Scientific commitment for universal access to health
2014 Activity Report

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Glossary

This report has been printed in July 2015. The financial report has been certified by the expert Accountants at the Auditors Price Waterhouse Cooper and by Solthis General Assembly.

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In 2014, Solthis continued its internal reflection on the evolutions in the fight against HIV/AIDS in Africa and the public health priorities of the countries where it operates. The results in terms of access to healthcare are considerable. In all corners of the world, women, men and children are today able to live normal lives thanks to ARV treatment. Numerous healthcare teams were trained in testing and treating patients. Nonetheless, the situation remains worrisome in the most remote areas and within the parts of the population which are the most vulnerable to the disease. Meanwhile, other infectious diseases such as tuberculosis and hepatitis continue to affect the subregion, in addition to maternal and child health, which remain priorities in Africa.

This is why we have chosen to allow our actions to evolve. Built on our 10 years of experience in supporting healthcare systems, we have become THERAPEUTIC SOLIDARITY and INITIATIVES FOR HEALTH.

In this report, you will find the first activities carried out in these fields of action. You will also discover how our association has adapted its economic model to attain critical size, finding new institutional and private funding in order to ensure our activities in the long term.

In 2014, the Ebola epidemic in West Africa shocked and challenged the world. With an unprecedented geographical propagation and duration, the epidemic left Guinea and Sierra Leone brutally shaken. Thousands of people lost their lives in the epidemic, including hundreds of healthcare workers and colleagues. And yet, how many people also suffered indirectly due to malfunctioning healthcare systems? How many people living with HIV had to stop their treatments? Solthis worked to support local teams in health centres and through community associations. The preliminary data were presented at the CROI in February 2015 and published in The Lancet. The challenge of reconstructing health systems has not been accepted, and we hope to contribute our knowledge to this task, crucial to these countries’ future.

Lastly, Solthis inaugurated their advocacy component by publishing a report on Managing Risk in Fragile States based on concrete facts (meetings with 140 actors and 4 field missions). This report advocates for putting public health risks back in their rightful place, before financial risks, in order to put the health of the most fragile populations first.

Dr Louis Pizarro, MD, Chief Executive Officer
Solthis’ mission

Created in 2003, the international solidarity NGO Solthis, Therapeutic Solidarity and Initiatives against AIDS, became Therapeutic Solidarity and Initiatives for Health in 2015. It aims for improving access to health care for populations living in resource limited countries by helping to strengthen health systems in the countries where Solthis operates.

In order to respond to the HIV pandemic, Solthis has supported national actors and health care professionals from health facilities in Africa for over 10 years in order to facilitate high quality, accessible and sustainable treatment for people living with HIV/AIDS.

Based on its expertise, Solthis will expand its scope of action to other health issues like tuberculosis, hepatitis and public health priorities as defined by our partner countries such as mother and child health.

Mobilising an academic multidisciplinary expertise

Solthis was created by doctors who had a background in university hospitals. Today, the association is managed by employees and volunteers who are all professionals from various health sectors. Its specialty is building and implementing programmes based on multidisciplinary and academic expertise in order to include all dimensions of health issues: medical, epidemiological, anthropological, social, economic or political. Solthis also promotes exchanges of knowledge and North-South partnerships with university hospitals, research institutes, universities and international associations.

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

The Solthis teams work directly in the field while respecting the principle of non-substitution. They provide support to local actors without replacing them. They respond to requests from national authorities and develops concerted action programmes with them. Solthis’ programmes are grounded in a global, sustainable and long-term development approach. Solthis’ teams strengthen present public health facilities with the objective of gradual withdrawal and empowerment. Our strategy of intervention is based on a global and sustainable approach including the different elements which have an impact on individuals' health: health system of the country, and national and international ecosystems. Our three modes of action allow us to take action on those main components. We especially operate through strengthening systems and health services by acting at all levels, from local health structures to international donors.

Capacity building for health systems and services actors

- Institutional support for operational policies related to HIV/AIDS care
- Participatory analysis of the capacity needs of HIV/AIDS healthcare structures
- Training of trainers for institutional partners in needs analysis, facilitation, active teaching methods and evaluation of practices
- Lifelong learning for medical staff in HIV/AIDS care and health systems strengthening, in accordance with adult education principles
- Organisational advice for healthcare structures in order to ensure functional circuits for patient care, commodities supply and biological samples
- Daily formative support for medical staff to strengthen quality care
- Occasional support for equipment purchase and structure rehabilitation

Operational research – the scientific reflection that supports action

- Turn operational issues into research questions
- Plan scientifically validated solutions to make policies and funding evolve
- Promote local scientific research and academic partnerships between the North and the South
- Valorise results in the international scientific community

Advocacy - promoting fair access to care for all

- Develop practices and policies in HIV/AIDS care
- Participate in reducing the inadequacies between international aid and realities in the field
- Defend access to treatment at a fair price for all
- Advocate for universal health care coverage
Solthis has built its strategy of intervention to strengthen the main aspects of health systems and services in order to improve the access and the quality of care for all populations.

1. Human resources skills: train, support and empower health care teams on-site

Solthis supports health facilities' teams to build their capacities. The professionals involved are clinicians, nurses, midwives and other health professionals from testing and health centres who follow the patients throughout their illness. Solthis medical teams provide direct support in daily practice: classroom or on-site training, purchasing equipment, advice on the organisation of treatment and task shifting.

2. Access and quality of biological and viral monitoring: support for laboratories and technical platforms

The laboratories must be able to perform biochemical and haematological tests and specific HIV tests such as diagnostic testing, 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 have also been developed to strengthen these scientific collaborations.

3. Access, availability and quality of drugs: support the pharmaceutical sector and secure the supply chain

Solthis provides technical assistance to improve the expertise of supply managers along the different steps in the supply chain to avoid stock-outs: selection, quantification, supply procurement, stock management and distribution to outlying centres. The quality of dispensation is also important. Solthis supports all institutional (national and regional) and local actors: coordination of participants, drafting recommendations and training professionals.

4. Access to reliable health data: support health information systems to collect, analyse, evaluate and manage

Collecting data is essential for patient follow-up, analysis of the epidemic and evaluation of programmes. Solthis assists its partners with the technical choice of computer equipment and statistical software, with integrating the process of follow-up/evaluation into the healthcare system and by training users.

5. Coordinating national health policy actors

Solthis shares its expertise with national partners by participating in technical medical committees and by helping draft national policies on health, especially on the fight against AIDS through guides, protocols and decentralisation plans. Solthis also helps drafting funding proposals, in particular for the Global Fund for the fight against AIDS, tuberculosis and malaria.
The Scientific Working Group

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Solthis' activities

Governance

Composed by international experts in infectious diseases, public health and development, the working group provides advice and expertise for Solthis’ actions and programmes. The members also participate in temporary missions in the field to provide support and training.

Activity Report 2014
General health context

In Mali, despite significant progress, HIV, malaria and tuberculosis remain major health issues. According to the Global Burden of Disease study, malaria, lower respiratory infections, protein-calorie malnutrition, diarrheal diseases and neonatal infections are the 5 first causes of death. HIV rose from 24th place in 1990 to 10th place in 2013.

Hepatitis is a public health issue in Mali, and a recent study put its prevalence at 15%. The particularity of this virus is its capacity for child transmission: from the mother to her child and during early childhood.

Since the Ebola epidemic warning in Guinea in March 2014, Mali has put a contingency plan in place oriented toward prevention and identifying medical personnel and the population due to the country’s proximity to Guinea. A WHO-lead Task Force, coordinated by the Ministry of Public Health and Hygiene was created. Solthis participates in the Task Force and regularly offers its technical support. Mali was faced with 8 cases, leading to 6 deaths, related to the Ebola virus. The WHO declared the end of the epidemic on 18th January.

HIV/AIDS

In Mali, the adult HIV/AIDS prevalence is at 0.9%. According to UNAIDS (2014), 97,000 people were living with HIV/AIDS in 2013 including 16,000 children under the age of 15. In 2014, there were an estimated 4,208 new infections (SPECTRUM estimations, 2014). The majority of those affected by the virus were women as they represented 60.5% of the 81,000 people over 15 years-old living with AIDS.

The Report on the Global AIDS Epidemic (UNAIDS 2014) indicates that in 2013, out of 81,000 people needing antiretroviral treatment, 26,700 declared that they were receiving treatment, corresponding to a 33% rate of coverage.

The epidemic is concentrated in certain key populations due to their high level of exposure to the virus: sex workers, men who have sex with men (MSM), injection drug users and transit or mobile populations such as truck drivers. For example, HIV prevalence among sex workers was at 34.2% in 2012 according to the latest national UNGASS report, or 27 times the national rate.

Objective of Solthis’ intervention in Mali

Solthis has been working in Mali since 2003, initially within the framework of a 5-year partnership with the Ministry of Health. The objective of the partnership was to facilitate access to quality patient management in the Segou region. In 2009, an external study at 5 years provided an assessment for the first phase of the Solthis intervention, and defined objectives for a second intervention phase that began in 2010. This second intervention phase consisted of a progressive disengagement of medical support in Segou, and the expansion of activities in the Mopti region. Since November 2009, Solthis has benefited from a grant from the Global Fund for providing technical assistance in decentralising HIV treatment in the Segou, Mopti and Bamako regions.

Evolution of the Malian security context

The declining security situation had already led Solthis to re-examine how it organises its in-country teams in 2012 and 2013. In 2014, the security and institutional crisis impacted Solthis’ Mali programme in an irregular manner. In the Mopti region, Solthis had to limit the movements of its personnel to Mopti city during the first three trimesters of 2014, which negatively impacted decentralisation and support activities in the region’s circles. Nonetheless, support was extended to the Bankass site in the 4th trimester.

Our actions in 2014

I. Support to coordinating bodies

In 2014, Solthis continued its partnership with national and regional coordination partners. The Provider-Initiated Testing (PIT) strategy, adopted in the national plan, has been implemented by the regional officers. Solthis and its Malian partners (DRS, CS Réf and CSoCom) have agreed on a strategy for transferring skills to partners as a necessary part of the sustainability of the partnership. In this perspective, Solthis reinforced the DRS in terms of their training in PIT, and their roles of supervision and in monitoring and evaluation.

Key figures

- 2,165 patients receiving ARV treatment in the sites supported by Solthis
- 29 sites supported
- 118 healthcare professionals trained in 2014
90% of pregnant women seen in antenatal consultations were tested in supported sites.

100% of the children coinfected by TB-HIV and tested at the regional Hospital supported by Solthis benefitted from ARV treatment.

Mali 2014 summary

II. Support to healthcare teams

29 sites were supported in total, including 12 which conduct paediatric and adult treatment and 19 which have Prevention of Mother-to-Child Transmission (PMTCT) activities.

• In Bamako: Solthis has supported 2 referral health centres since 2012 in communes II and III, which have an adult/paediatric treatment site and a PMTCT site.

• In Mopti: In 2014, Solthis supported 10 of the 13 adult and paediatric treatment sites and 17 of the 50 PMTCT sites in the region.

1. Testing

Solthis continued Provider-Initiated Testing actions targeting pregnant women and tuberculosis patients, and redoubled their efforts among priority groups: patients suffering from STIs, malnourished children and hospital patients.

• Bamako

The medical and paramedical personnel of the CS Réfs (Referral Health Centres) in communes II and III were trained in Provider-Initiated Testing techniques for counselling, announcing results, referrals to prescribers and filling out patient files.

On-site accompaniment and guidance allowed for increasing the offer of testing for the targeted priority groups in the 2 Bamako CS Réfs.

Circuits for patient care were reorganised and advocacy was conducted to propose systematic testing for women with at-risk pregnancies referred by peripheral community health centres.

• Mopti

In Mopti, the 2014 results are better than those from 2013, as there has been an overall increase in the overall availability of testing. In the region’s supported circles, the testing rate among severely malnourished children was at 36% on average, with great disparity between sites, which may be explained by a high turn-over rate in human resources and stock-outs in testing kits and consumables.

In Mopti city, where Solthis concentrated its efforts in the URENI (Children nutrition units), there is a notable and progressive increase in the availability of testing among severely malnourished children. At the regional hospital, 100% of the severely malnourished children were tested in 2014, despite the fact that this activity was almost completely interrupted in 2013 due to the security context.

• HIV/ hepatitis B testing

All year, Solthis advocated in Bamako and in the regions for hepatitis B testing among PLHIV and for prescribing an adequate treatment scheme. The current first-line treatment protocol is compatible with HIV and hepatitis B. Unfortunately, a lot of work remains to be done as supplies in diagnostic tests for the hepatitis B virus are not sufficient enough to evaluate full treatment.

• Tuberculosis testing among HIV+ patients

In 2014, efforts were focused on tuberculosis evaluation among all HIV patients being treated or in their first consultation. The Global Fund added this indicator to the indicators included in the performance framework to improve the quality of patient treatment and care. The availability of testing in the country only covers 55% of tuberculosis patients, with a positivity rate of 10%.
Focus on paediatric treatment and prevention of mother-to-child transmission

Paediatric treatment
Implementation of the paediatric active file is quite a challenge in Mali and in Solthis' intervention sites. In Mopti, children represented only 8% of the overall active file. The objective is to reach at least 10 of the overall file.

Between 2013 and 2014 in the 10 supported sites in Mopti, the paediatric active file increased by 36%, which is the result of testing in the URENI (intensive renutrition units) and the administration of treatment to malnourished children who test positive. Nonetheless, this increase was not observed in all sites: Solthis is thus continuing its efforts for improving paediatric treatment and care and the management of lost to follow-up by updating patient data.

Prevention of mother-to-child transmission (PMTCT)
In 2014, 19,653 pregnant women received antenatal consultations (ANC). Among them, 11,882 were tested for HIV/AIDS and 79 were diagnosed as being HIV+. 78 HIV+ women were able to receive ARV treatment, representing a 99% treatment rate. Out of 79 were diagnosed as being HIV+, 78 HIV+ women were able to receive ARV treatment, representing a 99% treatment rate. Out of all the pregnant women who received ARV, 44 of them received ARV treatment, representing a 99% treatment rate. Out of all the pregnant women who received ARV, 44 of them received ARV treatment, representing a 99% treatment rate.

In 2014 Solthis continued its training, on-site support and supervision activities in Mopti city, aiming to improve monitoring and patient retention within the healthcare circuit, management of therapeutic failures and ARV treatment based on CD4s (see table on trainings).

III. Support to health information system managers
During the inventory of the supported health structures, Solthis provided assistance with updating data on patient treatment and on PMTCT by assisting with quality control, compilation and analysis of the data. Continuing training on the ESOPE software remains a priority.

IV. Support to professionals in charge of technical platforms
Solthis revitalised its biological monitoring (viral load and CD4) activities in Bamako and financially supported the HIV point-person in commune III for sending CD4 and viral load (VL) samples to the INRSP for monitoring of HIV patients. Two practical trainings allowed two biologists from the Sominé DOLO hospital to be trained in using the viral load machine, in estimating supplies and consumables and in interpreting, monitoring and evaluating results.

2- On-site support
- In Bamako:
  Regular support visits and a post-training follow-up were conducted by the Solthis medical team on the following themes: targeted testing, therapeutic patient education, and adherence. In collaboration with Arcad Sida, a training on therapeutic education was held for the healthcare professionals of the two centres. In total, 735 people (including 692 adults and 43 children) received ARV treatment in 2014, in the two Bamako sites supported by Solthis, representing an overall increase of 25% as compared to 2013. Although these figures are encouraging, Solthis is continuing its efforts, particularly with regards to patients lost to follow-up, the growing number of which can be explained by the multitude of treatment sites in Bamako.

- The Mopti region:
  In the 10 sites supported by Solthis in Mopti for adult and paediatric treatment, 923 patients are regularly treated and monitored, including 854 adults and 99 children. In 2014 Solthis continued its training, on-site support and supervision activities in Mopti city, aiming to improve monitoring and patient retention within the healthcare circuit, management of therapeutic failures and ARV treatment based on CD4s (see table on trainings).
Solthis provided technical and financial support for bringing the molecular biology operations of the Sominé DOLO hospital laboratory up to technical standards. Lastly, support to the Bamako site was provided on compilation, quality control, analysis and interpretation of CD4 and viral load results in the health centres of communes II and III.

Summary of activities, trainings, workshops, Regional Therapeutic Committee held in 2014

<table>
<thead>
<tr>
<th>TOPICS</th>
<th>PARTICIPANTS</th>
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<tbody>
<tr>
<td>Initial training on HIV management</td>
<td>11 doctors from Mopti region</td>
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<tr>
<td>Initial and Refresher training on targeted Provider initiated testing and counseling</td>
<td>13 persons including 8 doctors, 4 site agents and 1 nurse from health centers of Bamako</td>
</tr>
<tr>
<td>Initial and Refresher training on Therapeutic Provider Education</td>
<td>2 ART prescriber and provider doctor, 1 provider pharmacist and 1 counselor from Bamako</td>
</tr>
<tr>
<td>Initial Training on paediatric HIV management</td>
<td>11 doctors from Mopti region</td>
</tr>
<tr>
<td>Initial Training of health workers on PAT/TC</td>
<td>20 health workers from Mopti region (doctor, midwife and obstetrician nurse)</td>
</tr>
<tr>
<td>Refresher training on PAT/TC</td>
<td>20 health workers from Mopti region (doctor, midwife and obstetrician nurse)</td>
</tr>
<tr>
<td>Regional Therapeutic Committee on provider-initiated HIV testing among children suffering from malnutrition</td>
<td>36 persons involved in HIV in Mopti region (health workers and board members)</td>
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<tr>
<td>Internships on measurement of the viral load at INRSP in Bamako</td>
<td>1 pharmacist and 1 laboratory technican of Sominé Dolo hospital in Mopti</td>
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<tr>
<td>Perfecting course in Côte d’Ivoire on PLHIV management</td>
<td>1 adult prescriber doctor from medicine department of Sominé Dolo hospital in Mopti</td>
</tr>
<tr>
<td>Data regional supervision on overall management and HIV testing among children suffering from malnutrition in partnership with DRS (Regional Department of Health)</td>
<td>Sites of management in Mopti region CREIs in Mopti region</td>
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V. Support to procurement managers

In 2014 Solthis provided support in surveying the availability of stocks with pharmacists and providers and in monitoring and evaluating the consumables so that orders may respond to needs as adequately as possible. An Excel spreadsheet on dispensation was made available to the sites where the ESOPE software is not installed in order to document dispensation as best as possible.

- Solthis supports the Regional Department of Health (DRS) during monitoring and evaluation of site reports who transfers the data to the Excel database once validated by the GTSER (regional monitoring and evaluation technical group). The data is then sent to Bamako (CSLS, DNS and HCNLS). One of the priorities for 2014 was to contribute to the quality enhancement of monitoring and evaluation activities.
- To better clarify cohort outputs (deaths, lost to follow-up, and transfers) and incoming flows, Solthis offered to actors, upon the request of the DRS, the combination of an Excel spreadsheet and a graph which allows for better readability of data and improved monitoring of the active file.

Health Education Project

As a part of the Health Education Project (EPS), cofunded by the NGO Intervida (which has become EDUCO), Solthis has conducted activities with the national and regional coordinating bodies as well as local actors in the fight against HIV/AIDS (Walé NGO, Alphalog, PLHIV associations) for improving treatment and maintaining the healthcare circuit of PLHIV in the circles of the Ségou region since November 2012. In 2014, Solthis and its partners evaluated the results of the EPS project among the populations which had been trained or sensitised on STIs, HIV and AIDS (sex workers, men who have sex with men, and young people) in the Ségou region.

The main lessons learned from this evaluation:

- Key populations: The level of knowledge on the principle modes of transmission of HIV is satisfactory. Nonetheless, prejudice surrounding the virus remains high, as do high-risk practices and the pervasiveness of stigma.
- 95% of teachers think it would be good to talk about HIV/AIDS in class. The level of knowledge among teachers is very satisfactory. Teachers very rarely stigmatise PLHIV.
School-age students in Ségou and Macina: Questionnaires filled out by 150 students were analysed. The level of knowledge on STIs and the modes of transmission of AIDS is overall satisfactory, although many misconceptions remain: 9.6% among them still believe that HIV/AIDS does not exist and 48% believe that HIV is transmitted through mosquito bites. However, the level of stigmatisation remains low.

Operational Research
Solthis organised a workshop on hepatitis B and C in order to initiate a framework for reflection on treatment of viral hepatitis in the country. This workshop brought numerous actors from the medical sector together. Two subjects were identified as priorities:
- Reducing mother-to-child transmission of hepatitis B through a strategy which associates administering Tenofovir to the pregnant woman and vaccinating the new-born child.
- Assembling a cohort of patients carrying the hepatitis B virus in Mali.
A national workshop for reflection on these two subjects is planned for February 2015.

The way forward in 2015
Priorities include:
- Improving management of health data to avoid an increase in adult and paediatric patients lost to follow-up and stock-outs
- Testing: reinforce targeted provider-initiated HIV testing for undernourished children, people suffering from TB and suspected of having TB and patients presenting with a STI
- Key populations: improve access to healthcare (counselling, testing, and treatment) and to sexual and reproductive health services. Participate in reducing the level of discrimination against PLHIV
- Paediatric care: reinforce early testing for children exposed to HIV by PCR/DBS. Improve the connection between testing and management of undernourished HIV-positive children
- Operational Research: participate in an international study on preventing mother-to-child transmission of the hepatitis B virus
Niger has one of the highest fertility rates in the world, with over 7 children per woman. According to a study by ESDN/MICS in 2012, the health situation improved between 2006 and 2012 in terms of maternal mortality (709 vs. 355 deaths per 100,000 births) as well as infant mortality (81 vs. 511%) and prevalence of children under five years old (198 vs. 127%). The steps taken to control and respond to health issues remain maternal and neonatal mortality as well as adolescent fertility.

According to the WHO, 850,000 cases of malaria have been recorded each year since 2010, which demonstrates that malaria remains the major epidemiological and the primary cause of morbidity and mortality among the most fragile populations: children under five years-old and pregnant women.

In Niger, tuberculosis is among the top 10 causes of death. The number of cases detected has risen over the last 3 years by 3.7% per year, while the rate of success of therapy for new PTB+ cases has declined: 82% in 2010 and 76% in 2012. This strong regression is explained by the increase in patients lost to follow-up. The management of HIV/AIDS – TB coinfection is estimated at 1.3% by the WHO and constitutes a concern for health policy in Niger.

In total, 303 health sites supported in 2014

In the final year of implementation. Sothis consolidated its efforts in training on PITC in CRENI (Intensive Nutritional Rehabilitation Centres) throughout the country, which led once again to improve testing rates among hospitals. With regards to the HIS, data collection and file completion were improved in all sites. Sothis is also collaborating on the National Health Information System reform and on integrating HIV data into the system.

A multi-country CASSIS workshop took place in Niamey in November 2014, in the presence of UNAIDS Niger, UNAIDS Guinea, CASSIS Niger, ULSS Niger, Sothis Niger, 4 mentor-doctors from Tillabery/Dosso, Sothis Guinea, CNLS Guinea, and PMNPCP Guinea. This workshop allowed for sharing experiences and for taking a step back to look at successes, challenges and difficulties faced in Niger and in Guinea with the CASSIS project before beginning the project’s final year of implementation.

The improvement of the availability and use of data at the various levels of the healthcare pyramid (local, regional, national) in strategic analysis (assimilation, evaluation, management).

The extension and improvement of the quality of treatment and access to healthcare:

The promotion of Provider-Initiated HIV Testing and Counselling (PITC), with a priority given to testing children suffering from malnutrition, pregnant women and tuberculosis patients.

Sothis continues its PITC in CRENI (Intensive Nutritional Rehabilitation Centres) throughout the country, which lead once again to improve testing rates among children suffering from malnutrition. 97% of children who visited the CRENI of Niamey were tested on monitoring and commencement of treatment for children who tested positive. Sothis also focused on offering HIV testing to tuberculosis patients, especially children, and on monitoring and convenement of health issues for children who tested positive. Thus, in the sites supported by Sothis, 77% of tuberculosis patients were tested, and the proportion of HIV + tuberculosis patients receiving ARTs has once again increased (85% in 2013 as compared with 95% in 2014).

Sothis is also collaborating on the National Health Information System reform and on integrating HIV data into the system.

The extension and improvement of the quality of treatment and access to healthcare:

The promotion of Provider-Initiated HIV Testing and Counselling (PITC), with a priority given to testing children suffering from malnutrition, pregnant women and tuberculosis patients.

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According to the UNAIDS report, the active file between December 2013 and December 2014 represents 11,517 patients receiving ART in Niger. On 31st December 2014, the ULSS report estimated the active file as 13,429 patients. This active file is made up of 5,546 men and 7,883 women. In total, 657 children under 15 years old, or 4.9% of the total active file are being treated. In 2013, according to UNAIDS, only 35% of ARV needs were being covered in the adult population (≥ 15 years old).

Objectives of Solthis’ Intervention

Beginning in 2004, Solthis has implemented a programme aiming to improve access to quality treatment and care for all people living with HIV/AIDS. In 2014, Solthis continued to support the decentralisation initiated with the CASSIS project, launched in 2013. This project, which aims to facilitate access to healthcare for populations located in peripheral zones, is implemented in collaboration with the ULSS, the Regional Public Health Directorates and the District Officers Teams in the Dosso and Tillabéry regions.

In 2014, Solthis supported 29 sites in Niamey and in 7 regions (Agadez, Diffa, Dosso, Maradi, Tahoua, Tillabéry and Zinder).

Our actions in 2014

1. Support to coordinating bodies

In 2014, Solthis succeeded in advocating for the consideration of infected adolescents within the national strategy for treatment and care and for broadening the package of free complementary exams, and especially medical imagery exams for PLHIV. This advocacy relied on the concrete results of the operational research project on tuberculosis diagnosis among PLHIV developed by Solthis in 2013.

- ULSS (the Sectoral Health Unit for the Fight against STIs/HIV/AIDS):
  - Collaboration and technical support for the joint implementation of the CASSIS project
  - Technical support to the ULSS in carrying out trainings and a reflection workshop on therapeutic patient education (TPE) and psychological care and treatment.

- CISLS (the Intersectoral Coordination for the Fight against AIDS):
  - Support in preparing request documents for the Global Fund
  - Collaboration on the CASSIS consortium
  - Implementation of pharmacy software, under the leadership of the Pharmacies and Laboratories Directorate (DPHL/MT)
  - Support in practical aspects of the implementation of Support in Adherence Fund and Support for Complementary Exams Fund for diagnosing tuberculosis among PLHIV.

- CCM (Country Coordinating Mechanism)
  - Assistance in the process of reorganising the CCM
  - Participation in preparing the country dialogue and in writing the concept note.

- PNLT (the National Programme for the Fight against Tuberculosis)
  - Participation in validating the National Strategic Plan for the 2014-2017 period.

- DGSR (General Directorate of Reproductive)
  - Restitution of Solthis’ intervention strategy on the prevention of mother-to-child HIV transmission (PMTCT) for the next 5 years, and sharing of the situational analysis of the treatment and care of HIV+ adolescents in the sites supported by Solthis in Niamey.

II. Support to healthcare professionals

1) Supported sites

- Continued support to adult prescribing centres in Niamey

In 2014, Solthis continued its on-site support with joint elaboration, implementation and follow-up of the “roadmaps” to build the capacities of the CHRN and CNAT teams. The annual multi-site staff meeting (Grand Staff) was held in February, bringing together 31 participants.

At the CNAT, leading treatment centre for tuberculosis patients, Solthis organised a remedial workshop for centre staff on managing TB/HIV co-infection.
100% of TB/HIV co-infected children received an ARV treatment.

100% of pregnant women who tested positive for HIV in sites supported by Solthis received adapted ARV prophylaxis.

- Continued support to adult prescribing centres in the regions
  - 4 multi-site staff meetings were organised with the site point-persons and regional interlocutors on HIV treatment and care.
  - Monitoring of “mentor-doctors” as a part of the CASSIS project was reinforced by adapting the mentor monitoring grid and by organising two mentorship field missions in Dosso and Tillabéry. To facilitate exchanges between the mentors and the principle treatment actors, a fleet of 20 telephones was put in place.

2) Provider initiated testing

In 2014, Solthis continued to work to promote Provider Initiated Testing and Counselling (PITC) during consultations and hospitalisations in all supported sites, as well as trainings for healthcare staff, remote assistance and staff meetings. Staff from 6 district hospitals included in the CASSIS project were trained in PITC in 2014. The CRENI (Intensive Nutritional Rehabilitation Centres) and the Tuberculosis Diagnosis and Treatment Centres (DTCs) were particularly involved. Solthis also supported the retention of PITC knowledge acquired by midwives in the PMTCT sites included in the Tridel pilot study. As a reminder, the Tridel operational research project allowed for experimenting with giving midwives responsibilities for testing and for initiating ARV treatments for HIV+ pregnant women and monitoring exposed new-borns in 2012 and 2013. The conclusive results from the project were integrated into national policy on the delegation of tasks.

- HIV testing for tuberculosis patients

The National Programme for the Fight against Tuberculosis made HIV testing automatic for tuberculosis patients. The introduction of PITC in all Tuberculosis Diagnosis and Treatment Centres (DTCs) supported by Solthis led to an improved testing rate. In the sites supported by Solthis, 77% of tuberculosis patients were tested, and the proportion of HIV+ tuberculosis patients receiving ARTs continues to increase: 95% in 2014 as opposed to 85% in 2013. However, an even greater effort is needed, as the proportion of TB patients who undergo testing varies from one hospital to the next (between 48% and 97%), indicating that execution of this national recommendation is inconsistent. Solthis will continue its efforts in 2015 to make the TB/HIV testing rate more consistent across sites.

- Solthis' work gave special attention to paediatric patients, and despite difficulties in diagnosing tuberculosis in children, the HIV testing rate among children known to have tuberculosis is at 68% in supported sites.

### Summary of the supported sites by Solthis in 2014

<table>
<thead>
<tr>
<th>Regions</th>
<th>Supported sites in 2014</th>
<th>Adult management</th>
<th>Paediatric management</th>
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* CHR: regional hospital center; CHA: referral center of management of TB patients; CTA: ambulatory treatment center; CHM: referral center of rare and severe diseases; MVS: NGO for a better life with HIV-NGO

Solthis supported 29 sites in total, including support in treatment and care for 21 sites. Of these 21 sites, 8 are located in Niamey and 13 in the regions.
Significant improvements were made thanks to the continued implementing of PITC in all CRENE: in the supported sites in Niamey the testing rate thus went from 84% in 2013 to 97% in 2014. The same is true for the entirety of the sites supported within the National Paediatric HIV Quality Assurance Collaborative framework: the testing rate among malnourished children went from 44% in 2013 to 56% in 2014. In 2014, 70% of malnourished children who tested positive for HIV received ARV treatment.

### Focus on key populations

#### Sanitisation on HIV and tuberculosis testing in prison environments

As a part of World AIDS Day, Solthys organised with the ULSS and the CNS.L.S. a day of sensitisation and HIV and tuberculosis testing at the Say jail. Conducted in local languages, the day allowed 186 detainees to participate, concerning the following subjects: the definition of being HIV+, modes of transmission, the connections between tuberculosis and AIDS, and the importance of getting tested.

#### World Bank project

In 2014, Solthys joined a Consortium which, in 2015, will contribute to the implementation of the second phase of the World Bank project: “Prevention and accompaniment in seeking treatment, care and socio-economic support for sex workers, their clients, and other key populations”. Solthys will collaborate with Population Services International (PSI), ANBEF and Lafia Matassa. The goal of the project is to reduce the incidence of HIV within key populations in the Agadez and Tillabery regions. The strategy used by the Consortium will be based on a combined approach which includes behavioural and biomedical interventions, testing and treatment for STIs as well as capacity building which, for example, will allow for assisting in creating income-generating activities.

### Paediatric treatment and care

In 2014, Solthys’ support consisted of implementing ‘roadmaps’ in the Niamey sites (HNN, HNL, and CHRN). The promotion of early diagnosis by PCR was favoured. In total, 292 DBS samples were expedited to Necker Hospital in Paris from the supported sites.

In 2014, of the 176 exposed and monitored new-borns, 139 – or 79% - benefitted from PCR. Only one case (1%) of HIV was recorded at the National Hospital in Niamey.

In addition, Solthys supported:

- The accompaniment of the pluri-disciplinary team from HNN in implementing the activities of the regional Enfants et VIH en Afrique (Children and HIV in Africa, EVA) network, in collaboration with ESTHER;
- The organisation and facilitation of a workshop of the National Paediatric HIV QA Collaborative (created in 2013 by the pluri-disciplinary teams from 10 paediatric sites in Niger) on the treatment and care of HIV+ adolescents, bringing together 35 participants.

### Preparation of mother-to-child transmission

The HIV testing rate among pregnant women entering antenatal consultation in the sites supported by Solthys improved - 60% in 2014 compared with 48% in 2013 – following the recent ANC strategy (PITC only for those women who have not previously been tested for HIV).

### Psychosocial care and therapeutic education

In 2012, the ULSS brought together a pool of national experts charged with the task of integrating psychological support into comprehensive HIV treatment and care in a context of insufficient numbers of psychologists and psychiatrists in the country. This effort to create a space for dialogue, supported by Solthys, lead to the creation of specific tools (most notably for data monitoring) and a training manual, and to the delegation of psychological care to Superior Mental Health Technicians (SMHT) and to concerned human resources.

For those sites which do not dispose of this type of personnel, training modules focused on sensitising doctors and paramedics on psychological treatment and care were included in the trainings on global treatment and care and therapeutic education as a part of the CASSIS project.
2) Support on an intermediate and central level
7 new regional managers in charge of data (SPIS) were trained in using the FUCHIA software and the 2011 ULSS database in April 2014.
Solthis regularly worked with the ULSS, the Directorate of Statistics of the Ministry of Health and the CISLS, whether through technical support in developing monitoring tools, in capacity building on data analysis or on the preparation and execution of various on-site missions.
With Solthis’ support, Niger is now one of the rare countries in the region to have a national database for monitoring patients infected with HIV.

3) Integrate the monitoring data on HIV patients from the HIV data-collection circuit into the National Health Information System (NHIS)
The Directorate of Statistics of the Ministry of Health is currently working on new software called DHIS2 which would allow the Ministry of Public Health to have a platform that takes into account the main indicators of the National Health Information System. This tool, developed by the University of Oslo, is currently being configured and adapted to the Nigerien context.
Solthis was involved in the process of developing this system and the Solthis HIS coordinator was trained in using the DHIS2 and (as a part of the CASSIS project) offers assistance to the Directorate of Statistics of the Ministry of Health to ensure the proper integration of HIV data into the NHIS. A 6-day technical workshop was held in Ouallam (Tillabéry region) on this subject and several data entry forms were completed, including the forms related to treatment of HIV patients (HIV testing, treatment of patients, PMTCT).
Solthis organised a symposium at the 2014 AFRAVIH conference in Montpellier dedicated to the topic “Succeeding in integrating HIV data into the national health information system” with a presentation on DHIS-2 (see two-page feature on the 2014 AFRAVIH Conference in this report).

IV. Support to technical platforms
Solthis provided technical and financial support to the ULSS through “refresher” trainings on using the PIMA machines and maintenance of other apparatus in 6 district hospitals in the regions of Dosso and Tillabéry.
Solthis conducted an on-site training at the Niamey CHRN for 2 laboratory technicians on methods for diagnosing cryptococcosis.
V. Support to professionals responsible for pharmaceutical issues

In 2014, Solthis was involved in:

- Monitoring of pharmacies’ activities during on-site mission in Niamey and in the regions
- Holding a joint workshop with the UGS, CISLS, and ULSS on updating tools for managing treatment structures.
- Supporting the preparation of supply orders in the supported sites, the prevention of stock-outs and the management of emergencies related to risks of stock-outs in the sites
- Participation in the Procurement Group, which brings together all actors implicated in procurement,
- Successfully advocating for integrating the Stock Management Unit into the ONPPC (National Pharmaceutical and Chemical Products Office, Office National des Produits Pharmaceutiques et Chimiques)

Operational research

In 2014, operational research was conducted on the following themes:

- HIV/hepatitis B (HBV) co-infection: A retrospective study is ongoing on “Prevalence of the HBV Antigen in a Cohort of Children Infected with HIV in the HNN, HNL and CHR Sites in Niamey”.
- Tridel Study: Continued execution of this pilot study focused on monitoring exposed new-borns. As a reminder, this study demonstrated that pregnant women’s access to triotherapy was improved considerably (from 15% to 75%) by delegating the initiation of ARV tritherapy to midwives and by monitoring exposed new-borns.
- 6 posters and 1 oral presentation were presented by the Solthis Niger team at the 2014 AFRAVIH conference (see two-page feature).

Others themes: viral hepatitis

A day of reflection on the issue of treating viral hepatitis held on 10th December 2014 brought together healthcare staff from all prescribing sites in the country as well as ESTHER and the Ministry of Public Health. The day was broken down into two main components:

- 4 presentations to put the Nigerien hepatitis situation into context, focusing on the necessity to improve testing, classification, treatment and monitoring of mono-infected patients,
- The restitution of the 4 themes addressed in the form of “road-maps” for 2015, and the creation of a monitoring committee on these objectives.

The way forward 2015

In 2015, Solthis will continue its activities in the fight against HIV/AIDS, while extending its expertise in strengthening health systems to tuberculosis treatment and to issues of sexual and reproductive health.

- 3rd year of implementation of the CASSIS project

The focus will be on the appropriation and sharing of best practices through the system of regional mentors and post-training monitoring.

- Continue training data collection agents and health authorities.
- Support the integration of HIV data into the National Health Information System, particularly through the operationalisation of the DHIS-2 software

Tuberculosis:

- Continue provider-initiated testing and counselling activities, particularly in identifying TB/HIV co-infections in children and adults, as well as in malnourished children.
- Sexual and reproductive health: support for interventions in the domain of adolescent health; support to regional Mother-and-child care centres; support to national structures for sensitisation on STIs/HIV, family planning and access to healthcare.
- Pharmacy: implementation of national pharmaceutical management software
- Hepatitis B: research project on pregnant women with systematic HIV/HBV testing.

2014 Niger team

Dr. Sanata Diallo, Head of Mission replaced by Mireia Aguirre-Soriano since September 2014
Dr. Roubanatou Mamadou, Medical Coordinator
Dr. Emmanuel Ouédraogo, Medical Officer
Dr. Amadou Sina, Medical Officer (since July 2014)
Dr. Mamane Harouna, Psychological Care Officer
Hadizatou Ibrahim, PMTCT Assistant
Natahanal Yahanon, Health Information System Coordinator
Ibrahima Diallo, Data Officer
Amina Abdoulaye, Administrative and Financial Manager
Moussa Ade Bagida, Administrative Assistant

Our colleague and friend Dr. Souleymanou Mahamadou was tragically lost on 12th January 2014. He had been our team’s medical coordinator. Through his actions and his dedication, he played a great distance in ARV treatment in Niger. We pay homage to him and express our condolences to his family and loved ones.
General health context

The Ebola epidemic which arose in the country starting in March 2014 has led the government to declare a health state of emergency on 13th August, and all health, security and defence personnel were mobilised in fighting the spread of the disease. According to the World Health Organisation, by 31st December 2014 Guinea had confirmed 2,729 cases including 1,738 deaths. Health personnel were on the front lines and took a heavy toll. The epidemic caused both a drop in use of health centres and the disorganisation of health services, doing great damage to the conditions for accessing healthcare among the population.

As with all organisations operating in Guinea, Solthis’ activities were perturbed. In order to limit the risk of its personnel becoming infected, our NGO put heightened measures of individual protection and hygiene in place, as well as restrictions on movements to active outbreak zones. Certain on-site missions had to be cancelled; in these cases, support was provided by phone.

The overall health situation in Guinea remains worrisome. Infectious diseases and parasites (especially malaria), respiratory infections and diarrheal diseases are the main causes of death.

HIV/AIDS in Guinea

According to the 2014 UNAIDS Report on the Global AIDS Epidemic, the HIV prevalence rate in Guinea is estimated at 1.7% within the adult population, affecting approximately 110,000 people. Although all of them need ARVs, only 1 out of every 4 is receiving treatment. The 2012 Behavioural and Biological Surveillance Survey showed that HIV prevalence was particularly high among certain key populations such as men who have sex with men (56.6%), TB patients (28.6%), sex workers (16.7%) and prisoners (9.4%) (ESCOMB, 2012).

There are currently 57 treatment sites dispersed throughout the country, including 48 public and 9 private sites.

Key figures

- 213 doctors and paramedical professionals trained in 2014
- 30,000 people monitored and treated in the 45 sites supported by Solthis
- 45 sites supported through the health information system including 21 sites supported in treatment

Opening: 2008

Main Partners: MINST/ (Ministry of Health), CNLS

Intervention area: Conakry and Boké, Labe, Mamou, Forecariah, Kindia, Gueckedou, Kankan

General health context

Onsite support: Treatment has effectively been put in place in 9 sites

Support to national hospitals and operational research

- 2 Action-Research projects initiated in the country’s 2 national hospitals were finalised for routine in 2014
- The first, entitled ‘Late Prevention of Mother-to-Child Transmission’ in maternity wards, allows for testing parturient women presenting for delivery who had not been tested during antenatal visits, followed by monitoring of the infected women and exposed or infected infants.
- The second aims to scale up testing and monitoring of exposed or infected children in paediatric services of the national hospitals.

The CASSIS Project

The CASSIS project works on capacity building through two major components: access to healthcare (decentralisation and improving the quality of care) and the health information system (reinforcing sites data collection and reporting circuits and strengthening capacities for the strategic analysis of the data).

- On-site support: Treatment has effectively been put in place in 9 sites
- Strengthening the HIS:
  - National implementation of new PMTCT data-collection tools, whose the pilot phase was conducted in 2013
  - Pilot computerisation in 4 treatment sites
  - Data consolidation in nearly all treatment sites
- Support to national hospitals and operational research
  - Action-Research projects initiated in the country’s 2 national hospitals were finalised for routine in 2014
  - The first, entitled ‘Late Prevention of Mother-to-Child Transmission’ in maternity wards, allows for testing parturient women presenting for delivery who had not been tested during antenatal visits, followed by monitoring of the infected women and exposed or infected infants.
  - The second aims to scale up testing and monitoring of exposed or infected children in paediatric services of the national hospitals.

The OPP-ERA project to facilitate access to viral load tests.

- 3000 viral load tests were conducted by late December thanks to the installation of open platforms in the project’s two laboratories: the National Public Health Laboratory and the Donka National Hospital Laboratory in August, with a rate of 80 viral load tests conducted per week.
- Official inauguration of these 2 laboratories on 2nd December 2014, in the presence of Prime Minister Mohamed Said Fofana and other members of government.
- Support to national partners in preparing the concept note for requesting an HIV grant for Guinea from the Global Fund, according to the new Funding Model. This request, focused on 7 priority modules, was submitted in August 2014.
- Celebration of Solthis’ 10th anniversary, and the 5th anniversary of Solthis’ presence in Guinea: The organisation of two scientific “Days of reflection” in February 2014 brought together over 200 participants.
- Continued care in an Ebola context: Our team participated in protecting healthcare workers and patients by providing protective materials and training on hospital hygiene (see two-page feature in this report).
Guinea

Objectives of Solthis’ Intervention in Guinea

Solthis has been active in Guinea through agreements with the Ministry of Health and Public Hygiene and the National Committee for the Fight Against AIDS since 2008, with the goal of contributing to high-quality, accessible treatment and care for all HIV-positive patients by strengthening national actors and through the decentralisation of treatment in the city of Conakry and in the regions.

To respond to needs for decentralisation and support in the regions, Solthis opened the CASSIS project (Capacities for Access to Healthcare and the Health Information System) in 2013, which was maintained in 2014 by accompanying the decentralisation process in 9 new treatment sites.

Solthis also provided support on a national level through its health information system component by intervening in 45 public HIV treatment sites throughout the country.

In 2014, the Solthis programme in Conakry received 50,000 euros in financial support, as well as 5,000 additional euros for buying protective equipment for healthcare workers in an Ebola context from the City of Paris.

Our actions in 2014

I. Support to coordinating bodies

- CNLS (National Committee for the Fight Against AIDS)
  - In 2014, Solthis supported
    - training of officers on operational health research
    - stock surveillance through the procurement monitoring committee throughout the year
    - monitoring of VPP orders, clarifications provided to the different Procurement and Supply Management (PSM) experts in order to manage the Global Fund Round 10 grant.
    - Preparation of the National Strategic Framework 2013-2017
    - Writing and validating the 2013 GARP reports (UNGASS)
    - Assistance with Global Fund grants
    - Support in implementing round 10

II. Support to healthcare professionals

1) Continued measures for quality improvement

Initiated in 2013 in 9 partnering health structures through collaboration with intermediary authorities, the process continues in 2014 through renewed partnerships and roadmaps in the 9 sites, taking into consideration the engagements and objectives of the different stakeholders: health centres, Solthis, and the Ministry’s sectoral policy with regards to the fight against STIs/HIV/AIDS.

Support in preparing the Global Fund Concept Note

In 2014 Solthis was strongly engaged in assisting its national partners in preparing the Concept Note for Guinea’s request for an HIV grant from the Global Fund, within the framework of the new Funding Model. The request, which focuses on 7 priority modules, was submitted in August 2014. The Concept Note for malaria was also submitted, and the Note for tuberculosis will be prepared in 2015.

Participation in CCM activities: meetings and a strategic orientation workshop.

PNPCSP (National Programme for Treatment and Prevention of STIs/HIV/AIDS)

In 2014, Solthis provided support for, among other things:

- training PNPCSP officers on operational health research
- quantifying HIV products, writing technical notes for the Technical Medical Committee and for actors involved in supply management
- training of a pool of trainers on Procurement and Supply Management (PSM) in pharmacy and procurement issues.

Intermediate regional directorates: DSVCO/DCS & DRS/DPS

Despite the context of a health crisis, the collaboration between Solthis and intermediary authorities was maintained throughout the year. Nonetheless, observed insufficiencies in follow-up of the problems identified in the sites highlight the need to reinforce support and collaboration with these structures in 2015 so that they may strengthen their direct support to health professionals in healthcare structures.

With regards to the pharmacy and procurement component, Solthis accompanied and equipped the responsible intermediary officers in the regions in order to bolster their involvement in their role of supervising the sites of their sector.

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Guinea

2) Solthis’ support in 2014

● Inter-site and on-site meetings:
  - In September 2014, 1 meeting between providers from different sites was held in both missions intervention regions (Conakry and Boké) on the theme of harmonising PMTCT data collection.
  - 2 review meetings were held in each site in 2014. They allowed for analysing the evolution of the principal monitoring indicators across 2 semesters.

● Tutoring activities
They take place at the sites at least once per week and cover:
  - Clinical tutoring for treatment;
  - Pharmaceutical tutoring (stock management and provision),
  - For the laboratory: respecting the testing algorithm, best practices for conducting tests, quality control
  - For managing HIV/tuberculosis co-infection: management, testing, and referral to healthcare and monitoring services;
  - For patient files: how to initiate and fill out these files

● Classroom trainings
Classroom trainings jointly organised between Solthis and the PNPCSP allow to train healthcare professionals on provider-initiated testing and counselling (PITC), rapid HIV tests, procurement and supply management (PSM), adult and paediatric treatment, TB/HIV co-infection and PMTCT.

● Supervision missions
2 joint formative supervision missions (PNPCSP/DRS/DPS/Solthis) took place in July in the Conakry and Boké sites, allowing for a review of the healthcare providers’ knowledge and participative sharing with the aim of improving their skills.

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● On-site support

3) HIV and tuberculosis testing
In 2014, the country received a grant from the Global Fund (R10) in view of opening 50 new Voluntary Counselling and Testing (VCT) sites. The country currently has 112 functional voluntary testing centres. The current testing strategies remain voluntary counselling and testing within associations, and systematically offering testing to pregnant women.

In 2014 Solthis trained 98 health professionals in provider-initiated testing and counselling, which could make it possible to test patients at an early stage of infection.

### Summary of the 21 sites supported by Solthis in 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Site Description</th>
<th>Supported Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conakry</td>
<td>Donka National Hospital</td>
<td>Patient management, PMTCT, TB</td>
</tr>
<tr>
<td></td>
<td>Ignace Don Jean National Hospital</td>
<td>Patient management, PMTCT, TB</td>
</tr>
<tr>
<td></td>
<td>Miraère CMC*</td>
<td>Patient management, PMTCT, TB</td>
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<td></td>
<td>Collah CMC*</td>
<td>Patient management, PMTCT, TB</td>
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<tr>
<td></td>
<td>Maloito Health Center</td>
<td>Patient management, PMTCT, TB</td>
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<tr>
<td></td>
<td>Raticmo CMC*</td>
<td>Patient management, PMTCT, TB</td>
</tr>
<tr>
<td></td>
<td>Tombolia Health Center</td>
<td>Patient management, PMTCT, TB</td>
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<tr>
<td>Boké</td>
<td>Boké Regional Hospital</td>
<td>Patient management</td>
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<tr>
<td></td>
<td>LTD* Boké TB</td>
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<tr>
<td></td>
<td>Diéka Health Center</td>
<td>PMTCT</td>
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<tr>
<td></td>
<td>Kansopo Health Center</td>
<td>Patient management, PMTCT</td>
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<tr>
<td></td>
<td>Kouré overarching Prefectural Hospital and CSU*</td>
<td>Patient management, PMTCT, TB</td>
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<tr>
<td></td>
<td>Fria Prefectural Hospital</td>
<td>Patient management</td>
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<tr>
<td></td>
<td>Sabande Health Center</td>
<td>PMTCT, TB</td>
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<td></td>
<td>Sargndiri Health Center</td>
<td>PMTCT</td>
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<td>Kindia</td>
<td>Taliou Prefectural Hospital and CSU*</td>
<td>Patient management, PMTCT</td>
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<tr>
<td></td>
<td>Fangnokar Prefectural Hospital and CSU*</td>
<td>Patient management, TB, PMTCT</td>
</tr>
<tr>
<td>Amazou</td>
<td>Tine Madina Health Center</td>
<td>Patient management, PMTCT, TB</td>
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<tr>
<td>Faranah</td>
<td>Dingyaye Prefectural Hospital and CSU*</td>
<td>Patient management, PMTCT, TB</td>
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<tr>
<td>Kindam</td>
<td>CSB Banankoro</td>
<td>Patient management, PMTCT</td>
</tr>
<tr>
<td></td>
<td>CMC* Sinko and CSU*</td>
<td>Patient management, PMTCT</td>
</tr>
</tbody>
</table>

*CMC: Communal Medical Centre, LTD: Leprosy, Tuberculosis and Onchocerciasis, CSU: University Health Center

### Conclusion

During the year 2014, the HIV testing rate significantly improved during antenatal visits and in the Tuberculosis Diagnosis and Treatment Centre (CDT/LTO) with regards to previous years. This is explained by:

- Continual training for healthcare providers involved in testing (in the classroom, through tutoring, through formative supervision, etc.)
- Support to providers in preparing orders for test to facilitate regular provisions in all of the sites supported with HIV supplies;
- Training for midwives in testing in PMTCT services.
HIV testing among tuberculosis patients
Clinical tutoring and monitoring of evaluation of changes in data during semestery collaboration meetings lead to improved testing rates. In the majority of the supported sites, 70-100% of tuberculosis patients were tested for HIV and 93% of the TB/HIV co-infected patients were receiving ARV treatment.

In the reference anti-tuberculosis centre, La Carrière: 99% of patients who tested positive for tuberculosis were also tested for HIV, with a HIV prevalence rate of 15.7%.

At Ignace Deen National Hospital, 70% of patients who tested positive for tuberculosis were tested for HIV, with a HIV prevalence rate of 28%.

Tuberculosis testing among HIV patients
Actively seeking tuberculosis cases is part of Solthis’ programme for classroom trainings and clinical tutoring. The indicators concerning the percentage of HIV+ patients tested for tuberculosis or who had been tested for tuberculosis in 2014 show that the testing rate is still too low in the supported sites. In 2015, the focus will be on systematizing the clinical testing of tuberculosis during tutoring activities and on improving the filling out of patient files upon intake.

4) Adult and paediatric treatment and care

Adult treatment and care:
Reducing the number of patients lost to follow-up is one of the major challenges in adult treatment and care. Strengthened in 2013 by the introduction of viral-load tests and the use of simplified patient files to avoid patient file gaps in most sites, adult treatment and care is only possible through scrupulous monitoring of patient data. In 2014 this monitoring was improved by the recommendation to regularly compare pharmacy and doctor rosters to harmonise patient monitoring and by tutoring on data collection tools.

Viral load tracking
The inauguration of the OPP-ERA project made it possible to observe that the recommendation to regularly compare pharmacy and doctor rosters to harmonise patient monitoring and by tutoring on data collection tools.

Paediatric treatment and care:
More than 100 children receiving ARTs are monitored in the peripheral sites, including 41 in the "Miniere" Communal Medical Centre (CMC) and 22 in Boké Regional Hospital. In 2014, growth in paediatric active files was observed, proving that children are more frequently tested and therefore more likely to receive treatment. Solthis is thus continuing its efforts, particularly by encouraging healthcare professionals to develop provider-initiated treatment and counselling, with special attention given to malnourished and hospitalised children. In 2015, communication between the malnutrition and paediatric services should be reinforced.

5) Prevention of mother-to-child transmission (PMTCT)
There are a total of 257 PMTCT sites in the country, or a national coverage rate of 58%. In 2013 the country adopted the eMCT (Elimination de la Transmission Mère-Enfant, Elimination of Mother-to-Child Transmission) plan, and a process for decentralising PMTCT is underway, which should allow for significant improvements in the access to and quality of PMTCT interventions in the next 3 years. The B+ option is what is used in Guinea, even though there are some difficulties in its implementation (such as insufficient testing and frequent stock-outs in testing supplies).

In 2014, we estimate that 6,600 HIV-positive pregnant women needed ARV treatment in Guinea, but only 46% effectively received prophylaxis to prevent transmission to the infant. Major challenges remain, especially with regards to decentralisation.

Solthis team increased its presence in the PMTCT services in the decentralised regional sites and in the national hospitals in Conakry. Clinical tutoring was scaled up in terms of monitoring of HIV+ pregnant women and exposed children. PMTCT data collection tools were put in place in order to improve the visibility of PMTCT activities and, in so doing, to ensure better treatment and care for the mother and the child.

In Donka and Ignace Deen National Hospitals, Solthis trained 25 midwives and doctors in 2014 on iUV testing, as testing rates remain low during first antenatal visits (ANV1), particularly at Donka National Hospital. In delivery rooms, only 38% of patients were tested for HIV in 2014. This is why Solthis put in place the "Late PMTCT" programme (testing during delivery for parturient women who had not been tested during their pregnancy) and supports the antenatal consultation unit.

Epidemic, 2014
This estimate is based on new 2013 WHO recommendations, which recommend during ARV treatment at an earlier stage (CD4 ≥ 350 mm³) compared to the 2010 recommendations (CD4 ≥ 500 mm³).

2013 National Data on children (<15 years) in Guinea

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2013 National Data on children in Guinea

Number of pregnant women living with HIV needing treatment
6 600

Number of pregnant women HIV+ who received ART during the year
3 000

Pregnant women coverage rate of ART
46%
II. Support to health information system managers

In 2014, Solthis provided continued support in data entry using data collection tools for the 45 functional treatment sites. By the end of 2014, 83% of them could enter data in the registry correctly.

1) On site level: consolidating data-collection circuits
   - All consolidation and supervision missions were conducted with the PNPCSP in order to support them in their role of supervision and data collection.
   - Archival and HIV data analysis software was specifically developed by Solthis and will be tested in the first trimester of 2015. This software allows for registering and consulting monthly reports, consulting aggregated reports on the intermediary or national level, analysing the completion of reports, and to conduct analyses such as the chronological evolution of treatment indicators, repartition in therapeutic schemas or even cartographical representations.
   - Solthis developed a web application for capitalising and monitoring information to facilitate data feedback. This application manages the contact information of the people involved and their trainings on all three levels of the health pyramid.

III. Support to technical platform managers

The OPP-ERA project allows for obtaining modern equipment that conforms to molecular biology laboratory norms, and putting qualified technicians at their disposition to carry out tests.

1) On a national level
   - Besides launching the OPP-ERA project, Solthis supported the National Public Health Laboratory (LNSP) with creating a CD4 and testing database.

2) In the sites
   - To increase task-delegation in HIV testing, our teams trained laboratory personnel and staff in PMTCT and paediatric treatment services on HIV testing techniques.
   - The quality of testing and stock management were improved thanks to tutoring, workshops on internal quality control, the preparation of standard operational procedures in health structures and surveillance for avoiding test kit stock-out in the sites.
   - In terms of computerization 5 out of 6 sites correctly use the FUCHIA software, allowing them to monitor patient visits and, for example, identify patients who are late for treatment.

2) On the intermediary level
   - 20 statistics officers from regional and prefectural directorates were trained in epidemiology, HIS and monitoring and evaluation, data-collection tools, communication tools physical and electronic data-transmission and data archiving.
   - A joint on-site supervision mission with these officers allowed them to appropriate the tools and the methodology of the supervisory role.
V. Support to professionals responsible for pharmacy issues

1) On the national level

Key developments in 2014 included:
- increased government participation in buying ARVs and tests
- the timely dispersal of the Global Fund grant allotted for buying ARVs and tests.

This situation is the result of the advocacy of Solthis and of other organisations to the Global Fund, but also of Solthis’ role of surveying and warning of potential risks of stock-outs. In 2014, no national stock-outs in ARV treatments or HIV tests were registered.

Solthis’ PSM (Procurement and Supply Management) expertise was solicited by the CNLS and the PNPCSP to prepare the Global Fund concept note and on questions related to stock procurement in cases where organisations work with other actors such as UNICEF or the LFA.

2) In the peripheral sites

Special attention was given to pharmaceutical tutoring. Solthis carried out numerous trainings in 2014:
- Training on management and provision of ARVs: pharmaceutical treatment teams from the 9 new sites were trained and those from the existing sites received training on scientific and medical knowledge of HIV, stock management, and providing drugs in treatment in a pharmacy setting.
- Training of a pool of PSM trainers: 10 people from the pharmacies of the sites supported by Solthis since 2009 were identified by Solthis and the PNPCSP to be trainers in PSM.

In Guinea, delays in the project’s funding agreement made it necessary to modify the timetable, and the first viral load tests were conducted in August 2014 in the 2 laboratories that were chosen for the project: The laboratory at Donka National Hospital and the National Public Health Laboratory (Laboratoire national de Santé Publique, LNSP).
- In 2014, construction of the Donka outpatient treatment centre (CTA) laboratory and the rehabilitation of the National Laboratory (LNSP) were completed.
- Both laboratories received heavy-duty equipment (thermocycler, PCR fume hoods and extractors), consumables and extraction and amplification reagents.
- The laboratories’ technicians attended multiple trainings, 1 in Paris for the technical officers, 2 in Côte d’Ivoire for the main technicians and 1 in Guinea for the 4 technicians.
- Training for clinicians on viral load: meetings and two training workshops sensitised the doctors in advance on prescribing and on using viral load test results.
- Official inauguration of the project: the inauguration was held in December 2014 and was presided over by the Guinean Prime Minister.
- Initial results: by the end of 2014, 3,051 viral load tests had been conducted through the project, exceeding the established objectives of 2,400 tests.

Funded by UNITAID and implemented by a consortium of partners directed by FEI and including the ANRS, GIP-ESTHER, SIDACTION and Solthis, the pilot phase of this project is being carried out in 4 countries, including Guinea, where Solthis is the implementing partner.

The objective is to:
- Facilitate access to tests which measure viral load for People Living with HIV (PLHIV).
- Open the market for viral load tests to the competitive marketplace, thereby combatting overpricing and encouraging technological innovations by privileging the “Open Polyvalent Platforms” model.

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Operational research

- Two training sessions on operational research were held in 2014 as part of continued technical support on this topic and with the goal of equipping potential actors (institutions and hospitals) on the global approach to operational research: planning, implementation, analysis and communication. 29 PNPCSP and CNLS officers, clinicians, pharmacists and scholars were trained.
- Capacity building project within maternity services for the PMTCT of HIV

The way forward 2015

In 2015, the priorities will include:

- Final year of implementation of the CASSIS project: support site teams and partners in appropriating skills and tools and in becoming autonomous as Solthis pulls out.
- Implementation of the continuity of care in an Ebola context project which aims to ensure the security of healthcare providers and patients in health structures, but also to get patients who did not attend their last consultations (lost to follow-up) to come back into the healthcare circuit. This project will be funded by the 5% Initiative and the Bettencourt-Schueller Foundation, in partnership with GERES for the hospital hygiene component.
- Post-Ebola: Participate in national reflection on reinforcing the Guinean health system
- Testing: Progressively integrate midwives in charge of PMTCT into various training sessions on rapid tests. Promote intrafamily testing among families with hospitalised or malnourished children and for the partners of parturient women who test positive for HIV. Strengthen actions and trainings on TB and HIV testing.
- Procurement: Improve the circuit for better availability of supplies in the sites.
- Operational Research: Continue to conduct and valorise trainings on operational research

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- Capacity building project within maternity services for the PMTCT of HIV

To contribute to eliminating Mother-to-Child Transmission, this project aims to evaluate the feasibility of introducing “Late PMTCT” in the highly frequented maternity wards in the 2 national hospitals by offering testing in the delivery room to women who were not tested for HIV during antenatal visits. The operational research project on PMTCT finished with conclusive results. Overall, regularity was observed between the beginning (pilot phase) and the implementation (routinizing of the project), which suggests that the data are stable and therefore the skills for properly acquired and appropriated by the site teams.

Monitoring of the continued activity, which has now become routine, was carried out by Solthis and will continue, along with increased offers for testing the partners of parturient women who test HIV+

- Capacity building project for paediatric HIV treatment and care

With the goal of improving HIV treatment and patient care for children, this pilot project sought to analyse the feasibility and effectiveness of a strategy for monitoring exposed children and for testing hospitalised children who are malnourished or who show symptoms in the national hospitals. Started in 2013, the initial results from testing malnourished children were encouraging and opened possibilities for intra-family testing. In 2014, the continuation and routinising of activities showed an improvement in monitoring of exposed children.

- Preparatory phase for launching the PIONG operational research project (Opportunistic Neurological Infections management, Prise en charge des Infections Opportunistes Neurologiques): implementation of all preliminary work for inclusion of patients in the study which will begin in spring 2015.

Guinea

Sierra

Leone

Burkina

Faso

Ebola

Advocacy

Coordination

Financial

Report
As in Guinea, indeed, the health situation in Sierra Leone was a major challenge. Indeed, this country was also faced with the Ebola haemorrhagic fever epidemic which, by 31st December 2014 had infected 7,500 people and had killed about a third of them (2,500). Disorder in health systems caused by the crisis led to a significant decrease in the provision of health supplies, particularly for children. The number of people tested for HIV/AIDS dropped drastically, due to a drop in visits to health centres. We thus observed a 60% drop in HIV testing and the associated testing and counselling services. An evaluation carried out in November 2014 by the Ministry of Health and its regional and national partners (including Solthis) focused on the need to target patient environments, the procurement and supply circuit and relationships between patients and medical personnel in order to rebuild health systems. Solthesis is an active member of the working group on strengthening health systems and has worked with the Ministry of Health to revise the 2012 – 2014 JPWF (Joint Programme of Work and Funding). Priority was given both to fighting Ebola and to the foundation which must be laid to build a more resilient health system.

The overall health situation remains worrisome. The 2013 Global Burden of Disease report identified malaria, lower respiratory infection, HIV/AIDS, protein-calorie malnutrition and neo-natal infections as the 5 leading causes of death in Sierra Leone.

HIV/AIDS in Sierra Leone

HIV/AIDS prevalence among 15-49 year-olds is estimated at 1.6% in Sierra Leone, and the epidemic seems to be stabilising. Significant disparities remain between urban areas, where the rate is at 2.7%, and rural areas where it is at 1.2%. Women are still the most affected. According to the 2014 UNAIDS report, of the 52,000 adults living with HIV/AIDS in Sierra Leone, 57.7% of them are women.

A study conducted in 2010 on modes of transmission shows that sex work involving young girls and boys remain between urban areas, where the rate is at 2.7%, and rural areas where it is at 1.2%. Women are still the most affected. According to the 2014 UNAIDS report, of the 52,000 adults living with HIV/AIDS in Sierra Leone, 57.7% of them are women.

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Sierra Leone

Objectives of Solthis’ Intervention

The Ministry of Health and the National HIV/AIDS Control Programme (NACP) signed a 3-year partnership agreement with Solthis in December 2011. During the third year of its intervention, Solthis continued its actions in the field, focused on the capital city, Freetown, with 3 main objectives:

- improving access to treatment, with a focus on paediatric care and the prevention of Mother-to-Child Transmission (PMTCT);
- improving access to HIV treatment in the city’s health structures by strengthening the coordination between paediatric, PMTCT and HIV services, and improving data collection tools to avoid an increase in the number of patients lost to follow-up.

Our actions in 2014

I. Support to coordinating bodies

In 2013, the NAS (National HIV/AIDS Secretariat) benefitted from a $5 million USD grant for Phase 2 of the Global Fund’s Round 9 for 2013-2015. One of the priorities of the HIV programme for 2013 was the reduction of Mother-to-Child Transmission. To do this, Sierra Leone chose to implement the Option B+, starting in pilot centres before extending it to all of the country’s sites. Within the framework of the National Strategic Plan (2011-2015) the NAS completed its mid-term review with the goal of defining its priorities for 2015 and its requests for funding to be prepared as a result, for the Global Fund or other international funders.

Over the last three years, Solthis has become a leading partner for the authorities in charge of the fight against HIV/AIDS. In 2014, Solthis contributed to the following:

- NACP (National HIV/AIDS control programme):
  - With the NACP, Solthis is in charge of supervising the technical group responsible for updating recommendations on antiretroviral treatments (integrated ART guidelines). The new directives are in line with the 2013 WHO recommendations.
  - Solthis actively participates in the revision and definition of the basic package of essential health services. Launched in December 2014 with the support of international donors, the goal of this revision is to help build a resilient health system in Sierra Leone by arriving at an investment and reconstruction plan for the post-Ebola health system. 6 steering committees were created. Solthis actively participates in developing a plan for essential health services, particularly for HIV/AIDS.
  - Solthis continued advocating to the NACP for improved patient retention in the healthcare circuit, systematic tuberculosis testing for HIV+ patients, and improved access to medications for fighting opportunistic infections, as well as implementation of other recommendations from the operational research project on opportunistic infections conducted by Solthis in 2012 and 2013.
  - Solthis developed tools for monitoring PMTCT (monitoring files for testing pregnant women, for taking ARTs, for reporting), which were validated by the NACP. Solthis then trained the personnel in the sites involved.
- NAS (National HIV/AIDS Secretariat):
  - In August 2014, the Global Fund approved a supplementary budget for helping Sierra Leone to “mitigate” the consequences of the Ebola epidemic in terms of the continuity of care for PLHIV, called the “mitigation plan”. Solthis helped the NAS prepare the concept note, and the road-map for the implementation of certain activities (seeking patients lost to follow-up, distribution of protective materials to healthcare providers) of this “mitigation plan”.
  - The Ebola epidemic gravely impacted the continuity of certain health services and put a stop to many of the activities included in the Global Fund grant. Solthis participated in remobilising and repogramming unused funds, alongside UNDP and UNAIDS.
- CCM (Country Coordination Mechanism): Solthis supported the CCM through the implementation of the Global Fund mitigation plan. At the end of 2014, it was decided that Solthis would participate in the preparation of concept notes addressed to the Global Fund on TB/HIV co-infection and in the strengthening of health systems.
- Civil society actors
  - Solthis has provided technical support to the Nethips network of PLHIV since 2013 as part of the national study on stigma, the “Stigma Index”. The study report was written and submitted for validation at the end of 2014. It was conducted by people living with HIV who had been trained in data collection and analysis.
Sierra Leone

To fight against the Ebola epidemic, Solthis and Cap Anamur (in partnership with UNICEF) provided technical support to the HAPPY association for their project which seeks patients lost to follow-up, particularly pregnant and breastfeeding women, exposed newborns and children receiving treatment. Solthis particularly helped with preparing training manuals, collecting data, managing the database and organizing meetings with health professionals, social workers and HAPPY.

II. Support to healthcare teams

124 healthcare professionals were trained by Solthis in 2014.

85% of nurses and 94% of paediatricians in HIV units were trained by Solthis, in 6 of the 10 sites supported in the medical component since 2012.

1) Adult treatment and care

Capacity building among healthcare teams were mainly carried out through clinical tutoring and on-site trainings in the 8 sites supported in terms of adult treatment and care. Solthis focused on participatory evaluations, allowing for all actors involved in HIV/AIDS treatment in a health centre to collaborate and contribute to implementing roadmaps which define areas to be improved and future challenges to confront. Participatory evaluations were held in 6 of the sites supported by Solthis.

2) Paediatric treatment and care

In 2014, Solthis was particularly dedicated to making paediatric HIV treatment a priority for its programme in Sierra Leone. In 2012, a preliminary evaluation of paediatric treatment centres in Freetown highlighted the main difficulties of HIV treatment in the west of the country. Solthis also conducted numerous advocacy activities, particularly to improve the coordination of paediatric programmes on the national level, align paediatric treatments with the latest recommendations, and reinforce access to CD4 counts, among other things.

At Connaught Hospital

Solthis conducted:
- Weekly clinical tutoring for each service’s interns
- Weekly tutoring for the doctor in charge of the HIV unit
- Trainings for interns and doctors on treatment of opportunistic infections
- Trainings on post-HIV-exposure prophylaxis

Improved communication between the HIV unit and the hospital’s other medical services allowed for improved patient treatment: requests for CD4 counts, systematic HIV testing for all newly admitted tuberculosis patients and rapid tests for cryptococcosis for all patients with neurological symptoms.

Retaining patients in the healthcare circuit

Our tutoring activities at Lumley Hospital showed a high rate of lost to follow-up among patients who had initiated ARV treatment. Indeed, 2/3 of patients who initiate ARVs do not continue their treatment after 18 months. This is why Solthis began a project last year to improve retention of patients who test positive at Lumley Hospital. In 2014, Solthis implemented the recommendations garnered from this pilot project:
- Reorganisation of the healthcare circuit for patients who test HIV+
- Installation of a point of care CD4 counter
- Distribution of contact cards to new patients so that they may communicate with hospital personnel even after they have left
- Training and tutoring for healthcare providers on pre- and post-test counselling, on adherence to treatment and on therapeutic patient education
- Monthly support group meetings, facilitated by PLHIV and in presence of a healthcare provider with a focus on adherence to treatment.

Summary of the 10 sites supported by Solthis in 2014

<table>
<thead>
<tr>
<th>Supported Sites</th>
<th>Adult treatment and care</th>
<th>PMTCT treatment and care</th>
<th>Paediatric treatment and care</th>
<th>Health Information System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumley Hospital</td>
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<tr>
<td>Chest Clinic</td>
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<td>Military Hospital</td>
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<td>Rokupa Hospital</td>
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<td>Murray Town</td>
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<tr>
<td>Ola During Paediatric Hospital</td>
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<tr>
<td>United Methodist Center</td>
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<td>King Harman Road Hospital</td>
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<tr>
<td>Princess Christian Maternity Hospital (PCMH)</td>
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<tr>
<td>Connaught Hospital</td>
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</tbody>
</table>
Sierra Leone

315 children initiated ARV treatment in 2014 at Ola During Hospital

100% of new-borns under 18 months old diagnosed as HIV+ received PCR treatment at Ola During Hospital

The Ola During Children’s referral hospital
Solthis continued its intensive support to the Ola During Children’s referral hospital, the only tertiary level paediatric hospital in the country. 335 children initiated ARV treatment in 2014 at Ola During Hospital. Solthis strengthened its HIV treatment services through:
- improving the organisation of the hospital
- putting in place of in-depth consultations for children exposed to or infected with HIV
- developing and improving the data system

Solthis’ staff paediatrician helped put new, more complete monitoring sheets in place for exposed/infected children to allow for all clinical and treatment dimensions to be recorded. Calendars to help children and adolescents keep up with their treatment were created by Solthis. For the children, the calendars show which scales must be pasted in, each time they take their medicine. Midwives and nurses were trained on the specificity of informing children that they are HIV+. The hospital was forced to close for multiple weeks in August and September following the presence of a child infected with Ebola at the hospital. The HIV unit remained open, but many services were temporarily closed. The Solthis paediatrician warned of the disastrous consequences that closing the hospital would have for children who are sick with curable diseases but could not receive care.

Decentralisation of paediatric treatment and care
Solthis supported the development of paediatric treatment and care in 5 sites which previously only offered adult treatment and care, thereby extending paediatric care to other parts of the country.

Our team conducted specific tutoring for healthcare providers, trainings in systematic HIV testing for malnourished children, registries for monitoring children, and trainings on therapeutic treatment of children, adherence, and informing children of their HIV status.

3) Mother-to-Child Transmission

In December 2013, following Solthis’ advocacy, Sierra Leone decided to follow Option B+ by starting a pilot phase, initially with 5 sites chosen by the NACP. The Solthis team conducted trainings specifically focused on PMTCT in additional sites in 2014. 32 nurses thus received refresher trainings on Option B+ and 23 nurses were trained on applying Option B+. Solthis continues its support, though it was limited by the Ebola epidemic, in Lumley Hospital and the UMC, and is actively engaged in 4 other PMTCT treatment sites (Rokupa, Military, PCMH and King Harman Road).

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III. Support to data collection and health information system professionals

An evaluation of the HIV data collection and analysis system, conducted in 2012 led to a plan to strengthen the sites’ tools and digitisation.

- Digitisation of patient data

The IT equipment at Connaught Hospital was improved and a more effective maintenance system was put in place. The new data officer was trained and assisted by Solthis. Work on solving issues with backlogged data also allowed for entering 3,000 patient files in the monitoring software and to clear backlog.

At Ola During Hospital, in partnership with the NGO Wellbodi, Solthis installed a database system linking registered medical data, data from the triage at the entrance and data from the HIV unit. There is now a functioning universal database, ready to receive data.

- Integration of data into the DHIS2 software

Multiple data-collection systems function alongside one another. Solthis succeeded in advocating for integrating the NACP HIV data into the national DHIS2 software developed by the University of Oslo in partnership with the Ministry of health. 2014 was thus the year that this activity was implemented, an activity which Solthis had developed from a road-map for installing the DHIS2 software on the NACP field teams’ computers, to the creation of a search module for updating the HIV/AIDS data of PLHIV, to training headquarters and field teams from the NACP and the NAS in using the software.
IV. Support to technical platforms managers

Biological monitoring remains one of the weaknesses of HIV treatment and care in Sierra Leone.

- **Viral load testing**
  
  No viral load tests have taken place in Sierra Leone since 2012. The country only possesses one machine, located at the Freetown reference laboratory, for whom Solthis has trained a technician and bought reagents for a study which would measure the effectiveness of treatments in children. This platform will be considered obsolete in 2015, even though ruptures in treatment due to the Ebola epidemic make viral load tests vital in avoiding treatment failure among HIV+ patients. Solthis is continuing to advocate for integrating a global and national plan for using viral load tests into the current plan for reprogramming funding from the Global Fund.

- **Co-infection with hepatitis B**
  
  Solthis plans to conduct a study on hepatitis B, with the goal of measuring the prevalence of chronic hepatitis B and C infections in Sierra Leone. This study is oriented towards specific populations: HIV patients, pregnant women and blood donors.

All of the necessary documentation was submitted to the ethical review board in 2014 and the rapid hepatitis B tests have arrived in the country. Solthis hopes to obtain final approval from the ethical review board in early 2015 in order to begin including patients in the study.

V. Support to professionals in charge of pharmacy issues

1) On-site support

Given the Ebola virus epidemic, Solthis was obliged to adapt its activities to avoid stock-outs in supplies and consumables as much as possible. Working meetings were held between health professionals and the logistical unit of the NAS to analyse available data (stocks, consumption), help treatment centres in managing their HIV orders and to support to NAS with distribution. A group was created using the WhatsApp application including district and Freetown pharmacists so that they may warn of potential stock-outs.

2) Technical assistance on the national level

Solthis provided technical support to the procurement and logistical units of the NAS:

- Support in quantifying national needs for 2015 and in preparing a procurement plan
- Support in reorganising activities in the central warehouse:
  - Conducting regular inventories
  - Monitoring data on stocks and consumption and quality control of data
- Distribution: support in developing a national plan and use of monitoring templates (excel spreadsheets) to organise deliveries
- Supervision: developing a national plan and joint supervision of sites with the NAS.

The Ebola epidemic impacted procurement and stock management activities. The country was faced with numerous stock-out risks, in particular with regards to paediatric ARVs, due to flight restrictions and disorder in the supply chain. Solthis offered its support to minimise stock-out risks by facilitating the provision of emergency supplies from Guinea and emergency orders from international suppliers.

Solthis helped elaborate a distribution plan for personal protective equipment and helped with supervision and procurement in the districts. With the agreement of national partners, health centres implemented a system of giving patients 3 months’ worth of ARVs so that they would not need to come back each month to centres which were highly involved with managing the Ebola epidemic.

Focus on the organisation of procurement in the sites

To ensure continual availability of HIV products in health centres, a new method of organising the management of these products was initiated in 2014 in sites and on the district level. The pharmacists, who were trained by Solthis in late 2013, are now in charge of managing stocks and processing orders in collaboration with the NAS.

Solthis worked with pharmacists and HIV counsellors in 9 supported health centres in order to accomplish the following objectives:

- Involve the pharmaceutical team in HIV treatment (stock management and inventory)
- Improve the conditions and the organisation of stock management systems by using proper practices
- Ensure that tools for monitoring stocks, dispensation and order processing are used correctly
- Improve the supply chain from the pharmacy to treatment and technical services (HIV and maternity wards, laboratories) and coordination between teams.

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- Improve the supply chain from the pharmacy to treatment and technical services (HIV and maternity wards, laboratories) and coordination between teams.
In 2015, our efforts will be particularly focused on:

- **Operational research**
  - Study on the Diagnosis of Neurological Opportunistic Infections (OIs): Neurological opportunistic infections are very rarely diagnosed. The goal of this study on OIs, conducted at Connaught Hospital starting in July 2013, is to evaluate the impact of using a standardised protocol and the provision of free baseline tests, consumables and medicine on diagnosing and treating neurologica

- **The way forward 2015**
  - Implementation of the “Continuity of care in an Ebola context” project which aims to protect healthcare providers and patients within healthcare structures (hospital hygiene, protective equipment), but also to find patients who have missed their last consultations (also called patients “lost to follow-up”) and to bring them back into the healthcare circuit. This project will be funded by the 5% Initiative, the Fondation de France, the Bruneau Foundation, The Fondation Enfants d’Urgence, and the Bettencourt-Schueller Foundation.
  - Post-Ebola: participate in national reflections on strengthening the Sierra Leonean health system.
  - Continued support to the health information system, especially with regards to integrating HIV data into the national health information system.
  - Prevention of stock-outs by strengthening monitoring of procurement and supply processes.

**2014 Sierra Leone team**

Laurent Michiels, Head of Mission since July 2014

Laure Gignot, Head of Mission (until July 2014)

Dr Vanessa Wolfman, Paediatric Care Manager (until September 2014)

Dr Wole Ameyan, Medical Manager (until September 2014)

Dr Yuan Huang, Medical Manager (until December 2014)

Sandie Robin, Pharmacy Manager since March 2014

Kenneth Katumba, Health Information System Manager

David Pelletier, Administrative and Financial Manager

**Burkina Faso**

**Consolidate the procurement system to ensure continual availability of medications and supplies for the fight against HIV**

Following a request from the General Pharmacy, Medication and Laboratories Directorate (DGPML) of Burkina Faso and with funding from the 5% Initiative, Solthis provided technical assistance for the “implementation of an early warning system and reinforcement of the system for quantifying HIV supplies” from October 2013 until the end of 2014.

The goal of the mission was to strengthen the capacities of the DGPML, particularly the sub-committee responsible for quantifying HIV supplies, to guarantee continual and optimal availability of medications and health products for the fight against HIV.

The work was broken down into 2 activities:

- Developing or consolidating tools for quantifying pharmaceutical and biological supplies for the fight against HIV/AIDS and accompanying their implementation.
- Supporting the implementation of an early warning system concerning two major logistical risks: stock-outs and overstock.

**Methods and evolution of the mission**

The Director of Solthis’ Pharmacy Department was in charge of this technical assistance mission, in collaboration with a national expert. The project was implemented during short-term field trips for conducting inventories on existing tools and systems, and for preparing the project design memo in collaboration with the Clinton Health Access Initiative, and through remote assistance in preparing tools and documents and for monitoring the pilot phases. To strengthen remote support, the activities were accomplished in an iterative manner through weekly discussions with the BurkinaFaso partners, accompanied by the national consultant. This collaborative process allowed the team to adapt the tools developed to the needs of the DGPML, as best as possible. Therefore, certain aspects which were not initially taken into consideration were integrated into the project during the development phase, such as the use of a procurement planning function and monitoring of the plans. Furthermore, this process encouraged involving and supporting users in their understanding of the tools, ensuring better appropriation and optimal management of the tools and the integration of their use into the DGPML’s activities.

**Solthis has developed strong technical expertise in its area of intervention, such as the tools developed for procurement and stock management and early warning systems.**

In the coming years, Solthis will reinforce its technical assistance offers in order to respond to more requests, both in the countries where it currently works and in others.
Continuity of care in the Ebola context

Our actions in Sierra Leone and Guinea

Guinea and Sierra Leone are among the three countries the most affected by the Ebola virus, along with Liberia. This outbreak has caused a major health crisis and highlighted the poor resilience of health systems. The disorganisation of health services has severely impacted access to care for these populations. In particular, the continuity of care for people living with chronic diseases such as HIV has been severely disrupted.

Since the summer of 2014, our on-site team has witnessed the terrible situation found in certain hospitals. Healthcare professionals were in the front line and, as we learned, many of our colleagues in the health sector were unfortunately affected by the virus.

In this context, we have adapted our support to Guinean and Sierra Leonian teams and health authorities since the summer of 2014 to ensure patient monitoring and to maintain the continuity of care. In Guinea and Sierra Leone we have provided personal protective equipment to caregivers as much as possible and started trainings specifically related to hospital hygiene and modes of transmission of the Ebola virus.

In Sierra Leone, we provided logistical support to research activities and in maintaining contact with HIV positive patients who had stopped their monitoring in HIV centres. We have collaborated with UNICEF and support groups to look for HIV positive children lost to follow-up, whose number had already increased in a dramatic way.

As part of the opening of channel 3 of the 5% Initiative, we have proposed two projects to facilitate the continuity of care in the context of Ebola. These projects aim to ensure the safety of caregivers and patients in health facilities (strengthening hospital hygiene, protection equipment), and to help patients who did not come to their last consultation (also called «patients lost to follow-up») to come back into the healthcare system. These projects also aim to train and assist caregivers in the management of treatment interruptions and in strengthening adherence to treatment and care; these already fundamental issues of monitoring HIV patients are particularly critical in the current context.

This crisis has highlighted the need to reflect on how to rebuild and improve health systems in these three countries: strengthening national capacity for monitoring and identifying future epidemics; reviving essential health services; investing in healthcare human resources; and improving health information and supply systems.

The WHO and a collective of international institutions including the World Bank and the European Union support these countries in this process. Solthis participates in the working groups developing these national health systems’ reconstruction plans in Guinea and Sierra Leone.

Scientific Research

Conducted by Inserm, Alima, MSF and the Red Cross, Solthis has participated in implementing the JKI trial – seeking to test the effectiveness of Favipiravir among patients infected with the Ebola virus in Guinea - by facilitating the realisation of this trial in the field through its team based in Conakry.

Through patient data collected on-site, we wished to document the impact of the health crisis on frequentation of Donka National Hospital in Conakry (Guinea) by patients under ART treatment, especially those lost to follow-up. This study allowed us to present an abstract during CROI 2015 and a Correspondence in The Lancet.

Press/Media

Since September 2014, we have conveyed the testimonies of our employees in the field. We have sought to warn of the impacts on the indirect victims of Ebola, the sick people who could not be monitored or follow their treatment in health facilities. We have also pointed out what this crisis revealed about the weakness of health systems, the lack of human resources and the stakes of the African and international communities’ response.

- A Solthis press release in September 2014 was taken up in the Quotidien du Médecin and the Journal International de Médecine (International Medical Newspaper)
- Signatory of Coordination Sud press release “Ebola, health care chain is broken”
Continuity of care in the Ebola context

- Realisation of different interviews and testimonies to be consulted in the press section of our website
  - Altermondex n°40 – December 2014: Interview with Louis Pizarro about the consequences of the Ebola virus on national health systems and the testimony of our midwife in Sierra Leone, Memuna Jalloh on the daily consequences in the field.
  - Transversal – November/December 2014: a joint interview “Ebola, a sanitary catastrophe that threatens the fight against HIV” held with our head of mission and midwife in Sierra Leone and our pharmacy manager at headquarters
  - Grotius International – October 2014: “Ebola, a health system in failure” by Louis Pizarro
  - RFI Radio program “Health Priority” broadcasted on September 31st 2014 on HIV management in Sierra Leone in the context of Ebola. A topic formed in partnership with Solthis
  - Europe 1: interview with Louis Pizarro
  - Solthis is a partner in the project “Radios against Ebola” launched by CFI, the French operator in media cooperation. Our Medical Director at headquarters has trained French journalists who will in turn train journalists from 6 African countries to conduct prevention programmes for local radios on the modes of transmission of the Ebola virus.
  - Our pharmacy manager in Guinea intervened in Conakry with students from ISIC, a journalism school, to explain to them what the Ebola virus is, how to handle it, and its health impact on other pathologies.

Fundraising
We have contacted several companies and foundations to ask them to support our programmes in the context of Ebola. We thank the Fondation de France, the JM Bruneau Foundation, the Enfants d’Urgence Foundation, the City of Paris, the Bettencourt Schueller Foundation and the 5% Initiative for their participation in the funding of these outstanding projects to ensure the continuity of care.
Advocacy

Aids is the disease which has led to the most powerful community action in the world. Whether fighting discrimination against homosexual, affirming the rights of HIV+ patients, or insisting on access to ARTs for patients in developing countries, NGO and activists have mobilised their strength so that the right to health of people infected with HIV would be recognised. Since the beginning of the fight against AIDS, advocacy for access to treatment, against discrimination and for the right to health has been an important component of the work of associations. Solthis has always defended these principles, and now it has also observed the emergence of new needs, tied to the way large international institutions function, to the need to make scientific literature accessible and popularised, and to the need for building international networks. Therefore, over the last several years, Solthis has developed its teams’ expertise in advocacy, focusing on three objectives:

- **Defend equal access to healthcare for all.** Respecting patients’ rights, funding of health programmes, the fight for improving access to medications and supplies (treatment for hepatitis C, viral load test for HIV patients, etc.), the fight for Human Rights and against stigma and discrimination are all subjects for which we advocate. Solthis also defends the importance of health in the international agenda, particularly through the Health Commission of Coordination Sud - for which it is the head member - and through monitoring of Official Development Assistance (ODA) funding.

- **Effect change in practices and policies on HIV treatment and care.** Promote, for example, the widespread use of a certain technique or combination therapy, based on technical analyses of efficacy and efficiency.

- **Improve international aid systems (funding and technical assistance) to make them adequate for the realities of the field.** Solthis positions itself between actors in the field and international decision makers to improve the circulation of information and the existing modes of technical and financial partnership.

We consider advocacy to be a mode of intervention which is complementary to other actions, starting on the internal level, where it gives new meaning and strength to operational research and capacity building. Externally, Solthis is positioned as a field actor dedicated to advocacy based on identified and documented facts, which complements the large public and media mobilisation initiatives or think tanks of other organisations.

**Capacity building**

**Operational Research**

**Advocacy**

**Promote universal access to healthcare services**

**Media campaign and large public/citizen mobilisation**

**Think Tanks**

**On-site actors (Syria)**

**Our advocacy in 2014**

1. **Advocacy for mobilising aid and for access to universal healthcare**

Throughout the year 2014, Solthis participated in several initiatives aiming to call attention to public authorities to defend funding for international health programmes and access to quality healthcare for all.

**Open letters and press releases**

- Open letter against the “Blue-Ribbon Task Force” initiative of the Global Fund, co-signed by 220 civil society organisations – May 2014. This letter was the outcome of reflections initiated by the Global Fund concerning a multi-tiered pricing framework for medications and health products between countries. The GF’s objective was to improve access to medications, particularly for middle-income countries (MICs) through the use of an initiative entitled the “Blue-Ribbon Task Force”. The two main critiques of this proposed initiative highlight both its content (promotion of a global pricing framework to the detriment of other proven strategies such as competition with generic products) and the highly opaque process for preparing the initiative, excluding civil society and the people affected.

- “Official Development Assistance: double penalty for health in the Global South” – Coordination Sud press release - 22/07/2014. Leading up to the 20th International AIDS conference in Melbourne, Solthis joined other members of Coordination Sud to remind France of its engagements with regards to the right to health.

- Solthis joins the Paris Appeal for women’s and children’s health worldwide – October 2014. The city of Paris, the Gates Foundation and the NGO Global Health Advocates launched a joint appeal to citizens, decision makers and elected officials to take action for women’s and children’s health worldwide, with the objective of saving over 10 million lives before the end of 2035, particularly through reducing health inequalities between the poorest and the richest countries.
Activity Report 2014

Advocacy

- "NO Mr. Le Roux, the health of the poor is not a ball and chain!" Coordination Sud press release – 04/11/2014, co-signed by Solthis, in reaction to a report by MP Bruno Le Roux considering that the air transport sector could not continue to support the weight of the FTT.

- Open letter to Michel Sapin on the European Tax plan on FTT transactions – 04/11/2014. Following an opinion piece by the Minister of Finance published in Les Echos, indicating that France would not support taxation of derivatives in the European FTT plan, 10 associations, including Solthis, raised concerns that this "discounted" FTT project would put plans to raise the funds needed for fighting global emergencies - such as climate change, AIDS and Ebola - in peril.

- "France must maintain its financial contribution to UNITAID": open letter to the President of the Republic co-signed by Christine Katlama and the presidents of 4 other associations, published in Liberation on 9th December 2014. The associations wrote in reaction to news that France would reduce its contribution to UNITAID by 25 million euros.

Parliamentary study tour

In partnership with Global Health Advocates France, Solthis co-organised a trip to Niger focused on child health to sensitise 3 French MPs (2 National Assembly delegates and 1 senator) on the progress that Official Development Assistance makes in terms of public health in the Global South – in light of France's current tendency of reducing its aid budget. Following the trip, an opinion piece was published in La Croix on 16/07/14 on the eve of the President's trip to Niger as a reminder of the essential role of Official Development Assistance.

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Meetings were also held with the Global Fund in Geneva, and Solthis attended the Global Fund's 2 annual Board meetings held in 2014 (in Jakarta and in Montreux). In total, 140 people were interviewed. A summary report containing 6 case studies and almost 30 recommendations was thus produced: "Managing Risk in Fragile States: Putting Health First Optimising the Efficiency of the Global Fund's Grants".

2. Global Fund advocacy

Funding from the Charities Aid Foundation made it possible to create a position for one year with the mission to:

- transmit concrete data from the field to illustrate the challenges in managing grants
- organise targeted advocacy to unfreeze disbursement of a part of grants for implementation in the field, and
- make specific recommendations for improving implementation of grants.

To build advocacy based on facts, field missions in the 4 countries where Solthis works were organised with the goal of meeting all of the actors involved in implementing Global Fund programmes (principle and secondary recipients, national programmes, CCMs, technical and financial partners, etc.). Solthis' national teams also shared their observations, field experiences and recommendations.

Meetings and continued efforts to have the report's recommendations taken into account.

The report garnered much positive feedback, welcoming this foundational work which shone light on concrete, documented difficulties in the field.

The end of the year was dedicated to maintaining contacts made during Board meetings and to continued efforts to have the report's recommendations taken into account.

The end of the year was dedicated to maintaining contacts made during Board meetings and to continued efforts to have the report's recommendations taken into account.

Several media outlets and websites also reported the information.

- Managing Risk in Fragile States: Putting Health First Optimising the Efficiency of the Global Fund's Grants

A report summarising 6 case studies and almost 30 recommendations was thus produced: "Managing Risk in Fragile States: Optimising the Efficiency of the Global Fund's Grants".
Coordination

Team picture in Solthis stand at AFRAWI 2014
katel@katelira.com
Working in collaboration with our partners

- In 2014, in order to adapt to the strategic evolution of Solthis and to the stakes of the diversification of funding resources, the headquarters team was reorganised. A Programme Coordinator position, responsible for close monitoring of the on-site missions, and a Fundraiser position have been created.
- To help structure our reflection and action around health systems and services strengthening, an entire unit is now devoted to this topic, composed of 3 positions under the supervision of its director: Pharmacy and Laboratory Unit Manager, Health Information Systems Manager and Capacity Building Manager. This reorganisation also allows each technical and operational position to be involved in setting up and monitoring a project.

Academic partners

Solthis is dedicated to developing multidisciplinary partnerships in order to take into account the many dimensions of HIV patient management to support the work of the field teams. This can be seen through collaboration with actors from different backgrounds: medical, anthropological, economic and political.

- Pitié-Salpêtrière, Necker and Bichat University Hospital Centres in Paris, and in Bordeaux: collaboration on operation research projects, internships
- Pasteur Institute in Paris (Epidemiological Unit for Emerging Diseases): operational research project support
- ISPED (Public Health, Epidemiology and Development Institute): presentations within the framework of the ISPED masters, student internships in the field
- ANRS (National Agency for HIV and Viral Hepatitis Research).
- RESAPSI (African Network ensuring the medical management of people living with HIV/Aids): participation in RESAPSI workshops
- Sciences Po (Institute of Political Study in Paris): intervention within the framework of the Masters of International Affairs, student internships at headquarters and in the field.
- IMEA (Institute of Medicine and Applied Epidemiology): presentation to the IMEA DIls, student management
- RAF-VIH (African Network for HIV training): interventions within the framework of DIUs of Ouagadougou on HIV management in sub-Saharan Africa on testing, PMTCT, information system and pharmacies
- EPICENTRE : co-organisation of symposiums
Scientific reflection

Operational Research: scientific communications

- CROI “Conference on Retroviruses and Opportunistic Infections” was held from March 3-6, 2014 in Boston, Massachusetts
  On the occasion of the 2014 CROI, in a presentation on March 4th Jacques Ndawinz introduced the new epidemiological indicators and the implications of this data in evaluating the gap between the eligibility criteria for ARV treatment developed by the WHO and real needs in the field.
  - The 7th International Francophone Conference dedicated to HIV and hepatitis, AFRAVIH - from April 27 to 30, 2014 in Montpellier
  See the two-page feature
  - AIDS: 20th International Conference – from July 20 to 25 in Melbourne
  - In the framework of the Sidaction satellite – “Toward 2020, future Models for HIV Research, Activism, Integration and Migrants & MSM Programmes” – our Chief Executive Officer, Louis Pizarro gave an oral presentation dedicated to the integration of HIV management services in resource-limited countries.
  - Jacques Ndawinz, Health Information Systems Manager of Solthis presented a poster “Retention following the initiation of antiretroviral treatment among PLHIV in Niger: a survival analysis using the National database”.
  - Convergences World Forum 2014
  On the occasion of the Convergences World Forum organised on September 8th, 9th and 10th 2014 in Paris, our Director of Operations Sophie Calmettes introduced a presentation during a workshop on the dynamic approach to impact assessment of a project entitled “Assessing the impact of an international NGO’s intervention in support to a public hospital in Sierra Leone for treating HIV positive children: use of quality improvement approach in a resource-limited setting.”

Institutional partners

- Global Fund to Fight AIDS, Tuberculosis and Malaria: Solthis developed a unique position vis-à-vis the Global Fund, the main donor in the fight against HIV/AIDS in developing countries: development of requests, Sub-Recipient of grants for training and technical assistance activities, and fulfilling an interface role between the field and the Global Fund team in Geneva.
- WHO, WHO/TDR, UNAIDS, JURTA: Solthis is regularly invited to participate in JURTA (Joint UN Regional Team on Aids for West and Central Africa) meetings on questions concerning technical assistance, capacity building, etc. In 2014, Solthis collaborated with the WHO/TDR programme (Programme for Research and Training in Tropical Diseases).
- The French Cooperation:
  - Ministry of Foreign and European Affairs
  - 5% Initiative, implemented by Expertise France under the French Ministry of Foreign Affairs and International Development oversight
  - Ambassador for the fight against HIV/AIDS and communicable diseases
  - GIP ESTHER

Working in collaboration with our partners

- LASDEL (Laboratory of study and research on social dynamics and local development): socio-anthropological research conducted using surveys.
- Faculté de médecine de Chatenay-Malabry/Pharmacy University of Chatenay-Malabry: teaching for the Humanitarian Pharmacy module
- Caen University: presentation for the Humanitarian Pharmacy Degree
- GERES (Study group on risk exposure of health workers)

Assessing the impact of an international NGO’s intervention in support to a public hospital in Sierra Leone for treating HIV positive children: use of quality improvement approach in a resource-limited setting.
Scientific reflection

Interventions

- Classes at the Master’s in International Affairs programme at Sciences Po – Paris, January to May 2014
  Louis Pizarro, Chief Executive Officer, taught a class on “Non-State actors and Global Health” to Master’s students.

- Workshop – Public Health Master’s at Pasteur/CNAM in November 2014
  Louis Pizarro organised a workshop day on HIV management and issues linked to development to master’s students.

- Participation at a round-table discussion on healthcare professions for the Public Affairs Master’s of Sciences Po Paris – October 27, 2014
  Rachel Demol-Domenach, Communications Manager presented on healthcare professions in the Public Affairs field by presenting a classification of the different positions in Solthis and a testimony of her own background.

- Presentation for the Inter-University Diploma (IUD) on “Pharmaceutical Supply Management” co-organised by academics from Ouagadougou (Burkina Faso) and Clermont-Ferrand (France) – Ouagadougou, February 2014
  Etienne Guillard, head of the Pharmacy Department of Solthis, gave both theoretical and practical lectures to the 50 IUD students on needs quantification of pharmaceutical HIV products and more broadly, on stock management and a stock-out early warning system.

- Participation at the ISPED Master’s in Public Health – Bordeaux, January 2014
  Every year Solthis gives a presentation for the ISPED Master’s in Public Health. In 2014, Etienne Guillard led a class on pharmaceutical issues linked to HIV/AIDS management.

- Participation at Pierre and Marie Curie University, Pitié-Salpêtrière site – February-May 2014
  Jacques Ndawinz, Health Information Systems Manager taught a class on biostatistics to health students.

- Intervention in Pitié-Salpêtrière University Hospital – May 2014
  Eric D’Ortenzio introduced the role of self-tests in HIV screening in sub-Saharan Africa during the staff meeting from Infectious Diseases Department.

Solthis’ Scientific Day

Solthis’ team – at headquarters and in the field – gathered on Friday, June 27th for its scientific day and General Assembly organised at Pitié-Salpêtrière Hospital in Paris. Our medical, institutional, associative, technical and financial partners were also present. This day was dedicated to 3 main topics: HIV and infectious diseases, mother and child programmes in sub-Saharan Africa and key populations with presentations from external experts on these subjects and from Solthis’ team on programmes conducted in the field and their impact.
AFRAVIH 2014 Conference

7th CONFÉRENCE FRANCOPHONE VIH/HÉPATITES AFRAVIH 2014
27 AU 30 AVRIL 2014 AU CÖRUM DE MONTPELLIER

Solthis’ key moments at the 7th International Francophone Conference dedicated to HIV and Hepatitis

CASSIS symposium: “Succeeding in integrating HIV data into the national Health Information System”.

- The CASSIS project, developed and implemented in Niger and Guinea since 2013, aims to improve access to healthcare and the health information system (HIS) within HIV/AIDS programmes funded by The Global Fund. Considering that HIV intake and data collected on-site were often incomplete or irreguarly transmitted to regional and national health authorities, one of the objectives of CASSIS is to build the capacity of actors within the HIV data-collection and analysis circuit through skills, procedures and tools.

- Indeed, complete, precise, harmonised data make it possible to obtain reliable indicators for measuring national performance in treatment and care for HIV patients, and to put in place a strategic HIV programme. It is also a question of integrating these data into the national health information system in order to reinforce the integration of vertical HIV programmes within the health system and to allow for a more comprehensive and global perspective on current health policies.

- This symposium allowed for presenting feedback on the CASSIS experience in Guinea through the intervention of Dr Kotsa from the PNPCSP and to analyse the partnership with UNAIDS through the presentation of Dr Leopold Zekeng. Mathieu Pinard from Oslo University has also presented the DHIS-2 software which made a platform available that aggregates data from the National Health Information System, and into which data from vertical programmes can be integrated

4 oral presentations

- Epidemiology: “A New Method for Estimating HIV Incidence in Low-Income Countries Using Data on Initiation of Antiretroviral Therapy: A Back-Calculation Approach. This study was realised under the supervision of Unit 1136 of Inserm and Pierre and Marie Curie University and presented by Jacques Ndawinz, Health Information Systems Manager of Solthis.


- From PMTCT to eMTCT in Sierra Leone: “A Successful Initiative of Quality Improvement in the Management of Children Exposed to HIV: The Experience of Ola During Children’s Hospital (ODCH), a Paediatric Hospital in Sierra Leone. Presented by Sophie Calmettes, Director of Operations.

- Funding of Long-term HIV Treatment and Care: Who Pays for What in Africa? Mini lecture by Louis Pizarro, CEO

14 posters

- From PMTCT to eMTCT
  - The implementation of new PMTCT data collection tools in Guinea Conakry: support from the NGO Solthis
  - Care and Treatment of pregnant women infected with HIV and follow-up of their exposed children by midwives in Niger

- Testing
  - Family HIV testing: an effective community experience in Niger

- HIV comorbidities
  - Opportunistic neurological infections among patients infected by HIV: improving the diagnosis and reducing mortality at the University Hospital of Freetown, Sierra Leone
  - An example model for integrating joint tuberculosis-HIV activities at the National Anti-Tuberculosis Centre (CNAT) in Niamey, Niger

- Paediatric HIV infection
  - A national collective for paediatric screening, treatment and care of children infected with HIV in Niger: results from the first year

Presentation brochure of CASSIS project realised by Solthis has been distributed during this symposium and on Solthis stand.
Adherence and lost to follow-up
- Improving retention rates among newly screened, HIV-positive adults in secondary public hospitals, Freetown, Sierra Leone.
- Evaluation of dispensing practices and their effects on patient knowledge, treatment adherence, and the experience on care received. Results from 2 hospitals in Freetown, Sierra Leone.
- Retention following the initiation of antiretroviral treatment among PLHIV in Niger: a survival analysis using the national data base.

Training and task shifting
- Implementation of psychological care for PLHIV in a context with limited humanitarian resources in Niger.
- Improving professional pharmaceutical practices through mentoring. Effects on retention of people living with HIV (PLHIV) from four HIV treatment sites in Guinea.
- Steps for improving quality applied to 9 health structures in Conakry and Boké, Guinea.

Funding for treatment and care programs
- Early action against ARV stock-outs: development of an early warning tool for stock-outs in Guinea.
- Coordination and monitoring of supply-chain and stocks for ensuring the availability of HIV programmes' health supplies. A study in 5 West African countries.

Solthis teams distribution
- In Niger and Guinea, the workforce remains stable for the implementation of the CASSIS and OPP-ERA projects.
- In Sierra Leone, the team continued to evolve with the creation of a PMTCT manager position.
- At headquarters in Paris, following the obtaining of funding for the Global Fund Advocacy project, an Advocacy Officer was hired at the beginning of 2014. As a part of the headquarters team reorganisation and in order to develop public funding, a Programme Coordinator position, in charge of attentive monitoring of field missions was created, allowing the Director of Operations to focus on responding to institutional calls for proposals. To implement the fundraising strategy regarding private funds and corporate partnerships, a Fundraiser position has been created.

Status of Solthis staff
The vast majority of Solthis’ workforce is operating in the field (89% of the total staff).
Among the 89%, 81% of the workforce is comprised of local staff members and 19% are international.
Financial Report

Financial statement (in euros)

<table>
<thead>
<tr>
<th>Profit &amp; Losses</th>
<th>2014</th>
<th>2013</th>
<th>Var.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivered</td>
<td>10,5</td>
<td>10,8</td>
<td>-0,3</td>
</tr>
<tr>
<td>Grants</td>
<td>3,442,4</td>
<td>3,308,0</td>
<td>134,3</td>
</tr>
<tr>
<td>Transfer of charges</td>
<td>6,7</td>
<td>13,4</td>
<td>-6,7</td>
</tr>
<tr>
<td>Subscription</td>
<td>0,1</td>
<td>0,1</td>
<td>0,0</td>
</tr>
</tbody>
</table>

| Operating Income | 3,459,6 | 3,332,3 | 127,3 |
| Raw material | - | - | - |
| External expenses | 1,567,4 | 1,567,1 | 0,3 |
| Taxes | 68,3 | 74,5 | -6,2 |
| Personal costs | 1,271,9 | 1,100,8 | 171,1 |
| Social charges | 434,2 | 374,6 | 59,6 |
| Amortization and provision | 21,0 | 10,0 | 11,0 |
| Other expenses | 32,7 | 6,1 | 26,6 |

| Operating Expenses | 3,395,5 | 3,133,1 | 262,5 |
| OPERATING RESULT | 64,1 | 199,3 | -135,2 |
| Financial Income | 8,5 | 1,9 | 6,7 |
| Financial Expenses | 2,5 | 19,1 | -16,6 |
| Financial result | 6,0 | -17,2 | 23,2 |
| NET RESULT | 70,1 | 182,1 | -112,9 |
| Exceptional Income | 11,7 | 9,8 | 1,9 |
| Exceptional Expenses | 2,6 | -2,6 | - |

EXCEPTIONAL RESULT | 9,1 | 9,8 | -0,7 |

| Carry over of unused restricted funds | 313,7 | 126,0 | 187,7 |
| Unused restricted funds | 387,5 | 313,7 | 73,8 |

| SURPLUS OR DEFICIT | 5,5 | 4,1 | 1,4 |

Analysis and comments 2014

- 88% of the initial 2014 budget was actually spent.
- The association’s activities incurred a total amount of engaged spending of 3,400.6 K€ (before carry forward of unused restricted funds) in 2014, representing a growth rate of 7% with regards to 2013, despite a difficult operational context due to Ebola in Guinea and Sierra Leone.
- The 4% increase in operating income is linked to the launch of the “Global Fund Advocacy” project funded by Charities Aid Foundation and the continued implementation of OPP-ERA in Guinea.
- The expenses incurred in personnel costs and social charges represent 50% of overall actual spending in 2014. This proportion is a testament to the specificity at the heart of Solthis’ vocation which is to provide expertise and technical assistance to national programmes for the fight against HIV. This item has increased following hiring for the Global Fund Advocacy project and by the creation of two new positions: Programmes Coordinator and Fundraiser.

Balance sheet

<table>
<thead>
<tr>
<th>ASSETS in K€</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intangible assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Financial assets</td>
<td>3,0</td>
<td>-</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>25,5</td>
<td>25,4</td>
</tr>
</tbody>
</table>

| INVENTORIES | 21,3 | 25,4 |
| Inventories | - | - |
| Advance Payment | 145,9 | 80,6 |
| Grants receivable | - | 19,1 |
| Tax receivable | 29,2 | 6,3 |
| Other receivable | 53,0 | 50,0 |
| Short term deposits | 76,7 | 96,3 |
| Cash | 59,2 | 109,9 |

| CURRENT ASSETS | 1,166,0 | 1,239,6 |
| Grants receivable | 145,9 | 80,6 |
| Tax receivable | 29,2 | 6,3 |
| Other receivable | 53,0 | 50,0 |
| Short term deposits | 76,7 | 96,3 |
| Cash | 59,2 | 109,9 |

| ADJUSTMENT ACCOUNT | 0,6 | 3,7 |
| Unrealized exchange losses | 0,6 | 3,7 |

| TOTAL ASSETS | 1,195,0 | 1,268,7 |
| Regulated reserves | 320,1 | 316,0 |
| Other reserves | - | - |
| SURPLUS OF THE YEAR | 5,5 | 4,1 |
| Restricted funds on Grants | 387,5 | 313,7 |
| Restricted funds on other income | - | - |

| RETAINED EARNINGS & EQUITIES | 325,5 | 320,1 |
| Retained Earnings | 320,1 | 316,0 |
| SURPLUS OF THE YEAR | 5,5 | 4,1 |
| Investment subsidy | - | - |

| NET RESULT | 70,1 | 182,1 |
| Exceptional Income | 11,7 | 9,8 |
| Exceptional Expenses | 2,6 | -2,6 |

EXCEPTIONAL RESULT | 9,1 | 9,8 |
| Unrealized exchange gains | 4,1 | 0,9 |

| ADJUSTMENT ACCOUNT | 4,1 | 0,9 |
| LIABILITIES | 1,195,0 | 1,268,7 |

Financial transparency

2014 statutory audit by PricewaterhouseCoopers

The financial statement was closed by Solthis’ Board of directors on 4th June, 2015 and certified by the statutory auditors PricewaterhouseCoopers.

IDEAS Label: recognition of the good governance, financial management and effectiveness of Solthis’ actions.

Solthis received the IDEAS label on Tuesday, 11th June 2013. Valid for three years, this label is granted by a committee of independent experts after a phase of examination and with the support of IDEAS’ voluntary advisers. It is an acknowledgement of the good practices of Solthis in regards to its governance, financial management, and the effectiveness of its actions.
Financial Report

Statement of income and spending

Since 2013, Solthis has decided to publish a Statement of income and spending, though it is not legally required to do so. Solthis took this initiative both with regards to the IDEAS label and in order to offer a standardised grid comparable to those used by organisations which appeal for public resources, who are legally required to present such a statement.

2014 Detailed expenses

- The social mission covers spending incurred to fulfil Solthis’ mission of making treatment accessible for people living with HIV/AIDS in developing countries.
  - The social mission in France includes all spending invested in activities taking place in France, such as conferences and the annual one-day scientific conference.
  - The international social mission includes all spending in the field, including:
    - operational expenditures: related to organising and conducting trainings, technical assistance, operational research, advocacy, Information-Education-Communication activities, provision of equipment for treatment sites and to administrative and transport expenses; and
    - support to operations: expenses related to field - headquarters coordination, including HR, missions and on-site monitoring costs.
- Fundraising expenses: in order to support increasing operations and to intensify diversification of its sources of funding, Solthis reinforced its institutional and private fundraising activities. In particular, Fundraising Officer position was created in the second semester of 2014.
- Administrative costs: the association’s headquarters is located in Paris. It supervises the operational activities of the field teams and allows for maintaining ties with our academic, institutional and associative partners. These costs have increased slightly since 2013, representing Solthis’ efforts to maintain its development strategy, notably through a mission conducted with the strategic consulting firm Boston Consulting Group (BCG) to assist Solthis in its reflections on its new funding model. With regards to the development of its income-generating component, Solthis also sought legal advice in 2014.

1) Expenditures

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Actuals 2014</th>
<th>Sierra Leone</th>
<th>Guinea</th>
<th>Mali</th>
<th>Niger</th>
<th>Burkina Faso</th>
<th>Headquarters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Mission</td>
<td>2,823,427</td>
<td>551,967</td>
<td>769,152</td>
<td>295,799</td>
<td>582,883</td>
<td>9,370</td>
<td>654,256</td>
</tr>
<tr>
<td>1.1 Social Mission France</td>
<td>16,070</td>
<td>1,943</td>
<td>2,957</td>
<td>3,037</td>
<td>4,479</td>
<td>-</td>
<td>3,655</td>
</tr>
<tr>
<td>1.2 Social Mission Abroad</td>
<td>2,807,357</td>
<td>510,025</td>
<td>766,195</td>
<td>292,762</td>
<td>578,405</td>
<td>9,370</td>
<td>650,601</td>
</tr>
<tr>
<td>Operational expenditures</td>
<td>2,323,154</td>
<td>490,675</td>
<td>749,724</td>
<td>289,941</td>
<td>565,999</td>
<td>9,370</td>
<td>217,445</td>
</tr>
<tr>
<td>Operational support expenditures</td>
<td>494,203</td>
<td>19,350</td>
<td>16,471</td>
<td>2,821</td>
<td>12,405</td>
<td>-</td>
<td>433,156</td>
</tr>
<tr>
<td>2. Fundraising Expenses</td>
<td>73,852</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>73,852</td>
</tr>
<tr>
<td>3. Administrative Cost</td>
<td>486,273</td>
<td>-</td>
<td>6,423</td>
<td>-</td>
<td>3,787</td>
<td>890</td>
<td>475,173</td>
</tr>
<tr>
<td>I. Total spending year</td>
<td>3,383,552</td>
<td>511,967</td>
<td>775,575</td>
<td>295,799</td>
<td>586,670</td>
<td>10,260</td>
<td>1,203,281</td>
</tr>
<tr>
<td>II. Accruals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Allocated funds carried forward</td>
<td>387,514</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Result of the period</td>
<td>5,488</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Total Expenditures</td>
<td>3,776,554</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) Expenditures of 2014

- Social Mission
- Administrative Cost
- Fundraising Expenses
The 2015 budget is expected to increase by 35% with respect to the actual spending of 2014. This budget will include, in large part, projects which are currently being implemented for which funding has already been secured, but also projections of funding to come from responses to calls for proposals currently being prepared or soon-to-be submitted. This projection reflects the strategy for diversifying sources of funding and its impact on Solthis’ economic model.

**Source of Funding 2015**

- **FBS**: 17%
- **5% Initiative**: 17%
- **Global Fund**: 5%
- **City of Paris**: 2%
- **FROI**: 1%
- **Charities Aid Foundation**: 1%
- **UNITAID**: 0%
- **ANRS**: 0%
- **EBOLA**: 0%
- **Other**: 32%

**Social Mission: breakdown per country in 2015**

- **Guinea**: 19%
- **Niger**: 19%
- **Sierra Leone**: 32%
- **Mali**: 12%
- **Headquarters supporting on-site missions**: 18%

**Budget 2015**

<table>
<thead>
<tr>
<th>Social Mission</th>
<th>Amount (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Mission Social</td>
<td>4,032,249</td>
</tr>
<tr>
<td>Mission France</td>
<td>13,853</td>
</tr>
<tr>
<td>Mission Abroad</td>
<td>4,018,396</td>
</tr>
<tr>
<td>Operational Expenditures</td>
<td>3,179,806</td>
</tr>
<tr>
<td>Operation Support Expenditures</td>
<td>838,590</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>143,415</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>380,020</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4,555,685</td>
</tr>
</tbody>
</table>

**Source of Funding 2014**

- **FBS**: 5%
- **5% Initiative**: 5%
- **Global Fund**: 5%
- **Charities Aid Foundation**: 73%
- **Other**: 13%
- **Other public subsidies**: 5%
- **Other private funds**: 7%
- **Other products**: 3%

**INCOME Actuals 2014**

<table>
<thead>
<tr>
<th>Source of Funding 2014</th>
<th>Amount (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBS</td>
<td>2,649,669</td>
</tr>
<tr>
<td>5% Initiative</td>
<td>2,541,522</td>
</tr>
<tr>
<td>Global Fund</td>
<td>70,096</td>
</tr>
<tr>
<td>Charities Aid Foundation</td>
<td>19,764</td>
</tr>
<tr>
<td>Sidaction</td>
<td>15,290</td>
</tr>
<tr>
<td>Intervida</td>
<td>3,068</td>
</tr>
<tr>
<td>Grants and other public subsidies</td>
<td>401,464</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4,384,459</td>
</tr>
</tbody>
</table>

**Evolution of funding**

In 2014 Solthis continued to pursue and intensified the diversification of its sources of funding. The continuation of the CASSIS and OPP-ERA projects, the launching of the “Global Fund Advocacy” project and certain activities conducted for the continuity of healthcare in response to Ebola (funding from the Fondation de France and partnership with ADERA for an ANRS grant) represented a total of 910,840€ in funding. In addition, the technical assistance contract mission to Burkina Faso was continued and completed in 2014.

**Evolution of the funding diversification from 2009 to 2014**

- **FBS**: 5%
- **5% Initiative**: 5%
- **Global Fund**: 5%
- **Charities Aid Foundation**: 73%
- **Other public subsidies**: 13%
- **Other private funds**: 5%
- **Other products**: 3%

**Evolution of funding**

In 2014 Solthis continued to pursue and intensified the diversification of its sources of funding. The continuation of the CASSIS and OPP-ERA projects, the launching of the “Global Fund Advocacy” project and certain activities conducted for the continuity of healthcare in response to Ebola (funding from the Fondation de France and partnership with ADERA for an ANRS grant) represented a total of 910,840€ in funding. In addition, the technical assistance contract mission to Burkina Faso was continued and completed in 2014.
Financial Report

Financial partners
In 2014, the following partners provided financial support for Solthis’ activities:

- **Bettencourt Schueller Foundation.** Since its establishment in 2003, Solthis has received essential support from the Bettencourt Schueller Foundation. The foundation again once provided decisive support to all Solthis activities in 2014.

- **AIDS, Malaria and Tuberculosis 5% Initiative (implemented by the public agency, France Expertise under the oversight of the French Ministry of Foreign Affairs and International Development).** A Solthis expert was mandated in 2013-2014 to provide a technical assistance mission through Channel 1 funding: support to early warning system implementation and reinforcement of the HIV commodities quantification system in Burkina Faso.

Solthis also benefitted from a funding in the framework of the “Health systems reinforcement” call for proposal for the implementation of the CASSIS project for 3 years (2013-2016). This project aims at improving access to healthcare and health information systems of HIV/AIDS programs funded by Global Fund in Guinea and Niger. CASSIS is jointly implemented with UNAIDS and Solthis national partners in Niger and Guinea (Niger: ULESS, CIGLS; Guinea: PNPCSP, SE/CNLS).

- **Global Fund to fight AIDS, Tuberculosis and Malaria.** In 2013, Solthis was designated as a UNPD sub-recipient in Mali in the framework of phase 2 of Round 8 for technical assistance in the decentralization of HIV management. This project continues in 2014 in Segou, Mopti and Bamako regions.

- **UNITAID.** Solthis benefitted from funding from the world health initiative UNITAID for the OPP-ERA project. This project aims at improving the following up of people living with aids by opening the market of viral load technologies to new providers, by promoting the “Open Polyvalent Platforms” (OPP) model. The OPP-ERA pilot phase is implemented in 4 countries (Burundi, Cameroon, Côte d’Ivoire and Guinea) by a consortium of partners led by FEI (which has become Expertise France) including ANRS, GIP ESTHER, Sidaction and Solthis. Solthis is the project operator for Guinea, where “open” viral load systems have been implemented in 2014.

- **ANRS.** Within the framework of the OPP-ERA project, Solthis benefitted from additional funding from the French National Agency on AIDS Research (l’Agence Nationale de Recherche sur le SIDA).

- **ADERA-ANRS.** In 2014, Solthis gave its support to the Favibola trial in Guinea Conakry conducted by INSERM and ANRS in partnership with ADERA.

- **City of Paris.** The City of Paris has been a Solthis partner since 2009 supporting the medical management of people living with HIV in Conakry, Guinea.

- **Sidaction.** Under the framework of Sidaction’s call for “Training” projects, Solthis received supports for its project to improve HIV/AIDS patient management decentralization in the Mopti region of Mali.

- **Fonds de Renforcement Institutionnel et Organisationnel (FRIO):** The FRIO aided Solthis in developing an income-generating activities approach. The FRIO, managed by Coordination Sud is supported by the Ministry of Foreign and European Affairs and International Development, and the French Development Agency

- **Charities Aid Foundation.** The advocacy project funded by this foundation aims to improve the implementation of Global Fund grants in fragile states.

- **Fondation de France.** This foundation has supported Solthis’ activities in Sierra Leone since the second semester of 2014 for the “Continuity of healthcare for people living with HIV in an Ebola context” project.

- **Educo.** The Spanish international cooperation NGO, Intervida (which has become Educo) co-financed the “Health Education” project implemented by Solthis in the Ségou region in Mali. This project ended in 2014.

Activity Report 2014
### Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ANC / ANV</td>
<td>Antenatal Consultation / Visit</td>
</tr>
<tr>
<td>ARV/ART</td>
<td>Antiretroviral/Antiretroviral treatment</td>
</tr>
<tr>
<td>CASSIS</td>
<td>Capacities for Access to Healthcare and for the Health Information System</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
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<tr>
<td>CRENI</td>
<td>Intensive Nutritional Rehabilitation Centers</td>
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<tr>
<td>CS / CS ref</td>
<td>Health Center / Reference Health Center</td>
</tr>
<tr>
<td>DTC</td>
<td>Tuberculosis Diagnosis and Treatment Centers</td>
</tr>
<tr>
<td>eMTCT</td>
<td>Elimination of Mother to Child Transmission</td>
</tr>
<tr>
<td>HIS/NHIS</td>
<td>Health Information System / National Health Information System</td>
</tr>
<tr>
<td>GF</td>
<td>Global Fund</td>
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<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NTD</td>
<td>Neglected Tropical Diseases</td>
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<tr>
<td>OI</td>
<td>Opportunistic Infections</td>
</tr>
<tr>
<td>PITC</td>
<td>Provider-Initiated Testing and Counselling</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>PSM</td>
<td>Procurement and Supply Management</td>
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<tr>
<td>QI</td>
<td>Quality Improvement</td>
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<tr>
<td>SMHT</td>
<td>Superior Mental Health Technicians</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>TPE</td>
<td>Therapeutic Patient Education</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations programme on HIV/Aids</td>
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<tr>
<td>UNPD</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
<tr>
<td>VL</td>
<td>Viral Load</td>
</tr>
<tr>
<td>VPP</td>
<td>Voluntary Pooled Procurement</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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