



2017

HEALTH IS A RIGHT FOR ALL
TAKE ACTION WITH US!



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• This report has been printed in July 2018.
The financial report has been certified
by the expert Accountants at the KPMG
and by Solthis General Assembly.

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interpreted as an indication of the health status
of any of the people. Solthis' activity report is
protected by copyright laws. The use of all or a
part of this document is only permitted with an
appropriate source quotation. Solthis would like
to thank all the people who have participated
in the production of this activity report.



Recognition of the quality of governance,
financial management and monitoring
of the effectiveness of Solthis' work.

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Isoré / Sidaction, Sidaction, Solthis.

We also wish to thank all Solthis' employees
and volunteers for their contribution.

This year our association has continued to develop innovative, inclusive, rigorous projects which are fully focused on access to health for all. While it seems our planet is being shattered by multi-faced crises, while some of our leaders seek solutions by cowering in their "bunkers", Solthis draws its strength from the collective energy which actors in global health convey to where the need is greatest.

You have in your hands the report of our association's activity for the year 2017. In truth, most importantly, you have the result of the work of thousands of men and women who decided to contribute to achieving a healthier and more just environment. Above all, it is they who we would like to thank for allowing us to work alongside with them.

In 2017, our action was primarily focused on West and Central Africa. A region which is held dear in the French speaking world, with countries experiencing strong economic and social growth, but which also faces major security and demographic issues. In states experiencing difficulties in exercising their role across the range of social sectors, the place of citizens, especially women and young people, becomes critical. This is why increasingly our projects include more of a community dimension with a commitment, where necessary, to building capacity in civil society, to enable it to fully play its part. Similarly, we aimed to bring health professionals and patients closer, to work together on devising a more accessible, fairer and better quality health system.

In 2017, our projects have also continued to develop first class scientific thinking. Thanks to the quality of our teams and the excellence of our academic network, we have contributed to the development of human resources, producing scientific evidence to support health policies and for the improvement of diagnostic capabilities of laboratories in the sub region. A major partnership with Unitaïd led to the consolidation of the OPP-ERA project and access to molecular biology in Africa. From 2018, it will also enable us to contribute to the improvement of HIV screening through self-testing.

In 2018, at the time we publish this report, we are also celebrating the 15th anniversary of Solthis: 15 years of partnership in West and Central Africa to improve access to and quality of care. 15 years of action in the field, 15 years of human and scientific adventure.

We would like to offer our warmest thanks to all those who do their utmost so that our activities continue to develop. Our institutional, private and community partners but also everyone who gives of their time, their experience, their financial resources, to make Solthis a major global health NGO, a leading actor in solidarity between peoples. It is with you that we wish to celebrate our 15 years, in Conakry, Bamako, Niamey, Freetown, Paris, and everywhere that we have had the good fortune to be able to work and join forces with people who are working towards a world of greater solidarity.



Dr Roland TUBIANA
President



Dr Louis PIZARRO
CEO

Dr Roland TUBIANA
President

A handwritten signature in black ink, consisting of a stylized 'R' followed by 'oland TUBIANA'.

Dr Louis PIZARRO
CEO

A handwritten signature in black ink, consisting of a stylized 'L' followed by 'ouis PIZARRO'.



THE BOARD OF DIRECTORS

On December 31, 2017

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Hospital practitioner at La Pitié - Salpêtrière

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Immunologist at La Pitié - Salpêtrière and professor at Paris VI

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Pr Christine ROUZIOUX
Head of the virology department - Necker Hospital

Mr. Jean-Pierre VALERIOLA
Former Director of Communication and Development - Bettencourt Schueller Foundation

The Board of Directors' meetings were held on July 20 and December 20, 2017. Two meetings gathered the General Assembly members on June 26 and December 20, 2017.

SOLTHIS 2017: OUR ACTION IN BRIEF



1 GUINEA

Mother and Child Health

Launch of the Diavina ANRS 12344 project dealing with prevention and diagnosis of HIV from birth in infants born to mothers, who have neither been HIV diagnosed nor treated during their pregnancies, in order to improve their chances of survival. [PAGE 22](#)



2 NIGER

Right to Health in prison

Relaunch of the National Platform of actors involved in prisons' management in Niger to rethink conditions and the healthcare system for prisoners. [PAGE 16](#)



6 IAS & ICASA 2017

Participation in these international conferences with an OPP-ERA project symposium on access to viral load testing in West and Central Africa, verbal briefings and posters. [PAGE 32](#)



7 SIERRA LEONE

Childhood tuberculosis

Solthis joined the fight against childhood tuberculosis with the TB-SPEED project. [PAGE 28](#)

OUR KEY FIGURES IN 2017

20
PROJECTS IN
7
COUNTRIES

4
COUNTRIES OF INTERVENTION
WITH PERMANENT TEAMS

6,5
MILLION BUDGET
REALISED IN 2017

81%
OF PERSONNEL ARE
IN THE FIELD AND
79%
OF THEM
ARE NATIONALS

+ 10,000
HEALTH PROFESSIONALS
TRAINED AND SUPPORTED
OVER 14 YEARS



3 VISIT BY THE FRENCH DEVELOPMENT AGENCY

To our teams in Guinea and to laboratories supported by the OPP-ERA project which aims to increase access to viral load testing in Guinea, a vital exam to measure the effectiveness of treatment in patients infected with HIV.



4 SIERRA LEONE

Tuberculosis and HIV/Aids

Solthis received a prize for its work in combating tuberculosis and its integrated medical approach to HIV/tuberculosis. Through the Empower project, Solthis has supported 12 health centres meaning 1/3 of all HIV infected patients under treatment in Sierra Leone. [PAGE 28](#)



5 MALI & NIGER

Young adolescent's health

Training of 50 young peer educators, vital relays among adolescents for the promotion of their rights to sexual and reproductive health with JADES Project. [PAGE 14](#)



8 GUINEA

Hospital hygiene

A positive report on the TWIN-2H project for the prevention and control of infections in the Guinean Forest region. [PAGE 25](#)



9 GUINEA

Patient-centered treatment and health care

Launch of the PACTES project activities to reorganise more efficiently the treatment and care of patients infected with HIV and to improve the relationship between the patients and health care workers. [PAGE 22](#)



10 BURUNDI, CAMEROON, CÔTE D'IVOIRE & GUINEA

The OPP-ERA project achieved in 52,440 viral load tests in 2017: Burundi: 11,364, Cameroon: 12,264, Côte d'Ivoire: 21,643 and Guinea: 7,169. [PAGE 20](#)

15,471

YOUNG PEOPLE SENSITIZED ON SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN MALI AND NIGER

1/3

OF ALL HIV PATIENTS UNDERGOING TREATMENT IN SIERRA LEONE SUPPORTED BY THE EMPOWER PROJECT

52,440

VIRAL LOAD TESTS COMPLETED BY THE OPP-ERA PROJECT IN BURUNDI, CAMEROON, CÔTE D'IVOIRE AND GUINEA

1,514

PRISONERS SENSITIZED BETWEEN DECEMBER 2016 AND MARCH 2017 TO THE RIGHT AND ACCESS TO JUDICIAL AND SOCIAL ASSISTANCE BY THEIR FELLOW PRISONERS TRAINED AS PEER EDUCATORS

SOLTHIS, GLOBAL HEALTH NGO

OUR MISSION

Sustainably improve the population health in countries with limited resources. Our approach: strengthen actors and all components of local health systems to answer in the long term to the challenges of global health.

TWO KEY PRINCIPLES

- Act without replacing
- Mobilise multidisciplinary academic expertise serving field action

THREE MODES OF INTERVENTION



Capacity Building



Operational Research



Advocacy

OUR VALUES

- Solidarity and commitment
- Transparency
- Professionalism
- Creativity, innovation



EIGHT AREAS OF EXPERTISE

To improve access, quality, efficiency and fairness in access to healthcare services provided, we must take action on all components of the health systems.



HEALTH SERVICES

Give people access to quality healthcare services in health facilities through better integration/ coordination of services between them and the healthcare organisation.



HEALTH PRODUCTS AND PHARMACEUTICAL SYSTEMS

Enable sustainable access to quality medicines and ensure the appropriate usage of health products by prescribers, dispensers and patients.



HEALTH INFORMATION SYSTEM (HIS)

Strengthen the system for gathering and processing health data to ensure good patient monitoring, analysis of epidemics and evaluation of health programmes.



GOVERNANCE AND HEALTH POLICIES

Support the development of national policies, sectoral strategies, standards and procedures. Strengthen dialogue with civil society.



HUMAN RESOURCES

Support our national partners in devising and monitoring national strategies for training and delegating tasks.



LABORATORIES AND TECHNICAL PLATFORMS

Improve diagnosis and biological follow-up of patients by supporting teams with carrying out tests, interpreting results and managing technical facilities.



HEALTH FUNDING

Work with our partners to mobilise international funds, for equitable access to health and to ensure that aid arrangements address the local realities.



COMMUNITY SECTOR

Support community stakeholders and patients to give them ownership of their health and strengthening of health systems.

TWO HEALTH PRIORITIES IN WEST AND CENTRAL AFRICA



SEXUAL AND REPRODUCTIVE HEALTH & MOTHER AND CHILD'S HEALTH

• **1 child in 13 dies before the age of 5 years old in Sub Saharan Africa**, that is 15 times more than in high-income countries. This region has the highest infant mortality rate in the world.

INFECTIOUS DISEASES

• **10 million new cases of Tuberculosis** per year of which 25% are recorded in Africa.

• **70% of new HIV/Aids infections occur** in Africa.

HIV

HIV/AIDS

TB

TUBERCULOSIS

HBV

HEPATITIS

ED

EMERGING DISEASES

PALU

MALARIA

NTD

NEGLECTED TROPICAL DISEASES

“The Solthis team has really helped us to enhance our knowledge and practices through training and clinical tutorials.,,

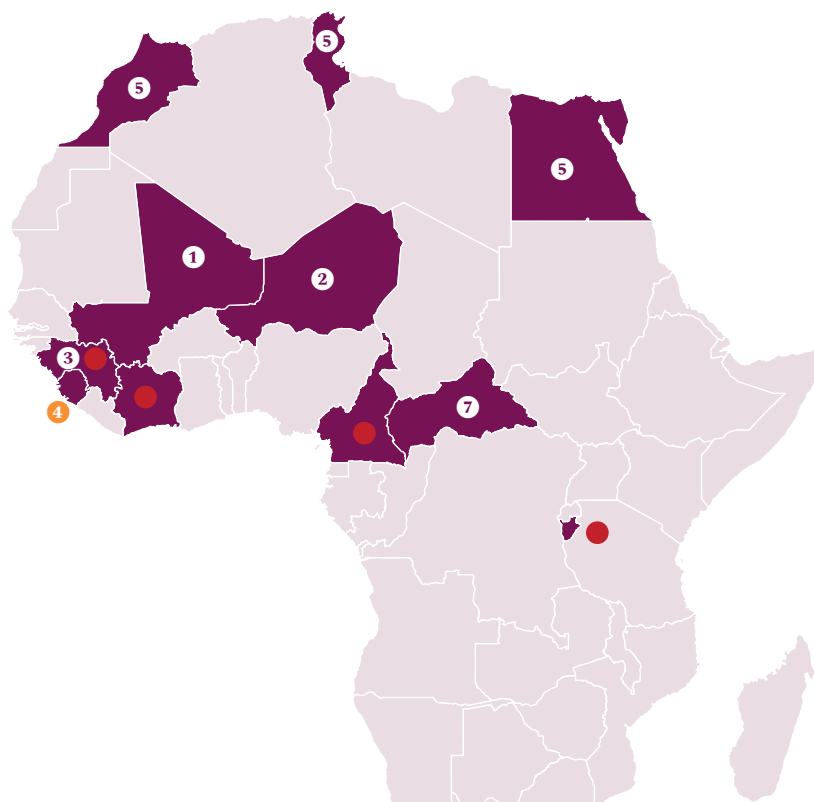
MARIAMA SHERIFF, HIV NURSE COUNSELOR, LUMLEY GOVERNEMENT



OUR COUNTRIES OF INTERVENTION



BURUNDI, CAMEROON, CÔTE D'IVOIRE, GUINEA - Countries where Solthis is leading the OPP-ERA project's implementation consortium: ANRS for the scientific coordination, Expertise France in Cameroon & in Côte d'Ivoire, Sidaction in Burundi and Solthis in Guinea.



1 MALI

- **JADES**, Promoting sexual and reproductive health among adolescents
- **Support to CSLS** (Unit for the fight against HIV/AIDS) for health personnel' strengthening capacities and coaching

2 NIGER

- **JADES**, Promoting sexual and reproductive health among adolescents
- **Improving prisoners' health and living conditions**
- **Technical assistance** to the Sectoral Unit of the Fight against Aids for the collection and follow-up of data on HIV care and treatment
- **Technical Assistance** for Quantifying needs for HIV/Aids products for the new 2018 - 2020 Global Fund allocation
- **Technical Assistance** to the Ministry of Public Health - HIV Unit for accelerating the decentralisation and delegation of tasks to improve HIV care through health personnel training

3 GUINEA

- **ANRS 12344-DIAVINA**, HIV Virological Diagnosis and Initiation at Birth
- **Improving** access to prevention services, care and treatment for key populations - Global Fund HIV project - civil society component
- **OPP-ERA**, Improve monitoring of people living with HIV through access to viral load testing
- **PACTES**, Patient- centered treatment and care
- **RAFASCREEN**, Operational Research Project for Strengthening the national responses for tuberculosis testing and diagnosis in patients living with HIV and diabetic patients
- **Ripost**, Epidemiological surveillance network in West Africa
- **Strengthening** and decentralization of HIV/AIDS national responses- Governmental section of the Global Fund HIV subvention: health workforce training, studies, health information system, viral load testing, supply and inventory management
- **TWIN2H: Hospital Hygiene**, strengthening the capacity of the health system and healthcare providers in hospital hygiene for the safety of medical staff and patients

4 SIERRA LEONE

- **Empowerment** of Users for HIV Improved quality care
- **TB Speed**, strengthening Paediatric TB services for improved early diagnosis
- **Technical Assistance** for training health personnel to the new national directives for TB treatment

5 MOROCCO, LEBANON, TUNISIA, EGYPT

- **ACACIAS**: Mobile application to provide key populations with adapted communication and reliable information on access, engagement, prevention and health care in the Maghreb region/Middle East

6 HAITI

- **Support** to the Country Coordinating Mechanism in Haiti for the analysis of the contracting process of health product supply and inventory management

7 CENTRAL AFRICAN REPUBLIC

- **Reveiwig** and updating the active register of patients undergoing ARV treatment

OUR PRINCIPAL NATIONAL PARTNERS

GUINEA

- **CNLS** ▶ National Committee for the Fight Against AIDS, attached to the Prime Minister Office and managed by the Executive Secretariat (SE/CNLS)
- **PNPCSP** ▶ The National Programme for Treatment and Prevention of STIs/ HIV/AIDS reporting to the National Directorate of Public Health within the Ministry of Health and sanitation.
- **REGAP +** ▶ Guinean Network of People living and affected with HIV/AIDS.
- **FEG** ▶ "Fondation Espoir Guinée" - Guinea Hope Foundation.
- **AJFDG** ▶ "Association des jeunes filles dévouées de Guinée".
- **AAEC** ▶ "Afrique Arc en Ciel".
- **PSI** ▶ Population services International.
- **AGENCE NATIONALE DE SÉCURITÉ SANITAIRE, NATIONAL HEALTH SECURITY AGENCY**

MALI

- **HCNLS** ▶ High National Council for the Fight against HIV/AIDS, attached to Mali Republic Presidency.
- **CSLS-MSHP** ▶ Ministry of Health and Sanitation Unit for the Fight against HIV/AIDS, reporting to the Ministry of Health Secretary General.
- **ASDAP** ▶ Association for Support of Population Initiatives .

- **WALE** ▶ Non-Governmental Organization "Action, Health, Populations" engaged in the fight against HIV.
- **ONG EQUIPOP** ▶ Équilibres & Populations for the promotion of women's & girls' rights to health in West Africa.

MENA REGION: MIDDLE EAST / NORTH AFRICA

- **MOROCCO: ITPC - MENA** ▶ Moroccan NGO for access to treatment.
- **LEBANON: MARSA SEXUAL HEALTH CENTER & M-COALITION** ▶ Network to facilitate the access of MSM in the Arab world.
- **TUNISIA: ATP+** ▶ Tunisian Foundation for positive prevention.
- **EGYPT: AL SHEHAB** ▶ An Egyptian Non-governmental organization for the protection of stigmatized people, mainly people living with HIV .

NIGER

- **CISLS** ▶ Bureau for Intersectoral Coordination of the Fight against STIs/ HIV/ AIDS, directly attached to the Republic President since 2008.
- **ULSS** ▶ Intersectoral Unit of the Health Ministry for the Fight against HIV/AIDS.

- **DSME** ▶ Mother and Child Bureau, attached to the General Directorate of Health and reproduction within the Ministry of public Health. Within the Bureau, works a special Unit dedicated to Youth and Adolescents Health promotion (DSAJ).
- **DGASP/R** ▶ Prison Administration, Security and Reintegration General Directorate within the Ministry of Justice.
- **ANDDH** ▶ Association for Human Right Protection in Niger.
- **LAFIA MATASSA** ▶ Non-Governmental Organization for youth and adolescents Health.
- **ONG EQUIPOP** ▶ Équilibres & Populations for the promotion of women's & girls' rights to health in West Africa.

SIERRA LEONE

- **NAS** ▶ The National AIDS/ HIV Secretariat, attached to the President's Office.
- **NACP** ▶ The National AIDS/ HIV Control Programme, attached to the Ministry of Health.
- **NETHIPS** ▶ Network of HIV Positives in Sierra Leone.
- **NLTCP** ▶ National Leprosy and Tuberculosis Control Programme.



©ITPC-MENA: new partner of Solthis for the implementation of the ACACIAS project (cf. page 29)



MALI

Only one out of two persons living with HIV know their HIV status. Prevalence rates among key populations remain very high. Furthermore, there is increased vulnerability in young people, particularly young girls, to STI/HIV-Aids. In collaboration with the Malian authorities and civil society, Solthis is working in Mali on reducing new infections and HIV/Aids mortality, on protecting the rights of PLHIV and vulnerable groups and on assisting with the strengthening of the national response to HIV. Solthis helps to develop the skills of health professionals in the treatment of HIV to improve the retention of patients under treatment in the 6 regions of Mali and conducts pilot initiatives on the rights of young people to reproductive and sexual health.

FOCUS

JADES: PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AMONG ADOLESCENTS

TO REDUCE HIV- RELATED MORBIDITY AND MORTALITY AND NEW HIV-RELATED INFECTIONS



PROJECT DURATION

January 2016 to March 2019

SOURCE DE FUNDING

5% Initiative

KEY PARTNERS

Equilibres & Populations • Ministry of Education Mali and Niger • Ministry of Health and Public Hygiene • Coordination Unit of the Sectoral Committee of the fight against HIV and Aids, Reproductive Health Division • NGO Lafia Matassa • NGO ASDAP and WALE



ISSUES

In Sub Saharan Africa, young people between 15 and 24 years old account for around 610,000 new cases of infection and 59% of these new cases affect young women. In Mali and Niger, this particular vulnerability amongst young people is characterised by poor access to sexual and reproductive health services which meet their needs, by limited access to information and socio-cultural factors, linked to taboo around sexuality, especially in women.

OUR ACTION

In Mali and Niger, for the second year, the project run in consortium with NGOs, associations and local partners was dedicated to the empowerment of young people and the facilities which they frequent and, in a wider sense, their community and informal meeting places. Training, educational talks and large scale awareness campaigns through sporting events were organised, followed by an advanced HIV screening strategy. These interventions reached young people in and out of school, young peer educators, teachers and health workers. They improved the capacity of caregivers to adapt the reception system and care of adolescents and young people. They also contributed to managing the communication strategy between teachers and young

people, and the establishment of intergenerational communication on Sexual and Reproductive Health. Furthermore, an advocacy strategy was introduced to integrate the right to sexual and reproductive health (SRHR) in educational curriculums. In collaboration with social anthropologists in both countries, Solthis was able to evaluate this intervention by measuring markers of behavioural change in various stakeholders in the project. This study resulted in the ongoing adjustment of the intervention.

“Before, I was ashamed to talk about things to do with sexuality but now I am happy to be well informed, to have learned and to be able to discuss these questions with everyone...”

M.T, YOUNG PEER-EDUCATOR



KEY FIGURES & RESULTS IN MALI & NIGER

70
YOUNG PEER
EDUCATORS TRAINED.

665
YOUNG PEOPLE
VOLUNTARILY HIV
DIAGNOSED.

162
CARE GIVERS AND
108
TEACHERS TRAINED.

18
POINT REDUCTION IN
DROP-OUT RATE FOR HIV
TREATMENT: FROM 48%
IN 2016 TO 30% IN 2017.

15,471
YOUNG PEOPLE
SENSITIZED.

TECHNICAL ASSISTANCE

Capacity building for healthcare professionals

TECHNICAL ASSISTANCE TO THE SECTORAL UNIT
FOR THE FIGHT AGAINST AIDS - MINISTRY OF
HEALTH AND PUBLIC HYGIENE (CSLS)



PROJECT DURATION
2016 - 2017

SOURCE OF FUNDING
Global Fund grants

RESULTS IN ALL REGIONS OF MALI INCLUDING BAMAKO DISTRICT

129
working coaches trained
including 21 trainers.

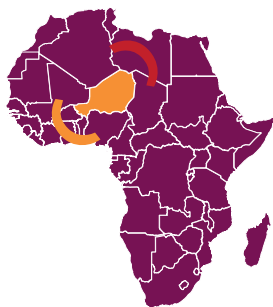
16
institutional officers -
national trainers trained.

“Since I started coaching I am more and more at ease during supervisions, my advice and recommendations are more often accepted and applied. Indeed, the care providers ask me to come back as soon as possible... which wasn't the case before...”

AT, TRAINING PHYSICIAN

OUR ACTION

In 2017, 22 new trainers and 120 new coaches were trained throughout Mali in coaching, and received follow up training on the treatment and care of HIV in adults, adolescents and children and on the prevention of mother to child transmission. Coaching activities, clinical mentoring and continued on-site support were also organised: 21 sorties in Bamako and 10 sorties in the regions were carried out to various locations to support health professionals. In 2017, "delegating the care of patients infected with HIV to paramedics" in the form of new coaching activities, was added to our activities. Training modules and coaching tools were also made available to national and regional partners.

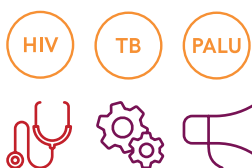


NIGER

The country has one of the highest fertility rates in the world with 7.6 children per woman. Over recent decades, Niger has seen a marked reduction in the infant and child mortality rate falling from 318‰ in 1992 to 126‰ in 2015. Despite this progress, the health situation remains a cause for concern, characterised by high maternal and infant (126‰) mortality rates (520 deaths for every 100,000 live births in 2015). The main causes of mortality in under 5 year olds are malaria, meningitis, pneumonia and diarrhoea. These deaths occur mainly in children who are weakened by malnutrition, sickle cell disease and HIV/Aids. As regards HIV/Aids, despite low prevalence (0.4%) nationally, the rate of transmission from the infected mother to her child remains at 30%. And whilst mortality linked to HIV/Aids has been in steady decline since 2005 in the general population, ARV coverage in patients remains a constant challenge for the country. Finally, the health situation of prisoners in Niger is of particular concern, with dilapidated and overcrowded facilities where even the most basic health, hygiene and food conditions are not always guaranteed.

FOCUS

IMPROVEMENT OF PRISONERS' LIVING CONDITIONS IN NIGER



PROJECT DURATION
2016-2018

SOURCE OF FUNDING
European Union •
Bettencourt Schueller
Foundation • French
Development Agency (AFD)

PARTNER
Nigerien Association for the
Defence of Human Rights
(ANDDH)





ISSUES

Contribute to the strengthening and promotion of human rights in Niger to improve prisoners' living conditions.

OUR ACTION

The implementation of the project in 2017 was marked by a very positive development in healthcare provision in Niamey and Say prisons. We were able to train, raise awareness and supervise care givers from the two prisons in the treatment of the most common diseases. One of the project's main successes was to formalise the referral system for prisoners/ patients from prisons to Niamey and Say referral facilities and the establishment of a health card for each prisoner to keep their medical records. Furthermore, Solthis donated equipment, both small and large, to meet needs expressed by the health services in Niamey and Say prisons.

From a legal and social standpoint, the results demonstrate a better understanding of the prisoners and senior staff in the criminal justice system and of rights to legal and social assistance. Meanwhile, Solthis has supported the ANDDH (Nigerien Association for the Defence of Human Rights) with the establishment of an "Observatory of prisoners' rights", a consultative framework to improve co-operation between stakeholders in the prison environment: state and judicial officials, penitentiaries and non-governmental organisations.

“Through donating medical equipment to the infirmary at Niamey prison, Solthis has become our most important partner in terms of improving medical care for prisoners.”

GOVERNOR OF NIAMEY PRISON,
LIEUTENANT ALLASSANE HANAKI

KEY FIGURES & RESULTS

1,514
PRISONERS RECIEVED
AWARENESS TRAINING
BETWEEN DECEMBER
2016 AND MARCH 2017.

88
PRISON GUARDS
RECIEVED AWARENESS
TRAINING ON
THE CONCEPT
OF PRISONERS'
HEALTH RIGHTS.

54
PEER-EDUCATORS
ATTENDED POST
TRAINING WORKSHOPS.

39
POST-TRAINING
FOLLOW-UP SESSIONS
FOR CAREGIVERS IN
NIAMEY PRISON AND
TWICE MONTHLY
SESSIONS IN SAY PRISON.

CAPACITY BUILDING AND TECHNICAL ASSISTANCE

Sectoral Unit of the Fight against Aids for the collection and follow-up of data on HIV care and treatment



PROJECT DURATION

9 months

SOURCE OF FUNDING

5% Initiative

OUR ACTION

Solthis was also asked by the ULSS to provide technical assistance with strengthening the system for collection and evaluation of data on care and treatment of HIV/Aids. For 9 months, Solthis' activities focused on the revision and design of tools for the collection and management of data and training those who will use the tools. This mission gave the ULSS access to Fugen 2.0 software which automatically generates a monthly report on treatment and care of PLHIV from the FUCHIA database. The monthly report was formerly produced manually, causing errors and delays in the calculation of indicators. The software was subsequently installed at all treatment sites using FUCHIA to collect patient data. In addition, this mission strengthened the capacities of stakeholders at prescribing sites in terms of routine data management: verification of data entry, correction of errors, and calculation of cohort monitoring indicators.

KEY FIGURES & RESULTS

43

epidemiological surveillance personnel trained.

1

software created to automatically generate the quarterly treatment report.

38

sites where ARV treatments are prescribed received post-training follow up.

TECHNICAL ASSISTANCE

Quantifying needs for HIV/Aids health products for new 2018 - 2020 Global Fund allocation



PROJECT DURATION

30 days

SOURCE OF FUNDING

5% Initiative

OUR ACTION

The mission was to support the CISLS (Intersectoral Co-ordination of the fight against Aids) to:

- ▶ build the capacity of national stakeholders:
- to collect and analyse information regarding the consumption and stocks of health products and of treatment data;
- to use tools to quantify HIV health products and conduct quantification exercises.
- ▶ in agreement with those who treat and care for PLHIV (therapeutic committee and group of prescribing doctors) develop quantification hypotheses as well as a plan for monitoring quantification hypotheses;
- ▶ analyse the strengths and weaknesses of the current Supply and Stock Management system and make recommendations for improvement with a view to obtaining renewal of funding;
- ▶ working with trained experts, estimate quantities and budgets required for provision of HIV/Aids health products for 2018-2020.

KEY FIGURES & RESULTS

1

National procurement plan for 2018-2020.

1

guide on managing the process of quantification input on HIV/Aids is available.

1

plan to monitor hypotheses on quantification is available.

TECHNICAL ASSISTANCE

Ministry of Public Health – HIV Unit

**ACCELERATE THE DECENTRALISATION AND DELEGATION OF TASKS
TO IMPROVE CARE FOR HIV THROUGH TRAINING HEALTH PERSONNEL**



PROJECT DURATION
2 and half years (2016-2018)

SOURCE OF FUNDING
Global Fund grants

KEY FIGURES & RESULTS

400
health personnel trained
(doctors, paramedics and health workers).

OUR ACTION

Selected by the CISLS (Inter-Sectoral Coordination of the fight against STI/HIV/Aids), as part of the implementation of Global Fund grants, Solthis has helped to strengthen the teaching skills of national partners (ULSS managers, national sponsors) and in treatment sites to ensure that there is better availability of health workers who are qualified in the overall treatment and care of HIV. The activities also helped to strengthen the decentralisation of multidisciplinary care for HIV, by training 75 doctors and 250 paramedics as well as 75 health workers trained in the management of stock and dispensation of ARVs. This mission also improved the quality of training by updating and providing teaching materials in line with 2015 recommendations. (National guide on treatment and care for HIV, operational plan for psychological treatment and care).



JADES: Promoting sexual and reproductive health among adolescents

In Mali and Niger, Solthis implements the JADES project to promote sexual and reproductive health amongst adolescents in order to reduce new HIV infections as well as the mortality and morbidity rates related to HIV.

See activities with our partners on page 14.



GUINEA

In Guinea, there remain many health related challenges. The healthcare policy defined by the PNDS (National Plan for Economic and Social Development) 2015-2024 identified the main issues: 1. high rate of maternal, neonatal and child mortality; 2. high prevalence of communicable diseases, diseases with epidemic potential (Ebola, Meningitis, Cholera, Measles, etc.) and non communicable diseases; 3. Poor performance of the health system. As regards HIV, the opening of new, decentralised treatment sites in the regions and patient follow-up are the most important points for ensuring good quality and sustainable care.

FOCUS

OPP-ERA: IMPROVE CARE AND TREATMENT FOR PEOPLE LIVING WITH HIV THROUGH BETTER ACCESS TO VIRAL LOAD TESTING



PROJECT DURATION
3 years

SOURCE OF FUNDING
UNITAID • ANRS

Funded by UNITAID, the OPP-ERA project is co-financed and implemented by a consortium of French organisations: Solthis, lead partner for phase 2 and in charge of implementation in Guinea; Expertise France, in charge of implementation in Cameroon and Côte d'Ivoire; Sidaction, in charge of implementation in Burundi; and ANRS, in charge of scientific direction.

PRESENTATION OF THE OPP-ERA PROJECT

Viral load is the key indicator to measure the effectiveness of antiretroviral treatment and the prevention of treatment failure. It is one of the prerequisites for reaching the third 90-90-90 global target set by UNAIDS for the year 2020 to eliminate HIV/Aids, with 90% of people under treatment being virally suppressed. However, access to this test is still very limited in West and Central Africa.

The OPP-ERA Project, which was launched in 2013, aims to close this gap and develop more widespread access to powerful viral load tests at an affordable price in Burundi, Cameroon, Côte d'Ivoire and Guinea.

This project tests polyvalent and open platforms, an innovative system of molecular biology techniques for laboratories that allows measuring HIV viral load, early HIV diagnosis in infants, tuberculosis, hepatitis and eventually other emerging infectious diseases by using the same equipments.



THE OPP-ERA PROJECT, TO DATE:

7
equipped and functioning
laboratories.

250
clinicians and laboratory
technicians trained.

136,000
viral load tests completed.

78%
undetectable viral load
on average.

HIV - 1 reagents
10 to 30 %
less costly.



THE OPP-ERA PROJECT IN GUINEA

Solthis has been responsible for its implementation in Guinea since its first phase which for the first time, saw the introduction of free access to viral load testing in the public health sector through the provision of Open Polyvalent Platforms (OPPs). Two molecular biology laboratories have been installed in Conakry: one at the national institute for public health (INSP) and the other at the Donka National hospital.

- training of 64 health workers at the treatment and healthcare facilities for PLHIV in the use and interpretation of results of viral load tests; organisation of inter-site sessions of the technical medical committee and intra-site meetings; mentoring on-site health workers in treatment and care,
- building the capacities of national partners involved with procurement for quantifying laboratory input requirements, supply planning and consolidating the supply chain, particularly for chilled products.

OUR ACTION EN 2017

The year 2017 was marked by a sharp increase in demand for viral load testing at the project's partner sites, following capacity building in the laboratories and healthcare and treatment centres for PLHIV, and through opening the National Project Steering Committee in the network of PLHIV associations (REGAP+ and REFIG). A needs' assessment was conducted in the Kankan Laboratory in the Guinean Forest region, with a view to its opening and operationalisation.

Various activities produced increased supply and demand for viral load testing:

- developing a plan to create demand for viral load testing and implementation of this plan in partnership with all project stakeholders,
- establishing a process for collecting and transporting samples and for delivering results of viral load tests to treatment centres in Conakry.
- on-going training of 3 lab technicians at the Conakry Laboratories,

KEY FIGURES & RESULTS IN GUINEA

57%
NEED FOR VIRAL LOAD
TESTING COVERED
IN OPP ERA PROJECT
TREATMENT SITES (1/6
OF NATIONAL NEED).

7,169
VIRAL LOAD TESTS
COMPLETED IN 2017.

74%
SUPPRESSED VIRAL
LOAD TESTS

50
HEALTH PROFESSIONALS
TRAINED ON THE USE
AND INTERPRETATION
OF VIRAL LOAD RESULTS.

PROJECT

PACTES: Patient- centered treatment and care

MAXIMISING THE EFFICIENCY OF HIV TREATMENT AND MAKING THE HEALTHCARE PROCESSES LESS ONEROUS FOR PATIENTS



PROJECT DURATION

3 years

SOURCE OF FUNDING

French Development Agency
• UNITAID



OUR ACTION

Trying out patient centred care by raising awareness in all healthcare workers of the patient- carer relationship through mentoring / coaching teams of caregivers, strengthening psychosocial provision for patients, devising communication tools with patients, increasing access to the viral load test and to its use in conjunction with the OPP-ERA project to measure the effectiveness of ARV treatments. Launched in July 2017, the project's activities were primarily focussed on the organisation of on-site participatory diagnostic workshops aimed at involving stakeholders (caregivers, psychosocial mediators, patients and volunteers) in order to gather their opinions and thoughts on the processes and organisation of treatment and care. These results will help to build a common strategy for a real improvement in the treatment and care of PLHIV.

PROJECT

ANRS Project DIAVINA - 12344

STRENGTHENING THE PREVENTION OF MOTHER TO INFANT TRANSMISSION OF HIV AT BIRTH



PROJECT DURATION

3 years (2016-2019)

SOURCE OF FUNDING

Paris Municipality • National
Aids and Hepatitis Research
Agency (ANRS)



OUR ACTION

In addition to supporting activities for the screening of HIV in pregnant women in the delivery room at Ignace Deen Hospital in Conakry, Solthis intends to implement:

- the immediate initiation of antiretroviral treatment in mothers targeted by the DIAVINA study.
- the early initiation of enhanced antiretroviral treatment as well as the assurance of an early diagnosis of infection with HIV in their newborns that are considered at high risk of HIV infection.

In this study mothers and babies benefit from regular multi disciplinary paediatric and gynaecological follow-up for a year and a half. To help the mothers break the taboo of the disease and to guarantee good compliance with treatment, psychosocial assistants help and support all the mothers taking part in the project.

KEY FIGURES & RESULTS

94.39%

of pregnant women who came to give birth in the maternity wing were screened, in other words 4,954 out of 5,248.

44 out of 92

mothers identified as HIV+ were integrated into the programme as well as 47 children.

FOCUS

GLOBAL FUND PROJECT GOVERNMENTAL SECTION

STRENGTHENING AND DECENTRALISATION OF THE NATIONAL RESPONSE TO HIV/AIDS IN GUINEA



PROJECT DURATION

October 2015
- March 2018

SOURCE OF FUNDING

Global Fund grant
2015-2017

KEY PARTNERS

CNLS • Ministry of Health
(PNPCSP), health personnel
from the health centres
supported

ISSUES

The HIV/Aids epidemic in Guinea is still the 6th most deadly disease, with an estimated prevalence of 1.7%. The coverage of ARV treatment remains low: only 1/3 of people with the disease have access to antiretroviral treatment. To implement its plan to tackle HIV/Aids at national level, the Republic of Guinea obtained a grant for HIV from the Global Fund for the period 2015-2017. As part of this, Solthis was selected as a sub-recipient of the National Committee for the Fight against Aids (CNLS) to build capacity, with the aim of reducing mortality and morbidity in adults and children living with HIV, by providing better access to treatment, care and support for patients.

OUR ACTION

Two priority areas were at the heart of Solthis's action in 2017:

- training and post training follow up for provider initiated testing and guidance in the 8 regions of Guinea, care and treatment of adults and children infected with HIV/Aids, the management and procurement of stocks, the dispensing of ARV treatments and other products as well as support for operational research in epidemiology.
- technical support in the production of normative reports intended to improve the treatment and care of PLHIV in Guinea through better structured care provision and strengthening the public health system: The training manual for the general care of PLHIV, the document on norms and procedures for viral load testing and the quantification guide on ARVs,... have become nationally recognised reference documents.

“We have taken part in many training sessions, but training which mainly focuses on adult education with so many varied techniques and methods of learning, this is a first, and it is to the credit of the NGO Solthis.”

SUPPORT TRAINER, LABÉ

KEY FIGURES & RESULTS

965

HEALTH PROFESSIONALS
TRAINED IN
TREATMENT OF HIV.

54

SITES COVERED
BY POST-TRAINING
FOLLOW-UP IN
8 REGIONS.

48

NATIONAL TRAINERS
TRAINED IN HIV
TREATMENT AND CARE.

6

REFERENCE MATERIALS
PRODUCED.

72

NEW SITES OPENED
FOR HIV TREATMENT
AND CARE.

PROJECT

KEY POPULATIONS: Global Fund HIV Project – civil society component

IMPROVING ACCESS TO PREVENTION SERVICES, CARE AND TREATMENT FOR KEY POPULATIONS



PROJECT DURATION
12 months

SOURCE OF FUNDING
Global Fund grant
2015-2017

OUR ACTION

In 2017, the project saw the opening of the 1st community centre in Guinea, at Conakry, to support key populations. In 8 months, 168 people were diagnosed at the community centre.

The project's activities also led to the organisation of advocacy workshops which aimed to improve the social environment of HIV prevention in key populations through the participation of 20 local politicians, 68 traditional communicators, 59 lawyers and magistrates, 120 journalists and 20 young people.

In addition, a workshop for exchange and dialogue was organised to establish a road map for the smooth running and provision of night services, with the help of 12 health workers and 6 peer educators from specialist clinics which offer night services.



KEY FIGURES & RESULTS

The 1st community centre

opened its doors in
Guinea, at Conakry.

168

people diagnosed
in 8 months.

PROJECT

RAFASCREEN: Operational Research Project

STRENGTHEN TUBERCULOSIS TESTING AND DIAGNOSIS IN PATIENTS LIVING WITH HIV AND DIABETIC PATIENTS



PROJECT DURATION
2 years

SOURCE OF FUNDING
Expertise France • World
Health Organisation (WHO)

OUR ACTION

Initiated by the RAFA consortium (Research Action for AFRICA) in Benin, Guinea and Senegal, the activities conducted by Solthis in 2017 in Conakry resulted in weekly internal monitoring of data quality and of compliance with study procedures, keeping pace with patient inclusions in the study and contributing to the thinking on its optimisation.

This phase of operational research came to an end in 2017 and allowed the testing of the diagnosis algorithms for tuberculosis in hospitals. Thus, the implementation phase of the screening algorithms in pilot centres at the different levels of the health care system can begin in Guinea.

KEY FIGURES & RESULTS

3,000

patients recruited in Guinea (1,083 people living with HIV and 1,921 diabetic patients).

PROJECT

TWIN2H: Hospital Hygiene

STRENGTHENING THE CAPACITY OF THE HEALTH SYSTEM AND HEALTHCARE PROVIDERS IN HOSPITAL HYGIENE FOR THE SAFETY OF MEDICAL STAFF AND PATIENTS



PROJECT DURATION

1 year

SOURCE OF FUNDING

Expertise France

KEY FIGURES & RESULTS

155

health workers trained in hospital hygiene in Gueckedou and Nzerekore between 2015 and 2017.



OUR ACTION

As part of phase 1, conducted in partnership with GERES (Study Group on the Risk of Exposure of Caregivers to Infectious Agents), in the context of Ebola, 23 health centres were assessed and a plan for the prevention and control of infections was developed (PCI) and adapted to each centre. Phase 1 resulted in strengthening the capacities of the health system and those of service providers in hospital hygiene in two hospitals in the Guinea Forest area: N'Zerekore and Gueckedou.

Phase 2 of the project continued to support the hospitals in the Guinea Forest area with building on the foundations and guaranteeing good practice in the prevention and control of infections, and therefore ensuring the safety of patients and medical staff. Furthermore, activities have resulted in the rehabilitation of toilets, water points, waste water systems, water supply systems and donations of equipment and materials for the two hospitals in addition to strengthening the skills of health professionals in hospital hygiene.

PROJECT

Community based epidemiological surveillance network in West Africa

RESPONSE: CONTRIBUTING TO THE REDUCTION IN MORBIDITY AND MORTALITY DUE TO DISEASES WITH EPIDEMIC POTENTIAL



SOURCE OF FUNDING

French Development Agency (AFD) • MEAE (Ministry for Europe and Foreign Affairs)

PROJECT DURATION

2 years

PARTNERS

Implemented in 6 member countries of the West African Health Organisation (OOAS) by a consortium of actors led by the AMP including Solthis in Guinea.

OUR ACTION

The Ebola epidemic brought to light a number of shortcomings in the monitoring, warning, investigation and rapid response systems and more generally national and international health information systems. In Guinea, the project objective is to strengthen the technical and managerial capacities of health facilities by evaluating the community based monitoring system (SBC), and training all those involved, including community leaders. Community based monitoring has been in place since January 2016 in Guinea and the nationwide roll-out took place in September 2017. So, since its launch in 2017, the project has become a part of this dynamic and has incorporated various discussion and decision making forums around SBC, and especially those organised by the WHO which was appointed by the national government to carry out a situational analysis of the system and propose an operational roadmap for the entire country. Involvement in this work led to a readjustment of project activities to ensure a best fit with the new national directives piloted by the National Agency for Health Security, who the project lobbied to be integrated in the operational system of the SBC in Guinea in order to make an effective contribution to strengthening the national health system.



SIERRA LEONE

Following the recent Ebola epidemic, Sierra Leone has made significant progress in rebuilding a resilient health system. However, there remains a great deal to do so that the population sees a lasting improvement in health indicators, with the rate of infant and maternal mortality, for example, still one of the highest in the world. Sierra Leone is ranked among the 30 countries most affected by tuberculosis and is facing a huge challenge in terms of diagnosis in children. The prevalence of HIV is at 1.5% and HIV -TB co infection affects 13% of people infected with HIV.

FOCUS

EMPOWERING USERS FOR QUALITY AND PATIENT ORIENTED HIV CARE



PROJECT DURATION
3 years

SOURCE OF FUNDING
French Development Agency (AFD) • National HIV/Aids Control Programme (NACP) • Paris City • Private donors

KEY PARTNERS
NETHIPS (National Network of PLHIV in Sierra Leone) • NAS (National Aids Secretariat) • NACP (National Aids Control Programme)



ISSUES

In Sierra Leone, high levels of discrimination and stigmatisation are barriers to accessing HIV treatment. Moreover, the quality of support remains a major problem for keeping patients in the care system. Qualified human resources, access to laboratory tests and the viral load test, effective management of medication and pharmaceutical products, are all elements which are lacking to ensure appropriate care and monitoring of patients. Difficult working conditions generate negative attitudes and a lack of essential communication between caregivers and patients.

OUR ACTION

The Empower project aims to strengthen the capacities of caregivers and people living with HIV (PLHIV) to provide quality HIV care, at the same time as strengthening the institutional environment to guarantee sustainability of the project results.

Since 2016, Solthis has trained and supported the National Network of People living with HIV/Aids (NETHIPS) not only to build the capacity of the 12 PLHIV support groups, but also to consolidate their ability to advocate against stigmatisation. The aim is twofold: to consolidate the knowledge of PLHIV on HIV and their rights, but also to support NETHIPS so that the network becomes a key player in the fight against HIV in Sierra Leone.

In 2017, we also trained and mentored caregivers in 13 healthcare facilities to improve their knowledge and practices regarding the treatment and care of PLHIV. Solthis's participative approach focuses on improving the organisation of care and the interaction between the various services in order to create synergies and benefit from efforts to enhance the fight against VIH. Our strength lies in the particular attention devoted to improving the caregiver - patient relationship.

Our work to bridge the gap between communities and the healthcare system has been recognised by our national partners as a compelling and mutually beneficial strategy. In addition, thanks to our technical assistance and joint follow-up missions the National Secretariat and the National Aids Control Programme (NAS and NACP) as well as the DHMT (District team for health management) all received support in their coordination roles.

“Solthis doctors taught us how to use posters developed by Solthis to assist with treatment compliance, which helped us a great deal in our counselling activities with barely compliant patients in the health centre in Tombo.”

EMMANUEL M. SANKOH, TOMBO CHC/HASTED
MEMBER OF SUPPORT GROUP



KEY FIGURES & RESULTS

12
TRAINING SESSIONS
FOR 192 PARTICIPANTS.

1,800
HOURS OF MENTORING
FOR 160 CAREGIVERS IN
13 HEALTH CENTRES.

551
CAREGIVERS AND
PEOPLE LIVING WITH
HIV MADE AWARE
OF THE CHARTER OF
RIGHTS FOR PATIENTS

+ 33
POINTS ON THE RATE
OF COMPLIANCE
WITH TREATMENT
BY PATIENTS SINCE
THE BEGINNING OF
THE PROJECT.

6,971
PATIENTS SUPPORTED
BY OUR ACTIONS.

TECHNICAL ASSISTANCE

National Leprosy and Tuberculosis Control Programme (NLTCP)

TRAINING HEALTH PERSONNEL IN NEW NATIONAL DIRECTIVES TO IMPROVE TREATMENT SUCCESS RATES FOR PATIENTS SUFFERING FROM TB



PROJECT DURATION
7 months

PARTENAIRES

Ministry of Health and Hygiene (MOHS) • National Leprosy and Tuberculosis Control Programme (NLTCP)

SOURCE OF FUNDING

Ministry of Health and Hygiene (MOHS) • Global Fund

KEY FIGURES & RESULTS

37

people from the NLTCP and district medical teams trained.

19

senior / specialist trainers trained.

6

district training courses supported.

191

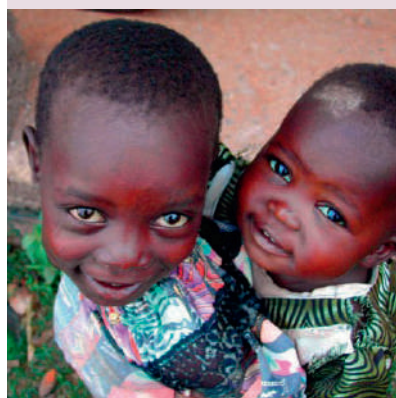
caregivers trained from 78 health centres in directly observed treatment.



OUR ACTION

In collaboration with the NLTCP and WHO, Solthis revised and updated national treatment guidelines in line with WHO recommendations to ensure their availability for healthcare personnel.

Solthis conducted a needs' assessment to identify specific shortcomings to be addressed during training which was planned as part of the project. A comprehensive training kit was subsequently developed and adapted so that caregivers understood the key changes and trends in the new guidelines. Initial training was given to 37 key actors responsible for TB care. Trainer training was also organised, leading to the creation of a network of competent TB trainers and thus guaranteeing the continuity of knowledge transfer in Sierra Leone. Finally, 6 cascade training sessions were supported by Solthis. In February 2018, when the project had ended, the NLTCP conducted training in the eight remaining districts, demonstrating the sustainability of Solthis's action as a result of this technical assistance.



TB -Speed: Combating infant tuberculosis

In October 2017, Solthis officially launched the "TB-SPEED" project in Sierra Leone for duration of 4 years. This is an operational research project which aims to reduce infant deaths from tuberculosis, by improving diagnosis of children under 5 years old, including children infected with HIV, suffering from malnutrition or serious lung diseases, who are particularly susceptible to tuberculosis. Funded by Unitaid and the 5% Initiative, the project is being implemented in 7 countries by a consortium of 8 institutions including Solthis in Sierra Leone and the University of Bordeaux as lead partner and project coordinator.

PROJECT

MIDDLE EAST / NORTH AFRICA (MENA)

MOROCCO, LEBANON, TUNISIA, EGYPT

ACACIAS: ENCOURAGING ENGAGEMENT IN POPULATIONS EXPOSED TO HIV, ESPECIALLY KEY POPULATIONS, TO IMPROVE PREVENTION AND CARE THROUGH ACCESS TO RELIABLE AND TAILORED INFORMATION VIA A MOBILE APP



PROJECT DURATION
3 years

SOURCE OF FUNDING

Paris Municipality • ITPC-MENA (International Treatment Preparedness Coalition (Moroccan NGO for Access to Treatment))

This project was developed in partnership with ITPC-MENA and relies on civil society organisations in countries where the project is underway: in Lebanon: Marsa & M-Coalition; in Tunisia: Tunisian Association for Positive Prevention (ATP+); in Egypt: Al Shehab. In 2017, project activities were marked by the launch and establishment of a collaborative framework in the region. The mobile app which will be developed and adapted into French, Arabic and English, is intended to help people living with HIV to access reliable and tailored information on HIV and HCV and treatments, to refer users to appropriate services and to help them manage their treatment and follow-up. In parallel, support will be provided to the organisations to publicize the application, to promote quality treatment and care and to defend the rights of populations and patients.

The MENA region shows mixed results in the fight against HIV: every year 20,000 new people are infected in the region, mainly in key populations which are mainly affected by the epidemic. The care continuum is far from ideal with only 37% of PLHIV aware of their HIV status, 17% able to access ARV treatment and only 11% with an undetectable viral load.

TECHNICAL ASSISTANCE

HAITI

SUPPORT FOR THE ANALYSIS AND IMPROVEMENT OF THE PROCUREMENT AND STOCK MANAGEMENT SYSTEMS FOR HEALTH PRODUCTS



PROJECT DURATION
50 days

SOURCE OF FUNDING: 5% Initiative

KEY PARTNERS

CCM (Country Coordinating Mechanism) • DPM/MT (Directorate of Pharmacy and Traditional Medicine) • PSI (Population Services International) • Global Fund

The budget allocated to the procurement of health products, particularly for priority diseases (HIV/Aids, Tuberculosis and Malaria) represents a significant part of the Global Fund grant in Haiti. So, the CCM wished to conduct an analysis to optimise the systems for the procurement and stock management of health products. The mission focused on the situational analysis of the mechanisms for purchasing and inventory management, through surveys and field visits to institutions and health facilities responsible for procurement. This has given stakeholders and healthcare providers in Haiti an up to date profile of the supply and management system of healthcare products, particularly those for priority diseases, and a strategic pharmaceutical plan for 2018-2022, which guides actions to improve the process of managing the purchase and stock of healthcare products for all involved.

CENTRAL AFRICAN REPUBLIC

REVIEWING AND UPDATING THE ACTIVE REGISTER OF PATIENTS UNDERGOING ARV TREATMENT



PROJECT LAUNCH
July 2017

SOURCE OF FUNDING
5% Initiative (canal 1)

For some years, the CAR has had to deal with poor quality data from the active patient register. The total number of people undergoing ARV treatment is often disputed both locally and nationally. In 2017, Solthis began to provide technical assistance to support the CCM (Country Coordinating Mechanism) with an audit of the active register of patients undergoing ARV treatment in the Central African Republic. Launched in July 2017, this mission aims to establish a methodology for assessing the register of PLHIV under ARV treatment, to quantify and describe the active register and to analyse the data collection and reporting system, in order to propose a data reporting strategy which will enable better monitoring of the active register.

FRANCE

SCIENTIFIC & ACADEMIC REFLEXION

Created by university doctors, supported by a group of scientific experts in public health and development, Solthis develops numerous partnerships with research and public health institutes, university hospitals, universities and faculties, networks of partners, especially African, and with other humanitarian organizations.

Thanks to its multidisciplinary expertise, Solthis supports operational research in several ways: by contributing to the thinking of field actors, helping to identify new solutions

based on scientific evidence, supporting the dissemination of research project results to policy makers to ensure that the results are reflected in practice, but also by promoting the results of research projects and their authors in international scientific conferences or by publishing in specialized journals. Solthis teams also teach on several masters courses and in medical, public health and international affairs faculties. Our experts are also regularly invited to speak at specialist conferences and symposia.

SCIENTIFIC COMMUNICATIONS



• **IAS 2017: International Conference on Aids** – The IAS 2017 which was held in Paris from 23 to 26 July was an opportunity to present the progress

of the OPP-ERA project, in which Solthis is lead partner - a project funded by Unitaid and implemented with the ANRS, expertise France and Sidaction. Pr Christine Rouzioux spoke on the question of the value for money of the viral load test (VLT) at the Unitaid/ANRS symposium. 3 posters were also presented on the management of treatment failures, on the difficulty in detecting viral load, still within the context of the OPP-ERA project, and a poster on a study of the estimated number of patients under ARV treatment in Chad according to a national survey conducted by Solthis in Chad in 2016.



• **Zoom in on the ICASA 2017: «How to guarantee continued access to HIV viral load testing?»** - 4 to 9 December 2017 in Abidjan – International Conference

on Aids and sexually transmissible infections in Africa. On this occasion, Solthis shared its knowledge and experience particularly on access to viral load testing around the OPP-ERA project. Solthis also presented 4 posters on projects conducted in Niger and Sierra Leone on the treatment and care of adolescents infected with HIV, the health of prisoners, the resilience of public health systems and the treatment of viral hepatitis. Solthis also had the opportunity to participate in the Platform Elsa stand and present our TRI-ARV game, a fun training game for medical and paramedical personnel on treatment and care for HIV/Aids.

2017 INTERVENTIONS

• **PACCI Science Days – “Global HEALTH, RESEARCH AND FRANCOPHONE AFRICA” meetings 19 January:** Address by Dr. Louis Pizarro, Solthis MD, at round table discussion on the place of Francophonie in global health.

• **Lasdel Symposium– UDEM- Niamey, 9 February – What impact for health systems after the departure of NGOs?:** Address by Dr Louis Pizarro on the challenge of sustaining progress in health systems once NGO projects are completed.

• **Towards Aids-free towns – 23 and 24 March: Solthis was invited by the Paris Municipality to address a French language seminar on the fight against Aids in Abidjan:** Etienne Guillard, RSS Director of Solthis spoke on the importance of strengthening health systems at all levels of government, drawing on the Solthis's experience since 2003 in West Africa.

TEACHING

In 2017, Solthis intervened on world health issues: access to care, health products, strengthening health systems, combating HIV/Aids in Africa, managing health data, in the following institutions and schools: Sciences Po - Paris, ISPED - Bordeaux, Pierre et Marie Curie University, Paris Diderot University, Paris Est Créteil University, Pasteur Institute, Écoles des Mines, Pharmaciens Humanitaires (PAH).

PUBLICATIONS



Journal of
AIDS & Clinical Research

A participatory approach to improve retention in care of patients newly diagnosed with HIV in a secondary healthcare centre in Sierra Leone, Wole Ameyan, et. al. (Solthis Sierra Leone)

OUR ADVOCACY ACTIONS IN 2017

For several years, through its dual focus on scientific and fieldwork, Solthis has developed advocacy expertise, positioning itself between local and international actors to improve the flow of information and existing arrangements for technical and financial partnerships. Our advocacy is "evidence based", based on facts and documented. It is carried out in tandem with the initiatives of other networks and partner organisations.



DEFENDING RIGHTS

In the field Solthis teams work with our national partners and patient associations in particular on questions of rights of access to healthcare for all and of patient and community empowerment.

- So, with the Empower project in Sierra Leone, Solthis strengthens the Nethips patient network and 111 leaders have been supported and trained by our teams. A charter of patients' rights was launched in 2017. A partnership with the High Commission on Human Rights of Sierra Leone and NETHIPS was also created to combat stigmatisation.
- In Niger, through the project on improving the living conditions of prisoners in Say and Niamey prisons, Solthis and its local partner the ANDDH (Nigerien Association for the Defence of Human Rights) set up an "Observatory of the rights of prisoners" which will serve as a consultation framework for various actors of the prison system in Niger.

REMEMBER THE ROLE OF FRANCE IN GLOBAL HEALTH

As leader of the health commission of Coordination Sud and founder member of the Collectif Santé Mondiale, in 2017 Solthis has continued to call upon government to respect France's commitments.

At the IAS 2017 conference in Paris, Solthis co-signed an inter-association statement entitled **French u-turn on global health and research: Mr. Macron, will you be accountable for the set back?** In September, Solthis joined other NGOs from Coordination Sud to protest against the budget cut of 16 million euros which took 20% out of the 2017 AFD budget which was dedicated to funding NGO field projects.

ASSOCIATIVE PARTNERS

SOLTHIS IS A MEMBER OF SEVERAL PLATFORMS AND INTER-ASSOCIATIVE NETWORKS



Solthis is a member of the platform of international solidarity organisations. Solthis has been leader of the Health and Development Commission since 2012.



Solthis is a member of ELSA platform (Together Let's Fight against AIDS in Africa). More than 80 African community associations are partners of the platform.



This health collective has been founded by 9 international solidarity organisations to urge France to Keep its financial and political commitments to global health



Association of general interest for fostering philanthropic initiatives. Solthis was awarded the IDEAS Label in 2013, renewed in 2017, which attests to good practices in terms of Governance, financial management and monitoring of the effectiveness of actions.

Other associative partners:

Coalition + • Convergences • Crips • Djantoli • ENDA SANTE • Les amis du Fonds Mondial • Europe • MSF • REMED • VIH.org

SCIENTIFIC AND ACADEMIC PARTNERS





17/07/2017	
Personnel	Lieu

“We cannot claim to be the hope of tomorrow until we are well educated to prevent the risks of sexual and reproductive health among adolescents and young people.”

MOUSSA TOGOLA, PEER EDUCATOR JADES, BAMAKO-MALI

FINANCIAL REPORT 2017

SIGNIFICANT FACTS 2017

Solthis is non-profit association in accordance with the 1901 law. For the 2017 financial year the association approved a budget (operating revenues) of 6.5 million Euros (an increase of 51% compared with 2016) and a net income of 247k€. The association's funds totalled 628K€ at 31 December 2017.



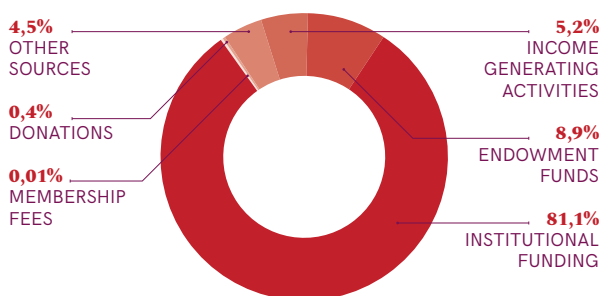
6.5 MILLION EUROS BUDGET

SOURCE OF FUNDING

2017 was defined by the launch and the increased significance of new projects such as TB Speed and Empower in Sierra Leone, Diavina in Guinea, Jades in Mali and Niger and OPP-ERA Phase 2 in several countries. Two subsidies come to an end in 2017 (FM in Guinea and Mali) and have seen an adjustment in the implementation of activities which translates into a marked increase in expenditure compared to 2016.

Solthis has also strengthened its presence as an actor in the area of technical assistance, with, ad hoc missions in 2017, in Niger, for example, as part of a mission to quantify the new 2018 - 2020 Global Fund grant, in Haiti with support for the CCM Haiti (Country Coordinating Mechanism) with an analysis of the procurement and stock input management process or in the Central African Republic with an audit of the active list of people living with HIV who are monitored in healthcare facilities.

Since 2015, Solthis has called upon the generosity of the public, as part of its strategy of diversifying funding sources. 26K€ was collected in 2017.



USE OF FUNDS

Social mission expenditure covers the costs incurred by Solthis aimed at improving the health of populations by permanently strengthening the healthcare systems in countries with limited resources. This breaks down into three strategic areas: strengthening healthcare systems / operational research / advocacy.

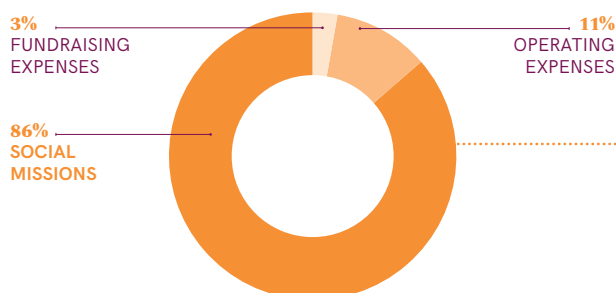
- **Social mission France** includes expenditure for operational activities conducted in France (advocacy activities).

- **Social mission abroad** covers all expenses incurred on the ground, including: operational expenditures relating to the activities to improve systems and health services (training, equipment for support sites, contribution to overheads and transport), operational research and advocacy, as well as support to operations (coordination and steering, communication, etc.)

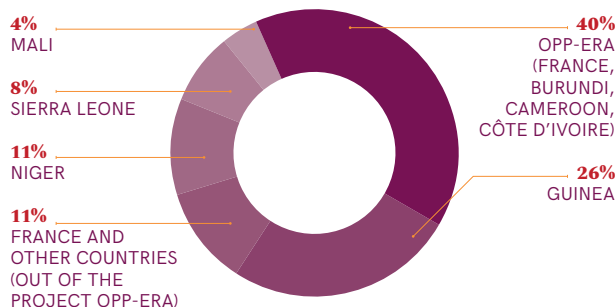
- **Fundraising expenses** cover costs incurred during activities to seek public funds (responses to calls for projects, donor relations, etc.) and private funds. As regards the latter, Solthis continues to structure its efforts to support the growth of its operations and to further diversify funding. For this purpose, a support committee was created and a major donor campaign is under preparation.

- **Operating expenses** mainly relate to the cost of the association's headquarters, located in Bagnolet, and to the finance and administrative departments, the human resources department and general management. It oversees the operational activities of field teams and helps to maintain the link with our academic, institutional and associative partners.

EXPENSES BREAKDOWN



SOCIAL MISSIONS BY COUNTRY



DETAILS- SOCIAL MISSIONS

- 2% OPERATIONAL RESSOURCES
- 4% ADVOCACY
- 31% COORDINATION AND SUPPORT TO OPERATIONS
- 63% HEALTH SYSTEMS STRENGTHENING

DETAILS

- 2% HEALTH FUNDING
- 5% HEALTH INFORMATION SYSTEM
- 6% LEADERSHIP AND GOVERNANCE IN HEALTH
- 14% COMMUNITY SECTOR
- 14% HEALTH PRODUCTS & PHARMACEUTICAL SYSTEMS
- 21% HEALTH SERVICES
- 35% LABORATORIES & TECHNICAL PLATFORMS

INCOME AND EXPENDITURE ACCOUNT 2017

EXPENDITURE	A	B
1. SOCIAL MISSIONS	5,923,942	-
1.1. CARRIED OUT IN FRANCE		
STRENGTHENING HEALTH SYSTEMS	69,090	-
OPERATIONAL RESEARCH	-	-
ADVOCACY	69,090	-
1.2. CARRIED OUT ABROAD	5,854,852	-
STRENGTHENING HEALTH SYSTEMS	3,718,663	9,645
OPERATIONAL RESEARCH	140,510	-
ADVOCACY	163,599	-
COORDINATION & SUPPORT FOR OPERATIONS	1,832,080	-
2. FUNDRAISING EXPENSES	228,477	-
3. OPERATING EXPENSES	729,315	-
I. TOTAL EXPENDITURE FOR FINANCIAL YEAR	6,881,734	-
II. ALLOCATIONS TO PROVISIONS	18,332	-
III. ALLOCATED FUNDS CARRIED FORWARD	12,536	-
IV. SURPLUS INCOME FOR THE FINANCIAL YEAR	246,963	-
V. OVERALL TOTAL	7,159,565	9,645

A Expenditure N = Income statement

B Total expenditure financed by collecting funds from the public N (3)

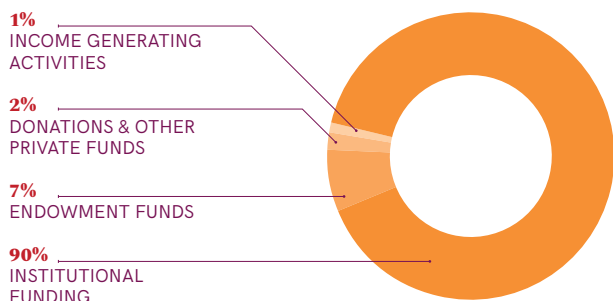
RESSOURCES	C	D
1. REVENUE RAISED FROM THE PUBLIC	25,791	-
1.1. DONATIONS AND LEGACIES COLLECTED	25,791	-
UNASSIGNED MANUAL DONATIONS	3,610	-
ASSIGNED MANUAL DONATIONS	22,181	9,645
2. OTHER PRIVATE FUNDS	600,000	-
3. GRANTS AND OTHER PUBLIC SUBSIDIES	5,469,325	-
4. OTHER REVENUE	648,949	-
INCOME GENERATING ACTIVITIES	347,836	-
MEMBERSHIP FEES	70	-
OTHER SOURCES	301,043	-
I. TOTAL REVENUE FOR FINANCIAL YEAR	6,744,065	-
II. REVERSAL OF PROVISIONS	-	-
III. RETAINED DESIGNATED FUNDS FROM PREVIOUS YEARS	415,499	-
IV. VARIATION IN DESIGNATED FUNDS COLLECTED FROM PUBLIC	-	-
V. DEFICIT FOR FINANCIAL YEAR	-	-
VI. OVERALL TOTAL	7,159,565	9,645

C Revenues (N) = Income statement

D Total expenditure financed by collecting funds from the public

OUTLOOK 2018

The 2018 budget approved by the Board of Directors amounts to 10.3 million Euros, with the following breakdown of funding sources:



The increase, compared to the 2017 budget is mainly linked to the launch of the new ATLAS project in 2018 (a project on self-screening tests funded by UNITAID over 3 years with a budget of 15M USD, with Solthis leading a consortium of academic partners), but also to the scaling up of the PACTES project (launched in Guinea in mid - 2017 and funded by the AFD) and to the continued scaling up of the OPP-ERA project Phase 2.

Service delivery activities still feature in the 2018 budget (technical assistance focusing on Solthis's key specialities: stock management/ audit of the active patient file, etc.) as well as private fundraising, as part of creating a strategy for raising funds from major donors and of launching the campaign (designing the offer, the pitch and the tools and structure for prospecting).

FINANCIAL TRANSPARENCY

Certification of 2017 accounts by KPMG. Accounts were approved at the Solthis AGM, on 20 June 2018 and certified by KPMG



IDEAS LABEL: Recognition of the quality of governance, financial management and monitoring of the effectiveness of Solthis' work

Solthis was awarded the IDEAS label in 2013, which was renewed in 2017. This label certifies Solthis' good practice in governance, financial management, and monitoring the effectiveness of its work.

OUR FINANCIAL PARTNERS



WE WOULD ALSO LIKE TO THANK:

- BCG: The Boston Consulting Group
- Devenson
- GARD- Canada
- PerMondo
- Salesforce
- Translation Without Borders
- Webassoc



WE DEEPLY THANK ALL OUR PARTNERS

YOUR DONATION IS ESSENTIAL TO OUR ACTION!

“Of all the challenges that Africa faces, Health appears to be essential for me. A population cannot have hope for a better future if there are no positive public health visions. The answer that Solthis brings is concrete: the training of a local staff closer to the concerned populations. It is the most relevant investment to change practices in a sustainable manner.”

JF COLIN, DONATOR

TAKE ACTION WITH US

The countries where we operate have sanitary and geopolitical contexts which might change rapidly as demonstrated by the Ebola outbreak. Dealing with these situations, especially to address the needs of patients and care professionals, requires great adaptability and responsiveness as well as rapid mobilization of resources, which could only be achieved through increasingly diversifying our sources of funding. That is why we need your support to ensure the sustainability of our flexible and independent operation model, but also to meet the co-funding requirements of donors in order to extend and strengthen our activities as well as develop innovative pilot projects.

For more information on how to support our projects and to learn more about our action: solthis.org/en/how-to-act-together.

You can also make a donation on www.solthis.org

YOU ARE AN INDIVIDUAL?

You can support us by making an income-tax-deductible donation or by donating to the Solthis Foundation, which is also deductible from your solidarity tax on wealth. The Solthis Foundation is a foundation under the auspices of the Caritas France Foundation.

YOU ARE A CORPORATION OR A FOUNDATION?

You can support us in different ways by choosing in the list below the one that suits you!

- ▶ **A direct donation**
- ▶ **An activity to mobilize your employees**
- ▶ **A product-sharing operation**
- ▶ **Skill-based and in-kind sponsorship**
- ▶ **Legacy, donation and life insurance:** The Solthis Foundation is entitled to receive bequests, donations and life insurances, entirely exempt from inheritance and transfer duties.
- ▶ **Endowment fund:** Solthis has also created an endowment fund, which may be pledged by companies or individuals, who wish to structure their generosity in the long term.

We are at your disposal if you wish to devise a personalized partnership with us.
Contact: rachel.domenach@solthis.org

“Solthis doctors taught us how to use posters developed by Solthis to assist with treatment compliance, which helped us a great deal in our counselling activities with barely compliant patients in the health centre in Tombo.,,

EMMANUEL M. SANKOH, TOMBO CHC/HASTED
MEMBER OF SUPPORT GROUP



SOLTHIS GLOBAL HEALTH NGO

Health is a right for all
Take action with us!

TO CONTACT US
OR JOIN OUR ACTION

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