

# CÔTE D'IVOIRE



## Expand access to HIV self-testing to know one's HIV status as soon as possible

### Epidemiological context

Côte d'Ivoire<sup>1</sup> remains one of the West African countries most affected by HIV/AIDS, with a national prevalence of 2.8% in 2017 but with steady progress (3.7% in 2011–2012<sup>2</sup>). HIV prevalence is high and slightly increasing among MSM (12.33%<sup>3</sup>), FSW (12.2%<sup>4</sup>) and DU (5.3%<sup>5</sup>). The regions of Gbokle–Nawa–San Pedro, Abidjan and South Comoé have prevalence rates above the national average. The Gbokle–Nawa–San Pedro region has the highest number of new HIV cases per year, where prevalence is estimated at 4.3%<sup>6</sup> and only 19%<sup>7</sup> of PLWHA know their status. The city of Abidjan has a prevalence of 5.1%<sup>8</sup>, but with better access to HIV testing.

Country	HIV prevalence	1 <sup>st</sup> 90	2 <sup>nd</sup> 90	3 <sup>rd</sup> 90 <sup>9</sup>
Côte d'Ivoire	2.8%	61%	84%	77%

### A favourable national context

- Non-criminalization of homosexuality and sex work
- Legal framework facilitating access to free, anonymous and voluntary testing
- HIV strategies, policies, standards and procedures for HIV testing that already include the use of HIV self-testing.

### Who is the project for and why?

- **Access to testing services is still insufficient for a large proportion of key populations such as:**
  - men who have sex with men (MSM),
  - sex workers (SWs), including occasional sex workers, and their partners and clients,
  - drug users (DUs) and their partners,
  - as well as diagnosed patients with STIs and their partners and PLWHIV partners,

while HIV prevalence rates among these populations remain high. This leaves a significant number of people living with HIV who:

- do not know their status,
- are not treated,
- may infect others.

Some of these populations are more difficult to reach because:

- they do not use health services, particularly because of stigmatization,
- they do not frequent the associations in their community,
- they do not recognize themselves as key populations,
- they do not identify themselves as at risk of contracting HIV.

**These people are priority targets for ATLAS.**

<sup>1,3,4,5,8,10,11</sup>UNAIDS, Côte d'Ivoire factsheets 2019

<sup>2</sup>Demographic and Health Survey in Côte d'Ivoire, 2011–2012

<sup>6,7</sup>SPECTRUM 2016

<sup>9</sup>PNLS 2019

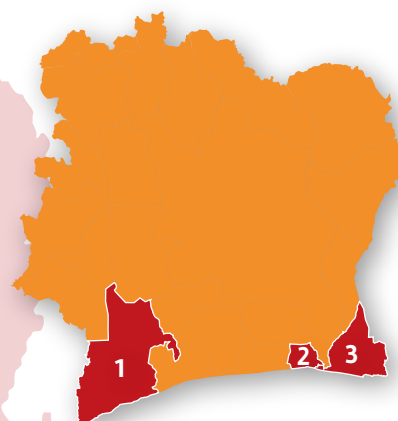
## How will HIV self-test kits be distributed?

Based on the expertise of community-based organizations and public health centres that are partners in the ATLAS project, HIV self-tests will be distributed to key populations through the following channels :

- community-based distribution to MSM, SW,
- consultation sites dedicated to key populations (MSM, SW, DU),
- STI consultation and treatment sites,
- sites of care of PLWHIV.

More than 300,000 HIVST, out of a total of 520,000 in the sub-region, will be distributed during the 3.5 years of the project in the regions of:

- Gbokle-Nawa-San Pedro (1)
- Abidjan (2)
- Sud Comoé (3)



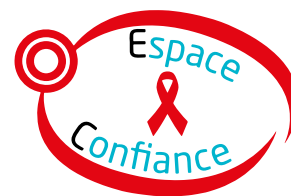
## Partners

### Institutional partners



### Implementation Partners

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