



# FINAL EVALUATION

## CONSOLIDATING AND EXPANDING ADAPTED, INTEGRATED AND ACCESSIBLE HEALTH CARE PROVISION FOR DRUG USERS IN PRECARIOUS AND VULNERABLE SITUATIONS RELATING TO THE THREE PANDEMICS

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EVALUATION DATES: JULY - NOVEMBER 2023



**COUNTRY:**  
COTE D'IVOIRE



**BUDGET :**  
€2 418 081



**LEAD ORGANIZATIONS:**  
Médecins du Monde

**PARTNERS:**  
Espace Confiance,  
ENDA SANTÉ,  
ASAPSU



**START DATE:**  
01/01/2021

**END DATE:**  
29/12/2023

## THE PROJECT

### Background

In Côte d'Ivoire, the population of people who use drugs in precarious situations is estimated at 10,000 in Abidjan, 621 in Bouaké and 1,200 in San Pedro. People who use drugs, who live in 'smoking rooms', in extremely precarious conditions and are exposed to multiple diseases, have a high prevalence of HIV and tuberculosis compared with the general population. In addition, they face poor access to care due to high levels of stigmatization in the healthcare system and criminalization of drug use. Harm reduction interventions for people who use drugs have been implemented since 2015 in Abidjan, thanks to the work of Médecins du Monde (MdM) and their partners. Following a study demonstrating a need in Bouaké, Yamoussoukro and San Pedro, expansion of interventions was proposed in these three cities.

### Project operating model

The project was based on a model that was piloted by Médecins du Monde and their partners in Abidjan and then replicated in the other cities (San Pedro, Bouaké, Yamoussoukro):

- ▶ The outreach approach involved bringing care provision closer to people who use drugs through outreach testing and care provision for diseases.
- ▶ Integrated care, which consists of strengthening community-based health facilities through technical and financial support for adapted case management of people who use drugs.
- ▶ Tailored care provision for people who use drugs, which consists of creating holistic, medical, psychosocial and legal care provision centers.

## OBJECTIVES

### Overall objective

Contribute to reducing the incidence and prevalence of TB and HIV among people who use drugs in Côte d'Ivoire.

### Specific objectives

- ▶ **SO1** : Support implementing partners (IPs) to strengthen and replicate specific intervention models with people who use drugs, with a particular focus on women.
- ▶ **SO2** : Support national actors through capacity strengthening to transfer and scale up harm reduction interventions.
- ▶ **SO3** : Capitalize on data and good practices to inform advocacy, particularly for scaling up opioid substitution therapy (OST).

## EVALUATION RESULTS

### Relevance

The project is relevant and addresses a need identified in the country's strategic and guiding documents (the National AIDS Control Program [NACP] and National Tuberculosis Control Program [NTCP] Strategic Plans) that include people who use drugs as key vulnerable populations. It also responds to, and operationally translates, the new 'addiction law' that has been developed and promulgated with the support of Médecins du Monde and their partners, in collaboration with the National Program to Combat Addiction. Finally, the project complements interventions funded under the current Global Fund HIV/TB grant cycle (NFM3).

### Effectiveness

Two out of the three of the specific objectives were partially achieved:

- ▶ The project was a great way to provide care to people who use drugs through a model comprised of a range of targeted interventions.
- ▶ Replication of the Mm model took place at the new sites in San Pedro and Bouake, but the Yamoussoukro site was dropped.
- ▶ Static integrated centers gradually experienced a decline in attendance, linked to drug stock outs.
- ▶ The success rate of anti-tuberculosis treatment was insufficient (58%).

### Efficiency

It is not easy to assess the efficiency of approaches rolled out by the project because no cost-effectiveness or social cost-benefit analysis studies have been carried out. This is a key aspect to explore, to be able to assess the feasibility of scale up in line with resources available in the country to finance harm reduction.

However, many financial uncertainties impacted project implementation, due to the planned cessation of French Development Agency (AFD) and Luxembourg Cooperation co-financing and regular delays in the disbursement of funds by the Principal Recipient of the Global Fund (GF) community grant.

### Impact

- ▶ Improved access to care for people who use drugs through structured and clear holistic care provision: primary health care, testing for STIs, HIV and TB and referrals to treatment.
- ▶ Official recognition of people who use drugs as a key and vulnerable group in the new National Strategic Plan (NSP) and GF grant (GC7).
- ▶ A legal framework conducive to harm reduction interventions.
- ▶ An evidenced contribution to the decrease in HIV prevalence among people who use drugs at the four project sites from 3.4% in 2020 to 2% at the end of 2022.

However, the evaluators highlight the seemingly low success TB rate among patients who are people who use drugs, which could have a negative impact on the emergence of multidrug-resistant tuberculosis (MDR-TB) among this group, if confirmed.

### Sustainability

There are robust components that promote institutional and operational sustainability of the project: Stakeholders from implementing partners were trained and supervised to strengthen and maintain their capacity, Health authorities are receptive to project interventions and have included them in their action plans and the recently passed 'addiction law' promotes an enabling environment for harm reduction interventions.

However, there is no clear exit strategy and dialogue that Mm has had with authorities and donors has not received sufficient support to ensure buy-in from health authorities and financial sustainability.



## Conclusions and recommendations

- ▶ Phase three of this project has not been stabilized and has proved to be too ambitious in light of external challenges, as well relating to funding for the project itself. The stabilization work required involves re-establishing free service provision in static centers, supporting referrals to hospitals to increase attendance to 2021 levels, as well as including new OST patients.
- ▶ The lack of additional funding from AFD and other partners meant the project and beneficiaries were left without drugs needed for outreach activities. Before phase four begins, it is crucial to identify funding for these activities that are the foundation of the project. There are several potential options, such as the next Global Fund grant and government funding.
- ▶ Some psychosocial activities are no longer funded, yet a key challenge is to support people who use drugs that want to start substitution therapy alongside escaping from the precarious contexts that they live in.
- ▶ It is recommended that Espace Confiance and their IPs expand their partnerships to other sectors related to social reintegration.
- ▶ Greater focus is needed on recording and analyzing TB treatment outcomes. Training of CASA (addiction care and support center) staff on TB cohort analysis is essential.
- ▶ Given the incidence rate of TB among people who use drugs, first instance chest X-ray should be implemented for all people who use drugs. Preventive treatment (TPT) could also be assessed for this high-risk group for TB.
- ▶ In the next phase, it is important to include a cost-effectiveness study that provides information on the cost of the different models, which can be used as an advocacy document with the national authorities around the allocation of government resources.
- ▶ The issue of easier access to methadone has not been completely resolved, which jeopardizes the success of OST in the centers established for this purpose. There is an urgent need to ensure a regular supply of methadone so as not to lose patients who may become discouraged and stop attending the CASAs. A better understanding of the blockages is also needed.
- ▶ Advocacy around effective law enforcement and awareness-raising activities with the authorities and law enforcement officials must continue and must be funded and strengthened, especially outside Abidjan.
- ▶ At a more general level, it is recommended that a new phase of the project is only funded if co-financing is guaranteed for the entire duration of the project and a realistic sustainability strategy is in place. Funding for phase four should aim to consolidate the exit strategy and integrate harm reduction into the health pyramid.

DECEMBER 2023