

# **CÔTE D'IVOIRE**

## **Mid-term Assessment**

### Global Fund Breaking Down Barriers Initiative

December 2020

Geneva, Switzerland

# DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

## Acknowledgements

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## Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Côte d'Ivoire is a Program assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Côte d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

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# Summary

## Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Côte d'Ivoire. It seeks to: (a) assess Côte d'Ivoire's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## Breaking Down Barriers Theory of Change

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Côte d'Ivoire. It seeks to: (a) assess Côte d'Ivoire's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Côte d'Ivoire to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents, remote interviews, and country visits to meet with key informants and conduct site visits. In addition, a costing analysis was conducted with results presented in an annex to the report. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Côte d'Ivoire was a Program assessment. It was conducted primarily between July 2020 and November 2020.

## Progress towards Comprehensive Programming

The Breaking Down Barriers initiative’s efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### ***Creating a supportive environment to address human rights-related barriers***

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services have been achieved in Côte d'Ivoire (see Table 1). Achievement of these steps has contributed to developing a “culture of human rights” that is needed to remove barriers to HIV and TB services. For instance, key informants have described the multi-stakeholder meeting to validate the Baseline Assessment results as “very constructive”, generating good interaction, and taking into account the majority of the participants’ views. It was also broadly praised for its inclusiveness. Sustained efforts are needed to ensure that the National plan to reduce human rights-related barriers for comprehensiveness – that builds on the Baseline Assessment’s findings and is aligned with the national strategic plans for HIV and TB – is validated by the government, with further support in its implementation.

**Table 1: Key milestones**

<b>Milestone</b>	<b>Results</b>	<b>Date</b>
<b>Matching funds</b>	The country accessed 1.4 million euros and invested approximately 400,000 euros from the allocation.	Disbursed March 2019
<b>Baseline assessment</b>	Literature review, country visit, key informant interviews and focus groups conducted	November 2017 – February 2018
	Report finalized	December 2018
<b>Multi-stakeholder meeting</b>	99 participants from government, national human rights institutions, civil society organizations, as well as multilateral and bilateral technical and funding partners, met to validate findings of baseline assessment	September 2019
<b>Working group on human rights, HIV and TB</b>	Human Rights Committee, chaired by the Ministry of Justice and Human Rights through the Direction de la Protection Judiciaire de l’Enfance et de la Jeunesse (DPJ EJ), is tasked with taking forward the development of the national multi-year plan	July 2019
<b>National plan to reduce human rights-related barriers</b>	The draft of the multi-year plan is still awaiting validation by Ministry of Public Health and Public Hygiene and/or Ministry of Justice and Human Rights	

## Scale-up of Programs: Achievements and Gaps

Côte d'Ivoire showed notable progress in expanding the scale of human rights programs for both HIV and TB (see Table 2).

With regard to HIV, by mid-term, Côte d'Ivoire had continued implementing activities in all key program areas, with improvements in the geographic and key population coverage in all those areas. Despite this progress, however key gaps remain, in particular when it comes to certain key populations, such as transgender people whose special needs remain invisible.

With regard to programs to remove human rights-related barriers to TB barriers, at the time of the Baseline Assessment, these had only been developed for two program areas, namely (i) “stigma and discrimination reduction” (and even then, only a one-off activity had been found), and (ii) “mobilizing and empowering patient and community groups” (which activity was implemented at small-scale). Since then, there has been notable progress in four program areas (stigma and discrimination reduction, sensitization of lawmakers and law enforcement agents, legal literacy, and legal services). There was also further expansion in the program area of mobilization and empowerment of patient and community groups. Finally, the MTA team observed a slight improvement regarding programs in prisons and other closed settings, which is to be encouraged as prisoners continue to be woefully neglected in TB-related human rights programming.

**Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness**

Program areas	HIV		TB	
	Base line	Mid-Term	Base line	Mid-Term
Stigma and discrimination reduction	2	3	1	3.8
Training for health care providers on human rights and medical ethics	1	1.5	0	*
Sensitization law-makers and law enforcement agents	2	2.1	0	1.5
Legal literacy (“know your rights”)	2	2.65	0	3.4
Legal services	2	2.5	0	3
Monitoring and reforming laws, regulations and policies relating	1	2	0	0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2	3	0	0
Ensuring confidentiality and privacy			0	*
Mobilizing and empowering patient and community groups		N/A <sup>1</sup>	2	2.6
Programs in prisons and other closed settings			0	0
<b>Average score</b>	<b>1.7</b>	<b>2.39</b>	<b>0.3</b>	<b>1.79</b>

0 – no programs present  
 1 – one-off activities  
 2 – small scale  
 3 – operating at subnational level  
 4 – operating at national level (>50% of geographic coverage)  
 5 – at scale at national level (>90% geographic coverage + >90% population coverage)  
 N/A – Not applicable

<sup>1</sup> Note that these programs are built into the other HIV program areas.

## ***Cross-cutting Issues related to Quality Programming and Sustainability***

In examining programs, the mid-term assessment reviewed, where possible, not only the scale of the programs, but also whether individual programs are gender-responsive and whether they are being implemented in accordance with lessons learned over the last year, which have now been documented in an implementation guide for programs to reduce human rights-related barriers.\* Researchers found three cross-cutting issues related to program quality for which some general recommendations can be made regarding HIV and TB programming overall:

- increase integration into or linkage with prevention and treatment services, and key population programming, whenever possible (e.g. integrate activities to reduce discrimination against women in other program areas);
- strategically combine multiple human rights programs to improve access to and retention in prevention and treatment services (e.g. develop joint interventions that cover both HIV and TB comprehensively, making sure the specificities of TB-related issues are taken into account); and
- increase monitoring and evaluation of existing programs to leverage successes and strengthen implementation.

The MTA team also found that sustainability remains a significant challenge as Côte d'Ivoire only contributed 400k from within their allocation towards the human rights programs, far from matching 1:1. Because of funding of activities limited in time, numerous programs have been discontinued, which obviously undercuts efforts to scale up.

Finally, the researchers have noted that some key populations, especially transgender individuals, because of a hostile social context, along with a lack of data, are excluded from outreach efforts. They remain invisible and their particular needs are ignored.

### **Emerging Evidence of Impact**

At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV and TB services in the form of a case study: the Centre Solidarité et Action Sociale (CSAS).

#### ***The Centre Solidarité et Action Sociale (CSAS)***

The Centre Solidarité et Action Sociale (CSAS) is a Global Fund grant sub-recipient. Created in 1995, it is based in Bouaké, and has a local office in Khorogo, as well as numerous decentralized centres. Together, as of the end of 2019, these centres cover 28% of the health districts of Côte d'Ivoire, which represents a continuous increase directly linked to the expansion of the Global Fund's zoning (i.e., the districts which it covers with its funding).

The mid-term assessment identified CSAS as an example of success because of the comprehensive set of services it provides to PLHIV and their families, with many important activities to remove human rights-related barriers to services introduced or developed since the start of the BDB initiative.

To name a few, since 2020, CSAS has been implementing, in Bouaké and Khorogo, the "Support programme for women" ["Projet d'accompagnement des femmes"], aiming to address family-initiated stigma toward women living with HIV. If her partner reacts negatively when a woman discloses her HIV-positive status, the CSAS assists with the use of mediation, a

community instrument considered more sustainable than formal legal proceedings. The CSAS has also continued its Legal Literacy program, the activities of which have included convening a large thematic meeting at the end of 2019 that explored a range of rights and responsibilities of people living with HIV, including a discussion of stigma and discrimination (including self-stigma), HIV testing of children, adherence to ARV treatment and the significance of an undetectable viral load, and the national HIV law, among other topics; approximately PLHIV participated. Finally, in keeping with its integrated people-centred health approach, a peer educator belonging to the key population of gay, bisexual and other men who have sex with men (GBMSM) has been part of the CSAS team since the latter half of 2019. This is a step towards implementing programs to remove human rights-related barriers to services in a gender-responsive/transformational manner. To this we can add that while the Clinique de Biétry operated by Espace Confiance is the first centre in Côte d'Ivoire to offer specific health care to GBMSM, the CSAS now also offers specific health services to GBMSM in its Bouaké centre, with the support of the French organisation Sidaction, and the doctor travels to Khorogo every month for 2-3 days to provide services.

The CSAS has thus been integrating human rights activities into health services, but also combining programs to remove human-rights related barriers for greater impact, both being key to move towards quality programs to remove human rights-related barriers. Continued resources are needed to sustain and intensify such efforts.

## **Conclusion**

The mid-term assessment has demonstrated important achievements in Côte d'Ivoire. Yet, to build on those promising developments, some work remains to scale up, and to monitor and evaluate programs to reduce human rights-related barriers to HIV and TB services. One impediment reported by key informants was funding limited in time – leading to uncertainty regarding the continuation of activities, even if the latter had been showing good results. This key issue should be carefully considered and taken into account before the final assessment regarding the impact of the BDB initiative in Côte d'Ivoire.

Regarding specifically TB, there is an urgent need to develop human rights-based approach. Finally, with the very recent political changes, ensuring that political will does not come to a halt, undermining the past few years efforts, is critical.



## Key Recommendations (see Report Annex for a full set of recommendations)

### Creating a Supportive Environment

- Ensure the adoption of the 5-year plan (2021-2025) for comprehensive programs to remove human-rights related barriers to HIV and TB, including the finalization of the costing component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB services.
- Ensure that existing and planned programs to remove human rights-related barriers are captured in the 5-year plan, and are scaled-up in a coordinated, strategic manner.
- Ensure that the Technical Working Group meets regularly to both finalise and oversee the implementation of the 5 -year plan, making sure the efforts and programs are coordinated.

### Programmatic Scale-up

- Use the 5-year plan as an organizing framework to scale up programs to remove human rights-related barriers to HIV and TB in a more strategic, cohesive fashion.
- Conduct analysis of existing and planned programs in terms of their gender-responsiveness.
- Support the passage of the new law on drugs that reflects something of a shift toward a more health-based approach, and to better protect patient privacy, advocate for the clarification of relevant sections of the 2014 law on HIV, and its implementing decree. Disseminate information accordingly through a multisectoral campaign that targets priority audiences and key populations.

### Programmatic Quality and Sustainability

- Increase technical and financial assistance to support capacity-strengthening and scale-up of programs to remove human rights-related barriers to TB services to ensure that these programs are implemented as part of the country's model of patient-centered care.
- Continue to identify opportunities to i) integrate human rights programs into prevention, treatment, and key population programming, building human rights expertise among health care workers, peer paralegals and community-based monitors of health care delivery, ii) combine programs to reduce human rights-related barriers for greater impact, and to iii) develop a robust M&E plan, regularly collect and assess data on key indicators, and make adjustments based on findings from data analysis.
- Continue investing in building the capacity of all stakeholders, including key and vulnerable populations, on human rights and human rights programming, particularly for transgender people and people in prisons, jails and other closed settings.

# Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Côte d'Ivoire, comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Côte d'Ivoire from July 2020 to November 2020 to: (a) assess Côte d'Ivoire's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## ***Breaking Down Barriers Initiative's Theory of Change***

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>2</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”, † and Global Fund Key Performance Indicator 9a that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).‡

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<sup>2</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

## Text Box 1: Program Areas to Remove Human Rights-related Barriers

### For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

### Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

According to the *Breaking Down Barriers* initiative’s theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called “matching funds”), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In 2020, the Global Fund supported a mid-term assessment examining the Côte d’Ivoire’s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

## Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. In the case of Côte d’Ivoire, selected for a **program assessment**, the methodology was anticipated to include country visits to meet with key informants and conduct site visits, but that was not feasible because of the COVID-19 pandemic. However, information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Côte d'Ivoire mid-term program assessment was conducted between July 2020 and November 2020 (Table 1). More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

**Table 1: Cote d'Ivoire Mid-Term Assessment Timeline**

<b>Assessment Component</b>	<b>Researchers</b>	<b>Dates</b>
<b>Desk review of available program reports, epidemiological information, and other background documents</b>	Julie Mabilat Richard Elliott	July – August 2020
<b>Written questionnaires completed by and/or interviews conducted remotely with a total of 39 key informants</b>	Julie Mabilat Kekré Jérôme Hervé Agbo Richard Elliott	September – November 2020
<b>Follow-up with relevant key informants</b>	Julie Mabilat	October – November 2020
<b>Presentation of report to Global Fund</b>	Julie Mabilat Richard Elliott	December 2020

## **Limitations**

At the time of the mid-term assessment, the COVID-19 pandemic had begun to seriously affect the implementation of programs to remove human rights-related barriers to HIV and TB services. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact. While the evaluation team sought diverse perspectives from a diverse set of key stakeholders, carefully selected, there was an inability to meet with key informants and conduct site visits due to the situation induced by COVID-19. In addition, there were limitations in terms of resources (human, time and financial). These findings and recommendations should be understood as being the best assessment possible, with those limited resources, for a diverse, dynamic and complex initiative influenced by many political, economic and social forces. The team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides a useful, if partial, snapshot and a basis for further development of programs seeking to remove human rights-related barriers to HIV and TB services.

# Part I. Background and Country Context

## Epidemiologic Context

According to the latest estimates from UNAIDS, as of 2019, there were 430 000 adults and children living with HIV in Côte d'Ivoire, of whom 63% were receiving antiretroviral therapy.<sup>§</sup> HIV prevalence among adults and adolescents aged 15 to 49 is 2.4%, with higher prevalence among women at 3.3% compared to 1.5% for men.<sup>\*\*</sup> HIV in Côte d'Ivoire is a mixed epidemic, characterized by both its presence in the population as a whole and by a markedly higher prevalence concentrated within “key populations.”<sup>††</sup> Key populations that face a higher HIV burden include transgender people (22.6%),<sup>‡‡</sup> men who have sex with men (12.3%), people who inject drugs (3.4%), and sex workers (7.5%).<sup>§§</sup> Because of the potential for spread and barriers to adequate care, prisoners are also considered a key population, even though HIV prevalence within this population is estimated at 1.2%.<sup>\*\*\*</sup> Some populations, such as migrants, truck-drivers, uniformed personnel, and clients of sex workers, are also identified as “highly vulnerable populations”.<sup>†††</sup>

HIV is not evenly distributed geographically across the country: it was estimated there were 157,771 PLHIV (circa 37% of all PLHIV living in Côte d'Ivoire) living in one of the two health regions "Abidjan 2" and "Abidjan 1 grands ponts", in which 22% of the population resided in December 2019.<sup>‡‡‡</sup>

At the time of the baseline assessment (in late 2017), Côte d'Ivoire had the highest TB prevalence in the world at 153 cases per 100,000 inhabitants. TB affected men more than women and was the deadliest opportunistic infection for PLHIV in Côte d'Ivoire. Poverty and HIV infection were among the major factors contributing to the spread of TB.<sup>§§§</sup> As of 2018, the estimated total TB incidence rate (per 100 000 population) in Côte d'Ivoire had improved slightly to 142, the HIV-positive TB incidence rate (per 100 000 population) was 28, the MDR/RR-TB incidence rate (per 100 000 population) was 8.6 and TB treatment coverage was 59%.<sup>\*\*\*\*</sup> Key populations for TB include people living with HIV, people with diabetes, miners, prisoners, people who inject drugs, and people living in precarious conditions.<sup>††††</sup>

## Legal and Policy Context

Regarding the HIV-related legal and policy framework, Côte d'Ivoire's HIV response is guided by its current *Plan stratégique national de lutte contre le sida et les IST 2016-2020*. This national strategic plan includes an “inclusive and partnership approach” as a foundational principle, but does not list the protection and promotion of human rights and gender equality among its guiding principles and core values.<sup>††††</sup> More positively, this is now included in the NSP 2021-2025 as a guiding principle.<sup>§§§§</sup> In both NSPs, specific activities are outlined for reducing barriers to HIV services, including scale-up of access to legal services, sensitization programs for different target audiences,<sup>\*\*\*\*\*</sup> integration of human rights related to HIV and TB in the training curricula of health professionals, and enhanced access to information for women and girls on legal provisions and remedies relating to GBV.<sup>†††††</sup> Côte d'Ivoire also has a specific

law that governs its HIV response: the HIV law of 14 July 2014, which addresses non-discrimination and access to treatment and care services, but also contains some provisions of concern that warrant improvement in order to better protect human rights.

In parallel, the national response to TB in Côte d'Ivoire is currently guided by its *Plan stratégique national de lutte contre la tuberculose 2016-2020*.<sup>†††††</sup> It acknowledges five main barriers to access to services: geographical accessibility, affordability, socio-cultural obstacles, human-rights related barriers (including stigma and discrimination, limited legal literacy and access to legal services, and the right to health not always respected in prisons due to insufficient budget and overcrowding), and gender-related barriers.<sup>§§§§§</sup> Unlike the case with HIV, Côte d'Ivoire does not have a specific law on TB.

## **Other Key Considerations for the HIV and TB Responses**

There is a strong political commitment by the government of Côte d'Ivoire, technical and financial partners and the civil society,<sup>\*\*\*\*\*</sup> especially in favour of the HIV program, with HIV interventions being considered for potential inclusion in the Universal Health Coverage [Couverture Maladie Universelle – CMU] scheme first started in 2014. However, funding for the HIV and TB responses is heavily dependent on external funding.<sup>†††††</sup> According to current Global Fund projections, the country will remain eligible for funding until 2028 at the outside.<sup>†††††</sup> Preparing the transition to domestic funding should be a priority objective, as this is key to long-term sustainability. The macroeconomic growth indicators of Côte d'Ivoire, a country that has recorded an unprecedented continuous and sustained economic growth for the past decade (at an estimated at 7% since 2012), suggest the possibility of fiscal space to mobilize additional resources and gradually move to predominantly national funding for health.<sup>§§§§§</sup>

Regarding the political context in Côte d'Ivoire, presidential elections were held on 31 October 2020, with the incumbent winning a third term in office and post-election violence resulting, harkening back to the armed conflict following the 2010 elections that claimed more than 3,000 lives. Despite progress in reunifying the country, social and political polarization has persisted, and key informants expressed their trepidation that the threat of renewed violence could lead to the disruption of programs. One key informant also reported a resurgence of violence against key populations starting in mid-September 2020, in advance of the latest election. This informant condemned the increase in night-time roundups in hot spots, which in his view had a great impact on program activities.

## **COVID-19**

Despite recent efforts, gender-based violence (GBV) and gender inequality remain prevalent in Côte d'Ivoire, which is one of the countries with the highest gender inequality rates in the world.<sup>\*\*\*\*\*</sup> Regrettably, as in many other countries, this situation, which creates a challenging environment in which to work towards removing human rights-related barriers to access to HIV and TB services, has been further exacerbated by the COVID-19 pandemic. Girls and women

became even more vulnerable, and their workload, number of cases of violence, rape, early marriage and female genital mutilation (FGM) increased.

In addition, restrictions on movement – with the isolation of the Abidjan region from the rest of the country and the imposition of a curfew – have presented challenges to HIV- and TB-affected communities. Key informants cited malnutrition and food insecurity, along with the barriers to access to essential medicines, as central issues reducing treatment adherence for both HIV and TB. Nevertheless, the government, along with technical and financial partners and civil society, have taken steps mitigate the negative impact on HIV and TB programs.

## Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Côte d'Ivoire through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included: conducting a baseline assessment to identify human rights-related barriers to services, populations affected, existing programs and elements of a comprehensive response; applying for matching funds to increase funding for programs to remove human rights-related barriers to services; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

At mid-term, almost all milestones identified as necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services had been achieved (see Table 2). What remains outstanding is the validation of the national plan to reduce human rights-related barriers by the Ministry of Public Health and Public Hygiene and/or Ministry of Justice and Human Rights, as contemplated in the text of the plan. While the achievement of these milestones has contributed to the development of a supportive environment to remove critical human rights-related barriers to HIV and TB services, the current political environment – as a result of the October 2020 presidential elections – can impede efforts and make it challenging to implement at least some of the programs needed to remove such barriers. On a more encouraging note, the *Breaking Down Barriers* initiative engaged the government's national HIV program (Programme national de lutte contre le SIDA - PNLs) and national TB program (Programme national de lutte contre la tuberculose - PNLt), as well as a wide range of civil society organisations (CSOs) in identifying human rights-related barriers to services and jointly elaborating a national plan to address them; these are indicators of progress toward creating a supportive environment.

**Table 2 – Key milestones towards comprehensive programs**

Milestone	Results	Date
Matching funds	The country accessed 1.4 million euros and invested approximately 400,000 euros from the allocation.	Disbursed March 2019
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted	November 2017 – February 2018
	Report finalized	December 2018



<b>Multi-stakeholder meeting</b>	99 participants from government, national human rights institutions, civil society organizations, as well as multilateral and bilateral technical and funding partners, met to validate findings of baseline assessment	September 2019
<b>Working group on human rights, HIV and TB</b>	Human Rights Committee, chaired by the Ministry of Justice and Human Rights through the Direction de la Protection Judiciaire de l'Enfance et de la Jeunesse (DPJJE), is tasked with taking forward the development of the national multi-year plan	July 2019
<b>National plan to reduce human rights-related barriers</b>	The draft of the multi-year plan is still awaiting validation by Ministry of Public Health and Public Hygiene and/or Ministry of Justice and Human Rights	

### ***Baseline Assessment (2017-2018)***

In 2017-2018, a Baseline Assessment was conducted to identify the key human rights-related barriers to HIV and TB services; describe recent or existing programs to reduce such barriers, thereby providing a reference point against which to subsequently measure the scale-up of such programs; indicate what a comprehensive response to existing barriers would include in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale over the period of the Global Fund's 2017-2022 Strategy. The work involved a desk review, focus group discussions and key informant interviews with representatives from key or vulnerable populations and other key stakeholders (e.g. government, civil society, technical partners, program implementers), as well as financial data collection via interviews, surveys and secondary data analysis. The baseline assessment revealed that a number of non-governmental and community organizations, as well as government entities, were working to remove human rights-related barriers to HIV and TB services, but that these interventions were implemented on a small scale, lacked sufficient funding and were not sustainable enough to substantially reduce barriers to services.<sup>†††††††</sup>

### ***Matching Funds (2019)***

In the 2017-2019 cycle, Côte d'Ivoire applied for EUR 2.2 million (circa USD 2.4 million) in matching funds, and was awarded EUR 1.4 million euros, alongside which it also invested approximately EUR 400,000 from the main allocation grant from the Global Fund. Thus, as part of the NFM 2 allocation, Global Fund support for programs to reduce human rights-related barriers to services totaled approximately EUR 1.8 million (circa USD 2.1 million). The matching funds were disbursed in March 2019.

### ***Multi-Stakeholder Meeting (2019)***

After the baseline assessment was completed, Global Fund technical assistance was mobilized in August 2019 to support the multi-stakeholder meeting and the development of a multi-year plan for scaling up programs to reduce human rights-related barriers to HIV and TB services. The multi-stakeholder meeting took place in September 2019. It brought together 99 participants on day 1 and 80 on day 2 from the different invited ministries, national human rights institutions, Civil Society Organizations, and multilateral and bilateral technical and funding

partners.##### Several key informants described the meeting as useful and “very constructive”, generating good interaction, and taking into account the majority of the participants' views. It was also broadly praised for its inclusiveness, which enabled the participation of actors not yet familiar with human rights issues and, as one key informant put it, to “expand their address book.” One key informant regretted the absence of people living with disabilities. Lastly, the meeting was lauded by some key informants for having addressed issues that were not yet taken into consideration or that were insufficiently addressed in the programs implemented up to now (e.g. human rights and TB, the case of people with a disability, leadership of the ministry of justice, social rejection, and the TB situation in the private sector).

### ***Technical Working Group on Human Rights (2019)***

A technical working group, chaired by the Ministry of Justice and Human Rights through the Direction de la Protection Judiciaire de l'Enfance et de la Jeunesse (DPJJE), had been previously established in July 2019 to develop a multi-year plan for a comprehensive response to human rights-related barriers to services. It was also responsible for the organization of the multi-stakeholder meeting. Its composition included representatives of: the Ministry of Health and Public Hygiene, the Country Coordinating Mechanism (CCM-CI), the PNLS, the PNLT, the Human Rights and HIV Committee, Alliance CI, UNAIDS, Médecins du Monde, the Global Fund, and HIV and TB NGOs and networks such as RIP+, Espace Confiance, Enda Santé, Ligue Ivoirienne des Droits de L'Homme (LIDHO), Union contre la Co-infection VIH/Hépatites/Tuberculose (UNICO), Réseau des Organisations des Populations Clés de Côte d'Ivoire (ROPC-CI), Commission National des Droits de l'Homme de Côte d'Ivoire (CNDH-CI), Coalition Ivoirienne des Défenseurs des Droits Humains (CIDDH), and Heartland Alliance.##### Also participating was the HIV and Human Rights Committee (Comité droits humains et VIH), a technical committee established in 2017 under the aegis of the Ministry of Justice and Human Rights to coordinate all activities linked to human rights with regard to HIV.

### ***National Plan (2019)***

The comprehensive, five-year plan to reduce human rights-related barriers to HIV and TB services was developed in consultation with key stakeholders in the response to HIV and TB, reviewing the findings of the baseline assessment, building on the proposed programs, and the ongoing work at country level, and identifying key gaps, challenges and priorities for action for the period from 2021 to 2025. ##### It is aligned with Côte d'Ivoire's national strategic plans for HIV and TB.#####

### ***Recommendations***

- Ensure the adoption of the 5-year plan (2021-2025) for comprehensive programs to remove human-rights related barriers to HIV and TB, including the finalization of the costing component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB services.
- Ensure that existing and planned programs to remove human rights-related barriers are scaled-up in a coordinated, strategic manner.
- Ensure that the Technical Working Group meets regularly to both finalise and then oversee the implementation of the 5-year plan, making sure the efforts and programs are coordinated.

## Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on “Ensuring Quality Programming”.

### Programs to Remove Human Rights-related Barriers to HIV Services

In Côte d’Ivoire, programs exist in all seven key program areas to remove human rights-related barriers to HIV services. Compared to the 2018 baseline, Côte d’Ivoire has scaled-up activities in all seven program areas, in some program areas more than others (e.g. stigma and discrimination reduction, which also now includes mix of programs for reducing stigma and discrimination against people who use drugs). Some programs remain relatively weak, for example the ones dedicated to the training for health care providers on human rights and medical ethics, and while people who use drugs are increasingly taken into account, programs addressing the specific needs of people in prison and of transgender people<sup>3</sup> are not being developed.#####

Côte d’Ivoire has also made progress toward institutionalizing interventions to reduce human rights-related barriers and ensuring that human rights programs are linked to and reinforce one another. This has improved their quality, impact, reach and sustainability. However, a sustained effort is needed to move toward full, nationwide and sustainable integration of such programs into public services and official training programs, including by funding them from the national and local budgets, which are still dangerously heavily dependent on international donors. Monitoring and evaluation of programs to remove human rights-related barriers and encourage their gender-responsiveness remain weak.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.0	3.0

Côte d’Ivoire has made significant progress in rolling out HIV-related stigma and discrimination reduction programs, largely in line with the recommendations of the baseline report. For instance, Alliance-CI has been reconceptualising the “Looking In, Looking Out” (LILO) sensitization and training program (a stigma reduction initiative piloted by Frontline AIDS) and

<sup>3</sup> Secretariat Footnote: NFM3 has demonstrated a stronger focus on transgender people in HIV prevention as well as in integrated human rights programming

extending it to 60 health districts.<sup>4</sup> In parallel, and in keeping with a recommendation from the Baseline Assessment, Alliance-CI has trained key population representatives as advocates and also to serve as members of Community Advisory Boards (CAB) for key HIV services providers, to ensure that stigma and discrimination concerns are dealt with through dialogue between service providers and service users. This mechanism is similar to that already in place to 43 coordination committees on gender-based violence (GBV), operating under the aegis of the Ministry of Women, Child Protection and Solidarity, that bring together key stakeholders from various spheres and are responsible for coordinating all initiatives to fight GBV at the regional level through monthly meetings.

Enda Santé has also been reinforcing peer educators' training on human rights, HIV, and gender-based violence. So far, 39 paralegals have been trained on law, human rights, HIV and GBV in Yamoussoukro in June 2019; they have then trained 878 peer educators so far. Training supervision took place in each of the districts to qualitatively improve the implementation of monitoring, documentation and reporting activities.

The Stigma Index initiative continues, although it has been a bit delayed; the first PLHIV Stigma Index study had been conducted in 2016. A key informant mentioned that it should have started at the beginning of October 2020, but that the launch was postponed due to a technical problem. Nevertheless, the preparatory mapping, translators, and other practical details are ready. Note, however, that this new iteration of the Stigma Index will only include PLHIV, sex workers, and GBMSM; additional data gathering in relation to other key populations (e.g., transgender people, prisoners, people who use drugs) is needed.

In parallel, the government's acknowledgment of the importance of addressing HIV-specific stigma and discrimination is critical to supporting more activities to address this barrier. The draft *National Strategic Plan to Fight AIDS and Sexually Transmitted Diseases 2021-2025* ["Plan Stratégique National de lutte contre le VIH, le sida et les infections sexuellement transmissibles 2021-2025"] commits to reducing stigma and discrimination and respecting human rights in order to strengthen all HIV prevention and care interventions. It includes ambitious goals to be achieved by 2025, such as reducing by 75% stigma and discrimination against PLHIV and key populations in health facilities, ensuring that 100% of PLHIV and key populations benefit from legal and judicial support in the context of respect for human rights, and proactive communications leading to 70% of the general population having a positive perception of people living with HIV. The National Program to fight HIV ["Programme National de la lutte contre le Sida" (PNLS)] has already started implementing those communication activities through mass media such as radio (e.g. in 2019, with 900 broadcasts of spots on 34 local radio stations focusing on condoms, stigma, testing and PMTCT, and another 86 broadcasts of spots on stigma, ARVs and testing throughout the Radio-Côte d'Ivoire network), and television (e.g. in 2019, 39 broadcasts of spots on stigma, ARVs and testing on national TV channel RTI 1).<sup>§§§§§§§§</sup> However, according to one key informant, the majority of media owners

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<sup>4</sup> The number of health districts has varied over recent years. At the time of the baseline assessment, there were 79 districts in the country; in many areas of the multi-year plan, activities to reduce human rights-related barriers to services were anticipated solely for 60 districts; as of late 2020, there appear to be 113 defined health districts.

had little knowledge of PLHIV and key populations and their rights, which has resulted in a refusal to disseminate information on those populations and/or the adoption by some media of a stigmatizing editorial position. Presenting PLHIV and all the key populations in a more positive light in the media is important to reducing stigma and discrimination.

Since the 2018 baseline, another key improvement has been the development of services focusing on improving the health and welfare of people who use drugs – specifically their empowerment, access to health services, and the protection of their human rights. This is a welcome development, as this key population still experiences high levels of stigma and discrimination and remains criminalized with harsh penalties for simple drug possession. (See Table 3.)

**Table 3 – Examples of programs reducing stigma and discrimination against people who use drugs**

Description of Activities	Organizations	Location
Promotion of the health of people who use drugs through harm reduction and services for HIV, tuberculosis, sexually transmitted infections and hepatitis.	Paroles Autour de la Santé (PAS)	Abidjan / Yamoussoukro (with the hope of expanding these services to San Pedro and Bouaké before end of 2020)
Since October 2019, periodic trainings for law enforcement officials, health care workers, and journalists on the human rights of people who use drugs.	Paroles Autour de la Santé (PAS)	Abidjan / Yamoussoukro
Mobilization, informational and legal empowerment of people who use drugs regarding human rights, stigma and discrimination.	Paroles Autour de la Santé (PAS)	Abidjan
In April 2018 and August 2019, training of seven community organizations and three networks of people who use drugs on advocacy techniques.	Médecins du Monde	Health district of Abidjan
Since August 2019, establishment of an advocacy group composed of some fifteen people who use drugs (named “Phoenix advocacy group”), to ensure the effective participation of people who use drugs in numerous and diverse strategic meetings with national actors (e.g. the ministries of health and justice), as well as with civil society structures involved in drug issues.	Médecins du Monde	Health district of Abidjan
Since August 2020, establishment of a mechanism to collect human rights violations committed against people who use drugs at sites of consumption.	Médecins du Monde	Abidjan
In August 2018, opening of a community centre in Abidjan (the “Centre d’accompagnement et de soins en addictologie” in Marcory - “Marcory	Espace Confiance	Abidjan

<p>CASA”), offering holistic services to people who use drugs. Within the center, a multidisciplinary team made up of doctors, nurses, social workers, peer educators, and a lawyer work in close collaboration to provide an environment that is stigma-free and takes their specific needs into account. All beneficiaries are sensitized on the themes of HIV, tuberculosis, and harm reduction.</p>		
<p>In April 2019 and November 2019, two capacity-building workshops for peer educators on the topic of STIs, HIV and AIDS among people who use drugs were conducted. It included a module on gender-based violence (GBV).</p>	<p>PNLS / Médecins du Monde</p>	<p>Health district of Abidjan</p>
<p>In April 2019, August 2020 and November 2020, health providers involved in the care of people who use drugs were trained during workshops on community care of the latter.</p>	<p>PNLS / Médecins du Monde</p>	<p>Health district of Abidjan</p>

In the same spirit as the Marcory CASA community centre (see Table 3 above), Espace Confiance, in its Clinique de Biétry (Abidjan), has established listening, prevention and care strategies, first for sex workers and then, as of 2004, also for GBMSM, with significant involvement of peer educators. The latter also do outreach activities in the field, mainly related to HIV and others STIs (see additional details under the “Legal services” program area below). The Clinique de Biétry is also the first centre in Côte d’Ivoire to offer specific sexual health care to GBMSM.

Finally, the Centre Solidarité et Action Sociale (CSAS) is a good example of an activity to address family-initiated stigma toward women living with HIV. Offering comprehensive care for PLHIV and their families, the CSAS is based in Bouaké, with a local office in Khorogo and numerous decentralized centres covering 28% of the health districts since the end of 2019 (which represents a continuing extension of CSAS’ services, based on the zones for which the Global Fund assumes responsibility in the division of health districts with PEPFAR. Since the beginning of 2020, in Bouaké and Khorogo, CSAS has been implementing its “Support programme for women” [“Projet d’accompagnement des femmes”], which has several aspects. CSAS supports women with discussions to strategize how to best disclose their serostatus with their partners under the best possible conditions. The CSAS also supports the couple in dealing with the disclosure, including by providing information on the obligations imposed by the 2014 HIV law. If the partner reacts negatively, CSAS also assists with the use of mediation, a community instrument considered more sustainable than formal legal proceedings. During the first semester of 2020, 12 couples have been accompanied in this way. Such couples-based services should be increased to reduce stigma experienced by HIV-positive partners in sero-discordant couples.

Despite these improvements, initiatives to sensitize key actors (i.e. political leaders/decision-makers; religious and community leaders; health care workers; police officers) regarding HIV, and the human rights of PLHIV and key populations, were described as remaining small-scale and ad hoc, with the limitation in time of funding seen as one factor, revealing a concern regarding sustainability. The existence of several non-coordinated projects was also identified as an impediment to the goal of putting in place comprehensive, quality and sustainable programs to reduce HIV-related stigma and discrimination.

### **Recommendations**

- As the Stigma Index about to be launched is limited to PLHIV, sex workers, and GBMSM, complementary research should be carried out with a view to obtaining data regarding stigma faced by the other key and vulnerable populations to inform evidence-based stigma interventions.
- Following the 2016 Stigma Index findings, a mass media campaign had been launched at the end of 2017 to address stigma and discrimination against PLHIV. A similar campaign – in both French and local languages to maximize the reach of programming – should happen again with the benefit of the results of the Stigma Index that is about to be conducted, as well as the complementary research recommended above
- Ensure support and adequate resources for interventions to address stigma and discrimination that stem from the National Strategic Plan to Fight AIDS and Sexually Transmitted Diseases 2021-2025.
- Scale up the PNLS’ communication activities to include all the key and vulnerable populations,
- Intensify LILO training programs, with particular attention to reaching and sensitizing journalists, managers of radio and TV stations, and the broadcast regulator, to improve the quality of public commentary and media coverage of HIV and of key and vulnerable populations and their rights. Ensure that these are not one-off interventions.
- After LILO trainings are conducted, follow-up to assess their impact, and what potential adjustments or additional trainings are required.
- Bolster the establishment of advocacy groups to ensure the effective participation of PLHIV and KVPs in the strategic meetings with national actors and civil society structures. Those groups should include representatives of all the KVPs, coming from different health districts/cities to take into consideration local specificities.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	1.0	1.5

The experience of stigma and discrimination in the healthcare setting was cited as one of the primary human rights-related barriers to HIV services. Côte d’Ivoire has made progress toward implementing more programs aimed at training health care workers in human rights and medical ethics, but those programs remain a combination of one-off activities and some on-going initiatives with limited geographic scale and capacity for reaching this audience. This limited improvement is largely explained by constrained funding – which predominantly comes from international donors.

Some key informants also specifically referred to elements of the 2014 HIV law (especially sections 11, 12, and 15) as being a stumbling block to the adoption by health providers of more

positive attitudes towards PLHIV. Those key informants described the wording of certain sections of the law as “vague” about the health care workers’ obligations regarding breach of confidentiality. The absence of precise contours of the legal framework can lead to abuse by health care workers who do not have clear outlines of their confidentiality obligation.

**Table 4 – Examples of activities to train health care workers in human rights and medical ethics**

Description of Activities	Organizations	Location
In September 2020, organization of a training session for 29 health providers on the right to health, ethics and medical deontology.	Heartland Alliance International	Yamoussoukro
Training of Health Care Workers on how to address KPs’ specific needs in an environment free from stigma and discrimination during the integration of STI/HIV management services for key populations in public health centers	Heartland Alliance International	Dabou General Hospital, Complexe Sanitaire Henriette Konan Bédié (CSHKB) of Blockhaus, and Formation Sanitaire Urbaine (FSU)des 220 Logements of Adjamé
In October 2019, two training sessions, following the LILO approach, were offered to 21 district healthcare providers operating services adapted to key populations.	PNLS	Yamoussoukro

### Recommendations

- Roll out training in human rights and medical ethics for health care workers in a systematic manner and institutionalize it in Côte d’Ivoire’s medical universities and nursing schools.
- Explore the option of developing strategies, such as facility or departmental certification for guideline adherence, for improving adherence to medical ethics guidelines.
- Develop “key populations-friendly” services in all public health centers, tailored to KVPs (e.g. consider adapting the working hours of some services to suit KVPs’ needs).
- Encourage the active involvement of faith-based and community health establishments regarding the training of Health Care Workers in human rights and medical ethics (e.g. via the organization of LILO sessions for their healthcare staff).
- Advocate for the clarification of sections 11, 12, and 15 of the 2014 HIV Law regarding right to privacy and health care workers’ duty of confidentiality, and the law’s implementing decree, and disseminate information through a multi-sectoral campaign, with particular emphasis on reaching health care workers as well as PLHIV and key populations.

HIV Program Area	Score	
	Baseline	Mid-term
<b>Sensitization of lawmakers and law enforcement officials</b>	2.0	2.1

Efforts to sensitize lawmakers and law enforcement officials have not increased significantly since the 2018 baseline assessment. Unfortunately, some key recommendations (e.g. the extension of the Human Rights and HIV Observatory from 13 to all the 60 prioritized health districts, and the expansion of the key population focal points in police stations project to the 60



health districts) were postponed; the extension of the Observatory and the expansion of the focal points in police stations project are now both scheduled for 2021.

Similarly, there has been no progress on implementing the recommendations related to “Training and sensitization of police academy, prison personnel, members of the civil rights sub-committee of the *Commission Nationale des Droits de l’Homme de la Côte d’Ivoire* (CNDHCI) and Members of Parliament.” This was to be implemented by Enda Santé as an on-going initiative with limited geographic scale but reaching between 35 – 65% of target populations. Unfortunately, it could not proceed because of three obstacles: the refusal of institutional leadership to hold the educational day between key populations and police students (confirming the need for change), the health crisis linked to COVID-19, and the political environment given the unrest surrounding the presidential elections in October 2020.

More encouraging, some recommendations have been implemented, and one has even been exceeded: specifically, while the baseline assessment recommended advocating for the inclusion of human rights and key populations in police training, Enda Santé and Alliance CI have already started, in November 2019, this capacity-building of focal points on GBV already in place in the Gendarmerie and police stations. However, these activities remain deployed at small scale.

In parallel, one-off, but highly encouraging, activities aimed at sensitizing lawmakers about the rights of people who use drugs have taken place. For instance, in 2019, Médecins du Monde organized a two-day roundtable in Abidjan, which included presentations on the PARECO program,<sup>5</sup> Médecins du Monde and its harm reduction program in Côte d’Ivoire, the Senegalese harm reduction experience, the West Africa Commission on Drugs (WACD)’s model law, and testimonials from people who use drugs. This roundtable was attended by fifteen deputies and one administrator of the National Assembly. This activity was described as a success as the sensitized parliamentarians made a commitment to vote and pass the new drug law when presented to the National Assembly. Unfortunately, the draft bill – which would make some important changes that treat drug use as more of a health issue and less of a criminal justice issue – has not yet been introduced. Médecins du Monde is planning to organize such an activity again in 2021, after the reconvening of the National Assembly, if in the meantime the law on drugs still has not been adopted.

### **Recommendations**

- Develop a formal collaboration framework between civil society organizations and institutional actors for awareness raising and advocacy activities.
- Strengthen awareness among institutional actors through trainings on the rights of PLHIV and key populations, following the example of Médecins du Monde, with the active participation of PLHIV and key populations. Consider sharing the successes of neighbouring countries to show examples of practical policy implementation.
- Integrate human rights, including of key populations, into police pre- and in-service training in a systematic manner, but also in trainings for judges and prosecutors.

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<sup>5</sup> Regional program on reducing the risks of transmission of HIV and Tuberculosis among people who inject drugs in 5 West African countries (Côte d’Ivoire, Burkina Faso, Nigeria, Guinea Bissau, and Senegal).

- Organize round-tables and workshops targeting lawmakers and law enforcement officials with the active participation of PLHIV and KVPs.
- If the new law on drugs is adopted, roll out training for law enforcement officials as soon as possible to promote more health-friendly, human rights-respecting policing.
- As recommended in the 2018 Baseline assessment, undertake an assessment of the quality and accessibility of HIV/TB services in prisons and work with the prison medical personnel and related staff to monitor, encourage and advocate for possible actions to ensure the right to health among prisoners.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	2.0	2.65

In Côte d’Ivoire, CBOs reported that PLHIV and KPs (e.g., LGBTI people facing GBV) were not feeling sufficiently protected. While numerous activities relating to legal literacy (“know your rights”) took place after the 2014 HIV law was passed to promote knowledge of it, programs continue to be developed and implemented. Numerous legal literacy activities are linked to or integrated with service delivery programs and linked to interventions under other types of programs, such as stigma and discrimination reduction, and legal services (such as some of the program described above in other program areas).

The Centre Solidarité et Action Sociale (CSAS) offers a good example of an integrated legal literacy program. Every patient coming for a health consultation receives information on their rights, and since the passage of the 2014 HIV law, posters summarizing the key elements of the law have been posted in all CSAS facilities. In addition, the CSAS convenes monthly discussion groups, and yearly large thematic meetings. The last thematic meeting, which happened in December 2019 and was attended by approximately 150 PLHIV, was dedicated to educating participants about the rights and responsibilities of PLHIV and their families under the law. It also should be noted that the CSAS has adapted its activities to the COVID-19 situation by organizing smaller discussion groups.

**Table 5 – Other Examples of Legal Literacy (“know your rights”) Activities**

Description of Activities	Organizations	Location
Reinforcement of the capacity of more than 800 peer educators and other community stakeholders involved in the Positive Health, Dignity and Prevention program for PLHIV in legal literacy	Alliance CI	Subnational level
Development of communication materials to promote legal literacy (spots for broadcast on radio and on social media networks, booklets on the HIV law, corporate videos, legal guides, leaflets on the rights and duties of key populations, etc.)	Alliance CI	Subnational level
Training of community associations of people who use drugs and LGBT associations on human rights, and the	Médecins du Monde	Abidjan

Finally, in keeping with a recommendation from the baseline assessment, as one strategy for dealing specifically with police harassment and abuse, there was a plan to train peer educators to accompany sex workers and men who have sex with men detained by police, to support them in safeguarding their rights. This action would seek to empower these populations to deal with concrete situations of intimidation and extortion. Key informants reported that this initiative has not yet started, but a strategy has been developed for the new funding request to the Global Fund that takes into account legal education through the establishment of discussion forums, awareness-raising activities, and production of a guide on how to manage pre-trial detention cases. Implementing such an activity should be a priority.

### Recommendations

- Promote and support the use of ICT (information and communication technologies) (e.g. messaging platforms such as WhatsApp, social media platforms such as Facebook, Twitter and Instagram) for disseminating information to PLHIV and key populations about their human rights.
- Produce easily accessible leaflets on rights and legal remedies, not just posters, in the different languages spoken in Côte d’Ivoire. Those leaflets could also include a list of legal services available to PLHIV and key populations. Materials with illustrations could be piloted to determine effectiveness with individuals with limited literacy.
- Strengthen local human rights awareness campaigns aimed at all key populations,
- Strengthen peer educators on the topics of rights, duties and remedies. Community organizations have a critical role to play, and implementers should consider moving toward a more localized model. The Global Fund should coordinate with PEPFAR to integrate human rights – legal literacy – in their programs. Finally, ensure that, when considered overall, the full complement of legal literacy programs addresses the particular situations and specific needs and specificities of the key populations.
- Expand telephone hotline approaches as they eliminate barriers for those who are uncomfortable accessing services in public spaces due to the experience of stigma and discrimination or who are not able to use ICTs as the medium of receiving “know your rights” information.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.0	2.5

Legal services have grown significantly since the baseline assessment, the recommendations from which informed the development of programs. In 2018, key populations reported that “they felt it was useless to come forward with their complaints since they were only documented and they had no immediate access to free services to treatment of their injuries.”\*\*\*\*\* This was described as “a great source of discouragement”+++++++ that “could potentially threaten the program if urgent needs are not catered for.”+++++++ This observation has been taken into account and since June 2019, Enda santé has accompanied victims of violence requiring treatment to a specialized clinic run by an NGO (Espace Confiance) and/or to a partner public health center and has also been offering them holistic care (medical care, as well as legal

assistance, along with mediation services). From June 2019 to June 2020 a total of 375 cases were identified, and all received legal assistance. This activity operates at national level.

In a similar vein, but at a small scale, in November 2019 Heartland Alliance provided a training session in Yamoussoukro on GBV prevention and care to 34 participants, consisting of sex worker peer educators, GBMSM peer educators, and paralegals. This training objective was to enable the participants to understand the link between GBV experienced by sex workers and GBMSM and HIV, as well as the value of providing all the forensic documentation to the survivors for referral to the competent courts. The different types of GBV, appropriate services, and types of care were also explained. The implementer intends to continue this training for providing legal support, contingent upon funding (e.g., through Global Fund funding requests).

In relation to gender-based violence, family, societal, and social pressure leads to a limited number of cases going to court. Members of key populations can be reluctant to take legal action due to the fear of being rejected by their families and/or by their community, to being exposed; hence the need to tackle this problem at its root by encouraging a favourable environment. Some activities aiming at this have been developed at small scale by organizations such as Heartland Alliance (Table 6).

In parallel, COJUFOR (Consultations Juridiques Foraines) activities have been running since 2011, assisting victims of stigma and discrimination with legal services and building the capacities of service providers to assist with the protection of the human rights of PLHIV, including to have access to care and support. These consultations took place in 2019 and 2020, under Enda Santé's supervision, the latest having taken place in June/July 2020 in all the health districts. Researchers could not obtain additional data during the mid-term assessment.

Finally, the importance of tools, specifically the use of information and communications technologies (ICT), must be underlined. In this regard, Frontline AIDS has developed "Rights-Evidence-ACTION (REAct)", a community-based human rights monitoring and response system. This tool was created to enable civil society organizations to "record data about human rights violations and provide people with health, legal and other services, and "makes it possible to generate and analyse real-time data, which can then inform human rights-based HIV programming, as well as policy and advocacy activities." In Côte d'Ivoire, Alliance CI and Enda Santé CI are the key implementers of the programme, still in the development phase (some "train the trainer" workshops have taken place since September 2020). In the same vein, a project called "Stop VBG Mobile" have been implemented since end of 2019 in Bouaké and Dabakala by the CSAS and funded by the Government of Canada, through Grand Challenges Canada. This project, which will come to an end on December 31, 2020, aimed at developing a mobile messaging application (created with Orange Côte d'Ivoire), accessible in French and local languages, for anonymous reporting of cases of GBV, as well as linking the individuals who experienced the violence, their families, and witnesses to legal assistance, health care and counselling.

**Table 6 – Illustrative Additional Examples of Legal Services Activities**

Description of Activities	Organizations	Location
In December 2019, organization of a capacity building session for 20 community and religious leaders on GBV. The goal was to enable the participants to recognize the different types of GBV that can be experienced by adolescent girls and young women, to sensitize their respective communities on GBV, and to enable them to provide assistance and guidance to victims.	Heartland Alliance / ARSIP-CI	Bonoua
In October 2019, three awareness sessions were offered to community leaders and local decision-makers on GBV and human rights, in order to sensitize them to the human rights concerns of different key populations, and to improve approaches to address GBV issue.	Heartland Alliance	Aboisso, Adiaké, and Dimbokro
Revitalization in 2019 of the pool of key populations-friendly lawyers, which was first created in 2017.	LIDHO / Enda Santé	Subnational level
Starting in March 2019, the “Marcory CASA” has been offering legal consultations to PWUD.	Espace Santé	Abidjan
In June 2019, training to provide advice and family/community mediation was provided to 39 paralegals from 39 districts, and from NGOs addressing the issues of key populations and young women and girls who have experienced sexual exploitation. This training was later reiterated during the training dedicated to use of REAct tool.	PNLS / Enda Santé	Yamoussoukro / 39 health districts
In December 2019, PNLs organized a mission to promote the national reporting tool <a href="#">“Protection for all”</a> to document cases of violence against key populations and PLHIV in the districts of Man, Biankouma, Danané, Bangolo, Duekoué, Guiglo, Bloléquin and Toulepleu. This reporting tool was previously created as a platform for reporting GBV cases. All victims who have reported a case and wish to be supported can contact the Ivoirian Human Rights League (LIDHO) for this purpose. This particular mission’s objective was to provide guidance on the national HIV law and human rights, as well as remedies for violations. Case registration exercises were also carried out. 102 (female) sex worker peer educators were reached.	PNLS	Subnational level (8 districts)

### **Recommendations**

- Continue the expansion of the pool of key populations-friendly lawyers.
- Expand the pool of PLHIV and KVPs peer educators trained to document cases of human rights violations.
- Increase training of paralegals to provide paralegal consultations to PLHIV and key populations to extend the reach of programming.
- Encourage community mediation activities as it was described by several key informants as a sustainable way of resolving cases, as its key strength is to be adapted to Côte d’Ivoire’s sociological and cultural environment.
- Encourage the “one-stop” approach adopted by Enda Santé by strengthening formal medical-legal partnerships between hospitals/clinics and legal associations/lawyers/paralegals.
- Train religious and community leaders on human rights of PLHIV and key populations.
- Assess the quality and accessibility of legal services in prison.

HIV Program Area	Score	
	Baseline	Mid-term
<b>Monitoring and reforming policies, regulations and laws</b>	1.0	2.0

The baseline assessment identified some specific concerns with the 2014 HIV law, particularly provisions regarding obligatory HIV disclosure, by both people living with HIV and health services providers (sections 11, 12 and 15). It also identified other aspects of the law in Côte d'Ivoire of concern, such as requiring parental consent for HIV testing of minors; the repressive drug law that impedes access to opioid substitution therapy, needle and syringe programs and other harm reduction programming; criminal offenses related to sex work; laws that act as a barrier to transgender women in terms of gender identity; and unavailability of the UNODC comprehensive HIV package in prison settings.” Many of these concerns have yet to be addressed.

During the mid-term assessment, the concerns with the provision in the 2014 have been again identified as being of concern because they undermine patients’ right to privacy and cause uncertainty that can negatively affect access to HIV testing and subsequent care for people living with HIV. There has been some movement in relation to reforming laws affecting access to HIV- and TB-relevant health services for the key population of people who use drugs. This key population remains the target of repression under the current law on drugs, enacted in 1988, under persons convicted of simple drug possession face a fine of 200,000 to 5 million francs and one to five years in prison.\*\*\*\*\* The process of adopting the new law on drugs, which adopts some important reforms to treat drug use more as a health issue than a criminal justice issue, is proceeding slowly. At the beginning of 2020, the Ministry of Justice reviewed the proposed reforms, and Médecins du Monde was called upon by the Comité Interministériel de Lutte Anti-Drogue (CILAD) to respond to the concerns and comments of the Minister of Justice. The proposal has been resubmitted to the Ministry of Justice, but the bill has not yet been introduced in the legislature. Espace Santé also assists Médecins du Monde by participating in advocacy activities for the right to health of people who use drugs.

### **Recommendations**

- Advocate for the clarification of the provisions of the 2014 HIV law (specifically sections 11, 12, and 15 regarding a provider’s rights to breach confidentiality of HIV status in certain circumstances), and its implementing decree, so as to better protect patient privacy.
- Advocate for the development and implementation of explicitly protective laws to protect human rights and access to HIV services by key and vulnerable populations (e.g. the aforementioned law on drugs).

HIV Program Area	Score	
	Baseline	Mid-term
<b>Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity</b>	2.0	3.0

As recommended in the 2018 baseline assessment, advocacy activities have been carried out to ensure that all programs dealing with gender issues include key populations. This includes LILO awareness-raising sessions and high-level advocacy activities with the 146 gender-based violence coordination committees extended from 43 committees by the Ministry of Women, Child Protection and Solidarity, which was recommended in the Baseline Assessment. For instance, Alliance CI has delivered trainings on human rights (March 2019) and on LILO (2 trainings in January 2020) that benefited 26 focal points of the GBV coordination committees, covering 39 health districts.

Another recommendation of the baseline assessment was to train service providers to identify adolescents who sell sex, and offer them an appropriate HIV services package, along with additional services such as family mediation and psychological support. This recommendation has been followed by incorporating the topic of adolescents who provide sex for money as a component of training initiatives on human rights and medical ethics for health care workers. A few adolescents who sell sex have already benefited from family and psychological mediation.

There remains an absence of programs addressing transgender people's specific needs. While the majority of programs "including" transgender individuals were in fact assimilating them into the category of MSM, other initiatives assimilated them to cisgender women, once again not taking into consideration their particular health or human rights concerns (including, e.g., hormone treatments).

### ***Recommendations***

- Ensure that GBV against GBMSM and transgender people are integrated into programs dedicated to addressing GBV, and that programs address the specific needs of transgender individuals.
- Bolster these activities conducted to provide psychological and legal support to victims of GBV.
- Support community mobilization activities (including the engagement of community and religious leaders) to advance discussion of sexual and reproductive health rights (including for cisgender and transgender women, and GBMSM) and of the need to confront GBV and support those who have experienced it
- Roll out training in GBV for health care workers, lawmakers, and law enforcement officials.

## Programs to Remove Human Rights-related Barriers to TB Services

At baseline, only 2 of the 10 programs to address human rights-related barriers to TB services existed. At mid-term, the number of the program areas reached had tripled, with activities present in 6 program areas. Some even appear to operate at subnational level (e.g. legal services), and some others at national level (e.g. stigma and discrimination reduction). Nevertheless, current resources to address barriers to TB services are still considerably less than what is devoted to HIV, and key program areas continue to be left behind (e.g. monitoring and reforming laws, regulations and policies relating, and reducing discrimination against women). Last but not least, while there has been a small improvement regarding programs in prisons and other closed settings, it is insufficient, especially in the context of COVID-19.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	1.0	3.8

Côte d'Ivoire has made significant progress in rolling out TB-related stigma and discrimination reduction programs.

For instance, the *Collectif des ONG de lutte contre la tuberculose et les autres maladies respiratoires* [Network of NGOs to fight tuberculosis and other respiratory diseases] (COLTMER) has been continuing its activities mentioned in the 2018 Baseline Assessment. Those activities include community counselors sensitizing patients and their immediate circles on self-stigma, stigma, and discrimination during home visits to patients for medical and social follow-up. All the 113 health districts are covered by such efforts. However, in light of the COVID-19 situation, community counselors have had to reduce in-person work while transitioning some of these activities to phone follow-up.

In addition, in 2019, six meetings with traditional medicine practitioners (more than 100 in total) and officials from other health centres (around 40 in total) were held to encourage their involvement in the tuberculosis response. This activity was to be repeated in 2020, but did not happen because of a lack of funding.

In parallel, the government's *Programme de lutte contre la tuberculose* (PNLT) [National Program to Fight against Tuberculosis] and Alliance CI developed a survey to document and measure the types and level of TB-related stigma and discrimination, supported by the Global Fund grant. Once validated by the Global fund, the survey will run for three to six months. The validation of this survey is underway by the Global Fund. The survey results are expected in the first quarter of 2021.

Starting in 2018, the PNLT and Alliance CI also integrated indicators into the PNLT notification tools to assess the types and level of TB-related stigma and discrimination in specific communities. One key informant reported that concrete impacts of this integration have already been observed: better quality of interventions and data made it possible to assess the impact of community-based programs in responding to TB, and the percentage of people discontinuing



TB treatment has dropped significantly as a result of improved collaboration with community members.

In addition, some programs on stigma and discrimination related to TB are also combined with HIV-based peer education. For instance, the TB component is more detailed when the programs are directed to people who use drugs (e.g., activities developed by PAS).

### Recommendations

- Based on the results of the survey to document and measure the types and level of TB-related stigma and discrimination, develop national and sector-specific campaigns to promote greater knowledge of TB and of the human rights of people with TB and key populations affected by TB, targeting priority audiences such as health care workers, law enforcement officials, and prison staff. Ensure the involvement of community and religious leaders, and traditional medicine practitioners, in these efforts to build a greater culture of respect for human rights.
- Integrate content on TB-related stigma and discrimination into programs to reduce HIV and to protect the human rights of key populations who are also at high risk for TB-related stigma and discrimination (e.g., people who use drugs).

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	0.0	*6

Unable to assess.

### Recommendations

- As with HIV, roll out training in human rights and medical ethics for health care workers in a systematic manner and institutionalize it in Côte d'Ivoire's medical universities and nursing schools, strengthening the TB component.
- Expand this training for all staff working in TB clinics and in prisons.
- Strengthen TB-specific workplace protective policies and practices for health care workers.

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.0	1.5

The baseline assessment did not identify any programs in this program area and recommended, among other things, the integration of TB-related issues into interventions aimed at sensitizing law-makers, judicial officials and law enforcement regarding HIV and human rights. While this activity has not yet started, there is a plan to develop it under the new Global Fund grant, including the more systematic integration of TB and related human rights issues into training activities organized for justice officials and law enforcement officers.

<sup>6</sup> Secretariat Footnote: while there may not be a standalone TB-focused medical ethics trainings, the TB is likely to be integrated in the medical ethics trainings identified for HIV.

In the meantime, in 2020, Alliance CI provided a 3-day training session on HIV, TB and human rights to lawmakers (belonging to the social and security committees of the legislature, as well as members of the HIV and TB caucuses). Regarding law enforcement officials, Médecins du Monde, the Conseil des organisations de lutte contre l'abus de drogue (CONAD-CI), and the Groupe de plaidoyer Phoenix have been organizing, since 2018, sessions to sensitize the Public Prosecutor, the Police, the national human rights council [Conseil National des Droits de l'Homme, CNDH], the Committee for follow-up of the recommendations from the UN Human Rights Council's Universal Periodic Review (UPR), the Superintendent of Prisons, and the Ministry of Security regarding the protection and promotion of the human rights of people who use drugs, with a focus on TB. This program has borne fruit as there appears to have been a reduction in the violation of human rights during raids on establishments where drugs are being consumed and the Public Prosecutor visited the aforementioned CASA Marcory centre, after which he made a donation to support care among PWUD. However, these sensitization sessions remain small scale.

### Recommendations

- Scale up training and sensitization of lawmakers and law enforcement officials.
- Integrate human rights training/sensitization in the police training school curriculum.
- Develop and implement guidelines for police stations/gendarmeries that would assist in preventing and remedying TB-related stigma and discrimination.
- Set up discussion groups between key populations and police stations/gendarmeries regarding TB and human rights.
- As recommended in the Baseline Assessment, extend the Human Rights and HIV Observatory to include a component on TB-related human rights violations.

TB Program Area	Score	
	Baseline	Mid-term
Legal Literacy	0.0	3.4

The Baseline Assessment recommended the development of a pool of expert patients (i.e. people living with TB who successfully manage their health condition and provide support to other TB patients, in all the 43 NGO members of COLTMER. In this particular case, this pool of expert patients would strengthen access to rights-based information for TB patients. About twenty of these NGOs have applied this recommendation since baseline, but not more because of insufficient funding.

In parallel, a key informant indicated that COLTMER, via all the diagnostic and treatment centers (DTCs) and anti-tuberculosis centers (ATCs) covering all the health districts, has been distributing the *Patients' Charter for Tuberculosis Care* to every new TB patient. So far, the key informant noted that more than a thousand copies of the *Patients' Charter* have been distributed.

In the same vein, the PNLT and Alliance CI have been displaying posters on the services available in health centres, both those which are free and those provided for a fee. However, this is still not done in a systematic manner.

### **Recommendations**

- Develop the pool of expert patients in all the 43 NGO members of COLTMER.
- Produce and display/disseminate posters and leaflets on human rights and TB, but also on free and for-fee services (and their cost) in all health centers and NGOs, in both French and local languages.
- Promote and support the use of ICTs (information and communication technologies) (e.g. messaging services such as WhatsApp, and social media such as Facebook, Twitter, Instagram) for the dissemination of information about TB and human rights.
- Integrate content related to the human rights of people with TB within legal literacy efforts dedicated to HIV where feasible.

TB Program Area	Score	
	Baseline	Mid-term
Legal Services	0.0	3.0

The Baseline Assessment had found no programs that provided TB-related legal services in cases of human rights violations. It recommended the adoption of a comprehensive approach that could build upon the existing Human Rights and HIV Observatory, and other activities in the HIV comprehensive approach. A significant step towards this has been taken as the notification of cases of human rights violations linked to TB has been taken into account in the case notification tool since 2019 (as noted above). Furthermore, as recommended in the Baseline Assessment, since 2019, there has been an extension of legal aid to people who lose their jobs because they have TB or to people unjustly detained for treatment. The implementer, Heartland Alliance, plans to scale up this activity, contingent on funding under the new Global Fund grant, with the integration of TB actors as community-based human rights educators and advocates.

### **Recommendation**

- Integrate topics addressing TB and human rights in training for lawyers and paralegals providing legal and paralegal services for PLHIV and key and vulnerable populations.
- Expand the pool of lawyers knowledgeable about TB and prepared to provide legal services to address TB-related human rights issues.
- Expand the pool of peer educators who are people with TB and/or members of key and vulnerable populations who are trained to document cases of human rights violations related to TB.
- Develop greater collaboration between TB community groups and legal services.
- Assess the quality and accessibility of legal services in prison, including to support prisoners in demanding services and measures to protect against TB and adequate TB treatment.

TB Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws related to TB	0.0	0.0

No programs for monitoring and reforming policies, regulations and laws that impede TB services had been identified in the Baseline Assessment. The Baseline Assessment made recommendations, one of which will be implemented by Alliance CI with the Stop TB Partnership: to conduct a legal environment assessment for TB to identify factors related to access to testing, treatment and care for those who are most vulnerable to TB. For example, people who use drugs are a population particularly vulnerable to TB; their criminalization and stigmatization are among the barriers to seeking and receiving health care, increasing risk for acquiring and transmitting TB, and impeding access to TB treatment and care for those who need it. This activity should be developed under the new Global Fund grant, pending confirmation of approval from the Global Fund.

### Recommendations

- Build the capacity of all COLTMER’s member NGOs to engage in strategic advocacy and lobbying against policies, regulations and laws affecting access to diagnosis, treatment and care for those who are most vulnerable to TB, as recommended in the Baseline Assessment, with appropriate funding support.
- Advocate for the adoption of the revised law on drugs so as to reduce somewhat the criminalization and stigmatization of people who use drugs, thereby removing a barrier to TB prevention efforts, and access to testing and treatment.

TB Program Area	Score	
	Baseline	Mid-term
Reducing TB-related discrimination against women	0.0	0.0

At the time of the Baseline Assessment, the PNLT was conducting a study on gender and equity regarding access to TB health services in Côte d’Ivoire. This study, crucial for building a foundation upon which targeted efforts could be undertaken, was published in December 2017.<sup>††††††††††</sup> Its recommendations were taken into account in the review of the *2016-2020 TB National Strategic Plan* and guided the development of the *2021-2025 TB National Strategic Plan*, but no particular programs have been implemented. The baseline assessment observed that men are overrepresented in higher risk industries such as mining, and the *Baseline Assessment* mentioned that “[s]ome mining companies in Côte d’Ivoire have well-established health services for their workers”.

### Recommendations

- Ensure support and adequate resources for interventions to address the gender-related barriers to TB services identified by the study on gender and equity regarding access to TB health services.
- Ensure that such health services are offered across the mining industry in Côte d’Ivoire. Miners should have access to information about their health rights and workplace risks, and health workers should be trained to ensure non-discriminatory care for them.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring confidentiality and privacy	0.0	*

Unable to assess.

### **Recommendations**

- Roll out training in human rights and medical ethics for health care workers, including respecting and protecting patient privacy, in a systematic manner and institutionalize it in Côte d'Ivoire's medical universities and nursing schools.
- Expand the pool of peer educators who are people with TB and/or members of key and vulnerable populations and who are trained to document cases of unauthorized disclosure of confidential information and violations of privacy.

TB Program Area	Score	
	Baseline	Mid-term
<b>Mobilizing and empowering patient and community groups</b>	0.0	2.6

The Baseline Assessment had found no programs that aimed at patient and community groups mobilization and empowerment, only patients' testimonies during World Tuberculosis Day and TB NGOs with patients on their boards. Since then, COLTMER developed the sensitization of former TB patients to become community health workers in order to ensure the follow-up of patients in treatment (directly-observed therapy), which, according to a key informant, enabled the community follow-up rate for TB patients to improve significantly (especially in rural areas).

### **Recommendation**

- Bolster the establishment of advocacy groups to ensure the effective participation of TB patients and key and vulnerable populations in strategic meetings with national actors and civil society structures. Those groups should include representatives of all the key and vulnerable populations, coming from different health districts/cities to take into consideration local situations and needs.
- Train TB CBOs and CSOs to use the REAct tool to document human rights violations and the responses to them.
- Develop networks of TB patients with appropriate funding support.

TB Program Area	Score	
	Baseline	Mid-term
<b>Rights and access to TB services in prisons</b>	0.0	0.0

The baseline assessment reported no programs that address TB-related human rights issues, including access to TB services, in the country's prisons, even though this is a higher-risk environment and more vulnerable population. At mid-term, there still appear to be no such programs. Even basic TB health services are still lacking: e.g., in 2020, TB screening was available in only 8 of the country's 34 prisons. In Côte d'Ivoire, prison conditions are harsh and unhealthy because of insufficient food, severe overcrowding (sometimes in excess of 10 times the number of persons for which a prison was built), inadequate health conditions, and lack of medical care. The high prevalence of pre-trial detention exacerbates the problem: in 2019, more than 30% of the total inmate population were being detained while waiting for trial.##### There also appears to be an ongoing challenge of non-compliance with TB treatment following release from prison, as people are poorly received in health facilities to which they are referred;

one apparent reason is the lack of funding as well as inadequate communication between health authorities and prisons. (Although not directly related to TB services, one human rights concern noted by several key informants is prisoners' ongoing inadequate access the right to vote, which should be rectified.)

### ***Recommendations***

- Assess the quality and accessibility of TB services in all 34 prisons in the country, and increase the coverage of TB screening to cover all prisons.
- Expand the number of voting booths for TB patients in all the prisons,
- Ensure that comprehensive TB services (including information on health rights and on TB prevention and care) are available to persons in state custody, and improve links to care in the community for those released.
- Advocate against over-reliance on pretrial detention, including in drug cases, to address overcrowding (which can be accomplished without major legislative changes in criminal law).

## Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers. The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB.

### Achieving Quality

There are numerous indicators that Côte d'Ivoire is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to HIV and TB services. Nevertheless, there are still common gaps that have emerged across all program areas. These include the need to:

- Increase integration into or linkage with prevention and treatment services, and key population programming, whenever possible (e.g. integrate activities to reduce discrimination against women in other program areas);
- Strategically combine multiple human rights programs to improve access to and retention in prevention and treatment services (e.g. develop joint interventions that cover both HIV and TB comprehensively, making sure the specificities of both HIV- and TB-related issues are taken into account); and
- Increase monitoring and evaluation of existing programs to leverage successes and strengthen implementation.

The MTA team also found that sustainability remains a significant challenge as Côte d'Ivoire only contributed 400k from within their allocation towards the human rights programs, far from matching 1:1. Because of funding of activities limited in time, numerous programs have been discontinued, which obviously undercuts efforts to scale up.

Another aspect of the negative consequences such dependence on international donors can have was stressed by a key informant: the issue of zoning (i.e. the division of Côte d'Ivoire's health districts between those donors). For example, Alliance-CI, Global Fund's Principal Recipient, is active in a limited number of districts while PEPFAR implementers cover the remaining districts. This is highly problematic as none of the PEPFAR implementers appear to have been engaged in the *Breaking Down Barriers* initiative process. Despite the fact that some of the Global Fund's Sub-Recipients are also active in "PEPFAR districts" and thus could help pioneer programs, Alliance-CI's dominant position in human rights programs but restricted geographical area of action poses a significant challenge to scale-up. This is reflected in the Multi-year plan, which proposes scaling up in the first few years solely in the districts where Alliance-CI can operate, before expanding to the rest of the country. Yet, and even though favoring a step-by-step expansion of activities seems to be inevitable, the different stages of expansion should be determined by health considerations, therefore targeting the high-burden health districts in priority, and not by the division of districts between donors.

Finally, the researchers have noted that some key populations, especially transgender individuals, because of a hostile social context, along with a lack of data, are excluded from outreach efforts. They remain invisible and their particular needs are ignored. Similarly, the

health and rights of prisoners are largely ignored; this must also be addressed in order to achieve a comprehensive response to human rights-related barriers to TB and HIV services.

## **Donor Landscape**

The Global Fund is the main funder of programs to reduce human rights-related barriers to access for HIV and TB services. In addition, key informants reported that USAID's programs also include some interventions to defend and promote human rights for better access to health services, and that Coalition PLUS (with the Agence Française de Développement (AFD)) supports Espace Confiance to provide legal assistance to victims of human rights abuses. It was also mentioned that Enda santé also benefits from a small amount of support from Luxembourg cooperation within the framework of the Frontières et vulnérabilités au VIH/Sida en Afrique de l'Ouest (FEVE) project aimed at people who use drugs in Bouaké and Yamoussoukro, a project which will extend to people with disabilities as of 2021. Last but not least, key informants referred to discussions with Initiative 5% (supported by the AFD) for human rights interventions from 2021 for services not covered by Global Fund financing.

According to the Baseline Assessment, costs for the recommended interventions for the five-year comprehensive program to address human rights-related barriers to HIV services are estimated at USD 7,742,723 for Years 1-3, and at USD 12,296,913 for the full 5-year plan. §§§§§§§§§§ Thus, there is a shortfall between the estimated three-year cost in the Baseline Assessment of roughly USD 7.7 million and the Global Fund Matching funds (the country accessed EUR 1.4 million and invested around EUR 400,000 from the allocation). This is a significant funding gap and while under the guidance of the Technical Working Group, an analysis of the resource needs will be carried out and a mobilization of resources will be planned to support the full implementation of the 5-year plan, it is unclear how much funding can be secured.

## **Response to COVID-19**

At the end of March 2020, Côte d'Ivoire declared a state of emergency in response to the COVID-19 pandemic, which remains in effect at the time of this assessment. The greater Abidjan area was isolated from the rest of the country, with people forbidden to travel to and from the region unless by special exemption (this was lifted mid-July 2020), and a nationwide curfew was introduced (and came to an end mid-May 2020). Those restrictions on movement have presented challenges to HIV- and TB-affected communities. There has been a decrease in attendance at community health structures (for both HIV and TB), concomitant to an increase in the needs of beneficiaries, along with a decrease in the level of implementation of activities, especially those specific to programs aimed at eliminating obstacles related to human rights in Côte d'Ivoire. Key informants also mentioned that most projects and activities were halted at first, and highlighted a rise in domestic violence and violence against sex workers.

Nevertheless, the government, along with technical and financial partners and the civil society, have responded to help mitigate the negative impact on HIV and TB programs. For instance, using Global Fund's grant flexibilities, the country moved to the full implementation of multimonth dispensing of one to three months of drug supply for TB and HIV. Temporary quarantine facilities have also been set up in prisons to minimize inmates' exposure to, and



prevent infection by, the virus, and food kits have been donated to those in more vulnerable conditions, who are disproportionately affected by the pandemic.

Several organizations have stepped up their interventions to improve health coverage during this period. For instance, UNAIDS, International Treatment Preparedness Coalition (ITPC), and RIP+ conducted a survey among 286 PLHIV and key populations to identify their specific needs. It highlighted three imperatives: i) the need to disseminate information on the virus, ii) the need to ensure the availability of and access to ARVs, and iii) needs related to access to medical care and other related services, such as support for food and nutritional needs, and the provision of condoms and protection kits against COVID-19. The role played by field actors was also intensified, including for the investigation and documentation of case of human rights abuses and violations. In parallel, Médecins du Monde, after several weeks required to adjust its operating methods, negotiated reassignments and new action plans with donors. The risk reduction project currently being carried out among people who use drugs in Abidjan has benefited from additional funding granted by Expertise France (Initiative 5%) and by the Global Fund *via* Alliance-CI for the establishment of additional activities related to COVID-19.

Finally, the impact of COVID-19 on people in prisons, jails and other closed settings is problematic as many prisons in Côte d'Ivoire are grossly overcrowded, sometimes in excess of ten times the number of persons for which they were built. The new penal code, which entered into force in June 2019, provides for alternatives to detention through more frequent recourse to legal supervision and the institution of community service. \*\*\*\*\* Nevertheless, more than 30% of the total inmate population are people in pre-trial detention. Paroles Autour de la Santé (PAS) has been advocating for the release of prisoners. Unfortunately, while its advocacy efforts led to the release of 1,200 inmates in neighbouring Mali, it did not have the same success in Côte d'Ivoire. During our interview with PAS, it was underlined that people who use drugs, in some cases, could be admitted to a treatment facility for detoxification instead of going to jail, but that this was not effectively implemented.

### **Recommendations**

- Increase funding for human rights activities through international and domestic budgets to enable NGOs, CBOs and CSOs to adopt more long-term strategies.
- In the scale-up towards comprehensive programs to remove human-rights related barriers, ensure integration and combination of programs, where strategic and possible.
- Enhance capacity and resources to monitor and evaluate programs to remove human rights-related barriers to HIV and TB services.
- Ensure that programs are designed to include all the KVPs, including transgender people. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes, as their guidance regarding planning and implementing HIV and TB programming is crucial.
- As peer education and support has been shown to be an effective way to reach key populations, reinforce peer educator training from each of the KVPs. Those sessions should be planned regularly to respond to turnover.
- As practitioners of traditional medicines, religious and community leaders play a decisive role in community life, increase collaboration with them to increase impact of programs.
- In light of the current COVID-19 situation, bolster activities dedicated to health services offered within prisons, jails and other closed settings.

## Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. These programs are contributing to the development of the dialogue between the state and civil society to reform laws and policies.

### Case Study: the Centre Solidarité et Action Sociale (CSAS)

The Centre Solidarité et Action Sociale (CSAS) is a Global Fund grant sub-recipient. Created in 1995, it is based in Bouaké, and has a local office in Khorogo, as well as numerous decentralized centres. Together, these centres cover, since the end of 2019, 28% of the health districts of Côte d'Ivoire, which represents a continuous increase, directly linked to the expansion of the districts in which the Global Fund is supporting programs (i.e., districts in which PEPFAR is not funding). Thus, expanding the coverage of districts by Global Fund funding is key to a further extension of CSAS' services.

The mid-term assessment identified this Centre as an example of success because of the comprehensive set of services it provides to PLHIV and their families, with many important activities to remove human rights-related barriers to services introduced or developed since the start of the BDB initiative.

To name a few, since 2020, in Bouaké and Khorogo, the “Support programme for women” [“Projet d'accompagnement des femmes”], aiming to address family-initiated stigma toward women living with HIV, has been taking place. As we previously saw, if the partner reacts adversely when the woman discloses her HIV status, the CSAS assists with the use of mediation, a community instrument considered more sustainable than formal legal proceedings. The CSAS also continued its Legal Literacy program, with the organization of a large thematic meeting on the Law, and the rights and responsibilities of the PLHIV and their families, at the end of 2019, which gathered approximately 150 PLHIV. Finally, committed to its integrated people-centred health approach, an MSM peer educator has been part of the CSAS' team since the second semester of 2019. This is a step towards implementing programs to remove human rights-related barriers to services in a gender responsive/transformational manner. To this we can add that while the aforementioned Clinique de Biétry is the first centre in Côte d'Ivoire to offer specific health care to MSM thanks to a medical platform adapted to proctology and to the training of health personnel, the CSAS also offers specific health services to MSM (for anal pathologies) in its Bouaké Center, with the support of Sidaction, and the doctor goes to Khorogo every month for 2-3 days.

In the same vein, since end of 2019, the CSAS has been implementing a project called “Stop VBG Mobile” in Bouaké and Dabakala, this time funded by the Government of Canada, through Grand Challenges Canada. This project, which will come to an end on December 31, 2020,

aimed at developing a mobile messaging application for anonymous reporting of cases of GBV, as well as linking the individuals who experienced the violence, their families, and witnesses to legal assistance, health care and counselling. This project is all the more essential in this period of COVID-19 where there has been a sharp increase in reported incidents of GBV.

The CSAS also contributed to the project “MTV Shuga Babi”, supported and funded by Unitaïd, to encourage young people’s testimonials. This project is an award-winning television series and multimedia campaign aimed at raising awareness of HIV/AIDS among young people. Launched in 2009 in Kenya, it later spread to Nigeria and South Africa, and many other countries (reaching circa 70 countries to date). The first season, broadcasted in the last quarter of 2019 in Côte d’Ivoire, was the first series version adapted to the audience of French-speaking Africa and presented basic knowledge about HIV, condom use, sex work and discrimination against PLHIV.

The CSAS has thus been integrating human rights activities into health services, but also combining programs to remove human-rights related barriers for greater impact, both being key to move towards quality programs to remove human rights-related barriers. Continued resources are needed to sustain and intensify such efforts.

# Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

## Key Recommendations

### Creating a Supportive Environment

- Ensure the adoption of the 5-year plan (2021-2025) for comprehensive programs to remove human-rights related barriers to HIV and TB, including the finalization of the costing component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB services.
- Ensure that existing and planned programs to remove human rights-related barriers are captured in the 5-year plan, and are scaled-up in a coordinated, strategic manner.
- Ensure that the Technical Working Group meets regularly to both finalise and oversee the implementation of the 5 -year plan, making sure the efforts and programs are coordinated.

### Programmatic Scale-up

- Use the 5-year plan as an organizing framework to scale up programs to remove human rights-related barriers to HIV and TB in more strategic, cohesive fashion.
- Conduct analysis of existing and planned programs in terms of their gender-responsiveness.
- Support the passage of the new law on drugs that reflects something of a shift toward a more health-based approach, and to better protect patient privacy, advocate for the clarification of relevant sections of the 2014 law on HIV, and its implementing decree. Disseminate information accordingly through a multisectoral campaign that targets priority audiences and key populations.

### Programmatic Quality and Sustainability

- Increase technical and financial assistance to support capacity-strengthening and scale-up of programs to remove human rights-related barriers to TB services to ensure that these programs are implemented as part of the country's model of patient-centered care.
- Continue to identify opportunities to i) integrate human rights programs into prevention, treatment, and key population programming, building human rights expertise among health care workers, peer paralegals and community-based monitors of health care delivery, ii) combine programs to reduce human rights-related barriers for greater impact, and to iii) develop a robust M&E plan, regularly collect and assess data on key indicators, and make adjustments based on findings from data analysis.
- Continue investing in building the capacity of all stakeholders, including key and vulnerable populations, on human rights and human rights programming, particularly for transgender people and people in prisons, jails and other closed settings.

## Comprehensive Recommendations

Cross-cutting	
<b>Creating a supportive environment</b>	<ul style="list-style-type: none"><li>• Increase funding for human rights activities through international and domestic budgets, and develop a more sustainable financing to enable NGOs, CBOs and CSOs to adopt more long-term strategies.</li></ul>
<b>Programmatic quality and sustainability</b>	<ul style="list-style-type: none"><li>• In the scale-up towards comprehensive programs to remove human-rights related barriers, ensure integration and combination of programs, where strategic and possible.</li><li>• Enhance capacity and resources to monitor and evaluate programs to remove human rights-related barriers to HIV and TB services.</li><li>• Ensure that programs are designed to include all the KVPs, including transgender people. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes, as their guidance regarding planning and implementing HIV and TB programming is crucial.</li><li>• As peer education and support has been shown to be an effective way to reach key populations, reinforce peer educator training from each of the KVPs. Those sessions should be planned regularly to respond to turnover.</li><li>• As peer education and support has been shown to be an effective way to reach key populations, reinforce peer educator training from each of the KVPs. Those sessions should be planned regularly to respond to turnover.</li><li>• As practitioners of traditional medicines, religious and community leaders play a decisive role in community life, increase collaboration with them to increase impact of programs.</li><li>• In light of the current COVID-19 situation, bolster activities dedicated to health services offered within prisons, jails and other closed settings.</li></ul>

## HIV-related recommendations by program area

### Stigma and discrimination reduction

- As the Stigma Index about to be launched is limited to PLHIV, sex workers, and GBMSM, complementary research should be carried out with a view to obtaining data regarding stigma faced by the other key and vulnerable populations to inform evidence-based stigma interventions.
- Following the 2016 Stigma Index findings, a mass media campaign had been launched at the end of 2017 to address stigma and discrimination against PLHIV. A similar campaign – in both French and local languages to maximize the reach of programming – should happen again with the benefit of the results of the Stigma Index that is about to be conducted, as well as the complementary research recommended above
- Ensure support and adequate resources for interventions to address stigma and discrimination that stem from the National Strategic Plan to Fight AIDS and Sexually Transmitted Diseases 2021-2025.
- Scale up the PNLS' communication activities to include all the key and vulnerable populations,
- Intensify LILO training programs, with particular attention to reaching and sensitizing journalists, managers of radio and TV stations, and the broadcast regulator, to improve the quality of public commentary and media coverage of HIV and of key and vulnerable populations and their rights. Ensure that these are not one-off interventions.
- After LILO trainings are conducted, follow-up to assess their impact, and what potential adjustments or additional trainings are required.
- Bolster the establishment of advocacy groups to ensure the effective participation of PLHIV and KVPs in the strategic meetings with national actors and civil society structures. Those groups should include representatives of all the KVPs, coming from different health districts/cities to take into consideration local specificities.

### Training of health care workers on human rights and ethics

- Roll out training in human rights and medical ethics for health care workers in a systematic manner and institutionalize it in Côte d'Ivoire's medical universities and nursing schools.
- Explore the option of developing strategies, such as facility or departmental certification for guideline adherence, for improving adherence to medical ethics guidelines.
- Develop "key populations-friendly" services in all public health centers, tailored to KVPs (e.g. consider adapting the working hours of some services to suit KVPs' needs).
- Encourage the active involvement of faith-based and community health establishments regarding the training of Health Care Workers in human rights and medical ethics (e.g. via the organization of LILO sessions for their healthcare staff).
- Advocate for the clarification of sections 11, 12, and 15 of the 2014 HIV Law regarding right to privacy and health care workers' duty of confidentiality, and the law's implementing decree, and disseminate information through a multi-sectoral campaign, with particular emphasis on reaching health care workers as well as PLHIV and key populations.

<b>Sensitization of lawmakers and law enforcement agents</b>	<ul style="list-style-type: none"> <li>• Develop a formal collaboration framework between civil society organizations and institutional actors for awareness raising and advocacy activities.</li> <li>• Strengthen awareness among institutional actors through trainings on the rights of PLHIV and key populations, following the example of Médecins du Monde, with the active participation of PLHIV and key populations. Consider sharing the successes of neighbouring countries to show examples of practical policy implementation.</li> <li>• Integrate human rights, including of key populations, into police pre- and in-service training in a systematic manner, but also in trainings for judges and prosecutors.</li> <li>• Organize round-tables and workshops targeting lawmakers and law enforcement officials with the active participation of PLHIV and KVPs.</li> <li>• If the new law on drugs is adopted, roll out training for law enforcement officials as soon as possible to promote more health-friendly, human rights-respecting policing.</li> <li>• As recommended in the 2018 Baseline assessment, undertake an assessment of the quality and accessibility of HIV/TB services in prisons and work with the prison medical personnel and related staff to monitor, encourage and advocate for possible actions to ensure the right to health among prisoners.</li> </ul>
<b>Legal literacy</b>	<ul style="list-style-type: none"> <li>• Promote and support the use of ICT (information and communication technologies) (e.g. messaging platforms such as WhatsApp, social media platforms such as Facebook, Twitter and Instagram) for disseminating information to PLHIV and key populations about their human rights.</li> <li>• Produce easily accessible leaflets on rights and legal remedies, not just posters, in the different languages spoken in Côte d'Ivoire. Those leaflets could also include a list of legal services available to PLHIV and key populations. Materials with illustrations could be piloted to determine effectiveness with individuals with limited literacy.</li> <li>• Strengthen local human rights awareness campaigns aimed at all key populations,</li> <li>• Strengthen peer educators on the topics of rights, duties and remedies. Community organizations have a critical role to play, and implementers should consider moving toward a more localized model. The Global Fund should coordinate with PEPFAR to integrate human rights – legal literacy – in their programs. Finally, ensure that, when considered overall, the full complement of legal literacy programs addresses the particular situations and specific needs and specificities of the key populations.</li> <li>• Expand telephone hotline approaches as they eliminate barriers for those who are uncomfortable accessing services in public spaces due to the experience of stigma and discrimination or who are not able to use ICTs as the medium of receiving “know your rights” information.</li> </ul>
<b>Legal services</b>	<ul style="list-style-type: none"> <li>• Continue the expansion of the pool of key populations-friendly lawyers.</li> <li>• Expand the pool of PLHIV and KVPs peer educators trained to document cases of human rights violations.;</li> <li>• Increase training of paralegals to provide paralegal consultations to PLHIV and key populations to extend the reach of programming.</li> <li>• Encourage community mediation activities as it was described by several key informants as a sustainable way of resolving cases, as its key strength is to be adapted to Côte d'Ivoire's sociological and cultural environment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Encourage the “one-stop” approach adopted by Enda Santé by strengthening formal medical-legal partnerships between hospitals/clinics and legal associations/lawyers/paralegals.</li> <li>• Train religious and community leaders on human rights of PLHIV and key populations.</li> <li>• Assess the quality and accessibility of legal services in prison.</li> </ul>
<b>Monitoring and reforming laws, regulations and policies related to HIV</b>	<ul style="list-style-type: none"> <li>• Advocate for the clarification of the provisions of the 2014 HIV law (specifically sections 11, 12, and 15 regarding a provider’s rights to breach confidentiality of HIV status in certain circumstances), and its implementing decree, so as to better protect patient privacy.</li> <li>• Advocate for the development and implementation of explicitly protective laws to protect human rights and access to HIV services by key and vulnerable populations (e.g. the aforementioned law on drugs).</li> </ul>
<b>Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity</b>	<ul style="list-style-type: none"> <li>• Ensure that GBV against GBMSM and transgender people are included in the overall set of programs dedicated to addressing GBV, and that programs address the specific needs of transgender individuals.</li> <li>• Bolster these activities conducted to provide psychological and legal support to victims of GBV.</li> <li>• Support community mobilization activities (including the engagement of community and religious leaders) to advance discussion of sexual and reproductive health rights (including for cisgender and transgender women, and GBMSM) and of the need to confront GBV and support those who have experienced it</li> <li>• Roll out training in GBV for health care workers, lawmakers, and law enforcement officials.</li> </ul>
<b>TB-related recommendations by program area</b>	
<b>Reducing stigma and discrimination</b>	<ul style="list-style-type: none"> <li>• Based on the results of the survey to document and measure the types and level of TB-related stigma and discrimination, develop national and sector-specific campaigns to promote greater knowledge of TB and of the human rights of people with TB and key populations affected by TB, targeting priority audiences such as health care workers, law enforcement officials, and prison staff. Ensure the involvement of community and religious leaders, and traditional medicine practitioners, in these efforts to build a greater culture of respect for human rights.</li> <li>• Integrate content on TB-related stigma and discrimination into programs to reduce HIV and to protect the human rights of key populations who are also at high risk for TB-related stigma and discrimination (e.g., people who use drugs).</li> </ul>
<b>Training of health workers on human rights and ethics</b>	<ul style="list-style-type: none"> <li>• As with HIV, roll out training in human rights and medical ethics for health care workers in a systematic manner and institutionalize it in Côte d’Ivoire’s medical universities and nursing schools, strengthening the TB component.</li> <li>• Expand this training for all staff working in TB clinics and in prisons.</li> <li>• Strengthen TB-specific workplace protective policies and practices for health care workers.</li> </ul>



<b>Sensitization of lawmakers and law enforcement agents;</b>	<ul style="list-style-type: none"> <li>● Scale up training and sensitization of lawmakers and law enforcement officials.</li> <li>● Integrate human rights training/sensitization in the police training school curriculum.</li> <li>● Develop and implement guidelines for police stations/gendarmeries that would assist in preventing and remedying TB-related stigma and discrimination.</li> <li>● Set up discussion groups between key populations and police stations/gendarmeries regarding TB and human rights.</li> <li>● As recommended in the Baseline Assessment, extend the Human Rights and HIV Observatory to include a component on TB-related human rights violations.</li> </ul>
<b>Legal Literacy</b>	<ul style="list-style-type: none"> <li>● Develop the pool of expert patients in all the 43 NGO members of COLTMER.</li> <li>● Produce and display/disseminate posters and leaflets on human rights and TB, but also on free and for-fee services (and their cost) in all health centers and NGOs, in both French and local languages.</li> <li>● Promote and support the use of ICTs (information and communication technologies) (e.g. messaging services such as WhatsApp, and social media such as Facebook, Twitter, Instagram) for the dissemination of information about TB and human rights.</li> <li>● Integrate content related to the human rights of people with TB within legal literacy efforts dedicated to HIV where feasible.</li> </ul>
<b>Legal services</b>	<ul style="list-style-type: none"> <li>● Integrate topics addressing TB and human rights in training for lawyers and paralegals providing legal and paralegal services for PLHIV and key and vulnerable populations.</li> <li>● Expand the pool of lawyers knowledgeable about TB and prepared to provide legal services to address TB-related human rights issues.</li> <li>● Expand the pool of peer educators who are people with TB and/or members of key and vulnerable populations who are trained to document cases of human rights violations related to TB.</li> <li>● Develop greater collaboration between TB community groups and legal services.</li> <li>● Assess the quality and accessibility of legal services in prison, including to support prisoners in demanding services and measures to protect against TB and adequate TB treatment.</li> </ul>
<b>Monitoring and reforming policies, regulations and laws that impede TB services</b>	<ul style="list-style-type: none"> <li>● Build the capacity of all COLTMER's member NGOs to engage in strategic advocacy and lobbying against policies, regulations and laws affecting access to diagnosis, treatment and care for those who are most vulnerable to TB, as recommended in the Baseline Assessment, with appropriate funding support.</li> <li>● Advocate for the adoption of the revised law on drugs so as to reduce somewhat the criminalization and stigmatization of people who use drugs, thereby removing a barrier to TB prevention efforts, and access to testing and treatment.</li> </ul>
<b>Reducing gender-related barriers to TB</b>	<ul style="list-style-type: none"> <li>● Ensure support and adequate resources for interventions to address the gender-related barriers to TB services identified by the study on gender and equity regarding access to TB health services.</li> <li>● Ensure that such health services are offered across the mining industry in Côte d'Ivoire. Miners should have access to information</li> </ul>

	<p>about their health rights and workplace risks, and health workers should be trained to ensure non-discriminatory care for them.</p>
<p><b>Ensuring privacy and confidentiality</b></p>	<ul style="list-style-type: none"> <li>● Roll out training in human rights and medical ethics for health care workers, including respecting and protecting patient privacy, in a systematic manner and institutionalize it in Côte d'Ivoire's medical universities and nursing schools.</li> <li>● Expand the pool of peer educators who are people with TB and/or members of key and vulnerable populations and who are trained to document cases of unauthorized disclosure of confidential information and violations of privacy.</li> </ul>
<p><b>Mobilizing and empowering patient groups</b></p>	<ul style="list-style-type: none"> <li>● Bolster the establishment of advocacy groups to ensure the effective participation of TB patients and key and vulnerable populations in strategic meetings with national actors and civil society structures. Those groups should include representatives of all the key and vulnerable populations, coming from different health districts/cities to take into consideration local situations and needs.</li> <li>● Train TB CBOs and CSOs to use the REAct tool to document human rights violations and the responses to them.</li> <li>● Develop networks of TB patients with appropriate funding support.</li> </ul>
<p><b>Programs in prisons and other closed settings</b></p>	<ul style="list-style-type: none"> <li>● Assess the quality and accessibility of TB services in all 34 prisons in the country, and increase the coverage of TB screening to cover all prisons.</li> <li>● Expand the number of voting booths for TB patients in all the prisons,</li> <li>● Ensure that comprehensive TB services (including information on health rights and on TB prevention and care) are available to persons in state custody, and improve links to care in the community for those released.</li> <li>● Advocate against over-reliance on pretrial detention, including in drug cases, to address overcrowding (which can be accomplished without major legislative changes in criminal law).</li> </ul>

## Annex II. Methods

### Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.” ++++++

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Côte d’Ivoire is a Program assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Cote d’Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. Program assessments were also envisioned to include site visits and a limited number of key informant interviews conducted during a one-week country trip. However, given restrictions on international and domestic travel and in-person meetings due to the COVID-19 pandemic, travel was not possible to Côte d'Ivoire. The country evaluation team therefore used a standardized questionnaire tailored to the country context, and conducted key informant interviews remotely when possible.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

<b>Assessing specific BDB programs</b>	
<b>Dimension</b>	<b>Questions</b>
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in July 2020 and completed in November 2020. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Côte d'Ivoire Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

<b>Assessment Component</b>	<b>Researchers</b>	<b>Dates</b>
<b>Desk review of available program reports, epidemiological information, and other background documents</b>	Mikhail Golichenko Diederik Lohman Nina Sun	May 2020
<b>Key informant interviews conducted remotely</b>	Mikhail Golichenko Diederik Lohman	June – October 2020
<b>Presentation of the report to the Global Fund</b>	Researchers	January 2021

## Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
<b>0</b>	No programs present	No formal programs or activities identified.
<b>1</b>	One-off activities	Time-limited, pilot initiative.
<b>2</b>	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
<b>3</b>	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
<b>4</b>	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
<b>5</b>	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
<b>Goal</b>	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
<b>N/A</b>	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
<b>*</b>	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

## Annex III. List of Key Informants

1. Dr Solange Amethier, Director, Country Coordinating Mechanism-Côte d'Ivoire (CCM-CI)
2. Mireille Ankotche, Head of Training, Programme National de prise en charge des orphelins et enfants rendus vulnérables du fait du VIH et du sida (PNOEV)
3. Dr Camille Anoma, Director, Espace Confiance
4. Inza Bamba, Monitoring and evaluation Assistant in charge of prison activities, Programme National de lutte contre le Sida (PNLS)
5. Dr Alya Coulibaly, Head of the Communication Department, Programme National de lutte contre le Sida (PNLS)
6. Siaka Dao, Programme Manager, Centre Solidarité Action Sociale (CSAS)
7. Louis Daplé, Senior Technical Community Advisor – Empower East Activity Project, Blety
8. Marie-Ange Dasse, HIV Programme Officer, Alliance Internationale contre le VIH/SIDA – Côte d'Ivoire (Alliance-CI)
9. Eugenie Don, GBV assistant, Alliance-CI/Global Fund project, Heartland Alliance International
10. Patrice Gnonnouhe, Social mobilization service targeting adolescents and young people Assistant, Programme National de lutte contre le Sida (PNLS)
11. Wendy Desirée Gondo, Human Rights Officer, Programme National de lutte contre le Sida (PNLS)
12. Dr Gole Fulgence Eboumou, COVID-19/HIV Focal Point, Programme National de lutte contre le Sida (PNLS)
13. Pr Eboi Ehui, Director-Coordinator, Programme National de lutte contre le Sida (PNLS)
14. Jerome Evanno, President, Paroles Autour de la Santé (PAS)
15. Michèle Goba, Human Rights Programme Officer, Alliance Internationale contre le VIH/SIDA – Côte d'Ivoire (Alliance-CI)
16. Marguerite Goun-Koffi, HIV Focal point, Ministry of Justice and Human Rights
17. Anselme Kame, Executive Director, Réseau des Professionnels des Médias, des Arts et du Sport engagé dans la lutte contre le Sida et la promotion de la santé en Côte d'Ivoire (REPMASCI)
18. Marie Chantal Koffi, Deputy Director in charge of Human Rights and HIV, Direction de la Protection Judiciaire de l'Enfance et de la Jeunesse (DPJJE)
19. Dr Joelle Kouassi, Head of the Key and Vulnerable Populations Department, Programme National de lutte contre le Sida (PNLS)
20. Imam Koné Harouna, President, Alliance des Religieux pour la Santé Intégrale et la Promotion de la Personne Humaine en Côte d'Ivoire (ARSIP-CI)
21. Attouman Paulignac Kouadio, Senior Technical Advisor, Heartland Alliance International
22. Venance Kouakou, Country Director, Heartland Alliance International
23. Alain Kra, Health and Human rights Consultant
24. Elysee Leroux, Director, Réseau Ivoirien des Jeunes Contre le sida (RIJES)
25. Dr Jean-Marie Masumbuko, UNAIDS Consultant
26. Dr Ayaba Memain, Head of the Care and Support Department, Programme National de lutte contre le Sida (PNLS)

27. Claude Arsène N'Dri, Advocacy programme manager, Médecins du Monde – Côte d'Ivoire
28. Lucien N'zi N'glo, Program Coordinator, Médecins du Monde – Côte d'Ivoire
29. Dr Evelyne-Patrice Obodou, Executive Director, Enda santé
30. Dr Brigitte Quenum, Country Director, UNAIDS
31. Edouard Kambou Sansan, Tuberculosis Programme Manager, Alliance Internationale contre le VIH/SIDA – Côte d'Ivoire (Alliance-CI)
32. Marianne Savadogo, Human Rights Programs Assistant, Enda santé
33. Dr Souleymane Sidibé, Deputy Director, Programme National de Lutte contre la Tuberculose (PNLT)
34. Alain Somian, Executive Director, Réseau Ivoirien des organisations de Personnes vivant avec le VIH-sida (RIP+)
35. Gisèle Takaléa, President, Collectif des Organisations de Lutte contre la tuberculose et les Maladies Respiratoires (COLTMR)
36. Claver Ningwélé Touré, Executive Director, Alternative Côte d'Ivoire (ACI)
37. Jean Marc Yao, National Secretary, in charge of Gender and Key and Vulnerable Populations (KVPs), Ligue Ivoirienne des Droits de l'Homme (LIDHO)
38. Christian Kabogdo Zié, Coordinating Director, Collectif des Organisations de Lutte contre la tuberculose et les Maladies Respiratoires (COLTMR)
39. Linda Patricia Zougouri, Programme Manager, Espace Confiance



# Annex IV: List of Sources and Documents Reviewed

## Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Côte d'Ivoire* (2018).
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15. *Formulaire de demande de financement – Période d'allocation 2020-2022 – VIH* (November 2019)
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