

Côte d'Ivoire

Population (in millions) (2011)	20.2
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$1710
Total health expenditure as % of GDP (2010)	5.30%
Per capita total health expenditure (PPP int \$) (2010)	\$97.58
Per capita government health expenditure (PPP int \$) (2010)	\$21.07
Life expectancy at birth (in years) (2009)	50
Human Development Index (2011)	0.400
Median age (in years) (2010)	19
Total fertility rate per woman (2010)	4.4

The Government of Côte d'Ivoire reports as follows.

National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: Programme National de Lutte contre les Hépatites Virales. It has 10 staff members. There are five full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government does not have a viral hepatitis prevention and control programme that includes activities targeting specific populations.

Awareness-raising and partnerships

The government held events for World Hepatitis Day 2012 but has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: Réseau Ivoirien de Lutte contre les Hépatites Virales and Rotaract Côte d'Ivoire.

Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

There are standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

The government publishes hepatitis disease reports annually.

Hepatitis outbreaks are not required to be reported to the government. There is inadequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations are children under the age of five years, the general population, firefighters and the military. The last serosurvey was carried out in March 2012.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Information was not provided regarding the percentage of newborn infants nationally in a given recent year who had received the first dose of hepatitis B vaccine within 24 hours of birth. In a given recent year, 62% of one-year-olds (ages 12–23 months) had received three doses of hepatitis B vaccine.

There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

There is no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings.

There is a national policy on injection safety in health-care settings, which recommends auto-disable syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are not always available in all health-care facilities.

Information was not provided regarding official government estimates of the

number and percentage of unnecessary injections administered annually in health-care settings.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through training workshops on the management of viral hepatitis.

There are no national clinical guidelines for the management of viral hepatitis. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge and are not compulsory for members of any specific group.

Publicly funded treatment is available for hepatitis B and hepatitis C. The following people are eligible: uninsured patients in Hospital Consultant Abidjan. Information was not provided regarding the amount spent by the government on such treatment for hepatitis B and hepatitis C.

The following drug for treating hepatitis B is on the national essential medicines list or subsidized by the government: pegylated interferon. The following drug for treating hepatitis C is on the national essential medicines list or subsidized by the government: pegylated interferon.

The Government of Côte d'Ivoire welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).