

### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]</sup>	3.0% [2.7-3.4%]	2011
HIV prevalence - pregnant women (all ages) <sup>[2]**</sup>	3.0%	2009
Number of women living with HIV delivering <sup>[1]</sup>	16,100 [13,000-19,000]	2011
Est. # children (ages 0-14) living with HIV <sup>[1]</sup>	61,000 [53,000-70,000]	2011
Maternal mortality ratio <sup>[3]</sup>	400/100,000	2010
Est. annual births <sup>[4]</sup>	679,000	2011
Infant mortality rate <sup>[5]</sup>	81/1,000	2011
Under-5 mortality rate <sup>[5]</sup>	115/1,000	2011

HIV prevalence among adults (ages 15-49) in Cote d'Ivoire has declined slightly between 2009 and 2011, from 3.4%<sup>[1]</sup> to 3.0%. HIV prevalence among pregnant women is similar (3.0%) to the general adult population. In 2011, an estimated 16,100 pregnant women living with HIV delivered children and there were an estimated 4,400 new paediatric HIV infections<sup>[1]</sup>.

Overall, the uptake of antenatal care and availability of PMTCT services in Cote d'Ivoire is moderate. In 2011, approximately 82% of pregnant women attended at least one ANC visit according to facility data<sup>[6]</sup> and PMTCT services were available in 52% of ANC facilities<sup>[7]</sup>. HIV testing among pregnant women increased from 59% in 2010<sup>[8]</sup> to 71% in 2011<sup>[9]</sup>. Although 68% of pregnant women living with HIV received more efficacious ARV regimens for PMTCT in 2011<sup>[9]</sup>, only 48% of HIV-exposed infants received ARVs for PMTCT in 2011<sup>[9]</sup>.

Cote d'Ivoire has adopted the WHO Option B regimen for prophylaxis and a costed national PMTCT scale-up plan (2012-2016) is in place<sup>[10]</sup>.

### Reaching High Level Targets

#### Global 2015 Targets

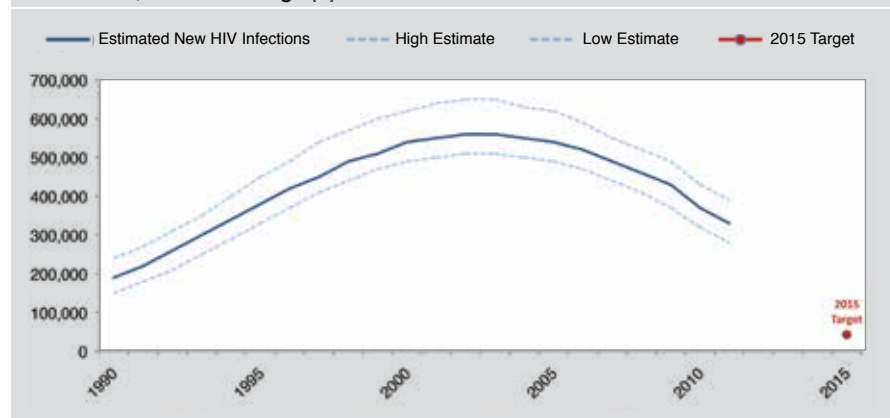
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015<sup>[11]</sup>.

**Figure 1:** Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target<sup>[11]</sup>



Source: UNAIDS, unpublished HIV estimates, 2012

### Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections <sup>[1]</sup>	5,500	4,600	4,400				
	Number HIV-associated maternal deaths <sup>[3]</sup>	1,400 (2005)	940	N/A				
Child Targets	Percentage of under-5 deaths due to HIV <sup>[12]</sup>	3.8%	3.1%	N/A				
	ART coverage among children (ages 0-14) <sup>[9]</sup>	14%	13%	15%				
Prong One	HIV incidence in women (ages 15-49) <sup>[1]</sup>	0.19%	0.17%	0.17%				
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) <sup>[13]</sup>	29% (1999)	N/A	N/A				
Prong Three	Mother-to-child transmission rate <sup>[1]</sup>	29%	27%	27%				
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[9]</sup>	50% <sup>a</sup>	67%	68%				
	Breastfeeding ARV Coverage <sup>[9]</sup>	0%	0%	0%				
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[14]</sup>	0%	N/A	0%				

## PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

### Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

#### Background Statistics

Young people (ages 15-24) HIV prevalence <sup>[1]</sup>	Female: 1.4% [1.1-1.9%]	2011
	Male: 0.6% [0.5-0.9%]	2011
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sup>[15]</sup>	Female: 34%	2012
	Male: 57%	2012
Male partners of pregnant women attending ANC tested in last 12 months <sup>[9]</sup>	Male: 2%	2011
Unintended pregnancies (ages 15-49)	Female: N/A	N/A

### Key Points

Among young people (ages 15-24), HIV prevalence is two times higher among young women (1.4%) than young men (0.6%) in 2011. Condom utilization at last sex among young people reporting multiple partners in the last year was higher among young men (57%) than young women (34%) in 2011, and coverage of HIV testing among male partners of pregnant women attending ANC is very low (2% in 2011).

## PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

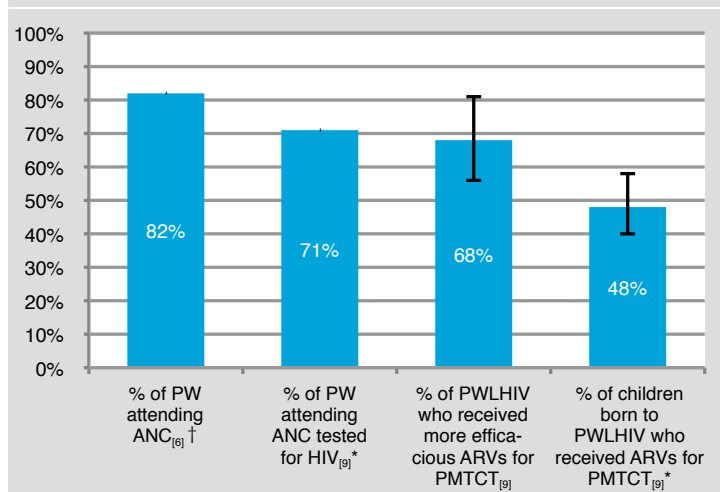
### Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

#### Background Statistics

Timing of 1 <sup>st</sup> ANC visit (months) <sup>[16]</sup>	No ANC: 7%	2005
	<4 months: 31%	
	4-5 months: 33%	
	6-7 months: 22%	
	8+ months: 4%	
	DK: 4%	
Percentage of women attending at least 4 ANC visits during pregnancy <sup>[16]</sup>	Total: 45% Urban: 59% Rural: 36%	2005
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sup>[9]</sup>	71%	2011
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sup>[9]</sup>	48% [40-58%]	2011
Skilled attendant at delivery (%) <sup>[15]</sup>	59%	2012
Exclusive breastfeeding for infants <6 months <sup>[15]</sup>	12%	2012

**Figure 2: Coverage of selected PMTCT interventions (2011)**



<sup>†</sup> Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

### Key Points

According to facility data, approximately 82% of pregnant women in Cote d'Ivoire attended at least one ANC visit in 2011, and 71% of pregnant women were tested for HIV. Some 68% of pregnant women living with HIV received more efficacious ARVs for PMTCT in 2011 and only 48% of HIV-exposed children received ARVs for PMTCT in 2011. According to 2011 data, only 59% of pregnant women access skilled attendance at delivery.

## PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

### Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing	–	2011
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth <sup>[9]</sup>	24% [20-29%]	2011
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth <sup>[9]</sup>	5% [4-6%]	2011

### Key Points

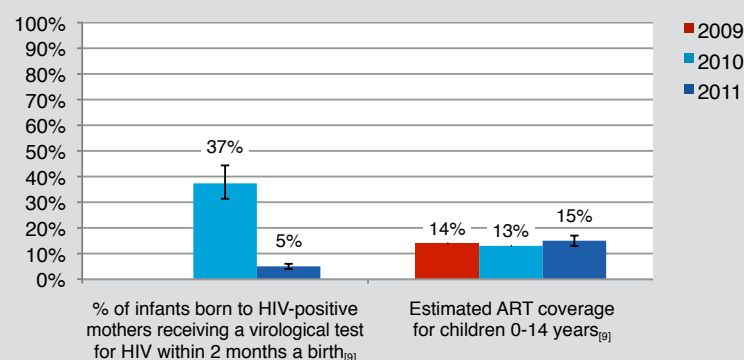
In 2011, CD4 testing data for pregnant women living with HIV were not reported and all reported ARV regimens that were provided to pregnant women living with HIV were more effective ARV regimens. The 2011 coverages of CTX prophylaxis (24%) and early infant diagnosis (5%) within two months of birth were both very low. Paediatric ART coverage has not improved since 2009 and remains low—15% in 2011.

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2011<sup>[17]</sup>

100% of the regimens provided to pregnant women living with HIV to prevent mother-to-child transmission that were reported by Cote d'Ivoire were more efficacious ARV regimens

n=10,875

**Figure 4:** Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



## Key Challenges & The Bottom Line

### Key Challenges

Limited access to ANC and PMTCT services and paediatric ART

While there have been small improvements, overall MNCH service delivery system continues to have weak linkage between ANC, PMTCT, and paediatric ART resulting in high dropout especially across the child care continuum (ANC1+ 60%; 71% HIV T&C; 48% infant ARV; 5% EID; 15% paediatric ART)

Few HIV+ pregnant women with HIV receive CD4 testing to determine if they are in need of treatment for their own health

Weak M&E systems, particularly for key PMTCT indicators at the national level, hindering tracking of progress towards eMTCT targets

### The Bottom Line

*If national EMTCT targets for Côte d'Ivoire are to be met by 2015, the following actions should be considered:*

Rapid expansion of PMTCT service delivery and paediatric HIV care and treatment in all ANC clinics and other relevant primary health care facilities prioritizing provinces and health zones with the highest unmet needs. This will require leveraging resources and making essential commodities available

Investments in building the capacity within MNCH services and communities (HR capacity building; equipment for MNCH and PMTCT; linkages/referrals mechanisms within/between facilities and with communities) for the provision quality antenatal and postnatal follow up care for mothers and infants.

Expand access to CD4 testing and enroll those eligible for treatment on ART

Strengthen monitoring systems at national and subnational levels to improve data collection on EID and other pediatric indicators, analysis and use, including reporting on Global Plan indicators

## References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2012, unpublished estimates
- 2 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010, unpublished estimates, 2010
- 3 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 4 United Nations Children's Fund, *State of the World's Children 2013*, preliminary
- 5 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality*, Report 2012
- 6 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2012
- 7 As reported in 2011 Universal Access country data reporting
- 8 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards the Elimination of Mother-to-child Transmission of HIV and Keeping Their Mothers Alive: Abbreviated Progress Report 2012*, preliminary report
- 10 Republic of Côte d'Ivoire, Ministry of Health. *Plan national d'élimination de la transmission mère enfant du VIH à l'horizon 2015 au Côte d'Ivoire*
- 11 UNAIDS, *Report on the Global AIDS Epidemic, 2012: Statistical Annexes*, published estimates, <[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2417\\_GR%202012\\_Annexes\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2417_GR%202012_Annexes_en.pdf)>
- 12 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2012*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2012
- 13 Côte d'Ivoire Demographic and Health Survey 1998-1999, Final Report
- 14 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 15 Côte d'Ivoire Demographic and Health Survey 2011-2012, Preliminary Report
- 16 Côte d'Ivoire Enquête sur les indicateurs de SIDA 2005, Final Report
- 17 As reported in 2012 Universal Access country data reporting

## Notes:

- \*\* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the **UNAIDS, Report on the Global AIDS Epidemic, 2010**.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- <sup>a</sup> 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

## Acronyms:

- ANC: Antenatal care  
 ART: Antiretroviral therapy  
 ARVs: Antiretroviral prophylaxis  
 CTX: Co-trimoxazole prophylaxis  
 EID: Early infant diagnosis  
 EMTCT: Elimination of mother-to-child transmission of HIV  
 FP: Family planning  
 L&D: Labour and delivery  
 MMR: Maternal mortality ratio  
 MNCH: Maternal, newborn and child health  
 PMTCT: Prevention of mother-to-child transmission of HIV  
 PWLHIV: Pregnant women living with HIV  
 SRH: Sexual and reproductive health  
 WHO: World Health Organization