SAVE THE LIFE GROUPS   
 3rd ABSTRACT

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**THEME: THE IMPACTS OF HIV / AIDS PANDEMICS AND CORONA VIRUS ON YOUTH GROUPS**

**I ° HISTORY OF HIV / AIDS**

**1) GENERAL SITUATION IN THE WORLD**

While you seemed to have gotten used to him over the past 20 years; it is only now that HIV / AIDS is revealing itself in its true light, namely that it poses an unparalleled threat to human society the efforts of which will last for generations. It is estimated that 34 to 46 million people are living with HIV / AIDS today. Four million children have been infected since the virus first appeared in the 1987s, almost all contaminated by transmission during pregnancy or childbirth, or while breastfeeding. The epidemic experienced its most explosive growth in the mid-1990s, especially in Africa.

Indeed, this continent which represented only 11% of the world population which sheltered two thirds (2/3) of all people living with HIV / AIDS. About one in twelve Africans is in this situation.

Throughout the world, unprotected sex between partners (male and female) is the predominant mode of transmission of the virus.

In sub-Saharan Africa and the Caribbean, the female sex is more exposed to the virus than the male sex. Other important modes of transmission include drug addiction, unsanitary injections, and blood transfusion from uncontrolled donations. HIV infection is mostly confined to people who engage in high-risk behaviors (who have unprotected sex or who share the same materials to inject drugs.

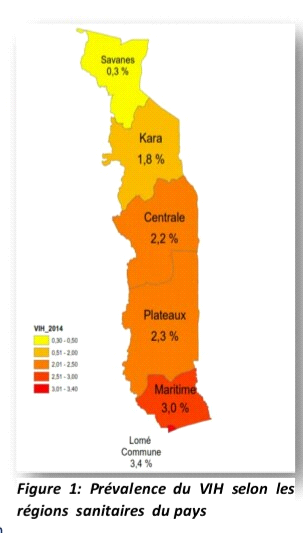
2 °) SITUATION IN TOGO

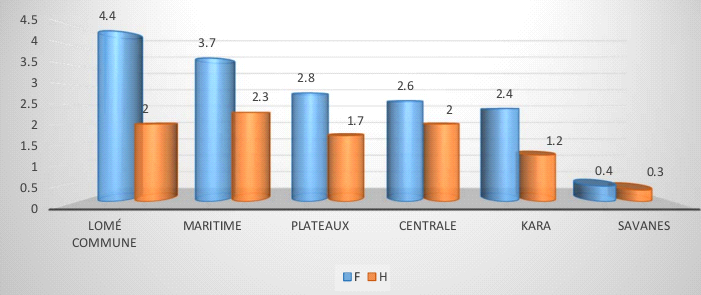
Since the discovery of the first case of HIV / AIDS in Togo in 1987, Togo has been one of the countries with a generalized epidemic with a prevalence of 2.5% in the general population. The population of the latter is estimated at 7.13 million inhabitants in 2015 and consists mainly of women and young people under 25 years old. This prevalence is feminized with a geographical disparity too, the HIV prevalence is it higher in the southern regions than in the northern regions. The prevalence is higher in key populations than in the general population.

The national response to HIV / AIDS in Togo's vision is to have in the medium term a healthy population free from HIV / AIDS with the emergence of an AIDS-free generation.

a) Results of surveys carried out in the field

The prevalence of HIV measured in this survey is 2.5% in the sexually active population aged 15 to 49. This HIV prevalence is twice as high in women (3.1%) than in men (1.7%). The spatial epidemiological profile of HIV in Togo is marked by disparities at the level of regions and at the level of places of residence. In fact, the prevalence of HIV is higher in the southern regions (Lomé-commune region 3.4%, maritime region 3%) than in the northern regions (kara region: 1.8%, savannah region: 0 , 3%). Thus, HIV infection is ten times higher in the maritime region and in the common Lomé region than in the savannah region. In all the health regions of the country we find the same feminization statistics (women are always twice as infected as men) except in the savannah region where the difference between men and women is not very important. The HIV epidemic is twice as high in urban areas (3.5%) than in rural areas (1.5%). In urban areas, the prevalence of HIV in women is ten times higher than in men (F: 4.7%; M: 2.2%), on the other hand in rural areas we have almost the same prevalence rate among women. women (1.7%) and men (1.4%)





b) Groups at risk and vulnerable groups

The documentation of the determinants of the HIV / AIDS epidemic in Togo made it possible to know the vulnerable groups and those at risk for whom prevention programs should be put in place. Groups at risk of HIV / AIDS infection are truckers, refugees, enlisted men, prisoners, sex workers and their clients, men who have sex with men. Vulnerable groups are made up of women, young people and PLWHIV (People living with HIV).

c) HIV / AIDS and gender

In Togo, as in most developing countries, the HIV epidemic is very feminized. This female predominance is explained by the biological vulnerability coupled with the low socio-economic status of women in society. Thus, women are very exposed to gender-based violence in Togo and must also submit to certain cultural practices that are not favorable to their health.

d) Impact of the HIV / AIDS epidemic

The HIV pandemic is not only a public health problem but also a very important socio-economic and health development problem. Indeed, between 2000 and 2010, the country recorded nearly one hundred thousand deaths linked to HIV / AIDS and in 2010 the country noted more than sixty-seven thousand orphans and vulnerable children. It is to limit the socio-economic and health impact that the government has organized a national multisectoral response since 2001.

3 ° Mode of transmission

For the majority of young people, sexual activity begins in adolescence. In Togo, girls and boys are sexually active before the age of 15. However, HIV / AIDS is transmitted sexually. Adolescents who engage in early sexual activity have a higher likelihood of having sex with high-risk partners. On the other hand, injecting drug use often begins in adolescence. The common use of needles and syringes poses an extremely high risk of contracting HIV. The HIV incident rate has skyrocketed among people who inject drugs. Among these modes of transmission, there is also drug addiction, injections performed in poor hygienic conditions and uncontrolled blood transfusion. Not to mention the transmission by breastfeeding of a positive mother of HIV to her newborn.

4 ° Updating within target groups

The basic principles underlying national policy are as follows.

\* All Togolese are equal before the law without distinction of sex, race, religion, belief and serological status

\* Counseling, testing and prevention of mother-to-child transmission of HIV.

\* Care must be available and accessible, taking into account economic, geographic, prevalence rate and vulnerable groups and high-risk groups

\* HIV / AIDS care is based on a multisectoral, multidimensional, multidisciplinary, community and decentralized approach.

\* People living with HIV (PLHIV), in their capacity and at all levels, will be involved in all aspects of HIV policy, management and services

\* The gender dimension and human rights must be systematically taken into consideration in the development and implementation of all programs and projects to fight AIDS in Togo.

\* People at high risk of HIV infection should benefit from appropriate HIV / AIDS prevention programs.

\* Vulnerable people are the priority targets of prevention and care programs

\* Awareness of target groups

5-Results of the surveys carried out after the updates

According to the survey carried out with the team, it emerges in Togo that:

• 15% of women and 30.5% of men have already completed the HIV text.

• 16% of women and 12% of men aged 15-49 received the results of the last HIV test performed in the past 12 months

• 17% of men surveyed against 1% of women declared having had at least two sexual partners during the past 12 months.

• 29% of men against 55% of women who have had multiple sexual partners in the past 12 months declared a condom (condom) during the last sexual intercourse.

• 9% of women and 22% of men are said to have an attitude of tolerance towards people living with HIV / AIDS.

The precocity of the first sexual intercourse in young people was evaluated during this survey. It shows that 9.5% of young women and 8.9% of young men aged 15 to 24 having had sex before the age of 15. Among young people aged 15 to 24 who had sex in the past 12 months, 24% of women and 13% of men reported having had an HIV test in the 12 months preceding the survey and having had one. received results.

6 ° Recommendations

\* To reduce the HIV prevalence rate, measures to prevent the transmission of the epidemic must be strengthened. This is done in particular through STI checks, blood safety and adequate coverage at the screening counseling center. Prevention strategies must result in the elimination of mother-to-child transmission of HIV and the drastic reduction of new infections both among young people and high-risk groups. In view of the benefit of the HIV epidemic in our country, the government encourages the establishment of prevention programs adopted for certain vulnerable groups (such as women, young people, refugees, displaced people and people with significant mobility) and against groups at risk such as sex workers and clients; truck drivers, prisoners, men who have sex with men and drug users. Combat cultural practices that promote the increased spread of HIV / AIDS. Combat gender-based violence. Strengthen the socio-economic status of women through education, awareness-raising and actions to strengthen their economic capacity.

\* In terms of care and treatment

Thus, within the framework of universal access to the care and treatment service, the government undertakes to:

• Strengthen access to ARVs (Anti Retro Virals) and treatment of opportunistic infections.

• Develop health insurance and mutual health insurance

• Strengthen comprehensive care, home care and support for PLWHIV (people living with HIV)

• Support sustainable programs for the care of infected people

• Strengthen the quality of care

• Guarantee the sustainability of care and treatment services

• Strengthen the health services platform in order to guarantee the quality of care offered to patients

- Give priority to girls and women in poverty reduction programs and access to health care services

\* In terms of promotion

The government commits to:

• Respect equity and equality in the population's access to prevention services, care and treatment and support

• Fight against discrimination and stigmatization in Togolese society

• Protect marginalized groups and sexual minorities

• Strengthen laws and policies to protect people from HIV / AIDS, including the fight against the practice of stigma and discrimination that block the effective response to AIDS.

CONCLUSION:

The HIV / AIDS policy is the expression of the Togolese government's commitment to limit as much as possible the spread of HIV / AIDS within the population, to reduce its impact on the population and to protect human rights, particularly people infected or affected by HIV / AIDS.

II °) HISTORY OF CORONAVIRUS PENEMIA (COVID 19)

1 °) SITUATION IN THE WORLD

On January 10, 2020, Chinese health authorities reported 41 cases of pneumonia due to a novel coronavirus (COVID19), including 7 critically ill patients and one death. Symptoms included fever, cough, and difficulty breathing. The earliest diagnosis date for an identified case in China is December 8, 2019. The first reported cases were linked to a seafood and live animal market in Wuhan, China. Which suggests that the infection of humans is from an animal source. Chinese health authorities have restricted transport entering and leaving heavily affected cities, monitoring close contacts including health workers. Many Asian territories and some countries of the world control travelers from Wuhan.

On February 11, 2020, the WHO renamed "COVID19" the disease caused by the novel coronavirus. This is the short version of "CORONAVIRUS disease2019" or coronavirus disease 2019 in French. The impacts of the coronavirus are very enormous. Faced with this coronavirus pandemic, the world economy is in turmoil. This pandemic does not spare any continent to date, but the African continent is the least affected. The way the pandemic is shaking the world, Africa has to get along at worst. African states must put in place response measures to this scourge before the pandemic devastates it, starting with the closure of borders and the suspension of certain flights from countries severely affected by the virus.

2 ° SITUATION IN TOGO

Since the onset of the coronavirus pandemic, Togo has been preparing to face it by taking active surveillance measures at these borders.

Thus, a lady, received in consultation presented signs evoking a coronavirus flu, namely: a fever, a sore throat and headache. The samples taken and analyzed at the reference laboratory on March 5, 2020 revealed a positive result for the coronavirus.

This index case is that of a forty-two-year-old patient residing in Lomé with her family. However, from February 22 to March 02, 2020, she stayed successively in Benin, Germany, France, Turkey and then returned to Togo via Benin by the land border of sanvi-condji on March 02, 2020. Here is how the very first case has been identified in Togo. In addition, all the people who have been in contact with the patient have been identified and quarantined in accordance with international health measures.

Faced with the early arrival of the pandemic on Togolese soil, the government is closing its land borders (Benin, Ghana, Burkina-Faso), as well as places of worship and schools (from nurseries to university from March 20, 2020 until further notice), the closure of certain cities where positive cases have been identified. At the point of its response measures announced by the government, it is strictly prohibited to gather more than 100 people across the national territory. For preventive measures, the Head of State announces in his speech that a curfew will be established from April 2, 2020 from 7 p.m. to 6 a.m. until further notice and the release of certain prisoners whose sentences are in the process of perishing, the oldest detainees (over 60 years old) whatever the nature of the offense, the sick, delinquents presenting a reliable risk, people arrested during opposition demonstrations.

a- SYMPTOMS OF COVID19 INFECTION

Not everyone has the same symptoms and their levels of severity can vary. The following symptoms may appear:

- Cough (irritating dry cough)

-Sore throat

-Respiratory failure

-Fever, feeling feverish

- Muscle pain

-Headache

-Cold

b) COVID19 TRANSMISSION MODES

Transmission from one individual to another is possible, although limited to approaching contact less than a meter for prolonged discussion. Transmission occurs primarily through droplets from the upper airways generated by coughing, sneezing, or speaking by an infected person. It is also transmitted by hands or inert medium contaminating upper airway secretions, including aerosol transmission.

c) VULNERABLE GROUPS OF COVID19 IN TOGO

We now know that it is particularly dangerous for the elderly and those already suffering from a disease such as (diabetes, cardiac or chronic respiratory disease in particular). In those over 80 who have a weaker organism to fight against this virus. The majority of vulnerable people exposed to covid19 are often: prisoners, motorcycle taxi drivers, travelers, vendors in the large market, health workers, pupils and especially students whose classrooms where the numbers are very much beyond the limit indicated. Let us take as an example the case of the civil prison of Lomé.

• Results of investigations carried out at Lomé civil prison

Note that the living and detention conditions in Togo's prisons remain precarious. They are characterized by prison overcrowding causing hygienic problems, difficult access to health problems, insufficient nutrition of one meal a day instead of three and of inferior quality. The prisoners lived in miserable conditions (a cell which should contain 5 or 6 people, there are 12 to 15 people) before the arrival of the pandemic. These are often exposed to all types of infections, non-ventilation of cells, lack of hygiene. There are currently 5,300 prisoners for a capacity of 2,881, an overcrowding rate of 181% out of the 13 establishments in the country. A situation which is not specific to our country, moreover.

d) UPDATE WITHIN THE TARGET GROUPS

All returning travelers must present a credible isolation plan, whether or not they show symptoms of covid19. Otherwise, they will have to stay in one of the hotels reserved for this purpose by the Togolese government. Togo continues to strengthen its response to the disease with the establishment of two toll-free numbers (+228 22-22-20-73 and +228 91-67-42-42). These numbers are operational at the GNASSINGBE Eyadéma international airport (AIGE). Regular monitoring of the test for covid 19 in the elderly and in people with other illnesses. Routine disinfection of health centers. The reduction of working hours in public as well as private functions. Disinfection of civilian prisons in Lomé, reduction of the number of detainees in cells, awareness of detainees in the face of this situation, mobilization of people on all platforms. Make all hygiene equipment available to target groups against the COVID 19 response. Respect for the number of passengers in vehicles.

e) Results of the investigations carried out after the updates at the Lomé civil prison

According to the latest investigations carried out with the team at Lomé civil prison, the Directorate of Penitentiary Administration and Reintegration (DAPR) takes the threat posed by the new coronavirus to the prison seriously.

Prisons apply the preventive health recommendations issued by the government and the Ministry of Justice. Hydro-alcoholic gel is available for prison staff and visitors, gloves and masks. There is of course the respect of a distance of one meter. In the visiting room, there is no physical contact between prisoners and visitors, the visiting rooms are open for a limited time of 5 minutes. In addition, cultural and religious activities are suspended, the establishments are disinfected regularly. An isolation center was opened to accommodate referrals. If they have no symptoms after 14 days, they can enter prison. This center is open in Lomé and others will be open in a few days in other regions. With this device, we protect ourselves from the COVID 19 virus in the prison environment. Individual visits are allowed, but limited to 5 minutes until today there have been no confirmed cases of COVID 19 in this environment. This device should make it possible to protect the guards and prisoners.

f) RECOMMENDATIONS

In the face of the coronavirus (COVID19) crisis and to prevent the virus from spreading, it is imperative to follow the recommendations of local health authorities. In addition, here are some precautionary measures and simple gestures.

• Regular hand washing with soap and water or used hydroalcoholic gel instead of the latter.

• Regular disinfection of work surfaces (with a bleach type product).

• Cough and sneeze into his elbow.

• Use disposable tissues.

• Greet without shaking hands, avoid hugs.

• In case of symptoms call the health authorities.

• If you are ill, wear a disposable surgical mask.

• Compulsory wearing of the surgical mask during any contact within one meter.

• Do not bring your hands to your face regularly.

In the event of non-compliance with these measures taken by the government, strong penalties are provided for.

CONCLUSION:

Faced with the increase in infected cases of the COVID19 pandemic, a meeting of the crisis committee chaired by the Head of State was held on March 6, 2020. All measures are being taken to prevent the spread of the virus. Consequently, the government invites the population not to panic and to strictly adhere to the recommended preventive measures.