

UNAIDS 2020

# COMMUNITY INNOVATIONS





# CONTENTS

Foreword .....	2
Introduction .....	3
Key populations .....	4
Case Studies	
Calling out rights violations in health-care settings in Argentina .....	5
Championing the rights of people living with mental health issues in Kenya .....	7
Spearheading action for access in India .....	10
Transitioning to self-funding in Ukraine .....	12
The U = U campaign .....	14
Democratizing tuberculosis responses .....	16
Reduced vulnerability through financial security in India .....	18
Insite prevents infectious risk in Canada .....	20
Step Up project in South Africa .....	23
Equal Eyes on our world.....	25
Abbreviations .....	27
References .....	28

# FOREWORD

Since the beginning of the AIDS epidemic, networks of people living with and affected by HIV have been at the forefront of the response, pushing the boundaries of what is possible. By championing new ideas, new ways of working and new ways of delivering HIV services, tremendous progress has been made.

Today, an estimated 37.9 million people are living with HIV, and an estimated 24.5 million people are receiving antiretroviral therapy (ART), and the number of people who acquire HIV each year has fallen in the past two decades, from a peak of approximately 2.9 million in 1997 to 1.7 million in 2018.

Nevertheless, the pace of progress does not match global ambition. The world is far from the goal of reaching 30 million people with ART by the end of 2020 as set out in the United Nations General Assembly's 2016 Political Declaration on Ending AIDS. We need to increase the number of people living with HIV who are virally suppressed, today only 53%. This allows people living with HIV to enjoy healthy lives and, with an undetectable viral load, HIV cannot be transmitted sexually.

As we move ahead, innovation with, for and by communities is more critical than ever. Let me take this opportunity to extend my heartfelt thanks to the contributors who have generously shared inspiring community innovations with us. The case studies are a testament to the creativity of affected communities on the ground, finding bold solutions to pressing challenges. I hope that this booklet of community innovations can inspire and support the flourishing of new and bold ideas to secure the commitment set out in the Agenda 2030 for Sustainable Development to leave no one behind.

**Winnie Byanyima**

UNAIDS Executive Director

# INTRODUCTION

This publication is intended to spark interest, inquiry and discussion around community innovations. It draws on the response to the AIDS epidemic—a prime example of disruptive community innovations, not only in the health sector, but with far reaching implications for nearly every aspect of people’s lives—to show that innovation is about enabling communities to have the space, freedom and support to initiate and make changes for themselves. Providing snapshots of innovations across a range of HIV-related themes and geographical areas, this booklet illustrates community innovations through 10 stories on a range of topics, including HIV treatment, mental health issues, tuberculosis (TB) care, service quality, and advocacy to decriminalize consensual same-sex sexual acts. The examples presented here demonstrate both the evolving nature of the challenges faced by an effective HIV response and the ingenuity of the communities that devise ways to overcome them.



*Credit: William White on Unsplash*

# KEY POPULATIONS

Key populations are key to effective AIDS responses.<sup>1</sup> An estimated 54% of all new HIV infections globally occur among key populations and their sexual partners, and gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people are respectively 22, 22, 21 and 12 times more likely to acquire HIV than adults aged 15–49 years in the general population (1).

Key populations may have intersecting health needs regarding HIV. These include coinfections—such as TB, viral hepatitis and other sexually transmitted infections (STIs)—broader sexual and reproductive health needs, or other health concerns (such as noncommunicable diseases and mental health and well-being).

There are still barriers to mounting effective responses to HIV for (and with) people living with HIV and key populations. Marginalization, stigma and discrimination, and violence against these populations continue, often sustained by deep-rooted social, religious and cultural beliefs, norms and practices. This is also evident in the persistence of punitive laws, the shrinking space for civil society organizations that work with people living with HIV and key populations, and increasing populist calls for tougher penalties and further exclusion of these people from mainstream society.

Promoting protective and enabling legal and policy environments is essential for scaling up HIV responses, particularly among key populations. This is challenging, however, because of the wide range of existing punitive laws and policies over the world.

Communities are at the vanguard of efforts to change laws that criminalize key populations or discriminate against people living with HIV. The case studies included in this booklet demonstrate community innovations spanning across a range of pressing challenges from documenting and reporting human rights violations, enhancing the health, well-being and financial security of key population, to securing more sustainable financing for the national AIDS response.

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1. The four key population groups are gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs. This brochure, however, acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services. Countries should define the specific populations that are key to their epidemic and response based on their respective epidemiological and social contexts.

# CASE STUDIES

## CALLING OUT RIGHTS VIOLATIONS IN HEALTH-CARE SETTINGS IN ARGENTINA

In Argentina, people living with HIV and members of key populations report human rights violations and pervasive barriers to health service access, despite the fact that these rights are protected by laws and the Constitution. In response, the National AIDS Programme—in consultation with civil service organizations—created the dedicated Human Rights and Civil Society Department (HRCSD) within the Programme in 2013. Forging an unprecedented partnership between government and civil society organizations, the HRCSD is finding innovative solutions to identify and respond to discrimination faced by key populations and people living with HIV, including in health-care settings.

The first step to improve access to (and uptake of) services was to identify key governmental actors and civil society organizations at the local, provincial and national levels that were capable of addressing specific barriers and rights violations. In this context, Red Argentina de Jóvenes y Adolescentes Positivos (RAJAP), which supports young people living with HIV and those aged 14–30 years from key populations to demand their rights to service access, became an important partner. RAJAP's innovative approach works with and for young people, using the language of their peers to enable young people to monitor rights abuses, call out injustice and demand action. Furthermore, RAJAP receives complaints outside of the HRCSD mechanisms outlined below, sharing them with HRCSD for joint resolution.



*El Chanten, Argentina. Credit: Roi Dimor on Unsplash*

In 2014, complaints mechanisms were established that allowed people to lodge grievances and queries. HRCSD opened a free, confidential and secure 24/7 hotline (an 0800 number) through a multisectoral consultation with several ministries, government institutions and civil society organizations.<sup>2</sup> Phone calls were logged by issue and referred to the appropriate authority for response in collaboration with the relevant civil society organization.

While the hotline's main purpose is to address human rights-related issues, the phone calls received deal with a wide range of issues. For example, the operators may help to resolve administrative matters or challenges related to pension payments, while callers who have questions involving rights violations or legal advice are referred to free legal services. HRCSD also set up a webpage where people can make inquiries and lodge complaints.<sup>3</sup> These are logged and directed to the appropriate authority for a response.

Face-to-face meetings by appointment are also offered and are used to file complaints.

In 2017, HRCSD received over 1000 queries and complaints from all sources. This represents a 124% increase in the number of received queries and complaints from 2014, its first year of operation.

HRCSD has also instituted a Know Your Rights training programme for people living with HIV and key populations. The programme includes a manual, training of trainers sessions and even a post-graduate course provided in collaboration with the National University of Cuyo. This model has been replicated in other provinces in order to provide support closer to where people live.

## Further information

Red Argentina de Jovenes y Adolescentes Positivos (RAJAP)  
[www.rajap.org](http://www.rajap.org)



*Annual General Assembly of the Network in the City of Mendoza, Argentina in 2018. Credit: Red Argentina de Jovenes y Adolescentes Positivos—RAJAP*

<sup>2</sup> Participants included government representatives (from the Ministries of Health, Education, Labour, Social Welfare, and Justice and Human Rights), the National Human Rights Institution (Defensoría del Pueblo), the Secretary of State for Youth and Women, and civil society organizations (including those representing people living with HIV, key populations, women and youth).

<sup>3</sup> Please see: <http://www.msal.gob.ar/sida/index.php/informacion-general/conoce-tus-derechos/consultas-yo-reclamos>



# CHAMPIONING THE RIGHTS OF PEOPLE LIVING WITH MENTAL HEALTH ISSUES IN KENYA

The Pamoja Initiative was founded by Iregi Mwenja, who grew up in rural Kenya with undiagnosed attention deficit hyperactivity disorder. When he was finally diagnosed at the age of 35, it was a turning point in his life: deeply concerned about the lack of mental health services and psychosocial support for the poor and socially excluded, he resigned from his job and returned to his community to found the Psychiatric Disability Organization (PDO), which runs the Pamoja Initiative.

Today, the Initiative provides community mental health treatment and care in Nakuru County, Kenya. Championing the rights and welfare of people living with mental health issues is at the heart of its work.<sup>4</sup> Driven by groups of volunteers, this important work responds to the growing acknowledgment of the importance of addressing the intersection between mental health and HIV. Volunteers include:

- People who are living positively with a mental health issue, people living with HIV and/or survivors of gender-based violence are trained as peer supporters and community advocates. Training is provided using the modules on essential care and practice, depression, and child and adolescent mental and behavioural disorders from Version 2.0 of the World Health Organization's Mental Health Gap Action Programme (mhGAP) (3).
- Accredited psychotherapists who are either young graduates who want hands-on experience, exposure and professional growth, or working professionals who want to give back to the community, develop new skills or build on existing experience and knowledge.

After a two-year start-up period, some 242 peer support specialists and 24 psychotherapists were volunteering with the Initiative, helping communities overcome treatment access barriers such as cost and distance. The Initiative also focuses on reaching people with free treatment and social support.<sup>5</sup>

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<sup>4</sup> This can include advocating on behalf of people living in slums, vulnerable adolescents, people living with HIV, prisoners and other incarcerated individuals, people who use drugs, sex workers, and survivors of gender-based violence and natural disasters.

<sup>5</sup> Social support includes peer support groups and individual support through home visits, calls and psychoeducation.



*A counsellor from the Pamoja Initiative listens to a survivor who lost two siblings in the Solai Dam tragedy in 2018.  
Credit: Iregi Mwenja*

The Psychiatric Disability Organization also runs a formal mental health and psychosocial support project at the prison and in secondary schools. The resident psychotherapist leads a team of volunteer therapists, making weekly visits. People who need one-on-one care (talk therapy) are seen, and voluntary group expressive therapy is provided for all interested individuals.

With an annual budget of only US\$ 15 000, the Initiative provides a low-cost, community-based solution for successfully integrating mental health, HIV treatment and care, and psychosocial support programmes in rural settings.



*An inmate at Nakuru Women's Prison is receiving legal advice during one of the Pamjoa Initiatives' psychological support visits. Credit: Iregi Mwenja*

### **Further information**

Psychiatric Disability Organization Kenya  
[www.pdokenya.org](http://www.pdokenya.org)

# SPEARHEADING ACTION FOR ACCESS IN INDIA

At a time when the prospect of government-provided antiretroviral therapy in India seemed elusive, the Network of Maharashtra People living with HIV (NMP+) mobilized to develop the Treatment, Adherence, Advocacy, Literacy (TAAL) community pharmacy concept in 2006. Initially, TAAL sought to negotiate directly with pharmaceutical companies to remove the costs of intermediaries and secure ongoing antiretroviral therapy access for people living with HIV. The scope of work then widened to tackle stigma and discrimination, partly by using World AIDS Day and TAAL's anniversary to employ the services of celebrities to highlight TAAL's work.

Starting in 2006, TAAL was providing services to two to three people a month; this increased, and over the next two years, TAAL saw more than 12 000 people. Around this time, the Government of India was slowly scaling up its free antiretroviral therapy programme, and TAAL expanded along with it, opening an additional three pharmacies (in Ahmednagar, Kalyan and Nagpur) in response to regional demands for reduced travel costs and increased access.



*Ahmednagar, India, 2019. Credit: Pradeep Gajjam on Unsplash*



TAAL is an evolving platform for extending care and support to people living with HIV through the following actions:

- Working with private practitioners who are treating people living with HIV and viral hepatitis, TAAL community pharmacies are providing comprehensive services, including pre-test and post-test counselling, peer led psychological support, treatment literacy and subsidized medications (with the prices subsidized between 40% and 70%). Moreover, people are being referred to the relevant government services, including voluntary counselling and testing, integrated counselling and testing, antiretroviral therapy and prevention of parent-to-child transmission.
- The TAAL Community Pharmacy holds a wholesale licence and is a stockist with an export–import licence that enables them to dispense medicines in other low-income countries. The price savings this offers can be substantial.
- The Municipal Corporation of Greater Mumbai (MMGC) is partnering with the TAAL community pharmacies and has provided the space for a pharmacy at nominal rent. This provides an additional entry point to reach people who would not normally have access to antiretroviral therapy.

### Further information

Network of Maharashtra  
People living with HIV (NMP+)  
[www.nmpplus.net](http://www.nmpplus.net)

# TRANSITIONING TO SELF-FUNDING IN UKRAINE

Ukraine is setting course for the sustainable financing of its HIV response as it transitions from a period of substantial external funding to one of domestic funding. In 2016, Charitable Organisation “100% Life” (the Network)—formerly the All-Ukrainian Network of People Living with HIV, the largest community-based organization in Ukraine—adopted bold, innovative funding strategies to deliver sustainable access to treatment for all people living with HIV. This included:

- Budget advocacy for the reallocation of national and regional budgets to finance HIV prevention, care and support services for people living with HIV and key populations.
- E-procurement to save budget funds through transparency, reduced inefficiencies and decreased corruption.
- Patent opposition that fully utilizes the previously untapped opportunity price reductions for HIV and hepatitis C medications to generate savings for the national treatment budget.



*Yaryna Kovalchuk, Zoia Zamikhovska and Mykyta Trofymenko have spearheaded actions involved in this case study, Ukraine, 2019. Credit: 100% Life*



## Budget advocacy

While the Government of Ukraine provided funding for antiretroviral therapy and primary health care, the National HIV/AIDS Programme and regional health policies did not fund services such as HIV prevention, care and support for key populations and people living with HIV. As a result, HIV services in Ukraine for more than 300 000 people living with HIV and members of key populations were funded between 2004 and 2015 through the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), United States Agency for International Development (USAID) and other international donors.<sup>6</sup> The funded HIV services included targeted HIV information services and consultations, harm reduction programmes (including needle-syringe exchange and distribution), condom and lubricant distribution, HIV testing and screening for TB (5).

In 2016, the Network and its partner, Light of Hope, supported by the Global Fund, designed interventions to support regional budget allocation of social care services for people living with HIV. Primary activities included strengthening the capacity of local nongovernmental organizations and client-led organizations and networks in budget advocacy for the allocation of local budgets to purchase social care services through ProZorro. ProZorro, which means “openly” or “transparently” in Ukrainian, is an electronic, publicly accessible system for conducting tenders for the procurement of goods and services in Ukraine. The social contracting of services through the ProZorro system is open to both state and nongovernmental entities.

## Patent opposition

Patent opposition is a right created under the Ukraine Patent Act that permits any person to raise issues against the grant of a patent.<sup>7</sup> With the support of International Treatment Preparedness Coalition (ITPC) and the Open Society Foundations, the Network has been involved in patent opposition to HIV and hepatitis C medications since 2015. By removing patent barriers, the aim is to lower the price of medicines through increased competition in manufacturing and importation. For example, the removal of patent barriers allowed generic manufacturers to enter the Ukrainian market. The Network entered into dialogue with generic manufacturers to facilitate their prompt participation in procurement once the patent barrier was lifted.

### Further information

100% Life  
[www.network.org.ua](http://www.network.org.ua)

<sup>6</sup> There were an estimated 240 000 people living with HIV in Ukraine in 2018.

<sup>7</sup> Many countries provide opposition mechanisms in their patent systems. Narrowly defined, opposition systems offer third parties an opportunity to oppose the grant of a patent within the legislated time frame. An opponent must allege at least one of the grounds for opposition among those prescribed in the applicable law. Opposition procedures are closely related to the patent-granting procedure: an opposition may be requested soon before the grant of a patent (pre-grant opposition) or after the grant of a patent (post-grant opposition). For more information, please see: [https://www.wipo.int/scp/en/revocation\\_mechanisms/opposition/index.html](https://www.wipo.int/scp/en/revocation_mechanisms/opposition/index.html)

# THE U = U CAMPAIGN

In under three years, the Undetectable Equals Untransmittable (U = U) campaign has become a global phenomenon, generating new possibilities to end HIV-related stigma. Launched in 2016 in the United States of America, the U = U campaign is charting new ground by empowering people living with (and vulnerable to) HIV by providing them with accurate and meaningful information that is relevant to their social, sexual and reproductive health. U = U shines a light on the evidence that people living with HIV who are on effective treatment cannot sexually transmit the virus, and working with minimal funding, it has focused on innovative advocacy, education and communication.





## Advocacy

U = U is a growing global community consisting of HIV advocates, activists, researchers and over 900 community partners from nearly 100 countries (as of 2019). Shortly after its launch in 2016, the New York City Department of Health and Mental Hygiene became the first city health department to endorse the statement. Furthermore, the National Alliance of State and Territorial AIDS Directors (September 2016) and Housing Works (December 2016) were the first nongovernmental organization and AIDS service organization, respectively, in the United States to sign.

Internationally, a number of community organizations were early adopters, such as the International Canadian AIDS Treatment Information Exchange (CATIE), the International Council of AIDS Service Organizations (ICASO), the Māori, Indigenous & South Pacific HIV/AIDS Foundation (INA), the Desmond Tutu Foundation, and NAM aidsmap. Advocacy continues to focus on AIDS organizations and ministries of health to revolutionize the messaging on risk and for ministries of health to update treatment guidelines.

## Education and communications

U = U offers a unique opportunity to transform the lives of millions of people living with (and affected by) HIV by:

- Encouraging people who are uncertain of their serostatus to take an HIV test and people living with HIV to start and stay on treatment to keep themselves and their partners healthy.
- Improving the lives of people living with HIV by dramatically reducing shame and fear of sexual transmission.
- Helping to dismantle HIV stigma at the community, clinical and personal levels.

U = U has the potential to revolutionize the HIV response and generate much needed structural reforms such as the removal of widespread criminalization of HIV non-disclosure, exposure and transmission.

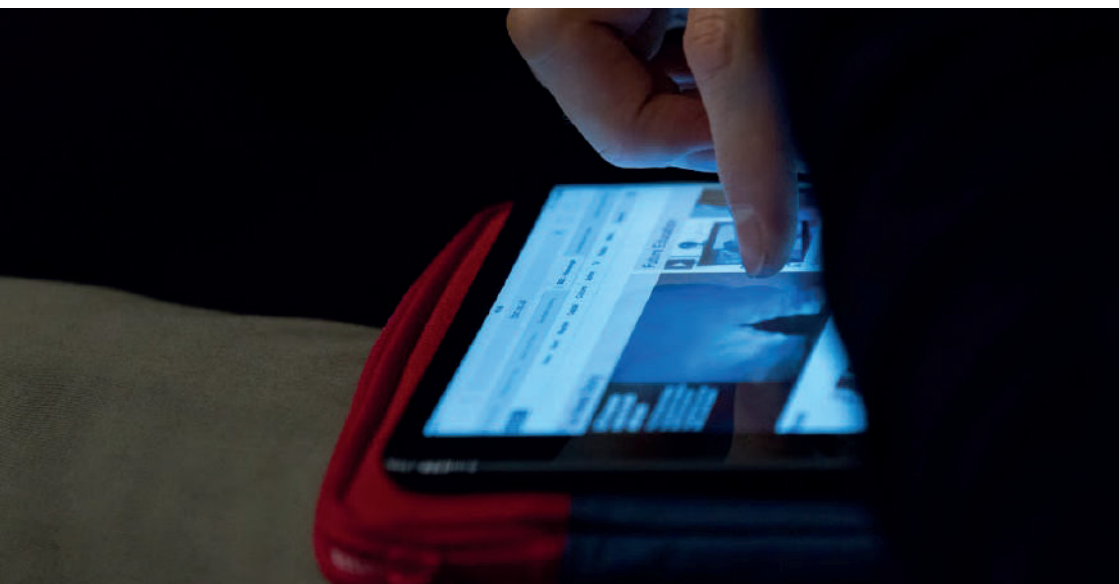
### Further information

Prevention Access Campaign  
[www.preventionaccess.org](http://www.preventionaccess.org)

# DEMOCRATIZING TUBERCULOSIS RESPONSES

TB is one of the top 10 causes of death worldwide, and it is the leading cause from a single infectious agent. In 2018, TB caused an estimated 1.2 million deaths [1.1 million–1.3 million] among HIV-negative people, with an additional 251 000 deaths [223 000–281 000] among HIV-positive people (6).

OneImpact is an open-source digital health platform that harnesses mobile technology to open new channels for people to access TB services and provide critical insight into their quality. The platform builds a bridge between health service users and providers, and it facilitates real-time community monitoring of local TB responses. By putting a data collection tool in people's hands, the platform empowers communities to influence the delivery of TB services directly.



**OnelImpact brings together four apps designed by and for people and communities affected by TB.**

1. **Get Knowledgeable:** Provides all the information you need about TB.
2. **Get Access:** Identifies nearby TB health services (such as directly observed treatment [DOTs] centres, hospitals and laboratories), provides relevant information (including opening hours) and sorts services by distance.
3. **Get Connected:** Connects you with peer supporters, people who have experienced TB, peer support groups and TB-related social services.
4. **Get Involved:** Allows you to report challenges experienced when accessing TB services, such as stigma, services denied or breaches of confidentiality. Also enables reporting on issues related to the quality of care—such as stock-outs, discrimination, inappropriate services and service provider errors—and results tracking.

For national TB programmes and policy-makers, a policy and advocacy dashboard is generated from the service user and community-led responses, allowing systemic gaps in service delivery to be identified.

The new Smart Configuration Set-up of OnelImpact allows complete management and configuration of the platform by the user countries. The platform harnesses the ongoing advancements in technologies, including AI and blockchain, to improve accountability and programmatic outcomes dramatically, thus accelerating efforts to end TB.



Figure 1. Work plan. Source: Dure technologies

**Further information**

Dure Technologies  
[www.duretechnologies.com](http://www.duretechnologies.com)

# REDUCED VULNERABILITY THROUGH FINANCIAL SECURITY IN INDIA

Female, male and transgender adult sex workers are among the populations being left behind in the HIV response. HIV prevalence among sex workers in India was 1.6% in 2018, but sex workers who are financially secure are less likely to have paid sex without using condoms (7). As such, reducing HIV prevalence by reducing the vulnerability of people in sex work underlies the movement to secure financial independence.

Organizations run for and by sex workers in India are galvanizing action to level the economic playing field and advance their rights. In 2007, a collective of female sex workers partnered to form the cooperative society, Swathi Jyothi. Managed and owned by women in sex work (like a credit union), Swathi Jyothi harnesses the transformative potential of microfinance, creating products and services based on an innovative service delivery model. Savings are safe and secure, and credit is easy and affordable, with no collateral required: loans are guaranteed by a common interest group and can be used for housing, children's education and other needs. The experience gained from Swathi Jyothi was made an essential part of vulnerability reduction efforts.



*Cambodia, October 2014. Credit: UNAIDS/ILO/Peter Caton*

The programme is being implemented in five states with high HIV prevalence: Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu and Telangana. Covering 632 towns, cities and villages, and working with 84 community organizations, Swathi Jyothi reached more than 131 000 women, gay men and other men who have sex with men and transgender people who are involved in sex work between 2014 and 2017.



*Right to health. Credit: Courtesy of Ajith Karawita, Sri Lanka, via Facebook. November 2016*

Swasti Jyothi's efforts include increasing and educating community members on financial literacy and planning, savings, credit, insurance and pensions. It is also seeking to enable access to civic identity credentials (formal identity and citizenship documents), an important gateway to social protection. The Swasti Jyothi programme costs only US\$ 19 per person per year, and has demonstrated a social return on investment of twenty-nine times, which means that 1 US\$ invested returned US\$ 30 in the hands of the community.

### Further information

Swasti The Health Catalyst  
[www.swasti.org](http://www.swasti.org)

# INSITE PREVENTS INFECTIOUS RISK IN CANADA

The landscape of drug use changes over time. While the focus of HIV prevention, treatment and care among people who use drugs has concentrated on the needs of people who inject drugs such as heroin, use of stimulant drugs such as cocaine, amphetamine-type stimulants (excluding MDMA) and some new psychoactive substances containing stimulants is increasing among key populations. Addressing blood-borne viruses, including HIV, therefore requires addressing both opiate and stimulant drug use (1).

In 2003, PHS Community Services Society, a local nongovernmental organization in Vancouver, Canada, charted new ground to better address the needs of people who use drugs by establishing Insite, a supervised injection facility designed to reduce the health and public order issues associated with public injection. Inside the facility, people can inject pre-obtained illicit drugs such as heroin, cocaine and crystal methamphetamine. Only sterile injecting equipment is used, and injecting takes place under the supervision of health-care professionals.

Supervised injection facilities contravene the Canadian Controlled Drugs and Substances Act (1996), but Section 56 of the Act allows the federal Health Minister to grant an exemption for medical and scientific purposes (8). Thanks to years of advocacy and activism led by people who use drugs, nongovernmental organizations, researchers and health-care professionals, Insite was granted an exemption for a three-year pilot study. It is operated by Vancouver Coastal Health and PHS Community Services Society. Before the exemption was approved, local people who use drugs took various actions, including interrupting city council meetings to demand a response to overdose deaths and erecting hundreds of crosses in local parks to bring attention to their needs.

Despite overwhelming evidence showing that safe injection facilities reduce risks associated with HIV transmission, the federal government of Canada sought to close the facility for several years (9). In 2011, however, the Supreme Court of Canada ruled unanimously in favour of Insite's continued operation, noting that "Insite has been proven to save lives with no discernible negative impact on the public safety and health objectives of Canada... ." (10).

## Insite

The facility consists of a waiting area and a tightly controlled, locked injecting room. Upon entry, people can pick up sterile injecting supplies (e.g., syringes, filters and cookers) from a central nursing station. Nurses from Vancouver Coastal Health observe individuals injecting, also providing:

- Advice on safer injecting practices.
- Oxygen and naloxone in the event of an overdose.
- Basic care for injection-related infections and other health concerns.
- Referrals to external programmes and services.

The post-injecting area provides people with refreshments and the opportunity to consult a counsellor or peer worker, and to obtain referrals to external programmes and services.



*Photo from the Insite facility. Credit: MJ Milloy*

Insite has been subjected to rigorous evaluation, and the collective evidence clearly shows that it has met its objectives and has not created unintended harms (11). Key findings include:

- Reduced public disorder.
- Reduced fatal overdoses in the surrounding area.
- Reduced multiperson use of injecting equipment.
- Increased uptake of additional treatment.
- Reduced violence.
- Insite is cost-effective.
- Insite did not prompt increased crime, encourage injecting or make community drug use pattern worse (11).

## Further information

British Columbia Centre on Substance Use  
[www.bccsu.ca](http://www.bccsu.ca)



# STEP UP PROJECT IN SOUTH AFRICA

People who use drugs are 22 times more likely to acquire HIV (1). Due to punitive laws, prejudice, stigma and discrimination, and certain donor policies, HIV services are not reaching people who use drugs. In response, TB HIV Care (THC), a not-for-profit organization, launched the Step Up project in Cape Town and Durban, South Africa, in 2015. Initially, the project offered HIV prevention, testing and linkage to care, harm reduction counselling, and needle-syringe services; later, it added a component that enabled reporting of human rights violations. Additional funding has enabled the Step Up project to expand, reaching people with a number of other life-saving services: TB and STI symptom screening with linkages to health care, opioid substitution therapy (OST), drop-in centres (safe spaces for people who use drugs to meet, socialize and access harm reduction, health and social services), and psychosocial services. It also opened an additional site in Port Elizabeth.



In 2018, peer navigators were employed to increase linkages to health care for people who use drugs and to re-engage those lost to follow-up.<sup>8</sup> Piloting at drop-in centres of hepatitis diagnosis and treatment for people on OST is underway in 2019.

The Step Up project puts people who use drugs at the centre of its activities, providing user-friendly and nondiscriminatory HIV and TB testing services that are linked to harm reduction commodities and psychosocial services. The use of client identification numbers “unique client identifier” has enabled confidential tracking of a cohort of people who use drugs across HIV and TB treatment cascades, identifying gaps in services and areas of future focus. In addition, community advisory groups of people who use drugs operate in each city with monthly meetings. These platforms enable group-level interventions and provide a feedback mechanism on service quality and other issues. Meanwhile, collaboration between the D.P. Marais Hospital in Cape Town and the Step Up project has helped health workers take a harm reduction approach rather than an abstinence-only one.

The composition of the harm reduction service delivery teams (including peer educators, nurse and outreach workers) resulted in the introduction of peer-accompanied referrals to HIV and TB treatment and to adherence support services. Managers have engaged with donors and partners to explore ways to support integration and identify research and innovation priorities, but they have encountered several challenges, including:

- Limited links between TB policies and programmes and OST and other harm reduction services.
- A lack of inclusion of people who use drugs in efforts to find missing TB cases.
- Criminalization of people who use drugs.
- High costs of methadone.
- Limited support and funding for linkages between antiretroviral therapy services and TB-related work.

While legal and policy barriers still need to be overcome in South Africa (and in many other countries), the Step Up project’s forward-looking, innovative approach continues to deliver sustainable services in user-friendly locations.

*“We realised that we have rights just because we are also human.”*

Service User of the Step Up Project

## Further information

TB HIV Care South Africa  
[www.tbhivcare.org](http://www.tbhivcare.org)

<sup>8</sup> Peer Navigators are people who can serve as role models and who share the same experiences and community membership and who are trained to provide effective services that increase the linkage, retention, and medication adherence of the people they serve.

# EQUAL EYES ON OUR WORLD

To implement the Agenda 2030 for Sustainable Development with its central principle of leaving no one behind, efforts to foster inclusion must be stepped up. We will never reach Zero new HIV infections, one of the health targets of the Sustainable Development Goals, unless concerted action is taken to promote and protect the rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people. For instance, gay men and other men who have sex with men currently account for 17% of all new HIV infections worldwide (1).

Structural factors—such as stigma and discrimination, violence based on sexual orientation and gender identity, and the criminalization of same-sex sexual relationships—contribute to hindering the availability, access and uptake of HIV prevention, testing and treatment services among LGBTI communities. To ensure the full respect of the human rights of all people, regardless of their sexual orientation and gender identity, we need innovations aimed at:

- Repealing laws that prohibit sex between consenting adults in private.
- Enforcing laws to protect people from violence and discrimination.
- Addressing homophobia and transphobia.
- Ensuring that crucial health services are made available.



## Catalysing change

Access to information is critical for leveraging the societal changes needed to ensure the full respect of the human rights of all people, regardless of their sexual orientation and gender identity. Nevertheless, information promoting sexual and gender equality can be difficult to find or access. In response, UNAIDS launched Equal Eyes, the only United Nations resource that promotes sexual and gender equality while making links between HIV, human rights, health, justice, faith, family, technology, culture and more.

Equal Eyes is a free bi-monthly newsletter and website focusing on HIV and the human rights of LGBTI people. Each newsletter brings a digest of curated news stories from across regions and cultures.

Among the areas on which Equal Eyes has been actively reporting is the criminalization of LGBTI people worldwide, highlighting

the momentum for change that has been building in courts and parliaments. In 2018, for example, India's Supreme Court struck down Section 377 of the Penal Code, which criminalized same-sex sexual relationships, and the High Court of Trinidad and Tobago struck down a similar law criminalizing consensual homosexual conduct. In 2019, the High Court of Botswana and the Parliament of Angola both decriminalized same-sex sexual relationships.

Reporting on such critical milestones in the journey towards justice and equality can help raise wider awareness and affect public opinion. It can help shatter stigma and discrimination and reduce violence, arbitrary arrest and imprisonment; it can help open spaces for communities to live freely, express themselves, organize and advocate for further social change. Ultimately, Equal Eyes envisages a world that recognizes and celebrates the dignity, involvement and inclusion of everyone in community and public life.



*Richard Burzynski, Equal Eyes,  
Senior Advisor, UNAIDS.*

### Further information

UNAIDS  
[www.unaids.org](http://www.unaids.org)  
[www.equal-eyes.org](http://www.equal-eyes.org)

# ABBREVIATIONS

<b>CATIE</b>	International Canadian AIDS Treatment Information Exchange
<b>DHIS2</b>	District Health Information System
<b>DOTs</b>	directly observed treatment, short-course
<b>GBV</b>	gender-based violence
<b>Global Fund</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GNP+</b>	Global Network of People living with HIV
<b>HRCSD</b>	Human Rights and Civil Society Department (Argentina)
<b>ICASO</b>	International Council of AIDS Service Organizations
<b>ICW</b>	International Community of Women Living with HIV
<b>INA</b>	Māori, Indigenous & South Pacific HIV/AIDS Foundation
<b>INPUD</b>	International Network of People who Use Drugs
<b>LGBTI</b>	lesbian, gay, bisexual, transgender and intersex
<b>MPact</b>	Global Action for Gay Men’s Health and Rights
<b>NCPI+</b>	National Coalition of People Living with HIV in India
<b>NMP+</b>	Network of Maharashtra People living with HIV
<b>NSWP</b>	Global Network of Sex Work Projects
<b>OST</b>	opioid substitution therapy
<b>PHS</b>	Portland Hotel Society
<b>RAJAP</b>	Red Argentina de Jóvenes y Adolescentes Positivos
<b>STI</b>	sexually transmitted infection
<b>TAAL</b>	Treatment, Adherence, Advocacy, Literacy
<b>THC</b>	TB HIV Care
<b>TPC</b>	TAAL Community Pharmacy
<b>U = U</b>	Undetectable Equals Untransmittable
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

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**UNAIDS**  
Joint United Nations  
Programme on HIV/AIDS

20 Avenue Appia  
1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaids.org](http://unaids.org)