



ANNUAL REPORT 2025

**Health is a right,
having access to it is vital.**

LET'S ACT TOGETHER





Acknowledgements

This report was published in June 2026. At the time of going to print, the financial report had been verified by our statutory auditor, FORVIS MAZARS and was subject to sign-off by the General Assembly.

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Photo credits:

Afroto, Bruno Demeocq, Jean-Claude Frisque, Imagin Communication, MD Digital Video Production, Miléquém Diarassouba, Mathieu Letellier, Rarili, ReflexxMedia.

We would also like to warmly thank Solthis employees and volunteers for their photos.



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The General Assembly took place on 18 June 2025. Two Board of Trustee meetings were held on 18 June and 17 December 2025.

[Find out more about our governance](#)

A WORD FROM OUR CHAIR

I have had the honor of being Chair of Solthis for nearly ten years. What an adventure into humanity, health and solidarity we have been on since 2003!

Solthis was initially established to improve and empower systems for accessing testing, care and treatment for people living with HIV, in partnership with local health facilities and community organizations, and we have gradually expanded the focus of our work.

Our work has expanded to focus on women's health, sexual and reproductive health and rights, prevention of mother-to-child transmission (HIV, syphilis and hepatitis B), childhood tuberculosis, self-testing and self-care, and cervical cancer prevention. Solthis has developed adapted approaches to respond to these challenges, combining education, information, training, structured care pathways, advocacy and operational research. We have also strengthened our climate and health linkage expertise, for example through the SENEYA project in Senegal.

Cuts in international funding for development aid and research since 2024, in particular by the United States and European governments, have left us in shock and have had a direct impact on affected populations. Now is the time to take action.

We are also seeing geopolitical changes in our main intervention region. Regime changes in Niger, Mali and Burkina Faso, as well as official standpoints about partnerships with France, have profoundly changed the context of our work. Closure of Solthis in Niger is scheduled for end of June 2026 and follows close out in Mali. This is an unfortunate but inevitable consequence, despite consistent collaborative activities and tangible results in Niger since 2004.

We are also concerned about an increasingly intolerant and obscurantist climate that risks isolating populations who need prevention, testing and care.

Despite the current context, but without being naive, we want to preserve the precious links and contacts we have built with our partners because education, health and environmental issues are not going away.

This activity report provides an opportunity to collectively reflect on Solthis' work.

The organization's achievements demonstrate how relevant our work is and the Strategic Guidance Document 2030, which is currently being drafted, will be hugely important.

Continuing areas of work: ongoing projects, consolidating relations with our donors, technical assistance, and mobilizing our support globally to identify new health solutions.

Other areas will be more complex. Opening up new collaborative opportunities and new projects, in line with needs identified and our expertise, and monitoring how our financial position evolves in this difficult context.

We hope you read this activity report carefully and that it provokes reflection and discussion. I would like to thank all the Solthis teams, past and present, at head office and in the field, as well as all our partners in the countries where we operate.

Let's decide together the future we want to build for Solthis.

Dr. Roland TUBIANA,
Chair of Solthis



CLOSURE OF SOLTHIS NIGER

At the end of June 2026, Solthis will be closing activities in Niger, where we have had a presence since 2004. For over 20 years, our projects have focused on priority public health topics: maternal and child health, adolescent and youth health, and combatting infectious diseases. Our latest projects, AZANTCHI, which focuses on institutionalizing reproductive health mentoring, and LAHIYATA, aimed at strengthening empowerment of adolescents and young people, implemented in the regions of Niamey and Maradi, closed on 31 March 2026. These two projects enabled more than 200 health workers to be trained and mobilized and equipped 84 young leaders and 40 teachers.

The current funding context means we are unable to continue this support and we are having to close our office and all our interventions in Niger.

Over 22 years of working in Niger, Solthis is proud to have supported, among other things, comprehensive HIV care provision and decentralization to all regions of the country (2004-2025), task shifting to midwives to monitor and treat women and children living with HIV (2011-2013), improved care for prisoners in Niamey and Say prisons (2015-2017), adolescent and youth reproductive health interventions (2019-2026), and integration / scale-up of pul-

se oximeter usage in the national strategy for the Integrated Management of Childhood Illness (2019-2023). More than 33,000 adolescents and young people have been sensitized or received information on sexual and reproductive health, and more than 3,000 people, including health professionals, have been trained, sensitized or supported on different health topics. Since 2004, Solthis has also worked in partnership with around ten different civil society organizations.

We would like to thank all of our partners, and particularly the Ministry of Public Health and Hygiene, for their trust and support over the years. We would also like to thank all the institutional and operational teams, health professionals, organizations, communities, young leaders and all the people we have had the chance to work with to sustainably improve the health of populations in Niger.

Finally, we would like to thank everyone involved in our various teams who have been committed to work together for more equitable access to quality care and health rights.



KEY DATA 2025

16 projects
26 technical
assistances in
13 countries

5 intervention
countries with
permanent teams

154 employees

88%
of staff based
on the ground.
17 different staff
nationalities

11M€
expenditure

EMERGING INFECTIOUS DISEASES

94,288

HIV self-tests provided in Côte d'Ivoire by the National AIDS Control Program (PNLS) through their partners, as part of the TPE-ADVIH project aimed at national scale-up of HIV self-testing.

**More than
25,000**

pregnant women attended antenatal consultations as part of the TRIO project (triple elimination HIV-hepatitis B -syphilis at birth) in Guinea.

78,750

children under five tested for TB through the FREE-TB project in Sierra Leone.

SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS

**More than
10,000**

educational talks were carried out as part of the AGIR project, which closed in 2025, and **more than 33,880 adolescents and young people were sensitized on SRHR in Côte d'Ivoire.**

310

highly vulnerable people, including 170 sex workers, 63 transgender people and 77 men who have sex with men, **had already been sensitized around SRHR** through outreach by the POUVOIR+ project, during the 6 months since it was launched.

96% of young people aged 10-24 in the SANSAS project intervention areas **say they are satisfied with the provision of SRH care.**

385

health professionals have strengthened their capacity in Niger as part of the LAHIYATA and AZANTCHI projects, through the health mentoring scheme in particular.

27,959

adolescents and young people attended consultations at health centers and in mobile clinics (SANSAS project, Senegal).

16,524

people were sensitized about cervical cancer, 5,776 women were tested for HPV and 154 women were treated for precancerous lesions by the SUCCESS II project in Guinea.

CLIMATE AND HEALTH

8,270

community members sensitized on the impact of climate change at community level in terms of human, animal and environmental health (SENEYA project, Senegal).

ACADEMIC AND SCIENTIFIC WORK

1

side event, 1 oral presentation, 2 in-person posters and 3 other posters during two international conferences.

KEY INTERVENTIONS 2025



«Care of one's own»: advancing sexual and reproductive health together

To mark the close out of our CAP2 project (Capacity to strengthen SRHR in West Africa - Phase 2), on 17 March 2025 at Paris City Hall, we organized a conference entitled: "Care of one's own: advancing sexual and reproductive health together". More than 220 people participated in person and remotely. Two roundtables took place to present our approach, our commitment and our impact in terms of self-care and sexual and reproductive health and rights (SRHR) for adolescents and young people. Hélène Bidard, Deputy Mayor of Paris, Ambassador Delphine O and Juliette Grundman, Head of the CSO division at AFD, took part and confirmed their respective commitment to SRHR in the face of current challenges and setbacks.

More broadly, the three-year program agreement funded by AFD, has enabled us to **introduce a cross-cutting objective in all our projects to improve SRHR at the community, health service and environmental levels.** It also enabled us to **develop our feminist approach to care strategy and related tools, such as anatomical boxes and the OH WOMAN® game, as well as training for our teams and stakeholders working on SRHR.**



Empowering young people for healthier futures

SHAPE (Sexual and Reproductive Health Access and Promotion of Empowerment) is Solthis' first sexual and reproductive health (SRH) project in Sierra Leone.

Supported by **the French Development Agency** and implemented in partnership with **CAWeC** and the **Ministry of Health**, this transformative project aims to strengthen access to quality SRH services and promote access to SRH rights, especially for adolescent girls and young women aged 10-24, in urban and rural districts of the Western Region. There will be a particular focus on **humanizing childbirth**, a thematic area that Solthis is committed to in its SRHR projects.



Improving access to diagnostics and treatment for people living with advanced HIV disease

The **IMPAACT4HIV** project, which aims to strengthen the response to advanced stage HIV in Côte d'Ivoire and Sierra Leone, began operational activities in early 2025. Despite treatment availability, people accessing care too late coupled with high levels of opportunistic infections resulted in more than 230,000 HIV- and AIDS-related deaths in sub-Saharan Africa in 2021. In response to this urgent situation, Solthis alongside Unitaïd and the consortium led by The Aurum Institute are committed to:

- ▶ **reducing HIV- and AIDS-related deaths by improving the decentralization of and access to testing, prevention and treatment** for opportunistic infections and tuberculosis for affected adults and children;
- ▶ **fostering demand generation and community and global level advocacy to scale up care for advanced HIV disease**, combining communication, collaboration and engagement.



CAA partnership/ SENEYA launch

Solthis is proud to join forces with the **Climate Action Accelerator** to transform its practices and reduce its CO2 emissions by 50% by 2030.

This foundational partnership is already embodied in practical projects in Senegal that combine health, climate and resilience. The **SENEYA** project, which is currently underway, focuses on training populations and health stakeholders on the One Health approach through providing support to sustainably transform the living conditions of local populations and protecting animal species.

The CAA partnership **focuses on both our internal ways of operating and our projects, using tools such as climate vulnerability assessments in health facilities. This collective approach allows us to co-create sustainable solutions with local communities.**

In the context of a climate emergency, and recognizing that vulnerable populations are often those most affected by climate change, **Solthis' commitment to global health covers climate and health issues, taking an ambitious transformative approach to reduce its carbon footprint and its environmental impact.**

Mali
Country office for decentralized HIV care opens in the Ségou region.



2003

Niger
First project to support the National AIDS Control Program.



2004

Burundi
1st technical assistance assignment for Solthis on decentralizing HIV and AIDS care.



2009

Mali & Niger :
First program on promoting youth SRH, called 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.



2016

Senegal, Côte d'Ivoire & Mali
Launch of ATLAS, an HIV self-testing project. First project in Senegal and Côte d'Ivoire.



2018

Mali & Niger
Projects responding to COVID-19, protecting care providers, ensuring continuity of care and facilitating rapid testing.



2020

Senegal
Our first One Health project in partnership with AVSF and launch of the SANSAS project on youth SRHR.



2021

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



2023

Guinea
Launch of TRIO, our first project focused on triple elimination: HIV / syphilis / hepatitis B.



2024

Côte d'Ivoire
Close out of POUVOIR and publication of a practical guide on self-gynecology.



2025



OUR HEALTH PRIORITIES

Solthis currently focuses on responding to 3 health priorities:

- ▶ **infectious and emerging diseases**, in particular HIV and 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.
- ▶ **operationalization of the “One Health” concept**, which links human, animal and environmental health, as well as the link between climate and health.



1

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

2

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND CHILD HEALTH

3

ONE HEALTH AND CLIMATE HEALTH

GLOBAL HEALTH NGO



OUR IDENTITY

As a global health expert, the NGO Solthis emerged through the commitment of doctors at the Pitié Salpêtrière hospital to **promote access to care and, in particular, treatment for HIV and AIDS.** With 20 years of experience, Solthis is now engaged in major health issues and advocates for the respect of the right to health and access to health for all.



OUR GUIDING PRINCIPLES

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



OUR VALUES AND COMMITMENTS

- ▶ **PROFESSIONALISM AND ACCOUNTABILITY**
- ▶ **SOLIDARITY AND COMMITMENT**
- ▶ **EQUITY AND INCLUSION**



Gender is mainstreamed in a cross-cutting way in all our projects, and in our human resources and anti-harassment and anti-discrimination policies.



[Learn more about Solthis' 2022-2025 strategy on our new website](#)



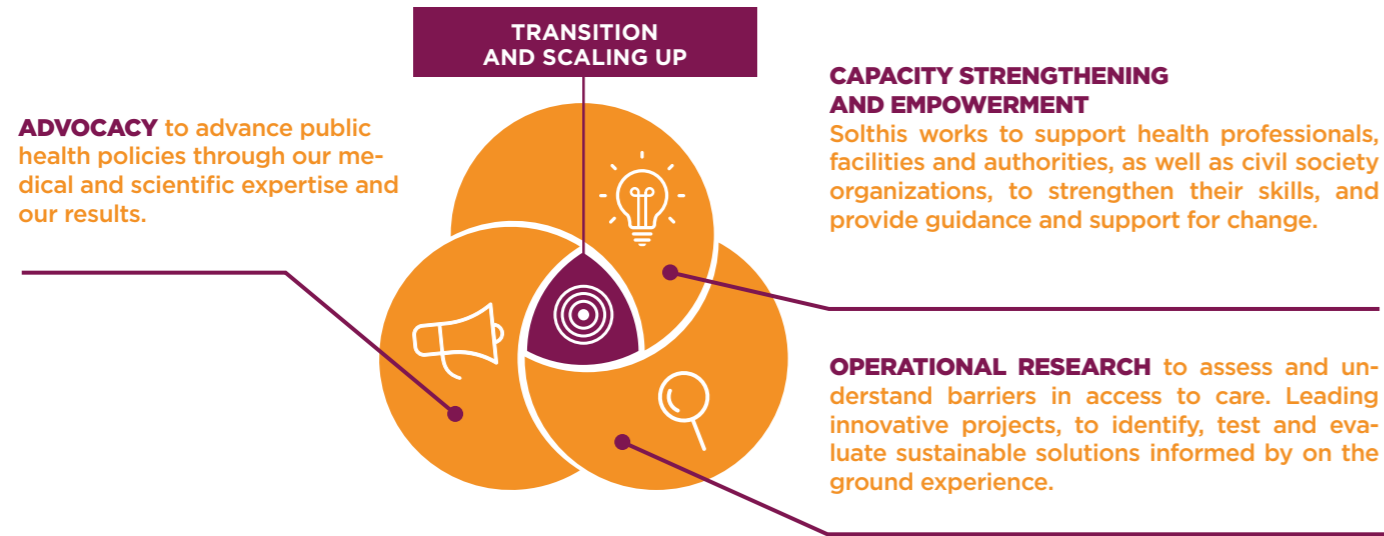
Our organization is part of current developments in international solidarity focused on the autonomy for people and organizations in the African countries where we operate, through a localised approach to aid, strengthening the role of national actors and by taking into account the changing determinants of health, socio-economic, political and environmental crises.

Dr. Serge BREYSSE, Chief Executive Officer



HOW WE WORK

In order to respond to our intervention priorities, Solthis takes a high-impact intervention approach focused on three priority areas:



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.



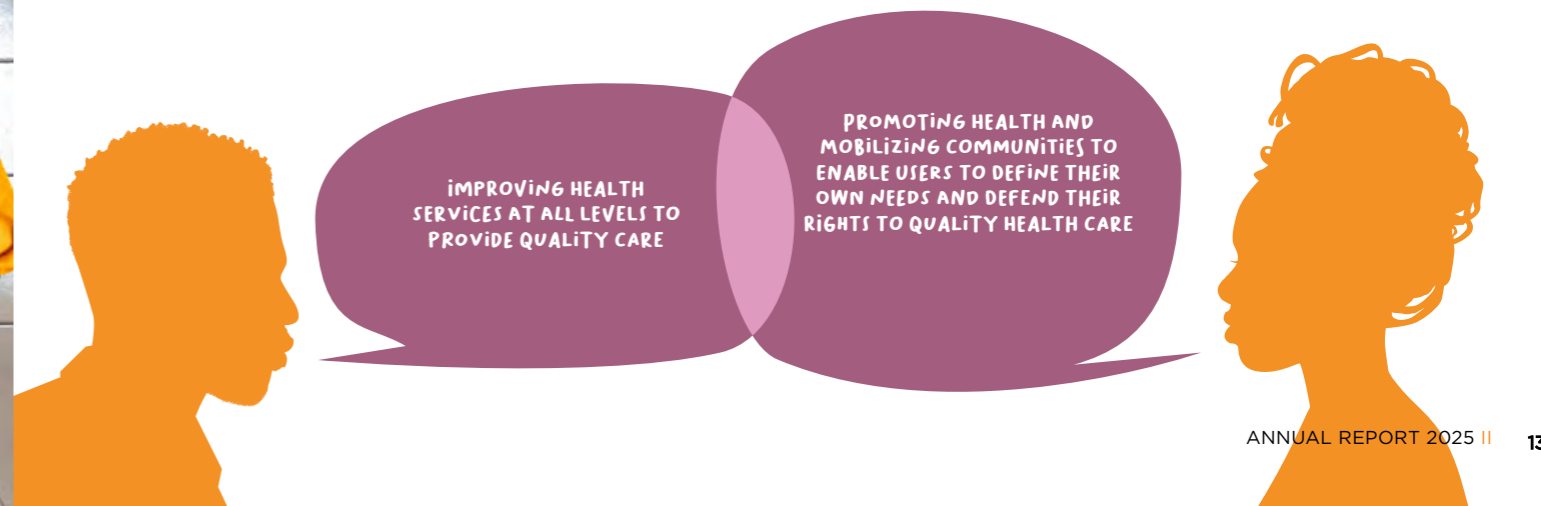
2. A PARTNERSHIP APPROACH AT THE HEART OF OUR PROJECTS



“As local as possible, as international as necessary” - we embed our interventions in national strategies and policies and support our partners based on the needs 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 organisations and individuals, to ensure access to more efficient quality services.



OUR PROJECTS IN 2025

SENEGAL

- ☑ **SANSAS:** Sexual and reproductive health of adolescents and young people in Senegal
- ☑ **SENEYA:** Acting for the environment and health in the face of climate change in Senegal
- ☑ **C'EST LA VIE ! Phase 2:** Sexual and Reproductive Health of Adolescents and Young People in West Africa

GUINEE

- ☑ **IPOP:** Introduction of Point of care to optimize postnatal prophylaxis for HIV-exposed newborns
- ☑ **IMPULSE:** Empowering Healthcare Systems by Involving Users
- ☑ **TRIO:** Pilot project to operationalize triple elimination of HIV, HBV and syphilis in Guinea
- ☑ **SUCCESS II:** Scale Up Cervical Cancer Elimination with Secondary Prevention Strategy

SIERRA LEONE

- ☑ **SHAPE:** Sexual and reproductive Health Access and Promotion of Empowerment
- ☑ **FREE TB:** Freeing children from the burden of tuberculosis in Sierra Leone
- ☑ **IMPAACT4HIV:** Improving access to AHD care and treatment for HIV

BENIN

- ☑ **TRANSITIONS II:** Inclusive program for optimizing continuity of care for adolescents and young adults in West and Central Africa

Solthis also provides technical assistance in the following countries: Cameroon, Chad, Congo, Côte d'Ivoire, Djibouti, Gambia, Guinea, Morocco, Mauritius, Niger, Senegal.

CÔTE D'IVOIRE

- ☑ **POUVOIR:** Improving sexual and reproductive health and rights for sex workers
- ☑ **POUVOIR+:** Improving access to health and comprehensive SRHR for highly vulnerable populations
- ☑ **AGIR:** Empowering young people and adolescents in relation to SRHR
- ☑ **C'EST LA VIE ! Phase 2:** Sexual and Reproductive Health of Adolescents and Young People in West Africa
- ☑ **TPE ADVIH:** National scale up of HIV self-testing
- ☑ **IMPAACT4HIV:** Improving access to AHD care and treatment for HIV

NIGER

- ☑ **LAHIYATA:** Improving Access to Sexual and Reproductive Health and Rights in Niger
- ☑ **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

OUR IMPLEMENTING PARTNERS

GUINEE

- AGBEF: Association Guinéenne pour le Bien-Être familial
- AGUICAN: Association Guinéenne de Lutte contre le Cancer
- CEA-PCMT: Centre d'Excellence d'Afrique pour la Prévention et le Contrôle des Maladies Transmissibles
- CIP 'PROD': Cross-organizational collective for advocacy and the promotion of patients' rights
- CTA Donka: Donka outpatient treatment center
- DNL: National laboratory directorate
- DNPM: National directorate of pharmacy and drugs
- DNSCMT: National directorate of community health and traditional medicine
- DPS Boké: Prefectural health directorate of Boké
- FEG: Fondation Espoir Guinée
- FMG: Fraternité Médicale Guinée
- INSP: National institute of public health
- Le laboratoire DREAM
- Ignace Deen Hospital
- Kindia and Conakry community centers, managed by AACCG
- (Afrique Arc-en-ciel de Guinée)
- Ministry of Public Health and Hygiene
- MSF (flagship laboratory)
- PCG (Guinee central pharmacy)
- EPI: Expanded Program on Immunization
- PNLCC: National Cancer Control Program
- PNLSH: National HIV/AIDS and Hepatitis Control Program
- RAES : Réseau Africain de l'Éducation pour la Santé et la Citoyenneté
- UGANC: Gamal Abdel Nasser University of Conakry

SIERRA LEONE

- CCAWeC: Community Action for the Welfare and Development of Children
- CISMAT-SL: Civil Society Movement Against Tuberculosis
- DHMT: District Health Management Teams
- Directorate of Primary Health Care
- Ministry of Health
- MoPED: Ministry of Planning and Economic Development (Ministry in charge of NGOs)
- NACP: National HIV/AIDS Control Program
- NAS: National HIV/AIDS Secretariat
- NETHIPS: Network of HIV Positives in Sierra Leone
- NLTCP: National Leprosy and Tuberculosis Control Program
- Quality of Care Program
- RMNACH: Directorate of Reproductive, Maternal, Child, and Adolescent Health
- National Secretariat for the Reduction of Adolescent Pregnancy
- Lincoln University - Lincoln Institute for Advanced Studies
- IPS: Public health institute
- Lafia Matassa: National NGO for youth and adolescent health

- Ministry of National Education
- Ministry for the Advancement of Women and Child Protection
- Ministry of Health and Public Hygiene teams:
 - Niamey and Maradi regional hospitals
 - Department of Family Planning
 - Department of Mother and Child Health
 - Regional Public Health Directorates in Niamey and Maradi
 - Niamey I and IV, and Maradi city health districts
 - Issaka Gazobi maternity hospital
 - PNLSH: National HIV/AIDS and Hepatitis Control Program
- RENIP+: Nigerien network of people living with HIV

SENEGAL

- CAA Climate Action Accelerator
- ENDA SANTE
- EQUIPOP
- Green Sédhiou
- Sédhiou women's group
- HCNSSM-OH: High national council for health security «One Health»
- LARTES: Research laboratory on economic and social transformation
- Ministry of Health and Social Action
- RAES: Réseau Africain pour l'Éducation et la Santé

CÔTE D'IVOIRE

- Arc-en-Ciel Plus
- Association de soutien à l'autopromotion Sanitaire Urbaine (ASAPSU)
- Eloé
- Espace Confiance
- Fondation Adjahui
- Ministry of Health and Public Hygiene and Universal Health Coverage (MSHP-CMU)
- COVIE (NGO)
- MESSI (NGO - youth mission for education, health, solidarity and inclusion)
- PAC-CI research program
- National Maternal and Child Health Program (PNSME)
- National Cancer Control Program (PNLCA)
- National AIDS Control Program (PNLS)
- National school and university health program - adolescent and youth health (PNSSU-SAJ)
- Network of young ambassadors for reproductive health and family planning
- RIP+ (Ivorian network of people living with HIV)

BENIN

- CeRADIS (NGO)
- EVA network (Enfants et VIH en Afrique)

HEALTH ISSUES INFECTIOUS AND EMERGING DISEASES

HIV

Despite significant progress, the context for HIV remains concerning in West and Central Africa. In 2024, numbers were stagnating: an estimated 81% of people living with HIV (PLHIV) were aware of their status, 76% had access to ARV treatment and 70% had an undetectable viral load. The context for children and adolescents living with HIV is dire - only 43% know their status and 37% are accessing ARV treatment.

In 2024, 160,000 new infections were recorded in the region, accounting for more than 12% of new infections globally. Women and girls account for 63% of new infections and poor sexual and reproductive health services contribute to a disproportionate burden of the epidemic sitting with them. Coverage of HIV vertical transmission prevention programs increased from 29% in 2010 to 56% in 2024, but this has stagnated since 2016 and since 2021 has decreased. In 2022, the region accounted for 20% of pregnant women living with HIV worldwide, yet accounted for 52% of all pregnant women living with HIV not on treatment.

In addition, key populations and their partners, account for 34% of new infections and contribute to infections due to difficulties accessing care as a result of stigma and, in some countries, criminalization..

TUBERCULOSIS

Despite a 27% decrease in incidence and 38% decrease in mortality between 2015 and 2023 in sub-Saharan Africa, TB remains the leading cause of death by infectious disease. In 2023, about 10.8 million people contracted the disease and 8.2 million people were diagnosed worldwide. 1.25 million people died as a result of TB, including 161,000 PLHIV, making it the leading cause of death for this group.

In addition to the challenges posed by weaknesses in health care systems, malnutrition, aggravated by climate change and vola-

tile living conditions, and by population displacement as a result of crises and conflict, which fuels the transmission of tuberculosis.

Access to testing remains a challenge, with a quarter of cases still missing from diagnosis, which often happens late. There are many reasons for this but low level access to X-rays, rapid urine tests for PLHIV and rapid molecular tests (48%) limits the identification of multi-drug-resistant forms of tuberculosis.

Young children are particularly affected. It is estimated that 96% of the 191,000 annual TB deaths are cases that have not been diagnosed and treated. This is despite the existence of new diagnostic tools, because they are being implemented too slowly.

HEPATITIS B

Hepatitis B is a major public health issue. An estimated 254 million people suffer from chronic hepatitis B, resulting in 1.2 million deaths each year from cirrhosis and liver cancer. A quarter of people with hepatitis B live in West and Central Africa, where the average prevalence among adults is estimated to be between 8% and 12% - one of the highest in the world. Although immunization through expanded programs represents a real breakthrough, immunization coverage is increasing slowly and still too few countries in West and Central Africa are achieving coverage at birth, which is crucial for reducing transmission of hepatitis B among newborns. This is all the more crucial because 90% of hepatitis B-related deaths result from infection at birth or in early childhood. Triple elimination programs, which aim to reduce vertical transmission of HIV, syphilis and hepatitis B, are an opportunity to really tackle hepatitis B.


IMPULSE PROJECT

Empowering Healthcare
Systems by Involving Users


HEALTH ISSUES INFECTIOUS AND EMERGING DISEASES

Guinea

KEY INFO

 **Date:**
July 2023 - June 2027

 **Funders:** AFD

 **Partners:** Ministry of Health and Public Hygiene (DNEHPP, SNPS, PNLISH), Espoir Guinée Foundation (FEG), CSO members of the cross-organization collective for the promotion of patients' rights, CEA-CMPT/ UGANC

 [Find out more](#)



► Structuring quality psychosocial support.

IMPULSE supported learning from psychosocial support practices, leading to the development of a policy brief for the National AIDS and Hepatitis Control Program (PNLSH). The brief was used as the basis for developing a national roadmap to improve the quality of psychosocial support, therefore strengthening how it is embedded institutionally and recognition of the role of psychosocial support workers in the health system, particularly in connection with developing the next country request to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

► Promoting patient rights

Following the adoption of the National Charter of the Rights of Patients and Users in Guinea, IMPULSE supported the development of awareness-raising tools, training and support for healthcare teams and facilitated translating principles of the charter into concrete practices, for the direct benefit of users.

► Dual approach for sustainable change

- **Empowerment of patients:** series of empowerment workshops with 80 people living with HIV, strengthening their self-esteem, self-expression and critical awareness.
- **Strengthening the skills of psychosocial counsellors:** implementing psychosocial mentoring between peers and co-creating an operational guide to improve practices.

“ Through institutionalizing a university diploma on humanizing care and care provider - patient relationships, IMPULSE has responded to a key need in Guinea and has initiated a paradigm shift: training people differently to sustainably transform practices.


Prof. Tounkara, UGANC

 **17 facilitators trained**
to independently carry out rights awareness sessions

 **24 facilitation sessions** carried out

 **3,308 patients and users** reached, with noticeable improvements in knowledge of their rights and access to services

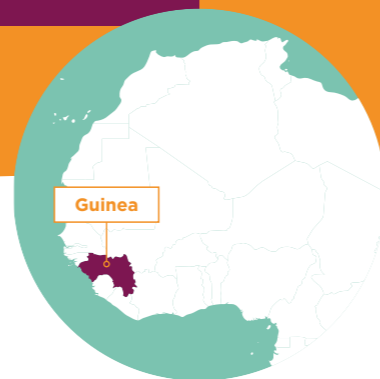
 **38 care providers** benefited from mentoring on psychosocial support, structuring care provision and strengthening interpersonal practices

 **2 normative documents** produced with support from the project

TRIO PROJECT

TRiple elimination of HIV, syphilis, hepatitis B, Operationalization of the approach

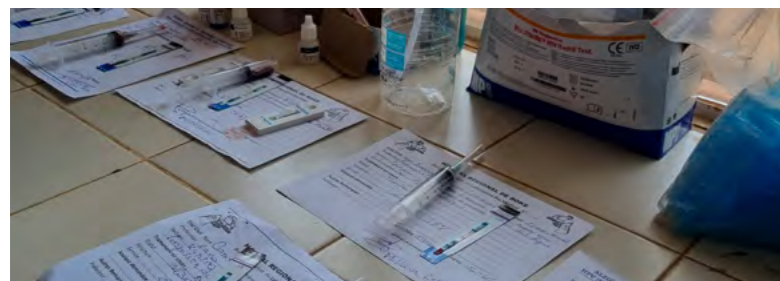
HEALTH ISSUES
INFECTIOUS AND EMERGING DISEASES



Launched in April 2024, the TRIO project began operational activities in 2025. During this year the project enabled:

- ▶ **the introduction of hepatitis B vaccination at birth.** This national and sub-regional innovation, in 16 health centers in Boké prefecture, has enabled nearly 2,500 newborns to receive their birth dose;
- ▶ **the introduction of antenatal hepatitis B testing in maternity wards, integrated with combined HIV and syphilis testing, and hepatitis B treatment** for pregnant women to reduce vertical transmission;
- ▶ **capacity strengthening** of 231 health workers, including 15 members of the cross-organization collective, on the triple elimination approach;
- ▶ **a survey to be conducted on the knowledge, attitudes and practices of care providers around triple elimination** and a survey to assess home birth rates.

“ My baby was given the hepatitis B vaccine at birth. This vaccine protects him from serious liver disease, and it gives me reassurance. I wish all babies could receive this vaccine at birth. **Kadiatou Mamie Bangoura, mother** ”



KEY INFO

- Date:** April 2024 - March 2028
- Funders:** L'Initiative - Expertise France, Orange Foundation Guinea and Paris City Hall
- Partners:** RAES, CEA-PCMT, PNLSh, PEV, DNSCMT

[Find out more](#)



18 health facilities covered (16 health centers, 2 regional hospitals)



231 trained health workers (care workers, midwives, center managers and 15 members of the cross-organization collective)



Nearly **2,500** newborns vaccinated for HBV (birth dose)



25 750 pregnant women seen in ANC1

TPE-ADVIH PROJECT

HIV self-testing in Côte d'Ivoire: nationwide roll-out of an innovative tool to improve access to testing for most-at-risk populations

HEALTH ISSUES
INFECTIOUS AND EMERGING DISEASES



In 2025, 94,288 oral HIV self-test kits were distributed by the National AIDS Control Program (PNLS) through its partners. Community distribution was impacted by US aid cuts in early 2025.

Public sector distribution experienced a large increase over the period with a total of 40,000 kits dispensed thanks to significant investment in training at the national level by the PNLS, with support from technical and financial partners, to integrate provision into public services.

A public-private partnership with several actors (suppliers/distributors, national order of pharmacists, pharmacies and several ministries) was established in order to create and stimulate HIV-testing provision within companies/public ministries and in private pharmacies where finger-prick HIV self-tests have been introduced.

“ The involvement of sectoral HIV/AIDS committees and public ministries to promote HIV self-testing to their employees and families makes it possible to ensure finger-prick self-tests are available in addition to oral HIV self-tests and conventional testing. ”

Prof. Eboi Ehui, PNLS Coordinating Director



1 national scale-up and resource mobilization plan developed and validated for 2026-2028



94,288 self-tests provided by the PNLS through its partners

KEY INFO

- Date:** October 2023 - March 2026
- Funders:** Fund for Innovation in Development (FID)
- Partners:** National AIDS Control Program (PNLS)

[Find out more](#)



2 joint supervision assignments in 8 regions, 17 health districts, 12 community-based facilities and 25 public facilities

225 people provided with on-site coaching by supervisory teams

34 private pharmacists trained in the regions of Abidjan 1 and 2 to boost sales in private pharmacies for the general population

20 focal points from sectoral committees to combat AIDS in 4 public ministries trained

1 online training developed for private pharmacists (Q1 2026) with a view to subsequently training about 1,000 people

IMPAACT4HIV PROJECT

Improving access to AHD care and treatment for HIV in Côte d'Ivoire

HEALTH ISSUES
INFECTIOUS AND EMERGING DISEASES



KEY INFO

Date: January 2024 - June 2027

Funders: UNITAID

Partners: Aurum, CIHP, DNDi, MAA, PATA, PNLs, RIP+

Implementation area: South Comoé Region: 3 health districts, 15 pilot sites

[Find out more](#)



Advanced HIV Disease (AHD) is associated with large numbers of opportunistic infections, and is a leading cause of HIV- and AIDS-related deaths. The IMPAACT4HIV project aims to prevent deaths among adults and children by simplifying advanced management of HIV-related diseases. Activities carried out during this year include:

- ▶ **development of training modules for HIV health providers on AHD**, data collection tools and checklists in line with WHO recommendations;
- ▶ **training and coaching of 82 health providers** from the 15 pilot sites;
- ▶ **initiating implementation of care provision intervention to identify 117 AHD patients** at the 15 sites between June and December 2025;
- ▶ **establishing quality teams at the 15 sites** to monitor performance indicators and promote the implementation of appropriate corrective actions;
- ▶ **approval by the ethics committee of evaluation protocols for the implementation and situational analysis of severe bacterial infections;**
- ▶ **evaluation and monitoring of the AHD product supply chain** (CrAg test, TBLam, Pima CD4 cartridges);
- ▶ **establishment of intervention coordination meetings** with the various stakeholders.

“ This project has allowed us to better assess PLHIV and has highlighted a worrying situation: a significant proportion of PLHIV are reaching an advanced stage of the disease. **Dr. AKA Kophys, Chief physician at Adiaké General Hospital** ”



Training 19 data managers, 22 community workers, 19 medical biology technicians and 22 prescribers of care packages provided to AHD patients



1/3 of new eligible patients were identified as having AHD (ratio of 1.6 women : 1 man)



40% of AHD patients had some form of tuberculosis, identified mainly through TB-Lam. They have all been put on treatment.

IMPAACT4HIV PROJECT

Improving access to AHD care and treatment for HIV in Sierra Leone

HEALTH ISSUES
INFECTIOUS AND EMERGING DISEASES



KEY INFO

Date: January 2024 - June 2027

Funders: UNITAID

Partners: NETHIPS, NACP/NTLCP/NPHA/MoH, NMSA, Aurum, CIHP, DNDi, MAA, PATA

[Find out more](#)



Activities carried out during the second year of project implementation include:

- ▶ **developing a dedicated implementation strategy for each country to pilot a model to decentralize AHD care, in conjunction with the national programs and networks of people living with HIV;**
- ▶ **68 health professionals trained on AHD management and care protocols;**
- ▶ **32 health professionals trained on HIV and monkeypox testing and management** to strengthen prevention and surveillance systems;
- ▶ **initiation of AHD testing, management protocols and data collection at all sites;**
- ▶ **supported the NACP (National HIV/AIDS Control Program) to develop the National HIV Strategic Plan for the 2026-2030 period.** AHD is one of the priority interventions;
- ▶ **preparation and approval of research protocols on evaluating AHD service package implementation strategies, situational analysis of the management of severe bacterial infections in people living with HIV (PLHIV) and the prevalence of histoplasmosis among PLHIV with AHD;**
- ▶ **evaluation of procurement and supply management and recommendations for improvements.**

“ The advanced HIV disease training organized by Solthis helped me to correctly identify AHD cases among people living with HIV through testing using the CD4 test kits provided. This has helped improve management of AHD. **Salamatou Jawara - Health personnel, Kissy CHC, Western Area Urban District** ”



981 PLHIV (327 M, 654 F) assessed for AHD



431 PLHIV (192 M, 239 F) identified with AHD of which 336 were tested for TB and the 135 that tested positive were put on treatment



153 and 319 PLHIV with AHD were tested for cryptococcal infection and monkeypox respectively, and no positive cases were detected



401 PLHIV (174 M, 227 F) people with AHD were put on optimal treatment

FREE TB PROJECT

Freeing children from the burden of tuberculosis

HEALTH ISSUES
INFECTIOUS AND
EMERGING
DISEASES



The first few months of the FREE TB project made it possible to consolidate and go deeper into preliminary analyses and findings and to strengthen collaboration with the National Leprosy and Tuberculosis Control Program (NLTCP).

- ▶ Assessments in 58 health facilities to identify gaps and needs in the provision of child TB services.
- ▶ Participation in the end-of-period review of the National Tuberculosis Strategic Plan 2021-2025, which aimed to assess the country's progress in the response to tuberculosis, to identify current challenges and to provide data to serve as a basis for developing the next National Strategic Plan for Tuberculosis 2026-2030 and setting out priorities for the next strategic phase.
- ▶ Contributing to the development of the National Strategic Plan for Tuberculosis 2026-2030.

“With support from Solthis, our staff are better equipped to test for and manage pediatric TB. Working with the district health management team will strengthen services, making TB care faster and more accessible for children in our community.”
Bo District TB Supervisor

KEY INFO

Date:
March 2025 - March 2028

Funders: L'Initiative -
Expertise France

Partners : National Leprosy and
Tuberculosis Control Program
(NLTCP) Civil Society Movement
Against Tuberculosis-Sierra Leone
(CISMAT-SL), Lincoln Institute for
Rural and Coastal Health (LIRCH)

[Find out more](#)

PROJECT OBJECTIVES



78,750
children under five
tested for TB



241 children
treated and 1,337
provided with
prevention support
to reduce TB
mortality in Sierra
Leone





HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Progress towards key sexual and reproductive health and rights (SRHR) indicators is extremely volatile in West Africa. People continue to face multiple barriers to having full access to their rights, bodily autonomy and comprehensive, quality and responsive services, especially people who are the most marginalized.

In 2025, SRHR responses experienced multiple setbacks in terms of political restrictions, the rise of conservatism and decreases in international funding for this work. These developments threaten hard-won gains in recent decades, including access to

contraception, safe abortion, and care for survivors of gender-based violence. In addition to the impact on bodily autonomy and human rights, the reality is that only one in three women has decision-making power over their SRHR (UNFPA, 2021). These setbacks risk creating an increase in unsafe pregnancies and abortions and ultimately preventable maternal deaths, which primarily affect the most vulnerable adolescent girls and women.

In response, Solthis continues to make SRHR one of its priority intervention areas, focusing on fighting for human rights and gender and health equity.



In November 2025, we took part in the International Conference on Family Planning (ICFP) in Bogotá, Colombia, where several thousand global actors committed to SRHR came together. In a context marked by growing political pressures and volatile funding, it was crucial for Solthis to be present alongside our partners to raise the voice of SRHR in West Africa and defend equitable access to quality services. The conference also provided a strategic space for experience sharing. Solthis promoted the results from its project work, particularly in Senegal and Côte d'Ivoire. Finally, in collaboration with our partners, we hosted an evening focused on self-care as a key catalyst for strengthening the capacity of populations to take action on SRHR.

[Find out more](#)

POUVOIR PROJECT

Improving the sexual and reproductive health and rights of cisgender and trans sex workers through empowerment

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



The POUVOIR project was implemented in Côte d'Ivoire to contribute to improving care provision and overcome barriers to SRH service access for cisgender and trans sex workers (SWs). **During 2025, the year the project ended, it was possible to consolidate achievements from the project's main interventions while strengthening the capacity of partner civil society organizations (CSOs) to ensure that the interventions are sustainable.**

Key achievements include:

- **CSO strengthening:** staff from the CSOs supported by the project (Espace Con fiance, Arc-En-Ciel+ and COVIE) were trained on monitoring and evaluation;
- **learning and sharing project approaches:** 2 learning documents produced to ensure the dissemination of good practices (self-gynecology workshops and workshops on representation);
- **empowering beneficiaries:** 2 cycles of self-gynecology workshops were carried out with 20 SWs. The evaluation of self-care processes with 43 SWs has shown strong integration of self-care into their practices, illustrated by the following average scores: 90% for self-observation of private parts and self-assessment to identify cancer, 95% for reusable period pads and 86% for menstrual disc usage;
- **community awareness:**
 - 865 sessions conducted, 478 CIS and 249 trans SWs reached;
 - discussion meetings between health professionals and sex workers in the 6 public health centers and the 2 community centers to improve care provision relationships;
- **improving SRH services:** 83 health professionals coached resulting in an improvement in the quality of service score from 83% to 89%;
- **close-out and dissemination:** results-sharing workshop organized bringing together 80 stakeholders from national programs and technical and financial partners.

“ Now I know about the menstrual disc, I no longer refuse clients when I have my period. I can continue to work without worrying and without losing income. I can better manage my health on a daily basis. **A sex worker** ”

KEY INFO

- Date:** April 2022 - July 2025
- Funders:** L'Initiative (Expertise France), Paris City Hall
- Partners:** COVIE, Arc-en-Ciel Plus, Espace Con fiance, PAC-CI, PNSME, PNLS
- [Find out more](#)

- 2 learning documents produced:** self-gynecology workshops and workshops on representation. [You can access them here](#)
- 727 sex workers sensitized on SRHR topics**
- 95% of sex workers surveyed have had a positive experience of the menstrual disc**
- 54% of people that chose to use new contraceptives selected DPMA-SC (Sayana Press)**
- 10 women from partner CSOs received skills strengthening on workshop facilitation techniques**

POUVOIR+ PROJECT

Improving access to health and comprehensive SRHR for highly vulnerable people in Côte d'Ivoire

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



The second half of 2025 marked the transition from the POUVOIR to the POUVOIR+ project. This second phase aims to consolidate achievements to date, strengthen sexual and reproductive health (SRH) intervention models and expand the inclusive approach to highly vulnerable populations (HVP) engaged in sex work (cisgender sex workers - SWs, men who have sex with men - MSM, transgender people - trans, people who use drugs - PUD).

The main activities carried out during the period focused on:

- ▶ conducting community diagnostics (trans, PUD, MSM);
- ▶ capacity strengthening on SRHR topics (GBV, STIs, contraception, menstrual hygiene, etc.) and community facilitation techniques for 17 peer educators;
- ▶ continuation of outreach awareness-raising activities at sex work sites and trans / MSM meeting spaces in the community, which made it possible to reach 310 people;
- ▶ discussion workshops on representation, norms and attitudes related to SRHR with 36 health personnel (26 F, 10 M);
- ▶ continuing interventions at Arc-en-Ciel+ and Espace Confiance's community medical-social centers enabled 325 people from highly vulnerable populations to access consultations (30 on contraception, 270 on STIs, 25 psychosocial-related);
- ▶ SRH referrals and service provision at public health centers enabled 39 people from highly vulnerable populations to access consultations (12 on STIs, 27 on contraception);
- ▶ care provision for 4 people in emergency shelters;
- ▶ non-medical equipment provided to 12 public and community health centers;
- ▶ capacity strengthening of 57 health personnel (41 F, 16 M) through coaching to improve care provision to highly vulnerable populations in public and community health centers;
- ▶ development of a participatory, context-specific advocacy action plan to improve the context and SRHR access for highly vulnerable populations.

“Doctors are not well trained on the topic of key populations.
A participant in a workshop on representation”

INFOS CLEFS

- Dates:** August 2025 - January 2028
- Funders:** L'Initiative - Expertise France
- Partners:** COVIE, Arc-en-Ciel Plus, Espace Confiance, PAC-CI, PNSME, PNLS

[Find out more](#)



310 HVP (170 SWs, 63 trans and 77 MSM) were sensitized through outreach on SRHR topics

364 people from HVP accessed an SHR consultation

26 HVP (9 SWs, 5 trans, 12 MSM) who were GBV survivors accessed care and support

17 peer educators were trained on SRHR topics and facilitation techniques

AGIR PROJECT

Empowering adolescents and young people around SRHR

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



KEY INFO

- Dates:** March 2022 - March 2025
- Funders:** AFD, Paris City Hall
- Partners:** ASAPSU, Espace Confiance, PNSSU - SAJ, PNSME, PNLS

[Find out more](#)



To improve care provision and overcome SRH service access barriers, the AGIR project worked to strengthen the empowerment of adolescents and young people and the health system. In 2025, several interventions took place during the last 2 months of project implementation (January and February) with both adolescents / young people and health centers to strengthen achievements to date and ensure sustainability of activities:

- ▶ **752 outreach awareness sessions organized** reaching 1,364 adolescents / young people (894 F and 470 M) on different SRHR topics;
- ▶ **6 film-debate awareness sessions organized** where RAES' C'est la Vie series was screened, which reached 699 adolescents and young people (415 F and 284 H);
- ▶ **capacity strengthening of 20 health professionals** (19 F and 1 M) from the 11 health facilities on health education and healthy living;
- ▶ **391 new adolescent / youth users started on contraception** at the 11 health centers supported by the project;
- ▶ **increase in the quality score of supported centers from 51% to 89%** on average;
- ▶ **close-out and dissemination:** results-sharing workshop organized bringing together 70 stakeholders from national programs and technical and financial partners.

“The confidence the project has us gives us courage. We got into the habit of speaking up, despite lots of laughing. We feel more like adults.
Young person who participated in the project”



9,952 educational talks held to raise the awareness of 33,882 adolescents / young people on SRHR topics

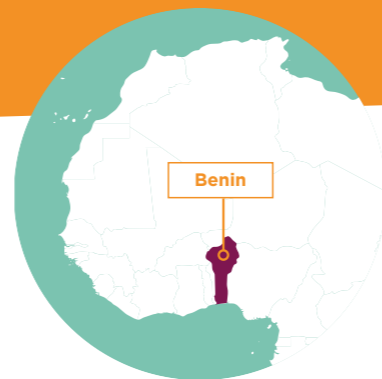
Capacity strengthening of 100 health professionals

2 learning briefs developed to share project best practices: empowerment workshops and exchange workshops on representations, norms and attitudes related to SRHR

TRANSITION II PROJECT

Inclusive program to optimize continuity of care for adolescents and young adults in West and Central Africa

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



As part of the project, in collaboration with the EVA Network, Solthis contributed its expertise on sexual and reproductive health and rights (SRHR) to improve the care and support package for adolescents and young people living with HIV (AYLHIV) in Benin and the Central African Republic (CAR).

In 2025, 18 trainers were trained on SRHR representations, contraception, gender-based violence care and menstrual health for AYLHIV. These trainers then trained another 50 health professionals in Benin and CAR.

“My perceptions around SRHR for adolescents and young people have changed significantly, and this training has been beneficial.”
Training of trainers participant



KEY INFO

- Dates:** June 2025 – June 2028
- Funders:** L'Initiative - Expertise France
- Partners:** Eva Network (lead), CERADIS (Benin), CEBG (CAR)

[Find out more](#)



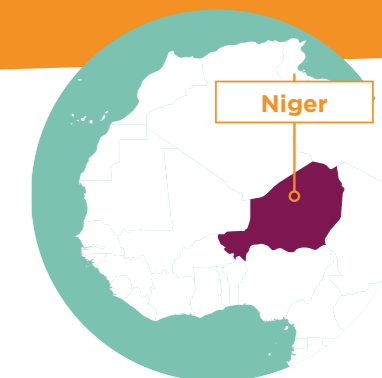
18 health professionals (pediatricians, treatment educators, nurses, psychologists, etc.) attended the training of trainers on:

- representations on adolescent and youth SRHR and on sexual and reproductive health;
- GBV care, menstrual health and contraception for AYLHIV.

LAHIYATA PROJECT

Improving the sexual and reproductive health and rights of adolescents and young people

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



KEY INFO

- Dates:** February 2023 - March 2026
- Funders:** L'Initiative - Expertise France
- Partners:** Lafia Matassa, MSHP, PNLISH

[Find out more](#)

In this last year of project, before it closes out in March 2026, several activities were carried out to improve the quality of adolescent / youth SRHR services provided:

- thematic training for professionals, health workers (GBV, STI/HIV, menstrual hygiene management, unplanned pregnancies, abortion aftercare, viral load, adolescent / youth SRHR approaches, procurement and supply management) and for 84 young leaders, 40 teachers and coaches trained from School Clubs and 10 facilitators from SRHR and GBV safe spaces;
- awareness sessions on GBV and menstrual hygiene management carried out in safe spaces reached 200 young girls;
- improvements made in school settings - 3 school infirmaries refurbished in Koira, Kassé and Korombé high schools and 3 blocks constructed in Kassai and Korombé high schools;
- self-care workshops enabled 40 girls aged 10-15 and 15-19 from the Niamey safe spaces to strengthen their knowledge of contraception, anatomy of the genitals, the body and emotions, key information on puberty and menstruation and bodily hygiene. This has strengthened their agency.

“I feel different after the self-care workshops. I learned a lot about my body, about checking my breasts, about the internal and external genitals, and about managing periods.”
Participant at a self-care workshop



270 health professionals trained (GBV, menstrual hygiene management, abortion aftercare, unplanned pregnancies, viral load)



84 young leaders from school clubs trained on SRHR and GBV



18 awareness sessions held by school clubs reaching 200 young girls

AZANTCHI PROJECT

Support to embed a sexual and reproductive health (SRH) and HIV mentoring system

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS



This year marked the end point of several major project activities, including implementation close out at the end of 2025 and administrative close out in the first quarter of 2026. This included:

- **institutionalization and sustainability of the reproductive health (RH) mentoring system**, adapted through the national workshop to update the streamlined RH mentoring document under the leadership of the Directorate General of Reproductive Health (DGSR), which brought together everyone involved;
- **implementation of RH mentoring assignments**, organized in Niamey and Maradi. These interventions aimed to support health professionals to strengthen their skills;
- **capacity strengthening workshops for community actors (COGES/COSAN)** to set out roles and responsibilities. The workshops also contributed to capacity strengthening around reproductive health issues.

“Mentoring has allowed me to strengthen my technical skills and improve my daily practice. I have a better command of protocols and my consultations are better quality. Now I feel more confident and more empowered to provide care to women and newborns.”
Mentee midwife



KEY INFO

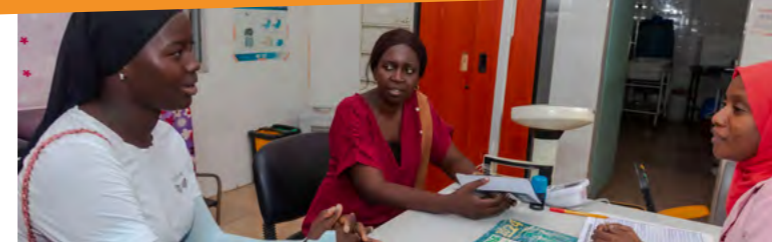
- Dates:** 2023 - 2026
- Funders:** AFD
- Partners:** Ministry of Public Health, Population and Social Affairs, Lafia Matassa and RENIP+
- [Find out more](#)

- 34** trained RH mentors
- 115** health professionals benefiting from capacity development activities, including through RH mentoring schemes
- 667** RH mentoring training sessions held
- 20** health facilities supported to implement RH mentoring assignments
- 65** community actors trained

SANSAS PROJECT

Strengthening and promoting the reproductive health of adolescents and young people in Senegal

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS



During the last year of implementation of Phase 1, the SANSAS project consolidated its interventions and developed tailored interventions related to maternal health and nutrition.

Some of the highlights include:

- **strengthening the training package for health professionals at the 30 health delivery points:** co-created with the Directorate of Mother and Child Health (DSME) within the Ministry of Health and Public Hygiene, the trainings focused on basic emergency obstetric and neonatal care (90 professionals trained), sexual and menstrual health (64 providers trained), respectful care provision and coaching (382 providers coached);
- **medical, psychosocial and legal care for 21 survivors of gender-based violence**, including 13 rape cases linked to unplanned pregnancies, provided in collaboration with Action Educative en Milieu Ouvert (AEMO), the Departmental Child Protection Committee (CDPE), ENDA Santé and «Law Boutiques» (legal advice drop-ins), and referrals to the VIMOS center in Ziguinchor for cases requiring support with safety;
- **TikTok mini-series on adolescent and youth SRH:** a series designed specifically for adolescents and young people, which have been viewed nearly 4 million views on the platform;
- **comprehensive refurbishment of the maternity ward at the Ndiagianiao** health post to improve conditions for welcoming and providing care to women and newborns;
- **construction of the Simbandi Brassou** adolescent and youth space, providing a safe space tailored to the specific SRH needs of adolescents and young people;
- **the service integration indicators have largely been achieved across all 30 health provision points**, through coaching on how to use tools, postpartum family planning counselling, and training-based supervision.

“At first, I was reluctant about some of the trainings, but they helped me to better understand the needs of adolescents and change my professional approach.”
Midwife in Bambaly

Senegal

KEY INFO

- Dates:** February 2021 - June 2026
- Funders:** AFD, Bill and Melinda Gates Foundation via AFD
- Partners:** DSME, Enda Santé, RAES, Equipop, LARTES
- [Find out more](#)



- 96%** of adolescents and young people aged 10-24 in the project intervention areas say they are satisfied with the provision of SRH care
- 276** professionals coached on service integration and quality provision
- 19,858** adolescents and young people sensitized in schools through life lessons on SRH topics
- 27,959** young people attended consultations in health facilities and mobile clinics

SHAPE PROJECT

Access to sexual and reproductive health and promoting empowerment

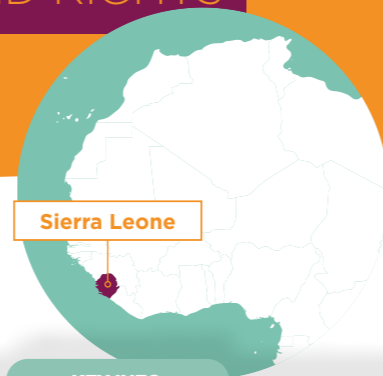
HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



In the first year of implementation, the SHAPE project focused on implementing the initial assessments and training required for activities to be put in place.

- ▶ **Training school health club members** to act as “champions” to facilitate sexual and reproductive health (SRH) education in schools, reaching 4,223 students. This initiative has increased adolescent awareness of rights, consent, and health-seeking behaviors.
- ▶ **Training adolescent support group members and community ambassadors.** The trained ambassadors reached 92 adolescents (33 boys, 59 girls) through peer-led SRH education, improving their knowledge of menstrual health and dignity, contraception, bodily autonomy, and healthy relationships.
- ▶ **Training health professionals on adolescent- and youth-friendly SRH services.** This has significantly increased the demand for services among adolescents in target communities and health centers.
- ▶ **Training a pool of midwives on the birth and parenthood preparation methodology.**

“Before this training, I was too shy to talk about reproductive health issues. Now I am confident raising awareness among my peers and even with parents in my community. Jalloh, a 17-year-old participant from Tombo.”



KEY INFO

- Dates:** January 2025 - December 2027
- Funders:** AFD, Paris City Hall
- Partners:** CAWeC, Ministry of Health

[Find out more](#)



4,223 students reached in schools and 92 adolescents (33 boys, 59 girls) in the community

80 referral mothers trained

Referral mothers reached 800 community members (160 men, 640 women)

SUCCESS II PROJECT

Early detection and treatment of cervical cancer in Guinea

HEALTH ISSUES
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



KEY INFO

- Dates:** March 2024 - April 2026
- Funders:** L'Initiative - Expertise France, Fondation Orange Guinea
- Partners:** PNLCC, PNLISH, AGUICAN, FMG, AGBEF, MSHP

[Find out more](#)



During 2025, the SUCCESS II project continued to strengthen national provision of cervical cancer secondary prevention. Healthcare and laboratory teams were trained, enabling the introduction of HPV testing and treatment of precancerous lesions by thermocoagulation, supported by the development of national modules and supply management improvements.

- ▶ **A package of community interventions has been rolled out to create demand:** film-debates, self-gynecology workshops for sex workers (SWs) and women living with HIV (PLHIV), peer support, health education and the “Pink October” campaign to strengthen testing take-up.
- ▶ **The project contributed to the development of the national cancer control strategy and standards and procedures for the prevention of cervical cancer being drafted,** including a testing algorithm for the HPV test being validated, the national quantification of needs assessment, the roll out of DHIS2 tracker for data monitoring, the availability of testing in 16 health facilities and active advocacy for supply mobilization and funding.

“The drawings used in the picture box mean that if even a woman can't read, she can easily understand what is meant. In the three tools we looked at, the images speak for themselves. They are really understandable. Testimony from a peer educator about the project's awareness-raising tools”

Introduction of an optimal integrated model for secondary prevention of cervical cancer: **16 health facilities strengthened, 133 professionals trained and 47 community health workers capacitated**

HPV diagnostics capacity strengthening: **7,000 HPV tests provided, including support with self-sampling, 4 laboratories strengthened, 2 national trainers and 10 biologists trained**

Strong community demand creation and increased testing: **16,524 people sensitized, 5,776 women tested by HPV test and 154 women treated for precancerous lesions**

Strengthening the national governance framework: **Development of the first National Strategic Plan for Cancer Control, firmly embedding secondary prevention of cervical cancer into national priorities**



HEALTH ISSUES CLIMATE AND HEALTH

Many parts of the world are facing increasing socio-economic and security vulnerabilities and environmental pressures. Droughts, floods, deforestation and wide-scale agriculture are weakening already fragile ecosystems, which has a direct consequence on human health.

Climate change is now recognized as one of the world's major health threats. It increases the transmission of infectious diseases, promotes the emergence of antimicrobial resistance, impacts mental health and compromises food security. It also disrupts the

operation of already fragile health systems, in contexts where adaptive capacity remains limited.

In response to these challenges, Solthis is committed to integrated approaches that connect human, animal and environmental health, in line with the One Health framework. Our interventions rely on communities, are rooted in local realities and integrate operational research components to document risks, identify solutions and support health systems to adapt to climate change.

SENEYA PROJECT

Taking action for the environment and health in response to climate change in Senegal

HEALTH ISSUES
CLIMATE
AND HEALTH

Senegal



During its first year of implementation, the SENEYA project implemented activities in three main areas aimed at contributing to reducing the impact of climate change at the community level on human, animal and environmental health.

Community mobilization and awareness

- ▶ 8,270 people sensitized on climate and health issues.
- ▶ Significant improvements in understanding the links between climate and health.
- ▶ Increased adoption of good practices at community level.
- ▶ Emergence of local climate resilience initiatives.

Capacity strengthening of actors

- ▶ 196 stakeholders trained (community actors, professionals working in the human, animal and environmental health sectors and local leaders).
- ▶ Strengthening knowledge on climate-health-environment interactions.
- ▶ Developing synergy between multisectoral interventions (establishing an integrated monitoring mechanism).

Health systems strengthening

- ▶ Assessing the vulnerability and adaptive capacity of 3 health facilities: audit of infrastructure, analysis of exposure and vulnerabilities, prioritization of solutions, implementation of an adaptation plan for climate-smart solutions.

KEY INFO

Date:
January 2025 - December 2026

Funders AFD, Foundation S

Partners: Green Sédhiou, CAA, Sédhiou Women's Resource Group

[Find out more](#)



8,270 community members sensitized



71 local actors engaged in project consultation and governance frameworks



3 health facilities evaluated on the implementation of climate-smart solutions

“ Following awareness raising with households, the level of waste that has been abandoned or burned has significantly decreased. Adopting practices like sorting and composting has helped improve waste management at the community level. **Maimouna, community outreach worker** ”

HEALTH ISSUES TECHNICAL AND SOLIDARITY ASSISTANCES

In 2025, Solthis continued its technical assistance (TA) activities, with 26 assignments in 10 countries in West and Central Africa. The total number of TAs has decreased since 2024, which reflects the reality of huge cuts in official development assistance — mainly by France. Against this backdrop, Solthis technical assistance has even greater strategic value. Our TA does not substitute health systems — the idea is that it strengthens them, by imparting skills, co-creating tools and strategies with national actors, so that they can continue to take action independently and sustainably, including when external partners withdraw. During difficult times like these, the approach of not taking action on behalf of others (or non-substitution) proves to be particularly relevant.

In 2025, there were three priority themes to our TA work.

Strengthening health systems, including community systems, in the response to HIV and STIs, in particular through demedicalizing HIV services: in Guinea, Solthis supported the National HIV/AIDS and Hepatitis Control Program to implement a national task shifting strategy to give more tasks to community stakeholders, to bring services closer to people who need them and to relieve pressure on health personnel who are already lacking in numbers.

Integrating HIV, TB, hepatitis and STI services to promote coordinated responses rather than siloed programs: Solthis has supported several countries with this rationalization process to ensure efficiency.

Strengthening civil society as an essential pillar of a sustainable response: 10 organizations were supported to consolidate their governance and strategic planning, strengthen their advocacy capacity and sustain their interventions to serve populations located the furthest from care.

These three areas are inextricably linked. On the one hand, delegating tasks to communities means they need to be trained, recognized and equipped. On the other, integrating services leads to strong health systems capable of coordinating complex responses. And both require a strong civil society, able to raise patient voices and challenge decision-makers.

It is this global and coherent vision that guides Solthis' technical assistance work — with the autonomy and sustainability of national partners as a constant compass.

 [Learn more about our technical support work](#)

INTEGRATION OF SERVICES IN TECHNICAL ASSISTANCES

In a context of health system transformation and scarcity of international funding, Solthis is strengthening its engagement with public institutions and community stakeholders to promote integrated, sustainable and population-centered approaches. In this sense, Solthis supported health authorities in 2025 to develop national strategies, develop operational tools and strengthen the capacity of actors on the ground to promote the integration of HIV, tuberculosis, hepatitis and sexual and reproductive health services. In this way, Solthis contributed to building health systems that are more resilient, more inclusive and better adapted to the realities of populations.

Guinea **Support to develop a national strategy for the triple elimination of HIV, syphilis and hepatitis B**

► **A strategic, normative document providing structure at the national level**

In Guinea, Solthis supported the National HIV/AIDS and Hepatitis Control Program (PNLSH) to develop its first national strategy on the triple elimination of HIV, syphilis and hepatitis B, to strengthen prevention of mother-to-child transmission and integrate hepatitis B into national health policies. In a context characterized by funding constraints and significant needs in terms of neonatal vaccination, testing and access to treatment, the strategy is now a crucial catalyst to mobilize partners and to ensure greater consideration of hepatitis B in future Global Fund programs.

► **A participatory and capacity strengthening approach**

Solthis support also made it possible to revise available repositories for the vertical mother-to-child transmission response, by developing training tools and training a national pool of trainers, mainly composed of midwives and health professionals. By taking a consultative approach, based on participatory and inclusive practice involving institutions, technical partners, health professionals and community actors, it promoted ownership of the strategy and strengthened institutional dialogue around service integration.

25 people identified by the PNLISH were trained as part of the training of trainers on triple elimination in Guinea.

Senegal **Strengthening integration of community responses to HIV, TB, hepatitis and STIs**

► **Key support for the implementation of the Integrated National Strategic Plan**

In Senegal, Solthis supported Alliance Nationale des Communautés pour la Santé (ANCS) to implement the Integrated National Strategic Plan 2023-2030 and to strengthen the integration of community responses to HIV, TB, hepatitis and STIs.

There were three major deliverables: Development of a national train-the-trainer module, a guide on integrating community health programs, and a manual on integrated service packages tailored to the needs of key populations, people living with HIV (PLHIV), and pregnant women. These tools, which were developed in a participatory way with community organizations and national programs, are now robust reference documents to strengthen coordination between community stakeholders and health facilities.

► **Capacity strengthening of community actors**

A pool of community leaders was trained to facilitate ownership and dissemination of these integrated approaches on the ground, and as closely as possible to patients. Despite persistent structural challenges, particularly in terms of access to hepatitis testing and care for all target populations, many integrated practices are already being carried out by community actors and local health facilities.

In Senegal, 225 managers from ANCS and its partner organizations were trained through a training of trainers to prepare for cascade training.



FOCUS ON SUPPORTING THE DEMEDICALISATION OF HIV SERVICES IN GUINEA

HIV technical assistance: supporting the demedicalization of services

In 2024-2025, Solthis undertook a 12-month technical assistance (TA) assignment in Guinea, funded by L'Initiative – Expertise France, to support the National HIV/AIDS and Hepatitis Control Program (PNLSH) to operationalize a national strategy for the demedicalization of HIV services. This assignment illustrates Solthis' approach: to support health systems without acting on their behalf, by producing practical, co-created and sustainable tools, that promote the autonomy of national partners.

► A major programmatic issue

Demedicalization has clear objectives: bring services closer to beneficiaries, remove barriers to access to care, reduce the burden on health workers and improve the national HIV response to achieve the 95-95-95 targets.

In Guinea, demedicalization initiatives already existed, but they were fragmented and were not streamlined at the national level. In many health facilities, the provision of antiretroviral treatment and patient monitoring was already provided in practice by community actors, but often in an informal way and without adequate supervision.

► An assignment co-created with national stakeholders

The TA was led by a multidisciplinary team and took place over several phases, from a situational assessment to developing operational tools, under the coordination of the PNLISH's HIV Task Force.

The assessment confirmed there was strong national political will, despite the lack of a streamlined strategic framework. On this basis, a national demedicalization strategic framework 2025-2027 was developed and was validated by consensus. It sets out all areas of the continuum of care that can be demedicalized. It identifies the profiles of relevant community actors, sets out the principles of management and supervision and is accompanied by an operational action plan that is budgeted and integrated into the GC7 prioritization exercise and budget negotiations. Finally, the team supported the development of a training module on demedicalized testing of key populations for community actors.

► Robust achievements - a work in progress

Technical assistance has made it possible to standardize and inject energy into an ongoing process, with strong national ownership. Complementarity with other Solthis support in Guinea — notably on differentiated HIV services and the introduction of PrEP — has strengthened the coherence and continuity of TA interventions.

Work remains to be done to fully operationalize demedicalization for each of the components of the continuum: defining protocols by task, training community actors and evaluating pilot programs and scaling them up.

STRENGTHENING CIVIL SOCIETY CAPACITY TO TAKE ACTION

A national response to HIV cannot be sustainable without a strong, independent civil society that is able to raise the voice of people affected. This belief has guided Solthis' engagement with civil society organizations (CSOs), community organizations and patient organizations for many years. In 2025, Solthis supported 10 CSOs in 5 countries - organizations with different profiles but driven by the same ambition: to take action more effectively, more sustainably, and as close as possible to the populations they serve.

► Participatory and comprehensive support in difficult contexts

In Senegal

Solthis continued its support to RNP+ (national network of organizations of people living with HIV), a key player in the AIDS response since 1997, which comprises 46 organizations present across all 14 regions of the country. Technical assistance to RNP+ was funded by L'Initiative – ExpertiseFrance and covered three complementary areas: governance and leadership, administrative and financial management and monitoring and evaluation. The assignment was a long-term technical assistance with extensive areas of support and an important role in training RNP+ coordination staff. The TA proved even more crucial in a difficult context, impacted in particular by the suspension of PEPFAR funding in January 2025.

In Djibouti

Solthis supports Solidarité Féminine, an organization that has been working alongside women living with HIV and key populations in a difficult epidemic context for thirty years. The assignment was part of L'Initiative – Expertise France's SOFIA mechanism and focused on two complementary areas: strengthening organizational governance, including the revision of framework documents and training the governing bodies, and updating the five-year strategic plan, to integrate gender mainstreaming and strengthened integration in the Djibouti HIV response ecosystem. The TA took a collective and individual coaching approach and was designed around building member skills and ownership of deliverables.



► Enhanced continuity of support between technical assistance and the project partner

In Côte d'Ivoire

Solthis had the opportunity to provide technical assistance support to COVIE — an NGO founded by sex workers in 2014 and a partner of Solthis in the POUVOIR project. This 10-month TA enabled COVIE, who are committed to providing legal, medical and psychosocial care to the most vulnerable people, to develop a three-year strategic plan, a resource mobilization roadmap and communications and advocacy tools. It was a completely participatory approach, which included beneficiaries and board members. It initiated a new collective way of working within the organization, and supported the continuity of capacity strengthening activities planned with COVIE as part of the POUVOIR and POUVOIR+ projects.

► New CSOs strengthened

En Côte d'Ivoire

Through Solthis' proven expertise in strengthening civil society organizations and advocacy, we had the opportunity to support a wide range of stakeholders. In 2025, we supported IHMS — an organization of people with hemophilia and health professionals established in 2008 — to develop a structured advocacy strategy, in conjunction with the Novo Nordisk Haemophilia Foundation. These four varied TA examples demonstrate the same conviction: that CSOs are full-fledged actors in the health response. To support them with organizational development, governance and getting their voice heard means investing in a response that lasts well beyond external funding.

OUR ACADEMIC AND SCIENTIFIC INTERVENTIONS

Solthis was established by university doctors and is supported by a scientific group of experts in health and development, therefore we have many different partnerships: research institutes, university hospitals, universities, African networks and humanitarian organizations. Since its inception, Solthis has actively participated in major international public health conferences.

One Sustainable Health Forum

Lyon, France (2 – 5 November)

The OSH Forum - One Sustainable Health is held every year on One Health Day.

The third OSH Forum, which is a major international event, brought together experts from more than 30 countries in Lyon to discuss human, animal and environmental health issues. The objective is to promote an integrated and sustainable approach to health, in line with the Sustainable Development Goals (SDGs). Solthis teams presented the Seneya project, supported by AFD and the Foundation S, which aims to strengthen health systems facing climate change in the department of Sédhiou in Senegal, by integrating dimensions of human, animal, agricultural and environmental health.

Alongside AVSF, we also presented the Thiellal project, funded by AFD, which mobilized communities from Vélingara in Senegal to take action on the One Health determinants through agroecological transition and reducing chemical use.

ICFP

Bogota, Colombia (1 - 6 november)

Solthis participated in the International Conference on Family Planning (ICFP), a major event for sexual and reproductive health actors across the globe.

Through a side event, a booth, an oral presentation, a poster presentation and three other posters we were able to present our SRHR strategy, our projects, our impact and our tools, including the OH WOMAN® educational game and our anatomical boxes.

Our side event entitled «Taking care of yourself, taking care of yourself together: self-care approaches as a catalyst for empowerment», brought together participants from around the world to discuss initiatives to strengthen female empowerment and taking back ownership of their bodies. At the end of the event, we organized a self-gynecology workshop for 5 participants - a new and enriching experience, based on listening, discovering one's body and kindness. In this context of budget cuts and reduced development aid, opportunities for dialogue and collaboration are essential to maintain collective mobilization.

Our teams also participated in **the 14th Annual Meeting of the Ouagadougou Partnership (RAPO2025)** in Lomé and the **23rd International Conference on AIDS and STIs in Africa (ICASA 2025)**, 3-8 December in Accra, Ghana.



OUR ADVOCACY WORK

ADVOCACY THAT HAS A MULTIPLIER EFFECT:

Building on tangible outcomes from our projects and knowledge produced with national partners, institutions and civil society, we want to bring about tangible changes in health actor policies and approaches and strengthen patient rights and health systems.

Our advocacy work has a two-pronged objective:

- ▶ **scaling up projects that have shown promise;**
- ▶ **sharing our experience, and that of partners, with the international community to improve health policies and how international initiatives function.**

ADVOCACY FOR EQUITABLE ACCESS TO HEALTH INNOVATIONS

In 2025, Solthis worked hard to advocate for more equitable access to HIV treatment innovations in West Africa.

Through an article published in The Conversation, Solthis, IRD and CRCF warned about the difficulties of access to long-term injectable antiretroviral treatments in the region. Although these treatments represent a major advance in the HIV response in the North, research to evaluate their effectiveness in West Africa is blocked due to a lack of access to the drugs necessary for clinical studies.

 [Read more: Injectable antiretroviral drugs for HIV: an impossible evaluation in West Africa? \(in French\)](#)

ADVOCACY FOR SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH

The POUVOIR project built on existing initiatives and enabled Solthis and its partners to move national legislation forward in Cote d'Ivoire and to align most of relevant national law with the Maputo Protocol on Abortion, through revision of Article 427 of the Penal Code ([see full results here](#)).

GLOBAL ACTION TO DEFEND GLOBAL HEALTH

Solthis continues its advocacy work with French and international institutions to defend global health based on solidarity, equity and the sustainable health systems strengthening.

Through our presence on various forums we are able to raise the demands of our partners and the communities they work with, particularly around funding and policies that are adapted to global health priorities, that are favorable for countries and that are aligned as closely as possible to the needs of the most vulnerable populations.

We are present on the French National Council for Development and International Solidarity (CNDSI), we are civil society representatives within Coordination Sud, and we are on the steering committees of L'Initiative and France's global health strategy, Groupe Initiative and Collectif Santé Mondiale. Solthis is also a member of the One Sustainable Health Forum, the Global Alliance to End AIDS in Children by 2030 launched by WHO, UNICEF and UNAIDS, and participates in coordination bodies for health and development partners in countries where we have permanent teams.


INTERNATIONAL SOLIDARITY AND GLOBAL HEALTH SEVERELY UNDERMINED

International solidarity is being significantly challenged due to huge cuts in official development assistance, both in France and internationally, which directly threatens access to healthcare for millions of people.

In France, official development assistance (ODA) budget cuts are causing great concern. Solthis has spoken publicly to warn about the consequence of these decisions for health systems and for the most vulnerable populations and has called for continued ODA, in particular funding for the French Development Agency and L'Initiative.

In addition, the sudden cuts to significant US funding, in particular USAID and PEPFAR, has already led to visible dramatic consequences: interrupted programs, weakened community facilities, reduced access to treatment and prevention and vaccination campaigns threatened.

Solthis has shared various projections which predict that these reductions could lead to millions more deaths in coming years if the international community does not mobilize quickly.

 [Listen here: Dramatic consequences of the decrease in international health aid - Décryptage - RFI - interview with our Chief Executive Officer \(in French\)](#)



FINANCIAL REPORT 2025

Key data 2025

2025 saw new projects start up in Sierra Leone, Senegal and Benin, continuation of the POUVOIR project in Côte d'Ivoire and the second tranche of the Multi-year Partnership Agreement being signed. These new projects meant Solthis expenditure was maintained at €11M for the financial year.

The operating income for 2025 shows a small surplus of +€6K as a result of the volume of projects implemented during the year, the margin generated by technical assistance and organizational development support provided by AFD, through the Program Agreement and the Multi-year Partnership Agreement. However, the financial statement shows a deficit in 2025 (€ -37K) due to the loss in value of the dollar compared to the euro over the period. This brings the overall organization's overall deficit to -31K€ for 2025.

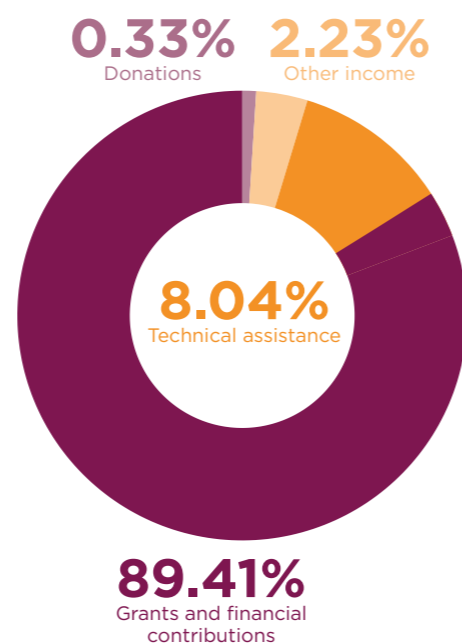
This reduced the organization's reserves to €1.2M as of 31/12/2025. Our reserves will be used to absorb the knock on effect of reduced official development assistance. The context both in France and at international level further highlights the challenge of diversifying funding and building new partnerships, which is a priority for the organization in 2026 to ensure our finances balance.



€11M
expenditure
in 2025

Funding sources

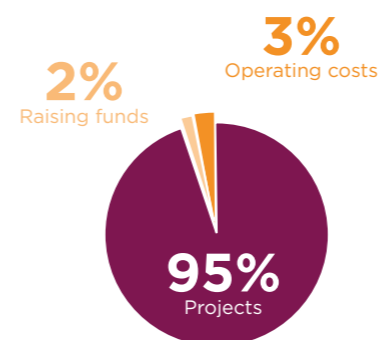
In 2025, Solthis' funding came from grants and financial contributions from our **public and private partners (89.41%)**, **technical assistance (8.04%)**, other **income (including foreign exchange and financial income: 2.23%)** and **donations from the general public (0.33%)**. Solthis continues to diversify its income sources by strengthening and developing new financial partnerships, which are essential for projects and to strengthen our financial model. An example in 2025 was the start of a partnership with the EVA network as part of implementing the TRANSITIONS II project in Benin and the Central African Republic (see page 28) and signing the second tranche of the Multi-year Partnership Agreement with AFD.



Expenditure

Breakdown of 2025 expenditure:

95 of every 100 euros spent related to delivering on our social mission, 3 euros to organizational running costs and 2 euros to raising funds.

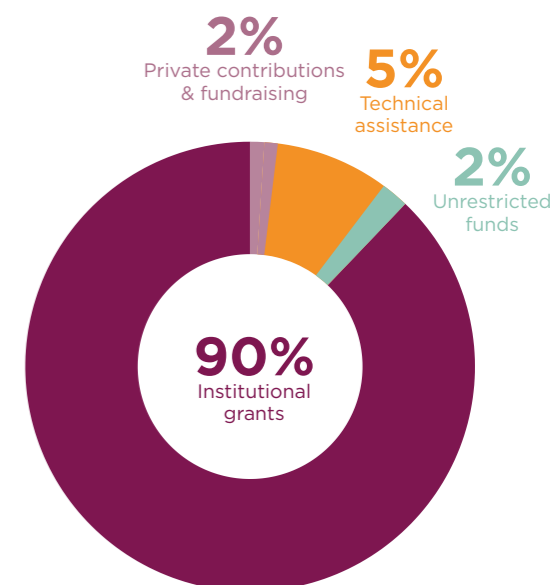


- ▶ Delivering **on our social mission** includes expenses incurred for operational activities related to health systems and services strengthening, operational research and advocacy interventions, as well as operational support.
- ▶ **Raising funds** includes expenses incurred in connection with public and private fundraising activities.
- ▶ **Operating costs** mainly relates to head office costs - oversight of country team operational activities, internal control and ensuring proper use of resources. The head office also oversees linkages with our academic, institutional and organizational partners.

Looking ahead to 2026

The 2026 budget approved by the Board of Trustees in December 2025 totals €11 million, broken down by funding sources in the adjacent diagram.

There is a significant focus on Senegal in the 2026 budget, including the start up of SANSAS Phase II, which represents 27% of the Solthis 2026 budget. Activities in Niger are ending in 2026, therefore this only represents 4% of the overall budget for 2026. Technical assistance levels are down compared to 2025 (5% in 2026 vs. 11% in 2025) which directly impacts the margin and forecast income for the organization. A deficit of €-220K has been approved for the financial year 2026.



Financial transparency

Verification of 2025 accounts by FORVIS MAZARS

The accounts were approved at the Solthis board meeting on 24 June 2026 and have been verified by MAZARS.

[Our accounts and auditor report are available here.](#)

Thank you to all our partners





Health is a right,
Having access to it is vital.
LET'S ACT TOGETHER



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