

Community contribution to the sustainability of HIV care provision in Côte d'Ivoire



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BACKGROUND / INTRODUCTION

- The prevalence of HIV in Côte d'Ivoire among 15–49-year-olds is estimated at 1.68% at the end of 2024 (Spectrum 2025).
- With the combined efforts of various partners and strong community engagement, we note a coverage rate for PLHIV care services, rising from 61% in 2020 to 60% in 2024, with a cascade of 95-95-95 at 85%, 92%, and 89% respectively in 2024.
- Côte d'Ivoire has begun the process of implementing sustainability in its response to HIV. The major challenges remain maintaining the gains and momentum achieved in light of the 95-95-95 targets.
- Faced with the challenge of ensuring the sustainability of HIV care provision, RIP+ conducted an assessment of the socioeconomic situation of PLHIV through the CLM, which took place from September 11 to November 4, 2023, in 21 health districts covering 108 health centers.
- Community-Led Monitoring (CLM)** positions communities as key players in the health system, capable of collaborating with stakeholders.

Key objective: share an example of sustaining HIV care in the face of declining external funding (initiative currently underway)

METHODS

CLM: Implementation plan

The phase prior to data collection at the site level consisted of:

- Assessing the needs to be monitored by communities benefiting from HIV services.
- Training CSOs on the CLM implementation strategy within the framework of COP21.
- Development and validation of indicators and data collection tools for monitoring the provision and quality of HIV services within the framework of CLM activities.
- Training data collectors from civil society organizations implementing the CLM.
- Pre-testing and confirmation of data collection tools.

Data collection phase on sites from September 11 to November 4, 2023

- 3,038 beneficiaries, including 2,427 people living with HIV and 611 key populations
- 284 healthcare providers (doctors, nurses, midwives, community counselors)
- 534 people from the general population
- 50 community dialogues were organized

CHALLENGES

- Lack of information for beneficiaries on the opportunities available to access Universal Health Coverage (UHC).
- Insufficiently specific strategy for vulnerable populations (PLHIV and key populations).
- Low use of UHC by PLHIV despite their eligibility.

LESSONS LEARNED

- CLM: an effective tool for engaging the community and collecting reliable data on PLHIV access to services.
- Community advocacy has a concrete impact on increasing the number of PLHIV enrolled in UHC.
- Collaboration between community structures, CSOs, and health authorities promotes rapid progress in the inclusion of PLHIV.

RESULTS

Socio-demographic characteristics of respondents (PLHIV)

- 32.8%** of PLHIV surveyed have at least a secondary education
- 54.9%** of PLHIV have a monthly income of less than or equal to 60,000 CFA francs
- 35.0%** of PLHIV surveyed work in the informal sector

Experiences of PLHIV and key populations in accessing and using UHC

- 39.4%** of PLHIV were enrolled in UHC
- Only 9.6%** used their UHC card
- 31.1%** of key populations were enrolled in UHC
- Only 24.3%** used their UHC card

Main causes reported:

- ➔ Lack of information for beneficiaries about available opportunities
- ➔ Insufficient specific strategy for vulnerable populations (PLHIV and CP)

The main findings of this assessment led to the implementation of a national advocacy plan for PLHIV and key populations.

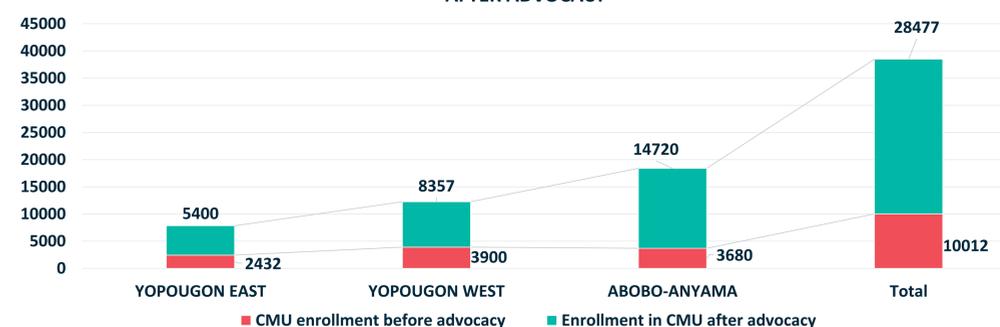
CLM: Community advocacy points relating to UHC

The data presented are the results obtained following advocacy efforts, which are:

- Global Fund initiative via UCPS-World Bank to pay the contribution and co-payment of 18,000 indigent PLHIV.
- Mobilization and enrollment of all PLHIV in UHC through RIP+.
- Introduction of HIV care into UHC with the valuation of medical procedures that will be taken into account by the government in order to maintain free care for beneficiaries.

SOME RESULTS OF ADVOCACY

CHANGES IN THE ENROLMENT OF PEOPLE LIVING WITH HIV IN THE UHC BEFORE AND AFTER ADVOCACY



For these districts of Abidjan, we note an increase in the number of PLHIV enrolled in the UHC (universal health coverage) from 15-21% of the active caseload before advocacy to 45-60% after advocacy.

The enrollment process is still ongoing at the national level. National results are pending.

RECOMMENDATIONS

- Raise awareness and improve communication among PLHIV about the benefits and procedures of UHC.
- Ensure sustainable funding for community initiatives in the face of declining external funds.
- Strengthen multisectoral coordination between the Ministry of Health, CNAM, RIP+, CSOs, and technical partners.

CONCLUSION

- This CLM exercise made it possible to anticipate certain challenges that could arise in the context of the sustainability of the HIV response.
- The advocacy carried out following this assessment highlights the importance of taking equity into account in social protection programs, particularly for vulnerable PLHIV.