

Activity report

2011



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Activity report 2011

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Foreword

Estimated people living with HIV:

- In the world: 33.3 millions
- Sub-saharan Africa: 22.5 millions

New HIV Infections:

- In the world: 2.6 millions
- Sub-saharan Africa: 1.8 millions

People receiving antiretroviral therapy:

- In the world: 5 254 000
- Sub-saharan Africa: 3 911 000

*Data 2009
ONUSIDA, Global Report 2010*

The year 2011 was full of important events for Solthis, including the opening of the program in Sierra Leone, a country facing many challenges in capacity building for healthcare systems after ten years of civil war (1991-2002).

The conflicts, political instabilities, and security risks endangering populations and healthcare providers, have increased in 2011 in the countries where Solthis works, severely aggravating the health situation and threatening the sustainability of treatment and patient management. The events in Mali serve as a key example. We are learning, with our local partners, to manage these uncertain, difficult, and sometimes chaotic situations while maintaining the best possible program implementation. Our priority axes remain: screening expansion, mostly provider initiated; early and secure access to antiretrovirals (ARV); technical platform strengthening, particularly in the diagnosis of opportunistic infections (OI) and control of viral load; patient management for children; and the prevention of vertical transmission.

We must continue to increase efforts in the areas of diagnosis and patient management for children, but also strengthen the prevention of vertical transmission. WHO's Option B is recognized as a top priority. However, we are far from reach a satisfying level of treatment management for pregnant women, with less than 20% ARV coverage in Guinea and Sierra Leone. UNAIDS' objective of "zero vertical transmission" is laudable, but what is the timeline? We must do more to support and mobilize the social networks surrounding these women to defeat the prejudices still so ubiquitous that lead to taboos, silence, and rejection.

2011 was also marked by uncertainty over the capacity of the Global Fund to on one hand sustain the programs already underway and on the other hand respond to new challenges concerning earlier treatment management, access to second line drugs for patients experiencing treatment failure, and maintenance of generic drugs. "Leave our generics to us" was shouted by all involved at the 6th francophone Conference in Geneva last March.

The cancellation of the Global Fund's 11th Round was very concerning, and the hesitations and renunciations of donor countries only increased our worries.

This highlighted the importance and necessity of mobilizing financial resources even outside the Global Fund. We must start with developing countries. More than ever, their commitment, pledged in Abuja, is vital,



particularly for the development of human resources. Thanks to innovative financing, such as the tax on financial transactions, if it is adopted, should be used to ensure the health of the most vulnerable populations.

Private financing, in this context, has become extremely important. For that, we would like to warmly thank the Bettencourt Schueller Foundation for its continued faith and sustained support. It is in times of crisis and tension that solidarity needs to be strong.

We would also like to express our gratitude to our other partners: Mairie de Paris, the Fondation de France, and Sidaction.

The fight against HIV/AIDS can, in that regard, act as an example of the shared determination of mutual support and collaboration instead of competition.

Finally, we would like to highlight the “5% initiative” taken by France to increase the presence of Francophone teams, from developing and developed countries, in Global Fund programs, to which Solthis, in a joint association effort, actively contributes. We owe this 2011 report to the Solthis teams, here and in the field, continuously active and engaged, irrespective the challenges faced, supported by Sophie Calmettes who acted as the interim Executive Director, followed by Louis Pizarro, whose return we welcome with great pleasure.

A big thanks to all the Solthis teams and local partners for the quality of the work accomplished, the demand for results, and for their spirit of solidarity, together forging sustainable pathways to better health.

Prof. Christine Katlama, Chairman

Our goal

The goal of Solthis is to provide capacity building for healthcare systems in order to facilitate high quality, accessible and sustainable treatment for people living with HIV/AIDS.

- For Solthis **accessibility** means facilitating decentralization into isolated areas, increasing the number of patients receiving antiretroviral drugs and providing treatment free-of-charge.
- For Solthis, high **quality** disease management is defined by a decrease in deaths and patients lost during follow-up receiving antiretroviral therapy (HAART).
- To reach the goal of **permanent** access to treatment in the field Solthis supports existing structures and provides capacity building for local healthcare professionals.

Provide developing countries access to scientific expertise

Solthis is an international medical association founded in 2003 by four specialists in HIV/AIDS. Solthis is unique in defining its programs in consultation with hospital physicians and specialists in HIV/AIDS and development.

Work in the field based on the principle of non-substitution

Solthis teams work directly in the field while respecting the principle of non-substitution. They provide support to local actors without replacing them. Solthis responds to requests from national authorities and develops concerted programs with them.

Promote the sharing of expertise

Solthis encourages local capacity building in the field through:

- Classroom or on-site training
- Support in organizing disease treatment programs and providing equipment
- Assistance in developing a national policy to fight HIV/AIDS

Advocacy

Advocacy has three objectives :

- Defend equal access to treatment for all
- Help advance practices and policies for the management of HIV
- Improve the correlation between international development aid (both financial and technical) and the realities in the field.

Our programs, in the field

Solthis has built its program strategy around six priorities for healthcare systems:

1. Healthcare providers

These are the clinical physicians, nurses, midwives and other paramedics in the diagnostic and healthcare centers who follow patients throughout their illness. Solthis medical teams provide direct support to daily practice: classroom or on-site training, equipment, organizational advice, task shifting.

2. Technical platforms

Laboratories must be able to perform biochemical and hematological tests and specific HIV tests such as diagnostic screening, CD4 count, viral load and monitoring of drug resistance.

Solthis provides technical and material support to teams to perform the tests and interpret the results. Partnerships with French hospital laboratories exist to strengthen these scientific programs.

3. Pharmacy (supply chain management, dispensing)

Solthis provides technical assistance to improve expertise all along the supply chain: quantification, procurement, stock management and distribution to outlying centers. The quality of dispensing is also important. Solthis supports all institutional (national and regional) and local actors: coordination of participants, drafting recommendations and training professionals.

4. Medical data management

Collecting data is essential for patient follow-up, analyzing the epidemic and evaluating programs. Solthis assists in choosing computer equipment and statistical software, with integrating a follow-up/evaluation process into the healthcare system and in training users.

5. Healthcare policies

Solthis shares its expertise with national partners by participating in technical medical committees and by helping draft national policies on the fight against AIDS, including guides and protocols. Solthis helps draft funding proposals, in particular those intended for the Global Fund for the fight against AIDS, tuberculosis and malaria.

For Solthis the five priority functions are the major building blocks of a healthcare system. Working on these priorities simultaneously helps create a countrywide dynamic and obtain concrete results in access to high quality treatment.

Our programs, in the field

Covering the main steps of patient management:

Diagnosis

To improve treatment and prevention, diagnostic testing should be performed as early as possible to as many as possible under favorable conditions (reliable tests, respect of confidentiality). For this, Solthis promotes provider-initiated testing, in particular in malnutrition units, anti-tuberculosis centers and hospitalization units.

Initial and long-term medical treatment and follow-up

Patients who begin HAART treatment should be closely followed in the first six months with clinical and immunological monitoring and prophylaxis against opportunistic infections. After six months, long-term treatment brings other challenges: virological monitoring, monitoring treatment failures and drug resistance, side effects, adherence (continued participation in the treatment program, therapeutic education) and psychological support.

Preventing mother-to-child transmission - PMTCT

The virus can be transmitted from mother-to-child during pregnancy, at birth or while breastfeeding. Prevention begins with diagnostic testing for pregnant women who come to consultations for prenatal care. It continues by beginning tritherapy, by improving conditions during delivery, and by protected breastfeeding.

Associated infections: tuberculosis, hepatitis and cryptococcosis

Illnesses associated with HIV are often difficult to diagnose, and may develop during the course of the disease. Among these, tuberculosis is the primary cause of mortality in HIV positive patients. Solthis works with healthcare providers to improve diagnosis and management of these infections.

Governance

The Board of Directors

Professor Christine KATLAMA, Chairman

Responsible for the Day Hospital and the AIDS Clinical Research Unit of the Department of Infectious and Tropical Diseases Hospital Pitie Salpetriere.

Professor Brigitte AUTRAN, Treasurer

Professor of Immunology at Paris VI, Department of Immunology Laboratory of Cell and Tissue Hospital Pitie Salpetriere.

Professor Gilles BRÜCKER, General Secretary

Professor of Public Health at the University of Paris XI, Kremlin Bicetre

Professor Jean-Francois BERGMANN

Chief of Internal Medicine and scientific director of the Therapeutic Research Unit at the Hospital Lariboisière.

Armand DE BOISSIERE

Secretary General of the Bettencourt-Schueller.

Dr. Guillaume BRETON

Hospital practitioner of internal medicine department of the Pitié-Salpêtrière Hospital, Paris.

Benjamin CORIAT

Professor of Economics at the University Paris 13 and president of the ANRS AC 27.

Professor Pierre-Marie GIRARD

Head of Department of Infectious Diseases Saint Antoine Hospital.

Professor Christine ROUZIOUX

Head of department of Virology of Hospital Necker, Paris.

Dr. Roland TUBIANA

Practitioner hospitalier Service of Infectious Diseases at Pitié-Salpêtrière, Paris.

Jean-Pierre VALERIOLA

Former Director of Communication and Development of the Bettencourt Schueller.

Mr. Philippe VILLIN

CEO «Philippe Villin Conseil».

The life of the association in 2011

- **The General Assembly** was held on Thursday, July, the 6th. The moral report and the annual accounts were approved. Five new administrators were elected: Dr Guillaume Breton, Benjamin Coriat, Professor Christine Rouzioux, Dr. Roland Tubiana, Mr. Philippe Villin.
- **Two Board of Directors meetings were held:**
 - May 31st accounts and activity report for 2010 were closed.
 - December 12th: the programs and the budgets were voted for 2012.

The Committee

The Committee, composed of the Chairman, the Treasurer and the General Secretary, meets weekly with the team at the Head Office to discuss and validate important decisions on the life of the association.

The Working Group

Composed of international experts in HIV/AIDS, public health and development, the Working Group provides advice and expertise for Solthis programs and actions at Solthis. The members meet regularly in scientific working sessions and may also participate in temporary missions in the field to provide support and training.

Dr Eric ADEHOSSI, Department of Internal Medicine, National Hospital, Niamey (Niger)

Françoise AEBERHARD, Psychologist, Consultant, Department of Infectious Diseases, Pitié-Salpêtrière Hospital (AP-HP), Paris

Pr Brigitte AUTRAN, Immunologist, Laboratory of Immunology, Pitié-Salpêtrière Hospital (AP-HP), Paris

Dr Elie AZRIA, Clinical Fellow, Department of Gynecology and Obstetrics, Bichat-Claude Bernard Hospital (AP-HP), Paris

Pr Olivier BOUCHAUD, Head of the Department of Infectious and Tropical Diseases, Avicenne Hospital, (AP-HP), Bobigny

Pr Elisabeth BOUVET, Director of the CDAG HIV/HCV/HBV, Bichat- Claude Bernard Hospital (AP-HP), Paris

Pr Guillaume BRETON, Clinical fellow, Department of Internal Medicine, Pitié Salpêtrière Hospital (AP-HP), Paris

Pr Gilles BRÜCKER, Professor of Public Health at the University of Paris XI, Kremlin Bicêtre

Pr Vincent CALVEZ, Virologist, Laboratory of Virology, Pitié-Salpêtrière Hospital (AP-HP), Paris

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Pr Mohamed CISSE, Head of the Department of Dermatology, Donka University Hospital, Conakry (Guinea)

Pr Dominique COSTAGLIOLA, Director of Inserm Unité 943, University Pierre and Marie Curie, Paris

Pr Christian COURPOTIN, Pediatrician, International Consultant

Pr Patrice DEBRE, Head of Department of Immunology Laboratory of Cell and Tissue Pitié Salpêtrière Hospital

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Pr Marc DOMMERGUES, Head of the Department of Obstetric Gynecology, Pitié Salpêtrière Hospital (AP-HP), Paris

Pr Serge EHOLIE, Lecturer, Department of Infectious and Tropical Diseases, University Hospital Treichville, Abidjan (Ivory Coast)

Pr Arnaud FONTANET, Head of the Department of the Epidemiology of Emerging Diseases, Institut Pasteur, Paris

Dr Véronique FOURNIER, Director of the Center of Clinical Ethics, Cochin Hospital, Paris

Dr David GERMANAUD, Pediatrician, Paris

Pr Pierre-Marie GIRARD, Head of the Department of Infectious Diseases, Saint Antoine Hospital (AP-HP), Paris

Dr Florence HUBER, dermatologist and infectious disease specialist, former medical director for Solthis 2009-2011

Pr Jean-Marie HURAUX, former Head of the Department of Virology, de la Pitié-Salpêtrière Hospital (AP-HP), Paris

Pr Vincent JARLIER, Head of the Department of Bacteriology, Pitié-Salpêtrière Hospital (AP-HP), Paris

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Dr Vanina MEYSSONNIER, Infectious Disease Specialist, Clinical Fellow, Department of Infectious Diseases, Pitié-Salpêtrière Hospital (APHP), Paris

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Pr Christine ROUZIOUX, Virologist, Department of Virology Hospital Necker (AP-HP) and University Paris-Descartes, Paris

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Dr Marc-Antoine VALANTIN, Physician, Department of Infectious Diseases Pitié-Salpêtrière Hospital, Paris.

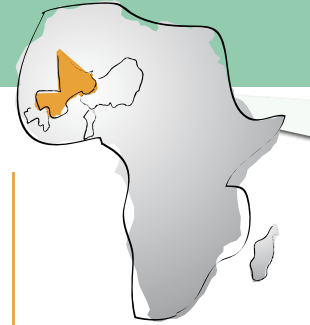
Charlotte VERGER, psychologist, Department of Infectious Diseases Pitié-Salpêtrière Hospital (AP-HP), Paris

Pr Jean-Paul VIARD, Physician, Department of Immunology, Hospital-Dieu, Paris

Programs

In Mali

Mali



Population (millions)	15.8
Life expectancy at birth (years)	51.4
HDI ranking (out of 187 countries)	175
Total fertility rate	6.12
Infant mortality rate per 1000 live births (2009)	191
Number of doctors per 100,000 people	0.5
Adult literacy rate (2005-2010)	26.2 %
Urban population	36.6 %
Total expenditure allocated to health (% of GDP in 2009)	5.6%

WHO, World Health Statistics 2011
UNDP, Human Development Report 2011

HIV/AIDS in Mali

In Mali, HIV/AIDS prevalence is 1%, with 76,000 people living with HIV/AIDS. HIV infection is higher among women (1.4% versus 0.9% in men). In terms of geographic breakdown of the epidemic in Mali, the most recent study, conducted in 2006, shows large disparities across regions: 1.9% in Bamako, 1.3% in Ségou, 1.2% in Koulikoro, 1.1% in Gao, 0.7% in Kayes, 0.6% in Kidal, 0.5% in Sikasso, and 0.5% in Timbuktu.

The 2010 UNAIDS report shows that at the end of 2009, only 21,000 out of the 42,000 people needing ARV treatment had access. At the end of 2011, based on the Fight against HIV/AIDS Unit (Cellule Sectorielle de Lutte contre le Sida - CSLS)/Ministry of Health report, 29,237 patients were on ART (27,505 adults and 1,732 children).

Established: 2003
Partners: Ministry of Health and regional services, SE/HCNLS
Team: 5 International staff.
25 national staff
Intervention areas: Ségou, Bamako, Mopti

Context and objectives of the Solthis intervention in Mali

Solthis has been working in Mali since 2003, initially through a 5-year partnership with the Ministry of Health. The objective of the work there was: increased access to quality patient management in the Ségou region, while supporting national actors in the fight against HIV/AIDS.

In 2009, at the end of the 5 year partnership, an evaluation provided an assessment of the first phase of Solthis intervention as well as defined the objectives for a second phase of intervention that began in 2010.

For 2011, the objectives were the following:

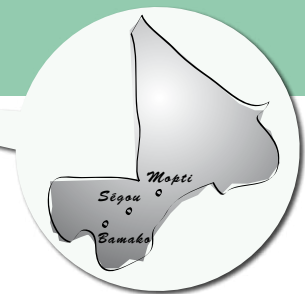
- Expand activities in the Mopti region to strengthen patient management decentralization to all the areas in the region. In particular, there were three new priority support areas in the Mopti region: Douentza, Youwarou and Bandiagara.
- Progressively disengage from the medical projects in the Ségou region, after ensuring the independence of area health care centers.
- Provide, for the second consecutive year, national level technical assistance in purchasing and logistics to improve the availability of all necessary inputs.

Since the beginning of 2011, the country has experienced vast changes in the economic, social and political landscape. In addition, the increasing security problems, most notably in the north, had an impact on our activities in the area.

The national partners

Haut Conseil National de Lutte contre le SIDA (The National High Council for the Fight Against Aids - HCNLS): reports directly to the President of the Republic, is in charge of coordinating the creation of a national policy for the fight against HIV/AIDS as well as its dissemination and follow-up and establishing a strategic framework for the fight against HIV/AIDS. The HCNLS is the principal recipient of Global Fund grants.

Cellule Sectorielle de Lutte contre le SIDA (The Sectorial Group for the Fight Against AIDS - CSLS): support group that reports to the General Secretary of the Minister of Health and is in charge of managing, coordinating and directing the fight against HIV/AIDS in the healthcare sector.



UNAIDS Data 2009

Estimated prevalence of HIV (15-49 ans)	1%
Estimated number of PLWHA	76 000
Estimated number of PLWHA needing ARV	42 000
Number of people on ART	21 100
Estimated coverage of patients needing ARV	50%

*Towards Universal Access – Progress report 2010 (WHO, UNAIDS, UNICEF)
Report on the global AIDS epidemic 2010 (UNAIDS)*

Support for national and regional coordinating bodies

● National health and HIV/AIDS management policies

In 2011, Solthis' involvement in various discussion and informational forums allowed for participation in decisions made, at national and regional levels. Nevertheless, the financial problems that marked the year did not facilitate measured reflection on national level medical management.

Solthis participated in thematic working groups at the Forum of International NGOs in Mali (FONGIM) on themes including the provision of free health services at, and the medicalization of community health centers. Solthis' participation in meetings with Technical and Financial Partners for HIV/AIDs and Health, permitted Solthis to influence and inform the members on subjects such as testing for malnourished children or funding allocated by the Global Fund.

Solthis also participates as an observer in the CCM (Country Coordination Mechanism) meetings, the coordination forum for Global Fund grants.

Some specific activities to remember from 2011:

● Promoting testing

Provider initiated testing was the object of a major advocacy campaign directed at the CSLS at the Ministry of Health, to ensure that this screening strategy (particularly the diagnostic test) is integrated into the health training plan and that it can be proposed to tuberculosis, malnourished, and hospitalized patients. The issue of supplying the tests required for this strategy continues to pose problems.

In Mali

In Ségou, the year 2011 also engendered debate over health education methods that could be used to increase access to testing and treatment in the region. Solthis conducted an inventory of all approaches in use in Mali. In addition, an anthropological study was completed by Miseli, a research association, on the main obstacles to testing and treatment access in the Ségou region.

Scientific Days 2011

Solthis contributed to the organization of scientific days as a member of the scientific committee as well the organizational committee. Organized on the themes of treatment failure and tuberculosis, these days assembled 300 people from across Mali and even some experts from neighboring countries (Ivory Coast and Benin).



Prof. Christine Katlama, Bamako - January 2011

The conclusions of this study show that knowledge of HIV/AIDs remains relatively weak and attitudes have changed very little; AIDS remains an illness as well as a social classification, anchored in rumor. Denial of the existence of HIV/AIDS is decreasing, but the ideas surrounding it are dominated by fantastical and anxiety-filled visions that produce two attitudes: minimization of risks (prevention strategies), and the maximization of danger, unacceptable and impossible to face. The obstacles to testing are fear of “social death” more than physical death, suspicion of testing conditions, and finally the feeling of control, but this last reason often falls short for occasional risks. In addition, testing is rarely voluntary (motivated by a desire to confront reality) and usually conducted via influence from an outside party (specialized NGO, PMTCT, long illness). Health centers as well as the patients themselves contribute to late medical management of illness.

Support for healthcare providers

● Supporting healthcare teams in the medical management of adults and children:

In Ségou, the Solthis team provided support to 12 healthcare centers in the region. With the object of progressive disengagement of medical support in the region, experienced prescribing doctors were encouraged to create a network to facilitate exchanges and assistance between centers.



In Mopti, Solthis supported 10 of the 12 healthcare centers in the region. In addition to continued support in and surrounding Mopti ville, Koro, and Tenenkou, support began in three new areas: Youwarou, Bandiagara, and Douentza. We would also like to highlight the following activities:

- implementation of a workshop bringing together all the prescribing doctors in the region focused on HIV resistance to antiretrovirals, diagnosis and management of treatment failure, and moving to second line treatment
- training on patient management of infected children for 7 prescribing doctors
- organization of inter-site internships for healthcare providers
- implementation of awareness days directed towards healthcare providers and other staff at healthcare centers in 5 areas of the region focused on general HIV knowledge, modes of transmission and prevention, universal precautions, accidental blood and other biological liquid exposure, and stigmatization in healthcare centers (almost 250 people reached)
- implementation of a training session, in collaboration with the CESAC pharmacist, on HIV counseling and testing, with the objective of increasing early patient management (22 participants)

Finally, Solthis financed participation in the Ouagadougou Post Graduate Diploma for two physicians from the Mopti and Ségou regions.

• Regional Treatment Committees

The regular organization of regional treatment committees allows for the gathering of healthcare providers involved in HIV management in the region (close to 50 people) to discuss specific themes:

- Two regional treatment committees on biological follow-up (CD4, Viral load) were organized with the Regional Health Department (DRS - Direction régionale de la santé) of Ségou.
- Three regional treatment committees were organized with the DRS in Mopti, focused on the following subjects: targeted practitioner initiated testing, biological follow-up, comprehensive patient management, and the expansion of Solthis support into two new areas in the region.

Highlighting the question of patients lost to follow-up

A workshop on long-term follow-up of patients on ART was organized in January 2011 in Bamako with 17 participants from Ségou, Mopti, and Bamako. Three presentations were made:

- medical anthropology thesis by Séverine Carillon on HIV+ patients spontaneously returning to the healthcare system after a break with treatment in the Kayes region;
- working paper by Dr Thibault Mutel (Solthis), on patients lost to follow-up in PMCT in the Ségou region;
- Walé's (NGO) experience with patients lost to follow-up (Ségou)

This workshop was able to highlight three research-action projects conducted by health workers themselves, with the objective of maintaining patients on treatment in the Ségou region.

In Mali

<i>Estimated number of pre-pregnant women living with HIV needing antiretrovirals for the PMTCT</i>	<i>Between 2100 and 6700</i>
<i>Estimated number of HIV+ pregnant women that received ARV for the PMTCT in 2009</i>	<i>1710</i>
<i>Coverage rate of PMTCT needs (HIV+ pregnant women receiving ARV treatment)</i>	<i>Between 18% and 55%</i>
<i>Estimation of the number of children needing ARV treatment</i>	<i>Between 2300 and 7200</i>
<i>Total number of children on ARVs (0-14 years old)</i>	<i>1266</i>
<i>Coverage rate for pediatric ARV treatment needs</i>	<i>Between 18% and 55%</i>

(*)Towards Universal Access – Progress report 2010 (WHO, UNAIDS, UNICEF)

(**)Report on the global AIDS epidemic 2010 (UNAIDS)

● PMTCT

In the Ségou region, in 2011, the Solthis team supported 28 PMTCT facilities, with planned quarterly visits and supplementary support upon request.

In the Mopti region, Solthis provided support to 17 PMTCT sites in 2011, allowing for the development of activities in Douentza, Youwarou, and Bandiagara areas. Among other PMTCT activities implemented in 2011, Solthis organized a reflection workshop on follow-up of “mother and child” pairs in order to identify areas of improvement. In addition, two initial trainings and one follow-up training were conducted with 54 participants (midwives, matrons, nurses, and referral physicians). Lastly, equipment donations and counseling room renovations were completed for 8 healthcare centers in the region.

Support data collection and analysis managers

The year 2011 was spent stabilizing the HIV information systems in Mali. No major innovations were introduced, which allowed the teams to concentrate on the improving the existing system. The 2011 intervention was developed based on:

- Assistance for the monitoring and evaluation system through support for the DRS in the compilation and analysis of regional data. In particular, joint missions were developed with the DRS in Mopti to improve data collection in the area's CSRefs (Health Referral Centers).
- Advocacy to simplify and clarify the data collection forms for PMTCT at a national level.
- Support for data entry clerks in Mopti and Ségou during the decentralization of national data management software.
- Development of a partnership with pediatric services at Gabriel Touré Hospital to analyze their patient registers and reinforce their information systems for patient follow-up.



Support for technical platform managers

If the objective in 2011 was to strengthen biological follow-up for patients through the supply of equipment, the security conditions prevented Solthis from conducting as many activities as we would have wished. Several trainings on equipment utilization and inter-site internships were, however, successfully organized for 17 laboratory technicians in the Ségou and Mopti regions.

● Viral load

The year 2011 was marked by the installation, in January, of a viral load device in the Regional Hospital in Ségou by the CSLS/MS. To provide assistance to the technicians and biologists during their initial utilizations of the device, Solthis organized an on-site mission with a biologist from Mali's Public Health Research Institute (INRSP), contributing to the completion of 150 viral load tests in five months. Refrigerators were provided to healthcare teams to store reagents and ARV treatments. The regional hospital in Mopti also received a viral load device (from the CSLS – MS) and a plasma bank (from Solthis) that today allows the region to participate in a study on primary resistance and store samples for viral load testing and genotyping.



Installation de l'appareil de charge virale à Ségou

Support for pharmaceutical managers

Since January 2010, technical assistance in the procurement, distribution, and management of health products for HIV management has been implemented for the principle public partners involved in pharmaceutical aspects (Pharmacie Populaire du Mali, Department of pharmacies and medication (DPM) and SE-HCNL), using funding from the the Global Fund's Round 8 – HIV. An agreement signed for two years with SE-HNCLS and the Ministry of Health ended in December 2011.

Solthis mainly supported inventory decentralization to the regional level, thanks to the introduction of a scoreboard, but also worked on needs quantification, procurement monitoring quality assurance, the implementation of health product management tools for labs, and the development of pharmaceutical product management software for healthcare facilities.

In Mali



These two trainings received funding from Sidaction.

In the two regions we supported, two trainings were conducted with 19 participants, pharmacists and pharmacy managers from healthcare centers in Mopti and Ségou:

- a follow-up training on supply management to prevent stock-outs,
- a training on the distribution of ARVs and related products

Summary of trainings in 2011

Training	Trainees
Counseling and testing	7 physicians 1 senior lab technician 1 medical assistant 13 nurses
PMTCT (2 sessions)	10 midwives 8 obstetric nurses 16 matrons 2 physicians
PMTCT (refresh)	13 midwives 4 nurses 1 physicians
HIV/AIDS awareness for healthcare personnel (5 sessions)	188 healthcare workers 72 non healthcare workers 22 social workers 12 association members 3 hygiene technicians
Pediatric management	7 physicians
Distribution and inventory management	3 inventory managers 2 senior health technicians 1 physician 1 biologist
Refresher training on dispensing and inventory management	4 pharmacists 15 inventory managers
Project design	15 association members 4 social workers

Solthis also financed participation in the Pharmacy Post graduate diploma in Ouagadougou for two Malian pharmacists.



2012 Prospects

For 2012, our intervention objectives are as follows:

- Follow-up the decentralization of healthcare in the Mopti region with an expansion of support to the Bankass and Djenné' areas
- Development of the « health education » component in Ségou in order to create a favorable dynamic while increasing the healthcare coverage in the area.
- Launch patient management support at healthcare sites in Bamako

2011 Mali Team Members

Stéphanie Tchiombiano, Head of Mission

Dr Alain Akondé, Medical Coordinator

Dr Julien Deschamps, Technical assistance and supply Manager

Dr Emmanuel Ouedraogo, Regional medical Officer, Mopti

Dr Alamako Doumbia, Regional Medical Officer, Ségou (until September)

Mariam Kanté, PMTCT Officer, Mopti

Dramane Keita, Health Education Officer, Ségou

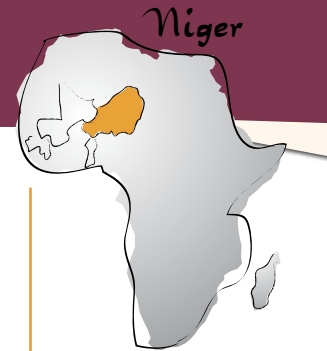
Christophe Chambonnet, Administrative and Financial Manager

Ambroise Dembele, Administrative and Financial Officer, Ségou

Ousmane Cissé, Administrator-Logistician, Mopti

Mary Sissoko, Logistics Assistant, Bamako

In Niger



Population (millions)	16.1
Life expectancy at birth (years)	54.7
HDI ranking (out of 187 countries)	186
Total fertility rate	6.9
Infant mortality rate per 1000 live births (2009)	160
Number of doctors per 100,000 people	0.2
Adult literacy rate (2005-2010)	28.7%
Urban population	17.2%
Total expenditure allocated to health (% of GDP in 2009)	2.8%

OMS, World Health Statistics 2011
PNUD, Human Development Report 2011

National partners

Intersectoral Coordination for the fight against STD/HIV/AIDS (Coordination Intersectorielle de Lutte contre les IST/VIH/SIDA -CISLS): directly reporting to the President of the Republic since 2008, it ensures the coordination, follow-up and evaluation of activities in the fight against STD/HIV/AIDS. It is the Principle Recipient of the Global Fund.

Sectorial Unit for the fight against AIDS at the Minister of Health (Unité de Lutte Sectorielle Sida du Ministère de la Santé - ULSS): reporting to the Minister of Health, this group coordinates all the aspects of the fight against AIDS from the Minister of Health (disease management, prevention in the health-care environment, epidemiology)

HIV/AIDS in Niger

HIV/AIDS prevalence in Niger among 15-49 year olds is estimated at 0.8%, representing about 61,000 people, with 29,000 of those in need of antiretroviral treatment. Among those needing treatment, only 6,445, or 22%, were receiving it at the end of 2009, based on UNAIDS data. **By the end of September 2011, according to the Intersectoral Coordination for the Fight against AIDS (CISLS), almost 8,000 patients were on ARV treatment.** HIV in Niger presents the characteristics of a concentrated epidemic with a relatively low prevalence in the general population but high in certain high risk groups such as sex workers, security and defense forces, and mine workers. Prevalence is three times higher in urban areas than rural areas.

With the objective of universal treatment access, Niger implemented the Niger Access to Antiretroviral Treatment Initiative (INAARV) in 2003 that progressively opened 15 prescription centers in the country. The CISLS set, in the National Strategy 2008-2012, the ambitious objective of ARV treatment access to 80% of HIV positive patients in 2012, through implementation of patient management in all 42 health districts. This decentralization to health districts, meant to start in 2009, will start in 2012.

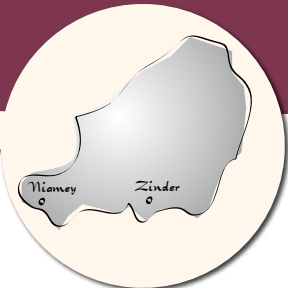
Solthis' intervention objectives and context

In this context, Solthis, implemented a program to facilitate access to quality patient management for all people living with HIV/AIDS in Niger. This program is being conducted in coordination with the Ministry of Health and CISLS. At the end of 2011, Solthis supported 12 ARV prescription sites in the country and 19 PMTCT in Niamey and Zinder.

● Evolution of the context in Niger

If 2011 saw the return of democracy in the country, the lifting of sanctions by the African Union and and the CEDEAO, and the renewal of cooperation with the European Union, Niger also experienced extreme socio-economic hardships, notably the beginning of a food crisis. The year 2011 was also marked by a serious decline in the security situation with increasing threats from AQMI in the region, notably the kidnapping of two French people in Niamey in January. This led Solthis to revisit the organization of field teams and repatriate western expatriates, the closure of the office in Zinder and placed restrictions on staff movements.

Established: 2004
Partners: ULSS (Ministry of Health), CISLS
Team: 3 international personnel
26 national personnel
Intervention areas: Niamey, Zinder, Dosso, Maradi, Diffa, Tahoua (Galmi)



The situation is equally difficult in international funding: the multi-Country HIV/AIDS Program (MAP) from the World Bank restarted in 2011, but the Global Fund's Round 7 funding was suspended due to an investigation by the Office of the Inspector General. In addition, the cancellation of the Global Fund's Round 11 led the country to submit a proposal to the 2012 Transitional Funding Mechanism.

● **Beginning of the second phase of Solthis' intervention program in Niger**

The second phase of the intervention program in Niger began in 2011, with the objective of reorienting the strategy to ensure the sustainability of health management achievements. The external evaluation conducted in 2012 highlighted the need to adapt the support and teaching approaches in health-care centers, as well as the technical assistance for institutional bodies, to accelerate the empowerment of partners.

UNAIDS Data 2009

Estimated HIV prevalence (15-49 years)	0.8 %
Estimated number of PLWHA	61 000
Estimated number of PLWHA needing treatment	29 000
Number of people on ARVs	6 445
Estimated ARV treatment coverage rate	22 %

ONUSIDA, Global Report 2010
WHO, UNAIDS, UNICEF, Towards Universal Access Scaling up priority HIV/AIDS interventions in the health sector 2010

Support for organizational bodies

This year, Solthis participation was solicited by national authorities for various activities:

- participation in the reorganization of the Country Coordination Mechanism (CCM)
- monitoring of the implementation of the health arm of the MAP2 of the World Bank
- charge development of a national health management decentralization plan
- priority identification for a Global Fund Round 11 proposal submission

In addition, two essential issues were successfully advocated by Solthis at the national level: integration of systematic screening at intensive nutritional recovery centers (CRENI) in the national guidelines on malnutrition, and the integration of PMTCT in reproductive health/family planning at health-care facilities, that were included in the 2011-2015 national PMTCT strategy. Finally, the revised version of the patient file was adopted.

Support for healthcare providers

● Continued support for prescription centers in Niamey and other regions

In 2011, Solthis focused on on-site training and post-training follow-up. Solthis' on-site support was multidisciplinary to facilitate the emergence of collective skills. A variety of Solthis team members (Adult patient management, Mother/child patient management, Therapeutic education, Psychological management, Data management) organized joint visits to sites.

In the regions, regular missions were organized by the teams in Maradi, Zinder, Dosso, and Glami. Three on-site trainings were conducted during these visits in Dosso, Diffa, and Zinder on prescribing ARVs and comprehensive HIV patient management, with 21 participants.

In Niamey, in addition to on-site support, the implementation of participatory diagnosis at the CHR in Poudrière created a dynamic of regular interaction with the site team. A joint plan of action was developed and implemented with three on-site training for 12 healthcare providers on adult patient management, pediatric patient management, and therapeutic education.

● National patient registry

Evolution of the number of patients on ART

	Dec 2008	Dec 2009	Dec 2010	Sept 2011
Number of adults and children on ART	2846	6445	7663	7981

CISLS, Rapport de progrès R7, 30/09/11

● Staff meetings

Follow-up training sessions were organized in Niamey, Maradi, and Zinder in the form of 3 staff meetings that brought together 103 physicians and paramedical staff from all the sites in these regions. The principle: conduct continuing trainings based on concrete clinical case discussions, the analysis of cohort data from the sites and PMTCT protocols, while updating the collective knowledge on the training theme.



● Pediatric patient management

Pediatric patient management progressed in 2011, with twice as many children on the pediatric patient registry (537 children in 2011 versus 273 in 2010). This encouraging increase is the result of the presence of pediatricians in Dosso, Maradi, Zinder in addition to the implementation of testing in the CRENI in Niamey and Maradi. These pediatricians received Solthis support from a distance during their missions. A follow-up training on pediatric patient management and the new WHO recommendations on PMTCT was conducted for 30 physicians in the country.

In Niamey, pediatric staff was reorganized to facilitate sharing experiences between prescribing doctors.

● Management of mother to child transmission - PMTCT

For Solthis, this theme has three main issues: access to testing for women, the effective management of HIV-positive pregnant women in prescribing centers, and the knowledge of the final status of the child exposed to HIV.

In order to improve on these three points, Solthis initiated a partnership with the Bafouneye group of HIV-positive women, to conduct counseling in certain PMTCT sites in Niamey based on their experience, to ensure better follow-up for mother-child pairs, and to encourage family testing.

In addition, two initial training and three refresher trainings were conducted for 38 and 81 personnel, respectively (mainly paramedical staff and physicians).

● Psychological management

In order to support the development of this new intervention area, the year 2011 was dedicated to an assessment of 3 sites in Niamey to identify human resources that could potentially be involved (psychologists, senior mental health professionals, psycho-social workers).

Training modules aimed at non-psychologist staff and healthcare sites were formalized and validated by a technical group at a national workshop.

<i>Estimation of the number of HIV+ pregnant women needing ARV treatment for the PMTCT</i>	<i>Between 2300 and 7000</i>
<i>Number of HIV+ pregnant women that received ARV for the PMTCT in 2009</i>	<i>1737</i>
<i>Coverage rate of PMTCT needs (HIV+ pregnant women receiving ARV treatment)</i>	<i>Between 25% and 74%</i>
<i>Estimation of the number of children needing ARV treatment</i>	<i>Between 1800 and 5900</i>
<i>Total number of children on ARVs (0-14 years old)</i>	<i>258</i>
<i>Coverage rate for pediatric ARV treatment needs</i>	<i>Between 4% and 15%</i>

*Towards Universal Access – Progress report 2010 (WHO, UNAIDS, UNICEF)
Report on the global AIDS epidemic 2010 (UNAIDS)*

In Niger

● **Therapeutic education**

In terms of therapeutic education, Solthis hoped to dedicate 2011 to sharing, with national partners, the results of the assessment conducted in 2010 and to clarify the role of therapeutic educators and community mediators in health management teams. The reflection days demonstrated the necessity of integrating therapeutic education into the paramedical team involved in PLWHA patient management and to strengthen and organize their working schedules accordingly.

In addition, the adult Therapeutic Education for Patients (ETP) file was revised, a new ETP designed specifically for children was proposed, and factsheets on nutritional recommendations were developed in 2011.

● **Support for PLWHA associations**

A refresher training with 20 psycho-social assistants, from PLWHA associations, was conducted focusing on ARVs and preventing lost to follow-up.

Support for medical data collection and analysis managers

Solthis committed to implementing a national system to monitor patient management data. To achieve this, Solthis worked with the monitoring and evaluation unit of the ULSS (Ministry of Health HIV/AIDS Unit).

In the regions, Solthis' support allowed the Regional Health Information (SPIS), working in the regional health departments, to take responsibility for supervising the Data Clerks (CSE) and the integration of registry data. Solthis organized training and follow-up for eight SPIS on FUCHIA software use and the ULSS' Access database. The SPIS are now involved in HIV data monitoring.

In May 2011, Solthis created a data management position to facilitate the efficient integration of the CSEs in updating Fuchia's database. A refresher training on the Fuchia software was conducted for 23 CSEs. It remains essential to clarify the responsibilities of the various actors to ensure smooth feedback systems.



Support for Technical Platform Managers

A refresher training on CD4 count measurement and preventive maintenance was conducted with 21 lab technicians from all over the country.

Support for Pharmaceutical Managers

The past two years have been marked by an improvement in the availability of HIV/AIDS pharmaceutical products. ARV availability is the result of improvements in several activities essential to procurement management and accountability. If there were stock-outs of certain projects this year (testing reagents, CD4 counts, and viral loads), it was mainly due to the deferment of Round 7 Phase 2, causing purchase delays.

At the national level, 2011 was also marked by the recruitment of a pharmacist responsible for procurement monitoring at the CISLS level, specifically trained in pharmaceutical procurement management for HIV, tuberculosis, and malaria during the February 2011 post graduate diploma in Ouagadougou, with financial support from Solthis.

Taking the security situation into account, the initial action plan for procurement was revised: technical support was provided from a distance and consolidated into two in-country missions. Despite of the restructuring, Solthis support at the national level remained constant. The in-country missions allowed Solthis to train a pool of 9 pharmacists/distributors as trainers for HIV/AIDS related product management and distribution.

In collaboration with the CISLS and the Supply Management Department (Unité de Gestion des Stocks - UGS), Solthis participated in needs consolidation during Phase 2 of the Global Fund's round 7, and the development and consolidation of 2012 procurement plans. In addition, teams in the field actively participated in meetings with the procurement group, which gathers together the various actors involved.

At the healthcare facility level, Solthis facilitated the use of the Excel distribution and patient register monitoring tool implemented in 2010.



Training of pharmaceutical trainers - Niamey, September 2011

In Niger

Operations research

● Study on Tuberculosis diagnosis among PLWHA

The second phase of the study, launched at the end of 2010, continued in 2011: by the end of the year, more than 400 patient had been included out of the 700 expected for the second phase. This study is funded by the Global Fund's Round 7.

● TRIDEL Study (Delegation of ARV triple therapy prescription to midwives)

External constraints delayed the launch of this study: nonetheless, by the end of 2011, the necessary products were available, the implementation plan for the study had been validated, and the 8 PMTCT sites involved were ready to start enrollments, which began in January 2012.

Summary of 2011 trainings

Training	Trainees
Training of trainers	6 pharmacists 3 prescribing nurses 9 physicians
Prescribing ARVs and comprehensive patient management (3 sessions)	8 nurses 2 CSE (M&E officer) 2 dispensers
Pediatric patient management refresher training	30 physicians
PMTCT (5 sessions)	7 physicians 53 nurses
PMTCT refresher training (3 sessions)	12 physicians 69 paramedical staff
Therapeutic education and patient flow	8 nurses 4 midwives
Refresher training on ARVs and lost to follow up with psycho-social assistants	20 association members
Use of the Fuchia software and the Access database (2 sessions)	1 physician 1 pharmacist 11 SPIS 1 CSE (M&E officer)
Refresher training on the Fuchia software (2 sessions)	8 SPIS 21 CSE (M&E officer)
Refresher training on CD4 count and preventive maintenance	21 lab technicians



2012 Prospects

In 2012, the intervention priorities in Niger are the following:

- Continued multidisciplinary capacity building for patient management teams
- Support for healthcare decentralization to district hospitals in the Maradi region
- Support for mother-child programs, with pediatric patient management and the TRIDEL study on ARV prescription delegation to midwives for HIV-positive pregnant women

2011 Team:

Dr Sanata Diallo, Head of mission, as a replacement for Pierre Teisseire, starting in February 2011

Dr Souleymanou Mohamadou, Medical Coordinator

Dr Roubanatou Maïga, Maternal and Child Health Manager (Niamey)

Ibrahim Diallo, Head of Data (Niamey)

Aichatou Barké, PMTCT Assistant (Niamey)

Sophie Ouvrard, Pharmacy Manager (based in Paris since February 2011)

Dr Oumarou Seybou, Medical Assistant (until August 2011)

Hadizatou Ibrahim, PMTCT Assistant (Zinder)

Hadiza Albadé, Compliance Officer (Niamey)

Mamane Harouna, Psychological care manager (Niamey)

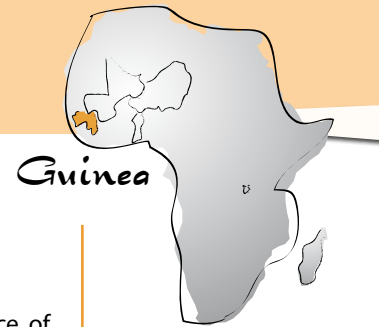
Amina Abdoulaye, Administrative and Financial Manager, as a replacement for Mathilde Corre, starting in February 2011

Moussa Ado Bagida, Administrative Assistant and Logistics

Focus on the study «Tb diagnosis among HIV positive patients in Niamey»

In Niger, TB incidence is high (175 cases/100,000 inhabitants). As an opportunistic infection, tuberculosis affects close to 11% of HIV positive patients. Yet, still today, TB is misdiagnosed. Solthis and the Minister of Health in Niger initiated a study to analyze the efficiency of every test to diagnose TB in HIV-positive patients. The intervention cohort study began at the end of 2010 and aimed to include 700 patients naïve to HIV treatment, placed on ARVs and monitored at one of the 5 healthcare facilities in Niamey. These patients benefit from automatic and free TB testing by: clinical exam, chest x-rays, abdominal echography, direct analysis of sputum, (Ziehl-Nielsen and microfluorescence) and sputum cultures. The results of the study will be available at the end of 2012. The conclusions will help adapt the national medical recommendations, particularly on the subject of free HIV management in Niger.

In Guinea



Population (millions)	10.2
Life expectancy at birth (years)	54.1
HDI ranking (out of 187 countries)	178
Total fertility rate	5.03
Infant mortality rate per 1000 live births (2009)	142
Number of doctors per 10,000 people	1
Adult literacy rate (2005-2010)	39.5%
Urban population	35.9%
Total expenditure allocated to health (% of GDP in 2009)	0.6%

HIV/AIDS in Guinea

The epidemic in Guinea is generalized, with an estimated prevalence of 1.3% (UNAIDS, Global Report 2010). Women, with a prevalence of 1.9%, are more affected than men (0.9%). The epidemic is particularly female in urban populations, with 6 women infected for every man. In 2010, the Universal Access report ((Towards Universal Access Scaling up priority HIV/AIDS interventions in the health sector published by the WHO, UNAIDS, and UNICEF) estimated that 38,000 people are living with HIV in Guinea. Among them, only 15,000 were accessing ARV treatment in 2009. In June 2011, according to the Ministry of Health, 20,000 patients were on ART in the country.

In 2007, the Behavioral and Biological Monitoring Survey on STIs/HIV (ESCOMB 2007) showed an HIV prevalence of 34.4% among sex workers, 6.5% among men in uniform, 5.2% among miners, 5.5% among truck drivers, and 5.6% among fishers. This survey demonstrated a decrease in the prevalence in high risk groups, with the exception of miners, between 2005 and 2007. Guinea is confronted with a unique situation in mining areas (iron, gold, diamond, bauxite) that gather populations with a variety of risk factors: migrant workers without their families, sexual promiscuity, "short term marriage contract" traditions, and low incomes.

Established: 2008
Partners: PNPCSP (Ministry of Health), CNLS
Team: 4 international staff
18 national staff
Intervention areas: Conakry, Boké region

National Partners

The National Committee for the fight against AIDS (Comité national de lutte contre le sida - CNLS): which reports directly to the President, directs and coordinates the drafting and implementation of the National Multisectoral Strategy for the fight against HIV/AIDS. It is managed by the Executive Secretary (SE/CNLS), which will be one of two recipients of Global Fund Round 10.

The National Program for Medical Management and Prevention of STD/HIV-AIDS (Programme National de Prise en Charge Sanitaire et de Prévention des IST/Vih-sida - PNPCSP) which reports to the National Department of Public Health (Direction Nationale de la Santé Publique - DNSP) at the Minister of Health and Public Hygiene is the operational body in the fight against AIDS in Guinea. The Minister of Health is the Principle Recipient of Global Fund Round six.



Solthis' intervention objectives and context

In 2008, Solthis signed a two year agreement with the Ministry of Health and Public Hygiene and the National Committee for the Fight against AIDS with the goal of contributing to the provision of quality patient management accessible to all HIV-positive patients by capacity building for national actors and by decentralization of healthcare services in Conakry and the Boké region.

The first two years were marked by an improvement in adult patient management at already functioning facilities (National Hospitals in Donka and Ignace Deen and the Regional Hospital in Boké) as well as through the decentralization of healthcare in two intervention regions, Conakry and the Boké region (opening of 8 supplementary sites). The partnership was renewed in July 2010 for three more years.

Support to coordinating bodies

● National policies in the fight against HIV/AIDS

At the national level, Solthis provided technical expertise during the revision of the Norms and Protocols for HIV patient management for adults and children. Following the implementation of therapeutic recommendations at the beginning of the year, a validation workshop was held at the beginning of November. To ensure the implementation of the new recommendations, Solthis printed 200 copies of the protocol and created posters for dissemination to all levels of the health pyramid.

In addition, with local capacity building in regards to training in mind, a training of trainers was organized for 6 national trainers in the last quarter of 2011.

Finally, Solthis took part in the national HIV/TB committee to formalize an action plan for the management of HIV/TB co-infection in HIV and Tuberculosis programs.

● CCM (Country Coordination Mechanism)

Solthis has been a member of the CCM since 2008. Solthis provided support throughout 2011 for the development and correction of the documents necessary for Round 10 – HIV contract development between Guinea and the Global Fund (country profile, Procurement and Supply Management (PSM) Plan, and monitoring and evaluation plan).

UNAIDS Data 2009

Estimated HIV prevalence (15-49 years)	1,3%
Estimated number of PLWHA	79 000
Estimated number of PLWHA needing treatment	38 000
Number of people on ARVs	14 999
Estimated ARV treatment coverage rate	40%

*Towards Universal Access – Progress report 2010 (WHO, UNAIDS, UNICEF)
Report on the global AIDS epidemic 2010 (UNAIDS)*



In 2011, the Solthis program in Conakry received financial support from the Mairie de Paris for the third year in a row totaling 120,000. In 2012, the Mairie de Paris renewed their support with a fourth grant.

● PNP CSP

A consultation workshop was held at the beginning of 2001 with 50 actors involved in HIV patient management in Guinea. This workshop, led in collaboration with the PNP CSP, was followed by technical support to unit managers at the PNP CSP, in particular monitoring and evaluation, pharmacy, and patient management units.

Support for healthcare providers

● Patient management decentralization in Conakry and the Boké region

● On-site support

A multidisciplinary Solthis team supports the facilities that began patient management in 2008. In 2011, Solthis continued to support 7 healthcare facilities in Conakry and 2 facilities in the Boké region.

● Evolution of patient registries at facilities supported by Solthis

		Sept 2007	June 2009	Dec 2010	Dec 2011
Conakry	Donka National Hospital	1 850	2 933	5 275	5 037
	Ignace Deen National Hospital	274	517	1 262	1 512
	CAT la Carrière	---	13	84	69
	CMC Ratoma	0	100	57	128
	CMC Coléah			186	214
	CMC Minière			237	318
	CS Matoto			239	331
Boké	Boké Regional Hospital	45	342	611	414
	Fria Prefectoral Hospital	---	---	70	73
TOTAL		2 169	3 905	8 045	8 096

CAT : Antituberculosis Center
CMC : Communal medical center
CS : Healthcare Center

It should be noted that, if it appears there was a stagnation, even a decrease, in patient registries between 2010 and 2011 for certain health facilities, it does not reflect reality: this “decrease” is the result of work conducted on the data in 2011 with the implementation of new registries and a complete



update of the data, which provided a more precise count of the number of patients on ARV treatment and therefore, as is often the case, the numbers appear to have decreased.

● **Medical management training**

- Solthis financially supported participation in diploma-based training for 3 physicians: 2 at the Post graduate Diploma in Ouagadougou, and 1 at the IMEA (Institute for Medicine and Applied Epidemiology) in Paris.
- A refresher training session for 19 prescribing physicians previously trained in 2008 and 2009 was held in 2011.

● **Testing**

With less than two testing structures for 100,000 habitants, Guinea is among the countries that has the lowest level of testing and counseling. It is estimated that in 2009 only 16 people out of 1,000 were tested for HIV and received the results.

To increase advocacy on the national level, a discussion on provider initiated testing was initiated in 2011:

- an operations research project was conducted at the National Hospital in Donka on provider initiated testing
- brochures on proper screening test use were developed and distributed to testing sites.

● **Prevention of mother-to-child transmission (PMTCT)**

The coverage rate for PMTCT needs is very low in Guinea. In 2009, only 10% of pregnant women received HIV testing and counseling. In terms of access to treatment, only 7% of pregnant women had access to ARVs in 2009, according to UNAIDS.

To address these deficiencies, in 2001, Solthis finalized the rehabilitation of 18 PMTCT sites and 8 intervention sites (4 in Conraky and 4 in Boké) were identified to start PMTCT with support from Solthis. Solthis also led a follow-up training on PMTCT for 3 physicians, 6 midwives, and 8 technical agents.

<i>Number of HIV+ pregnant women needing ARV treatment for the PMTCT</i>	4 600
<i>Number of HIV+ pregnant women that received ARV for the PMTCT in 2009</i>	783
<i>Rate of coverage of PMTCT needs (HIV+ pregnant women receiving ARV treatment)</i>	17%
<i>Estimation of the number of children needing ARV treatment</i>	4 400
<i>Total number of children on ARVs (0-14 years old)</i>	674
<i>Coverage rate for pediatric ARV treatment needs</i>	15%

*Towards Universal Access – Progress report 2010 (WHO, UNAIDS, UNICEF)
Report on the global AIDS epidemic 2010 (UNAIDS)*

● **Pediatric patient management**

In Guinea, HIV pediatric patient management is still limited. It is centralized at specialized sites, such as the Institute of Child Health and Nutrition (INSE) and the pediatric ward at the Donka National Hospital. Pediatric expertise mobilized by Solthis for three months allowed the following activities:

- The finalization of a pediatric patient management assessment in sites supported by Solthis.
- An initial 5-day training, as a response to identified skills needs, was conducted in November 2001 for 16 people (physicians, nurses, pharmacists) from four sites in Conakry and one site in the Boké region.
- Advice on follow-up for exposed children and the organizational issues related to the link between pediatric patient management and PMTCT
- Proposed changes to the national protocol on the pediatric patient management were also introduced

● **Therapeutic education of the patient**

Even though, at the end of 2011, there was still no national therapeutic education plan in the country. A desire to start this activity emerged during the development of the Global Fund's Round 10 submission. In order to foster a national level discussion on the subject, Solthis conducted a knowledge and practice study among healthcare workers and patients at the Out-patient Treatment Center (CTA) in the Donka National Hospital. The results will be disseminated in 2012 and allow for the launch of an adherence support at the CTA.

● **Management of TB/HIV co-infection**

The year began with the finalization of the renovation work being conducted on the CAT (Anti-Tuberculosis Center) in la Carrière since 2010: renovation of the lab and construction of a building dedicated to counseling.

A three-month mission on TB/HIV allowed for:

- The development of a map of TB/HIV co-infection management in Conakry after the decentralization process initiated with success by the PNLAT (National Program for the Fight against Tuberculosis).
- The clarification of patient flows for co-infected patients at three sites in Conakry in order to strengthen collaboration between ARV-prescribing physicians and treatment providers at Diagnosis and Treatment Centers and Treatment Centers in the search for Tuberculosis among HIV+ patients.



- The creation of a training day focused on issues related to testing and management of TB/HIV co-infection at the refresher training of 19 prescribing physicians (September 2011).
- The organization of an HIV awareness day for agents working in five Treatment Centers and Diagnosis and Treatment Centers (CT and CDT)

Support for health information system managers

Health information system strengthening was a strong point in 2011, marked by the redevelopment of data collection practices through the installation of new tools.

Support for technical platform managers

● At the national level

Solthis contributed to the drafting and the dissemination of pocket guides on best practice for labs, in collaboration with the LNR/INSP (guide to hematology and parasitological diagnosis).

In addition, Solthis support allowed for the validation of norms and procedures on early infant HIV diagnosis, defining aspects related to sampling, transportation, sample analysis, and communication of results.

● Au niveau des laboratoires des sites de prise en charge

In 2011, in addition to continued support at each site, Solthis responded to the laboratory needs identified in the assessment in terms of:

- Equipment: provision, based on identified needs, of minor equipment for testing parasitic concentration as well as biochemical equipment.
- Training: five trainings were conducted for lab technicians and biologists (refresher on parasitology, best practices for rapid HIV testing, biochemical training, hematology training, and use of screening test training). Solthis also contributed to funding for a Masters in microbiology at the University Cheikh Anta Diop in Dakar for a biologist.



Parasitology Training - Conakry, April 2011

Focus on strengthening the monitoring and evaluation

system of the national program for the fight against HIV/AIDS in Guinea

The project was conducted within the information system for HIV management reform in Guinea. A "monitoring and evaluation" Technical Reference Group was created for the occasion. The group was composed of the CNLS, UNAIDS, WHO, UNICEF, and Solthis.

Three steps led to the strengthening of the monitoring and evaluation system:

- the reevaluation of data collection needs through the identification and sorting of indicators used, the development of a reference document on the monitoring and evaluation of HIV programs in Guinea
- the revision of collection tools through three registries adapted to the collection of indicators and adult patient files
- the installation of new tools at certain sites, mainly in Conakry. This was followed by training sessions for agents from PNPCSP and CNLS on the progressive introduction of new registries around the country

The data collection tool reform also allowed for the simplification of the monitoring and evaluation system and the improvement of the reliability and quality of data collected by the health information systems on HIV management in Guinea.

In Guinea

Support for pharmaceutical managers

● Purchasing

The coup d'état interrupted international financing. The year 2011 was marked by a critical supply situation for all HIV-related projects due to delays in orders placed during the Phase 2 of the Global Fund's Round 6. As a consequence, Solthis, throughout the year, led an advocacy and alert campaign directed at national and international partners, particularly in terms of the Procurement and Supply Management (PSM) Plan for the Global Fund's Round 6 and 10. In March 2011, due to procurement delays, Solthis decided to make a one-time purchase of 70,000 Euros (*) worth of ARVs to avoid a total stock-out of first line ARVs while waiting for the delivery. This mobilization was effective in avoiding first line ARV treatment interruptions for thousands of Guineans. However, stock-outs of screening tests, CD4 reagents, and medication to treat opportunistic infections could not be avoided.

(*) Including 20,000 Euros from the Fondation de France to purchase ARVs for patients at the ASFEGMASSI site.



Etienne Guillard and the participants to the Workshop - Conakry, October 2011

In order to learn from the crisis experience, Solthis organized a workshop focused on the procurement of HIV/AIDS-related pharmaceutical products in Guinea. This workshop brought together actors involved in the supply chain, and provided an opportunity to conduct a joint analysis of the system's strengths and weaknesses at the central level and propose recommendations.

● Inventory management and dispensing

An ARV management and dispensing training was conducted for 12 pharmacists and point of sale agents from PMTCT and healthcare facilities. Regular visits to the facilities in Conakry and Boké allowed further discussions on certain subjects, such as quantification, inventory management, and dispensing as well as team organization and dynamic with trained personnel. Finally, Solthis financed participation in the Ouagadougou post graduate diploma for a pharmacist.



Operations research

Two operations research projects were conducted in 2011:

- **Study on neurologic infections among people living with HIV/AIDS.**

The project was conducted in two national hospitals in Conakry (Donka and Ignace Deen). The conclusions of the study are as follows:

- Neurological manifestations are one of the main reasons for the hospitalization of PLWHA at the Cokakry CHU.
- Presenting neurological syndromes (syndromes neurologiques francs) were found, often signaling an opportunistic infection (OI) in this context.
- Suspensions of neurological OIs are associated with high mortality and are also the main cause of death among PLWHA hospitalized during the study (47% of deaths).
- Further investigation of these symptoms remains limited; diagnosis is inconsistent and always presumptive. This can only be partially explained by the cost and availability of testing materials.

Considering the frequency and high mortality rate among patients with neurological manifestations, the quality of the care received plays a major role in the prognosis of hospitalized HIV+ patients.

- **Practices and results of HIV testing among hospitalized patients at the two CHU in Conakry.** The results showed a deficiency in testing of patients without symptoms of HIV infection (14%) outside the dermatology department (50%). The testing rate was also insufficient in patients exhibiting symptoms associated with HIV infection (54%), and the high rate of positive results advocates for the expansion of testing services. The results of this study advocate for better application of the WHO's provider-initiated testing recommendations, that is not widely followed outside specific populations, such as pregnant women, tuberculosis patients, and malnourished children.

The dissemination and discussion of the results of these two studies with the healthcare teams involved led to the formulation of recommendations to improve their practices.

Summary of trainings held in 2011

Training	Trainees
Training of trainers	6 national trainers
Refresher training on prescribing ARVs and comprehensive patient management	18 physicians 1 pharmacist
Pediatric patient management	8 physicians 3 nurses 5 pharmacists
PMTCT refresher training	3 physicians 6 midwives 8 health technicians
Use of the new patient registries	8 physicians 8 providers 5 coordinating body managers
ARV management and dispensing	11 dispensers 1 pharmacist
Parasitology follow-up training	11 biologists 1 lab technician
Proper use of rapid HIV tests	12 biologists
Biochemistry	7 biologists
Hematology	7 biologists
Use of Immunocomb combifirm	12 biologists and lab technicians



2012 Prospects

In 2012 Solthis will continue with commitments engaged in 2011:

- strengthen the national procurement system
- continue with the health information system reform
- improve maternal and child health management
- build the capacities of national actors (PNPCSP, CNLS, PCG, LNR) involved in healthcare for PLWHA in Guinea
- strengthen the role and increase involvement of regional and prefectural (Conakry and Boké regions) health authorities in HIV/AIDS patient management

2011 Team

Hélène Labrousse, Head of mission, replaced Olivier Van Eyll in March 2011

Dr Emmanuelle Papot, Medical coordinator, replaced by **Dr Franck Lamontagne**, replaced by **Dr. Bassirou Diallo** in October 2011

Dr Mouslihou Diallo, Pharmacy and Laboratory Manager

Dr Aimé Kourouma, Medical Officer, Boké

Dr Aboubacar Keita, PMTCT Manager

Hannah Yous, Project Manager since September 2011 (new position)

Alama Yeo, Administrative and Financial Manager

Kambanya Bah, Administrative Assistant

In Madagascar



Population (millions)	21.3
Life expectancy at birth (years)	66.7
HDI ranking (out of 187 countries)	151
Total fertility rate	4.5
Infant mortality rate per 1000 live births (2009)	58
Number of doctors per 10.000 people	1.6
Adult literacy rate (2005-2010)	64.5%
Urban population	2.8%
Total expenditure allocated to health (% of GDP in 2009)	30.6%

WHO, World Health Statistics 2011
UNDP, Human Development Report 2011

HIV/AIDS in Madagascar

The prevalence of HIV/AIDS in Madagascar is estimated at 0.21% with an epidemic concentrated in populations with high social behavioral risks, mainly men who have sex with men (MSM), but the profile of the epidemic is still not very well known.

At the end of 2011, according to national statistics, **724 people were being followed, including 345 on ARVs.**

Intervention context

Since the in-country mission closed in October 2009, long-distance collaboration continued in 2010 and 2011.

Since 2009, Solthis support has focused on the implementation of viral epidemiological studies in collaboration with the Antananarivo National Reference Lab (LNR) and the Necker CHU in Paris.

The two main objectives were to:

- document ARV resistance
- contribute to prevention through a better understanding of the epidemic

Virological studies

Between 2008 and 2011, more than 500 blood samples from HIV infected patients, mostly coming from the 5 main health facilities in the country were sent to the virology lab at the Necker CHU for viral load measurement, drug resistance testing, and HIV typing.

The initial results showed two phenomena:

- large viral diversity. Further analysis showed a correlation between viral sub-type and epidemiological profile, suggesting a mosaic of sub-epidemics. This particular profile could be linked to the relatively low prevalence rate. Description of these sub-epidemics could contribute to the development of more efficient and targeted prevention/screening policies.

Established: 2006
Partners: National Committee for the Fight against AIDS (Conseil National de Lutte contre le Sida - CNLS), Ministry of Health, National Reference Lab (Laboratoire National de Référence - LNR)
Intervention area: national



- a high level of primary resistance, 23% in the sub-sample of 160 patients that benefited from resistance genotyping, particularly among MSM (44%) and in the Diana region (42%). This primary resistance has a specific profile because it is very monomorphic and seems to have a single origin (resistance transmitted from a single source). This resistance compromises the efficacy of the first line treatment currently recommended.

These results are now being confirmed, using a more representative sample.

Procurement

Solthis provided technical assistance to help the Ministry of Health negotiate the transition to Phase 2 of the Global Fund's Round 8. This support, through the implementation of a quantification tool, allowed authorities to provide the clarifications demanded by the Global Fund regarding input quantification.

Perspectives

In 2012, the Solthis intervention has two main objectives:

- Further research for viral-epidemiologic studies.
- Capacity building for providers based on the results of virological studies: adaptation of national therapeutic recommendations and procurement practices, as well as treatment failure management and NRL (National Reference Laboratory) strengthening.

UNAIDS Statistics 2009

Estimated HIV prevalence (15-49 years)	0.21%
Estimation of number of PLWHA	21 500
Estimation of number of PLWHA needing treatment initiation	8 500
Number of people on ARVs	214
Estimation of coverage rate for ARV needs	2.5%

*Towards Universal Access – Progress report 2010 (WHO, UNAIDS, UNICEF)
Report on the global AIDS epidemic 2010 (UNAIDS)*

In Sierra Leone



Population (millions)	5.9
Life expectancy at birth (years)	48
HDI ranking (out of 187 countries)	180
Total fertility rate	4.7
Infant mortality rate per 1000 live births (2009)	192
Number of doctors per 10,000 people	0.2
Adult literacy rate (2005-2010)	40.9 %
Urban population	38.8%
Total expenditure allocated to health (% of GDP in 2009)	1.4%

WHO, World Health Statistics 2011
UNDP, Human Development Report 2011

UNAIDS Statistics 2009

Estimated HIV prevalence (15-49 years)	1.6%
Estimation of the number of PLWHA	49 000
Estimation of the number of children living with HIV	2 900
Estimation of the number of pregnant women living with HIV	3 300

Towards Universal Access – Progress report 2010
(WHO, UNAIDS, UNICEF)

Report on the global AIDS epidemic 2010
(UNAIDS)

The HIV/AIDS epidemic in Sierra Leone

The prevalence of HIV among 15-49 year olds is estimated at 1.6% in Sierra Leone, according to the most recent Demographic and Health Survey (2008). This represents around 49,000 HIV-positive people, including 20,000 who need ARV treatment. Among those needing treatment, only 3,660 (18%) were receiving ARVs. **According to the national statistics, 7,912 patients were on ARV treatment by the end of 2011.**

Solthis' intervention objectives and context

After a long civil war (1991-2002), Sierra Leone began a promising democratic transition process, and the international community was closely at its side, particularly to rehabilitate the health centers destroyed during the war and train health personnel.

Two exploratory missions were conducted in July and August of 2011 in Sierra Leone. They provided an initial HIV patient management assessment as well as contact with the main actors in the fight against HIV/AIDS in Sierra Leone. Solthis opened the program in Freetown in October 2011 to begin the intervention program.

A partnership agreement was signed in December between Solthis, the Ministry of Health and the National HIV/AIDS Secretariat (NAS).

National Partners

The **National Aids/HIV Secretariat (NAS)** was established in 2002 under the Office of the Presidency, with the responsibility of providing leadership in coordinating, monitoring and mobilizing resources for the national response to HIV/Aids. The NAS is the principal recipient for the Global Fund Grant.

The **National HIV/AIDS Control Programme (NACP)**, which reports to the Minister of Health, is responsible for coordinating the health sector response for HIV.

Established: 2011
Partners: National Aids Secretariat (NAS), National Aids Control Program (NACP- Ministry of Health)
Team: 3 international staff
3 national staff
Intervention area: Freetown



The first few months were dedicated to administrative installation and an expanded assessment of support needs. This evaluation, conducted with national actors, touched on 7 subjects:

- Counseling and testing
- Treatment for adults
- PMTCT
- Pediatric patient management
- Pharmacy
- Laboratories
- Health information system

The evaluation also identified seven intervention sites that handle close to half of the national patient registry:

	Sites	Adult patient management	Pediatric patient management	PMTCT
Hospitals	Connaught Hospital	X		
	Ola During Children Hospital.		X	
	Princess Christian Maternity Hospital			X
	Lumley Hospital.	X	X	X
	Rokupa Hospital	X	X	X
Community Health Centers	George Brook	X		X
	Murray Town	X	X	X

Access to care

Number of PLWHA needing treatment	20 000
Number of adults on ARV treatment	3 423
Number of children needing ARV treatment	1700
Number of children on ARV treatment	237
Number of pregnant women needing ARVs	300
Number of HIV positive pregnant women received ARVs for the PMTCT	637
% of the adult population covered in terms of ARVs	18%
Coverage rate for pediatric ARV treatment needs	14%
Rate of coverage of PMTCT needs (HIV+ pregnant women receiving ARV treatment)	19%

Towards Universal Access – Progress report 2010
(WHO, UNAIDS, UNICEF)
Report on the global AIDS epidemic 2010
(UNAIDS)

In Sierra Leone

Focus on task shifting

Antiretroviral management for HIV positive patients began in 2005 in Sierra Leone. Wounded by 10 years of civil war, Sierra Leone faces an extreme shortfall of human resources in the health sector. Models from neighboring countries, where HIV care depends on physicians, quickly proved difficult to implement in a country with 3 physicians for 100,000 inhabitants. Sierra Leone adopted the task shifting model and established HIV units in the country's main health centers. In addition, 13 district hospitals, 5 hospitals, and 6 health centers in Freetown have teams dedicated to HIV. These teams consist of at least one nurse and one counselor; the numbers vary depending on the health coverage area. The largest team is at the Connaught Hospital, the referral hospital for HIV patients, pioneer in HIV management in the country, with more than 15 people working daily. These HIV units provide counseling, testing, and patient management for all HIV positive patients.

The task shifting model in Sierra Leone allowed for rapid decentralization of antiretroviral management across the country, going from one site in 2005 to 130 sites in 2011, with more than 7,000 patients on ARVs today. The exclusive use of paramedical staff for medical management raises the question of management in complex cases and treatment failures, as well as the role of physicians and the supervision of paramedical staff.

2012 Prospects

In 2012, consistent with the objectives set at the end of the year, Solthis will develop activities based on three main objectives:

- Improve access to HIV treatment for people living with HIV, with a focus on pediatric care.
- Improve the quality of HIV management in Freetown health facilities (biological follow-up and treatment failure management).
- Improve data collection and utilization

2011 Team

Nathalie Daries, Head of mission

Dr Franck Lamontagne, Medical Coordinator

David Pelletier, Administrative and Financial Manager



Workshop with national partners - Freetown, October 2011

Capacity building tools for healthcare personnel

Training Modules

During 2011, innovative modules were developed for healthcare worker training focused on:

- Prevention of mother to child transmission
- Provider initiated testing and counseling
- Medical management of adults living with HIV/AIDS
- Medical management of HIV exposed and infected children
- Psychological management of adult living with HIV/AIDS
- Association project development

These modules contain a variety of materials, based on various hands-on teaching methods (case studies, exercises, role play, interactive presentations, films, games, etc.) and adapted to the reality of the people being trained for better skills acquisition.

Technical factsheets & Decision support tools

Biology and Pharmacy managers developed a series of tools and technical worksheets for healthcare, laboratory, and pharmacy workers:

- Technical factsheets for products and devices:
 - Characteristics of rapid screening tests; quality assurance grids
 - CD4 count device characteristics
 - « How to choose a hematology analyzer » Guide
- Opportunistic infection diagnostic tools
 - Use of india ink for Cryptococcus Neoformans diagnosis
 - Parasitological stool analysis guide
 - Fluorescence microscopy
- Biologic, immunologic and virologic follow-up tools
 - PIMA test user manual
 - User guide for various techniques and devices most commonly used in West Africa for CD4 counts (Facs Count, Cyflow I and II, Guava)
 - Viral load measurement: transportation of samples, manual extraction guide
- Update of quantification tools as well as supply and inventory monitoring tools, with accompanying user guides

All tools were designed under a « Creative Commons » open license and are available upon request at: contact@solthis.org

Capacity building tools for healthcare personnel



Formation de pharmaciens à Niamey, Niger

Highlighting card games « therapeutic games »

This card game was developed by Solthis to address difficulties in mastering the material contained in the modules by healthcare workers. By reproducing real life situations dealing with antiretroviral prescription, the game teaches therapeutic regimens and their specifics using a sequential and dynamic approach.

The players deal with practical cases, in six categories: molecule / Protocol / Dosage / Treatment instructions / Side effects / Action to be taken.

Between 2009 and the end of 2011, 230 health workers (physicians, pharmacists, healthcare providers, etc.) participated in 20 Solthis trainings on ARV therapy in 4 intervention countries using the card game. The trainers as well as the trainees have been very enthusiastic, highlighting improvements in memorization and retention of treatment regimens.

The box contains:

- 132 cards in 6 categories
- a guide for trainers
- a guide for players



Solthis received financial support from Sidaction for the development of this game.



Coordination

Coordination in Paris

Coordination team

The coordination team handles program monitoring, scientific reflection, human resources and financial management, working group management, and represents the association at collective associations as well as national and international forums.

Three « flying » expatriate positions respond to cross-sector expertise needs for all Solthis programs: the Health Information Systems Manager, the Biology Manager, and the Training Officer are all expatriate positions. They split their time between field missions and the head office.

At the end of 2011, the coordination team was as follows:

Dr Louis PIZARRO, Chief executive

Sophie CALMETTES, Director of operations

Dr Florence HUBER, Medical Director (replaced in January 2012 by **Dr Rémi LEFRANCOIS**)

Etienne GUILLARD, Pharmacy Manager

Caroline GALLAIS, Donor Relations Manager

Dr Charlotte DÉZÉ, Training Officer

Alexandra ASCORRA, Biology Manager

Grégoire LURTON, Health Information Systems Manager

Cécile CARRÈR, Administrative and Financial Manager

Vanessa MONTROUSSIER, Human Resources Manager

Pénélope AUTRET, Communications Manager

AuréliE ELOY, Administrative and accounting assistant

Working in collaboration with our partners

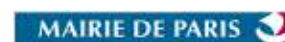
Financial Partners

In 2011, the following partners provided financial support for Solthis activities:

The Bettencourt Schueller Foundation has been Solthis' principle partner since its creation in 2003. In 2011, the Foundation continued to provide critical support benefiting all Solthis programs.



The **Mairie de Paris** has maintained a partnership with Solthis since 2009, supporting the medical management of people living with HIV/AIDS in Conakry, Guinea. This support helped us expand services from two to seven public facilities and triple the number of patients on treatment in the city.



In 2010/2011, Solthis was named a sub-recipient in the **Global Fund's** Round 8 in Mali for two technical assistance projects with the SE/HCNLA and the Ministry of Health: one focuses on Procurement and Supply Management, the other is support for decentralization of HIV patient management in the Mopti and Ségou regions. Solthis is also a Global Fund sub-recipient in Niger and Guinea, for training, operations research, and support for PMTCT programs.



With an ARV stock-out imminent in Guinea during the first half of 2011, the AIDS, Health, and Development Committee of the **Fondation de France** supported an emergency ARV purchase. This mobilization was able to prevent treatment breaks for 700 patients at the ASFEGMASSI association facility in Conakry.



Through their call for training projects, **Sidaction** supported the Solthis capacity building project for pharmacists in Mali and Guinea. With this grant, Solthis was able to train 47 pharmacists and dispensers as well as develop the card game "ARV therapy game", to increase acquisition of knowledge related to proper ARV use.



Working in collaboration with our partners

Academic Partners

Solthis encourages medical, anthropological, economic or political, collaborative, operational, collective and pluridisciplinary research. Indeed, all of these dimensions help increase understanding of HIV management on a local scale. Solthis is also always careful to provide feedback to its teams who are facing the day-to-day reality of the disease.

The scientific and technical expertise at Solthis is based on collaboration with pluridisciplinary partners:

● academic partners:

- **University Hospitals:** Pitié-Salpêtrière, Necker and Bichat Hospitals in Paris and the Hospital in Bordeaux
- **Institut Pasteur:** The Laboratory of Epidemiology and Emerging Diseases: operational research projects supported by the Institut Pasteur in Paris
- **ISPED:** Institute of Public Health, Epidemiology and Development: participation in the ISPED Masters Program. Student internships in the field.
- **ANRS** (National Agency for Research on AIDS and viral hepatitis/ Agence Nationale de Recherche sur le Sida et les hépatites virales)
- **RESAPSI/ANCA:** African Network for Care of People living with HIV/AIDS. Participation in RESAPSI workshops
- **Science Po:** (Institut d'études Politiques in Paris). Solthis gives seminars for the Masters of International Affairs, internships for students at the home office and in the field
- **IMEA:** (Institut de Médecine et d'Epidémiologie Appliquée) Institute of Applied Medicine and Epidemiology. Participates in the IMEA-DIU and funds students.
- **LASDEL:** (Institute of Public Health, Epidemiology and Development/ Laboratoire d'études et recherches sur les dynamiques sociales et le développement local) Socioanthropological research through investigative studies.
- **Post Graduate Diploma of Ouagadougou.**
- **EPICENTRE :** organizations of symposia
- **University of Pharmacy Chatenay Malabry:** gives courses for the Humanitarian Pharmacy module
- **Caen University:** Seminar for the Diploma in Humanitarian Pharmacy



● **associations:**

- Coordination sud: Health Commission
- Plateforme Elsa: Aides, Sidaction, Solidarité Sida, Mouvement pour le planning familial, Sida Info Service
- Remeds
- Vih.org/Crips

● **institutions:**

- Global Fund for the fight against HIV, malaria and tuberculosis
- Friends of the Global Fund in France
- WHO, UNAIDS
- French institutions:
 - Minister of Foreign and European Affairs
 - Ambassador for the fight against HIV/AIDS
 - GIP ESTHER

Scientific Communications



Scientific Communication

In 2011, the results of research projects were included in several scientific presentations.

- Affections neurologiques chez les PVVIH hospitalisés à Conakry : un diagnostic difficile malgré un impact majeur sur la mortalité – (Guinée). G. Choaken and al. ICASA, Addis-Abeba, december 2011
- Offre généralisée du dépistage VIH en milieu de soin: une urgence de santé publique. Expérience de 4 services des CHU de Conakry (Guinée). R. Vilain and al. ICASA, Addis-Abeba, december 2011
- Améliorer la prévention de la transmission du VIH de la mère à l'enfant en Guinée selon une démarche participative d'accompagnement au changement (Guinée). C. Dézé and al. ICASA, Addis-Abeba, december 2011
- Identification d'un cluster de virus à l'origine d'un taux élevé de résistances transmises aux ARV : le cas singulier de Madagascar (Madagascar). F. Lamontagne and al. ICASA, Addis-Abeba, december 2011
- Contribution de la virologie moléculaire à la compréhension de l'épidémie VIH de Madagascar (Madagascar) : F. Lamontagne and al. ICASA, Addis-Abeba, december 2011
- Bilan de 10 ans de prise en charge pédiatrique au CHU Gabriel Touré de Bamako (Mali). M. Sylla and al. conférence ICASA, Addis-Abeba, december 2011
- Dépistage de la tuberculose chez les patients vivant avec le VIH à Niamey : pratiques actuelles et perspectives. (Niger). R. Abba and al. ICASA, Addis-Abeba, december 2011
- Connaitre son virus : le rôle de la virologie moléculaire dans pour une meilleure compréhension de l'épidémie de VIH. (Madagascar). F. Lamontagne and al. ICASA, Addis-Abeba, december 2011
- Encourage appropriate use of pediatric antiretrovirals with a demonstration kit in pharmacies results 18 months after kit was made available in 2 HIV/AIDS pediatric treatment centers in Niamey, Niger. Etienne Guillard and al. 2011, ICIUM, Turquia, november 2011
- Development of a tool for simple visualisation of periods of arv therapy availability in a context of expanding treatment coverage Etienne Guillard and al. 2011, ICIUM, Turquia, november 2011
- The prevention of mother-to-child transmission of HIV in Mali. Thibault Mutel and al. IAS, Rome, July 2011.

Symposium Solthis – ICASA, Addis-Abeba, december 2011

- Dealing with uncertainty - the challenge of long term projections in low data resources countries. Grégoire Lurton, Etienne Guillard, Mouslihou Diallo



Symposium Solthis "Dealing with uncertainty: the challenge of long term projections in low data resources countries."
Addis Abeba, december 2011

Meeting in Addis-Ababa / ICASA – December 4-8, 2011

The 6th ICASA conference was held from the 4th to the 8th of December 2011 in Addis-Ababa, Ethiopia. Close to 10,000 people involved in the fight against HIV/AIDS attended: physicians, healthcare professionals, associations, institutions. Solthis teams were involved in this conference through:

- 4 posters
- 1 symposium
- 1 présentation orale
- 1 stand



Solthis' booth at the 2011 ICASA

First Solthis participation in the International Congress on the use of medicines

Two Solthis papers were presented at the 3rd Congress of the International Conference on Improving the Use of Medicines, which was held in Anatolya, Turkey the 14th to the 18th of November 2011.

The posters presented focused on:

- Evaluation of ARV availability
- The availability and use of pediatric demonstration kits in Nigerien pharmacies.

Solthis Newsletter

In 2011, two issues (n°11 and 12) were published in June and December.



Advocacy in 2011

Solthis has three main advocacy objectives: defend universal access to care for all, push for advancements in HIV management policies and practices, and improve the adaptation of international aid to local contexts. In 2011, Solthis led advocacy campaigns directed at the Global Fund, with NGOs from the Health Commission at Coordination SUD or occasionally with the French NGOs in the fight against HIV/AIDS. Within this context, Solthis was associated with the following actions:



- **5% Initiative: responding to country requests for expertise**

The 5% Initiative aimed to significantly increase French participation in Global Fund financing and provide as much as 5% of the annual funding (18M€/year). This initiative aims to respond to requests for technical expertise from francophone countries, to help with the development, the implementation, the monitoring and evaluation, and impact measurement of Global Fund grants. In 2011, Solthis participated in the discussion surrounding the objectives and methods of this initiative to better respond to needs identified in the field. In December 2011, Solthis was chosen by French NGOs to act as representative in the steering committee.



- **Social health protection in developing countries: looking at public aid to French development**

The study led by Solthis with the Health Commission of Coordination Sud analyzed the portion of French Public Aid to Development allocated to social health protection in developing countries between 2000 and 2011. The results were presented at a workshop organized by Coordination SUD on September 8th, 2011 in the presence of the French Development Agency and the Ministry of Foreign and European Affairs. It is available at www.solthis.org



- **The Global Fund's Partnership Forum in Sao Paulo (28-30th of June 2011)**

Solthis was invited, along with 400 representatives of organizations involved with Global Fund programs, to participate in a Partnership Forum held in Sao Paulo the 28th to the 30th of June 2011. The objective was to debate the Global Fund strategy for 2012-2016 as well as the institution's operational reform process. During the forum, Solthis joined the "implementers" group, actors in the field that implement Global Fund programs. The subjects hi-



ghlighted by this group were: the necessity of capacity building for Principle Recipients and Sub-Recipients; investment in program Monitoring and Evaluation, in connection with national Health Information Systems; improvements in the administrative and financial management by the Secretariat of the Global Fund, to reduce the delays that uselessly paralyze programs.

● **The Robin Hood tax on financial transactions**

The Robin Hood tax is a tax on global finance that could generate huge amounts of revenue to fight against poverty, against climate change, against diseases that kill millions of people every year. This tax of at least 0.05% on financial transactions could raise between 6 and 10 billion Euros every year in France. The 22nd of June 2011, Solthis participated in a citizens' demonstration to protest against the waiting game played by the G20 in regards to speculation. To follow this demonstration, a joint press release (Sol en Si, Aides, Sidaction, Solthis) was sent to the national media.



● **ACTA: free-trade agreement between India and the European Union**

As one of the largest generic drug manufacturer in the world, India has become the main "pharmacy" for developing countries. Generics represent 80% of the medication bought by international donors in 115 low and middle-income countries. Since 2007, the European Union and India have been negotiating bilateral free-trade agreements that reinforce intellectual property rights and hinder access to low-cost health products, such as vaccines or essential medicines. Worried about the reinforcement of intellectual property rights, Solthis and several other organizations mobilized to demand that the European Union and India to remove the measures in the agreement that aim to strengthen intellectual property rights. A related press release was sent to national media outlets.

Human resources

Personnel changes in 2011

● Coordination

- The Chief executive resumed his position 2011.
- The Director of Operations returned to her former role after temporarily filling the Executive Director position.
- The Program Coordinator finished his/her mission in August 2011.
- The Medical Director left the team in September 2011 and was replaced in January 2012.
- In August, the position of Donor Relations Manager was created to develop Solthis' financial diversification strategy.
- The Biology Director left his/her position in October and has not been replaced. After an assessment of labs in the field, a discussion was launched on future activities and new objectives for this position.

● In the field

- In Mali, strategic reorientation in the Ségou region led to the reduction of the national team. After finalizing the technical support for procurement activities, the Project Manager left the team in December. A project Manager was recruited to lead the health education program in the Ségou region.
- In Niger, the staff was reduce following security problems occurring at the beginning of the year. The team was reorganized and the Pharmacy Manager continued to monitor activities from headquarters. A Data Manager was recruited to provide support for database operationalization.
- In Guinea, improvements in the security situation allowed redeployment of a complete expatriate team.
- A team of three expatriates opened the new Solthis program in Sierra Leone in October.
- The Solthis program in Burundi closed at the end of 2010, the local staff was laid off and the expatriates were moved to other Solthis programs.

Human resources

Personnel development

● Training

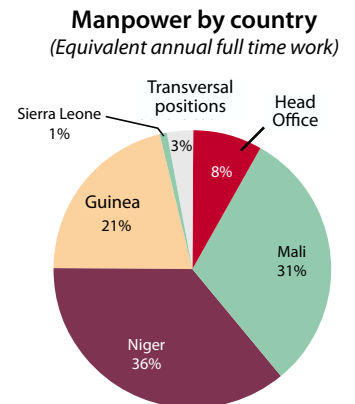
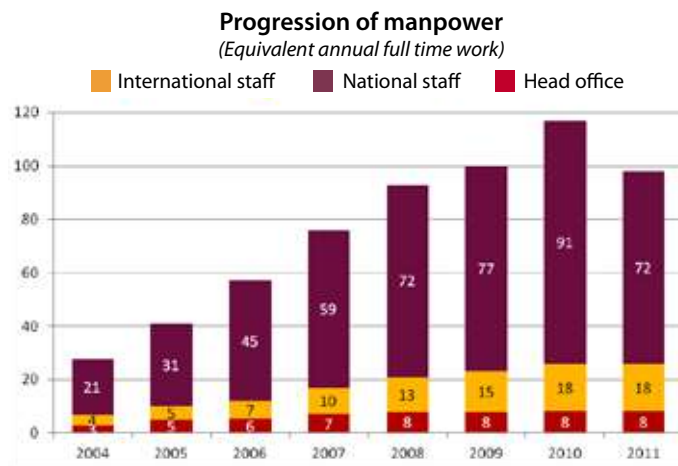
- 25 trainings and 4 internal workshops were held
- 37 Solthis personnel participated in at least one training session during the year (7 head office employees, 15 expats, and 15 national employees)

● Participation in international congresses/conferences

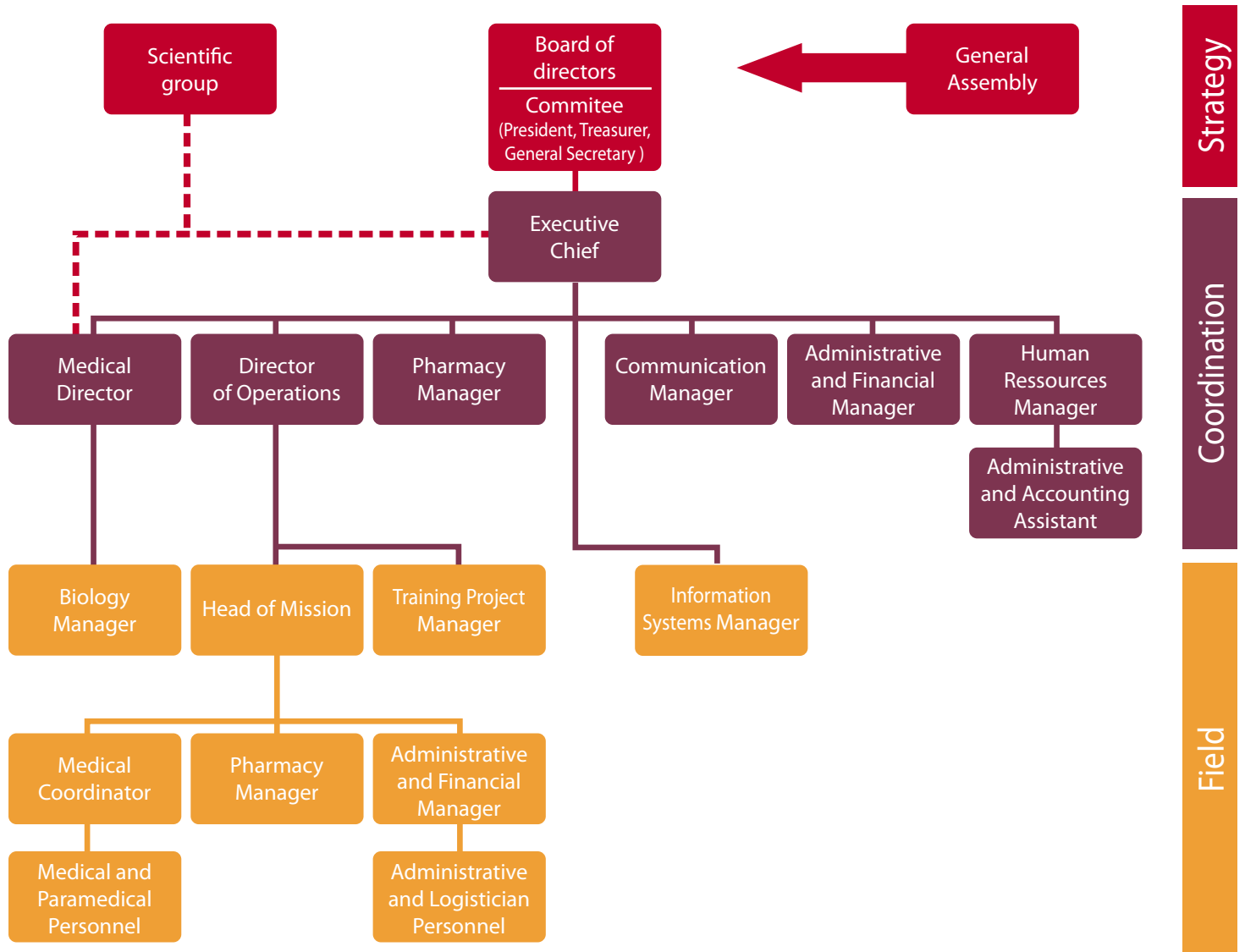
- 20 Solthis employees attended one or multiple international conferences
- Solthis participated in 7 international congresses
- 22 employees participated in the General Assembly and Solthis' scientific day in Paris.

● Internal mobility

- A Head of Mission, a Medical Coordinator, and an Administrative and Financial Manager were sent to open the new Solthis program in Sierra Leone
- A Medical Coordinator was promoted to Head of Mission.
- An Administrative and Financial Assistant was promoted to Administrative and Financial Manager.
- A Medical Manager was promoted to Medical Coordinator



Organization



Financial report

Financial Statements

Income statements (€)

ORIGIN OF FUNDS	2011	2010
Grant from the Bettencourt Schueller Foundation	2 637 800	2 585 500
Other grants (Global Fund, Mairie de Paris, Frio, Sidaction)	430 878	548 423
Carryover of unused resources	421 693	424 946
Others	66 986	17 242
TOTAL RESOURCES	3 557 357	3 576 111

USE OF FUNDS	2011	2010
Operating costs	3 192 826	3 138 092
Investment costs	4 650	8 955
Exceptional expenses	16 047	7 874
Dedicated funds 2011	325 170	421 693
TOTAL USE	3 538 693	3 576 614

NET INCOME	18 664	- 503
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Balance Sheet (€)

ASSETS	2011	2010
Fixed asset	194 254	297 373
Drugs stocks		1 338
Receivables	305 900	18 972
Investment	54 998	54 998
Cash	232 438	530 252
Prepaid expenses	66 718	63 282
TOTAL ASSETS	854 308	966 214

LIABILITIES	2011	2010
Reserves	300 469	300 972
Dedicated funds	325 170	421 693
Result of the exercise	18 664	-503
Other Indebtedness	140 218	102 381
Outstanding bills	17 787	21 671
Income Post In Advance	52 000	120 000
TOTAL LIABILITIES	854 308	966 214

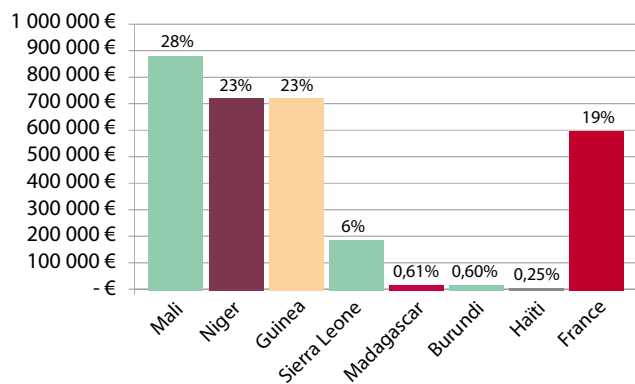


Results 2011 by country and by activity

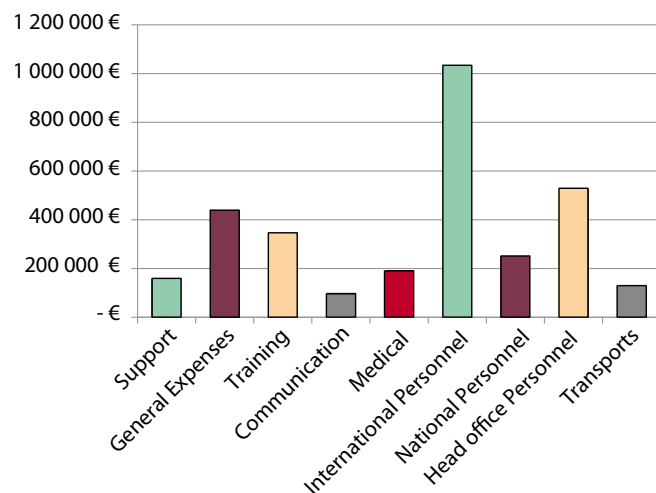
Sections	Mali	Niger	Guinea	Sierra Léone	Mada-gascar	Burundi	Haïti	France	Total	%
Support	42 635 €	40 174 €	35 763 €	19 196 €	3 183 €	19 242 €	6 410 €		166 602 €	5%
General Expenses	74 223 €	53 820 €	104 011 €	25 035 €				180 389 €	437 478 €	14%
Training	131 022 €	97 083 €	70 693 €	12 336 €	1 679 €		1 725 €	36 366 €	350 904 €	11%
Communication	17 127 €	20 245 €	12 437 €	5 585 €	155 €			26 457 €	82 005 €	3%
Medical	53 458 €	10 765 €	119 561 €	0 €	14 537 €				198 321 €	6%
International Personnel	363 417 €	333 502 €	261 208 €	99 617 €					1 057 743 €	33%
National Personnel	93 511 €	99 801 €	49 925 €	667 €					243 904 €	8%
Head office Personnel	59 383 €	59 383 €	59 383 €	25 450 €				356 135 €	559 735 €	17%
Transports	50 657 €	37 390 €	19 735 €	7 483 €				1 563 €	116 829 €	4%
Total	885 432 €	752 163 €	732 716 €	195 369 €	19 554 €	19 242 €	8 135 €	600 911 €	3 213 522 €	100%
%	28%	23%	23%	6%	0,61%	0,60%	0,25%	19%	100%	

The difference between the total 2011 results and all the charges in the income statements correspond to the funds held over in 2011, as 325 170 €.

Results 2010 by country



Results 2010 by activity



Financial report

Analysis and comments

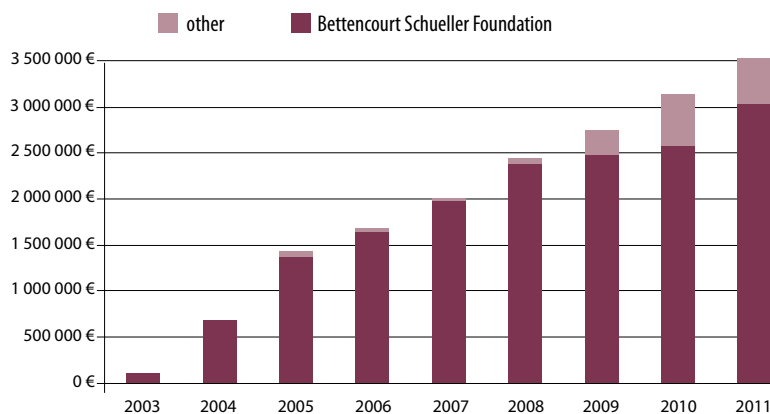
- 3 213 522 € were spent in all countries combined, representing a growth of + 7% compared to 2010.
- A total of 94% of the allocated budget was spent, indicating an increased realization rate. The difference is mainly due to the expected funds, not received, from the Global Fund.
- In 2011, 81% of the funds were allocated to programs in the field. Spending in the Head Office represented 19% of costs.
- Human resources (head office, international and national personnel) in 2011 represented 58% of total costs. This is an indication of the specificity and the central role of Solthis, which is to provide expertise and technical assistance.
- Total cumulated spending since 2003 was 17 172 083 € including 16 103 765 € from the grant agreement signed with the Bettencourt Schueller Foundation, or 94% of funding.
- 19 242 € were dedicated to the closure of the Burundi Program.
- 8 135 € were allocated to the exploratory mission in Haïti and the mission of the Fame Pereo Executive Director in France.



Progression of our sources of funding

- In 2011, Solthis developed new sources of funding, such as the Fondation de France
- Funds expected from the Global Fund in Niger and in Mali couldn't be paid in 2011 but should be paid in 2012.

Progression of our sources of funding



Sources of funding

	Results 2011	%
Bettencourt Schueller Foundation	2 637 800 €	75,57%
Fondation de France	20 000 €	0,57%
Mairie de Paris Guinea	120 000 €	3,44%
FRIO (Coordination Sud - MAEE)	5 000 €	0,14%
Sidaction	8 000 €	0,23%
Dedicated funds 2010	421 693 €	12,08%
Global Fund Mali (to be received)	290 880 €	8,33%
Global Fund Guinea	-13 002 €	-0,37%
Total	3 490 371 €	100%

Budget 2012

- The 2012 budget forecast includes a 14% increase in spending compared to 2011.

Country	2012	%
Mali	816 598 €	23,22%
Niger	725 241 €	20,62%
Guinea	708 960 €	20,16%
Sierra Leone	504 164 €	14,33%
France	579 413 €	16,47%
Madagascar	43 581 €	1,24%
Haiti	139 085 €	3,95%
Total	3 517 042 €	100%

Glossary

AQMI	Al Qaeda in the Islamic Maghreb
ARV	Antiretroviral therapy
CCM	Country Coordination Mechanism
CRENI	Intensive nutritional centers (centre de renutrition intensive)
IMEA	Institute for Medicine and Applied Epidemiology (Institut de Médecine et d'Epidémiologie Appliquée)
LNR	National Reference Laboratory (Laboratoire national de référence)
M&E	Monitoring and Evaluation
NGO	Non Governmental Organization
OI	Opportunistic Infections
PLWHA	People living with the HIV/Aids
PMTCT	Prevention of the mother-to-child transmission
PSM	Procurement and Supply Management
VL	Viral Load

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Let's work together!

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