



## PEPFAR in Côte d'Ivoire

**HIV prevalence: 3.7% among ages 15-49; 4.6% among women; 2.7% among men (DHS, 2012)**

**Adults and children living with HIV: 450,000 (UNAIDS, 2010)**

**People in need of ARV treatment: 230,000**

**Orphans and vulnerable children due to HIV/AIDS: 440,000**

**PEPFAR funding of \$130 million (FY 2012) supports 45 partners and more than 200 local sub-partners working to provide comprehensive HIV/AIDS prevention, treatment, and care services and related systems support throughout Côte d'Ivoire. Funding is administered mainly through CDC (50.5%) and USAID (48.5%), with contributions by DOD, HRSA, and State Department.**

After a decade of political turmoil that weakened health and other services, a newly fused Ministry of Health and AIDS (MSLS) is charged with coordinating the national HIV/AIDS response and mobilizing national and international resources. The U.S. Government is by far the largest supporter of HIV/AIDS efforts; in 2011, PEPFAR contributed about 75% of all funds dedicated to HIV/AIDS in Côte d'Ivoire.

### **USG investments are designed to:**

- Help build a comprehensive “continuum-of-care” model of prevention, treatment, and care services to ensure high-quality support to people living with or affected by HIV/AIDS
- Contribute to building strong, sustainable Ivoirian health, social, and community systems by effectively engaging the public and private sectors and civil society

### **HIV/AIDS in Côte d'Ivoire**

Côte d'Ivoire's generalized HIV epidemic is marked by striking gender and geographic differences in prevalence rates. Women are more likely than men to have HIV (4.6% vs. 2.7% overall, 3.6% vs. 0.5% among ages 20-24), but female/male rates converge and peak together among older adults (7%-8% among those above age 40). Populations at high risk for HIV infection include sex workers, men who have sex with men, the uniformed services, truckers, and migrants. The past decade of instability is likely to have exacerbated the vulnerability of these and other groups, given large-scale military deployments, population displacement, and increased poverty. Geographically, HIV prevalence is highest in Abidjan (5.1%), the Center-North (4.4%), the Southwest (4.3%), and the West (3.6%), and lowest across the North.



### **Challenges**

For the new government, security-sector reform and economic recovery are top priorities, with health-sector reforms an acknowledged challenge. For the national HIV/AIDS response, the scale-up of high-

quality antiretroviral treatment (ART), prevention of mother-to-child HIV transmission (PMTCT), and treatment for TB/HIV co-infection remains a challenge. Regions in the North and West are still recovering from the prolonged disruption of public-sector services and an exodus of skilled professionals. Major disparities exist between urban and rural health services, with a paucity of health professionals and private practitioners outside the major cities.

## PEPFAR Results in Côte d'Ivoire

	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>
Budget	\$24m	\$44m	\$46m	\$84m	\$120m	\$124 m	\$115m	\$105m	<b>\$130m</b>
HIV testing sites	18	54	81	159	209	450	737	708	<b>712</b>
Persons tested, given results	45,527	46,464	96,030	169,676	316,788	646,738	836,670	726,800	<b>894,938</b>
PMTCT sites	26	44	69	146	236	414	541	506	<b>573</b>
HIV+ pregnant women getting ARV prophylaxis	1,840	1,888	3,997	4,963	4,620	7,757	10,993	9,000	<b>11,022</b>
ART sites	16	33	58	99	160	258	326	351	<b>358</b>
Persons receiving ART	4,536	11,097	20,923	34,900	39,324	49,697	61,203	64,800	<b>81,437</b>
Persons with HIV getting clinical care	26,950	25,902	42,561	74,319	84,270	105,530	105,999	114,400	<b>129,601</b>
Orphans and vulnerable children getting care / support	1,137	7,946	22,566	41,147	68,061	95,875	110,095	101,600	<b>125,748</b>

### Key Interventions for HIV/AIDS Prevention, Treatment, and Care

- Evidence-based HIV prevention services targeting most-at-risk groups and high-prevalence areas. Individual, family, and couples HIV testing is used as a primary prevention tool, with linkages to HIV treatment and care.
- Increasing coverage and retention of ART and PMTCT services through support to health facilities, health districts, and the Ministry of Health and AIDS.
- Strengthening the national blood-bank system, which screens 100% of donated blood for HIV and other diseases.
- Strengthening national supply chains through consolidated procurements and technical assistance.
- Scaling up care for vulnerable children and families through local networks of coordinated social and health services.
- Building government, private-sector, and civil-society capacities to contribute to sustainable systems for health (laboratory, human resources, management, monitoring and evaluation, etc.).