



# 2018

HEALTH IS A RIGHT FOR ALL  
TAKE ACTION WITH US!





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- This report has been printed in June 2019. The financial report has been certified by the expert Accountants at KPMG and remains subject to the vote of the General Assembly.
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Recognition of the quality of governance, financial management and monitoring of the effectiveness of Solthis' work.

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- University of Bordeaux / TB-speed

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

In 2018, Solthis celebrated its 15th anniversary: 15 years of action, 15 years of human and scientific adventure, 15 years of partnership. We are convinced that to cope with the complexity of health issues, Solthis must continue to be part of a global and collective vision of health. First of all, we would like to express our deep gratitude to all those who have supported Solthis since its creation in 2003, and who, for 15 years, have allowed us to participate in the global response to the fight against pandemics, to access to prevention and care for all populations, including the most vulnerable.

For 15 years, the international community has been mobilised: The progress made in recent decades in terms of health is impressive; mother-infant mortality has decreased in all regions of the world; millions of people now benefit from antiretroviral therapy; scientific advances are pushing therapeutic innovation every day. And yet...

There is a significant increase in the circulation of infectious agents and the risk of pandemics. Millions of new cases of malaria, HIV / AIDS and tuberculosis are reported each year, particularly in sub-Saharan Africa. In addition, the evolution and emergence of pathogens raises the complexity of the interactions between human health, animal health and the global ecosystem. The Ebola, dengue or Zika epidemics are perfect examples. The 2014-2015 Ebola outbreak in West Africa highlighted shortcomings in health systems and in epidemiological surveillance and alert systems. Nevertheless, the fear of health crises has not triggered real systemic efforts to build or improve national health services. With the gradual increase of non communicable diseases due to changing lifestyles which are placing new burdens on health systems, the need for strong health systems is all the more urgent.

We believe that the international community can succeed in addressing these complex issues if, collectively and transversally, we respond to these challenges with a multidisciplinary and multi-stakeholder approach, where health, climate and education work together. We believe in collective strength, in the interest of bringing together civil society actors, researchers and public actors. Since its creation, Solthis has been working for a global strengthening of local health systems. In the coming years, to face up to increasingly global challenges, together with our partners, we want to tackle projects related to the environment around the impact of global warming and waste management; projects related to education around early childhood development and to the growing interactions between human and animal health: antimicrobial resistance for example.

To cope with the complexity of health issues, we need to develop a global vision for health, and as an actor in global health, Solthis is committed to build collective responses to the global challenges ahead.



**Dr Roland TUBIANA**  
*President*



**Dr Louis PIZARRO**  
*CEO*

**Dr Roland TUBIANA**  
*President*



**Dr Louis PIZARRO**  
*CEO*





## THE BOARD OF DIRECTORS

On December 31, 2018

**Roland TUBIANA, MD, President**

*Hospital practitioner at La Pitié - Salpêtrière*

**Pr Brigitte AUTRAN, Treasurer**

*Immunologist at La Pitié - Salpêtrière  
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*Pediatrician - Necker Hospital*

**Pr Christine KATLAMA**

*Infectiologist, Executive - Pitié  
Salpêtrière Hospital*

**Pr Christine ROUZIUX**

*Emeritus Professor, Virologist  
Ex-Head of the virology department  
- Necker Hospital*

The Board of Directors' meetings were held on July 20 and December 20, 2018. Two meetings gathered the General Assembly members on June 20 and December 19, 2018.



## SOLTHIS 2018: OUR ACTION IN BRIEF



### 1 15 YEARS OF WORK FOR THE GLOBAL HEALTH

Solthis celebrated its 15th anniversary in 2018. It was an occasion to gather and exchange with our local and international partners through 2 conferences et photo exhibitions in Conakry, Niamey and Paris on current global health challenges in Africa and those to come. [PAGE 33](#)



### 5 NIGER

#### Youth Health

Photo exhibition "My Sexual health, My rights, My choices", realized by the photo reporter Gaël Turine/Agence MAPS to show the young peer-educators commitment to improving sexual and reproductive health in Niger within the project JADES "Youth and Adolescents Health". [PAGE 19](#)



### 2 SIERRA LEONE

#### A positive report for the project Empower

13 health centers supported since 2016, almost a third of Sierra Leone's HIV-infected patients under treatment supported, improvement of patients taking their medicines correctly and staying in care. These results represent an important contribution to achieve the international community goal to end HIV in Sierra Leone. [PAGE 24](#)



### 3 CÔTE D'IVOIRE, MALI & SENEGAL

Official launch of the ATLAS project to improve access to HIV testing in West and Central Africa through the introduction of HIV self-testing among key populations who are most at risk but not reached today by existing testing strategies. [PAGE 27](#)

### 4 GUINEA

#### Mother-Child Health: 1st positive impact of the project DIAVINA

The project has already contributed to improve HIV testing and care in labour/delivery rooms and in the pediatric service at Ignace Deen Hospital: HIV testing among pregnant women in labour rooms has doubled since 2016 and newborns benefiting HIV care has been multiplied by 3. [PAGE 22](#)



### 6 AFRAVIH, AIDS & ASLM 2018

Solthis participated in these three international conferences with a symposium on HIV viral load testing in Central and West Africa hosted by the project OPP-ERA (AIDS 2018), oral communications and presentation of posters. [PAGE 30](#)



### 7 GUINEA & CAMEROUN

Joint visit of Unitaaid and the Global Fund to laboratories supported by the Project OPP-ERA to discuss with national key HIV stakeholders decentralization challenges of HIV viral load testing in country. [PAGE 20](#)



### 8 FOCUS ON OUR PROJECTS IN THE MEDIA: LE MONDE AFRIQUE & RFI

Burundi: "HIV Viral load testing is finally available", "Make HIV Invisible and Live" (Project OPP-ERA, page 20). "In Mardi, Niger, football and sketches to fight HIV" (projet JADES, p. 14). "New weapons of Africa to fight HIV (2): in Central and West Africa, one person in two still ignore he/she is HIV-infected" (Project ATLAS, p.27).



### 9 SIERRA LEONE

Solthis and ICAP Columbia co-organized a national conference that gathered 120 actors involved in the fight against HIV in Sierra Leone in order to share achievements and discuss strategies to accelerate the end of HIV in Sierra Leone. [PAGE 31](#)



### 10 GUINEA

#### PACTES – Patient-centered Treatment and Care

After 15 months of activity implementation, the project brought together in December 2018 for two days, the actors of HIV care in Guinea, as well as the networks of HIV-infected patients to think about a strategy of continuous improvement of the quality of care organization and HIV care in health centers supported by the project. [PAGE 23](#)

## OUR KEY FIGURES IN 2018

**17 PROJECTS IN  
18 COUNTRIES.**

**6 COUNTRIES OF  
INTERVENTION**  
with permanent teams.

**8 MILLION EUROS**  
of budget in 2018.

**+ 100 EMPLOYEES**  
on the field and at  
headquarters.

**73% OF SOLTHIS  
PERSONNEL**  
are on the field and  
16 nationalities  
represented.

**+ 11,000 HEALTH  
PROFESSIONALS**  
trained and supported  
over 15 years.

**+ 50%  
OF HIV TESTING  
IN LABOUR/  
DELIVERY ROOMS**  
since 2016 at Ignace  
Deen Hospital (thanks  
to the project ANRS  
12344-Diavina, Guinea).

**3 TIMES MORE**  
newborns infected by  
HIV who benefited from  
antiretroviral treatment  
at Ignace Deen  
Hospital in Conakry,  
Guinea since 2016.

**8601 PATIENTS,  
INCLUDING 527  
CHILDREN UNDER  
15 YEARS OLD**

benefited actions of  
the project Empower  
through Health Centers  
supported by the project  
in Sierra Leone.

**207 PERSONNEL**  
of Niamey and Say  
Prisons sensitized  
in monitoring  
prisoners' health care  
from 2016 to 2018.  
(through the project:  
"Improve prisoners life  
conditions" in Niger).

**29,899 YOUNG  
PEOPLE AND  
1661 PARENTS**

sensitized on sexual  
and reproductive  
health rights and care  
in Mali and Niger.

**+ DE 26,000  
HIV VIRAL  
LOAD TESTS**  
completed in Guinea  
since 2014 by the  
project OPP-ERA.

## SOLTHIS, GLOBAL HEALTH NGO

Founded in 2003 by university doctors of the Pitié-Salpêtrière Hospital

### 1 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.

### 2 KEY PRINCIPLES

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

### 3 MODES OF INTERVENTION



Capacity Building



Operational Research



Advocacy

### 4 VALUES

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





## 08 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.

## 02 HEALTH PRIORITIES IN WEST AND CENTRAL AFRICA



### MOTHER AND CHILD'S HEALTH



### SEXUAL AND REPRODUCTIVE 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



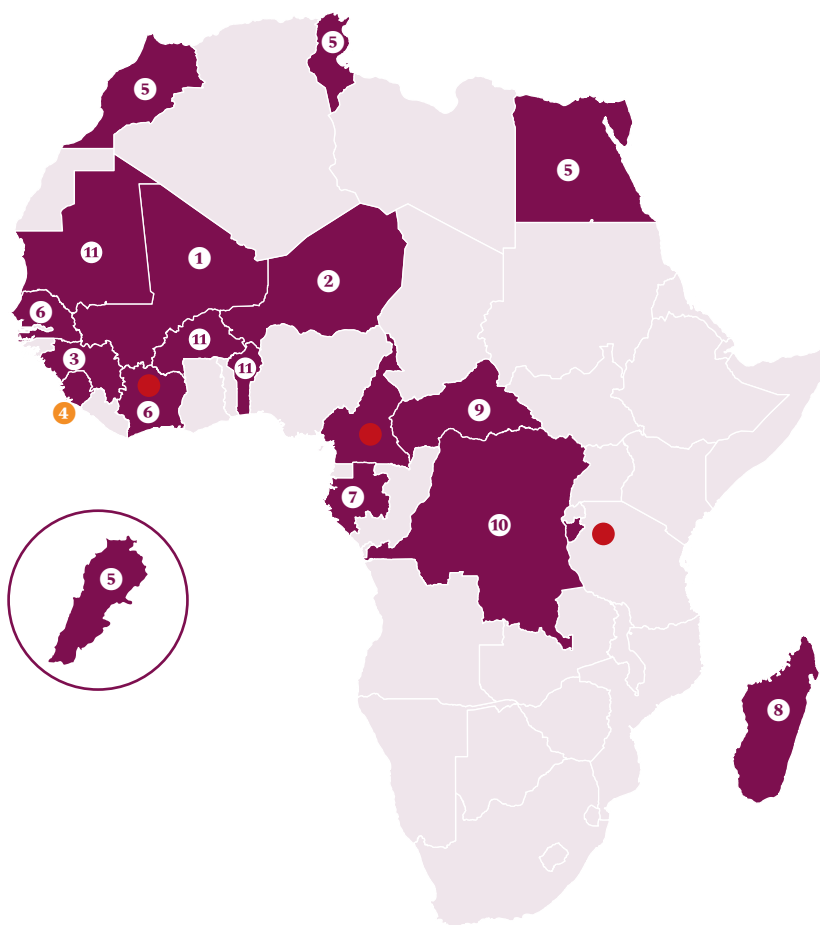
“We have implemented several methods. I educate my school friends and we also organise sensitisation in neighbourhoods, communities and health centres. [...] A young person who has no information is living in ignorance. With the JADES project, things are changing; young people are informed. We follow them step by step,,

AISSATA SANDA, PEER-EDUCATOR, NIGER





## OUR COUNTRIES OF INTERVENTION



### 1 MALI

- **JADES**, Promoting sexual and reproductive health among adolescents
- **Support to CSLS** (Unit for the fight against HIV/AIDS) for health personnel' Capacity strengthening and coaching
- **ATLAS**, Promoting access to HIV self-testing in West Africa

### 2 NIGER

- **JADES**, Promoting sexual and reproductive health among adolescents
- **Improving** prisoners health and living conditions
- **Cohort review** of HIV-infected patients
- **CORAQ**, Strengthening quality assurance of laboratories

### 3 GUINEA

- **Diavina**, HIV Virological Diagnosis and Initiation at Birth
- **OPP-ERA**, Improve monitoring of people living with HIV through access to viral load testing
- **PACTES**, Patient-centered treatment and care
- **Ripost**, Epidemiological surveillance network in West Africa

### 4 SIERRA LEONE

- **Empowerment** of Users for HIV Improved quality care
- **TB-Speed**, strengthening Paediatric Tuberculosis services for improved early diagnosis

### 5 MOROCCO, LEBANON, TUNISIA, EGYPT

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

### 6 SENEGAL & CÔTE D'IVOIRE

- **ATLAS**, Promoting access to HIV self-testing in West Africa

### 7 GABON

- **Support** of the Tuberculosis program's grant application to the Global Fund

### 8 MADAGASCAR

- **Technical assistance** to review the health care protocol for people living with HIV: supply and inventory stock management

### 9 CENTRAL AFRICAN REPUBLIC

- **Cohort review** of HIV-infected patients under treatment (ART & Pre-ART)

### 10 REPUBLIC DEMOCRATIC OF CONGO

- **Cohort review** of HIV-infected patients on ARV treatment

### 11 BENIN, BURKINA FASO, MAURITANIE

- **CORAQ**, Strengthening quality assurance of laboratories

### BURUNDI, CAMEROON & CÔTE D'IVOIRE

- OPP-ERA, Improve the monitoring of people living with HIV through access to viral load testing. Countries where Solthis is leading the OPP-ERA project's implementation consortium: ANRS for the scientific coordination, Expertise France in Côte d'Ivoire & in Cameroon, Sidaction in Burundi and Solthis in Guinea.

## OUR PRINCIPAL IMPLEMENTING 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 - PNLSH** ▶ National Programme for the Fight against AIDS and Hepatitis
- **REGAP +** ▶ Guinean Network of People living and affected with HIV/AIDS
- **FEG "FONDATION ESPOIR GUINÉE"** ▶ Guinea Hope Foundation
- **FMG "FRATERNITÉ MÉDICALE GUINÉE"** ▶ Medical Fraternity, Guinea
- **AGENCE NATIONALE DE SECURITE SANITAIRE** ▶ National Health Security Agency

### MALI

- **SE HCNLS** ▶ The Executive Secretariat of the High National Council for the Fight against AIDS, attached to the Presidency of the Republic.
- **CSLS-MSAS** ▶ The Sectoral AIDS Control Unit of the Ministry of Health and Social Affairs, attached to the Ministry of Health and Social Affairs
- **ASDAP** ▶ Association for Support of Population Initiatives
- **WALE** ▶ Non-Governmental Organisation "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

### 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 United dedicated to Youth and Adolescents Health promotion (DSAJ)
- **DGASP/R** ▶ Promotion Administration, Security and Reintegration General Directorate within the Ministry of Justice
- **ANDDH** ▶ Association for Human Right Protection in Niger
- **LAFIA MATASSA** ▶ Non-Governmental Organisation for the youth and adolescents

### MENA REGION: MIDDLE EAST / NORTH AFRICA

- **MOROCCO: ITPC - MENA** ▶ Moroccan NGO for Access to Treatment.
- **LEBANON: MARSA SEXUAL HEALTH CENTER ET 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

### 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



Over the period 2018-2019, Solthis signed new agreements with local partnerships in Côte d'Ivoire, Mali and Senegal as part of the ATLAS project.

- **IN SENEGAL** ▶ CEPIAD, CTA and ENDA Santé, and its partners.
- **IN MALI** ▶ AKS, AMPRODE Sahel, ARCAD SIDA, DANAYO SO, SOUTOURA and PSI.
- **IN CÔTE D'IVOIRE** ▶ Espace Confiance, Ariel Foundation Glaser, Heartland Alliance International and its partners, and Red Ribbon as well as the Ministries of Health and national HIV/AIDS programs/councils AIDS in Senegal, Mali and Côte d'Ivoire. **SEE PAGE 27**



# MALI

In Mali, maternal and neonatal conditions, malaria, digestive infections, cardio-vascular diseases and respiratory infections are the primary causes of mortality for all ages. Furthermore, the HIV epidemic remains concentrated in key populations with an average prevalence ranging from 5% to 24.2%. There is also increased vulnerability in young people, particularly young girls, to STI/ HIV, to unwanted pregnancies, early marriage,... and an extremely low rate of HIV screening: only one in every two people living with HIV knows their HIV status. In collaboration with the Malian authorities and civil society, Solthis is working on reducing new infections and HIV/Aids mortality. In 2018, Solthis launched the ATLAS project "Free access to HIV status" by introducing self-testing in Mali, Côte d'Ivoire and Senegal. Solthis also conducts pilot initiatives on the rights of young people to sexual and reproductive health in the regions of Segou and Bamako.

## FOCUS

## JADES: PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AMONG ADOLESCENTS

PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AMONG ADOLESCENTS TO REDUCE NEW HIV/AIDS RELATED INFECTIONS AND MORTALITY



### PROJECT DURATION

January 2016  
to March 2019

### SOURCE OF FUNDING

Initiative 5%

### KEY PARTNERS

Équilibres et Populations • NGO Lafia Matassa • NGO ASDAP • NGO Wale • 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



## ISSUES

In West and Central Africa, over 10,000 young people are infected with HIV every year and two out of three of them are girls. This vulnerability in young people is exacerbated by limited access to good information on contraception, family planning, and HIV/STI prevention, by the absence of a national protocol for healthcare provision to meet their needs and by socio-cultural factors linked to taboo around sexuality, especially among young girls.

## OUR ACTION

In 2018, our work in Mali and Niger was focused on the implementation of various activities to respond to one of the decisive factors for improving sexual and reproductive health in young people: promoting dialogue between young people, the different generations and members of the communities. Thus we continued outreach activities involving peer educators (notably small group discussions during educational talks) and social mobilisation bringing together various types of audience: through dialogue, conferences, sports tournaments or even festive events on themes of sexual and reproductive health. In 2018, the project also contributed to the training of 60 health personnel to improve the quality of care for young people in healthcare facilities and school medical rooms: to provide young people with tailored healthcare and to ensure effective follow-up for young people who are infected with HIV. Launched in 2016, the preliminary phase of the project came to an end in March 2019. In this context, Solthis worked on the sustainability of the project with the main national stakeholders (Ministry of Public Health, Ministry of Education, local NGOs) so that recommendations made by people affected by the project can be taken into consideration in any future public health policies aimed at young people.



“Before, young people were marginalised. Through building capacity and the provision of care, young people now have access to good quality care, they are more at ease and come to health centres more. These centres are more responsive to their needs and have changed their opening hours.”

A.D., DOCTOR, MALI



BETWEEN 2016 AND END 2018 IN MALI & NIGER

**67**  
PEER TRAINED  
YOUTH LEADERS

**198**  
HEALTH WORKERS  
TRAINED

**29,899**  
YOUNG PEOPLE  
SENSITIZED AND  
6,600 SCREENED  
WHO NOW KNOW  
THEIR HIV STATUS

**158**  
COMMUNITY  
LEADERS TRAINED  
IN SRH AND 1,661  
PUPILS' PARENTS  
SENSITIZED

#### TECHNICAL ASSISTANCE

## Capacity building for healthcare personnel

TECHNICAL ASSISTANCE TO THE SECTORAL UNIT AGAINST AIDS IN THE IMPLEMENTATION OF STRATEGIES FOR COACHING HEALTHCARE PROVIDERS AND FOR IMPROVING RETENTION



**PROJECT DURATION**  
January 2018 - 2020

**SOURCE OF FUNDING**  
Global Fund grants

**KEY PARTNERS**  
Sectoral Unit for the Fight  
against Aids – Ministry of  
Health and Public Hygiene

#### OUR ACTION

In 2018, Solthis continued its support for CSLS / MSHP with its capacity building activities for training coaches in 8 Regional Health Directorates and in the Bamako district. This mission has allowed 22 new training coaches and 116 coaches to be trained on improving their training practices and care for adult and paediatric HIV as well as their post training supervision techniques. Thus since 2017, a national pool of 44 training coaches and 236 coaches have been trained to improve the quality of HIV care (PEC) in the decentralised sites of the PEC. Furthermore, Solthis conducted research into identifying determinants withdrawal from treatment by so called "lost to view" patients who are infected with HIV. This research enabled recommendations to be made and contributed to the development of a national policy and the devising of a number of activities to improve patient care retention rates.

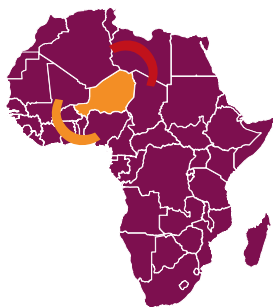
#### KEY FIGURES AND RESULTS

**22**  
new training coaches  
(super coach) trained

**24**  
post training supervisions  
conducted

**116**  
coaches trained

**8**  
DRS (Regional Health  
Directorate) and 56  
Healthcare referral centres  
supported



# NIGER

In Niger, malaria, diarrhoeal diseases, infectious diseases, cardiac and respiratory diseases, as well as nutritional imbalances, are the primary causes of mortality. Despite a significant reduction in infant and child mortality since 1992, Niger continues to face a high rate of maternal deaths (250 deaths for every 100,000 live births in 2015) caused both by deficiencies in the healthcare system and socio-cultural factors, particularly where young girls and women are concerned. In fact, the high level of women's fertility in Niger (with one of the highest fertility rates in the world: on average 7.6 children per woman), early marriages, a lack of information on early childbearing and the low level of decision making powers in women further aggravate the delay in seeking care. There is also a worrying situation regarding failure to respect the fundamental rights of detainees in prisons where there is no guarantee of even minimal sanitary conditions. To address these issues in Niger, Solthis is working on the healthcare offer and the right to health for young people and users in order to create a social and political environment which favours the health of the most vulnerable populations.

## FOCUS

## IMPROVEMENT OF PRISONERS' LIVING CONDITIONS IN NIGER



**PROJECT DURATION**  
2016 - 2018

**SOURCE OF FUNDING**  
French Development  
Agency (AFD)

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



## ISSUES

Contributing to the promotion of human rights in Niger by improving access for prisoners to good quality healthcare, legal and social services.



## OUR ACTION

Since 2016 to the end of 2018, the project has worked with all key actors in the prison environment to improve the conditions of prisoners in Niger. In 2018, the project was marked by an improvement in the offer and quality of care for prisoners in Niamey and Say prisons through the training and post-training monitoring of healthcare personnel in the two prisons, through allocations of equipment both small and large, through strengthening the prisoner data system and the establishment of an **Inter-ministerial Committee** on health in prisons which aimed to reinvigorate dialogue amongst key actors in prison health: The Ministries of Public Health, of Justice, of the Interior and of Defence.

The project also continued to strengthen Nigerien civil society in its role of defence and promotion of human rights, working simultaneously:

- with prisoners to enhance their knowledge of the criminal justice system and of their rights so that they can play an active role in their own health and be involved in adjusting the balance of power between prisoners and the justice system.
- with prisoners who are trained as peer educators, United Nations Volunteers (UNV) and clerks who are assigned to prisons, the only people that prisoners can consult to monitor the progress of their cases and for legal advice.
- and on strengthening the capacity for advocacy of the Nigerien Association for the Defence of Human Rights (ANDDH) in terms of the right to challenge decision makers on the discrepancy between the legal framework and the actual conditions of detainees.

To encourage dialogue between stakeholders in the prison environment, Solthis supported the reinvigoration of a wider institutional consultative body, which also brings together relevant non-governmental organisations, **The Prison Platform which is co-ordinated by the Department of Reintegration of the Ministry of Justice.**

“It is a good thing that we now have the platform [...] The objective of the prison platform, is to bring together NGOs and organisations that are involved in the prison environment, to have a clear direction. To ensure that we all have the same level of understanding and that we do not duplicate our efforts.”

NGO MEMBER OF THE PRISON PLATFORM

## RESULTS SINCE 2016

**207**

IMPROVED SUPERVISOR TRAINING ON PRISONER HEALTH

**6,038**

MEDICAL CONSULTATIONS IN NIAMEY AND SAY PRISONS

**64**

PRISONERS RECEIVED PEER EDUCATOR TRAINING

**1,514**

PRISONERS RECEIVED AWARENESS TRAINING IN THE TWO PRISONS ON HYGIENE AND HEALTH IN THE PRISON ENVIRONMENT

**24**

IMPROVED TRAINING FOR MEMBERS OF THE NATIONAL ASSOCIATION FOR THE DEFENCE OF HUMAN RIGHTS (ANDDH) ON THE RIGHTS OF PRISONERS.

**886**

PRISONERS IN NIAMEY AND SAY PRISONS HAD AT LEAST ONE DISCUSSION WITH A LAWYER



## TECHNICAL ASSISTANCE

## Assessment of the patient cohort infected with HIV for better management of treatment



**PROJECT DURATION**  
May 2018 – July 2018

**SOURCE OF FUNDING**  
5% Initiative

### OUR ACTION

Solthis was asked to support CISLS (Intersectoral Coordination of the fight against Aids), the main recipient of the Global Fund HIV grant with updating the active file of patients undergoing ARV treatment and to carry out a stock check of antiretrovirals with the aim of improving the system for collecting and uploading data on HIV treatment. This mission has enabled the provision of precise, good quality information to national actors, notably leading to adaptations in planning actions in the fight against HIV to fit what is really happening with the epidemic and to have an updateable database for the timely assessment active file of patients. The mission also developed and validated a protocol to audit the active file based on the "Simplified Replicable Model" and was able to train actors throughout the country to do regular updates of the national database.

### KEY FIGURES AND RESULTS

**94**

HIV care facilities and 92 sites for the Prevention of Mother to Child HIV Transmission (PTME) included in the research

**32,174**

Files of HIV patients treated (all files of PLHIV opened since 2004 in Niger).

## PROJECT

## Cooperation & strengthening quality assurance in quality control laboratories (CORAQ\_LAB)



At the end of 2018 in Niger, in partnership with the CHMP, the National Laboratory for Quality Control of Morocco (LNCM Maroc) and the WHO, Solthis launched, the CORAQ-Lab project which aims to strengthen the capacity of the National Laboratories for the Quality Control of Medicines in order to reach the minimum acceptable standards for submitting a prequalification application to the WHO. Funded by the 5% Initiative, the project will be implemented in 4 countries **Benin, Burkina Faso, Mauritania and Niger** for a period of 3 years.

In French speaking Africa, the absence of pharmaceutical drug production units compels the pharmaceutical wholesalers (public and private) to import virtually all their medicine requirements with the risk of major shortcomings in pharmaceutical quality.

In this region of Africa, the enforcement of pharmaceutical regulations remains inadequate and the lack of a functional national laboratory for quality control of medicines in line with international standards represents a major obstacle to the objective of protecting the population. In fact currently, six laboratories in Africa are prequalified by the WHO but none of these are in French speaking West Africa. Solthis is engaged in providing technical assistance and training expertise for the establishment of the prerequisites for training activities (andragogy, training trainers, devising pedagogical materials and tools) for LNCM Maroc & CHMP trainers.

## PROJECT

## JADES: Promoting sexual and reproductive health among adolescents



In 2018, working alongside the photographer Gaël Turine / MAPS, Solthis held the "**My Sexual Health, My rights, My choices**" exhibition to track the commitment of young peer educators to the right to sexual and reproductive health for young people in the streets, districts and schools of Niamey. This exhibition was displayed for 3 weeks in the Franco-Nigerien Cultural Centre in Niamey before being shown in Paris.

“Educational talks are very important because now young girls come to the centre regularly to obtain information on their sexual and reproductive health.”

A.K, PEER-EDUCATOR, NIAMEY

### 21,689

YOUNG PEOPLE HAD AWARENESS RAISED THANKS TO PEER-EDUCATORS BETWEEN 2016 AND THE END OF 2018 IN NIGER.

“Peer-education has changed my life a lot, especially with my friends. I have a responsibility, a commitment to them.”

A.K, PEER-EDUCATOR, NIAMEY

Since 2016, the 1st phase of the JADES project, which came to an end in March 2019, allowed us to put young people at the heart of the prevention process and to create an open dialogue with those around them for a sustainable change with regard to sexual and reproductive health in Mali and Niger. The 2nd phase of the project which will take place in Niger, will focus on building a collective youth leadership to challenge the authorities to change public policies in favour of respecting rights, access to good quality care for young people and prevention in Sexual and Reproductive Health.

SEE 2018 PROJECT ACTIVITIES WITH OUR PARTNERS ON PAGE 14.



# GUINEA

Despite efforts to improve mother and child health in Guinea, the main health indicators remain a concern with a child mortality rate of 273 (for 1,000 live births), one of the highest in the world. Coordination difficulties and poor access by the people to good quality care throughout the country, partly explain the poor operational performance of the Guinean health system. As regards HIV, the national response still falls far short of achieving the UNAIDS 90-90-90 objective. Solthis is working in Guinea to improve the prevention of mother to child transmission of HIV, to increase access to good quality HIV care through access to viral load testing, through opening dialogue between the various PEC stakeholders in Guinea (patients, carers, authorities,...) and through advocacy in favour of respecting the rights of patients.

## FOCUS

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



### PROJECT DURATION

3 years (phase II): 2016-2019

### SOURCE OF FUNDING

UNITAID • ANRS

The OPP-ERA Project is implemented by a consortium of French actors: Solthis, lead partner and in charge of implementation of the project in Guinea, Sidaction in Burundi and Expertise France in Cameroon & Côte d'Ivoire and ANRS, in charge of scientific direction.

### PRESENTATION OF THE OPP-ERA PROJECT

Viral load testing in people living with HIV makes it possible to monitor the effectiveness of their treatment and be notified in case of treatment failure. An undetectable viral load avoids the risk of transmission. However, access is still limited in Sub-Saharan Africa particularly in the region of West and Central Africa. Launched in 2013, the OPP-ERA project aims to improve access to viral load testing in 4 countries of West and Central Africa: Burundi, Guinea, Côte d'Ivoire and Cameroon. It is part of the global strategy to fight HIV/Aids, particularly the UNAIDS 3rd 90 which aims to achieve the following objective between now and 2020: 90% of patients receiving antiretroviral treatment have an undetectable viral load. The OPP-ERA project has helped to create favourable conditions ("an enabling environment") for performing viral load testing through training healthcare professionals, strengthening local facilities, supplying laboratory reagents and consumables and putting in place transition plans for the project with institutional actors.



### THE OPP-ERA PROJECT TO DATE:

**4**

Countries of intervention

**9**

Functioning laboratories in 2018

**+ 160,000**

viral load tests completed in the 4 countries since 2014

**+ 300**

Healthcare professionals trained (clinicians, laboratory technicians, and supply chain experts)

**Up to 88%**

Undetectable viral loads in certain sites supported by the project





### THE OPP-ERA PROJECT IN GUINEA

Since 2013, the OPP-ERA project has for the first time brought access to viral load testing to the Guinean public health system through the installation of two molecular biology laboratories in the National Institute for Public Health (INSP) and at the Donka National Hospital in Conakry.

### OUR ACTION IN 2018, GUINEA

In 2018, the OPP-ERA project continued the implementation of activities necessary to perform a viral load test by working both on the supply of viral load tests and on demand for the tests. In the laboratories, activities were marked by the introduction of quality assurance procedures and tools for monitoring activities, through exchanges between the project's countries of intervention, notably with Côte d'Ivoire and on-site training of laboratory personnel to improve the viral load offer. The OPP-ERA project has also worked on the regular demand for viral load tests and management of treatment failure through training and mentoring clinicians who are prescribers of the test. Monitoring tools (registers, databases), for raising awareness of the demand for viral load testing, for support with analysis of results (poster, easel, CV algorithm) have also been provided to prescribers. Experts in supply chain and stock management (GAS) from the OPP-ERA project participated in the work of the GAS National Technical Group on activities to quantify the need for laboratory products for viral load and order planning. They also put in place tools and provided various training sessions and tutorials on management of laboratory products for viral load tests, particularly those which require a cold chain. At institutional level, Solthis contributed to drafting the National Strategy for scaling up viral load testing in Guinea 2019-2022 to ensure the sustainability of the project and support the decentralisation of viral load testing.

“Solthis, through the project OPP-ERA, allowed us to work together on the national HIV viral load strategy, and we know now which direction to take to reach the 3<sup>rd</sup> 90.”

YOUSSEF KOITA, MD, NATIONAL COORDINATOR, PNLSH

### KEY FIGURES AND RESULTS

**+ 26,000**

Viral load tests completed in Guinea between 2014 and 2018

**5 year**

National strategy (2019-2022) on viral load in Guinea

**77%**

Undetectable viral loads in supported sites

## FOCUS

# 12344 ANRS- DIAVINA OPERATIONAL RESEARCH PROJECT

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



**PROJECT DURATION**  
3 years (2016-2019)

**SOURCE OF FUNDING**  
Paris Municipality • ANRS

### KEY PARTNERS

National Programme for the Fight against Aids and Hepatitis (PNLSH) • FEG Association • Maternity and Paediatric services, Ignace Deen



that they suffer. Although the final results of the project will only be known at the end of 2019, the training of care teams has already led to an improvement in screening and treatment of HIV at Ignace Deen Hospital: screening for HIV in the labour ward has increased from 65% in 2016 to 95% in 2018 and in paediatric services: a threefold increase in screening for HIV and children infected with HIV who have received antiretroviral treatment. This project has also shown good tolerance of enhanced preventive treatment administered at birth to high risk children.

### ISSUES

In Sub-Saharan Africa, many children continue to be born to mothers with HIV who have not received any treatment during their pregnancy and are at high risk of infection. To improve the care of these children in Guinea, since 2016 Solthis has implemented a strategy which combines a diagnosis of HIV infection and a systematic enhanced preventive antiretroviral treatment from birth in newborns at high risk of infection.

### OUR ACTION

After a year of preparing for the launch (in 2016) and the inclusion of mother and child pairs in the study from February 2017, the year 2018 was marked by the end of further inclusions and ongoing monitoring activities of the pairs. Solthis continued to implement all necessary activities for the smooth running of the study: weekly interdisciplinary meeting (paediatrician, midwife, psycho-social assistant), timely material support (laboratory supplies, medical equipment), regular management of drug stocks (paediatric ARV and cotrimoxazole), daily transport of blood samples from study sites to the laboratories and training paediatricians in the care of paediatric HIV. Solthis continued to support the daily activities of caring for the women and children by nurses from Ignace Deen Hospital and especially the psycho-social assistants from the FEG association whose work is essential to ensure that the women with HIV can continue their own and their child's medical treatment despite the rejection and stigma

“When I learned about the illness I cried, for myself and my child. The project gave me support and knowledge about the illness. When they told me that my child was not infected, I cried again, but this time for joy.”

MME B, PARTICIPANT IN THE DIAVINA PROJECT AND AT THE END OF TREATMENT WITH HER CHILD

### KEY FIGURES AND RESULTS

**95.5%**

Of women screened in the delivery room in 2018, that is 6,141 out of 6,431 women

**51 out of 57 mothers**

Infected with HIV and at high risk of transmission joined the project as well as 56 children.

## PROJECT

## PACTES: patients-centred treatment and care

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



### KEY PARTNERS

REGAP+ • FEG • FMG • PNLISH

### PROJECT DURATION

3 years

### SOURCE OF FUNDING

French Development Agency • UNITAID as part of the OPP-ERA project

volunteers attended participatory diagnostic workshops. In collaboration with the OPP-ERA project (p.20) caregivers were encouraged to promote requests for the viral load test and to use results in patient follow-up (adapting treatment and spacing of appointments). Support was given to the group of associations to defend the rights of PLHIV in Guinea to take ownership of the advocacy process and better defend the rights of users to good quality treatment and care. National institutions are also involved in the process for greater ownership of the philosophy of the project and to guarantee the sustainability of its activities.

### OUR ACTION

Launched in 2017, the PACTES project devoted its first year to participatory diagnostic workshops with all the stakeholders in the treatment and care of HIV: caregivers, patients, volunteers, psychosocial mediators, and managers, to analyse as a group the processes and organisation of treatment and to build together a common strategy to improve the quality of care for people living with HIV in Guinea. In 2018, the activities were focused on the training of caregivers, receptionists and psychosocial mediators in the analysis of professional practice to improve the carer-patient relationship and the collective dynamic. In this way, 20 caregivers were trained and 83 patients/



## PROJECT

## Network of National Public Health Institutes 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) • MAEDI (Ministry for Europe and Foreign Affairs)

### PROJECT DURATION

2 years (2017-2019)

### PARTNERS

Implemented in 6 member countries of the West African Health Organisations (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 aspects of the health information systems at national and international levels. Therefore, the RIPOST project aims to strengthen the surveillance of diseases with epidemic potential in 6 countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Niger and Togo. Solthis integrated the RIPOST project providing support to the National Agency for Health Security (ANSS) in strengthening the capacities of those involved with community based epidemiological surveillance (SBC) in order to improve surveillance (identification, warning, communication) and also to improve the quality of feedback. While SBC has been in place in Guinea since January 2016, since 2017, Solthis has incorporated the various discussion and decision making forums around SBC including the technical committee coordinated by the ANSS. As part of this collaborative work operational readjustments have been made to adapt our activities to new national guidelines piloted by the National Security Agency.





# SIERRA LEONE

Sierra Leone has made significant progress in rebuilding a resilient health system after the Ebola crisis of 2015. However, there remains a great deal to do for a lasting improvement in health indicators. Sierra Leone is ranked among the 30 countries most affected by tuberculosis and faces huge challenges in terms of diagnosis in children. The prevalence of HIV is at 1.5% with a high concentration of the epidemic in 5 towns (Freetown, Kenema, Bo, Koidu Town and Makeni), which collectively represent 40% of the national burden of mother to child HIV transmission. Since 2011, Solthis has worked in Sierra Leone with its partners to strengthen the health service, to improve the quality of HIV / tuberculosis care and the treatment and care of paediatric tuberculosis, by providing support for healthcare professionals and communities.

## FOCUS

## EMPOWERING USERS FOR QUALITY HIV CARE



### PROJECT DURATION

First Phase (3 years):  
2016-2019

### SOURCE OF FUNDING

French Development Agency (AFD) • National HIV/AIDS Control Programme (NACP) • Paris Municipality • Private Donors

### KEY PARTNERS

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



### PRESENTATION OF THE EMPOWER PROJECT (PHASE 1)

Sierra Leone faces various challenges to reduce the national prevalence of HIV estimated at 1.5%. Stigmatisation and discrimination in healthcare centres and communities are still barriers to accessing HIV testing and consequently treatment. Moreover, the quality of support remains a major problem for keeping patients in care, which then leads to a poor level of retention in care and a higher risk of treatment failure.

### OUR ACTION

In 2018, Solthis continued to support the National Network of People living with HIV/Aids (NETHIPS) by strengthening the capacities of its 12 PLHIV support groups. Strengthening their capacity to advocate was a central focus of the work conducted with NETHIPS, in particular by supporting the network in its advocacy with the institutions on the discrimination experienced by PLHIVs and their specific needs in terms of care, as well as drawing attention to inadequacies or shortfalls identified in the care system of various healthcare facilities (stock shortage of ARVs for example). So the aim of the work with NETHIPS was two-fold: to consolidate the knowledge of PLHIV on HIV and their rights, to strengthen their capacity to act, but also to support the Network so that it can position itself as a key player in areas of advocacy and influence in Sierra Leone and more widely on a continental scale by building links and bridges with other major community structures (e.g. visit to the National Network of PLHIV in Uganda, NAFOPHANU.)

As regards the healthcare structures supported, the Solthis medical team also continued training, post-training monitoring and mentoring of caregivers on all aspects of good quality patient-centred care for people with HIV. Above and beyond technical content, the process aims to strengthen their capacity and improve their attitudes to patients.



“The interaction between Solthis personnel, staff from the clinic and clients is so cordial that it has contributed to an improvement in the quality of care and in patient confidence.”

PARTICIPANT IN ON-LINE SURVEY

#### KEY FIGURES & RESULTS 2018

**2,000**

HOURS OF MENTORING FOR 196 CAREGIVERS IN CLINICS SUPPORTED BY THE PROJECT

**8,601**

PATIENTS, INCLUDING 527 CHILDREN UNDER 15 YEARS OLD, SUPPORTED BY OUR ACTIONS

**11**

TRAINING SESSIONS FOR 72 HEALTH WORKERS (INCLUDING 15 PRIVATE SECTOR)

“The Empower project completely changed our way of living.”

MEMBER OF SUPPORT GROUP

#### FEEDBACK ON 3 YEARS OF THE EMPOWER PROJECT

Phase 1 of the project "Empowerment of users for high quality treatment and care for HIV in Sierra Leone", also known as "Empower", was launched at the beginning of 2016 and ended in 2018. Phase 2 of the project was launched in March 2019 with the support of the French Development Agency (AFD). The first phase of the project enabled Solthis to bring together patients and healthcare professionals, to encourage them to engage in a constructive dialogue and a process of strengthening their capacities. This enabled them to start breaking down the main barriers to put an end to HIV in Sierra Leone. The distinctive and well-founded interventions by Solthis in terms of response to HIV in Sierra Leone are characterised by strengthening both the demand and supply of healthcare services as a key to success. Indeed, in the course of this three year project, Solthis deployed a three pronged approach to build and strengthen capacities nationally, in healthcare institutions and in the communities. Through targeted training and on-site mentoring of health workers, members and leaders of patient support groups, the project has not only transformed the quality of HIV care in the 13 treatment and care sites supported, but also enabled patients to demand for themselves the quality of services they deserve without stigmatisation or discrimination. Through their strong commitment, our main partners (the National Secretariat for the fight against HIV/Aids(NAS) and the National HIV/Aids Control Programme (NACP) and the network of PLHIV in Sierra Leone (NETHIPS) have succeeded in creating favourable conditions to trigger a significant and positive change in the treatment and care of HIV.

Interview with the Empower project team / Solthis Sierra Leone

#### SINCE 2016

**298**

Health professionals trained

**+ 25**

Training sessions for support groups and NETHIPS

**+ 42**

points on score of patients remaining under treatment (retention)

**+ 46**

points on score of patients taking their medication correctly (adherence to treatment)



## PROJECT

## TB-SPEED

INTERNATIONAL OPERATIONAL RESEARCH TO IMPROVE EARLY SCREENING AND REINFORCE THE TREATMENT AND CARE OF PAEDIATRIC TUBERCULOSIS



**PROJECT DURATION**  
2017-2021

**SOURCE OF FUNDING**  
UNITAID • 5%  
Initiative

### KEY PARTNERS

University of Bordeaux • Ministry of Health and Hygiene (MOHS SL) • National Leprosy and Tuberculosis Control Programme (NLTCP) • WHO • Civil Society Movement against TB Sierra Leone • Ola Daring Paediatric Hospital • Health management teams in Bo and Port Loko districts.

### ISSUES

Diagnosis of Tuberculosis in young children is complex owing to the difficulty of collecting respiratory samples. Currently, there is no rapid, effective and simple diagnostic test for TB in children which can be carried out easily, particularly in primary healthcare centres and district hospitals in countries with a high prevalence of TB like Sierra Leone where many children come along with suspected tuberculosis. So the majority of children with TB are not diagnosed and therefore do not receive treatment.



### OUR ACTION

The TB speed project is the opportunity for Sierra Leone to take part in a huge international operational research project whose objective is to improve the diagnosis of childhood tuberculosis. Launched in October 2017, the year 2018 was mainly devoted to the integration of discussion and decision making forums on childhood tuberculosis, to engaging key actors in Sierra Leone and to preparations for the launch of two operational research activities in 2019:

- Assessment of the decentralisation of paediatric TB diagnosis in district hospitals and primary healthcare centres
- Validation of algorithms and tools adapted for the diagnosis of TB in children under 5 years old who are severely malnourished.

Once the project was presented to the Ministry of Health and stakeholders, a baseline assessment of the current situation of diagnosis and treatment and care of tuberculosis in children was completed in five regions. The technical committee of the TB-Speed project also provides a working platform to support discussions on policies and guidelines on prevention, screening, diagnosis and early treatment of paediatric tuberculosis.

**The TB-Speed project is being implemented in 7 countries by a consortium including Solthis in Sierra Leone and the University of Bordeaux as the lead partner and project coordinator.**





# CÔTE D'IVOIRE, SENEGAL & MALI



The HIV/Aids epidemic in West Africa has low to moderate prevalence rates in the general population: 0.4% in Senegal, 1.2% in Mali and 2.8% in Côte d'Ivoire. However, in certain specific sub-groups, this prevalence can be much higher, reaching 41.9% in men who have sexual relations with men in Senegal or 12.2% in sex workers in Côte d'Ivoire. Currently, less than half of people living with HIV in the region know their status. So it is essential that access to testing is expanded in order to reduce mortality and morbidity linked to HIV/Aids.

## FOCUS

## ATLAS: PROMOTING ACCESS TO HIV SELF-TESTING IN WEST AFRICA



**PROJECT DURATION**  
2018-2021

**SOURCE OF FUNDING**  
UNITAID

### KEY PARTNERS

IRD (Institute of Research and Development) • Ministries of Health • In Senegal: CEPIAD, CTA and ENDA Health and their partners • In Mali: AKS, AMPRODE Sahel, ARCAD SIDA, Danayaso, Soutoura and PSI • In Côte d'Ivoire: Espace Con fiance, Fondation Ariel Glaser, Heartland Alliance International and its partners, and Ruban Rouge

## ISSUES

Knowing one's HIV status remains an essential step towards accessing treatment and putting an end to the epidemic. Helping to improve access to one's HIV status through self-testing complements existing screening strategies to reach as many people as possible and accelerate the achievement of UNAIDS' 90-90-90 objectives and in particular the first: "By 2020, 90% of people living with HIV know their HIV status" in a region where almost half the people living with HIV are unaware of their status and so cannot access treatment.

## OUR ACTION

The first developmental project on self-testing in West Africa, ATLAS aims to dispense self-screening kits in Côte d'Ivoire, Mali and Senegal, to target populations such as men having sexual relations with men and their partners, sex workers and their partners / clients, people who use drugs and their partners (in Senegal), partners of people living with HIV/ Aids and young people (16-24 years old in Côte d'Ivoire) by using innovative secondary distribution channels. As a project which includes an important research component, ATLAS will also aim to generate evidence on outcomes and the impact of interventions. 2018 was mainly devoted to activities in preparation for

the distribution of kits: a participatory approach to defining distribution channels suitable for each target group, adapting support for the use of self-testing, developing monitoring and evaluation tools, media study prior to devising awareness raising materials and devising a plan for purchasing and supply chain management. **By 2021, 500,000 HIV self-tests will be distributed.**



## PROJECT

## MIDDLE EAST / NORTH AFRICA (MENA)

MOROCCO, LEBANON, TUNISIA, EGYPT

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



**PROJECT DURATION**  
3 years (2017-2020)

**SOURCE OF FUNDING**  
Paris Municipality • ITPC-MENA (International Treatment Preparedness Coalition – Moroccan NGO for Access to Treatment)

### ISSUES

The MENA region shows mixed results in the fight against HIV: every year 20,000 new people are infected in the region, predominantly 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.

### OUR ACTION

Launched in 2017 in partnership with ITPC-MENA, the implementation of the ACACIAS project relies on civil society organisations in the countries in which it operates: in Lebanon: Marsa & M-Coalition; in Tunisia: Tunisian Association for Positive Prevention (ATP+); in Egypt: Al Shehab. After a first year marked by the establishment of a collaborative framework in the MENA region, 2018 has seen progress on the development of the digital application through a preliminary investigation into the expectations of partner associations and their members. This work led to the drafting of a specification. Mapping of existing applications which meet the specification helped to identify Life4me+ and discussions are underway to define to what extent a partnership is feasible. In parallel, workshops were organised by ITPC-MENA to strengthen partner associations. This support also provided partners with the opportunity to participate in international conferences: AFRAHIV 2018 in Bordeaux; AIDS 2018 in Amsterdam.

## TECHNICAL ASSISTANCE

## GABON

**PREPARING GRANT APPLICATION OF THE TUBERCULOSIS PROGRAMME TO THE GLOBAL FUND: SUPPORT WITH APPLICATION PROCESS TO PREPARE A REQUEST FOR THE GLOBAL FUND TB GRANT**



**PROJECT DURATION**  
66 days

#### SOURCE OF FUNDING

5% Initiative • Global Fund  
• Ministry for Europe and Foreign Affairs

As part of its request for the Tuberculosis grant from the Global Fund, the CCM (Multisectoral Coordination Committee) of Gabon requested expertise in supply and stock management provided by Solthis in order to assist with the preparation of a list of medical and non medical products, with quantifying the need for these products and budgeting. In 2018, actions conducted in collaboration with national partners consisted in: supporting the development of a tuberculosis concept note 2019-2021, and the prioritised request for funding over and above the allocated sum (PAAR) by the selection of Tuberculosis health products, national quantification and budgeting for these products; but also support in preparing a national strategic Tuberculosis plan (PSN) 2019-2023 and providing specific technical assistance to national structures in charge of supplies with various activities on the management of Tuberculosis health products...).

## TECHNICAL ASSISTANCE

## MADAGASCAR

## REVISION OF THE GLOBAL PROTOCOL FOR THE TREATMENT AND CARE OF PEOPLE LIVING WITH HIV



**PROJECT DURATION**  
45 days

**SOURCE OF FUNDING**

5% Initiative • Global Fund  
• Ministry for Europe and Foreign Affairs

The Malagasy institutions coordinating the fight against HIV/Aids wished to review their national protocol for the treatment and care of PLHIV to comply with 2016 WHO recommendations. Technical expertise in pharmacy and procurement and stock management was provided by Softhis to assist with reviewing the protocol as well as quantifying the need for medical products as a result of this new protocol. Actions conducted in collaboration with national partners consisted in supporting: the reviewing and validation of the national protocol for the treatment and care of HIV in line with WHO recommendations, the national quantification and budgetisation of HIV healthcare products as a result of revising the protocol as well as related healthcare products for the treatment and care of co morbidities, devising a procurement plan and a rapid diagnosis of the supply chain of HIV health products and management capacities within the structures responsible for procurement and proposing measures for improvement.

## TECHNICAL ASSISTANCE

## DEMOCRATIC REPUBLIC OF CONGO

## CERTIFICATION OF THE PATIENT COHORT UNDER ARV TREATMENT



**PROJECT DURATION**  
September 2018 – May 2019

**SOURCE OF FUNDING**

Global Fund for the fight against HIV, tuberculosis and malaria

The DRC has to work with poor quality data on the HIV patient cohort, which hinders strategic programme decision making. So, in 2018, Solthis was asked by the Global Fund to provide technical assistance to the PNLS (National Programme for the Fight against HIV) with updating the patient cohort of people living with HIV (adults and children) undergoing ARV treatment in the country. Started at the end of 2018, this mission aims to establish a methodology for assessment of the cohort of PLHIV undergoing ARV treatment, to count the number of PLHIV undergoing ARV treatment and to assess the balance between the number of patients undergoing treatment and monthly consumption of ARVs, and finally to make recommendations on data collection tools and the quality of data uploaded on the patient cohort.

## TECHNICAL ASSISTANCE

## CENTRAL AFRICAN REPUBLIC

## REVIEWING AND UPDATING THE PATIENT COHORT UNDERGOING ARV TREATMENT



**PROJECT DURATION**  
July 2017 – April 2018

**SOURCE OF FUNDING**  
5% Initiative

For some years the CAR has had to deal with poor quality data from the patient cohort. The total number of people undergoing ARV treatment is often disputed both locally and nationally. In 2018, Solthis completed a technical assistance project to support the CCM (Country Coordinating Mechanism) with an audit of the patient cohort 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 undergoing ARV treatment, to quantify and describe the patient cohort and to analyse the data collection and reporting system, in order to propose a data reporting strategy which will enable better monitoring of the patient cohort.



## 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 COMMUNICATION



• **AFRAVIH 2018: The 9th conference on the fight against HIV and Hepatitis** - held in Bordeaux from 4 to 7 April, was the occasion for Solthis to present the study conducted as part of the DIAVIANA project (Virological Diagnosis and Introduction at Birth): "Non-disclosure to caregivers of HIV status and antiretroviral treatment, during childbirth at Conakry in Guinea" by Dr. Guillaume BRETON, Scientific Director at Solthis. Two posters were also presented on awareness and measurement of waste disposal costs generated by viral load tests, as part of the OPP-ERA project, and also the study on "Example of national ownership of a pilot project on the decentralisation of comprehensive HIV care" conducted in Niger.



• **AIDS 2018: International Conference on Aids** - At AIDS 2018, held from 23 to 27 July in Amsterdam (Netherlands), Solthis organised a symposium as part of the OPP-ERA project to share its experience on advances and challenges in improving access to viral load in countries with limited resources. This was also the occasion of the official launch of the ATLAS HIV self-test project in partnership with Unitaid and the IRD and in the presence of the World Health Ambassador, Stéphanie Seydoux.

• **ASLM 2018: " Preventing and controlling the next pandemic: the role of laboratories" from 10 to 13 December, Abuja, Nigeria** - Organised by the African Society for Laboratory Medicine (ASLM) from 10 to 13 December, Solthis participated as part of its OPP-ERA project to present its study "assessing the real cost of waste disposal generated by viral load tests in Burundi" to the ASLM symposium "Bio-safety/Bio-security: Reducing the Threats" and in a verbal briefing in the session "The last mile to achieving the UNAIDS 90-90-90 targets"

## 2018 INTERVENTIONS



• **National Conference on HIV: "Sierra Leone: How are we doing in the fight against HIV?"**: From 13 to 14 November, Solthis Sierra Leone, ICAP Columbia and the NAS (National Aids Secretariat) jointly organised a two-day national conference in Freetown which brought together 120 stakeholders in the fight against HIV in Sierra Leone, to present their achievements over the past few years and to discuss the next steps to achieve the 90-90-90 objective in Sierra Leone.



• **JSSS 2018: Aids Scientific days of Senegal**: The ATLAS project, implemented by Solthis and the IRD and a group of local and research partners, held a symposium on the theme of the HIV self-test, an innovative tool to provide appropriate testing to vulnerable populations

• **6th Annual Meeting of African Doctors of France, 6 October 2018 organised by AMAFF**: to discuss "The molecular diagnostic market in Africa: challenges and opportunities" with Dr Louis Pizarro, CEO of Solthis and Nadia YAKHELEF, Health Economist.

• **"World Health and Africa: what health challenges are to come?"** organised 22 November on the occasion of the celebration of 15 years of Solthis in Paris.

• **Convergences**: From 3 to 4 September 2018, the 11th Convergences World Forum brought together participants around the theme "Faire Société, Faire Demain" with a speech by Louis Pizarro, CEO of Solthis at the session on "how to fund health sustainably".

## TEACHING

In 2018, Solthis continued their academic interventions on world health issues: access to care, managing health products, strengthening health systems, universal health coverage, combating HIV/Aids in Africa, managing health data in institutions and schools: Sciences Po - Paris, ISPED - Bordeaux, Pierre et Marie Curie University, Paris Diderot University, Paris Est Créteil University, Paris 1 Panthéon Sorbonne University, Pasteur Institute, Ecoles des Mines, Pharmaciens Humanitaires (PAH), CNAM.

## SCIENTIFIC AND ACADEMIC PARTNERS

## OUR ADVOCACY ACTIONS IN 2018

For several years, through its dual focus on the 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.

• **Patients' rights and combating stigmatisation** Through the Empower project in Sierra Leone, Solthis strengthens the Nethips patient network. A charter of patients' rights was launched. A partnership with the High Commission on Human Rights of Sierra Leone and NETHIPS was also created to combat stigmatisation. The PACTES (Patients at the heart of Treatment and Care) project in Guinea aims to make psychosocial support available, to improve the caregiver – patient relationship and to strengthen the capacities of the associative networks to better defend the rights of people living with HIV.

• **Vulnerable Populations' right to health.** In Niger, as part of the project to improve 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" whose first report was published in 2018.

• **The right to sexual and reproductive health.** An exhibition and a film entitled "My sexual health, my rights, my choices" were made with peer educators from the JADES project in Niger in 2018 as a contribution to the promotion of young people's right to health, to give them access to accurate public health information and give them responsibility for their own health.

### REMEMBER THE ROLE OF FRANCE IN GLOBAL HEALTH

• As leader of the health commission of Coordination Sud and founder member of the Collectif Santé Mondial, in 2018 Solthis has continued to call upon government to respect France's commitments.

• In May 2018, Solthis, alongside other associative partners, welcomed the decision of the French President to host the 2019 replenishment conference of the Global Fund for the fight against Aids, tuberculosis and malaria. But keeps a watchful eye on engagement of civil society and the commitment of the President. In September 2018, Solthis co-signed an open forum entitled "M. MACRON, HELP THE GLOBAL FUND TO SAVE MORE LIVES".

## 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.



Solthis joined the "Groupe Initiative" in 2018. The "GI" counts 12 International Solidarity organizations today and serves as a platform for exchange and sharing experiences and practices to rethink operations in the field and make recommendations of public policies.



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



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



## SOLTHIS CELEBRATED ITS 15TH ANNIVERSARY IN 2018



### 15 YEARS OF MOBILISATION TO ADDRESS MAJOR GLOBAL HEALTH CHALLENGES

#### 15 years of fighting HIV/Aids and infectious diseases.

HIV/Aids is not a disease of the past! Whilst there has been spectacular progress these past few decades, the coming years will be crucial in bringing the epidemic to an end. Access to prevention and screening followed by appropriate care are still major challenges. The strengthening of local actors and infrastructures, the training of healthcare professionals and community support have been and will remain the cornerstones of our action.

15  
years

Find on **15ans.solthis.org**  
our photo exhibitions, the replay  
of our conference "Global  
health and Africa: what are the  
challenges ahead?" and the  
testimonials of our partners.

## 15 years of action promoting the right to health, quality of care and the mobilisation of users.

Solthis has been fighting for 15 years to promote the right to health for all and fair access to prevention and care. Through its quality improvement measures in the health centres that it supports, Solthis has contributed to improving the quality of patient care, and the relationship between caregivers and those being treated. For several years, Solthis has also worked with its local partners, patient networks, associations and communities to encourage them to take responsibility for their health.

## 15 years of pragmatic innovation

The DNA of Solthis is rooted in medicine and operational research. Scientific evidence is at the heart of our action and we seek the most cost-effective and appropriate solutions for the field in which we operate. Solthis has piloted operational research projects, opening the way to changes in national protocols or to scaling up. Social engineering is also a key to innovation: Solthis seeks to take into account all aspects of health, medical, social, economic and political challenges, but also take a systematic approach to finding answers so that the entire chain of actors and processes are strengthened. Finally, it is also technological, with, for example the capacity to employ molecular biology and to strengthen laboratory infrastructure in West and Central Africa.

## 15 YEAR LATER, WE WISH TO CONTINUE TACKLING MAJOR GLOBAL HEALTH CHALLENGES.

The battle against the three most devastating pandemics in the world is not won. Millions of new cases are reported every year, particularly in Sub-Saharan Africa. To add to communicable diseases, the burden of non communicable diseases is on the rise (diabetes, cardiovascular diseases, cancers, etc) and places an additional strain on healthcare systems, when the burden of communicable diseases is still a heavy one.

**It is therefore essential that faced with these challenges, we continue to sustainably strengthen the health systems, but that we also contribute to a cross-cutting and global approach to health.**

More and more we will have to provide collectively constructed responses which take into account the human, animal and environmental challenges of global public health, that is, the concept of "One Health". Its implementation requires the strengthening of the capacities of public health, veterinary and plant health services, but also the development of innovative solutions with regard to energy and waste management and the development of research and training programmes. Solthis is fully committed to this vision and global health dynamic.

## KEY DATES IN SOLTHIS HISTORY

2003	2004	2005	2006	2007	2008	2010
<b>Formation of Solthis</b> by doctors from the Pitié - Salpêtrière Hospital in Paris. / <b>Mali:</b> 1st project supporting decentralised HIV care in the Segou region.	<b>Niger:</b> 1st project supporting the national programme for the fight against Aids.	<b>Madagascar:</b> 1st epidemiological study on HIV.	<b>Niger:</b> 1st social science research project with LASDEL.	Integration of <b>the Coordination Sud healthcare commission</b>	<b>Guinea:</b> 1st project on the care of HIV/TB in the capital and the Boke region.	<b>Niger:</b> 1st operational research project on the diagnosis of TB in PLHIV.

## THEY BEAR WITNESS



**DR OUMAROU SEYBOU**  
HEAD OF CARE UNIT AT ULSS  
Sectoral Unit for the fight against  
Aids, Ministry of public health -  
Niamey, Niger.



**DR AHMED TIDIAN BARRY**  
FORMER CEO OF THE BOKE  
REGIONAL HOSPITAL,  
Guinea.



**SEX WORKER,**  
MEMBER OF THE 'ASSOCIATION  
OF WORKING GIRLS IN GUINEA.

"The strategic framework of Solthis with regards to the public health system falls within a technical assistance framework with local support. With a mentoring approach at all levels of the health system.

This support around HIV results in the Ministry of Health developing health policies, strategic national documents, support for the procurement system in terms of training health workers and providing experts for certain specific aspects.

This has enabled us to make considerable advances in recruiting patients, follow up, quality of care, obstacles to mother-child care, data collection and reporting and decentralisation with new regional centres."

"Our organisation's collaboration with Solthis has been a game changer in terms of prevention and care for people living with HIV. This collaboration has developed around 5 strands: training of medical and nursing staff; technical support in terms of biomedical equipment particularly diagnostic equipment; contribution of furniture to improve our patients' stay; the development of an information system through introducing a database for patient management; community support for the association of people living with HIV in the region.

Today this collaboration has enabled us to succeed: this great team is the most in demand in the region and manages over 1,200 patients."

"All human beings have the right to health and safety; Solthis has shown us what are our rights and our responsibilities.

Solthis has helped us through awareness raising activities. Thanks to them, many sex workers are using condoms correctly. A community centre was created which enables us to meet up, have our educational talks and discuss our problems. As well as a doctor available for treatment of STIs and HIV/Aids testing."

2011	2013	2015	2016	2017	2018
<b>Sierra Leone:</b> 1st project on the care of HIV/TB in Freetown. / <b>Mali:</b> a new line of activity in Segou on community health education.	<b>Guinea &amp; Niger:</b> project to support access to care and strengthening the health information system, CASSIS. / <b>10 years of Solthis:</b> HIV Forum Paris. / <b>IDEAS Label</b> awarded.	<b>Solthis Santé</b> becomes <b>Solidarité Thérapeutique et Initiatives pour la santé.</b> / <b>Guinea &amp; Sierra Leone:</b> Continuity of care in the context of Ebola and prevention and control of infections in the hospital environment.	<b>Mali &amp; Niger:</b> 1st project on the promotion of sexual and reproductive health in young people, JADES. / <b>Sierra Leone:</b> 1st community mobilisation project, Empower. / Solthis becomes leader of the project on access to viral load <b>OPPERA.</b> / Dr Roland TUBIANA becomes <b>Chair of Solthis / Guinea:</b> 1st research project funded by the ANRS, ANRS 12344 - DIAVINA.	<b>Sierra Leone:</b> 1st project on the fight against paediatric tuberculosis TB-Speed.	Solthis joins the Initiatives <b>Group / Senegal, Côte d'Ivoire &amp; Mali:</b> 1st HIV self-testing project, ATLAS.





“Getting together with healthcare workers to discuss patient's problems has been a positive experience for me because there had never been such an activity where we, as patients, can talk to our caregivers.,,

PATIENT DURING A PARTICIPATORY DIAGNOSTIC WORKSHOP, PACTES PROJECT

# FINANCIAL REPORT 2018

## SIGNIFICANT FACTS 2018

Solthis is non-profit association in accordance with the 1901 law. For the 2018 financial year, the association approved a budget (operating revenues) of 8 million Euros (an increase of 23% compared with 2017). The net income totalled 171k€ and the association's funds 800K€ on 31st December, 2018.

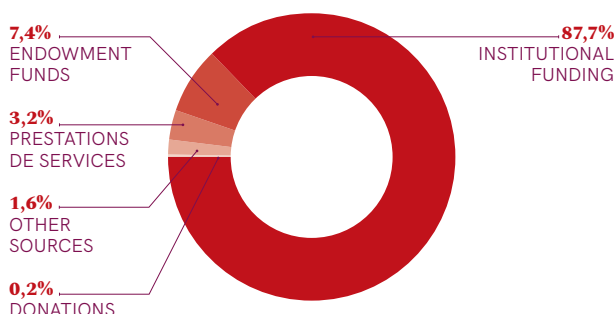
**8 MILLION  
EUROS OF  
BUDGET IN 2018**

## SOURCE OF FUNDING

2018 was defined by the celebration of Solthis' 15th anniversary, the launch of a major project: ATLAS, an HIV self-testing project funded by Unitaid, and the increase of activities for projects such as Empower, Pactes, Jades and OPP-ERA. Two grants come to an end in 2018 (Global Fund in Guinea and the project to improve prisoners' health and living conditions in Niger). As in 2017, the activity in Guinea remains predominant in 2018, with the implementation of the OPP-ERA and PACTES projects in particular.

Solthis has also strengthened its presence as an actor in the area of technical assistance, with, ad hoc missions in 2018, such as in Niger, in the DRC or in the Central African Republic with audits of the patient cohort of people living with HIV, or in Gabon with the supporting mission towards the Tuberculosis National Programme for the Global Fund Grant development.

Since 2015, Solthis has called upon the generosity of the public, as part of its strategy of diversifying funding sources.



## 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.

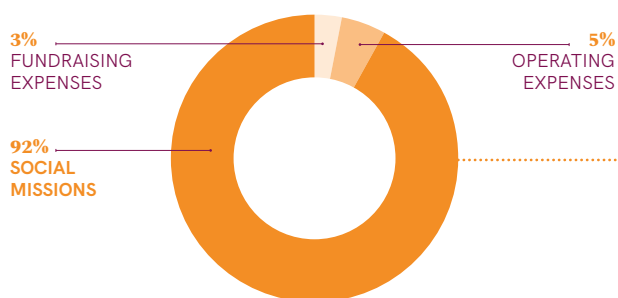
- **Social mission France** includes expenditure for operational activities conducted in France (advocacy activities).

- **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.)

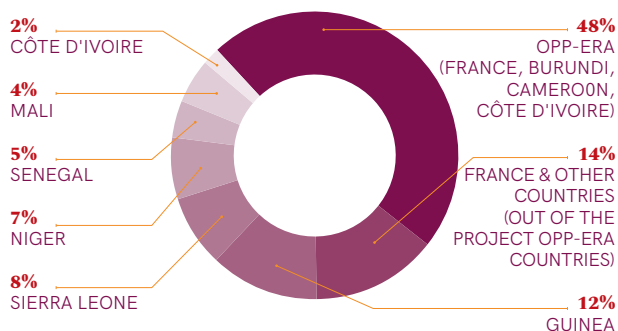
- **Fundraising expenses** cover costs incurred during activities to seek public funds (responses to calls for projects, donor relations, etc.) and private funds. As regards the latter, Solthis continues to structure its efforts to support the growth of its operations and to further diversify funding.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

- **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.

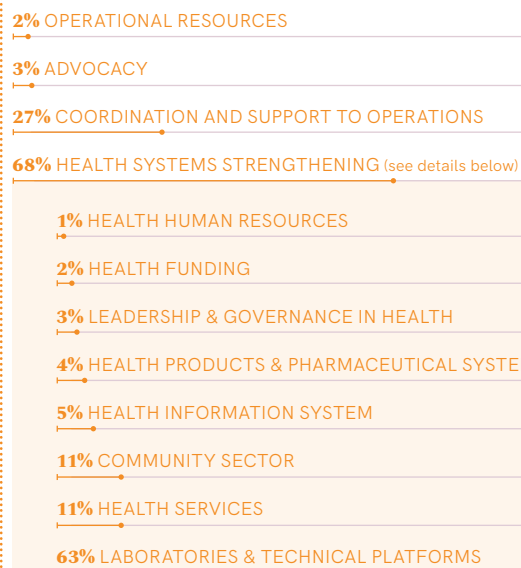
## EXPENSES BREAKDOWN



## SOCIAL MISSIONS BY COUNTRY



## DETAILS- SOCIAL MISSIONS



## INCOME AND EXPENDITURE ACCOUNT 2018 (K€)

EXPENDITURE	A	B
<b>1. SOCIAL MISSIONS</b>	<b>7,318</b>	<b>13</b>
1.1. CARRIED OUT IN FRANCE	49	-
STRENGTHENING HEALTH SYSTEMS	-	-
OPERATIONAL RESEARCH	-	-
ADVOCACY	49	-
1.2. CARRIED OUT ABROAD	7,269	13
STRENGTHENING HEALTH SYSTEMS	4,984	-
OPERATIONAL RESEARCH	135	1
ADVOCACY	203	-
COORDINATION & SUPPORT FOR OPERATIONS	1,947	12
<b>2. FUNDRAISING EXPENSES</b>	<b>248</b>	-
<b>3. OPERATING EXPENSES</b>	<b>353</b>	-
<b>I. TOTAL EXPENDITURE FOR FINANCIAL YEAR</b>	<b>7,919</b>	-
II. ALLOCATIONS TO PROVISIONS	-	-
III. ALLOCATED FUNDS CARRIED FORWARD	-	-
IV. SURPLUS INCOME FOR THE FINANCIAL YEAR	171	-
<b>V. OVERALL TOTAL</b>	<b>8,090</b>	-

A Expenditure N = Income statement

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

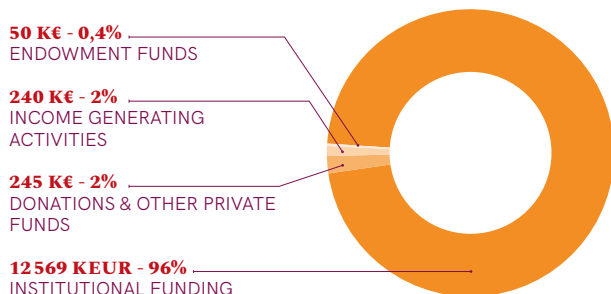
RESSOURCES	C	D
<b>BALANCE OF UNASSIGNED AND UNUSED FUNDS COLLECTED FROM THE PUBLIC AT THE BEGINNING OF THE YEAR</b>		
<b>1. REVENUE RAISED FROM THE PUBLIC</b>	<b>13</b>	<b>13</b>
1.1. DONATIONS AND LEGACIES COLLECTED	13	13
UNASSIGNED MANUAL DONATIONS	13	13
ASSIGNED MANUAL DONATIONS	-	-
<b>2. OTHER PRIVATE FUNDS</b>	<b>595</b>	-
<b>3. GRANTS AND OTHER PUBLIC SUBSIDIES</b>	<b>7,055</b>	-
<b>4. OTHER REVENUE</b>	<b>386</b>	-
INCOME GENERATING ACTIVITIES	261	-
MEMBERSHIP FEES	0	-
OTHER SOURCES	125	-
<b>I. TOTAL REVENUE FOR FINANCIAL YEAR</b>	<b>8,048</b>	-
II. REVERSAL OF PROVISIONS	30	-
III. RETAINED DESIGNATED FUNDS FROM PREVIOUS YEARS	13	-
IV. VARIATION IN DESIGNATED FUNDS COLLECTED FROM PUBLIC	-	13
<b>V. DEFICIT FOR FINANCIAL YEAR</b>	-	-
<b>VI. OVERALL TOTAL</b>	<b>8,090</b>	<b>25</b>

C Revenues (N) = Income statement

D Total expenditure financed by collecting funds from the public

## OUTLOOK 2019

The 2019 budget approved by the Board of Directors amounts to 13 millions Euros, with the following breakdown of funding sources:



The increase, compared to the 2018 budget is mainly linked to the fact that 2019 is a year of full implementation for the two most significant projects in terms of budget: the ramp-up of the ATLAS project in 2019 (budget of 15 million USD over 3 years) and the finalization of the OPP ERA project at the end of 2019. This increase is also linked to the launch of new phases of two projects: Phase II of the Empower project in Sierra Leone and Phase II of the JADES project in Niger, and more broadly the launch of the first Solthis-AFD programme convention. Service delivery activities still feature in the 2019 budget (prospects for technical assistance focusing on Solthis's key specialities: stock management/ audit of the HIV national patient cohort, etc.) as well as private fundraising, as part of the fundraising consolidation strategy towards major donors and foundations.

## FINANCIAL TRANSPARENCY

Certification of 2018 accounts by the expert accountants KPMG. Accounts were approved at the Solthis annual general meeting, on 19 June 2019 and certified by KPMG.



Label IDEAS : 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 • Meeschaert • GARD- Canada • Translation Without Borders
- Webassoc • Chevalier TORPEZ (Vignobles de Saint-Tropez)

# WE DEEPLY THANK ALL OUR PARTNERS



# YOUR DONATION IS ESSENTIAL TO OUR ACTION!

“ When you meet Solthis teams, you clearly understand that the money we give goes straight to the point! ”

JND, 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.

## 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.

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

You can also make a donation on [www.solthis.org](http://www.solthis.org)

## 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](mailto:rachel.domenach@solthis.org)

“Through capacity building and mentoring, the Empower team transformed NETHIPS into a key player in the fight against HIV/AIDS in Sierra Leone. [...] Stakeholders now consider NETHIPS as a partner and a key decision-maker,,

EXTERNAL EVALUATOR, FINAL EVALUATION'S PROJECT REPORT



# SOLTHIS GLOBAL HEALTH NGO

Do not wait for the crisis  
to take action!

TO CONTACT US  
OR JOIN OUR ACTION

## Solthis

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