



**Chasing
mobile men
with money in
the private
sector in Côte
d'Ivoire**



Who are mobile men with money?



- Refers to diverse groups of men (e.g. businessmen, miners and itinerant wage laborers)
- In contexts of high population movement and economic disparity, they are at heightened risk of HIV
- Considered as members of a ‘most-at-risk population’, or render others vulnerable to infection

Source: “Mobile men with money”: HIV prevention and the erasure of difference. Bell, Stephen and Kelly-Hanku, Angela. Global Public Health. March 4, 2014.

Ivoirian context



- Earn higher income than the general population
- Married or in a permanent relationship, also have sexual encounters while they are away/on travel
- Young women in particular are vulnerable and susceptible to having relationships with these men
- HIV prevalence tends to be higher amongst the partners of HIV positive MMM



MMM represent an important target group in Côte d'Ivoire for HIV prevention, care and treatment

HIV in Côte d'Ivoire – snapshot



- Generalized HIV epidemic in Côte d'Ivoire with one of the highest HIV prevalence rates in West Africa
 - 2.7% for 15-49 years of age (UNAIDS 2017)
- HIV prevalence of 4.9% - 7.9% for men aged 35-49 (DHS 2012)
- 475,000 people living with HIV and 20,000 new infections per year (UNAIDS 2017)
- 58% of people living with HIV know their status (UNAIDS Country Fact Sheet 2016)
- Gaps in clinical cascade: most men 25+ diagnosed but not linked to treatment (PEPFAR Côte d'Ivoire Country Strategy COP18)

PEPFAR in Côte d'Ivoire



- Goal: 90-90-90 by 2020 (set by UNAIDS and partners)
 - Reach epidemic control by 2020
- Key PEPFAR strategies in Côte d'Ivoire:
 - Test and Start (same day ART initiation)
 - Viral load testing
 - Intensify outreach and HIV testing services for positive case identification of people living with HIV especially among older men over age 25, adolescent young girls and women, children and key populations

Source: PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020), PEPFAR Country Profile for Côte d'Ivoire

Involvement of Ivoirian private health sector in HIV



- Private sector is not engaged in HIV service delivery despite accounting for 50% of health facilities and 80-90% of the drug supply chain (2016-2020 National Public Health Strategy)
- Private health facilities not legally authorized to provide HIV services (EU 2008)
- Lack of coordination and leadership of health activities at national and district levels(SHOPS 2013)
- Due to stigma and confidentiality issues in the public sector, private sector could play critical role for those seeking HIV services

Group exercise (15 min) followed by report out



- What specific constraints/barriers are there for reaching MMM?
- What strategies or approaches can you think of for reaching/engaging MMM in HIV prevention, care and treatment? (be creative & specific)

<ul style="list-style-type: none">• Constraints/barriers for reaching MMM	<ul style="list-style-type: none">• Example• Example
<ul style="list-style-type: none">• Strategies to reach MMM	<ul style="list-style-type: none">• Example• Example

- Instructions: each group fills out table, selects rep who reports group findings after exercise is completed (2 min/group)

Private Sector Health Project (PSHP) Côte d'Ivoire



- USAID-funded project of five years (2015-2020)
- Working to scale up the pilot private provider HIV network piloted by Strengthening Health Outcomes through the Private Sector (SHOPS) with local partner Association of Private Clinics of Côte d'Ivoire (ACPCI)
- Private provider network includes 150 clinics in 7 regions with highest HIV-prevalence
- Project components:
 - Quality HIV service delivery through private sector
 - Provider training and coaching, lab support, data management support
 - Improved public sector stewardship of the private sector
 - Public-private dialogue platforms (national and district levels)
 - Social and behavior change and demand creation activities
 - Brochures, pamphlets, billboards, Health Days, radio messages, hotline

Private Health Sector Project Results



PSHP private clinics are successfully implementing HIV/AIDS programs and have achieved the following results to date (through June 2018):

72,518

People screened and counseled on HIV

4,855

People identified as HIV positive

**6.3% yield
(average)**

Compared to national average of 1%

6,516

HIV positive patients received minimum package of services

3,399

Patients newly enrolled in ART

**8.8% yield for men
(average)**

Compared to 4% yield for other implementing partners

Approaches for reaching MMM



- Screening tools used by private clinics to reduce waiting time
- Assurance of confidentiality in private clinics
- SBC tools and materials strategically placed in bars, after work clubs, gas stations, pharmacies targeting MMM
- District-level approach
- Community-based approaches
- Index testing focused on testing partners of women that are already receiving care in private clinics (client tracker)



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SERVICES GRATUITS :

- Test de dépistage VIH
- Traitement ARV adulte
- Traitement ARV pédiatrique
- Prévention de la transmission mère-enfant (PTEME)
- Examens de Laboratoire (CD4, Charge Virale, PCR)

**POUR TOUT RENSEIGNEMENT
VEUILLEZ CONTACTER L'ACPCI**

22 41 06 56
56 90 93 90
58 26 11 13

NB: Consultations, autres examens de Laboratoire et de Radiologie aux tarifs habituels

ACPCI: Association des Cliniques Privées de Côte d'Ivoire



Lessons learned and wrap-up



Thank you for your participation!

