



Important informations

This report was published in June 2024. The financial report has been certified by a KPMG statutory auditor and is submitted for validation by the General Assembly.

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Editorial and design coordination:

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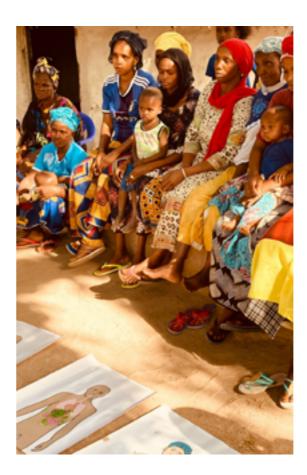
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Translation: Laura Craggs

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The General Assembly took place on 22 June 2023. 2 meetings of the Board of Trustees were held on 22 June and 20 December 2023 respectively.

Find out more about our governance



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EDITO

In 2023, we celebrated Solthis' 20-year anniversary - 20 years of collective action with our partners on global health, to improve access to health for all in West Africa.

Celebrations took place at the end of the year in both Paris and the six countries we work in. The celebrations were testament to our close working relationship with partners, who share our values and our struggles, be they health workers, ministries, civil society organizations, or our supporters, institutions or citizens.

During our anniversary year, we established several highly important partnerships for the future of our NGO: with Expertise France, the French Development Agency and soon with ANRS-MiE (ANRS emerging infectious diseases).

These collaborative relationships enable us to engage in health topics that are a priority for us, due to their prevalence among the populations we support: there is a high level of hepatitis B burden, for example, which has underestimated consequences in West Africa; as does cervical cancer. These partnerships also contribute to stabilizing our funding model, as our 2023 accounts show. We are also conscious of the fundamental link between health and climate and the need for urgent action, to ensure that the advances in health we have seen in recent years are not lost.

Solthis' anniversary has also made it possible to strengthen mobilization of our civil society supporters, through the launch of the Women's Health Committee, which helps us to highlight health issues for women and girls in our sexual and reproductive health and rights and HIV response projects.

Despite these significant advances, however, many challenges remain. Chiefly due to the magnitude of health issues that we are facing, which are exacerbated by current crises (climate-related, socio-economic, security, diplomatic and political), and primarily affect the most vulnerable populations that our projects support.

At the beginning of 2024, due to the geopolitical context and lack of funding, we sadly had to stop our projects in Mali. Mali is a significant country historically for Solthis, as this is where we rolled out our first program in 2003. This demonstrates the vulnerability of our interventions and of international solidarity, where they are not protected from the challenges countries face.

In this sense, a major challenge of Solthis' work is maintaining momentum to achieve a fairer world. International solidarity is now being undermined, with governments, including France, cutting their official development assistance funding, and lower levels of citizen engagement. It is necessary now more than ever to come together to confront this and demand that solidarity is maintained.

Thanks to the positive feedback and encouragement we have received over last 20 years, Solthis teams in countries where projects are carried out (Senegal, Côte d'Ivoire, Sierra Leone, Niger and Guinea) and in France, are committed to the decade ahead, to tirelessly continue our work, expand our interventions to other countries and increase our impact to improve health for all in West Africa.

Dr. Roland TUBIANA, **President of Solthis**

Dr. Serge BREYSSE, CEO of Solthis

LKEY FIGURES 2023

Solthis celebrated its 20th year

of commitment and intervention in 2023

23 projects

18 technical assistances in 13 countries

intervention countries with permanent teams



135 employees

82% staff in the

staff in the countries where we operate, representing 16 nationalities



INFECTIOUS AND EMERGING DISEASES

100%

of PLHIV with suspected tuberculosis received a GeneXpert diagnostic test as part of the Labo2S project in Niger, a 49% increase compared to 2021.

7,362

HIV self-test kits distributed in Guinea as part of a technical assistance on differentiated service delivery to improve testing methods for key populations. 543

activities to strengthen capacity, involving 1,286 participants, conducted in Sierra Leone in health facilities as part of the NFM 3 project.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

+ 25%

increase in consultations (21,293 in 2023 vs. 16,912 in 2022) for adolescents and young people at the 30 SANSAS partner service delivery points. 73%

of pregnancies in schools in Guinea were unintended (PAJES project). 92

health professionals trained on the management of genderbased violence cases in Senegal. 22%

of adolescents and young people who participated in the AGIR project's empowerment workshops strengthened their ability to take action around SRHR.

MATERNAL AND CHILD HEALTH

178

health workers have strengthened capacity around the integrated management of childhood diseases/pulse oximetry as part of the AIRE project in Niger 98%

of HIV-exposed infants received a 6-week neonatal diagnosis as part of the IPOP project in Guinea. All tests were negative, highlighting the effectiveness of prevention.

20 YEARS OF ACTION



300 health centers supported. More than 135,000 people sensitized, trained and provided access to sexual and reproductive health services.



85,000 PLHIV supported.

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KEY ACTIONS 2023



Close out of the AIRE project

The AIRE (Improving the identification of respiratory distress in children) project was launched in 2019 and closed out in 2024, consolidating the project's results. AIRE was funded by Unitaid and led in a consortium by Alima, Terre des Hommes and Solthis (in Niger). It introduced and assessed the routine use of pulse oximetry (PO) in IMCI (Integrated Management of Childhood Illness) consultations in health centers in Burkina Faso, Guinea. Mali and Niger. Results of the operational research demonstrated the importance of PO in identifying respiratory distress, which increases the risk of death among children under five by 4.9 times. After nine months of project implementation, more than 94% of health centers were using PO, and more than 80% of health workers saw it as an easy-to-use tool and that it increased confidence in their diagnosis.



Strengthened partnerships

Expertise France - L'Initiative and Solthis have been partners for many years and in January 2023 we consolidated our joint interventions by signing a framework agreement. This agreement will allow us to develop and expand our partnership around the implementation of projects and technical assistances, with a shared goal of sustainably improving health and combating infectious diseases in the most fragile states.

Three projects funded by the **Multiannual Partnership Agreement** (Azantchi in Niger, Impulse in Guinea and Share in Sierra Leone) also began in 2023, linking Solthis and the French Development Agency between 2023 and 2027, and which aims to contribute to improving the health status of populations in West Africa through the roll out of Solthis' new strategy.

These commitments with AFD and Expertise France reaffirm Solthis' role as a key player in global health.

Burundi



See this video presenting the game

Oh Woman®, a game to raise awareness of sexual and reproductive health among adolescents and young people

Solthis, in partnership with OH WOMAN®, launched the game of the same name in West Africa. Inspired by the traditional West African game awale, OH WOMAN® provides a fun and effective way of educating adolescents and young people on essential sexual and reproductive health (SRH) issues. Solthis teams have found this game to be a particularly useful educational tool. We therefore developed a West African adaptation in partnership with company that produced it, and made it available to our teams leading SRH projects in Côte d'Ivoire, Guinea, Niger and Senegal. This partnership demonstrates Solthis' commitment to innovation and finding solutions tailored to the specific needs of the West African region.





Towards a feminist approach to care

In 2023, Solthis launched its report committing to a feminist approach to care, which presents our holistic vision of sexual and reproductive health and rights (SRHR) and makes tackling gender inequalities a priority.

Sexual and reproductive health rights are fundamental human rights. As such, our organization promotes the right of people to access comprehensive and quality sexual and reproductive health (SRH) services and interventions, without discrimination, that are welcoming and non-stigmatizing regardless of sexual orientation, social category or disability. Despite developments over the last two decades, Solthis highlights that the rights of women and people in all their diversity are still too often not respected, and that SRH services provision is still not sufficiently adapted to the needs of women. Solthis believes that positioning people as key stakeholders in their own health is an essential catalyst to liberate women and to ensure gender equality.

Based on this ethos, Solthis implements projects in Senegal, Côte d'Ivoire, Guinea, Niger and Sierra Leone, with the support of a committed feminist civil society. The organization is helping to rethink models of care to be more inclusive and adapted to the specific needs of users. Our feminist approach to care aims to contribute to rebalancing knowledge and power between care teams and patients.

Country office for decentralised HIV care opens in the Ségou region



First project to support the national AIDS control program





Madagascar First epidemiological study on HIV.



tralization of HIV and AIDS

First technical assistance

for Solthis on the decen-

Guinea & Sierra Leone Launch of interventions on continuity of care in the context of Ebola, and prevention and control of

infections in hospitals



Mali & Niger: First program promoting youth SRH, JADES.

Sierra Leone: Launch of Empower, the first project to strengthen NETHIPS (PLHIV network).

Guinea: Start-up of DIAVINA, ANRS-funded research project on PMTCT.

Senegal, Côte d'Ivoire & Mali Launch of ATLAS HIV self testing project.

and Côte d'Ivoire

First project in Senegal



Mali & Niger

Project to fight against COVID-19, protect caregivers, ensure continuity of care and facilitate rapid testing



Senegal

First One Health project in partnership with AVSF and launch of the SANSAS project on youth SRHR



Celebration of 20 years of Solthis in Paris and the six countries we work in.



2009 2016 2020

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Solthis currently focuses on responding to two health priorities:

- ▶ infectious and emerging diseases, in particular HIV/AIDS, tuberculosis and emerging diseases such as coronavirus disease 2019 (COVID-19) and hepatitis B:
- **sexual and reproductive health and rights** and child health; encompassing gender issues, reproductive, maternal, infant and child health.
- ▶ exploring the operationalization of the "One Health" concept, which links human, animal and environmental health.

INFECTIOUS AND DISEASES HIV, tuberculosis, COVID-19, hepatitis B.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND CHILD HEALTH

ONE HEALTH

We are exploring the operationalization of the «One Health» concept, which links human, animal and environmental health

GLOBAL HEALTH



As a global health expert, the NGO Solthis was born out of the commitment of doctors at la Pitié Salpêtrière hospital to promote access to care and, in particular, treatment for HIV and AIDS. Through 20 years of experience, Solthis is now involved in major health issues and advocates for the respect of the right to health and access to health for all.

Gender is mainstreamed in a cross-cut-

ting way in all our projects, in our hu-



OUR GUIDING PRINCIPLES

To take action without compromising the autonomy of national partners and long-term sustainability in complementarity with existing health programs.

> **Learn more about Solthis'** 2022-2025 strategy





Our organization is part of current developments in international solidarity focused on the autonomy of people and organizations in the African countries where we operate, through a localized approach to aid, strengthening the role of national actors and taking into account the changing determinants of health and the combined impact of health, socio-economic, political and environmental crises. Dr. Serge BREYSSE, Chief Executive Officer of Solthis

man resources and anti-harassment and anti-discrimination policies.

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HOW WE WORK

To meet its intervention priorities, Solthis takes a high-impact intervention approach focused on three priority areas:

TRANSITION AND SCALE UP **ADVOCACY** to advance public health policies through our medical and scientific expertise and our results.

CAPACITY STRENGTHENING AND EMPOWERMENT

Solthis works to support health professionals, facilities and authorities, as well as civil society organizations, to strengthen their skills, and provide guidance and support for change.

OPERATIONAL RESEARCH to assess and understand barriers in access to care. Leading innovative projects, to identify, test and evaluate sustainable solutions informed by on the ground experience.

1. AN IMPACT MULTIPLIER APPROACH

By combining these three intervention methods, Solthis has developed an approach that has a multiplier effect, sustains the impact of its programs and ensures transition to partners and scale up of their interventions.





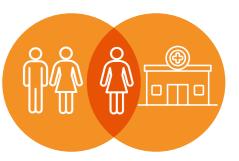
2. A PARTNERSHIP APPROACH AT THE HEART OF OUR PROJECTS



« As local as possible, as international as necessary », we embed our interventions in national strategies and policies and support our partners based on needs that they express, remaining faithful to our principle of not taking action on behalf of others.

3. A HEALTH PROMOTION APPROACH TO STRENGTHEN HEALTH SYSTEMS AND COMMUNITY HEALTH

Our approach to health promotion is participatory and inclusive. Solthis works to both strengthen health systems and civil society organizations and individuals, to ensure access to more efficient quality services.





IMPROVING HEALTH SERVICES AT ALL LEVELS TO PROVIDE QUALITY CARE

PROMOTING HEALTH AND MOBILIZING COMMUNITIES
TO ENABLE USERS TO DEFINE
THEIR OWN NEEDS AND DEFEND THEIR RIGHT TO QUALITY HEALTH CARE







Solthis celebrated its 20th anniversary throughout the year, culminating in an event at Paris City Hall, who are one of our loyal partners.

More than 200 participants gathered together with our founders and 18 speakers at our two high-level roundtables (\square see the full program):

- ► WHAT'S NEW IN GLOBAL HEALTH IN WEST AFRICA?
- ▶ SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: LEVERAGING FREEDOM FOR WOMEN AND YOUNG PEOPLE

In parallel there was [4] a photo exhibition looking back at 20 years of our work on the ground and a booth to showcase tools we have developed on sexual and reproductive health and rights and our feminist approach to care commitments document.

We also produced a brochure and a film that looks back at two decades of commitments and the impact of our work.











Solthis brochure: 20 years of intervention, commitment and expertise in the service of health

Film: 20 years of intervention

Watch our retrospective video of the anniversary celebrations

The 20th anniversary was also celebrated in each of the countries where Solthis works. In Abidjan, Bamako, Conakry, Dakar, Freetown and Niamey, partners, friends, current and former collaborators, development and health actors also met to look back at interventions undertaken during this period and look ahead at future challenges.

We would like to thank our institutional, technical, financial and civil society partners, our founders, our teams, our partners and friends, all those that were present and those who have supported us for many

WOMEN'S HEALTH COMMITTEE

The 20-year anniversary also saw the launch of the Women's Health in Africa Support Committee, in June 2023. In light of the fact that women's rights are worsening in many countries, Solthis established this committee for the generations of today and those of tomorrow, and organized a launch event bringing together around twenty committed members (women and men) from scientific and entrepreneurial circles, the media and the arts.

Solthis believes that all women must have access to care unconditionally and that they have a right to be informed and to be able to make their own choices. As such, the objective of this committee is to improve the implementation of ongoing projects and to engage new ones for the health of all in Africa, through the skills, experiences, connections and advice of its members.



OUR PROJECTS

IN 2023

SENEGAL

SANSAS: Sexual and reproductive health of adolescents and young in Senegal

THIELLAL: «One Health», contributing to better human, animal and environmental health

C'EST LA VIE! Phase 2: Sexual and reproductive health of adolescents and young people in West Africa

GUINEA___

POP: Introduction of Point of care to optimize postnatal prophylaxis for HIV-exposed newborns

PAJES: Empowering associations and young people committed to promoting sexual health

☑ IMPULSE: Empowering healthcare systems by involving users

RUCHE: Placing users at the centre of the fight against HIV in Guinea and Cote d'Ivoire

DSD TA: Technical assistance for appropriate HIV care services

AIR POP: Optimizing care for children exposed to HIV

SIERRA LEONE

NFM3: Building the capacity of health workers to accelerate the response to HIV

PROSSAN 2: Programm for strengthening health systems and services

SHARE: Sharing HIV actions, results and experiences to support decision-making

COTE D'IVOIRE

POUVOIR: Improving sexual and reproductive health and rights for SWs

AGIR: Empowering young people and adolescents around SRHR

C'EST LA VIE! Phase 2: Sexual and reproductive health of adolescents and young people in West Africa

TPE ADVIH: Nationwide roll-out of HIV selftesting to improve access to testing for most-at-risk populations

RUCHE: Placing users at the centre of the fight against HIV in Guinea and Côte d'Ivoire

MALI

NFM3: Coaching health workers to improve care for people living with HIV

COVACOM: Evaluating a strategy for rapid screening of COVID-19 by antigenic tests at community level

LAHIYATA: Improving access to sexual and reproductive health and rights in Niger

DSD TA: Long-term technical service providers of the Global Fund HIV differentiated service delivery: improving HIV testing of pregnant women and initiation of ARV treatment

C'EST LA VIE! Phase 2: Sexual and reproductive health of adolescents and young people in West Africa

AZANTCHI: Support for a national tutoring system in sexual and reproductive health and HIV

☑ JADES 2: Promoting sexual and reproductive health among adolescents

[7] LABO2S: Laboratories serving health in Niger

AIRE: Improving the identification of respiratory distress in children under 5 years

OUR IMPLEMENTING PARTNERS

GUINEA

- ABLOGUI: Guinea Bloggers Association
- CIP 'PROD: Cross-organizational collective for advocacy and the promotion of patients' rights (REGAP+, REFIG, FEG, FMG, ASFEGMASSI, Afrique Arc en Ciel Guinea)
- CNOSC-PF: National coalition of Guinean civil society organizations committed to repositioning family planning
- DNSFN: National directorate of family health and nutrition
- FEG: Espoir Guinea Foundation
- FMG: Medical fraternity Guinea
- Ministry of Health and Public Hygiene (DNEHPP, SNPS)
- Plan International Guinea
- PNLSH: National AIDS and
- Hepatitis Control Program
- · UGANC: Gamal Abdel Nasser University of Conakry

MALI

- CSLS-TBH: Sectoral unit on AIDS, TB and viral
- Ministry of Health and Social Development

NIGER

- ALIMA: Alliance for international medical action
- ANIMAG-TB: Nigerian association of cured tuberculosis patients
- BEFEN: Association for the Well-Being of Women and Children in Niger
- DSME: Maternal and Child Health Directorate, part of the Directorate General of Health and Reproduction (DGSR) at the Ministry of Public
- ENSP / DZ: National school of public health
- EQUIPOP
- Mérieux Foundation
- LAFIA MATASSA: Non-governmental organization for youth and adolescent health
- Ministry of National Education
- Ministry of Public Health, Population and Social
- PNLSH: National AIDS and Hepatitis Control Program
- RENIP+: Nigerien network of people living with HIV

SIERRA LEONE

- · ACF: Action against Hunger
- CAPS: Sierra Leone organization "Community Association for Psychosocial Services"
- CAWEC: Sierra Leone NGO "Community Action for the Welfare of Children"
- DHMT: District health management team
- NACP: National AIDS/HIV Control Program, part of the Ministry of Health
- NETHIPS: Network of people living with HIV in Sierra Leone.

SENEGAL

- AVSF: Agronomists and Veterinarians Without Borders
- CASADES: Committee to aid and support the economic and social development of the Ziquinchor and Kolda regions
- ENDA SANTE
- FQUIPOP
- LARTES: Research Laboratory on Economic and Social TransformationMinistry of Health and Social Action
- · RAES: African Network for Education and

COTE D'IVOIRE

- · Arc en Ciel +
- ASAPSU: Association for urban health selfpromotion
- Covie: Consciousness and life
- Espace Confiance
- · Ministry of Public Health and Hygiene
- PAC-CI
- National AIDS Control Program
- National maternal and child health program
- · National school and university health program - adolescent and youth health (PNSSU-SAJ)

In 2023, Solthis also provided technical assistances in the following countries: Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Madagascar, Morocco, Niger and Togo.

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HEALTH ISSUES

INFECTIOUS AND EMERGING DISEASES

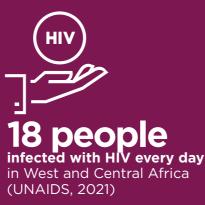
HIV

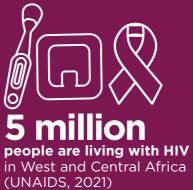
Despite significant progress, the context for HIV remains a concern in West and Central Africa. Many countries with fragile health systems are affected by conflict, humanitarian crises and climate change. In 2022, it was estimated that 82% of adults living with HIV knew their status, 78% of them had access to ARV treatment and 71% had an undetectable viral load.

The context for children and adolescents living with HIV remains dire, with only 37% knowing their status and accessing ARV treatment. In 2023, 160,000 new infections were recorded, representing 12% of new infections worldwide. Although the number of new infections has fallen by 43% since 2010, this decline has been much faster for men (49%) than for women (38%).

Women and girls account for 43% of new infections and poor sexual and reproductive health services contribute to the disproportionate burden the epidemic places on them. The coverage of programs for the prevention of vertical HIV transmission increased from 29% in 2010 to 53% in 2022, but has stagnated since 2016. The region is home to 20% of pregnant women living with HIV worldwide, but accounts for 52% of all pregnant women living with HIV who are not on treatment.

In addition, key populations, along with their partners and clients, account for 74% of new infections and fuel new infections due to challenges accessing care caused by stigma and, in some countries, criminalization.





INFM3 PROJECT

HEALTH ISSUES
INFECTIOUS &
EMERGING
DISEASES



In 2023, 543 capacity strengthening activities were implemented to support health facility performance and quality of care: 462 mentoring sessions involving 770 participants, 77 on-site trainings reaching 285 participants and 4 classroom-based trainings reaching 231 participants.

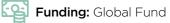
The project also developed a comprehensive tool to monitor and evaluate the performance of health centers, to contribute to the analysis of national health information and to guide decision-making. The health center performance dashboard covers six areas (mother-to-child transmission/early infant diagnosis, linkage to care, retention in care, viral load, procurement and supply management and health information system) by assessing 10 key performance indicators. The results are encouraging with an average score of 77% among the 35 supported health centers and 7/10 key indicators with a score above 80%. Challenges and gaps are observed with regard to laboratory analyses of early infant diagnosis and viral load tests, the availability of commodity supplies and the scale up of ARV distribution over several months.

To improve performance on the UNAIDS third 95¹, Solthis **developed** a viral load (VL) monitoring tool to support and boost VL testing in supported health facilities. In 2023, this tool enabled health facilities to collect and send 4,196 VL samples, but only 2,010 results were received from the national laboratory (due to equipment failure). 1,897 of these patients were virally suppressed (98.8%), which is an excellent result.



KEY INFO

Duration: 2 years (July 2022 - June 2024)



Partners: National Aids Control Program (NACP), District health management team (DHMT)





5,222 recipients of care



health institutions



1,286
participants involved in project capacity strengthening activities

I appreciate Solthis' innovative and continued interventions on HIV and their efforts to strengthen the capacity of health professionals, more than any other partner we have worked with. They have significantly improved the skills of health workers in patient care in terms of HIV testing services, treatment, documentation and retention in care. The health district should use Solthis trained professionals for peer learning in other facilities.

Milicent Minah, Manager at the National AIDS Control, Program (NACP) within the Port Loko District Health Management Team (DHMT).



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NFM3 **PROJECT**

HEALTH ISSUES

PROSSAN II **PROJECT**

HEALTH ISSUES



Solthis is the provider selected by the Ministry of Health to support implementation of NFM3 (New Funding Model 3) to accelerate meeting the 95-95-95 targets. This led to **our involvement** in strengthening health systems in terms of comprehensive HIV-related services, including diagnosis, patient initiation to recommended antiretroviral treatment, patient follow-up, management of HIV/tuberculosis co-infection, the prevention of mother-to-child transmission strategy, through review workshops, coaching, supervision and evaluation.

In order to support the improvement of services for people living with HIV (PLHIV), 35 integrated coaching visits at the regional level and 3 exceptional coaching visits from the national level to the sites were carried out. Nearly 180 service providers be**nefited from this support in 2023.** This support contributed to 76,600 provider-initiated tests being carried out, antiretroviral treatment initiation for 5,000 PLHIV and more than 12,000 viral load tests being carried out, 71% of which are undetectable.



98 coaches trained



Nearly 50.000 **PLHIV on ART** monitored at the 31



4.200 **PLHIV** received **TB** preventive therapy



I am really happy with the collaboration, particularly in terms of improving the quality of data at our various sites and building staff capacity. Bamako regional health department HIV focal point.

In 2023, project activities focused on three key areas:

▶ Mid-term evaluation of the quality of care and services for HIV testing/ counselling and HIV testing / prevention of mother-to-child transmission (PMTCT) in health facilities supported by the PROS-SAN 2 project.

The results of the quality of care score (13 indicators evaluated) are encouraging, with 60% of the 10 health facilities achieving a score of over 75% (baseline score of 40%, target of 80% at the end of the evaluation).



The score for HIV testing/ counselling and HIV testing/ PMTCT services (7 indicators assessed) was also encouraging, with 40% of health centers scoring above 70% (baseline score of 0%, target

- ▶ training 20 health workers on the management of TB/HIV co-infection, targeting staff working in TB response units.
- ▶ mentoring to improve skills and knowledge around changes in HIV management and patient monitoring, and ensuring effective documentation and reporting.

Routine activity where each site is visited at least once a month. The objective is to mentor HIV counsellors on various topics, such as patient monitoring, effective documentation, quality and timeliness of reporting and how to use national HIV tools, among others. Thirty-six mentoring visits took place in the 10 supported health facilities and 56 health workers were mentored.



KEY INFO

Duration: 2 years (May 2022 - July 2024)



Funding: AFD



Partners: Partners: Action
Against Hungar (AAL) Against Hunger (AAH), Community Association for Psychosocial Service (CAPS) and Community Action for the Welfare of Children (CaWeC)





10 health facilities



357 health workers



1.428 patients provided

During the joint monthly mentorship I conducted with Solthis, with health workers working in antenatal and delivery care services, I acquired stronger knowledge on PMTCT. This knowledge helped me to carry out my day-to-day mentoring activities with nurses and midwives in health facilities. I can now contribute in a positive way to preventing mother to child transmission. Alimatu Bah, mentor midwife, Action Against Hunger Sierra Leone.

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SHARE PROJECT

HEALTH ISSUES

Sharing HIV actions, results and experiences to support decision-making



The SHARE project began in the second half of 2023, with the objective of contributing to the HIV response in the country through the creation, documentation, dissemination and advocacy around adoption /adaptation and use of knowledge taken from the experiences of previous projects implemented by Solthis in the delivery of HIV-related services and strengthening of health systems at health facility and community levels.

The main project start-up activities related to laying foundations for implementation, through finalizing and signing the partnership agreement between Solthis and the Network of HIV Positives in Sierra Leone (NETHIPS), who are a member of the project implementation consortium. Knowledge management themes were also selected, through consultations between NETHIPS, Solthis staff, national authorities and health facility workers.

NETHIPS is happy to be working with Solthis again to generate and disseminate knowledge on how to increase community support for beneficiaries of care. Idrissa Songo, Executive Director. **NETHIPS Sierra Leone.**

KEY INFO

Duration: 24 months (July 2023 to June 2025)



Funding: AFD



2-8 Partners: NETHIPS, National Aids Control Program (NACP)





35 facilities



200



900 PLHIV participated in project activities

JPE-ADVIH PROJECT

Technical assistance for the national scale up of HIV self-testing in Côte d'Ivoire



The TPE-ADVIH project started up at the end of 2023 and was officially launched in December. It aims to support the scale up of HIV self-testing (HIVST - ADVIH in French), which was introduced in Côte d'Ivoire under the ATLAS project. The main interventions focused on developing a partnership agreement with the National AIDS Control Program (NACP) and a dashboard of key performance indicators for technical assistance. The expected results of the project are:

- ▶ improved differentiated testing provision through self-testing, to positively contribute to national HIV targets;
- ▶ increased access to free self-testing for priority populations across the country, and the availability of a mechanism to support linkages to confirmatory tests and access to care;
- ▶ guaranteed availability of self-testing for the general population at an affordable price and of reliable quality in private pharmacies, and communications mechanism in place to link people to treatment.

HEALTH ISSUES



KEY INFO

Duration: 2 years (October 2023 to September 2025)







Number of expected beneficiaries:



150,000 people from key populations aged 15+ and their networks



360,000 sexual partners of PLHIV



Sexual partners of patients coming for **STI consultations** (almost

400.000 consultations annually)

This technical assistance is timely, in a context where there was a decline in HIV self-tests being distributed from mid-2022 and during 2023, and where there are opportunities to expand provision in the private sector.

Sandra Ouegang Fonkui, project coordinator.



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LABO 2S PROJECT

HEALTH ISSUES

Laboratories serving health in Niger



The Labo2S project aimed to strengthen the capacity of laboratories and sample transportation networks, as well as the capacities of care providers and patient associations to promote access to examinations and ensure care providers are carrying them out effectively. In 2023, the project delivered on-site mentoring sessions and multidisciplinary meetings of caregivers both onsite and between care sites. Project results were also assessed in terms of improving care for people living with HIV (PLHIV) in order to return them to caregivers, health authorities and partners.

In 2023, more than 82% of PLHIV in Niamey sites and 84% in Dosso sites benefited from access to HIV viral load testing, compared to only 28% of people in Niamey and 38% in Dosso having access in 2021.

81% of people living with HIV with high viral loads in Niamey and 86% in Dosso received enhanced adherence support and viral load checks, compared to only 22% of people in Niamey and 0% in Dosso in 2021. This resulted in a 90% increase in second-line treatment compared to 2021.

Mothers are very keen to know the HIV status of their babies once they are 6 weeks old and this has been made possible at some PMTCT sites through the implementation of the Labo 2S project.

Representative of RENIP+, project partner.



Duration: 4 years (May 2019 - June 2023)



Funding: L'Initiative (Expertise France), Paris City Hall



Partners: Mérieux Foundation, Ministry of Public Health, Population and Social Affairs of Niger (MSP/P/AS), Nigerien network of people living with HIV/AIDS (RENIP+), Nigerien association of cured TB patients (ANIMAG-TB)



Find out more



More than 200 care providers benefited from

322 mentoring sessions and 49 multidisciplinary meetings.



100% of PLHIV and suspected tuberculosis patients received a GeneXpert diagnostic test (+49% compared to 2021).



66% of exposed infants received an early HIV diagnosis (compared to

19% in 2021).

RUCHE **PROJECT**

Placing users at the center of the fight against HIV



Duration: 3 years



HEALTH ISSUES

DISEASES

Financing: AFD

Partners: AFD, UNITAID, Paris City Hall, Caritas Foundation



80

patients directly involved in empower-



psychosocial assistants with strengthened capacity of which 14 taken it further, in terms of taking ownership of the methodologies.



people independent to the delivery of analysis groups on professional practices delivered 39 sessions.

A highly participatory, inclusive intervention strategy, which was adapted to each health facility and each target group (from defining to assessing needs) was put in place and allowed all stakeholders (institutional actors, caregivers, parents and CSOs) to agree on a model of patient-centered care.

Respect for the health rights of PLHIV has been substantially improved by strengthening the capacities of local health actors, promoting the involvement of PLHIV, strengthening health systems and integrating capacity strengthening of

Two CSOs have been strengthened in terms of structuring and managing their work (FEG around psychosocial assistants & Collectif around advocacy). At the end of the project, 2 learning and sharing documents, 2 tools for psychosocial assistants and a transition plan were developed and printed.

Thanks to this project, I am now able to discuss my situation with my doctor without fear. Before this project, I found it impossible to discuss my care with my doctor. Patient involved in the RUCHE project.

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IMPULSE PROJECI

HEALTH ISSUES

JA-DSD PROJECT

HEALTH ISSUES

Technical assistance for appropriate HIV care services

Empowering healthcare systems by involving users



The IMPULSE project, which focused on user rights, mentoring and patient experience, started at the end of 2023. The initial activities involved a methodological framework for the roll out of Solthis' capacity strengthening strategy to ensure provision of user-centered care and jointly identifying sites based on defined needs.

For beneficiaries (PLHIV, health care teams, psycho-social support workers, associative and civil society actors, representatives of health authorities), the expected results of this project are to improve governance around integrating users to take into account the patient experience, to strengthen patient support services and to improve professional relational practice.

Establishing dialogue between patients and care providers to develop a shared vision of the quality of care and how to improve it.

Harouna Mamane, IMPULSE project coordinator.



KEY INFO





Financing: AFD







target sites in Conakry and



in Boké, working at several different levels of the health



Technical assistance (TA) on differentiated service delivery aimed to improve testing methods for key populations in adapted facilities and community centers, in particular through the roll out of HIV self-testing.

The TA also related to getting adapted care recognized in community centers at the national level. In addition to focusing on key populations, the TA assessed issues around support to access care and contributed to developing a strategic framework to improve indicators relating to the first and second 95s.

In 2023, effective distribution of HIV self-tests in 4 centers was evaluated and led to testing approaches being adapted and scaled up in 21 additional sites. In total, between mid-November 2022 and August 2023, 7,362 kits were distributed.

Scale-up also provided an opportunity to train distribution officers and supervisors (participation in the Labé, Kankan and N'Zérékoré regions), which was provided to 113 sex worker peer educators (PEs), 107 men who have sex with men PEs, 7 people who inject drugs PEs, 42 health providers and 17 supervisors. In parallel, Solthis participated in the development of the national HIV self-testing guidelines, standards and procedures document in Guinea.





Duration: 30 months (July 2021 - December 2023)



Funding: Global Fund



Partners: PNLSH, Plan International Guinea, the various sub-recipients of the co-PR managing the com munity component (Health Focus, AGBEF, IOM, Child Fund and AJP), FMG.







peer educators



health providers

HIV self-testing has enabled us to reach people who have never been tested before but are in a high-risk environment for HIV. Some people were positive and did not know it since they had never been tested. EIC, doctor, Dixinn.

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HEALTH ISSUES

MATERNAL AND CHILD HEALTH

West and Central Africa (WCA) has the highest maternal mortality rate in the world, with 724 per 100,000 live births. The risk of maternal death through childbirth, meaning the probability that a 15-year-old girl will die from complications of pregnancy or childbirth during her lifetime, can be as high as 1 in 27 in 2020 in WCA, which is eight times the global average.

The WCA region also has the highest infant mortality rate, with 92 deaths per 1,000 live births in 2021, or one child dying every 17 seconds in the region (WHO, 2021) - far from the United Nations goal of reaching 25 deaths per 1,000 live births in 2030. The neonatal mortality rate in West and Central Africa is 30.5 deaths per 1,000. Yet most of these deaths would be preventable if health systems were strengthened as a whole.

ENSURING THE AVAILABILITY AND QUALITY OF MATERNAL, NEWBORN AND CHILD HEALTH SERVICES

The health of women and children is a priority for Solthis. Our work is aligned with the Sustainable Development Goals (SDGs) and the goal to reduce the global maternal mortality rate to below 70 per 100,000 live births by 2030. We are working to ensure the availability and quality of maternal, newborn and child health services, particularly in Guinea and Niger, through the I-POP and AIRE projects.



13,400 children

786 women still die

in the world every day of preventable or curable causes. (WHO 2024 and 2020)



J-POP PROJECT

HEALTH ISSUES MATERNAL AND CHILD HEALTH

Introducing of point of care to optimize postnatal prophylaxis for HIV-exposed newborns

In Guinea, only 36% of infants exposed to HIV receive early neonatal testing for HIV at 6 weeks old, and the results often take several months, which does not allow for early treatment of infected infants, but is crucial to increase their chances of survival. In addition, pregnant women living with HIV have low levels of access to viral load testing, which helps measure at the end of pregnancy whether it is necessary to adapt preventive treatment for the newborn to the risk of transmission. The I-POP project is exploring the value of putting in place a machine that is simple for care providers to use to carry out viral load testing for mothers and early infant diagnosis in the largest maternity hospital in Conakry, with a view to optimizing preventive treatment for exposed infants and testing them immediately to ensure the best chance of survival for infected infants.



Since the start of the project, 6,045 pregnant women have been tested for HIV during childbirth, which identified 70 women living with HIV. All these women received viral load testing at the time of childbirth, which enabled their newborns to receive the appropriate preventive treatment, reducing the risk of transmission. Early neonatal diagnosis at 6 weeks was carried out on 98% of infants. All tests were negative, showing the effectiveness of prevention.

In 95% of cases, results were given to the mothers the same day, on average within 2.5 hours (compared to 41% and a delay of 47 days before the project). These improvements in lead times increased retention in care of mothers and infants at 9 months, from 27% before the project to 89%.



KEY INFO

Duration: 3 years (2021 - 2024)



Funding: ANRS-MIE, Rotary Guinea Foundation, Paris City Hall

Partners: PNSLH, IRD-Trans
VIHMI, INSERM

Find out more



6,045 were tested for HIV during childbirth.



2.30 hours average time to deliver results (compared to 47 days)



infants

We are very happy to have the machine on site. We do the test ourselves and in 1.5 hours we have the child's results. It's part of our daily lives and it's a huge achievement because we used to wait 2 to 3 months. Now we can improve the child's chances of survival. Dr. Yalikathou Camara (pediatrician).

AIRE PROJECT

Improving the identification of respiratory distress in children under five



In 2023, as part of implementing the final part of the project, pulse oximeters (POs) were procured and put in place in the project's 40 integrated health centers.

Integrated Management of Neonatal and Childhood Illness (IMNCI) materials, the register and training modules have been revised to incorporate PO.

Finally, as part of project close-out, a scale-up plan and a costed operational plan have been developed and validated.

Thanks to the training received, we have acquired knowledge that allows us to look after patients (sick children) properly and make informed referrals on time... The PO enables us to save time in consultations, reduce the waiting time and quickly refer children in need of oxygen therapy. I urge the Ministry of Health to make the PO available in all health centers in Niger.

Mrs. Hamadi Nana Mariama, Head of the Route Filingue integrated health center. Niamey - Niger.



MATERNAL AND CHILD HEALTH

HEALTH ISSUES

Duration: 3 years (2019 - 2022) with an extension period until May 2023.

Funding: UNITAID and AFD

2-2 Partners: Ministry of Public Health, Population and Social Affairs (through the Directorate of Mother and Child Health - DSME, the Division of Neonatal Child Health -DSNI), BEFEN





56 POS and concentrators available in the project's integrated health centers



nealth workers trained in IMNCI/PO



30 people trained in oxygen therapy and preventive maintenance

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HEALTH ISSUES

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Access to sexual and reproductive health (SRH) and to rights being fully respected remains a major challenge today. Women in particular continue to face significant difficulties to freely make choices about their own bodies. Vulnerable and marginalized groups face many barriers to accessing quality care. Although there have been positive developments in West Africa, the region is now experiencing slowdown in the progress made so far. The region accounts for a significant proportion of maternal deaths on the continent¹. Pregnancies among girls under the age of 15 are also most widespread in West Africa², which exposes them to serious complications. Young girls are 20% more likely to become pregnant during adolescence3. The region also has the highest rate of unmet contraception needs among adolescents4. Yet, implementation of comprehensive sexuality education programs faces strong resistance. Finally, the threat of gender-based violence continues to impact life pathways, reflecting deep social inequalities.

In 2023, Solthis produced a report entitled «Towards a Feminist Approach to Care: Promoting Sexual and Reproductive Health and Rights for All», which outlines the organization's commitments to more inclusive care. The feminist approach to care we advocate reflects the approaches used by Solthis and its partners in the field, and is structured around three areas:

- 1. strengthening women's empowerment, promoting self-care and taking back ownership of their bodies;
- 2. integrating the fight against sexual and gender-based violence into all interventions: prevention, harm reduction and response;
- 3. people-centered services, especially for women, taking into account their specific needs.





43 % of new HIV infections in WCA occur among women and young girls.

In WCA, more than 10% of girls aged 15 to 19 already have children.



For further information:



Solthis' positioning and strategy on sexual and reproductive health



Sothis' gender positioning and strategy



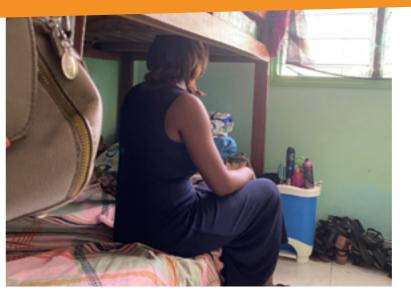
Feminist approach to care commitments report

- ¹ WHO 2020
- ² UNFPA 2023
- ³ World Bank 2023
- ⁴ Guttmacher 2021

POUVOIR PROJECT

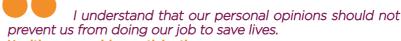
HEALTH ISSUES REPRODUCTIVE HEALTH AND RIGHTS

Improved sexual and reproductive health and rights of cisgender and trans sex workers



The POUVOIR project aims to improve care and remove barriers to accessing SRH services for cisgender and trans sex workers (SWs). During 2023, several activities were carried out with a view to achieving this objective:

- ▶ in partnership with Médecins du Monde, Solthis conducted advanced cervical cancer screening activities through training 10 peer educators (PEs) who sensitized 442 SWs (292 did HPV self-swabs):
- ▶ the establishment of self-gynecology workshops has made it possible to strengthen SW empowerment:
- ▶ a discussion workshop on perceptions, norms and attitudes was organized in June 2023 with the aim of getting health workers to take into account the specific SRH needs of key populations, to question their own perceptions and values in order to promote a non-discriminatory, non-judgmental and more welcoming approach;
- > capacity strengthening interventions have improved the knowledge of care providers to ensure inclusive care that takes into account the specific needs of key populations;
- refurbishing and equipping the Espace Confiance and Arc-enciel+ emergency accommodation centers has made it possible to increase their accommodation capacities.



Healthcare provider participating in the values clarification workshop.





Duration: 3 years (April 2022 - June 2025)



Funding: Expertise France / L'Initiative, Paris City Hall, L'Oréal Fund for Women



2-2 Partners: Covie, Arc-En-Ciel +. Espace Confiance, PACCI, Directorate of Maternal and Child Health. National AIDS Control Program





trans SWs felt a greater sense of empowerment, following the self-gynaecology



SWs sensitized on SRHR issues.



nealth workers trained on SRH



public health facilities and

drop in centers supported.

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_C'EST LA VIE! PROJECT PHASE 2

HEALTH ISSUES

Adolescent and youth sexual and reproductive health in West Africa



The C'est la Vie 2 project aims to support the adoption of safer and more respectful behaviors around SRHR and gender among adolescents and young people, by strengthening their capacity to make choices and take action. In this regard, in 2023, Solthis implemented the below:

- participation of Solthis teams in joint preparatory visits with RAES to gather information and hold introductions with the local authorities in the 3 countries (Senegal, Côte d'Ivoire,
- discussion workshops held in Niger and Côte d'Ivoire on perceptions, norms and attitudes around SRHR issues (64 participants, including 52 women);
- facilitation of a regional experience-sharing workshop with RAES on methodologies and thematic areas for skills development for health professionals;
- ▶ joint coaching / mentoring visit in Côte d'Ivoire with the health authorities around meeting the needs of adolescents and young people in 12 health centers, which strengthened the capacity of 31 health professionals (including 23 women);
- > 3 participatory diagnostic workshops on the quality of SRH services for adolescents and young people in Niger in targeted facilities (including school nurses' offices), followed by 2 reporting back workshops with a total of 39 participants;
- two training of trainer sessions in Senegal for health authorities (23 participants).



KEY INFO

Duration: February 2023 - June 2026



Funding: AFD



8-8 Partners: RAES (lead), Equipop. Ratanga Club CSO, Alliance Droit et Santé, UCPO





health professionals received training, mentoring or coaching



of health and community actors increased their knowledge of SRH and gender



protocol on GBV management

AGIR PROJEC

Empowering young people and adolescents around SRHR



To help improve care and remove barriers to accessing SRH services, the AGIR project worked to strengthen the empowerment of adolescents and young people and the health system.

During 2023, several activities were carried out both with adolescents / young people and health centers:

- ▶ technical platform of 11 public and community health centers strengthened through the provision of medical equipment and supplies with a view to improving or expanding the SRH service package;
- empowerment workshops with adolescents and young people that strengthened their capacity around informed decision-making in relation to their sexual and reproductive health;
- outreach strategy awareness-raising activities carried out by 48 community actors (30 community health workers [CHWs] and 18 peer educators [PEs]) trained on SRHR issues and community facilitation techniques with their peers in the project health regions;
- ▶ development and implementation, in collaboration with civil society partners (the NGO Messi and the youth ambassadors network), of an advocacy plan to promote a more favorable social and political environment for SRHR for adolescents and young people.

HEALTH ISSUES REPRODUCTIVE HEALTH AND RIGHTS



KEY INFO

Duration: 3 years (March 2022 - February 2025)



Funding: AFD, Bank of Africa Foundation



Partners: ASAPSU, Espace Confiance, National AIDS Control Program (NACP), National Program for Maternal and Child Health (PNSME), National Program for School and University Health - Health, Adolescents and Youth (PNSSU-SAJ)





young people sensitized on SRHR



8 PEs and trained on SRHR issues



100% of supported health facilities have improved the quality of SRH service provision adapted to adolescents and

young people

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LAHIYATA PROJECT

Improving access to sexual and reproductive health and rights



As part of the continuity of the JADES 1 and JADES 2 projects, the Lahiyata project aims to strengthen the empowerment of adolescents and young people around SRHR and their access to comprehensive, quality SRH services adapted to their specific needs. In this sense, activities during the first year included:

 exchange workshops on perceptions were developed and implemented for transformative purposes.

Health professionals are supported to assess the perceptions they hold, to be more aware of the importance of the interpersonal aspect of providing adolescent-friendly care and potential interference of their own attitudes and values and their ability to provide care adapted to their needs.

participatory assessments and support to facilities carried out

Results of the participatory assessment of the provision of services and the evaluation of the baseline score for health facilities respectively highlighted:

- ▶ the need to refurbish and better equip health facilities to ensure better care for adolescents and young people;
- ▶ the availability of equipment, supplies and consultations was more or less satisfactory.

In order to respond to these findings, the project moved ahead with procuring and donating medico-technical equipment for all the target integrated health centers and youth action centers in Maradi and Niamey.

 community assessment and implementation of activities for young people and their friends and family

Community assessments on the needs of adolescents in school clubs were carried out to identify socio-cultural, political and economic needs and barriers in terms of access that adolescents and young people have to comprehensive and quality SRH services, with a view to best adapting the project's activities focused on the demand for care and strengthening adolescents and young people to take action.

HEALTH ISSUES

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



KEY INFO

Duration: 3 years (February 2023 - March 2026)



Funding: Expertise France / L'Initiative



Partners: Lafia Matassa

Find out m



50

people (midwives, nurses and mentors from Lafia Matassa), including 42 women, trained as part of the perceptions workshops



young leaders trained to carry out awareness-raising activities with their peers



52
participants at intergenerational workshops

I am very happy that the project has decided to work in our health region. Having these materials meets our needs because we can now set up a dedicated care unit for adolescents.

Manager of the Place du Chef integrated health center.

SANSAS PROJECT

Adolescent and youth reproductive health in Senegal



The SANSAS project aims to improve access to reproductive health rights for young people and adolescents in Senegal, particularly young girls, young women and vulnerable youth. In this

increase in quality score in all supported health facilities;

sense, the key interventions and results in 2023 were:

provision of adolescent and youth SRH medical equipment to the 30 health facilities supported:

skills development interventions with caregivers on post-abortion care, long-acting contraceptive methods, gender-based violence (GBV) and self-care (injectable contraceptive: Saynana Press*);

- ▶ 1 SANSAS summer camp organized to strengthen adolescent and youth empowerment for 70 young people (44 girls and 26 young men);
- 3 advocacy plans developed by young people: national plan for the integration of young people into the reproductive, maternal, neonatal, infant, child and adolescent health and nutrition steering committee; pregnancies in schools; access for adolescents and young people to quality health services adapted to their needs;
- development of a knowledge transfer plan designed for members of the consortium, local, national and even international actors working on adolescent and youth SRH.

The Sansas project helped us both personally and at community level to be able to and to have a sense of team spirit... The activities and training provided have made me more self-confident, which will be beneficial throughout my life.

Coumba Aw, youth leader in Sédhiou (aged 20).

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

HEALTH ISSUES

Duration: 4.5 years (February 2021 - October 2025)

Funding: AFD, Bill and Melinda Gates Foundation via AFD, L'Oréal Fund for Women, Bank of Africa Foundation, C'est la Vie 2 (AFD)

Partners: Enda Santé, EquiPop, RAES, LARTES

Find out more



75.5% quality score in supported facilities (compared to 62.1%



69,288
consultations
carried out at health
facility level



291
mobile clinic outings



digital communication content pieces created by and for

created by and for adolescents and young people

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PAJES PROJEC^{*}

HEALTH ISSUES

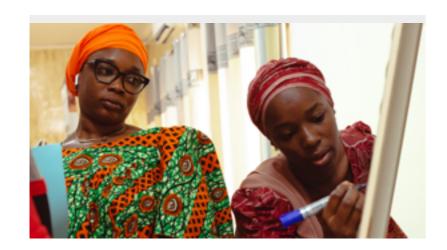
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Empowering organizations and young people committed to promoting sexual health

In 2023, 16 capacity strengthening sessions were organized on various themes, such as project management, monitoring and evaluation and advocacy techniques. More than 8,000 adolescents and young people benefited from awareness raising interventions carried out by the Coalition; more than 20,000 people learned about SRHR through the Génération qui Ose platform, formed by Ablogui. During the same period, Ablogui began developing an app to promote SRHR.

One of the major achievements this year was a study to measure numbers of unintended pregnancies in schools. The results showed that 21% of female students were pregnant between 2021 and 2023, 73% of them were unintended pregnancies. The study highlights that different forms of gender-based violence influence rates of unintended pregnancy, such as intimate partner violence (19% of female students surveyed), including husbands for young married women. This refers to controlling or forceful behavior that interfere with a woman's autonomy to make reproductive choices (of the students surveyed, 77% were or had become pregnant with their husband); this proportion was higher in Nzérékoré (100%), followed by Kankan (76%), and Kindia (71%).

Finally, a most significant change (MSC) study was carried out throughout the year with the main results showing greater power to take action among individuals, particularly in terms of technical skills, brought about through training and by a context favorable for collaboration between the different PAJES project partners.





Duration: 3 years



Funding: Expertise France and Paris City Hall



Parteners: CSO/FP Coalition; Ablogui; PNLSH; DNSFN





8.000+

adolescents and young people sensitized on unintended pregnancies, family planning, STIs and **HIV and GBV**



20.000+

people received information through the GquiOse plat-



advocacy plan was developed

on free access to contraceptives and

Before, it was hard to take action because, even though we were aware of the risks that adolescents and young people face in terms of SRHR, we were powerless in terms of developing a project and identifying and stopping GBV, which girls and women are victims of. Now I feel well equipped and I'm proud to assert myself to talk about SRHR in relevant spaces. It has allowed me to have confidence in myself on an individual level. Youth beneficiary.



HEALTH AND CLIMATE

Many regions of the world face security, socio-economic and population displacement challenges, but are also particularly affected by climate change (droughts, floods, etc.), due to their location and the pressure humans are putting on ecosystems (extensive agriculture, bushfires, sustained deforestation, etc.).

Climate change is currently one of the biggest health threats. It significantly impacts the fundamental determinants of health. The impact can already be seen across the world: increasing severity or emergence of particular infectious diseases, major climatic disasters, microbial resistance, but also an increase in chronic diseases, deterioration of mental health and food insecurity, significantly disrupting health system structures.

The burden created by these issues highlights the need to take a proactive, sustainable and integrated approach, the importance of adopting intervention methods based on multidisciplinary collaboration that enable linkages between human, animal and environmental health (One Health), and on contextualized and localized projects, based on local communities that include monitoring / evaluation and operational research components. In this sense, climate change is fostering new forms of health cooperation, at the international level and within communities, in order to improve the monitoring and documentation of health risks, to support mitigation and adaptation strategies and to contribute to identifying and implementing relevant interventions that allow communities and health systems to adapt to climate change, and to promote them to stakeholders, at the local, national and international levels.



60%

of pathogens that cause human diseases come from domestic or or wild animals.

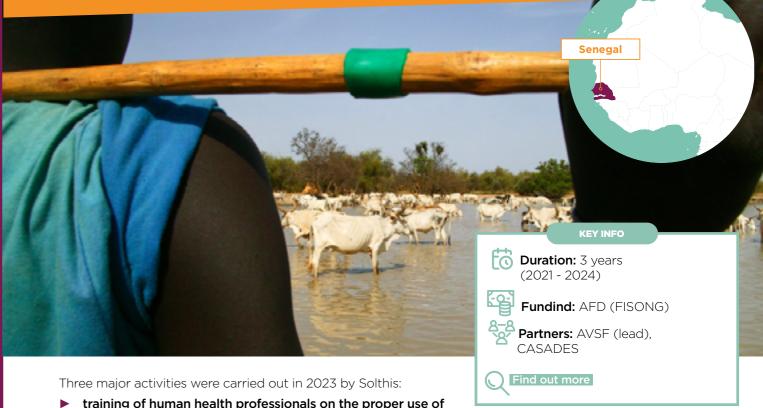
Human activity has profoundly changed 75% of terrestrial and 66% of marine ecosystems.

(Source: World Organization for Animal Health)



JHIELLAL PROJECT

HEALTH AND CLIMATE



- training of human health professionals on the proper use of antimicrobials and the One Health concept;
- assessment of formal and informal distribution channels for human medicines;
- study on the quality of antimicrobial prescriptions by human health professionals.

In addition, under the health promotion component, **community** awareness on antimicrobial resistance issues continued and a communication tool on the use of pesticides and agroecology was produced.

During the learning phase of the project, we noticed there has been gradual ownership of the One Health concept among beneficiaries. It is also important to note that there has been **growing institutional integration** of the project, particularly in terms of the Incident Management System (IMS) and the health district management team. Finally, Solthis' approach to training adults (adult education principals, experiential learning, playful methods) and health promotion (co-creation, active participation) has been praised by stakeholders for strengthening beneficiaries' power to take action.

13,389
people reached through



1,119 home visits and

335 health talks



23 human health professionals trained on antibiotics



community actors trained on antimicrobial resistance tools

In the wake of the COVID-19 pandemic, it is clear that humanity is evolving in a fragile and compromised world that requires us to rethink our approaches to managing threats and public health problems. It is therefore important to adopt a position that is oriented towards designing adapted, forward-looking and above all multidisciplinary and integrated solutions.

Babacar Gueye, Thiellal focal point, Solthis.

HEALTH ISSUES

TECHNICAL AND SOLIDARITY ASSISTANCES

In 2023, our volume of technical assistance provision increased, in line with what is set out in our strategic framework. 18 technical assistances assignments were implemented in 10 countries (Guinea, Côte d'Ivoire, Togo, Benin, Cameroon, Chad, Madagascar, Niger, Burkina Faso, Morocco) with support from 35 experts, more than 50% of whom are from the country of intervention and 40% of whom were women.

During the year, we focused on two main areas of intervention, which enabled us to sustainably strengthen our impact in the countries where we operate.

The first area related to providing significant support to strengthen civil society, thanks to funding from L'Initiative, in particular through the SOFIA mechanism and its channel Expertise. The SOFIA mechanism was launched in several countries, including Guinea, Chad and Benin, to strengthen the capacities of civil society organizations and promote their involvement in public health policies and health advocacy for the respect of patients' rights.

The second area of intervention related to sharing our experiences and good practices relating to rolling out self-testing and PrEP, two major HIV prevention and diagnosis innovations for populations that are furthest from care, due to high levels of discrimination. Thanks to strong partnerships with health authorities and civil society actors on the ground, we were able to introduce or expand these differentiated services in several countries, particularly in Guinea, Chad and Niger, based on the experience of our ATLAS project, which introduced HIV self-testing in West Africa (Côte d'Ivoire, Senegal, Mali). This innovative and needs-based approach helps to improve access to health services and reduces inequalities in HIV prevention and diagnosis, in line with the UNAIDS goal of ending inequalities and AIDS.

Finally, as an organization committed to gender equality and the localization of development assistance, we have also focused on adding more women to our pool of experts and having greater regional representation, to promote better local ownership of our interventions and an efficient transfer of skills. This approach aims to promote a more inclusive and supportive approach in our interventions by valuing the diversity of experiences and expertise.

In conclusion, 2023 was marked by significant progress in our technical assistance activities, thanks to an approach that was firmly focused on innovation, inclusion and solidarity. We are proud of the results we have achieved and we are determined to continue our efforts to improve the health and wellbeing of people we support through our technical assistances, in synergy with our projects.

Find out more about our technical support work

TA

Technical support to improve HIV - syphilis duo testing among pregnant women on ARV treatment across 33 priority sites in Niger

HEALTH ISSUES TECHNICAL AND SOLIDARITY ASSISTANCES



In 2023, in the context of improving PMTCT indicators at 33 sites in Niger, the Global Fund, as part of their DSD strategic initiative, asked Solthis to provide support to health authorities.

In the first instance, this support involved carrying out a situational analysis and identifying the areas of intervention likely to boost the performance of the priority sites that had been identified as less efficient, impacting the overall performance of the country. A monitoring and coaching system was then put in place directly at the PMTCT sites and following that the intervention approach of this pilot was continuously assessed.

This technical assistance has led to a substantial improvement in the duo screening (HIV/syphilis) and treatment indicators for HIV-positive women and children in the 33 sites through training 33 district-level providers and 18 regional focal points, Solthis teams establishing a cascade coaching system for the regional focal points and regular supervision of actors involved in providing care to mother-child pairs, primarily with regard to antenatal care.

The positive outcomes of this TA present arguments and opportunities for the National AIDS and Hepatitis Control Program to continue this approach during the 2024-2026 period, as part of Global Fund GC7 funding in 75 priority sites in the country in 5 regions.

This technical assistance enabled ownership of the national strategic objectives among targeted district providers and positively impacted PMTCT indicators in the intervention sites.

Dr. Issouf MAIGA, Coordinator of TA on DSD-PMTCT Solthis/Niger.



- Strengthening the role of the 18 PMTCT focal points and fostering a dynamic of decentralizing monitoring in the 33 integrated health centers.
- Streamlining testing and care provision practices in the 33 supported sites.
- Overall HIV testing rate of 85.05%, syphilis 88.16% (21,382/24,253), well above national data (54.9% and 31.3%).
- ARV treatment initiation rate for HIV positive pregnant women of 90% and that of exposed newborns of 91.89% in supported sites higher than national data (48.4% and 35.1%).
- Improvements in the quality of health information gathered at the 33 integrated health centers.
- Provision of small-scale medical equipment to 33 integrated health centers has significantly improved the quality of care and monitoring of pregnant women and newborns in the 33 centers.
- Rates of testing undertaken during PMTCT were highly satisfactory (where no stockouts occurred), which indicates the availability and commitment of integrated health centers and district staff around PMTCT triple elimination interventions.
- Streamlining viral load testing channels in Niamey.
- Achievements from the DSD TA were included in GC7 (NFM4) planning, enabling scale up from 33 to 75 integrated health centers for the period 2024-2026 (+ 42 new sites planned under GC7).



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Support for a situational analysis of paediatric HIV care in Cameroon

HEALTH ISSUES

In response to challenges identified by the National Strategic Plan to Combat AIDS, the health authorities in Cameroon made a request to L'Initiative / Expertise France to carry out a situational analysis of pediatric HIV care to identify obstacles to accessing care and socio-cultural barriers. It is against this backdrop that the study was carried out by Solthis teams. The methodology for the study took a two-pronged approach: for the quantitative component, the primary analysis took the form of a national audit conducted in 448 health facilities in the 10 regions of Cameroon and the qualitative component involved interviews and observations in care sites and with care providers, institutional actors and organizations in Yaoundé.

Results of the study show effective transition to dolutegravir (DTG) and a satisfactory rate of virological control, but with significant disparities: the youngest group still have limited access to DTG 10. Small-scale and local-level sites have less access to DTG and viral load testing. The study also shows vulnerability among young girls, among whom there are higher levels of HIV infection than among boys of the same age, through sexual transmission.

The qualitative study reveals a set of structural and social barriers: lack of and high turnover of care providers, pediatric ARV stockouts, no mechanism to transition adolescents to adult services, challenges around treatment adherence and adolescents living with HIV (especially young girls) starting their sexual lives, low levels of economic resources among families and persistent stigma around HIV.

Proposed priority intervention areas: strengthening small-scale and local level facilities, ensuring access to pediatric DTG, implementation of sexual health programs, support for families and scaling up stigma reduction interventions, especially in rural areas.

Gender issues emerged through the results of the two studies, both at quantitative and qualitative levels. They revealed a particular vulnerability among adolescents, especially at the point of starting to engage in sexual activity. We propose strengthening sexual and reproductive health (SRH) interventions alongside access to information, condoms and contraception.

Dr. Gabrièle Laborde Balen, Socio-anthropologist, IRD associate researcher, consultant.



- Data analysis relating to approximately 19,000 children and adolescents living with HIV.
- ▶ Only one-third of the 50,000 children and adolescents living with HIV have been tested and put on ARVs.
- ► Analysis of the cohort shows 2 distinct groups: 0-14 year olds who were primarily infected through mother to child transmission and adolescent girls aged 15-19 infected later, most likely through sexual transmission, and diagnosed during PMTCT.
- Demand for viral load testing is particularly low among 0-4 year olds and among girls aged 15-19.
- ▶ Just over half (53%) took up the offer of viral load testing during follow-up with a median duration of 6 years and only 42% of the patient cohort had received a viral load test in the last 12 months, as recommended.





OUR ACADEMIC AND SCIENTIFIC INTERVENTIONS

Solthis was established by university doctors, supported by a scientific group of health and development experts. We have developed numerous partnerships with research and public health institutes, university hospitals, universities and faculties, networks of partners, particularly in Africa, and with other humanitarian organizations. Since its inception, Solthis has participated in major international conferences on global public health.

Women Deliver

Kigali, Rwanda, 17-20 July, 2023

The Women Deliver conference is a critical event on sexual and reproductive rights and health. The organizers focused on intersectional feminist principles to address the complex issues affecting women and girls and to collectively identify and act on evidence-based solutions. The SANSAS project team was represented and took part in the AFD session entitled «Catalyzing action to move forward on the neglected challenges of Sexual and Reproductive Health and Rights (SRHR)» and presented their work on «Approaches put in place to better meet the specific SRHR needs of young people».



AIDS Impact

Stockholm, Sweden, 12-14 June 2023

AIDS Impact is an annual international conference on behavior and psychosocial sciences that addresses issues related to HIV and AIDS prevention, treatment and care. In 2023, Solthis was selected for an oral presentation entitled: «Estimating HIV self-testing positivity rate and linkage to confirmatory testing and care: a telephone survey in Côte d'Ivoire, Mali and Senegal» as well as a poster entitled: «Knowledge, attitude and practices towards HIV testing following the introduction of self-testing: the case of the ATLAS project in Côte d'Ivoire». Both were based on research results of the ATLAS project.

Scientific publications

Alongside our projects and technical assistances we conduct research works, some of the results of which have been published.

In 2023, six papers were submitted and published in different scientific journals. Two of them related to ATLAS, a project to introduce HIV self-test kits, which closed out in 2022 but related research work continues to deliver results. One article presented results from the AIRPOP project, which enables blood samples to be transported by drone to reduce turnaround times for infant HIV test results. Another presented results from the TB-Speed project, which closed out in 2022 and aimed to strengthen pediatric TB management and improve early detection. The other two articles involved technical experts from Solthis, as part of projects outside the organization.



__OUR ADVOCACY WORK

Through our projects in West Africa, our scientific roots and links with French and international institutions, Solthis develops its advocacy work based on analyzing its projects and results from research. The objective behind our advocacy work is two-

- to scale up projects that have shown promise;
- to share our experience, and that of partners, with the international community to improve health policies and the functioning of international initiatives.

Solthis also contributes to holding the French government and international institutions to account on their role in global health, through participating in collectives of committed organizations, such as Collectif Santé Mondiale and Coordination Sud.

ADVOCACY THAT HAS A MULTIPLIER EFFECT: STRENGTHENING TEAMS AND PARTNERS

The main objective of **our advocacy work is part** of our multiplier effect approach, drawing on evidences from of our projects and knowledge produced with national partners, institutions, civil society and communities to bring about changes in policies and approaches of health actors and strengthen patients' rights and health systems.

In this regard, in 2023, Solthis took the opportunity of several projects closing out to organize or participate in workshops to share key messages from our interventions and those of our partners. For example, in Niger, the JADES II project on SRHR enabled advocacy messaging from Young Leaders to be shared on «Zero violence in schools». While the AIRE project close out in Dakar provided an opportunity to promote the introduction of the pulse oximeter to detect respiratory distress in children. In Guinea, the RUCHE project has strengthened the rights of HIV patients to ensure a better balance in the care provider - patient relationship.

Our 20-year anniversary celebrations in each of the countries where we operate was an opportunity to take advocacy messaging to the national level with our partners and highlight results from our projects. These tangible interventions have also fed into our commitment to combat violence against women and gender-based violence, which was shared on 25 November. Our advocacy approach is embedded in our

programmatic work, from self-defense workshops under the POUVOIR project in Côte d'Ivoire, to developing an SRHR app with Ablogui in Guinea, or establishing a care pathway for victims of GBV in

As part of our work to continue taking concrete action to improve health policies, Solthis, supported by AFD, conducted training sessions to strengthen civil society teams and partners in the countries of intervention on advocacy issues.

GLOBAL INTERVENTIONS TO IMPROVE GLOBAL **HEALTH**

Solthis contributes to influencing the global health agenda through having a presence at conferences, on various coordination bodies, and in coalition with its partners, demanding that funding and policies are adapted to global health priorities, in a way that is favorable to the most vulnerable countries and po-

At global level, our presence on the French National Council for Development and International Solidarity (known as CNDSI), as a civil society representative on the steering committee of France's global health strategy, as part of Coordination Sud, Groupe Initiative, and Collectif Santé Mondiale, we are able to present our demands, and those of our partners, either directly, or through letters, forums or social network campaigns.

In 2023, we were present at various conferences, including Women Deliver and the annual meeting of the Ouagadougou Partnership, to talk about SRHR

We were also able to promote approaches to respond to the impact of climate change on health within the OSH Forum, during an international event in Lyon, where our CEO spoke on behalf of NGOs to ensure commitments on this issue are delivered on.

We also work in coalition to ensure that major multilateral mechanisms (Global Fund, UNITAID, Gavi. etc.) and donors respond as closely as possible to the real needs of the most vulnerable populations, from the local to the global level.



See official standpoints co-signed by Solthis

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Key 2023 figures

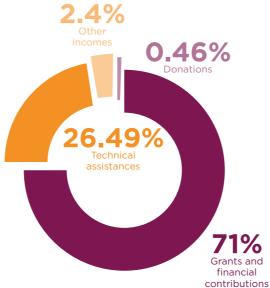
The year 2023 saw the return of some stability, following two years in deficit for the organization. In addition to a sharp increase in financial income during the year, 2023 also marked good levels of completion rates of projects implemented by Solthis in the 6 countries, as well as significant growth in technical assistances.

2023 was also marked by Solthis signing a multiannual partnership agreement with AFD, enabling 3 new projects to be rolled out in Niger, Guinea and Sierra Leone, as well as strengthening the organization generally in terms of human and financial resources. New projects have also started in Côte d'Ivoire, Niger and Senegal.



Sources of income

Solthis' income in 2023 came from grants and financial contributions from our public and private partners (71%), donations from the general public (0.46%) and technical assistances (26.49%). The latter represented significant growth, primarily relating to 4 TAs in Guinea, Chad, Niger and Sierra Leone. Solthis continues to work to diversify its funding sources through strengthening and developing new funding partnerships, which are essential to ensure project dynamics and strengthen our financial model. In 2023, for example, a project was approved with the Innovation Fund for Development, hosted by AFD, and the Bill and Melinda Gates Foundation (through AFD).



Expenditure

Breakdown of 2023 expenditure:

95 of every 100 euros spent related to carrying out our social mission, 3 euros to organization running costs and 2 euros to raising funds.



- ▶ Fulfilling our social mission: expenses incurred for operational activities related to strengthening health systems and services, operational research and advocacy, and operational support costs.
- ▶ Raising funds: expenses incurred to undertake public and private fundraising activities.
- Operating costs: primarily expenses incurred by the organization's head office, which oversees the operational activities of country teams, internal controls and the effective use of resources. The head office also oversees links with our academic, institutional and organizational partners.



Outlook for 2024

The 2024 budget approved by the Board of Directors in December 2023 amounts to €13.5 million, with the following breakdown of funding sources.

The budget is heavily driven by interventions in Senegal, where projects represented 29% of Solthis' budget in 2024. New projects will also start up in Côte d'Ivoire, Guinea and Sierra Leone. Technical assistance activity should represent 10% of projected resources for 2024.

10% Technical assistances 89% Institutional grants

Financial transparency

The accounts were approved at the Solthis Board meeting in June 2024 and have been certified by MAZARS. Our accounts and audit report are available here.

Thanks to all our partners



































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Contact details

Solthis

14-34 Avenue Jean Jaurès 75019 Paris - France contact@solthis.org









