



# PEPtalk

News you can use from PEPFAR Côte d'Ivoire

No. 17, January 2012

## A Hopeful Farewell

*Editor's Note: USAID/PEPFAR Country Program Manager Felix Awantang retired in December 2011.*



As we begin a new year, those concerned with HIV/AIDS in Côte d'Ivoire have every reason to be optimistic with the new country leadership in health.

Last year, as Côte d'Ivoire emerged from civil war, I was concerned about how well our PEPFAR program would evolve in this new era of the nation's political life. When overt hostilities came to an end, PEPFAR management moved quickly to assess its losses and capacities and to seek internal and external advice on how best to proceed in collaboration with other donors and new Ministry of Health and AIDS (MSLS) leadership. Our program was basically intact, but it still operated largely in emergency mode, with dozens of activity points all over the country and all over the MSLS infrastructure. Few officials in the Ministry had a comprehensive understanding of what PEPFAR offered or could offer. The Partnership Framework document we had drafted, which signified the effort to increase national ownership and management of the program, had stalled, and the way forward was less than clear.

Since June 2011, thanks to the new leadership in the Ministry and a proactive U.S. Embassy front office, a series of high-level consultations has set the stage for a better mutual understanding of how best to use the resources that PEPFAR offers for the long-term strengthening of the program. The fortunes of the PEPFAR program have changed dramatically, in my estimation, with the establishment of a regular meeting at the highest levels to deal with the program and its issues. We are now set to work ever more closely with the Government of Côte d'Ivoire. This

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## Happy 2012!

Dear partners, friends, colleagues,

Thank you once more for your courage and commitment, which carried us through a difficult and painful year. May you return from a joyous, restful holiday with renewed strength to carry on the fight. From the PEPFAR Côte d'Ivoire team, best wishes to you and your loved ones for a healthy, prosperous, productive, and peaceful new year.

## Marching toward zero



First Lady Dominique Ouattara (from right), Minister of Health and AIDS Thérèse N'Dri Yoman, Governor of Yamoussoukro Augustin Thiam, and U.S. DCM Julia Stanley led the parade at the national World AIDS Day celebration. For more on **World AIDS Day** and on **PEPFAR Côte d'Ivoire program results**, please see **Page 3**.

## Capacity building of social workers improves nutrition for OVC

Hadiya spoons warm porridge into 6-month-old Aminah's mouth and explains why they come to the Port Bouet II social center each week.

"This is my first child in 10 years," she says. "I want to protect her and keep her healthy."

At the social center, Hadiya (not her real name) and other mothers have learned the importance of giving their babies only breast milk, not water, for the first six months, then introducing them to nutrient-rich foods such as soy flour, powdered milk, egg yolk, and peanut paste. At weekly cooking demonstrations, they learn new ways to prepare enriched porridge using affordable, locally available foods. Trained social workers monitor children's growth, screen for malnutrition, provide counseling and immunizations, and give talks about family planning.

The social workers are trained and equipped with the support of the USAID/PEPFAR Infant and Young Child Nutrition (IYCN) Project, whose objective is to prevent malnutrition of

mothers and children under 2 and to maximize HIV-free survival among children born to HIV-positive mothers. One strategy is to build the capacity of the government of Côte d'Ivoire to reach and serve orphans and vulnerable children (OVC). IYCN works with national programs to train social workers in more than 30 social centers throughout the country to monitor children's growth and counsel caregivers on infant and young child feeding practices, particularly in the context of HIV. The project also supplies the centers with anthropometric equipment and cooking materials. At the heart of the community, social workers support community health workers to identify children with the highest risk of mortality – those who are severely acutely malnourished. The community health workers conduct home visits for moderately malnourished children and encourage households to bring their children for monthly growth monitoring and promotion sessions at the social centers.

Having scales, height boards, and MUAC

tapes has helped social workers to better monitor children's growth and to identify when a child has faltering growth or is malnourished. Training has given them confidence.

"The training we received was very practical in that we learned to identify when a child wasn't growing well and what to do about it," one social worker explained. "We learned about vitamins and what micronutrient deficiencies children are at risk of. I counsel moms on choosing the salt with iodine in it, to keep oranges in the shade so the sun won't destroy the vitamin C, and that palm oil is rich in vitamin A. We also learned to make thicker and enriched porridge



Hadiya feeds her daughter enriched porridge that she learned to make at the social center. Photo: PATH/Jennifer Burns.

### Success Story

## Retro-CI Lab launches new LIS

CDC's Projet Retro-CI launched a new open-source laboratory information system (OpenLIS) in October, an important tool for strengthening the laboratory information system in Côte d'Ivoire.

Developed with the University of Washington I-TECH Project, a PEPFAR partner, the new system allows better data management and improved information for decision making. OpenLIS is also a significant step toward realizing the shared vision of the Ministry of Health and AIDS and CDC Côte d'Ivoire of linking central and regional labs in an informational network.

"It's great, because this new interface makes life easier for all the lab technicians," said Dr. Christiane Adje-Toure, director of the Retro-CI lab. "And it's adaptable to labs at various levels, so it's a good tool to have in building a national network."

For several years, the Retro-CI lab staff had been looking to replace its obsolete information system with high-performing, secure, and flexible LIS that could handle new informational requirements. Three years ago, lab managers opted to support the development of a non-proprietary LIS instead of acquiring a commercial system, with its risks of licensing and other issues down the road. Despite development delays and the country's civil war, the joint efforts of I-TECH and Retro-CI's strategic information, information technology, and laboratory branches brought the effort to fruition in October.

Refinements and further development are ongoing. I-TECH is developing modules for the National Public Health Laboratory (LNISP) and the Pasteur Institute of Côte d'Ivoire, which are expected to be installed by late 2012, as well as a module adapted for regional laboratories.

## DHS+ under way, will provide crucial HIV data

After numerous delays, Côte d'Ivoire's first Demographic and Health Survey (DHS) in 12 years – this one including an HIV component – is on its way. Data collection began in Abidjan (Dec. 5-23) and will continue outside the economic capital Jan. 4-March 20, 2012.

Coming during a post-crisis period, Côte d'Ivoire's third DHS will provide crucial information for planning HIV/AIDS and other health interventions and for evaluating and updating national strategic plans for HIV, health development, and maternal/child health. With questions ranging from the quality of water to female genital mutilation and gender-based violence, it combines traditional demographic and health questions with indicators on HIV/AIDS,

malaria, and the situation of children and women (multiple indicator cluster survey, or MICS). In addition to interviewing women and men in a stratified national sample of 10,459 households, survey agents will take anthropometric measures of women and children, test household cooking salt and drinking water, and take blood samples for HIV, anemia, and malaria tests. Altogether, an estimated 5,000 men, 10,000 women, and 5,000 children will be surveyed; 10,000 HIV tests and 6,000 malaria tests will be conducted.

The study is being conducted with financial and technical assistance from PEPFAR (through USAID partner Macro International), the Ivorian government, UNICEF, and the World Bank.

## Change

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change is very timely, because as most of you know, we have been under pressure from the U.S. Government side to begin to mainstream PEPFAR-sponsored programs and responsibilities within national systems. It was the best going-away gift for me, after two years in Côte d'Ivoire, to attend the second of these high-level meetings and to observe that senior MSLS leaders were not only eager to develop a better understanding of PEPFAR in its entirety but also keen to assume their responsibilities in mainstreaming the program into the national system.

This change on the Ivorian side also demands some changes in how we think and do business on the PEPFAR side. The annual COP process exacts a heavy toll of management attention, but it is a political necessity that we cannot avoid. It focuses largely on generating the logical results of the program annually: the number of HIV/AIDS cases treated and prevented. The planning perspectives of the annual COP process do

not adequately allow for clear and realistic thinking about institutionalization, mainstreaming, capacity building, and health systems strengthening, which are the hallmarks of PEPFAR Phase 2 and core activities of the Partnership Framework Implementation Plan that still needs to be developed for Côte d'Ivoire.

With the enthusiastic leadership we now have in the MSLS, it seems to me that we can start with a clean slate to develop this implementation plan in close collaboration not only with the MSLS but also with the Ministries of Plan and Finance and such bodies as the National Committee for the Fight against HIV/AIDS and the Prime Minister's office. This multi-year plan has significant financial and personnel consequences that go beyond the authorities of our supportive colleagues in the MSLS. A core group must keep this activity on the government's agenda for the next three to five years if we are going to achieve our objectives. We must begin to track a multi-year plan that embraces the core Partnership Framework implementation activities, which must now be

embedded in the COP process. The key group to monitor these activities must meet periodically with the MSLS and other Ministry officials to ensure that this implementation plan is on track.

Finally, I recall the impatience of some of our medical colleagues in dealing with these kinds of issues. I suggest that they be insulated a bit from this, but it is critical that PEPFAR management take on this challenge with the new government leadership, because it will stabilize and sustain the work of our medical colleagues. Whatever anyone tells you about PEPFAR and its resources which we have been fortunate to have, this I know is true: PEPFAR will come to an end. The more we strengthen the efficient utilization of these resources and ensure accountability as well as a seamless transition of responsibility to the national government, the better it will be for all of us – those who live with and are affected by HIV/AIDS and those who seek to bring relief to them.

It was a pleasure for me to share this experience with you, and I wish all of you well, and God's blessings on Côte d'Ivoire.

## Contribute to PEPtalk!

Do you have a news item, a story idea, a good photo? An insightful commentary? Share it. Send it to us at [peptalk@ci.cdc.gov](mailto:peptalk@ci.cdc.gov).

**Contributors to PEPtalk No. 17:** PEPFAR implementing partners, Herve-Didier Deza, Dr. Roger Lobognon, Nicole Doumatey, Ernest Koffi, Joan-Luis Njampo, Brian Howard

## Comings & Goings



**Teri Wingate**, new CDC/PEPFAR deputy director and acting director



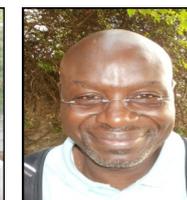
**Felix Awantang**, retiring USAID country program manager



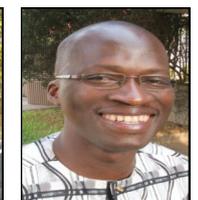
**Dr. Aristide Billy**, leaving CDC/PEPFAR for Health Alliance International



**Andre Wodan**, retired CDC/PEPFAR chauffeur



SCMS Country Director **Amos Sam Abbenyi**, left, and Deputy Director **Moise Touhon**, right, are leaving for Tanzania and Benin.



# 'Getting to Zero': the beginning of the end of AIDS?

**A**fter 30 years of one of history's deadliest epidemics, was World AIDS Day 2011 really the beginning of the end of HIV/AIDS?

Dec. 1 was an occasion to remember the millions who have lost their lives to HIV/AIDS but also to take pride in what has been achieved and to look ahead to an "AIDS-free generation."

From the White House to the streets of Yamoussoukro, stirring remarks and renewed commitments gave a sense that scientific advances and political will might be capable of meeting PEPFAR's mission of "turning the tide" of HIV/AIDS.

Reinforcing earlier remarks by U.S. Secretary of State Hillary Rodham Clinton, President Barack Obama delivered an impassioned speech and a pledge to increase the number of HIV-infected people receiving treatment through PEPFAR programs by 50 percent — from around 4 million now to 6 million by the end of 2013 — and to get antiretroviral

## World AIDS Day 2011

drugs to 1.5 million more HIV-positive pregnant women in developing nations so they won't pass the virus on to their newborns.

"Today is a remarkable day," Obama declared. "Today we come together, as a global community, across continents, faiths, and cultures, to renew our commitment to ending the AIDS pandemic — once and for all."

Affirming that PEPFAR and its partners have "saved thousands and thousands and thousands of lives, and spurred international action, and laid the foundation for a comprehensive global



Peer educators, left, displayed their spirit and their "Zero" T-shirts at the national World AIDS Day observance in Yamoussoukro. Above, panelists at the U.S. Embassy talked about their personal and professional experiences with the HIV/AIDS epidemic.

plan that will impact the lives of millions," the president said, "We can win this fight. We just have to keep at it, steady, persistent — today, tomorrow, every day until we get to zero."

In Côte d'Ivoire, World AIDS Day — "Objective: Zero" — was celebrated with a high-profile ceremony in Yamoussoukro that included First Lady Dominique Ouattara, Minister of Health and AIDS Thérèse N'Dri Yoman, and U.S. Deputy Chief of Mission Julia Stanley, as well as traditional and local dignitaries. Thousands of residents visited 10 informational displays and HIV testing and counseling sites set up around the decorated, clean-swept political capital. Of the 2,768 who underwent HIV testing, 50 (1.8%) tested positive and were referred to care and treatment facilities.

The U.S. Embassy in Abidjan began its ob-

servance with a news conference devoted to PEPFAR achievements, organized jointly with the Ivorian ministries of Health and AIDS, Education, and Social Affairs.

PEPFAR partner Johns Hopkins University announced an essay contest titled "If Young People Talked to Young People," organized with the Embassy, which aims at sensitizing youth and young adults on the merits of risk-free behaviors and HIV testing.

Activities targeting the Embassy staff included a panel discussion on HIV/AIDS with Catholic priest Frank Tano Badi; Muslim leader Imam Boubacar Laikone; Lucrèce Dahouo of Femmes Actives, a local NGO of women living with HIV; and Embassy employee and blood donor Edouard Brou. Embassy staff also participated in HIV prevention outreach, and 43 were tested for HIV.

## Despite civil war, PEPFAR CI produces impressive results

Despite losing months to a civil war, PEPFAR Côte d'Ivoire and its implementing partners managed to produce respectable results in FY 2011, including a 5.9% increase in the number of patients receiving antiretroviral therapy (ART).

The county's political crisis, civil war, and bank closures prevented growth in many areas, but on average, key performance indicators decreased by only 8.1%.

"Given the challenging circumstances, these results are exceptional, and are proof of the courage and dedication of our partners" said PEPFAR Country Coordinator Jennifer Walsh, who along with other expatriate staff worked from abroad for six months on mandatory departure while Ivorian staff managed the program on the ground. "With new leadership from the Government of Côte d'Ivoire, we're looking forward to moving full steam ahead in 2012."

Worldwide, PEPFAR was directly supporting life-saving ART for more than 3.9 million men, women, and children as of Sept. 30, 2011, up from 3.2 million in 2010. PEPFAR also directly

| PEPFAR in Côte d'Ivoire                                | FY 2007 | FY 2008 | FY 2009 | FY 2010 | FY 2011 |
|--|---------|---------|---------|---------|---------|
| PMTCT sites  | 146     | 236     | 414     | 541     | 506     |
| HIV-positive pregnant women receiving ARV prophylaxis  | 4,963   | 4,620   | 7,757   | 10,993  | 9,000   |
| HIV testing & counseling sites                         | 159     | 209     | 450     | 737     | 708     |
| Persons tested, given results                          | 169,676 | 316,788 | 646,738 | 836,670 | 726,800 |
| People with HIV receiving care                         | 74,319  | 84,270  | 105,530 | 141,720 | 114,400 |
| Orphans/vulnerable children receiving care and support | 41,147  | 68,061  | 95,875  | 110,095 | 101,600 |
| ART sites  | 99      | 160     | 258     | 326     | 351     |
| Persons receiving ART                                  | 34,900  | 39,324  | 49,697  | 61,203  | 64,800  |

supported ARV prophylaxis to prevent mother-to-child HIV transmission for more than 660,000 HIV-positive pregnant women in FY 2011, allowing more than 200,000 infants to be

born HIV-free; care and support for 13 million people, including nearly 4.1 million orphans and vulnerable children; and HIV testing and counseling for nearly 40 million people.