Overview

As Côte d’Ivoire emerges from decades of economic and political instability, the country faces significant health challenges. According to the Ministry of Health, HIV prevalence is 3.7 percent among the general population and much higher among key populations, such as female sex workers (FSWs) and men who have sex with men (MSM). In addition, the country’s population is still growing at a rapid pace; the total fertility rate is five children per woman, and 27 percent of women have an unmet need for high-quality family planning services. Further, nearly one-third of all adolescent girls have given birth or are currently pregnant.

Recognizing the significant impact of birth spacing on the reduction of child and maternal mortality, Côte d’Ivoire—at the Ouagadougou Conference (2011), subsequent Ouagadougou Partnership, and the more recent June 2012 London FP Summit (now “London 2020”)—committed to reducing maternal and child mortality through (1) increasing service coverage, (2) increasing the resources allocated to family planning, and (3) strengthening community services and increasing access to FP methods for people living with HIV and for youth.

In support of these goals, the Health Policy Project (HPP) and Ministry of Health worked together to strengthen the advocacy capacity of nongovernmental organizations and civil society to foster policy change. HPP provided financial and programmatic evidence-based data to inform policy making and advocacy activities in support of improving FP and HIV programs.

Multisectoral Engagement Improves the Enabling Environment for Family Planning

In collaboration with the ministries of health, finance and planning, education, women affairs, and communication; the private sector; and civil society organizations, HPP helped develop the Costed Implementation Plan for Family Planning, 2015–2020 (FP-CIP), under the overall aegis of the Ministry of Health. The preparation of this plan resulted in

- Increased stakeholder awareness and understanding of the essential activities and costs required to reach FP objectives
- Strengthened collaboration among all ministries, civil society, the private sector, and technical and financial partners involved in family planning
- Development of and support for national strategies to reposition family planning, and strengthened ownership of FP activities by all key actors
Evidence Generated Informs Strategic Decision Making

To enable evidence-based decision making, HPP worked with the government through its Coordinating Office of the National Program for Maternal and Child Health (PNSME) and the National Population Bureau to apply several strategic tools and models:

- A framework for analyzing FP repositioning efforts
- Costed Implementation Plan for Family Planning, 2015–2020
- DemDiv and ImpactNow model applications in Côte d’Ivoire
- CIP financial gap analysis tool to determine the resources needed to meet the FP-CIP objectives

Strengthened Capacity Creates Greater Attention to Key Populations

HPP enhanced the capacity of government and civil society to generate, interpret, and communicate HIV evidence.

- In 2012, HPP collaborated with the National AIDS Control Program to strengthen the capacity of national actors involved in reducing the rate of AIDS among key populations. This capacity building included supporting an analysis of the unit costs for prevention and care management services for FSWs and MSM. The data have contributed to the development of a concept note for Phase 2 of the Global Fund for AIDS, Tuberculosis and Malaria.
- HPP also collaborated with the Ministry of Health and other key stakeholders to monitor, evaluate, and document the results of Côte d’Ivoire’s current FP-HIV integration efforts. The findings have informed recommendations for moving forward and will be useful to other countries in the region undertaking a similar process.

The Way Forward

Achieving Côte d’Ivoire’s health and development goals requires continued efforts to strengthen the evidence base for increased financial and political support, improved capacity of both government and civil society, and greater investment by key populations in the country’s development. Future efforts should include:

- Coordination with the Ministry of Health on a new costing model to support informed health budgeting and planning at the national level, thereby enabling the ministry to produce a strategic and costed health budget and to carry the process going forward.
- Support for the government to effectively implement and operationalize the various health policies and strategies at both the national and decentralized levels through generating evidence for sound decision making.
- Formulation and implementation of supportive policies, including operational guidelines and budgets, for improving access to services for key populations.