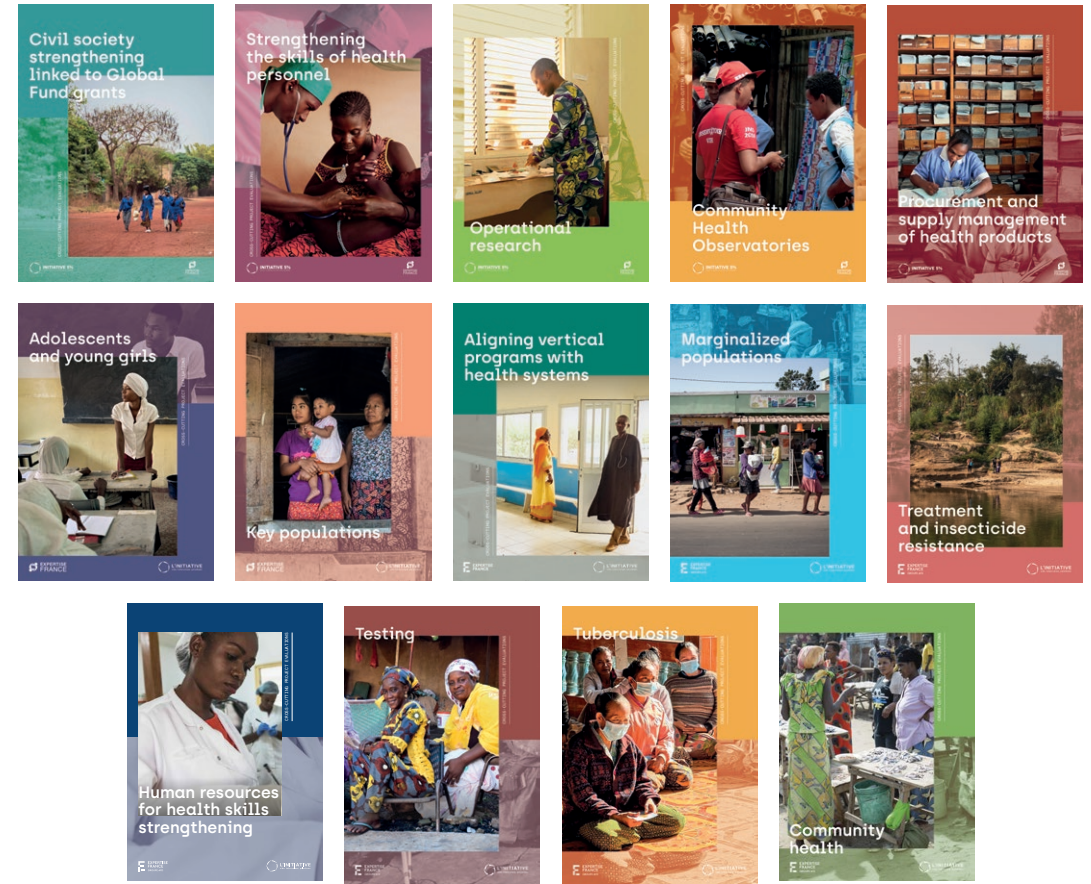
The results of this cross-cutting evaluation will also be presented in a poster at the AFRAVIH conference in May 2026 in Switzerland.

ACRONYMS AND ABBREVIATIONS

ART	Antiretroviral Therapy
CNAS	National Council of Seniors of Senegal
CSAS	Centre Solidarité Action Sociale
CSO	Civil Society Organization
EVA	Association Réseau Enfant VIH en Afrique
NACP	National AIDS Control Program
PACTE	Supported and coordinated protocol for the transition to adult services
SCDI	Center for Supporting Community Development Initiatives
SOLTHIS	Solidarité thérapeutique et initiatives contre le SIDA
SRH	Sexual and Reproductive Health
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

This publication is part of a collection that presents the results of thematic cross-cutting evaluations produced by L'Initiative. The following issues have already been published and are available on our website in the 'Our documentary resources' section in English and French:

 Click on the icons



This cross-cutting evaluation was conducted by Martin Bévalot, Réjane Zio and Inga Oleksy of HMST, between May 2024 and December 2025. It was coordinated by Elsa Goujon, Coordinator of L'Initiative's Evaluation Unit in Expertise France's Health Department.

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

Written by: Isabelle Cartoux
 Translation by: Laura Craggs
 Coordination: Nathalie Lasslop

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L'Initiative

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initiative.expertisefrance.fr

Expertise France

40 boulevard de Port-Royal
75005 Paris
01 70 82 70 82

f ef.linitiative

X ef_initiative

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