



AIDS

SOLIDARITY

INITIATIVES

HEALTH



Scientific commitment for
universal access to health



Activity Report

2014



Solthis 2014 key figures



750 health professionals trained

+ 100

health centres receiving daily support



50,000 patients receiving ARV treatment cared for in these health centres

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

2014 Activity Report

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The HIV/AIDS epidemic in the world

Number of people living with HIV:

- Worldwide: 33.2 million
- In Sub-Saharan Africa: 24.7 million

Number of new cases:

- Worldwide: 2.1 million
- In Sub-Saharan Africa: 1.6 million

Number of patients on ARV drugs:

- Worldwide: 12.1 million
- In Sub-Saharan Africa: 8.4 million

UNAIDS, Global Report 2014

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 sub region, 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

3 modes of intervention to improve the health of the population

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

3 levels of support

- National bodies
- Health structures
- Health professionals



Our expertise: strengthening health systems and services

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 evaluating 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 draft funding proposals, in particular for the Global Fund for the fight against AIDS, tuberculosis and malaria.

Reinforcing these 5 priority functions of health systems helps create an overall country-wide dynamic and obtain concrete results in the access to high-quality management, treatment and biological monitoring, health information systems and coordination of all involved actors.

Governance

The Board of Directors

- **Professor Christine KATLAMA**, Chairman
Responsible for the Day Hospital and the AIDS Clinical Research Unit of the Department of Infectious and Tropical Diseases - Pitie Salpetriere Hospital.
- **Professor Brigitte AUTRAN**, Treasurer.
Professor of Immunology at Paris VI, Department of Immunology Cell and Tissue Laboratory - Pitie Salpetriere Hospital
- **Professor Gilles BRÜCKER**, General Secretary.
Professor of Public Health at the University of Paris XI, Kremlin Bicêtre
- **Armand de BOISSIERE**
Secretary General of the Bettencourt-Schueller Foundation.
- **Dr. Guillaume BRETON**
Hospital practitioner of the internal medicine department of the Pitié- Salpêtrière Hospital, Paris.
- **Benjamin CORIAT**
Professor of Economics at the University of Paris 13 and president of the ANRS AC 27.
- **Professor Christine ROUZIOUX**
Head of department of Virology of Necker Hospital, Paris.
- **Dr. Roland TUBIANA**
Hospital practitioner, Service of Infectious Diseases at Pitié-Salpêtrière Hospital, Paris.
- **Jean-Pierre VALERIOLO**
Former Director of Communication and Development of the Bettencourt Schueller Foundation.
- **Philippe VILLIN**
CEO «Philippe Villin Conseil».

The life of the Association in 2014

- **The General Assembly was held on June 27th 2014.** The moral report and the annual accounts were approved. As Guillaume Breton, Benjamin Coriat, Christine Rouzioux, Roland Tubiana and Philippe Villin's mandates were expiring, they have been extended for 3 years.
- **An extraordinary General Assembly was held on December 17th 2014.** Solthis' new status, the extension of its social mission and its new name: "Therapeutic Solidarity and Initiatives for Health" have been approved by this extraordinary general assembly.
- **Two Board of Directors meetings were held:**
 - June 4th 2014: accounts and the activity report for 2013 were closed
 - December 17th 2014: the programmes and the budgets were put to a vote for 2015

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.

The Scientific Working Group

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

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

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

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

Dr David GERMANAUD, Paediatrician, Child Neurology Unit, Robert Debré Hospital, Paris

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

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

Pr Jean-Marie HURAUX, Physician – infectious diseases service at Cayenne Hospital Centre

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

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Dr Aliou SYLLA, Coordinator of the Sectorial Group for Coordination of the Fight Against HIV/AIDS (Cellule sectorielle de coordination de la lutte contre le VIH/Sida) (CSLS) Mali

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Dr Tuan TRAN-MINH, International Consultant

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

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

Solthis' activities



Population (millions)	15,8
Life expectancy at birth (years)	55
HDI ranking (out of 187 countries)	176
Total fertility rate (number of children per woman)	6,9
Infant mortality rate per 1 000 live births	128
Number of doctors per 10 000 people	0,8
Adult literacy rate	33,4%
Urban population	36,2%
Total expenditure allocated to health (% of GDP)	6,8%

Source: UNDP, Human Development 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 B 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 sensitising 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.

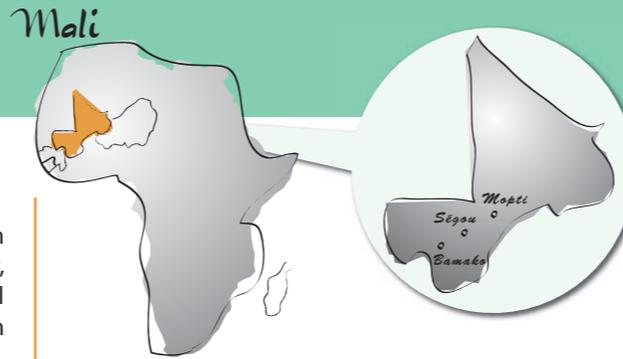
The epidemic is concentrated in certain key populations due to their high level of exposure to the virus: sex workers, men who have sex with men (MSM), injection drug users and transit or mobile populations such as truck drivers. For example, HIV prevalence among sex workers was at 24.2% in 2012 according to the latest national UNGASS report, or 27 times the national rate.

2013 National Data on HIV/Aids in Mali among adult population (≥15 years)

Estimated prevalence of HIV (15-49 years)	0,9%
Estimated number of PLHIV	81 000
Estimated number of PLHIV needing treatment	81 000
Number of people under ART	26 700
Adult coverage rate of ART	33%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)



Opening: 2003

Partners: Ministry of Public Health and Hygiene and its regional branches, SE/CNLS

Intervention areas: Ségou, Bamako, Mopti

Key figures

29

sites supported



2 165 patients receiving ARV treatment in the sites supported by Solthis



118 healthcare professionals trained in 2014

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 Ségou 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 Ségou, 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 Ségou, 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 CSCoM) 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.

Principal National Actors

High National Council for the Fight against AIDS (HCNLS): directly attached to the Presidency, the High Council is mandated to coordinate the development of the national HIV/AIDS policy, its dissemination and monitoring, and to establish the HIV/AIDS strategic framework.

Ministry of Health Unit for the Fight against HIV/AIDS (CSLS-MS): Support unit attached to the Secretary General of the Ministry of Health, it is responsible for the management, coordination and orientation of the fight against HIV/AIDS in the health sector.



Mali
2014
summary

§ **Testing:**

Solthis reinforced its promotion of provider-initiated HIV testing (PIT) among pregnant women, malnourished children, tuberculosis patients or suspected tuberculosis sufferers and patients presenting a STI in Bamako and in Mopti. Improving testing among key populations in Ségou and increasing their access to healthcare was also one of the goals for 2014 in the EPS (Health Education) project.

§ **Paediatrics:**

The implementation of early diagnosis for children exposed to HIV by PCR/DBS in Mopti and improving the link between diagnosis and treatment for malnourished children testing positive for HIV were our teams' two priorities.

§ **Health Education Project (EPS) in Ségou:**

In 2013, this project, cofinanced by Intervida (which has since become Educo), was implemented in the Bewani, Farao and Macina circles. 2014 was dedicated to implementing the final activities, evaluating the project and disseminating the results.

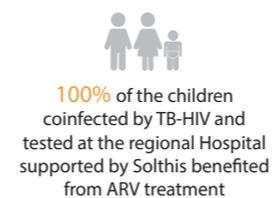
II. Support to healthcare teams

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 (Child re-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 the 45 new-borns born to HIV+ mothers, 44 of them received adapted prophylaxis.

In the Mopti region in 2014, Solthis organised a training on PMTCT for 20 health professionals (doctors, midwives, obstetrical nurses) and a training on how to better coordinate paramedical activities in the field for head doctors of health centres. Support to the site in Mopti city was mainly focused on organising the work of paramedical staff (midwives, nurses, obstetricians, birth attendants) the quality of post-test counselling, on informing a patient of their status, on intra-family testing and on the procurement of supplies.

2013 National Data on children (<15 years) management in Mali

Number of children living with HIV	16 000
Estimated number of children needing treatment	15 400
Number of children under ART	2 000
Children coverage rate of ART	13%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ART treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)

2013 National Data on PMTCT in Mali

Number of pregnant women living with HIV needing treatment	5 200
Number of pregnant women HIV+ who received ART during the year	1 527
Pregnant women coverage rate of ART	29%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ART treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)



Paediatric training

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).

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.



Medical data collection



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

TOPICS	PARTICIPANTS
Initial training on HIV management	11 doctors from Mopti region
Initial and Refresher training on targeted Provider initiated testing and counselling	13 persons including 8 doctors, 4 site agents and 1 nurse from health centers of Bamako
Initial and Refresher training on Therapeutic Patient Education	2 ART prescriber and provider doctors, 1 provider pharmacist and 1 counsellor from Bamako
Initial Training on paediatric HIV management	11 doctors from Mopti region
Initial Training of health workers on PMTCT	20 health workers from Mopti region (doctor, midwife and obstetrician nurse)
Refresher training on PMTCT	20 health workers from Mopti region (doctor, midwife and obstetrician nurse)
Regional Therapeutic Committee on provider-initiated HIV testing among children suffering from malnutrition	36 persons involved in HIV in Mopti region (health workers and board members)
Internships on measurement of the viral load at INRSP in Bamako	1 pharmacist and 1 laboratory technician of Sominé Dolo hospital in Mopti
Perfecting course in Côte d'Ivoire on PLHIV management	1 adult prescriber doctor from medicine department of Sominé Dolo hospital in Mopti
Data regional supervision on overall management and HIV testing among children suffering from malnutrition in partnership with DRS (Regional Department of Health)	Sites of management in Mopti region CRENIs in Mopti region

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.



Medical analysis

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.



Pharmaceutical stock monitoring



- **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



Mopti team



Bamako team

2014 Mali team

Dr Alain Akondé, Head of Mission

Dr Famory Samassa, Medical Officer

Mariame Kanté, PMTCT Officer

Dramane Keita, Health Education Officer (until September 2014)

Gérard Namongo, Administrative and Financial Manager (since October 2014)

Hélène Chambon, Administrative and Financial Manager (until April 2014)

Alban Vanuxem, Administrative and Financial Manager (from May to October 2014)

Hamidou Traore, Logistic Officer in Mopti

Mary Sissoko, Assistant Logistician in Bamako

Population (millions)	17.1
Life expectancy at birth (years)	58.4
HDI ranking (out of 187 countries)	187
Total fertility rate (number of children per woman)	7.6
Infant mortality rate per 1 000 live births	63
Number of doctors per 10 000 people	0.2
Adult literacy rate	28.7%
Urban population	18.3%
Total expenditure allocated to health (% of GDP)	5.3%

UNDP, Human Development Report, 2014

Data on the HIV epidemic in Niger in the adult population (≥ 15 years) in 2013

Estimated prevalence of HIV (15-49 years)	0.4%
Estimated number of PLHIV	32 000
Estimated number of PLHIV needing treatment	32 000
Number of people under ART	11 500
Adult coverage rate of ART	35%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)

General health context

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. 535 deaths per 100,000 births) as well as infant mortality (81 vs. 51‰) and mortality of children under five years old (198 vs. 127‰). The country's major sexual and reproductive health issues remain maternal and neonatal mortality as well as adolescent fertility.

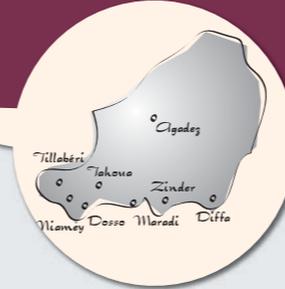
According to the WHO, 850,000 cases of malaria have been recorded each year since 2010, which demonstrates that malaria remains the major epidemic and the primary cause of morbidity and mortality among the most fragile populations: children under five years-old and pregnant women.

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.

Patients infected with HIV are systematically tested for hepatitis B. However, there is no complimentary and free health examination specific to co-infections. Prevalence rates are at 11-12% for hepatitis B and 2-3% for hepatitis C.

HIV/AIDS

According to the 2014 UNAIDS report, 41,000 people were living with HIV in Niger in 2013. The HIV prevalence rate in Niger was at 0.4% in 2012 among people between 15-49 years of age. The figure places Niger among the countries said to have a concentrated epidemic, with disparities between urban areas (which are more heavily affected) and rural areas. Although the prevalence rate is relatively low within the general population and tends to decrease each year, the SGS study conducted in 2011 shows that the rate is particularly high within certain at-risk groups such as sex workers, men who have sex with men (MSM), prisoners and migrant workers.



Opening: 2004

Partners: ULSS, CISLS

Intervention areas: the 8 regions of Niamey, Tillabéry, Zinder, Dosso, Maradi, Diffa, Tahoua, Agadez



Key figures

29

sites supported in 2014



In total, 303 health professionals were trained by Solthis in 2014



13,000 patients received ARVs, including 608 children



CASSIS Inter-country workshop



2nd year of implementation of the CASSIS project

CASSIS project "Capacities for Access to Healthcare and for the Health Information System" (Capacité pour l'Accès aux Soins et le Système d'Information Sanitaire)

The objective of this project is to strengthen the implementation and monitoring of activities related to the fight against HIV/AIDS funded by the Global Fund in the country. It is built on two major components:

- **Access to healthcare:** The extension and improvement of the quality of treatment and care for PLHIV in decentralised zones. The concerned sites include the three district hospitals in Tillabéry (Say, Téra, and Tillabéry Communes) and in Dosso (Doutchi, Loga and Gaya).
- **Health Information Systems (HIS):** The improvement of the availability and use of data from HIV programmes. Solthis provided support by strengthening the data collection and reporting circuit in treatment sites and through building the capacities of actors on all levels of the healthcare pyramid (local, regional, national) in strategic analysis (assimilation, evaluation, management).

This year was notably marked by treatment being offered for the first time in 6 new district hospitals. With regards to the HIS, data collection and file completion were improved in all sites. Solthis 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, CISLS Niger, ULSS Niger, Solthis Niger, 4 mentor-doctors from Tillabéry/Dosso, Solthis Guinea, CNLS Guinea, and PNPCSP 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 promotion of Provider-Initiated HIV Testing and Counselling (PITC), with a priority given to testing children suffering from malnutrition, pregnant women and tuberculosis patients.

Solthis consolidated its efforts in training on 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. Solthis consolidated knowledge on PITC among midwives in the supported sites for testing pregnant women.

Solthis also focused on offering HIV testing to tuberculosis patients, especially children, and on monitoring and commencement of treatment for children who tested positive. Thus, in the sites supported by Solthis, 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).

Niger
2014
summary



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

I. 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.

In 2014, **95 doctors** and **193 paramedical professionals** received classroom trainings conducted by Solthis, besides on-site clinical tutoring activities



Summary of the supported sites by Solthis in 2014

Regions	Supported sites in 2014	Adult management	Paediatric management	PMTCT management	HIS support
Agadez	Agadez CHR*				✓
	SOMAIR Arlit hospital				✓
Diffa	Diffa CHR*	✓	✓		✓
Dosso	Dosso CHR*	✓	✓	✓	✓
	Gaya District Hospital	✓	✓	✓	✓
	Doutchi District Hospital	✓	✓	✓	✓
	Loga District Hospital	✓	✓	✓	✓
Maradi	Maradi CHR*	✓	✓		✓
	Madarounfa District Hospital	✓	✓		✓
	Dakoro District Hospital	✓	✓		✓
	Mayaho District Hospital	✓	✓		✓
	Tessaoua District Hospital	✓	✓		✓
Niamey	Niamey CHR*	✓	✓		✓
	Paediatric Department of Lamordé National Hospital		✓		✓
	Paediatric Department of Niamey national Hospital		✓		✓
	CNAT*	✓			✓
	CTA*	✓	✓		✓
	CNRD*	✓	✓		✓
	MVS NGO*	✓	✓		✓
	Centre Hospitalier des Armées	✓	✓		✓
Tahoua	Tahou CHR				✓
	SIM Galmi hospital				✓
Tillabéry	Tillabéri District Hospital	✓	✓	✓	✓
	Téra District Hospital	✓	✓	✓	✓
	Say District Hospital	✓	✓	✓	✓
Zinder	Zinder National Hospital				✓
	Matameye District Hospital				✓
	Gouré District Hospital				✓
	Tanout District Hospital				✓

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

* CHR: regional hospital center; CNAT: reference center of management of TB patients; CTA: ambulatory treatment center; CNRD: reference center of sickle-cell disease; MVS NGO: For a better life with HIV NGO

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.



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



100% of TB/HIV co-infected children received an ARV treatment



• **Testing of malnourished children**

Significant improvements were made thanks to the continued implementation of PITC in all CRENI: 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.



Visit of an integrated health center for children in Madina



Niamey National Hospital

3) Paediatric treatment and care

In 2014, Solthis' support consisted of implementing 'roadmaps' in the Niamey sites (HNN, HNL and CHRN). The promotion of early diagnosis by PCR was favoured. In total, 299 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% - benefited from PCR1. Only one case (1%) of HIV1 was recorded at the National Hospital in Niamey.

In addition, Solthis 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.

4) Prevention of mother-to-child transmission

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

5) Psychological 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 Solthis, led 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.

Focus on key populations

S Sensitisation on HIV and tuberculosis testing in prison environments

As a part of World AIDS Day, Solthis organised with the ULSS and the CISLS 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.

S World Bank project

In 2014 Solthis 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". Solthis 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 Tillabéry 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.



Day of sensitisation on TB testing in prison environments

2013 National Data on children (<15 years) management in Niger

Number of children living with HIV	9 000
Estimated number of children needing treatment	7 900
Number of children under ART	554
Children coverage rate of ART	7%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ART treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)

2013 National Data on PMTCT management in Niger

Number of pregnant women living with HIV needing treatment	2 500
Estimated number of pregnant women needing treatment	2 450
Number of pregnant women HIV+ who received ART during the year	1 300
Pregnant women coverage rate of ART	53%*

Source: UNAIDS, Report on the Global Aids Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)



In 2014, skills transfer for national appropriation, continued assistance to supported sites and the implementation of the CASSIS project's therapeutic patient education (TPE) and psychological care activities on various levels in the healthcare pyramid in the decentralised sites allowed for the implementation of numerous trainings for paramedical staff on direct and indirect therapeutic education and care and direct and indirect technical support.

A reflection workshop on paediatric therapeutic education, with a focus on adolescents, brought together 25 participants in the sites supported by Solthis in Niamey.

Solthis' support allowed many sites to increase the number of psychological consultations, and in some cases, to make them systematic. In 2014, a total of 1,500 TPE consultations were conducted in the supported sites across the country. A database which integrates TPE data is currently being created and the therapeutic education component will be included in all trainings given to nurses starting in 2015.

III. Support to health information system managers

Through the CASSIS project, Solthis worked to strengthen the skills of personnel involved in the collection and analysis of HIV-related data on all levels of the healthcare pyramid (on-site, among regional health authorities and on a national level).

1) On-site support

A significant effort in quality control, analysis and interpretation of data was made in the sites.

- 4 missions for assisting in collecting and analysing data were conducted in Niamey and in the regions between May and November 2014. The main activities were:
 - Quality control of available databases and correction of identified errors
 - Help in analysing and interpreting the data
 - Calculating treatment indicators
 - Setting the parameters of the FUCHIA software for data entry related to hepatitis B and C co-infection.
- 3 missions for assistance with data collection systems in the district hospitals of Tillabéry, Say and Téra
- Ongoing intensive support to 4 sites in Niamey, which allowed for notably improving the quality of collected data

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 apparatuses 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.



Summary of trainings held in 2014

Trainings	Trained staff
Annual multi-site staff meeting (Grand Staff) in Niamey	31
On-site Training of laboratory technicians in Dosso districts on using PIMA machine and maintenance of other machines	10
On-site Training of laboratory technicians in Dosso districts on using PIMA machine and maintenance of other machines	10
Trainings of SPIS (regional officers responsible for data) in FUCHIA software and ULSS 2011 database	8
Training in clinical tutoring for regional mentors (Maradi, Zinder, Diffa, Niamey, Tillabéri and Dosso)	6
On-Site Training in active pedagogy for regional mentors (Maradi, Zinder, Diffa, Niamey, Tillabéri and Dosso)	12
On-Site Training in Niamey on direct and indirect biological diagnosis of cryptococcus	2
On-Site Training in counselling in Dosso District Hospital (CASSIS)	35
Annual multi-site staff meeting (Grand Staff) in Dosso (CASSIS)	22
On-Site Training in counselling of doctors and paramedical team of Dosso District Hospitals (CASSIS)	35
Annual multi-site staff meeting (Grand Staff) in Dosso (CASSIS)	25
On-Site Training in counselling of doctors and paramedical team of Tillabéri District Hospital (CASSIS)	24
Training of paramedical team in paediatric Therapeutic Patient Education (TPE)	19
Annual multi-site staff meeting (Grand Staff) in Maradi, Galmi, Tahoua	30
Annual multi-site staff meeting (Grand Staff) in Zinder, Diffa and Agadez	34
Total	303

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 HBs 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 tritherapy 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 city 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 Ouedraogo, Medical Officer
Dr Amadou Sina, Medical Officer (since July 2014)
Dr Mamane Harouna, Psychological Care Officer
Hadizatou Ibrahim, PMTCT Assistant
Nathanaël Yahannon, Health Information System Coordinator
Ibrahim Diallo, Data Officer
Amina Abdoulaye, Administrative and Financial Manager
Moussa Ado Bagida, Administrative Assistant

Our colleague and friend Dr. Souleymanou Mohamadou was tragically lost on 12th January 2014. He had been our team's medical coordinator. Through his actions and his dedication, he made a great difference in HIV treatment in Niger. We pay homage to him and express our condolences to his family and loved ones.

Population (millions)	11,8
Life expectancy at birth (years)	56.1
HDI ranking (out of 187 countries)	179
Total fertility rate (number of children per woman)	5
Infant mortality rate per 1 000 live births	101
Number of doctors per 10 000 people	1
Adult literacy rate	25,3%
Urban population	36,4%
Total expenditure allocated to health (% of GDP)	6%

UNDP, Human Development Report, 2014



Ebola pannel in Conakry

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.

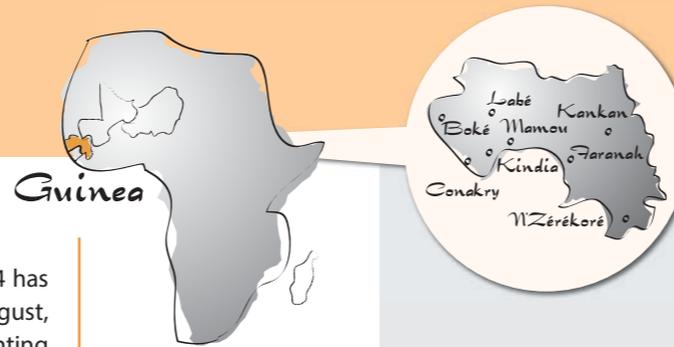
The overall health situation in Guinea remains worrisome. Infectious diseases and parasites (especially malaria), respiratory infections and diarrheal diseases are the main causes of death.

In June 2014, the first Health General Assembly was held, which should allow for developing a new National Health Plan for 2015-2024. Solthis participated in certain working groups and was involved in writing the report on this event.

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.



Opening: 2008

Main Partners: PNPCSP (Ministry of Health), CNLS

Intervention areas: Conakry and Boké, Labé, Mamou, Faranah, Kankan, N'Zérékoré, Kindia regions



Key figures

45

sites supported through the health information system including 21 sites supported in treatment



213 doctors and paramedical professionals trained in 2014



30,000 people monitored and treated in the 45 sites supported by Solthis



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 computerization in 4 treatment sites
 - Data consolidation in nearly all treatment 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.

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 Saïd 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 2014 summary



Celebrating 10 years of Solthis in Guinea



Data on the HIV epidemic in Guinea in the adult population (≥ 15 years) in 2013

Estimated prevalence of HIV (15-49 years)	1.7%
Estimated number of PLHIV	110 000
Estimated number of PLHIV needing treatment	110 000
Number of people under ART	26 500
Adult coverage rate of ART	24%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)

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

- 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 highlights 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.

II. Support to healthcare professionals

1) Continued measures for quality improvement

Initiated in 2011 in 9 partnering health structures through collaboration with intermediary authorities, the process continues in 2014 through renewed partnership protocols and roadmaps in the 9 sites, taking into consideration the engagements and objectives of the different shareholding actors: health centres, Solthis and the Central or Prefectural Directorates.

The 9 new sites included in the CASSIS project benefitted from trainings on treatment in 2014, and missions for supervising the programme are planned for 2015.



Principal National Partners

National Committee for the Fight Against AIDS (Comité national de lutte contre le sida - CNLS): Reporting to the Prime Minister, the Committee is responsible for instigating and coordinating the development and implementation of the national intersectoral strategy for the fight against HIV/AIDS. It is directed by the Executive Secretariat, which is one of the two principal recipients of Round 10-HIV of the Global Fund.

National Programme for Treatment and Prevention of STIs/HIV/AIDS (PNPCSP, Programme National de Prise en Charge Sanitaire et de Prévention des IST/VIH/Sida): Reporting to the National Directorate for Public Health (DNSP, Direction Nationale de la Santé Publique) within the Ministry of Health and Public Hygiene, the programme is responsible for implementing the Ministry's sectoral policy with regards to the fight against STIs/HIV/AIDS.



On-Site Support



Classroom Training

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 PNP CSP 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 (PNP CSP/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.

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.

98

healthcare professionals
trained in Provider Initiated
Testing and Counselling (PITC)

• Solthis' support in provider-initiated testing and counselling

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.

Summary of the 21 sites supported by Solthis in 2014

Regions	Sites	Supported Activities
Conakry	Donka National Hospital	Patient management, PMTCT, TB
	Ignace Deen National Hospital	Patient management, PMTCT, TB
	Minière CMC*	Patient management, PMTCT, TB
	Coléah CMC*	Patient management, PMTCT, TB
	Matoto Health Center	Patient management, PMTCT, TB
	Ratoma CMC*	Patient management, PMTCT, TB
	Tombolia Health Center	Patient management, PMTCT, TB
Boké	Boké Regional Hospital	Patient management
	LTO* Boké	TB
	Dibia Health Center	PMTCT
	Kassopo Health Center	Patient management, PMTCT
	Koundara Prefectural Hospital and CSU*	Patient management, PMTCT
	Fria Prefectural Hospital	Patient management
	Sabende Health Center	PMTCT, TB
	Sangaredi Health Center	PMTCT
	Kindia	Télimélé Prefectural Hospital and CSU*
Forécariah Prefectural Hospital and CSU*		Patient management, TB, PMTCT
Mamou	Timbi Madina Health Center	Patient management, PMTCT, TB
Faranah	Dinguiraye Prefectural Hospital and CSU*	Patient management, TB, PMTCT
Kankan	CSA Banankoro	Patient management, PMTCT
	CMC* Sinko and CSU*	Patient management, PMTCT

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



Testing

- **HIV testing among tuberculosis patients**

Clinical tutoring and monitoring and evaluation of changes in data during semesterly 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 25% of patients had a detectable viral load (VL). To assist in using the VL results in the clinical and therapeutic patient management, ARV prescribers were invited to participate in two workshops on interpreting viral load, as part of the OPP-ERA project. Nonetheless, support in managing therapeutic failures must be reinforced, especially as experimentation in switching to second-line treatment remains poor (see Focus on the OPP-ERA project).



Filling out of the patient management registry

- **Paediatric treatment and care:**

More than 100 children receiving ARTs are monitored in the peripheral sites, including 41 in the "Minière" 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.

The 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 HIV 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.

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

Estimated number of children needing treatment	13 000
Number of children under ART	1 300
Children coverage rate of ART	10%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 \geq 500 mm³) compared to the 2010 recommendations (CD4 \geq 350 mm³)



A midwife filling out a PMTCT file

2013 National Data on PMTCT 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%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 \geq 500 mm³) compared to the 2010 recommendations (CD4 \geq 350 mm³)



1

archival and health data analysis software developed by Solthis

1

web application for contacts and data feedback monitoring developed by Solthis

III. 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

- **Training for doctors and pharmacists in the sites where treatment and care support have begun**

3 training sessions were held in 2014, bringing together doctors and pharmacists from 19 sites from Conakry and from the interior of the country.

- **Post-training monitoring and consolidation missions**

Consolidation missions to the sites, conducted by Solthis and its partners, allowed for accompanying the site teams in installing the tools, entering the data, correcting incoherencies and in calculating and interpreting indicators for monthly treatment and pharmacy reports. The teams are now capable of conducting preliminary data analysis and thus evaluate patient retention on the site level and analyse changes in the active file of patients receiving ARV treatment and their repartition in the therapeutic schema.

- **At Donka National Hospital**, the Solthis team worked to solve issues with backlogged data in order to commence data analysis activities to conduct needs-analysis for preparing the concept note for the Global Fund.
- **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.

3) On the central level

- 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.

IV. 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.



**Focus on the OPP-ERA project:
over 3000 viral load tests conducted**

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.

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.



Donka Laboratory



Inauguration of OPP-ERA Laboratory



0
national stock-outs in
ARV treatments or HIV tests
were registered

3 000

viral load tests conducted
between August and
December 2014

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 organisms 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.



Pharmaceutical Tutoring



2

Training courses on the operational research organised in 2014

Operational research

- **Two training sessions on operational research were held in 2014** as a 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 PNPSP and CNLS officers, clinicians, pharmacists and scholars were trained.

- **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 routinisation 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.

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



2014 Guinea team

- Alise Abadie**, Head of Mission
- Dr Désiré Neboua**, Medical and Scientific Manager as replacement of **Dr Hugues Traoré** (until October 2014)
- Mamadou Oury Cisse**, Medical projects Officer
- Dr Mouslihou Diallo**, Pharmacy/Laboratory Manager
- Fanette Blaizeau**, Capacity Building Manager
- Dr Aimé Kourouma**, Medical Officer
- Dr Aly Fancinadouno**, Medical Officer
- Cécé Kolie**, Pharmacist
- Thierno Diallo**, Pharmacist
- Dr Abdoulaye Toure**, OPP-ERA project Officer
- Saliou Diallo**, Health Information System Coordinator
- Cécé Kpamou**, Data Manager
- Dimitri Justeau**, Data Manager (end of mission on October 2014)
- Pierre-Etienne Martineau**, Administrative and Financial Manager as replacement of **Gwénaëlle Jung** (until April 2014)
- Kambanya Bah**, Administrative Assistant
- Daouda Toure**, Logistician

Population (millions)	6
Life expectancy at birth (years)	45,6
HDI ranking (out of 187 countries)	183
Total fertility rate (number of children per woman)	4,6
Infant mortality rate per 1 000 live births	182
Number of doctors per 10 000 people	0,2
Adult literacy rate	43,3%
Urban population	40%
Total expenditure allocated to health (% of GDP)	18,8%

Source: UNDP, Human Development Report, 2014

General health context

As in Guinea, evaluating 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. Solthis 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 workers, their clients and their partners contribute to 39.7% of new infections.

In 2013, 55 300 people needed antiretroviral treatment according to the UNAIDS report, but only 9,100 adults and children had access to these treatments, representing a needs coverage rate of only 16.5%.

2013 National Data on HIV/AIDS epidemic in the adult population (≥15 years old)

Estimated prevalence of HIV (15-49 years)	1,6%
Estimated number of PLHIV	52 000
Estimated number of PLHIV needing treatment	50 500
Number of people under ART	8 700
Adult coverage rate of ART	17%

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 ≥ 500 mm³) compared to the 2010 recommendations (CD4 ≥ 350 mm³)



Opening: 2011

Partners: National Aids Secretariat (NAS), National Aids Control Programme (NACP-Ministry of Health)

Intervention areas: Freetown

Key figures

10

sites supported by Solthis



124 health professionals trained in 2014



5,000 patients receiving ARV treatment in the supported sites



§ **Continuity of care in an Ebola context** (see two-page feature in this report):

- Distribution of protective materials to healthcare providers, hospital hygiene, training on the modes of transmission of the virus
- Solthis provided technical assistance to the HAPPY association, in partnership with UNICEF, to implement a project seeking patients lost to follow-up, especially pregnant and breastfeeding women, exposed new-borns and children receiving treatment.
- Participation in a working group on rebuilding health systems following the Ebola crisis
- Support in dealing with stock-outs in medications and HIV supplies: on-site and national support for procurement, facilitation of emergency orders, assistance in monitoring stocks and creation of an alert group using WhatsApp with national partners.

§ **Paediatric treatment and care:**

- Increased support for the Ola During Children's referral hospital, including intensified monitoring of children and training on tools for facilitating adherence.
- 7 sites began receiving Solthis' assistance, particularly through training for healthcare providers on systematic HIV testing for malnourished children and therapeutic treatment for children.

§ **Pharmacy:**

- Support to 9 sites in integrating HIV supplies management into the national system
- Technical assistance to NAS procurement and logistical units

§ **Operational research:** a study on the diagnosis and treatment of neurological opportunistic infections was conducted from July 2013 to July 2014. A database was created to facilitate collection and analysis of these data.

Sierra Leone 2014 summary



Lumley site evaluation



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 55 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 roadmap 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 reprogramming unused funds, alongside UNDP and UNAIDS.
 - Technical assistance to procurement and logistical directorates.
- **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.

Principal national actors

The National Aids/HIV Secretariat (NAS), has the objective of coordinating national policy on the fight against HIV/AIDS in Sierra Leone. Administratively dependent on the Prime Minister's office, it is in charge of coordinating and developing the national strategic plan based on prevention, treatment and care. The NAS is the principal beneficiary of the Global Fund in its HIV component.

The National HIV/AIDS Control Programme (NACP), attached to the Ministry of Health, is responsible for coordinating the implementation of the health sector's response to HIV.

Nethips (Network of HIV positives in Sierra Leone) is a group which coordinates people living with HIV in the country.



- 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 new-borns and children receiving treatment. Solthis particularly helped with preparing training manuals, collecting data, managing the database and organising 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.

Summary of the 10 sites supported by Solthis in 2014

Supported Sites	Adult treatment and care	PMTCT treatment and care	Paediatric treatment and care	Health Information System
Lumley Hospital	✓	✓	✓	
Chest Clinic	✓			
Military Hospital	✓	✓	✓	
Rokupa Hospital	✓	✓	✓	
Murray Town	✓			
Ola Doring Paediatric Hospital			✓	✓
United Methodist Center	✓	✓	✓	
King Harman Road Hospital	✓	✓	✓	
Princess Christian Maternity Hospital (PCMH)		✓	✓	
Connaught Hospital	✓			✓

• At Connaught Hospital

Solthis conducted:

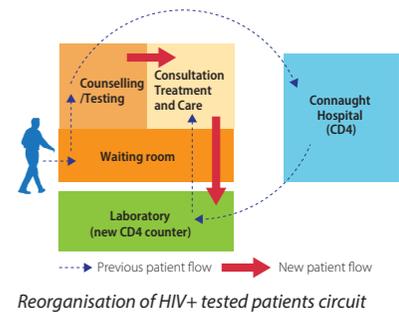
- Weekly clinical tutoring for each service's interns
- Weekly tutoring for the doctor in charge of the HIV unit
- Trainings for interns and doctors on treatment of opportunistic infections
- Trainings on post-HIV-exposure prophylaxis

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.



Reorganisation of HIV+ tested patients circuit

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.



Purchase and installation of a point-of-care CD4 counter in Lumley hospital



2013 National Data on children (<15 years) treatment and care in Sierra Leone

Number of children living with HIV	5 000
Estimated number of children needing treatment	4 800
Number of children under ART	380
Children coverage rate of ART	8%*

Source: UNAIDS, Report on the Global AIDS Epidemic, 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ART treatment at an earlier stage (CD4 \geq 500 mm³) compared to the 2010 recommendations (CD4 \geq 350 mm³)

• 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

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 fish whose 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+.

 335 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



Training on informing children of their HIV status

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).

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.



PMTCT Trainings, March 2014

2013 National Data on PMTCT in Sierra Leone

Number of pregnant women living with HIV needing treatment	2 900
Number of pregnant women HIV+ who received ART during the year	2 700
Pregnant women coverage rate of ART	93%*

Source: UNAIDS, GAP Report 2014

* This estimation is based on new 2013 WHO recommendations, which recommend starting ARV treatment at an earlier stage (CD4 \geq 500 mm³) compared to the 2010 recommendations (CD4 \geq 350 mm³)



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 had 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.



HIV products' central warehouse

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 stocking 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.



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 neurological OIs. The study was completed in mid-2014. The creation of a database allowed our teams to then focus on analysing the data.

This study was also an opportunity for Solthis to train 40 doctors and interns on treating neurological OIs.



2014 Sierra Leone team

Laurent Michiels, Head of Mission since July 2014

Laure Gigout, Head of Mission (until July 2014)

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

Dr Wole Ameyan, Medical Manager

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

The way forward 2015

In 2015, our efforts will be particularly focused on:

- **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

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 through 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 Burkinabé 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.

Within the framework of Channel 1 of the 5% Initiative, Solthis also conducts short-term technical assistance missions.

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 division in order to respond to more requests, both in the countries where it currently works and in others.



“Health care staff is placed under significant risk. I have seen pregnant women give birth without skilled personnel and health care workers who have no gloves to ensure safe care and delivery.”

The only paediatric referral hospital in Sierra Leone has been closed for several weeks after a young child admitted in mid-August to the emergency department tested positive for Ebola. Our paediatrician draws attention to the impact of this alarming event: “As long as the hospital remains closed, thousands of children with treatable diseases, such as malaria and pneumonia, will die at home, without receiving the essential treatment they require. The implications will also be severe for paediatric services ensuring HIV/Aids and tuberculosis management.”

Vanessa WOLFMAN, paediatrician in Guinea, September 2014.

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 Leonean 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.



Ebola pannels in Guinea



A woman disinfecting her hands with chlorine at Fria hospital



Distribution of personal protective equipment against Ebola in Guinea



Equipping a health center in Freetown with a disinfecting bucket

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 JIKI trial - seeking to test the effectiveness of Favipiravir among people 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 ARV 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”



Ebola, les racines du mal (Ebola, the roots of evil) in Altermondes n°40



Ebola, a health disaster that threatens the fight against HIV in Transversal n°75

Continuity of care in the Ebola context



- Realisation of different interviews and testimonies to be consulted in the press section of our website
 - **Altermondes 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



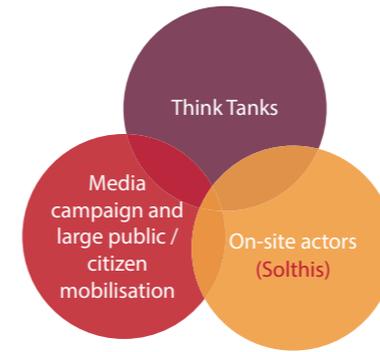
Aids is the disease which has led to the most powerful community action in the world. Whether fighting discrimination against homosexual, affirming the rights of HIV+ patients, or insisting on access to ARTs for patients in developing countries, NGO and activists have mobilised their strength so that 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.



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.





- **“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 Libération 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 Health Assistance. Entitled “Three parliamentarians take action for ODA following a mission on child health in Niger”, this opinion piece was co-signed by the three MPs, Said BOINALI, Philippe KALTENBACH and Michel TERROT.

Two short films (3 and 8 minutes) were realized during the trip in order to let the MPs and field actors speak and to show concrete actions which were made possible by Official Health Assistance. These films can be seen on Solthis’ website and on YouTube.



1- Meeting with Niger parliamentarians
2- Meeting with Niger Minister of Public Health
3- Visit of the integrated Health center, Madina

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 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”.

This report was widely disseminated during the Global Fund’s November 2014 Board meeting and was presented to numerous delegations (including most notably the French delegation, African delegations, and delegations from Northern and Southern NGOs).

Several media outlets and websites also reported the information.

- AIDSPAN (Observer of the Global Fund): http://aidspan.org/gfo_article/update-risk-management-global-fund
- Radio France International – 27th November 2014 <http://www.rfi.fr/emission/20141127-sante-agenda-post-2015/>
- Altermondes: <http://www.altermondes.org/fonds-mondial-sida-solthis/>
- ELSA Plateform: <http://www.platforme-elsa.org/gestion-des-risques-dans-les-etats-fragiles-la-sante-dabord/?ref=search>

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.



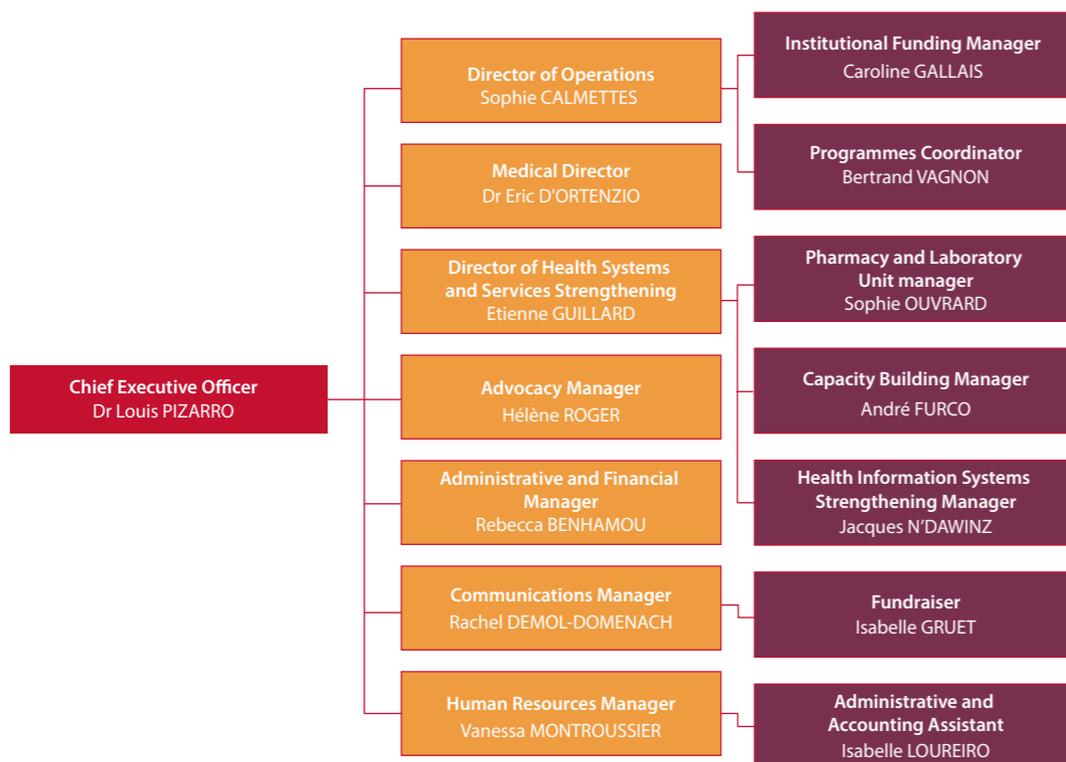


Team picture in Solthis stand at AFRAVIH 2014
katel(@)katelia.com

Coordination

The Coordination team at headquarters

- The headquarters team is in charge of programme monitoring, scientific reflection, management of human and financial resources, leadership for the working group and representation of the organisation to associative groups and national and international bodies.
- The majority of the head office employees regularly conduct monitoring missions to the field. Some technical positions also carry out technical assistance in countries where Solthis intervenes or in other countries for temporary and targeted missions.



- 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 DISs, 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

- **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)

Associative partners

- **Coordination Sud**: Solthis participated in reflections and work with the Health Commission. Since September 2012, it is the leader of the Health Commission which has become one of the most active commissions at Coordination Sud.
- **Sidaction, Solidarité Sida, la Plateforme Elsa, Aides, Mouvement pour le Planning familial, Sida Info Service, Act-Up, Médecins du Monde, Médecins Sans Frontières, Remed, Vih.org/Crips, Friends of the Global Fund, Coalition PLUS and Enda Santé**

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

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".



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.



7^e CONFÉRENCE FRANCOPHONE
VIH/HÉPATITES AFRAVIH 2014
27 AU 30 AVRIL 2014 AU CORUM DE MONTPELLIER



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

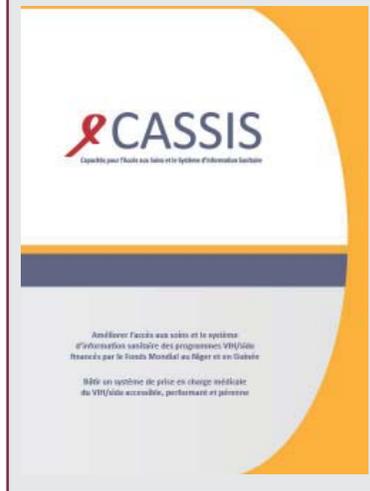
CASSIS symposium: "Succeeding in integrating HIV data into the national Health Information System".

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 care data collected on-site were often incomplete or irregularly 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 Koita from the PNPCCSP, 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

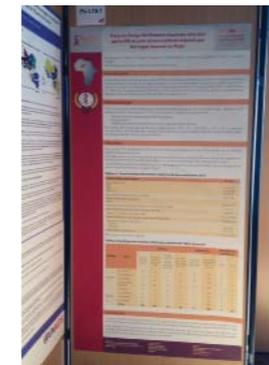
Presentation brochure of CASSIS project realised by Solthis has been distributed during this symposium and on Solthis stand.



Solthis symposium at Afravih 2014



Actors intervening during Solthis symposium



AFRAVIH Flyer



Range of posters presented during AFRAVIH 2014

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.
- Tuberculosis and opportunistic infections in Niger:** "Performance and Cost-effectiveness of Algorithms of Pulmonary Tuberculosis among People Living with HIV in Niamey. Presented by Dr Eric D'Ortenzio, Medical Director.
- 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



One of the 14 posters presented by Solthis during AFRAVIH 2014

- **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 booth



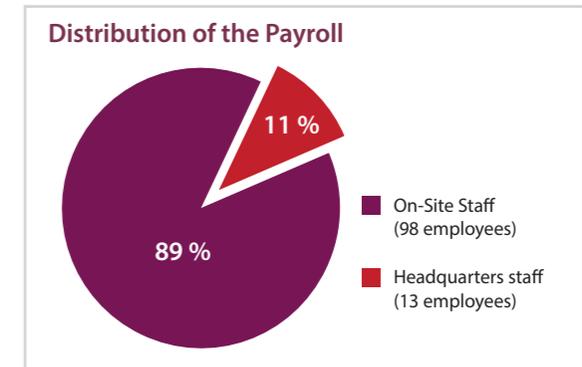
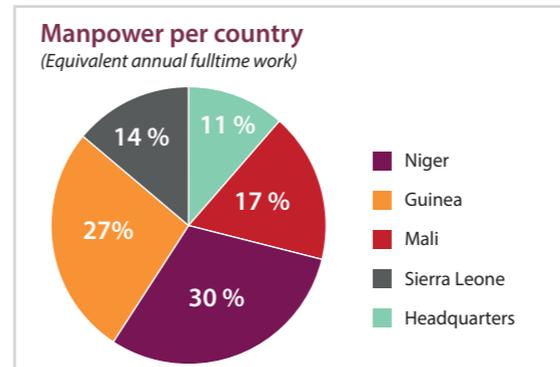
Solthis' Newsletter

In 2014, a special issue (n°16) on the AFRAVIH conference was published. The French version has been distributed to all the 1200 participants at the conference.

Scientific commitment for universal access to health

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 obtention 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.



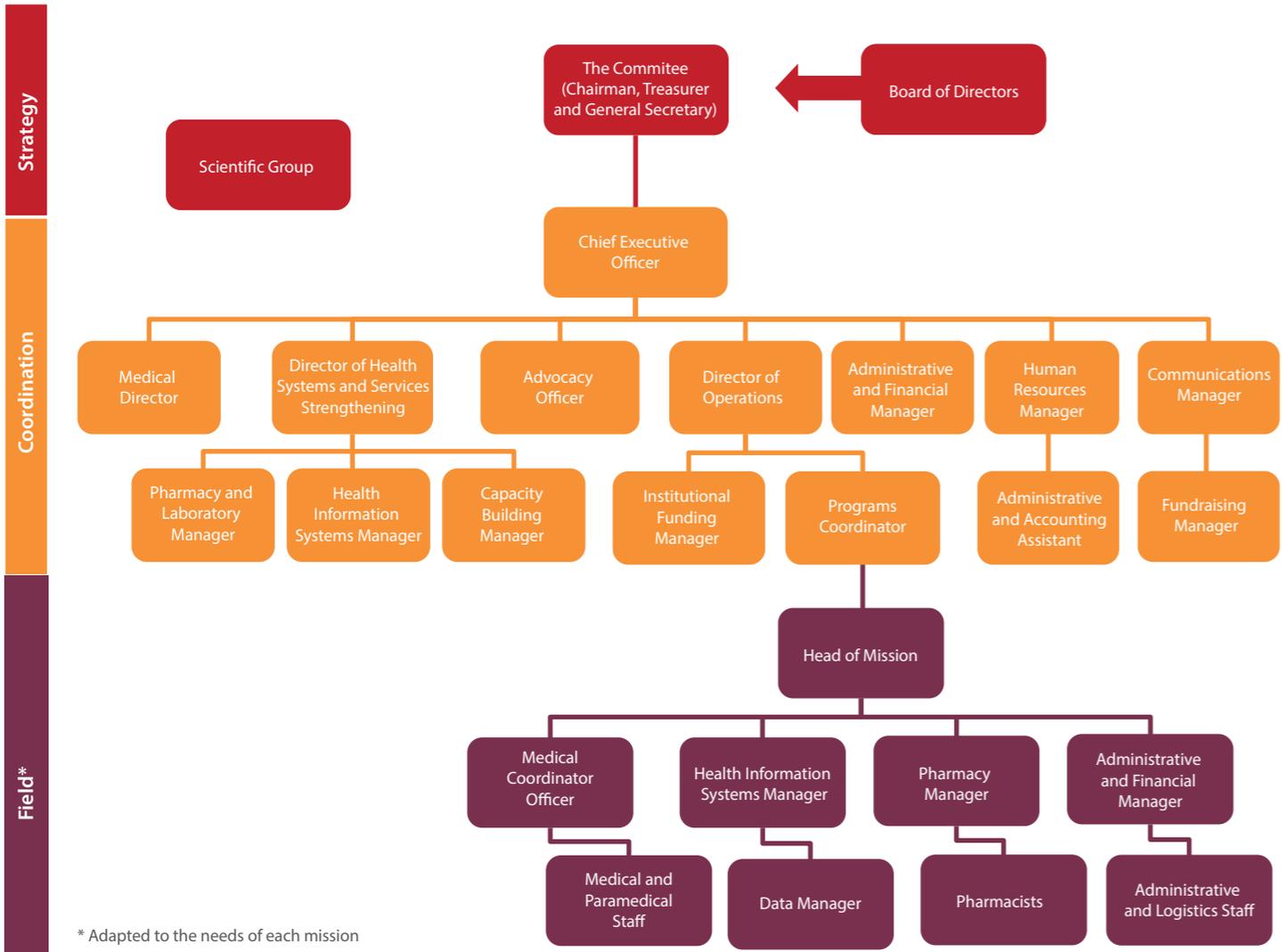
Status of Solthis staff

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.

Human Resources

2014 Organisational Structure



Financial Report



Financial statement (in euros)

Profit and Losses

Profit & Losses in K€	2014	2013	Var.
Service delivered	10,5	10,8	- 0,3
Grants	3 442,4	3 308,0	134,3
Transfer of charges	6,7	13,4	- 6,7
Subscription	0,1	0,1	0,0
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
Personnal 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	- 111,9
Exceptional Income	11,7	9,8	1,9
Exceptional Expenses	2,6	-	2,6
EXCEPTIONAL RESULT	9,1	9,8	- 0,6
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

ASSETS in K€	2014	2013
Intangible assets		
Tangible assets		
Financial assets	3,0	-
Other financial assets	25,5	25,4
FIXED ASSETS	28,5	25,4
Inventories		
Advance Payment		-
Grants receivable	145,9	86,0
Tax receivable	-	19,1
Other receivable	29,2	6,3
Short term deposits	55,0	55,0
Cash	876,7	963,3
Prepaid expenses	59,2	109,9
CURRENT ASSETS	1 166,0	1 239,6
Unrealised exchange losses	0,6	3,7
ADJUSTMENT ACCOUNT	0,6	3,7
TOTAL ASSETS	1 195,0	1 268,7

LIABILITIES in K€	2014	2013
Regulated reserves		
Other reserves	320,1	316,0
Retained Earnings	-	-
SURPLUS OF THE YEAR	5,5	4,1
Investment subsidy		
RETAINED EARNINGS & EQUITIES	325,6	320,1
Restricted funds on Grants	387,5	313,7
Restricted funds on other Income		
RESTRICTED FUNDS	387,5	313,7
Financial debts	-	-
Accounts payables	11,2	39,4
Fiscal & Social payables	135,7	101,2
Other payables	6,3	4,2
Deferred income	324,6	489,1
ACCRUALS	477,8	634,0
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.





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.

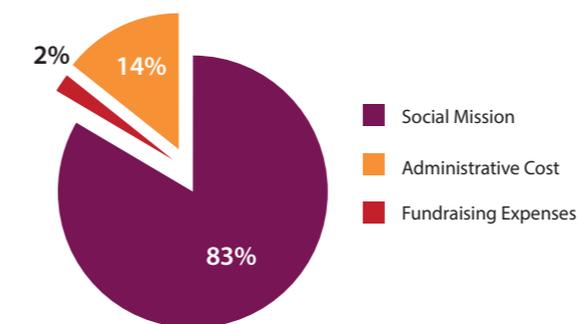
2014 Detailed expenses

- **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 respects to the development of its income-generating component, Solthis also sought legal advice in 2014.

1) Expenditures

Expenditures	Actuals 2014	Sierra Leone	Guinea	Mali	Niger	Burkina Faso	Headquarters
1. Social Mission	2. 823. 427	551.967	769.152	295.799	582.883	9.370	654.256
1.1 Social Mission France	16.070	1.943	2.957	3.037	4.479	-	3.655
1.2 Social Mission Abroad	2.807.357	510.025	766.195	292.762	578.405	9.370	650.601
Operational expenditures	2.323.154	490.675	749.724	289.941	565.999	9.370	217.445
Operational support expenditures	484.203	19.350	16.471	2.821	12.405	-	433.156
2. Fundraising Expenses	73.852	-	-	-	-	-	73.852
3. Administrative Cost	486.273	-	6.423	-	3.787	890	475.173
I. Total spending year	3.383.552	511.967	775.575	295.799	586.670	10.260	1.203.281
II. Accruals							
III. Allocated funds carried forward	387.514						
IV. Result of the period	5.488						
V. Total Expenditures	3.776.554						

2) Expenditures of 2014





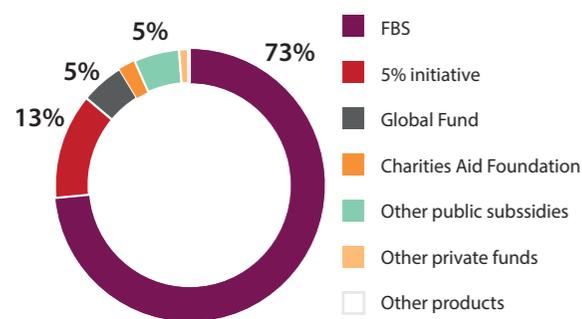
Evolution of funding

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.

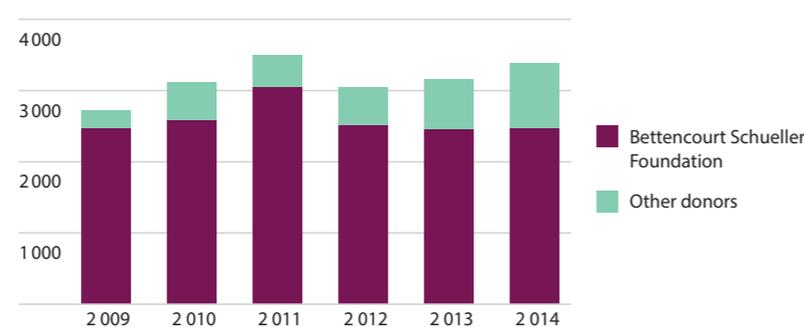
In addition, the technical assistance contract mission to Burkina Faso was continued and completed in 2014.

INCOME	Actuals 2014
1. Resources raised from the public	-
2. Other privates funds	2.649.669
Fondation Bettencourt Schueller	2.541.522
Charites Aid Foundation	70.006
Fondation de France	19.784
Sidaction	15.290
Intervida	3.068
3. Grants and other public subsidies	801.464
Initiative 5%	434.450
Global Fund	179.267
UNITAID	59.883
City of Paris	55.000
ADERA-ANRS	47.707
ANRS	15.929
FRIO	2.594
London School of Hygiene and Tropical Medicine	6.635
4. Other income	11.677
I. Total income as per the profit and loss statement	3.462.811
II. Provision write-back	-
III. Unutilised prior period designated resources	313.744
IV. Variation of designated resources raised from the public	-
V. Deficit of the period	-
VI. Total income	3.776.555

Source of Funding 2014



Evolution of the funding diversification from 2009 to 2014



2015 Budget

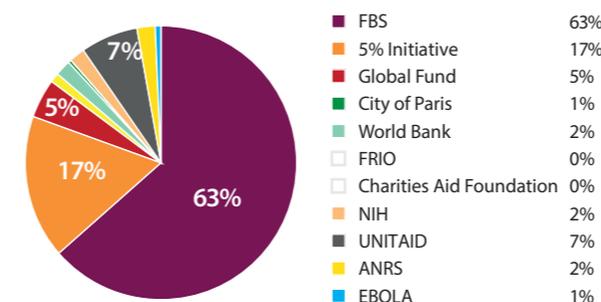
The 2015 budget is expected to increase by 35% with respect to the actual spending of 2014.

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.

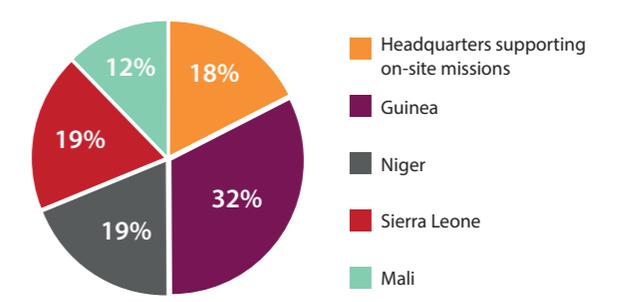
BUDGET	2015
Social Mission	4.032.249
Social Mission France	13.853
Social Mission Abroad	4.018.396
Operational Expenditures	3.179.806
Operation Support Expenditures	838.590
Fundraising Expenses	143.415
Administrative Costs	380.020
TOTAL	4.555.685

Source of funding 2015

Source of funding 2015



Social Mission: breakdown per country in 2015





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 once again 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: ULSS, CISLS; 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 benefited 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.



Glossary

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

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Let's work together!

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