



CDC in Côte d'Ivoire

The Centers for Disease Control and Prevention (CDC) established a field research station in Côte d'Ivoire in 1987 for the Retrovirus Côte d'Ivoire (CDC Retro-CI) project on the emerging HIV epidemic. The launch of the U.S. President's Emergency Plan for AIDS Relief in 2004 expanded CDC's support. CDC works closely with Côte d'Ivoire to address HIV, tuberculosis, malaria, and influenza as well as strengthening its laboratory, surveillance, and workforce capacity to respond to disease outbreaks in support of the Global Health Security Agenda.



CDC STAFF

9 U.S. Assignees

105 Locally Employed



AT A GLANCE

Population: : 24,294,750

Per capita income: \$3,820

Life expectancy at birth: F 55/M 52 years

Infant mortality rate: 62/1,000 live births

Sources:

World Bank 2018, Cote d'Ivoire

Population Reference Bureau 2018, Cote d'Ivoire

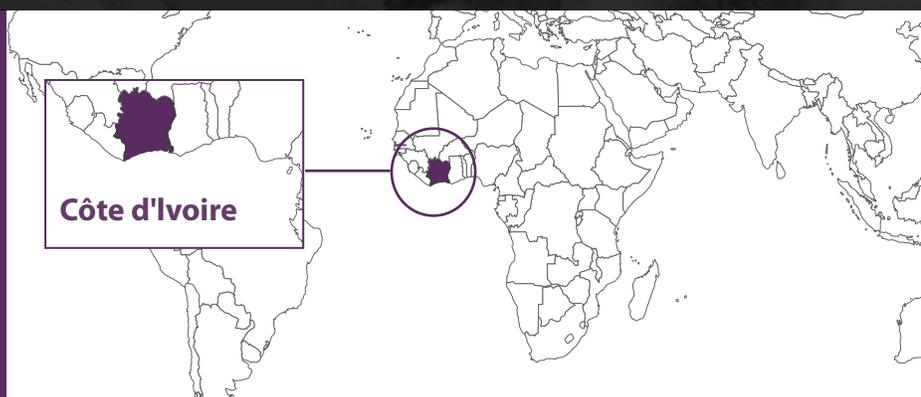


TOP 10 CAUSES OF DEATH

1. Neonatal disorders
2. HIV/AIDS
3. Low respiratory infections
4. Malaria
5. ischemic heart disease
6. Diarrheal diseases
7. Stroke
8. Tuberculosis
9. Congenital defects
10. Road injuries

Source:

GBD Compare 2018, Cote d'Ivoire



Global Health Security

In today's globally connected world, disease threats can spread faster and more unpredictably than ever before. CDC's global health security efforts in Côte d'Ivoire improve its ability to prevent, detect, and respond to infectious disease outbreaks before they become epidemics that could affect global populations. These efforts help Côte d'Ivoire reach the targets outlined in [Global Health Security Agenda \(GHSA\) Joint External Evaluation](#) conducted in 2016. Côte d'Ivoire is a GHSA Phase I priority country. Working closely with the Ministry of Health & Public Hygiene (MSHP) and other partners, CDC provides expertise and support across the 11 technical areas known as GHSA Action Packages. These Action Packages help Côte d'Ivoire build core public health capacities in disease surveillance, laboratory systems, workforce development, and emergency management, as well as other critical areas.

HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with the MSHP and HIV service providers to build a sustainable, high impact national HIV response program. The objective is to accelerate progress towards the UNAIDS global targets to control the HIV epidemic by:

- Increasing awareness of the importance of antiretroviral treatment
- Targeting HIV testing efforts focused on men, children, and key populations
- Expanding viral load testing and early infant diagnosis
- Scaling up of tuberculosis (TB) testing and treatment
- Increasing efforts to retain patients in care



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC helped expand coverage and access of HIV viral load (VL) testing and early infant diagnosis to every health region. CDC expertise supported the creation of regional health labs to ensure better access to HIV and microbiology testing services. CDC supported a National VL Dashboard. Côte d'Ivoire also established an external quality control program for the country's more than 3,000 HIV testing sites and 200 laboratories.

TB is the number one cause of death among people living with HIV. CDC works with local clinics to implement approaches to identify, treat, and prevent TB. This includes automatic testing for co-infection whenever someone tests positive for either HIV or TB, and then close monitoring of co-infected patients to achieve viral suppression, TB infection control, and TB preventive therapy.

National Public Health Institute

Consolidating and organizing public health expertise and systems within one institute is a proven way for countries to carry out essential public health functions and improve accountability and efficiency. In partnership with the International Association of National Public Health Institutes (IANPHI) and in collaboration with the MHSP, CDC is providing guidance to the Côte d'Ivoire National Public Health Institute. This increased capacity, coupled with a capable workforce and stronger program implementation, surveillance, and outbreak detection and response capabilities, offers a sustainable approach to increasing the impact of many of Côte d'Ivoire's public health programs.

Malaria

Malaria is the leading cause of mortality among children in Côte d'Ivoire and continues to be the top reason for hospitalizations. Malaria is endemic throughout the entire year, with peaks during the rainy season. Under the U.S. President's Malaria Initiative, CDC has assigned a resident advisor to the malaria-endemic country of Côte d'Ivoire as part of an inter-agency team with USAID to support the implementation of malaria prevention and control interventions. These interventions include:

- Providing long-lasting insecticide treated mosquito nets
- Preventing malaria in pregnancy
- Improving diagnostics and case management
- Starting in 2020, indoor residual spraying in selected districts

Influenza

Influenza viruses are constantly changing and require continued vigilance to protect the United States and the rest of the world from novel viruses that could trigger a pandemic. CDC works with Côte d'Ivoire to help build surveillance and laboratory capacity to prevent, detect, and respond to influenza threats.

CDC supports the national sentinel surveillance network in collaboration with the MSLS, the National Institute for Public Hygiene, and the Pasteur Institute of Cote d'Ivoire (IPCI). The IPCI was designated as a WHO National Influenza Center and monitors trends in influenza activity, description of seasonality, and basic epidemiology of influenza. Diagnostic capacity has been strengthened through trainings on sample collection, packaging, storage and transportation, as well as sample analysis.

Cote d'Ivoire is in the process of establishing a system to estimate burden and the severity of influenza, improving epidemiology surveillance with hospitals and health centers, and updating protocols.

Strategic Information

CDC provides technical assistance to the MSHP and local partners to enhance data quality and use it for decision-making. This support includes HIV surveillance activities, such as antenatal clinic (ANC) surveillance, drug resistance monitoring, program evaluations, Situation Room, population-based HIV impact assessments (PHIA), and biological and behavioral surveys.

Côte d'Ivoire is also the first country in Francophone Africa to implement CDC's Violence Against Children Survey (VACS). The results will serve to discuss strategies leading to the National Protection Plan. In addition, CDC supports the MSHP efforts to develop and implement a unique identifier system to use for patient level data for HIV program monitoring, evidence-based decision-making, disease surveillance and public health response and to improve antiretroviral therapy (ART) linkage and retention.



CDC IMPACT IN CÔTE D'IVOIRE



More than 18,000 TB cases were diagnosed at PEPFAR supported sites in 2018; 98 percent of which were tested for HIV, with 20 percent TB/HIV co-infection rate, and 10 percent of infected patients received antiretroviral therapy (ART).



The Ministry of Health and Public Hygiene adopted the TB preventive treatment with CDC support.



Two thirds of eligible patients accessed viral load testing at least once a year, with 82% coverage in children less than 15 years, and 78% of viral suppression in general population.



Cote d'Ivoire's Population-based HIV Impact Assessment was completed in March 2018, and preliminary results are helping redirect strategies.



In September 2018, Cote d'Ivoire completed the Violence against Children survey (VACS) with CDC's technical assistance.

For more country information, visit:

www.cdc.gov/globalhealth/countries/cotedivoire

For more information, please contact:

Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30329-4018

www.cdc.gov/global

Email: cdcglobal@cdc.gov