

A woman wearing a pink short-sleeved shirt, a brown patterned headwrap, glasses, and a light blue surgical mask. She is holding a white booklet with a red graphic and French text. In the background, another person in a white coat and yellow pants is visible, and a poster of a woman is on the wall.

2020

ANNUAL REPORT

**HEALTH IS A RIGHT**

Accessing it a necessity

Let's act together

 **Solthis**  
Therapeutic Solidarity  
and Initiatives for Health

# EDITO

In 2020 the whole world, and therefore Solthis, was overwhelmed by the Covid-19 pandemic.

Our countries of intervention were affected, particularly with periods of lockdown, requiring major changes to our working practices and prioritisation of our actions. Both our teams permanently based in the field and those at headquarters in Paris were affected. We immediately had to modify our activities, sometimes suspending them, but we dealt with it together.

We can be proud of having maintained our activities in the countries where we work, thanks to the extraordinary mobilisation of our colleagues, alongside our institutional and community partners. Overall, the continuity of the projects has been maintained by adapting to circumstances. In response to the emergency, we have also initiated additional actions to support healthcare workers and populations affected by Covid-19.

This crisis has validated our approach: being close to the populations at the height of the crisis, as we were in the run-up to it, by providing unfailing support to front-line local staff and health systems. Not supplanting but depending on teams who are mainly from the region of West Africa.

We must continue along this path, putting the patient at the heart of our action, giving them ownership of their health and freedom of choice. We will continue to fight against communicable and emerging diseases, to respond to the challenges of sexual and reproductive health, of mother and child health, targeting the most vulnerable, particularly women, young girls and children.

The crisis has unfortunately made what was already fragile, even more so, making our ambition of universal access to health more difficult to achieve. Yet it has highlighted our unwavering commitment to achieving it.

Despite the difficulties, you will discover in this report that Solthis has stood firm, and has even made progress towards meeting the essential needs of populations: maintaining and adapting our activities in the field of HIV; but also increasing our support for women and young girls with the launch of the SANSAS, sexual and reproductive health project in Senegal, in addition to our actions in Niger; committing to the 'One Health' theme with the Thiellal project in Senegal, signed for 2021, while Covid-19 has shown the importance of responses which incorporate animal and environmental health issues.

The year 2021 promises to be at least as complicated as the previous one, difficulty in predicting the outcome of the Covid -19 crisis and its consequences heightens its negative impact on the ability of systems and people to cope now and in the near future. However, you can be sure that our efforts will continue to fulfil our commitment and that Solthis will continue to have the means to improve the health of everyone. These endeavours are driven by the conviction of the importance of our action and by your continued support.

**Dr Roland Tubiana,**  
*President of Solthis*  
**Dr Serge Breysse,**  
*CEO of Solthis*

## MANDATORY INFORMATION

This report was published in June 2021. At the time of printing these pages, the financial report has been certified by KPMG, the auditor, and is subject to ratification at the AGM.

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31.12.2020

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*The GA took place on 24 June 2020. 3 Board Meetings were held on 29 April, 24 June and 16 December 2020*

READ MORE   
On our governance



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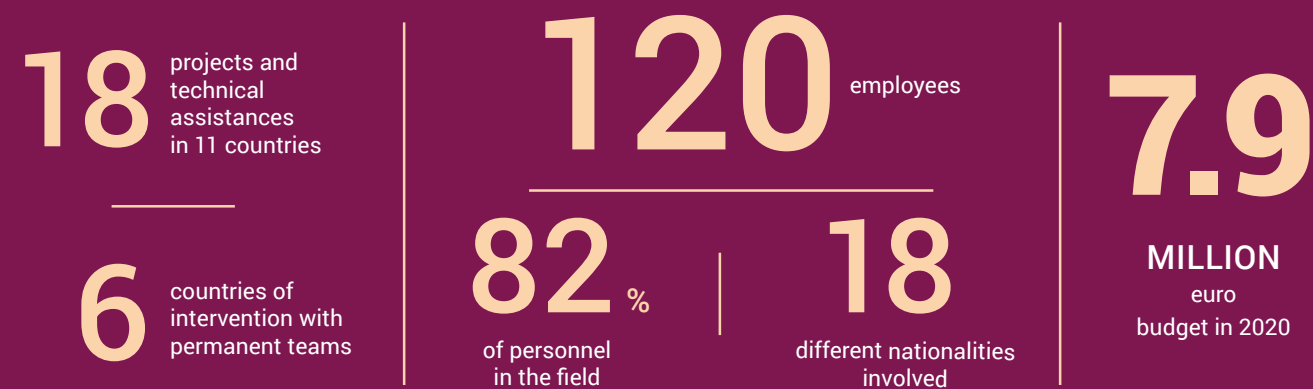
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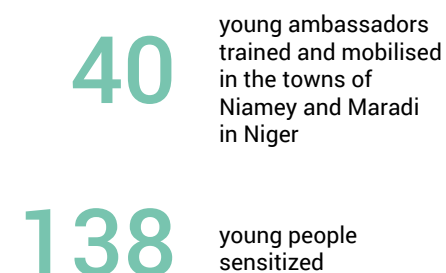
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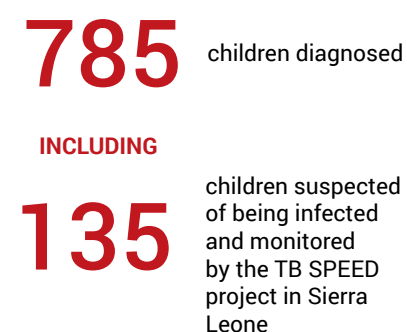
## SEXUAL AND REPRODUCTIVE HEALTH



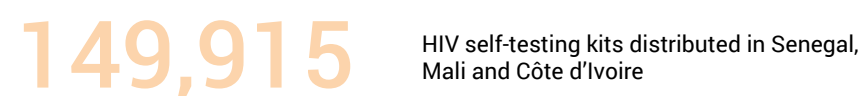
## COVID



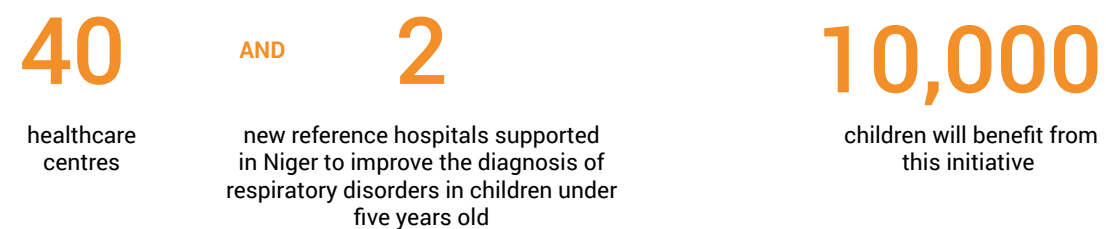
## TUBERCULOSIS



## VIH



## MOTHER AND CHILD'S HEALTH



# KEY ACTIONS

## Giving patients responsibility for their own health – Conclusion of the 1<sup>st</sup> phase of the project and launch of the 2<sup>nd</sup> phase of the PACTES/Ruche project

On 29 February 2020, Solthis and its partners brought the first phase of the PACTES/Ruche project in Guinea to a close. 'The PACTES/Ruche project is primarily about improving the healthcare worker-patient relationship. 'The project has completely reorganised the care system. We held discussion workshops, developed a more effective way of listening to patients, and we have created a relationship of mutual trust.' Dr. Ciré, responsible for prescribing antiretrovirals and project partner. (cf. p. 14)

## Access to sexual and reproductive health for young people

In 2020, Solthis launched the 2<sup>nd</sup> phase of the JADES project in Niger to improve the sexual and reproductive health of young people. This 2<sup>nd</sup> phase will consolidate achievements and strengthen advocacy for the sexual and reproductive health rights of young people. (cf. p. 20-21)

## Mobilisation against Covid-19

To contribute to the prevention, diagnosis and care of Covid-19 cases, to the protection of health professionals and promoting continued access to essential healthcare services in Niger, Guinea, Sierra Leone, Mali, Côte d'Ivoire and Senegal. (cf. p. 10-11)

1

2

3

4

5

6

## One Health: 'Ecosystems, humans and animals: all in the same boat!'

More than ever, the Covid-19 pandemic reminds us of the need to work together for the wellbeing of the planet: "One World, One Health". An integral part of the new approaches that Solthis is pursuing through its projects, especially the Thiellal project in Senegal. (cf. p. 22)

## Solthis in the media: Brut report: 'making self-testing an effective weapon in the fight against the spread of HIV'

Presentation by the ATLAS team and our partners on their work in supporting sex workers through self-testing. (cf. p. 12-13)

## Launch of AIRE project to improve the diagnosis of respiratory disorders in children under 5 years old through the use of pulse oximetry

Pulse oximeters will be used during consultations in 40 healthcare facilities in Niger. This project will reach 10,000 children. (cf. p. 19)





# GLOBAL HEALTH NGO



## OUR IDENTITY

An expert NGO specialising in global health, Solthis was born out of the commitment of doctors at La Pitié Salpêtrière Hospital to promote access to care and in particular to treatment for HIV/Aids. On the strength of 18 years' experience, Solthis is now involved in major health matters and campaigns for respect of the right to health and access to health for all.



## OUR GUIDING PRINCIPLE

Taking action without replacing, being mindful of the autonomy of local partners and long-term development in conjunction with existing health programmes.



## OUR HEALTH PRIORITIES

- Combatting infectious and emerging diseases: HIV, TB, Covid-19...
- Improving sexual and reproductive, maternal, neonatal, childhood and teenage health
- Committing to One Health strategies by taking into account all environmental determinants of health: human, animal and environmental

[READ MORE](#) 

on our intervention strategy



## OUR AMBITION : A SUSTAINABLE IMPACT

To meet its intervention objectives, Solthis has set up a high impact, three-pronged intervention approach:

### STRENGTHEN ALL ASPECTS OF NATIONAL HEALTH SYSTEMS IN A SUSTAINABLE MANNER

Today, half the world's population has no access to essential health services. In Africa in particular, health systems remain precarious due to a lack of financial resources, organisational problems and a shortage of human resources. To improve access, quality, efficiency and equity in access to care, it is essential to work on all the component parts of health systems: from the medical to the community, as well as supplies, laboratories, psycho-social, etc, to create a global, national-level dynamic in our countries of intervention. We believe in the strength of the collective, in the value of bringing together civil society actors, researchers and public figures for resilient health systems.

### ACT ON BOTH THE HEALTHCARE OFFERING AND THE MOBILISATION OF COMMUNITIES

Improving access to quality care involves joint action on both the provision of and the demand for health services:

- **Improving the quality** of healthcare services, training and enhancing the skills of health professionals in health and community facilities and of our partners in national institutions;
- **Promoting health** and mobilising communities and patients. We want to allow users to identify their own needs in order to promote a care offering centred on their actual needs and to acknowledge the essential role of communities in the improvement of quality in health services and the defence of their rights.

### SUSTAINABILITY AND SCALING UP OF SUCCESSFUL INTERVENTIONS

Our three combined modes of action aim to guarantee the sustainability and maximise the impact of our interventions: strengthening capacity, analysing our actions and making public health policy changes based on our expertise. From the very start of our projects, we think about their sustainability and their possible transfer, be that through extension to new geographical areas or new beneficiaries or through their inclusion in national strategies.



- **Capacity strengthening:** support health professionals, facilities and authorities, as well as civil society organisations in order to strengthen their skills, provide advice and support for change.
- **Operational Research:** analyse and understand the obstacles in access to care, conduct innovative projects to identify, test and evaluate sustainable solutions based on field experience.
- **Advocacy:** promote changes to public health policies by drawing upon our medical and scientific expertise and our results.



# COUNTRIES OF INTERVENTION





## HEALTH PRIORITIES

### INFECTIOUS AND EMERGING DISEASES

#### COVID-19

On 31 December 2020, the WHO recorded over 1.8 million cases of Covid-19 infection in Africa since the start of the pandemic and over 42,000 deaths (source OMS). In this context of a global health crisis, Solthis and its teams have mobilised to support the national response strategies of the countries where Solthis intervenes.

#### CONTRIBUTE TO THE PROTECTION OF HEALTH PROFESSIONALS AND CAPACITY STRENGTHENING IN HYGIENE, INFECTION PREVENTION AND CONTROL (HPCI)

Projects like ATLAS, RUCHE or even EMPOWER 2 have provided medical equipment for protection, hygiene and prevention (surgical masks, water-based alcohol gel, flash thermometers, hygiene equipment...) which was sorely lacking at the beginning of the pandemic. Infection prevention and control training was rapidly set up for over 350 health professionals to share the learnings of those who experienced the Ebola crisis and to train others whose activities exposed them or their patients to possible infection.

#### LIMIT THE SPREAD OF THE COVID-19 PANDEMIC AND ITS HEALTH IMPLICATIONS, BY CONTRIBUTING TO PREVENTION AND RAISING PUBLIC AWARENESS

In the context of the AIRE project in Niger, for several months our teams assisted with the reorganisation of the flow of patients at the Niamey Regional Hospital with the implementation of an efficient patient triage system, an isolation room with oxygen therapy, and finally support with confirmation of the diagnosis and referral to Covid-19 treatment sites. These interventions were later extended to 5 health facilities and treatment services for people living with HIV and tuberculosis in the city of Niamey thanks to the Labo2S project.

**A community and civil society response:** Solthis also mobilised in communities in Mali and Senegal through the ATLAS project, to limit the spread of the virus as far as possible and to enable them to continue to defend the rights of the most vulnerable, in particular by raising awareness through spots and radio broadcasts on community radios in order to reaffirm the importance of barrier measures as well as the vital importance of continuity of care for people living with HIV. In Guinea, the Solthis teams have also worked with the group of associations committed to the rights of patients, on the creation of a campaign to call upon the authorities and technical and financial partners on the need to guarantee continuity of services and the respect of patients' rights in the context of the pandemic.

#### PROMOTE CONTINUITY OF ESSENTIAL SERVICES SUCH AS TREATMENT AND CARE FOR PEOPLE LIVING WITH HIV (PLHIV)

Through its various projects, Solthis has developed a number of initiatives to improve testing and treatment strategies for PLHIV:

- Maintaining the provision of HIV self-testing kits by adapting the methods,
- Reorganisation of the provision of antiretrovirals (ARV) (home delivery, 3 to 6 months' supply of ARVs, support for staff with stock control of ARVs and through community channels),
- Spacing of appointments and implementation of remote patient follow-up through free information hotlines, telephone top-ups for psychosocial personnel, the provision of vehicles and fuel for healthcare personnel and community workers to bring treatment directly to the communities closest to the patients.

#### THE FIGHT GOES ON

In November 2020, Solthis launched the ISANCO project to continue to develop the knowledge and skills of some 800 healthcare workers in Guinea and Niger in the prevention of new infections, detection and referral of patients showing Covid-19 symptoms so that they can be screened and receive appropriate treatment as soon as possible.

“COVID-19 has highlighted the lack of essential protection and hygiene equipment: gloves, masks, hand-washing facilities... We must learn from this crisis and empower healthcare staff to implement hygiene procedures, to protect themselves and their patients from all diseases.”

Dr Yacouba Nouhou,  
physician in infectious diseases,  
Coordinator of the response to COVID-19 at the Niamey CHR, Solthis Niger

#### PROJECTS ATLAS AIRE LABO 2S RUCHE EMPOWER 2 ISANCO

[READ MORE](#) +

**COUNTRIES**  
Mali, Senegal,  
Côte d'Ivoire, Niger,  
Guinea, Sierra Leone



141

**health facilities** supported by Solthis benefited from interventions specific to Covid-19 (material support, training, etc).

141  
THOUSAND

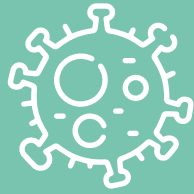
**masks and 11,150 bottles of hydroalcoholic gel** were distributed in the countries where we work.

363

**health professionals** working in healthcare facilities received training and mentoring about Covid-19.







## HEALTH PRIORITIES

### INFECTIOUS AND EMERGING DISEASES

## HIV/AIDS

Despite substantial progress, the situation in West and Central Africa remains worrying. Every 3 minutes, one person in the region is infected with the Aids virus and 4.9 million people there are living with HIV. In 2019, 240,000 new infections were reported in the region, representing 14% of new infections globally<sup>1</sup>, with only 68% of people living with HIV aware of their status. Whilst the majority (85%) of people who know their HIV status receive ARV treatment, access to viral load testing remains limited, most patients who miss out do not receive 2<sup>nd</sup> line treatment and many patients are lost to follow-up. Furthermore, key populations, along with their partners and clients, account for 64 % of new infections and fuel the momentum of infection because of their difficulty in accessing care owing to stigma and, in some countries, criminalisation.

**3**  
MINUTES

Every 3 minutes, one person is infected with the Aids virus in West and Central Africa (UNAIDS 2019)

**4,9**  
MILLION

people live with HIV in West and Central Africa (UNAIDS 2019)

#### DEVELOPING COMPREHENSIVE APPROACHES TO THE FIGHT AGAINST HIV/AIDS

Through the ATLAS, RUCHE, EMPOWER and PROSSAN projects, Solthis is continuing to develop comprehensive approaches to the fight against Aids which will enable us to achieve the 90-90-90 and then the 95-95-95 targets set by the international community that by 2030, 95% of people know their HIV status, 95% of people living with HIV have access to treatment, and 95% of people on ARV treatment have a suppressed viral load, indicating that the infection is under control. Solthis continues to promote access to screening, effective monitoring of the disease to reduce treatment failures and the mobilisation of users and civil society to adapt care to the real needs of people living with HIV.

1. ONUSIDA, 2019 - GLOBAL AIDS UPDATE

“This complementary strategy has made it possible to reach people who previously did not have access to testing services, through secondary distribution. We have seen an increase in testing among the partners of female sex workers partners of female sex workers. To close the gap of the gap in the 1st 90, we need to encourage the scaling up of self-testing.”

Dr Aminata Saran Sidibé,  
Soutoura association, Mali

### DEPLOYMENT OF HIV SELF-TESTING IN WEST AFRICA

Knowing your HIV status is still an indispensable step towards obtaining treatment and ending the epidemic. Self-testing is recommended by the World Health Organisation as a complementary testing strategy to reach as many people as possible and accelerate the achievement of UNAIDS 95-95-95 objectives, especially the first one in a region where a third of people living with HIV do not know their status and so cannot access treatment.

The year 2020 was notable for an upsurge in the distribution of HIV self-testing kits (with a decline in March and April followed by an adjustment due to the first wave of the Covid-19 pandemic in West Africa). Some 150,000 self-testing kits were dispensed, more than 70 % in secondary distribution, 63 % to sex workers and 23 % to men who have sexual relations with other men. Over 560 healthcare professionals were trained. In the three participating countries, close attention was also paid to the transition and scaling-up process. The Covid-19 crisis had an impact on the project, mainly on research activities, which were significantly slowed down in 2020. Yet the first research results of the 5 work packages (qualitative survey of key populations, anthropological survey on the testing of partners of PLHIV, coupons survey, economic component and modelling component) and their publication was possible. With project partners who are provided with personal protective equipment, adjustments have been made to maintain the distribution of self-testing kits in the midst of a health crisis.

In addition, the ATLAS project generated requests for technical assistance in the West and Central Africa region and continued its sub-regional and international outreach activities through participation in webinars organised in collaboration with the STAR programme (programme for the promotion of self-testing in Eastern and Southern Africa), the WHO and UNAIDS, and at the AIDS 2020 and AFRAVIH conferences.

### PROJECT ATLAS

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### COUNTRIES

Senegal, Mali,  
Côte d'Ivoire

**149,915**

**self-testing kits** distributed in 2020  
(of a total of 176,165 since the start of the project) broken down as follows:  
Côte d'Ivoire: 74,892,  
Mali: 56,163,  
Senegal: 18,860.



“The establishment of a forum for exchange in the management of HIV care by making patients, actors and not spectators of their care, by developing a participatory dynamic so as to design a care that takes into account the needs of patients, is an innovative aspect of Solthis approach.”

Boubacar Cissé,  
Head of the Solthis mission in Guinea

“I have been trained and am able to provide HIV care. Also, the HIV services in our hospital are now well organised for the benefit of the patients.”

Mary Bangalie,  
HIV Counsellor, Lumpa CHC

## EMPOWERING COMMUNITIES AND STRENGTHENING THE HEALTH WORKER - PATIENT RELATIONSHIP

Promoting a central role for users in care pathways is one of the issues central to the roll-out of health systems that are adapted to the needs of individuals, facilitating compliance and quality of care.

In both Guinea and Sierra Leone, the link already forged between healthcare workers, patients and civil society has helped to strengthen and secure the continuity of HIV care services and the respect of patients' rights in the midst of the Covid-19 pandemic: facilitation of discussion groups and awareness-building sessions in health facilities, telephone follow-ups to support patients in the continuation of their care and advocacy campaigns for the respect of the rights of the most vulnerable patients in the midst of this health crisis.

In **Guinea**, this mobilisation is the result of the RUCHE and PACTES projects which, since 2017 have used a participatory diagnostic approach that brings together patients, healthcare staff and psychosocial support workers to establish a dialogue on the difficulties of HIV care, identify solutions and together ensure that they are followed up in order to make progress with practices and the quality of care.

In **Sierra Leone**, with the support of Solthis teams, NETHIPS (Network of People Living with HIV) was able to protect its network of patient support groups by raising awareness and distributing protective equipment and to support health centres with home delivery of ARVs for people who were afraid to go to health centres. Despite the challenges posed by Covid-19, NETHIPS also continued to disseminate the results of the 'Indice de stigmatisation 2.0' study to strengthen advocacy against the stigmatisation of PLHIV which is still one of the major challenges in the fight against HIV in Sierra Leone.

86

**patients and healthcare workers mobilised in Guinea** to put in place patient-centred care based on the needs of the users.

219

**healthcare staff, lawyers, religious leaders, community leaders** made aware by NETHIPS of the stigmatisation of PLHIV as part of the Stigma Index study in Sierra Leone.

75

**patient support group members** trained in treatment uptake in Sierra Leone.



### PROJECTS RUCHE EMPOWER 2

[READ MORE](#) +

#### COUNTRIES

Guinea and  
Sierra Leone

## STRENGTHENING THE CAPACITY OF HEALTHCARE PROFESSIONALS TO FIGHT HIV

Training healthcare staff is at the heart of the fight against HIV and communicable diseases for Solthis. In 2020 for example, HIV care in Sierra Leone was characterised by the shift to the new antiretroviral drug, Dolutegravir (DTG). Recommended by the WHO as the preferred treatment option for HIV in all populations, DTG is more effective, easier to take and has fewer side effects than other drugs currently in use. In light of this major change, Solthis, in collaboration with the National HIV/Aids Control Programme (NACP), organised comprehensive training on HIV for HIV service providers from the 22 health centres supported by the PROSSAN project. In support of the NACP, Solthis was also involved with updating the national HIV guidelines and the development of the comprehensive HIV training manual. Other training courses, clinical tutorials and internships were organised during the year, both for the pharmacists and for other healthcare staff involved.

33

**healthcare staff trained** in Sierra Leone on the organisation of HIV care

+100

**healthcare staff sensitized** on stigmatisation and patients' rights

4

**healthcare staff received** training on paediatric HIV

357

**visits and 706,65 hours of clinical tutoring** in the health facilities supported by Solthis



### PROJECTS PROSSAN EMPOWER 2

[READ MORE](#) +

#### COUNTRIES

Côte d'Ivoire, Guinea,  
Sierra Leone







## HEALTH PRIORITIES

### INFECTIOUS AND EMERGING DISEASES

## TUBERCULOSIS

Tuberculosis (TB) is one of the leading causes of infection-related mortality in the world and is the leading cause of death among people living with HIV (PLHIV). According to the WHO, 10 million people contracted tuberculosis and 1.4 million died of it during 2019 including 208,000 who were HIV positive. Children are also particularly affected by the disease, with around 1.2 million cases reported globally in 2019.

In 2014, the WHO developed the End TB strategy, which aims to achieve a 95% reduction in mortality and a 90% reduction in new cases by 2035 compared to 2015. This strategy requires improved diagnosis of TB, improved treatment especially of multi-resistant strains, preventive approaches and continued collaboration between TB and HIV programmes.

1,4  
MILLION

**died of tuberculosis in 2019**, making the epidemic the world's leading infectious killer. Tuberculosis is curable and avoidable, but it remains a major health problem in low- and middle-income countries (WHO, 2019).

1,2  
MILLION

**children contracted tuberculosis worldwide in 2019**. In children and adolescents, the disease is often not recognised by healthcare providers, and it can be difficult to diagnose and treat (WHO, 2019).

#### ADDRESSING THE CHALLENGE OF UNDER DIAGNOSIS OF TUBERCULOSIS IN CHILDREN

Solthis is involved with this initiative in Sierra Leone through the TB-SPEED project, whose objective is to improve screening for tuberculosis in children under 5 years old. In fact, most children with tuberculosis are not diagnosed or reported and so do not receive appropriate treatment. This is due to the lack of diagnostic capacity for tuberculosis in children in many primary health centres and, childhood tuberculosis services are concentrated in regional and national level health facilities, which limits access in remote areas.

“The results of the TB-SPEED project are important because they will be used to inform the World Health Organisation and others, on a new and more effective diagnostic approach to paediatric tuberculosis. This approach comprises systematic screening for symptoms, a clinical assessment, laboratory tests and a diagnostic chest x-ray. The data generated by this study in Sierra Leone, together with data generated by the five other countries conducting the same research, will be used to develop a new diagnostic approach to paediatric tuberculosis.”

Dr Jacob Ross Mugisha,  
head of TB-Speed project in Sierra Leone

### FIGHTING CHILDHOOD TUBERCULOSIS IN SIERRA LEONE

The TB-SPEED project is essential in a country like Sierra Leone, ranked among the 30 countries most affected by tuberculosis (WHO, 2015) where TB incidence is estimated at 295 per 100,000 population (WHO, 2019).

In 2020, the project equipped four outlying health centres in the Port Loko district with GeneXpert machines, as well as training 57 health professionals from Bo and Port Loko in the diagnosis and treatment of childhood tuberculosis.

Despite a slowdown caused by the Covid-19 pandemic, the first children suspected of having tuberculosis were able to be admitted in August 2020. In December 2020, of the 785 enfants tested in Bo district, 135 children suspected of having tuberculosis were immediately included in the project.

#### PROJECT TB-SPEED

READ MORE [+](#)

COUNTRY  
Sierra Leone

4

**GeneXpert Edge machines** installed in the outlying health centres in the Port Loko district for the diagnosis of childhood TB.

785

**children tested** including 135 with suspected TB who were immediately enrolled on the TB-SPEED project.

57

**health professionals trained** in the diagnosis and treatment of childhood tuberculosis in the Bo and Port Loko districts.





# HEALTH PRIORITIES

## MOTHER AND CHILD HEALTH

In Africa, maternal, neonatal and childhood mortality remain a real scourge: 57% of all maternal deaths occur on the continent, making Africa the region with the highest rate of maternal mortality in the world. In addition, Africa still has one of the highest rates of childhood mortality, with one in eight children dying before the age of five, around 20 times higher than in developed regions, where it is one per 167. Yet most of these deaths would be preventable if health systems as a whole were improved.



still die every day from causes which are largely preventable or curable. (Word Bank 2019)

### GUARANTEEING THE AVAILABILITY AND QUALITY OF MATERNAL, NEONATAL AND CHILDHOOD HEALTH SERVICES

The health of women and children is a priority for Solthis. Our work supports the Sustainable Development Goals (SDG) and the vision to reduce the global maternal mortality ratio to below 70 per 100,000 live births by 2030. We are working to guarantee the availability and quality of maternal, neonatal and childhood health services particularly in Guinea and Niger with the AIR-POP, I-POP and AIRE projects.

### INNOVATIVE AND RAPID ACCESS TO DIAGNOSIS AND TREATMENT FOR CHILDREN EXPOSED TO HIV

Without treatment, 50% of infants infected in utero and intra partum die within the first two years of life. The peak of HIV related mortality in these children occurs around the age of 2-3 months, leaving a very short window of opportunity in which to screen and treat them. Through the ANRS1234 DIAVINA project, in 2016 Solthis introduced early diagnosis of infants in the delivery room at Ignace Deen Hospital in Conakry in order to initiate emergency treatment to reduce the risk of contamination of infants born to infected mothers. In 2020, Solthis devised a 2<sup>nd</sup> phase of the project (launched in January 2021) to further enhance this system by introducing the measurement

of maternal viral load at delivery using POC (Points of Care) technology, which will make it possible to improve the treatment of new-borns and their mothers according to the estimated risk of HIV transmission.

### Meeting the challenge of transporting samples and emergency supplies by drones

Combining the speed of POC (Points of Care) diagnostic tests with rapid transport of samples and emergency supply of health products, the use of drones represents an innovative approach to reduce turnaround in obtaining results, which is often very long due to the conventional tests used and the delay in transporting samples to laboratories. In 2019, Solthis launched the ANRS 12407 AIR-POP pilot study to explore the feasibility, through cost effectiveness modelling, of using drones in Conakry to optimise the transport of blood samples and emergency supplies to health centres. This system would consequently improve access to early diagnosis and treatment for children born to HIV- infected mothers. The first drone flight tests are planned for June 2021.

### IDENTIFYING RESPIRATORY DISORDERS IN CHILDREN

**Incorporation of pulse oximeters** : owing to late diagnosis of diseases, particularly respiratory disorders, too many children die every day when these deaths could be prevented by ensuring that effective screening tools for serious illnesses are available and accessible at the right time. In 2020, the AIRE project began including pulse oximeters in guidelines and training documents on the treatment of childhood illnesses (IMCI) in primary healthcare centres in Niger to reduce neonatal and childhood mortality due to hypoxemia.

**Research at the heart of the action** : the AIRE project also obtained approval for its research proposal to evaluate the routine use of the pulse oximeter, thus allowing research to begin in 4 integrated health centres in Niger. The results of this research will be used to facilitate the scaling up of pulse oximeters on a national or wider regional scale.

1,500

**new-borns exposed to HIV** each year would see their care improved by the deployment of drones in Conakry

40

**health centres and two reference hospitals** will receive training and be equipped to use pulse oximeters in Niger, and 10,000 children will benefit from this new equipment

“ The use of pulse oximeters in integrated health centres for children aged 0 to 5 years who present for consultation with a cough or breathing difficulty will improve the diagnosis of serious cases and the likelihood of referral to a hospital for treatment before it is too late. Improved diagnosis and more efficient referral should help to reduce under-five mortality in Niger. ”

Mactar NIOME,  
Coordinator of the AIRE project

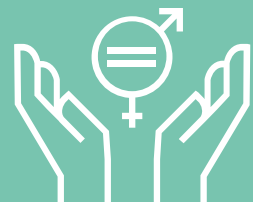
### PROJECTS AIRE AIR-POP IPOP

[READ MORE +](#)  
and  
on AIRE

### COUNTRIES Guinea and Niger







# HEALTH PRIORITIES

## SEXUAL AND REPRODUCTIVE HEALTH

In West and Central Africa, indicators of rights and sexual and reproductive health remain concerning and highlight the difficulties faced by young people and adolescents: only 14.7% of young women aged 15 to 24 are married or in a relationship, or their sexual partner currently uses at least one method of contraception; the region has the highest proportion of adolescent girls giving birth before the age of 18 (33%) according to DHS and MCIS data; and according to UNAIDS, young people aged 15 to 24 account for 39% of new HIV infections among adults. The 'young' population is thus a diverse population whose specific vulnerabilities are exacerbated by their poor access to sexual and reproductive health services that are adapted to their needs, by lack of access to reliable information, socio-cultural factors linked to taboos around sexuality, early marriage, gender inequality, and the restricted place of young people in society. Young people are therefore a strategic concern at the heart of our efforts to improve access to quality sexual and reproductive health (SRH) services.



of young girls between 15 and 19 years old are already mothers or pregnant in Guinea.



of new HIV infections in Sub-Saharan Africa are among young women between 15 and 24 years old.

### AN INTEGRATED APPROACH

In order to meet the sexual and reproductive health (SRH) needs of young people and adolescents, Solthis uses an integrated approach which enables them, on the one hand, to exercise their sexual and reproductive rights, and on the other hand improves their access to comprehensive and quality sexual and reproductive health services. Solthis recognises the importance of a comprehensive and integrated approach to supporting young people in their sexual and reproductive lives (SRH), throughout their lives, with each SRH service being part of a set of interconnected components. This is evidenced in Niger with the JADES project.



## EMPOWERING YOUNG PEOPLE TO ACT AND HEALTH CENTRES

### Young people mobilised for their health

Launched at the end of 2019 as a continuation of a first phase completed at the beginning of 2019, the JADES 2 project 'Healthy Young People and Adolescents', gives a special place to young people by empowering them assert their rights and make informed choices in terms of sexual and reproductive health (SRH). Thus, raising awareness is at the heart of the project. In 2020, campaigns were organised in 3 communes of Niamey to raise awareness among young people about the prevention of sexually transmitted infections (STIs/HIV) and to direct them to appropriate services. Organised in conjunction with the project's young ambassadors, the Department of Adolescent and Young People's Health (DSAJ) and healthcare professionals from Integrated Health Centres (CSI) and Youth Friendly Centres, these activities have helped to create a dialogue between young people and healthcare staff and, as a result, to increase the use of SRH services.

### Healthcare services adapted to the needs of young people

Poor access by young people to quality SRH care is largely due to the mismatch of healthcare to their needs. In addition, healthcare providers are often insufficiently trained in the specific care of young people and struggle to overcome prejudices due to the prevailing socio-cultural context. In 2020, Solthis trained health personnel in facilities supported by the JADES project, to challenge them to question their values around young people's sexuality, to encourage them to change their attitudes and take ownership of the quality standards of SRH care in order to promote services that are adapted to the specific needs of young people.

20

**young ambassadors** trained and mobilised plus 16 undergoing training who conduct educational talks with other young people and advocate towards the local authorities.

9

**health facilities** supported by the project and equipped with clinical consultation materials: including examination tables, sterilisers, obstetric stethoscopes, to improve the working conditions of health personnel.

12

**health workers trained** in SRH provide support and coaching to 112 other workers in their respective integrated health centres (CSI/IHC).

“ Since the age of 20, I have been interested in the difficulties experienced by young people, and particularly young girls with regard to sexual and reproductive health in Niamey. Today, through the JADES project, I have made these difficulties my daily campaign, so that I will no longer see adolescents and young people suffering for lack of access to the correct information. ”

Leyla Adoum,  
Peer-educator on JADES project

## PROJECT JADES II

READ MORE +

COUNTRY  
Niger





## HEALTH PRIORITIES

### ONE HEALTH

**The One Health approach: contributing to better human, animal and environmental health**



“As the recent Covid-19 pandemic has confirmed, human health determinants are more than ever linked to animal and environmental health issues, both in the field of communicable and emerging diseases and through exposure to various chemical substances. To reduce these risks and be effective in a sustainable way, we need to work at the interface of these areas and propose innovative solutions. This is the ambition of the ‘One Health’ approach: to better understand these interactions, to put in place the capacities to identify, prevent and respond to these emerging issues in order to contribute to the resilience of populations and systems in the face of these challenges.”

Dr Serge Breysse, CEO of Solthis



**A first step in Senegal: how does this approach fit with the health projects run by Solthis?**

“Solthis’ first ‘One Health’ project was developed in 2020 and was the fruit of a joint initiative with the NGO AVSF. The Thiellal project will be launched in 2021 in Senegal in the Kolda region in Haute Casamance. Through a multi-disciplinary approach, it aims to contribute to the empowerment of communities and local stakeholders to enable them to identify and act on the determinants of One Health with a view to agro-ecological transition and better health for people, animals and the environment.”

The project draws on Senegal's success in the fight against zoonoses (diseases or infections which are transmitted from vertebrate animals to humans and vice versa) and particularly targets the use of “chemicals”, including pesticides and antibiotics, which represent a major issue for the region. Solthis and its partners now wish to increase understanding of the risks linked to the use of these products and contribute to better practices, limit the circulation of drugs leading to antibiotic resistance, improve cultivation practices by limiting pesticides while maintaining agricultural yields, limit pollution and the impact on the health of the area's populations. Documenting, evaluating and capitalising on this innovative approach will be essential to help measure its impact and to identify good practices that could be shared.”

Babacar Gueye, Thiellal project coordinator in Senegal.

### PROJECT THIELLAL

READ MORE   
and  


COUNTRY  
Senegal



## TECHNICAL ASSISTANCE

### STRENGTHENING HEALTH SYSTEMS AT ALL LEVELS OF THE HEALTH PYRAMID

In addition to the projects conducted by Solthis, technical assistances aim to respond to specific needs identified by the recipient countries.

### FOCUS ON TECHNICAL ASSISTANCE - ‘RESEARCH AND APPLICATION FOR FUNDING FOR HIV SELF-TESTING IN CAMEROON’

In 2020, Solthis was asked by Cameroon for support with drafting the application to the Global Fund for HIV self-testing in the country. World Health Organisation (WHO) guidelines and a recently published Global Fund note encourage the development of differentiated approaches to HIV testing services. The selection of these approaches should be based on a review of country-specific HIV testing data and bottlenecks in coverage by geographical area, populations and service delivery sites. In 2020, Solthis supported the Country Coordinating Mechanism (CCM) with analysing strategic opportunities for implementing and scaling up HIV self-testing in Cameroon and developing an operational plan for the roll-out of self-testing to inform the drafting of the Global Fund application.

**4,247** people (including 2,513 women) will benefit directly from the project activities.

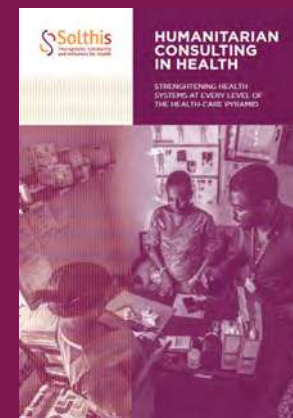
**4** rural communes in the department of Velingara (Ouassadou, Pakour, Paroumba and Linkering) comprising 164 villages and 74,800 inhabitants, will benefit from this project in addition to the town of Velingara which has 23,775 inhabitants.

**9** technical assistances completed in 2020.

**8** countries of intervention : Senegal, Cote d'Ivoire, Niger, Madagascar, Tunisia, Cameroon, Togo, Burkina Faso.

**23** consultants mobilised to support management and procurement of stock, community mobilisation, governance and health information systems analysis to strengthen the fight against HIV and TB and improve the sexual and reproductive health of populations.

Discover solidarity consultancy at Solthis





# ACADEMIC MOBILISATION

Created by university doctors, supported by a group of scientific experts in health and development, Solthis is developing a number of partnerships with research and public health institutes, university hospitals, universities and faculties, networks of partners, particularly in Africa and with other humanitarian organisations. From the outset, Solthis has participated in major international conferences on global public health.

## INTERNATIONAL CONFERENCES 2020

### AIDS 2020

The 23<sup>rd</sup> international conference against HIV/ Aids - 6 to 10 July 2020

Solthis presented on the introduction of HIV self-testing in West Africa and on the prevention of mother to child transmission in Guinea. [See our presentations and posters.](#)



### AFRAVIH 2020

The 10<sup>th</sup> International Francophone Conference on HIV, Hepatitis and Sexual Health - 8 to 11 November 2020

**Solthis teams presented on progress made and results of the following projects :**

#### HIV SELF-TESTING

including a workshop on 'Introduction and Deployment of HIV self-testing in West Africa: Feedback from the ATLAS Project.'

#### VIRAL LOAD

with a talk by Guillaume Breton, Scientific Director of Solthis: 'Making the HIV viral load accessible is not enough!', feedback from the OPP-ERA project.

#### HIV TREATMENT AND QUALITY OF CARE

On the results of the Empower project in Sierra Leone.

[READ MORE](#) +

# OUR ADVOCACY WORK IN 2020

Owing to its scientific and organisational roots and its links with French and international institutions, Solthis is able to develop advocacy initiatives based on the analysis of its projects and research results. The aim of this advocacy is twofold:

- to enable scaling up to country level of projects which have demonstrated their added value and impact.
- to share its experience and that of its national and global partners with the international community, to improve health policies and the effectiveness of international initiatives.

As leader of Coordination Sud's health commission, founder member of the Collectif Santé Mondiale and member of the Groupe Initiatives, in 2020 Solthis also contributed to the challenging of the French government on their role in global health and more specifically this year on the response to Covid-19.

## IN THE FACE OF THE GLOBAL COVID-19 PANDEMIC: PARTICIPATION IN INTERNATIONAL RESPONSE MECHANISMS, A CALL FOR SOLIDARITY AND CONTINUITY OF CARE

As of March 2020, Solthis called for the mobilisation of stakeholders.

*« Health systems everywhere are destabilised; we fear the worst for the most vulnerable. »*

said **Roland Tubiana**, President of Solthis.

On the strength of the Ebola experience, our team were also quick to stress the importance of continuity of care, exemplified, for example by an appeal from the Collectif Interassociatif in Guinea. Solthis, alongside its associative partners, signed a letter addressed to President Emmanuel Macron:

*« Our solidarity cannot be limited to our country alone... The extreme emergency is here, but also there. »*

Solthis also contributed to the activities of ACT-A, a global partnership aiming to speed up the development and production of diagnostic tools, treatment and vaccines against Covid-19 and ensure fair access to them. Solthis also joined calls for international solidarity in waiving patents and thus allowing greater access to vaccines by disadvantaged countries.

In September 2020, the CEO of Solthis published an article in the French newspaper L'Opinion calling on global health actors to unite to tackle this challenge with a modern solidarity approach that allows access to health for all.

*« Covid-19, the magnifying glass effect and the duty to act for global health actors. »*

## DEFENDING THE RIGHT TO HEALTH

In our countries of intervention, Solthis teams work with our national partners and patient associations on the question of the right of all to access healthcare, and empowerment of patients and communities.

## FOCUS ON WOMENS' AND GIRLS' RIGHTS TO HEALTH

When the Generation Equality Forum was postponed, Solthis co-signed the response:

*« Keeping women's' rights at the heart of the political agenda by involving feminist movements! »*

In October, to celebrate the International Day of the Girl, Solthis joined the #my\_voice\_counts campaign, through its project in Niger and the publication of a series of testimonies which can be found in full on [our website](#).



# FINANCIAL REPORT

## KEY FIGURES 2020

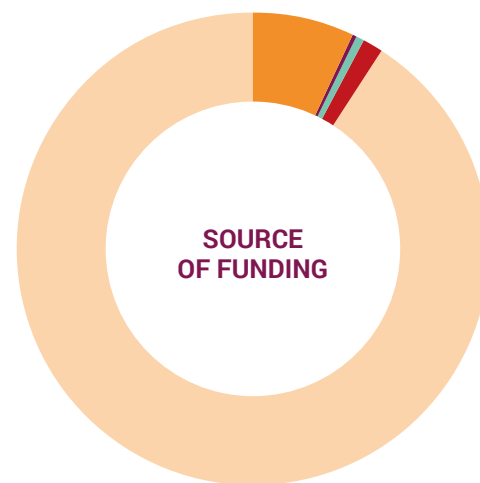
The year 2020 was marked by the health emergency which had a major impact on the success of our projects.

**7.9**  
MILLION €  
budget in 2020

**94 %**  
of the budget devoted to projects

## SOURCE OF FUNDING

Solthis' income in 2020 is derived from grants from our public and private partners, donations from the general public and increasing activity in technical assistance. Solthis continues to consolidate and develop new financial partnerships, which play a crucial role in the momentum of the projects.



**91%**  
Grants

**7%**  
Technical Assurances

**0,61%**  
Donations

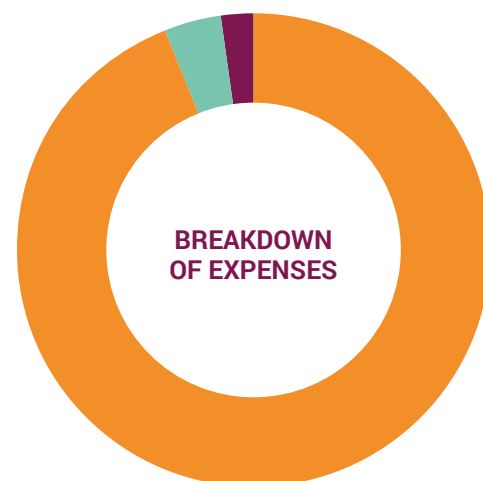
**1,4%**  
Solthis Endowment fund

**0,3%**  
Other 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.

- **Social mission** covers all expenditures incurred for operational activities relating to improve health systems and services, operational research and advocacy, as well as all support to operations.
- **Operating expenses** mainly relate to the cost of the association's headquarters, which oversees the operational activities of field teams, internal control and the correct use of resources. It also helps to maintain the link with our academic, institutional and associative partners.



**94%**  
Social Missions

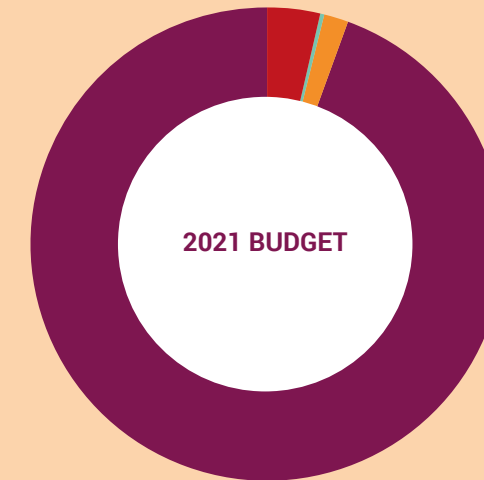
**4%**  
Operating costs

**2%**  
Fundraising costs

This graph shows that for every 100 euros spent, 94 were dedicated to carrying out social missions, 4 to the association's operating costs and 2 to fundraising.

## OUTLOOK 2021

The 2021 budget approved by the Board of directors amounts to €14 M, with the following breakdown of funding sources:



**94%**  
Institutional Donors

**3,8%**  
Technical Assurances

**0,1%**  
General Donations

**1,8%**  
Equity Funds

The 2021 budget is underpinned by the continuation of the ATLAS project in Senegal, Mali and Côte d'Ivoire and the AIRE project in Niger, as well as the new SANSAS project in Senegal and the ISANCO project in Niger and Guinea intended to improve the sexual and reproductive health of young people and support the fight against Covid-19.

## FINANCIAL TRANSPARENCY

Accounts for 2020 were approved at the Solthis AGM in June 2021 and certified by KPMG.

## OUR 2020 FINANCIAL PARTNERS

### WE THANK ALL OUR PARTNERS







**HEALTH IS A RIGHT**  
Accessing it a necessity

**Let's act together**

**CONTACT OR JOIN US**

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