



BACKGROUND

Despite major disruptions, Côte d'Ivoire continues to make progress toward the 95-95-95 targets, reaching 85–92–89 (Spectrum 2025). Antiretroviral treatment (ART) coverage and viral suppression have remained stable, although outreach to key populations has been affected at the national level.

Most health personnel are funded by the government, with only activities carried out by additional staff (data managers, community counselors, etc.) being impacted. Delays in the health information system and disruptions in sample transport have affected biological monitoring, while the supply chain remained functional.

In response, a national coordination body and contingency plan were established, accompanied by a reorganization of funding. Thanks to the mobilization of national partners, essential HIV services have been prioritized. A gradual realignment is underway, consistent with the national budget (USD 9.1 million) and external resources (USD 124 million) planned for 2025.

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

Côte d'Ivoire is addressing priority resource needs to maintain HIV program results:

- Financial strategies:** Restructuring the national HIV/AIDS fund (FNLS) for enable direct financing.
- Human resources for health (HRH) strategies:** Reorganization of the government health workforce to fill human resource gaps.
- Technical capacity-building strategies:** Strengthening empowerment and leadership of operational units.
- Community engagement:** Contributing to the sustainability of the HIV response:
  - Participation in the HIV response sustainability process led by the Directorate General of Health (DGS) in collaboration with UNAIDS.
  - Implementation of a pilot phase to enroll economically vulnerable PLHIV into the national universal health coverage scheme (CMU) with funding from the Global Fund.
- Integration of HIV services** within the health system.

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES			
Component	Intervention	CIV	Component	Intervention	CIV	Component	Intervention	CIV	Component	Intervention	COI	Component	Intervention	CIV	
Infant prophylaxis	Infant PEP HR 0–6w	Green	Blood products	Blood product screening	Green	Community-based (virtual and in-person)	CB HIVST points >15	Green	ART continuity	Uninterrupted ART for all	Green	OI management	TB Xpert for symptomatic	Green	
	Infant PEP HR 6–12w	Green		Facility-based	Symptomatic testing (entry)		Green	CB HIVST points 95-gap		Green	MMD 3–6 months		Green	TB treatment	Green
	Infant PEP LR	Green		ANC first test	Green		CB HIVST points KP	Green		Annual clinical review	Green		IPT per regimen	Green	
PEP	Facility PEP (guidelines)	Green	ANC late retest	Green	Postnatal PBFW 6-monthly	Green	Enroll less-intensive DSD	Green	ART continuity	Maintain facility DSD-indiv	Green	AHD package	CRAG for symptomatic	Green	
	Community PEP (GBV/KP)	Green	HEI 6w/6-9-18m EPI	Green	HEI birth test	Green	Maintain community DSD-indiv KP	Green		CRAG for seriously ill	Green				
Condoms	Facility condoms/lube	Green	Men work targeted outreach	Green	Men targeted outreach	Green		Maintain adolescent groups (HCW)	Green	Integration	HPV screen never-screened	Green	Psychosocial support/Counseling	EAC for high VL	Green
	KP condom points	Green	Men workplace testing	Green	Men workplace testing	Green	Maintain community DSD-indiv		Green		Diabetes integration	Green		Family planning integration	Diabetes integration
PrEP continuation	Facility PrEP KP 3MMD/6m	Green	Children targeted outreach	Green	Children targeted outreach	Green		Active transfer same-day 3MMD	Green	Tracking and tracing	Home trace abnormal labs	Green	Home trace high-risk		Home trace >28d missed
	Facility PrEP PBFW 3MMD/6m	Green	Prisoners: On entry/discharge	Green	Prisoners: On entry/discharge	Green	Maintain DSD groups (HCW)		Green		Psychosocial support/Counseling	Adherence assessment visits		Green	Adherence assessment visits
	Facility PrEP others 3MMD/6m	Green	Prisoners' entry/annual	Green	Prisoners' entry/annual	Green		Maintain DSD groups (HCW)	Green	Psychosocial support/Counseling		VL and DSD prep	Green	VL and DSD prep	
	Annual PrEP review	Green	FP init+biennial+change	Green	FP init+biennial+change	Green	Active transfer same-day 3MMD		Green		Psychosocial support/Counseling	EAC for high VL	Green		Child disclosure support
	PrEP review 6-monthly	Green	FP init-annual	Green	FP init-annual	Green		CTX adults S3/4/CD4<350	Green	Psychosocial support/Counseling		MH screening at start	Green	MH screening at start	
	Facility PrEP DSD-indiv	Green	Self-initiated HIVST (annual)	Green	Self-initiated HIVST (annual)	Green	CTX adults high-risk		Green		Psychosocial support/Counseling	MH screening high VL	Green		MH screening high VL
	Out-facility PrEP DSD	Green	VCT/HIVST any frequency	Green	VCT/HIVST any frequency	Green		CTX for HIV/TB	Green	Psychosocial support/Counseling		MH screening all visits	Green	MH screening all visits	
	Virtual PrEP refills	Green	PrEP users 1m+6m	Green	PrEP users 1m+6m	Green	CTX for CLHIV		Green		Psychosocial support/Counseling				Psychosocial support/Counseling
	Adherence/risk counselling	Green	PrEP users 1m+3m	Green	PrEP users 1m+3m	Green		CTX for HEI	Green	Psychosocial support/Counseling				Psychosocial support/Counseling	
	Continue DVR PrEP	Green	VMMC clients	Green	VMMC clients	Green	Fluconazole secondary proph		Green		Psychosocial support/Counseling				Psychosocial support/Counseling
Continue LAI PrEP	Green	PN EPN +HIVST/FBT	Green	PN EPN +HIVST/FBT	Green	Initiate <5 years		Green	Psychosocial support/Counseling				Psychosocial support/Counseling		
Start PrEP PBFW self-ID	Green	PN APN +FBT (virtual)	Green	PN APN +FBT (virtual)	Green		Initiate PBFW	Green		Psychosocial support/Counseling				Psychosocial support/Counseling	
Start PrEP PBFW at-risk	Green	PN APN +community test	Green	PN APN +community test	Green	Initiate symptomatic/AHD		Green	Psychosocial support/Counseling				Psychosocial support/Counseling		
Start PrEP KP	Green	Female index: child FBT/HIVST	Green	Female index: child FBT/HIVST	Green		Initiate all positives	Green		Psychosocial support/Counseling				Psychosocial support/Counseling	
Start PrEP others self-ID	Green	Female index: child CBT	Green	Female index: child CBT	Green	Initiate stage3/4 or CD4 low		Green	Psychosocial support/Counseling				Psychosocial support/Counseling		
Test post-start 1–3m	Green	PN EPN +HIVST (VL>1000)	Green	PN EPN +HIVST (VL>1000)	Green		Initiate stage1/2 (CD4 high)	Green		Psychosocial support/Counseling				Psychosocial support/Counseling	
PrEP demand creation	Green	PN EPN +HIVST FP/ANC<25	Green	PN EPN +HIVST FP/ANC<25	Green	Repeat VL at 3m		Green	Psychosocial support/Counseling				Psychosocial support/Counseling		
Continue DVR PrEP	Green	PN EPN +HIVST (FP/ANC)	Green	PN EPN +HIVST (FP/ANC)	Green		First VL by 6m	Green		Psychosocial support/Counseling				Psychosocial support/Counseling	
Continue LAI PrEP	Green	KP SNT +HIVST	Green	KP SNT +HIVST	Green	Pregnant: VL at ANC/3m		Green	Psychosocial support/Counseling				Psychosocial support/Counseling		
PrEP start education	Green	AGYW SNT +HIVST	Green	AGYW SNT +HIVST	Green		Pregnant: VL 34–36w	Green		Psychosocial support/Counseling				Psychosocial support/Counseling	
Facility-first NSP+naloxone	Green	PN EPN +HIVST (95s STI-neg)	Green	PN EPN +HIVST (95s STI-neg)	Green	Breastfeeding: VL 3m+6mly		Green	Psychosocial support/Counseling				Psychosocial support/Counseling		
Community NSP+naloxone	Green	PN EPN +HIVST (STI-neg)	Green	PN EPN +HIVST (STI-neg)	Green		VL: repeat VL 3m	Green		Psychosocial support/Counseling				Psychosocial support/Counseling	
Continue OAMT refills (PWID)	Green	PN APN +FBT (STI-neg)	Green	PN APN +FBT (STI-neg)	Green	VL annually if suppressed		Green	Psychosocial support/Counseling				Psychosocial support/Counseling		
Initiate/continue OAMT (PWID)	Green						Resistance test per guidelines	Green		Psychosocial support/Counseling				Psychosocial support/Counseling	
VMMC	Targeted VMMC scale-up	Green							Psychosocial support/Counseling				Psychosocial support/Counseling		

Most prevention interventions remain unchanged, with the following adjustments:

- Continued provision of oral PrEP in facilities for all vulnerable individuals requesting it, following a risk assessment, and according to testing and follow-up requirements.
- Initiation and/or renewal of OAMT for people who inject only heroin and/or are already on treatment.

Most testing interventions were maintained, with the following adjustments:

- Postnatal HIV testing schedule for HIV-negative women who are breastfeeding
- Testing modalities in inpatient services, family planning, and community-level settings (both virtual and in-person)
- Targeted HIV testing sensitization (HTS) in educational institutions for adolescent girls and young women in vulnerable situations, and for Orphans and Vulnerable Children (OVC).
- Testing only upon entry for incarcerated persons.

Most treatment interventions maintained, with some adjustments:

- Continuity of antiretroviral therapy (ART): Support for individual DSD models for key populations in facilities, and transfer of clients to preferred public sector facilities with transfer documents.
- Procedures for first viral load (VL) test: Conducted at 3 months after ART initiation for newly diagnosed pregnant women and AHD clients, 6 months after giving birth, then every 6 months thereafter.
- Repeat viral load testing for low-level viremia <1000 copies/ml: performed after 6 months with enhanced adherence support.
- Advanced HIV: CD4 testing for all newly diagnosed patients regardless of WHO stage and those who start ART more than 28 days after diagnosis.

SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig. 1 Initiated on ART

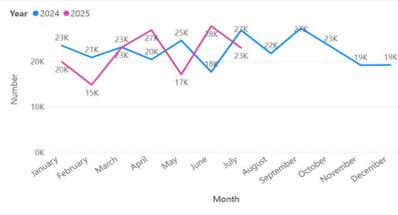


In 2025, ART initiations declined between February and June before gradually increasing again in July, but the levels observed remained lower than in 2024, underscoring the need to strengthen continuous access to treatment.

The overall decline can be explained by:

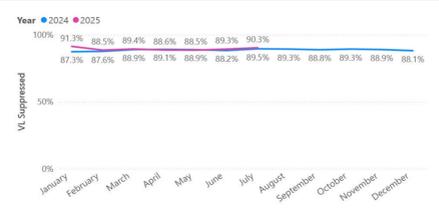
- A decrease in HIV prevalence, from 1.82% in 2024 to 1.68% in 2025;
- The transition to the 3-test algorithm, combined with challenges in the availability of testing commodities;
- The impact of suspension measures, which caused disruption to community-based testing activities.

Fig. 2 Viral load results received



In 2025, the number of viral load results received showed greater variability than in 2024, with a notable decline in February and May followed by a rebound in April and June. This can be explained by insufficient return of viral load results, which worsened between February and May 2025 due to disruptions caused by the interruption.

Fig. 3 Percent viral loads suppressed



The proportion of results <1,000 copies/mL remained relatively stable, indicating sustained performance in viral suppression despite these fluctuations.

SYSTEMS & SERVICES ADAPTATIONS

Systemic adaptations to sustain the HIV response in Côte d'Ivoire

- Leadership and policies: strengthening coordination and ensuring continuity of HIV programs.
- Financing and procurement: mobilization of domestic resources and strategic reallocation.
- Service optimization: prioritizing and integration of HIV services within existing healthcare services.
- Community engagement: active participation of PLHIV and community associations in planning and monitoring.
- HMIS, M&E and data use: rapid collection and use of data to support decision-making.
- Human resources: reorganization of staffing and training to integrate HIV service delivery.
- Laboratory systems and supply chain: continuity of viral load testing and availability of essential medicines.

NEXT STEPS / WAY FORWARD

The next steps are summarized as follows:

- Leadership and policies:
  - Workshop to discuss the integration of HIV services and develop an integration guide
  - Situational analysis on the integration of HIV services in Côte d'Ivoire
- Financing and procurement: restructuring of the FNLS for direct financing
- Health information systems, monitoring and evaluation, and use of data for decision-making: integration of services and the monitoring and evaluation system
- Reorganization of human resources in health
- Optimization of service delivery: Integration of HIV services into the national health system
- Community engagement: continued enrollment of economically vulnerable PLHIV into Universal Health Coverage (CMU)