Background

One of the most prosperous—and, for years, most peaceful—countries in West Africa, Côte d’Ivoire has suffered from political instability for more than a decade. As a result, the health care infrastructure has been weakened, particularly in the northern regions of the country, which are still undergoing reconstruction. In Côte d’Ivoire, where HIV/AIDS, tuberculosis and malaria are primary health concerns, access to care is essential.

Jhpiego has been active in Côte d’Ivoire since the late 1980s, initially strengthening the skills of the faculty of medicine at the University of Abidjan to teach students about reproductive health and family planning. From 1995 to 2002, Jhpiego implemented the Santé Familiale et Prévention du SIDA (Family Health and AIDS Prevention) Project, funded by the U.S. Agency for International Development (USAID). In 2002, with funding from the U.S. Centers for Disease Control and Prevention (CDC) under the University Technical Assistance Project (UTAP), the focus of Jhpiego’s work shifted to HIV/AIDS care and treatment. Under UTAP II, Jhpiego supported more than 35 sites providing services for the prevention of mother-to-child transmission (PMTCT) of HIV by reinforcing the quality of care. Under this same project, Jhpiego also demonstrated the feasibility of implementing cervical cancer screening for HIV-positive women through visual inspection using acetic acid, with immediate treatment, when necessary, using cryotherapy.

In 2008, Social Sectors Development Strategies, Inc., subcontracted with Jhpiego with funding from the President’s Emergency Plan for AIDS Relief (PEPFAR) to provide technical assistance to build capacity and improve and expand HIV/AIDS prevention and care services. Jhpiego also worked with the International Center for AIDS Care and Treatment Programs at Columbia University to expand the role of nurse-midwives in Côte d’Ivoire by shifting certain HIV-related tasks from doctors to nurse-midwives. In addition, from 2012 to 2013, Jhpiego collaborated with the school of social work, the Institut de Formation Sociale, to develop curricula that address the needs of orphans and other vulnerable children (OVC), and to ensure that tutors provide high-quality, competency-based training. In 2013, with funding from the United Nations Population Fund (UNFPA), Jhpiego assessed and trained personnel at 29 sites to enable them to provide cervical cancer prevention services, training 100 providers from 13 districts and following up with supportive supervision.

Quick Facts

Estimated total population: 23.3 million

Maternal mortality ratio: 400/100,000 live births

Infant mortality rate: 76/1,000 live births

Under-five mortality rate: 108/1,000 live births

Total fertility rate: 4.9

Contraceptive prevalence: 13% (modern methods) 18% (all methods)

HIV prevalence: 3.4%

Births with skilled provider: 59.4%

Sources:
1 Population Reference Bureau 2015 World Population Data Sheet;
2 UNICEF country statistics;
Currently, Jhpiego is implementing three programs in Côte d’Ivoire, as described below.

**Current Program Highlights**

**Technical Assistance in Support of HIV Prevention, Care and Treatment Services, Including Cervical Cancer Prevention**

Through this CDC-funded, five-year project, Jhpiego is supporting CDC’s country operational plan for Côte d’Ivoire and the National Strategy of the Ministry of Health and Public Hygiene and the National Program for the Fight against HIV/AIDS to establish sustainable approaches for the reduction of morbidity and mortality due to HIV/AIDS among vulnerable populations. The goal of this project is to provide technical assistance to the Government of Côte d’Ivoire to improve its capacity to reduce the morbidity and mortality of people living with HIV/AIDS and prevent infections in newborns by increasing access to high-quality PMTCT services.

This project currently focuses on implementing an integrated chronic care model in 43 health facilities in two regions (N’zi-Iffou and Gbokle-Nawa-San Pedro). A situational analysis provided necessary information to refine the proposed model of care through consultation with relevant stakeholders, most importantly the MSHP. The five principles of the model are: 1) a proactive team approach to care; 2) patient-focused care with a strong, long-term provider-patient relationship; 3) seamless referral systems; 4) task shifting to enable care as close to the patient as possible; and 5) improved linkages between communities and health facilities.

In addition, since Côte d’Ivoire is adopting PMTCT Option B+, it is necessary to ensure that PMTCT Option B+ and antiretroviral therapy (ART) services are integrated with sexual and reproductive health services. Jhpiego is working to build the capacity of nurses and midwives to initiate ART in accordance with Option B+ guidelines by supporting the Government of Côte d’Ivoire to develop a training and supervision support strategy based upon the tiered health system. Continuity and high quality of care will be assured through supervision of the facilities by the district health management teams.

**Design and Implementation of a Chronic Care Model to Improve Prevention, Care and Support for People Living with HIV**

In 2015, 3ie funded Jhpiego to work in partnership with the Medical University of South Carolina and the Johns Hopkins Bloomberg School of Public Health to determine the impact of an integrated chronic care model on adherence and retention rates among adults recently initiated on ART in Côte d’Ivoire. This information will provide evidence to decision-makers on how to optimize HIV/AIDS outcomes and will be hugely important for advancing the health policy discussion within Côte d’Ivoire.

**Resources towards Elimination of Child Vulnerability Project**

Jhpiego is supporting Save the Children on the USAID-funded Resources towards Elimination of Child Vulnerability (REVE Côte d’Ivoire) project to strengthen the capacity of families and community networks to ensure the well-being of their most vulnerable members, including persons living with HIV and AIDS, OVC and adolescent girls.
Jhpiego serves as the technical lead for clinical linkages and associated training and capacity-building activities under the project goal of increasing utilization of HIV and other health services by vulnerable groups. In particular, Jhpiego is providing long- and short-term technical assistance to:

- Strengthen health sector participation in OVC platforms and establish routine information-sharing procedures
- Strengthen the referral and counter-referral system to link HIV-affected households to clinical services through social centers and health facilities in the target zones, including referrals for a complete package of youth-friendly reproductive health services
- Train social workers

**Key Accomplishments**

Under the current CDC-funded project:

- An integrated chronic care model for people living with HIV/AIDS has been developed and is being pilot-tested in two regions.
- Jhpiego contributed to changing national policy to allow nurses and midwives to prescribe antiretrovirals so that this task could be shifted from doctors to these other cadres.
- The cervical cancer prevention program has been successfully handed over to the Government of Côte d’Ivoire. Key elements of success include: effective integration of cervical cancer prevention modules into pre-service institutions’ curricula, transfer of skills and competencies to health care providers, development and validation of learning resource documents related to cervical cancer prevention services and a nationally approved strategy for the single visit approach according to health pyramid level.
- For PMTCT Option B+, Jhpiego has developed the Aviro application, a clinical decision-making application that is being pilot-tested, and is finalizing the mMentoring model and updating the skills of clinical trainers.
- Jhpiego has integrated screening, diagnosis and treatment for hypertension and diabetes into HIV services. Integrating these services has improved access for people living with HIV/AIDS to appropriate screening and treatment for non-communicable diseases without requiring that they make additional visit to another, possibly unknown, provider. To date, the project has trained 30 clinical providers on integrated management of HIV, tuberculosis and chronic conditions, provided job aids to health care workers, improved patient flow and record-keeping, and established a referral network for participating facilities.

Under UTAP II:

- A total of 21 sites are providing cervical cancer screening and treatment using cryotherapy and two sites are also providing treatment with the loop electrosurgical excision procedure (LEEP) to treat larger lesions.
- Jhpiego trained 151 providers, who screened 12,172 women over the life of the project. Of the women screened, 1,069 had lesions eligible for treatment and 574 eligible women received cryotherapy. Additionally, 197 benefited from LEEP to treat their large lesions.
Partners and Donors

- Jhpiego collaborates closely with the Ministry of Health and Fight Against HIV/AIDS, particularly the National Program for Care and Treatment of People Living with HIV/AIDS, as well as with the Ivorian Society of Obstetricians and Gynecologists and the schools of medicine, midwifery, nursing and social work.
- Jhpiego’s work in Côte d’Ivoire is currently funded by the CDC, 3ie and USAID.

References


