

UNICEF COTE D'IVOIRE

IMPROVEMENT OF THE ACCESS TO PEDIATRIC CARE IN ABIDJAN AND IN THE CENTER, NORTH AND WEST OF COTE D'IVOIRE

Situation Analysis

In Côte d'Ivoire, the national HIV prevalence rate is 4.7%. 90% of infections among children are caused by mother to child transmission. In the absence of any intervention, approximately one third of the infected children die before their first birthday.

It has been proven that an intervention package that consists of (i) antiretroviral prophylaxis (ARV) provided to mother and child, (ii) appropriate obstetric measures and (iii) adequate feeding of the baby/child contributes to a reduction of the risk of mother to child transmission of 50%. However, the HIV status of children is mostly unknown and consequently, they do not benefit from adequate monitoring.

Currently, only 1% of children with a therapeutic indication receive Cotrimoxazole prophylaxis and less than 1% is under ARV treatment.

Countrywide, an estimated 570,000 people are currently living with HIV, 78,000 of which should benefit from ARV treatment. Out of these 78,000, less than 10% are children. Currently, only 4,000 children living with HIV are being monitored and 2,000 are under ARV. Of under five deaths, 6% are due to HIV/AIDS.

Early diagnosis (between 4-6 weeks) currently costs 15,000 FCFA per test (30 \$US) and often, women do not come back for consultations after delivery. Moreover, the early diagnosis technique requires tube samples that need to be analyzed within 6 hours. These aspects limit the access to and use of testing considerably. The blotting paper technique that will significantly reduce the costs and increase the testing time limit, will be validated in June 2007.

A recent report has revealed that in 2006, only 88 children born with HIV-positive women have been tested through early diagnosis (ED) between 4-6 weeks and 228 children were tested with a serologic diagnosis after 12-15 months.

Global objective:

Improve the access to pediatric care of children born with HIV-positive mothers in Côte d'Ivoire

Specific objectives:

- Improve the access to HIV-testing for children (early diagnosis and serologic testing);
- Provide ARV treatment to children on PMTCT sites;
- Provide appropriate feeding advice to HIV-positive mothers;
- Refer children after house calls to appropriate sites.

Strategies

- Community mobilization through NGOs
- Capacity building of health center personnel
- Improvement of drug management in the district pharmacies

Expected results:

- 5,000 HIV-positive children are being treated (ARV and/or Cotrimoxazole) between now and 2008;
- Capacities of 200 health care providers have been strengthened with regard to assistance to and treatment of children living with HIV/AIDS;
- HIV-positive mothers receive appropriate feeding advice.

Key activities:

- Training and awareness raising for teams of different PMTCT sites in testing techniques;
- Utilization of the blotting paper technique for early diagnosis of children born with HIV-positive mothers, and organization of sample transport;
- Referral of HIV-positive children towards treatment centers where appropriate assistance will be provided (CTX or ARV) in accordance with their clinical and immunological status;
- Training of care providers on PMTCT sites in pediatric assistance;
- Provision of testing materials to PMTCT sites;
- Provision of drugs to district pharmacies;
- Community awareness raising on HIV/AIDS and pediatric care;
- Monitoring and evaluation of pediatric assistance sites.

Budget:

Description	Total costs (in US\$)
Laboratory equipment and material	60,000
Sample gathering and transport.	
Training of health care providers for pediatric assistance.	80,000
Provision of drugs to district pharmacies.	100,000
Community awareness raising on HIV and pediatric care and organization of timely referral.	50,000
Supervision of pediatric assistance sites.	30,000
Operational costs	32,000
<i>Subtotal Direct Costs</i>	<i>352,000</i>
Indirect Costs (7%)	24,640
TOTAL	376,640