



Solthis

10 YEARS

Scientific commitment
for universal access to health

 Solthis
THERAPEUTIC SOLIDARITY
& INITIATIVES AGAINST AIDS

Activity
report

2013

www.solthis.org



Activity report 2013

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The report was printed in September 2014. The financial report had been certified by the Expert Accountants at the Auditors Price Waterhouse Coopers and General Assembly.

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Solthis' key numbers in 2013

- More than 4 000 trained health workers
- 100 health centres receiving daily support
- 101 employees of which 91 on the field
- 3,5 millions € of budget

In 2013, Solthis celebrated its 10th anniversary. Solidarity and scientific expertise were at the heart of this decade of action. From the 2000's, thanks to international community mobilization, antiretroviral treatments eventually became accessible to limited-resource settings; however, other challenges lie ahead surrounding patient management and effective access to these treatments. For this reason, Solthis has been taking action for the last 10 years, alongside health professionals, to provide them support to HIV/AIDS management and to strengthen health systems as a whole.

In 2013, control of the epidemic is confirmed following a 30 years battle, but numerous challenges remain: testing acceptance, early treatment, chronicity of the disease, eradication of mother-to-child transmission, access to quality and affordable drugs, the securing of funds, and relevance of the fight against HIV/AIDS in terms of development aid policy international agenda. Solthis will remain committed to health for all.

We would like to thank everyone who contributed to the creation and development of Solthis, and who will carry on supporting our activities. We would especially like to thank the Bettencourt Schueller Foundation for its decisive support over the last 10 years, as well as, of course, all our financial, academic, organizational, institutional and national partners, and everyone who made and still make Solthis today.

Let's carry on acting together!

Foreword

In 2013, the situation in Africa remains characterised by strong contrasts. While the international community focuses on areas affected by conflicts, some countries succeed in their political transition. While poverty remains unbearable in most African areas, some countries exhibit strong economic growth rates.

Solthis' programmes encountered no major obstacles in Sierra Leone and Guinea, while it was more difficult to continue our activities in Niger and Mali. Luckily, in October 2013, Solthis' team in Mali managed to reopen the Mopti office.

This year, actors in the field focused on the reform of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The conference to replenish the Fund's resources was held in 2013. It should be noted that the 12 billion USD of secured commitments represent a large amount in terms of the international economic context. However, this remains insufficient to fulfill the growing treatment needs. A situation all the more alarming since in 2013, WHO published new recommendations, including enlarged treatment indications (initiation with a new CD4 count increased to 500 cells/mm³ and recommendation of the B+ option in PMTCT). One needs to acknowledge the work done by WHO and take pride in these advances. However, these new indications will give rise to even more important needs.

Still, the most worrying aspect for the actors in the fight against HIV in numerous African countries relates to the historical reform initiated by the Global Fund. Choices of grants allocations which will be made in 2014, as well as the new funding request modality are at the forefront of all concerns. But it was the bottlenecks following the new risk management policy, that affected the programmes the most harshly in 2013. The levels of mistrust exhibited by donors over-bureaucracy of the Secretariat's procedures, as well as the weakness of the Principal Recipients, made, and still make, the implementation of the programs on the field very difficult.

This is why in 2013, Solthis decided to launch a «Global Fund Advocacy» project, leading to the creation of the position of an advocacy officer at the beginning of 2014, especially dedicated to this issue. Our objective is to document bottlenecks on the field to be able to suggest innovative solutions and lobby the Global Fund, as well as donors, in order to adjust the current model promoted.

In this Activity Report, you will discover the main activities undertaken by

Number of people living with HIV:

- Worldwide: 35.3 million
- In Sub-Saharan Africa: 25 million

Number of new cases:

- Worldwide: 2.3 million
- In Sub-Saharan Africa: 1.6 million

Number of patients on ART drugs:

- Worldwide: 9.5 million
- In Sub-Saharan Africa: 7.5 million

UNAIDS, Global Report 2013

our teams in 2013. Up until now, Solthis decided to focus on a small number of countries to be able to offer a coherent and crosscutting support on health systems. The CASSIS project, implemented in February 2013 in Niger and Guinea, targeting issues of the decentralization of healthcare access and of health information systems (collection, analysis and supervision of data provided by healthcare sites), is an illustration of this strategy. We also invite you to discover the various operational research projects implemented by the teams in the field. Be it the cost/effectiveness aspect of tuberculosis testing among HIV positive patients, or assessing the feasibility of delegating ART prescription to midwives, Solthis always aims at giving priority to a scientific approach in order to answer the questions raised by actors on the field.

However, we do realize that the local context of HIV programmes have evolved drastically over the last few years. In some contexts, the needs become much more specific. Our pharmacy department hence acquired a skill and recognition levels which, to a large extent, exceeds Solthis programmes today. Our expertise is sought after, and led us to be called upon for shorter technical assistance missions, such as in Burkina Faso or Madagascar in 2013. And this trend should be confirmed in the years to come.

Solthis will carry on along the path of strategic evolution by remaining focused on its three modes of intervention: capacity building, operational research, and advocacy. Our organization will have to adjust to the change in the needs of the countries supported, by involving itself more in terms of health challenges associated with the heaviest burden of disease in Africa: communicable diseases and sexual and reproductive health. New resources will be necessary to reach a critical size and allow us to widen our activities and ensure our sustainability. The results you will find in this report lead us to believe that this challenge is within the reach of our team.

Dr Louis Pizarro,
Chief Executive Officer

Solthis' mission

Solthis' mission

Created in 2003, the medical international NGO Therapeutic Solidarity and Initiatives against HIV/AIDS (Solthis) aims at providing capacity building for healthcare systems in the countries where it has programs in order to facilitate high quality, accessible and sustainable treatment for people living with HIV/AIDS.

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

Give resource-limited settings access to scientific expertise

Solthis is an international medical association founded in 2003 by four specialists in HIV/AIDS. Solthis is unique in defining its programs in consultation with Hospital Physicians and specialists in HIV/AIDS and Development.

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

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

3 modes of intervention

Capacity building

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

3 levels of support:

- National bodies
- Healthcare structures
- Health professionals

Operational research - *the scientific reflection supporting action*

Solthis promotes operational research to design solutions that are scientifically validated in response to problems faced in the field:

- Connecting local research teams with western universities and research centers for project management in quality research.
- Collaboration with local research centers to support scientific research with western universities and research centers.
- Contribution to the thinking of players in the ground in order to transform operational problems into research questions.
- Promotion of research projects dealing with operational problems met on the ground in the fight against HIV/AIDS programs.
- Support and promote the results of research projects to peers, and apply the benefits to patients.

Advocacy – *promoting fair access to care for all*

- Develop practices and policies in HIV/AIDS care.
- Collaborate in drafting funding applications to international donors.
- Contribute to the resolution of difficult situations (warning in case of treatment cessation, sustainability of funding).
- Participate in inter-associative committees and support campaigns to adjust international financial and technical plans to fit the realities of the ground.
- Conduct multidisciplinary research.



Program strategy

Solthis has built its program strategy around 5 priority functions in the healthcare system.

1. Healthcare providers

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

2. Technical platforms

Laboratories must be able to perform biochemical and hematological 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. Pharmacy (supply chain management, dispensing)

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

4. Health information systems

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

5. Healthcare policies

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

For Solthis the 5 priority functions are the major building blocks of a healthcare system. Working simultaneously on these functions helps create an overall country-wide dynamic and obtain concrete results in the access to high quality treatment.

Governance

The Board of Directors

Professor Christine KATLAMA, Chairman

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

Professor Brigitte AUTRAN, Treasurer

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

Professor Gilles BRÜCKER, General Secretary

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

Armand DE BOISSIERE

Secretary General of the Bettencourt-Schueller.

Dr. Guillaume BRETON

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

Benjamin CORIAT

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

Professor Christine ROUZIQUX

Head of department of Virology of Hospital Necker, Paris.

Dr. Roland TUBIANA

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

Jean-Pierre VALERIOLA

Former Director of Communication and Development of Bettencourt Schueller Foundation.

Mr. Philippe VILLIN

CEO «Philippe Villin Conseil».

The life of the Association in 2013

- **The General Assembly** was held on June 18th 2013. The moral report and the annual accounts were approved. As Christine Katlama, Brigitte Autran, Gilles Brücker and Jean Pierre Valériola' mandates expired, they have been extended for 3 years.
- **Two Board of Directors meetings were held:**
 - **May 30th 2013:** accounts and activity report for 2012 were closed.
 - **December 18th 2013:** the programs and the budgets were voted for 2014.

Solthis

Mali

Niger

Guinea

Sierra Leone

Technical assistance

Coordination

Financial report

Composed by international experts in HIV/AIDS, Public Health and Development, the Working Group provides advice and expertise for Solthis' actions and programmes. The members meet regularly in scientific working sessions and may also participate in temporary missions in the field to provide support and training.

The 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

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

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

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

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

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

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

Dr Ana CANESTRI, Infectious Disease Specialist, Department of Infectious Diseases, Saint Antoine Hospital (AP-HP), Paris

Dr Guislaine CARCELAIN, Immunologist, Laboratory of Cellular and Tissue Immunology, Pitié-Salpêtrière Hospital (AP-HP), Paris

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

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

Pr Christian COURPOTIN, Pediatrician, International Consultant

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

Dr Diane DESCAMPS, Virologist, Laboratory of Virology, Bichat - Claude Bernard Hospital (AP-HP), Paris

Dr Benjamin DJOUDALBAYE, Senior Health Officer HIV/AIDS, TB, Malaria and OID Department of Social Affairs, African Union Commission, Addis Ababa (Ethiopia)

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

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

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

Dr David GERMANAUD, Pediatrician, Paris

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

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

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

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

Dr Bernard JARROUSSE, Head of the Department of Internal Medicine, Lagny-Marne la Vallée Hospital

Pr Christine KATLAMA, Director of the Outpatient Clinic and the AIDS Clinical Research Unit, Department of Infectious Diseases, Pitié-Salpêtrière Hospital (AP-HP), Paris

Yoann MADEC, Doctor in statistics, Epidemiology of Emerging Diseases, Institut Pasteur, Paris

Dr Almoustapha MAÏGA, Laboratory SEREFO, Bamako (Mali)

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

Pr Robert MURPHY, Head of the Department of Infectious Diseases, Northwestern University Medical School, Chicago

Pr Théodore NIYONGABO, Department of Internal Medicine, University Hospital Kamenge and Director of the CNR (National Reference Center for HIV/AIDS), Bujumbura (Burundi)

Dr Gilles PEYTAVIN, Pharmacist, Pharmacy, Bichat - Claude Bernard Hospital (AP-HP), Paris

Dr Cecilia PIZZOCOLO, Infectious Disease Specialist, Department of Infectious Diseases, San Raffaele Hospital, Milan (Italie)

Pr Christine ROUZILOUX, Virologist, Department of Virology Hospital Necker (APHP) and University Paris-Descartes, Paris

Dr Alliou 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

Pr Mariam SYLLA, Pediatrician, Department of Pediatrics, CHU Gabriel Touré, Bamako (Mali)

Stéphanie TCHOMBIANO, Coordinator of the Initiative 5% AIDS, Tuberculose, Malaria.

Dr Tuan TRAN-MINH, International Consultant

Dr Roland TUBIANA, Physician, Department of Infectious Diseases, Pitié-Salpêtrière Hospital (AP-HP), Paris

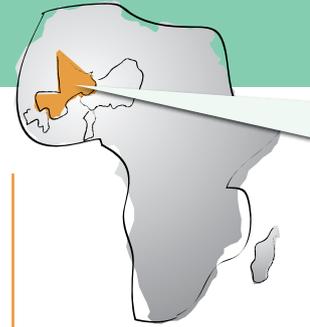
Dr Marc-Antoine VALANTIN, Physician, Department of Infectious Diseases Pitié-Salpêtrière Hospital, Paris.

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

Solthis' programmes

Mali

Mali



Population (millions)	16,3
Life expectancy at birth (years)	51,9
HDI ranking (out of 187 countries)	182
Total fertility rate	6,2
Infant mortality rate per 1 000 live births	178
Number of doctors per 10.000 people	0,5
Adult literacy rate (2005-2010)	31,1%
Urban population	35,6%
Total expenditure allocated to health (% of GDP)	2,3%

UNDP, Human Development Report, 2013

HIV/AIDS in Mali

In Mali, HIV/AIDS prevalence is 1.2%, or 100,000 people living with HIV/AIDS. HIV infection is the highest among women (1.3% versus 0.8% among men). In terms of distribution of the epidemic in the country, the study conducted in 2012 shows large disparities across regions; 1.7% in Bamako, 0.7% in Mopti, 1.2% in Ségou, 1% in Koulikoro, 1% in Kayes, 0.8% in Sikasso.

The report on the global AIDS epidemic (UNAIDS 2013) shows that in 2012, of the 46,000 people needing ART treatment (2013 UNAIDS report), 28,751 received treatment, representing a 58% coverage rate.

Context and objectives of Solthis' intervention in Mali

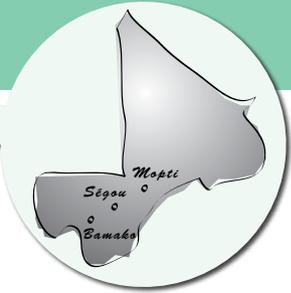
Solthis has been working in Mali since 2003, initially within the framework of a 5 years partnership with the Ministry of Health. The objective of the partnership was to facilitate access to quality patient management in the Ségou region. In 2009, an external study at 5 years provided an assessment for the first phase of the Solthis intervention, and defined objectives for a second intervention phase that began in 2010. As the external study demonstrated a satisfactory level of healthcare provision in the Ségou region (in terms of number of sites and quality of healthcare provided), this second intervention phase consisted of a progressive disengagement of medical support in Ségou, and the expansion of activities in the Mopti region in support of patient management decentralisation. Hence, for the region of Mopti, cercles of Mopti city, Koro and Tenekou were covered in 2010, and areas of Bandiagara, Douentza and Youvarou in 2011. However, since 2012, the support scheduled for the last cercles of the region, Bankass and Djenné, hasn't been provided to this day due to insecurity.

Opening: 2003
Partners: Ministry of Health and Public Hygiene and its regional branches, SE/CNLS
Intervention areas: Ségou, Bamako, Mopti

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.



Evolution of the context in Mali

● Political and security crisis

Following the 2012 rebellion and the military coup of March 2012, the country was divided into two parts. The Northern area (Gao, Timbuktu and Kidal regions) was occupied by Islamist and Touareg rebels. Thanks to a military intervention, jointly led by Malian, African and French forces at the beginning of 2013, the North of Mali was taken over and the entire region was pacified, with the exclusion of Kidal. The presidential election organised on the 15th of August, followed by the legislative election in November and December, restored the normal operations of democratic institutions.

The consequent deterioration of the security situation had already caused Solthis to change the organisation of its field team since 2012, with the evacuation of all Western expatriates, and a restriction of the remaining team's movements, especially in the Mopti region.

In 2013, the security and institutional crisis strongly impacted Solthis' program in Mali:

- **In Mopti:** The Solthis office closed its doors in 2012 and only reopened in October 2013, with the designation of a Malian doctor as regional medical officer. Solthis was only able to provide support to Mopti city in 2013, affecting decentralisation and cercles support in the region.
- **In Ségou:** The implementation of a Health Education Project (EPS) in the cercles of Bewani, Farao and Macina had been delayed, but was eventually finalised in December 2013.
- **In Bamako:** the coordination team was reorganised and some positions made local. Movements in the region were very limited. Solthis support hence focused on reinforcing capacities of institutional actors and supporting referral health centres of Bamako's Commune II and III.

● Funding issues

Funding issues related to Global Fund's (GF) grants for the Malaria, Tuberculosis and HIV programs also impacted the health sector.

In 2012, following suspicions of fraud, the HIV subvention of the Global Fund's Round 8 was frozen, leading to disruptions in the continuous supply of healthcare inputs, biological reagents and HIV tests. The investigation report initiated by OIG (Office of the Inspector General) in 2010 has still not been finalised, but implementation of additional financial control measures

Estimated prevalence of HIV (15-49 years)	1,2%*
Estimated number of PLWHA	100,000
Estimated number of PLWHA needing treatment	46 000
Number of people under ART	28751
Adult coverage rate of ART needs	58%

*UNAIDS, Report on Global AIDS Epidemic, 2013
Mali Demographic and Health Survey - 2012-2013*

Global Fund Advocacy Project

In 2013, due to numerous delays and bottlenecks experienced in the 4 countries Solthis intervened in, in terms of implementation of the Global Fund's grants, caused Solthis to develop an advocacy project aimed at improving the Global Fund's subventions efficiency. This project benefited from a subvention from the Charity Aid Foundation, allowing recruitment of an advocacy officer from January 2014, whose mission will mainly be to document concrete difficulties experienced on the field and formulate appropriate recommendations. (cf page 75).

while waiting for the report's conclusions has led to the progressive interruption of activities. This caused systemic damage to healthcare delivery in the country. Associative healthcare facilities, which care for more than 50% of patients in Mali, have been particularly impacted; many healthcare workers have been laid off and testing centres have closed. At the end of 2012, UNDP was designated as the Principal Recipient beneficiary of the HIV program initiated by the Global Fund for Mali, and in the framework of a reinforced risk management policy, increased control over all activities and expenses, led to serious complications in 2013 between UNDP and its Sub-Recipients, including Solthis. Indeed, no activity financed by the GF grants can be started without prior agreement from UNDP. Hence, in 2013, the country' training plan, integrating training sessions Solthis was supposed to implement, wasn't approved by the GF and no training activity could be initiated. Furthermore, the decision to implement the « Zero Cash Policy » (a rule forbidding cash processing by Sub-Recipients) as well as UNDP's decision to define the terms of the Zero Cash Policy for activities to be implemented in the area, led to a delay in almost all activities in decentralised areas.

However, salaries, operating costs and input and related products supply could be financed and the country experienced far less shortage than in the previous years.



Summary 2013 Mali

Given the security and institutional context and difficulties experienced with the Global Fund, Solthis had to review its priorities in terms of:

⇒ **Target groups provider-initiated testing:**

- Advocacy efforts to target testing of specific groups (patients with MSTs, undernourished children, people in hospitals), while reinforcing pregnant women and people with TB testing, were heard. Hence, through these efforts of Solthis, provider-initiated testing was included in the 2012-2017 National Strategic Framework.
- Solthis also implemented pilot projects in Mopti and two in Bamako health centres to improve provider-initiated testing rates.

⇒ **Health Education Project conducted in Ségou:** to create a dynamic conducive to an increase of needs coverage in the region.

⇒ **Resumption of a continuous presence and, on-site activities in Mopti**

Support to coordinating bodies

Patient Management: Solthis actively contributed to the review of the Management protocols, norms and procedures document in Mali.

Tuberculosis/HIV: Sharing of the provider-initiated testing strategy targeting TB patients with the National TB control programme and CRS (PR-FM) to work together, and avoid duplicates.

Testing

Reflecting on an efficient testing strategy was a theme largely shared by Solthis and its partners in 2013.

Solthis' suggestions on the necessity for the development of testing offer to patients suffering from MSTs, undernourished children and people in hospital, while reinforcing testing already offered to pregnant women and people suffering from TB, were heard.

Several activities were implemented:

- **Advocacy for provider-initiated testing (PIT)**

Lobbying CSLS and national partners in an attempt to integrate the national testing strategy led to the inclusion of PIT in Mali's national standards (Social and Health Development Plan and National Strategic Framework 2013-2017).

- **Activities conducted in Mopti**

Due to the socio-political crisis in the North and an exceptional drought in 2011, the Mopti region experienced a steep increase in its undernourishment rate. The project hence targeted undernourished children testing strategy and intra-family testing, in agreement with Solthis partners (especially UNICEF). Following work initiated at the end of 2012 with the organisation in Mopti of an awareness workshop, followed by a training on HIV testing in a context of nutritional rehabilitation, a post training follow-up mission was initiated in collaboration with DRS at the end of March 2013 to identify challenges and issues faced by the teams in the implementation of provider-initiated testing strategy.

493 undernourished children were examined in the various health centres of Mopti city in 2013. Among them, 20%, mainly severely undernourished, were tested with a 27% HIV prevalence rate, highlighting the role of PIT to identify HIV-positive children. These efforts will carry on in 2014 to increase the rate of children tested.

Support to healthcare teams

Number of PMTCT sites supported by Solthis in intervention areas in 2013	Mopti 21 Bamako 2
Number of healthcare centers supported by Solthis in intervention areas in 2013	Mopti 11 Bamako 2

- **Bamako**

In Bamako, an assessment of the referral health centres in Communes II and III was conducted and roadmaps were developed with these two sites to define the terms and objectives of working with Solthis. In 2013, Solthis supported staff organisation and meetings and bought small equipment for these two sites. No training could be initiated in the health centre of Commune II, but promotion of testing to the majority of consulting practitioners was made possible thanks to occasional visits.



Provider-initiated testing strategy led to a growing testing activity in 2013. Also, the testing offer reached 100% of children suffering from moderate to severe acute malnutrition in September 2013, while testing wasn't even systematically offered to this population in the previous years; as a consequence, 66 acute undernourished children were tested, 11% being positive.

● **Mopti: support to healthcare decentralization**

Despite insecurity in the Mopti area and the closing of its office, Solthis carried on supporting all the sites in accordance with an appropriate strategy. Telephonic contact was maintained with health centres located in inaccessible cercles due to insecurity, and DRS oversight missions were prepared beforehand with Solthis. In Mopti city, short one-week missions were organised to implement on-site support and discuss healthcare provision in unsecured cercles.

A 15-day advanced training was organised for 2 prescribing doctors from the Bandiagara and Tenenkou referral health centres at Mopti's CESAC in December 2013 to reinforce their prescribing capacities in the global management of PLHIV.

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

Given the security context, in 2013, Solthis targeted its efforts on the sites of Mopti City supported since 2010. Other cercle's sites were targeted by remote monitoring. When the Mopti office reopened in November, the Solthis team gave priority to the assessment and the state of the sites.

PMTCT activities conducted in 2013:

- Coordinating bodies' support: During its redeployment in Ségou, the PMTCT specialist took part in:
 - Regional PMTCT oversight for the sites of Ségou upon request from the Regional Department of Health (DRS) in April 2013
 - The meeting of the Regional Monitoring and Evaluation Technical Group in May 2013 to validate the Annual Report on HIV activities conducted in the Ségou region
 - The first Ordinary Session of the Regional AIDS Council on the 4th of June 2013
- Support to healthcare teams: Solthis managed to remain connected with PMTCT sites of the Mopti region via its support to the crisis centre implemented by DRS in Mopti, occasional visits to Mopti city and regular telepho-

Mali

nic communications with the cercles.

Health Education Project

In 2012, Solthis mandated Miséli, a socio-anthropological research centre, to conduct a study on hurdles associated with HIV testing and access to health-care. This study concluded that the main factors were the lack of information in the community and the negative environment surrounding HIV and AIDS patients; this led Solthis to develop a Health Education Project (EPS).

This project, co-funded by Fondation Intervida, is built around two goals: to improve testing and treatment access, and to create a regional social change dynamic on HIV/AIDS in the cercles of Ségou city and Macina.



Awareness campaign about STI and HIV/AIDS in a school





FOCUS on the Health Education Project in Ségo

The project, jointly implemented with the Regional Department of Health in Ségo and its decentralised structures (referral health centres of Ségo city, Macina and Niono), the Regional Executive Secretariat of the High National Council for the Fight Against AIDS (HCNLS), Intervida and local actors between November 2012 and December 2013. The program led to numerous activities targeting youth, the groups identified as being at risk of infection as well as the general population.

● Awareness building messages:

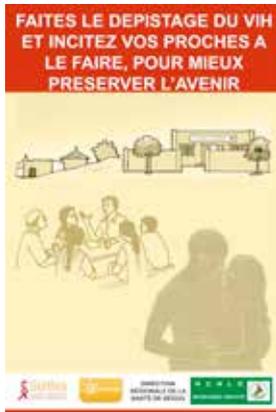
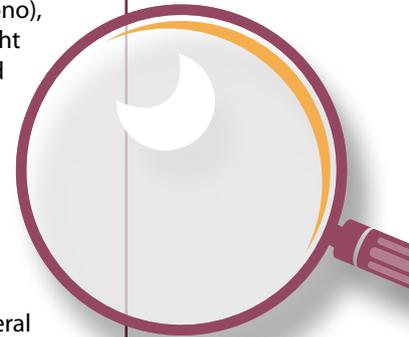
- Development and broadcasting of 2 radio programs (40 broadcasts) and 2 documentaries (20 broadcasts) on PMTCT and testing, aired on 10 regional radios.
- Development and broadcasting of 2 awareness games targeting the general population
- Publication of 3 articles on the launch of the EPS project, issues and perspectives on HIV testing and PMTCT in the newspaper "L'Essor".
- Development and distribution of 2 posters to encourage testing, one targeting students (150 posters) and the other targeting the general population (300 posters). These posters were put up in strategic locations: schools, health centres, bus stations, bars, hotels, etc.). An information pamphlet listing testing and treatment centres in the area was also distributed (300 copies).

● Interventions with high risk groups

- Training of 30 leaders of high risk groups (sex workers, men who have sex with men, servicemen, tour guides, seasonal workers), in view of awareness interventions targeting their peers.
- Mobile testing strategy in partnership with the NGO Walé: 13 sessions of mobile HIV testing led to the testing of 260 volunteers, with 7 HIV-positives and 22 infected by MSTs. These people were referred to appropriate healthcare sites.
- Execution of 20 targeted interventions (movie screening followed by a discussion) for the benefit of 948 people from high-risk populations.

● Interventions in 43 Intervida-sponsored schools

- Training of 120 teachers followed by awareness-raising actions on MSTs and HIV/AIDS in 43 schools (62 classes of 4th and 5th grade), benefiting 6 098 students.



next part of the
FOCUS ⇨

Next part of FOCUS about Health Education Project in Segou



- **Training of opinion leaders:**

Training of 105 opinion leaders: traditional leaders, journalists, faith leaders, politicians, traditional healers, associations of women, associations of people living with HIV, focusing on testing and treatment access. Following these trainings, each leader implemented awareness actions reaching 593 people.

- **Adherence club for people living with HIV**

Implementation of adherence clubs for PLHIV in 3 healthcare centres of Ségou (regional hospital, the referral health centres, NGO Walé) in order to promote better retention in the healthcare system. In total, 15 adherence clubs were facilitated, with a total of 333 participants.

- **Socio-anthropological study on discrimination towards PLHIV in healthcare sites**

This study was conducted by a research institute, Miseli, in Ségou and Bamako. Results are expected in January 2014 and will define part of the activities of the second phase of the EPS project.

Support to health information system managers

During the inventory of the supported health structures, Solthis provided assistance with the update of sites data by clarifying cohort outputs (deaths, lost to follow-up and transfers), thanks to the overlapping of available information (practitioner's registers, existing patient records, supply registries and electronic monitoring supports – excel or ESOPE).

Operational research

Solthis provided financial and technical support for the involvement of two medical practitioners in the training on clinical research conducted in Abidjan and organised by AFRAVIH. From now on, these two doctors will be Solthis' relay on the field for protocol research and monitoring.



Support in the form of updates and analysis of the PCR database for early diagnosis of children was provided to the National Research Institute for Public Health, leading to the development of an abstract on decentralisation of early diagnosis of children exposed to HIV by PCR/DBS. This abstract was presented to ICASA 2013 in South Africa. This data will be completed in 2014 to provide an estimation of the mother-to-child transmission rate.

The way forward 2014

Priorities for 2014 include:

- **Resumption of activities in the Mopti region** in support of decentralisation of HIV/AIDS management in all the cercles of the region.
- **Testing:**
 - Reinforce targeted provider-initiated HIV testing for undernourished children, people suffering from TB and suspected of having TB, patients with MST in Bamako and Mopti
 - Improve testing of Ségou's key populations and their access to healthcare.
- **Pediatric care:**
 - Implement early testing for children exposed to HIV by PCR/DBS in Mopti
 - Improve the connection between testing and management of undernourished HIV-positive children

2013 Mali team

Dr Alain Akondé,
Head of Mission

Dr Famory Samassa,
Medical Manager

Mariam Kanté,
PMTCT Officer

Dramane Keita,
Health Education Officer, Ségou

Ousmane Cissé,
Administrative and Financial Coordinator (until March 2013)

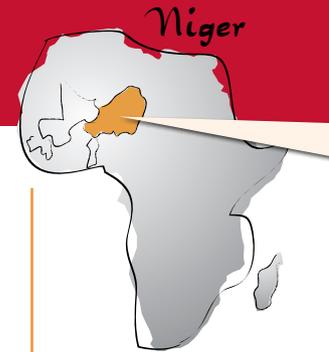
Hélène Chambon,
Administrative and Financial Coordinator (since October 2013)

Mary Sissoko,
Assistant Logician

Hamidou Traore,
Logistic officer, Mopti (since December 2013)



Niger



Population (in millions)	16.6
Life expectancy (years)	55.1
HDI ranking (of 187 countries)	187
Fertility rate	7
Infant mortality per 1,000 births	73
Number of doctors per 10,000 inhabitants	0.2
Adult literacy rate (2005-2010)	28.7%
Urban population	18.10%
Total health expenditures (% of GDP)	2.6%

UNDP, Human Development Report, 2013

HIV/AIDS in Niger

According to the 2013 UNAIDS report, 46,000 people were living with HIV in Niger in 2012. The HIV/AIDS prevalence rate in the 15-49 year old age group was estimated at 0.4% in Niger, according to the 2012 Demographic and Health Survey. Niger is facing a concentrated HIV epidemic, with prevalence being relatively low within the general population but high within certain at-risk groups such as sex workers, prisoners, truck drivers and transport workers, members of the armed or security forces and workers in mines. In 2012, only 55% of ART needs within the adult population (>14 y/o) were being covered. In addition, treatment and care for PLHIV is highly concentrated, and urban treatment centres are saturated by too many users. The decentralisation of treatment and care thus remains a priority.

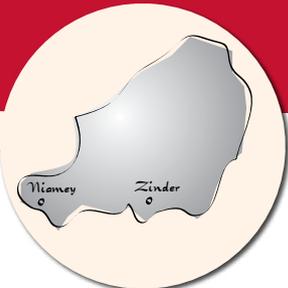
With the intention of providing universal access to ART treatment, Niger launched in 2003 the Nigerien Initiative for Access to Antiretrovirals (INAARV, l'Initiative Nigérienne d'Accès aux Antirétroviraux), which progressively led to the opening of 15 prescribing centres within the country.

The Intersectoral Coordination for the Fight against AIDS (CISLS, la Coordination Intersectorielle de Lutte contre le Sida) has formulated a National Strategic Plan (NSP) for 2013-2014 with a vision of "zero new infections, zero AIDS-related deaths, zero discrimination", applying a strategy of universal access to prevention, treatment and care, and support which is respectful of Human Rights. To contribute to this mission, The Sectoral Health Unit for the Fight against AIDS (ULSS, Unité de Lutte Sectorielle Santé) gave itself the ambitious objective of decentralising treatment and care to all 42 health districts. Meanwhile, this decentralisation already began in the Maradi region in 2012.

Objectives and context of Solthis' intervention in Niger

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 Niger. The programme is executed in cooperation with the Ministry of Health and the CISLS. In 2010, an external evaluation lead Solthis to reorient the programme towards a strategy for ensuring that the gains achieved in terms of treatment and care are made permanent. In 2013, Solthis also accompanied the process of decentralisation of treatment to the district level in the Tillabéry and Dosso regions through the CASSIS project. By the end of 2013, Solthis was supporting 24 adult treatment sites in Niamey and in the regions (Zinder, Maradi, Diffa, Dosso, Galmi, Téra, Arlit, Agadez, Tahoua), of which 20 also provide paediatric treatment and care.

Opening: 2004
Partners: ULSS (Ministry of Health), CISLS
Intervention areas: All 8 regions (Niamey, Tillabéry, Zinder, Dosso, Maradi, Diffa, Tahoua, Agadez)



Summary 2013 Niger

⇒ Launch of the CASSIS project

CASSIS Project «Capacities for Access to Healthcare and for the Health Information System (CASSIS, 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:

- 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 Commune) and in Dosso (Doutchi, Loga, and Gaya).
- 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, central) in strategic analysis (assimilation, evaluation, management).

This project required significant involvement of the Solthis teams, as the majority of on-site support missions and trainings for health workers and Health Information System officers were carried out within the framework of the project.

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

The implementation of PITC in all CRENI (Intensive Nutritional Rehabilitation Centres) throughout the country (except in Zinder) lead to a net improvement in the testing rate among children suffering from malnutrition, particularly in supported sites in Niamey.

⇒ Operational research

- In 2013, the TB/HIV study was completed and the results disseminated. The resulting recommendation to abolish fees for medical imagery exams in order to improve diagnoses of tuberculosis among PLHIV was integrated into the free healthcare package covered by the CISLS.
- Completion and dissemination of results of the Tridel study as a part of Prevention of Mother-to-Child Transmission (PMTCT). The results show that delegating certain tasks to midwives, namely the administration of ARTs for pregnant women and the monitoring of exposed children, is a good alternative in an environment with limited human resources (as is the case in Niger) for improving results with regards to the Prevention of Mother-to-Child Transmission.

Estimated HIV prevalence (15-49 y/o)*	0.4%
Estimated number of PLHIV	46,000
Estimated number of adult PLHIV (>14 y/o) requiring treatment	20,000
Number of people being treated with ARTs	11,810
Estimated needs coverage of ART treatment among adults	55%

UNAIDS, Report on the Global AIDS Epidemic, 2013;
*Demographic and Health Survey, 2012.

National Actors

Office for Intersectoral Coordination of the Fight against STI/HIV/AIDS (CISLS): directly attached to the President of the Republic since 2008, it ensures the coordination, monitoring and evaluation of all activities related to the fight against STIs/HIV/AIDS throughout the country. The Coordination is the Principal Recipient of the Global Fund.

Intersectoral Health Unit for the Fight against AIDS, Ministry of Health (ULSS): Attached to the Ministry of Health, the Unit is responsible for coordinating all aspects of the fight against AIDS which fall under the responsibility of the Ministry of Health: treatment and care, prevention in healthcare setting, and epidemiology.

Support to coordinating bodies

In 2013, Solthis succeeded in advocating for broadening the package of free complementary exams (medical imagery exams) and continues to advocate for the consideration of infected adolescents within the national strategy for treatment and care.

This year, Solthis maintained its collaboration with all coordinating bodies:

- **ULSS (the Sectoral Health Unit for the Fight against STIs/HIV/AIDS):**
 - Collaboration and technical support for the joint implementation of the CASSIS project
- **CISLS (the Intersectoral Coordination for the Fight against AIDS):**
 - Contribution to the 2013-2017 National Strategic Plan finalisation workshop, after having contributed to the development of the Plan in 2012.
 - Solthis provided specific technical assistance with regards to the procurement component of Phase 2 of Round 7 of the Global Fund grant:
 - Support in developing training modules and in organising trainings for providers/pharmacists on the provision and management of HIV/AIDS-related health products.
 - Support in developing procurement-related documents for the transition period between Phase 2 of Round 7 and the TFM (Transitional Funding Mechanism) and edition of the Procurement and Supply Management Plan (PSM) for the TFM.
- **National PMTCT Unit and Maternal-Child Health Department:**

In 2013 Solthis supported the development of the National Training Plan and the validation of the national PCR circuit.
- **CCM (Country Coordination Mechanism) :**

Solthis took part in a diagnostic mission, followed by a capacity-building mission, in view of fundamentally reorganising the CCM to be based on a participatory process.



Support to healthcare professionals

Supported sites

- **2 sites in Niamey** (CHRN, Niamey Regional Hospital and CNAT, National Anti-Tuberculosis Centre) for adult treatment and care, and 4 sites for paediatric treatment and care (HNN- Niamey National Hospital, HNL- Niamey Regional Hospital and CHRN CNRD- National Drepanocytosis Centre).

- **In the regions:** Zinder National Hospital, the Maradi Regional Hospital and district hospitals, Dosso Regional Hospital, the faith-based hospital in Galmi, and the district hospitals in Tillabéry. For security reasons, only one field mission was possible in 2013, and only distance support was possible for Diffa Regional Hospital.

Classroom trainings: In 2013, Solthis provided classroom trainings for 63 doctors and 193 paramedics.

- **Continued support to adult prescribing centres in Niamey (CHRN and CNAT)**

In 2013 the focus was on redefining on-site support, through the development of “roadmaps” for a clearer understanding of priorities. Besides clinical tutoring, an annual multi-site staff meeting (Grand Staff) uniting caregivers from all of the city’s prescribing centres was held in Niamey in May 2013.

At the CNAT, leading treatment centre for tuberculosis patients, Solthis’ support is based on testing and managing TB/HIV coinfection. A functional circuit for delivery of CD4 samples to the MTC (mobile treatment centre) was put in place in 2013.

- **Continued support to prescribing centres in region**

2013 marked the beginning of the implementation of the CASSIS project, including numerous capacity-building activities for all members of healthcare teams.

The principal activities carried out include:

- For each of the six new treatment sites in the Dosso and Tillabéry districts:
 - Evaluation of each site
 - Trainings for treatment-site healthcare teams: comprehensive



The Solthis Head of Mission awards training certificates in Tillabéry

Niger



Classroom training for doctors in Dosso

HIV treatment and care, Therapeutic Patient Education (including one designated TPE point-person per site), stock management and distribution as well as practical trainings for four referral doctors in regional hospitals.

- Refresher trainings on clinical tutoring for six mentor doctors and organisation of an initial mentoring mission in Tillabéry Region. The objective is to prepare mentors for carrying out clinical tutoring field missions autonomously, starting in 2014.
- Close support for actors involved in treatment in the different sites
- Multi-site staff meetings for adult and paediatric care in Maradi and Zinder.
- On-site training on Provider-Initiated Testing and Counselling at Zinder National Hospital.

• Testing

In 2013, the focus was on Provider-Initiated Treatment and Counselling (PITC). Healthcare provider teams improved their skills in specialised counselling to promote PITC.

TB/HIV testing

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 lead to an improved testing rate. In the six major sites supported by Solthis, 80% of tuberculosis patients were tested (as opposed to 70% in 2012), with an HIV-positive rate of 11%. However, an even greater effort is needed, as the proportion of TB patients who undergo testing varies from one hospital to the next (between 56% and 95%), indicating that execution of this national recommendation is inconsistent.

With regards to the testing of malnourished children, the introduction of PITC in all of the country's CRENI lead to an improved testing rate, especially in the supported sites in Niamey. The available data concern 9 CRENI dispersed throughout the country and indicate that out of 13,188 admitted children, 5,859 (44%) were tested, of which 217 (3.7%) were HIV-positive.



HIV-testing awareness poster in Dosso

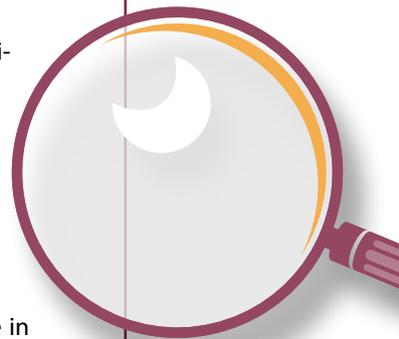


Focus: Intra-family testing in Niger

Family HIV testing is not being sufficiently offered, though the need for it constitutes a considerable concern in Niger. Collaborating with the CISLS and two networks for people living with HIV (PLHIV), Solthis conducted a pilot project in order to promote family HIV testing in Niamey.

The first phase of the experiment was conducted from January to May 2013 in three HIV treatment sites in Niamey, and then continued as an activity integrated into the activities carried out by the psychosocial assistants who represent PLHIV associations and who offered testing for the partners and children of all PLHIV receiving medical consultation. The offer for testing was made in a room where the psychosocial assistants explained the advantages of family testing to the patients, using accessible language and their own experiences. After obtaining verbal consent, the patient came to the next consultation with the family members to be tested. Pre- and post-test counselling was given.

The project was evaluated after six months of implementation. Over half of those tested from the families of PLHIV were HIV-positive (53.8%). In light of this evaluation, it was recommended that the psychosocial assistants integrate family testing into their routine activities permanently, and that healthcare personnel take heed of the experiment in order to extend PITC to key services which do not yet offer it.



● Paediatric treatment and care

According to the latest ULSS national data, at the end of December 2012 684 children were taking ARTs. However, the rate of needs coverage was not estimated for the same period. Nevertheless, the increase in the active file of children between 2009 and 2012 (an increase from 258 to 684) suggests that access to treatment and care is improving.

Solthis provided regular support to paediatric treatment services in 4 sites in Niamey and 6 sites in the regions.

In 2013, Solthis provided on-site support in Niamey, maintaining the activities carried out in 2012 and the objectives of the national roadmap:

- Implementation of Provider-Initiated Testing and Counselling within CRENI (Intensive Nutritional Rehabilitation Centres)
- Administration of ARTs to infected infants under two years old (WHO recommendation)

Data on treatment and care of children (<15 y/o) in Niger

Number of children living with HIV	10,000
Number of children receiving ARTs*	684
Estimation of needs coverage of ART treatment for children	Not estimated in 2012 (estimated between 7.6% and 10.8% in 2011**)

UNAIDS, Report on the Global AIDS Epidemic, 2013; *ULSS; ** UNAIDS, 2012

Niger

- Promotion of early diagnoses and informational/sensitisation meetings on the PCR sampling technique.
- Updating data-collection tools and improvement of data management: archiving of follow-up sheets for exposed infants, updating of inclusion registries, intrafamily treatment sheets, updating of lists using FUCHIA, preparation of trimesterly reports.
- Facilitation of pluridisciplinary collaboration through regular staff meetings, allowing for teams which treat exposed or infected children to discuss clinical cases and address organisational issues

The pluridisciplinary teams from 10 paediatric sites in Niger (HNN, HNL, CHR Niamey, CNRD, regional hospitals of Agades, Diffa, Dosso, Maradi, Tahoua and Zinder National Hospital) decided in 2012, under the auspices of the Ministry of Public Health and with support from Solthis, to create a national collaborative based on the principles of Quality Improvement (QI) which offers a space for mutual learning. The mission of the collaborative is to instigate progress with regards to children's access to HIV testing and to improve the quality of treatment and care of infected children.

● Prevention of Mother-to-Child Transmission

In 2013, Solthis's provided technical support to central authorities by participating in joint site supervision, and to the sites already receiving support in Niamey and Zinder which participated in the Tridel study. The study results were completed and disseminated in 2013.

Support for PMTCT provided by Solthis in 2013:

- Improving effective treatment for pregnant women testing positive for HIV: 100% of women who tested positive in supported sites received prophylactic ARTs in 2013, as opposed to 89.5% in 2012.
- Inclusion of monitoring for exposed infants in sites supported by Solthis
- Training of 44 paramedics and 36 doctors in 2013.

No. of HIV-infected pregnant women needing ART treatment	3,700 to 5,800
No. of HIV-infected pregnant women who received ARTs for PMTCT	1,571
Estimated percentage of HIV-infected pregnant women who received ARTs for PMTCT	27%- 42%

UNAIDS, Report on the Global AIDS Epidemic, 2012



Focus on the Tridel Study

In Niger, the initiation of ART treatment is conditioned on having access to a prescribing doctor (Option B). Women who do not have access to prescribing doctors have a simplified PMTCT protocol (Option A). The Tridel pilot project improved access to tritherapy (from 15% to 75%) among pregnant women by delegating the prescription of ART tritherapy to midwives.

This pilot study, which was both multi-central and interventional, was conducted in 2012 and 2013 in 8 sites: Niamey (4 urban sites) and Zinder (2 urban and 2 rural sites). Between January 2012 and December 2013, out of 141 pregnant women who tested positive for HIV, 105 HIV-positive women were eligible and included in the study. Among them, 94 (90%) were administered ART tritherapy prescribed by a trained midwife; 53 of them gave birth while undergoing ART tritherapy. 100% (36/36) of eligible infants received early HIV testing by DNA PCR at 6 weeks, of which 97% were HIV-negative and will be monitored up to 18 months of age.

This study showed that starting pregnant women on ARTs administered by midwives and monitoring their exposed children is a good alternative for reducing HIV transmission in a context with limited human resources such as that found in Niger.



● 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).

In April 2013, the expert pool, the ULSS and Solthis held a training in order to strengthen the skills of 16 SMHT. Since then, psychological consultations were integrated into the healthcare circuit in 9 treatment sites (3 in Niamey and 6 in the regions). Between May and December 2013, 117 patients were referred by a prescribing doctor for psychological consultation. Once a diagnosis was made, the Superior Mental Health Technician conducted moni-

toring and, in case of psychiatric illness, initiated treatment in consultation with a doctor. The most commonly-confronted psychiatric illnesses are currently being documented.

For those sites which do not dispose of this category 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.

Support to medical data collection and analysis managers

Health Initial System (HIS) activities are executed within the framework of the CASSIS project. Through this 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 central level). Joint support and supervision missions were carried out with the ULSS teams in view of improving the organisation of data collection in each treatment site:

- definition of the collection circuit
- organisation of digital archives of patient care reports
- backing up and sending of databases to the superior level

Several introductory and refresher trainings on the use of the FUCHIA software and on monitoring and evaluation were held for personnel responsible for data on a district and regional level. Considerable work was done to update the databases of all of the sites where HIV-positive patients are being monitored, through use of the FUCHIA software. Niger is now one of the rare countries in the West-African subregion which has a national database of people infected with HIV.

Furthermore, work is underway to integrate data on monitoring of HIV patients from the HIV data circuit into the National Health Information System (NHIS). Crucial to this process was the training of 8 SPIs (regional officers responsible for data) on the different aspects of integrating the supervision of HIV data into their work, epidemiology, monitoring and evaluation of HIV, calculating HIV figures and use of the ULSS 2011 database.



Support to professionals responsible for pharmacy issues

Solthis provided support to national institutions via:

- support for the CISLS and the Stocks Management Unit (UGS) in preparing their grant requests during the transition period of Phase 2 of Round 7 to the Global Fund's Transitional Funding Mechanism (TFM): estimation of national needs for healthcare products, estimation of the global procurement and distribution budget, and preparation of the PSM (Procurement and Supply Management) plan.
- the Procurement Group, which brings together all actors implicated in procurement, in view of providing space for sharing information and dialogue. No ART stock-outs were reported this year.
- the creation of training modules, and the provision of updated medical educational materials in order to strengthen the skills of the national pool of pharmacist-trainers, who are responsible for training pharmacists and providers at treatment sites.

Operational research

• Study on tuberculosis diagnosis among PLHIV

In 2013, **the TB/HIV study** was completed and the results disseminated. The resulting recommendation to abolish fees for medical imagery exams in order to improve diagnoses of tuberculosis among PLHIV was integrated by the CISLS into the free healthcare package funded by the Global Fund.

Objectives

In Niger, data shows that tuberculosis (TB) incidence is at 175 cases / 100,000 PA, of which 11% are people infected with HIV. The challenges in diagnosing TB constitute a major public health concern. Testing is not done automatically for PLHIV, despite national recommendations, in part due to the cost of additional exams. The only exam which is free of charge is microscope analysis following a Ziehl-Nielsen (ZN) stain. The objective of this study was to evaluate the performance and the cost-efficiency of several algorithms used for the diagnosis of tuberculosis among PLHIV in Niger.

Methods

A prospective interventional multicentre study was conducted in Niamey between 2010 and 2013. PLHIV were tested for tuberculosis before receiving ARTs, while systematically ensuring that sputum tests by ZNS and by fluorescence microscope (MIF), sputum cultures, chest radiograph (CXR) and

Niger

abdominal ultrasounds were performed. The performance of these different tests was calculated using the cultures as the gold standard. The cost effectiveness of the different algorithms was evaluated by calculating the money spent during the year to prevent a patient undergoing ART treatment from dying from tuberculosis.

Results

Between November 1st 2010 and November 30th 2012, 509 PLHIV were included before starting ARTs. The most cost-effective algorithm was algorithm 2 (MIF + CXR) combining the systematic and free-of-charge direct sputum test by fluorescence microscope and a chest radiograph.

- **Tridel Study:** see Focus on page 31

Summary of trainings held in 2013

Trainings	Personnel trained
PITC training (2 sessions)	42 paramedics and 2 doctors
Training on PMTCT and exposed infant monitoring according to the Tridel study protocol	4 doctors and 4 paramedics
Paediatric treatment and care training	12 doctors and 11 paramedics
Basic therapeutic education training	2 nurses
TPE refresher training (2 sessions)	2 doctors, 4 adult treatment paramedics, 4 paediatric treatment paramedics
Training on basic HIV knowledge and on psychological care for PLHIV	6 psychologists and 9 SMHT

CASSIS Capacities for Access to Healthcare component

TPE/stock management/provision training (Tillabéry and Dosso session)	39 paramedics
Annual multi-site staff meeting in Niamey	30 participants
Semesterly multi-site staff meeting Maradi and Zinder/Diffa	66 participants
Refresher training on clinical tutoring for regional mentors (Dosso and Tillabéry)	6 doctors
Refresher training on PMTCT in Tillabéry	20 paramedics
HIV treatment and care trainings (2 sessions Tillabéry and Dosso)	32 doctors

Capacities for the Health Information System component

Training on the use of the FUCHIA software	3 MTC doctors, 12 MEOs*, 2 SPIS
Refresher trainings on the use of the FUCHIA software, epidemiology, and data collection and analysis	14 MEOs
Refresher training on supervision of FUCHIA and on use of the ULSS2010 database, epidemiology, data collection and analysis	8 SPIS

*Monitoring and Evaluation Officers



The way forward 2014

The priorities for intervention in 2014 include the following:

- Continue implementation of the CASSIS project:
 - complete trainings for region mentors and patient management teams in the newly-supported sites; and
 - consolidate support to the National Health Information System by strengthening data collection and analysis on all levels of the healthcare pyramid: sites, regional directorates, and on the central level.
- Further improve testing rates in all hospital services, especially for malnourished children in the CRENI. Continue developing provider-initiated and intra-family testing.
- Use the results from the Tridel study to encourage the Ministry of Health to delegate the prescription of ARTs to trained midwives in regions where medical human resources are insufficient.

2013 Solthis team

Dr Sanata Diallo, Head of Mission

Dr Souleymanou Mohamadou, Medical Coordinator

Dr Emmanuel Ouedraogo, Medical Officer - Adult Patient Care

Dr Roubanatou Maiga, Mother-Child Healthcare Officer

Hadiza Albade, Adherence Officer (until April 2013)

Hadizatou Ibrahim, PMTCT Officer Zinder

Mamane Harouna, Psychological Care Officer

Ibrahim Diallo, Data Manager

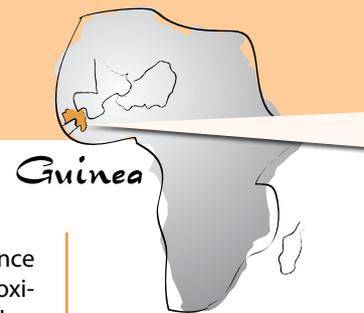
Amina Abdoulaye, Administrative and Financial Manager

Moussa Ado Bagida, Administrative and Financial Assistant

Nathanaël Yahannon, Health Information Coordinator (since April 2013)



Guinea



Population (in millions)	15.9
Life expectancy (years)	54.5
HDI ranking (of 187 countries)	178
Fertility rate	5.1
Infant mortality per 1,000 births	81
Number of doctors per 10,000 inhabitants	1.0
Adult literacy rate (2005-2010)	41%
Urban population	35.9%
Total health expenditures (% of GDP)	2.3%

UNDP, Human Development Report, 2013

Principal National Partners

National Committee for the Fight Against AIDS (CNLS, Comité national de lutte contre le sida): 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.

Mairie de Paris

In 2013, the Solthis programme in Conakry received 50,000 euros in financial support from the City of Paris.

HIV/AIDS in Guinea

According to the 2012 Demographic and Health Survey, the HIV prevalence rate in Guinea is estimated at 1.7% within the adult population, or approximately 120,000 people. Among them, 53,300 are in need of treatment, whereas only 26,600 are currently receiving ARTs (UNAIDS report, 2013), putting needs coverage at 50%. The 2012 Behavioural and Biological Surveillance Survey showed that HIV prevalence was particularly high among men who have sex with men (56.61%), tuberculosis patients (28.6%), sex workers (16.7%) and prisoners (9.4%) (ESCOMB, 2012).

There are currently 46 treatment sites dispersed throughout the country, and the treatment extension plan forecasts the opening of 10 new sites starting in 2014 within the framework of Round 10 of the Global Fund.

Objectives and context of Solthis' intervention in Guinea

Protests surrounding the organisation of legislative elections punctuated the year 2013, sometimes limiting the mobility of the Solthis team. The elections finally took place in September 2013, and were won by the President's political faction.

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. The first years of intervention were marked by improved treatment and patient care within existing sites (Donka and Ignace Deen National Hospitals, and Boké Regional Hospital), the decentralisation of treatment in the Conakry and Boké Regions (8 new sites), as well as the provision of considerable technical assistance in terms of procurement and the health information system. In launching the CASSIS project, (Capacities for Access to Healthcare and the Health Information System) Solthis continues to assist with the decentralisation process in 10 new sites, in addition to providing assistance on a national level by supporting the Health Information System through interventions in all of the country's treatment sites.

Opening: 2008
Partners: PNPCSP (Ministry of Health), CNLS
Intervention areas: Conakry and the regions of Boké, Labé, Mamou, Faranah, Kankan, N'Zérékoré, and Kindia.

Estimated HIV prevalence (15-49 y/o)	1.7%*
Estimated number of PLHIV	120,000
Estimated number of PLHIV requiring treatment	53,300
Number of people being treated with ARTs	26,666
Estimated needs coverage of ART treatment	50%

UNAIDS, Report on the Global AIDS Epidemic, 2013;
 *Demographic and Health and Multiple Indicator Cluster Survey – Guinea (DHS-MICS 2012)



Summary 2013 Guinea

⇒ Launch of the CASSIS project

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

● *On-site support*

- Joint evaluation missions to the 10 new treatment sites were conducted with the PNP CSP. The quality improvement measures were consolidated and tutoring activities were scaled up in the peripheral sites supported by Solthis.
- 51 intermediary officers in regional administration were trained, and were given documents for supervision methods.

● *Strengthening the HIS*

- The new formats for patient care reports were introduced in each site.
- The pilot phase for new PMTCT data-collection tools was begun in 2013, and will be validated and implemented nation-wide in 2014.
- 3 selected sites were equipped with computer information technology.
- The groundwork was laid for the reporting, centralisation and regular analysis of data.

⇒ Support to national hospitals and operational research

2 Action-Research projects were initiated in the country's 2 national hospitals:

- One on the introduction of "Late Prevention of Mother-to-Child Transmission" in maternity wards, by testing women presenting for delivery who had not been tested during antenatal visits, followed by the monitoring of infected women and of exposed or infected infants.
- A second aimed to scale up testing and monitoring of exposed or infected children in the national hospitals' paediatric services.

⇒ Technical platforms

- Launching of the OPP-ERA project to facilitate access to viral load tests.

⇒ Pharmacy

- Inception of a national stock and supply monitoring unit, following two years of advocacy and the development of a new tool for managing stocks and biological products (the Covlab).
- Support in quantifying needs in view of the transition from Round 6 to Round 10 of the Global Fund and the switch in Principal Recipients.
- Special attention was given to pharmaceutical tutoring aimed at improving professional practices in 8 peripheral sites.

Support to coordinating bodies

● **CNLS (National Committee for the Fight Against AIDS)**

Solthis engaged its expertise on the following subjects:

- The development and technical and political validation of the National Strategic Framework (2013-2017)
- The quantification of inputs and medications associated with treating HIV infection
- The development of new tools, particularly those related to monitoring and evaluation of activities (performance framework)

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

In 2013, Solthis contributed to the development of several regulatory documents:

- Guide to Provider-Initiated Testing and Counselling
- Revision of the PMTCT norms and procedures document
- Development of PMTCT data-collection tools
- Development of a supervision guide for treatment sites

Solthis also participated in the coordination and formation of a national pool of trainers.

● **MTC (Medical Technical Committee)**

Solthis participated in monthly meetings in which this technical committee, charged with monitoring treatment activities (mainly in Donka National Hospital), discusses clinical cases and decisions to administer ART treatment to HIV patients.

In Ignace Deen National Hospital, the Solthis team was implicated in reviving the local MTC.

Support to healthcare professionals

● **Continued measures for quality improvement in 9 patient management sites.** Initiated in 2011 in 9 partnering health structures (See table, below) through collaboration with intermediary authorities, the process was consolidated in 2013 through:

- renewed partnership protocols and roadmaps, following the recommendations made during evaluation meetings;
- workshops on Quality Improvement Measures to encourage their appropriation by intermediary authorities, directors, and HIV point-people at treatment sites; and
- organising on-site and inter-site meetings to reinforce exchanges within and between healthcare provider teams, as well as clinical and pharmaceutical tutoring visits.



● Evaluation of new sites

In order to understand the feasibility of introducing HIV treatment and care, 10 new sites were jointly evaluated with the PNPCSP. 9 of the 10 sites filled the preliminary conditions to begin HIV treatment and care in 2014.

Summary Table of sites supported by Solthis in 2013

In 2013, Solthis supported the personnel of 2 national hospitals and 11 decentralised patient management sites. 8 additional decentralised sites benefited from support with regards to data collection and reporting.

Regions	Sites already supported	New sites	
		HIS support	Evaluated for the introduction of HIV care
Conakry	For treatment and PMTCT: - Donka National Hospital and Ignace Deen National Hospital - Minière CMC* - Coléah CMC* - Ratoma CMC* - Matoto CS*	- Ignace Deen National Hospital - Minière CMC - Coléah CMC - Ratoma CMC - Matoto CS	- Tombolia CS - Timbi Madina CS
Boké	For treatment and PMTCT: - Boké Regional Hospital - Fria Prefectural Hospital* For PMTCT and TB/HIV coinfection: - Sabende CS* For PMTCT: - Dibia CS* - Kassopo CS - Sangaredi CS For TB/HIV coinfection: LTO Centre*	- Boké Regional Hospital - Fria Prefectural Hospital	- Koundara Prefectural Hospital - Kassopo CS
Kindia			- Telimele Prefectural Hospital - Forecariah Prefectural Hospital
Labé		- Labé Regional Hospital - Mali Prefectural Hospital	
Mamou		- Mamou Regional Hospital - Pita Prefectural Hospital	
Faranah		- Faranah Regional Hospital - Dabola Prefectural Hospital	- Dinguiraye Prefectural Hospital
Kankan		- Kankan Regional Hospital	- Senko CMC - Kouremale PS - Banakoro CSA
N'Zérékoré		- N'Zérékoré Regional Hospital	

* 9 treatment sites applying quality improvement measures

CMC : Communal Medical Centre ; CS : Health Centre ; LTO : Leprosy, Tuberculosis and Onchocerciasis

● Testing

Quality of testing:

- On a national level, joint supervision missions intended to evaluate the quality of testing allowed for building the quality control and activity-supervision capacities of the INPS.
- In the peripheral sites' laboratories, special attention was given to compliance with the algorithm in use and to procedures for carrying out tests.

Provider-Initiated Testing and Counselling:

This topic was integrated into the classroom trainings conducted for national hospital healthcare providers in 2013. It was also included in clinical tutoring visits to the peripheral sites.

● Adult and paediatric patient care

● Adult treatment and care:

2013 saw an increase in the number of adults who initiated ARTs in the peripheral sites supported by Solthis (837 in 2012 as opposed to 1,185 in 2013). The introduction of new formats for patient care reports lead to improved tracking of patients leaving the system (lost to follow-up, transfers, deaths) which allowed for establishing clearer active file numbers.

Nonetheless, nearly all patients are currently receiving first-line treatment, and almost none are undergoing second-line treatment. As treatment services were initiated in 2008, these data underscore the importance of paying renewed attention to the management of treatment failure. The introduction of viral load tests and the 2013 implementation of simplified patient files to avoid gaps in patient information in most sites should allow for an improvement in this area.

Donka National Hospital maintains the country's largest active file in the country, with an average of 105 patients initiating ARTs each month. Systematising patient file intake, through a medical staff meeting, lead to a more structured administration of ARTs to patients.

● Paediatric treatment and care:

Paediatric active files in national hospitals and peripheral sites have remained reliable. In view of the fact that it was first necessary to increase the number of people being tested:

- an Action-Research project was initiated in the national hospitals; and
- in the peripheral sites, multiple healthcare provider teams have made testing a priority on which to base a new cycle of quality improvement.



Training on ART resistance, co-organised with Donka National Hospital in Mai 2013



● PMTCT

In 2013, 6,300 HIV-positive pregnant women needed ART treatment in Guinea, but only 44% would have effectively received prophylaxis to prevent transmission to the infant. Major challenges remain, especially with regards to decentralisation. Indeed, only 158 out of 410 health centres offer these services. The adoption of the Plan to Eliminate Mother-to-Child Transmission of HIV in 2013 seeks to reach a greater number of pregnant women.

The Solthis team reinforced its presence in PMTCT services in peripheral sites and in the national hospitals. At the end of 2013, a net improvement in the rate of testing of pregnant women during antenatal visits (ANV) was observed in the peripheral sites. The introduction of new PMTCT tools in all of the country's sites (following the pilot phase) should provide increased clarity as to the percentage of pregnant women and exposed children who receive prophylaxis.

● Management of TB/HIV coinfection

Officers trained on TB/HIV coinfection have been affected to all General Medical and Tuberculosis Treatment Services. To contribute to the ongoing improvement of professional practices, Solthis has focused on clinical tutoring:

- Tuberculosis as a point of entry: Clinical tutoring and monitoring of data evolution during semesterly meetings contributed to an improved HIV testing rate among tuberculosis patients.
- HIV as a point of entry: Future classroom trainings and clinical tutoring will include active research on tuberculosis. The new simplified patient files include an indicator which will provide improved clarity on these data, which will in turn allow for identifying concrete steps to be taken for improving patient care.

Number of pregnant women needing ARTs for PMTCT	6,300
Number of HIV+ pregnant women who received ARTs during the year	2,755
Percentage of HIV+ pregnant women who received ARTs	44%
Estimation of the number of children (<15 y/o) needing treatment	8,300
Number of children receiving ARTs	1,114
Estimation of the ART treatment needs coverage among children	13%

UNAIDS, Report on the Global AIDS Epidemic, 2013

Support to health information system managers

The introduction of the CASSIS project strengthened the national dimension of Solthis' support in reinforcing the health information system.

● On-site level

Counting 3 members starting in 2013, the HIS team worked with 15 treatment sites throughout the country. These sites now use a unique monthly report template, and staff were trained on entering the data and calculating its indicators. This allowed for consolidating data - which seemed to show a decrease in the active files - providing a more accurate reflection of the reality of HIV-related activity in the sites. Specific support was given to the national hospitals, which are confronted with a different context, in particular with regards to numbers of patients. Following joint evaluation missions with the PNPCSP, 7 of the 11 preselected sites were chosen to receive computer information technology and classroom training. 3 sites received information-technology kits in 2013. This process will continue in 2014.

The pilot phase for new PMTCT data collection tools was carried out in 10 sites in the Conakry and Boké regions. The reviewed PMTCT tools will likely be validated in early 2014; their use will then be scaled up to include all PMTCT sites.

● On the intermediate level

In order to get the intermediate regional level involved in the data collection process, 21 officers from intermediate regional authorities in Conakry, Boké, Kindia and Mamou were trained on HIV data collection, analysis and supervision. From now on, they will be implicated in all supervision activities in order to streamline information.

● On the national level

Special attention was given in 2013 to the reporting, centralisation and analysis of data:

- Joint supervision missions were conducted with the Monitoring and Evaluation Unit of the PNPCSP as a part on the introduction of the new patient care reports and new information technology. Preliminary briefings were held to discuss the use of data collection tools.
- An HIV/AIDS information circuit was established between sites, regional directorates and central bodies in order to facilitate and harmonise the data reporting process.
- The PNPCSP's technical facility was rehabilitated and equipped with a server in order to centralise and archive national data.



- 2 data analysis meetings were organised, and monthly meetings will be formally instated starting in 2014.

A national working group was established to identify possible links between the various monitoring and evaluation software used on the national level (RAMIS, CRIS, FUCHIA) and, more generally, to integrate HIV data into the national health information system.

Support to technical platform managers

- On the national level

Focus on the OPP-ERA project

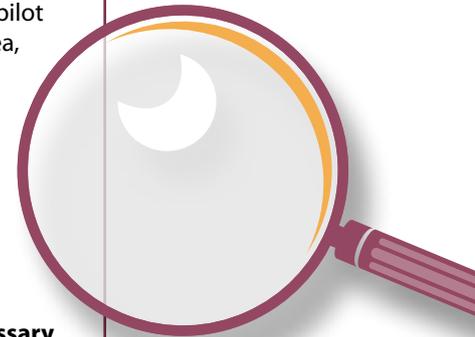
Funded by UNITAID and implemented by a consortium of partners directed by FEI and including the ANRS, GIP-ESTHER, SIDACTION and Solthis, the pilot phase of this project is being carried out in 4 countries, including Guinea, where Solthis is the implementing partner.

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, originally planned for 2013, will be conducted in 2014. The groundwork for the project was nonetheless put into place in 2013 with:

- Signature of the country agreement and the creation of the Steering Committee
- Validation of the selection of sites to receive viral load platforms by the Ministry of Health and Public Hygiene
- Beginning of construction of the Donka outpatient treatment centre (CTA) laboratory and the rehabilitation of the National Laboratory (LNSP)
- Quantification of needs in terms of equipment and consumables, and selection of suppliers for reactive materials.
- Validation of the number of technicians to be trained and completion of the training programme



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Another important development this year was the decision, made on a national level within the framework of the new PMTCT protocol, to authorise agents who are not a part of medical biology laboratories to carry out HIV testing. In order to accompany this new development, Solthis trained the concerned healthcare professionals (doctors and midwives) in the maternity and paediatric wards of the 2 national hospitals and at the Nutrition and Child Health Institute on the use of rapid HIV tests.

● In the peripheral sites

Supply circuit:

No stock-outs were reported for testing materials in the treatment sites. The health centres offering PMTCT services in Boké region were confronted with recurring supply issues.

Quality of testing:

Over half of all sites obtained the necessary level of quality according to the laboratory quality evaluation grid developed by Solthis and its partners. Improvements were made in terms of hygiene, security and quality control, but certain trained providers still have difficulty in managing the interpretation of certain results. Laboratory tutoring activities should therefore be reinforced.

Support to professionals responsible for pharmacy issues

● On the national level

Key developments in 2013 included:

- long negotiations to obtain a progressive transition from Round 6, which is complete, and Round 10 of the Global Fund which is currently delayed by 2 years; and
- increased participation of the government in procurement of HIV-related products.

Solthis continued in its role of monitoring developments, alerting and advocacy, and despite stock tensions reported in the first semester, no ART stock-outs were reported on a national level in 2013. However, there remains a crucial need to reinforce the country's supply circuit. Reflection is underway among partners in Boké region, where health centres are regularly faced with supply problems, and several proposals are being considered.

● In the peripheral sites

Special attention was given to pharmaceutical tutoring. Out of 8 evaluated



sites, 3 were deemed to be of good quality and 2 were close to the requisite level of quality according to the evaluation grid developed by Solthis and its partners. Net improvements in the maintenance and organisation of management documents and in communication were observed, largely due to efforts made following tutoring and the introduction of quality improvement measures.

Operational research

2 Action-Research projects were initiated in the national hospitals in 2013:

• Capacity building 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 initial results are encouraging:

- 22 healthcare workers were trained in patient treatment and care and testing.
- 47% of the 5,437 women received in maternity wards were counselled.
- 100% of women who were counselled accepted to be tested.
- 96% of HIV-positive women and 98% of exposed children were given prophylactic ARTs.
- No ART stock-outs were reported

• Capacity building 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.

- The pilot phase was successfully launched and medical and paramedical staff were trained in testing and treatment.
- It is worth noting that, although the referral system between the maternity and paediatric wards needs improvement, the initial results regarding testing of malnourished children are encouraging and may offer new opportunities for intrafamily testing.

Summary of trainings held in 2013

Trainings	Participants
1 training for hospital healthcare workers on PMTCT	22 midwives and gynaecologists
2 workshops on quality improvement measures	9 HIV point-people, 8 site directors, 11 officials from intermediate authorities (DSVCo, DCS, DRS, DPS)
2 trainings for hospital healthcare workers on paediatric care	30 agents: paediatricians, general practitioners, nurses
1 training for hospital OB-GYN healthcare workers on HIV treatment and care	16 midwives and gynaecologists
3 trainings for hospital healthcare workers on HIV testing	52 midwives, gynaecologists, paediatricians and nurses
2 trainings on the use of DBS	41 midwives, gynaecologists, paediatricians and nurses
1 training on testing quality control	10 biologists
2 trainings on data collection tools	24 site agents
1 training on the Fuchia software	7 data-entry agents
1 training for management teams on data supervision and analysis of data	21 Statistics Officers (DSVCo, DCS, DRS, DPS)
1 training for intermediate authorities on HIV treatment and care	30 officers: 21 for treatment and care + 9 for pharmacy
1 training for management teams on HIV	21 regional and prefectural directors and doctors from the DRS/DPS in charge of illness.
1 training for management teams on stock dispensation and management	9 Pharmacy and Laboratory Officers (DSVCo, DCS, DRS, DPS)
1 training for the National Stock Procurement and Management Committee	13 Committee members



The way forward 2014

Priorities for 2014 include:

- providing support for decentralising treatment and care to the 10 new sites jointly evaluated in 2013 with the PNPCSP;
- strengthening the role of intermediate authorities in supervising HIV-related activities;
- building the capacities of national trainer pools (patient care, testing, pharmacy);
- providing assistance for the introduction of viral load tests within the framework of the OPP-ERA project, and improve the quality of testing by supporting the implementation of the External and Internal Quality Control system;
- developing an application for use on the intermediate and central levels that allows input and analysis of sites' patient care reports, and encourage the PNPCSP to hold monthly data analysis meetings;
- reinforcement of supply management on the national level by providing support to the monitoring and quantification units of the SE/CNSL and to the Stock and Supply Monitoring Committee created in 2013; and
- reinforcing the national hospitals, particularly by training national providers on operational research and the implementation of specific projects.

2013 Guinea team

Hélène Labrousse, Head of Mission (until July 2013)

Alise Abadie, Head of Mission (starting November 2013)

Dr. Hugues Traoré, Scientific and Medical Manager

Dr. Oury Cissé, PMTCT Officer (starting October 2013)

Dr Mouslihou Diallo, Pharmacy and Laboratory Manager

Dr. Abdoulaye Touré, OPP-ERA Project Officer (starting July 2013)

Dr. Jean-Luc Kassa, Capacity Building Manager

Hannah Yous, Quality Improvement Officer (until June 2013)

Dr. Aimé Kourouma, Medical Officer

Dr. Aly Fancinadouno, Medical Officer

Dr. Astrid Lannuzel, Pharmacist (until November 2013)

Dr. Fodé Moussa Sylla, Pharmacist (September - November 2013)

Carno Tchuani, HIS Coordinator (April - September 2013)

Saliou Diallo, Data Manager, then HIS Coordinator (starting September 2013)

Dimitri Justeau, Data Manager (starting October 2013)

Cécé Kpamou, Data Manager (starting August 2013)

Julie Hirschpieler, Administrative and Financial Manager (until March 2013)

Gwénaëlle Jung, Administrative and Financial Manager (starting April 2013)

Kambanya Bah, Administrative Assistant

Daouda Touré, Logistician



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Population (millions)	6,1
Life expectancy at birth (years)	48,1
HDI ranking (out of 187 countries)	177
Total fertility rate	4,8
Infant mortality rate per 1 000 live births	114
Number of doctors per 10,000 people	0,2
Adult literacy rate (2005-2010)	42,1%
Urban population	39,6%
Total expenditure allocated to health (% of GDP)	1,6%

UNDP, Human Development Report, 2013

Estimated prevalence of HIV (15-49 years)	1,5%
Estimated number of PLWHA	58,000
Estimated number of PLWHA needing treatment	25 000
Number of people under ART	8259
Estimated coverage rate of ART needs	33%
Estimated coverage of ART needs among children	21 %

UNAIDS, Report on the Global AIDS epidemic, 2013

HIV/AIDS in Sierra Leone

The prevalence of HIV among 15-49 years old is estimated at 1.5% in Sierra Leone. According to the UNAIDS Report on the Global AIDS Epidemic released in 2013, the number of people living with HIV in the country was estimated at 58,000, including 22,000 needing treatment. Only 7,802 were declared as being on treatment at the end of 2012, a coverage rate of 35%.

Context and objectives of Solthis' intervention in Sierra Leone

After a long civil war from 1991 and 2002, Sierra Leone is in the process of a democratic transition, and the international community is heavily involved at its side, particularly regarding the health system, rehabilitating the health centers that were destroyed during the war, and training health workers.

The year 2012 was marked by the reelection, without violence, of former President Dr. Ernest Bai Koroma. In 2013, the Minister of Health and some of his directors were accused of corruption, and dismissed. A new Minister of Health was designated in March 2013 and new directors were progressively designated in the following months, incurring delays in the execution of some of the programs, especially HIV programmes.

The Ministry of Health and the National HIV/AIDS Control Program (NACP) signed a three-year partnership agreement with Solthis in December 2011.

For its second year in Sierra Leone, Solthis continued its activities on the field, focusing on Freetown, with three main objectives:

- Improve treatment access, with a focus on paediatric care,
- Improve the quality of HIV management in the city's health centres,
- And improve data collection tools to obtain reliable results.

Opening: 2011
Partners: National Aids Secretariat (NAS), National Aids Control Program (NACP- Ministry of Health)
Intervention area : Freetown

National actors

National HIV/AIDS Secretariat (NAS), aims at coordinating the national HIV/AIDS policy in Sierra Leone. Attached to the office of the Prime Minister, NAS is in charge of coordinating and developing the national strategic plan based on prevention, treatment and care. NAS is the principal recipient of the Global Fund for the HIV component.

The National HIV/AIDS Control Programme (NACP) is in charge, within the Ministry of Health, to coordinate the implementation of the Health sector's response in terms of HIV.

Nethips (Network of HIV positives in Sierra Leone), the coordination group for all people living with HIV in the country.



Summary 2013 Sierra Leone

⇒ Increase in the number of supported sites.

Support already provided to the 4 adult patient management sites was reinforced in 2013 with 3 new supported sites. Besides support provided to the paediatric referral hospital of Ola Doring, in 2013, 7 new sites were supported in terms of paediatric patient management.

⇒ Healthcare teams

- Improvement in the capacity of healthcare teams regarding HIV patient management, thanks to the delivery of 13 trainings on HIV and HIV/TB coinfection healthcare and patient management in 2013, targeting physicians, community doctors, interns, nurses and midwives.

⇒ On-site support

- For the majority of the supported sites, participative diagnoses have been initiated, leading to the development of roadmaps specifying the respective commitments of Solthis, and of the patient care management team.
- Intensive support provided to the organizing of the healthcare system, trainings and clinical tutoring

⇒ Paediatrics and PMTCT

- Continue decentralization of paediatric care, with support provided to 7 new sites
- Availability of new treatments, including treatments against opportunistic infections
- Prevention of mother-to-child transmission, successful advocacy in favour of Option B+, to be adopted in 2014

⇒ Pharmacy

- 21 pharmacists trained in 2013
- Support to initial HIV products management integration within the national system
- Reinforcement of logistic unit capacity in terms of data collection and analysis, with the availability of relevant tools to monitor consumption and inventory status in order to adjust purchases, supply and ensure traceability.

⇒ Health information system

- Update and development of various tools (registries, reports) used in healthcare sites as well as associated standard operating procedures (SOPs).

⇒ Operational research

- Conduct of the operational research project on diagnosis and neurological opportunistic infection management
- Conduct of a survey on procurement and adherence

Support to coordinating bodies

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. In 2012, Solthis provided technical assistance and suggested updating national guidelines within this framework.

One of the priorities of the HIV program for 2013 was the reduction of Mother-to-Child Transmission. Sierra Leone chose to implement option B+ as of 2014 (first in pilot centers), in order to roll it out to all of the country's sites.

An audit of ART data was also initiated in July 2013 to assess quality and relevance of data collected, and assert the number of PLWHA receiving anti-retroviral treatment (ART). According to preliminary results, this number is reaching 8,300 at the end of 2013.

Over the last two years, Solthis has become a partner of reference for national authorities in charge of the fight against HIV/AIDS. In 2013, Solthis hence contributed to the following:

- **NACP (National HIV/AIDS control programme):**
 - Solthis contributed to the development and update of the national policy on the management of HIV/TB coinfection, as well as a post-exposure prophylaxis protocol (PEP), applied in Connaught and which will ultimately be used to update the national PEP protocol.
 - Regarding PMTCT, Solthis especially contributed to clarifying national guidelines on the diagnosis of exposed newborns, and to training staff on a national level and on site, on these new guidelines.
 - Throughout the whole year, Solthis conducted advocacy actions to widen HIV testing and improve access to therapeutic nutrition centers for children living with HIV. An efficient advocacy campaign resulting in the integration of these issues in the revised version of the Ministry of Health's guide on acute malnutrition which is expected to be approved in 2014.
 - Thanks to its advocacy efforts, Solthis made possible the access of HIV positive newborns, to an early treatment option (Duovir + Kaletra), in a joint effort with UNICEF, and secured NACP commitment to take into account the 2013 WHO recommendations on ART therapy initiation for children.



● **NAS (National HIV/AIDS Secretariat):**

- Solthis participated in the mid-term review of the national strategic plan (2011-2015) and in the development of a note on the «Test for all, treatment for all» strategy to assess feasibility and ensure testing and healthcare roll-out on a large scale.
- Solthis provided technical assistance to the national supply unit to ensure the implementation of the Purchases and Inventories Management plan (Round 2 Phase 2 of GF) approved in 2012, as well as roll-out of WHO recommendation 2013 regarding PMTCT.

● **CCM (Country Coordination Mechanism): As an elected member representing international NGOs, Solthis strongly supported the CCM:**

- During meetings with the Global Fund
- With technical support for the renewal of the malaria grant (Round 10, Phase 2)
- For the follow-up of phase 2 of HIV grant implementation

Despite the support provided, a challenge remains to reinforce the capacity of the CCM members in their roles and capacities to negotiate with the Global Fund. With the establishment of the Global Fund new funding model in 2014, Solthis will need to intensify its support.

● **Nethips**

Solthis developed its partnership with civil society, especially the Nethips organization, by taking part in the steering committee of the national study on stigmatisation «Stigma Index».

Sierra Leone

Support to healthcare teams

In 2013, Solthis provided support to healthcare teams in 10 health centres in Freetown. **This capacity building targeting healthcare staff took the form of trainings, clinical tutoring, and advice about patient circuit and healthcare team work reorganizing, as well as material adjustments.**

Summary of sites supported by Solthis in 2013

<i>Supported sites</i>	<i>Support to adult patient management : 4 sites since 2012 and 3 new sites</i>	<i>support to exposed children patient management:1 site since 2012 and 7 new sites</i>	<i>Support to infected children patient management : 1 site since 2012 and 5 new sites</i>
Connaught Hospital	since 2012		
Chest Clinic	since 2012		
Lumley Hospital	since 2012	since 2013	since 2013
Rokupa Hospital	since 2012	since 2013	since 2013
Ola Daring Paediatric Hospital		since 2012	since 2012
Kingharman Road Hospital	since 2013	since 2013	since 2013
Military Hospital	since 2013	since 2013	since 2013
United Methodist Center	since 2013	since 2013	since 2013
Marie Stopes		since 2013	
Aberdeen Women's Center		since 2013	



Rokupa site



Adult patient management

2 priority objectives were emphasized in 2013:

1/ Improve treatment quality, including coinfecting patient follow-up

Solthis conducted several on-site support to help healthcare teams building their capacities in patient management:

- Basic training on HIV patient management for 8 nurses
- Refresher training on ART treatment for 8 nurses
- Training on the treatment of opportunistic infections for 11 interns at the Connaught Hospital
- Refresher training on the diagnosis and the management of tuberculosis among HIV-positive patients for 5 physicians and 1 community worker

2/ Keeping patients in the healthcare system

The extension of HIV patient management in Sierra Leone led to an improvement of ART treatment access, however, keeping patients in the healthcare system remains challenging, especially before ART treatment. Solthis conducted a pilot project at the Lumley hospital, offering to reorganize healthcare. This contributed to greatly improving the retention rate.

The main challenge in terms of improving patient management quality remains the healthcare personnel turnover. This lead to a loss of staff skills every time trained workers leave, hence a need to provide basic training to incoming personnel.



Training of nurses in Rokupa site - June 2013



Training Certificates delivery - July 2013

FOCUS on a pilot project: keeping patients in the healthcare system at the Lumley Hospital

A pilot project was developed to identify challenges encountered in terms of healthcare continuum and to implement interventions at the Lumley Governmental Hospital (LGH), a secondary hospital in Freetown, with Solthis' support, in order to improve retention of adult patients newly identified as HIV positive in the healthcare system.

Main interventions suggested by Solthis and their effects:

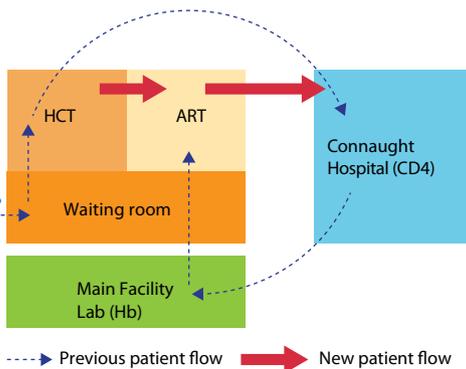
- Reorganizing the HIV positive patient circuit: referral to the patient management unit to initiate cotrimazole prophylaxis before referral to an external structure for CD4 counting, conducted to implement immediate initiation of healthcare as well as a better patient understanding in terms of treatment and disease.
- Establishment of a pre-ART registry
- Hand out a contact card to each new patient
- Intensive clinical tutoring targeting healthcare staff capacities and attitudes
- New filing system of patient records to facilitate completion of records at each visit, and hence patient follow-up, and to have data to assess the evolution of healthcare personnel practices and management quality

The results of the study show a major improvement in the retention rate at 6 month among pre-ART patients (from 21% before intervention to 61% after), and among ATV patients (from 43% to 66%).

Complementary interventions will be implemented in a second phase:

- Healthcare personnel training and tutoring on measuring and reinforcing of adherence
- Set up of "point-of-care" CD4 counter
- Research of "lost to follow-up" patients by phone and home visits

The lessons learnt from this project can be used to replicate the intervention, and improve retention in other public health structures in Sierra Leone.



Reorganisation of HIV+ tested patients



Intensive clinical tutoring targeting skills and attitudes of Lumley Hospital healthcare workers



Paediatric care

In 2013, HIV paediatric patient management remained a priority of Solthis' program. Solthis continued providing intensive support to the Ola During paediatric referral hospital, while strengthening its support to healthcare decentralisation for HIV positive newborns and children in new centres: 7 new sites for the follow-up of exposed newborn and 5 new infected children management sites.

In 2013, to improve testing and child patient management, intensive support via several site visits per week produced results in the following areas:

- Expansion of testing services at the in-patient department,
- Compliance with testing standards,
- Improvement in the clinical evaluation of exposed or infected children,
- Appropriate treatment dosage based on weight and age of patient,
- Management of therapeutic failure; various aspects of the issue were addressed: evaluating adherence and the reasons for treatment failure, identifying the social obstacles, attempting to determine solutions to support patients and their families, implement routine CD4 monitoring, and choosing an appropriate second line treatment.
- Systematic evaluation of the nutritional status of HIV-positive children, in order to provide adapted nutritional support, in collaboration with the hospital nutrition unit, supported by UNICEF.

In 2013, Solthis' team conducted 11 trainings focused on paediatric HIV: management of newborns exposed to HIV; methodology to proceed with the evaluation of malnutrition, clinical danger and opportunistic infection signs; breastfeeding support; appropriate administration of prophylactic drugs, compliance with national guidelines in terms of newborn diagnosis, appropriate ART treatment (with appropriate dosage), appropriate laboratory analysis, and adequate completion of patient records and monthly reports.

Estimation of the number of HIV+ pregnant women needing ART treatment for PMTCT	3,100
Number of HIV+ pregnant women who received ART during the year	3,018
Estimation of percentage of HIV+ pregnant women who received ARTs for PMTCT	93%
Estimation of the number of children (<15 years) needing ART treatment	3,000
Total number of children on ARTs	457
Estimated coverage rate for ART treatment needs for children	15%

UNAIDS, Report on the world AIDS epidemic, 2013



A participant to the paediatric HIV management training

Support to professionals in charge of the health information system

An evaluation of the HIV data collection and analysis system, conducted in 2012, led to a plan to reinforce 3 areas; implementation, which started in 2012, and continued in 2013:

● **Data collection tools and methods:**

Tools

To a large extent, the improvement of paper records is completed. PMTCT tools were all adapted to current needs in terms of data collection, and their methodology was reviewed. Several tools were developed, such as:

- Paediatric patient records and paediatric monthly report forms,
- PMTCT data collection tools (testing registry, exposed newborn follow-up form, mother follow-up form, and monthly report)
- Testing registry and monthly report
- ART registry, pre-ART registry and monthly report
- Adult patient file

Methods

The Standard Operating Procedures (SOP) manual, adapted to the newly developed tools, was jointly completed and approved with national partners (NAS and NACP), as well as other partners such as UNAIDS and UNICEF. This SOP manual clearly provides guidelines for the data collection process by explaining the necessary indicators, data sources and how to proceed to complete data collection tools.

● **Trainings and on-site support for personnel in charge of data collection and analysis**

28 data-entry managers and officers were trained to general concepts as well as new data collection tools.

● **Data computerisation:**

- Improvement of the Open MRS software for the follow-up of the Connaught hospital active list
 - Technical preparation of Ola During paediatric hospital computerisation
 - Training and tutoring on Open MRS software use for one employee at the Connaught hospital and one employee at the Ola During hospital.



- **Integration of HIV data in the national health information system**

Solthis, in partnership with the Oslo University, which provides support to the Ministry of Health for the DHIS-2 (District Health Information System) software, contributed to the preparation of HIV data in DHIS 2. However, the dismissal of some of the staff in charge of this issue at the Ministry of Health delayed execution of this project.

Support to the technical platform managers

Biological follow-up is one of the weaknesses of HIV management in Sierra Leone.

- **CD4**

Maintenance issues on the 9 CD4 counters available in the country explain poor availability of this test in 2013. At the end of 2013, only one Facscount counter located in a private hospital of the capital city was in operation in the country.

- **Viral load**

Solthis funded the participation and training of a technician at the national laboratory in South Africa to learn how to use the viral load measurement equipment available in the laboratory, which had never been put to use. Solthis also purchased reagents in the framework of a study on treatment efficiency on children. Unfortunately, the equipment couldn't be operated due to lack of maintenance, which was supposed to be provided by the national partner. The study should start next year.

- **Diagnosis of opportunistic infections**

- **Neurological OI:** The research protocol developed by Solthis using various diagnosis tools such as examination of cerebrospinal fluid after lumbar puncture, and detection of the cryptococcal antigen, was approved in July 2013. Solthis provided 200 CrAG tests and 100 TB-LAM. Solthis provided treatments against neurological opportunistic infections such as cryptococcal meningitis and cerebral toxoplasmosis for the study.
- **Tuberculosis:** Solthis joined with Brown University to design a research project where a Genexpert machine was installed for tuberculosis diagnosis among HIV patients at Connaught hospital in 2012. In 2013, the study was still at a standstill due to a lack of reagents.

Sierra Leone

- **Diarrhoeal diseases:** Solthis assisted the NRL (National Research Laboratory) in developing a project to improve diagnosis of parasitic digestive infections (isopsporidiosis, cryptosporidiosis), funded by the CDC. The study was completed in 2013.

Support to professionals in charge of pharmacy issues

In 2013, the main project was providing support to the integration of HIV products management into the national pharmaceutical system.

This transfer of management, storage, purchase order and supply activities of the HIV program, implies to increase accountability on a district and hospital level for pharmacists who were not involved in HIV health products management before.

NAS, in partnership with Solthis, managed to initiate phases prior to this HIV system integration into the national system, via several actions:

- Update of national registries and tools used to manage supply, inventories and purchase order procedures,
- Development of supervision tools for pharmacists, who will be in charge of supervising hospitals and health centres on a district level,
- Development of several tools to facilitate this integration (job descriptions, dispensation plans, Excel models for consumption and analysis reporting),
- Training of 21 pharmacists (in districts and hospitals involved in HIV) on HIV products dispensing and monitoring.

Inventory and purchase management. Solthis provided specific support for:

- Improvement of communication between all actors, by sharing regular reports on the national inventory level, monitoring expenses according to the national management and purchasing plan calendar.
- Reinforcement of coordination between NAS purchasing and logistics units, via regular exchanges on the state of inventories and purchase issues,
- Reinforcement of logistic capacity in terms of data collection and analysis, by making appropriate tools available to monitor consumptions and state of the inventories in order to adjust purchases, dispensation and ensure traceability.
- Increase the selection of essential medicines included in the free HIV healthcare package



- Forecasted quantification of purchases for 2014.

The country didn't experience any stockout on a central level in terms of essential products such as ARTs, OI medicines and test kits in 2013.

On-site support:

During on-site visits, the Solthis team contributed to:

- Improvement of medicine storage according to Best Inventory Practices: use of inventory follow-up cards and provision of equipment (air-conditioning units, shelves, etc.),
- Support of accurate registration of supply and, to timely restocking requests execution.
- Integration of HIV products management to the global system, ensuring collaborative work between HIV units' staff and pharmacists.

Operational research

• **Operational research project on diagnosis and management of neurological opportunistic infections including cryptococcosis, toxoplasmosis, and other neurological meningitis infections in HIV-positive in-patients at the Connaught hospital:** the first phase of this study, aiming at describing the baseline situation of HIV-positive in-patient management at Connaught, was completed in 2012. The second phase started in June 2013, with the application of an intervention including:

- Systematic testing for cryptococcus via the Cryptococcal antigen (CrAg) among the most immunocompromised patients
- Standardised (and adapted to the context) diagnosis and management of neurological OIs, using an algorithm including the systematic examination of CSF by lumbar puncture (unless contra-indicated), and the use of CrAg.

The first results at 6 months led to the diagnosis of coinfections that had previously been largely ignored, but also to the identification of weaknesses, such as poor availability of CD4, the lack of clarification regarding the medical staff accountability chain, the lack of a daily follow-up by a doctor, and finally, the lack of communication regarding the patient record between the various departments.



Ola During Referral Hospital for children

Sierra Leone

● Study on supply and adherence:

Two crosscutting surveys were also conducted to assess PLWHA knowledge on HIV/AIDS and ART use, treatment adherence, their experience of treatment, as well as satisfaction in terms of healthcare. The results from this study will lead to the definition of intervention axes to improve adherence and retention of patients in the healthcare system.

Summary of trainings held in 2013

Trainings	Trained personnel
Training on the paediatric management of HIV (5 sessions)	20 nurses, 1 nursing auxiliary, 2 midwives, 2 physicians, 1 community doctors, 2 laboratory technicians
Initial training on paediatric patient management (2 sessions)	14 nurses, 2 community doctors
Training on HIV patient management	8 nurses
Refresher training on HIV patient care and treatment failure management	8 nurses
Initial training on Opportunistic Infections	11 interns
Training on the management of HIV/TB coinfection	5 doctors et 1 community doctor
Training on clinical manifestations of HIV – orocutaneous and respiratory systems	4 paediatric care and 6 interns
Training on dispensing	21 pharmacists
Training on data management	28 data entry managers and officers
Orientation session on post-exposure prophylaxis protocol	1 physician et 12 interns



The way forward 2014

For 2014, priorities are:

- Provide technical support to WHO 2013 guidelines roll-out, as well as an update of national TB/HIV management and post-exposure prophylaxis standards
- Continue on-site support with:
 - Initiation of support to PMTCT activities in 7 sites
 - Clinical tutoring as well as intensive support to the 7 new paediatric patient management sites supported since 2013
- Importance of adherence, and the issue of keeping patients in the healthcare system
- Support to the updating of the national policy on task delegation for HIV management
- Develop the partnership with Nethips
- Continue support to HIV integration into the national pharmaceutical system through reinforced support on a central and on-site level

2013 Sierra Leone team

Nathalie Daries, Head of mission until April 2013

Laure Gigout, Head of mission since April 2013

Dr Franck Lamontagne, Medical Coordinator

Dr Vanessa Wolfman, Paediatric Care Manager

Dr Wole Ameyan, Medical Manager since March 2013

Dr Yuan Huang, Medical Manager since May 2013

Kenneth Katumba, HIS Manager since July 2013

David Pelletier, Administrative and Financial Manager

Mariama Fillie, Medical Assistant

Salim Kamara, Administrative and Financial Assistant



Sierra Leone team and few members of the headquarters during a field mission in October 2013

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Solthis was solicited by its national partners to provide technical assistance missions in Madagascar and in Burkina Faso within the framework of the Chanel 1 of the 5% Initiative.

Madagascar: improving therapeutic patient management

Since the closing of the field mission in October 2009, Solthis has collaborated with the national partners from a distance. In association with the Executive Secretary of the National Council for the Fight against AIDS (SE/CNLS) and the Ministry of Health, Solthis carried on **its technical assistance mission in order to «optimize therapeutic patient management and strengthen the management of purchasing and inventories for HIV/AIDS products».**

Within the framework of its agreement with Madagascar's National Reference Laboratory (LNR) and the Virology Laboratory at the Necker Hospital in Paris, Solthis led viro-epidemiological studies to evaluate resistance to ARTs. Following its first mission organized in October 2012 to report on the outcomes of these studies led between 2008 and 2012, and the release of new WHO's recommendations in June 2013, a second mission was organized in July 2013 to prepare the necessary update of national therapeutic recommendations from 2010, especially with the organization of a preparatory workshop. This led to the inclusion of the country's viro-epidemiological peculiarities, in comparison with WHO's standard recommendations, in the national therapeutic recommendations currently under review. To facilitate patient follow-up, a single database was established with virological and epidemiological data collected in the framework of these studies led between 2008 and 2012. An Access base was also developed and established at the SLNR to enter viral load and CD4 results.

Regarding procurement, a specific support was provided to take into account operational constraints associated with the implementation of the new national recommendations. Solthis also developed a tool to quantify ART needs and to view inventory availabilities adapted to the Malagasy context, and the main relevant stakeholders were trained to use it.

Besides the update of national recommendations to the Ministry of Health, a post-training follow-up was organized in the Majunga and Anstiranana regions to follow on the therapeutic failure management training targeting referring doctors, held in 2012.



Burkina faso: ensure continuous availability of HIV drugs and health products

Upon request from the Directorate General for Pharmacy, Drugs and Laboratories (DPML) in Burkina Faso, since 2012, Solthis provides **technical assistance for the «implementation of an early warning system as well as an HIV inputs quantification system strengthening»**. The aim of this mission is to reinforce DGPML capacities to ensure continuous and optimum availability of HIV drugs and health products. For this effect, Solthis is in charge of implementing two activities:

- Develop or consolidate pharmaceutical and biological HIV/AIDS inputs quantification tools and follow up on their implementations,
- Support the implementation of an early warning system regarding two major risks in terms of logistics management: stockouts and overstocks.

Within this framework, a needs, expectation and existing tools assessment was done for these two quantification and warning objectives. This assessment led to the development of the guidelines mapping out expected technical specifications for the tools to be implemented. The development of these tools started at the end of 2013 and will be finished at the beginning of 2014. This technical assistance will carry on in 2014 with the organization of a test phase for the tools developed, as well as a follow up during their initial use phase.

See the photography
exhibition
« 10 years of Solthis » on
www.10ans-solthis.org



Coordination

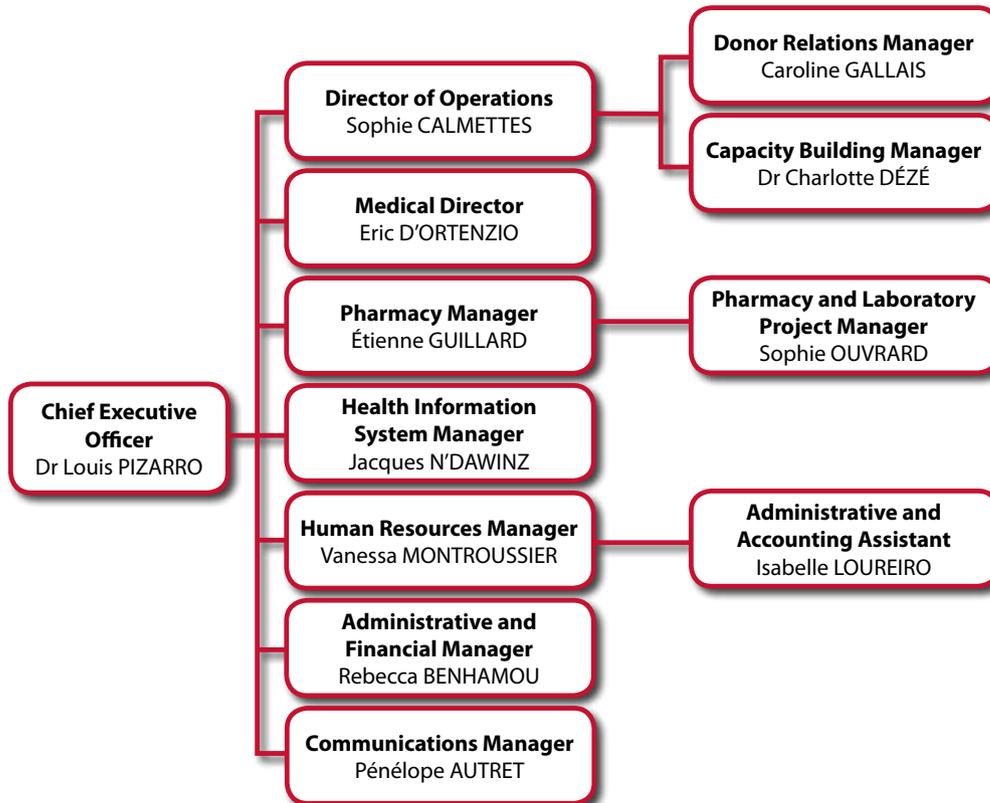
Coordination

Coordination Team

The coordination team is responsible for program monitoring, scientific reflection, management of human and financial resources, leadership of the working group and representation of the organization at associative groups and national and international bodies.

The majority of the Head office employees conduct regularly monitoring missions on the field.

Some technical positions also carry out technical assistance in countries where Solthis intervenes or in other countries for temporary and targeted missions.



Working in collaboration with our partners

Academic Partners

Solthis is dedicated to developing multidisciplinary partnerships in order to take into account the many dimensions of HIV patient management: medicine, politics, economics, sociology, or anthropology. This academic anchorage linked to interventions on the field facilitates mutual knowledge enrichment.

- **University Hospital Centers of Pitié-Salpêtrière, Necker and Bichat in Paris, and in Bordeaux:** collaboration on operations research projects, internships
- **Pasteur Institute in Paris (Epidemiological Unit for Emerging Diseases):** operations research project support
- **ISPED (Public Health, Epidemiology and Development Institute):** interventions within the framework of the ISPED masters, student internships in the field
- **ANRS (National Agency for HIV and Viral Hepatitis Research):** «PMTCT Observatory » project in Niger
- **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):** intervention in the IMEA DIUs, 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 systems, and pharmacies.
- **EPICENTRE:** co-organization of symposiums
- **LASDEL (Laboratory of study and research on social dynamics and local development):** socio-anthropologic research conducted using surveys
- **Faculté de Pharmacie de Chatenay-Malabry (Pharmacy College of Chatenay-Malabry):** teaching for the Humanitarian Pharmacy module
- **Faculté de Caen (Caen College):** intervention for the Humanitarian Pharmacy Diploma

Working in collaboration with our partners

Partners

- **Coordination sud:** Solthis participated in reflections and work with the Health Commission. Since December 2012, it is the leader of the Health Commission, which has become one of the most active at Coordination Sud.
- **Sidaction, Solidarité Sida, la Plateforme Elsa, Aides, Mouvement pour le planning familial, Sida Info Service, Act-up, Doctors of the World, Doctors without Borders, Remed, Vih.org/Crips**

Institutional partners

- **Global Fund to Fight AIDS, Tuberculosis, and Malaria:** Solthis developed an original positioning vis-à-vis the Global Fund, which is the main donor in the fight against HIV/AIDS in developing countries: development of requests, Sub-Recipients of grants for training and technical assistance activities, and interface role between the field and the Global Fund team in Geneva.
- **WHO, 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.
- **The French Cooperation:**
 - Ministry of Foreign and European Affairs
 - Initiative 5% implemented by France Expertise Internationale (FEI) under the French Ministry of Foreign Affairs oversight.
 - Ambassador for the fight against HIV/AIDS and communicable diseases
 - GIP ESTHER

Scientific reflection

Operational research: scientific communications

● **ICASA:** 17th International Conference on HIV/AIDS in Africa – Capetown South Africa- December, 7-11 2013

Solthis Satellite on “Quality improvement in HIV care: can lessons learnt in Southern and East Africa help addressing challenges in West Africa?” was held on December, 10, with the participation of EGPAF, ICAP and MSH. The purpose of this satellite was sharing experiences on the field so as to highlight current challenges and ways forward.

2 posters

- *Using Quality Improvement Approach and Task Shifting To Enhance The Management of Exposed-Infants In a Resource-Limited Setting: Experience of Ola During Children’s Hospital (ODCH), Sierra Leone* – Khadijah BANGURA, Charlotte DEZE, Sulaiman CONTEH, David BAION, Momodu, SESAY, Franck LAMONTAGNE, Eric D’ORTENZIO, HIV Clinic team, Vanessa WOLFMAN,
 - *A Worrying Level of Transmitted Drug Resistance Among MSM in Madagascar* - Sandrine Andriantsimietry, Marie-Laure Chaix, Franck Lamontagne, Mamy Randria, Lala Rasoamialy-Soa Razanakolona
- **Oral presentation during MSF workshop on PMTCT in Geneva, Switzerland, December, 17-18 2013:** Dr Eric D’Ortenzio presented an oral presentation « Midwives role and tasks in the follow up of mothers and children, example from Niger ».
- **Poster exhibited during the Pediatric symposium organised by Welbodi partnership, March, 28th 2013, Freetown :** Vanessa Wolfman presented a poster on “Expanding Access to Care: Paediatric HIV and Exposed-Infant Management”
- **Solthis and MSF joint brainstorming workshop on the relevance of Atazanir (ATV) in the HIV therapeutic arsenal in resource-limited settings held on the 15th of January 2013 at the Pitié-Salpêtrière hospital.** Solthis, Solthis’s Scientific Working Group and MSF, convened experts, doctors, virologists and pharmacists to discuss the use of ATV and its relevance for antiretroviral treatment strategies in resource-limited settings. The provision of a generic form of boosted Atazanavir at a more affordable price than boosted Lopinavir (25\$ vs 40\$), led to a real change in 2nd line treatment access in these countries. This workshop demonstrated that the

Scientific reflection

resistance profile of ATV is especially interesting, leading to its use as a first therapeutic option in the protease inhibitors (PI) category for HIV1. However, the inaction of this molecule on HIV prevents harmonisation of therapeutic recommendations between HIV 1 and 2 for countries affected by both viruses; these countries could therefore decide to rather use LPV/r as PI.

Interventions

- **Classes at the Masters of International Affairs program at Sciences Po – Paris, January-June and September-December**

Louis Pizarro, Chief Executive Officer, taught a class on “Non-State actors and Global Health” to Master students.

- **Presentation for the Inter-University Diploma (IUD) on Pharmaceutical Supply Management co-organized by academic people of Ouagadougou, Burkina Faso and Clermont Ferrand (France) – Ouagadougou, February**

Etienne Guillard, head of the Pharmacy Department of Solthis, gave lectures both theoretical and practical to the 50 IUD students on various topics of PPSM : management of stock, ARTs and anti-TB drugs quantification methods and key elements for the implementation of an early warning stock-outs system.

- **Participation to the JURTA-UNAIDS workshop to reflect on questions concerning technical assistance in the fight against HIV/AIDS, February, 7-8, Ouagadougou (Burkina Faso).**

UNAIDS and its Joint UN Regional Team on AIDS for West and Central Africa (JURTA), organized a workshop about technical assistance in cooperation with other actors involved in the fight against HIV/AIDS. The objective of this restrained workshop was to concert the actors implicated in technical assistance in Central and Western Africa, on a strategy and implementation to optimize the use of means and improving the efficacy of supports provided in countries in a context of financial crisis.

Dr Charlotte Dézé introduced the actions of technical assistance of Solthis (decentralization, elaboration of requests to the Global Fund and negotiations of phase 2, implementation and the monitoring of activities financed by the Global Fund).

- **In the framework of the JURTA PSM workshop**, Etienne Guillard made a distance presentation in March 2013 on “stock outs: what actions, what warnings?”

- **Presentation to the Humanitarian Pharmacy College in Caen – September 17th and 18th in Caen**

Every year Etienne Guillard organizes, in collaboration with Jean Loup Rey, Public Health physician, the module « HIV patient management in developing countries and pharmacy problems relevant to the fight against HIV/AIDS ».

- **Presentation to the Pharmacy University Châtenay Malabry (Paris XI)**

Etienne Guillard introduced the pharmaceutical challenges in the fight against HIV/AIDS and shared Solthis’ experience in the field during course sessions on Pharmacy issues in Resource-limited settings in June 2013.

- **Presentation for the 32nd study sessions of the ACCPHOS (Charente Poitou Association of hospital pharmacists)** on the fight against HIV/AIDS in resource-limited settings.

- **Presentation at the ISPED Masters in Public Health - Bordeaux, November.**

Every year Solthis presents for the ISPED Masters in Public Health. In 2013, Etienne Guillard led a class on HIV patient management in developing countries.

Solthis Newsletter

In 2013, a special issue 10 years of Solthis (n°15) was published in French and in English.



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● Solthis HIV Forum

In 2013, on the occasion of its 10th anniversary, Solthis organized an international forum in Paris on the 19th and 20th September 2013 instead of its traditional annual Scientific Day: **The Solthis HIV Forum**, which has highlighted the new challenges in the fight against HIV/AIDS in Africa.

More than 200 actors of the fight against HIV/AIDS and development, doctors, researchers, public actors, associations and funders assembled at Pierre and Marie Curie University.

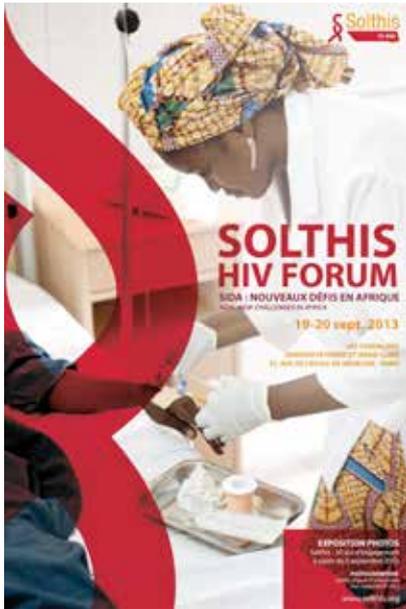
Hope has been brought by the results of « Cure » and « Treatment as prevention », however it has been counterbalanced by the uncertainty of HIV/AIDS funding. Aware of this context, Solthis wanted this Forum to be the opportunity to discuss about new ideas and concrete propositions so as to pursue universal access to health.

4 current issues related to the « **New challenges of HIV in Africa** » were debated:

- **Research:** Prevention, recovery, remission, eradication of HIV: where do we stand?
- **Socio-economic sciences:** Challenges of mother-to-child transmission and access to medicines
- **Medical:** 10 years after the arrival of antiretroviral therapy in Africa, what challenges?
- **International politics:** HIV in the political agenda after 2015

International renowned speakers have led the sessions: Pr Françoise Barré-Sinoussi, Nobel Prize and President of International Aids Society, Dr Asier Sáez-Cirión from Institut Pasteur, Pr Gilles Pialoux from Tenon Hospital, Pr Jean Pierre Olivier de Sardan, founder of LASDEL in Niger, Dr German Velasquez from SNIS, Pr Serge Eholié from Treichville Hospital in Ivory Coast, Pr Robert Murphy from the University of Northwestern in the United States, Pr Rifat Atun from Imperial College London and Mark Dybul, Executive Director of the Global Fund.

International Institutions involved in the fight against HIV/AIDS were also represented: ANRS (President Jean-François Delfraissy and Benjamin Coriat), UNAIDS (Léopold Zekeng) and the Bill&Melinda Gates Foundation (Stefano Bertozzi).



The civil society was also represented, such as AIDES and Sidaction, as well as research institutes (EHESS, ISPED, IRD) and many French and African university health centers.

The forum has been covered by RFI with the realization of a **live radio broadcast** featuring Priorité Santé magazine by Claire Hédon.

● **The photography exhibition: “10 years of commitment”**

On the occasion of its 10th anniversary, Solthis organized an exhibition from September 9th to 20th 2013 at the Pierre-and-Marie-Curie University (Paris 6th). It aims to raise the past and current challenges of the fight against HIV/AIDS and to discover Solthis' evolution and actions on its different fields of intervention. An online version of the exhibit has been created for this special event: <http://www.10ans-solthis.org/>

The celebration of Solthis' 10 years anniversary continues on the field countries as well. The Niger Solthis Team organized a scientific day in Niamey in December 2013 and the field team in Guinea will do so in 2014.



The new institutional brochure

For the occasion of its 10 years celebration, Solthis edited its new bilingual institutional brochure which describes its strategy and intervention priorities and gives information about its programmes in Mali, Niger, Guinea, Sierra Leone and Madagascar.



Advocacy

Through advocacy efforts, Solthis pursues three objectives: defending equitable access to care for all, pushing for the evolution of policies and practices in HIV/AIDS patient management, improving the adaptation of international aid to realities in the field.

In 2013, Solthis led advocacy efforts targeting the Global Fund, with the NGOs in the Health Commission at Coordination Sud or with French NGOs involved in the fight against HIV/AIDS. Within this framework, Solthis mobilized on the following subjects:

Access to affordable treatment and health products

Novartis trial. Among the largest producers of generic medicines in the world, India has become the main “pharmacy” for developing countries. Today, generics represent 80% of treatments bought by international donors in 115 low and middle income countries.

Within the framework of the trial between India and Novartis concerning patents, organizations involved in the fight against HIV/AIDS, including Solthis, support India so it can maintain its system promoting the production of generics and guaranteeing access to affordable treatment to patients in resource-limited settings. In 2013, New Delhi’s Supreme Court rejected Novartis’ claim against India, following a 7 year long legal process. This was a major decision acclaimed by Solthis, and the other organizations, while remaining mobilized in favour of access of the poorest people to low-cost quality treatments. Indeed, the Novartis case was only one of many lawsuits brought by patent holding pharmaceutical laboratories against India’s policy in support of generics.

Hepatitis C. The number of patients co-infected with HIV and hepatitis C (HCV) continues to grow. Hepatitis C, however, can be treated and cured thanks to reference treatment combining pegylated interferon (PEG-IFN) and ribavirin (RBV). While this combination is already registered on the WHO Model List of Essential Medicines and is available as a generic, pegylated interferon is a costly product preventing any large scale access to this treatment. As a consequence, in 2013, Solthis supported the request to include pegylated interferon (PEG-IFN) to the List of Essential Medicines, with three objectives: to prompt countries into making these available to their respective populations; increase global demand on the international market, and hence drop the price of the molecule; and increase access to HCV treatment for everyone needing it.

Government questioning on its international solidarity and health policy

On World TB Day on the 24th of March, Solthis teamed up with Act Up-Paris, AIDES, Global Health Advocates, Oxfam France and Solidarité Sida to question the government on its commitments in terms of international cooperation and the fight against the three great pandemics: TB, AIDS and malaria. Indeed, orientations announced by the President of the Republic in the summer of 2012 and reasserted during the Conference on sustainable development,

especially regarding the implementation and allocation of financial transaction tax doesn't seem to have been put into practice. Solthis and these solidarity organizations expressed their concerns regarding:

- Restriction of budgets allocated to international solidarity, invariably leading to a dangerous competition between the sectors on resource allocation.
- The division created between the fight against the 3 pandemics and a more crosscutting health approach, such as the implementation of a universal health coverage: a division that doesn't need to be. The two approaches are obviously necessary and complementary. The fight against the 3 major pandemics had direct positive and visible effects on the health of populations in general, and the health systems strengthening contributes to sustain these gains.
- The new competition between the multilateral channel (funding from the Global Fund to fight AIDS, tuberculosis and malaria) and the bilateral channel (project funding in a given country, a project often supported by French NGOs, including ours). Here again, this competition doesn't make any sense for Solthis and mobilized organizations. Multilateral and bilateral channels each have their benefits and their limits; it is therefore necessary to increase support to both, in order for these to be complementary.

Global Fund Advocacy Project

For several years, Solthis has been developing a specific expertise vis-à-vis the Global Fund (GF), fueled by its occidental NGO position on the one hand, and its various roles as a partner and a player in the implementation of GF grants in the field on the other hand. Solthis therefore gained a very good understanding of the challenges encountered in recipient countries for the implementation of these grants.

In 2013, at a time where the Global Fund initiated a historical reform in a difficult context following the cancellation of Round 11, Solthis teams joined hands to develop an advocacy project aiming at building on the experience and the relationships developed by Solthis vis-à-vis the Global Fund, to improve the efficiency of these grants. The project, funded by the Charity Aid Foundation, led to the appointment of an advocacy officer who will be in charge of a three-fold intervention in 2014:

- Concrete field data feedback, illustrating grant management challenges
- Targeted advocacy activities to unlock the implementation of part of the grants in the field
- Making specific recommendations to improve grants implementation

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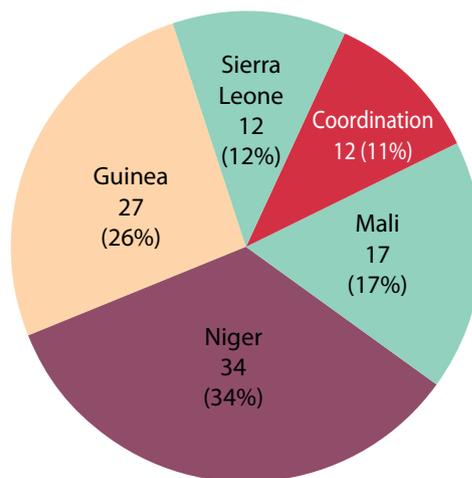
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Distribution of Solthis Teams

- In Mali, the security situation led to the evacuation of most expatriate personnel and their families in 2012 and the reduction in national personnel teams. The office in Mopti has been closed and a part of the field team worked from Bamako. The office re-opened in November 2013, allowing the field team to return.
- In Sierra Leone, the team kept on growing with the creation of three positions: 2 Medical Manager and a Health Information Officer.
- Since January 2013, several job positions have been created in Niger and Guinea in order to implement the CASSIS project (Health Centers Capacity Building Manager, Health Information Coordinator, Data Manager, Medical Officer and Pharmacists)
- In Guinea, an OPP-ERA Project Officer, a PMTCT Officer and a Logistician have joined to strengthen the team.

Manpower by country
(Equivalent annual fulltime work)

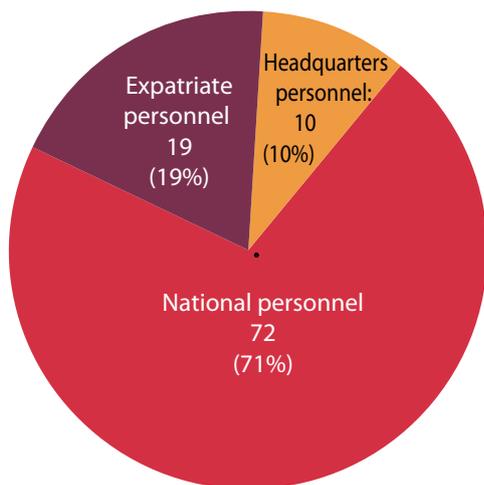


Statutes of Solthis personnel

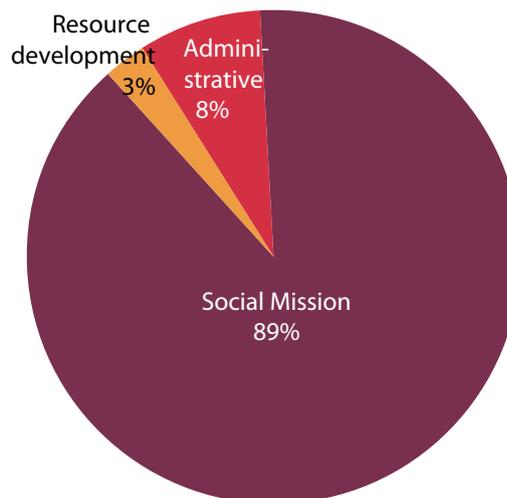
Solthis employees are mainly personnel working in the field (90% of total).

Operational Human Resources (social mission) includes field personnel and operational positions in the Coordination Team.

Statute of Solthis personnel



Distributing of the payroll



Solthis

Mali

Niger

Guinea

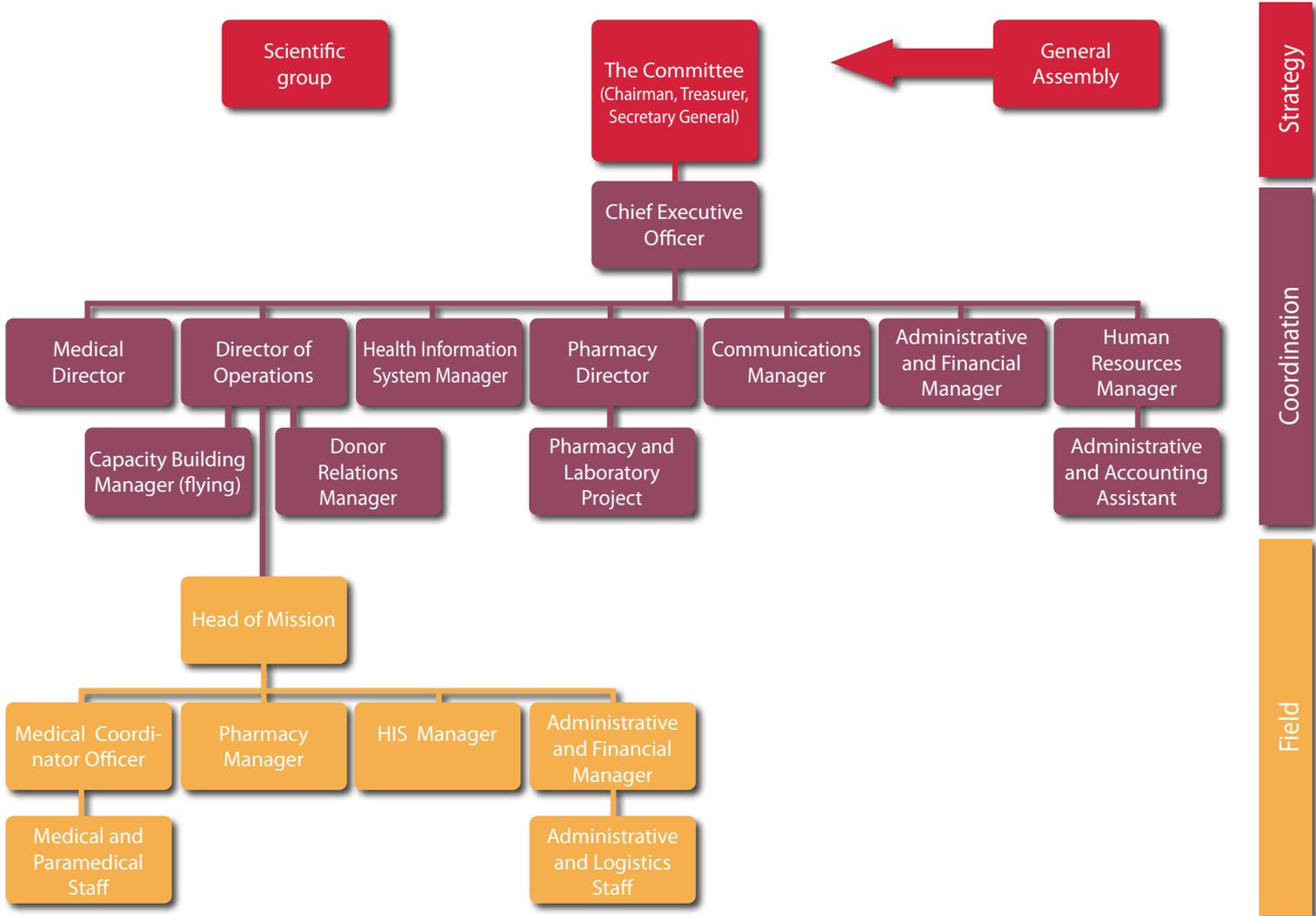
Sierra Leone

Technical assistance

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Analysis and comments 2013

- 84% of the initial 2013 budget has been actually spent. The overall amount of spending in 2013 reached 3 153 803€ (before carry forward of unused restricted funds), conducting to a growth of 14% with regards to 2012.
- The increase of 22% in operating income is linked to the launch of CASSIS and OPP-ERA projects, which strengthen Solthis Niger and Guinea programs.
- The expenses incurred in personal costs and social charges represent in 2013, 45% of the actual spending. This proportion shows the specificity of Solthis' action, which is to bring expertise and technical assistance to the national HIV programs. This item of spending increases significantly, following the recruitments induced by the beginning of CASSIS and OPP-ERA projects.

Financial statements (in euros)

● Profit and Losses

Profit & Losses in K€	2013	2012	Var.
Service delivered	10,8	0,0	10,8
Grants	3308,0	2712,9	595,1
Transfer of charges	13,4	10,5	2,9
Subscription	0,1	0,0	0,0
Operating Income	3332,3	2723,4	608,9
Raw material	0,0	0,6	-0,6
External expenses	1567,1	1392,1	175,0
Taxes	74,5	53,3	21,2
Personnal costs	1100,8	951,3	149,5
Social charges	374,6	350,8	23,8
Amortization and provision	10,0	0,0	10,0
Other expenses	6,1	0,5	5,6
Operating Expenses	3133,1	2748,5	384,5
OPERATING RESULT	199,3	-25,1	224,4
Financial Income	1,9	3,9	-2,1
Financial Expenses	19,1	7,1	12,0
Financial result	-17,2	-3,2	-14,1
NET RESULT	182,1	-28,3	210,4
Exceptional Income	9,8	0,0	9,8
Exceptional Expenses	0,0	174,0	-174,0
EXCEPTIONAL RESULT	9,8	-174,0	183,8
Carry over of unused restricted funds	126,0	325,2	-199,1
Unused restricted funds	313,7	126,0	187,7
SURPLUS OR DEFICIT	4,1	-3,2	7,3



● Balance Sheet

ASSETS in K€	2013	2012
Intangible assets		
Tangible assets		
Financial assets	0,0	0,0
Other financial assets	25,4	24,7
FIXED ASSETS	25,4	24,7
Inventories		
Advance Payment	0,0	0,5
Grants receivable	86,0	21,7
Tax receivable	19,1	3,7
Other receivable	6,3	7,7
Short term deposits	55,0	55,0
Cash	963,3	482,2
Prepaid expenses	109,9	75,4
CURRENT ASSETS	1239,6	646,1
Unrealised exchange losses	3,7	
ADJUSTMENT ACCOUNT	3,7	0,0
TOTAL ASSETS	1268,7	670,8

LIABILITIES in K€	2013	2012
Regulated reserves		
Other reserves	316,0	319,1
Retained Earnings	0,0	0,0
SURPLUS OF THE YEAR	4,1	-3,2
Investment subsidy		
RETAINED EARNINGS & EQUITIES	320,1	316,0
Restricted funds on Grants	313,7	126,0
Restricted funds on other Income		
RESTRICTED FUNDS	313,7	126,0
Financial debts	0,0	0,0
Accounts payables	39,4	64,7
Fiscal & Social payables	101,2	91,0
Other payables	4,2	6,1
Deferred income	489,1	66,9
ACCRUALS	634,0	228,8
Unrealized exchange gains	0,9	0,0
ADJUSTMENT ACCOUNT	0,9	0,0
LIABILITIES	1268,7	670,8

**Statutory audit of 2013
financial statements by
PricewaterhouseCoopers**

The financial statement was closed by Solthis' Board of directors on June 4, 2014 and certified by the statutory auditors PricewaterhouseCoopers.

Financial report

2013 detailed expenses

● Statement of Income and Spending

Since 2013, Solthis decided to publish a statement of Income and Spending, even though it is not meant to be legally mandatory. Solthis took this initiative with regards to the IDEAS label and in order to offer a common grid of lecture with organization raising resources from the public (this presentation being legally mandatory for French organization responding to this criterion).

The social mission covers spending incurred to fulfill Solthis' mission in making treatment accessible for people living with HIV/AIDS in underprivileged countries.

Social mission in France concerns spending invested in activities taking place in France, such as conferences, annual scientific day especially in 2013 when Solthis celebrated its 10th anniversary.

Social mission abroad relates to expenses incurred in the field:

- Operational expenditures: tied up to training organization, technical assistance, operational research, advocacy, Information-Education-Communication activities, rehabilitation and on-site equipment, administrative and transportation costs;
- Operation support expenses: linked to spending incurred for field-headquarter coordination, including HR and travel and expenses costs.

Expenditures	Actuals 2013	SIERRA LEONE	GUINEA	MALI	NIGER	MADAGASCAR	BURKINA FASO	HEAD-QUARTER
1. Social Mission	2 731 129	615 756	631 127	246 114	632 685	15 761	10 831	578 855
1.1 Social Mission France	102 246	-	-	-	-	-	-	102 246
1.2 Social Mission Abroad	2 628 882	615 756	631 127	246 114	632 685	15 761	10 831	476 609
Operational expenditures	2 154 282	607 636	623 346	241 591	624 490	-	3 050	54 169
Operation support expenditures	474 600	8 120	7 781	4 523	8 196	15 761	7 780	422 439
2. Fundraising Expenses	50 566	-	-	-	-	-	-	50 566
3. Administrative costs	372 392	-	-	-	-	1 466	-	370 926
I. Total spending of the year	3 154 109	615 756	631 127	246 114	632 685	17 227	10 831	1 000 369
II. Accruals								
III. Allocated funds carried forward	313 744							
IV. Result of the period	4 124							
V. Total Expenditures	3 471 977							

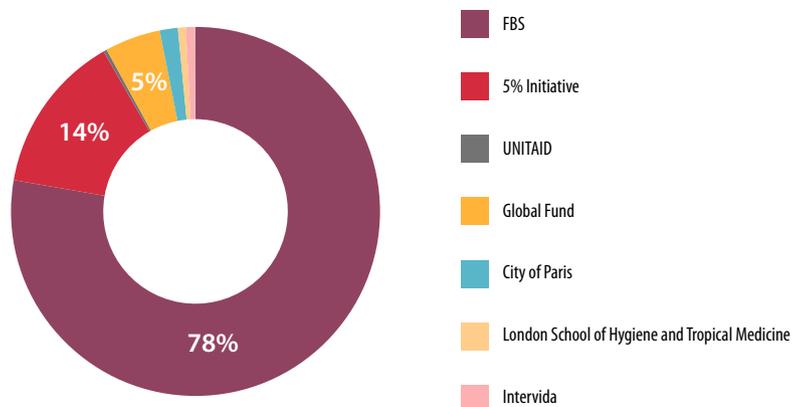


Income	Actuals 2013
1. Resources raised from the public	-
2. Other privates funds	2 641 332
Fondation Bettencourt Schueller	2 614 675
Intervida	23 220
Sidaction	3 437
3. Grants and other public subsidies	675 960
Initiative 5%	440 772
UNITAID	9 442
Global Funds	154 168
City of Paris	50 000
London School of Hygiene and Tropical Medicine	21 578
4. Other income	28 644
I. Total income as per the profit and loss statement	3 345 936
II. Provision write-back	-
III. Unutilised prior period designated resources	126 041
IV. Variation of designated resources raised from the public	-
V. Deficit of the period	-
VI. Total income	3 471 977

Expenditures of 2013



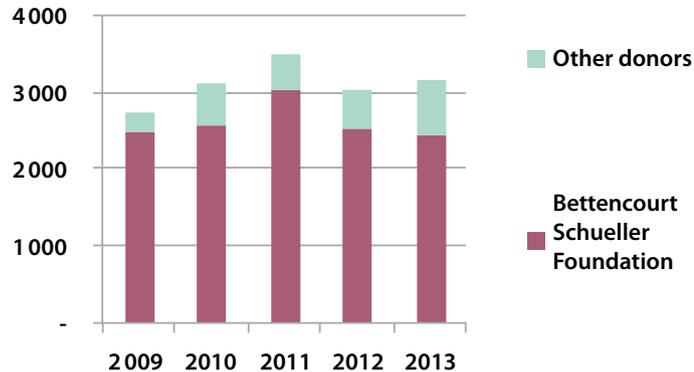
Source of Funding 2013



Financial report

Evolution of funding

- In 2013 Solthis pursued its strategy of funding diversification and launched the CASSIS project, funded by Initiative 5% (French Ministry of Foreign Affairs) for a signed amount of 1 485 000€ (co-funded by the Fondation Bettencourt Schueller) and OPP-ERA project, funded by UNITAID.
- Improvement of the safety in Mali allowed activities in Bamako to start again. Those activities are partly funded by the Global Fund.
- A first mission of technical assistance has been delivered as a service provider in Burkina Faso.



Evolution of the funding diversification from 2009 to 2013



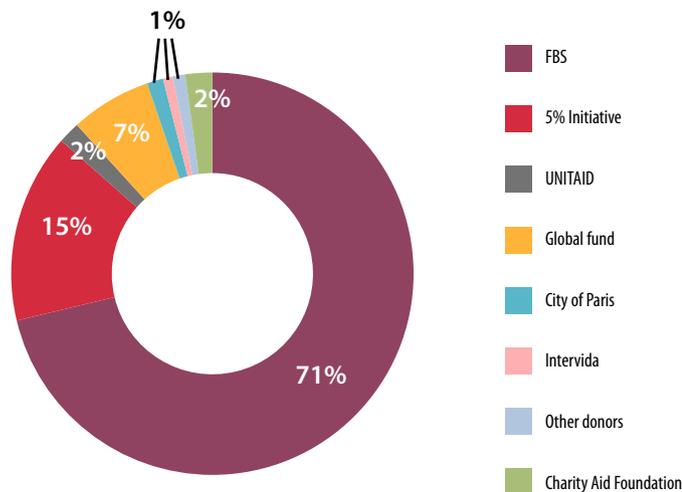
2014 Budget

- 2014 budgeted expenses foresee an increase of 22% when compared to 2013 actual spending.
- In 2014, Solthis will pursue and intensify its diversification of funding, among which the Global Fund advocacy project funded by the Charity Aid Foundation.

	BUDGET	Guinea	Mali	Niger	Sierra Leone	Headquarters
Social Mission	3 424 970	937 925	448 708	708 768	595 612	734 141
Social Mission France	21 437	2 178	2 789	3 403	2 000	11 067
Social Mission Abroad	3 403 533	935 747	445 919	705 181	593 612	723 074
Operational Expenditures	2 863 603	917 531	435 804	689 715	571 434	249 119
Operation Support Expenditures	540 212	18 216	10 115	15 749	22 178	473 955
Fundraising Expenses	61 854	-	-	-	-	61 854
Administrative costs	358 999	600	-	-	-	358 399
TOTAL	3 846 007	938 525	448 708	708 768	595 612	1 154 394



Source of funding 2014



Label Ideas: Acknowledgement of good governance, financial management and effectiveness of Solthis' action.

Solthis received the IDEAS label on Tuesday, June 11th 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 voluntary advisers of IDEAS. It is an acknowledgement of the good practices of Solthis in regards to its governance, financial management, and the effectiveness of its action.

Financial report

Financial partners

In 2013, 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 2013.



● **AIDS, Malaria, and Tuberculosis 5% Initiative (implemented by the public agency, France Expertise International under the oversight of the French Ministry of Foreign Affairs):** Solthis experts were mandated to provide two technical assistance missions through Channel 1 funding: support to early warning system implementation and reinforcement of the HIV outputs quantification system in Burkina Faso, as well as support to optimization of HIV therapeutic management in Madagascar.

Solthis also benefitted from a funding in the framework of the «Health systems reinforcement» call for project for the implementation of the CASSIS project. This project aims at improving access to healthcare and health information systems of HIV/AIDS programs benefitting from Global Fund funding in Niger and Guinea. CASSIS is jointly implemented with UNAIDS and Solthis national partners in Niger and Guinea (Niger: ULSS, CISLS; Guinea: PNPCSP, SE/CNLS)



● **The Global Fund to fight AIDS, Tuberculosis and Malaria:** In 2013, Solthis was designated as a UNDP sub-recipient in Mali in the framework of phase 2 of Round 8 for technical assistance in the decentralisation of HIV management. Solthis was also designated as a CISLS sub-recipient in Niger in the framework of phase 2 of Round 7 for training activities and technical assistance regarding supply.



● **UNITAID:** Solthis benefitted from funding from the world health initiative UNITAID for the OPP-ERA project. This project aims at improving the follow-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 lead by FEI, including ANRS, GIP ESTHER, Sidaction and Solthis. Solthis is the project operator for Guinea, where «open» viral load systems will be provided by September 2014.



● **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 support 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 in the professionalization of Solthis financial management. The FRIO, managed by Coordination Sud, is supported by the Ministry of Foreign and European Affairs and the French Development Agency.



● **Intervida:** The Spanish international cooperation NGO, Intervida, co-financed the «Health Education» project implemented by Solthis in the Ségou region in Mali.



Glossary

ART	antiretroviral
CPN	Prenatal consultation
CV	Viral load
CS réf	Reference Health Center
GIP ESTHER	Public Interest Group - Together for Therapeutic Solidarity in Hospital Network
ET	Therapeutic Patient Education
DIU	Inter-University diploma
IO	Opportunistic Infections
MAEE	Ministry of Foreign and European Affairs
ONUSIDA	UNAIDS
OMS	WHO
PTME	Transmission Prevention of Mother to Child
PVVIH	People Living with HIV

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Let's work together!

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