



HEALTH ISSUES TECHNICAL AND SOLIDARITY ASSISTANCES

In 2023, our volume of technical assistance provision increased, in line with what is set out in our strategic framework. 18 technical assistances assignments were implemented in 10 countries (Guinea, Côte d'Ivoire, Togo, Benin, Cameroon, Chad, Madagascar, Niger, Burkina Faso, Morocco) with support from 35 experts, more than 50% of whom are from the country of intervention and 40% of whom were women.

During the year, we focused on two main areas of intervention, which enabled us to sustainably strengthen our impact in the countries where we operate.

The first area related to providing significant support to strengthen civil society, thanks to funding from L'Initiative, in particular through the SOFIA mechanism and its channel Expertise. The SOFIA mechanism was launched in several countries, including Guinea, Chad and Benin, to strengthen the capacities of civil society organizations and promote their involvement in public health policies and health advocacy for the respect of patients' rights.

The second area of intervention related to sharing our experiences and good practices relating to rolling out self-testing and PrEP, two major HIV prevention and diagnosis innovations for populations that are furthest from care, due to high levels of discrimination. Thanks to strong partnerships with health authorities and civil society actors on the ground, we were able to introduce or expand these differentiated services in several countries, particularly in Guinea, Chad and Niger, based on the experience of our ATLAS project, which introduced HIV self-testing in West Africa (Côte d'Ivoire, Senegal, Mali). This innovative and needs-based approach helps to improve access to health services and reduces inequalities in HIV prevention and diagnosis, in line with the UNAIDS goal of ending inequalities and AIDS.

Finally, as an organization committed to gender equality and the localization of development assistance, we have also focused on adding more women to our pool of experts and having greater regional representation, to promote better local ownership of our interventions and an efficient transfer of skills. This approach aims to promote a more inclusive and supportive approach in our interventions by valuing the diversity of experiences and expertise.

In conclusion, 2023 was marked by significant progress in our technical assistance activities, thanks to an approach that was firmly focused on innovation, inclusion and solidarity. We are proud of the results we have achieved and we are determined to continue our efforts to improve the health and wellbeing of people we support through our technical assistances, in synergy with our projects.

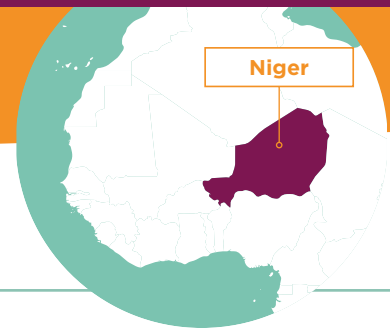


Find out more about our technical support work

TA

Technical support to improve HIV - syphilis duo testing among pregnant women on ARV treatment across 33 priority sites in Niger

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In 2023, in the context of improving PMTCT indicators at 33 sites in Niger, the Global Fund, as part of their DSD strategic initiative, asked Solthis to provide support to health authorities.

In the first instance, this support involved carrying out a situational analysis and identifying the areas of intervention likely to boost the performance of the priority sites that had been identified as less efficient, impacting the overall performance of the country. A monitoring and coaching system was then put in place directly at the PMTCT sites and following that the intervention approach of this pilot was continuously assessed.

This technical assistance has led to a substantial improvement in the duo screening (HIV/syphilis) and treatment indicators for HIV-positive women and children in the 33 sites through training 33 district-level providers and 18 regional focal points, Solthis teams establishing a cascade coaching system for the regional focal points and regular supervision of actors involved in providing care to mother-child pairs, primarily with regard to antenatal care.

The positive outcomes of this TA present arguments and opportunities for the National AIDS and Hepatitis Control Program to continue this approach during the 2024-2026 period, as part of Global Fund GC7 funding in 75 priority sites in the country in 5 regions.

“This technical assistance enabled ownership of the national strategic objectives among targeted district providers and positively impacted PMTCT indicators in the intervention sites.

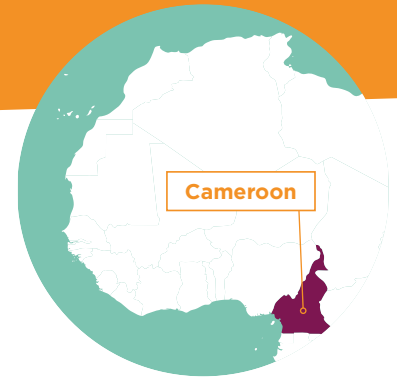
Dr. Issouf MAIGA, Coordinator of TA on DSD-PMTCT Solthis/Niger.

- Strengthening the role of the 18 PMTCT focal points and fostering a dynamic of decentralizing monitoring in the 33 integrated health centers.
- Streamlining testing and care provision practices in the 33 supported sites.
- Overall HIV testing rate of 85.05%, syphilis 88.16% (21,382/24,253), well above national data (54.9% and 31.3%).
- ARV treatment initiation rate for HIV positive pregnant women of 90% and that of exposed newborns of 91.89% in supported sites - higher than national data (48.4% and 35.1%).
- Improvements in the quality of health information gathered at the 33 integrated health centers.
- Provision of small-scale medical equipment to 33 integrated health centers has significantly improved the quality of care and monitoring of pregnant women and newborns in the 33 centers.
- Rates of testing undertaken during PMTCT were highly satisfactory (where no stockouts occurred), which indicates the availability and commitment of integrated health centers and district staff around PMTCT triple elimination interventions.
- Streamlining viral load testing channels in Niamey.
- Achievements from the DSD TA were included in GC7 (NFM4) planning, enabling scale up from 33 to 75 integrated health centers for the period 2024-2026 (+ 42 new sites planned under GC7).



Support for a situational analysis of paediatric HIV care in Cameroon

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In response to challenges identified by the National Strategic Plan to Combat AIDS, the health authorities in Cameroon made a request to L'Initiative / Expertise France **to carry out a situational analysis of pediatric HIV care to identify obstacles to accessing care and socio-cultural barriers**. It is against this backdrop that the study was carried out by Solthis teams. The methodology for the study took a two-pronged approach: for the quantitative component, the primary analysis took the form of a national audit conducted in 448 health facilities in the 10 regions of Cameroon and the qualitative component involved interviews and observations in care sites and with care providers, institutional actors and organizations in Yaoundé.

Results of the study show effective transition to dolutegravir (DTG) and a satisfactory rate of virological control, but with significant disparities: the youngest group still have limited access to DTG 10. Small-scale and local-level sites have less access to DTG and viral load testing. The study also shows vulnerability among young girls, among whom there are higher levels of HIV infection than among boys of the same age, through sexual transmission.

The qualitative study reveals a set of structural and social barriers: lack of and high turnover of care providers, pediatric ARV stockouts, no mechanism to transition adolescents to adult services, challenges around treatment adherence and adolescents living with HIV (especially young girls) starting their sexual lives, low levels of economic resources among families and persistent stigma around HIV.

Proposed priority intervention areas: strengthening small-scale and local level facilities, ensuring access to pediatric DTG, implementation of sexual health programs, support for families and scaling up stigma reduction interventions, especially in rural areas.

- ▶ **Data analysis relating to approximately 19,000 children and adolescents living with HIV.**
- ▶ **Only one-third of the 50,000 children and adolescents living with HIV have been tested and put on ARVs.**
- ▶ **Analysis of the cohort shows 2 distinct groups: 0-14 year olds who were primarily infected through mother to child transmission and adolescent girls aged 15-19 infected later, most likely through sexual transmission, and diagnosed during PMTCT.**
- ▶ **Demand for viral load testing is particularly low among 0-4 year olds and among girls aged 15-19.**
- ▶ **Just over half (53%) took up the offer of viral load testing during follow-up with a median duration of 6 years and only 42% of the patient cohort had received a viral load test in the last 12 months, as recommended.**



Gender issues emerged through the results of the two studies, both at quantitative and qualitative levels. They revealed a particular vulnerability among adolescents, especially at the point of starting to engage in sexual activity. We propose strengthening sexual and reproductive health (SRH) interventions alongside access to information, condoms and contraception.

Dr. Gabrièle Laborde Balen, Socio-anthropologist, IRD associate researcher, consultant.



