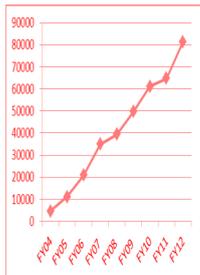




IVOIRIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

## PEPFAR

### 10 Years & Counting



**A decade after the birth of PEPFAR, the world marks its achievements and looks to an AIDS-free future: Page 3.**

### Coordinator's Corner

As I prepare my departure from the PEPFAR coordinator role and look back over the past four years, I am struck by the number of challenges that the USG team and our partners have been able to overcome, the important successes we have achieved, and the innovative ideas we have advanced. I don't think anyone would disagree that the post-election crisis period was a unique and challenging time that required all of us to adapt, to be creative and courageous in the face of many unknowns. I am proud that due to the leadership of our Ambassador and the bravery of our staff and partners, the U.S. Embassy remained open and PEPFAR was able to support the brave workers in the field who continued to provide lifesaving and essential services to HIV-affected populations throughout the crisis.



Jennifer Walsh

What also stands out are a number of successes that we have achieved, together, in the face of great adversity. Among them:

- \* Finalizing the DHS+ after years of effort, with results confirming a drop in overall HIV prevalence.

- \* Reducing the number of national treatment protocols from more than 40 to 12 and increasing the purchase of generic medicines, thereby increasing efficiency and allowing us to serve more people.

- \* Working with government leaders to support the HIV/AIDS National Strategic Plan 2011-2015, annual REDES reports, National Health

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# PEPtalk

News you can use  
from PEPFAR  
Côte d'Ivoire

No. 23, July 2013

## 'My life still had value' Support helps OVC family get back on its feet

**K**onan Kouamé, father of seven children in Abidjan's high-density quarter of Abobo, lost his job after going blind because he couldn't afford a cataract operation. In 2009 his wife, Lucie Adjo, fell ill. Months and many exams later, both were diagnosed with HIV.

They could barely feed their kids, ages 6-22, much less keep paying school fees. Crushed by debts, threatened with eviction for failing to pay rent, Kouamé rarely left his room, ashamed to face his children. "I wanted to die," he says.

Then a community counselor for OGRADIE, local subpartner to the AVSI Foundation, heard about Kouamé and paid the family a visit. With counseling, he helped the parents to resume their HIV treatment.

"That day, I became aware that my life still had value," Kouamé says. "Because I couldn't understand how anyone could still take an interest in me and my family in a situation like that."

OGRADIE is one of 27 local implementing subpartners that receive technical and financial support (as do eight government social welfare centers) from the AVSI Foundation's USAID/PEPFAR-funded project, which in FY 2012 supported care for 15,710 orphans and vulnerable children and 11,612 adult family members in Côte d'Ivoire.

OGRADIE counselors helped Kouamé undertake a long administrative procedure to obtain back pay owed by his former employer. He



Literacy classes are helping Lucie Adjo manage her small business and support her family.

bought a freezer for his wife's business selling cottage cheese and sandwiches. The project helped their children return to school and take part in after-school classes and recreational activities. Their mother is taking literacy classes supported by the project to improve her ability to manage her small business.

"Today, my wife's commerce allows us to live without too much hardship, and I've regained a taste for life," Kouamé says. "But I'll never forget all the support that this project has given us. Now I feel worthy and proud when my children call me 'Papa.'"

### Success Story

## PEPFAR CI results show continued growth

Results for the first six months of FY 2013 show the PEPFAR Côte d'Ivoire program continuing to grow and improve in quality while working to address challenges in ART retention, pediatric care, PMTCT coverage, and cost-effective targeting of services.

Highlights (see table) include significant increases from a year ago in the numbers of HIV-positive pregnant women who received ARV prophylaxis (38%), people tested for HIV (45%), patients receiving care (33%), patients on ART (24%), and orphans and vulnerable children receiving care (30%).

In health systems strengthening (HSS), PEPFAR CI completed an

PEPFAR Côte d'Ivoire Results for First Half of FY 2013	Oct 2012-March 2013	Compared to 1 year ago
Pregnant women with known HIV status (i.e. tested or, if known to be HIV-positive, provided services)	242,003	191,566
HIV-positive pregnant women receiving ARV prophylaxis	6,398	4,651
People tested, given results	510,612	353,124
People with HIV receiving care	258,515	195,041
People currently receiving ART	87,852	70,818
Orphans and vulnerable children receiving care and support	106,521	81,896

HSS strategy, provided support to the Central Medical Stores (PSP), and completed an assess-

ment of the private health sector and a study on factors in loss to follow-up among ART patients.

## 'New PSP' strengthens HIV supply chain

Côte d'Ivoire's efforts to ensure an uninterrupted supply of medications and other essential products for the fight against HIV/AIDS at the point of service delivery has taken giant steps forward with the inauguration of the "New PSP" (Central Medical Stores) and the launch of a temporary third-party delivery fleet.

On June 21, Minister of Health and AIDS Dr. Raymonde Coffie-Dougou launched the Constitutive General Assembly of the New PSP, saying, "The transformation of the PSP from a public national entity to a not-for-profit association will allow for better governance and more efficient management of the supply and distribution of

### Success Story

health products. This will enable us to increase the availability and accessibility of these products in health facilities throughout Côte d'Ivoire."

The transformation of the PSP will allow for greater flexibility in mobilization of financial resources for acquiring stocks of medications. The legal and organizational framework of the New PSP will facilitate better management of resources to reduce stock-outs of antiretroviral medications, HIV test kits, laboratory commodities, and other products, and will reduce delays in deliveries to health facilities.

According to Dr. Coffie-Dougou, "An efficient management system and respect for the principles of good governance and transparency are our measures of performance."

This institutional support for the PSP aims to strengthen governance and increase the autonomy of PSP management. As part of its organizational reform, the New PSP expects to obtain adequate

funding to better play its role as a pillar of the public health sector supply chain.

This advance reflects the significant support of PEPFAR and its partners, including the Partnership for Supply Chain Management (SCMS, funded by USAID), to improve the management of health products. It is part of a package of innovative initiatives that will help the country meet a number of challenges in ensuring a continuous supply of HIV/AIDS drugs and commodities at the peripheral level.

Another part of the support package is PEPFAR support for third-party distribution. To help the PSP meet its delivery schedule, PEPFAR is funding delivery costs through a contract with a local transport company for a period of 12 months.

This interim support will help avoid recurrent stock-outs at health-care delivery sites throughout the country, where at times deliveries have been delayed by up to three months. The District of Yamoussoukro warehouse, for example, received a delivery in June that had been expected since April.

PEPFAR will continue its efforts, in collaboration with other partners, to help the Ministry to ensure that every patient in Côte d'Ivoire has access to health products every time he or she needs them.



*A truck en route to deliver medications on the Abidjan-Yamoussoukro-Bouaké axis.*

## Farewell

*Continued from Page 1*

Policy and Health Development Plan, and Global Fund proposals.

\* Conducting an array of studies and evaluations that have allowed the use of data for decision-making and continued a long history of Côte d'Ivoire contributions to the global HIV/AIDS evidence base.

\* Orchestrating successful visits by high-ranking U.S. government officials – members of Congress, CDC Director Dr. Thomas Frieden, USAID Deputy Administrator Donald Steinberg, among others – seeking to bear witness to our successes in order to continue unprecedented support in the U.S. Congress.

These are just a FEW of the things in which I am proud to have been able to participate as a member of the PEPFAR team. I know that the next coordinator will meet with different, equally tough challenges but will also be inspired by the dedication and perseverance of our team and partners.

### Contribute to PEPtalk!

Do you have a news item, a story idea, a good photo? An insightful commentary? Share it with your agency focal point.

**Contributors to PEPtalk No. 23:** PEPFAR implementing partners, Simplice Kamdem, Ernest Koffi, Joan-Luis Njampo, Brian Howard

## Comings & Goings



Joining the PEPFAR team, above left to right: Dr. **Fazle N. Khan**, CDC country director; **Andrea Halverson**, USAID deputy program manager; **Stefan Weir**, CDC Project Management Branch chief; **Joe Davis**, acting CDC deputy director; **Stephen Howard**, study coordinator (CDC); Dr. **Safiatou Thiam**, interim HSS adviser (USAID); and **Matthew McClennahan**, Presidential Management Fellow (USAID).

Leaving, below left to right: **Jennifer Walsh**, PEPFAR country coordinator; **Richard Richmond Kassi**, assistant biologist (CDC); **Heidi Jugenitz**, HSS adviser (USAID); **Peter Mills**, operations coordinator (USAID); **Carlo Zorzi**, AVSI country representative; **Brian Howard**, Project Management Branch co-chief (USAID); and **Djénéba Coulibaly-Traore**, Care and Treatment Branch deputy chief (CDC), who fortunately will be back in 2014 after completing her course of study.



## In Memoriam



**Emmanuel Toka Toka Bi**, an automotive mechanic for CDC since 1990, died May 23, 2013. He is survived by his widow and 11 children.



Ten years ago, AIDS was a death sentence. It threatened the very foundation of societies – creating millions of orphans, stalling economic development, and leaving countries stuck in poverty. Before the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) was signed into law on May 27, 2003, hope was stalled.

Today, as a result of the unwavering commitment of the American people and their partners throughout the world, an AIDS-free generation is in sight. New HIV infections have declined nearly 19% over the past decade, and AIDS-related mortality has decreased by 26% since its peak in 2005. In sub-Saharan Africa, progress has been even more dramatic, with new infections down by 33% over the past decade and AIDS-related mortality declining by 32% since its peak in 2005.

One way of measuring progress toward an AIDS-free generation is to compare the number of new HIV infections with the increase in the number of new patients on treatment over a given period of time. By reducing infectivity while rapidly increasing coverage of antiretroviral therapy (ART), it is possible to bring the number of annual new HIV infections below the annual increase in new patients on ART – achieving what we call the programmatic “tipping point.” Today, 13 countries are at this tipping point, and Côte d’Ivoire is getting very close. This remarkable progress is thanks

to the joint efforts of all who are involved in the fight against AIDS. Through PEPFAR, we are committed to helping countries move toward and beyond the tipping point.

There is more to celebrate. On June 18, Secretary of State John Kerry made an announcement that we wouldn’t have dreamed of 10 years ago. In June, PEPFAR

# 10 Years & Counting



will have saved 1 million babies from becoming infected with HIV.

For more than a decade, we have known that antiretroviral (ARV) drugs prevent transmission of HIV from mother to child. Over the years, we’ve grown smarter and more effective at initiating earlier treatment, thus reducing the likelihood that she will pass HIV to the child.

We have real momentum now, driven by political commitment and advances in the science behind PMTCT and ART.

One example is the public health approach many countries are now implementing to further reduce mother-to-child transmission. This approach, called Option B+, uses the same combination of ARVs

used to treat HIV-positive adults and will reduce the likelihood to less than 5% that a mother will transmit the virus to her infant. Option B+ keeps mothers healthy, provides lifelong reduction of HIV transmission to uninfected sexual partners, and prevents mother-to-child transmission in future pregnancies. Côte d’Ivoire’s Ministry of Health and AIDS is preparing national policy documents and guidelines to move forward with the implementation of Option B+. In the meantime, with support from UNICEF and PEPFAR and its implementing partners, the Ministry is piloting PMTCT Option B+ in seven districts.

Implementing this approach across countries with high HIV burdens makes great progress toward achieving the commitment President Obama made on World AIDS Day 2011 for the United States to support 6 million people on ART and provide ARVs for 1.5 million HIV-infected pregnant women by the end of 2013.

By fighting AIDS, we are supporting the foundation of healthy, productive, and stable societies in which countries can better care for their own people – not just today, but over the long term.

As we reflect on the profound impact PEPFAR has made in the lives of millions of people around the globe, it’s important to also think critically about where we’re headed. We now know what we must do to achieve an AIDS-free generation, and together we can make it a reality.

## The Numbers (new UNAIDS estimates for Côte d’Ivoire)

Year	HIV adults + children	New HIV infections	Annual AIDS deaths	HIV prevalence (adult)	Orphans due to AIDS	Eligible for ART - adults	Eligible for ART - children	Mothers needing PMTCT
2003	600,000	42,000	51,000	5.8%	320,000	75,000	27,000	33,000
2012	450,000	32,000	34,000	3.2%	400,000	190,000	36,000	20,000

## The People

Impossible to cite all the people – U.S. agency staff in-country and at HQ, Ivorian government officials, partners, community leaders, activists – who have helped make PEPFAR Côte d’Ivoire a success. Once you start – Monica Nolan, Joseph Essombo. ... – where do you stop?

Today just an edge-of-the-page salute to staff who have worked for PEPFAR CI (all as part of CDC) for the entirety of its existence, forming the program’s solid, often unseen foundation. Clockwise from the top left corner of the page:

**Operations and support:** Kouadio Coissy Justin, Lingani Safiatou, N’guessan Yao Deborah, Coulibaly Tenena Nouhoun, Baudoux Assoma Aline, Cissoko Diabate Oumou, Assi Eric Arsene, Aikins Emmanuel Fynn, Traore Mamadou, Kpan David, Yahoutche Ette Jean-Noel, Ako-Nai Elizabeth Anyeley, Ehouman Saman, M’bada Djahoura Pierre

**Retro-CI Laboratory:** Maran Mathieu, Soroh Dramane, Karamoko Bakary, Dikry Guetey Noel, Borget Marie Yolande, Ya Kouadio Leonard, Aka Frederick, Soro Dotana Mathias, Tehe Gnihonfle Andre, Allangba Yao Alphonse, Douto Lea Siemiho, Ouattara Moussa

**Motor pool:** Osei Michael Kofi, Dumfeh Peter, Toure Zeydi Alhousseini, Aboagye Kojo, Kambou Laconte Emile, Oumar Cisse, Ble Naman Gabin, Eduafo Kwabena Philip, Koffi Appelin, Amponsah John

**IT:** Kone Adama, Kouassi Kouakou Tchereme Moise, Njampo Joan-Luis

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