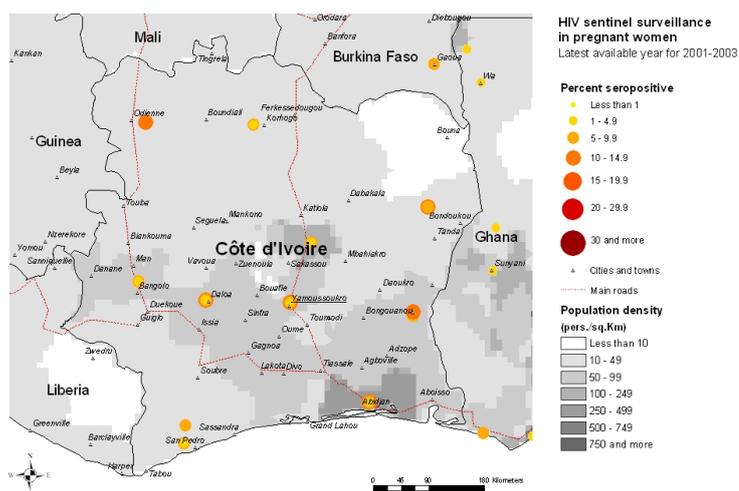


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **111 000**
 Antiretroviral therapy target declared by country: **63 000 by the end of 2005**



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	16.9	United Nations
Population in urban areas (%)	2005	45.8	United Nations
Life expectancy at birth (years)	2003	45	WHO
Gross domestic product per capita (US\$)	2002	716	BCEAO*
Government budget spent on health care (%)	2002	7.2	WHO
Per capita expenditure on health (US\$)	2002	44	WHO
Human Development Index	2002	0.399	UNDP

*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

*BCEAO: Central Bank of West African States
 ** Multiple Indicator Cluster Surveys

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	4.9 - 10.0%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	390 000 - 820 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Nov 2005	17 600	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	111 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Nov 2005	95	WHO
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female*	2000	16	MICS**
Knowledge of HIV prevention methods (15-24 years)% - male*		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

3. Situation analysis

Epidemic level and trend and gender data

Côte d'Ivoire is a high-burden, low-income country with an estimated 570 000 adults and children living with HIV/AIDS at the end of 2003. The epidemic is generalized, with an estimated adult prevalence of HIV/AIDS of 7% at the end of 2003, the highest in West Africa. The prevalence is higher in urban areas. In 2002, the median HIV prevalence in Abidjan was 7.4%. The median prevalence among attendees at seven other urban sites was 10.3% versus 5.8% among attendees at rural sites. Data from urban antenatal care clinics surveyed show that prevalence has declined slightly since 1998. An estimated 300 000 women aged 15-19 years were living with HIV/AIDS at the end of 2003. WHO/UNAIDS estimated at the end of 2003 that 310 000 children younger than 17 years had lost one or both parents to AIDS.

Major vulnerable and affected groups

Young people are severely affected - in 2001, 78% of people living with HIV/AIDS were 20-49 years old. Other vulnerable groups include military personnel, displaced and mobile populations, sex workers and socioeconomically vulnerable women.

Policy on HIV testing and treatment

The first HIV/AIDS tests in Côte d'Ivoire were undertaken in 1988-1989. Since then, voluntary testing and counselling has become recommended practice. Côte d'Ivoire has a national HIV testing and counselling technical committee that sets national standards and guidelines for sites providing testing and counselling services. Integrated testing and counselling services are being offered at some sites. Côte d'Ivoire has adopted national treatment guidelines in accordance with WHO recommendations and developed simplified laboratory monitoring procedures for initiating antiretroviral therapy and standard therapeutic algorithms.

Antiretroviral therapy: first-line drug regimen, cost per person per year

The recommended first-line regimen is zidovudine + lamivudine + efavirenz; zidovudine + lamivudine + nevirapine; stavudine + lamivudine + nevirapine; or stavudine + lamivudine + efavirenz. The National Public Health Pharmacy purchases antiretroviral drugs, and accredited centres selected based on their ability to offer services in accordance with technical standards mandated by the Ministry of Health prescribe and dispense the drugs. The cost of the first-line regimen declined from about US\$ 40 per person per year in 2004 to US\$ 36 per person per year in September 2005 and was expected to decline to as low as US\$ 22 per person per year by the end of 2005. Antiretroviral drugs are exempt from tax and are provided at subsidized rates to people attending public health facilities, and the financial contribution of users is determined based on their socioeconomic situation. In 2001, the government announced that children younger than 15 years of age would have free access to antiretroviral drugs, adults with a monthly income exceeding US\$ 830 would purchase antiretroviral drugs at full cost and all other adults would pay a fixed subsidized rate of US\$ 17 per year. In 2004, the package of treatment and laboratory follow-up services was available at a subsidized cost of US\$ 10 per person per trimester. As of October 2005, the package of treatment and laboratory services was available at a cost of US\$ 6 per person per trimester. This decrease in user charges constitutes an important step towards achieving universal access to antiretroviral therapy in the country.

Assessment of overall health sector response and capacity



After the first case of AIDS was reported in 1987, the government established a National Committee for the Fight against AIDS presided by the head of state. Successive five-year plans were developed and implemented to guide the national response to HIV/AIDS, primarily focusing on prevention programmes for the general population and effective targeted interventions to be put in place. In 1998, the government launched the HIV/AIDS Treatment Access Initiative to provide antiretroviral therapy to people living with HIV/AIDS, in collaboration with UNAIDS, the project RETRO-CI/CDC, the ANRS (Agence Nationale de Recherche sur le SIDA) and the Infectious Disease Clinic. In 2001, the Ministry of HIV/AIDS was created for multisectoral coordination of HIV/AIDS activities, supported by the HIV Care and Treatment Unit in the Ministry of Health. A law adopted in 2001 provided a tax exemption for treatment as well as for salaries and expenses paid by an employer for health care provided to employees with HIV/AIDS. Care is free for preventing mother-to-child transmission and for children younger than 15 years. A National HIV/AIDS Health Sector Plan was developed in January 2002, which focuses on various aspects of the fight against the disease including prevention, care, treatment and monitoring and evaluation. A national plan for scaling up access to antiretroviral therapy in the country is being developed as well as training materials to build human resource capacity. The provision of antiretroviral therapy services, which was hospital-centred until recently, is being decentralized to the district level. Efforts are underway to build capacity to provide a minimum essential package of services at the district level, including training health workers at the district level and reinforcing procurement and supply management systems for medical supplies. In August 2005, a process for updating data on key HIV/AIDS indicators was initiated. The results from this survey will be a critical input for planning the national HIV/AIDS response in the future. Côte d'Ivoire has been undergoing a political and military crisis since September 2002, which has severely affected the health sector infrastructure and human resources. The ongoing conflict situation, a large displaced population and a breakdown of health facilities in rebel-controlled zones have significantly increased the risk of HIV/AIDS incidence.

Critical issues and major challenges

The political and military crisis in Côte d'Ivoire has limited the national capacity to respond to the HIV/AIDS epidemic for the past few years. Trained health personnel are lacking, and the situation has been aggravated by the displacement of existing human resources towards the non-occupied regions. Existing HIV/AIDS interventions are largely concentrated in Abidjan and some other large cities. Drug prices are prohibitive for most people attending accredited centres. Facilities for laboratory monitoring are inadequate. Effectively addressing the spread of HIV/AIDS and expanding access to antiretroviral therapy requires significantly strengthening human resource capacity in the health sector. The decentralization process also needs to be supported to ensure that local populations have greater access to prevention, treatment and care services. The monitoring and evaluation system needs to be strengthened and complementarity among existing coordination mechanisms reinforced. Increased involvement of nongovernmental organizations, community-based organizations and organizations of people living with AIDS is important for ensuring psychosocial and community support for people affected by the disease.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 88.3 million and US\$ 111.2 million was required during 2004-2005 to scale up treatment in Côte d'Ivoire and meet the WHO "3 by 5" treatment target of 39 000 people, based on 50% of estimated need (2003).
- The Government of Côte d'Ivoire has invested significant resources in the fight against HIV. In 1998, the government created a national solidarity fund of US\$ 2.5 million to be renewed yearly to fund the HIV/AIDS Treatment Access Initiative. Since 2004, the government has provided an annual subsidy of US\$ 1.6 million for antiretroviral therapy and about US\$ 396 000 for reagents.
- The United States President's Emergency Plan for AIDS Relief committed US\$ 24.3 million in financial year 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme in Côte d'Ivoire. In 2005, the United States is committing up to US\$ 43.9 million to support Côte d'Ivoire's efforts to combat HIV/AIDS.
- Côte d'Ivoire is a beneficiary of the World Bank Multi-Country HIV/AIDS Program for Africa, with a total funding commitment of US\$ 50 million for HIV/AIDS. This programme has not yet entered into operation.
- Côte d'Ivoire submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in funding Round 2, with a total funding request of US\$ 46.4 million. The proposal focuses on improving access to condoms in rural areas, voluntary testing and counselling facilities, services for preventing mother-to-child transmission and scaling up care and support to people living with HIV/AIDS, including providing antiretroviral drugs. As of November 2005, US\$ 17 million has been disbursed for implementation of activities. Côte d'Ivoire submitted a successful proposal to the Global Fund in funding Round 3 focused on preventing the expansion of the HIV/AIDS epidemic in the country in the context of the political and military crisis that began in September 2002. The proposal, with a total funding request of US\$ 1 million, targets rebel-controlled zones and refugee-hosting areas. Côte d'Ivoire has also recently submitted a proposal to the Global Fund in Round 5 for a total of US\$ 3.4 million to continue the emergency response to the HIV/AIDS epidemic in a post-conflict situation.
- Further support for the national response is provided by: various bilateral partners, including the German Gesellschaft für Technische Zusammenarbeit (GTZ) and the French Cooperation; international organizations including UNAIDS, WHO, UNICEF and UNDP; and international nongovernmental organizations including CARE.

5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated the total treatment need of Côte d'Ivoire to be about 78 000 people, and the WHO "3 by 5" treatment target was calculated as 39 000 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that the treatment need in Côte d'Ivoire had risen to 111 000 people.
- The Government of Côte d'Ivoire declared a national target of 63 000 people receiving antiretroviral therapy by the end of 2005. The United States President's Emergency Plan for AIDS Relief plans to provide treatment to 78 000 people by 2008. The Elizabeth Glaser Pediatric AIDS Foundation is expected to provide treatment to 2000 people per year in 2004 and 2005 within the context of the MTCT-Plus Program. The World Bank Multi-Country HIV/AIDS Program for Africa is expected to provide treatment to 5000 people in 2005. The Global Fund Round 2 proposal aims to provide antiretroviral therapy to 27 000 people by 2007.
- Coverage of prevention and treatment services remains limited. A total of 4536 people were reported to be receiving antiretroviral therapy in September 2004, most through accredited treatment centres located in Abidjan. By June 2005, 12 000 people were receiving antiretroviral therapy; this increased to 14 200 people by September 2005 and to 17 600 people by November 2005. Most of those receiving treatment receive it at a subsidized rate through the public sector. There were 79 sites providing antiretroviral therapy in the country in November 2005, of which most were in the public sector. Treatment was available in 33 of 79 districts in the country as of November 2005.
- Voluntary counselling and testing services were available in 95 facilities as of November 2005, most of which are in the public sector. Services for preventing mother-to-child transmission are available in 72 facilities.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The Ministry of HIV/AIDS and the HIV Care and Treatment Unit of the Ministry of Health provide leadership in planning and coordinating the national response to the epidemic. The National AIDS Control Programme is the implementation agency for activities related to HIV/AIDS. UNAIDS and WHO provide support in planning.

Service delivery

The Ministry of HIV/AIDS, the Ministry of Health and the National AIDS Control Programme provide leadership in delivering services for HIV prevention, care and treatment. The National Public Health Pharmacy takes the lead in procuring and managing stocks and distributing antiretroviral drugs, supported by partners such as the United States Agency for International Development. In addition, the United States Government also provides support for the expansion of services related to blood safety, injection safety and preventing mother-to-child transmission. UNICEF, the French Cooperation, the Italian Cooperation and WHO also support activities related to preventing mother-to-child transmission. The National Laboratory for Public Health provides leadership in developing laboratory facilities. WHO supports the government in developing national norms and standards, building human resource capacity, expanding testing and counselling services and building capacity for procurement and management of drug supplies. The United States President's Emergency Plan for AIDS Relief is committed to providing support to the national treatment extension plan, including providing antiretroviral therapy, supporting the expansion of comprehensive diagnosis and care services and assistance in forecasting demand for, procuring, storing, distributing and managing drugs. Médecins Sans Frontières plans to begin a treatment programme for people living with HIV/AIDS along the western border of the country. The Elizabeth Glaser Pediatric AIDS Foundation also supports the provision of treatment and care.

Community mobilization

Nongovernmental organizations and organizations of people living with HIV/AIDS play an active role in community mobilization in Côte d'Ivoire. The Ministry of HIV/AIDS provides overall leadership for advocacy and the provision of psychosocial support to people living with HIV/AIDS. COSCI (Collectif des Organisations Non Gouvernementales de Sida de Côte d'Ivoire), an umbrella organization of national nongovernmental organizations, plays an active role in the fight against AIDS. Other nongovernmental organizations and networks include Ruban Rouge, which runs a medical centre for people living with HIV/AIDS; Lumière Action, which runs a testing and counselling facility; and Chigata, which provides support to families affected by HIV. The United States Government will support the Ministry of Health in strengthening a continuum of care and psychosocial support for people living with AIDS through home-based care.

Strategic information

The Department of Information, Planning and Evaluation of the Ministry of Health takes the lead in all surveillance, monitoring and evaluation activities for HIV/AIDS, supported by the Ministry of HIV/AIDS. The United States Agency for International Development, the United States Centers for Disease Control and Prevention and the Canadian International Development Agency support the Ministry of Health in monitoring and evaluation and surveillance activities.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Conducting a scoping mission in December 2003 to assess the situation of antiretroviral therapy implementation and to identify opportunities for rapidly scaling up antiretroviral therapy and areas for WHO support
- Supporting the development of a human resource plan to build capacity to scale up the national response
- Supporting the development of training materials within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMA) strategy
- Supporting the development of a national policy document on antiretroviral therapy and a national plan for rolling out treatment
- Supporting the development of a strategy to scale up the prevention of mother-to-child transmission and care and treatment of children
- Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Supporting the government in coordinating the activities of various implementation partners
- Strengthening monitoring and evaluation of the antiretroviral programme
- Strengthening procurement and supply chain management for drugs and diagnostics
- Supporting the training of health workers
- Supporting the implementation of phase II of the WHO/Italian Initiative on HIV/AIDS and the WHO/OPEC Fund Initiative on Integrating the "3 by 5" Initiative in Health Systems in Africa

Staffing input for scaling up HIV treatment and prevention

- Current staff working on activities related to HIV/AIDS in the WHO Country Office for Côte d'Ivoire includes one Intercountry Adviser on HIV care and treatment, one international HIV/AIDS Country Officer and one National Programme Officer for HIV.
- Additional staffing needs identified include one public health professional responsible for surveillance and information management, one administrative support staff member and one logistics support staff member.