Country Situation

Background Statistics

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

HIV prevalence among adults (ages 15-49) in Cote d’Ivoire has declined slightly between 2009 and 2011, from 3.4% 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.

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 and PMTCT services were available in 52% of ANC facilities. HIV testing among pregnant women increased from 59% in 2010 to 71% in 2011. Although 68% of pregnant women living with HIV received more efficacious ARV regimens in 2011, only 48% of HIV-exposed infants received ARVs for PMTCT in 2011.

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.

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.

Global Plan Targets, Baseline and Current Status

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

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.
Program Status According to PMTCT Prongs

**Primary prevention of HIV among women of childbearing age**

Preventing unintended pregnancies among women living with HIV

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**Global 2015 Targets**

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

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**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).

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**Background Statistics**

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

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**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

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**Key Points**

According to facility data, approximately 82% of pregnant women in Côte 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.

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

- No ANC: 7%
- <4 months: 31%
- 4-5 months: 33%
- 6-7 months: 22%
- 8+ months: 4%
- DK: 4%

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[^1]: 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.
**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 | 24% [20-29%] | 2011 |
| Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth | 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.

**Key Challenges & The Bottom Line**

**Key Challenges**

- Limited access to ANC and PMTCT services and 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:*

- **Limited access to ANC and PMTCT services and paediatric ART**
  - 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.

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

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

7. As reported in 2011 Universal Access country data reporting
15. Côte d’Ivoire Demographic and Health Survey 2011-2012, Preliminary 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.
a 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