



Until we are all equal



Uniting Against TB and HIV in Guinea

In the second year of the **Eradicate TB & HIV in Guinea** project, more than 17,000 HIV/AIDS screenings were provided to people in at-risk populations.

Project facts

WHAT: The Eradicate TB & HIV in Guinea project is preventing and treating tuberculosis and HIV/AIDS in the most at-risk and hard-to-reach communities while improving disease prevention at a national level.

HOW:

- Combatting stigma to ensure that at-risk groups receive safe and inclusive care
- Providing TB testing and preventive treatments
- Raising community awareness on how to identify TB and where to seek care
- Supporting mobile HIV testing in rural areas and education on how to protect against HIV/AIDS
- Improving nutrition among children and individuals living with TB or HIV/AIDS
- Training health care workers to provide more inclusive care

WHERE: This project is national in scope and is being implemented in all regions of Guinea.

WHEN: January 2021–December 2023

WHO: Our partners include The Global Fund to Fight AIDS, Tuberculosis and Malaria; the Guinea Ministry of Health’s Programme National de Lutte contre le Sida et les Hépatites and Programme National de Lutte Anti-Tuberculeux; UNICEF; UNFPA; Médecins Sans Frontières; DREAM; Fraternité Médicale Guinée (FMG); the French Red Cross; Central Pharmacy of Guinea; Solthis; and the National Institution for Public Health.



A woman prepares a meal in Guinea.

70%
of new HIV infections globally in 2021 occurred in key populations and their sexual partners.

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ON THE COVER (clockwise from top left): Participants in a Champions of Change club session; a health worker arrives at a health centre supported by the project; a young girl attends an HIV/AIDS awareness event supported by the project.

This report reflects Year 2, which ran from January to December 2022. Data is collected, analyzed and then published after each project year closes. We'll share new updates on Year 3 (January–December 2023) in the coming months.

The First Word

For those living on the margins, health is often pushed to the sidelines.

Tuberculosis and HIV/AIDS aren't headlining the news the way they did 30 years ago. But among some groups, and in the hardest-to-reach communities, these diseases are still a major threat.

Why? Because progress is not distributed evenly: Particular groups and communities have less access to the information, care and supplies that can prevent and treat these illnesses and are therefore at a greater risk of infection. In Guinea, for example, access to HIV/AIDS treatment varies greatly by region.

Poverty and social exclusion also play a big role. In Guinea, the most at-risk groups for these diseases include adolescent girls, women, men who have sex with men* and people who engage in selling and exchanging sex. These groups are more likely to live in poverty and experience stigma in their health care and in Guinean society at large.

"Discrimination acts as a barrier for these groups," says Rosaline Millimouno, a gender specialist and human rights advocate with Plan International Guinea. "People prefer not to go to the hospital or see a doctor because they fear how they will be treated."



Women walk to a health centre in western Guinea.



“If we are not careful and do not focus on these groups, we risk wiping out all the efforts made in the fight against HIV/AIDS.”

– Dr. Denise Sam,
Plan International Canada's program manager
for the Eradicate TB & HIV project

Plan International is working in partnership with The Global Fund to Fight AIDS, Tuberculosis and Malaria to deliver life-saving health services and reduce the stigma and exclusion experienced by these groups so they can safely access the information and health care they need.

*The relationship between sexual behaviour and sexual identity is not inherently linked. For this reason, this group is categorized by the identified behaviour (men having sex with men) without assuming a linked sexual identity (gay, queer, etc.). Many in this group will identify themselves under the LGBTQIA+ umbrella, but some may not.

Thank you for your continued support.

Thank you for being a champion in the cause to eradicate these diseases once and for all. By supporting this project, you are helping us reach communities that face the greatest risk and barriers to life-saving care and information.

The Situation

For those who have the highest risk of contracting TB or HIV, stigma is a “silent killer.”



A rural road in western Guinea

A health clinic where staff show prejudice against certain patients is not an environment in which individuals can safely ask questions and seek care. This is especially true when it comes to an illness like HIV/AIDS, which carries its own stigma.

The Eradicate TB & HIV in Guinea project targets key populations in which the risk of disease is high and access to care for prevention and treatment is low. These groups include:

- **Women and adolescent girls, especially those living in poverty:** Women and girls in Guinea experience a higher likelihood of living in poverty than men and boys. People living in poverty are more likely to live far from health care services or be unable to afford the associated costs. They are also more likely to experience malnutrition, which increases their vulnerability to illness. (Read more about the relationship between nutrition and TB and HIV/AIDS at right.) Women and adolescent girls in Guinea are also more likely to contract HIV and tuberculosis because harmful gender norms limit their decision-making power over their health and bodies.
- **Men who have sex with men:** Globally, men who have sex with men are approximately 10 times more likely to contract HIV. In Guinea, the likelihood increases to 22 times. The discrimination these men face, including from health care staff,

limits their ability to seek health information and treatment as well as supplies, like condoms, that help protect against HIV.

- **People who engage in selling and exchanging sex:** Sex workers in Guinea are 21 times more likely to contract HIV, compared with a global rate of 3.6 times. This is, in part, because they are more likely to live in poverty and because they are often unable to demand safe sex and consistent use of condoms. Fear of discrimination when they seek care and information also contributes to their increased rates of infection.

Health workers who join the project often share that they have never before encountered individuals from the target populations. “They haven’t been trained in how to treat them in an inclusive way,” says Rosaline Millimouno, a gender specialist and human rights advocate with Plan International Guinea. “This can reinforce the patients’ sense that they are not welcome.”

To reach the populations with the greatest risk of TB and HIV/AIDS, we are working to challenge the attitudes that fuel discrimination and to create safer and more inclusive environments where life-saving care can be delivered. “My hope is to see the rights of these [at-risk] populations recognized and respected,” says Dr. Samba Dioum, an HIV/AIDS specialist with the project.

TUBERCULOSIS, HIV AND MALNUTRITION: A DEADLY COMBINATION

Tuberculosis is the leading cause of death among people living with HIV.

HIV weakens the immune system, leaving its host more vulnerable to other illnesses, including TB. HIV/AIDS also makes TB harder to diagnose and more likely to progress quickly if untreated.

When people fall ill from these diseases, they are often unable to work – and as a result, unable to afford enough nourishing food to fortify their immune systems. Without proper nutrition, both TB and HIV/AIDS advance more quickly.

It’s a deadly cycle.

The Eradicate TB & HIV in Guinea project is targeting these diseases where they overlap, offering TB screenings

to HIV/AIDS patients and training health care workers to better spot one disease in a patient suffering from the other. Plan International is also introducing malnutrition screening and treatment for TB patients and providing food supplies to individuals living with HIV/AIDS. By tackling these illnesses together, the Eradicate TB & HIV project in Guinea can be more effective in addressing both.

GLOBALLY, THE MOST AT-RISK GROUPS FOR HIV ARE:

Sex workers
(3.6x more likely)

Men who have sex with men
(10.7x more likely)

People who are transgender
(14.7x more likely)

Intravenous-drug users
(7.14x more likely)

People in prisons
(2x more likely)

Food distribution in Conakry helps community members fight malnutrition, making it easier to stay healthy.



Tuberculosis causes 40% of deaths among people living with HIV.

The Rundown

Thanks to the support of Canadian contributors like you, Year 2 of this project delivered care, treatment and life-saving information to tens of thousands of people.

HERE'S HOW:

➤ **9,792** (January–June) + **10,391** (July–December) people participated in HIV/AIDS-prevention programs, including education sessions on HIV/AIDS risk reduction and referrals for sexually transmitted infection (STI) and HIV testing.

➤ **4,449,670** condoms were distributed to individuals in the communities most at risk of contracting HIV.

➤ **8,047** (Jan–June) + **9,421** (July–Dec) people were screened for HIV/AIDS, including via mobile clinics. If patients tested positive, they were referred to health and support services.

➤ **1,551** (Jan–June) + **1,715** (July–Dec) people suffering from both TB and HIV received antiretroviral treatment and anti-tuberculosis therapy.

➤ **10,588** (Jan–June) + **10,816** (July–Dec) children whose parents/caregivers were diagnosed with TB received preventive treatment.

➤ **1,140** (Jan–June) + **1,426** (July–Dec) cases of TB were referred for testing thanks to increased community awareness about symptoms and treatment.

➤ **17** TB diagnosis and treatment centres were set up, contributing to a 73% increase in available centres since 2019.

Did you know?

The Global Fund to Fight AIDS, Tuberculosis and Malaria is one of Plan International Canada's biggest partners, improving health at both the community and national levels.

- Plan International is currently running **15 projects** funded by The Global Fund in **12 countries**.
- Over 19 years of partnership, Plan International has managed **US\$640 million** in Global Fund grants.

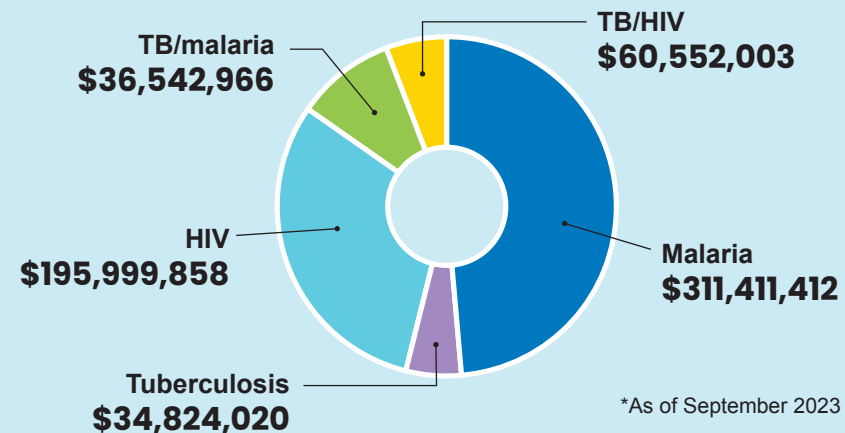
- Plan Canada is the only non-governmental organization in Canada that supports the implementation of Global Fund grants.

- Our projects with The Global Fund work to improve national health systems while also combatting diseases directly through treatment and prevention.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is one of the world's largest funders of interventions against these three diseases.

Total funding received to date and breakdown by disease

Over the 19 years of our partnership with The Global Fund, Plan International has managed a portfolio of more than **US\$640 million**.*



A STORY OF CHANGE

Safe Spaces Help Fight Stigma

Two inclusive community centres are providing a safe haven for LGBTQ+ people and others who experience discrimination.

The risk of TB and HIV/AIDS in Guinea is greatest in groups who are also less likely to seek care. Having to hide who they are or what they're doing that might heighten their HIV risk stands in the way of protecting their safety.

"Many people discriminate against men who have sex with men," says Dr. Samba Dioum, an HIV/AIDS specialist with the Eradicate TB & HIV project. "People from the [LGBTQ+] community may be taking a risk in coming forward for health services."

In 2017, through an earlier phase of the Eradicate TB & HIV in Guinea project, Plan International helped establish two community centres, in Conakry and surrounding regions, to serve as safe and welcoming spaces. These centres continue to receive funding from the project today and are designed to support groups facing discrimination, including people in the LGBTQ+ community and people who are engaged in selling or exchanging sex.



The centres are managed by members of the populations they serve, and as a safety measure, new visitors must be referred by a peer. The on-site doctor – who may not necessarily be from one of the target populations – is trained to offer health services that are tailored to meet each group's needs.

The centres also offer educational workshops to help visitors understand their legal and medical rights, protect themselves against disease and connect to services like legal counsel and support against domestic violence. Individuals also have access to games, free internet, television and, most importantly, a safe space to spend time and socialize with others. "Because of the social constraints in our country, we can't resolve human-rights violations for these groups, but we can offer support," Dioum says.

In addition to health care and social services for visitors, the centres lead human rights trainings for medical personnel, law enforcement and prison staff, working to challenge stigma within professions that directly impact the experience of the communities at risk.

Access to information and supplies is key to promoting safe sex and disease prevention.

A STORY OF CHANGE

Sensitive Subjects

Religious leaders look for ways to drive change without undermining their values.

Changing norms doesn't happen by trying to alter a community's belief system. The most effective change occurs when you can encourage a new behaviour or mindset in a way that doesn't undermine existing values. In the areas where the Eradicate TB & HIV project is active, discussions about sex are commonly taboo. So how do you raise awareness about HIV and STI prevention?

"Religious leaders hold a lot of trust in these communities," says Rosaline Millimouno, a gender specialist and human rights advocate with Plan International Guinea. "When they lead sessions to raise awareness, people listen attentively and take steps to put their guidance into practice."

But it's not as easy as asking these leaders to talk to their congregants about safe sex. For example, Millimouno spoke with an imam (a Muslim religious leader) who said he could not discuss condom use because he and his community consider the use of birth control to be forbidden. Millimouno suggested reframing the purpose of condoms in a way that did not go against this view.

"I used the analogy of someone using a wristwatch," says Millimouno. "The watch is only a tool. Condoms can be used

for birth control, which the imam and his congregants consider forbidden. But condoms can also be used for disease prevention." With this framing, the imam felt comfortable encouraging his congregation to use condoms as a way to protect their health.

Bangoura Moustapha, an imam in Conakry, similarly leads controversial discussions at his mosque. His sessions initially focused on more straightforward topics, like how to spot symptoms of TB and where to go for treatment. But by his second year working with Plan, Moustapha began to delve into complex and sensitive subjects, like gender inequality, female genital mutilation and gender-based violence.

"We feared the community would reject us for broaching these subjects; instead, they welcomed us with open arms," Moustapha says. "It was as if they had been eagerly waiting for us to address these issues."

Religious leaders have played a key role in the Eradicate TB & HIV in Guinea project, participating in trainings and conducting four talks a month at their mosques in addition to educational sessions in their wider communities. They are proving to be a powerful force for change. Seeing their success, the government of Guinea has been eager to engage them as well. Imams connected to this project have been invited to speak at major conferences, including one in Ghana, and to develop radio shows that will exponentially multiply their reach and impact.



8 **Imam Bangoura Moustapha leads discussions that cover difficult topics and challenge taboos.**

Left: Imam Bangoura Moustapha leads one of his regular discussion sessions with members of his congregation.

Opposite, top: Community members engaged in prayer at Imam Bangoura Moustapha's mosque in Conakry



Fatoumata leads a Champions of Change club session at her school.

A STORY OF CHANGE

Want to Change the Future? Start With Youth

Champions of Change clubs equip youth to take the lead.

When Safiatou, 18, joined a Plan International Champions of Change club in her region of Guinea, she was looking for a way to talk about topics that weren't being discussed in her community. "I decided to join the club because I saw the importance for my life but also for the people around me," Safiatou says.

The club, which receives support from the Eradicate TB & HIV in Guinea project, helps equip its members to press for change on issues like child, early and forced marriage, gender inequality and gender-based violence. Safiatou knows that challenging harmful norms can save lives. One of her neighbours was killed by her own husband in an incident of domestic violence. "The club taught me how to claim my rights," says Safiatou. "It also taught me where to report cases of violence."

Fatoumata, a member of Safiatou's club, says she has gained a new understanding of a woman's place in the



Safiatou, 18, after hosting a Champions of Change club session

community and has shared these ideas with her grandmother. "She thought that women are only respected when they are at home," says Fatoumata. "Through our conversations, this vision has changed for both of us."

In Safiatou and Fatoumata's club, discussions have ranged from resisting child, early and forced marriage and female genital mutilation (both common practices in many communities in Guinea) to recognizing TB symptoms to how women and girls don't feel they have control over sexual decisions – a factor that increases their risk of contracting HIV. Members learn to lead educational sessions with peers outside the group, sharing knowledge and trying to change the perceptions of those around them.

"My mother's courage and determination make her a role model for me," says Safiatou. "Through the Champions of Change club, I now see myself as a champion and a role model for my peers."

The Eradicate TB & HIV project in Guinea has trained 500 Champions of Change club members to be advocates and educators for health and gender equality.

“

A 15-year-old boy suspected that his neighbour had tuberculosis based on what he had learned in his Champions of Change club. He urged the neighbour to go to the hospital. The tests at the hospital showed that the boy had guessed right, and the TB was treated.”

– Rosaline Millimouno, gender specialist and human rights advocate with Plan International Guinea

Looking Ahead

Based on the success of this project, Plan International has been approved to launch an additional phase of the Eradicate TB & HIV in Guinea project in January 2024. We hope you'll consider continuing to support this meaningful work by partnering with us on this next chapter.

“We already see real, positive changes, and this is sure to continue.”

– Dr. Samba Dioum, Plan International Guinea's HIV/AIDS specialist on the Eradicate TB & HIV in Guinea project

Thank you!

Thanks to your support, communities across Guinea are gaining greater access to inclusive health services and information to prevent and treat TB and HIV/AIDS. A heartfelt thank you for your generous contribution.

Thank you again for your continued support.



Until we are all equal



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HUMANITARIAN COALITION //

Food distribution in Conakry helps community members fight malnutrition, making it easier to stay healthy. For those affected by diseases like TB and HIV, proper nutrition can also help stave off the impact of effects.

For more information, please contact:
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About Plan International Canada

Plan International Canada is a member of a global organization dedicated to advancing children's rights and equality for girls. Plan International has been building powerful partnerships with and for children for over 85 years and is now active in more than 80 countries. We stand with children, especially girls, wherever they are oppressed, exploited, left behind or not equally valued. We're determined optimists, and we will continue to persevere until we are all equal.