

CDC in Côte d'Ivoire



Staff

CDC office (physical presence)
3 FTEs + 1 Contractor
103 Locally Employed

At a Glance

Population: 23,281,300
Per capita income: \$3,350
Life expectancy at birth women/men: 52/50 yrs
Infant mortality rate: 74/1000 births

Source: [Population Reference Bureau 2014](#), Côte d'Ivoire

Top 10 Causes of Death

1. HIV 13%
2. Lower Respiratory Infections 11%
3. Malaria 6%
4. Diarrheal Diseases 5%
5. Stroke 5%
6. Preterm Birth Complications 4%
7. Meningitis 4%
8. Ischemic Heart Disease 4%
9. Birth Asphyxia & Trauma 4%
10. Protein-Energy Malnutrition 3%

Source: [WHO Country Health Profile 2012](#), Côte d'Ivoire

The Centers for Disease Control and Prevention (CDC) CDC's Division of Global HIV/AIDS (DGHA) has been working in Côte d'Ivoire since 1987, when it started a field research station in Abidjan and established the Retrovirus Côte d'Ivoire, or CDC Retro-CI, project. CDC Retro-CI produces evidence to help shape the global response to HIV/AIDS. CDC is currently supporting PEPFAR to implement evidence-based HIV/AIDS programs that empower governmental and non-governmental organizations in Cote d'Ivoire. In addition, CDC supports the government of Cote d'Ivoire (GoCI) for effective Influenza and Polio surveillance and the development of a National Public Health Institute.

Global HIV/AIDS

Through the President's Emergency Plan for AIDS Relief (PEPFAR), the CDC Cote d'Ivoire office works closely with the Ministry of Health and other in-country partners to improve and sustain an effective national HIV response by strengthening the MOH national HIV coordination center improving engagement of all health sectors; advancing national HIV policy and research priorities; and integrating HIV diagnosis, care and treatment (C&T) into TB treatment centers.

Key prevention interventions include voluntary counseling and testing, prevention of mother-to-child HIV transmission (PMTCT), abstinence and be faithful behavior change, blood and injection safety, and HIV care and treatment. HIV and tuberculosis (TB) integration is also a key program focus area.

Importantly, these activities support a data-driven, evidence-based approach that is tailored to the unique characteristics of the local epidemic for improved program performance and the most efficient use of resources.

CDC's strong relationship with MOH has resulted in the development of additional ties with the Ministries of Education (MEN), and of Women, Families, and Social Affairs (MEMEASS), enabling greater coordination and leverage of funds and programming from multiple government sectors.

Recent accomplishments include the reinforcement of social sector contributions to continuum of care; expansion of testing and counseling services; implementation of a national package of services for most-at-risk populations; and the integration of TB screening in HIV treatment service delivery sites.

Additionally, CDC has helped Cote d'Ivoire develop TB screening tools and establish free HIV testing programs at all TB specialist centers.

In 2012, the GoCI conducted the Demographic Health Survey III (DHS III) with CDC technical and lab support, plus USAID-funded MACRO management; 14 years after the DHS II, and seven years after the National AIDS Indicator Survey.

Influenza Program

The Influenza Program supports the national sentinel surveillance network in Côte d'Ivoire in collaboration with the MSLS, the National Institute for Public Hygiene (INHP) and the Pasteur Institute of Cote d'Ivoire (IPCI). In 2011, the Influenza Program supported monitoring trends in influenza activity, description of seasonality, and basic epidemiology of influenza. In addition, the IPCI was designated as a World Health Organization (WHO) National Influenza Center (NIC). IPCI has increased laboratory staff and strengthened diagnostic capacity through trainings on sample collection, packaging, storage and transportation, as well as sample analysis. The country has conducted a series of campaigns at military barracks in 12 cities to educate active military on influenza transmission, prevention and control measures. The country plans to establish a system to estimate burden and the severity of influenza, improve epidemiology surveillance with hospitals and health centers, and update protocols.

Polio Eradication

CDC supports Côte d'Ivoire's polio eradication efforts in partnership with WHO and UNICEF through in-country technical assistance and the Stop Transmission of Polio (STOP) program. Responding to global demand for supplementary immunization activities (SIAs), CDC has provided \$1,178,770 to Cote d'Ivoire. In February 2012, CDC deployed three staff to Côte d'Ivoire to serve as reviewers during the external acute flaccid paralysis (AFP) surveillance review. At the end of the review, CDC and WHO staff provided feedback and recommendations to the Government of Côte d'Ivoire for strengthening AFP surveillance, thus ensuring that potential imported cases of polio are identified before re-establishment of the virus in country. Beginning in June 2012, three team members of the STOP program were deployed to Côte d'Ivoire for a five month rotation. STOP members are assisting the government and WHO-Cote d'Ivoire in the Expanded Program on Immunization (EPI), including strengthening routine immunization, AFP surveillance and planning, plus implementing and evaluating SIAs. CDC is committed to continuing to provide the GoCI with technical assistance to scale up and strengthen polio eradication activities.

Field Epidemiology Training Program

CDC is supporting the GoCI to carry out core public health functions and improve accountability and efficiency by consolidating and organizing public health expertise and systems within a national public health institute (NPHI). In partnership with the International Association of National Public Health Institutes (IANPHI) and in collaboration with the Ministry of Health and other public health institutions in Cote d'Ivoire, CDC is investigating ways to help the country strengthen its institutional capacity to protect its public's health. Such increased institutional capacity, coupled with a more capable workforce and stronger program implementation, surveillance, and outbreak detection and response capabilities, offers a sustainable approach to increasing the impact of many of Cote d'Ivoire's public health programs.

Impact in Côte d'Ivoire

- CDC supported the Institute Pasteur-Cote d'Ivoire to become the WHO National Influenza Center and to establish the only BSL3 Tuberculosis Laboratory in country.
- 11,022 HIV-positive pregnant women received antiretroviral drugs to prevent transmission of HIV to their infants in 2012 through CDC support.
- 81,437 men, women, and children received antiretroviral treatment at CDC supported sites in 2012.
- 14,734 TB patients were tested for HIV in integrated CDC supported HIV testing and treatment in TB treatment centers in 2011.
- CDC supported the GoCI to put in place a national external quality assurance program for HIV, hematology, and biochemistry laboratory testing.

For more information please contact Centers for Disease Control and Prevention:

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For more country information: <http://www.cdc.gov/globalhealth/countries/cote-d-ivoire>

Publication: April 2016