



CÔTE D'IVOIRE
Progress Assessment
Global Fund Breaking
Down Barriers Initiative

June 2023

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1. Executive Summary

Since 2017 Côte d'Ivoire has received Global Fund financing to remove human rights-related barriers to accessing HIV and TB services, as part of the “Breaking Down Barriers” initiative (€10.3 million over the 2017-2022 period). This initiative has funded "comprehensive" programs, in some 20 countries, aimed at removing rights-related barriers, based on a set of internationally recognized human rights programs. Countries are also supported to create enabling environments for the implementation of comprehensive responses.

This assessment reviewed the progress made by Côte d'Ivoire since the [mid-term assessment](#) was conducted in 2020. Since 2020, significant progress has been made in reducing human rights barriers to accessing HIV and TB prevention and treatment services. With regard to HIV programs, the most important areas of improvement include scaling-up legal services within the framework of the Human Rights Observatory (ODH) and expanding law enforcement training to cover all the country's gender-based violence (GBV) focal points. These programs have reduced stigmatization and discrimination against key populations on the part of the police force and have improved access to justice for people living with HIV (PLHIV) and key populations. In addition, the assessment identified important changes including the emergence of greater community leadership and participation, especially by transgender people (TG), drug users (DUs) and key populations, as well as an example of effective advocacy for the reform of policies and laws that stigmatize and criminalize DUs.

Despite these improvements, gaps remain. Training programs for health professionals are still relatively weak due to a delay in validating training modules on HIV and human rights, and the number of programs is still too low to have an impact. Côte d'Ivoire's membership in the Global Partnership for Action Against All Forms of HIV-related Stigma and Discrimination (Global Partnership) does not seem to have facilitated coordination between the multiple stigma and discrimination reduction initiatives implemented in the country. Advocacy aimed at revising harmful laws and policies relating to HIV and tuberculosis has remained relatively limited, notably due to a restricted level of funding and a socio-political environment that is still very conservative. TB-related human rights programs remain significantly weaker than those that target HIV, and investment in these programs is insufficient. Most TB-related activities are integrated into HIV-related human rights programs, including paralegal services, with limits the impact (see scorecards below).

The assessment notes that stakeholders, including government and civil society, have demonstrated their commitment to creating an enabling environment to support some programs aimed at removing rights-related barriers to HIV and TB services. Côte d'Ivoire has developed a five-year Human Rights, HIV and Tuberculosis 2021-2025 plan, which was adopted by the Ministry of Justice and Human Rights (MdJDH) in March 2023. The plan

includes monitoring and evaluation indicators; however, there was no effective and functional monitoring and coordination during the period being assessed (2021-2022). The monitoring mechanism set up to track progress - the Technical Working Group on Human Rights, HIV and Tuberculosis (the TWG) under the aegis of the Human Rights Department of the MoJDH - was unable to play its role during the period being assessed due to a change in TWG leadership and the very recent official adoption of the five-year plan. In terms of a financial commitment, Côte d'Ivoire has earmarked €3.5 million for human rights programs as part of the allocation, in addition to €2 million in catalytic funds for grant cycle 6 (GC6), covering the 2020-2022 period.

Under the Global Fund's grant cycle 7 (GC7), which covers the period 2024-2026, Côte d'Ivoire can build on its efforts to date and further scale up programs aimed at eliminating rights-related barriers to HIV and TB by continuing to support the mobilization and capacity building for community organizations, especially in terms of advocacy and implementing human rights programs, and ensuring that the full implementation of essential elements of human rights programs for HIV and TB is prioritized.

Scorecard for programs aimed at breaking down barriers to human rights

Under the Breaking down Barriers initiative, progress in countries is scored from 0 to 5, with 0 indicating there are no programs and 5 indicating that programs are at scale (at national level) and cover more than 90% of key populations. See the key below for the complete scale.

Scale
0 – No programs in place
1 – One-off activities
2 – Small-scale programs
3 – Operating at the subnational level
4 - Operating at the national level (>50% of national territory)
5 - National roll-out (>90% of national territory and + >90% of target population)
N/A - Not applicable

For details, see Annex 2.

Scorecard for programs aimed at removing barriers to HIV rights

Since the 2020 midterm assessment, program scores for removing human rights barriers to HIV services have improved in all programmatic areas in Côte d'Ivoire. Significant improvements were made in terms of improving access to justice (+1.8), raising awareness among legislators and law enforcement agencies (+1.6), reducing HIV-related stigma and discrimination (+1) and reducing gender discrimination (+0.6). These successes are mainly due to the scaling up of paralegal services across the country, expanding human rights

training to cover all GBV focal points in gendarmeries and police stations, and the many campaigns run by community and civil society organizations in numerous parts of the country. In other areas improvements were modest, ranging from +0.35 to 0.5. Several activities were delayed (training of health professionals) or carried out in a limited way (including advocacy activities for law and policy reforms).

HIV Program Areas	Baseline (2018)	Midterm Dec. 2020	Progress Dec. 2022
Eliminating HIV-related stigma and discrimination in all settings	2.0	3.0	4.0
Ensuring nondiscriminatory provision of healthcare	1.0	1.5	2.0
Legal literacy ("Know your rights")	2.0	2.65	3.0
Increasing access to justice.	2.0	2.5	4.3
Ensuring rights-based law enforcement practices (raise awareness among legislators and law enforcement agencies)	2.0	2.1	3.7
Improving laws, regulations and policies relating to HIV	1.0	2.0	2.5
Reducing HIV-related gender discrimination, harmful gender norms and all forms of violence against women and girls.	2.0	3.0	3.6
Supporting community-based mobilization and advocacy for human rights	-	-	2.7
Average score	1.7	2.39	3.3[#]

*Please note that the average score takes into account only the first seven programs, in the interest of ensuring consistency.

Scorecard for programs aimed at removing rights-based barriers to TB care

Overall, programs aimed at removing barriers to tuberculosis services are still significantly weaker than the HIV-related programs and have less geographical coverage than those aimed at HIV-related services. This is due to the fact that these programs have only benefited from significant investment in the past two years. But it is important to bear in mind that these programs are generally integrated and modelled on the HIV-related programs. In addition, there is less data available, less expertise specific to human rights and TB, and fewer community-based organizations than as compared to what is available to HIV-related programs.

It should also be noted that activities were scaled back to prioritize a Community, Rights and Gender (CRG) study (due to start in 2023) to better inform the programs. As a result, program scores for addressing human-rights-related barriers to TB services increased in only three of the nine program areas. The increases were seen in the areas of monitoring and reforming TB-related laws and policies (+0.5), supporting community mobilization and engagement (+0.4), and addressing the needs of prisoners. On the other hand, lower scores

were seen in the areas of reducing TB-related stigma and discrimination (-1.3), legal education (-0.9), and raising awareness among legislators and law enforcement agencies (-0.5).

TB Program Areas	Baseline (2018)	Midterm Dec. 2020	Progress Dec. 2022
Eliminating tuberculosis-related stigma and discrimination in all settings	1.0	3.8	2.5
Ensuring nondiscriminatory provision of healthcare	0.0	*	0.5
Improving legal knowledge (Know your Rights)	0.0	3.4	2.5
Increasing access to justice.	0.0	3.0	3.0
Ensuring rights-based law enforcement practices (raise awareness among legislators and law enforcement agencies)	0.0	1.5	1.0
Improving tuberculosis laws, regulations and policies	0.0	0.0	0.5
Support for community mobilization and human rights advocacy	2.0	2.6	3.0
Reduce TB-related gender discrimination, harmful gender norms and all forms of violence against women.	0.0	0.0	0.0
Health, human and gender rights services for people in prison and on probation	0.0	0.0	1.0
Average score	0.3	1.79	1.56

2. National Context

2.1 HIV

Côte d'Ivoire has made considerable progress and begun its epidemic transition over the last ten years¹ with a 77% reduction in new infections, a 72% reduction in AIDS-related deaths and improved access to antiretroviral treatment (ART). In 2021, HIV prevalence in Côte d'Ivoire was 1.9% among adults aged 15 to 49. In 2020, around 380,000 people (all ages) were living with HIV, 80% of whom were aware of their serostatus², 76% were receiving ART and 64% were on viral suppression.

HIV prevalence is higher among key populations, it is estimated at 4.8% among sex workers (SWs), 7.7% among homosexuals and other men who have sex with men (MSM), 3.4% among people who inject drugs (PWID) and 24.7% among TG people. According to 2020 new infection estimates, PWID account for 19%, MSM account for 21% and clients and partners of key population members account for 27%. HIV testing and awareness are high among SWs (96.2% in 2021³), but there is a need to increase prevention and treatment services coverage among other marginalized populations⁴. These populations face many forms of stigma and discrimination.

2.2 Tuberculosis

In Côte d'Ivoire, tuberculosis is endemic, with an incidence of 128 new cases per 100,000 inhabitants, and a high rate of HIV co-infection: 17/100,000⁵. Tuberculosis is the leading cause of death among PLHIV in Côte d'Ivoire. In 2021, the mortality rate for patients co-infected with TB and HIV was 20%. The tuberculosis multidrug-resistant incidence rate is 5.7/100,000. In 2021, the tuberculosis mortality rate was 21/100,000 (for HIV-negative mortality) and 6.3/100,000 (for HIV-positive mortality). The total number of tuberculosis cases notified in that same year was 20,729. In 2020, the treatment success rate was 84% for new and relapsed cases, and 72% for seropositive cases.

According to Côte d'Ivoire's 2021-2025 National Tuberculosis Control Plan, the following populations are considered vulnerable to TB: PLHIV, prison populations, DUs, migrants, the urban and rural poor, minors, women and children.

¹ <https://www.unaids.org/fr/keywords/cote-divoire>

² "Country: Côte d'Ivoire," UNAIDS, accessed April 24, 2023, <https://www.unaids.org/en/regionscountries/countries/ctedivoire>

³ The response to HIV in West and Central Africa, UNAIDS, 2021. https://www.unaids.org/sites/default/files/media_asset/2021-response-to-hiv-in-western-central-africa_en.pdf

⁴ <https://www.unaids.org/fr/keywords/cote-divoire>

⁵ Tuberculosis profile: Côte d'Ivoire, WHO, consulted April 24, 2023

https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&iso2=%22CI%22&lan=%22EN%22

2.3 Political and legal environment

The political and social situation in Côte d'Ivoire has been stable since the inclusive legislative elections in 2021. The various stakeholders expressed their commitment to national reconciliation, after a political dialogue was held involving the government, the various political parties and civil society. The country is preparing for the municipal and regional elections to be held in October 2023⁶. There have been no major disruptions to the programs since the mid-term assessment despite the fears expressed by stakeholders at the time, on the heels of the post-electoral violence of the 2021 presidential elections.

The 2021-2025 National Strategic Plan to Combat HIV, AIDS and STIs mentions that there is a special focus on human rights-related barriers to accessing care since the baseline assessment of the "Breaking down Barriers" initiative⁷ and the assessment of the legal framework for HIV in Côte d'Ivoire, which was conducted in 2018⁸. The report cites the barriers listed in those documents⁹; it also includes the promotion of gender and human rights in its guiding principles, a first for the national response, and an impact on human rights¹⁰ is one of four outcomes expected by 2025. Specific interventions are planned to promote an enabling environment, including advocacy and law reform; capacity-building for health professionals and community monitoring of service quality; sensitization of law enforcement agents, justice professionals and legislators, opinion and community leaders; public awareness campaigns; management of GBV incidents; and legal services for populations affected by violence or rights violations.

One of the most important HIV-related laws is the 2014 law¹¹ governing prevention, protection and repression in the fight against HIV and AIDS. Like analogous laws in many countries in West and Central Africa, this law is an adaptation of the N'Djamena model law, which enshrines a number of rights and general protections for people living with HIV, healthcare professionals, workers and victims of sexual violence. It also includes specific protection for prisoners, women and children. However, it makes no mention of MSM, SWs or DUs. In addition, it contains provisions that could create barriers to accessing services; these include articles 4 (parental authorization required for testing children under 16), 48 and 51 (criminalization of HIV transmission).

⁶ Côte d'Ivoire Overview, World Bank, accessed April 30, 2023: <https://www.banquemonde.org/fr/country/cotedivoire/overview>

⁷ Baseline Assessment Côte d'Ivoire, Breaking down Barriers Initiative, The Global Fund, 2018. https://www.theglobalfund.org/media/9781/crg_humanrightsbaselineassessmentcotedivoire_report_en.pdf

⁸ Evaluation of the legal framework for protecting HIV rights in Côte d'Ivoire, UNDP, 2018.

⁹ "The assessments pointed to a number of barriers, such as (i) the stigmatizing attitudes and discriminatory directed at PLHIV and key populations that exist within families, at school, in medical settings, and as part of religious practices; (ii) the lack of awareness among health sector staff about human rights and medical ethics related to HIV; (iii) the lack of training for law enforcement officers on the rights of key populations and issues related to HIV/AIDS; (iv) the lack of knowledge among key populations about their rights and the tools needed to defend them; (v) the persistence of a number of problematic laws and policies; (vi) gender inequality and the lack of a specific program for people with a disability."

¹⁰ "Impact 3: Reducing stigma and discrimination and respecting human rights strengthens all HIV/AIDS prevention and care interventions."

¹¹ Law No. 2014-430 of July 14, 2014, on prevention, protection and repression in the fight against HIV and AIDS <https://www.ilo.org/dyn/natlex/docs/MONOGRAPH/96421/113942/F670389213/CIV-96421.pdf> consulted on April 30, 2023.

Côte d'Ivoire does not have a law on tuberculosis, but the 2021-2025 National Strategic Plan to Combat Tuberculosis devotes one strategic axis to human rights and provides for a variety of interventions, including studies on human rights, tuberculosis-related stigmatization and discrimination, training for healthcare professionals, awareness-raising for legislators, justice officials and law enforcement agencies, community mobilization and community capacity building. In addition, a circular note stipulating that TB care is available free of charge was issued by the Ministry of Health and Public Hygiene (MSHP) in 2015.

3. Theory of Change Assessment: Effects of Programs Aimed at Removing Rights-related Barriers to Health Services and an Enabling Environment

The assessment uses the Breaking down Barriers theory of change as a reference to assess the effects and impact of programs implemented in Côte d'Ivoire. According to the theory of change, if countries address the human rights barriers to accessing HIV and TB services, those interventions will reduce barriers, improving access to health services for key and vulnerable populations.

In order to assess the impact/effects of human rights programs on access to healthcare services, the assessment looked at population-level data to identify general trends in terms of HIV stigma and discrimination reduction and access to healthcare. In Côte d'Ivoire, while the available data seem to indicate a reduction in HIV-related stigma and discrimination, they are less positive in terms of access to services for PLHIV and key populations (see table below). Indeed, the 2021 Stigma Index study¹² mentions a "considerable reduction in the level of stigma towards PLHIV," from 40.4% in 2016 to 14.1% in 2021. Indicators relating to experiences of exclusion based on HIV status, as well as experiences of verbal, psychological or physical violence, were also significantly reduced, suggesting an overall improvement in the environment for PLHIV.

In terms of healthcare avoidance, in 2016, 3.4% of respondents avoided going to a health center or hospital when they needed to, compared with 5.5% in 2021. As the Stigma Index reports do not provide confidence intervals for these figures, it is difficult to determine whether the percentage of people avoiding healthcare has actually varied over the last five years. However, the most recent report, from 2021, notes the persistence of some stigmatizing attitudes on the part of health professionals, including the disclosure of positive HIV status without the patient's consent and refusing to provide care: 1.8% of respondents said that healthcare staff at their care facility had disclosed their HIV-positive status to others

¹² Index of stigma and discrimination against people living with HIV in Côte d'Ivoire 2.0 (Index Stigma 2.0). 2022. RIP+, GNP+: https://www.stigmaindex.org/wp-content/uploads/2021/11/Cote-dIvoire-SI-2.0-Report-2022_French.pdf

without their consent within the previous 12 months, and 0.8% of respondents said they had been refused a healthcare service by healthcare staff because of their HIV-positive status. According to the report, when respondents were asked why they had discontinued their treatment the answers provided included the fear that "their partner, family or friends would find out about their status, and the fear that health workers would mistreat them or disclose their HIV-positive status without their consent."

Data specific to key populations are limited, based on different methodologies and survey samples (Integrated Biological and Behavioral Surveillance and Stigma Index surveys). It is therefore difficult to compare these data, which sometimes contain significant discrepancies (see below, e.g., the SW rate of avoidance of health services), in order to determine trends or changes based on these different studies/surveys. However, there is evidence of a reduction in healthcare avoidance rates between 2015 and 2021 for all key populations, and this is more marked for MSM.

TABLE 1: Table 1: Population data - HIV-related stigma and discrimination between 2016 and 2021

Côte d'Ivoire	2016	2017	2019	2020	2021	Source
Discriminatory attitudes towards people living with HIV	40.4%				14.1%	Stigma Index Survey Report 2016 (p-81) and 2021 (p. 50)
Avoidance of health services for fear of stigmatization and discrimination based on HIV status (in the 12 months prior to the survey)	3.4%				5.5%	Stigma Index Survey Report 2016 and 2021 (p. 52)
Female sex workers: Avoidance of health services for fear of stigma and discrimination (in the previous 12 months)			6.3%	14%	5.6%	UNAIDS Key populations Atlas, Stigma Index Report 2021
MSM: Avoidance of health services for fear of stigma and discrimination (in the previous 12 months)	22%	23%		5.5%	2.8%	_IBBS, 2016, UNAIDS Key populations Atlas, Stigma Index Survey Report 2021
UD: Avoidance of health services for fear of stigma and discrimination (in the previous 12 months)			7%		3.9%	IBBS Report 2019, Stigma Index Survey Report 2021
TG: Avoidance of health services for fear of stigma and discrimination (in the previous 12 months)				22.6%	5.9%	UNAIDS AIDS Info Key Population Atlas, 2020, Stigma Index Survey Report 2021

Population data collected as part of the Stigma Index and Behavioral and Biological Surveillance surveys - when available - remain difficult to interpret, as they do not provide information on the reasons for the variations or trends observed. Furthermore, the changes observed cannot be attributed directly and solely to the programs implemented, as they may be influenced by many other factors. The evaluators' assessment and interpretation are therefore based primarily on their observations, on the testimonials received and cross-checked, and on program "output" data.

3.1 Avenues for change

The assessment identified avenues for change for each of the four hypotheses listed in the theory of change. As part of the assessment, evidence was gathered for certain steps in these change dynamics. They are described in this section.

Reducing stigma/discrimination within society, including the police and healthcare systems

According to the theory of change, police officers and healthcare professionals with training on the rights of key populations treat members of key population better, which reduces barriers to them accessing services and helps increase demand for healthcare services for those populations.

The actors and communities consulted as part of the assessment noted a change in the attitudes and behavior of police officers and gendarmes following the "Look In, Look Out" (LILO) and Enda Santé human rights training courses. The law enforcement officers who acted as focal points for GBV gave numerous examples of changes in their perceptions and behaviors, including better reception of people belonging to key populations and a better understanding of their needs and problems, as well as recognition of the human rights of key populations. Some police officers even went out to meet these populations to listen to them, let them know they were there to help, and give them information on how to avoid being arrested for "street soliciting." People from key populations interviewed in those areas where the police had been trained expressed a feeling of greater confidence in going to the police station, and felt they were better received by the forces of law and order. NGOs working in the field of human rights to offer services to key populations have established a close working relationship with the police through a WhatsApp group of trained police officers and gendarmes, or through GBV platforms in some districts.

Effective police engagement in the response to HIV and TB, and the development of meaningful and ongoing collaboration between community actors and the police are major challenges for many countries. Côte d'Ivoire has successfully implemented a model in several regions using LILO and human rights training. However, these courses have not yet been institutionalized at the police academy level nor have they been integrated into periodic refresher sessions, although there are plans to do so as part of the five-year plan on HIV, tuberculosis and human rights.

Empowering PLHIV and key populations to know, demand and defend their own rights

The theory of change maintains that populations that are educated about their rights and benefit from legal support are better able to defend those rights and demand that they be respected. They are also, therefore, better equipped to request and access health services that are respectful of them and treat them with dignity.

The progress assessment indicated a clear improvement in support for key populations in ensuring their rights are respected, thanks to a synergy between human rights programs and complementary community health services, including the scaling up of the Human Rights Observatory (ODH) to deploy over 120 paralegals across the country as well as LILO training for law enforcement GBV focal points, ODH paralegals and drop-in centers in addition to other health services for key populations.

At the sites visited by the assessment team, these programs have created a strong working ties between NGOs offering health services to key populations, paralegals, the pool of "friendly" lawyers and GBV focal points in police stations and gendarmeries, which allows them to better protect and serve PLHIV and key populations.

The assessment recorded several examples of this collaboration. For example, direct contact between community organizations and the police and gendarmerie facilitated the rapid release of members of key populations as well as collaboration between different sectors (social workers, drop-in center managers, police and gendarme GBV focal points) at the platform set up by Alliance Côte d'Ivoire (ACI) in Aboisso to implement programs for key populations.

Improving the legal and political environment

According to the theory of change, reforming policies and laws that stigmatize and criminalize key populations can improve the legal environment and, as a result, enable safe access to healthcare without fear of abuse or arrest.

The impact of programs is limited in this area, due to a very conservative political and religious environment. It should also be noted that the level of funding for advocacy activities was relatively limited under GC6 (around €80,000).

The 2016 Reproductive Health Bill has still not been passed due to opposition from religious and community leaders, despite Côte d'Ivoire's having signed and ratified the African Union's Maputo Protocol. Abortion is still illegal in Côte d'Ivoire - except in cases of rape or incest - and is punishable by six months to three years in prison. Similarly, the Ministry of Justice's proposed reform of the penal code on non-discrimination to include sexual orientation was rejected in the wake of a major controversy on the subject in 2021.

The passage of the new drug law by the Senate in May 2022, which views drug use as a health problem rather than a criminal justice issue, is a positive development. However, there is a need for concrete guidelines on its implementation and a plan to develop health and harm reduction services for people who use drugs. Otherwise, it is not clear that this will be a significant opening. There is also a clear need to train law enforcement and judicial personnel in the spirit and letter of the law.

Nonetheless, this legislative change is interesting because it is the result of intensive work done by Médecins du Monde and the DU community since 2015, and has combined service provision and community-led advocacy with all relevant stakeholders. This example shows what is possible and provides useful lessons for future advocacy related to transforming the legal environment for key populations in Côte d'Ivoire and elsewhere. Members of the "Phoenix" DU advocacy group have seen an improvement in the security of DUs in Abidjan. They attribute this improvement to advocacy efforts and specific programs for DUs. Law enforcement raids are less violent than before, and police are looking more for dealers and lookouts affiliated with the deal than for consumers, who are being released more quickly thanks to improved relations with the police. However, it was not possible to measure the effect of these changes to accessing health services for key populations.

Strengthening the role and capacities of communities

The theory of change argues that by strengthening the leadership and capacities of PLHIV communities and key populations, they are able to monitor and improve healthcare, defend their rights and promote policies and practices aimed at improving access to services.

As part of implementing GC6, the Ivorian Network of People Living with HIV/AIDS (RIP+) and the Network of Key Population Organizations in Côte d'Ivoire (ROPC-CI) are the only two community organizations currently benefiting from Global Fund financing, part of which is aimed at strengthening the capacities of community organizations. RIP+ has also benefited from a budget of around €478,000 to carry out awareness-raising and stigma and discrimination reduction interventions (radio, television and community campaigns)¹³ and has also conducted the stigma index study in collaboration with the Global Network of People Living with HIV (GNP+), UNAIDS and national partners.

ROPC-CI (created in 2016) plays an important role in building the capacity of community organizations as part of GC6. This has supported the organizational development and technical capacities of 12 MSM, DU, and SW identity-based organizations, most of which are members of the ROPC-CI network.

Encouraging examples of the role of community organizations were seen among TGs, DUs and key ROPC-CI populations. These communities are getting organized and starting to play an advocacy role. According to the UNDP Inclusive Governance Initiative baseline report for Côte d'Ivoire¹⁴, "The most consistent allies of the LGBTI movement are the organizations that represent other key populations (i.e., SWs and drug users) and those receiving Global Fund and CDC-PEPFAR grants." Beyond these positive signs, the assessment noted the following specific changes:

¹³ Information sent via e-mail by ACI

¹⁴ UNDP (2022). Inclusive Governance Initiative: Côte d'Ivoire Baseline Report <https://www.undp.org/fr/cote-d-ivoire/publications/initiative-de-gouvernance-inclusive-rapport-de-base>

- Transgender (TG) people are a community that is entirely separate from MSM; there are a number of TG organizations, including the following in Abidjan: Dadi, QET Inclusion, KATIA, Challenge Trans, Hope Trans, Fondy Gender, Transgenres et Droits; the underlined organizations are receiving funding for capacity building under GC6. The TG community is organizing around specific advocacy for their needs and rights. Another sign of this positive change is the interest shown by the National AIDS Control Program (PNLS), which, for the first time in 2022, conducted an orientation session for psychologists and psychiatrists aimed at improved consideration of gender, gender identity and sexual orientation issues. During that mission, the head of the PNLS also asked for support in developing specific services tailored to the needs of the TG population.
- The mobilisation of the DU community - as part of the healthcare access project run by Médecins du Monde - has led to the development of self-support groups such as Paroles Autour de la Santé (PAS), Y Voir et Sourire, La Relève, Lumière du Jour, Association Anonyme and Foyers du Bonheur - the latter four having also benefited from capacity-building activities organized by ROPC-CI using GC6 funding. These organizations played a crucial role in reforming the drug law, and will be in a position to assume a more significant role in program implementation in the future.
- The organization known as Alternative Côte d'Ivoire (an LGBTIQ association) has mobilized funding from other donors such as the German Embassy (€103,000 for five LILO sessions) to train ministerial officials (from the Ministry of Defense, Ministry of the Interior and Security, Ministry of Justice, Ministry of Health and the Ministry of Women, Family and Children), uniformed personnel and human rights organizations on LGBTQI issues using the LILO approach.

This underlines the importance and impact of such funding, which truly enables the empowerment of communities when they work closely together.

3.2 Case studies: the Human Rights Observatory and "Look In Look Out" training

This section presents case studies to highlight the results and potential of two of the key programs implemented under GC6 and GC7.

(i) Expanding access to justice: the Observatory for Human Rights and HIV

The Human Rights Observatory was a central component of interventions aimed at breaking down human rights-related barriers to HIV services under grant cycle 5 (GC5) and grant cycle 6 (GC6). Côte d'Ivoire achieved a major expansion of the program with the deployment of 120 "CHW human rights coach" paralegals with training in human rights, HIV and tuberculosis (including a dozen community paralegals in Abidjan) throughout the GC6

national territory. The program, initiated in mid-2017, covered 39 districts by 2021 and has been extended to cover 113 districts since the mid-term assessment. This in itself is enormous progress, which was openly acknowledged by key and vulnerable populations during the assessment mission.

The mechanism appears to be highly effective in resolving individual cases of human rights violations linked to HIV and tuberculosis, with priority targets being PLHIV, people with tuberculosis, key populations (SWs, MSM and DUs), TG people and young girls who are victims of sexual exploitation. The cases referred by the paralegals to the Enda Santé team are accepted for legal aid if they meet the following criteria: 1) they are a target of the human rights program; 2) they are victims of violence, GBV and human rights violations (accentuating their vulnerability); 3) there is a causal link between the violence suffered and the victim's status. This opens up the possibility of mediation or legal assistance provided by a pool of lawyers (some thirty lawyers, with a highly involved "core" of five to six lawyers) in the event of complaints and legal recourse. Paralegals can also refer key and vulnerable populations to medical, social and psychological care structures, and provide them with support; they can also report instances of a breakdown in access to treatment. In addition, they provide key and vulnerable populations with education and outreach on their rights. This "one-stop-shop" approach seems to work well, especially outside the big cities.

The diagram below shows how the ODH manages legal assistance for key and vulnerable populations. ENDA SANTE Côte d'Ivoire houses the ODH's operational coordination. Paralegals (human rights coaches) are often identified by partner organizations - principal recipients (PR) and sub-recipients (SR)¹⁵ - of HIV and tuberculosis grants. They work under the Enda Santé program manager, but have a functional link with the regional delegate and TB/HIV supervisor, as well as the coordinator of their NGO. The SRs are responsible for validating and sending the monthly program reports drafted by the CHW human rights coaches to the project's central coordinator at ENDA SANTE Côte d'Ivoire¹⁶. They are also responsible for evaluating the performance of the paralegals and forwarding a report to Enda Santé, which may or may not retain them in their posts. This system is based on a partnership agreement between Enda Santé and the SRs.

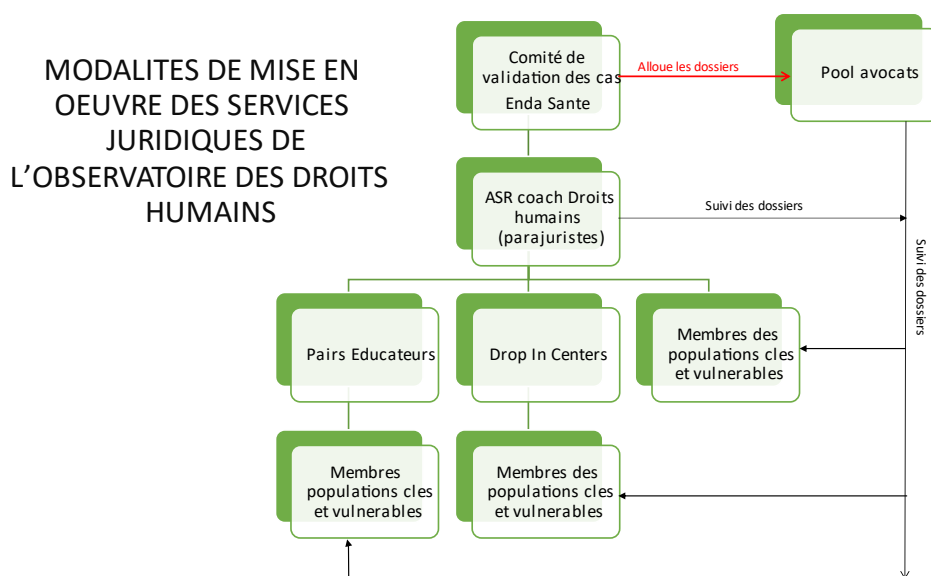
However, it should be noted that scaling up this program still poses a number of challenges that need to be addressed in the future. For example, the commitment of the NGOs - who identify the paralegals - remains fairly minimal once the paralegals have been recruited, and is also a source of misunderstanding. For example, some partners mentioned during the assessment mission that they had not received any information on the paralegals' terms of reference nor any details on the preferred profile. In addition, some organizations admitted that they did not feel sufficiently involved in the program and did not understand their role, and therefore did not feel sufficiently enlightened to monitor the paralegals' work. It is therefore sometimes difficult for them to effectively supervise the paralegals. This points to

¹⁵ Alliance Côte d'Ivoire, Enda Santé, COLTMR, MDM, ROPC-CI, RIP+, Alternatives Côte d'Ivoire, ARA, APROSAM, BRD and CSAS.

¹⁶ Terms of reference, ASC Human Rights Coach, 2022-23.

the importance of strengthening the communications, role and commitment of SRs and community organizations within the framework of the observatory, in order to reinforce the integration of the ODH into community networks and local organizations that offer services to key and vulnerable populations. The role of these organizations can be strengthened in terms of monitoring or coordinating the paralegals recruited, but also in resolving cases and fuelling advocacy. This should enable NGOs and community-based organizations (CBOs) to take greater ownership of the program.

Also, the proportion of paralegals that are members of the communities is still relatively low: only ten out of 120 paralegals are members of the communities (people living with or affected by HIV). Community paralegals naturally have better access and closer contact with the community to which they belong than do employees of AIDS NGOs. It will therefore be essential to increase the number of community paralegals, and to better connect paralegals to communities to which they do not belong.



This program also has great potential - as yet untapped - to address more structural issues and better target human rights programs. The data collected has not yet been adequately analyzed and shared with partners who could use it for advocacy purposes. For example, ODH data reveal that a large proportion of violations in 2021-2022 targeted PLHIV and SWs(47-65%), while 9-13% of cases affected DUs, 14% MSM, and 1% TG (see infographic). They also show the type of violence most frequent for these groups in 2022: physical assaults (101/259 cases) and psychological or emotional violence (71/259 cases) against SWs, MSM (61/148 cases and 78/148 cases respectively) and DUs (36/99 cases and 51/99 cases respectively); psychological or emotional violence against PLHIV (178/252 cases);and physical assaults against TG (10/17 cases) (see table in appendix for details by type of violation and population).

Notification of human rights violations and abuses	2021 Workforce	Breakdown by population	2022 Workforce (quarters 1-3 only)	Breakdown by population	Total 2021 and 2022
Number of suspected cases registered	687		1,158		1,845
Number of cases validated	636	39% PLVIH 25% SWs 14% MSM 13% DUs 1% TG 7% TB 1% Other (young female victims of sexual exploitation [YFVSE]and PC)	1,080	23% PLHIV 24% SWs 14% MSM 17% FFMVV 9% DUs 7.5% TB 1.5% TG	1,716
Number of complaints (to the police)	69	27 SWs 20 MSM 12 PLHIV 4 DUs 3% YFVSE, 2 TG 1 TB	327		396
Number of cases brought to court	3		4		7

It would also be very useful to share these data and analyze them together with the data from other community-based surveillance programs in place in the country, in particular the PEPFAR-funded Community-Led Monitoring (CLM) of healthcare (CLM) implemented by UNAIDS together with community-based organizations, and the PNLIS "Protection for All" national GBV reporting tool. The data collection mechanism is different for each of these initiatives (communities in the case of CLM, paralegals for the ODH, and the general public with an online site in the case of "Protection for All"), but they can sometimes address similar issues (rights violations and GBV, stock outs of ARVs or other medicines and the quality of health services). It is therefore important to share the results of these three initiatives in a common forum in order to coordinate efforts and advocacy based on this information.

(ii) Reducing stigma and discrimination with law enforcement agencies: LILO and human rights training courses

The LILO program¹⁷ was initially developed as a model project within the framework of the International HIV/AIDS Alliance. The tool was designed to combat self-stigmatization among people living with HIV. Subsequently, the methodology was developed to help health and HIV organizations - particularly Alliance organizations - to better understand and work with key population groups, including LGBT+, SWs and DUs. The methodology was then adopted by several partners for the purpose of influencing other stakeholders, such as healthcare providers, police and religious leaders. The uniqueness of the "LILO" approach lies in the notion that personal and social transformation begins with the self. It's not about "training" or "awareness-raising" in the traditional sense. These workshops bring together professionals from organizations and institutions who need to engage effectively with key populations – but who have reservations about them, lack information or are reluctant to do this work (for cultural, religious or other reasons) – to confront and overcome their own prejudices and question their attitudes towards these populations.

Since 2015, Côte d'Ivoire has invested in LILO training for various groups: healthcare professionals, law enforcement officers, social workers, key populations, NGOs, PNLs representatives, and religious and community leaders. According to ACI, over 700 people have been trained. This training has been scaled up to train the GBV focal points of all the country's police stations and gendarmeries. The LILO approach has been widely cited by stakeholders (including communities) as a game-changing approach in terms of law enforcement perceptions and attitudes. Moreover, during the assessment, one of the TG people we met also testified to the "therapeutic" role of LILO training for her: the training gave her back her self-esteem and a mission as an agent of change in Ivorian society. The training also provides an opportunity to meet and network with otherwise inaccessible actors (e.g., police and gendarmes, religious leaders, etc.), which helps these people to break out of their isolation, and makes them important allies in the defense of their rights.

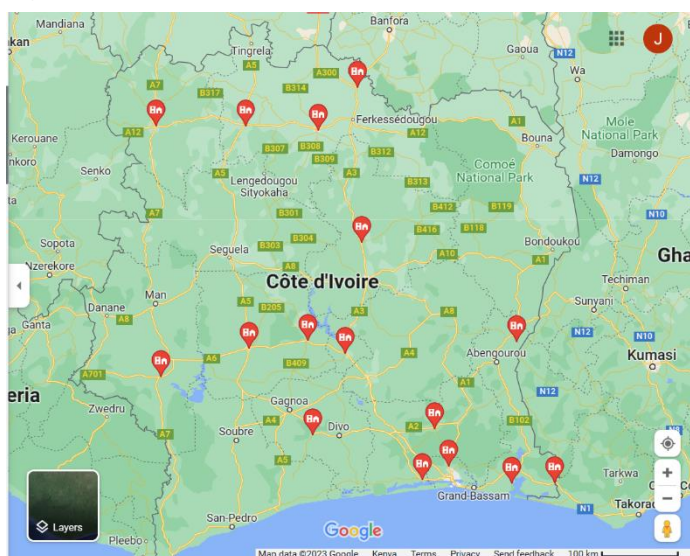
The assessment involved carrying out a small, quick online survey of LILO training participants. The questionnaire was shared with healthcare professionals, police officers, gendarmes and other members of WhatsApp groups created by one of the LILO trainers. The table below shows the number of respondents by category/type. More than half of the respondents (31/52) reside in Abidjan, while the rest of the respondents live in different parts of the country (see map with red pins). More than half of the respondents (29/52) meet members of key or vulnerable populations (PLHIV, SWs, MSM, DUs, TG) almost every day or every day in the course of their work. Half of the respondents took part in a LILO training course in 2022, 6 in 2021, 5 in 2019, 1 in 2016 and 1 in 2015¹⁸.

¹⁷ In French "regard interne, regard externe."

¹⁸ The remaining respondents gave no answer as to the date of the LILO training course they attended.

Category/type of respondent	Number
Law enforcement personnel, Ministry of the Interior or Ministry of Defense	15
NGO	16 (including 5 community-based)
Health sector (ministry, health districts, health facilities)	12
NGOs/institutions working on human rights	3
Journalists	1
University	1
Other (unidentified or unidentifiable actors)	3
Total	52

The results of the survey are largely positive. Indeed, the vast majority of respondents (48/52) claim that LILO training has changed their attitude towards members of key populations significantly or very significantly. The LILO program has also influenced their professional approach to or way of working with key populations significantly or very significantly (46/52 respondents). Among the main changes in their work, 22/50 people mention a reduction in their own prejudice/stigmatization towards key populations, and for 12/50 the training enabled them to be more attentive and responsive to the concerns of key populations. Others think it helps them to educate others (3) or collaborate better with other organizations (3).



Here are a few examples mentioned by respondents from different sectors:

"This session has put us in touch with realities we're not familiar with, so now we have a better grasp of certain situations. (Company commander, CRS police)"

"I consider them to have the same rights and privileges as I do." (Manager, Ministry of the Interior and Security)

"I'm more caring and attentive to their concerns." (Police officer)

"The contact has become easier and I now find it easy to do their medical intake." (Physician)

"I'm more empathetic because I better understand the stigmatization that key populations suffer." (Head of a socio-educational complex in a public institution).

"I've stopped making stigmatizing remarks towards people living with HIV, gay people and drug users." (NGO administrative manager)

"A better appreciation of vulnerability in relation to human rights violations or violence" (consultant, PNLs)

"Being a member of a key population myself (MSM) this training has given me even more confidence and self-esteem and also taught me a lot about how others look at the LGBTQI community." (NGO program manager)

A teacher from the University of Korhogo shared an activity that was set up following the training:

"We have integrated listening and psychosocial support into our activities for key populations conducted at the listening unit we have set up at the CROU at Peleforo Gon Korhogo University."

All respondents claim to have discussed the training with their colleagues: some only once (7/52), others, several times (28/52), and 19 out of 52 do so regularly. The reaction of other colleagues to their LILO experience varied widely within the respondent group: negative for 13/50 respondents, positive for 17, mixed (6/50), neutral/surprised (8/50). However, the reaction of colleagues also varied over time: some indicated that their colleagues were initially surprised or negative, and changed to a more positive reaction after the experience had been shared. This, of course, reflects the diversity of the workplace and the profile of the participants. Those who, of course, work with these populations on a regular basis have no negative reaction. As far as law enforcement personnel are concerned, most expressed reticence, skepticism, astonishment/surprise, concern or even shock, but also noted a gradual shift towards greater acceptance, as evidenced by these responses:

"My colleagues react normally and are always curious to understand my determination."

"Reactions of astonishment but when the outreach is done, everyone wants to learn and help this population."

"More receptive and welcoming. Their mentalities have changed for the better."

"A little skeptical at first but they embrace the fight to protect the rights of key populations."

"They think I'm weird."

"Some are still in the non-acceptance stage, but others understand."

Some even mention the interest shown by colleagues who would also like to attend the LILO training. One police commander, for example, describes his colleagues' reaction as follows:

"Stupefaction at first, then curiosity among other things, and a great desire for many of them to have the opportunity to take the training."

To conclude, this quick survey shows that the LILO program appears to be contributing to changes in the perceptions and attitudes of participants, and to a more open discussion of key populations in their workplaces. This training is an example of a catalytic activity that can transform perceptions about key populations, which in itself is already a major success in Côte d'Ivoire. This approach has laid the indispensable foundations for police involvement in the national response to HIV and tuberculosis by improving law enforcement officers' understanding and empathy towards key populations in a socio-cultural context that still strongly stigmatizes these populations in Côte d'Ivoire. In the space of just a few years, the training of GBV focal points in the police and gendarmerie has created a real collaboration between NGOs, the actors involved in the fight against AIDS, and the law enforcement agencies.

However, LILO training courses have not yet been used to their full potential due to a lack of post-training follow-up and support systems - there is no clearly defined mechanism for this yet, and ACI staff do not have the time to carry out this follow-up at present.

Furthermore, one of the challenges in creating lasting change within these institutions is to influence the institutional culture within the police and gendarmerie, in order to stop the violence and abuse committed by police personnel. To achieve this, ACI plans to review the strategy for targeting LILO participants, in order to adopt a "collective" approach to change, and to develop a partnership with the National Human Rights Council (CNDH) to support independent investigations under its aegis.

Finally, ACI plans to carry out an independent external evaluation in 2023 to capitalize on the LILO approach.

One conclusion drawn from the evaluation of these LILO programs is the need for greater follow-up and support for participants. At present, there are no program indicators other than results (number of people trained), which makes it difficult to show the effects and impact of these training courses. Support is needed for the development of a robust monitoring and

evaluation system, in particular to track how these training courses are used by participants and what changes are thus created for key populations.

4. Creating an Enabling Environment to Address Human Rights-Related Barriers

As part of the conditions for counterpart funds for the “Breaking down Barriers” program, countries are required to develop national plans aimed at removing rights-based barriers to HIV and TB services, and to create or designate a body to coordinate the plan. In Côte d'Ivoire, the elements of an enabling environment for rights-based responses to HIV and TB do exist. However, there are still some challenges in terms of implementation and coordination.

4.1 Adoption and ownership of the five-year plan for human rights, HIV and tuberculosis

The five-year Human Rights, HIV and Tuberculosis plan¹⁹ developed with support from the Breaking down Barriers initiative, was developed in consultation with key stakeholders involved in the HIV and TB response and is based on the findings of the baseline assessment conducted in 2018. It was updated at the end of 2022 and incorporates ongoing initiatives (UNDP Inclusive Governance Initiative, Global Partnership, and CLM community monitoring among others).

The plan was validated and officially adopted in March 2023 by the Ministry's Human Rights Directorate (DDH). On paper, the plan is a solid document to guide national efforts towards reducing human rights-related barriers to accessing HIV and TB services. It is aligned with the programs recommended by the Global Fund and the findings of the baseline study²⁰. However, at the time of the assessment mission carried out in November 2022, the plan was not yet being used as a tool by implementing organizations mainly due to the delay in its official adoption. It is not yet available online, and when interviews were conducted in November 2022, some partners admitted that they did not refer to the five-year plan as a working framework.

The political leadership for the five-year plan, initially undertaken by the Department of Judicial Protection of Children and Youth (DPJJEJ) of the Ministry of Human Rights, was transferred to the Human Rights Directorate (DDH) of this Ministry for the period up to the

¹⁹ Plan quinquennal sur les Droits Humains, le VIH et la Tuberculose de la Côte d'Ivoire (Five-year Human Rights, HIV and Tuberculosis plan 2021-2025), Ministry of Justice and Human Rights, 2023.

²⁰ The plan includes the following strategic focus areas: 1) reducing social rejection and discrimination linked to HIV and tuberculosis; 2) training for health personnel on human rights and medical ethics linked to HIV and tuberculosis; 3) awareness raising for legislators and law enforcement agencies; 4) providing legal education; 5) providing legal assistance; 6) monitoring and reforming policies, regulations and laws hindering access to HIV and tuberculosis services; 7) reducing gender-related barriers to accessing HIV and TB services; 8) mobilizing and empowering TB patients and community groups; 9) providing TB programs in prisons and other detention centres; 10) coordinating and implementing the five-year plan.

end of 2021. This transition is supported by various partners (UNAIDS, UNDP), with capacity building for the DDH to enable it to assume its role and take ownership of the five-year plan and its programs. In addition, the Human Rights Technical Working Group (TWG)²¹, chaired by the DDH and responsible for coordinating the implementation of the five-year plan, met only once in 2022 and is perceived by partners as highly political and not very operational - it does not play a role in coordinating programs nor does it provide a forum for partners to exchange information.

Despite these delays, the recent official adoption of the plan under the aegis of the Ministry of Justice and Human Rights and the capacity building for the DDH should enable us to reinvigorate its implementation in a more coordinated way, with this ministry thus fully assuming the political carriage of the plan.

Recommendations:

- Relaunch the TWG and set aside a budget for more regular meetings (three times a year or quarterly) to make this platform a forum for program monitoring and operational coordination.
- Second a human resource to the DDH to work on coordinating HIV and TB human rights actors.
- Disseminate the five-year plan to all partners, and on make it available on the MdJDH website.

4.2 Implementation and monitoring of the five-year human rights, HIV and tuberculosis plan

In Côte d'Ivoire, many actors are involved in or concerned by human rights programs, but the assessment found there is a lack of functional discussion or coordination platforms, and that community organizations are somewhat frustrated because they do not feel they are involved and often have little information about the programs being implemented. At a meeting between partners, for example, ACI and Enda Santé had to explain the basic workings of the ODH to the other partners, who did not seem to know much about the program, even though several of them were among the organizations that had recommended community paralegals for the ODH. There is also a lack of communication between the "Protection for All" programs, the ODH and the new CLM initiative, which respectively collect data on GBV, human rights violations in the context of HIV and tuberculosis, and information on the quality of HIV and tuberculosis services (including drug shortages) but also more generally on program quality and effectiveness. Clearly, these

²¹ Set up in July 2019 to develop the multi-year plan for responding to human rights-related barriers to accessing services, this working group is made up of the following representatives: Ministry of Health and Public Hygiene (MSHP), Country Coordinating Mechanism (CCM-CI), PNLs, PNLT, Advocacy Committee on Human Rights and Combating HIV, Alliance Côte d'Ivoire, UNAIDS, Médecins du Monde, NGOs and networks focused on HIV and tuberculosis such as RIP+, Espace Confiance, Enda Santé, Ivorian Human Rights League (LIDHO), Union to Fight HIV/Hepatitis/Tuberculosis Co-Infections (UNICO), ROPC-CI, CNDH-CI, Côte d'Ivoire Human Rights Advocacy Group (CIDDH) and Heartland Alliance.

different data sets are very important for identifying, analyzing and acting on human rights-related obstacles to accessing healthcare services for key populations. A joint analysis of the data sets would enable much more effective coordinated or joint advocacy actions. This lack of communication and coordination among the different actors poses a major risk of duplication, fragmentation and program inefficiency. What's more, despite the stated intention in the five-year plan to carry out a "resource needs analysis and resource mobilization" under the leadership of the TWG, these activities do not appear to have been carried out, probably due to delays and the transfer of responsibility for implementing the plan to the DDH.

In terms of the monitoring and evaluation system, the five-year plan includes process, outcomes and impact indicators. Process indicators serve to monitor the process and immediate outcomes of activities (e.g., number of people trained, number of awareness-raising activities, etc.), but do not indicate whether the objectives of an activity have been achieved. Effects and impact indicators (e.g., the percentage of people reached with improved knowledge and attitudes towards key and vulnerable populations, or data on the stigma rate provided by the stigma survey) provide information on trends at the level of a beneficiary group or population, but these trends are likely to have been influenced by many factors, and it is often not possible to attribute the changes observed to the human rights programs implemented. To assess whether activities have achieved their objectives, we therefore need indicators that are linked to the programs' ultimate goals and that provide an overview of their contribution to achieving these goals, in order to get a sense of what happens between the carrying out of an activity and the achievement of the expected outcomes. For example, indicators should measure the extent to which key populations that have been educated about their rights integrate these notions and use them concretely, and the extent to which legal assistance helps reduce stigmatization and discrimination, so that these populations feel safer and better protected when accessing health services.

In addition to these technical challenges, other challenges include a lack of human resources and capacity: program implementers often lack the time and financial resources to collect and analyze routine monitoring data, or to initiate program evaluations. What's more, they are often trained on how to monitor and evaluate public health programs, but have no expertise in human rights. They therefore do not always have the expertise and tools needed to effectively guide the collection and analysis of data for human rights programs in the context of HIV and TB.

Recommendations

- Develop or identify collaboration platforms to enable regular exchanges between human rights programs and the various partners working on the same program (e.g., for the ODH).
- Provide funding to develop a map of donors and establish a resource mobilization plan to fill the gaps.

- Provide financial support and technical assistance for the development and implementation of effective monitoring and evaluation systems in order to:
 - Strengthen routine monitoring by reviewing the program indicators on which data is routinely collected, and including more program indicators that provide information on outcomes rather than processes and outputs.
 - Evaluate programs periodically to document their impact and set aside a specific budget line for that purpose.
 - Integrate human rights indicators into SR (and sub-SR) objectives.

4.3 Overview of funding sources for programs designed to break down rights-related barriers to access

In Côte d'Ivoire, the Global Fund is the main source of funding for programs designed to reduce human rights-related barriers to accessing HIV and TB services. Other donors, such as USAID, UNDP, Expertise France and the German Embassy, fund-specific activities that complement the support provided by the Global Fund.

PEPFAR, one of the main funders of HIV programs in Côte d'Ivoire, has a current operational plan that stipulates the objective of "reducing stigma and increasing community involvement"²² through CLM monitoring and the Faith and Community Initiative (FCI), in addition to improved collaboration with key population organizations. The Focal Country Collaboration (FCC) initiative aims to strengthen coordination between the Global Fund, PEPFAR and UNAIDS on their work to reduce stigma and discrimination. It contributes to increased coordination, collaboration and planning with communities, governments and national partners in six selected countries - including Côte d'Ivoire - over a period of three to five years. Operationalization of the initiative is underway, and will improve collaboration with stakeholders at the national level (government, communities, technical and financial partners).

The Inclusive Governance Initiative²³, launched by the UNDP in 2021 with initial funding from Sweden and the Bill and Melinda Gates Foundation, aims to help countries in sub-Saharan Africa become more inclusive and accountable to their citizens their entire population, including members of sexual and gender minorities. The initiative supports more intensive engagement in six countries in the region, including Côte d'Ivoire, by collaborating with state actors such as government representatives and parliamentarians, actors and influencers from development NGOs, religious and traditional institutions, the private sector and development cooperation officials. Following the completion of a baseline study²⁴ in 2021, an annual plan²⁵ was developed for 2022, with a budget of around €160,000, which

²² PEPFAR: Côte d'Ivoire Country Operational Plan 2022 – Strategic direction summary. Washington, DC, 2022.

²³ <https://www.undp.org/sites/g/files/zskqke326/files/migration/africa/IGI-summary-feb-2021-french.pdf>

²⁴ UNDP (2022). Inclusive Governance Initiative: Côte d'Ivoire Baseline Report. <https://www.undp.org/sites/g/files/zskqke326/files/2022-07/igi-cote-d-ivoire-baseline-report.pdf>

²⁵ National Action Plan of the Initiative for Inclusive Governance in Côte d'Ivoire 2022.

will also contribute to human rights programs related to HIV and tuberculosis in Côte d'Ivoire. The plan is being implemented by the UNDP and CNDH-CI, and includes the following activities: support for the inclusion of LGBTIQ groups in the COP2023 drafting process, and in decision-making processes of the Country Coordinating Mechanism (CCM-CI); capacity-building for the ODH, the TWG and the platform of "friendly" lawyers, on communication and dissemination of relevant knowledge products; reinvigorating the TWG in its advocacy work on the implementation of the legal framework for promoting and protecting people highly vulnerable to HIV; building capacity and collaboration between civil society structures and LGBTIQI activists.

In addition, other projects are being funded by German and French cooperation for specific activities. With the "Zusammen" project, the German Embassy is supporting ACI in its awareness-raising and training campaign, based on the LILO approach, for ministerial authorities in the justice, defense and human rights sectors²⁶. This project has also provided ministerial authorities, human rights defenders and civil society organizations with training in lobbying and advocacy techniques based on the research, production and use of data²⁷. The NGO Enda Sante has also obtained funding from Expertise France for a three-year project entitled "Auxilium Legalis,"²⁸ (2021-2023), in partnership with the MdJDH, to strengthen the supply of and demand for legal services for key populations vulnerable to HIV and tuberculosis, by engaging law students and universities in the provision of services.

There are, therefore, a number of initiatives and small-scale projects aimed at strengthening the rights and health of key populations in Côte d'Ivoire. In terms of funding programs and interventions focused on access to justice and legal literacy, however, the Global Fund is still the main actor, which poses a challenge to the scaling up and sustainability of this work.

4.4 The key role of UNAIDS, champion of the BDB Initiative in Côte d'Ivoire

UNAIDS has been a key partner of the BDB Initiative in Côte d'Ivoire. In 2019, UNAIDS contributed to establishing the TWG, which organized the multi-stakeholder meeting at which the baseline report on the barriers to human rights was presented and discussed. Subsequently, a UNAIDS consultant led the development of the first version of Côte d'Ivoire's five-year plan to address human rights-related barriers to HIV and TB services, in close collaboration with members of the human rights working group and a consultant from Frontline AIDS. The UNAIDS Country Director led discussions with key stakeholders in the country to strengthen the steering committee.

²⁶ See: <https://www.alternative-ci.org/atelier-de-formation-des-hommes-en-tenue-des-unites-d'intervention-de-la-police-nationale-crs-ccdo-qmi-sur-la-problematique-des-populations-cles-selon-lapproche-lilo/>

²⁷ <https://www.alternative-ci.org/atelier-de-formation-sur-les-techniques-de-lobbying-et-de-plaidoyer-base-sur-la-recherche-la-production-et-lutilisation-de-donnees/>

²⁸ <https://endasanteci.org/projetrauxilium.php>

UNAIDS has played an intellectual leadership role in the development and implementation of human rights programs. The organization also helped stakeholders develop their vision and strategy, and provided technical support for program design and implementation. UNAIDS also worked closely with Global Fund consultants to support program design as well as the midterm and progress assessments.

The organization also plays an important role in the fight against stigma and discrimination. It contributed to the development of Côte d'Ivoire's work plan for the Global Partnership, and has worked extensively on engaging religious leaders in the fight against HIV and tuberculosis. Since 2022, a consultant has worked for UNAIDS to work specifically on coordinating efforts to reduce stigma and discrimination and guide the TWG, among other things. In addition, UNAIDS coordinates the development of the PEPFAR-funded CLM, and has dedicated a human resource to that work. Since the inception of the CLM, that person has worked with the International Treatment Preparedness Coalition (ITPC) on tool development and on selecting and training civil society organizations. It now supervises the PEPFAR-funded CLM in Côte d'Ivoire.

The UNAIDS country team has provided crucial support and a human rights officer who was also an important resource person for technical assistance, and for the progress assessment team. Moreover, UNAIDS played a key role in the progress assessment: it facilitated interviews and meetings with stakeholders and enabled the inclusion of a session to present and discuss the findings and recommendations of the assessment at the national consultation organized by the DDH in March 2023. Participants worked in groups to discuss the progress made and the recommendations for each HIV and TB program area.

5. Towards Completeness: Achievements and Gaps in Scope, Scale and Quality

This section looks at the progress made on a global response to programs aimed at removing rights-related barriers in the field of HIV and TB. It presents the investments in human rights programs supported by the Global Fund, followed by an in-depth analysis by programmatic area for HIV and TB. It then considers the progress made by Côte d'Ivoire on putting together the essential elements of human rights programs for HIV and TB. The section ends with some general comments.

5.1 Overview of financing and implementation methods

Under GC6, in addition to its overall allocation of €82 million for HIV programs and €16 million for TB programs, Côte d'Ivoire received €2 million in catalytic funds for programs aimed at reducing human rights barriers in the field of HIV and TB. More specifically, the

Global Fund supported the following human rights programs for HIV and TB in Côte d'Ivoire:²⁹

For HIV

Module	Interventions	Amount in Euro
Removing human rights-related barriers to TB and HIV services	Improving laws, regulations and policies relating to HIV and HIV/TB	80,304
Removing human rights-related barriers to TB and HIV services	Human rights and medical ethics related to HIV and HIV/TB co-infection for healthcare providers	69,284
Removing human rights-related barriers to TB and HIV services	Legal literacy ("Know your Rights")	284,855
Removing human rights-related barriers to TB and HIV services	Community mobilization and outreach	378,352
Removing human rights-related barriers to TB and HIV services	Reducing HIV-related gender discrimination, harmful gender norms and all forms of violence against women and girls	2,166,936
Removing human rights-related barriers to TB and HIV services	Reducing stigma and discrimination	1,591,929
Removing human rights-related barriers to TB and HIV services	Outreach for law-makers and law-enforcement agents	100,023
Removing human rights-related barriers to TB and HIV services	Legal services related to HIV and to TB/HIV co-infection	1,032,211
	Total	5,703,894

Global Fund investments in programs aimed at breaking down human rights-related barriers to HIV services totalled 6.95% of the total HIV grant budget of €82 million. In terms of implementation modalities, the HIV grant has two PRs: the Ministry of Health (PNLS) and ACI, a civil society organization. ACI works in collaboration with civil society organizations (including Enda Santé for legal services) and communities (e.g., RIP+ for reducing stigma and discrimination for an amount of around €478,000) to implement activities. In addition, ACI is providing funding for capacity building for community organizations through RIP+ and ROPC-CI in the amount of €200,000.

The budget shows significant investment in the areas of reducing stigma and discrimination, legal services and reducing gender-based discrimination. However, these amounts do not fully reflect the reality of the work carried out in Côte d'Ivoire, notably due to budget allocations that do not always correspond to the programmatic areas defined by the Global

²⁹ These budget figures are based on grants approved in 2020. Actual expenditures may differ from the initial budgets. Detailed budget tracking and costing are beyond the scope of the progress assessment, but budgets are provided to show areas of Global Fund investment in NFM3.

Fund. For example, most LILO training courses were included in the “Reducing stigma and discrimination” budget line, even though some LILO courses targeted law enforcement and health professionals.

The progress assessment examined the status of human rights-related HIV programming 22 months after the start of GC6. At the time of the country visit, there were 14 months left on the HIV grant (it began in January 2021 and runs until December 2023). Regarding budget absorption, around 31% of the total budget had been spent by June 30, 2022 (after 18 months of implementation), with a cumulative absorption rate of 55%.

TB

Module	Interventions	Amount in Euro
Removing human rights and gender barriers from access to tuberculosis services	Legal literacy (“Know your Rights”)	26,483
Removing human rights and gender barriers from access to tuberculosis services	Reducing stigma and discrimination	158,099
	Total	184,582

Global Fund investments in programs aimed at breaking down rights-based barriers to accessing TB services accounted for 1.15% of the total TB grant budget (€16 million). Three program areas were prioritized: legal literacy, reducing stigma and reducing TB-related discrimination.

As with the HIV grant, the TB grant has two PRs: the Ministry of Health (Program National de Lutte contre la Tuberculose, or PNLT) and ACI, which handles the community component. As regards the human rights aspects of accessing TB services, ACI works with the Collectif des Organisations de Lutte contre la Tuberculose et les Maladies Respiratoires en Côte d'Ivoire (COLTMR) and the PNLT to reduce stigma and discrimination, provide legal services (ODH paralegals), and legal education for TB-affected populations.

The progress assessment examined the level of implementation of HIV- and TB-related human rights programs 22 months after the start of GC6. At the time of the country visit, 13 months remained on the HIV grant, which began in January 2021 and runs until December 2023. Regarding budget absorption, it should be noted that after 18 months of implementation (as of June 30, 2022), only 3% of the total budget allocated to TB-related human rights programs had been spent, with a cumulative absorption rate of 5%.

6. Focus Areas for Breaking down Rights-related Barriers to Access

This section provides specific analyses for each program area for HIV and tuberculosis.

6.1 HIV program areas

(i) Eliminating HIV-related stigma and discrimination in all settings

Program Area	Score ³⁰		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Eliminating HIV-related stigma and discrimination in all settings	2.0	3.0	4.0

Programs aimed at eliminating stigma and discrimination against PLHIV and key populations have continued to make progress since the mid-term assessment, with most recommendations at least partially implemented. Numerous activities are being carried out by various actors working in close collaboration, including ACI, Enda Santé, friendly lawyers, RIP+, COLTMR, PNLT and PNLs. Numerous media campaigns, journalist training sessions and community work have been carried out by RIP+ with funding from the Global Fund, as well as the Stigma Index study, published in 2022, which shows a significant reduction in HIV-related stigma and discrimination (from 40.4% in 2016 to 14.1% in 2021). Paralegals deployed throughout the country are helping to reduce self-stigmatization.

Among other programs, PEPFAR funds a "Faith and Communities Initiative" that involves religious communities in combating stigma in Côte d'Ivoire. The NGO known as Caritas runs the GRAIL (Galvanizing Religious Actors for better Identification and Linkage to pediatric HIV) project, which mobilizes priests and other religious leaders as "religious guides" to encourage families to seek testing and treatment for HIV-positive children. PEPFAR also supports the Alliance des Religieux pour la Santé Intégrale et la Promotion de la Personne Humaine (ARSIP), which mobilizes religious organizations and leaders to promote health and HIV-related services. Some ARSIP member organizations have publicly opposed the 2021 proposal for legislative protection against discrimination based on sexual orientation.

Work with the police, particularly the LILO training for all GBV focal points in police stations and gendarmeries, is well developed. However, there is considerable improvements are needed in order to institutionalize and optimize its impact (see § on raising awareness among legislators and law enforcement officers for more details and recommendations).

³⁰ See Annex 1 for the interpretation of scores.

Work with healthcare professionals is still insufficient to have an impact (see next paragraph for conclusions and recommendations on the provision of non-discriminatory healthcare services).

While activities aimed at reducing HIV-related stigma and discrimination in Côte d'Ivoire still seem fragmented. Côte d'Ivoire has joined the Global Partnership. An action plan for 2021 was drawn up under the aegis of the TWG and includes the following priorities: strengthening coordination between observatories; sharing successes, challenges and lessons learned; working with spiritual leaders; continuity of care as well as prevention and ART in emergencies and health crises. The assessment process did not allow for establishing the extent to which the Global Partnership is facilitating progress, or intensifying or coordinating activities aimed at combating stigma and discrimination.

Recommendations

- Identify a suitable platform at the national and decentralized levels for monitoring and coordinating the various initiatives and programs aimed at reducing stigma and discrimination;
- Use the Global Partnership to better coordinate all partners working to achieve common goals, with clearly coordinated strategies and rigorous evaluations. The Global Fund, PEPFAR and other donors should ensure that the PNLs has the necessary human and financial resources to achieve this. The five-year HIV, TB and human rights plan is a good starting point for a national plan to reduce HIV-related stigma and discrimination, if it takes into account the programmatic progress made over the past three years.
- Conduct an evaluation of LILO training sessions funded and conducted by an entity independent of Alliance Côte d'Ivoire, Frontline AIDS and Positive Vibes. The evaluation should 1) include participants who have had an experience with LILO at some point in the past, not just those who have just participated in LILO training; 2) identify sustainable actions that may have been taken by programs or organizations as a result of personal attitudinal changes related to LILO; and 3) review the effectiveness of LILO training that differs in accordance with the trainers involved, the different groups of participants (health workers, police, etc.) as well as the institutional/programmatic changes that may be associated with LILO for each group.
- Organize, under the auspices of the PNLs and with the support of the Global Fund, PEPFAR and UNAIDS (as co-organizers of the Global Partnership), a symposium or other gathering of religious leaders to discuss the objectives of the five-year human rights plan and the importance of reducing stigma and discrimination. Preferably, such an event would be followed by actions that could enable sharing experiences and further discussions among faith groups about their contribution to rights-based HIV programming.

(ii) Ensuring nondiscriminatory provision of healthcare services

HIV Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Ensuring nondiscriminatory provision of healthcare services	1.0	1.5	2.0

At the halfway point, programs aimed at training health professionals were still a combination of one-off activities and ongoing initiatives with limited capacity and within a limited geographical area that depend mainly on international donors.

Despite efforts to institutionalize training in human rights and medical ethics, little progress has been made in this area because even though training modules have been developed they have not been validated. It should be noted, however, that this program area received the smallest amount of funding under GC6 (with an amount of €69,284).

ACI has trained Health District Managers to deliver LILO training sessions (in its intervention districts), but there have been no other training courses (due to delays in validating the modules developed). Coverage is therefore partial, and the training courses are not integrated into the initial and ongoing training of health professionals. There is no mechanism for evaluating the attitudes of healthcare staff before or after these training courses, nor are there any institutional policies or accountability mechanisms (performance evaluation for stigmatization, discrimination and other abuses; and mechanisms for communicating information to patients). On the other hand, CDC Côte d'Ivoire, in collaboration with PNLs and CDC headquarters, conducted two training workshops for healthcare providers at 33 sites. However, the training sessions were not evaluated.

The Stigma 2.0 Index mentions the persistence of stigmatizing and discriminatory attitudes (disclosure of HIV-positive status and refusal of care, among other things) and the need to step up training programs on ethics and human rights for healthcare professionals and for accountability mechanisms.

The CLM mechanism established by UNAIDS in collaboration with RIP+ and ROPC-CI, with funding from PEPFAR, is an important step forward. The purpose of CLM is to measure the quality of HIV services provided in health facilities. Community observers from four Ivorian organizations (Eveil, RIP+, ROPCCI and ODAFEM) document health service practices and some human rights violations; each carries out their activities within specific geographical areas, but the scope of this work is unclear. A Community Consultation Group (CCG)—chaired by UNAIDS and representing community groups, donors, technical partners such as WHO, the Ministry of Health and other stakeholders—is tasked with reviewing and analyzing the data from the two CLM initiatives. The purpose of the CCG is to develop one or more advocacy plans to address the issues identified by community workers.

Recommendations

- Integrate human rights and LILO training into the initial and ongoing training of healthcare professionals, and finance the scaling up of such training. If necessary, provide technical assistance to ensure proper implementation, follow-up and monitoring of the usefulness of the training, via a specific evaluation.
- Introduce a mechanism for assessing the attitudes of healthcare staff and accountability mechanisms in the event of abuse, and provide patients with information on procedures for making complaints about the occurrence of abuse.

(iii) Legal education ("Know your Rights")

HIV Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Improving legal knowledge (Know your Rights)	2.0	2.65	3.0

Since the mid-term assessment was done, progress has been made with literacy programs: legal literacy for key and vulnerable populations run by paralegals has been scaled up across the country (from 39 to 113 districts), and other regular initiatives are being organized. However, it has not been possible to assess the impact of these initiatives on people's knowledge of their rights, and the evaluation team was unable to identify the total number of people that learned about their rights thanks to the various programs implemented.

The paralegals conduct one session a month in collaboration with the associations they are from. They are also required to work with organizations in their districts, participate in GBV platforms and work with the regional human rights council, which also conducts awareness-raising activities.

Mobile legal consultations (COJUFOR) on HIV law and the rights and remedies of key populations are also offered by lawyers throughout the country with RIP+ and at five drop-in centers with ROPCCI (Aboisso, Grand-Bassam, Divo and Bouaké and the ROPCCI headquarters). The sites are selected by ACI in collaboration with ROPCCI and RIP+, who mobilize the populations and go with the lawyers to the sites. The CNLS has also been running quarterly orientation sessions on human rights and remedies in cases of GBV for TG people in Abidjan since 2021.

Lastly, the recommendations of the midterm assessment appear to have been partially implemented: for example, the AIDS Info line's call staff have been trained on legal and judicial concepts relating to human rights and HIV, and communication materials have been reproduced and posted in Enda Santé centers. But the assessment did not allow for verifying

the existence of specific tools that make use of using social media, for example, or the quality and coverage of information tools. The coverage of programs aimed at informing key populations about their rights, beyond the drop-in centers, is also unclear.

Recommendations

- Continue to fund the scaling up of legal literacy programs at all drop-in centers and develop a formal partnership with networks of key and vulnerable populations to strengthen those programs;
- Fund technical assistance for strengthening the programs and monitor their effectiveness and impact in terms of improving key and vulnerable populations' knowledge of their rights.
- Establish a baseline to make it possible to conduct an assessment of legal literacy and access to justice programs.
- In the next Stigma Index, include questions designed to assess levels of legal knowledge and willingness to engage in legal and non-legal procedures in the event of human rights violations.

(iv) Increasing access to justice

HIV Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Increasing access to justice	2.0	2.5	4.3

Since the mid-term assessment was done, there has been considerable progress on access to justice for key populations: this is the program area that has seen the most growth between 2020 and 2022. Most of the recommendations of the midterm assessment have been followed, with the exception of the evaluation of the quality and accessibility of legal services in prisons, and most of the program elements recommended by the technical guide are being implemented. The legal services provided by the ODH have been scaled up in the country's 113 districts, and the system for managing individual cases of human rights violations is working, although the quality and effectiveness of the work carried out by the paralegals is likely to vary (see the ODH case study for more details). The system is also in place in areas of the country where PEPFAR supports HIV services for key populations.

In the first three quarters of 2022, the ODH reported having referred: 139 people for legal or paralegal assistance, the majority of the cases of gender-based violence against women living with HIV; 168 people for social mediation, mainly SWs and people living with HIV; 91 for health services, including sex workers and drug users as well as women living with HIV;

and 50 for psychological support, mainly cases of gender-based violence³¹. Few cases are the subject of formal legal proceedings: only three cases in 2022. ACI notes that, despite awareness-raising campaigns, victims prefer out-of-court settlements, which seem quicker, less costly and more discreet.

Despite these successes, the ODH also faces certain challenges. The number of paralegals from the communities is still quite low (around ten paralegals in Abidjan out of a total of 120 paralegals covering all districts). This is due to "structural," geographical and capacity-related challenges for the various actors and partners. The ODH was originally conceived as a system coordinated by ACI and Enda Santé, which entered into contracts with SRs and sub-SRs to recruit paralegals. The majority of identity- and community-based organizations were not SRs or sub-SRs, and the few existing identity-based organizations are largely concentrated in Abidjan. To scale up beyond the initial 39 districts, ACI and Enda Santé therefore decided to continue contracting paralegals from NGOs that offer HIV and TB services in the interior of the country. A pragmatic, contextualized approach was prioritized in scaling up this program to produce results quickly, with several rounds of training for people who had already acquired a high level of awareness and could start work quickly once trained. In addition, recruiting members of key populations as paralegals posed a number of challenges. For example, with regard to DUs, this is a relatively unstable population due to numerous medical, psychological and social needs that are not sufficiently addressed. In November 2022, only 20 DUs were on methadone treatment.

Paralegals work closely with police stations, gendarmeries and other public administrations. When the ODH was scaled up, the police and gendarmes were still very prejudiced and not yet ready to work directly with the communities. While today a member of the LGTBQI community can visit a police station without fear of systematic stigmatization or discrimination, that was not the case in 2020. The scaling up of LILO training has played an important role in preparing public authorities, but it has also protected communities, who were accompanied by paralegals from NGOs. Once these LILO training sessions have been scaled up, it will be possible to further engage PLHIV and key populations, and enable them to play a greater role.

Over and above these difficulties, the assessment noted that the SR and sub-SR organizations that entered into contracts with the ODH mainly play a role in identifying the paralegals, but have not taken ownership of this program, which is mainly managed by Enda Santé. Beyond that limitation, it should also be noted that the salaries and bonuses for staff, legal assistants and community health workers involved in the implementation of human rights programs are low. Identity-based organizations also mentioned the difficulty of working mainly on a voluntary basis, with no prospects of long-term professionalization or recognition of their work, and insufficient bonuses. Civil society organizations noted that staff and volunteers often leave projects to work with PEPFAR, an organization that pays higher bonuses and salaries. At an NGO colloquium organized in 2022 by the NGO known as

³¹ Narrative reports on Enda Santé's activities for quarters 1, 2 and 3 of 2022.

Espace Confiance, Coalition PLUS and AIDES, participants reported that staff at the Global Fund-supported the ODH and related activities received 20,000 CFA francs per month, while those at PEPFAR's CLM received 100,000 CFA francs for the same type of work³².

Furthermore, despite the scaling up of legal services, no allowances have been made for human resources: at ENDA Santé, three people are currently responsible for managing this vast program. At ACI, which was to play a role in communicating ODH data and coordinating human rights programs, a single person is in charge of a large portfolio of activities as there is no funding for an administrative assistant. This person simply doesn't seem to have the time to develop a system for monitoring, analyzing and communicating data so that it can be used to inform programs and advocacy. Consequently, the data collected by the ODH is not yet being used for strategic analysis and advocacy at the national level, or for monitoring at the regional level. The opportunities created for advocacy are not yet being acted on, notably due to limited human resources with only one person in charge of human rights programs within ACI. It will therefore be essential to develop a system that can make use of the data to identify and act strategically on "systemic" problems.

Recommendations

- Recruit more community paralegals to strengthen community involvement in providing legal services for their communities, and better connect them to communities to which they do not belong.
- Expand the Community Advisory Group, an established platform for reviewing CLM project data, to include the ODH and other community monitoring projects. It could play a very useful role in bringing these data sources together, reviewing the totality of the data and discussing follow-up actions. If possible, identify regional mechanisms that could be used as forums for community consultation and monitoring closer to the ground, enabling regional actors to play a greater role in advocacy and problem-solving.
- Develop legal services in prisons, as recommended in the 2020 midterm assessment.
- Conduct a study to review the amount of CHW bonuses.

(v) Ensuring rights-based law enforcement practices

Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Ensuring rights-based law enforcement practices (raise awareness among legislators and law enforcement agencies)	2.0	2.1	3.7

³² Lebreton F., HIV in Côte d'Ivoire: "We Need to Talk about Ourselves." *Seronet*, 2 February 2022. <https://seronet.info/article/vih-en-cote-divoire-il-faut-parler-de-nous-2-91931>

At midterms, law enforcement awareness-raising activities were limited and ad hoc. Since then, there has been significant progress in terms of the level of awareness among law enforcement personnel.

The LILO and human rights training sessions have been scaled up to include all GBV focal points in the country's police and gendarmerie stations, and, according to the rapid survey carried out by the assessment team and the interviews conducted with stakeholders in Côte d'Ivoire, they appear to have brought about significant changes (see the LILO case study for more details). There is indeed good engagement with law enforcement agencies, who collaborate with paralegals and organizations that provide services to key populations. However, there is no integrated training in police academies, and no formal evaluation of these programs has yet been carried out, although ACI plans to conduct an external evaluation in 2023. There is still considerable room for improvement in these programs in terms of post-training follow-up, but also in terms of the general strategy (targeting participants, post-training objectives, monitoring and evaluation of program impacts, among other things...).

At midterms, there were only a few ad hoc but very encouraging activities aimed at raising DU rights awareness among legislators and collectively advocating for law reform. This advocacy work has since been stepped up, resulting in a new drug law in 2022. This is really a long process of awareness-raising and direct advocacy, which is briefly described in the advocacy program area. However, aside from that specific area, work with legislators is still underdeveloped and unstructured.

Lastly, the assessment did not identify any activities related to human rights activities in the prisons. The reality of prisons in Côte d'Ivoire is far from the government's aspirations and commitments, including those stipulated in the 2014 HIV law aimed at ensuring that people in prison receive adequate healthcare and are treated with dignity. Prison overcrowding is endemic. International and local NGOs have reported the very poor conditions, especially for women and minors in detention. Around a third of those detained by the state are remand prisoners who have not been convicted of any crime. Access to HIV testing, treatment and condoms is often lacking, as highlighted by the national strategy on HIV and human rights, which calls for a study of barriers to accessing HIV-related services in prisons. Access to legal services is also limited.

Recommendations

- Integrate human rights and LILO training materials into police academy curricula in order to institutionalize and perpetuate the human rights approach as part of initial and in-service training.
- Train and engage managers and officials in the relevant ministry to strengthen leadership and ownership of the human rights approach at the institutional level, in

order to limit violence committed by law enforcement agencies against key populations.

- Develop and implement a strategic post-training follow-up strategy to strengthen networking between participants after training is completed, within the framework of the district platforms responsible for GBV and human rights, but also via WhatsApp groups.
- Assess law enforcement attitudes before and after training, as well as the impact of training on access to services for key populations.
- Fund (via the Global Fund and other donors) the measures mentioned in the national human rights strategy, including a rigorous study of the need for HIV-related services and information, and a monitoring plan.
- Fund (via the Global Fund and other donors) and, if necessary, provide technical support to human rights advocates to put an end to the government's excessive use of pre-trial detention.
- Integrate HIV into the TB awareness-raising efforts for the staff in prisons and correctional facilities, planned for 2023 (awareness-raising on stigma and discrimination, as well as on patients' rights and duties, presumptive TB screening and referral of TB cases to TB treatment centers (CAT)/diagnostic and treatment centers (CDT) - see TB programs in prisons and detention centers).
- Relaunch awareness-raising activities with legislators, in preparation for advocacy on non-discrimination and respect for the rights of SWs, LGBTIQ and DUs (see paragraph on advocacy).

(vi) Improving HIV-related laws, regulations and policies

Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Improving laws, regulations and policies related to HIV, and	1.0	2.0	2.5

At midterms, most of the concerns raised by the baseline assessment had not been resolved, despite progress made with the DU key population. These concerns included:

- i) The 2014 HIV law - its provisions on HIV transmission and nondisclosure not in line with UNAIDS guidelines, and the possibility of criminal prosecution for transmission of the virus, disclosure of a person's HIV status to a third party, and the need for parental consent for testing minors;
- ii) Reforms with regard to criminal offences related to sex work;

- iii) Laws that act as a barrier to transgender women in terms of gender identity;
- iv) The lack of a comprehensive package of measures to combat HIV in prisons.

Since the mid-term assessment was conducted, the main advance has been the drug law adopted in 2022 (see above under "avenues for change"), but its implementation still raises many questions and will require ongoing advocacy for implementing the regulations and developing health and harm reduction services for DUs, among other things. However, the advocacy carried out to bring about this reform includes points and lessons that would be useful for developing future advocacy strategies. During discussions with the Médecins du Monde team and the Phoenix group, they shared some of the elements that contributed to the success of this approach:

- A "public health" approach to advocacy, with the aim of improving access to methadone treatment and not just changing the law, and making demands based solely on the rights of DUs;
- Including the authorities on the steering committee of the implemented project, which gave them a right of review and direct access to project information;
- Community mobilization through self-help groups and support for the formation of a community advocacy group (Phoenix);
- Advocacy training for all project field staff and an "implicit" advocacy approach that sees visits from partners and authorities as advocacy opportunities;
- An inclusive approach that welcomes all partners (authorities and civil society organizations), the formation of a coalition/platform, and development of a common advocacy strategy, which was carried by Phoenix as representative of the community;
- Hiring an advocacy officer to work at Médecins du Monde during the final phase of the project, to support and structure more direct and intensive advocacy with parliamentarians.

Of the other concerns cited in the initial assessment, national advocacy has stalled. There has been no progress on legal reform efforts concerning the HIV law and the reproductive health law, which includes the issue of abortion.

Côte d'Ivoire's 2014 HIV law lays down severe penalties for the "intentional" transmission of HIV and requires any PLHIV to disclose their HIV status to their spouse or sexual partners. There have been no known prosecutions in Côte d'Ivoire to date, and the law includes a clause limiting prosecutions where there is no significant risk of HIV transmission, but it remains potentially dangerous for key populations that are already criminalized, especially women who fear violence when their HIV status is known.

The assessment did not identify any advocacy activities aimed at reforming laws related to sex work that constitute barriers to accessing SW services, although this was included in the national plan on human rights, HIV and tuberculosis.

Lastly, although homosexuality and TG status are not illegal per se in Côte d'Ivoire, LGBTQ people face stigma, discrimination, violence and illegal arrest. In 2021, an amendment to the penal code regarding discrimination rejected sexual orientation as a ground for discrimination, as proposed by the Ministry of Justice, following heated polemics³³³⁴ fuelled by religious and political leaders. In a sociocultural context that remains highly religious and conservative, advocacy is a difficult and uncertain undertaking, and it is potentially risky for organizations as it can make them a target.

Advocacy is also supported by other donors in Côte d'Ivoire. For example, the Expertise France initiative funded advocacy activities targeting deputies and senators on the Security and Defense Committee on Harm Reduction and the drug bill. PEPFAR, through CLM, will also fund the development of advocacy plans based on data collected by communities, when available.

In general, the lack of advocacy progress since the mid-term assessment was conducted is due to:

- A still very conservative political environment, in which advocacy is a difficult and uncertain undertaking that is potentially risky for organizations, as it can make them a target.
- The absence of an action plan for reforming harmful laws, policies and practices, and the lack of an advocacy strategy, although an assessment of HIV-related policy and legal frameworks were carried out in 2018. In GC6, advocacy was largely intended to be part of the planned activities and programs: for example for ODH activities, an annual report was drafted and presented to partners, which was expected to create an opportunity for advocacy. However, the assessment found that ODH data (see case study) is not used to inform advocacy strategies and efforts.
- The level of investment was limited under GC6 (around €80,000), with only a few activities planned. For example, the lack of a budget and of human resources specifically responsible for advocacy reduced the capacity of the human resources in charge of the ODH (three positions) to use the data collected, as they were largely occupied with managing and responding to individual violations and therefore had no time for other duties.

Advocacy activities are essential to the implementation of the BDB Initiative, especially for the program area aimed at improving laws, regulations and policies related to HIV and TB.

³³ <https://www.rfi.fr/fr/afrique/20211110-c%C3%B4te-d-ivoire-pol%C3%A9mique-sur-l-homosexualit%C3%A9>

³⁴ [Côte d'Ivoire : « l'homosexualité n'épouse pas nos valeurs culturelles et morales », selon un dirigeant \(komitid.fr\)](#)

Moreover, it corresponds to one of the essential elements of human rights programs "support for initiatives, including community-led ones, aimed at analyzing and reforming criminal and harmful laws, policies and practices that undermine an effective response to HIV." It is therefore imperative that it be strengthened as part of GC7.

Recommendations

- Continue to document abuse of SWs, LGBTQ and DUs - using the ODH and CLM - including detention on the basis of public order or other non-criminal laws, so that it can serve as a basis for community advocacy.
- Provide specific resources (human and other) for advocacy, rather than adding this task to the terms of reference of people already overloaded with implementation work.
- Use the CCG as a platform for analyzing the data collected by the various mechanisms (ODH, CLM and the national platform). That analysis could then be used to set advocacy priorities for the entire country based on that data (and not only on the basis of CLM inputs) and to promote community-led anti-discrimination legislation.
- Increase the level of funding and support for community-led strategic advocacy for a policy framework that respects the rights of SWs and LGBTQI people. This should include raising awareness among policy-makers, parliamentarians, judges and the police, focusing on the difference between sex work and sex trafficking, and non-discrimination based on gender identity and sexual orientation. This advocacy must be supported/preceded by awareness-raising campaigns.
- Organize a consultation under the aegis of the PNLS on the provisions of the law relating to transmission and non-disclosure, possibly examining whether the actual transmission of HIV is necessary for prosecution to go ahead and clarifying the question of intent to transmit and emphasizing the advances in science that mean that the effective taking of ARVs means that the viral load becomes undetectable and people living with HIV no longer transmit HIV. Make use of the HIV Justice Network's advocacy tools and possibly a technical expert from UNAIDS, the HIV Legal Network, ARASA or, locally, Espace Confiance, the Association des femmes juristes de Côte d'Ivoire or another organization familiar with these issues. Ensure that meaningful involvement of people living with HIV and key populations are part of any such advocacy.
- Provide technical assistance for developing implementation guidelines for the new drug law, if they are to be drafted. The guidelines should reflect the standards of the West African model law and other best practices.

(vii) Reducing HIV-related gender discrimination, harmful gender norms and all forms of violence against women and girls

Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Reducing HIV-related gender discrimination, harmful gender norms and all forms of violence against women and girls	2.0	3.0	3.6

At mid-term, there were several programs or initiatives in place with a focus on sexual discrimination or harmful gender norms, and on including key populations in initiatives to combat GBV and support young people offering sexual services. Since then, the recommendations of the midterm assessment have been largely or partially implemented.

Expanding the awareness-raising programs to cover police and paralegals is an important step forward in responding to GBV. Young girls, minors and women benefit from the support of paralegals and account for 20% of recorded cases, most of which involve rape.

The number of activities in support of the TG community has increased, which is a positive development. TG organizations have benefited from capacity building via ROPC-CI with funding under GC6. The PNLs has launched a number of specific activities, such as orienting psychologists and psychiatrists to TG issues as well as quarterly TG orientation sessions on human rights and remedies in the event of GBV.

However, the inclusion of specific components for women and girls as part of human rights programs and the involvement of women's groups in implementation seems more limited. Médecins du Monde carried out a study on women DUs, but the results were not available at the time when the assessment was done. The study will serve as the basis for developing a specific component aimed at reducing the harms experienced by women. Similarly, work on gender-related laws and policies, including those related to sexual and reproductive health, are still limited. Some important recommendations of the gender assessment carried out in 2020 do not seem to have been followed up, including those related to advocacy for young people under the age of 16 accessing screening without their parents' consent, and for rape victims seeking access to a free medical certificate that enables them to initiate legal proceedings.

ACI supports community centers in Abidjan (those with specific sites for key and vulnerable populations) so that they can welcome GBV victims and will extend this support to 12 other sites to be identified based on the site mapping currently being carried out with RIP+ and ROPCCI. This approach should then be extended to other areas (notably Séguéla, San Pedro, Yamoussoukro, Daloua).

Recommendations

- Support sexual and reproductive health advocacy carried out by women's and youth organizations, including advocacy related to the age of access to screening without parental consent, and access to free medical certificates for rape victims.
- Support TG women's advocacy for registering their organizations, and for the change of gender markers on identity documents.
- Support the inclusion of specific human rights interventions implemented by and for women who use drugs, SWs, TG women, young girls and adolescents, and women living with HIV.
- Support community mobilization and advocacy (especially when it targets community and religious leaders) to combat harmful gender norms, including the acceptability of out-of-court settlements in the case of rape.
- Continue to fund the construction of emergency centers for GBV victims at identified sites, and explore other domestic and sustainable sources of funding.

(viii) Community mobilization and advocacy

Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Supporting community-based mobilization and advocacy for human rights	-	-	2.7

There are some community mobilization and human rights defense and monitoring initiatives, but they do not yet exist on a national scale.

The majority of the catalytic funds are allocated to the PRs and SRs, with a portion allocated to RIP+ for activities aimed at reducing stigma and discrimination in the communities (around €415,000). However, human rights programs are implemented principally by ACI and Enda Santé. Support for community organizations is still limited to a few training and capacity-building activities (thematic and management) - around €200,000 has been allocated to capacity-building through RIP+ and ROPC-CI, in particular for community organizations (PLHIV and women living with HIV, people with disabilities, youth, young girls and women, and key populations: MSM, TG, SWs and DUs). The aim is to build institutional, management and thematic capacities, but it is not clear to what extent these efforts include advocacy and the implementation of human rights programs.

Medium-sized organizations whose capacities have been strengthened, such as Blety and Alternatives Côte d'Ivoire, still play a minor role and have difficulty accessing Global Fund financing. The expertise of their key personnel is used to implement human programs - in

the case of Blety and Alternative CIV as trainers during LILO sessions - but neither organization benefits from resources in return for the work they do.

The ODH's paralegal services cover the whole territory, but as explained above, the involvement of community organizations remains marginal, and they have therefore not taken ownership of this program. The CLM represents an important opportunity to develop community advocacy, once the data collection stage is sufficiently advanced/completed. RIP+ has carried out (with the support of UNAIDS and GNP+) the second Stigma Index study, which could serve as a basis for advocacy within the framework of GC7.

In terms of advocacy, both ROPC-CI and RIP+ are increasingly active in the national response planning and review processes. ROPC-CI has recruited an advocacy consultant, which should strengthen the organization and enable it to better articulate its advocacy and position itself clearly with partners, particularly in the context of discussions organized by PEPFAR on the national operational plan (COP23) and the country dialogue for GC7. However, support was provided to DUs via bimonthly meetings of the Phoenix group, which led the community's advocacy for the revision of the drugs law. This is an example of successful community mobilization that could be used to strengthen the mobilization and structuring of other community groups.

Coordinating these initiatives and efforts (CLM, stigma index, ODH, LILO training sessions) on stigma and discrimination, laws and policies and service delivery will be important in terms of making progress on strong community advocacy and problem solving.

But there are as yet no strategies to ensure the safety of key populations at risk, particularly as human rights champions.

Recommendations

- Strengthen the role played by community-based organizations in conceptualizing and implementing programs to break down barriers to human rights and in human rights advocacy, with professional organizations in a coordinating and supporting role.
- Review implementation modalities to increase community-led implementation. Explore opportunities for engagement in terms of core elements and program areas (e.g., legal education for key populations) and explore innovative contractual arrangements (e.g., service contracts for LILO training or recruitment and management of more community paralegals), or, for a larger amount, activity-based funding.
- Increase the percentage of resources allocated to community organizations for the purpose of implementing human rights programs and human rights advocacy within the framework of GC7.
- Fund the development and implementation of a strategy to ensure the safety of key populations at risk who advocate for human rights.

6.2 Program areas for tuberculosis

(i) Eliminating TB-related stigma and discrimination in all settings

Tuberculosis program area	Score		
	Reference 2018	Midterm (2020)	Progress (2022)
Eliminating TB-related stigma and discrimination in all settings	1.0	3.8	2.5

Since the mid-term assessment was conducted, activities aimed at reducing tuberculosis-related stigma and discrimination have been diminished somewhat to ad-hoc activities, mainly in response to human rights violations observed by paralegals in specific areas. On the basis of the violations observed, COLTMR and Enda Santé conducted targeted campaigns in those areas, they also aired radio and TV broadcasts. At the same time, COLTMR developed specific communication tools on tuberculosis (image boxes and leaflets on patients' rights). These setbacks are mainly due to the decision made by key actors (including ACI, in consultation with the PNLT), to first collect specific information on the human rights situation related to TB, in order to be able to develop a solid and informed plan to fight TB-related stigma and discrimination. ACI, PNLT and COLTMR therefore focused their efforts on launching the CRG study on tuberculosis. At the time of the evaluation, this study was being prepared for launch in mid-2023.

Recommendations

- Use the results of the ongoing CRG tuberculosis study to develop a more general strategy for reducing tuberculosis-related stigma and discrimination (beyond an ad-hoc response to cases of rights violations), and to better coordinate the partners. The strategy should emphasize community action.
- Redefine the role of paralegals in reducing TB-related stigma and discrimination, based on the results of the study, and develop engagement strategies and a work plan for paralegals, so that they can focus their efforts and work on the most vulnerable and precarious populations.

(ii) Ensuring nondiscriminatory provision of healthcare services

Tuberculosis program area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Ensuring nondiscriminatory provision of healthcare services	0.0	*	0.5

At mid-term, this area had not been assessed as sufficient information was not available. There appeared to be no medical ethics training with a specific focus on tuberculosis, even though components related to human rights and tuberculosis-related medical ethics were likely to be included in the HIV-related medical ethics training. The situation has not changed since that time. Although national strategic plans for HIV and TB refer to training that includes HIV and TB³⁵, the assessment has no information on the extent to which TB is included in the human rights training modules that have not yet been validated.

Activities focused on stronger communication about patients' rights in tuberculosis centers (CATs) have been carried out, including putting up posters in CATs, and developing an individual booklet for patients. Progress is also being made on setting up a CLM system. A "One Impact" data collection tool has been adapted and will be tested for TB data collection at the patient level by the three patient associations that have been created.

Recommendations

- Include TB-related human rights issues in the basic and in-service training materials for healthcare professionals.
- Scale up monitoring mechanisms using the existing means (CCG), or another one, to ensure follow-up of individual cases but also of structural problems identified by the CLM.

³⁵ The national strategic plan for HIV includes: "Integration of human rights related to HIV and TB in the training curricula of health professionals; capacity-building for existing health providers on human rights related to HIV and TB"; while the plan for tuberculosis mentions the development of "training modules on stigma, human rights and ethics related to HIV, tuberculosis and malaria for health professionals."

(iii) Legal literacy

Tuberculosis program area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Improving legal knowledge (Know your Rights)	0.0	3.4	2.5

With regard to TB-related legal education, progress has been delayed since the mid-term assessment. For the time being, this program relies heavily on the work of ODH paralegals, who have also been trained in TB-related human rights issues. The paralegals integrate tuberculosis-related human rights into their monthly awareness-raising sessions. The three patient associations set up in Abidjan also raise awareness among patients at the CATs, but the assessment has no information on the number of people reached or their level of knowledge after the awareness-raising activities.

Recommendations

In line with the recommendations of the midterm assessment:

- Systematically include content related to the human rights of people with tuberculosis into HIV-related legal education initiatives, and other human rights programs such as CLM.
- Use social media and new communication technologies (e.g., WhatsApp groups, Facebook, Instagram, X) to share information about tuberculosis and human rights.
- Continue to develop expert patient groups in all 43 COLTMER member NGOs, and prioritize the hardest hit regions and population groups in the country.
- Develop a monitoring and evaluation system to measure the impact of those interventions.

(iv) Increasing access to justice

Tuberculosis program area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Increasing access to justice	0.0	3.0	3.0

The legal services offered by ODH paralegals include TB-related human rights: the 120 paralegals were trained specifically on TB with funding from the Global Fund's COVID-19 Resource Mechanism (C19RM). The number of cases of tuberculosis-related human rights violations remains relatively low: 82 cases out of 1,080, or 7% of cases in 2022. According

to ACI, paralegals from organizations working on tuberculosis seem to be more active than those from other communities. In Jacqueville, for example, the paralegal from COLTMR is very active, which has also made it possible to conduct a community awareness campaign.

Recommendations

- Recruit and train more former patients/peer educators as paralegals to strengthen community involvement in providing legal services in the communities.
- Better connect paralegals with the communities they serve but don't belong to.

(v) Ensuring rights-based law enforcement practices

Tuberculosis program area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Ensuring rights-based law enforcement practices (raise awareness among legislators and law enforcement agencies)	0.0	1.5	1.0

No programs on rights-based law enforcement practices for TB were identified during the progress assessment. The last outreach to legislators was done in 2020, but since that time there has been a change of mandate. However, it should be noted that aspects of TB/HIV co-infection are partly included in LILO training sessions.

Recommendation

- Relaunch awareness-raising activities for legislators and also target administrative staff who will stay in their job in the event of a change of mandate.

(vi) Improving tuberculosis laws, regulations and policies

Tuberculosis program area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Improving tuberculosis laws, regulations and policies	0.0	0.0	0.5

At mid-term, the assessment had not identified any progress in this area. The recommendations of the baseline assessment had not yet been implemented. The assessment covered, among other things, the legal environment for tuberculosis and sought to identify the factors tied to accessing screening, treatment and care for those most vulnerable to tuberculosis.

Since the mid-term, there has been no specific advocacy activity targeting human rights and tuberculosis, and the CRG assessment on tuberculosis (which will include a study of the

legal environment) is in the start-up phase. That assessment could serve as the basis for GC7 advocacy.

However, it is worth noting the impact the change in the drug law has had on DUs, who are particularly vulnerable to tuberculosis. This advocacy was recommended as part of the mid-term assessment.

Recommendation

- Use the results of the CRG assessment scheduled for 2023 to define the advocacy priorities for reforming TB laws, policies and regulations.

(vii) Reducing TB-related gender discrimination, harmful gender norms and all forms of violence against women

Tuberculosis program area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Reducing TB-related gender discrimination, harmful gender norms and all forms of violence against women and girls	0.0	0.0	0.0

At midterm, no specific program was being implemented in this area. 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.” However, the gender and HIV assessment carried out in 2020 did not include TB, and there is still little data on gender issues related to TB in Côte d’Ivoire. The CRG TB assessment aims to provide more evidence and data on these themes, and to provide guidance on gender-related priorities for TB and human rights programs.

It should be noted, however, that the issue of GBV is to some extent integrated into programs set up for HIV and tuberculosis, such as the ODH and CLM.

Recommendation

- Use the results of the CRG TB assessment to identify the priorities and develop a specific action plan on gender and tuberculosis.

(viii) Community mobilization and advocacy

Tuberculosis program area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)

Supporting community-based mobilization and advocacy for human rights	2.0	2.6	3.0
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Halfway through the project, COLTMR had set up a system to raise awareness among former TB patients, encouraging them to become community health workers to monitor patients on treatment (treatment under direct supervision). A former patients' association (Fight TB) already existed.

Since then, COLTMR has continued to support the creation of former TB patient groups in Abidjan, where 42% of patients live, according to ACI. Two other community organizations were created in 2022: TB People and ACTBMI. Peer educators from the three organizations in existence at the time of the assessment mission are raising patients' awareness of tuberculosis and human rights at CATs in Abidjan. According to ACI, this work includes raising awareness of human rights, and using the human rights modules and image boxes for these awareness-raising activities that are to be developed in 2023.

Lastly, in early 2023, ACI was working to set up a CLM using the Stop TB Partnership's "One Impact" digital tool, which enables people with TB to connect with their peers, access TB services and information, and report problems encountered during TB treatment.

Recommendation

- As recommended in the mid-term assessment, continue to strengthen the mobilization of the TB patient community through support and advocacy groups, as well as the CLM.

(ix) Health, human and gender rights services for people in prison and on probation

TB Program Area	Score		
	Baseline (2018)	Midterm (2020)	Progress (2022)
Health, human and gender rights services for people in prison and on probation	0.0	0.0	1.0

Since the mid-term assessment was conducted, progress has been delayed in this area, and programs in prisons have not included a human rights component/approach. However, ACI has planned to conduct orientation sessions on TB and human rights in ten detention

and correction centers (MACs)³⁶ during the 2nd quarter of 2023³⁷, with funding from the Global Fund. According to ACI, the targeted MACs account for more than 80% of TB patients, and these activities are currently being prepared. These half-day orientation sessions include the following themes: the epidemiological context of tuberculosis; human rights, stigma and discrimination; Côte d'Ivoire's international human rights commitments; the rights and duties of tuberculosis patients; the impact of human rights on access to treatment for prisoners; presumptive tuberculosis screening and referral of tuberculosis cases to CAT/CDT.

It should also be noted that the Ministry of Justice conducts prison visits to assess the situation of prisoners and their access to healthcare. It is not clear what action is taken beyond that, but these visits are an opportunity for follow-up and concrete action by the MdJDH.

The assessment team wanted to reflect in the scoring any activities being prepared as they will help lay the foundations for collaboration with prison staff in the MACs with the most patients.

Recommendations

- Strengthen MdJDH's capacity to identify and monitor access to care and human rights issues related to tuberculosis, and develop specific actions to address the problems identified.
- Create a space for exchanges between the various actors (MdJDH, tuberculosis patients or tuberculosis associations, associations working in prisons, etc.) in order to improve the response to tuberculosis and respect for human rights in prisons.

7. Implementation Status of Key Elements of Rights Programs

GC7 introduces a requirement for countries to report on progress made on implementing the essential elements of HIV and TB programs. Program essentials are key evidence-based interventions and approaches to addressing the ambitious goals set out in the global HIV, TB and malaria strategies. They constitute a set of standards for the delivery of services by Global Fund-supported programs.

³⁶ They include the MAC in Abidjan, Bouaké detention center, Bouaké Prison and the MACs in Daloa, Man, Sassandra, Toumodi, Dimbokro, Abengourou and Soubré.

³⁷ Information/outreach mission for staff at detention and correction centers in Côte d'Ivoire; the topics covered will include stigma and discrimination as well as the rights and responsibilities of patients, screening for presumptive TB and sending the sputum samples to the CAT/CDT, and ACI Terms of reference, ACI.

To ensure that programs are on track to fulfilling Program Essentials, applicants are asked to indicate their progress made towards meeting them in the TB and HIV Essential Data Tables. TB, HIV, and malaria applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address Program Essentials that are not fulfilled. In addition, the conditions of the Human Rights Counterpart Fund require that country funding applications take into account the findings of the most recent assessment of progress made on scaling up programs to reduce human rights barriers, but also ensure full implementation of all essential human rights elements of the program.

The essential elements of HIV and human rights programs³⁸ are as follows:

- The inclusion of programs aimed at eliminating human rights-related barriers in prevention and treatment programs for key and vulnerable populations;
- Stigma and discrimination reduction activities for people living with HIV and key populations in healthcare and other settings;
- Legal literacy and access to justice activities for people living with HIV and key populations;
- Support for efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses;

The essential elements of the TB control program³⁹ are that all TB control programs must be human rights-based and gender-sensitive; be informed by and respond to an analysis of inequalities; include stigma and discrimination reduction activities for people with TB and TB-affected populations; include legal literacy and access to justice activities; and include support for community mobilization and advocacy as well as community monitoring for social accountability.

7.1 Implementation status of key elements of rights-based HIV programs

The tables below present the assessment team's summary analyses of Côte d'Ivoire's progress in relation to the essential elements of the HIV and tuberculosis program.

Human rights	Are all the elements of an enabling environment ⁴⁰ in place for effective implementation of the essential elements of the program?	Implementation status
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³⁸ Technical Brief. Removing Human Rights-related Barriers to Accessing HIV Services. The Global Fund, November 2022.

³⁹ Technical brief. Removing Human Rights-related Barriers to TB Services. The Global Fund, January 2023.

⁴⁰ 1. a recent assessment of human rights obstacles; 2. a country-specific plan/strategy and budget to reduce obstacles; 3. a control/monitoring mechanism to oversee implementation.

19. HIV programs for key and vulnerable populations include interventions aimed at reducing human rights- and gender-related barriers.	Yes.	Some programs ⁴¹
20. Activities aimed at reducing stigma and discrimination against people living with HIV and key populations are conducted in healthcare and other settings.	Yes.	Small-scale activities/programs at healthcare facilities and in at least one other setting ⁴²
21 Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Yes.	Regional and national ⁴³
22 There is support for efforts, including those led by communities, to analyze and reform criminal and other harmful laws, policies and practices that impede effective responses to HIV.	Yes.	Some support ⁴⁴

The assessment showed that there are strong, well-established programs with significant regional or demographic reach in Côte d'Ivoire; however, the country has not yet implemented all the essential elements of these rights-based HIV programs.

In terms of policies, Côte d'Ivoire has all the elements of an enabling environment: a recent assessment of rights-related obstacles, a five-year Human Rights, HIV and Tuberculosis plan covering the period from 2021 to 2025 that was adopted by the MdJDH in March 2023, and a monitoring mechanism that could be used to oversee implementation (the TWG under the aegis of the MoJDH's Human Rights Directorate). However, due to a change in the TWG leadership and the very recent official adoption of the five-year plan, monitoring and coordination of the implementation of the five-year plan have been limited and are still inadequate.

⁴¹ The response options are as follows: No or few programs include such interventions; Some programs; Many or all programs.

⁴² The response options are as follows: No activities/programs or single activities/programs; small-scale activities/programs in healthcare and at least one other framework; activities/programs in healthcare facilities and at least two other settings at the subnational level (less than 50% national coverage); activities/programs in healthcare facilities and three or more other settings at the national level (more than 90% national coverage).

⁴³The response options are as follows: No legal literacy and access to justice activities/programs or one-off activities/programs; small-scale activities/programs; activities/programs at the regional level (less than 50% national coverage); activities/programs at the national level (more than 90% national coverage).

⁴⁴The response options are as follows: No support; Some support; Full support (including community-led efforts).

In terms of programming, some HIV prevention and treatment programs for key populations integrate rights-related elements into their services: for example, legal education in drop-in centers, the integration of human rights issues into local HIV platforms, and the hotline that provides both clinical/public health information and legal advice. In general, however, human rights activities still tend to be isolated.

Numerous stigma and discrimination reduction activities are being implemented on a national scale (particularly within communities and with law enforcement agencies), but initiatives aimed at healthcare professionals (particularly training) remain largely insufficient. Moreover, despite Côte d'Ivoire's membership in the Global Partnership and the development of an action plan, efforts in this area still lack coordination.

In addition, although there is good geographical coverage of access to justice activities, the impact of legal education programs on key populations' knowledge of their rights is not clearly established. Despite positive developments in the law on drugs, and capacity building of community organizations, community efforts to reform harmful laws and practices are still limited, due to insufficient budget and human resources, but also to insufficient sharing and analysis of data collected as part of the programs.

In terms of funding, the Global Fund is the main source of funding for legal literacy and access to justice activities in Côte d'Ivoire. US government funding supports other projects on stigma and discrimination, as well as community-led monitoring.

To ensure full implementation of the essential elements of the HIV-related human rights program, the following recommendations are categorized by priority, based on the program areas above and the section on cross-cutting themes below.

7.2 Implementation status of the tuberculosis control program

TB Program Essentials Elements	Are all policies and guidelines in place to make the program fully operational?	Implementation progress status
13. All TB control programs must be human rights-based and gender-sensitive; be informed by and respond to an analysis of inequalities; include stigma and discrimination reduction activities for people with TB and TB-affected populations; include legal literacy and access to justice activities; and include support for community mobilization and advocacy as well as community monitoring for social accountability.	Yes.	Implementation at some sites (<50%) ⁴⁵

The programs aimed at eliminating TB-related barriers remain significantly weaker than those for HIV, and investment in these programs is insufficient. The country is still far from having implemented the essential elements of TB-related human rights programs. In terms of policies, Côte d'Ivoire has a five-year plan for human rights, HIV and TB; it also has a TWG to coordinate its implementation (with the aforementioned limitations in terms of leadership and coordination). The TWG includes the main actors, including the PNLT, COLTMR-CI and ACI, but it is clear that there are fewer organizations and experts in the TB and human rights field than in the HIV and human rights field. In addition, the country did not have a detailed study of human rights-related barriers to accessing TB services. This has slowed down the implementation of the five-year plan, which when it comes to TB, lacks a solid foundation. The TB CRG study currently being prepared and due to be carried out in 2023 is intended to provide a basis for developing specific approaches to human rights-related barriers to accessing TB services. TB-specific activities include community mobilization and stigma reduction programs conducted by COLTMER community monitoring implementation carried out by One Impact. TB-related activities have been integrated into HIV-related human rights programs, including the paralegal program. However, coverage of people affected by tuberculosis remains limited.

Most legal literacy and access to justice programs are financed by the Global Fund. USAID and the Global Fund provide support for CLM.

⁴⁵The response options are as follows: Implementation has not begun; implementation at some sites (<50%); implementation at many sites (50%-95%); implementation nationwide (>95%).

To ensure full implementation of the essential elements of the TB human rights program, the following recommendations are prioritized from the program areas above and the cross-cutting themes section below.

Eliminating stigma and discrimination in all settings

- Use the results of the ongoing TB CRG study to develop a strategy to reduce TB-related stigma and discrimination, and improve coordination between the partners. The strategy should emphasize community action.
- Redefine the role paralegals play in reducing TB-related stigma and discrimination based on the results of the study and develop engagement strategies and a work plan for paralegals to focus their efforts and work with the most vulnerable and precarious populations.

Ensuring nondiscriminatory provision of healthcare services

- Include TB-related human rights issues in the basic and in-service training materials for healthcare professionals.
- Scale up monitoring mechanisms using the existing means (CCG), or another one, to ensure follow-up of individual cases but also of structural problems identified by the CLM.

TB-related legal education

As recommended in the midterm assessment:

- Integrate content related to the human rights of people with TB into the HIV-focused legal literacy efforts, where feasible.
- Use social media and new communication technologies (e.g., WhatsApp groups, Facebook, Instagram, X) to share information about tuberculosis and human rights.
- Continue to develop expert patient groups in all 43 COLTMER member NGOs, and prioritize the hardest-hit regions and population groups in the country.

Increasing access to justice

- Better connect paralegals with the communities they serve but don't belong to.

Improving tuberculosis-related laws, regulations and policies

- Use the results of the Community, Rights and Gender Assessment (CRG TB Assessment) to define advocacy priorities for reforming TB-related laws, policies and regulations.

Reducing TB-related gender discrimination

- Support the PNLT and national partners in using the results of the CRG TB assessment to define priorities and a specific action plan on gender and TB.

Supporting community-based mobilization

- As recommended in the midterm assessment, continue to strengthen the mobilization of the TB patient community through support and advocacy groups, as well as via community-led monitoring (CLM).

Providing health, human and gender rights services for people in prison and on probation

- Strengthen the capacity of the Ministry of Justice to identify and monitor TB-related access to care and human rights issues, and develop specific actions to address the problems identified.
- Create a forum for the various actors to share information (MoJ, TB patient associations or TB associations, associations working in prisons, etc.) to improve the response to TB and human rights violations in prisons.

Cross-cutting recommendations

- Develop a comprehensive set of activities, based on the CRG TB study, to address human rights issues related to TB services.
- Strengthen the tuberculosis component in HIV-related human rights programs.
- Relaunch the TWG and set aside a budget for more regular meetings (three times a year or quarterly) to make this platform a forum for program monitoring and operational coordination. If need be, second an HR person to the DDH to work on coordinating human rights actors linked to HIV and TB.
- Provide financial support and technical assistance for monitoring and evaluation systems in order to strengthen routine monitoring, evaluate programs periodically, document their impacts and set aside a specific budget line; and integrate human rights indicators into the sub-recipients' objectives (and those of sub-sub recipients).

Annex 1: Abbreviations and Acronyms

ACI	Alliance Côte d'Ivoire
ARSIP	Alliance of clerics for health and promoting the human person
ART	Antiretroviral Therapy
CAT	Anti-tuberculosis centres
CCM-CI	Country Coordinating Mechanism Côte d'Ivoire
CIDDH	Coalition of Ivorian human rights advocates
CLM	Community-led monitoring
CNDH	National human rights council
COJUFOR	Mobile legal consultations
COLTMR	Coalition of Organizations Combating TB and Respiratory Illnesses in Côte d'Ivoire
CRG	Community, rights, gender
DDH	Human rights directorate
DU	Drug user
FCC	Focal Country Collaboration
FCI	Faith and community
GC5	Grant cycle 5 (The Global Fund)
GC6	Grant cycle 6 (The Global Fund)
GC7	Grant cycle 7 (The Global Fund)
Global Partnership	Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination
GNP+	Global Network of People Living with HIV
ITPC	International Treatment Preparedness Coalition
LIDHO	Ivorian human rights league
LILO	Look In, Look Out program
MAC	Detention and correction center
MdJDH	Ministry of justice and human rights
MSHP	Ministry of health and public hygiene
MSM	Men who have sex with men
ODH	Human rights observatory
PAS	Paroles Autour de la Santé

PLHIV	People living with HIV
PNLS	National AIDS control program
PNLS	National tuberculosis control program
PR	Principal Recipient
PWID	People who inject drugs
RIP+	National network of people living with HIV/AIDS
ROPC-CI	Network of organizations working with key populations in Côte d'Ivoire
SR	Sub-Recipient
SW	Sex Worker
TG	Transgender
TWG	Technical working group on human rights, HIV and tuberculosis
UNICO	Union to combat VIH/Hepatitis/Tuberculosis co-infections
VBG	Gender-Based Violence

Annex 2: Scorecard Methodology

Two key elements in the progress assessment are reviewing specific programs and preparing key performance indicators for the Global Fund. Drawing on data collected from program reports and key informant interviews, and also from descriptive analysis of the results for each program area, the assessment team also developed a quantitative scorecard to assess the scaling up of HIV, tuberculosis and, where relevant, malaria programs aimed at removing barriers to human rights.

Researchers must first identify the overall category using whole numbers from 0 to 5 based on the geographic scale.

NOTATION	ECHELLE	DÉFINITION
0	Absence de programme	Aucun programme ou activité officiel(le) n'a été identifié(e)
1	Activités ponctuelles	Initiative pilote, à durée limitée.
2	Petite échelle	Initiative permanente à échelle géographique limitée (p. ex., couvrant une seule ou peu de zones géographiques – représentant moins de 20 % du territoire national) et n'atteignant la population cible que de manière restreinte.
3	Niveau infranational	Initiative menée à l'échelle infranationale (représentant entre 20 et 50 % du territoire national)
4	Niveau national	Initiative menée au niveau national (représentant plus de 50 % du territoire national)
5	Déploiement national (>90 %)	Un déploiement national se caractérise par une couverture de plus de 90 % du territoire national (le cas échéant) et de plus de 90 % de la population cible.
Objectif	Impact sur le continuum de services	L'impact sur le continuum de services sera effectif lorsque seront observés : a) Un déploiement national des programmes de défense des droits humains pour l'ensemble des populations ; b) L'impact sur le continuum de services sera effectif lorsque seront observés : a) Un déploiement national des programmes de défense des droits humains pour l'ensemble des populations ;

The scores can then be adjusted within the category based on the scope of the target populations concerned.

Additional points	Criterion
+0	Limited coverage for some populations (less than 35%)
+0.3	The coverage was expanded to around half of the target populations (between 35% and 65% of the target populations).

+0.6	Large-scale coverage was achieved for most target populations (>65% of target populations).
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In addition, when it is not possible to calculate a score, the elements listed below can be noted.

Rating	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be assessed in a logical way.
*	Impossible to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of rating	The program area did not exist at the time the scorecard was calculated, either at the baseline, the mid-term, or both.

Annex 3: Key Informants and Validation Meeting Participants

Key informants

Order	Surname and first name	Role	Organization
1	Dr. Rabe Cyprien	(Head of Highly Vulnerable Populations)	National AIDS Control Program
2	Gondo Wendy	Responsible for Human Rights with the PHV unit	National AIDS Control Program
3	Dr. Offia Coulibaly,	Executive Director,	Alliance CI
4	Michèle Goba	Responsible for Human Rights, HIV and TB	Alliance CI
5	Gueu Alexis	Program Director	Alliance CI
6	Shabani Nicole	Global Fund Liaison Advisor	PEPFAR
7	Alain Kra	Human Rights Consultant	UNAIDS
8	Isabelle Kouamé	Community Counselor	UNAIDS
9	Masumbuko Jean Marie	Consultant	UNAIDS
10	Marie Bonnefois		Médecins du Monde
11	Gnenaolé Dié Mathieu		Médecins du Monde
12	Zie Kaboro Christian	Executive Director	COLTMER
13	Djedjemel Hise Clarisse	CSE	COLTMER
14	Kouadio Ettien Firmin	Facilitator	COLTMER
15	Sidjé Léontine	PCA	RIP +
16	Nicolas Vako	Executive Director	RIP +
17	Traoré Matenin	Human Rights Program Manager	RIP+
18	Mariam Savadogo	Program Manager	ENDA SANTE
19	Dr. Anoma Camille	Executive Director	Espace confiance
20	Priscilla Nguessan	Human Rights Officer	Espace confiance
21	Mr. Pongathier	“Friendly” lawyers	Lawyer
22	Kouame Pelagie	PCA	ROPCI
23	OSSEI AMON PEREZ		ROPCI
24	Claver Toure	Executive Director	Alternative
25	Lynn Regina	Executive Director	FONDYGENDER
26	Orneil LATIYA		Transgender people and rights
27	Kilia Yao	Executive Director	QET Inclusion
26	Danho Anne	Human Rights Director	Ministry of Justice and Human Rights
29	Tall Lacina	Executive Director	CONADCI

Order	Surname and first name	Role	Organization
30	Koffi Serges	Human Rights PF Police Captain	Aboisso Police Station
31	Ms. Koffi	Lawyer (ex DPJEE)	Parquet Abidjan, Plateau
32	Kouamé K.Jacquelin	Coordinator and Director	National TB Control Program
33	Sidibé Souleymane	Assistant Coordinator and Director	National TB Control Program
34	N'zi Marie Yolande	Doctor	National TB Control Program
35	Kouamé Amenan	EDS Doctor	National TB Control Program
36	Adja beaudréa	TB/HIV CE Doctor	National TB Control Program
37	Djiré Djenebou épouse Sidibé	IT Data Manager	National TB Control Program
38	Lambert Doua	Responsible for strengthening access to health services for children, adolescents and young people in relation to HIV AIDS and SRH	CSAS Bouaké
39	Ouattara Aboulaye	Program Manager	CSAS Bouaké

Participants - Stakeholder validation session during the national multisectoral consultation on human rights, HIV and tuberculosis - March 29-30, 2023

National institutions

Ministry of Justice and Human Rights	Office Human Rights Directorate Penitentiary Affairs Directorate (DAP) Judicial Protection of Children and Youth Directorate (DPJEE) Legislation and Documentation Directorate (DLD) Civil and Criminal Affairs Directorate (DACP)
Ministry of Health and Public Hygiene	Office General Health Directorate National AIDS Control Program National School and University Health Program - Adolescent and Youth Service (PNSSU-SAJ) National Mother and Child Health Program National Program to Combat Tobacco and other Addictions National Tuberculosis Control Program National Mental Health Program
Security Ministry	Office National Police General Directorate

Ministry of Women, Children and the Family	Office National Program to Combat Violence against Women and Children National Program for Orphans and Vulnerable Children (PNOEV)
Defence Ministry	Superior Command of the National Gendarmerie Ministry of Health and Armed Forces Social Affairs
Youth Ministry	Youth Protection Directorate
Ministry of Employment and Social Protection	Occupational Health and Safety Directorate (DSST) Social Action Directorate
Institutions of the Republic/State Organizations	National Assembly Senate Economic, Social, Environmental and Cultural Council Chamber of Traditional Kings and Chiefs National Human Rights Council Office of the Prime Minister National Observatory for Equity and Gender (ONEG) Côte d'Ivoire Federation of Cities and Municipalities (UVICOCI) District of Abidjan

Networks and umbrella organizations

RIJES
RIP +
ROPC-CI (Network of Key Population Organizations)
RIOF
Confederation of Disabled People's Organizations of Côte d'Ivoire (COPHCI)
CONADCI
UNICO
COSCI
FEMAJECI
REPMASCI
ARSIP
COLTMER
COFCI
Networks and Umbrella Organizations Platform
ITPC
Forum of Religious Confessions of Côte d'Ivoire

Civil society organizations

Côte d'Ivoire Women Lawyers Association
Enda Santé Côte d'Ivoire
Espace Confiance
Alliance Côte d'Ivoire
Alternative Côte d'Ivoire
BLETY
Secours Social
Anonyme
Arc En Ciel Plus

Ruban Rouge
Heartland Alliance
COVIE
Parole autour de la santé
Médecins du Monde
Lumière Action
Fondy Gender
ASAPSU

Technical and Financial Partners

CDC
PEPFAR
USAID
UNICEF
UNFPA
UNDP
WHO
UNAIDS
UN WOMEN
ANADER
World Bank
Embassy of the Netherlands
French Embassy
German Embassy

Human rights organizations

Ivoirian Human Rights League
Amnesty International (COTE D'IVOIRE SECTION)
Friendly Lawyers Association
Ivoirian Human Rights Movement (MIDH)
CADHA

Annex 4: List of Documents Reviewed

1. 2021-2025 National Strategic Plan to Combat HIV, AIDS and Sexually Transmitted Infections, Ministry of Public Health, Republic of Côte d'Ivoire, 2020.
2. National Tuberculosis Control Program, Ministry of Health, Republic of Côte d'Ivoire, 2020.
3. Côte d'Ivoire's 2021-2025 Five-Year Human Rights, HIV and Tuberculosis Plan, 2023.
4. Biological and behavioral study of STIs, HIV and AIDS among men who have sex with men (MSM) in the cities of Abidjan, Agboville, Bouaké, Gagnoa, and Yamoussoukro (2016), Enda Santé and Bloomberg School of Public Health.
5. Progress report for the period from January 1 to June 30, 2022, Global Fund performance letter, October 2022.
6. Baseline Assessment - Côte d'Ivoire, Breaking down Barriers Initiative, Global Fund, 2017.
7. Midterm Assessment - Côte d'Ivoire, Breaking down Barriers Initiative, Global Fund, 2020.
8. Activity report 2021, Global Fund NFM3 project, Enda Santé.
9. Activity report, NFM3/C19RM project, 1st quarter, 2022, Enda Santé.
10. Activity report, NFM3/C19RM project, 2nd quarter, 2022, Enda Santé.
11. Activity report, NFM3/C19RM project, 3rd quarter, 2022, Enda Santé.
12. CHW Human Rights Coach Terms of Reference / 2022-2023, Enda Santé.
13. Proposed memorandum of understanding between SR Enda Santé and the Alliance Côte d'Ivoire Abengourou regional office, No. 001/2021.
14. Terms of reference: Information/outreach mission for staff at detention and correction centers in Côte d'Ivoire; the topics covered include stigma and discrimination as well as the rights and responsibilities of patients, screening for presumptive TB and sending the sputum samples to the CATs/CDTs, ACI, 2022.
15. Report on Session 1 and Session 2 training workshops for care workers on the LILO approach, Alliance Côte d'Ivoire, March 2022.
16. Provision of services adapted to suit key populations: Draft Training Manual on diversity and outreach training for health professionals, CDC, Côte d'Ivoire.
17. Provision of services adapted to suit key populations: diversity and sensitivity training for healthcare workers, terms of reference, CDC Côte d'Ivoire, 2022.
18. Final Report on LILO DIVO Training for Trainers, National AIDS Control Program - Alliance Côte d'Ivoire, March 2022.
19. Final Report on LILO Training for Trainers, National AIDS Control Program - Alliance Côte d'Ivoire, February 2022.
20. Departmental Health Directorate LILO Report, YAKRO, Alliance Côte d'Ivoire, July 2022.
21. Report on promoting the reporting tool, National AIDS Control Program, April 2022.

22. Report on the mission to coach and supervise service providers trained to care for victims of GBV, National AIDS Control Program, 2022.
23. 2022-2025 National Strategic Plan, ROPC-CI.
24. Côte d'Ivoire Country Operational Plan (COP/ROP) 2022, PEPFAR.
25. Evaluation of the legal framework for the protection of HIV rights (LEA) in Côte d'Ivoire, UNDP, 2018.
26. National index study on stigma and discrimination towards people living with HIV in Côte d'Ivoire in 2016, Ivorian Network of People Living with HIV (RIP+), Alliance Côte d'Ivoire, The Global Fund, the National AIDS Control Program, UNAIDS and CDC PEPFAR.
27. Inclusive Governance Initiative: Côte d'Ivoire Baseline Report. UNDP, 2022.
28. National index study of stigma and discrimination against people living with HIV in Côte d'Ivoire 2.0 (Index Stigma 2.0), Ministry of Health and Public Hygiene, Ivorian Network of People Living with HIV/AIDS (RIP+), Alliance CI, The Global Fund, the National AIDS Control Program, UNAIDS and CDC PEPFAR.
29. Assessment report on the gender responsiveness of the response to HIV, National AIDS Control Program and UNAIDS, 2020.
30. Technical brief. Removing Human Rights-related Barriers to Accessing TB Services. The Global Fund, January 2023.
31. Technical Brief: Removing Human Rights-Related Barriers to Accessing HIV Services. The Global Fund, November 2022.
32. Law No. 2014-430 dated 14 July 2014 Law No. 2014-430 of July 14, 2014, on the prevention, protection and repression regime in the fight against HIV and AIDS.
33. The Response to HIV in West and Central Africa, UNAIDS, 2021.