



**Office of the
United States
Global AIDS
Coordinator**

Providing leadership,
coordination and
oversight to the unified U.S. Government
effort to implement
the President's
Emergency Plan for
AIDS Relief

*U.S. Department of
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Peace Corps

Country Profile — Côte d'Ivoire

U.S. President's Emergency Plan for AIDS Relief



HIV/AIDS in Côte d'Ivoire

HIV Infected: 570,000¹

AIDS Deaths: 47,000¹

AIDS Orphans: 310,000¹

Côte d'Ivoire has a generalized HIV epidemic and the highest HIV prevalence in West Africa with an estimated stable adult population prevalence of 7.0 percent. 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 just over half the population resides.

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 (PMTCT) interventions. Populations at comparatively high risk for HIV exposure include youth, 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 HIV given the large-scale, multinational, military deployment; massive population displacement; increasing poverty; and, disruption of blood screening, sexually transmitted infections (STIs), tuberculosis (TB) and other health services and supplies.

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, therefore, plays an important role in supporting Côte d'Ivoire's comprehensive national HIV/AIDS response. That role includes:

- ◆ Supporting activities to build human capacity to support an expanded civil society response in consultation 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 President's Emergency Plan for AIDS Relief (the Emergency Plan) 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 (NGOs) 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 at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Côte d'Ivoire received \$24.3 million in FY2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2005, the U.S. is committing more than \$43.9 million to support Côte d'Ivoire's efforts to combat HIV/AIDS.

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¹ UNAIDS, Report of the Global AIDS Epidemic, 2004.



Emergency Plan Achievements in Côte d'Ivoire

Challenges to Emergency Plan Implementation

Political instability and the delays in the disarmament process with the concomitant threat of armed insurgency continue to be major preoccupations. The prolonged sociopolitical crisis has disrupted health and other public services and functions, and has restricted access to services in addition to increasing HIV transmission and vulnerability among subpopulations. Cote d'Ivoire has a more developed public health and education system in terms of human resources and infrastructure than many of its neighbors. However, the overall health system is weak, and health and economic gains have been lost and reversed by the crisis. There has been a complete disruption in public sector services in the North and West for a prolonged period along with an exodus of skilled professionals. Major disparities exist between urban and rural health services with a concentration of health professionals and private practitioners in the major cities.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and Being Faithful	119,300
# of pregnant women receiving prevention of mother to child HIV transmission (PMTCT) services	24,900
# of pregnant women receiving antiretroviral prophylaxis	1,900
# of individuals receiving counseling and testing	30,400
# of HIV-infected individuals who received palliative care/basic health care and support	19,500
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	100
# of individuals receiving upstream system strengthening support for treatment ¹	—
# of individuals receiving downstream site-specific support for treatment ²	2,100

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

¹ Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

² Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.

Critical Interventions in HIV/AIDS Prevention

- ◆ Supported Mayor's Voluntary HIV Counseling and Testing Centers (VCT) in Port Bouet.

Critical Interventions in HIV/AIDS Care

- ◆ Helped provide meeting space to HIV-positive peer-support groups, and multiple community groups. The space also served as a center for outreach work to spread HIV prevention and care messages through the poor community of Port Bouet.

Critical Interventions in HIV/AIDS Treatment

- ◆ Provided antiretroviral treatment to adults, pregnant women and children in some of the poorest and most densely populated areas in Cote d'Ivoire.
- ◆ Provided highly active antiretroviral therapy (HAART) in conjunction with other partners to hundreds of individuals.