



PEPtalk

News you can use from PEPFAR Côte d'Ivoire

No. 1, January 2008

Coordinator's Corner

WELCOME to the first edition of PEPtalk, the quarterly newsletter of PEPFAR Côte d'Ivoire. We are excited about this opportunity to share some of the stories, ideas, successes, and challenges that grow from the great work we are doing together.



The fact is that as a community of partners, we are accomplishing more – and learning more – than we know: Each of us has success stories and lessons that we never get around to sharing. This newsletter is intended to be an exchange giving all actors in HIV/AIDS and development a better view of our accomplishments and challenges.

In these stories about lives we are touching and opportunities we are creating, the message is clear: PEPFAR Côte d'Ivoire's strength lies in the potent partnerships we have built with the ministries and national programs, Ivorian and international NGOs, the private sector, and other donors. Our progress since 2004 is a tribute to the dedication, the competence, and the sacrifices of our partners.

We are humbled by the work that you do every day, and honored to stand together in this fight.

Jyoti Schlesinger
PEPFAR Country Coordinator

HIV Testing: New Methods in 2008

Change is coming to Côte d'Ivoire in the form of improved HIV testing methods and tools. From new tests to a new logbook, 2008 should bring greater efficiency, effectiveness, accuracy, and consistency to HIV counseling and testing nationwide.

Rapid-Test Algorithm, Finger-Prick Tests

The current rapid-test algorithm – Determine and Genie 2 in series – relies on plasma samples requiring venipuncture, centrifugation, a cold chain, and skilled lab technicians. Through meticulous multi-phase testing and research, a new national algorithm is being finalized by the National Permanent Commission on Biology and the Biology Technical Group of Côte d'Ivoire, with support from PEPFAR's RETRO-CI lab. Six rapid tests were evaluated in laboratory trials and clinical settings. Determine, Bioline, and Stat-Pak were chosen based on their superior sensitivity and specificity. None of these tests requires a cold chain, an important bonus for testing in remote areas without adequate electricity or refrigeration. It has not yet been determined whether the

New in HIV

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Father and Son: A Story of ART and Love

KEVIN Kouassi, son of a canton chief in rural Côte d'Ivoire, was 32 and living in the big city of Abidjan when the fevers started, followed by diarrhea, typhoid, and anemia. Within months, his weight dropped to 114 pounds, and he moved back to his family's village.

His story might have ended there, all too typically, but for a wise and caring father's advice: Get tested for HIV.

At the PEPFAR-supported Centre NDA in Dimbokro, the nurse providing post-test counseling asked Kevin to identify someone to whom he could disclose his HIV-positive status. With some trepidation, Kevin chose his father.

"I wondered how he would react. Would he reject me?" Kevin recalls. "When I told him, he said, 'You're my son, and I'm not going to reject you because of an illness.' ... From then on, I became more confident. My father accompanied me to all my appointments, he monitored that I took my medications, he paid for my prescriptions."

Kevin started on antiretroviral therapy (ART) provided by the Elizabeth Glaser Pediatric AIDS Foundation at the Centre NDA, becoming one of 34,900 patients in Côte d'Ivoire receiving ART with direct PEPFAR support as of September 2007. After 15 months, Kevin is free of opportunistic infections, and his weight has rebounded to 140 pounds.

He lives with a young woman who manages a small restaurant. Before having sex for the first time, he encouraged her to be tested, and she learned that she is HIV-positive. At that point, Kevin told her about his status. They plan to get married and have three children, he says, but for now they use condoms.

Eight months ago, when the health center was looking for someone to provide support to newly identified HIV-positive clients and help find HIV/AIDS patients "lost to follow-up," Kevin volunteered. He now works full-time, with a monthly stipend, to find, counsel, and accompany HIV/AIDS patients, and he's helped found an



Counselor Kevin Kouassi, right, says ART and his father's support saved his life.

association of persons living with HIV/AIDS.

Kevin's message, based on his own experience, is that being tested is the first step toward transforming HIV/AIDS from a death sentence into a positive life. Citing his father's lifesaving role, he urges families to support those with HIV/AIDS to enable them to enjoy their right to a normal life, to work, to a family of their own, to hope for a better tomorrow. "My wish," he says, "is that everyone's parents be like my father."

World AIDS Day 2007 in Man: Leadership in Partnership



Scores of PEPFAR partners and sub-partners strutted their stuff in parades, information and testing caravans, a "Village Communautaire," and other activities to mark World AIDS Day. With support from Care International and Alliance, the national observance sponsored by the Ministry for the Fight Against AIDS drew guests from across the country to the West, including new U.S. Ambassador Wanda L. Nesbitt (shown above visiting the Gagnoa VCT Center booth).

More at <http://abidjan.usembassy.gov/pepfar.html>

New Partner



Who: NGO Le Soutien

Executive director: Bossou Stanislas Aurélien (left in photo). Program director: Gbaguidi Zinsou Augustin.

What: Project Nunseu – OVC care and support, community mobilization, HIV/AIDS prevention, HIV testing promotion

When: Awarded three-year New Partners Initiative (NPI) grant in 2006; started activities in 2007

Where: In 30 villages around Danané and in Yopougon

What else: Vocational training, income-generating activities, support for women's cooperatives with non-PEPFAR funding

How to contact: M. Bossou, (225) 05 70 36 27, lesoutien@yahoo.fr; Web site: <http://pepfarnpi.lesoutien.org>



New Tests

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first two tests will be conducted in series (Determine, then Bioline to confirm a positive result) or in parallel (Determine and Bioline at the same time); either way, Stat-Pak will serve as a tie-breaker. The algorithm is expected to be approved by January 2008.

Since all three tests chosen for the new algorithm accept whole-blood samples, the finger-prick method will be available as a more efficient way to draw blood. Among other advantages

over venipuncture, finger-prick tests:

- Take less time to administer and are less painful and invasive
- Require fewer supplies (only a lancet, as opposed to vacuum tubes, tourniquets, and needles) and produce less waste
- Are safer for testers and waste handlers

If permitted by a revised national policy, finger-prick tests can be administered by well-trained and supervised lay personnel, freeing lab technicians

for critical training, supervisory, and quality-control functions. PEPFAR partners should expect finger-prick tests to start becoming available by about June 2008, requiring extensive training and opening up possibilities for innovative and expanded HIV testing.

New Testing Logbook

Until now, the recording of HIV testing results has been fairly inconsistent, with logbooks often lacking critical diagnostic data needed for analysis and surveillance. With the assistance of the CT Technical Working Group at

the U.S. Centers for Disease Control in Atlanta, a new logbook template has been developed as a standard tool across all PEPFAR countries. The simple-to-use template was adapted and piloted in Côte d'Ivoire in September 2007, and has been adopted by the national strategic information and CT working groups.

For more information about HIV testing and the new logbook, partners should contact PEPFAR Technical Adviser Nicole Doumatey at doumateyl@ci.cdc.gov.

PEPFAR Partners Win Tax Exoneration

The Ivorian government has authorized exoneration of all value-added and import taxes for PEPFAR interventions in the country. The Ministry of Economy and Finance decision (Nov. 26) exempts implementing partners from TVA and import taxes on all future purchases of equipment, materials, medical products, and supplies needed for PEPFAR activities in Côte d'Ivoire.

The decision, in accordance with the Economic and Technical Assistance

Agreement of 1961, is designed to ensure that a maximum of available resources goes directly to prevention and care activities in the field.

PEPFAR is the largest public health campaign ever launched against a single disease. With a 2007 budget in Côte d'Ivoire of more than \$84 million USD, PEPFAR supports HIV/AIDS prevention, care, and treatment activities by more than 120 partners and subpartners throughout the country.

Annual PEPFAR Results in Côte d'Ivoire

	FY 2005	FY 2006	FY 2007
PMTCT sites	44	69	146
HIV-positive pregnant women receiving ARV prophylaxis	1,888	3,997	4,963
HIV counseling and testing sites	54	81	159
Persons tested, given results	23,708	66,972	90,870
Persons receiving palliative care	25,902	42,561	74,319
Orphans and vulnerable children receiving care and support	7,946	22,566	41,147
ART sites	33	58	99
Persons receiving ART	11,097	20,923	34,900

Contribute to PEPtalk!

Do you have a news item, a story idea, a good photo? An insightful commentary on an important issue? Share it. Send it to us at peptalk@ci.cdc.gov. Please include your name, affiliation, and contact information.

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Comings & Goings



New U.S. Ambassador **Wanda L. Nesbitt**

Returning as RETRO-CI Lab Chief: Dr. **Christiane Adje Touré**

New ICAP-Columbia Country Director Dr. **Ida Viho**

New PEPFAR Project Manager **Versha Patel**

Retiring: **Jean Sia Niangnehi**, PEPFAR technical adviser, after 20 years in the HIV fight

Leaving RETRO-CI after 15 years: Admin Chief **Mabel Enti Bohui-Dasse**

WANTED: New Associate Director for Operations, PEPFAR