



**IVOIRIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS**

## Country Profile: Côte d'Ivoire

### HIV/AIDS in Côte d'Ivoire

Adults and Children living with HIV: 750,000<sup>1</sup>  
AIDS Deaths (Adults and Children): 65,000<sup>1</sup>  
AIDS Orphans: 450,000<sup>1</sup>

Côte d'Ivoire has a generalized HIV epidemic and the highest HIV prevalence in West Africa, with an estimated stable adult population prevalence of 7 percent according to the Joint United Nations Programme on HIV/AIDS (UNAIDS).<sup>2</sup> Urban HIV prevalence remained stable between 1997 and 2002 at about 9.5 percent, according to data from 10 urban antenatal sites. The UNAIDS national prevalence estimate of 7 percent reflects the lower prevalence in rural areas, where more than half the population resides.<sup>2</sup>



An estimated 54,000 infants are born to HIV-infected women each year, and approximately one-third of these infants will be HIV-infected in the absence of prevention of mother-to-child HIV transmission (PMTCT) interventions. Populations at comparatively high risk for HIV exposure include youth, the military and highly mobile populations. The prolonged political-military crisis, in addition to exacerbating the vulnerability of these groups, is likely to have created additional populations at high risk of contracting HIV given the large-scale, multinational, military deployment; massive population displacement; increasing poverty; and disruption of services and supplies for blood screening, treatment of sexually transmitted infections and tuberculosis, and other health activities.

### U.S. Government Response

The Government of Côte d'Ivoire provides strong leadership despite the country's prolonged political and military crisis. In 2001, the government created a specific ministry to coordinate the national HIV/AIDS response and mobilize national and international resources. Fourteen other ministries also include sector-specific HIV-related responses in their missions.

The U.S. Government (USG) is the largest donor in the HIV sector and plays an important role in supporting Côte d'Ivoire's comprehensive national HIV/AIDS response. That role includes:

- Supporting activities to build human capacity for an expanded civil-society response in coordination with the government and development partners;
- Ensuring that sufficient human resources are available to achieve national prevention, treatment and care goals and sustain program services; and
- Promoting long-term sustainability of quality HIV services by effectively engaging the private sector.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Côte d'Ivoire is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Côte d'Ivoire received more than \$24.3 million in Fiscal Year (FY) 2004 and nearly \$44.4 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$46.6 million to support Côte d'Ivoire's efforts to combat HIV/AIDS.

<sup>1</sup> UNAIDS, Report of the Global AIDS Epidemic, 2006.

<sup>2</sup> UNAIDS, Report of the Global AIDS Epidemic, 2004.

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease around the world.

*U.S. Department of State*

*U.S. Agency for International Development*

*U.S. Department of Defense*

*U.S. Department of Commerce*

*U.S. Department of Labor*

*U.S. Department of Health and Human Services*

*Peace Corps*

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# Emergency Plan Achievements in Côte d'Ivoire to Date

## Challenges to Emergency Plan Implementation

Political instability, delays in the disarmament process, and the threat of armed insurgency continue to be major preoccupations and barriers to external assistance. The prolonged sociopolitical crisis has disrupted and restricted access to health and other public services while at the same time increasing HIV transmission and vulnerability among many subpopulations. Côte d'Ivoire has a more developed public health and education system in terms of human resources and infrastructure than many of its neighbors, but the overall health system is weak, and health and economic gains have been lost and reversed by the crisis. Regions in the North and West, which are not under government control, have experienced a complete and prolonged disruption of public-sector services and an exodus of skilled professionals. Major disparities exist between urban and rural health services, with a paucity of health professionals and private practitioners outside the major cities.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 <sup>1</sup>	43,900
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 <sup>1</sup>	110,400
# of USG condoms shipped in Calendar Year 2005	528,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan <sup>3,4</sup>	47,700
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan <sup>3,5</sup>	3,800
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 <sup>3,4,6</sup>	23,700
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 <sup>3,6</sup>	24,500
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 <sup>3,6</sup>	7,900
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 <sup>1,6</sup>	20,900
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 <sup>2,6</sup>	6,700

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

<sup>1</sup> Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

<sup>2</sup> Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

<sup>3</sup> Total results combine individuals reached through downstream and upstream support.

<sup>4</sup> It is possible that some individuals were counseled and tested more than once.

<sup>5</sup> It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

<sup>6</sup> Reliable data to capture non-duplicated upstream results are not yet available in Cote d'Ivoire. The acute exacerbation of the political crisis between November 2004 and March 2005 delayed the establishment of effective national planning, coordination and monitoring and evaluation systems. Although the Emergency Plan supports systems-strengthening, we are unable to estimate the number of people reached through upstream support and the total number of people reached is likely an underestimate. The Emergency Plan team is working with the national authorities and development partners to obtain national data.

## Critical Interventions for HIV/AIDS Prevention

- Supported new prevention campaigns targeting rural areas, the underserved North and West of the country, the uniformed services, and other highly vulnerable populations.
- Supported the launch of a major initiative by the Ministry of National Education to include HIV prevention as part of a new national curriculum promoting age-appropriate life skills.
- Supported the development and dissemination of a national behavior-change communication strategy for HIV/AIDS prevention and care.
- Supported PMTCT services at 44 sites nationwide and helped equip additional sites and train providers and expert trainers for the national PMTCT scale-up.

## Critical Interventions for HIV/AIDS Treatment

- Supported 33 sites that provided antiretroviral treatment (ART) to 13,826 patients in FY2005, including 11,100 who were on ART at the end of the year. Also supported the development of HIV treatment training materials and the training of service providers.

## Critical Interventions for HIV/AIDS Care

- Supported 54 sites that provided confidential HIV counseling and testing to 23,700 people in FY2005.
- Supported the development of counseling and testing training materials and the training or retraining of 200 direct service providers.
- Supported care for 7,900 orphans and vulnerable children as part of an aggressive expansion of child-centered family services and improved follow-up of children born to HIV-infected mothers.