

**MAIRIE DE PARIS**



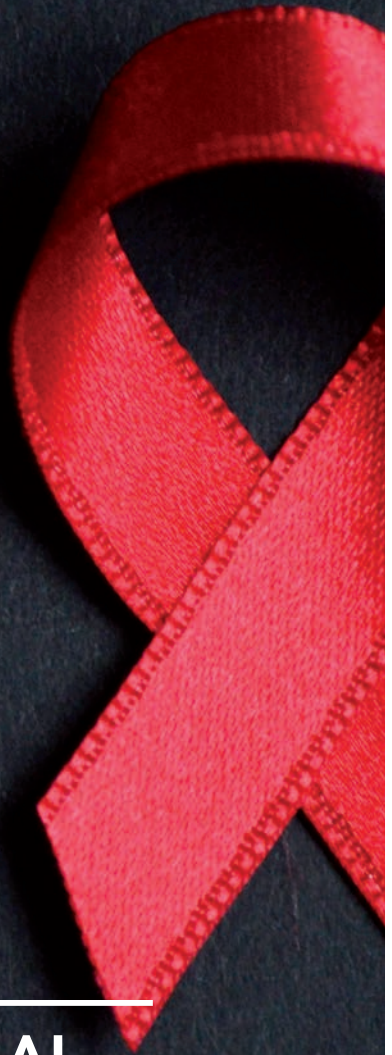
# PARIS HIV/AIDS RESPONSE

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**PARIS INTERNATIONAL  
ACTION**

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[www.paris.fr/international](http://www.paris.fr/international)







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## ANNE HIDALGO

MAYOR OF PARIS

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Since 2001, the global HIV/AIDS response became a key priority for Paris. Because these efforts must continue unabated, Paris remains committed to solidarity. In 2016, €1.8M is dedicated to support effective and innovative programmes implemented by French associations, civil society stakeholders and NGOs.

Every year, the resources allocated by the City of Paris enable around 50,000 victims of the epidemic to benefit from medical care and 500,000 people to get access to prevention, awareness raising and screening activities.

The municipality's efforts in the HIV/AIDS response are part of an extremely resolute, overall health policy, of which maternal and child health are one of the main pillars. The City has thus stepped up its actions and projects in this area over the last ten years. We have made particular efforts to prevent mother-to-child HIV transmission, take care of orphans and support family planning schemes aimed at young girls and mothers.

Today we urgently need to raise awareness amongst all international policy makers on the decisive importance of aid dedicated to the health of women and children, and to reduce health inequalities between men and women. This is the purpose of the *Appel de Paris* which I signed in October 2014 with Melinda Gates.

I am convinced that cities play an absolutely essential role in the global HIV/AIDS response at an international level and are able to help speed up containment in order to eradicate HIV once and for all.

Paris has therefore made ambitious political commitments and set itself precise objectives, enshrined in the Paris Declaration, [Fast-Track Cities : Ending the HIV/AIDS epidemic], following a joint proposal by the City, UNAIDS, UN-Habitat and IAPAC <sup>1</sup>.

Through this Declaration, the signatory cities reaffirm their willingness to act so that by 2030, the annual number of new HIV infections amongst adults falls below 200,000.

Paris will prove itself up to this commitment. So that hope can triumph, we will continue to fight relentlessly, with firmness and determination.

<sup>1</sup> International Association of Providers of Aids Care



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**PATRICK KLUGMAN**

DEPUTY MAYOR OF PARIS, IN CHARGE OF INTERNATIONAL  
RELATIONS AND THE FRENCH-SPEAKING COMMUNITY

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Since 2001, the municipal executive committee has chosen to make the HIV/AIDS response in Africa a major part of the City of Paris's international action. Along with all of the partner associations which work with us, we are proud of this ongoing action in support of the ill, women, young people and the most vulnerable and of this unfailing commitment entered into by all of the groups at Paris City Council. For this new term of office, together with the Mayor of Paris and my colleague Bernard Jomier, Deputy Mayor for Health, we will be dedicated to developing, enhancing and increasing our activities as there is still so much left to do.

As it is a fight which cannot be won alone and which calls on all our expertise, our actions are strongly based on a partnership approach:

- A partnership first of all with the associations, French and African, which we have supported from the beginning. I would like here to pay tribute to their professionalism and their devotion to the implementation of projects on the ground in conditions which are sometimes difficult, and their courage in endeavouring every day to break the taboo that surrounds HIV/AIDS.

- It is only natural that we have extended our dialogue with key institutional partners: UNAIDS and the Bill and Melinda Gates Foundation, with a view to improving the existing system.

- Our commitment cannot be sustained without regular and in-depth exchange with African local authorities on local public health questions. The HIV/AIDS response also involves strengthening local healthcare systems. We have successfully achieved an initial collaboration with the cities of Ouagadougou and Bamako. We will dedicate ourselves to increasing these cooperation arrangements in the years to come.

This policy is the result of an impressive collaboration between City of Paris departments, elected representatives, African local authorities and our partner associations, which enables thousands of lives to be saved every year. I would also like to thank my colleague Bernard Jomier, Deputy Mayor of Paris for Health, for his commitment at my side and the very valuable expertise which he brings to the scheme.

The coming years will be crucial for developments in the HIV/AIDS epidemic. Our commitment in terms of prevention, access to treatment and support for the ill as well as to tolerance, equality and the right to a better life must not weaken.

# CONTENTS

**P. 6/7 - Paris's international commitment**  
to the HIV/AIDS response

**P. 8/9 - Map:** programmes funded between  
2008 and 2016

**P. 10/25 - 8 priorities:**

- 1 - Prevention
- 2 - Screening
- 3 - Improving medical care
- 4 - Supporting psychological and social care
- 5 - Protecting future generations
- 6 - Supporting vulnerable populations
- 7 - Strengthening public responses
- 8 - Supporting civil society

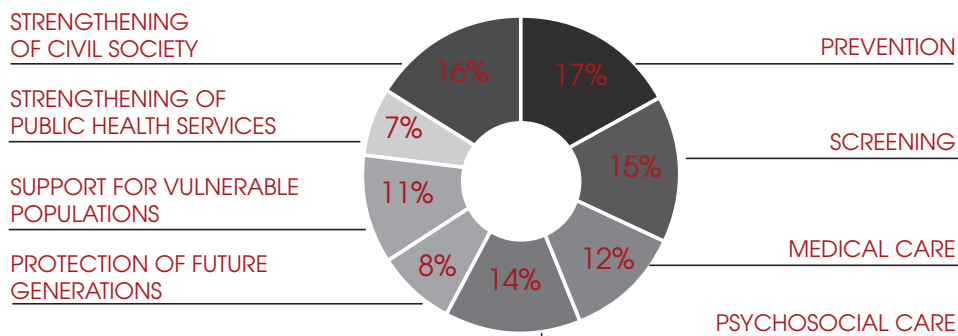
**P. 26/27 - Paris Declaration**  
**Fast-Track Cities:** Ending the HIV/AIDS  
epidemic

## PARIS'S INTERNATIONAL COMMITMENT TO GLOBAL HIV/AIDS RESPONSE

€23.5 MILLION COMMITTED SINCE 2001

Since 2001, Paris City Council has approved more than €23.5 million for the global HIV/AIDS response, mostly for sub-Saharan Africa. Because these sums destined to support NGO and association projects are lifesaving, they form the largest part of the budget dedicated to international solidarity.

With the exception of research, production and the supply of medication, the projects selected by the City of Paris since 2008 cover all aspects of the management of the HIV epidemic. Eight areas of intervention have been identified and supported in recent years:



The City of Paris has based its action on the priority objectives set by the international community: access to prevention, care and treatment for all thus accounts for almost 60% of the funds allocated since 2008. The emphasis is placed on innovative projects, both in terms of the methods and the means employed. Since 2008, around 500,000 people have been reached every year by prevention and screening activities and more than 50,000 people living with HIV have benefitted from high quality care.

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## INTERVENTION STRATEGY

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Funding from Paris for the management of HIV/AIDS in Africa is allocated in the form of grants to NGOs and organisations governed by French law, which benefit from internationally recognised expertise.

In order to comply as far as possible with UNAIDS' "Getting to Zero New Infection" strategy, and to promote sustainable improvement in the living conditions of HIV-positive individuals and their families, Paris selects programmes in accordance with several criteria, including:

- Compliance with the guidelines defined by international organisations (World Health Organisation, UNAIDS);
- Partnership with local government and/or associative players in the creation and mobilisation of local and regional authorities in the southern hemisphere in order to ensure their longevity;
- The presentation of clearly defined and quantifiable impact indicators, to ensure the monitoring of funds;
- The innovative nature of interventions, in order to respond in a suitable manner to developments in the HIV/AIDS epidemic.

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## SOLID AND RIGOROUS PARTNERSHIPS

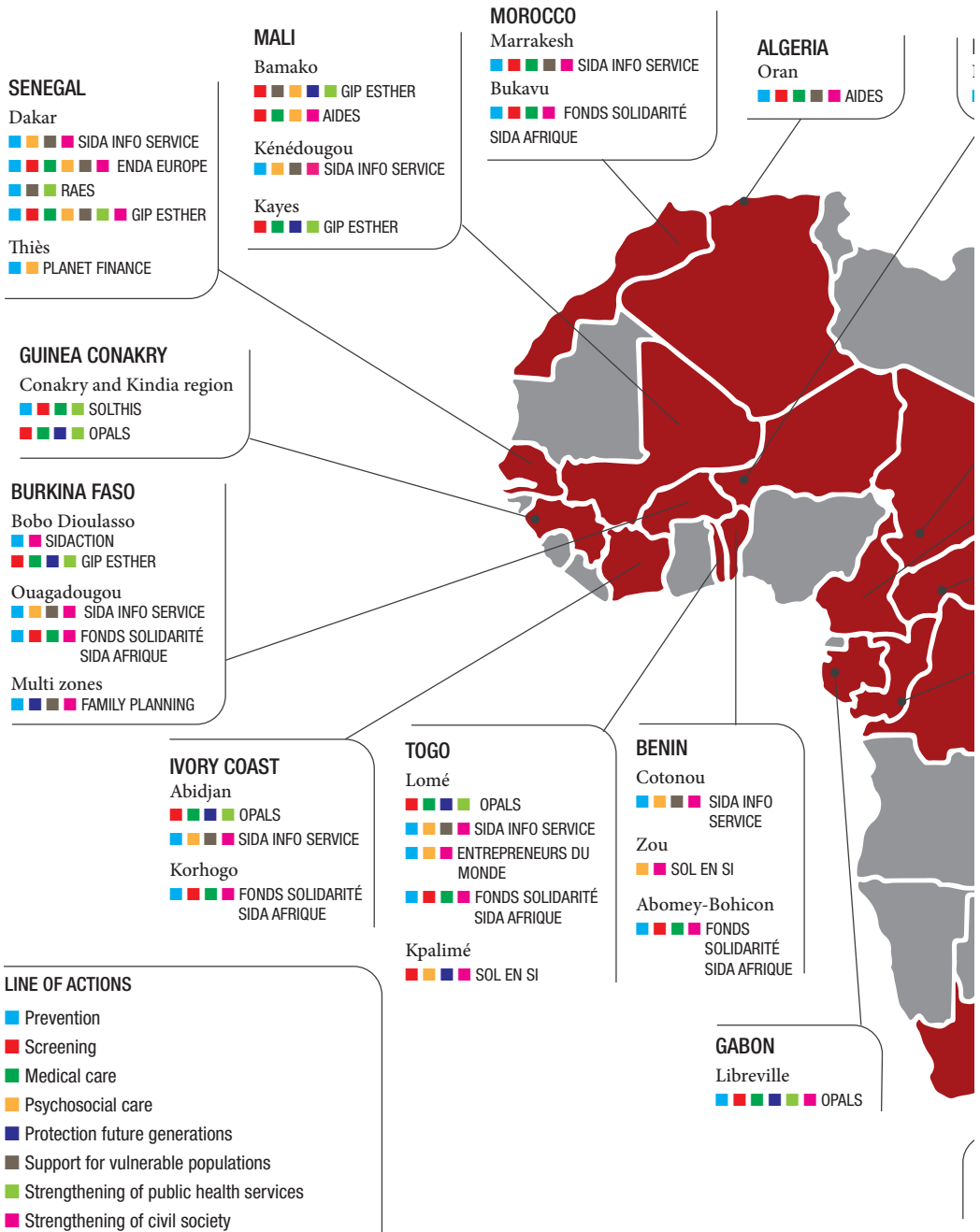
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The City of Paris supports the funded organisations and their local partners in order to promote their actions to African local authorities, and public and private donors. In this way, our partners are supported in their efforts to make their initiatives sustainable and to diversify their resources.

The City of Paris has direct relationships with the countries concerned (ministries, etc.) and regularly checks that its interventions properly meet local requirements. By acting in this way, Paris helps to support the emergence of multi-stakeholder policies, which are a guarantee of an ownership among beneficiaries, and consequently of a sustainable development.

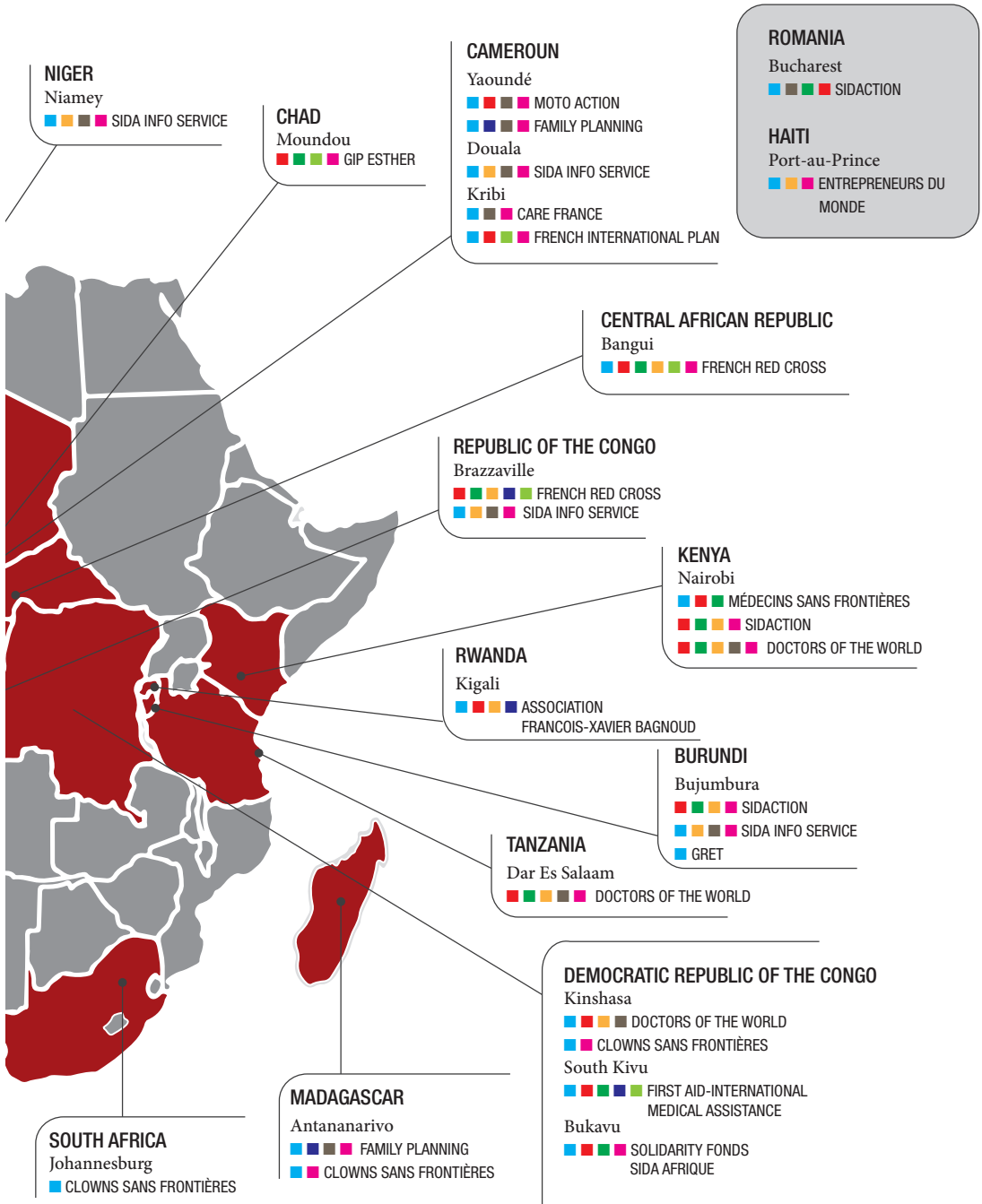
In order to guarantee the effective use of grants and to be able to assess the impact of projects on local populations, Paris has established an evaluation system for the programmes it supports. This evaluation initiative also helps to strengthen links with local project partners.

# GEOGRAPHIC AND THEMATIC DISTRIBUTION OF





# PROGRAMMES FUNDED SINCE 2008





# 1- PREVENTION

## CHALLENGES

Limiting the number of new HIV infections is one of the major challenges in the management of HIV/AIDS. Prevention is therefore fundamental. It takes the form of different types of interventions aiming to provide better health education, most particularly in sexual and reproductive health, and to familiarise people with HIV modes of transmission.

The information and messages transmitted have to be updated every day and adapted in accordance with the socio-cultural context and epidemiological changes. Prevention programmes alternate between collective campaigns and individual counselling. They can thus reach both the general population and groups targeted because of their high exposure to HIV, in particular youth, women and key populations (men who have sex with men, injecting drug users, sex workers, prisoners, etc.). With all of the prevention measures, the stake is to encourage people to adopt appropriate hygiene behaviour which will limit their exposure to risk and thus reduce their exposure to HIV.

## 67 HOURS OF RADIO BROADCASTS

provided by the African Network for Health Education (RAES) in Senegal in 2011 and 2012: these reports conducted by young people are part of a reinforcement project by the Centres Conseils Ados (Teen Advice Centres), organisations run by the Ministry for Youth and dedicated to the prevention of HIV and other sexually transmitted infections amongst the young.



TOTAL SUBSIDY GRANTED TO RAES SINCE 2011:  
€159,000

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## SEXUAL RISK REDUCTION PROGRAMME

> BURKINA FASO/CAMEROON/MADAGASCAR

### French Movement for Family Planning

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Faced with gender inequality and an increasing number of HIV-positive women, Family Planning is developing a programme focused **both on the prevention of HIV and other sexually transmitted infections and on the struggle for gender equality**. Between 2011 and 2014, more than 30,000 people living in Burkina Faso, Cameroon and Madagascar were reached by measures raising awareness about how HIV is transmitted and how to reduce the risk of transmission.

Family Planning works in partnership with local associations engaged in the global HIV/AIDS response, women's rights protection and the fight against discrimination, **to train female leaders in setting up preventive measures** in rural areas and in disadvantaged areas on the outskirts of large cities.

The women implementing awareness

raising activities are peer educators, meaning that they belong to the community and share the same experiences as the target populations. The messages delivered revolve around gender equality, as the discrimination faced by women increases their vulnerability to HIV.

**One part of the programme targets community and religious leaders:** they are particularly made aware of the stakes of the use of prevention measures by all in terms of sexual health, which then makes themselves active stakeholders in terms of prevention.

TOTAL SUBSIDY GRANTED TO FAMILY  
PLANNING FROM 2011 TO 2014:  
€385,000



## 2- SCREENING

PNPCSP  
IL EST BON POUR  
CHAQUE PERSONNE  
DE CONNAITRE  
SON STATUT SEROLOGIQUE

### CHALLENGES

Screening, often linked to prevention programmes, is nevertheless an issue in its own right in the response to HIV/AIDS. In fact, **checking your HIV-positive situation is an individual, personal and voluntary activity**. A person unaware of their seropositivity cannot be monitored, nor benefit from early stage care. They can also be the source of new infections. And so, the problem of screening is at the heart of the HIV/AIDS response. The aim is thus to detect HIV-positive persons and to include them in a suitable health programme.

To avoid any discrimination and preserve patient confidentiality, screening is careful to respect the criteria of no-cost and anonymity. Screening is most often conducted on an individual basis, during counselling sessions or during large prevention campaigns. A screening session takes place in three stages: a discussion of the person's habits and their motivation for carrying out a test, undertaking the test and offering support at the announcement of the results.

### 400 SCREENINGS PER DAY

conducted during the mobile prevention campaigns organised twice every year by Moto Action in isolated areas of Cameroon. This project brings together local associations, public health employees and moto-taxis to raise awareness of the questions linked to HIV and to improve people's knowledge of their HIV-positive status.

TOTAL SUBSIDY GRANTED TO MOTO ACTION  
FOR THIS PROJECT SINCE 2008: €370,000



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# SUPPORT PROGRAMME FOR THE ANONYMOUS FREE SCREENING CENTRE IN ORAN

> ALGERIA

## AIDES

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AIDES assisted the APCS (the Association for Protection against AIDS) in opening an anonymous free screening centre in Oran in Algeria in 2007, with the support of the City of Paris. The Centre offers prevention and screening activities for all. Attendance levels increase every year, with almost 45% more screenings carried out in 2012 than in 2010, involving 514 more people.

A large part of the Centre's activities targets key populations at higher risk, namely migrants, men who have sex with men, sex workers and prisoners. The Centre is constantly adapting its activities to changes in the epidemic: having observed an increase in the number of HIV-positive women, it has been expan-

ding its activities since 2012 amongst this population, and most particularly toward pregnant women: they are offered adapted screenings, which allows them to limit the risks of neonatal infection.

AIDES acts as a technical partner for APCS, in order to strengthen its management and advocacy capacities, in a context where prevention, screening and care for HIV-positive patients are insufficient.

TOTAL SUBSIDY GRANTED TO AIDES FOR THIS PROJECT SINCE 2008: €333,000





## 3- IMPROVING MEDICAL CARE

### CHALLENGES

Prevention and screening cannot be implemented independently of medical care programmes. It is essential that **people diagnosed as HIV-positive are able to benefit from suitable and high-quality medical services.**

Offering medical care to people who are HIV-positive not only involves prescribing and delivering treatment, but also the capacity to diagnose changes in each patient's state of health. This support requires the **setting up of medical units dedicated to the treatment of HIV** furnished with adequate equipment and trained staff.

In Africa, medical care is generally a skill shared between the States and local authorities. Some associative bodies also work closely with public authorities. **Each organisation meets the requirements of the protocols defined by National Plans for the Fight against AIDS** drawn up by the Ministries of Health. By supporting the decentralisation policies currently in operation, the City of Paris promotes access to treatment and care for all throughout all national territories, including the disadvantaged areas of large cities and isolated rural areas.

## 93% OF HIV-POSITIVE PATIENTS

on the national patient register of the Republic of the Congo are treated by the Outpatient Treatment Centre in Brazzaville, and supported by the French Red Cross. Every day in this day hospital, people living with HIV benefit from monitoring and medical care as well as psychosocial support.

TOTAL SUBSIDY GRANTED TO THE FRENCH RED CROSS  
FOR THIS PROJECT SINCE 2008: €767,000



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## CARE PROGRAMME FOR PATIENTS CO-INFECTED WITH HIV/TUBERCULOSIS

> KENYA

**Médecins Sans Frontières (MSF)**

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Since 2001, Médecins Sans Frontières has been active in the shanty town of Mathare in Nairobi in Kenya, with a day clinic, the “Maison Bleue”, dedicated to providing medical care for people living with HIV. Since its opening, this day clinic has endeavoured to treat HIV and tuberculosis co-infection, which affects almost 60% of the patients.

In 2007, a second clinic was created in order to care of people suffering from resistant tuberculosis, a disease which is particularly difficult to treat and easily transmissible. Treatment for this disease lasts for more than two years and requires intensive daily treatment with many side effects. This work delivered by Médecins

Sans Frontières has been supported by the City of Paris since 2009. Every day, the “Maison Bleue” provide treatment to 100 to 120 patients and 2,100 consultations are given every month. Local healthcare staff belonging to the clinic and partner hospitals are trained in treatment of the co-infection, while the population in the area is regularly approached by awareness-raising and prevention campaigns dealing with hygiene and screening.

TOTAL SUBSIDY GRANTED TO MÉDECINS  
SANS FRONTIÈRES FOR THIS PROJECT  
FROM 2009 TO 2014: €710,000



## 4- SUPPORTING PSYCHOLOGICAL AND SOCIAL CARE

### CHALLENGES

Discovering its HIV-positive status and learning to live with the virus has a psychological and social impact on the individual. The repeated taking of medication on a daily basis is often accompanied by severe side effects. Moreover, sharing its HIV status often results in rejection by relatives, loss of employment and isolation, and in many cases leads to significant social and economic insecurity for the HIV-positive individual.

Psychological and social support are essential complement to medical care and are targeted not only at people living with HIV but also at their immediate circle. The aim of support programmes is to help the patient accept their status and organise their new life, in order to limit the economic and social consequences which the announcement of their HIV-positive status may entail.

And so, programmes offering psychological and social care are essential: they encourage better compliance with treatment on the part of patients and help to maintain a stable standard of living.

### 43 MONTHLY PSYCHOLOGICAL CONSULTATIONS

were delivered in 2012 by teams from the “Maison des Enfants” in Kpalimé, Togo. This establishment was opened by Solidarité Enfants Sida (Sol en Si) in 2008 and offers psychological care and social support for children infected with or affected by HIV and their families, as well as training for local organisations involved in the care of HIV-positive patients.

TOTAL SUBSIDY GRANTED TO SOL EN SI FOR THIS PROJECT SINCE 2011: €104,000





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## OVERALL SUPPORT PROGRAMME FOR FAMILIES AFFECTED BY HIV

> RWANDA

### François Xavier Bagnoud Association (AFXB)

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The François Xavier Bagnoud Association (AFXB) has been active in Kigali in Rwanda since 2006 with the support of the City of Paris, in order to **help families affected by HIV/AIDS become free of poverty in a sustainable fashion**. Thanks to funding from Paris, almost 4,000 people have benefited from long-term support from the AFXB teams, implemented as part of the national strategy for the response to HIV/AIDS in agreement with the Rwandan Ministries concerned and international organisations.

**The participants are organised in groups of 80 families living in the same districts**, and are supported in overcoming the difficulties caused by HIV/AIDS, whether this consists of discrimination or poverty.

This community-based participatory approach allows populations to anticipate the future their dignity and to anticipate the future, with more than 85% of beneficiaries living above the poverty line at the end of the project.

**AFXB takes a comprehensive approach** by providing families with integrated psychosocial support which includes taking care of their basic needs, school fees for children and schemes for the development of income generating activities. The beneficiaries are directed towards suitable medical care organisations and are regularly made aware of their rights.

TOTAL SUBSIDY GRANTED TO AFXB  
SINCE 2008: €913,736





## 5- PROTECTING FUTURE GENERATIONS

### CHALLENGES

Studies show that over 90% of mother-to-child infections currently identified every year could be avoided, if HIV-positive women were correctly treated during their pregnancy.

This is particularly important in Africa where women account for a growing proportion of HIV infections. Often less well-educated and in more fragile socio-economic situations than men, many women cannot decide on the conditions of their sexual relations nor protect themselves. It is therefore essential that women of reproductive age benefit from high quality prevention and that they have access, when they are pregnant, to services which will on the one hand allow the early detection of HIV and on the other hand provide medical and psychological follow up suitable for their condition.

The protection of future generations also involves schemes dedicated to children orphaned by HIV/AIDS, almost 80% of whom live in sub-Saharan Africa in conditions of great poverty, often with poor access to education and sanitation. In order to limit high-risk behaviour and the propagation of the virus, these children should be supported, whether they are HIV-positive or not, by measures for prevention, medical and psychological monitoring and social integration.

**550 CHILDREN** are on the patient register at the Paediatric Outpatient Treatment Centre in Yopougon, in Abidjan in the Ivory Coast. This day hospital, officially opened in 2011 by the Pan-African Organisation for Health, is innovative in that it concentrates on medical and psychosocial care for HIV-positive children.

TOTAL SUBSIDY GRANTED TO OPALS FOR THIS PROJECT FROM 2009 TO 2015: €305,000



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# CARE PROGRAMME FOR CHILDREN INFECTED AND AFFECTED BY HIV/AIDS

> BURUNDI

## SIDACTION

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Since 2003, Sidaction has been actively supporting **children infected and affected by HIV in Bujumbura in Burundi**, where the number of children orphaned by HIV/AIDS is estimated at more than 150,000.

Every year, almost 3,000 children are monitored by this programme and benefit from complete care, including regular examinations, dispensing of antiretroviral treatment and nutritional solutions, as well as individual psychological support. The scheme organises schooling for the most disadvantaged children (30% of the patient register) and regularly offers collective activities to raise awareness of appropriate hygiene behaviour. Sidaction currently works in partnership with two local associations: ANSS (National

Support Association for people who are HIV-positive or suffering from AIDS) and SWAA-Burundi (Association for African women facing AIDS). These two organisations, which comply with the guidelines of the National Plan for the Fight against AIDS, are recognised by the Ministry of Health and by international organisations. Sidaction provides them with technical support and helps to **boost the capacities of Burundian organisations involved in the HIV/AIDS response**, predominantly in the areas of the prevention of mother-to-child transmission, the delivery of treatments and high quality support for children exposed to HIV.

TOTAL SUBSIDY GRANTED TO  
SIDACTION FOR THIS PROJECT SINCE  
2008: €1,901,000





## 6- SUPPORTING VULNERABLE POPULATIONS

### CHALLENGES

One of the challenges in the HIV/AIDS response consists in **reducing new infections amongst the most vulnerable populations**, in other words those most exposed to HIV, who often do not have access to screening and care services and who live in conditions of precarious livelihood and stigmatisation.

As with women with high exposure to HIV, **seroprevalence is higher amongst certain groups of the population**. This is the case for those who have homosexual relationships and those who practise the sale of sexual services: the average prevalence amongst these groups is around 20%, with higher levels in large cities and in areas with high population flows. Similarly, HIV prevalence is on average 22 times higher than that of the general population amongst injecting drug users.

Vulnerable populations are targeted by specific programmes, which offer **schemes adapted to their ways of life and which help to combat the discrimination they face**. Those engaged in the HIV/AIDS response amongst vulnerable populations are particularly keen to raise awareness amongst the general population and public authorities of the health impacts of respecting human rights for all.

### 1<sup>ST</sup> CENTRE FOR SEXUAL AND REPRODUCTIVE HEALTH

in North Africa opened by ALCS (the Moroccan Association for the Fight against AIDS) and supported by the association Sida Info Service since 2011. This organisation is accessible to all and offers services which include listening, treatment, orientation and welcome without judgement. It focuses particularly on men having sex with men.

TOTAL SUBSIDY GRANTED TO SIDA INFO SERVICE FOR THIS PROJECT SINCE 2012: €150,000



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# PROGRAMME FOR THE MANAGEMENT OF HIV/AIDS AMONGST INJECTING DRUG USERS

> KENYA

## Médecins du Monde (MDM)

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Although the majority of new infection cases are due to sexual transmission, **a high prevalence of HIV is reported amongst intravenous drug users.** Kenya is one of the 10 countries in the world with the highest number of intravenous drug users. Although the rate of prevalence dropped from 14% in the middle of the 1990s to 6% in 2006, a study conducted in Nairobi in 2004 amongst 156 injecting drug users revealed an HIV prevalence of 36%.

Médecins du Monde therefore wished to develop a risk reduction programme beginning in 2014, in partnership with the Ministry for Health and Social Affairs. This project was inspired by the one that Médecins du Monde carried out in Tanzania between 2011 and 2014, and for which the City of Paris granted a subsidy of €450,000.

So Médecins du Monde mapped the locations where injecting drug users were living and set up partnerships with national NGOs near this population.

**A drop-in centre for used syringes was created and mobile awareness raising campaigns** for the population and drug users suffering from AIDS and hepatitis were also set up in some healthcare establishments in Nairobi, the emphasis being placed on **specific training for care staff.**

Médecins du Monde also works to create an awareness of **the respect for human rights and risk reduction.** The injecting drug users monitored by the programme are the main stakeholders in this appeal aimed at civil society and the authorities.

TOTAL SUBSIDY GRANTED TO MÉDECINS DU MONDE FOR THIS PROJECT SINCE 2014: €290,000





## 7- STRENGTHENING PUBLIC HEALTH SERVICES

### CHALLENGES

The objective of universal access to high-quality screening, care and treatment services requires **good coverage of all national territories** by sites dedicated to the care of HIV/AIDS.

The States define the investment schedule and guidelines in terms of public health. The dynamic of decentralisation at work in the majority of African countries has led to a **new distribution of responsibilities in terms of the development** and management of healthcare organisations: the States, local and regional authorities work in a coordinated manner on the development of local, interconnected health care services, following the same healthcare and follow-up protocols.

For HIV-positive patients to benefit from **the right care in all areas of the territory**, it is necessary to strengthen the capacities of staff and to promote quality standards amongst local healthcare organisations. The work concerns medical and paramedical teams, laboratory technicians and administrative teams.

## 100 PSYCHOSOCIAL ADVISERS

in the Chad Ministry of Health were trained by Expertise France (ex. GIP ESTHER) to provide support for people diagnosed as HIV-positive in their care pathways and their compliance with treatment. This action, aimed at fighting against patients being lost to follow-up, is part of an overall support project for the decentralisation of care of patients co-infected with HIV/Tuberculosis in three hospitals in N'Djamena.

TOTAL SUBSIDY GRANTED TO EXPERTISE FRANCE (EX. GIP ESTHER) FOR THIS PROJECT SINCE 2012: €284,000



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## SUPPORT PROGRAMME FOR PUBLIC MEDICAL CARE SERVICES FOR PEOPLE LIVING WITH HIV

> GUINEA

### SOLTHIS (Therapeutic Solidarity and Initiatives for health)

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In 2008 SOLTHIS signed a cooperation agreement with the Guinean Ministry of Health, in order to **assist the State in its planning and support role for HIV/AIDS care units throughout the territory.** With the financial support of the City of Paris, this partnership has led to the development of patient monitoring at national level, the creation of screening and care protocols and the guarantee of a regular supply of medication. A “quality” care initiative was also set up. SOLTHIS has also developed actions to prevent mother-to-child transmission of HIV.

Conakry is a priority intervention area, with a prevalence rate of 2.4%, almost double that of the national average. SOLTHIS has helped to **bring the care of people living with HIV into operation in**

**seven public healthcare establishments** in Conakry, which have seen their total patient registers multiplied by five in four years. Access to care in the region of Conakry has also improved, with support for the decentralisation of care in the capital's outskirts.

SOLTHIS offers its expertise in **training of medical and administrative professionals** for public healthcare establishments, laboratories and pharmacies, as well as administrative organisations involved in the management of HIV/AIDS. In addition to this technical support, SOLTHIS has provided partner health centres with suitable equipment.

TOTAL SUBSIDY GRANTED TO SOLTHIS  
FOR THIS PROJECT SINCE 2008:  
€697,000



## 8- EMPOWERING CIVIL SOCIETY

### CHALLENGES

African associations involved in the response to HIV/AIDS have been active since the end of the 1980s in **protecting universal access to treatment and the rights of the ill** amongst political decision-makers. They have often received the support of the local population, and most particularly of people living with HIV and their families.

Today, a significant number of civil society stakeholders manage care organisations and provide psychological and social support for people living with HIV, as part of National Plans for the Fight against AIDS. Associations involved in the HIV/AIDS response also play a key role, because of their proximity on the ground, in anticipating **new challenges presented by the disease and the emergence of innovative intervention methods**.

The response to the HIV/AIDS epidemic and to the issues which it raises is therefore a collective one, the reason why it makes sense to **help strengthen the capacities of all stakeholders involved**. The City of Paris therefore regularly assists local associations, both in the implementation of actions targeted at populations living with HIV and in the improvement of their autonomy and good governance, guarantees of a sustainable development.

### 121 SHEETS AND TECHNICAL TOOLS

compose the Guide for associative structuring, designed by the Platform “Together let’s fight AIDS in Africa” and its members. Through these practical documents, associations can acquire knowledge which will help them consolidate their governance and management.

TOTAL SUBSIDY GRANTED TO THE ELSA PLATFORM  
FROM 2009 TO 2014: €295,000





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## SUPPORT PROGRAMME FOR THE EMPOWERMENT OF LOCAL ASSOCIATIONS

> IVORY COAST / TOGO / BURKINA FASO / DEMOCRATIC REPUBLIC OF THE CONGO / REPUBLIC OF THE CONGO

### Fonds Solidarité Sida Afrique

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In 2006 Solidarité Sida created an association dedicated to raising funds, in order to increase its aid for Africa: the aim of Fonds Solidarité Sida Afrique is therefore to **contribute to the management of HIV/AIDS in developing countries**, by supporting actions for the care of people infected and affected by HIV/AIDS financially and materially.

Since 2010, the City of Paris has supported Fonds Solidarité Sida Afrique in a programme which **supports the empowerment of African associations** involved in the HIV/AIDS response. The first phase of the project concerned an Ivory Coast Association, Centre Solidarité Action Sociale in Korhogo and a togolese association, Espoir Vie Togo, in Lomé. Four new associations in West and Central Africa have been involved in the second phase of the project.

For three years, associations in the Ivory Coast and Togo have benefited from individualised and collective training from the Solidarité Sida teams, in order to improve their intervention strategy and their association management. They were also encouraged to **structure their activities more and to redefine their objectives** in accordance with the technical, human and financial resources available. A large part of the skills transfer carried out by Solidarité Sida also involved the diversification of resources, in order to secure the operations of each association and ensure the longevity of their interventions with people living with HIV.

TOTAL SUBSIDY GRANTED TO FONDS SOLIDARITÉ SIDA AFRIQUE FOR THIS PROJECT SINCE 2010: €665,000



# PARIS DECLARATION

## FAST-TRACK CITIES: ENDING THE HIV/AIDS EPIDEMIC

MAIRIE DE PARIS 

IA-PAC  
INTERNATIONAL ASSOCIATION  
OF PROVIDERS OF AIDS CARE

 UNAIDS  
UNITED NATIONS PROGRAMME ON HIV/AIDS

 UNOHABITAT  
UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME

### PARIS DECLARATION OF DECEMBER 1<sup>ST</sup> 2014 (EXTRACTS)

We stand at a defining moment in the HIV/AIDS response. Cities now are uniquely positioned to lead fast-track actions and can avoid new HIV infections and avert AIDS-related deaths. We can end stigma and discrimination. Cities must work together to take local actions for global impact.

WE, THE MAYORS, COMMIT TO :

#### 1. End the HIV/AIDS epidemic in cities

We commit to achieve the 90-90-90 targets by 2020, rapidly reducing new HIV infections and AIDS-related deaths, and put us on the fast-track to ending HIV/AIDS by 2030.

#### 2. Put people at the centre of everything we do

We will focus on people, especially those who are vulnerable and marginalised. We will respect human rights and leave no one behind.

#### 3. Address the causes of risk, vulnerability and transmission

We will use all means including municipal ordinances and other tools to address social determinants that make people

vulnerable to HIV. Working closely with communities, service providers and law enforcement, we will encourage and foster trust and tolerance towards marginalized and vulnerable populations.

#### 4. Use our HIV/AIDS response for positive social transformation

Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient and sustainable.

#### 5. Build and accelerate our response

We will develop and promote services that are innovative, safe, affordable, equitable, and free of stigma and discrimination.

#### 6. Mobilize resources for integrated public health and development

Investing in the HIV/AIDS response together, with a strong commitment to public health, is a sound investment in the future of our cities and fosters productivity, prosperity and well-being.

#### 7. Unite as leaders

We will commit to an action plan and join with a network of cities to make this declaration a reality. We will report annually.

On World AIDS Day 2014, the City of Paris renewed its commitment towards the global HIV/AIDS response and launched with UNAIDS, UN-Habitat and IAPAC the international initiative “Fast-Track Cities: Ending the HIV/AIDS Epidemic”.

The Mayor of Paris, Anne Hidalgo, and the UNAIDS Executive Director, Michel Sidibé, invited mayors of large cities of the world to play a full part in the HIV/AIDS response, by organizing an international roundtable on December, 1st 2014 to debate new objectives by 2020. Following this event, in the presence of the main associations and NGOs active in the global

HIV/AIDS response, the guests signed the Paris Declaration which officially launched the 90-90-90 targets by 2020.

- 90% of people living with HIV knowing their HIV status
- 90% of people who know their HIV-positive status on treatment
- 90% of people on treatment with suppressed viral loads

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## CITY OF PARIS’S PARTNERS SINCE 2008

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Printing completed in 2016

**2016 EDITION**

**CITY OF PARIS**

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**A PUBLICATION BY THE INTERNATIONAL  
RELATIONS DEPARTMENT**

**WWW.PARIS.FR/INTERNATIONAL**

