

## Coordinator's Corner

Just as the government of Côte d'Ivoire is reflecting on how to ensure universal coverage and sustainability of health care services, PEPFAR, too, is considering different approaches in how we do business. Extensive site visits over the past two months have revealed both strengths and weaknesses in PEPFAR's approach to supporting clinical and community sites. Implementing partners are formulating ideas for improving commodities management, and two visits by CDC, USAID, and PEPFAR headquarters staff are underway to help us review our approaches to providing care and treatment for infants and children with HIV as well as care and support to orphans and vulnerable children. Assessments of Côte d'Ivoire's civil society and private sector will identify strategic entry points for PEPFAR to strengthen the national response to HIV/AIDS.

In effect, this is a period of reflection for all of us – a time for the GoCI, PEPFAR, and other donors to consider lessons learned from pilot efforts on task shifting, performance-based financing, quality assurance, and targeting of free health services, and to use the latest evidence from studies on men who have sex with men, transactional sex, and the Demographic and Health Survey to improve access to quality health services, particularly at the primary-care level. The PEPFAR team aims to use these data to define a results framework that will outline USG contributions to HIV/AIDS prevention, care, and treatment results as well as health systems strengthening efforts over the next five years, and will allow us to complete a Partnership Framework agreement with the GoCI, begun in 2010, with realistic objectives for sharing responsibility for the national response.

**Jennifer Walsh**  
PEPFAR Country Coordinator



## Leadership in the lab

### GoCI moves ahead on standardization, maintenance management

Once upon a time, laboratories in every corner of Côte d'Ivoire gratefully accepted whatever piece of lab equipment this or that partner might offer, used it until it broke, and then...

Then, one day, the DIEM stepped in. With PEPFAR support through CDC and USAID, the Division of Infrastructure, Equipment, and Maintenance (DIEM) at the Ministry of Health and AIDS (MSLS) responded to the 2008 Maputo Declaration calling on governments to prioritize support of laboratory systems through national policies and standardization of lab

#### Success Story

equipment to facilitate reagent procurement and equipment maintenance.

In 2009, with technical assistance from CDC and USAID partners, the ministry completed a Laboratory Strategic Plan (2009-2013) and Policy (to be validated in September 2012), followed by a standardized list of lab equipment, which SCMS uses in procuring all PEPFAR-supported lab equipment. To build country ownership and ensure uninterrupted lab services, equipment maintenance contracts previously managed by three international NGOs were moved to the DIEM starting in May 2011.

CDC in-country staff worked closely with the

See 'DIEM' on Page 2



DIEM Director  
Dr. Trabi

## New lab strengthens TB/HIV care, research

TB diagnosis and care are taking a giant step forward in Côte d'Ivoire with the opening of the country's first biosecurity Level 3 laboratory at the Pasteur Institute in Abidjan.

Constructed and equipped with CDC/PEPFAR funding, the laboratory was inaugurated Sept. 11 in conjunction with the celebration of Pasteur Institute's 40<sup>th</sup> anniversary, in a ceremony attended by the Grand Chancellor of Côte d'Ivoire; the ambassadors of the United States, France, and Guinea; representatives of the Ministry of Health and AIDS, Ministry of Higher Education and Research, and major Ivorian health facilities; and the director of CDC's International HIV Laboratory Branch.

Equipped with the latest technology for conventional bacteriology as well as molecular diagnosis, the new lab permits rapid TB diagnosis and detection of cases of multi-drug-resistant TB, and provides a platform for top-rank training and research.

Institute Pasteur de Côte d'Ivoire (IPCI) Director Prof. Mireille Dosso thanked the United States and other partners for "this high-performance tool, which will impact our research in a lasting way, in addition to allowing better care for patients." IPCI researchers and students will be able to do world-class work, she said, "and perhaps this will help limit the brain drain that has hindered the establishment of research teams working on the problems of our society."

TB is the leading killer of people living with HIV. About 25% of TB patients in Côte d'Ivoire are co-infected with TB. A 2006 study showed that 2.5% of never-treated TB patients had multi-drug-resistant strains of the infection.

PEPFAR support for TB/HIV care in Côte d'Ivoire, totaling more than \$23 million since 2004, also funded the recent renovation and upgrading of TB labs at CeDReS and the CAT (TB center) in Adjamé, in a strategy to strengthen and decentralize TB diagnostic capacities.

Pasteur Institute CI, established in 1972, is responsible for national integrated disease surveillance and

response and includes 20 national reference centers for microbiology testing (polio, hepatitis, meningitis, etc.). Its mission includes research, training, support of national health programs, and diagnostic services.

In 2010, Pasteur Institute won a five-year CDC/PEPFAR cooperative agreement designed to strengthen national laboratory systems and decentralize high-quality microbiology diagnostic services (including 15 regional laboratories and six sexually transmitted infection clinic labs) with an emphasis on



Pasteur Institute Director Prof. Mireille Dosso, right, with Grand Chancellor Henriette Dagry-Diabaté and U.S. Ambassador Phillip Carter at the opening of Côte d'Ivoire's first biosecurity Level 3 microbiology lab.

TB, STIs and other HIV/AIDS-related opportunistic infections. The award emphasizes the development of national strategy, policy, and guideline documents and includes operations research regarding a regional diagnostic platform to support effective patient care.

The new laboratory grew out of a 2008 technical assistance visit by CDC and the World Health Organization. Other collaborating partners supporting technical assistance, training, construction, and equipment include CDC's Projet Retro-CI, the American Society of Microbiology, the Elizabeth Glaser Pediatric AIDS Foundation, and the International Foundation for New Diagnostic Tools (FIND).



## New women's network, materials, wheels, logos ...

Côte d'Ivoire's long-awaited national network of women living with HIV/AIDS finally saw the light of day in September, pledging to fight for stronger leadership, achievement of Millennium Development Goals, and a better quality of life for HIV-positive women.

The Coalition of Organizations of Women Living with HIV of Côte d'Ivoire (COF-CI) unites seven local organizations (AMEPOUH, Blety, Femmes Actives, Chigata, Bayewa, CERAB Abengourou, CEBAS San Pedro) whose members include many of



Christine Gonhi

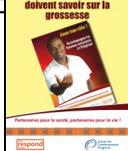
the country's PMTCT pioneers and leading activists for HIV care.

The new organization will promote and defend the rights of Ivorian women living with HIV, work for their involvement in decision-making, and carry their voices to national, regional, and international platforms, said COF-CI President Christine Gonhi, who is also president of AMEPOUH.

### Promoting Men as Partners



Efforts to engage more men in support of healthy pregnancies, HIV testing, and prevention of mother-to-child HIV transmission are advancing with the recent production of support materials by USAID/PEPFAR partner EngenderHealth, with assistance from JHU/CCP.



Promotional posters, explanatory brochures, and cards inviting men to join their partners in HIV

testing are being distributed to nine clinical sites in Abidjan and Bouaflé, as well as to community-based partners, Ministry of Education peer educators, and PSI's project targeting the uniformed services, after training in the Men as Partners approach.

### Cost of TB test drops 40%

PEPFAR, USAID, UNITAID, and the Bill & Melinda Gates Foundation have announced an agreement that will reduce by more than 40% the cost of a new, highly accurate, rapid diagnostic test for tuberculosis (TB) in 145 high-burden and developing countries.

Funds provided by this public-private partnership will reduce the cost of Xpert® MTB/RIF cartridges from \$16.86 to \$9.98, a price that will not increase until 2022. High unit cost had proven a barrier to widespread use of the GeneXpert molecular diagnostic system, which can detect TB disease in patients co-infected with HIV and resistance to the antibiotic rifampicin – a widely accepted indicator of the presence of multi-drug-resistant TB – in less than two hours. The system also can be used outside of conventional laboratories, even in rural areas, because it is self-contained and does not require specialized training.

Because TB is the leading cause of death among people living with HIV in Africa, greater access to this test offers a significant advance in the capacity to diagnose TB quickly and help reduce TB transmission, the development of TB disease, and premature TB deaths.

### Military health centers ready for action

Military health care centers received \$40,000 worth of computer and audiovisual equipment in August to help them resume HIV/AIDS prevention and care activities after the ravages of Côte d'Ivoire's 2011 civil war. The donation is part of CDC/PEPFAR partner Population Services International's project targeting the uniformed services and their families. The PSI



project has helped open 21 HIV testing and counseling centers and trained 97 health professionals in military health facilities, with added support from two mobile testing units for targeted outreach. Participants in the donation ceremony included, from left in the photo above, Dr. Marguerite Thiam, director of the Highly Vulnerable Populations Program of the Ministry of Health and AIDS; Brig. Gen. Kouamé Akissi, director of military health services; Paul Koffi Koffi, Minister Delegate to the President in charge of Defense; Dr. Nicolas Betsi, HIV coordinator for PSI; and PEPFAR Country Coordinator Jennifer Walsh.

### Wheels for social centers

A dozen government social centers received motorcycles from CDC/PEPFAR in July to help them coordinate local care and support activities for orphans and vulnerable children due to HIV/AIDS (OVC) and their families. The donation, valued at \$30,000, is part of PEPFAR support for strengthened government of Côte d'Ivoire leadership of the national HIV/AIDS response.

### New logos

Maybe you've noticed the new logo of the Côte d'Ivoire Ministry of Health and AIDS (at left)? And the new PEPFAR Côte d'Ivoire logo (see Page 1)?



## DIEM

Continued from Page 1

MSLS to put in place a national lab maintenance technical working group, led by the DIEM. In February 2012, the working group (known as GTTMAINLAB) developed a standardized maintenance contract, draft laboratory norms for each level of the health care infrastructure, management documents for lab equipment

preventive and curative maintenance, and two national databases for all lab equipment and maintenance interventions. One database stores information on equipment type, date of installation, serial number, and lab contact person, while the other contains information on companies, number and cost of preventive and curative interventions per year, type of breakage, and total cost per piece of equipment maintained per year.

Maintenance contracts signed in July 2012 with seven companies provide coverage for 257 pieces of equipments, including 15 on warranty, in 100 labs nationwide. The contracts are managed by DIEM staffers Christine Kouame and Thierry Pode, under the supervision of DIEM Director Dr. Denis Yrié Trabi and Deputy Director Victor N. Kassy.

These efforts mean significant savings for PEPFAR and the national HIV/AIDS program. In addition to reducing procurement costs for

standardized equipment and reagents, combining maintenance management under the DIEM is expected to reduce costs by about 30%, much of which will be invested in further building DIEM capacity.

"Building country ownership of a strong laboratory system and at the same time reducing costs is a win-win situation," said Dr. Christiane Adje-Touré, chief of the CDC / Projet Retro-CI Laboratory. "The leadership of the DIEM has been decisive in this process."

While management of lab equipment maintenance by DIEM has been successful in improving information and reducing costs, challenges have included the country's unstable electrical system and insufficient qualified staff in health districts to manage equipment breakage. Sustainability of the program ("And they tested happily ever after. ...") will depend on the ministry's capacity to incrementally allocate substantial funding for laboratory maintenance.

## 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. 20:** PEPFAR implementing partners, Dr. Christiane Adje-Touré, Ernest Koffi, Joan-Luis Njampo, Brian Howard

# 'Today I am respected'

From abuse to sex work to newfound dignity: A peer educator's story

**M**arried at age 14 but mistreated because she was childless, Fanta Koremou left her native Guinea to seek her fortune in western Côte d'Ivoire. What she found, in Duekoué, was a home with a jealous and violent partner.

"He terrorized me. I was imprisoned," she recalled. "I didn't have the right to go out, even to get my hair done – he made the hairdresser come to the house. ... He calculated the time I needed to go to the market, and if I returned late, he beat me."

Escape attempts failed, until she sought help from the police, after a beating that split her lip, and was finally able to separate from her partner.

A small business selling textiles was successful until the 2002 civil war cut off transport routes.

Broke and hungry, Fanta followed in the footsteps of a friend who seemed to be thriving in the commercial sex business around Gbapleu-Duékoué.

It was years later, during hard times and post-electoral violence in 2011, that a sex-worker colleague introduced Fanta to the IMPACT-CI HIV prevention and care project of CDC/PEPFAR partner Heartland Alliance, implemented in Guiglo by subpartner CAMES.

Heartland supports nine clinical and community sites and 15 subpartners implementing HIV prevention and care activities that in the past year served 19,231 commercial sex workers, their partners, and men who have sex with men.

"That day, a new life began for me," said Fanta, who became a peer educator and was trained to conduct rapid HIV testing among her colleagues. "Every morning, I leave for work. At the hospital, I educate my peers. ...

"When I'm in the lab, with my gloves and my coat, and just knowing that I'm being useful. ... I could never have imagined that one day I would enter a lab, take someone's blood. I've learned so many things. I know what's good for my



*Informatics, a hardware store, and the continued fight against HIV/AIDS are the future that peer educator Fanta Koremou sees for herself.*

health and what isn't. Today I know how to negotiate the use of a condom, and I'm even able to refuse clients. I've learned a lot about HIV. Before, in our métier, we didn't believe in it, and we were afraid. Now I know it's an illness, there are treatments, you can get married, you can have children. ...

"Thanks to the project, I have a bank account, and at the end of each month, I go to the bank like other workers to withdraw my money," said Fanta, who has started learning about computers and is dreaming of opening a hardware store.

"I'm respected by my peers and those around me. Patients at the hospital respect me, people who used to reject me respect me now. ... I have a family with the other peer educators. ...

"I was making more money before, but Heartland has given me the joy of living."

## Name that document!

Have you ever sent out the wrong version of a report? Spent valuable time figuring out which version of a work plan was revised and which version was approved? Or, in preparation for an audit, sorted through years' worth of documents titled "Report-final"?

What you need is a naming protocol – simple rules for how all documents should be named. A protocol will help you be more efficient in organizing, sharing, archiving, and (in case of an audit!) finding your documents.

Decide which information is needed and define its order. OGAC starts with the year, like this: 2012-07-09-COP Guidance Clarifications.

PEPFAR CI's protocol looks like this: Clearly Descriptive Title-Name of Author or Originating Entity-initials of person revising the document-Date in this format: 2april2012.

Define a protocol that works for you. A few hints:

- The title should be clear, concise, and informative. Choose words carefully. Do not use words such as "and," "the," etc. Put important information first. Indicate what kind of document it is (report, plan, concept paper, notes, draft, etc.). Is it a PEPFAR document? An MSLS document? Your own?

- Avoid WRITING IN ALL-CAPITAL WORDS. IT'S HARD TO READ.

- Do not use "Final." (If you want to indicate that a document is validated or approved, say "validated" or "approved.")

- Always include the date of the last revision. Define the format for the date. Use the name of the month, rather than the number. In our bi-cultural environment, does "3/8/2012" mean March 8 or August 3?

Anytime a document is modified, the document name should be changed to reflect the reviser's initials and the date of revision.

Apply your protocol to all documents – those you create or modify, even those you simply receive and archive. Your improved efficiency will serve us all.

**Do you have tips or tools that can help us all work more efficiently and effectively? Send them to [dezah@ci.cdc.gov](mailto:dezah@ci.cdc.gov). We'll publish the best ones in PEPtalk.**



## Tips & Tools

### Success Story

## Comings & Goings



**Cheryl Jane Sim**, new Deputy Chief of Mission



**Etien Koua**, new SI Branch Chief (interim), USAID/PEPFAR



**Emmanuel Bentuni**, new M&E adviser for USAID/PEPFAR

## In Memoriam



**Narcisse Degni**, a custodian foreman at CDC/PEPFAR, died July 5 after a lengthy illness. Mr. Degni, part of the CDC Côte d'Ivoire family since July 1995, is survived by his wife and five children.