

## STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) began its partnership with Côte d'Ivoire in 1987 by opening the Project Retrovirus Côte d'Ivoire (Retro-CI) laboratory in collaboration with the Ivorian health ministry. In 2004, this partnership expanded when the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) started providing services in Côte d'Ivoire.

Today, Côte d'Ivoire has made significant progress with providing treatment to those who know they have HIV: 96.6% of them are on antiretroviral therapy (ART), and almost 82% of those on treatment are virally suppressed based on the 2020 Spectrum estimates. However, HIV/AIDS is still one of the top causes of mortality in Côte d'Ivoire, with 8 in 10 adults knowing their HIV status. Access to ART for children remains challenging with about only 1 in 2 receiving treatment.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

**Prevention and Treatment of HIV:** CDC expertise is used to support national efforts to deliver quality client-centered HIV prevention, care, and ART services. To achieve epidemic control, CDC is intensifying HIV testing efforts for men, children, and key populations in addition to increasing testing coverage among women. CDC has also redesigned its office into an incident command structure (ICS) to intensify partner management for more accountability and oversight and to provide the necessary direct site-level technical assistance for improved program outcomes. Through collaborations with local partners, CDC partners are supporting integrated health services to reach men and children by scaling up safe and ethical index testing services and optimizing provider-initiated testing and counseling. In addition, the country has prioritized services in a targeted list of health districts, representing more than 87% of the HIV burden. CDC has successfully supported scale-up of same day ART initiation and is currently assisting the transition to Tenofovir-Lamivudine-Dolutegravir (TLD), the transition to pediatric Dolutegravir (pDTG) for children, the scale-up of tuberculosis preventive treatment (TPT), pre-exposure prophylaxis (PrEP), and differentiated service delivery models (DSDM) for stable patients receiving treatment, including community distribution of antiretroviral drugs (ARV) and six-month ARV dispensing.

**Laboratory Systems and Networks:** CDC helped expand HIV viral load (VL) testing and early infant diagnosis (EID) to every health region. CDC expertise supported the creation of regional health labs to ensure better access to HIV testing services. With CDC support, Côte d'Ivoire recently established an external quality control program for all the country's more than 3,000 HIV testing sites. CDC is planning to support diagnostic network optimization to ensure that laboratory platforms are used at capacity to support HIV prevention, care, and treatment services.

**Strengthening Public Health Systems:** CDC supports the Côte d'Ivoire health ministry in its efforts to rebuild its health capacity by expanding quality HIV prevention and treatment services nationwide. These systems include tuberculosis (TB) diagnosis and treatment; HIV testing services; prevention of mother-to-child HIV transmission (PMTCT); prevention among key and priority populations; prevention of medical transmission; care and support for orphans and vulnerable children; and gender and stigma reduction. Because of CDC, Côte d'Ivoire is the first country in West Africa and in Francophone Africa to participate in the Extension for Community Health Care Outcomes (Project ECHO). Through this program, on-going trainings take place for health officials. Project ECHO uses technology to livestream the trainings rather than requiring all participants travel to specific locations. The platform has played a critical role in supporting virtual trainings of providers on HIV, TB, and COVID-19 policies and guidelines during the COVID-19 pandemic.

**Strategic Information:** CDC provides technical assistance to the Ivorian health ministry and local partners to enhance data quality and use for decision-making. CDC has been a key player in the planning of a national data quality improvement plan. Côte d'Ivoire is also the first country in Francophone Africa to implement CDC's Violence Against Children Survey (VACS).

**Tuberculosis:** Among people living with HIV in Côte d'Ivoire, TB is the number one cause of death. CDC is helping local clinics implement new approaches to identify, treat, and prevent TB. These methods include routing 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 and successful TB treatment outcomes, TB infection control, and TB preventive treatment.

## Key Country Leadership

Prime Minister  
Patrick Achi

Minister of Health:  
Pierre N'Gou Dimba

U.S. Ambassador:  
Richard K. Bell

CDC/DGHT Director:  
Shirish Balachandra

**Country Quick Facts**  
([worldbank.org/en/where-we-work](http://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$2,280 (2020)

Population (millions):  
26.38 (2020)

Under 5 Mortality:  
79/1,000 live births (2019)

Life Expectancy:  
58 years (2019)

**Global HIV/AIDS Epidemic**  
([aidsinfo.unaids.org](http://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): 2.1% (2020)

Estimated AIDS Deaths  
(Age ≥15): 8,600 (2020)

Estimated Orphans Due to  
AIDS: 340,000 (2020)

Reported Number  
Receiving Antiretroviral  
Therapy (ART) (Age ≥15):  
270,515 (2020)

**Global Tuberculosis  
(TB) Epidemic**  
([who.int/tb/country/data/profiles/en](http://who.int/tb/country/data/profiles/en))

Estimated TB Incidence:  
137/100,000 population  
(2019)

TB Patients with Known HIV-  
Status who are HIV-Positive:  
18% (2019)

TB Treatment Success Rate:  
84% (2018)

Estimated TB Mortality:  
30/100,000 population  
(2019)

## DGHT Country Staff: 56

Locally Employed Staff: 49  
Direct Hires: 5  
Fellows & Contactors: 2

Our success is built on the backbone of science and strong partnerships.

