



# PEPtalk

News you can use  
from PEPFAR Côte d'Ivoire

No. 2, April 2008

## Coordinator's Corner

April is springtime in the United States, a time of hope and new beginnings. At PEPFAR Côte d'Ivoire, too, it's a season of renewal: We are pleased to announce that the PEPFAR 2008 Country Operational Plan has been approved in Washington, D.C., meaning that the PEPFAR-CI program and its partners can move ahead with exciting plans for a 2008 program containing some of the most innovative and promising activities in the HIV/AIDS field.



As many of you realize, 2008 is the final year under the first phase of the PEPFAR initiative. The second phase of PEPFAR is currently in the hands of the U.S. Congress, and it is expected that the initiative will be continued for five more years, with a requested worldwide budget of \$30 billion USD. Although we have not yet been informed of the parameters of the second phase, we understand that its funding decisions will emphasize the building of concrete partnerships, or "compacts," between the host government, the U.S. government, and PEPFAR partners.

As we move toward our 2008 program year, our watchwords are "evidence" and "quality." We are pushing to expand evidence-based HIV/AIDS prevention, testing, care, and treatment activities to every corner of the country. But we are also working to make sure that the services our partners deliver are of the highest quality. With this double emphasis, our partners can help ensure that hope truly springs eternal in Côte d'Ivoire!

**Jyoti Schlesinger**  
PEPFAR Country Coordinator

## Infant diagnosis: Pilot project clears the way

Côte d'Ivoire has moved closer to saving the lives of its youngest persons living with HIV through a PEPFAR-supported pilot project demonstrating the feasibility of testing 6-week-old infants of HIV-positive mothers using DNA PCR technology.

The pilot, in which 472 infants ages 6 weeks to 12 months were tested at 25 sites in and around Abidjan, allowed staff of PEPFAR/Projet Retro-CI, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and the National HIV/AIDS Care and Treatment Program to identify and address obstacles to implementing this lifesaving technology in Côte d'Ivoire.

"We are now able to offer early infant HIV diagnosis in Côte d'Ivoire. Having the technical ability to identify infected children early and offer them treatment will save thousands of babies who otherwise might die before the age of 2," said Dr. Bruce B. Struminger, director of the Centers for Disease Control in Côte d'Ivoire and Projet Retro-CI. "With early referral to treatment, babies identified as HIV-infected will have an opportunity to receive medicines that can help prevent opportunistic infections and death. They will have a good chance of living longer,



Thousands of HIV-exposed infants will be tested, and if necessary referred to lifesaving treatment, after a PEPFAR-supported pilot project demonstrated the feasibility of using DNA PCR testing in Côte d'Ivoire.

healthier lives."

Infants cannot be screened for HIV with the rapid antibody tests used for older children and adults, because until age 15 months infants carry their mothers' antibodies. As a result, many HIV-positive infants are not identified and treated, and many of them die before they are diagnosed and referred for treatment.

By detecting HIV's nucleic acid (or DNA) rather than HIV antibodies, the PCR (polymerase chain reaction) technique allows screening of infants exposed to HIV (i.e. born to HIV-positive mothers), followed by treatment for those who are HIV-positive. After a prick in the infant's toe to collect whole blood using the dried blood spot (DBS) technique, the samples are sent to Abidjan for laboratory testing at Projet Retro-CI; lab results are available within two weeks. Later this year, testing

will be available at the Institut Pasteur, CIRBA, and CEDRES in addition to Retro-CI. The technique is in use in Kenya, Botswana, Namibia, Rwanda, South Africa, and other countries.

The PEPFAR-funded project to demonstrate its feasibility in Côte d'Ivoire began in September 2007 with the training of 12 lab techs and 100 health workers at 25 sites offering prevention of mother-to-child transmission (PMTCT) services. Within five months, 850 infants

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### New in HIV

## Generations of Difference: OVC Platforms

For Melissa L.'s family in the Abidjan quarter of Abobo, PEPFAR support is making a difference across three generations.

The mechanism: a collaboration "platform" of local organizations put in place by the Ivorian National Orphans and Vulnerable Children Program, a PEPFAR partner. The platform is designed to ensure that HIV-affected children and their families have access to a comprehensive range of needed services.

Melissa, an HIV-positive widow and mother of Laure, 14, and André, 7, says she was too sick to properly educate and supervise her daughter, who became pregnant. Broke and desperate, Melissa turned to the local social-services center for help, and the "platform," designed to ensure access to services for orphans and other vulnerable children due to HIV/AIDS (OVC) and their families, swung into action.

Melissa received antiretroviral medication through the local NGO Lumière Action (which supports persons living with HIV/AIDS and OVC), food and clothing from Grâce Divine Eternelle (which supports widows), and a freezer and \$500 from the local SOS Village to start a small business.

Laure was referred to the public hospital for free care (as a "social case") and tested for HIV (negative) by Lumière Action. She gave birth in

November 2006 to a healthy boy, and a social worker helped persuade the 15-year-old father, himself an orphan, to recognize and help support his child.

The platform helped Laure obtain a reduction in school fees and a school kit from the Ministry of Education, a PEPFAR partner.

"The platform has really helped us," Melissa says. "I know that without all these organizations and all this support, I couldn't have faced all these problems."

Platforms are operational in six Ivorian cities, with three more poised to begin this year. With PEPFAR support, the National OVC Program provided services for 41,147 OVC in 2007.



Educational support is part of the continuum of services for HIV-affected children provided through collaborative OVC "platforms."

### Success Story

### Update

## New test algorithm moves ahead

A simplified HIV rapid-test algorithm encompassing finger-prick collection of whole blood has been approved by Côte d'Ivoire's Laboratory Technical Working Group and National HIV/AIDS Care and Treatment Program (January 2008), and training has begun in preparation for pilot implementation.

With PEPFAR support and coordination by the national program (PNPEC), a three-month pilot phase at 60 health-care and community-based sites will begin in April to identify and address obstacles to national scale-up.

The new three-test algorithm (Determine, Bioline, and Stat-Pak as a tie-breaker) does not require a cold chain, a centrifuge, or extensive laboratory expertise. The tests, which will be used in parallel at high-prevalence TB facilities and in sequence elsewhere, were selected for their superior sensitivity and specificity during a PEPFAR-supported evaluation at 10 PMTCT sites last year. Combined with the use of the finger-prick technique, the algorithm is expected to facilitate rapid expansion of HIV testing.

National training materials have already been revised, including a new training module on blood collection by finger prick. After training of three groups of trainers on the new algorithm at PEPFAR/Projet Retro-CI in March, trainings for lab and non-lab personnel will start in early April. The pilot is expected to include a variety of sites and approaches by health-care and lay personnel (e.g. testing during and after labor, family-centered testing, and door-to-door testing).

**New Partners for Nutrition**

**Who:** IYCN / PATH and FANTA / AED

**IYCN / PATH:** Dr. Hortense Angoran Benie (country coordinator), Dr. Katherine Krasovec (director of maternal and child health and nutrition).

**FANTA:** Sandra Remancus (senior maternal and child health and nutrition adviser), Philip Moses (HIV/maternal and child health and nutrition specialist).

**What:** Nutrition and HIV/AIDS: Development and dissemination of national strategies, guidelines, and tools to improve nutrition for children and adults living with or affected by HIV/AIDS. PATH focuses on OVC and PMTCT, while FANTA's focus is on people receiving care and treatment for HIV/AIDS. Working together, they will provide technical assistance to the national Care and Treatment, OVC, and PMTCT programs; to a national technical working group on nutrition and HIV; and to PEPFAR partners (including the World Food Program) working in OVC, PMTCT, palliative care, and treatment.

**When:** Started activities in late 2007/early 2008.

**Where:** National and local levels throughout Côte d'Ivoire.

**What else:** Tools for use by facility- and community-based partners will include nutritional guidance and training materials, clinical algorithms, counseling cards, posters, and brochures.

**How to contact:**

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Dr. Angoran



Moses

**PEPFAR Country Operational Plan approved**

PEPFAR Côte d'Ivoire's Country Operational Plan for Fiscal Year 2008 (COP08) has received final approval in Washington, authorizing \$120,537,903 USD (about 52 billion FCFA) to support 37 prime partners and more than 75 subpartners providing HIV/AIDS prevention, care, and treatment services.

The new budget, an increase of 43% from the previous year, includes about \$24 million for prevention, \$24 million for care, and \$53 million for treatment. In addition, three partners are funded through the New Partners Initiative.

The money will be used by Ivorian ministries, international and national nongovernmental organizations, and local community- and faith-based organizations to

strengthen and extend programs, with an emphasis on geographic coverage, evidence-based approaches, and quality of services.

"This large funding increase reflects our commitment to helping Côte d'Ivoire strengthen its health-care system and is part of our contribution to the government's 'sortie de crise' program," said U.S. Ambassador Wanda L. Nesbitt. "It also represents the high level of confidence we have in our PEPFAR partners working to save and improve lives in every corner of the country."

The COP08 is being translated into French for presentation to the Ivorian government. A few highlights of the COP08 are provided in the table below.

Program Area	Budget	No. Prime Partners	Expected Results by March 31, 2009, include:
Prevention of Mother-to-Child Transmission	\$5,000,000	6	264 sites, 215,000 pregnant women tested, 15,000 women provided with ARV prophylaxis
Prevention (behavior change comm.)	\$12,072,646	18	1,106,080 reached with abstinence/fidelity messages; 906,792 reached with other prevention messages
Blood/Injection Safety	\$6,912,646	3	750 trained in blood safety, 1,250 in injection safety
Counseling & Testing	\$4,178,750	14	331,000 people tested at 366 sites
Palliative Care	\$6,163,750	15	192,000 people provided HIV care
TB/HIV	\$3,642,781	8	20,800 TB patients tested for HIV; 10,400 HIV patients treated for TB
Orphans and Vulnerable Children	\$10,167,708	18	Care and support for 63,000 children
ARV medications	\$26,864,486	1	ARVs for 60,000 patients
Treatment Services	\$16,400,000	10	60,000 patients on ART at 234 sites
Lab Services	\$10,273,983	3	604 people trained in laboratory services
Strategic Information	\$6,409,000	9	Technical assistance for 251 organizations; training for 1,737 people
Policy Analysis, Systems Strengthening	\$5,560,000	13	Assistance for 304 organizations in policy development, 183 orgs. in institutional capacity building
<b>TOTAL</b>	<b>\$120,537,903</b>	<b>37</b>	<b>Comprehensive quality HIV/AIDS prevention, care, and treatment program with improved coverage</b>

*'Infant diagnosis' continued from Page 1*

had been enrolled for testing, easily surpassing the 472 planned for the pilot.

The project identified three significant barriers to effective implementation of PCR DNA testing:

- \* Heavy workloads at the lab caused delays in returning test results. This was resolved by hiring additional lab technicians and establishing a calendar for delivery of samples to the lab.
- \* While about 13% of tested infants were found to be infected with HIV, only about half of those were referred for care, because many mothers did not return for the test results. This was addressed by involving community counselors to call and/or visit the mothers.
- \* About 20% of the blood samples could not be tested because they were overheated in a drying rack; instructions for drying the samples have been clarified.

After a three-month period to ensure that solutions are in place, progressive scale-up of DNA PCR testing to all PMTCT sites nationwide is planned to begin in July. PEPFAR partners hope to test 10,000 infants within the first year.

**Prevention Program Mapping**



REMCI staff discussing AB program in Bouake.

In February, PEPFAR HIV prevention technical consultants interviewed 12 partners and 17 sub-partners managing programs that promote abstinence, fidelity, and other methods of HIV prevention. Early analysis of data enabled the team to create maps of PEPFAR-supported prevention sites, including target populations, types of programs, and range of behavior change communication delivery methods to assist in coordination and planning.

**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](mailto:peptalk@ci.cdc.gov). Please include your contact information.

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**Comings & Goings**



Dr. **Jamila Aboulhab**, new PEPFAR acting associate director of science



**Teri Wingate**, new PEPFAR Prevention Branch chief



**Jennifer Pope**, PSI's new resident representative

**In Memoriam**



The late **Dr. Yapi N'Takpe Faustin dit Faya**, pharmacist for EGPAF

**WANTED:** PEPFAR will soon recruit a technical adviser (highly vulnerable populations) and two office managers.

**More information about PEPFAR and its partners on the Web at**  
<http://abidjan.usembassy.gov/PEPFAR.html>