



**Elizabeth Glaser
Pediatric AIDS
Foundation**

Until no child has AIDS.

Côte d'Ivoire Annual Report 2017



As of January 2018,

EGPAF-Côte d'Ivoire has:

Reached over two million women with prevention of mother-to-child transmission (PMTCT) services

Started nearly 67,000 HIV-positive women on antiretroviral treatment (ART)

Averted nearly 13,000 HIV infections through PMTCT programming

Saved an estimated 8,760 lives through provision of ART

Provided 34,040 individuals with ART, including 1,572 children

Increased viral load test performance from 29% to 43% among of those on ART

Increased viral suppression from 72% to 77% among patients monitored through viral load testing

Reached 24,777 people with HIV and sexually transmitted infection (STI) prevention messages

Provided care and support for 35,566 orphans and vulnerable children (OVC) and families

Performed HIV PCR tests via POC to 871 exposed infants

Message From the Country Director



This year marks 13 years of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Côte d'Ivoire. Our greatest achievements this year included launch of both the Djasso (April 1, 2017-March 31, 2022) and Keneya Dougou (April 1, 2017-March 31, 2022) projects. Funded by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. President's Plan for Emergency AIDS Relief (PEPFAR), these two projects will carry on the successes under Djidja and Keneya and are implemented in nine regions and 22 health districts of Côte d'Ivoire. Keneya Dougou and Djasso aim to increase, and continuously improve, the quality of HIV/AIDS prevention, care, and treatment services in both clinical and community settings by optimizing clinic capacity in high-prevalence districts. These projects target priority populations such as adolescents, men ages 50 and over, and OVC. They also strengthen national capacity to maintain achievements for control of the epidemic by 2020.

Additionally, EGPAF-Côte d'Ivoire successfully began the groundbreaking Unitaaid-funded Catalyzing Pediatric Tuberculosis Innovation (CaP-TB) project, the goal of which is to create accessibility of newer TB diagnostics and treatment options for latent and active TB among children.

EGPAF will continue to work closely with the government of Côte d'Ivoire and civil society organizations to accelerate efforts to meet the needs of the people of Côte d'Ivoire. We remain confident that strong leadership, constant commitment, and rigorous guidance from the Ministry of Health and Public Hygiene (MSHP) and other stakeholders is key to achieve accessible prevention, care, and treatment services among the population of this country.

The results presented in this annual activity report underscore our enthusiasm to continue to strengthen our partnerships and create a generation without AIDS.

This is our mission.

Joseph Essombo, MD, MSc

Country Director | Elizabeth Glaser Pediatric AIDS Foundation-Côte d'Ivoire

EGPAF in Côte d'Ivoire

In 2004, EGPAF began supporting HIV and AIDS care and treatment programs in Côte d'Ivoire and added PMTCT services in 2005. EGPAF-Côte d'Ivoire is working to end the country's HIV epidemic by increasing access to comprehensive, high quality, and well-integrated HIV prevention, care, and treatment services for women, children, and families. These efforts have resulted in continuous improvement in the quality of care and services offered to the population through the provision of differentiated service delivery models, the introduction of innovative technologies such as point-of-care (POC) early infant diagnosis (EID), and strengthening of linkages between clinical and community services.

As of December 2017, EGPAF-Côte d'Ivoire was supporting activities within nine regions and 22 districts in Côte d'Ivoire with funding from PEPFAR, CDC, and Unitaid.



All photos: Eric Bond/EGPAF, 2016

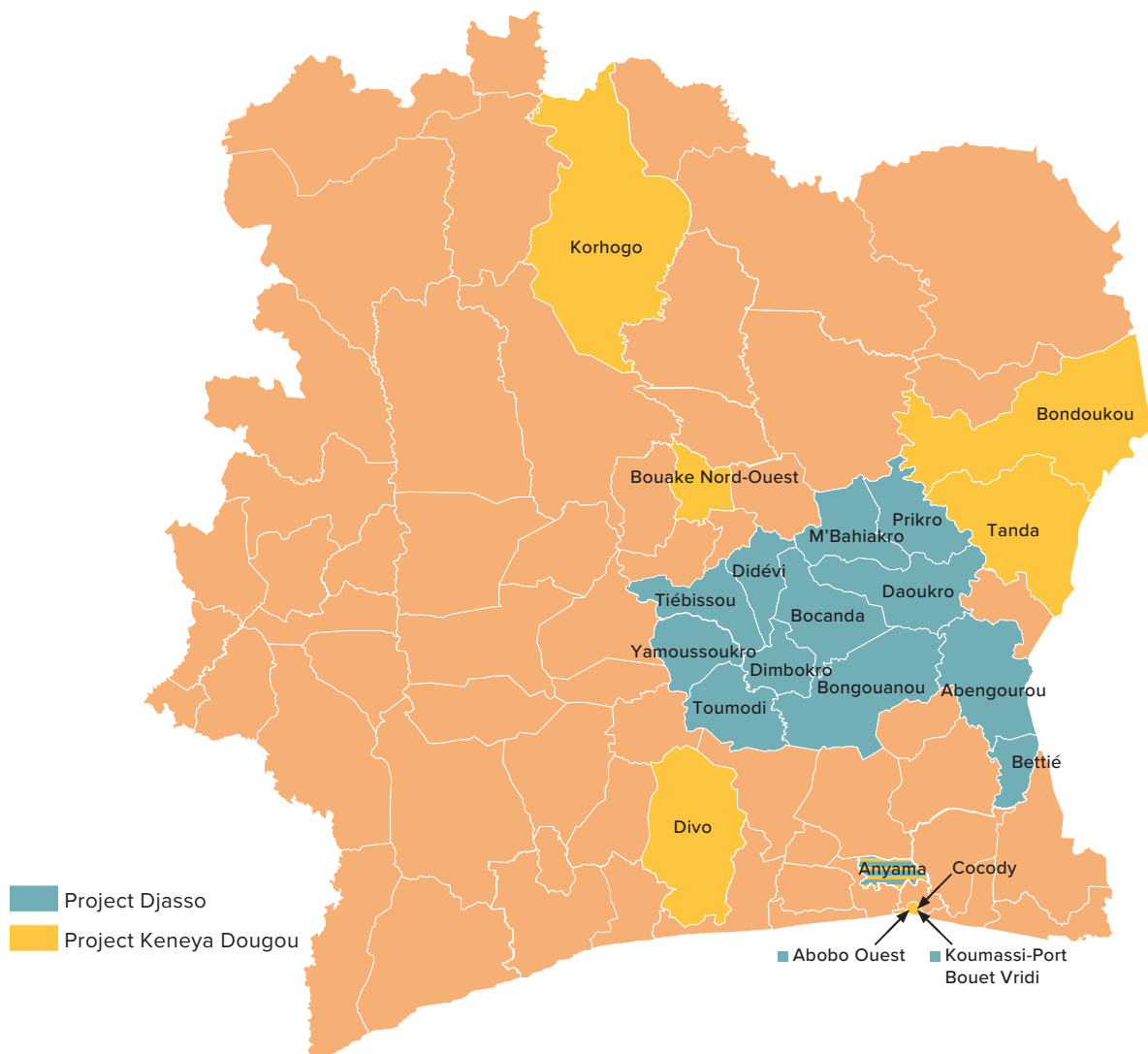


FIGURE 1. Map of Djidja, Keneya, and Unitaïd project coverage, 2017

PROJECT DJIDJA/DJASSO

In March 2017, EGPAF-Côte d'Ivoire closed-out Project Djidja. The follow-on project, Djasso, began on April 1, 2017. Djasso's objective is to provide uninterrupted support, enabling health sites to deliver high-quality services ranging from case finding to linkage to treatment and sustained viral suppression. In 2017, Djasso was implemented in four regions and 16 districts and supported 190 health facilities in delivering HIV prevention, care and treatment services to patients.

Project Djasso successfully increased patient retention at 12 months post-ART initiation (an area of needed progress prioritized by the national HIV/AIDS program), from 88% in 2016 to 91% in 2017. To enhance retention of patients on ART, EGPAF-Côte d'Ivoire applied two strategies: the structured monitoring of the care and support offer (CAR) and the Active Cohort Monitoring (SAC). These coupled with the Ministry of Health and Public Hygiene (MHPH) adoption of the World Health Organization's 2015 Treatment for All guidelines enabled further progress toward 90-90-90 goals.

Project Djasso's 2017 Accomplishments:

- Enrolled on ART 99% of 3,577 HIV-positive pregnant women identified; including 1,703 newly identified in 2017
- Tested 2,952 HIV-exposed infants before two months of age, linking 89 HIV-infected infants to early treatment
- Identified 10,762 HIV-positive individuals out of 502,096 adults and children tested (2.1% yield)
- Enrolled 11,670 patients on ART
- Achieved 91% retention among individuals enrolled on ART
- Increased viral load test performance from 29% to 43% among of those on ART
- Increased viral suppression from 72% to 77% among patients monitored through viral load testing

Project Djasso Key Strategies:

- Provide technical assistance to sites through five strategic regional technical outposts (including two in Abidjan and three in the health regions of Bélier [Yamoussoukro], N ZI-IFFOU [Dimbokro], and Indénié-Djuablin [Abengourou]);
- Implement CAR strategies to improve identification of HIV and improve retention in care;
- Use SAFE (Active Monitoring of the mother-baby pair) strategies to retain women in PMTCT and track HIV-exposed children for early infant HIV diagnosis; and
- Introduce point-of-care (POC) EID testing posts to reduce result turnaround time from sample collection to enrollment in treatment.







PROJET KENeya DOUGOU

Project Keneya Dougou, a five-year follow on to the Keneya project, aims to strengthen the technical and organizational capacity of health districts, sites, social centers, and community-based organizations to manage HIV prevention, care, and treatment service delivery in five regions across northern, eastern, and southern Côte d'Ivoire. The project is implemented in seven health districts, including two districts where Project Keneya was previously working (Northwest Bouake and Korhogo), and five new regions (Divo, Cocody-Bingerville, Anyama, Bondoukou, Tanda). Keneya-Dougou supports 11 local organizations to provide HIV testing and counseling, HIV and STI prevention, care and support for people living with HIV, and care and support for OVC and their families.

Keneya Dougou's 2017 Accomplishments:

- Diagnosed 1,250 people with HIV and initiated 1,198 on ART;
- Provided care to 20,118 OVC and 13,383 adults;
- Sensitized 37,847 priority populations, including adolescent girls and young women, adult men over age 25, and mobile populations on messages promoting safer sex practices;
- Instituted 15 new village savings and loan associations to ensure the economic reinforcement of 304 households; and
- Trained 107 community health workers on various topics, including counseling, skills for sexual risk reduction, positive health dignity, and HIV prevention.

CATALYZING EXPANDED ACCESS TO EARLY TESTING, CARE AND TREATMENT AMONG HIV-EXPOSED INFANTS (POC EID PROJECT)

In collaboration with Unitaïd and other stakeholders, EGPAF developed a flexible and country-driven approach to ensure successful implementation of a complex and ambitious project to expand access to EID and treatment for HIV-infected infants. This four-year project was officially launched in May 2017 by the First Lady of Côte d'Ivoire, Mrs. Dominique Ouattara, in collaboration with the Joint United Nations Programme on HIV and AIDS. It aims to increase the number of known HIV-infected infants in order to facilitate early ART initiation through the strategic placement of POC EID technology at health facilities.

Through this project, EGPAF-Côte d'Ivoire was able to increase the number and percentage of infants and caregivers receiving HIV test results; decrease turnaround time from sample collection to treatment initiation from 61 days to 0 days and increase the number of children on life-saving treatment.

POC EID Project 2017 Accomplishments:

- Enrollment of 18 project sites: five hub testing sites and 13 spoke sites in three health districts (Marcory Treichville, Koumassi Port Bouet Vridi, Abobo West) of the Abidjan health region;
- Implementation of a blood sample transportation system between hub (platform-based) and spoke (smaller health outposts) sites; and
- Installation of SMS printers/text printer equipment within the spoke sites to ensure result of the PCR test performed by the POC was available immediately at the site.

TABLE 1: POC EID results in access among a greater number of infants, more infants/caregivers receiving their results, and a faster route to treatment

	Pre-intervention data (conventional, PCR DBS) 31/08/15 to 15/09/16 N=10 sites n=318 infants tested	Post-intervention data (POC EID) 01/03/17 to 31/12/17 N=13 sites n=848 infants tested
Percent of results returned to caregiver (P2)	70,8% (255/318)	99,8% (846/848)
Median turnaround time from blood sample collection to caregiver receipt of results (P3)	89 days (range: 15-359 days)	0 day (range: 0 day; 1 day)
Median turnaround time from receipt of results to initiation on treatment (G2)	0 days (range 0-60 days)	1 days (range: 0-83 days)
Percent of newly identified HIV-infected infants initiated on treatment (G1)	100% (5/5)	93% (26/28)
Median turnaround time from blood sample collection to ART initiation for infants identified as HIV-infected	61 days (range:0-213 days)	1 days (range:0-83 days)

PROJECT DELIVERING TECHNICAL ASSISTANCE (DELTA): EXTENSION FOR COMMUNITY HEALTH CARE OUTCOMES (ECHO) INITIATIVE

The ECHO training initiative, which aims to capacitate health care providers to deliver high quality HIV care, was officially launched in Côte d'Ivoire in 2017. The project's objective is to facilitate the development of local expertise by linking the least experienced providers to subject matter experts in a mentoring relationship to promote best practices and learning based on case studies. The ECHO project offers virtual training and mentoring opportunities to a network of care providers (including doctors, nurses, midwives, social workers, etc.) to strengthen their skills and abilities to provide quality ART care and treatment and support services to the population of Côte d'Ivoire.

ECHO's 2017 Accomplishments

- Conducted a situational analysis at 10 pre-selected sites and retained six sites (HG Port- Bouët, CHR Yamoussoukro, Abengourou CHR, HG Daoukro, CHR Daloa, CHR San-Pedro) for the pilot phase;
- Initiated a project steering committee composed of MSHP and EGPAF- Côte d'Ivoire staff; and
- Began introductory sessions.



Country Program Highlights

By end of 2017, EGPAF-Côte d'Ivoire had supported the provision of PMTCT services at 152 health facilities, early testing, care, and treatment among HIV-exposed infants at 13 sites, as well as the provision of HIV care and treatment services at 106 health facilities across Côte d'Ivoire.

As of December 31, 2017, EGPAF-Côte d'Ivoire had achieved the following:



Tested **96,648** pregnant women for HIV, of whom **2,420** were identified as HIV-positive



Provided PMTCT services to **98,476** pregnant women



Enrolled **9,876** newly identified HIV-positive individuals, including **613** children, in HIV care and treatment programs



Provided **34,040** individuals with ART, including **1,572** children

Increased viral load test performance from **29%** to **43%** among of those on ART

Increased viral suppression from **72%** to **77%** among patients monitored through viral load testing



Provided access to care and support for **35,566** OVC and families



Reached **24,777** people with HIV and STI prevention messages

Story of Hope

Partner Disclosure

Yvonne is a timid young woman who is married to Patrice. She always looked forward to starting a family. After becoming pregnant, Yvonne was diagnosed with HIV during her first visit to the health clinic through services supported by EGPAF-Côte d'Ivoire and provided by a community health worker, Suzanne. Yvonne was frightened; Suzanne's words did not resonate with her and Yvonne did not take her medication regularly or disclose her HIV status to her husband. She was scared if he learned the truth he would leave her, or that his family would disown her.

At delivery, her child had serious health complications and died eight weeks later. Her hope for a happy and healthy family diminished and questions filled her: What was this virus? Why her? Why now? Her grief affected her marriage, as she spent days crying with little energy for anything else in life.

Months passed and in 2017, Yvonne became pregnant with her second child. Suzanne recognizing her patient in the clinic again, began to provide exhaustive counseling and conducted home visits to try to understand the situation. For her health and the health of her child, Suzanne advised Yvonne to take her medicine, respect her appointments, and disclose her status to her husband. Suzanne asked Yvonne bring her husband in for partner HIV testing services; a program activity scaled-up by EGPAF-Côte d'Ivoire.

Yvonne's husband agreed to come to the clinic with his wife and meet with Suzanne. He recognized her from the home visits and felt comfortable speaking with her. He told her that he knew that his wife was taking some medicine and that she was hiding them. Suzanne, who had previously counselled Yvonne on how to tell Patrice, left to give them some privacy in her office.

When she returned after half an hour, Patrice announced to Suzanne that he loved his wife and was ready to do anything possible to keep her and the child she was carrying safe. It was a relief for both Yvonne and Suzanne. Patrice asked several questions about the side effects of the medication and the risk factors. Suzanne felt at ease and made herself available to the couple, providing counseling and support to them.

Several months later, Yvonne gave birth to a healthy baby boy. During a recent home visit, Suzanne was able to test the boy and also extended family members for HIV. The results were negative and they will be retested in three months. Thanks to the dedication of the health care workers and services provided by EGPAF-Côte d'Ivoire, Yvonne and Patrice can look forward to a long healthy life for their new son and a happy future for their family.

Author: Jacqueline Dreesen



Financial Overview

In 2017, EGPAF-Côte d'Ivoire's expenses decreased over 4% from 2016 (Figure 2).

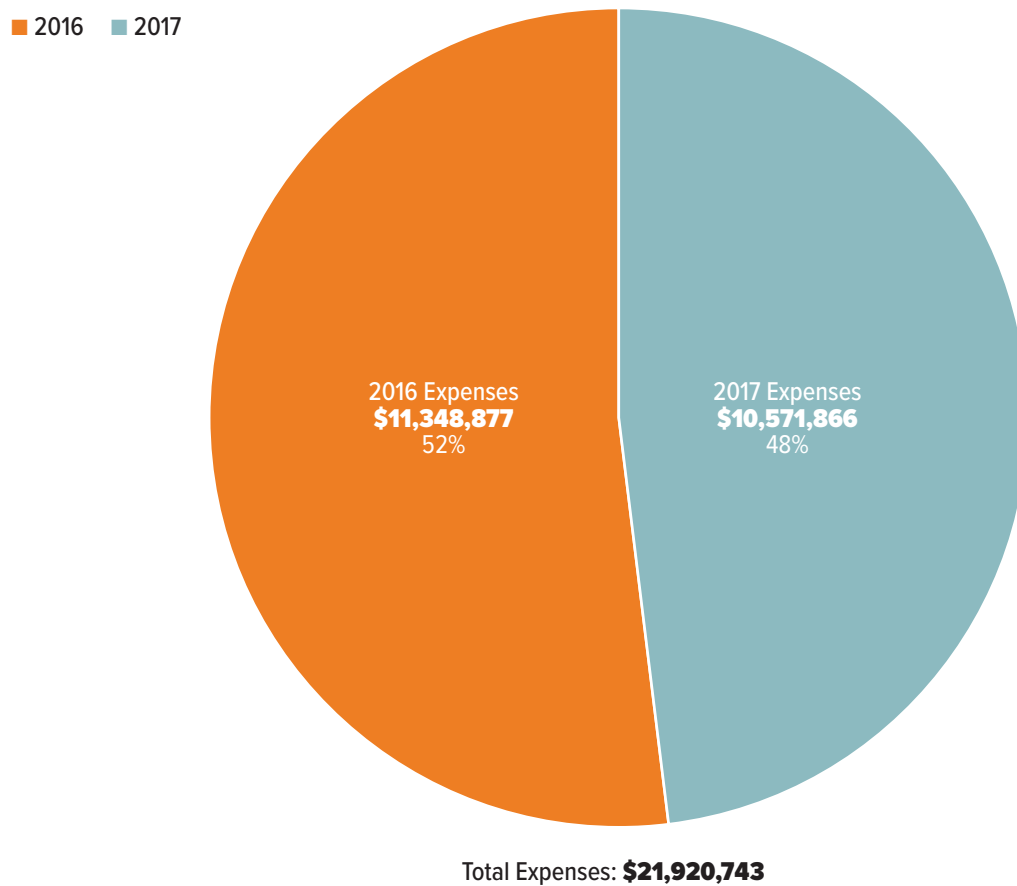


FIGURE 2: EGPAF CDI Expenses 2016 VS 2017

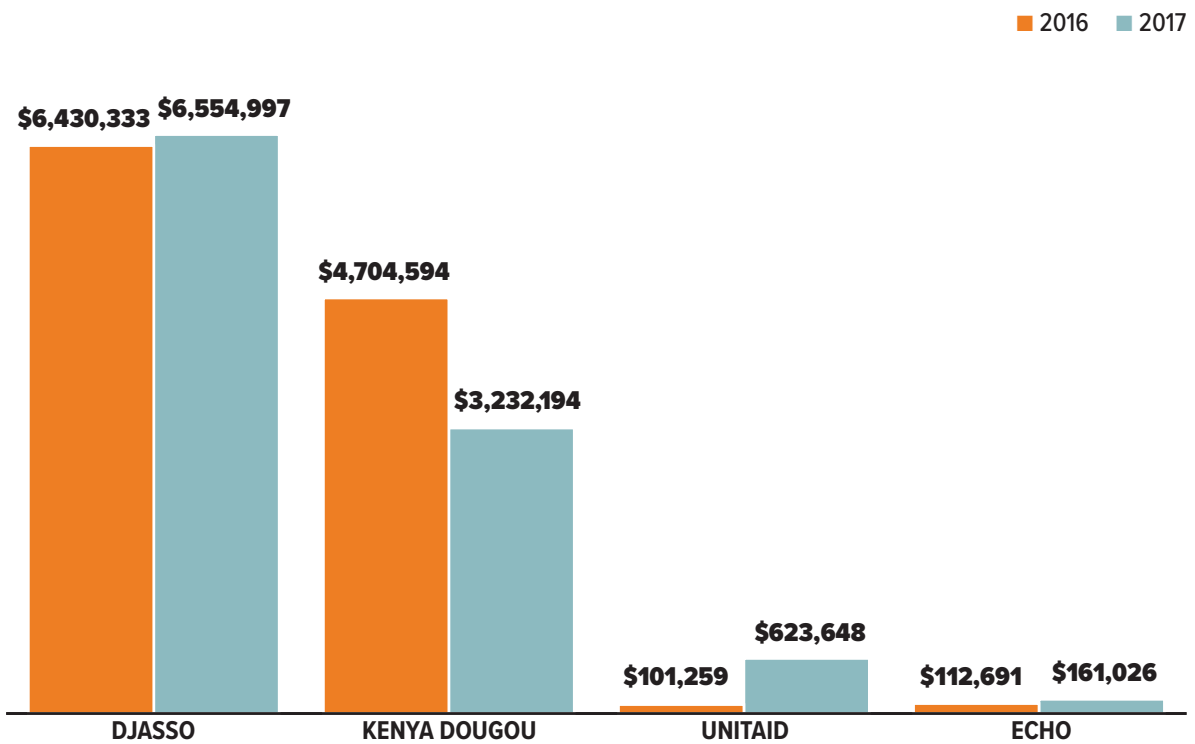


FIGURE 3: EGPAF-Côte d'Ivoire 2017 spending by project (Djidja, Keneya, DELTA, and Unitaïd POC EID)

Our Funders and Partners

- *Agence Ivoirienne de Marketing Social* (AIMAS)
- *Association des Jeunes Patriotes pour la Santé et le Développement* (AJPSD)
- Bouaké Eveil
- Caritas Diocese of Korhogo
- CDC Retrovirus Côte d'Ivoire (Retro-CI)
- Centers for Disease Control and Prevention (CDC)
- *Centre de diagnostic et de recherche sur le SIDA et les autres maladies infectieuses* – Diagnostic and Research Center on AIDS and Other Infectious Diseases (CeDRoS)
- *Centre Solidarité Action Sociale* (Centre SAS)
- *Femmes Actives*
- FHI 360
- *Fondation Ariel pour la Lutte contre le SIDA Pédiatrique*
- Health Alliance International (HAI)
- *Institut de Médecine et d'Epidémiologie Appliquée* – Institute of Medicine and Applied Epidemiology (IMEA)
- *Institut National de Formation Sociale* – National Institute for the Training of Social Workers (INFS)
- Johns Hopkins University Center for Communication Programs (JHU CCP)
- Joint United Nations Program on HIV/AIDS (UNAIDS)
- *Ministère de l'Education* – Ministry of Education (MEN)
- *Ministère de l'Emploi et de la Protection Sociale* – Ministry of Employment and Social Protection (MEPS)
- *Ministère de la Femme, de la Famille et de l'Enfant* – Ministry of the Women, the Family, and Child Protection (MFFE)
- *Ministère de la Santé et de l'Hygiène Publique* – Ministry of Health and Public Hygiene (MSHP)
- *Notre Terre Nourricière* (NTN) Boundiali
- *Nouvelle Pharmacie de la Santé Publique* – National Public Health Pharmacy (NPSP)
- *Programme National de Nutrition* – National Nutrition Program (PNN)



- *Programme National de Lutte contre le Sida – National AIDS Control Program (PNLS)*
- *Programme National de Lutte contre la Tuberculose – National Tuberculosis Control Program (PNLT)*
- *Programme National de prise en charge des Orphélins et autres Enfants rendus vulnérables du fait du VIH – National Program for Orphans and Vulnerable Children (PNOEV)*
- *Programme National de Lutte contre le Sida (PNLS)*
- *Population Services International (PSI)*
- *President's Emergency Plan for AIDS Relief (PEPFAR)*
- *Centre Régional d'Evaluation en Education, Environnement, Santé et d'Accréditation en Afrique – Regional Center of Evaluation in Education, Environment, Health, and Accreditation (CRESAC)*
- *Ruban Rouge Abengourou*
- *Santé Espoir Vie Côte d'Ivoire (SEV-CI)*
- *Save the Children*
- *Solidarité Béoumi*
- *Unitaid*
- *United Nations Children's Fund (UNICEF)*
- *United Nations Population Fund (UNFPA)*
- *Université de Bourdeaux Institut de Santé Publique, Epidémiologie et de Développement – Institute of Public Health, Epidemiology, and Development (ISPED)*
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