



**Elizabeth Glaser
Pediatric AIDS
Foundation**

Until no child has AIDS.

Côte d'Ivoire Annual Report 2015



Message from the Country Director



I am delighted to present the 2015 Annual Report for the Elizabeth Glaser Pediatric AIDS Foundation in Côte d'Ivoire (EGPAF-CDI). Since 2004, EGPAF-CDI has implemented critical programs, conducted research, and advocated for initiatives to prevent, test, and treat HIV and AIDS among children, women, and families in Côte d'Ivoire. During this time, we have reached over one million women with prevention of mother-to-child transmission of HIV (PMTCT) services and over ten thousand children have been enrolled in HIV care and support programs.

Throughout 2015, with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Centers for Disease Control and Prevention (CDC), EGPAF-CDI continued work under Projects Djidja and Keneya. Through Project Djidja, EGPAF-CDI has expanded HIV-related services to more health facilities, while Project Keneya strengthened the capacity of community-based organizations (CBOs) to provide services to prevent sexual transmission of HIV, promote voluntary HIV counseling and testing for priority populations, and provide care and support to more than 31,000 orphans and vulnerable children (OVC). In 2015, 6,197 new clients were enrolled into antiretroviral therapy (ART) services. By the end of December 2015, 27,582 adults, including 1,244 children under age 15, were on treatment.

Throughout 2015, under Project Djidja, EGPAF-CDI, in close collaboration with government entities and nongovernmental organizations, scaled up access to holistic and sustainable HIV services and advocated for the development and implementation of new national guidelines and policies to enhance elimination of mother-to-child HIV transmission, Option B+, and pediatric care. We also continued to work with in-country stakeholders to move closer to reaching UNAIDS 90-90-90 targets: to achieve 90% of people living with HIV knowing their HIV status, 90% of people who know their status receiving treatment, and 90% of people on HIV treatment experiencing suppressed viral load by 2020.

EGPAF-CDI improved project evaluation efforts and continued to ensure provision of quality services to patients, strengthened access to ART and retention in treatment to at least 80% at 12 months, and continued to train local health providers in high priority districts. EGPAF-CDI also introduced the UNITAID/EGPAF Introduction of Point of Care Early Infant Diagnosis in Decentralized Settings (EGPAF POC EID) Project, a global program to create a market for affordable, effective, and equitable HIV testing of HIV-exposed infants.

We helped to build the organizational capacity of local CBOs to contribute to the fight to end pediatric AIDS throughout 2015. Under Project Keneya, EGPAF-CDI prioritized increased collaboration with government entities and implementing partners, including Health Alliance International and Save the Children. These partnerships aim to enhance management and mutual accountability, and improve the linkages between health facilities and communities to boost patient retention in care and increase access to HIV services. EGPAF-CDI worked with partners to improve the quality of interventions in line with national and international standards using the Site Improvement through Monitoring System. We continued our long-standing partnership with and provided organizational capacity building support to Centre Solidarité Action Sociale, an Ivorian non-governmental organization, which provides comprehensive HIV and AIDS prevention, care, and treatment services using a family-focused approach in facilities and communities.

In this 2015 Annual Report, we hope to give you a glimpse of our work. We look forward to sustaining our existing partnerships and developing new partnerships to create an AIDS-free generation in Côte d'Ivoire.

With warm regards,

JOSEPH ESSOMBO, MD, MSc

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

EGPAF in Côte d'Ivoire

EGPAF's mission is to end pediatric AIDS by implementing sustainable, comprehensive, efficient, and high-quality health services, conducting operations research to enhance use of best practices, and advocating for the policies which protect and serve those infected with and affected by the epidemic. To achieve this mission in-country, EGPAF-CDI works in close partnership with the Government of Côte d'Ivoire, the Ministry of Health and Public Hygiene (MSHP), PEPFAR, the CDC, clinical partners, research institutes, and local CBOs. Since its inception, EGPAF-CDI has implemented critical HIV and AIDS programs, conducted research, and advocated for initiatives to prevent, test, and treat HIV and AIDS among Ivoirian children, women and families.

EGPAF-CDI supports the provision of family-centered HIV and AIDS services through a wide range of activities implemented as part of two key CDC-funded projects: Djidja (meaning "perseverance" in Dioula) and Keneya (which means "good health" in Dioula). A third project, UNITAID's EGPAF POC EID, was launched in August 2015 to ensure growth in access to EID and treatment. The EGPAF-CDI program has grown to employ more than 130 staff in its Abidjan headquarters and six field offices in Abengourou, Abidjan Nord, Abidjan Sud, Bouaké, Dimbokro, and Yamoussoukro. The program now provides HIV services in seven regions across Côte d'Ivoire (Figure 1).

PROJECT DJIDJA

Since 2011, EGPAF-CDI provided technical assistance under Project Djidja to local organizations to strengthen capacity in the implementation of comprehensive HIV prevention, care, and treatment services. In 2015, Djidja enrolled 8,923 people living with HIV into care, including 516 children and 6,197 individuals newly identified as living with HIV. Between the start of Project Djidja in 2011 and the end of 2015, the project had tested more than 633,000 individuals for HIV, identified 37,214 people living with HIV, and enrolled 30,652 people living with HIV into care. Project Djidja allows EGPAF-CDI to provide technical and financial support in four regions and six health districts to deliver high-quality health care services, including provider-initiated HIV testing and counseling, tuberculosis (TB)/HIV



Figure 1. Map of Djidja and Keneya project coverage 2015

co-infection care and treatment, and care and support for orphans and vulnerable children (OVC), as well as for HIV-positive adults and children. Over the course of 2015, 100% of pregnant women attending antenatal care services at Djidja-supported sites received an HIV test and 100% of HIV-positive pregnant women received PMTCT services.

Working with health care providers and community health workers, Project Djidja contributed to increase the retention rate at 12 months after initiation on ART from 75% at the end of 2014 to 82% at the end of 2015. Moreover, the rate of patients lost to follow-up—defined as ART patients who have not attended a clinic appointment within the past 90 days—decreased from 10% at the end of 2014 to 5% at the end of 2015.

PROJECT KENEYA

Project Keneya was launched in 2010 to increase access to HIV prevention, care, and support services through effective programs tailored to the needs of at-risk populations, including OVC and individuals living with HIV by strengthening local health systems in the central and northern regions of Côte d'Ivoire. During 2015, Project Keneya trained 74 community workers from seven health districts (Béoumi, Bouaké North West, Boundiali, Ferkessedougou, Katiola, Korhogo, and Ouangolo) on positive health, dignity, and prevention care and support services. Twenty six peer educators were also trained on conducting behavior change communication activities to prevent the sexual transmission of HIV, and on disseminating messages on reducing the number of multiple concurrent sexual partners.

Project Keneya has worked to build local infrastructure of Ministry of Employment and Social Protection (MEPS)-run social centers by providing computers and materials for nutritional support activities in Katiola and technical and logistical assistance in Katiola, Korhogo, and Boundiali to support the implementation of capacity building plans. Project Keneya also provided technical and financial assistance to the Regional Health Directorates of Poro-Tchologo-Bagoué and Gbéké to organize World AIDS Day celebrations in Korhogo and Bouaké on December 1, 2015.

EGPAF POINT-OF-CARE EARLY INFANT DIAGNOSIS PROJECT

The EGPAF Point-of-Care Early Infant Diagnosis (POC EID) Project, funded by UNITAID, aims to increase the number of HIV-exposed infants who receive EID and treatment. The project will achieve this through strategic placement of POC EID machines in nine countries, including Côte d'Ivoire. Through placement of 18 POC EID platforms in select Djidja-supported sites throughout central and southern Côte d'Ivoire, EGPAF-CDI aims to test 7,393 infants, decrease the time between testing and returning results to caregivers from 21-45 days to seven days maximum, decrease the number of days from HIV diagnosis to ART initiation for HIV-positive infants to no more than 15 days, and increase the number of children on life-saving treatment by July 2019. With the support and collaboration of the MSHP, the National AIDS Control Program, and the CDC, the project is in its start-up phase in Côte d'Ivoire and will begin implementation in January 2017.



Country Program Highlights

At the end of 2015, EGPAF-CDI, Project Djidja supported PMTCT services at over 72 health facilities, as well as HIV care and treatment services at 83 health facilities across Côte d'Ivoire.

Overall, as of December 31, 2015, EGPAF-CDI:



Provided access to PMTCT services to **100,894** pregnant women



Tested **99,591** pregnant women for HIV



Enrolled **8,923** individuals, including **516** children, in HIV care and support programs



Provided **27,582** individuals with ART, including **1,244** children



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



Reached **24,777** persons with sexual prevention messages

Story of Hope

All Means Are Necessary to See Patients Back into Care: The Case of a Religious Leader

Moussa,* a 37-year-old truck driver, and his wife, Aminata,* were both diagnosed as HIV-positive and initiated on ART at time of diagnosis at Centre Médico-Social (CMS) Walé, one of the centers supported by EGPAF-CDI in Yamoussoukro. For a long time, Aminata came to the center to get ART prescriptions filled for her and her husband. Moussa found it difficult to come to the center for follow-up visits, however, and frequently missed his appointments.

Through the suivi-actif du cohort, or “active cohort monitoring,” retention strategy initiated by EGPAF-CDI, program staff was able to identify Moussa as a patient who received treatment, but missed follow-up appointments. This prompted a series of calls and home visits to the couple by health worker staff. Following this outreach, Aminata spoke to her husband to convince him to visit the clinic regularly and Moussa promised to come to the centers but never did. After some time, Moussa was counted as a patient lost to follow up.

The decision was then made by the local Project Djidja sub-office team to use the help of a Muslim leader in the community to try and bring Moussa back into care. Imam Sylla, a local religious leader, received peer education training on “men as partners” approach; a collaborative effort of EGPAF-CDI and EngenderHealth in the district of Yamoussoukro to encourage men to support PMTCT and HIV care and treatment services. Sylla agreed to find Moussa and bring him back into care.

Imam Sylla spoke with Moussa and was able to convince him to return to the health center. That very same day, Moussa came to the center where the health care workers were able to provide him with counseling, perform his physical and biological exams, and enroll him back into care. Moussa now regularly attends his appointments. Through EGPAF-CDI’s work to support linkages between the facility and the community, Moussa was able to receive the care and treatment he needs to stay healthy.

* Names of patients changed for confidentiality purposes.



Financial Overview

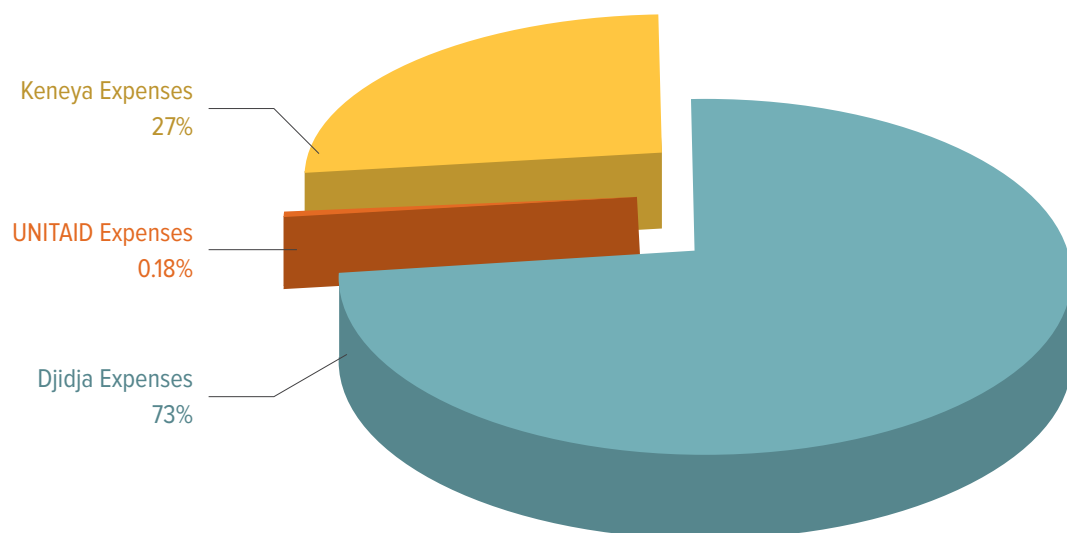


Figure 2. EGPAF-CDI 2015 Spending by Project

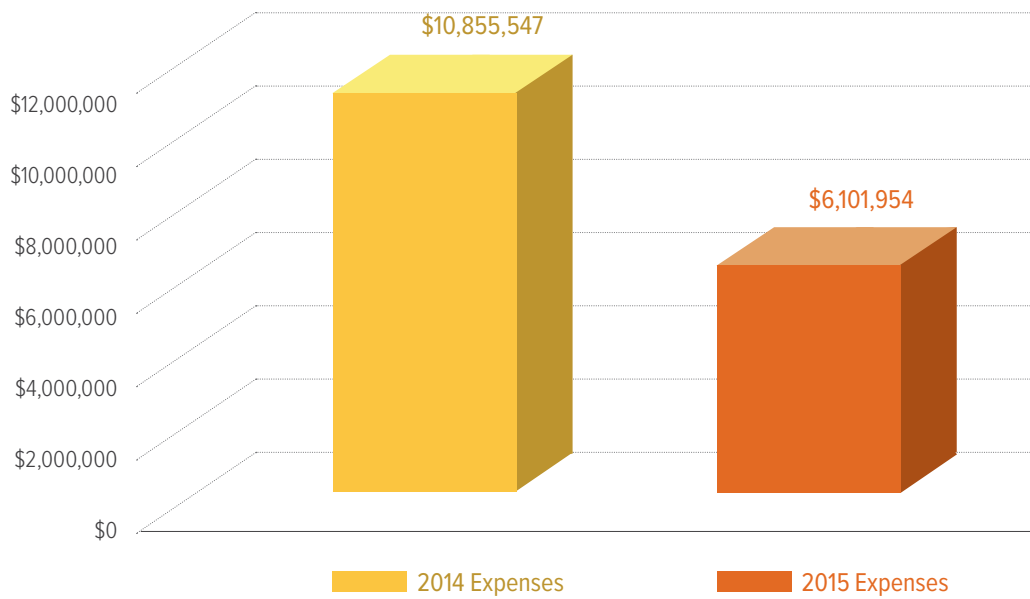


Figure 3. EGPAF-CDI Spending in 2014 and 2015

Our Funders and Partners

- *Agence Ivoirienne de Marketing Social*
- *Association des Jeunes Patriotes pour le Santé et Développement*
- *Association Ivoirienne pour le Progrès*
- *Association médicale et paramédicale religieuse pour le soutien de la prise en charge des personnes vivant avec le VIH/Cesaco Piazola*
- Bouaké Eveil
- Caritas Diocese of Korhogo
- CDC Retrovirus Côte d'Ivoire
- U.S. Centers for Disease Control and Prevention
- *Centre de diagnostic et de recherché sur le SIDA et les autres maladies infectieuses*
– Diagnostic and Research Center on AIDS and Other Infectious Diseases
- *Centre Hospitalier Universitaire de Treichville* – University Teaching Hospital of Treichville
- *Comité Départemental de Lutte contre le SIDA* – Departmental Committee for the Fight against AIDS
- *Comité Régional de Lutte contre le SIDA* – Regional Committee for the Fight against AIDS
- *Centre Solidarité Action Sociale*
- *Centre de Santé Urbain Communautaire (CSU Com) de Gonzagueville*
- *CSU Com de Pangolin*
- *Centre de Santé El Rapha*
- *Centre Médical Protection Maternelle Infantile*
- *Centre de Santé Notre Dame des Apôtres*
- *Centre Médical Santé Sainte Thérèse Enfant Jésus de Koumassi*
- *Centre Medico-Social Walé Yamoussoukro*
- *Direction de la Prospective, de la Planification, de l'Evaluation et de l'Information Sanitaire*
– Directorate of Health Forecasting, Planning, Evaluation, and Information

- *Dispensaire Charité de Kotobi*
- *Dispensaire Sainte Anne de Bocanda*
- *Eden Lumière Action Korhogo*
- EngenderHealth
- *Equipes Cadres du District* – District Health Management Teams
- *Equipes Cadres de la Région* – Regional Health Management Teams
- Federation Gnopinin
- *Femmes Actives de Côte d'Ivoire*
- *Femme Espoir Eternel*
- *Femmes Actives*
- FHI 360
- *Fondation Ariel pour la Lutte contre le SIDA Pédiatrique*
- *Formation Sanitaire Urbaine Communautaire (FSU Com) d'Abobo Sagbe*
- *FSU Com Anonkoua-Kouté*
- Health Alliance International
- *Inspection Générale de la Santé et de la Lutte contre le Sida* – General Inspectorate for the Fight against AIDS
- *Institut de Médecine et d'Epidémiologie Appliquées* – Institute of Medicine and Applied Epidemiology
- *Institut National de Formation Sociale* – National Institute for the Training of Social Workers
- Johns Hopkins University Center for Communication Programs
- Joint United Nations Programme on HIV/AIDS
- *Ministère de l'Education* – Ministry of Education
- *Ministère de l'Emploi et de la Protection Sociale* – Ministry of Employment and Social Protection
- *Ministère de la Promotion de la Femme, de la Famille et de la Protection de l'Enfant* – Ministry of the Promotion of Women, the Family, and Child Protection
- *Ministère de la Santé et de l'Hygiène Publique* – Ministry of Health and Public Hygiene
- *Notre Terre Nourricière Boundiali*
- *Nouvelle Pharmacie de la Santé Publique* – National Public Health Pharmacy
- *Programme National de Nutrition* – National Nutrition Program
- *Programme National de Lutte contre le Sida* – National AIDS Control Program
- *Programme National de Lutte contre la Tuberculose* – National Tuberculosis Control Program
- *Programme National de prise en charge des Orphélins et autres Enfants rendus vulnérables du fait du VIH* – National Program for Orphans and Vulnerable Children
- Partnership for Supply Chain Management
- Population Services International
- President's Emergency Plan for AIDS Relief
- *Centre Régional d'Evaluation en Education, Environnement, Santé et d'Accréditation en Afrique* Regional Center of Evaluation in Education, Environment, Health, and Accreditation
- Renaissance Santé Bouaké Yamoussoukro
- *Ruban Rouge Abengourou*
- Santé Espoir Vie Côte d'Ivoire
- *Savane Communication Ferkessedougou*
- Save the Children
- Solidarité Béoumi
- UNITAID
- United Nations Children's Fund
- United Nations Population Fund
- *Université de Bourdeaux Institut de Santé Publique, Epidémiologie et de Développement* – Institute of Public Health, Epidemiology, and Development
- *Université de Félix Houphouët-Boigny*
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EGPAF CÔTE D'IVOIRE

2 Plateaux les Vallons, Rue J50
08 BP 2678 Abidjan 08
Côte d'Ivoire

+255 22 41 45 05

WWW.PEDAIDS.ORG

