



PEPFAR in Côte d'Ivoire

National HIV prevalence among adults: 4.7% (AIS, 2005)
National HIV prevalence rate among women: 6.4%
Adults and children living with HIV: 850,000
Orphans and vulnerable children due to HIV/AIDS: 864,000

Côte d'Ivoire is one of 15 PEPFAR focus countries. PEPFAR funding of \$84 million in FY 2007 supports more than 120 partners and subpartners working to provide comprehensive HIV/AIDS prevention, treatment, and care programs nationwide.

The Government of Côte d'Ivoire has provided strong leadership in difficult circumstances, including a five-year-long political-military crisis from which the country is working to recover. In 2001, the government created a specific ministry to coordinate the national HIV/AIDS response and mobilize national and international resources. In addition, the government has mandated each ministry to create a multisectoral committee to focus on sector-specific HIV-related responses and to improve overall coordination with the Ministry of the Fight against AIDS. The U.S. Government is by far the largest supporter of HIV/AIDS efforts; in 2007, the USG contributed 70% of all funds dedicated to HIV/AIDS in Côte d'Ivoire.

The USG role includes:

- Helping to build a comprehensive continuum-of-care network model of prevention, treatment, and care designed to scale up services of high quality to people living with or affected by HIV/AIDS
- Working to ensure that sufficient human resources and capacities are available to sustain programs and achieve national prevention, treatment, and care goals
- Promoting long-term sustainability of quality HIV services by effectively engaging the private and public sectors and civil society

HIV/AIDS in Côte d'Ivoire

Côte d'Ivoire has a generalized HIV epidemic with the highest prevalence rate in the West African region (4.7% among ages 15-49). Prevalence appears to have remained relatively stable for the past decade, with recent declines among pregnant women in urban areas. Based on a national AIDS Indicator Survey completed in 2005, populations at high risk for HIV infection include women ages 20-24, people in prostitution, youth, and the military. The country's recent crisis is likely to have exacerbated the vulnerability of these groups and created additional at-risk populations, given large-scale military deployment, massive population displacement, and an increase in poverty.



Challenges

Political uncertainty and delays in disarmament continue to be challenges and barriers to external assistance. Côte d'Ivoire has a more developed public health and education system than many of its neighbors, but the overall health system is weak, and health and economic gains have been reversed by the crisis. Treatment for sexually transmitted infections and tuberculosis are limited. Regions in the North and West, which are still in the process of returning to government control,

have experienced a complete and 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. With PEPFAR and the Global Fund as the only major HIV/AIDS donors in the country, opportunities for wraparound activities are limited, and significant gaps in Global Fund services and funding have presented major challenges for the PEPFAR program.

PEPFAR Results in Côte d'Ivoire

	FY 2004	FY 2005	FY 2006	FY 2007
Budget	\$24 million	\$44 million	\$46 million	\$84 million
Prevention: Persons reached through community outreach (AB + Other Prevention)	125,148	154,374	195,666	1,217,799
Counseling and testing sites	18	54	81	159
Persons tested, given results	45,527	46,464	96,030	90,870
PMTCT sites	26	44	69	146
HIV+ pregnant women receiving ARV prophylaxis	1,840	1,888	3,997	4,963
ART sites	16	33	58	99
Persons receiving ART (with direct PEPFAR support)	4,536	11,097	20,923	34,900
Persons receiving pall. care	26,950	25,902	42,561	74,319
Orphans and vulnerable children receiving care and support	1,137	7,946	22,566	41,147

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

- Pursuing a comprehensive, evidence-based ABC prevention approach, with expansion of public- and private-sector behavior change communication interventions at the community level and with targeted high-risk populations (e.g. youth, using Miss Côte d'Ivoire and soccer superstars as role models).
- Building on successful prevention campaigns targeting the uniformed services, truckers, displaced and mobile populations, people in prostitution and their clients, in- and out-of-school youth, and health- and education-sector workers. Individual, family, and couples HIV testing is used as a primary prevention tool, with linkages to HIV treatment and care.
- Strengthening the national blood-bank system, which has achieved 100% screening for HIV.
- Strengthening national and PEPFAR supply chains through consolidated procurements and technical assistance by the Partnership for Supply Chain Management (SCMS).
- Developing a continuum of comprehensive treatment and care services, including ART, adherence support and monitoring, psychosocial support, palliative care, treatment of OIs and STIs, and care for HIV-affected children families.
- Providing critical support to the Ministry of Health for the development and implementation of human-resources and palliative-care strategies.
- After completion of a national OVC policy and standard criteria for OVC services, working to implement, evaluate, and replicate an innovative network of coordinated social and health services linking all district-level OVC services as well as regional referral structures.