

CÔTE D'IVOIRE AND HIV/AIDS

Key Talking Points

Côte d'Ivoire has the highest HIV/AIDS prevalence rate in West Africa:

- UNAIDS estimates that at least 10 percent of the total population between the ages of 15 and 49 has HIV/AIDS.
- 700,000 adults and children are currently living with HIV/AIDS.
- A 1994 study estimated that 41 percent of HIV/AIDS infections in West Africa are found in Côte d'Ivoire.

AIDS Deaths Since the beginning of the epidemic, 420,000 adults and children have died of AIDS; 72,000 of these deaths occurred in 1997 alone. As a result of HIV/AIDS, life expectancy is expected to be almost 19 percent lower in 2005 than it would have been in the absence of AIDS, and the crude death rate will be more than 53 percent higher in 2005 than it was in 1990.

Women and HIV/AIDS In 1997, 9 percent of women attending antenatal clinics tested positive for HIV. There are 330,000 women currently living with HIV/AIDS. In 1995, nearly 70 percent of sex workers in Abidjan were infected with HIV/AIDS.

Children, Youth and HIV/AIDS There are 32,000 children under age 15 currently living with HIV/AIDS. As of 1997, an estimated 320,000 children had become orphans since the beginning of the epidemic. In 1995, 14 percent of women under age 20 were HIV-positive.

USAID's sexual and reproductive health interventions in Côte d'Ivoire are delivered under a regional Family Health and AIDS/West and Central Africa Program (FHA/WCA). Through strategic partnerships with four U.S. private voluntary organizations (PVOs), the initiative is developing regional models of integrated family health programs and addressing HIV/AIDS and disease transmission related to migration issues through social marketing and regional mass media interventions.

National Response Côte d'Ivoire cannot afford to limit its response to the AIDS epidemic. Political commitment at the highest levels is essential to implement an effective multisectoral response. There is limited appreciation and understanding of the potentially serious impact of HIV/AIDS on society. Aggressive public outreach campaigns and education interventions must continue to target key high-risk populations, such as sex workers, migrant populations, and adolescents.



**U.S. Agency for
International Development**
**Population, Health and Nutrition
Programs**
HIV/AIDS Division
1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516-9779
Fax: (703) 516-9781
URL: www.fhi.org

CÔTE D'IVOIRE AND HIV/AIDS

Country Profile

Since the 1950's, Côte d'Ivoire has been one of the few sub-Saharan countries to enjoy political stability and a relatively sound economy. Ivoirian society is made up of over 60 distinct ethnic groups; 30 percent of the population in 1995 was foreign born. With a total population of 15.6 million and an annual population growth rate of 2.6 percent, the population is expected to double in 26 years.

Economic progress since independence from France in 1960 has outpaced improvements in the general health status of the population, despite substantial improvements in health conditions. Infant and child mortality rates remain high, at 88 deaths per 1,000 live births. Infectious diseases, primarily malaria, gastrointestinal ailments, respiratory infections, measles and tetanus, account for most of the illness and death among children. Overall access to health services remains

limited, particularly in rural areas. There are several large hospitals in Abidjan, but few regional health centers. In addition, chronic shortages of equipment, medicines, and trained health care personnel compound the poor quality of available services. In many rural areas, health care remains under the guidance of family elders and traditional healers.

By the end of 1997, over 200,000 Liberian refugees were living in Côte d'Ivoire, primarily in the western zones of Tabou, Grabo, Guiglo, Toulepleu, and Danane. The presence of these refugees has placed unusual demands on the government and the international community for food, water, shelter, sanitation facilities, health care, counseling, education, and other services, and has created environmental problems as people clear land for habitation and food production.

HIV/AIDS in Côte d'Ivoire

Côte d'Ivoire has the highest rate of HIV/AIDS in West Africa. The Joint United Nations Programme on AIDS (UNAIDS) estimates that at least 10 percent of the total population between the ages of 15 and 49 has HIV/AIDS.

- UNAIDS estimates that at least 700,000 adults and children are currently living with HIV/AIDS.
- A 1994 study estimated that 41 percent of HIV/AIDS infections in West Africa are found in Côte d'Ivoire.

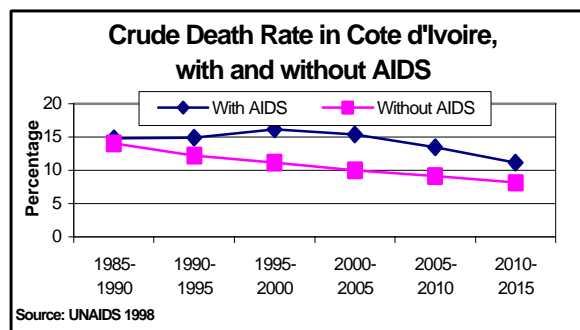
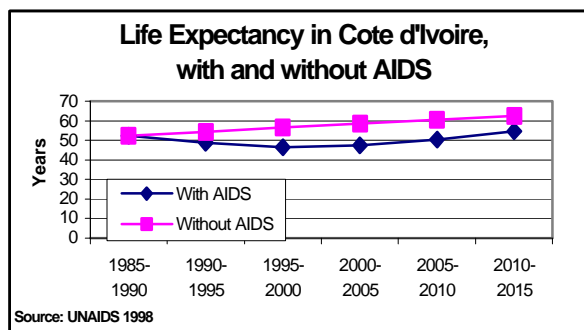
As a result of HIV/AIDS, the crude death rate in Côte d'Ivoire will be more than 53 percent higher in 2005 than it was in 1990.

- An estimated 420,000 adults and children have died of AIDS since the beginning of the epidemic; 72,000 of these deaths occurred in 1997 alone.
- Life expectancy in Côte d'Ivoire is expected to be almost 19 percent lower in 2005 than it would have been in the absence of AIDS.

- HIV/AIDS is the number one cause of death among young male hospital patients. Among young women, AIDS is second only to maternal mortality.

AIDS has become the main cause of death, after malaria and water-borne diseases, among teachers in Côte d'Ivoire. According to a study conducted by Alphonse Kanga of the University of Abidjan, from 1994 to 1997, 373 deaths were reported among primary and secondary school teachers during the academic year 1996-97, of which 159 were AIDS-related. The absence of teachers during the school year due to AIDS represented between 252 and 280 teaching hours lost each year. The study warns, "If the tendency continues, there will be about 41,632 boys and 30,023 girls out of school by the year 2000." To reduce the death toll, Kanga calls for an intensive campaign among teachers to curb the spread of the disease.

CÔTE D'IVOIRE AND HIV/AIDS



While awareness of AIDS is almost universal in Côte d'Ivoire, and the vast majority of women and men know that AIDS is transmitted through sexual relations, preliminary data from the 1998 Demographic and Health Survey (DHS) shows

that only 4.4 percent of women and 17.1 percent of men reported current condom use, though these figures represent an increase in condom use since 1994, when 1.9 percent of women and 10.5 of men reported current condom use.

Women and HIV/AIDS

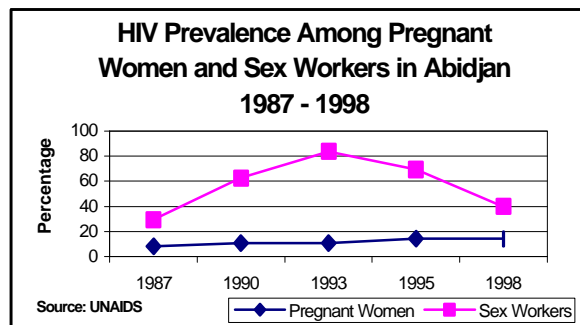
In addition to women's greater biological susceptibility to HIV infection, socioeconomic disparities between women and men in Côte d'Ivoire increase women's vulnerability to HIV/AIDS. Only 30 percent of women (compared with 50 percent of men) are literate, and female enrollment in primary and secondary schools is consistently lower for girls than boys. Less than 10 percent of Ivoirian women have more than a primary school education.

dropped to approximately 40 percent in 1998, probably due to increased awareness, condom use, and treatment of sexually transmitted infections (STIs).

In general, women suffer from greater poverty due to lack of access to critical resources such as land, credit, extension services, and technology. This in turn limits their access to health and social services, in addition to leading some women to sex work as a means of survival.

According to official statistics, about 43 percent of Ivoirian women and young girls have undergone female genital mutilation (FGM), although other sources estimate this number to be 50 to 60 percent. Because of the lack of hygienic conditions in which female circumcision is often performed, this practice puts women at greater risk of infection, including HIV infection.

- 330,000 women in Côte d'Ivoire are currently living with HIV/AIDS.
- In 1998, 10.5 percent of women attending antenatal clinics tested positive for HIV.
- In 1995, nearly 70 percent of sex workers in Abidjan were infected with HIV/AIDS. That rate



Children and HIV/AIDS

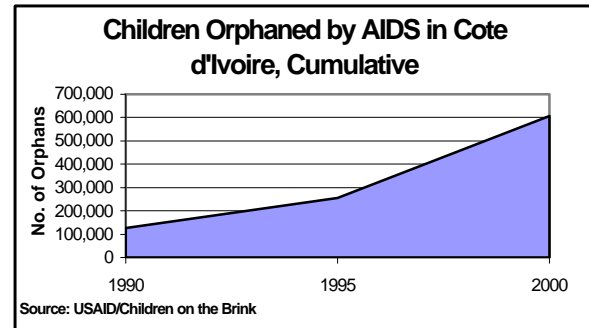
The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become

infected with HIV, and most will develop AIDS and die within two years.

- 45 percent of the population is under age 15.

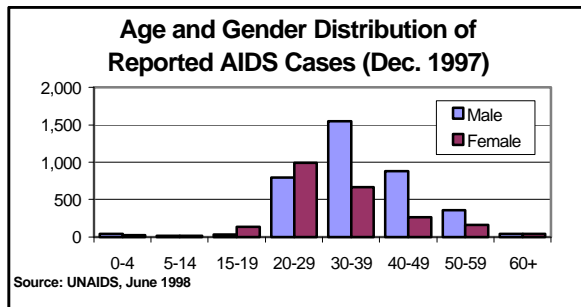
CÔTE D'IVOIRE AND HIV/AIDS

- 32,000 children under age 15 are currently living with HIV/AIDS.
- As of 1997, an estimated 320,000 children had become orphans since the beginning of the epidemic.
- In the year 2000, 93 percent of all orphan cases will be attributed to AIDS.



Youth and HIV/AIDS

Adolescents are particularly vulnerable to HIV infection due to high-risk behaviors such as multiple sex-partnering, drug and alcohol use, and low perception of personal risk. Although the 1998 DHS reports that condom use among adolescents has risen—with one-third of sexually active 15- to 19-year-olds reporting using a condom during their last sexual encounter—adolescents remain at high risk of HIV infection.



Young women have an even greater susceptibility to HIV due to biological, social, and cultural factors. The relatively high fertility rate (5.7 children per woman) is due partly to early initiation of unprotected sexual activity. The early onset of sexual activity, lower levels of education (in comparison to men), and the inability to negotiate sex increases young women's risk for STIs and HIV infection.

- By age 15, over one-third of girls have already had sexual intercourse.
- By age 18, 43 percent of girls have become mothers; 53 percent by age 19.
- In 1995, 14 percent of women under age 20 were HIV-positive.

Socioeconomic Effects of HIV/AIDS

About 90 percent of reported AIDS cases are 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a family member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. AIDS also adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to

CÔTE D'IVOIRE AND HIV/AIDS

care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *analysis* presented by the Policy Project.)

Interventions

National Response

The first AIDS case in Côte d'Ivoire was diagnosed in 1985, the same year the National Anti-AIDS Committee was established. In 1987, with the assistance of international organizations such as WHO, USAID and UNFPA, the government of Côte d'Ivoire established the Programme National de Lutte contre le SIDA (PNLS). By 1992 the national program for STIs was integrated into the PNLS, and in 1995 the tuberculosis program was also integrated. The first Short Term Plan was put into effect for the period 1987 to 1989. This plan's main objectives were to establish an institutional base to manage the national response; to establish a surveillance system to monitor the epidemic; to prevent the transmission of HIV through sexual contact or blood products; and to improve the care

In 1987 the government started implementing testing programs for HIV. By the end of that year, 250 AIDS cases had been reported nationwide. Although this number was small in comparison with many East and Central African nations, it represented twice the number of AIDS cases reported one year earlier. PNLS then began to implement blood screening programs and establish public information centers to address the epidemic.

and support of persons living with HIV/AIDS (PLWHA). Following the Short Term Plan, the PNLS developed two Medium Term Plans, effective 1989 to 1993 and 1994 to 1998. The main activities under these plans included:

- Information, education and communication (IEC) activities targeting the general population and high-risk groups.

- Social marketing of condoms.
- Improved STI case management.
- Improved system of blood product screening.
- Training of health personnel to reduce non-sexual transmission of HIV within the health care setting.
- Care and support of PLWHA.
- Prevention activities aimed at reducing mother-to-child transmission and care for HIV-positive pregnant women.
- Promotion of medical research.

The PNLS is in the process of conducting an analysis of the national response to date. The results of this analysis will be used to develop the strategic plan to cover the period 2000 to 2005.

In 1998, Côte d'Ivoire initiated an anti-AIDS campaign targeting truck and taxi drivers. The campaign includes educational jingles transmitted over the radio, automatic condom dispensing machines, and signs on major highways featuring a grinning truck driver holding a packet of condoms.

In the last two years, the government of Côte d'Ivoire allocated approximately CFA 2.4 billion for HIV/AIDS activities.

CÔTE D'IVOIRE AND HIV/AIDS

Donors

Multilateral and bilateral donors are actively engaged in HIV/AIDS activities in Côte d'Ivoire. According to a UNAIDS/Harvard University

study, bilateral organizations contributed the following amounts in 1996-1997 and 1998-1999:

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
France	7,250,424	1,200,000
CIDA	2,483,022	794,700
GTZ	496,604	1,000,000
Total	10,230,050	2,994,700

Bilateral organizations' contributions 1996-1999

USAID's sexual and reproductive health interventions in Côte d'Ivoire are delivered under a regional Family Health and AIDS/West and Central Africa Program (FHA/WCA). Through strategic partnerships with four U.S. private voluntary organizations (PVOs), the initiative is developing regional models of integrated family health programs, addressing HIV/AIDS and disease transmission related to migration issues by using social marketing and regional mass media interventions.

Activities under this project are primarily regional in scope, with particular focus on four priority countries—Burkina Faso, Cameroon, Côte d'Ivoire, and Togo—and three associate countries—Benin, Mali, and Senegal. The strategic objective of the project is to increase the use of sustainable, regional, and selected reproductive health, AIDS/STI and child survival interventions in West Africa. Total HIV/AIDS funding for the West and Central Africa project was \$3,465,000 in 1998 and \$3,605,000 in 1999, including \$200,000 in supplemental funding for children affected by HIV/AIDS.

In Côte d'Ivoire, specific HIV/AIDS activities funded by USAID include:

- Condom social marketing.
- IEC activities.
- Interventions to improve the integration of STI management in family planning clinics.
- Capacity building to strengthen organizational capability to provide voluntary counseling and testing services.

- Community mobilization activities designed to strengthen community-based care of PLWHA.
- Interventions to improve the availability and use of biomedical surveillance data in the monitoring and evaluation of HIV/AIDS/STI prevalence and trends.

With funding from USAID, Family Health International/IMPACT conducted the first behavioral surveillance survey (BSS) in Côte d'Ivoire targeting youth, sex workers, migrant workers, and truck drivers. Results highlighted the successes of previous IEC campaigns in informing high-risk groups about the HIV/AIDS epidemic (over 98 percent of all four target groups had heard of AIDS), as well as identifying areas where education efforts need to be reinforced (particularly in the areas of condom use and STI symptom recognition and treatment-seeking behaviors).

The Canadian International Development

Agency (CIDA) is also implementing a regional HIV/AIDS program that covers Côte d'Ivoire. Activities under this program are primarily aimed at promoting effective and lasting control of STIs among high-risk groups associated with migratory routes in West Africa.

UNAIDS has a coordinating Theme Group chaired by a representative, rotating every six months, from one of the following member organizations: UNDP, WHO, the World Bank, UNESCO, UNICEF, UNFPA, UNHCR, ILO, UNDCP, UNIDO, and the PNL. The overall objective of

CÔTE D'IVOIRE AND HIV/AIDS

the UNAIDS Theme Group is to optimize the interventions of all agencies working in HIV/AIDS through better coordination of human and financial resources and avoidance of duplication of efforts.

Support from the UNAIDS cosponsors in 1996-97 and 1998-99 included:

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
UNDP	1,200,000	1,600,000*
UNESCO	850,000	500,000
UNFPA	800,000	2,000,000*
UNICEF	250,424	850,000**
UNAIDS	249,563	472,000
WHO	40,000	n/a
FAO	40,000	n/a
World Bank	n/a	3,000,000*
Total	3,429,987	8,422,000

* next three years ** several years

UNAIDS cosponsor contributions 1996-1999

UNAIDS is providing technical assistance and material support to the PNLs in the implementation of a multisectoral HIV/AIDS prevention program, with particular emphasis on the decentralization of activities.

UNDP supports IEC and training activities at the community level, income-generating activities for PLWHA, and technical assistance to the PNLs in strategic planning.

UNESCO is supporting IEC and research activities targeting the military and PLWHA.

UNFPA supports IEC and research activities, in addition to STI prevention and treatment and condom distribution targeting women, the military, sex workers, and youth. UNFPA also provided \$79,000 in 1997 for an International Conference on AIDS and STIs in Africa to increase participation of NGOs, PLWHA, and civil society in the fight against AIDS.

UNICEF supports IEC and training activities targeting vulnerable populations (particularly women, youth and children), and care and support projects for HIV-positive women, their children, and orphans. UNICEF also provides technical support to NGOs and the PNLs.

WHO is providing training and HIV testing materials, and technical assistance in strategic

planning and management of STIs and opportunistic infections.

UNAIDS has started the pilot phase of an initiative designed to improve access to medications for HIV-positive persons in developing countries, and Côte d'Ivoire is one of four countries to participate in the project. Under the initiative, which is based on collaboration between the public and private sectors, the participating countries have agreed to adapt their health infrastructure to guarantee an appropriate distribution and use of the medications. In return, the pharmaceutical companies will provide medications at subsidized prices. The objective of the initiative is to provide developing countries with strategies to improve care services for infected persons, including the provision and management of the most recent antiretroviral drug therapies available.

The World Bank approved a \$40 million loan in 1996 for an Integrated Health Services Development Project, \$2.1 million of which is allocated to HIV/AIDS. The objectives of the project, within the framework of the government's National Health Development Plan, are to: expand

CÔTE D'IVOIRE AND HIV/AIDS

access to health services and improve their utilization; make health services available on a sustainable basis; and improve the ability of the Ministry of Public Health to analyze health problems and to formulate, monitor and evaluate policies, strategies and programs.

Kreditanstalt für Wiederaufbau (KfW) is a major donor of Population Services International (approximately \$11 million over four years), and

is supporting condom procurement and specific HIV/AIDS interventions.

The Centers for Disease Control and Prevention (CDC) has established one of the most important research centers in HIV/AIDS epidemiology and biomedical interventions in Africa.

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities funded by multilateral and bilateral donors. Some of the major USAID cooperating agencies include Johns Hopkins University Center for Communication Programs, the Johns Hopkins Program for International Education in Reproductive Health, Population Services International, Tulane University, and Family Health International. NGOs also receive funding from a variety of sources and carry out most of the HIV/AIDS prevention and care activities in Côte d'Ivoire. *See attached chart for PVO, USAID cooperating agencies, and NGO target areas of activities in HIV/AIDS. This list is evolving and changes periodically.*

An NGO coalition called the Collectif des ONG de Lutte contre le SIDA en Côte d'Ivoire (COS-CI)

was established in 1992. The objectives of the coalition are to:

- Diminish the spread of HIV/AIDS and other STIs through the mobilization of NGOs.
- Increase the involvement of NGOs in the national response to the epidemic.
- Create a permanent dialogue between NGOs and other organizations working in HIV/AIDS.
- Reinforce coordination between organizations implementing HIV/AIDS prevention interventions.
- Provide information regarding the HIV/AIDS situation in Côte d'Ivoire.
- Support organizations in the search for funding for HIV/AIDS activities.

Challenges

Major constraints to HIV/AIDS control in Côte d'Ivoire include:

- Bureaucratic structure of the PNLs prevents the rapid use of funds and implementation of activities.
- Insufficient human resources to coordinate and manage the overall national response.
- Lack of funding and capacity for the care and support of PLWHA, particularly in the area of treatment for opportunistic infections.
- Insufficient interventions to reduce non-sexual transmission of HIV through health care personnel.
- Insufficient interventions to reduce mother-to-child transmission of HIV and inadequate resources to treat HIV-positive pregnant women.
- The slow pace of behavior change and low perception of risk among the general population.
- Poverty and lack of resources to address HIV/AIDS and other health and development problems, particularly in rural areas.
- Resistance to the integration of sex education topics into primary and secondary school curricula.
- Insufficient funding and capacity to conduct biomedical and operations research.

The Future

With the highest HIV prevalence rate in West Africa, Côte d'Ivoire cannot afford to limit its response to the AIDS epidemic. Political commitment at the highest levels is essential to implement an effective multisectoral response. In addition, the capacity of the PNLS and other structures involved in the control of the epidemic must be strengthened and supported, both financially and technically.

There is limited appreciation and understanding of the potentially serious impact of HIV/AIDS on society. Aggressive public outreach campaigns and education interventions must continue to target key high-risk populations, such as sex workers, migrant populations, and adolescents. In addition, improved access to, demand for, and quality of reproductive health services, and in particular, STI diagnosis and treatment services, are essential at this stage of the epidemic.

Important Links and Contacts

1. PNLS, Dr. Coulibaly Issa Malick, Executive Director, 04 BP 2113 Abidjan 04; Tel. (225) 24 30 13/24 30 14; Fax (225) 24 31 19
2. UNAIDS, Octave Moumpala, Programme Development Officer, UNAIDS Intercountry Team for West and Central Africa, 04 BP 1900, Abidjan 04; Tel. (225) 32 16 41; Fax (225) 32 26 19; E-mail: moumpala@africaonline.co.ci
3. COS-CI, Célestine Navigue, President, 08 BP 1786, Abidjan 08; Tel. (225) 47 50 54/ 96 35 89; Fax: (225) 47 50 75



**U.S. Agency for
International Development
Population, Health and Nutrition
Programs
HIV/AIDS Division**

1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516 9779
Fax: (703) 516 9781
URL: www.fhi.org

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Ethiopia

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
JSI/FPLM					X												
TFGI/FPolicy Project	X											X					
FHI/IMPACT									X								
PSI						X											
Pathfinder International																	
PVOs/NGOs																	
Catholic Relief Services			X	X			X		X						X		
IPPF/WHR				X													
CARE									X								
Civil/Military Alliance to Combat HIV/AIDS	X			X				X				X					
Medical Mission Sisters	X	X	X	X				X	X	X			X	X	X	X	

KEY:	Advoc. Advocacy	MTCT Mother to Child Transmission activities
	BCI Behavior Change Intervention	Research HIV/AIDS research activities
	Care/S Care & Support Activities	Policy Policy monitoring or development
	Training HIV/AIDS training programs	STD STD services or drug distribution
	Cond. Condom Distribution	VCT Voluntary counseling and testing
	SM Social Marketing	Orphan AIDS orphan activities
	Eval. Evaluation of several projects	TB TB control
	HR Human Rights activities	Other (I.e. blood supply, etc.).
	IEC Information, education, communication activities	