



PEPtalk

News you can use
from PEPFAR Côte d'Ivoire

No. 9, January 2010

Coordinator's Corner

A new year – and the start, effectively, of PEPFAR Phase II – is a good time to review achievements in the fight against HIV/AIDS over the past five years and to give serious thought to the best way to move forward.

PEPFAR's new worldwide five-year strategy, released on World AIDS Day (and available at <http://www.pepfar.gov/strategy/>), does this by integrating lessons learned from a broad range of stakeholders with new directions informed by an evolving global AIDS response. Its key concepts will guide PEPFAR's efforts in Côte d'Ivoire through at least 2013. These include placing a deliberate focus on the strategic strengthening of health systems, increasing ownership and responsibility among host government and local actors, ensuring universal access to services, and promoting creativity and the use of evidence to develop sustainable strategies.



In numeric terms – and human terms – the top priorities are to provide antiretroviral (ARV) treatment for 4 million people and care services for 12 million (including 5 million orphans and vulnerable children), to double the number of at-risk babies born HIV-free, to reach 80% coverage of testing for pregnant women with 85% coverage of ARV prophylaxis to prevent mother-to-child transmission, and to ensure that 100% of youth receive comprehensive information about how HIV/AIDS is transmitted and how to protect themselves. Ultimately, of course, the goal is strong health systems in a world free of HIV.

As we consider how to implement our new year's resolutions, and our annual plans, I invite you to take a moment and consider how best to translate these important concepts and goals into effective, meaningful, life-changing reality for Ivoirians. This remains our responsibility and our challenge for 2010.

Jennifer Walsh
PEPFAR Country Coordinator

Into the village: The power of support

Samuel Koutepo had been sick for years when HIV testing came to his village. A local committee was promoting it, and Samuel was one of the first to accept.

For months, he spoke of it to no one in the village except Malobe Soumahoro, a community counselor who had offered her support and helped him go for a CD4 count and care. "I was living under the weight of this secret, in anguish," he says. "I was lonely." When he finally told his family and friends that he was HIV-positive, they began avoiding him. "I'd become the damned of the family," Samuel, 32, recalls. "I had lost all value in their eyes. For them, I was at the edge of the grave. I lost my taste for life. At times I thought about suicide."

His lifeline was Malobe, a volunteer who is part of a PEPFAR-supported initiative by the National Agency for Rural Development (ANADER) to bring HIV prevention, mobile testing, and care services to rural areas of Côte d'Ivoire. Working through village action committees and its own rural development agents in 146 villages in five regions, ANADER last year reached more than 230,000 people with HIV prevention activities, tested 29,652 people for HIV, and provided care and support for 3,065 people with HIV and more than 10,000 orphans and vulnerable children. In the process, ANADER and the village committees are breaking down the powerful stigma that had left Samuel feeling isolated, depressed, and fearful.

When Malobe said she wanted to start a support group for people with HIV in Grand-Zatry,

Samuel refused to participate, fearing exposure. "I didn't know there was anyone else like me in the village," he says. "People with HIV hide for fear of having fingers pointed at them as they pass."

After weeks of explanation and encouragement from Malobe, he agreed to visit other people with HIV. In March 2009, Samuel and four others met at Malobe's house to found a support group, one of 104 rural support groups involving 561 women and 297 men that are functioning in ANADER's intervention areas.

Besides their regular support meetings, the groups help distribute care, food, and school kits to people with HIV and vulnerable children, and some have started income-generating activities. Certain members speak openly about their HIV status in the village – inconceivable before the ANADER initiative.

Elected group president, Samuel works to help members in need and is looking forward to an income-generating activity.

"We share in the group, and we help each other," he says. "All of us have regained the joy of living. We're no longer afraid of what others might say about us. We're united, and we're getting stronger every day."

Success Story



Samuel Koutepo found he wasn't alone in the village.

Testing, OVC care top PEPFAR successes

The PEPFAR Côte d'Ivoire program grew in reach and quality in all 16 technical areas in FY 2009, ranging from prevention of sexual HIV transmission to diagnosis and care for HIV/TB co-infection. Successes included dramatic growth in HIV testing and counseling, which more than doubled its results for the second year in a row, and in the number of orphans and vulnerable children (OVC) who received care and support, which increased by 40%.

Côte d'Ivoire results contributed to a year of PEPFAR global highlights. Through partnerships in

more than 30 countries, PEPFAR last year directly supported life-saving antiretroviral treatment for more than 2.4 million men, women, and children – more than half of all ART patients in low- and middle-income countries. PEPFAR partnerships also supported care for nearly 11 million people affected by HIV/AIDS, including 3.6 million OVC.

For more on PEPFAR global results, please see www.pepfar.gov/documents/organization/133033.pdf. For more on PEPFAR Côte d'Ivoire results, please see <http://abidjan.usembassy.gov/PEPFAR.html>.

	FY 2007	FY 2008	FY 2009
PMTCT sites	146	236	414
HIV-positive pregnant women receiving ARV prophylaxis	4,963	4,620	7,757
HIV testing and counseling sites	159	209	450
Persons tested, given results	90,870	206,147	421,854
People with HIV receiving care	74,319	84,270	105,530
Orphans and vulnerable children receiving care and support	41,147	68,061	95,875
ART sites	99	160	258
Persons receiving ART	34,900	39,324	49,697



For universal access

Bonoua, the hometown of Minister of AIDS Adjoubi Nebout Christine, played host to Côte d'Ivoire's national World AIDS Day 2009 observance. Implementing partners and activists joined United Nations, PEPFAR, and Ivorian government officials under the banner of "Universal Access and Human Rights," a theme echoed around the world. As U.N. Secretary-General Ban Ki-moon noted, "Without addressing human rights abuses, many of the populations most vulnerable to or living with HIV will lack access to prevention and treatment services."

For more on World AIDS Day and the national response to the epidemic:

www.mlsida.gouv.ci

Beyond the ART Miracle: 'I Felt Useful Again'

In his early 40s, Jules Tahe lived the ARV miracle in Côte d'Ivoire, from the misery of undiagnosed HIV to regained health and well-being. Free antiretroviral therapy through PEPFAR partner ACONDA-VS and the unwavering support of his family, to whom he disclosed his HIV status immediately, were key factors as his weight rebounded (from 110 to 159 pounds) along with his CD4 count. But one thing was still missing from his recovery: After his diagnosis in 2004, Jules had been declared unfit to continue teaching primary school due to his health problems.

Success Story

"The hardest thing for me was to remain inactive during those years," the 44-year-old says. "My only wish was to regain my place in the development of my country and to be able to emphasize messages about HIV to young people. As a public servant, I was paid every month, but I missed my work."

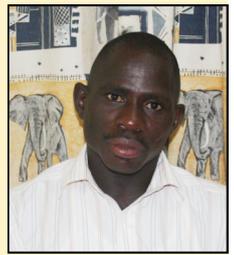
After a year on ART, Jules asked his physician to submit a new medical dossier reflecting his

recovery. In 2009, the public service medical counsel allowed Jules to resume teaching, and he took a job at a high school in Abidjan.

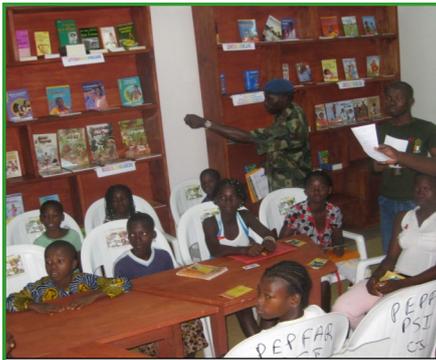
"It was the most beautiful day of my life," he says. "I felt useful again in helping build my country."

In addition to his teaching, Jules leads a support group of 80 people with HIV. With his wife, who receives HIV care at the same ACONDA-supported hospital as her husband, he has three children who have tested HIV-negative and a 3-month-old who was born in the hospital's PMTCT program and who receives replacement feeding.

"My wish is to put my experience to use for other people," Jules says. "I have a normal life like everybody else. My family supports me, my wife and my children, too. I'm a happy man."



Healthy and back at work, Jules says he's a happy man.



A library is one of the attractions at the Community Center for Life, in a military camp in Côte d'Ivoire.

Military youth: A place of their own

If mobility and lack of stable support networks place soldiers at heightened risk for HIV, what about their children growing up in military camps?

Population Services International (PSI), a PEPFAR partner providing HIV/AIDS prevention, testing, and care services for the uniformed services and their families in Côte d'Ivoire, responded by giving youth a place of their own.

The Community Center for Life, within the 2nd infirmary battalion camp in Daloa, opened in September 2009 with a library, a TV room, sports and games, and a schedule of films and discussions (including parent-child discussions) on health, HIV/AIDS, sexuality, pregnancy, peer pressure, healthy decision-making, and other topics aimed at 10- to 24-year-olds. HIV/AIDS activities focus on age- and risk-appropriate ABC prevention and testing, which is available in the same building (but requires parental consent for minors).

Between September and November, 373 young people have used the center, including 52 who went for testing, and parents have voiced appreciation for the alternative to bars and questionable friends.

"Since the kids started going to the center, we've seen a real change in their behavior," one parent said.

The center is managed by a youth committee with an elected president and an adult coordinator, and includes a girls' club that conducts HIV prevention outreach.

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.

Contributors to PEPtalk No. 9: Joan-Luis Njampo, Georgette Kouroma (PSI), Jennifer Walsh, Jordan Sera, Corinne Louise Lohoueye Essoh, Brian Howard

www.mlsida.gouv.ci
<http://abidjan.usembassy.gov/PEPFAR.html>

She's cute. She's clever. She clears tall challenges with a single bon mot.

She's ... SuperGirl, the little "big sister" coming to your TV screen and to the aid of Côte d'Ivoire's young women and men confronting life's risks and challenges. SuperGo (her French name), a creation of PEPFAR partner JHU/CCP,

is the star of TV ads and photo-novels in which young people in tough but everyday situations get good advice, just in the nick of time, on relationships (talk to each other) and sex (wait, be faithful, or use a condom, depending on the age and the situation). As SuperGo says, "Girlfriend, if you want 'em to take you seriously, you need to start by respecting yourself."

Three ads are airing daily on prime-time national TV Dec. 24-Feb. 7, to be followed by illustrated novels and community activities.

Cote d'Ivoire's HIV early infant diagnosis got a boost in 2009 with PEPFAR-supported donations of lab containers at two

News in Brief

laboratories in Abidjan, CeDres and CIRBA. CeDres is now offering DNA PCR testing for infants at 33 PMTCT sites (about half of all PMTCT sites in Abidjan), and CIRBA, which received its new lab equipment in October, will be full functional in January after training and coaching by CDC/Retro-CI staff. CIRBA has a cohort of 3,000 HIV patients, including 540 children, with about 2,000 patients on ART. The labs were selected by the national early infant diagnosis technical working group led by the National HIV/AIDS Care and Treatment Program.



HIV/AIDS treatment reached another milestone in October with the approval of the 100th generic antiretroviral drug (ARV) authorized for use under PEPFAR, thanks to a speeded-up U.S. Food and Drug Administration tentative approval process designed to maximize flexibility and economy without compromising safety. For more information about PEPFAR's support for safe, effective, low-cost, and generic ARVs and the FDA process, please

see <http://www.pepfar.gov/documents/organization/115245.pdf>

In reauthorizing the U.S. government's HIV/AIDS program in the United States (Oct. 30), President Obama also announced that his administration would take the final steps to end a ban barring people living with HIV/AIDS from entering the United States, effective in January 2010. Obama's decision completes a process that began after a 2006 visit to the White House by Ivorian activist Ako Yapo Cyriaque, in which Ako told President Bush about the difficult process of obtaining a waiver to respond to the president's invitation. In announcing the end of the ban, Obama said: "Twenty-two years ago, in a decision rooted in fear rather than fact, the United States instituted a travel ban on entry into the country for people living with HIV/AIDS. Now, we talk about reducing the stigma of this disease — yet we've treated a visitor living with it as a threat. We lead the world when it comes to helping stem the AIDS pandemic — yet we are one of only a dozen countries that still bar people from HIV from entering our own country. If we want to be the global leader in combating HIV/AIDS, we need to act like it." For more, visit www.whitehouse.gov/the-press-office/remarks-president-signing-ryan-white-hiv-aids-treatment-extension-act-2009.

Comings & Goings



James T. Ham, new CDC deputy director/operations



Marie-Therese Noba, MD, new PMTCT technical adviser



Richmond Abri, new lab technician



Delphine Achi, MD, new ART technical adviser



James Allman, outgoing HMIS adviser



Toussaint S. Sibailly, MD, MSc, outgoing senior HIV/AIDS adviser and USAID focal point