Improving HIV and STD care services for indigenous people in the Peruvian Amazon

Final Report

March 2018 – June 2019

Poster designed by an adolescent during a workshop

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The ESTHER Switzerland programme (https://www.esther-switzerland.ch) is implemented by the Institute of Social and Preventive Medicine (ISPM) of the University of Bern, on behalf of the Swiss Agency for Development and Cooperation SDC)."

1. Project at a glance

This project aimed to contribute to the strengthening of Peru´s health systems capacity in providing culturally appropriate care for HIV/AIDS and other STDs for indigenous people through improved training to health workers and capacity-building of indigenous organizations.

Our project had two target groups: health workers providing care at facilities located in Indigenous communities and Indigenous Organizations representing indigenous people from the area. Yet, as we started to unfold the activities it became apparent that we were missing a key group at the community level: Indigenous adolescents. This group are the key target of most of the efforts from health workers and teachers to improve sexual and reproductive health.

The main results achieved included:

- Assessment of the implementation of the "National Guidelines for HIV prevention and treatment amongst" indigenous people and presentation of these results to local authorities
- Workshops with adolescents to understand their perspectives on sexual and reproductive health
- Development of a Fotonovela targeted at adolescents in Spanish and Ashaninka
- Study report on barriers to accessing reproductive and sexual health services for indigenous people
- Training for health professionals in sexual and reproductive health and intercultural approaches
- Meetings with indigenous groups for them to understand different health and social programs they could benefit from
- Development of a health strategy for local authorities

In total 561 individuals were involved in different activities from this project. Throughout the project we have kept a close relationship with health authorities. Despite an initial difference between what they considered we could do as a project, we managed to convey the idea that our role was to better equip health workers so that they themselves can explain any procedure or activity they will engage in within indigenous communities. We managed to make authorities successfully understand the importance of providing sexual and reproductive health with an intercultural approach. Nevertheless, due to structural problems that result in a high mobility of health workers in the area we are aware of the importance of providing materials that are as much as possible self-explanatory and that is what we are finalizing.

These activities, exchanges and discussions also enabled a strengthened partnership between the different organizations involved in this project with ongoing and future projects being discussed and developed.

2. Situational analysis

2.1. National

Indigenous people represent around 30% of the Peruvian population, but Indigenous people from the Amazon equal only 1%. They have specific health needs that are often not addressed by public policies whose norms and regulations are usually thought and developed for the urban non-Indigenous population. One area in which indigenous populations are affected more than other groups is HIV/AIDS and Sexually Transmitted Diseases (STD).

Recent research describing cultural and structural risk factors for HIV/AIDS and STDs among Peruvian Amazonian Indigenous Population[1-3] together with the identification of increasing cases of HIV and STD in this population have resulted in making Indigenous Population a policy priority by the Peruvian Ministry of Health[4-6]. Their inclusion in the multiannual plan and the development of specific norms for HIV and STD work with Amazonian Indigenous Population are important steps[7, 8]. Nevertheless, there is still no assessment of the implementation of these guidelines and their applicability for rural and dispersed populations such as the ones where this project will be implemented.

In Amazonian indigenous communities, small clusters of houses are scattered over a vast territory. Healthcare is provided at basic health facilities by non-professional staff. Laboratories and doctors are often inaccessible, affecting access to diagnostic tests. Tuberculosis (TB) research in the Peruvian Jungle done by Salud Sin Limites, Universidad Peruana Cayetano Heredia and the London School of Hygiene and Tropical Medicine, found that people have to travel many hours by public transport to access mandatory tests to initiate their TB treatment as stated by national health guidelines. Travel expenses are paid by patients, who are already poor. These findings can be extrapolated to HIV and STD patients, requiring follow-up and access to laboratory tests only available at major hospitals. On the other hand, most health workers in indigenous communities are not familiar with indigenous culture and ways of life, as they rarely receive training on HIV and STDs management and require support to improve cultural competence skills.

2.2. Local

Poyeni and Betania are two out of 43 indigenous communities located along the Tambo River in the Central Peruvian Amazon. They are inhabited by the Ashaninkas. The Ashaninka make up the largest Peruvian Amazonian indigenous group, and 54.7% of them live in Junín. According to the Ministry of Culture, there are 78,638 Ashaninkas living in indigenous communities in the Junin Region and they have poor health indicators when compared to the national average. For instance, the national average of children under 5 with severe chronic malnutrition is 2%, while among Ashaninka children this percentage is 15%.

Poyeni

Poyeni has a population of around 100 families (876 adults). It is led by a Junta Directiva that is formed by the community chief and the committee members: Vice president, secretary, treasurer, and two vocals. Since it is a big community, Poyeni is divided into 6 sectors and each sector has also a representative who participates in the assemblies called by the community chief.

In terms of community health organizations they have a Health President and vice president who are responsible for coordinating with health workers any health promotion activity that will take place in the community. The Health President is also responsible for coordinating with the local health promoters to secure their support for specific health campaigns. The health promoters not only support the health center activities but they are also responsible for informing through loudspeakers when there is an emergency such as a complicated birth, accidents, snake bites or shipwrecks.

Poyeni has a big group of traditional healers that use medicinal plants, massages and tobacco to cure. They are in the process of becoming organized since they have seen that in other neighboring communities tourists come to learn about indigenous healing practices. Overall the relationship with public servants from the health and educational sector is good. When a new teacher or health worker arrives at Poyeni the community gets organized to prepare a big meal for them, masato (traditional drink made of fermented mandioca), football tournament and other sports.

Betania

Betania has around 100 families (754 adults). It has a similar political structure as Poyeni. Unlike Poyeni that can only be reached by river, there is a recently opened highway that connects Betania with the City of Atalaya. This has brought major changes such as small number of tourists.

There is also a group of organized health promoters that support the health workers in the various community-level activities they implement. The indigenous healers are grouped in an organization that will enable them to provide services for tourists. The presence of the highway however, brings also a higher contact with the urban areas where young people go to work and where they can also get infected with STDs.

Location of the Junin Region in Peru

3. Partnership

3.1. Description of partnership

This project brought together three institutions, two Peruvian institutions and one Swiss institution, two universities and one NGO, and expertise in specific health conditions, fieldwork and training.

Geneva University Hospitals (HUG):

The Division of Tropical and Humanitarian Medicine (DTHM) at the HUG and University of Geneva (UNIGE) in Switzerland is a rare example of a division within a public teaching hospital dedicated to improving health globally. It has activities that benefit Geneva's population and activities that benefit the global population through projects and research. It has several partnerships in Switzerland and abroad to address its core mission of developing partnerships with local and international organizations, favoring an interdisciplinary and interactive approach, to improve access to health taking advantage of the skills available at the HUG and engaging them in international activities. http://www.hug-ge.ch/en/tropical-and-humanitarian-medicine

Universidad Peruana Cayetano Heredia (UPCH):

UPCH is a private nonprofit education institution with high quality biomedical research around the most prevalent diseases in Peru oriented to influence national public health policies. The Instituto de Medicina Tropical Alexander von Humboldt (IMTAvH) at UPCH is among the top research institutions in tropical medicine in Latin America, with special focus in tuberculosis, malaria, HIV and Tropical Diseases. The IMTAvH is active in operational research and implementation science with the aim of identifying gaps and barriers in patient care. http://imtavh.cayetano.edu.pe/en/

Salud Sin Límites Peru (SSL)

SSL is a Peruvian NGO whose goal is the fulfillment of the right to health and the elimination of social inequities in Peru. It has 15 years of experience implementing community-level projects, and generating evidence for public policies that incorporate a gender and intercultural approach. It has partners in various regions of Peru, including Junin where this project was implemented. SSL aims to improve access to health and well-being among the poorest people in Peru through collaboration with communities, local organizations, public and private institutions. http://www.saludsinlimitesperu.org.pe

Partnership:

HUG and UPCH have worked together since 2012 and are partners in the project "Addressing the double burden of disease: Improving health systems for Noncommunicable and Neglected Tropical Diseases" (COHESION Project) focusing on vulnerable populations funded by the Swiss National Science Foundation and the Swiss Development Cooperation under the Swiss Program for Research on Global Issues for Development. This partnership has been an enriching experience for both institutions who have developed trust and respect for each other's work. This partnership has improved Peruvian researchers' understanding of the health systems approach, and Swiss researchers' knowledge of public health systems in middle income countries like Peru. The ESTHER grant had as its aim to strengthen this partnership, by enabling the HUG to translate its expertise in non-communicable diseases to

HIV/AIDS and STDs and develop networks for future public health research and action through the inclusion of a local NGO.

Equality, integrity, sustainability, solidarity and reciprocity are values embraced by the three institutions that guided our activities. UPCH and HUG have used the 11 guiding principles from the Commission for Research Partnerships with Developing Countries (KFPE) as the foundation of their partnership. This project represented an important opportunity to work together with a Swiss institution with expertise in global health to reduce health inequalities among indigenous people; it enabled North-South collaboration and South-South work. The grant facilitated the strengthening of the health system and the civil society. The DTHM brought its experience in international work and technical assistance to improve health systems as well as being able to call on further expertise for other clinical areas.

Beyond the core partnership between SSL, UPCH and HUG strong links were also established with local communities and stakeholders. Although a visit by David Beran to the region where the project was taking place was originally planned, for a variety of reasons this was not possible yet, three members of the Peruvian team were able to travel to Geneva to present and discuss this and other projects being done in partnership.

3.2. Evolution of partnership

3.3. EFFECT Tool

As part of ESTHER Switzerland´s procedures to support partnerships that are equitable, the people directly involved in the project filled the form and using the trip to Geneva by colleagues from SSL and UPCH in November 2018 (See Appendix 1 for EFFECT Tool report) as an opportunity to work together and discuss the results of the tool. It was important to recognize that a partnership is more than getting together for one specific project, but to think in common goals, values and changes we want to be part of in healthcare.

The use of the EFFECT Tool and the opportunity to discuss with Luciano Ruggia was an extremely important element of the visit to Geneva by the Peruvian partners. It highlighted alignment between those involved with the partnership, but also that at least for the HUG the partnership was more at an individual level than institutionalized. This issue was addressed by some activities during the November 2018 visit and a subsequent visit in May 2019 where time was allocated to expand the links between Peru and the HUG/UNIGE. The tool, as any tool has its limitations as it does not capture certain nuances of being in a partnership but it enabled an open discussion on the different type of involvement of each partner and those areas where we need to put more effort. Some questions were hard to interpret or to apply specifically to this project. Elements such as values and agenda setting need to be included in the tool as part of its overall view of partnerships and some elements of the KFPE model that this project used as its guiding principles for establishing its partnership could be revisited as part of this tool.

3.4. Lessons learnt

There are several lessons that have resulted from the collaborative work between these three institutions. One key one is to consider that our relationship did not start from scratch either institutions have previously worked together (HUG and UPCH, and SSL and UPCH) or individuals in these organizations had an earlier experience of working together. Thus, this

project enabled the institutions to consolidate their previous partnership, identify new issues they could continue working in the future such as adolescent health and indigenous health, and how to better understand the complexity of providing appropriate health care for indigenous adolescents.

A partnership between Academic Institutions and an NGO has been valuable since each brings to the table a different set of expertise: methods and theoretical frameworks, fieldwork expertise, ability to connect the issues happening in the field with broader processes such as decentralization or indigenous rights.

During November 2018, two representatives from SSL and one from UPCH travelled to Geneva to participate in two events that enabled them to share the work done in the context of the project but also think beyond it. The Peruvian team was able to participate in:

(1) Presentation of the project and the relevance of working with indigenous populations in a country like Peru. (See program for this session as Appendix 2)
(2) Roundtable: "What role for NGOs in addressing the needs of vulnerable populations?" (The program for this event is included as Appendix 3)

These two events enabled the Peru team to showcase their work with a view to discuss broader issues in terms of the challenge of improving health care services for vulnerable groups. It was also an opportunity to network with people from other institutions such as The Graduate Institute of Geneva, Medicus Mundi Switzerland (MMS), International Society of Geriatric Oncology and of course HUG and UNIGE. An expert meeting was also organized with people from WHO, Graduate Institute (specialist in gender), MMS, the the Elizabeth Glaser Pediatric AIDS Foundation and colleagues from specialized areas of the HUG (nursing and adolescent health) to discuss elements of the project in more detail as well get some insight from colleagues on specific gaps that UPCH and SSL had. For example following this meeting some materials from adolescent sexual health education were shared by colleagues at the HUG with colleagues in Peru. Of course these could not be used, but they helped in seeing another example of how some issues of interest were addressed in Switzerland.

Furthermore, it was an opportunity to discuss as a team the next steps of the project, have an update on the activities, and think about future collaborations. These discussions have been ongoing since November 2018 and since then the following additional links have been fostered:

- Submission to a Norwegian Research Fund
- Submission to the UK Medical Research Council
- Submission to the Swiss National Science Foundation of a new project
- Collaboration on a mandate for the Foundation for Innovative Diagnostics
- Collaboration on an academic paper
- Initial discussions on a submission to the "Fonds de péréquation" of the HUG on a project building off this ESTHER project

In August 2019 David Beran will be in Peru to continue these discussions and finalize some next steps on these proposals and projects.

4. Project Objectives

4.1. Results

4.1.1. Assess the current bottlenecks for appropriate delivery of sexual and reproductive health services for indigenous people.

The first step of the project required an understanding of the challenges faced by health workers in delivering culturally appropriate health care for indigenous people. In order to do this we originally planned two studies that would then inform the actions to take with: (1) health workers and (2) Community members.

The **Study to assess the level of implementation of the "National Guidelines for HIV prevention and treatment amongst indigenous people**" was carried out (the full report from this activity is included as Appendix 4) and the results were presented to local health authorities in June 2018. The original plan was to develop guidelines to address the bottlenecks, yet the level of implementation and information was so basic that instead we included in a workshop that took place in April 2019 to discuss the existing national health norms to provide care for indigenous populations, and focus on the challenges of health workers to provide appropriate healthcare for adolescents in the areas of sexual and reproductive health.

We also planned to produce a **policy brief** based on the findings of the study yet it became apparent that it was more relevant to develop educational material for health workers to support them in implementing the existing norms for adolescent care and therefore a Fotonovela was produced in Spanish https://www.youtube.com/watch?v=5nFVW0CDcmQ and Asháninka https://www.youtube.com/watch?v=5-Gp3qXTdA0&t=5s

We also developed a study report around the challenges to access reproductive and sexual health services for indigenous people (this document is included as Appendix 5). This study found that women in the communities perceive that they are always the one targeted for health education activities. However, they thought that if the project is going to touch upon issues of sexual and reproductive health we should find ways of reaching out to men in the communities since they are the ones who resist more condom use and visiting the health facility when they are ill. Men on the other hand, stated they were interested in the topic of sexual and reproductive health but that they sometimes do not feel comfortable going to the health facilities and that they rather go to a traditional healer.

Overall, men and women recognized that they lacked information about HIV and STDs but **they considered that the project´s activities should focus on the young people since they are the ones that are more at risk since they leave the communities to work in the nearby cities**.

Health workers on the other hand, recognized they **did not have health education material that is appropriate for discussing sexual and reproductive health issues with indigenous people**. They also said that they often "trick" women to use contraceptives (e.g. injections of Depoprovera). We also realized their poor understanding of HIV/AIDS transmission and the need for a workshop on this issue.

Given that our project had to redirect the focus of our work towards adolescents we decided to organize a series of workshops to better understand the perspectives of adolescents in terms, of their health, the information they have on sexual and reproductive health as well as their view of the services provided at health facilities. The results of this study (Appendix 6) has been at the basis of the educational material developed for health workers but it also provided a glimpse of:

- Methodologies to use to work with indigenous adolescents: Through drawings, and group discussions rather than individual work.
- Changes in the communities. Adolescents explained that many of the ways in which their parents did things (clothes, domestic chores, birthing practices) are no longer what they do or want to do.

We realized that there is a need to develop new strategies and specific messages to discuss about health with adolescents.

4.1.2. Improve health workers capacity to deliver technically sound and culturally appropriate HIV/AIDS and STDs related health care for Amazonian indigenous peoples in Peru

We developed a draft of a **curricula to train health workers in the use of an intercultural approach** when providing care for indigenous people (included as Appendix 7), developed six meetings with health workers reaching a total of 123 health professionals where we worked to improve (a) the technical abilities for HIV and other STI detection, prevention and counseling following national guidelines ad (b) their ability to incorporate an intercultural approach to indigenous adolescents. The workshops were provided by Dr. Carol Zavaleta and Dr. Camila Gianella from UPCH and Dr. M. Amalia Pesantes from Salud Sin Límites Peru. Some of this work is being prepared as a peer reviewed publication.

Training of health professionals

4.1.3. <u>Develop indigenous organizations and community's capacities to monitor public services around sexual and reproductive health</u>

After three meetings with Indigenous organizations a document was prepared in which the commuity assessed the role of the state in relation to the health of indigenous organizations. The Central Ashaninka del Rio Tambo (CART) recognizes that the state has been supporting indigenous peoples through social programs and there is an established relationship with the head of the Junín Health Directorate, to expedite the procedures referred to infrastructures, personnel and medicines, since there is limited supply.

On the other hand, social programs that are provided by the Ministry of Social Inclusion and Development targeted at those classified as extreme poor such as Qaliwarma (school breakfasts), Cuna más (Community child care: infrastructure provided by the state as well as training and stipend for moms who stay at the facility taking care of the children under 5), Juntos (Cash transfer program for mothers that are pregnant or under 5) and Pensión 65 (monthly payment to people above 65 who have never been in formal employment to replace pensions), have been coordinating for the work with the communities, but they still need to be strengthened so that they arrive adequately to the communities.

The main health problems affecting indigenous communities according to our discussions with them are:

1. Malnutrition, due to lack of products especially at certain times of the year.
2. Anemia. There are no longer animals and fish so they can have a good diet.
3. Sexually transmitted Infections. This is particularly problematic for women. Some people who travel outside their communities for work or commerce have contracted diseases outside their community and upon return they have unprotected sex, infecting others.
4. Tuberculosis: there are people who does not have access to work and their diet is really poor, making them more vulnerable for tuberculosis.

Workshop with indigenous populations

There is institutional weakness in the CART. They do not have a health plan; they address specific health issues depending on the temporary support of NGO programs and projects or the state. There is a growing interest to promote community health from indigenous organizations, for which there is support ad interest from German aid workers.

During 2019 the CART has prioritized the approach to state programs through the Ministries of Health and Social Inclusion to meet the demands of the population in relation to the care of the main diseases that threaten the population, as well to improve intervention of social programs. There are still some indigenous communities that does not benefit from these programs, there are orphaned children, single mothers, who do not receive support.

The local government has advocated for them to allocate a budget for direct support to cases of illness or when relatives have to leave with their patients to Satipo, Huancayo or Lima, to this date there is already a small approved amount, However, the mayor has promised to increase the budget in order to serve the demanding population.

Regarding the National Health Insurance plan (SIS), the national identity office (RENIEC) has promised to deploy campaigns to ensure the entire population of the Junin region has their national identification card (DNI) and in this way they can register for the SIS.

Through two meetings we supported the CART to develop a Health Plan (see Appendix 8).

4.1.4. Improve the delivery of health services on sexual and reproductive health for indigenous people from the Peruvian Amazon

We planned to reach this objective through working closely with health workers to create an Improvement Plan (Plan de Mejora) in relation to the health services provided for sexual and reproductive health. However, we realized health workers were not even to prepare those plans related to sexual and reproductive health for adolescents because despite the existence of norms and guidelines for that care, they did consider they needed support in that area. Thus we focused on working with them in the workshops, training on HIV and STI as well as discussions about the social determinants of health, cultural competence and indigenous people.

4.2. Impact

Health Authorities and Health Workers

Throughout the project we have kept a close relationship with health authorities to which we have presented our results. Despite an initial difference between what they considered we could do as a project ("help them make indigenous people accept the screening processes for HIV"), we managed to convey the idea that our role was to better equip health workers so that they themselves can explain any procedure or activity they will engage in within indigenous communities. We managed to make authorities successfully understand the importance of providing sexual and reproductive health with an intercultural approach and they supported the two workshops we held with health workers (May 2019: 2 days and June 2019: 1 day). All the transportation costs to the workshop were covered by the health sector, they facilitated the space (auditorium in the health facility) and we provided the food and materials, this was an in-kind contribution of 1000 soles (approximately CHF 330)

Nevertheless, due to structural problems that result in a high mobility of health workers in the area (very few want to work in the Amazon, away from their families and in a very different cultural context than theirs) we are aware of the importance of providing materials that are as much as possible self-explanatory and that is what we are finalizing.

Indigenous Organizations

We were able to support the preparation of the Health Plan with the local indigenous organization CART and we held a meeting with AIDESEP, the national indigenous organization to support the development of a health plan which Salud Sin Limites will be involved with.

Meeting with local population

Indigenous Adolescents

It is in this group in which we had the biggest impact because we worked directly with them in a series of workshops that involved art as a means to think about their bodies, their relationships and their expectations. We also used drawings (See some examples in Section 4.4) to better understand the changes they are seeing in their communities and their traditional ways of life, including those related to becoming parents and learning traditional gender roles.

Adolescents expressed their satisfaction with the activities we did with them, they actively participated, shared their views and were very open about the topics discussed in the different activities.

Workshop with adolescents

Table with total number of participants in the project

TOTAL			
TIPO DE PARTICIPANTE	PARTICIPANTES		
	M	F	TOTAL
Personal de salud	41	82	123
Padres de familia / Adultos de la comunidad	73	105	178
Adolescentes	102	101	203
Otros	43	14	57
TOTAL	**259**	**302**	**561**

4.3. Lessons learnt

- In order to provide better sexual and reproductive care to adolescents, health workers not only need to challenge their bias towards indigenous people and culture but they should also learn about them and traditions and views about this stage of life. That is why we collected information on this issue (how are adolescents viewed and treated by their parents) so as to provide concrete examples for health workers, working with them.
- The process of preparing culturally appropriate supporting material for health workers working among indigenous communities have to be done in a responsible way. Thus, it was necessary to add a data collection process with adolescents to ensure we would not misrepresent them. This process takes longer but it is worth investing the time to do so.
- Given that adolescents spend most of the time in school and that is where the first relationships between boys and girls start, it is equally important to work with secondary school teachers and health workers, using the same type of messages and approach to

sexual and reproductive health. Despite discourses about the importance of working across sectors, little is done and this project has identified adolescent health as an issue that requires to have teachers and health workers working side by side.

- Building a partnership requires being willing to go outside of your comfort zone in terms of topics (i.e. working on STDs when your expertise is in non-communicable diseases) and also being open to learning from the project team and their various disciplinary backgrounds.
- Vulnerability is a complex issue in health, indigenous people across the globe are vulnerable to health inequalities but even within them there are some groups such as adolescents that often overlooked. This project gave us the opportunity to look into their needs and dreams, and forced us to think in creative ways to work with them.
- Throughout the project we made explicit efforts to keep local health authorities and local indigenous leaders informed about the project. Although their interest in the project was not consistent during the 17 months we worked in Satipo, we were able to get their commitment and support for ensuring health workers participated in the trainings offered (in the case of health authorities) and to ensure the educational material produced was shared in other communities (in the case of indigenous organizations).

4.4. Examples of work done by Adolescents regarding changes in their communities


ORIJANIKI NIÑAS
IRIJANIKI NIÑOS

5. Sustainability and next steps

The funding provided by ESTHER Switzerland has enabled the three institutions to strengthen the existing relationship before the project. It has also facilitated knowledge-exchange between people in Geneva with expertise in low- and middle-income countries and in adolescent health. For colleagues in Geneva, especially participants in the expert group, it has enabled them to be exposed to a different context and "sparked" some interest in further collaborations.

In reflecting on the project and the partnership the team came up with the following matrix. This matrix will be further discussed in August 2019 as part of the next steps of the project.

Possible future direction	Competencies	Opportunities
Continuing in HIV/AIDS and STDs	All partners	Interest from communities as well as possible new links with HUG
Health systems strengthening	UPCH and HUG from work done in COHESION	New funding call from SNF
Focus on Indigenous Populations and vulnerable populations	All partners	Discussions on the issue of migration (internal and international); issue of gender
Adolescent health	No competencies in core group; strong competencies at HUG and link established in November 2018	Possible project to develop capacity in Peru using HUG funding
Non-communicable diseases	UPCH and HUG	Build off experience from COHESION project and ESTHER project; links also with adolescent health to develop Non-communicable disease project as an extension of the current project
Policy dialogues	All partners	Ongoing work of SSL; possible need for financial and technical support

In addition members of the project have been contacted by other researchers in the area of indigenous health and the partners are in discussion to see if a meeting could be organized to share experiences.

Salud sin Limites is committed to continue working with indigenous groups and thanks to this project it has realized the little attention this particular group receive since most health efforts are geared towards maternal and child health. If adolescents come to the health facility is often because of early pregnancy and health workers do not appear prepared to provide care for this group beyond counselling with a paternalistic style that does not "reach" the adolescent population.

For both UPCH and HUG/UNIGE this project has added another element to a long-standing and increasing partnership. This partnership now includes:

- A Peruvian PhD student at UNIGE who has received a Swiss Government excellence scholarship
- Ongoing work on and SNF and SDC funded project
- 3 scientific applications submitted for a total potential funding of about CHF 5 million
- A project on access to insulin in collaboration with an NGO in the Netherlands, Kyrgyzstan, Mali and Tanzania.
- A mandate on innovative diagnostics for Noncommunicable diseases

Workshop with adolescents