

In Our Corner

'Year of Health' offers opportunity for change

Heralding hope for significant change, Côte d'Ivoire's new Minister of Health and AIDS has launched the nation's "Year of Health" with a scathing exposé of health-system weaknesses and a plan to begin to address them.

At a Feb. 1 kick-off, Prime Minister Daniel Kablan Duncan endorsed a "courageous and honest" acknowledgment by Minister of Health and AIDS Professor Raymonde Goudou Coffie that corruption and a lack of professionalism have led to a crisis in the national public health-care system. Goudou Coffie, who was appointed in December, announced a plan whose initial priorities will be restoring discipline and accountability to the system, improving emergency and maternal and child health services, and improving health-care infrastructure in Abidjan, with a longer-term vision to increase utilization of public health services, improve key health indicators, and ensure that a healthy population can contribute to ambitious economic growth goals.



New Minister of Health and AIDS Goudou Coffie

"The overall health-care situation in Côte d'Ivoire does not reflect our country's potential," Goudou Coffie said, citing a long list of concerns that included the sale of medicines and services for personal gain, high levels of absenteeism and poor service, 15 years of government under-investment, and an unregulated private health sector. "... There is a real rupture of confidence between our population and their health system."

The ministers noted that the government must take responsibility for urgently addressing human resources for health, governance, financing, and commodities management issues, while also noting the need for continued support by PEPFAR and other donors. Priority strategies will include increasing government expenditures for health to at least 10% of the national budget (currently less than 5%), partnering with and regulating the private health-care sectors, ensuring the functionality of health districts, and completing reform of the Central Medical Stores.

U.S. government officials welcomed the ministers' initiative as "a milestone" and an impetus for reforms needed to strengthen the health system and ensure a successful national HIV/AIDS response.

Vegetable gardens grow family futures

After losing her husband to HIV, Sanata Coulibaly married his younger brother, in accordance with tradition in her part of northwestern Côte d'Ivoire. But since her new husband already had a wife and children to support, Sanata found herself struggling to feed and care for her four children, ages 2-12.

"I had a little spot where I tried to grow food," the 34-year-old recalls. "I wore myself out, and the harvests were not only small but also of poor quality."

Her entry into USAID/PEPFAR partner Save the Children's project for orphans and vulnerable children (OVC) has not only helped her family with school kits, clothing, and regular visits that include advocacy for HIV testing, but has also given



Sanata shows her vegetable garden to Save the Children's Jonathan Dan.

Success Story

Sanata the tools to feed her children and grow a future. As part of a project that provided care and support for 18,201 children in FY 2012, Save has developed a partnership with the National Agency for Rural Development (ANADER) that teaches women to grow their own food.

With a 400-square-meter plot and tools and seeds from Save, Sanata has learned to grow beans, cabbages, zucchini, okra, eggplant, and carrots. ANADER agents provide training in

agricultural techniques and nutrition and make regular supervision visits. In total, 60 women are learning to provide a varied and nutrient-rich daily diet for their children, with plans to extend the project to 300 women this year.

"We now have 60 women who live from this activity, and who value it highly for their families," says Save the Children program officer Bernadette Clovi.

"We've discovered that the benefits go beyond nutrition – these women gain economic, social, and psychosocial benefits, as well as benefits for nutrition and health. It's an activity that by itself meets multiple needs."

"I've learned a lot and gotten advice that's helped me to increase my plot and grow beautiful vegetables in large quantities, to sell the surplus and eat the rest with my children," Sanata says. "With money from the sales, I can buy other food for my family. ..."

"My garden produces year-round, which means I don't have to worry anymore about feeding my kids. ..."

"The ANADER man told me that a child is like a plant – if it's not well cared for, it won't grow well and won't produce good fruit. That's a great inheritance that Save the Children has left me and my children."

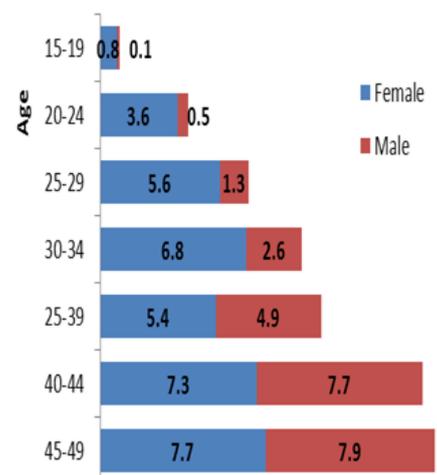
DHS+ shows HIV shifts in gender, age, geography

Côte d'Ivoire has technically validated findings of its first Demographic and Health Survey (DHS) in 12 years, which describes an HIV/AIDS epidemic that has changed in gender, age, and geographic distribution.

The country's long-delayed third DHS provides 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.

Preliminary analyses comparing national AIDS Indicator Survey (AIS) findings from 2005 with DHS 2012 data indicate that HIV prevalence among adults decreased from 4.7% to 3.7%, placing Côte d'Ivoire on a par with Nigeria as West Africa's highest-prevalence countries. Female HIV prevalence declined from 6.4% to 4.6%, still much higher than male HIV prevalence, which remained almost unchanged at 2.7%. Prevalence dropped

HIV prevalence by age and sex



See 'DHS+' on Page 3

Look your best on every page

Here at PEPFAR, we see a lot of reports, plans, presentations, documents. Some look attractive and professional.

OTHERS ARE UGLY AND DIFFICULT TO READ, LIKE THIS PARAGRAPH.

What makes the difference?

We don't have all the answers, but we do have a few tips for making sure that your documents make a good impression:

1. NEVER write in ALL-CAPITAL LETTERS. It's hard to read (see Paragraph No. 2 above), takes up space, and looks as if you're SHOUTING.

2. Don't justify your text (i.e. don't align the text on the right-hand side). It's hard to edit well and hard to read. Align your text only on the left.

3. Don't use unusual fonts. They're hard to read and look amateurish.

4. Use a single space between words. A text with two or three spaces between some words (see Paragraph No. 2 above), at random, looks sloppy. Before you finalize and send a document, do a search for double spaces, and replace them with single spaces. Do this twice.

5. Be consistent. Don't capitalize a word just because you think it's Important. Don't capitalize "prevention of mother-to-child transmission" just because it makes an acronym (PMTCT). In a name (proper noun), capitalize all major words, not just some of them. (Bad: National HIV/AIDS Care and treatment Program.)

6. Use an informative, consistent naming protocol for your documents.

Apply these rules to all your documents – presentations, reports, letters, emails. ...

Your organization will look more professional. Donors will be impressed.

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



Tips & Tools

Women's Day, stigma in the military ...

International Women's Day (March 21) brought national leaders and activists to Côte d'Ivoire's far Northwest to highlight efforts to protect women and girls against gender-based violence (GBV) and ensure their full participation in national reconciliation, development, and the fight against HIV/AIDS.

Under the theme of "Men and Women Together for a New and Reconciled Côte d'Ivoire," the Ministry of Solidarity, Family, Women and Children (MSFFE) organized the national observance in Touba in view of the region's high rates of GBV, the resilience of its largely rural female population, and the recent election

of a woman from the area as first vice president of the National Assembly. Besides participating in a parade and speeches headlined by Minister Anne-Désirée Ouloto, PEPFAR worked with the ministry to provide communications materials and conduct an open house at the Touba Social Center.

The ministry and the national coalition of organizations of HIV-positive women (COF+CI) also sponsored conferences on GBV, women's empowerment, and shared responsibility among men and women for the national response to HIV/AIDS.

Stigma-reduction maneuvers

Fifty Ministry of Defense (MoD) personnel were trained in techniques to reduce HIV-related stigma during a workshop sponsored by the U.S. Department of Defense/PEPFAR in January.

MoD unit chiefs, army corps



International Women's Day highlighted protection and participation.

commanders, and community-based HIV program staff learned to understand, recognize, and fight stigma in the military context.

They also contributed to an action plan for stigma reduction and to recommendations to strengthen the MoD's HIV policy.

ITPC registers Abidjan hub

The International Treatment Preparedness Coalition (ITPC), a worldwide social movement of people living with HIV/AIDS and their allies, in February established an office hub in Abidjan to support a regional network of activists in West Africa.

Under Regional Coordinator Sylvere Bukiki, ITPC-Western Africa will work to support stronger, more accountable community governance, financial transparency, and more effective development of financial resources.

Formerly known as the Western Africa Treatment Access Group (WATAG), ITPC-WA was founded in 2008 and through a community-driven grant-making process has distributed more than 70 grants totaling nearly \$900,000 to groups in 15 countries.

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Option B+ scores an A

Malawi has increased the number of HIV-positive pregnant women on antiretroviral treatment (ART) by 763% over the past 18 months by implementing PMTCT Option B+, with retention rates comparable to those among other adults, researchers reported

at the 20th Conference on Retroviruses and Opportunistic Infections and Opportunistic Infections in Atlanta. Under Option B+, all HIV-infected pregnant or breastfeeding women are started on ART for life regardless of CD4 count or disease stage.

Côte d'Ivoire is planning an Option B+ pilot but is currently implementing Option B, under which HIV-positive pregnant women receive a limited course of ARVs to prevent HIV transmission to their babies but only a fraction of them are considered eligible for lifelong ART based on CD4 count or disease stage.

Malawi's Ministry of Health decided that without Option B+, a lack of resources – limited access to CD4 count testing and a shortage of health-care workers – would hinder scale-up of PMTCT services and elimination of mother-to-child transmission.

One issue of concern during Option B+ implementation, requiring further research, was the high proportion of women who began ART during the breastfeeding period, rather than – as recommended – before delivery.

Yes, we CAN

The African Cup of Nations (CAN) was once again an occasion for mass-media and community activities promoting HIV prevention and testing.

In conjunction with a TV, radio, and billboard campaign featuring Ivoirian soccer

stars Yaya Toure, Alain Gouaméné, and Arouna Kone as role models, USAID/PEPFAR partner JHU.CCP and local sub-partners showed soccer matches on giant outdoor TV screens, conducted small-group HIV prevention outreach to 1,739 people, and provided HIV testing and counseling for 395 men and boys and 391 women and girls, among whom 16 women and two men tested positive.



In Memoriam

Eben Djabatey Kpabite, a driver and custodian for CDC since May 1999, died Jan. 17. He was 54.

Well-known as a pastor and community leader, Mr. Kpabite is survived by his wife and six children.

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.

Contributors to No. 22:

PEPFAR implementing partners, Dr. Claude Bandama, Irene M'Bahia, Etien Koua, Ernest Koffi, Joan-Luis Njampo, Brian Howard

LEEPing for joy

New treatment option saves HIV-positive women from cervical cancer

Arriving for her annual exam at Treichville Teaching Hospital (CHUT) in Abidjan, Mariam Cissé did not expect to receive news that would cause her to fear for her life. A year earlier, Mariam, an HIV-positive mother of three, had been screened for cervical cancer using a technique called visual inspection with acetic acid, or VIA. The



Mariam Cissé, right, is all smiles after good news from Dr. Annick Zahui Ori.

doctor had found no abnormalities, and Mariam had gone back to caring for her family and working as a merchant near Abidjan.

It was a shock when Mariam returned for her routine visit a year later to find that a large lesion had formed on her cervix – too large to be treated with cryotherapy. Mariam became even more frightened when a PAP smear confirmed a malignant abnormality on her cervix. Doctors advised her to consider a radical hysterectomy – a \$1,400 procedure, impossible for a woman who spent all her earnings from one day to the next.

Devastated, Mariam wondered what to do. Her anguish grew with each passing day until Mariam received a call from a midwife from CHUT, who explained to her that an outpatient treatment for cervical lesions that were too large for cryotherapy, called loop electrical excision procedure, or LEEP, was available and free.

With funding from CDC/PEPFAR, JHPIEGO

began partnering with the National HIV/AIDS Care and Treatment Program (PNPEC) in 2009 to introduce cervical cancer prevention with VIA and treatment with cryotherapy for HIV-positive women in Côte d'Ivoire. Twenty sites in major cities throughout the country now offer cervical cancer screening and treatment services by 98 trained providers.

In March 2012, two referral sites in Abidjan and Bouaké were upgraded and began offering LEEP for treatment of large lesions.

As of September 2012, 7,343 HIV-positive women had been screened with VIA, among whom 365 with small lesions were treated with cryotherapy while 64 women with larger, precancerous lesions benefited from LEEP.

Armed with this new information about options available to her, Mariam underwent the LEEP procedure at the CHUT. Asked how she felt, Mariam smiled as she began to cry.

"Relieved," she said. "I am truly free."

Success Story

Prevention costing an exercise in building national capacity

Given the growing importance of doing more with less, of effectively targeting key populations, and of building country capacity and ownership, a simple question – "How much does it cost?" – can turn into a demonstration project.

Responding to a need for Côte d'Ivoire-specific key populations costing data for stakeholders active in HIV prevention, USAID/PEPFAR partner Health Policy Project (HPP) designed an approach to conduct a key populations costing study while building the capacity of key government staff in costing methodologies so that they are able to conduct similar costing activities without ongoing external assistance.

Led by Futures Group, HPP employed a participatory and practical approach using direct technical assistance, targeted trainings, and on-site support. A team of 11 stakeholders from the government of Côte d'Ivoire and PEPFAR was identified to serve as local investigators for the study. This technical working group, led by Dr. Marguerite Thiam-Niangoin, director of the Ministry of Health and AIDS' Key Populations Program, was actively involved in all study activities, from conception of the study to collecting and analyzing the data.

"Rarely has a partner empowered and involved us to this degree in an activity of operations research," Thiam says. "My program has truly been strengthened. ... There was a real ownership by the government and a deep respect and consideration for the technical working group throughout this work."

As part of this process, HPP organized and led four capacity-building workshops for the technical working group. A protocol development workshop provided the basics of HIV/AIDS costing and used pedagogical and interactive sessions to make methodological decisions for the study. The second workshop focused on data collection, with participants familiarizing themselves with study tools, practicing data collection techniques, and learning how to pilot tools in the field. During the third workshop, aimed at skills transfer in data analysis, the working group participated in hands-on practical sessions to clean, format, and analyze costing data.

HPP and the working group presented preliminary results to key stakeholders and drafted the final report, followed by a data dissemination workshop focusing on using results for evidence-based planning and decision-making.

DHS+

Continued from Page 1

dramatically among women ages 30-34 (from 14.9% to 6.8%) and increased significantly among older men (from 5.9% to 7.8% among ages 40-49, reaching 9% among ages 50-59). While the gender gap remained huge among ages 15-29, prevalence rates show little difference between women and men above age 35. Women are the HIV-positive partner in 50% of serodiscordant couples now, down from about 67% in 2005.

Adult prevalence remains lower among more educated women and marginally higher among adults in the highest wealth quintile. Both HIV-1 and HIV-2 remain prevalent. Geographically, HIV prevalence remains highest

(5.1%) in Abidjan and high (4.3%) in the Southwest, but other higher-prevalence zones have shifted to the Center-North (4.4%) and the West (3.6%), where civil and ethnic conflict displaced populations, disrupted social networks, and increased rates of gender-based violence (GBV). Prevalence also increased notably from 1.7% to 2.3% in the Northwest.

The study was conducted with financial and technical assistance from USAID/PEPFAR partner ICF Macro, the Ivorian government, UNICEF, and the World Bank. With questions ranging from water quality to female genital mutilation, it combines traditional demographic and health questions with indicators on HIV, malaria, and the situation of children and women. HIV tests for 8,560 men and women were performed by CDC/Retro-CI Lab, with quality control by the Pasteur Institute of Côte d'Ivoire.

The full report is expected by June 2013. PEPFAR is planning to support further data verification and secondary analyses.

HIV prevalence by region, 2005 vs. 2012

