



**Elizabeth Glaser
Pediatric AIDS
Foundation**

Until no child has AIDS.

Côte d'Ivoire Annual Report 2018



In 2018,

EGPAF-Côte d'Ivoire:

Reached 105,890 pregnant women with PMTCT services, 2,642 of whom were identified as HIV-positive

Tested over 105,454 pregnant women, including 1,103 newly identified as HIV-positive

Enrolled 9,998 newly identified HIV-positive individuals—including 124 children—in HIV care and treatment programs

Provided antiretroviral therapy (ART) services to 45,194 individuals, including 2,006 children

Provided access to care and support services for 57,774 orphans and vulnerable children (OVCs) and their families

Achieved viral load (VL) suppression rate of 76%

Reached 30,276 persons with HIV and sexual prevention messages

Message From the Country Director

In 2018, the Elizabeth Glaser Pediatric AIDS Foundation in Côte d'Ivoire (EGPAF-CDI) faced formidable challenges. These hurdles were met with clinical, community-based and innovative solutions, which moved the nation closer to achieving HIV elimination targets.

To begin, it must be noted that EGPAF-CDI continued implementation of two projects, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC). Of the duo, Project Djasso focuses on clinical support, while Keneya Dougou focuses on work with communities.

These projects skillfully complemented each other. Djasso adopted key strategies to maximize the identification, initiation, and retention of people living with HIV (PLHIV) on care and treatment, in order to achieve viral suppression. For its part, Keneya Dougou launched the "DREAMS-like initiative¹," which aims to reduce adolescents' vulnerability to HIV infection in the district of Cocody-Bingerville. As of December 2018, a total of 105,890 pregnant women benefited from EGPAF-supported HIV prevention of mother-to-child transmission (PMTCT) services under project Djasso, while project Keneya Dougou provided access to care and support services for 57,774 orphans and vulnerable children (OVCs) and their families.

EGPAF-CDI also continued application of the Unitaid-funded point-of-care early infant diagnosis (POC EID) project. This initiative ensures that a greater number of HIV-exposed infants are identified and, if found to be HIV-positive, rapidly linked to treatment. The POC EID project is now in its final year of execution and boasts strong programmatic achievements. The Ministry of Health and Public Hygiene (MSHP) has successfully validated the project transition plan, to ensure country ownership and sustained gains of POC EID activities. EGPAF-CDI will continue to focus on another innovative Unitaid-funded undertaking: the Catalyzing Pediatric Tuberculosis Innovation (CaP TB) project. CaP TB aims to improve accessibility of TB screening, diagnostics, and treatment options for active and latent TB among children.

Moreover, EGPAF-CDI continues to expand capacity-building opportunities, through a CDC-funded initiative Delivering Technical Assistance (DELTA) mechanism, known as the Extension for Community Healthcare Outcomes (ECHO) project. ECHO maintains a close, collaboration with the National Institute of Public Health (INSP) to provide case-study-based learning opportunities to strengthen and expand the capacity of local health providers.

Also in 2018, the EGPAF-CDI research portfolio expanded; we successfully conducted and completed three major research studies, which contributed to a global body of evidence toward achieving HIV elimination. Thus, we are now positioned as key implementing research partner for CDC-Côte d'Ivoire.

In 2019, EGPAF-CDI is committed to intensifying both clinical and community strategies to improve identification of HIV positive individuals, strengthening index testing approaches and optimizing enrollment in care for persons living with HIV (PLHIV), to ensure viral suppression. We will also capitalize on our current methodologies to enhance data quality for appropriate programmatic action. Under the leadership and guidance of the MSHP—and with funding from CDC/PEPFAR and Unitaid—EGPAF is happy to continue supporting HIV and AIDS prevention, care and treatment programs for women, children and families in Côte d'Ivoire.

With warm regards,

Joseph Essombo, MD, MSc

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

¹ The DREAMS (Determined, Resilient, Empowered, AIDS-free Mentored, and Safe) partnership was developed in March 2015 and upon PEPFAR teams' request and guidance, EGPAF in Côte d'Ivoire administers DREAMS activities at a smaller scale. Similar to the DREAMS, the "DREAMS-like" initiative delivers a core package of services defined by the national working group, which include three types of services 1) primary services required for all AGYW (Violence prevention/ sexual education at school or in the community, social assets, psychosocial support, socio-economic strengthening); 2) secondary services offered based on the needs (Educational support/literacy, access to condoms, mixed contraception, HIV counseling and testing, post-violence care, food security/nutrition, social protection, mentorship program) and contextual interventions (Parenting/caregiver programming, community mobilization and change of standards, economic strengthening of households).

EGPAF in Côte d'Ivoire

Since its inception in 2005, EGPAF-CDI has supported HIV and AIDS prevention, care and treatment and PMTCT programs. The aforementioned organization is present in nine regions and 22 districts, working closely with the MSHP and its decentralized agencies, civil society organizations (CSO), key implementing partners and national stakeholders. This is made possible through financial support from the CDC/PEPFAR, in their support of the mission to end pediatric AIDS.

EGPAF-CDI supports the provision of family-centered HIV/AIDS services through projects Djasso and Keneya Dougou and two complementary Unitaid-funded projects, POC EID and CaP-TB.

Throughout 2018, EGPAF-CDI provided direct PMTCT service delivery support to 176 sites, and care and treatment service delivery support to 138 sites in the country.

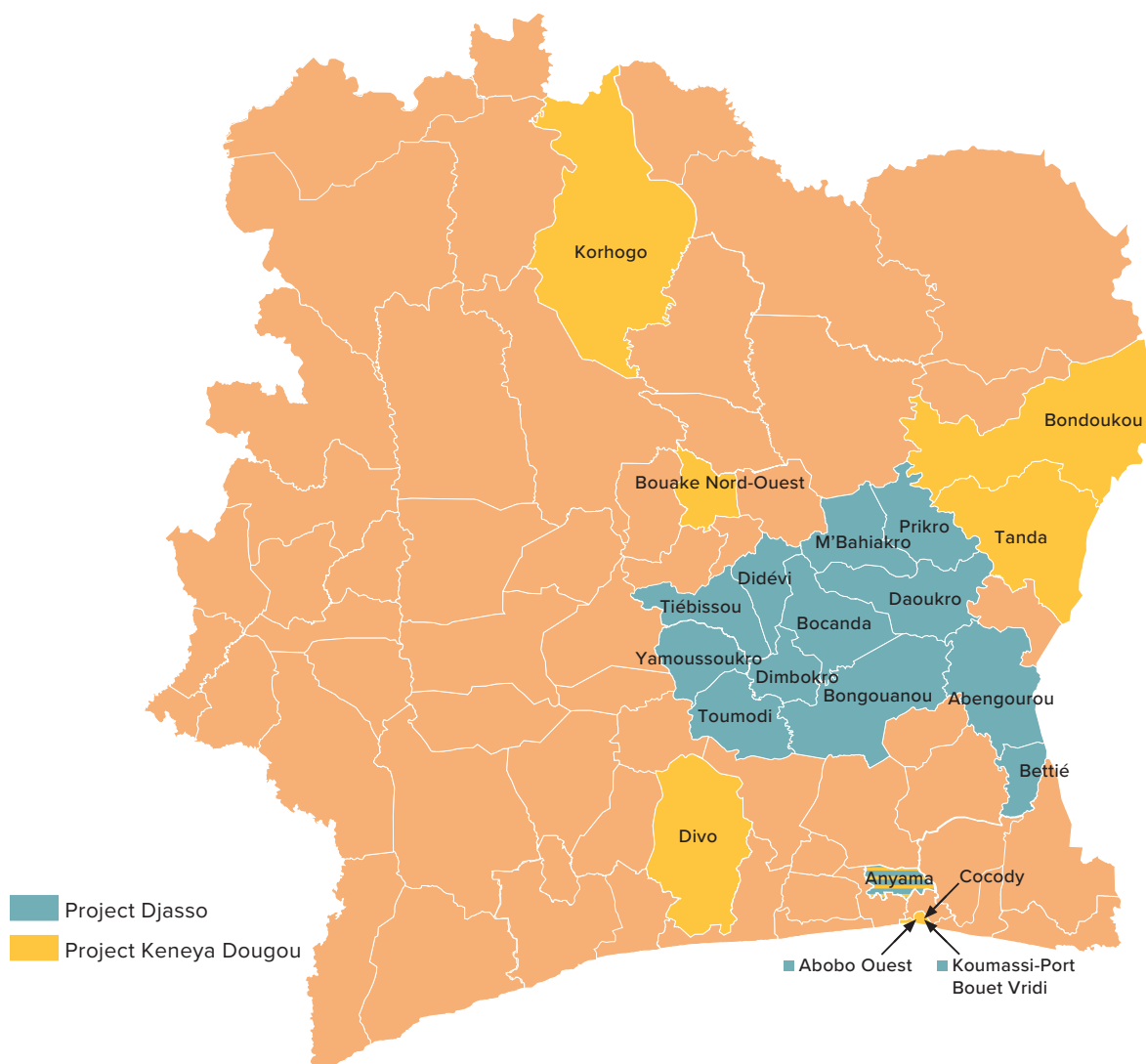


FIGURE 1. Map of the Djasso and Keneya Dougou projects' coverage (2018)-



Eric Bond, 2016

PROJECT DJASSO

The implementation program for prevention, care and treatment of HIV/AIDS in the republic of Côte d'Ivoire—known as project Djasso—is in its second year of execution. This initiative continues to improve the identification of PLHIV, support their ART initiation and ensure retention in care and treatment services to achieve viral load suppression. This work is actively taking place in 16 health districts, within four regions. Furthermore, Djasso supported 191 sites in delivering adult and pediatric care and treatment services, HIV testing and counseling (HTC) and PMTCT services throughout 2018.

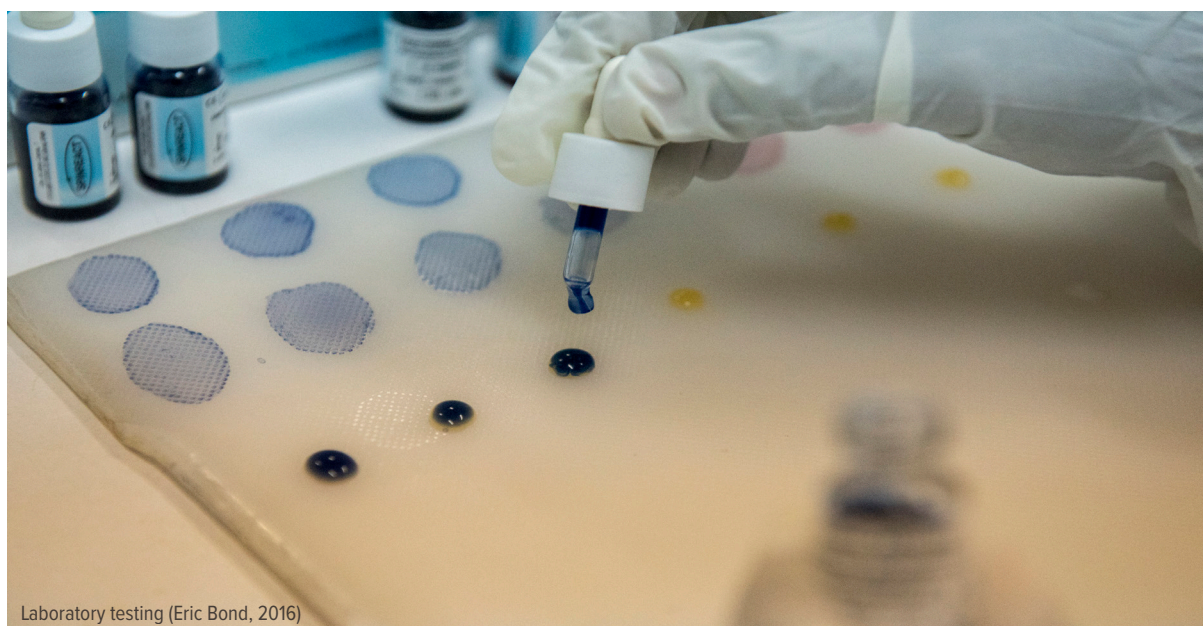
At the onset of the new programmatic year, project Djasso adopted key strategies, including index testing, targeted testing at entry points (which operate 24 hours a day, seven days a week), stronger collaboration with the district and regional health management teams (D/RHMTs), as well as daily/weekly monitoring of sites' data to ensure uninterrupted, quality HIV services.

Moreover, the project provided technical assistance to high-volume sites. Health personnel were recruited to these locations, as a means to improve service delivery and reduce gaps in qualified human resources at service delivery points. The initiative also supported renovations at the General Hospital of Anyama, the General Hospital of Port Bouet, and the General Hospital of Koumassi, to enhance their ability to offer HIV testing services.

In an effort to improve access to VL testing specifically, project Djasso has significantly improved the capacity of laboratories at: the Regional Hospital of Yamoussoukro, the General Hospital of Abobo-Sud, the General Hospital of Bongouanou, the General Hospital of Daoukro, and the Regional Hospital of Dimbokro. The upgrades received by the healthcare facilities included additional equipment and technical personnel.

Notable Achievements of the Djasso Project in 2018:

- Identification of 8,944 newly-infected PLHIV, including 1,103 pregnant women and 112 children
- Enrollment in care and treatment of 9,998 newly-infected persons, including 996 pregnant women and 124 children
- Access to VL testing for 37,266 PLHIV
- Achievement of 90% retention rate at 12 months after ART initiation
- Achievement of VL suppression among 25,234 patients on ART



Laboratory testing (Eric Bond, 2016)

PROJECT KENEYA DOUGOU

Project Keneya Dougou aims to help community-based organizations (CBOs) effectively manage community-based HIV prevention, care and treatment. This undertaking targets five regions and seven districts across northern, eastern and southern Côte d'Ivoire. The project is implemented through technical and financial support provided to 12 CBOs. This comprehensive support serves to increase access to HIV prevention, care and support services to PLHIV, OVCs and other priority populations.

Significantly, project Keneya Dougou enacted the following innovative approaches in 2018:

1. “Baby showers²” to improve HIV testing among male partners of pregnant women
2. Index case testing to optimize the identification of HIV-positive sexual partners, OVCs and families
3. Direct service delivery to provide HIV prevention services targeting priority populations in four health districts

The Keneya Dougou Project's Chief Accomplishments in 2018:

- 17,993 persons received HTC services
- 910 people tested for HIV and were identified as HIV-positive
- 30,276 members of priority populations received sensitizing messages on sexual prevention
- 57,774 beneficiaries were served by OVC programs, including 32,914 OVCs and 27,996 adults
- 14,887 PLHIV over the age of 15 benefited from at least one care and support services.

2 The “Baby shower” approach is an intervention geared to increase the uptake of HIV testing services among men. It is implemented through religious institutions and targets pregnant women in rural areas using the following three step approach:

1. Prayer session: religious guide organizes a special prayer for the pregnant women, for a safe delivery.
2. Baby Shower session: all pregnant women are invited to an educational session on HIV and other illnesses. This session is followed by HIV testing for pregnant women and their husbands.
3. Baby Reception session: new mothers who tested HIV-positive are encouraged to take their babies for early HIV diagnosis at six weeks.

This approach reached 58% (5,465/9,352) of husbands to pregnant women when applied in Nigeria.



Health care worker with her patient files (Eric Bond, 2016)



EGPAF, 2019

Noteworthy Achievements of the DREAMS-Like Initiative

(July–December 2018)

The DREAMS-Like initiative, spearheaded by Keneya Dougou, targets vulnerable adolescent girls in the Cocody-Bingerville health district, between the ages of 10 to 19. This project commenced in October 2017, is scheduled to end in September 2019, and aims to reduce HIV incidence among adolescent girls. To that end, key strategies seek to advance sexual and economic education among girls, improve caregiving skills and abilities among parents and mobilize communities to protect girls from HIV and violence.



EGPAF, 2019

3366 adolescent girls enrolled in safe spaces

1820 teenagers reached through safe space activities

1408 adolescents referred to safe spaces

104 clubs operating in safe spaces

POC EID PROJECT

The POC EID project scaled-up expanded further in 2018, supporting greater EID and testing demand. Furthermore, POC testing functions reached a total of 128 sites. EGPAF positioned itself as the technical lead for in-country POC EID platform technology, with input and engagement from CDC-Côte d'Ivoire and the MSHP. EGPAF provided technical support relating to machine use across supported EGPAF sites and other locations.

Beyond this, a full transition plan was developed, to support appropriation and scale-up of EID services via POC throughout the country. 18 POC EID machines were installed and functional; 128 health facilities used these platforms in a hub-and-spoke design model.

Ultimately, a total 346 health providers have been trained in POC EID.

Project POC EID's accomplishments in 2018:

- POC EID commodities were fully integrated within the national supply chain system—from storage to distribution at health facilities— in collaboration with the National Public Health Pharmacy (NPSF); no stock outs occurred.
- HIV test turn-around time (TAT), from sample collection to results to caregiver, improved from 3 days to 0. This was made possible through the provision of SMS printers at all “spoke” sites. For locations that did not have a POC platform, samples were sent to a hub, where a platform was located. SMS messaging then enabled spoke to receive client results on the same day they were processed at the hub, before diagnosis forms returned with the results.
- Of the HIV-exposed infants tested using POC EID, and found to be HIV-positive, 97% were initiated on ART.
- The project's transition phase commenced by providing technical assistance to MSHP and the National AIDS Control Program (PNLS) for the deployment of nine POC EID platforms, purchased through the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Project achievements, performance and lessons learned were packaged and subsequently circulated at various conferences, including the International AIDS Society Conference on HIV Science (AIDS 2018) and the International Francophone Conference on HIV and Hepatitis (AFRAVIH 2018).

THE CATALYZING PEDIATRIC TUBERCULOSIS INNOVATION (CAP TB) PROJECT

CaP TB supports the application of models of care for improved identification, diagnosis and treatment of both active and latent pediatric TB, as well as the use of new TB drug formulations that are more effective and palatable to children. In Côte d'Ivoire, the project is being executed in 10 health districts within four regions.

Project Cap TB achievements in 2018:

- A memorandum of understanding between EGPAF and the National TB Control Program (PNLT) was signed and a 2018-2019 strategy was developed.
- The General Health Director formally launched CaP TB, with representatives of health facilities and other key national stakeholders.
- A baseline evaluation was conducted at 18 pilot sites.
- A compliance assessment was performed at implementing health facilities, to ensure their adherence and compliance to national TB service requirements.
- Through CaP TB, EGPAF-CDI provided technical support to the PNLT, to further the establishment of a policy and regulatory environment that is conducive to the treatment of pediatric TB. Initial outputs included releasing national guidance for the use of pediatric fixed dose combination drugs and revising TB drug supply chain facility tools, for inclusion of fixed dose combination (FDC) drugs (dispensation register and invoice form).

PROJECT DELTA: ECHO INITIATIVE

The ECHO mentorship training initiative started in 2017, under EGPAF's project DELTA, as a global cooperative agreement with the CDC for technical assistance (TA) services. This innovative approach was implemented in collaboration with the Government of Côte d'Ivoire, through the MSHP.

The goal of ECHO is to build the capacity of health care providers in remote sites. Using a telementoring technology (Zoom), project ECHO increases health care workers' competence to treat complex adult and pediatric HIV cases. Simultaneously, the initiative establishes professional peer-to-peer networking and experience sharing among clinicians across the country.

In 2018, the CDC and MSHP requested an extension of the pilot phase, thereby reaching over 25% of PEPFAR sites throughout the country, in addition to 10 sites supported by Global Fund and Unitaid. The success of the initiative was also evidenced through CDC-Côte d'Ivoire, MSHP and EGPAF's adoption of Zoom as a teleconferencing and management tool.

Project ECHO's principal accomplishments:

- Upgrades were made to the hub of the teleconferencing learning center, the National Institute of Public Health (INSP); these changes took the form of renovations and additional IT equipment.
- 23 didactic lessons were held and 22 clinical cases reviewed by subject matter experts. An average of 69 participants attended each session, including a total of 225 registered health care workers (HCWs).



Echo Project Zoom training session (EGPAF, 2018)

2018 Research Highlight

The Strengthening High-Impact Interventions for An Aids Free Generation Project (AIDSFree)

AIDSFree is a multi-country initiative, funded by the U.S. Agency for International Development (USAID). This undertaking serves to improve the quality and efficacy of high-impact, evidence-informed HIV interventions, in order to meet country-specific objectives. In Côte d'Ivoire, project funding procured from John Snow, Inc. (JSI) was used to execute a cross-sectional and mixed methods research study. This research venture served to generate evidence that could inform plans to expand access to PMTCT services and HIV self-testing kits at private sector facilities (among people with the ability and willingness to pay for private care). The study was successfully conducted in Abidjan and Bouaké, and findings suggest many women are willing to pay for private PMTCT services and pay to use HIV self-testing kits, albeit at a low cost. Results were shared with national stakeholders, and both English and French versions of the report are available. The AIDSFree assignment in Côte d'Ivoire is officially completed, and further information is available online at www.pedaids.org/aidsfree-project.



Nurse in her office, General Hospital Abobo (Eric Bond, 2016)

Country Program Highlights

By end of 2018, EGPAF-Côte d'Ivoire had Provided: PMTCT services at 175 facilities, EID and pediatric care and treatment at 176 facilities and comprehensive HIV care and treatment (for all ages) at over 190 facilities across the country.

As of December 31, 2018, EGPAF-Côte d'Ivoire has:



Tested **105,454** pregnant women for HIV, of whom **1,103** were newly identified as HIV-positive.



Provided PMTCT services to **105,890** pregnant women



Enrolled **9,998** newly identified HIV-positive individuals, including **124** children, in HIV care and treatment programs.



Provided ART for **45,194** individuals, including **2,006** children.

Increased VL test monitoring from **43%** of PLHIV on ART to **84%**, in supported sites.

Achieved a VL suppression rate of **76%**.



Provided access to care and support for **57,774** OVCs and families.



Reached **30,276** people with HIV and sexually transmitted infection prevention messages

Story of Hope

How A Social Worker's Training in 'Index Testing' Helped a Reunite a Family

My name is Franck Gnadou.* I am a social worker with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Côte d'Ivoire. I work at the General Hospital of Abobo, where I support HIV testing, counseling, and disclosure. Recently, after extensive training in index testing, I adapted my work style to maximize my ability to reach more patients and partners who test positive for HIV.

While tremendous progress has been made, HIV diagnosis is still a scary prospect for many. I am usually the patient's first contact when they are faced with their results. The beginning of the counseling process is very important and can determine the extent of a patient's adherence to proper treatment and care. Before I received index testing training through EGPAF, I was not adequately equipped with comprehensive guidance and protocol regarding patient-to-partner disclosure.

Now, things are different. I have learned to make myself available and fully involved with the patient, in order to build a trusting and confidential relationship. Using this rapport, I gain the insight necessary to help the patient and their sexual partner(s). Furthermore, the instruction was timely, in that it addressed challenges I was actively engaging with. Indeed, prior to this instruction, I faced difficult encounters with clients who were struggling with the news of their status.

A few months ago, for instance, I received a list of patients who received HIV services in our facility, but failed to return for prescriptions or medical appointments. I noticed the name of a four-year-old child on that list and called the mother to inquire about his whereabouts. The mother, who is also living with HIV, refused to bring her son to the hospital and was very evasive when asked why. She then offered several excuses for her missed appointments. I decided to call the child's father, who said he would bring his son to the clinic. He informed me that he provided financial support to his wife and did not understand why their child was still not in better health. The father suspected that his son had HIV and asked me for further explanation. I told him to ask his wife, and he ended up crying in the hospital hall for two hours. I was at a loss for words to comfort him.

When he went back home, he called his in-laws for a meeting that same day and announced that he wanted a divorce, because he felt that his wife was trying to harm their child. The wife moved out of the house immediately and called to insult and blame me for her divorce. She added that she did not want to hear anything about HIV going forwards, and that I would be responsible if anything worse should happen to her or her child. I, of course, found these statements both shocking and devastating.

It was during this period that I, fortunately, took part in index testing training organized by EGPAF. This opportunity was a component of the organization's work towards the first 90-90-90 goal: that 90% of people living with HIV know their status. "Index testing", aims to identify sexual partners of HIV-positive patients, in order to test them and enroll them in care and treatment. The training gave me the tools, strategies, and methods I need to test and counsel patients and their sexual partners. I am now more successful in reaching vulnerable populations and helping to keep families together, healthy, and thriving.

The day after receiving the training, I contacted the father again and convinced him to come to the clinic for a test. He tested HIV-negative. I then proceeded to ask him to take his wife back, encouraging him to consider the bigger picture. He realized that his wife was reluctant to disclose her status, due to fear of rejection. He decided to call her and ask her to come back to him. Right there, in my office, the couple reconciled on the phone and both mother and child are enrolled in care and doing well.

While this experience was challenging, I rose to the occasion – working hard to change the outcome. Through my index testing training, I am more successful in reaching vulnerable populations and families.



Counseling session (Eric Bond, 2016)

Financial Overview

From 2017 to 2018, EGPAF-CDI's expenses increased over 12% (see Figure 2).



FIGURE 2: EGPAF CDI Expenses 2017 vs 2018

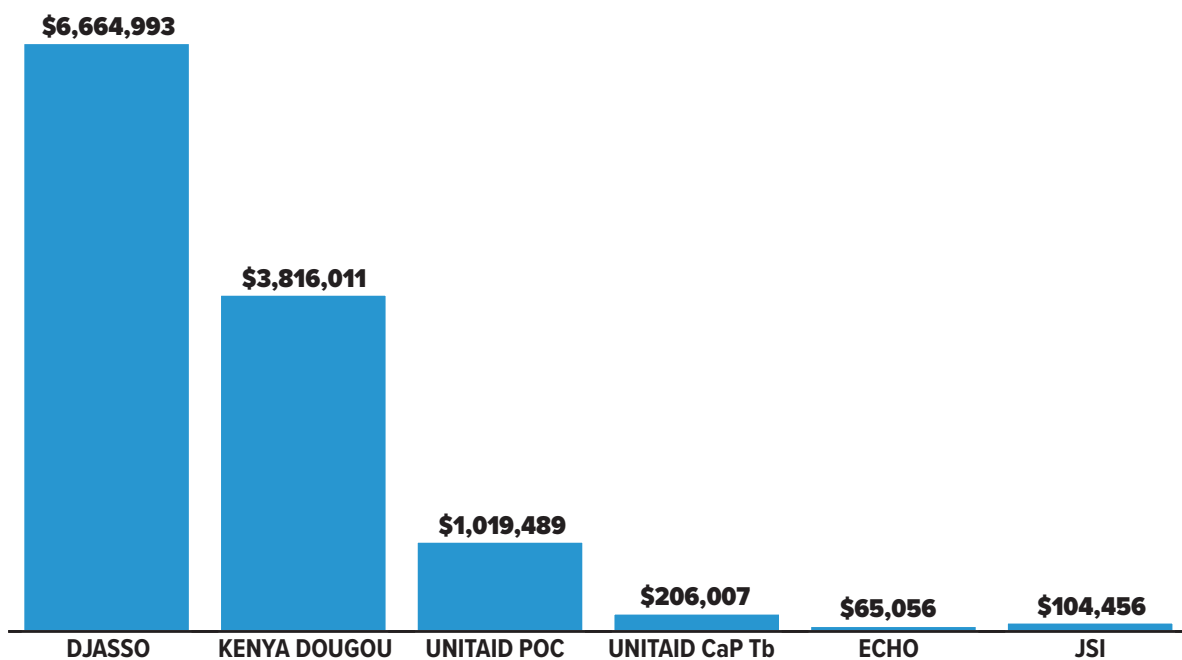


FIGURE 3: EGPAF-CDI 2018 Spending by Projects
(Djasso, Keneya Dougou, Unitaid POC EID, Unitaid CaP TB, ECHO, Unitaid, and AIDSFree(JSI)).

Our Funders and Partners

- *Agence Ivoirienne de Marketing Social* (AIMAS)
- *Association des Jeunes Patriotes pour le Santé et Développement* (AJPSD)
- *Association Ivoirienne pour le Progrès* (AIP)
- *Association médicale et paramédicale religieuse pour le soutien de la prise en charge des personnes vivant avec le VIH* (AMPRESPEC PVHIV) /Cesaco Piazola
- Bouaké Eveil
- Caritas Diocese of Korhogo
- CDC Rétrovirus Côte d'Ivoire (Retro-CI)
- Centers for Disease Control and Prevention (CDC)
- *Centre de diagnostic et de recherché sur le SIDA et les autres maladies infectieuses*—Diagnostic and Research Center on AIDS and other Infectious Diseases (CeDReS)
- *Centre hospitalier universitaire de Treichville* — University Teaching Hospital of Treichville
- *Comité Départemental de Lutte contre le SIDA*— Departmental Committee for the Fight against AIDS (CDLS)
- *Comité Régional de Lutte contre le SIDA* —Regional Committee for the Fight against AIDS (CRLS)
- *Centre Solidarité Action Sociale* (Centre SAS)
- *Direction de la Prospective, de la Planification, de l'Evaluation et de l'Information Sanitaire*— Directorate of Health Forecasting, Planning, Evaluation, and Information (DPPEIS)
- EngenderHealth
- *Equipes Cadres du District*—District Health Management Teams (DHMTs)
- *Equipes Cadres de la Région*—Regional Health Management Teams (RHMTs)
- *Femme Espoir Eternel* (FEE) Katiola
- *Femmes Actives*
- FHI 360
- *Fondation Ariel pour la Lutte contre le SIDA Pédiatrique*
- Health Alliance International (HAI)
- *Inspection Générale de la Santé et de la Lutte contre le Sida*—General Inspectorate for the Fight against AIDS (IGSLS)
- *Institut de Médecine et d'Epidémiologie Appliquées*— 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 Programme 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 Promotion de la Femme, de la Famille et de la Protection de l'Enfant*—Ministry of the Promotion of Women, Family, and Child Protection (MPFFPE)
- *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 (NTP)
- *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)
- *Chemonics international côte d'ivoire*
- Population Services International (PSI)
- President's Emergency Plan for AIDS Relief (PEPFAR)
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Eric Bond, 2016

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