



2019

DO NOT WAIT FOR THE CRISIS
TO TAKE ACTION!



L'équité filles - garçons
c'est un droit!

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GLOBAL HEALTH NGO**

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- This report has been printed in June 2020. The financial report has been certified by the expert Accountants at KPMG and remains subject to the vote of the General Assembly.
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The use of all or a part of this document is only permitted with an appropriate source quotation. Solthis would like to thank all the people who have participated in the production of this activity report.



Recognition of the quality of governance, financial management and monitoring of the effectiveness of Solthis' work.

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We also wish to thank all Solthis' employees and volunteers for their contribution

At the time of writing this activity report, the Covid-19 pandemic is overwhelming global health, economic, political and social stability. We have had to suspend a large part of our work in the field and, with our partners, find alternative means of remote support and see how we can work together to contribute to the response.

We want to protect front-line healthcare workers, to help reduce transmission of the virus, to avoid health facilities being overwhelmed, but also to act in order to ensure that mobilisation against this virus, however necessary, does not leave all those sick people who need treatment for other conditions on the fringes, or that patients, for fear of infection, do not desert their healthcare facilities or no longer have access to essential treatment. We have already experienced it with the Ebola crisis. Finally, we have another concern, that of the stigmatisation of the sick or of 'foreigners' that we unfortunately know only too well with the Aids pandemic.

At Solthis, we have always tried to promote actions that contribute to the stability and efficiency of health systems. With this health crisis, our slogan 'Let's not wait for the crisis to act' assumes its real significance and supports us in our strategic choices.

These are the priorities that our teams, together with our partners, had already implemented in 2019. A year marked by the end of the OPP-ERA project with 6 years of operation that will have enabled us not only to improve access to viral load in Burundi, Cameroon, Côte d'Ivoire and Guinea but also to maximise this experience by creating a digital toolkit that is accessible online, free of charge, and an operational guide containing 60 lessons learnt to operationalize viral load testing.

The ATLAS project for HIV self-testing was officially launched in Dakar at the beginning of 2019, and self-test kits dispensation was able to start with our partners in Côte d'Ivoire, Mali and Senegal. As you read through the pages of this report, you will find many other actions carried out by our institutional, technical, community and associative partners alongside our teams. I would like to take this opportunity to thank them all as well as our financial partners.

Finally, 2019 will also have been a watershed, since after 15 years at Solthis, 13 of them as CEO, Dr Louis Pizarro decided at the beginning of 2020, to pursue his work in global health elsewhere. On behalf of the entire Board of Directors and all the staff, I can only thank him most sincerely for the quality of his work, for having been so successful in supporting Solthis so that it is able to fulfil its missions without fail. And I am also very pleased to turn a new page and welcome Dr Serge Breyse as the new CEO, in this unprecedented and turbulent global situation in which the development of the most fragile health systems must be a priority.



Dr Roland TUBIANA
President

Dr Roland TUBIANA
President

A handwritten signature in dark ink, appearing to read 'Roland TUBIANA', written over a horizontal line.



THE BOARD OF DIRECTORS

On December 31, 2019

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Hospital practitioner at La Pitié-Salpêtrière

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*Head of the Infectious and Tropical Diseases
Department at Bichat Hospital in Paris,
Director of ITM0-IT3M, Thematic Institute
Immunology, Inflammation, Infectiology and
microbiology of the AVIESAN network*

**3 meetings of the Board of Directors
were held on 19 June, 4 November
and 18 December 2019.**

SOLTHIS 2019: OUR ACTION IN BRIEF



1 MALI, CÔTE D'IVOIRE & SENEGAL

HIV self-testing

In 2019, the ATLAS project for the promotion and deployment of HIV self-testing was officially launched in West Africa. By the end of 2019, 26,000 self-test kits had already been dispensed to HIV vulnerable populations. **PAGES 22-23**



2 BURUNDI, CAMEROUN, CÔTE D'IVOIRE & GUINEA

Access and use of HIV viral load tests

Closure of the OPP-ERA project. After 6 years of implementation, the project has made significant progress: 11 laboratories equipped and functional, 300 health professionals trained, more than 230,000 viral load tests performed, a toolkit and a practical guide for operationalizing HIV viral load available, free of charge (*to be accessed on <https://chargevirale-oppera.solthis.org>*) **PAGES 20-21**

3 GUINEA

Operational Research

Conclusive results for the ANRS 12344-DIAVINA project dedicated to the prevention of mother-to-child transmission of HIV, through HIV testing in delivery rooms for mothers and early testing and treatment of newborns. The project tested 95% of mothers and 81% of newborns admitted to the hospital Ignace Deen in Conakry. **PAGES 28-29**

4 CÔTE D'IVOIRE & SIERRA LEONE

Health rights

Launch of the PROSSAN project together with the NGO Action Against Hunger to strengthen health systems and services through involving communities, more particularly women and young people at the heart of the health system decision making process. **PAGES 32-33**



5 MENA REGION

Health rights

The ACACIAS project in partnership with ITPC-MENA has extended the Life4me+ application in the MENA (North Africa/Middle East) region to promote access to reliable information and improve prevention and care of populations at risk of HIV, including key populations. **PAGE 19**



6 NIGER & MALI

Sexual and Reproductive Health

After a first phase that allowed to put young people at the centre of the prevention process and to create an open dialogue with their environment in Mali and Niger, a second phase of the JADES project has been launched in Niger. **PAGES 30-31**



7 RWANDA

ICASA 2019

The 20th edition of the International Conference on HIV and Sexually Transmitted Infections in Africa was an opportunity for Solthis to present the results of projects and operational research conducted on viral load testing, HIV self-testing and health system users empowerment to improve the quality of care. **PAGE 38**



8 GUINEA

Quality of care

Positive results for the project PACTES "Patients-centred Treatment and Care" which has been able to generate better cohesion between caregivers, patients and psychosocial mediator to improve care of patients living with HIV in Guinea. **PAGE 18**



9 SIERRA LEONE, SENEGAL & MALI

For the first time, Solthis has been selected to benefit from a 3-year AFD program which aims to strengthen the fight against HIV/AIDS in West Africa while improving the internal capacities of Solthis teams to implement innovative projects that will trigger large-scale change. **PAGES 24-25**

OUR KEY FIGURES IN 2019

12 PROJECTS IN 18 COUNTRIES AND 6 TECHNICAL ASSISTANCES to national partners in 17 countries.

6 COUNTRIES OF INTERVENTION with permanent teams.

11,2 MILLION EUROS of budget in 2019.

+ 100 EMPLOYEES on the field and at headquarters.

+ 12,000 PROFESSIONALS of health trained and supported for more than 15 years.

75% OF SOLTHIS PERSONNEL are on the field and 18 nationalities represented.

26,213 HIV SELF-TESTING KITS dispensed and 1,198 people trained in the dispensing, use, and monitoring-evaluation and procurement of self-tests.

1 MOBILE APPLICATION to promote HIV prevention and care through access to reliable and appropriate information, especially for key populations.

+ 230,000 VIRAL LOAD TESTS

performed, more than 300 health professionals trained, 11 laboratories rehabilitated, equipped and functional in Burundi, Cameroon, Côte d'Ivoire and Guinea thanks to the OPP-ERA project.

1 DIGITAL TOOLKIT with nearly 100 tools essential to the operationalization of HIV viral load testing, downloadable free of charge on <https://toolkit-chargevirale-oppera.solthis.org>

+ 29,000 YOUNG PEOPLE SENSITIVE TO sexual and reproductive health and nearly 7,000 tested who know their HIV status in Mali and Niger

46 HEALTH PROFESSIONALS

trained in reading and interpreting children's chest X-rays as part of the TB-speed project to fight pediatric tuberculosis.

+ 100 PATIENTS, 100 CAREGIVERS AND 20 PSYCHOSOCIAL MEDIATORS involved in the PACTES project for patients needs and rights-centred HIV care in Guinea

SOLTHIS, GLOBAL HEALTH NGO

Founded in 2003 by university doctors of the Pitié-Salpêtrière Hospital

01 MISSION

Sustainably improve the population health in countries with limited resources. Our approach: strengthen actors and all components of local health systems to answer in the long term to the challenges of global health.

02 KEY PRINCIPLES

- Act without replacing
- Mobilise multidisciplinary academic expertise serving field action

03 MODES OF INTERVENTION



Capacity Building



Operational Research



Advocacy

04 VALUES

- Solidarity and commitment
- Transparency
- Professionalism
- Creativity, innovation



08 AREAS OF EXPERTISE

To improve access, quality, efficiency and fairness in access to healthcare services provided, we must take action on all components of the health systems.



HEALTH SERVICES

Give people access to quality healthcare services in health facilities through better integration/coordination of services between them and the healthcare organisation.



HEALTH PRODUCTS AND PHARMACEUTICAL SYSTEMS

Enable sustainable access to quality medicines and ensure the appropriate usage of health products by prescribers, dispensers and patients.



HEALTH INFORMATION SYSTEM (HIS)

Strengthen the system for gathering and processing health data to ensure good patient monitoring, analysis of epidemics and evaluation of health programmes.



GOVERNANCE AND HEALTH POLICIES

Support the development of national policies, sectoral strategies, standards and procedures. Strengthen dialogue with civil society.



HUMAN RESOURCES

Support our national partners in devising and monitoring national strategies for training and delegating tasks.



LABORATORIES AND TECHNICAL PLATFORMS

Improve diagnosis and biological follow-up of patients by supporting teams with carrying out tests, interpreting results and managing technical facilities.



HEALTH FUNDING

Work with our partners to mobilise international funds, for equitable access to health and to ensure that aid arrangements address the local realities.



COMMUNITY SECTOR

Support community stakeholders and patients to give them ownership of their health and strengthening of health systems.

02 HEALTH PRIORITIES IN WEST AND CENTRAL AFRICA



MOTHER AND CHILD'S HEALTH

• **1 child in 13 dies before the age of 5 years old in Sub Saharan Africa**, that is 15 times more than in high-income countries. This region has the highest infant mortality rate in the world.



SEXUAL AND REPRODUCTIVE HEALTH

INFECTIOUS DISEASES



HIV/AIDS



TUBERCULOSIS



PALUDISM

• **10 million new cases of Tuberculosis** per year of which 25% are recorded in Africa.

• **70% of new HIV/Aids infections occur** in Africa.



OUR STRATEGY: STRENGTHENING HEALTH SYSTEMS AND SERVICES

Today, 400 million people in the world do not have access to basic healthcare. In Africa in particular, health systems remain fragile because of the lack of financial resources, organisational problems and a shortage of human resources.



In this context, **Solthis is working to provide a concrete, comprehensive and sustainable public health solution.** We have devised our intervention strategy with the objective of improving access, quality, efficiency and equality of health services for all, especially the most vulnerable.

For over 15 years, we have been developing our expertise using a systematic and multidisciplinary approach to work around the various components of health systems, as defined by the WHO, to create a global momentum across countries. **This involves joint action both on the quality of the provision of healthcare services and on the promotion of health and community mobilisation.**

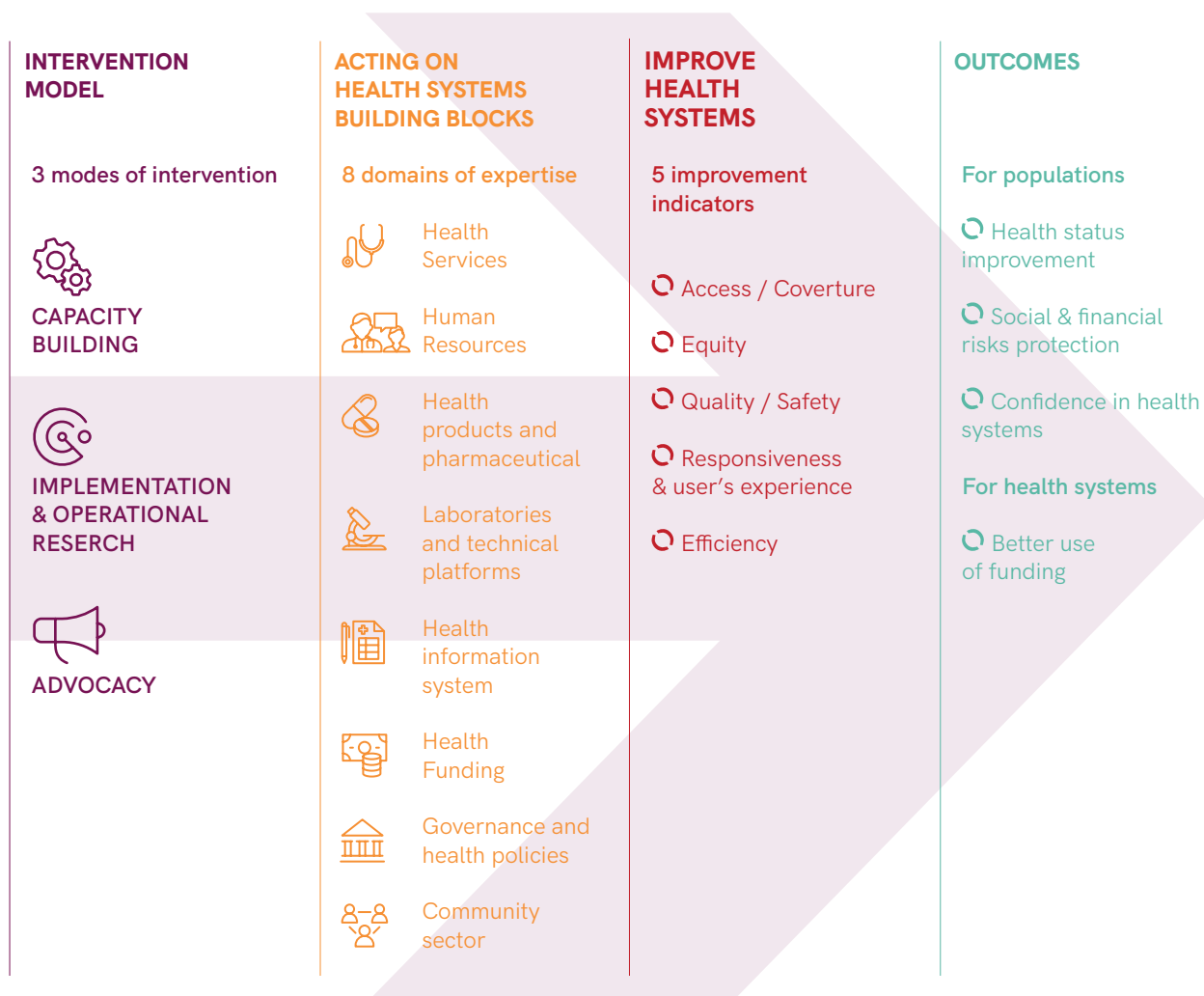
Solthis has chosen two areas of intervention in order to influence the offer of care services: improving the quality and performance of healthcare services, but also support for the evolution of the content and organization of health services, notably by optimising care pathways and their organisation.

The ongoing operation of these services requires essential resources and preconditions such as training and support of staff, the quality of production and analysis of medical results by laboratories as well as supply chains guaranteeing continuous access to treatment. *See our 8 expertise domains (cf. page 9)*

Solthis would also like the provision of care to be user-centred in order to **recognise the role of patients and communities in improving the quality of healthcare services.** We believe in the power of the collective, in the value of bringing together civil society actors, researchers and public actors for resilient healthcare systems.

SOLTHIS IN THE FIELD:

- **Focuses on a strategy of health promotion and community mobilisation** which aims to enable users to define their own needs and to promote their primary role in defining services through feedback on their experiences or their involvement in steering and governance.
- **Acts to improve health services across the continuum of care simultaneously covering promotion**, prevention, testing, therapy, long-term monitoring of patients, taking into account all patient needs, whether clinical and biological, cognitive, psycho-social or emotional, in order to achieve the best possible health results as well as the commitment and empowerment of patients.



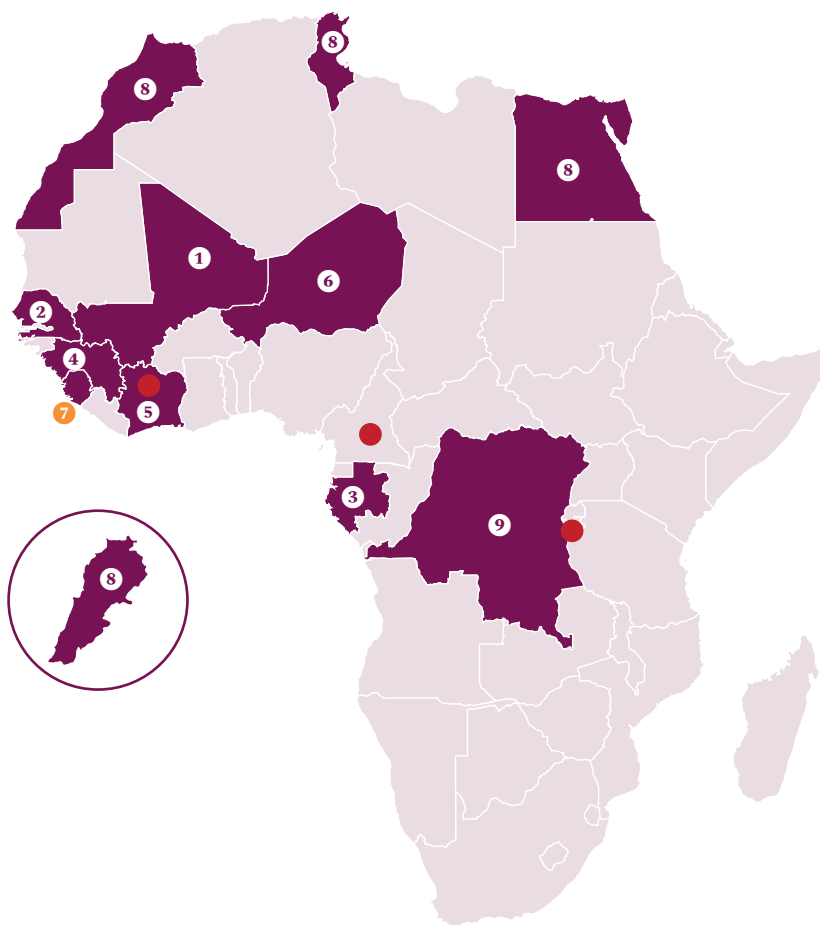
This year for the first time, we are presenting our projects, not by geographical areas of intervention but by the health issues covered, with specific addition of projects we are conducting to promote primary healthcare, both in health structures and community centres.

“The ATLAS project (HIV self-testing) allows us to reach a highly vulnerable and marginalised population group, that has a highly developed protective instinct and is reluctant to go to health facilities. So from now, instead of coming to the test, the test will go to them.”

DR OUSSEYNOU CISSÉ, COORDINATOR OF THE OUTPATIENT TREATMENT UNIT, ZIGUINCHOR



OUR COUNTRIES OF INTERVENTION



1 MALI

- **TECHNICAL SUPPORT** to the Ministry of Health for Capacity building of the healthcare personnel to improve HIV quality of care and treatment
- **ATLAS**, Improving and promoting access to HIV self-testing in West Africa
- **JADES**, Improving and promoting sexual and reproductive health among adolescents

2 SENEGAL

- **ATLAS**, Promoting access to HIV self-testing in West Africa (Mali, Senegal and Côte d'Ivoire)

3 GABON

- **TECHNICAL SUPPORT** of the Tuberculosis program's grant application to the Global Fund

4 GUINEA

- **DIAVINA**, HIV Virological Diagnosis and treatment initiation at Birth
- **OPP-ERA**, Improve monitoring of people living with HIV through access to viral load testing
- **PACTES**, Patient-centered treatment and care
- **AIR-POP**, Innovative and Rapid Access to diagnosis and treatment, using drones, to optimise the care of children exposed to HIV
- **TECHNICAL SUPPORT** for the coordination of the HIV viral load operational plan in Guinea

5 CÔTE D'IVOIRE

- **ATLAS**, Promoting access to HIV self-testing in West Africa (Mali, Senegal and Côte d'Ivoire)
- **PROSSAN**, Programme to strengthen the health systems and services in Côte d'Ivoire, Liberia and Sierra Leone

6 NIGER

- **JADES**, Improving and promoting sexual and reproductive health among adolescents
- **TECHNICAL SUPPORT** for the assessment and improvement of HIV care and treatment in 27 healthcare facilities in Niger
- **TECHNICAL SUPPORT** to strengthen the national stakeholders' capacities to implement, monitor and evaluate the accelerated plan to fight HIV
- **AIRE**, Improving the Identification of Respiratory Distress in Children

7 SIERRA LEONE

- **EMPOWER I & II**, Empowerment of Users for HIV Improved quality care
- **TB-SPEED**, strengthening Paediatric Tuberculosis services for improved early diagnosis
- **PROSSAN**, Programme to strengthen the health systems and services in Côte d'Ivoire, Liberia and Sierra Leone

8 KINGDOM OF MOROCCO, LEBANON, TUNISIA, EGYPT

- **ACACIAS**, Mobile application to improve prevention, care and engagement in care for populations at risk of HIV, including key populations in the Maghreb/Middle East region
- #### KINGDOM OF MOROCCO
- **CORAQ**, Cooperation to strengthen quality assurance of national laboratories of medicines quality control (LNCQM)

9 REPUBLIC DEMOCRATIC OF CONGO

- **AUDIT** of HIV Infected patients under ARV treatment in the Democratic Republic of Congo

BURUNDI, CAMEROON & CÔTE D'IVOIRE

OPP-ERA, Improve the monitoring of people living with HIV through access to viral load testing. Countries where Solthis is leading the OPP-ERA project's implementation consortium: ANRS for the scientific coordination, Expertise France in Côte d'Ivoire & in Cameroon, Sidaction in Burundi and Solthis in Guinea.

OUR PRINCIPAL IMPLEMENTING PARTNERS

CÔTE D'IVOIRE

- **MINISTRY OF HEALTH AND PUBLIC HYGIENE**
- **NATIONAL AIDS CONTROL PROGRAMME**
- **ESPACE CONFIANCE** ▶ Health and development Association providing services to highly vulnerable populations
- **RED RIBBON** ▶ Association for the fight against AIDS and other pandemics.
- **ARIEL GLASER FOUNDATION** ▶ for the fight against paediatric AIDS in Côte d'Ivoire
- **HEARTLAND ALLIANCE INTERNATIONAL AND ITS PARTNERS**
- **APROSAM** ▶ Association for the Promotion of Women's, Maternal and Child Health (APROSAM)
- **BLETY** ▶ Association for the fight against STIs, HIV/AIDS, Human Rights and Women's Empowerment
- **ORASUR** ▶ Association for the Fight against HIV
- **ELOÉ** ▶ Light action and solidarity
- **ARC EN CIEL** ▶ Association for the fight against STIs/HIV/AIDS and Homophobia

GUINEA

- **CNLS** ▶ National Committee for the Fight Against AIDS, attached to the Prime Minister Office and managed by the Executive Secretariat (SE/CNLS)
- **PNPCSP - PNLSH** ▶ National Programme for the Fight against AIDS and Hepatitis
- **REGAP +** ▶ Guinean Network of People living and affected with HIV/AIDS
- **FEG "FONDATION ESPOIR GUINÉE"** ▶ Guinea Hope Foundation
- **FMG "FRATERNITÉ MÉDICALE GUINÉE"** ▶ Medical Fraternity, Guinea
- **AGENCE NATIONALE DE SECURITE SANITAIRE** ▶ National Health Security Agency
- **INSP** ▶ National Institute of Public Health
- **CHU DONKA** ▶ Donka University Hospital

MALI

- **MINISTRY OF HEALTH AND SOCIAL AFFAIRS**
- **HIGH NATIONAL COUNCIL FOR THE FIGHT AGAINST AIDS**
- **SE HCNLS** ▶ Executive Secretariat of the High National Council for the Fight against AIDS
- **CSLS-MSAS** ▶ Sectoral AIDS Control Unit of the Ministry of Health and Social Affairs
- **ASDAP** ▶ Association for Support of Population Initiatives
- **WALE** ▶ Non-Governmental Organisation "Action, Health, Populations" engaged in the fight against HIV
- **NGO EQUIPOP** ▶ "Équilibres & populations"
- **PSI** ▶ Population Services International
- **ARCAD-SIDA** ▶ Association for Research, Communication and Home Support for People Living with HIV
- **SOUTOURA** ▶ Association for the fight against HIV, especially for sex workers
- **DANAYA SO** ▶ Association for the fight against HIV for free women in Mali
- **AKS** ▶ Kéné Dougou Solidarity
- **AMPRODE SAHEL** ▶ Malian Association for the development of the environment in the Sahel

NIGER

- **CISLS** ▶ Bureau for Intersectoral Coordination of the Fight against STIs/HIV/AIDS
- **ULSS** ▶ Intersectoral Unit of the Health Ministry for the Fight against HIV/AIDS
- **DSME** ▶ Mother and Child Bureau, attached to the General Directorate of Health and reproduction within the Ministry of public Health. Within the Bureau, works a special Unit dedicated to Youth and Adolescents Health promotion (DSAJ)
- **DGASP/R** ▶ Promotion Administration, Security and Reintegration General Directorate within the Ministry of Justice
- **ANDDH** ▶ Association for Human Right Protection in Niger
- **LAFIA MATASSA** ▶ Non-Governmental Organisation for the youth and adolescents
- **NGO EQUIPOP** ▶ "Équilibres & populations"
- **BEFEN** ▶ Well-being of Women and Children in Niger.
- **ONG ALIMA** ▶ Alliance for International Medical Action

MENA REGION: MIDDLE EAST / NORTH AFRICA

- **KINGDOM OF MOROCCO : ITPC**
- **MENA** ▶ Moroccan NGO for Access to Treatment, **LNCQM** ▶ National Laboratory for Medicine Quality Control
- **LEBANON: MARSA SEXUAL HEALTH CENTER AND M-COALITION** ▶ Network to facilitate health access to key populations
- **TUNISIA: ATP+** ▶ Tunisian Foundation for Positive Prevention
- **EGYPT: AL SHEHAB** ▶ An Egyptian Nongovernmental organization for the protection of stigmatized people, mainly people living with HIV

SENEGAL

- **MINISTRY OF HEALTH AND SOCIAL ACTION (MSAS)**
- **DLSI** ▶ Division of AIDS and Sexually Transmitted Infections
- **CNLS** ▶ National Council for the Fight against AIDS
- **CTA** ▶ Outpatient Treatment Centre
- **CEPIAD** ▶ Centre for the Integrated Management of Addictions in Dakar
- **ENDA SANTÉ AND ITS PARTNERS**

SIERRA LEONE

- **NAS** ▶ National AIDS/HIV Secretariat, attached to the President's Office
- **NACP** ▶ National AIDS/HIV Control Programme, attached to the Ministry of Health
- **NETHIPS** ▶ Network of HIV Positives in Sierra Leone
- **NLTCP** ▶ National Leprosy and Tuberculosis Control Programme
- **AAH NGO** ▶ Action Against Hunger
- **UNIVERSITY OF BORDEAUX** ▶ Leader of the TB-Speed Project Implementation Consortium



Fight against HIV

Solthis was initially created in response to the health emergency that was access to antiretroviral treatments. Despite considerable progress, the situation in West and Central Africa remains a cause for concern. In 2018, there were 5 million PLHIV in the region and 280,000 new infections, or 16% of new infections globally. Only 64% of people living with HIV know their status. The key populations who, together with their partners and clients, account for 64% of new infections and fuel the momentum of the infection have difficulty accessing care because of their stigmatisation and the criminalisation, in some countries, of sex work and homosexuality. Whilst most people (79%) who know their HIV status receive ARV treatment, access to viral load remains limited and most patients in therapeutic failure, do not receive 2nd line treatment, and many patients are lost to follow-up. Through the PACTES, EMPOWER, ATLAS, OPPERA projects... Solthis continues its work to develop global approaches to fight AIDS and meet the 90-90-90 objective set by the international community notably by tackling access to testing, effective monitoring of the disease to reduce treatment failures and the mobilisation of users and civil society to adapt treatment and care to the real needs of people living with HIV.

SIERRA LEONE

EMPOWERING USERS FOR QUALITY HIV CARE - PHASE I & II



PROJECT DURATION

Phase II 3 Years (2019-2022)

SOURCE OF FUNDING

French Development Agency (AFD) • Paris City Hall

KEY PARTNERS

NETHIPS (National Network Of PLHIV In Sierra Leone) • NAS (National AIDS Secretariat) • NACP (National AIDS Control Programme)



CHALLENGES

With an HIV prevalence of 1.5%, Sierra Leone faces a number of challenges to achieving the UNAIDS 90-90-90 targets. Stigma and discrimination remain significant barriers and prevent people from knowing their status and following their treatment. Furthermore, the quality of care is still a major problem in keeping patients in care.

OUR ACTION

Phase 1 of the project started at the beginning of 2016 and was completed at the beginning of 2019. The 2nd phase was launched in March 2019 with the support of the French Development Agency and Paris City Hall. The first phase of the project enabled Solthis to mobilise patients and health professionals, to engage in a constructive dialogue and capacity building process. The unique feature of the project is the simultaneous strengthening of demand for and provision of healthcare services as a key to success. Indeed, in the course of the three year period, Solthis deployed a three-pronged approach to build and strengthen capacity nationally, in healthcare facilities and in the communities, through targeted training and mento-



ring of health workers, members and leaders of patient support groups. Owing to the significant involvement of national stakeholders, the project has not only improved the quality of HIV care in the 13 treatment centres supported, but it has also enabled many patients to claim their right to quality health services which meet their needs. Among the key figures of the 1st phase: 298 health professionals trained, over 25 training courses provided for support groups and NETHIPS, an increase from 44% to 86% of patients who remain in care and an increase from 23% to 69% in patients who take their medication correctly.

In 2019, the second phase of the project makes it possible to continue supporting the National Network of People living with HIV/Aids (NETHIPS) through two channels: by building the capacity of support groups for people living with HIV/Aids (defending their right to quality healthcare, fighting stigma and discrimination) but also, by strengthening the organisational capacity of NETHIPS so that the network can continue to position itself as a key player in the fight against HIV in Sierra Leone. An assessment of the organisational capacity was launched in 2019 to identify needs and the most appropriate support that Solthis will be able to provide through training and coaching throughout the project. In the health facilities supported by Solthis, its medical team continues to provide on-going clinical mentoring to health staff, strengthening their capacity to deliver quality care and HIV management. A group of 20 technical trainers, one of the cornerstones of Solthis' contribution to the ownership and sustainability of the project was created in 2019. The project also led to the introduction of HIV and Tuberculosis care at Rokupa hospital in 2019. At national level, Solthis continued to

participate actively in various technical working groups by lending its expertise. This year, Solthis team provided technical assistance to the national AIDS programme to update national HIV guidelines and develop a new national training manual.

KEY FIGURES 2019 - PHASE 2

5
TRAINING COURSES
AND 50 VISITS TO
SUPPORT GROUPS

1,000
HOURS OF CLINICAL
MENTORING IN THE
20 HEALTH FACILITIES
BEING SUPPORTED

1
POOL OF 20 TRAINERS
ON HIV SET UP

41
MEMBERS OF SUPPORT
GROUPS AND PRISON
WARDERS TRAINED
IN PEER EDUCATION

**“The Empower project
has completely changed
our way of life.”**

MEMBER OF SUPPORT GROUP

GUINEA

PATIENT- CENTERED TREATMENT AND CARE (PACTES)

**PROJECT DURATION**

3 years

SOURCE OF FUNDING

AFD • UNITAID

KEY PARTNERS

REGAP+ • FEG • FMG • PNLISH • REFIG+ • DNEHH

BENEFICIARIES

The following health facilities, their personnel and patients (ASFEGMASSI and Matoto Health Centres, CTA Donka, Haematology & CTA Ignace Deen, Kankan Regional Hospital)



“The PACTES project has placed communication at the center of the patient management system by strengthening the capacities of both the health care personnel and patients.”

CHALLENGES

The limited range of health services available to people living with HIV (PLHIV), their inadequate quality, in particular the scant attention paid to patients, impact adherence to care and their confidence in the health systems. In the face of these major issues and the lack of respect for patients' rights, the project's objective is to develop a model of care which is mindful of PLHIV by taking into account their health care experience.

OUR ACTION

Between 2017 and January 2020, the PACTES project has led to advances in the improvement of quality of care in 5 health facilities in Conakry and in the Kankan region, which has had a fundamental impact on the lives of PLHIV, and triggered the emergence of a powerful community movement in favour of their rights to quality care. In 2019, the project continued to deploy a holistic cross-cutting approach: taking into account the experience of care for both patients and care providers through meetings and co-construction activities between users. The project also continued to foster a collaborative dynamic between those involved in care and to improve the attention paid to patients by analysing the professional practices of health personnel. The overall aim is to raise awareness of the importance of the carer-patient relationship with regard to the quality of care provided, the commitment of patients to care, the destigmatisation of PLHIV by caregivers

A. CISSÉ - HEAD OF PSYCHOSOCIAL SUPPORT
AT ASFEGMASSI AND NATIONAL TRAINER IN APS

and the reorganisation of care to meet the real needs of patients. In the meantime, the project has continued to develop access to viral load tests with the support of the OPP-ERA project and the integration of psychosocial support into the patient's care pathway. Led by peer patients, psychosocial support has fostered their "empowerment", making them aware of the issues around patients' rights and allowing positive progress in terms of participation and speaking out in debates. Finally, the inter-associative group, created within the framework of this project, has made it possible to put the issue of patients' rights at the forefront of the concerns of civil society in Guinea and at the heart of their advocacy work.

KEY FIGURES & RESULTS**80%**

of patients are put on treatment after prior preparation by a psychosocial counsellor

86%

of patients with undetectable viral load in 2019

+100

patients, 100 caregivers and 20 psychosocial mediators are involved in the on-going inclusive development of the project

MOROCCO • LEBANON • TUNISIA • EGYPT

ACACIAS

MOBILE APPLICATION TO IMPROVE HIV PREVENTION AND CARE FOR POPULATIONS AT RISK, INCLUDING KEY POPULATIONS BY PROMOTING ACCESS TO RELIABLE AND RELEVANT INFORMATION



PROJECT DURATION
3 years (2017 - 2020)

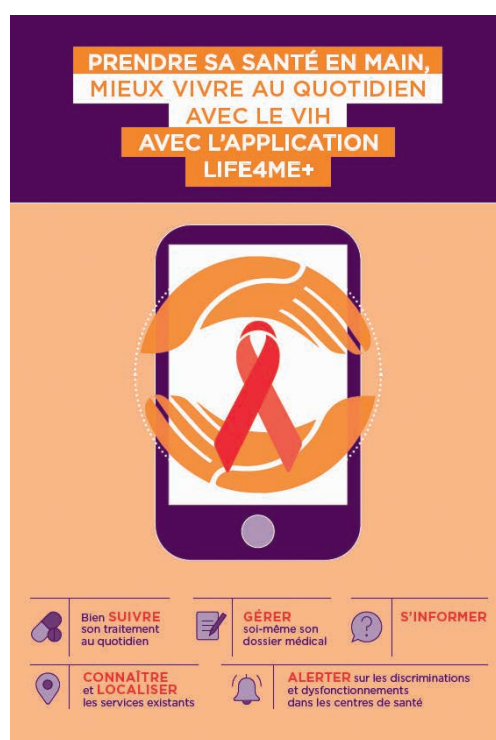
SOURCE OF FUNDING
City of Paris

CHALLENGES

The MENA region shows mixed results in the fight against HIV: every year 20,000 new people are infected in the region, mainly in key populations, mostly affected by the epidemic. The continuum of care is far from ideal with only 37% of PLHIV knowing their HIV status, 17% able to access ARV treatment and only 11 % with an undetectable viral load.

OUR ACTION

Launched in 2017 in partnership with ITPC-MENA, the implementation of the ACACIAS project relies on civil society organisations in Lebanon: Marsa & M-Coalition; in Tunisia: Association Tunisienne de Prévention positive (ATP+) and in Egypt: Al Shehab. After mapping existing applications, the project has chosen to rely on the Life4me+ application enabling the functionalities required by the projects partners, namely: to allow people living with HIV to manage and monitor their treatment, to manage their medical records by themselves, to be aware of and locate health services which meet their needs, to be informed and alert others about discriminatory situations or service interruptions. Once the contract with Life4me+ was agreed, the adaptation for the MENA region was done by integrating an Arabic version of the App and its content for distribution in December 2019. The project also relied on an adapted platform for sharing documents between associative partners which allowed documents to be centralised and the management of content shared with Life4me+. The mobilisation of project partners continued during workshops: in June at the fringes of the Solidays in Paris, then in December in Marrakech to mark the 2nd anniversary of the cities' partnership against HIV/AIDS and hand over the project to ITPC-MENA in order to take the project forward in the MENA region.



“The application will enable us to reach people living with HIV that we cannot currently reach. It will also provide mapping of user friendly centres for LGBT people, drug users and sex workers.”

DANI HANNA, M-COALITION PLUS, LEBANON,
PARTNER OF THE ACACIAS PROJECT

BURUNDI • CAMEROON • CÔTE D'IVOIRE • GUINEA

THE OPP-ERA PROJECT

IMPROVE CARE AND TREATMENT FOR PEOPLE LIVING WITH HIV THROUGH BETTER ACCESS TO VIRAL LOAD TESTING



PROJECT DURATION

Phase II: 3 years
(2016-2019)

SOURCE OF FUNDING

Unitaid • ANRS

The OPP-ERA Project is implemented by a consortium of French actors: Solthis, lead partner and in charge of implementation of the project in Guinea, Sidaction in Burundi and Expertise France in Cameroon & Côte d'Ivoire and ANRS, in charge of scientific direction.

PRESENTATION OF THE OPP-ERA PROJECT

Since its creation, the OPP - ERA project has been part of the global strategy to tackle HIV/Aids, in particular supporting stakeholders in the Republics of Burundi, Cameroon, Côte d'Ivoire and Guinea to achieve the 3rd objective of UNAIDS' « 90 - 90 - 90 » according to which 90% of people on antiretroviral treatment have a suppressed viral load by 2020. An undetectable viral load indicates effective treatment and non-transmission of the virus for people living with HIV. However, access remains limited in Sub-Saharan Africa particularly in the region of West and Central Africa. Launched in 2013 and closed in 2019, the OPP-ERA project has significantly improved access to viral load testing in all four countries. As well as the technical molecular biological solution set up to carry out this testing in the laboratory (an open and polyvalent platform), the OPP-ERA project has helped to create favourable conditions (« enabling environment ») for carrying out viral load tests through the training of health personnel (biologists and laboratory technicians, staff in charge of supplies, clinicians), the strengthening of laboratory infrastructure, the supply of laboratory reagents and consumables and the

establishment of coordination mechanisms for viral load activities at national level. Indeed, it is in this systematic approach that the challenge of implementing and sustaining viral load testing lies today, as detailed in **this guide and this toolkit for viral load implementation**, developed by the OPP-ERA project for viral load testing actors from the 6 years' project implementation experience in the field.

SINCE 2013, THE OPP-ERA PROJECT IS:

11

equipped and functioning laboratories, and 2 laboratories rehabilitated and prepared for opening

+ 81%

of patients have an undetectable viral load and up to 88% in certain health centres

300

health professionals trained (clinicians, experts, procurement, and lab technicians)

+ 230 000

viral load tests realized



THE GUIDE AND TOOLKIT FOR THE IMPLEMENTATION AND USE OF VIRAL LOAD TESTING

<https://chargevirale-oppera.solthis.org/en/practical-tools/>

"In order to implement viral load testing, the only choice of a technical solution is not sufficient. The conditions needed for its realisation in resource-limited countries also need to be created. This is what we wished to highlight in this Guide. We are proud to bring you our 60 lessons learned, for all the viral load testing stakeholders."

Louis PIZARRO, Solthis ex-CEO



THE OPP-ERA PROJECT IN GUINEA

Since 2013, the OPP-ERA project made it possible for the first time, to introduce access to viral load in the Guinean public health system through the installation of two molecular biology laboratories at the National Institute of Public Health (INSP) and at the Donka National Hospital in Conakry. Closed in July 2019, this year was dedicated to consolidating the process of transition of the project to the National Programme for the fight against AIDS and Hepatitis (PNLSH) and finalising the implementation plan for the National Strategy for access to Viral Load. Today, the main part of the OPP-ERA project activities is already taken over by the lead partner, the PNLSH, including obtaining necessary resources through the Global Fund grant. The implementation of the transition plan from the end of 2017 with the support of Solthis, has enabled the creation of a working group on the third 90, bringing together all those involved with viral load testing and the production of a four year operational action plan for the HIV viral load scaling up in Guinea. The final months of the project were also important for building the capacity of laboratory technicians, specialists in procurement and stock management of medical products needed for viral load testing, clinicians involved in prescribing viral load tests and in interpreting results.

“The OPP-ERA project introduced and scaled up the viral load test for patients being treated in Guinea: it is a significant step forward towards quality care.”

PROF CISSÉ, HEAD OF DERMATOLOGY
OF DONKA UNIVERSITY HOSPITAL

BETWEEN 2013 AND 2019 IN GUINEA:

32,500

viral load tests realized

100

health professionals trained (bio security, laboratory data management, control and supply of laboratory stocks, prescription of viral load tests and management of treatment failure)

79%

average virological success rate between 2016 and 2019

2

laboratories rehabilitated, equipped and operational (INSP and Donka University Hospital) and 1 regional laboratory rehabilitated and prepared for opening (Kankan Regional Hospital)

6

laboratory technicians or biologists trained nationally (including 4 who were retrained)

CÔTE D'IVOIRE • MALI • SENEGAL

ATLAS

HIV SELF TESTING, FREE TO ACCESS KNOWLEDGE OF SEROLOGICAL STATUS



PROJECT DURATION

2018-2021

SOURCE OF FUNDING

Co-funded by Unitaïd and the AFD as part of the CAP project

KEY PARTNERS

IRD (Institute of Research and Development) • Ministries of Health • In Senegal: CEPIAD, CTA and ENDA Health and their partners • In Mali: AKS, AMPRODE Sahel, ARCAD SIDA, Danayaso, Soutoura and PSI • In Côte d'Ivoire: Espace Confiance, Fondation Ariel Glaser, Heartland Alliance International and its partners, and Ruban Rouge



CHALLENGES

Knowing one's HIV status remains an essential step towards accessing treatment and putting an end to the epidemic. Helping to improve access to one's HIV status through self-testing complements existing testing strategies to reach as many people as possible and accelerate the achievement of the UNAIDS 90-90-90 objectives, especially the first one: *"By 2020, 90% of people living with HIV know their serological status"* in a region where almost half the people living with HIV are unaware of their status and therefore cannot access treatment.

OUR ACTION

The first developmental project on self-testing in West Africa, ATLAS, in Côte d'Ivoire, Mali and Senegal, aims to dispense over 500,000 self-testing kits to key populations, such as men who have sex with men and their partners, sex workers and their partners/clients, drug users and their partners and partners of people living with HIV/Aids by using innovative secondary distribution channels. As a project with a strong research component, ATLAS will also aim to generate convincing evidence on the outcomes and impact of interventions.

In 2019, the first half of the year was mainly devoted to finalising tools and training stakeholders involved in delivery: peer educators, caregivers, hotline operators, as well as setting up legal procedures and supplying national pharmacy services with self-tests.

In the second half of the year, the distribution of self-testing kits began in the three countries as well as supervision activities and the monitoring and evaluation process. In the meantime, the implementation in the field of the important research component of the project also began, for four of the five work packages which are: Qualitative research on key populations, Anthropological research on testing partners of PLHIV, Coupon survey, and Economic/Cost effectiveness component.

HIV self-testing is very well received by target populations who rapidly take ownership and appreciate the discretion and freedom it affords. Dissemination activities have already started to expand the availability of this complementary strategy in West and Central Africa, notably by organising transition with the support of other international donors.

“This (self-testing) approach makes the user an actor or actress of his or her own health [...]. We civil society actors are promoting this strategy because we believe in it. So we think it's important that we can have data to really do the advocacy and allow it to be scaled up.”

DR BINTOU DEMBÉLÉ KEITA,
EXECUTIVE DIRECTOR OF ARCAD-SIDA, MALI



KEY FIGURES & RESULTS

26,213
SELF-TESTING KITS
DISTRIBUTED

13,137
KITS IN COTE D'IVOIRE

7,792
KITS IN MALI

5,284
KITS IN SENEGAL

1,198
PEOPLE TRAINED
IN DISPENSING,
USE, MONITORING-
EVALUATION AND
SUPPLY OF HIV SELF-
TESTING

WEST AFRICA

CAP PROJECT

CAPACITY TO ENHANCE THE FIGHT AGAINST HIV/AIDS IN WEST AFRICA



PROJECT DURATION
3 years (2019-2022)

SOURCE OF FUNDING
French Development Agency (AFD)



CHALLENGES

For the first time, Solthis has been chosen to receive a programme agreement from the French Development Agency, to improve Solthis capacity to meet needs in the fight against HIV/Aids in West Africa. In addition to the implementation of the ATLAS project for HIV self-testing and the EMPOWER II project for improving the quality of HIV care through users empowerment, the project aims to strengthen the internal capacities of Solthis on a range of cross-cutting activities including capitalisation, advocacy, communication and monitoring-evaluation of the fight against HIV/Aids in Africa, particularly in 4 priority fields: health promotion and empowerment of users, services delivery, strengthening of partnerships and civil society organisations as well as the transition and scaling up of carried out interventions.

OUR ACTION

In 2019, for the purposes of capitalization, the CAP project launched a review of past and current experiences in order to draw lessons that can be shared internally and with partners in the field. Work on formalising intervention strategies and methodological guides also began in 2019 and will be the focus of the project in 2020, in particular through three strategies devoted to the empowerment of health service users, the integration of gender in projects and the support of civil society organisations. Guides and manuals on the quality improvement approach, capacity building, training and mentoring are being updated. Finally, the project also enables Solthis to acquire methodological resources on transition and scaling up of projects. At the same time, a review of existing monitoring and evaluation systems, processes and practices was carried out in 2019.

On this basis, Solthis wishes to formalise its approach by creating and disseminating generic reference documents on the design and implementation of monitoring and evaluation systems, particularly for projects against HIV.

This work will be complemented by more targeted capacity building, involving, for example, the monitoring and evaluation of empowerment, retention in care or the experience of patients in health facilities. All the work will be made available to all Solthis teams and partners, both at headquarters and in the field, via a dissemination and training system which enables a good understanding and assimilation of the resources, through face to face training, distance learning and experience-sharing workshops.

“By strengthening the capacity of Solthis teams and the quality of interventions, the project will indirectly benefit institutional partners, civil society organisations as well as health workers and users of the care systems in countries where Solthis intervenes.”

LÉA MERILLON, CAP PROGRAM MANAGER

**LÉA MERILLON,
CAP PROGRAM
MANAGER**



CAP is a real opportunity for Solthis, for both the organization as a whole and the projects that we carry out in the field. Through training, capitalisation and innovation, CAP enables Solthis to strengthen itself as an international solidarity organisation and to consolidate its role in the field as a key player in the fight against HIV/AIDS in West Africa.

The programme's philosophy is above all geared towards the Solthis teams, whether French-speaking or English-speaking, based at the association's headquarters or in the field. Solthis is indeed convinced that projects depend to a large extent on the actors who carry them out and make them up: by strengthening the teams, especially those on the front line in the field, it is the quality of our interventions that we improve.

The strengthening of Solthis' internal capacities falls within the framework of 4 strategic priorities: the empowerment of the users, the services delivery, strengthening partnerships with civil society organizations and the transition and the scaling up of our interventions. Mobilization of internal and external expertise on these issues enables us to adapt our strategies and our approaches as close as possible to the realities on the ground and to better equip ourselves to become more efficient. The support and training of teams are also at the heart of this program: the development and implementation of a training plan and the adoption of a digital platform will enable Solthis to adapt the educational paths to better respond to the needs of our teams.

The objective of the CAP can therefore be summarized as follows: to be part of a continuous and mutual learning process, and strengthening knowledge, skills and expertise of our teams to improve the quality of the projects we carry out with our partners in the field.



Fight against tuberculosis

Tuberculosis is one of the main causes of infection-related mortality in the world and is the primary cause of mortality in people living with HIV (PLHIV). According to the WHO, 10 million people contracted tuberculosis and 1.5 million died of it in 2018 including 251,000 HIV carriers. Children, as well as PLHIV, are particularly affected by the disease, with around 251,000 deaths in 2018 (including children with tuberculosis linked to HIV). In 2014, the WHO devised the End TB strategy whose objective is to achieve a reduction of 95% in mortality by 2035 and of 90% in the number of new cases compared to 2015. This strategy requires improved diagnosis of TB, improved treatment especially of multiresistant strains, the introduction of preventive strategies and continued collaboration between TB and HIV programmes. So this is involved with this strategy in Sierra Leone through the TB-speed project, whose objective is to improve tuberculosis testing and care for children.

SIERRA LEONE

TB-SPEED

INTERNATIONAL OPERATIONAL RESEARCH TO IMPROVE EARLY TESTING AND ENHANCE THE TREATMENT AND CARE OF PAEDITRIC TUBERCULOSIS



PROJECT DURATION
2017-2021 (4 years)

SOURCE OF FUNDING
UNITAID • 5% Initiative

KEY PARTNERS

University of Bordeaux • Ministry of Health and Hygiene (MOHS SL) • National Leprosy and Tuberculosis Control Programme (NLTCP) • WHO • Civil Society Movement against TB Sierra Leone • Ola During Paediatric Hospital • Health management teams in Bo and Port Loko districts



CHALLENGES

Diagnosis of tuberculosis (TB) in young children is complex because of the difficulty of taking respiratory samples. To date, there is no rapid, effective diagnostic test for TB which is easy to use on children and can be completed easily, especially in primary healthcare centres and district hospitals in countries with a high incidence of TB, like Sierra Leone, where many children come with suspected tuberculosis. Thus, most children with TB are not diagnosed and therefore are not treated.

OUR ACTION

In 2019, the TB-Speed project launched operational research activities to assess needs and the cost effectiveness of decentralising paediatric tuberculosis diagnosis to district hospitals and primary healthcare centres in Sierra Leone. Thus, by means of surveys, site observations, data collection and exchange of experiences with health personnel (nurses, CHOs, doctors and lab personnel) and health administrators, the study has enabled:



the assessment of knowledge, attitudes and practices of health personnel regarding the diagnosis, treatment and care of childhood tuberculosis in selected facilities. The project has also organised training in thoracic radiology for 46 health professionals (CHOs, nurses and radiology technicians) in Port Loko and Bo districts. In addition, the TB-Speed project technical committee continued to provide a working platform to support discussions on policies and guidelines on prevention, testing, diagnosis and early treatment of paediatric tuberculosis in Sierra Leone.

The TB-speed project is an opportunity for Sierra Leone to participate in an international operational research study to improve the diagnosis and management of childhood tuberculosis. The project is being implemented in 7 countries in Africa and South-East Asia (Cameroon, Côte d'Ivoire, Mozambique, Sierra Leone, Uganda, Zambia and Cambodia) by a multidisciplinary consortium including Solthis in Sierra Leone, and the University of Bordeaux as project leader and coordinator. The consortium brings together researchers, technical experts, health professionals, public health programme managers and non-governmental organisations from Europe, Africa and South-East Asia. The project will contribute to the diagnosis of approximately 77,000 children.

KEY FIGURES & RESULTS

46

health professionals trained in reading and interpreting children's chest x-rays.

1

KAP survey carried out to assess Knowledge, Attitudes and Practices of health professionals in the diagnosis, treatment and management of childhood tuberculosis.

1

observational survey on the organisation of care for children suspected of tuberculosis in the Port Loko and Bo districts.



Improving maternal and child health

Solthis is signed up to the UN Sustainable development goals (ODD) and the objective of reducing the global maternal mortality rate to below 70 per 100,000 live births by 2030. Most of these deaths would be avoidable if health systems as a whole were strengthened. Solthis works to guarantee the availability and quality of maternal, neonatal and infant health services, particularly in Guinea with the DIAVINA and AIR-POP projects.

GUINEA

12344 ANRS- DIAVINA OPERATIONAL RESEARCH PROJECT

IMPROVING THE PREVENTION OF MOTHER TO CHILD HIV TRANSMISSION AT BIRTH



PROJECT DURATION
3 years (2016-2019)

SOURCE OF FUNDING
ANRS • Paris City

KEY PARTNERS

National Programme for the Fight against Aids and Hepatitis (PNLSH) • FEG Association • Maternity and Paediatric services, Ignace Deen

CHALLENGES

In Guinea, many children are born from mothers who have not been HIV tested during their pregnancy and, therefore, who have not had any antiretroviral treatment to prevent transmission of the virus from mother to child. In that situation, an enhanced preventive antiretroviral treatment reduces the risk of HIV transmission from the mother to her child. Furthermore, diagnosis of the infection at birth enables rapid identification of babies infected in utero and therefore the start of ARV treatment at a very early stage, from the first days of life, to reduce mortality linked to HIV. Without treatment, 50% of infants infected *in utero* and *intra partum* die during the first two years of life. The spike in HIV-related mortality among these children occurs around the age of 2-3 months, which leaves a very short window in which to test and treat them.

OUR ACTION

Since 2016, the DIAVINA project has strengthened the Ignace Deen Hospital's capacity to prevent mother to child HIV transmission through a synergy of several activities, starting in the delivery room: by making HIV testing available to all pregnant women and the immediate start of treatment. At the same time, the project introduced the early diagnosis of HIV infection for newborns whose mothers have been newly diagnosed or have not been treated with antiretrovirals during the month prior to delivery



and the initiation of enhanced preventive antiretroviral treatment from birth. As part of this project, mothers and children received regular multidisciplinary follow-up for a year and a half. To help mothers break the taboo of the disease and to ensure good adherence to treatment, all mothers participating in the project were supported by psychosocial assistants. HIV testing in the delivery room has increased significantly compared to the years before the project. Of the 4,164 pregnant women who came to give birth in the maternity ward in 2017, 3,982 (96%) were screened for HIV against 65% in 2016. The project has also shown that over 1/3 of children exposed to HIV were at high risk of transmission and needed enhanced preventive medicine, justifying the scaling up of this WHO recommended strategy to national level. Beyond medical questions, the project has also highlighted a number of shortcomings to be worked upon in the future, particularly the enduring intense stigma towards people living with HIV and which leads many women to hide their status and give up caring for their children: half the mothers tested did not declare their HIV status or that they were taking antiretrovirals to the nurses. Therefore, their children were wrongly identified as being at high risk, leading to unnecessarily prolonged preventive treatments. In addition, a third of children were lost to follow up indicating the extent of stigmatisation of PLHIV in Guinea.

KEY FIGURES & RESULTS

86%

of newborns received early testing and enhanced preventive treatment

95%

of women who came to give birth received HIV testing

“The project is very important for me. I come to every meeting to talk about the illness and the problems I experience. My child is under the care of the project, he is growing well, I am happy. I have hope.”

MOTHER WHO PARTICIPATES IN THE DIAVINA PROJECT

GUINEA

ANRS 12407 AIR-POP

INNOVATIVE AND RAPID ACCESS TO DIAGNOSIS AND TREATMENT, USING DRONES, TO OPTIMISE THE CARE OF CHILDREN EXPOSED TO HIV



PROJECT DURATION
1 year (2019-2020)

SOURCE OF FUNDING
ANRS

KEY PARTNERS

National Programme for the Fight against Aids and Hepatitis (PNLSH) • Guinean Civil Aviation Authority • Maternity and Paediatric services at Ignace Deen • Donka Laboratory

OUR ACTION

The incidence of HIV in pregnant women is estimated at 4% in Guinea and less than 10% of children exposed to HIV receive an early diagnosis. In 2019, Solthis launched ANRS 12407 AIR-POP, a pilot study to explore the feasibility and cost-effectiveness modelling of using drones in Conakry for the transport of blood samples and emergency supplies to health centres, to improve the treatment of paediatric HIV compared to dedicated ground transport by motorcycle. Thus 2019 was devoted to the assessment of HIV paediatric care needs and the organisational analysis of the feasibility of emergency diagnosis and paediatric treatment at PMTCT/paediatric clinical sites and molecular biology laboratories in the southern part of the city of Conakry.

The mobilisation of various stakeholders and officials made it possible to obtain the official authorization to use drones for the transport of blood samples and four drone companies were selected to provide a technical solution. At the same time, the project launched a study to assess the acceptability and perceptions of the use of drones by the authorities, pregnant women living with HIV, health professionals and the general population. By combining the speed of POC (Point of Care) diagnosis tests with rapid transport of samples and emergency supply of health products, the use of drones is an innovative way of reducing delays in obtaining results, for the number of children lost to follow up and of improving access to early HIV treatment for infected children.



Promoting and strengthening Sexual and Reproductive health among young people

In West and Central Africa, sexual and reproductive health indicators among young people and adolescents are low: only 14.7% of young women aged 15 to 24 who are married or in a relationship, and their sexual partner, currently use a method of contraception. The region has the highest proportion of adolescents giving birth before the age of 18 (33%) according to EDS and MCIS data ; and according to UNAIDS, young people aged 15 to 24 account for 39% of new cases of HIV infection amongst adults. The « young » population is therefore diverse with specific vulnerabilities compounded by poor access to sexual and reproductive health services that meet their needs, by the lack of access to reliable information, by socio-cultural factors linked to

taboos around sexuality, early marriage, gender inequality, and the low status of young people in society. Thus, young people constitute a major issue at the heart of our action to improve access to good quality sexual and reproductive health services (SSR). Solthis is therefore committed to developing projects that provide an integrated approach to sexual and reproductive health and HIV, which revolves around the needs of the young people themselves in a holistic approach to their care. This is particularly evident in Niger with the JADES project and necessarily involves work on the evolution of social norms on gender and the rights of populations and more precisely of young people in terms of SRH.

MALI • NIGER

JADES PROJECT – PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AMONG ADOLESCENTS

PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AMONG ADOLESCENTS TO REDUCE NEW HIV/AIDS RELATED INFECTIONS AND MORTALITY



PROJECT DURATION

January 2016 to march 2019 (Phase I) & April 2019 to 2020 (Phase II in Niger)

SOURCE OF FUNDING

Phase I: Initiative 5% • Phase II: AFD & Paris City Hall

KEY PARTNERS

Equilbres & Populations • NGO Lafia Matassa • NGO ASDAP • NGO Walé • Ministry of Education Mali and Niger • Ministry of Health and Public Hygiene • Coordination Unit of the sectoral committee of the Fight Against Hiv And Aids, Reproductive Health Division

CHALLENGES

In West and Central Africa, over 10,000 young people are infected with HIV every year and two out of three are girls. The vulnerability of young people is compounded by limited access to quality information on contraception, family planning and prevention of HIV/STIs, by the lack of a national protocol for medical care that meets their needs and by socio-cultural factors such as the taboo around sexuality, particularly among young girls.

OUR ACTION

Between 2016 and 2019, the 1st phase of the project placed young people at the center of the prevention process and allowed them to establish an open dialogue with those around them in favour of sustainable changes to sexual and reproductive health (SSR) in Mali and Niger. As part of this process, various outreach activities involving peer educators (young people trained to disseminate information on sexual and reproductive health to their peers and to refer them to appropriate care facilities) have been set up. Small group discussions took place during

educational talks as well as social mobilisation activities bringing together various types of audience: through debates, conferences, sports tournaments or even festive events on the theme of SSR.

After three years, the young people from the target regions are more comfortable in their understanding of sexual and reproductive health. In school health facilities and sick bays that were involved in the first phase, young people receive appropriate and less stigmatising care and the range of consultations available were diversified (family planning, HIV...). This is possible thanks to training and raising awareness of healthcare professionals to the needs of young people: welcome, communication, respect of confidentiality, expansion of the SSR service package (prevention of unwanted pregnancies, the diagnosis and treatment of STIs, access to viral load), treatment and care of adolescents infected with HIV, work on better organisation of the service (introduction of evening consultation slots to help with attendance by young people) as well as their provisioning. For young people and adolescents living with HIV, these activities have helped to improve retention in care (from 84.7% to 95.7%) and access to viral load (for new adolescents, increasing from 18% before intervention to 40%). The project has also enabled the creation of a more favourable environment for the promotion of Sexual and Reproductive Health rights through strengthening the capacity of national stakeholders and the launch of an advocacy movement in favour of improving the national SSR strategy.



“Comprehensive information and an appropriate sexual and reproductive health service enable young people to make informed choices about their health.”

A.K, PEER EDUCATOR

THE 2ND PHASE OF THE PROJECT

In 2019, activities revolved around completing the first phase in Mali and Niger and the launch of the 2nd phase in Niger. The 2nd phase of the JADES project aims to consolidate the 1st phase of the project and strengthen advocacy for the sexual and reproductive health rights (SRHR) of young people in Niger through a multi-channel strategy. This combines informing and training young people on their sexual and reproductive health (SRH), promoting their rights on the subject, improving and adapting SRH services to the needs of young people in the project's partner health centres, as well as social and political mobilisation of young people through an advocacy project. This advocacy aims to raise awareness amongst decision makers, who often obstruct access to care and change, with an eye on the presidential election that will be held at the beginning of 2021. It is a holistic approach that ultimately aims to, strengthen the capacity of young people to act and to grasp the nettle as regards to their health their health and create a positive environment for the promotion of SRHR. Thus, following on from the 1st phase, which focused on peer education, dialogue and community mobilisation, this 2nd phase aims, to build young people's collective leadership to call upon the authorities to change government policies in support of the respect for rights and access to quality sexual and reproductive healthcare (SRH) for young people in Niger, as well as investing in multiple strategies to promote SRH including digital tools like social media.

For more information visit www.solthis.org

BETWEEN 2016 AND 2019, THE JADES PROJECT IN MALI AND NIGER RESULTED IN:

67

young leaders trained in peer education

198

health workers trained

21,000

young people sensitized through 1,200 seminars led by peer educators

158

community leaders trained in SRH

1,661

parents sensitized

Over 29,000

young people sensitized through the mass mobilisation and almost 7,000 young people who have been tested and know their HIV status



Strengthening primary healthcare

In 2018, around 5.3 million children worldwide died before their fifth birthday of diseases which for the most part could have been prevented and treated. These indicators are symptomatic of the weakness of health services in caring for some of the most vulnerable, including children, women and young people. Solthis is working to strengthen health systems and health facilities on various levels by developing the capacity of primary healthcare centres and community outposts and by actively involving communities, particularly women and young people, in the decision making process regarding their health.

CÔTE D'IVOIRE • LIBERIA • SIERRA LEONE

PROJECT PROSSAN

PROGRAMME TO STRENGTHEN THE HEALTH SYSTEMS AND SERVICES
IN CÔTE D'IVOIRE, LIBERIA AND SIERRA LEONE



PROJECT DURATION
3 years (2019 – 2022)

SOURCE OF FUNDING
Co-funded by AFD
(French Agency for
Development) and AAH
(Action Against Hunger)

KEY PARTNERS

Implemented in a consortium led by Action Against Hunger and in partnership with Focus 1000 in Sierra Leone • France Volontaires • MESSI (Youth Mission for Education, Health, Solidarity and Inclusion) • AFJCI (Association of Women Lawyers of Côte d'Ivoire) in Côte d'Ivoire.

CHALLENGES

Although the three countries have benefited from a certain stability since the end of the Ebola epidemic (2014-2016), the national health indicators continue to illustrate the fragility of the health services: amongst the highest rates of infant and maternal mortality in the world: 1,360 deaths per 100,000 live births in Sierra Leone, the most alarming rate in the world, and 614 deaths per 100,000 live births in Côte d'Ivoire. With regard to sexually transmissible infections (STIs), women are also more vulnerable with a higher prevalence of HIV/Aids in the two countries which is particularly pronounced in Côte d'Ivoire: 3.7% for women against 1.9% for men. Therefore the PROSSAN Project was created to strengthen the health systems and to ensure the active involvement of communities, especially women and young people at the center of the decision making process to defend their right to health.

OUR ACTION

In Côte d'Ivoire, le project supports 17 primary healthcare facilities and two Therapeutic Nutrition Units (UNT) in two health regions (Abidjan 1 – Grands Ponts and Abidjan 2) and 22 primary healthcare facilities in Sierra Leone in the



urban and rural districts of the western region. In the two countries, Solthis contributes primarily to the achievement of the 1st objective of this project: « health services and community health workers provide a quality Minimum Health Package (MHP) and services in accordance with Ministry of Health standards ». Solthis is also working on the incorporation of HIV treatment in the package of essential services of the healthcare facilities being supported, and improving the quality of various services: sexual and reproductive health services, infant health, nutrition and mental health. In 2019, a needs assessment was carried out in the centres being supported to define the criteria for improving the quality of care provided in each service. At the same time, Solthis organised collaborative reviews with health professionals to identify shortcomings and challenges in the provision of quality HIV treatment and services. As a result, a detailed roadmap has been devised for each health centre being supported by the project and it will serve as a guide in the process of improving the quality of care and incorporating HIV care into other services.



NIGER

PROJECT AIRE

IMPROVING THE IDENTIFICATION OF RESPIRATORY DISTRESS IN CHILDREN



PROJECT DURATION
3 years (2019-2022)

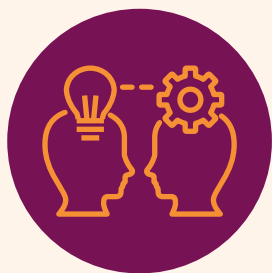
SOURCE OF FUNDING
Unitaid & co-funded by
AFD in Niger

KEY PARTNERS

Leader of the consortium, ALIMA implements the project in Guinea and in Mali, Fondation Terre des hommes-Lausanne in Burkina Faso and in one district in Mali, Solthis in Niger, and Inserm is responsible for the research component. In Niger, Solthis implements the project with BEFEN (Nigerian Association), the Ministry of Health and particularly the Mother-Child Health Division

PROJECT OVERVIEW

In 2018, around 5.3 million children worldwide died before reaching 5 years old. Yet, most of these diseases could have been prevented and treated, particularly cases of respiratory distress which is still among the main causes of death among children under 5. One of the most effective responses to this challenge is to ensure that testing for serious illnesses is available and accessible in primary healthcare centres. The AIRE project aims to contribute to the reduction in neonatal and infant mortality due to hypoxemia by installing pulse oximeters (PO) in primary healthcare centres (PHC) for children under 5 in four countries: Mali, Guinea, Niger and Burkina Faso. This strategy aims to improve the diagnosis of hypoxemia in severe cases (respiratory and non-respiratory) in order to decide upon their referral to hospital for appropriate treatment (with oxygen therapy). Also, the project will work with the community to raise awareness in families on spotting the danger signs and on the importance of seeking treatment in a timely manner, when the child has worrying symptoms. In Niger, Solthis is running the project in the Niamey and Dosso regions. 2019 was mainly devoted to recruiting staff, preparing the launch of activities with our partners and to Solthis' participation in the project's Kick off meeting which took place in Dakar from 16 to 17 October.



Technical assistance to national partners

In tandem with projects conducted by Solthis over an average period of 3 to 6 years, technical assistance is, in the short term, intended to strengthen the effectiveness and health impact of programmes in the recipient countries. Thus, technical assistance at Solthis aims to meet the needs and expectations expressed by recipient countries in terms of technical expertise. We intervene to support the design, implementation, monitoring and evaluation in various sectors of the health systems while taking into account the national situations.

MALI

CAPACITY BUILDING FOR HEALTHCARE PERSONNEL TO IMPROVE HIV QUALITY OF CARE AND TREATMENT

TECHNICAL ASSISTANCE TO THE SECTORAL UNIT AGAINST AIDS IN THE IMPLEMENTATION OF HEALTH PROFESSIONALS' COACHING AND THE ASSESSMENT OF RETENTION OF PATIENTS ON ARV TREATMENT



PROJECT DURATION

2018 - 2020

SOURCE OF FUNDING

The Global fund

KEY PARTNERS

Executive Secretariat of the High National Council for the Fight against AIDS • Sectoral Unit for the Fight against Aids (CSLS) • Regional Health Directions • Reference Health Centres • Community Health Centres.

OUR ACTION

Since 2018, Solthis has supported the Sectoral Unit for the Fight against Aids with the coaching of healthcare professionals and assessment of patients' retention on ARV treatment in the eight Regional Health Departments and in the Bamako district to improve the country's quality of care for HIV. In 2019, Solthis continued to strengthen the pool of coaches by training 13 new healthcare providers and thus build a multidisciplinary team to complete the 44 existing coaches. The aim is to establish a pool of 57 coaches/trainers, interns, infectious diseases specialists, general practitioners, midwives, obstetric nurses, pharmacists/ bio medics and community members. The coaching activities covered five regions of southern Mali and, for the first time, their surrounding areas: 205 sessions (coaching and supervision) conducted in 100 sites specialising in HIV care, treatment and prevention of mother to child transmission of HIV (PMTCT). 70 coaches were mobilised, reaching 450 healthcare providers. This mission also helped with assessing the retention of new patients on supported sites: the adjusted retention rate is 63%. The median age of the population is 34.6 years [22-83] in adults and 2.0 years [1-4] in children. The cohort is mainly from an urban environment (62.7%) and female (64.7%). At the same time, the mission updated the mapping of coaches throughout the country: 326 coaches spread throughout the eight regions and the Bamako district.

NIGER

TECHNICAL SUPPORT FOR THE ASSESSMENT AND IMPROVEMENT OF HIV CARE AND TREATMENT IN 27 HEALTHCARE FACILITIES IN NIGER



PROJECT DURATION
May 2019 – March 2020

SOURCE OF FUNDING
Initiative 5% • The Global fund • French Ministry of Europe and Foreign Affairs

OUR ACTION

In order to simplify and improve the implementation of the national strategic plan against HIV, in 2018, Niger initiated a review of its response. An organisational assessment and an audit of the country's cohort of HIV-infected patient under treatment, were carried out and identified a number of weaknesses including operational difficulties in treatment facilities. Furthermore, the audit of HIV patients cohort demonstrated that over 90% of patients cohort is gathered in 27 sites. With this in mind, Solthis was approached by the Intersectoral Coordination of the Fight against STIs/HIV/AIDS to improve accessibility and the quality of the treatment and care of people living with HIV, particularly key populations (sex workers, men having sexual relations with men, prisoners and refugee populations).

After an initial phase of assessing the basic operation of the 27 priority treatment facilities and their individual needs in 2019, the mission helped to define an improvement plan for each of the 27 sites based on their technical and financial requirements and according to the key performance indicators of the grant framework. Support with the implementation of the improvement plan is planned for each of the 27 sites in 2020.

NIGER

BUILDING THE CAPACITY OF NATIONAL STAKEHOLDERS FOR THE IMPLEMENTATION AND MONITORING OF THE PLAN FOR ACCELERATED ACTION TO FIGHT HIV



PROJECT DURATION
Jan. 2018 – Sept. 2019

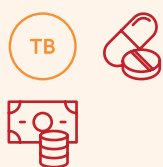
SOURCE OF FUNDING
Initiative 5% • The Global fund • French Ministry of Europe and Foreign Affairs

OUR ACTION

As a result of the difficulties encountered in achieving the objectives of the National Strategic Plan on AIDS, Niger is committed, with the support of its partners, to accelerate action against AIDS. This is reflected in a scaled-up plan to speed up testing, Antiretroviral Treatment and prevention of Mother to Child Transmission in order to achieve the 3 « 90 » objectives set by UNAIDS. In this context, Solthis was mandated to strengthen the capacities of the ULSS (Sectoral Aids Control Unit) and the DSME (Mother and Child Bureau) with the planning, implementation, monitoring and evaluation of the acceleration plan. Therefore, with the help of the ULSS and the DSME, a situational analysis was completed, which led to the development of a capacity building plan. Thus Solthis primarily contributed to the decentralisation of the Spectrum software at regional level by supporting the DSME, the ULSS and the DRSPs (Regional Public Health Authorities) in its use and in the statistical analysis of data from the software (programming, filing, statistical analysis) to estimate the key indicators for monitoring the 3 « 90 ». In addition, Solthis contributed to building the communication capacities of the ULSS and the DSME with their partners in order to improve the flow of shared information on the implementation and the results of the Acceleration Plan.

GABON

SUPPORT WITH THE PREPARATION OF THE GRANT APPLICATION FOR THE RENEWAL OF THE NATIONAL TUBERCULOSIS CONTROL PROGRAMME (PHASE 2)

**PROJECT DURATION**

February - March 2019

SOURCE OF FUNDING

Initiative 5% • French Ministry of Europe and Foreign Affairs

OUR ACTION

An initial phase of technical assistance by Solthis had enabled the Multisectoral Coordination Committee of Gabon to submit a comprehensive grant application to the Global Fund in October 2018, for the period 2019 -2021 and to develop a new national strategic plan for the period 2019-2023. Following the decision of the Global Fund to award Gabon the tuberculosis grant for the period 2019-2023, Solthis was called upon for the second time to support the Country Coordinating Mechanism to convert the request for funding into a grant ready to be released to the Stock Management and Supply section. More specifically, this mission enabled Solthis and the ICN (National coordination Instance) to jointly identify programming and financial shortcomings relating to the implementation of grants including quantifying healthcare products needed and the costs of supplying them, stock management and quality control. Technical assistance has thus enabled the development of key grant application documents (budget, financial gap tables, stock purchasing and management plan) and support for the ICN (National coordination Instance) team in negotiations with the Global Fund. The definitive grant application documents were submitted to the Global Fund and approved by the Grant Approval Committee (GAC) in February 2019.

DEMOCRATIC REPUBLIC OF CONGO

AUDIT OF HIV INFECTED PATIENTS UNDER ARV TREATMENT IN THE DEMOCRATIC REPUBLIC OF CONGO

**PROJECT DURATION**

October 2018 - May 2019

SOURCE OF FUNDING

Cordaid via The Global fund

OUR ACTION

The DRC faces low quality data from the national cohort of people living with HIV under ARV treatment, which hinders strategic decision-making at the programmatic level. In 2018, Solthis has been asked by the Global Fund to provide technical assistance to the National Programme for the Prevention of HIV Transmission in the DRC for the updating and certification of the patients cohort (adults and children) of the country. In collaboration with multiple actors in the field, including the Kinshasa School of Public Health, PEPFAR and the American CDC in Kinshasa, this mission enabled to establish a methodology for evaluating PLHIV under ARV treatment, to collect data from 183,361 patients in 1,267 health structures throughout the country, to evaluate the adequacy of the number of patients under treatment, to evaluate the effectiveness of treatments and the monthly use of ARVs, and finally, to make recommendations on the use of collection tools and the quality of data feedback from the HIV patients cohort. Indeed, following a strong over- or under-estimation of the cohort pointed out in certain health centres, a need to standardize complementary data sources and to reinforce tools and processes in place for data collection was recommended and is under discussion: consolidation of data feeds, training and support of staff in charge of data, development of dedicated software tools for data tracking.

MOROCCO • FRANCE

COOPERATION TO STRENGTHEN QUALITY ASSURANCE OF THE NATIONAL LABORATORIES OF MEDICINES QUALITY CONTROL

TRAINING TECHNICAL ASSISTANCE TO THE LNCQM OF THE KINGDOM OF MOROCCO AND THE CHMP



PROJECT DURATION
3 years (2018-2022)

SOURCE OF FUNDING
Initiative 5%

KEY PARTNERS

The Humanitarian Centre for Pharmaceutical Professions (CHMP) • The National Laboratory for Quality Control of Medicines of the Kingdom of Morocco (LNCQM) • WHO

OUR ACTION

In French-speaking Africa, the lack of pharmaceutical production units for medicines obliges wholesalers pharmaceutical companies (public and private) to import almost all of their drug needs with risks of major pharmaceutical quality defects. Moreover, the enforcement of pharmaceutical regulations in this region remains insufficient and the absence of a national quality control laboratory of functional medicines that comply with international standards is a major handicap to protect the public who are exposed to the use of falsified or misleading medicinal products quality. The CORAQ-Lab project aims to strengthen the capacity and implement innovative management tools to enable national laboratories for Medicines quality control (LNCQM) in Benin, Burkina Faso, Mauritania and Niger to achieve minimum standards acceptable to submit a request for prequalification to the WHO. The project is implemented by the Humanitarian Centre for Pharmaceutical Professions (CHMP) and the National Laboratory for Quality Control of Medicines (LNCQM) of the Kingdom of Morocco. Solthis, partner of the project, is mainly in charge of forming a pool of trainers within the LNCQM teams and the CHMP, which will then be responsible for providing a series of training courses for the technicians of the LNCQM of the 4 countries targeted by the project. Thus in 2019, Solthis organized training in andragogy to strengthen the skills of the engineering trainers and initiated work on the development of the training materials and pedagogical tools that will be used by trainers.



“The PACTES project has achieved a real transformation of health professional practices regarding the care of people living with HIV. By establishing dialogue and better listening between health professionals, patients and psychosocial mediators, we have been able to improve patient monitoring and reduce the number of those who abandon care.,”

GUILAVOGUI FAROMO - HEAD OF THE CARE UNIT AT THE PNLSH
(NATIONAL PROGRAM FOR THE FIGHT AGAINST HIV/AIDS AND HEPATITIS).

Scientific, Academic mobilisation and Advocacy

FRANCE

SCIENTIFIC & ACADEMIC REFLEXION

Created by university doctors, supported by a group of scientific experts in public health and development, Solthis develops numerous partnerships with research and public health institutes, university hospitals, universities and faculties, networks of partners, especially African, and with other humanitarian organizations.

Thanks to its multidisciplinary expertise, Solthis supports operational research in several ways: by contributing to the thinking of field actors, helping to identify new solutions based on scientific evidence, supporting the dissemination of research project results to policy makers to

ensure that the results are reflected in practice, but also by promoting the results of research projects and their authors in international scientific conferences or by publishing in specialized journals. Solthis teams also teach on several masters courses and in medical, public health and international affairs faculties. Our experts are also regularly invited to speak at specialist conferences and symposia.

SCIENTIFIC COMMUNICATION



• **IAS 2019, Mexico** – Between 21 and 24 July 2019, the 10th International Conference on HIV took place in Mexico. This was an opportunity for Solthis to meet stakeholders in the worldwide fight against HIV and to debate improving access to HIV viral load in resource limited countries as part of the OPP-ERA project (*cf. pages 20-21*) and the importance of HIV self-tests to improve access to HIV testing for all, especially key populations with the ATLAS project (*cf. pages 22-23*).

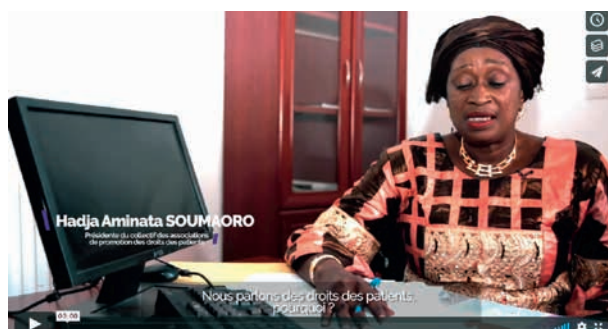
• **AFRAMED 2019, Casablanca** – Between 27 and 29 September took place the 3rd symposium to fight HIV and hepatitis in the Mediterranean, organised by AFRAVIH. The conference was an opportunity for Solthis and the ITPC-MENA to present the Life4me+ application, translated into French and Arabic, as part of the ACACIAS project as well as the preliminary study conducted for its development “Improving access to quality information on HIV in the MENA region by using digital tools: the definition of expectations and needs by mobilising community stakeholders”. The application is intended to improve HIV

prevention and care of populations at risk of HIV, particularly key populations, through access to reliable information. It was also an opportunity for Solthis and the IRD to present the importance of HIV self-tests in countries with limited resources thanks to the intervention of Joseph Larmarange, Scientific Coordinator of the ATLAS project.



• **ICASA 2019, Kigali** – Between 2 and 7 December 2019, the 20th edition of the ICASA International Conference on HIV and Sexually Transmissible Infections in Africa took place in Rwanda. This was an opportunity for Solthis to meet with its partners and discuss the new challenges in the fight against HIV in West and Central Africa and to present the research work carried out in the field: the introduction of HIV self-test kits with the ATLAS project, the results and lessons learned from 6 years of improving access to viral load with the OPP-ERA project, and finally, user empowerment and patient involvement to improve the quality of HIV care with the Empower project (*cf. pages 16-17*).

INTERVENTIONS 2019



• **National Conference in Guinea on patient rights** – Echoing the European Day of Patients' Rights celebrated around 18 April each year, the group of associations for the promotion of patients' rights in Guinea were mobilized between 16 and 18 April to talk, exchange and raise awareness on patients' rights in Guinea, as part of the PACTES project. The programme included an exchange workshop with healthcare workers, patients, psychosocial mediators, representatives of the Ministry of Health and associations involved in health promotion in Guinea. This mobilisation was also an opportunity to draft an advocacy document addressed to the Ministry of Health and to visit patients at Ignace Deen Hospital to educate them as to their health rights.



• **Global Fund Replenishment Conference to fight Aids, Tuberculosis and Malaria** – the 6th edition took place in France for the first time between 8 and 10 October in Lyon. Solthis was mobilised, alongside all its partners, to ensure that states and private donors are mobilized to end Aids, Malaria and Tuberculosis worldwide, through the round table discussion "For a feminist approach to the fight against HIV/ Aids" jointly organised with the NGO Equilibres et Populations as well as the symposium on "Innovating to Advance" organised by AFRAVIH, in partnership with Northwestern University, ALCS, Arcad-Sida Mali, EHS El Hadi Flici and Solthis as part of the ATLAS project for HIV self testing.



• **1st Congress of the Guinean Society on Infectious and Tropical disease (SOGUIPIT)** – Conakry, between 10 and 11 October 2019, under the theme of "healthcare-associated infections and antimicrobial resistance in Sub Saharan Africa", Solthis took part in the presentation of two posters on the importance of access to viral load HIV measurement for monitoring virological failures in patients living with HIV with the OPP-ERA project.



• **European Public Health Conference (EPH conference)** – the 12th edition held in Marseille between 20 and 23 November 2019 was an opportunity to bring together public health professionals from around the world: researchers, policy makers, public health practitioners or educators. Sophie Calmettes, Director of Operations at Solthis and Joseph Larmarange, Scientific Coordinator of the ATLAS project at IRD, presented at the project for the introduction and evaluation of HIV self-tests in West Africa.

TEACHING

In 2019, Solthis continued its academic work on global health issues: strengthening health systems, access to care, universal health provision, management of health projects, human resources, and the fight against HIV/ Aids in Africa both in institutes and schools: Sciences Po – Paris, ISPED – Bordeaux, U. Pierre et Marie Curie, U. Paris Diderot, U. Paris Est Créteil, U. Paris 1 Panthéon Sorbonne, Institut Pasteur, CNAM and U. Paris 13 – Bobigny.

OUR ADVOCACY ACTIONS IN 2019



Given its dual scientific and field background, for several years, Solthis has been developing its expertise in advocacy, positioning itself between local and international stakeholders to improve the distribution of information and the existing technical and financial partnership mechanisms. Our advocacy is 'evidence based', fact-based and documented. It is carried out in tandem with the initiatives of other networks and partner organisations.

DEFENDING RIGHTS

In the field Solthis teams work with our national partners and patient associations in particular on the right of access to care for all populations, and empowerment of patients and communities.

• **Patients' rights and the fight against stigmatisation:** through the Empower project in Sierra Leone, Solthis has strengthened the NETHIPS patient network, over the past three years and will continue to do so in phase two of the Empower project so that the users of health systems can themselves demand the quality of service they deserve without stigma or discrimination. A patients' charter of rights has been circulated. A partnership with the High Commission for Human Rights in Sierra Leone and NETHIPS was also set up to combat stigmatisation. In Guinea, the PACTES project (Patients at the center of Treatment and Care) has made psychosocial support available to patients, improved the health worker-patient relationship and enhanced the capacity of associative networks to better defend the rights of people living with HIV.

• **The health rights of vulnerable populations:** The ATLAS HIV self- testing project in Mali, Côte d'Ivoire and Senegal targets key populations (sex workers, drug users) where a 'silent' epidemic has persisted, and access to testing remains the most important objective to be achieved to improve both patient care and viral load suppression.

• **Sexual and reproductive health rights:** After the exhibition and the film entitled 'My Sexual Health, My Rights, My Choices', made with peer educators from the JADES project in Niger in 2018, the JADES project continued in 2019 in Niger to contribute to the promotion of young people's right to health, to give them access to accurate public health information and allow them to take control of their own health.

REMINDING FRANCE'S ROLE IN GLOBAL HEALTH

• **As leader of the health committee** of Coordination Sud, a founder member of the Collectif Santé Mondial and the Groupe Initiatives, in 2019, Solthis continued to challenge government authorities on the fulfilment of France's commitments to official development assistance specifically in the field of health.

• **Global Fund to fight Aids, Tuberculosis and Malaria Replenishment Conference** - For the first time, France hosted the 6th Global Fund Replenishment Conference on Aids, Tuberculosis and Malaria between 8 and 10 October 2019 in Lyon. Throughout 2019, Solthis was committed to the replenishment of the Global Fund for the period 2020 to 2022, which is needed to accelerate the fight against Aids, Malaria and Tuberculosis throughout the world. At the end of the conference, the NGOs applauded the achievement of raising 13.92 billion dollars and the 20% increase in France's contribution - to 1.3 billion Euros for 2020-2022.

SCIENTIFIC AND ACADEMIC PARTNERS

ASSOCIATIVE PARTNERS

SOLTHIS IS A MEMBER OF SEVERAL PLATFORMS AND INTER-ASSOCIATIVE NETWORKS



Solthis is a member of the platform of international solidarity organisations. Solthis has been leader of the Health and Development Commission since 2012.



Solthis is a member of ELSA platform (Together Let's Fight against AIDS in Africa). More than 80 African community associations are partners of the platform.



Solthis joined the "Groupe Initiatives" in 2018. The "GI" counts 12 international solidarity organizations today and serves as a platform for exchange and sharing experiences and practices to rethink operations in the field and make recommendations of public policies.



This health collective has been founded by 9 international solidarity organisations to urge France to Keep its financial and political commitments to global health



Solthis was awarded the IDEAS Label in 2013, renewed in 2017, which attests to good practices in terms of Governance, financial management and monitoring of the effectiveness of actions.

Other associative partners:

Coalition + • Convergences • Crips
• Djantoli • ENDA SANTE • Les amis du Fonds Mondial Europe
• MSF • REMED • VIH.org

“Comprehensive information and an appropriate sexual and reproductive health service enable young people to make informed choices about their health.,,

A.K, PEER EDUCATOR



FINANCIAL REPORT 2019

SIGNIFICANT FACTS 2019

Solthis is a non-profit association in accordance with the 1901 law. For the 2019 financial year, the association approved a budget (operating revenues) of 11.2 million euros (an increase of 39% compared to 2018) and a net income of 91K€. The association's funds amounts to 31 December 2019 at 891K€.

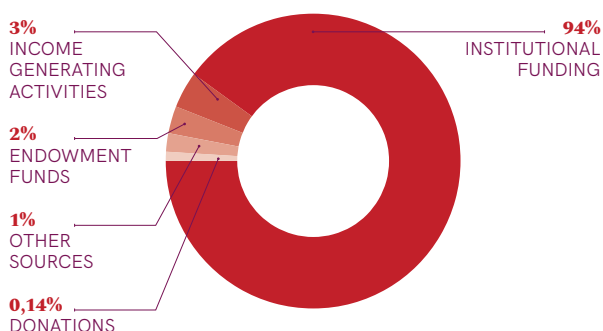
 **BUDGET 2019:**
11.2 MILLION
EUROS

SOURCE OF FUNDING

2019 was defined by the launch of a number of new projects (CAP / Empower II as part of the AFD-Solthis Programme, but also the second phase of the Jades, Aire, Prossan and Airpop projects) and the increase of activities for the project ATLAS. Several grants expired in 2019 such as : OPP-ERA, Jades I, Empower I, Diavina. As well as in 2018, the activity within the 4 countries of the OPP-ERA project remains predominant in 2019. With the rise in power of the ATLAS project in 2019, the activity in Senegal (where the Senegal Atlas team is present as well as the project coordination team) presents a strong increase this year of 11% of social mission expenses (View graphic on page 45 "Missions social by country").

Solthis is also strengthening its presence as an actor in the technical assistance market, with ad hoc missions in 2019, such as in DRC for an audit of the country's HIV patients cohort, in Gabon for the development of the grant application to the Global Fund for the Tuberculosis Program, or in Niger for the implementation and monitoring-evaluation of the national plan for HIV testing, Antiretroviral Treatment and Prevention of Mother to Child HIV transmission.

Since 2015, Solthis has called upon the generosity of the public, as part of its strategy of diversifying funding sources. 16K€ of unallocated donations were collected in 2019 by the association.



USE OF FUNDS

Social mission expenditure covers the costs incurred by Solthis aimed at improving the health of populations by sustainably strengthening the healthcare systems in countries with limited resources. The "Distribution of Funds" graph (page 45) shows that for every 100 euros spent, 93.6 were devoted to carrying out social missions. This breaks down into three strategic areas: strengthening healthcare systems / operational research / advocacy.

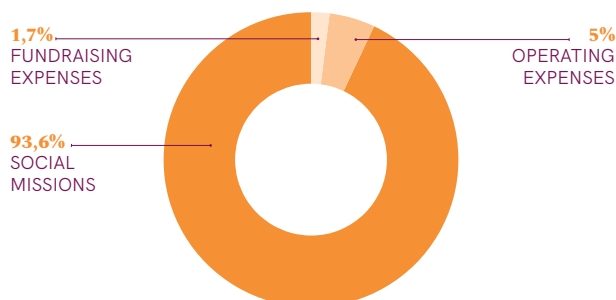
- **Social mission France** includes expenditure for operational activities conducted in France (advocacy activities as well as courses and conferences hosted by Solthis employees).

- **Social mission abroad** covers all expenses incurred on the ground, including: operational expenditures relating to the activities to improve systems and health services (training, equipment for support sites, contribution to overheads and transport), operational research and advocacy, as well as support to operations (coordination and steering, communication, etc.)

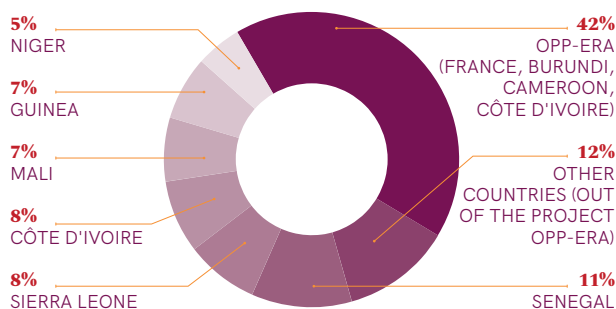
- **Fundraising expenses** cover costs incurred during activities to seek public funds (responses to calls for projects, donor relations, etc.) and private funds.

- **Operating expenses** mainly relate to the cost of the association's headquarters and to the finance and administrative departments, the human resources department and general management. The Headquarters oversees the operational activities of the field teams, internal control and the proper use of resources. It also help to maintain a link with our academic, institutional and associative partners. The Social Mission France includes expenses incurred for operational activities carried out in France (advocacy activities, as well as courses and conferences hosted by employees in particular).

EXPENSES BREAKDOWN



SOCIAL MISSIONS BY COUNTRY



FOCUS ON STRENGTHENING HEALTH SYSTEMS ACTIVITIES, WHICH REPRESENT 72% OF SOLTHIS' SOCIAL MISSIONS:

52% LABORATORIES & TECHNICAL PLATFORMS

13% HEALTH SERVICES

11% COMMUNITY SECTOR

10% HEALTH PRODUCTS & PHARMACEUTICAL SYSTEMS

10% HEALTH INFORMATION SYSTEM

3% LEADERSHIP AND GOVERNANCE IN HEALTH

0,1% HEALTH PERSONNEL

0,1% HEALTH FUNDING

INCOME AND EXPENDITURE ACCOUNT 2019 (K€)

EXPENDITURE	A	B
1. SOCIAL MISSIONS	10,443	-
1.1. CARRIED OUT IN FRANCE	36	-
STRENGTHENING HEALTH SYSTEMS	-	-
OPERATIONAL RESEARCH	-	-
ADVOCACY	36	-
1.2. CARRIED OUT ABROAD	10,407	-
STRENGTHENING HEALTH SYSTEMS	7,507	-
OPERATIONAL RESEARCH	152	-
ADVOCACY	115	-
GENERAL EXPENSES	492	-
TRANSPORT	328	-
COORDINATION & STEERING	1,482	-
CONFERENCES	133	-
COM.FOR OPERATIONAL SUPPORT	198	-
2. FUNDRAISING EXPENSES	194	-
3. OPERATING EXPENSES	525	-
I. TOTAL EXPENDITURE FOR FINANCIAL YEAR	11,162	-
II. ALLOCATIONS TO PROVISIONS	-	-
III. ALLOCATED FUNDS CARRIED FORWARD	-	-
IV. SURPLUS INCOME FOR THE FINANCIAL YEAR	92	-
V. OVERALL TOTAL	11,254	-

A Expenditure N = Income statement

B Total expenditure financed by collecting funds from the public N (3)

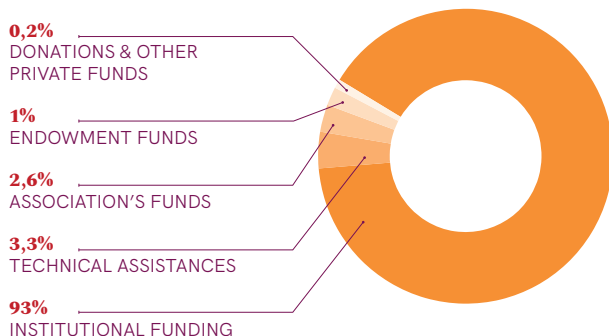
RESSOURCES	C	D
BALANCE OF UNASSIGNED AND UNUSED FUNDS COLLECTED FROM THE PUBLIC AT THE BEGINNING OF THE YEAR	13	
1. REVENUE RAISED FROM THE PUBLIC	16	16
1.1. DONATIONS AND LEGACIES COLLECTED	16	16
UNASSIGNED MANUAL DONATIONS	16	16
ASSIGNED MANUAL DONATIONS	-	-
2. OTHER PRIVATE FUNDS	235	-
3. GRANTS AND OTHER PUBLIC SUBSIDIES	10,541	-
4. OTHER REVENUE	461	-
INCOME GENERATING ACTIVITIES	322	-
MEMBERSHIP FEES	0	-
OTHER SOURCES	139	-
I. TOTAL RESOURCES FOR THE YEAR REPORTED IN THE INCOME STATEMENT	11,254	-
II. REVERSAL OF PROVISIONS	-	-
III. RETAINED DESIGNATED FUNDS FROM PREVIOUS YEARS	-	-
IV. VARIATION IN DESIGNATED FUNDS COLLECTED FROM PUBLIC	-	-
V. DEFICIT FOR FINANCIAL YEAR	-	-
RAISED FUNDS UNASSIGNED AND UNUSED AT THE END OF THE YEAR	-29	
VI. OVERALL TOTAL	11,254	0

C Revenues (N) = Income statement

D Total expenditure financed by collecting funds from the public

OUTLOOK 2020

The 2020 budget approved by the Board of directors amounts to 11.6 millions Euros, with the following breakdown of funding sources



The 2020 budget is stabilising, after several years of strong growth, and is driven by the continuation of the project ATLAS in Senegal, Mali and Côte d'Ivoire (€5M) but also by the CAP/Empower projects in Sierra Leone, in Mali, Senegal and France for its cross-cutting activities (1.2M€) and the Aire project in Niger (0.8M€). Technical assistance activities are reinforced in the 2020 budget (prospects for technical assistance centred on Solthis' key specialities: management of supplies and inventories / laboratory activities of viral load testing / HIV patients cohort audits, etc.) However, the Covid-19 crisis has impacted the activities of Solthis in 2020. There are a lot of sensitization activities, trainings and tutoring in particular, that had to be suspended in order to comply with the instructions of national authorities and to limit the spread of the virus. The evaluation of the quantified impact on the 2020 budget is in progress.

FINANCIAL TRANSPARENCY

Certification of 2019 accounts by KPMG. Accounts were approved at the Solthis AGM, in June 2020 and certified by KPMG.



Label IDEAS: Recognition of the quality of governance, financial management and monitoring of the effectiveness of Solthis' work.

Solthis was awarded the IDEAS label in 2013, which was renewed in 2017. This label certifies Solthis' good practice in governance, financial management, and monitoring the effectiveness of its work.

OUR FINANCIAL PARTNERS



WE WOULD ALSO LIKE TO THANK:

• Meeschaert • GARD- Canada • Translation Without Borders • Webassoc

WE DEEPLY THANK ALL OUR PARTNERS

YOUR DONATION IS ESSENTIAL TO OUR ACTION!

TAKE ACTION WITH US

The countries where we operate have sanitary and geopolitical contexts which might change rapidly as demonstrated by the Ebola outbreak and currently the COVID-19 crisis. Dealing with these situations, especially to address the needs of patients and care professionals, requires great adaptability and responsiveness as well as rapid mobilization of resources, which could only be achieved through increasingly diversifying our sources of funding. That is why we need your support to ensure the sustainability of our flexible and independent operation model, but also to meet the co-funding requirements of donors in order to extend and strengthen our activities as well as develop innovative pilot projects.

YOU ARE AN INDIVIDUAL?

You can support us by making an income-tax-deductible donation.

For more information on how to support our projects and to learn more about our action: solthis.org/en/how-to-act-together. You can also make a donation on www.solthis.org

YOU ARE A CORPORATION OR A FOUNDATION?

You can support us in different ways by choosing in the list below the one that suits you!

- ▶ A direct donation
- ▶ An activity to mobilize your employees
- ▶ A product-sharing operation
- ▶ Skill-based and in-kind sponsorship

ENDOWMENT FUND

Solthis has also created an endowment fund, which may be pledged by companies or individuals, who wish to structure their generosity in the long term. Solthis Endowment Fund is entitled to receive bequests, donations and life insurances, entirely exempt from inheritance and transfer duties.

We are at your disposal if you wish to devise a personalized partnership with us.
Contact: rachel.domenach@solthis.org

“The OPP-ERA project is a model of success of a translational research project: initiated by virologists and economists based on the results of their research, it helped build an innovative routine HIV viral load testing strategy and demonstrated its feasibility in resources-limited settings.”

FRANÇOIS DABIS, DIRECTOR OF ANRS IN CHARGE OF THE PROJECT'S SCIENTIFIC COORDINATION



SOLTHIS GLOBAL HEALTH NGO

Do not wait for the crisis
to take action!

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