

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) began its partnership with Côte d'Ivoire in 1987 by opening the Project Retrovirus Côte d'Ivoire (Retro-CI) laboratory in collaboration with the Ivorian health ministry. In 2004, this partnership expanded when the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) started providing services in Côte d'Ivoire.

Today, Côte d'Ivoire has made significant progress with providing treatment to those who know they have HIV: 88% of them are on antiretroviral treatment (ART), and almost 80% of those on treatment are virally suppressed based on the 2018 Population Health Impact Assessment (PHIA). However, AIDS is still one of the top causes of mortality in Côte d'Ivoire, with only about 4 in 10 adults with HIV knowing their status.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Prevention and Treatment of HIV: CDC expertise is used to support national efforts on HIV prevention and to increase awareness of the importance of antiretroviral treatment (ART). To achieve epidemic control, CDC is intensifying HIV testing efforts for men, children, and key populations in addition to increasing testing coverage among women. CDC has also redesigned its office into field teams to provide more direct site-level technical assistance. Through collaborations with local partners, CDC partners are supporting integrated health services to reach men and children by offering multi-disease testing services. In addition, the country has prioritized services in a targeted list of health districts, representing more than 80% of the HIV burden. CDC has successfully supported scale-up of same day ART initiation and is currently assisting the scale-up of differentiated service delivery models (DSDM) for stable patients receiving treatment.

Laboratory Systems and Networks: CDC helped expand HIV viral load (VL) testing and early infant diagnosis (EID) to every health region. CDC expertise supported the creation of regional health labs to ensure better access to HIV testing services. Côte d'Ivoire also recently established an external quality control program for all of the country's more than 3,000 HIV testing sites.

Strengthening Public Health Systems: CDC supports the Côte d'Ivoire health ministry in its efforts to rebuild its health capacity by expanding quality HIV prevention and treatment services nationwide. These systems include: tuberculosis (TB) testing and treatment; HIV testing services (HTS); prevention of mother-to-child HIV transmission (PMTCT); prevention among key and priority populations; prevention of medical transmission; care and support for orphans and vulnerable children; and, gender and stigma reduction.

Because of CDC, Côte d'Ivoire is the first country in West Africa and in Francophone Africa to participate in the Extension for Community Health Care Outcomes (Project ECHO). Through this program, on-going trainings take place for health officials. Project ECHO uses technology to livestream the trainings rather than requiring all participants travel to specific locations. This approach reduces costs and makes trainings available to a broader audience.

Strategic Information: CDC provides technical assistance to the Ivorian health ministry and local partners to enhance data quality and use for decision-making. This support includes implementing data quality improvement approaches and HIV surveillance activities, such as antenatal clinic (ANC) surveillance, drug resistance monitoring, program evaluations, population-based HIV impact assessments (PHIA), biological and behavioral surveys, and KP size estimation. CDC has been a key player in the planning of a national data quality improvement plan. Côte d'Ivoire is also the first country in Francophone Africa to implement CDC's Violence Against Children Survey (VACS). The results are expected in 2019 and will be utilized to inform new policies.

Tuberculosis: Among people living with HIV in Côte d'Ivoire, tuberculosis (TB) is the number one cause of death. CDC is helping local clinics implement new approaches to identify, treat, and prevent TB. These methods include automatic testing for co-infection whenever someone tests positive for either HIV or TB, and then close monitoring of co-infected patients to achieve viral suppression, TB infection control, and TB preventive therapy.

Key Country Leadership

President:
Alassane Dramane
Ouattara

Minister of Health:
Aouele Eugene Aka

U.S. Chargé d'Affaires:
Katherine Brucker

PEPFAR Coordinator:
Cathy Nguyen

CDC/DGHT Director:
Dr. G. Laissa Ouedraogo

Country Quick Facts

Per Capita GNI:
\$1,520 (2016)

Population:
23.7 million (2016)

Under 5 Mortality:
92 / 1,000 live births (2016)

Life Expectancy:
54 years (2016)

Global HIV/AIDS Epidemic

Estimated HIV Prevalence
(Ages 15-49): 2.8% (2017)

Estimated AIDS Deaths
(Age ≥15): 21,000 (2017)

Estimated Orphans Due to
AIDS: 290,000 (2017)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
215 526 (2017)

Global Tuberculosis (TB) Epidemic

Estimated TB Incidence:
153 / 100,000 (2016)

TB patients with known
HIV-status who are HIV-
positive: 22% (2016)

TB Treatment Success
Rate: 80% (2015)

Country DGHT Staff: 103

Locally Employed Staff: 97
Direct Hires: 5
Fellows: 1

