

END IN AFRICA

Côte d'Ivoire



Notables



END in Africa project launched in Côte d'Ivoire in FY 2016.



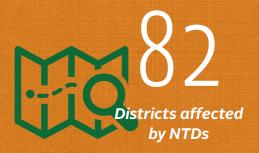
Mapping completed for schistosomiasis (SCH), soil-transmitted helminthiasis (STH) and onchocerciasis (Oncho). Assessments found SCH in 80 HDs, STH in 82 HDs, and Oncho in 67 HDs.¹



Disease assessment and mapping finalized for lymphatic filariasis (LF) and currently underway for trachoma. LF exists in 73 HDs.²



Mass drug administration initiated for LF, Oncho, trachoma, schistosomiasis (SCH) and soil-transmitted helminthiasis (STH).



23 million
At risk for NTDs

¹ Activity occurred prior to END in Africa's launch in Côte d'Ivoire.

² END in Africa supported LF re-mapping in 14 HDs; 12 of the 14 were LF-endemic and were added to the 61 HDs that were already known to be LF-endemic before the END in Africa project Jaunch in Côte d'Ivoire.

Current Activities in Côte d'Ivoire

Mass Drug Administration

- Conduct integrated mass drug administration (MDA) for LF, STH and Oncho in 54 health districts (HDs), MDA for Oncho only in 13 HDs, and MDA for LF and STH only in 7 HDs, bringing the number of districts treated for Oncho, LF and STH to 74 out of the 82 HDs.³
- Conduct MDA for trachoma in 4 HDs.⁴
- Provide mass treatment for SCH to adolescents and adults over 15 years of age in 3 HDs where SCH prevalence is ≥ 50%.

Disease Specific Assessments

- Carry out epidemiological evaluation for Oncho in 40 sentinel villages in 11 HDs.
- Conduct a baseline LF microfilaremia survey in 39 HDs to obtain baseline data that will be used to monitor treatment impact.
- ▶ Undertake rapid assessments to gauge trachoma prevalence in 33 of the 71 HDs yet to be mapped for trachoma.⁵
- Initiate plans for phased trachoma mapping in HDs with suspected trachoma following rapid assessment (at least 23 of the 33 HDs will be mapped, beginning in FY 2017).
- ▶ Conduct re-mapping for LF in 14 non-endemic HDs.⁶

³ In FY 2016, USAID is supporting MDA for LF, oncho and STH in 41 HDs while other NTD partners are supporting MDA for those diseases in 33 HDs, MDA for SCH in 3 HDs, and MDA for trachoma in 4 HDs.

⁴ Limited drug donations only allowed for 4 HDs to be treated for trachoma in FY 2016.

^{5.} 11 northern HDs were previously mapped for trachoma in 2015.

⁶ Results show that 12 of the 14 HDs are endemic for LF, bringing the total number of HDs endemic for LF to 73.

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Training

- Conduct cascade training at all levels of implementation prior to MDA campaigns.
- Provide refresher training prior to conducting disease assessment surveys.

NTD Program Support

- Help train NTD program staff to build their capacity in developing scientific publications that showcase country program best practices, success stories, lessons learned, and impact surveys.
- Support the launch of MDAs each year by improving the visibility of the NTD program and holding media campaigns to showcase program achievements and challenges.
- Support NTDP communication efforts, enhance NTDP visibility, and improve knowledge and awareness of NTDs and NTD control/elimination strategies in at-risk communities.



- > Support and participate in annual work planning and review meetings.
- Provide support for day-to-day national NTDP operations through the work of 3 local permanent staff, who were recruited by FHI 360 to directly support the Côte d'Ivoire NTDP on an ongoing basis.
- ▶ Help the NTDP make projections and apply for NTD drugs.
- Provide technical assistance to update the Tool for Integrated Planning and Costing (TIPAC).

NTDs in Côte d'Ivoire

Neglected tropical diseases (NTDs) affect all 82 health districts (HDs) in Côte d'Ivoire, putting an estimated 23 million people at risk of contracting one or more diseases. NTDs are debilitating and disproportionately affect the poor and vulnerable, particularly women and children.

While lack of awareness, unsafe health practices, and limited access to safe water and sanitation continue to present challenges, Côte d'Ivoire's NTD Program is committed to achieving progress against NTDs such as lymphatic filariasis, trachoma, schistosomiasis, onchocerciasis, and soil-transmitted helminthiasis. With support from USAID's END in Africa project and other partners, Côte d'Ivoire has adopted a strategy to fight these diseases using integrated interventions and the administration of a combination of drugs that cover multiple diseases at the same time.

END in Africa

Funded by the United States Agency for International Development (USAID) and managed by FHI 36O, the END in Africa project aims to reduce the prevalence of 7 neglected tropical diseases, including trachoma, onchocerciasis, lymphatic filariasis, schistosomiasis and 3 soil-transmitted helminths (hookworm, roundworm, and whipworm), in Côte d'Ivoire and five other West African countries (Burkina Faso, Ghana, Niger, Sierra Leone, and Togo).

In addition to FHI 360's overall program administration and direct implementation support to the NTDPs in Ghana and Côte d'Ivoire, END in Africa receives support from Helen Keller International in Burkina Faso, Niger, and Sierra Leone; and from Health and Development International in Togo. END in Africa partner Deloitte Consulting LLP provides capacity-building expertise to the NTDPs, particularly in financial management and oversight.

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Other NTD Partners in Côte d'Ivoire

Funding is provided mainly by the USAID through FHI 360. The national NTD program also receives some support from national organizations, the END Fund, Sightsavers, Helen Keller International, MAP International, Schistosomiasis Control Initiative (SCI), and the WHO Country Office in Côte d'Ivoire.