

# USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program

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Better Health Outcomes.



Pharmacy visit in Abidjan. Photo credit: Timothé Chevaux

## MTaPS COUNTRY SUMMARY REPORT CÔTE D'IVOIRE (2018–2024)

### About USAID MTaPS

The US Agency for International Development (USAID) Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program (2018–2025) enables low- and middle-income countries to strengthen their pharmaceutical systems, which are essential to establishing higher-performing health systems and achieving better health outcomes. The program is implemented by a consortium of global and local partners, led by Management Sciences for Health (MSH), a global health nonprofit.

Learn more at  
<https://www.mtapsprogram.org/>

### INTRODUCTION

The USAID MTaPS program enables low and middle-income countries to strengthen their pharmaceutical systems, which are critical for ensuring access to and appropriate use of safe, effective, quality-assured, affordable medicines, vaccines, health technologies and products, and related pharmaceutical services to improve health. MTaPS' objectives are to (1) strengthen pharmaceutical-sector governance; (2) increase institutional and human resource capacity for pharmaceutical management and services, including regulation of medical products; (3) increase availability and use of pharmaceutical information for decision making and advance the global learning agenda; (4) optimize pharmaceutical-sector financing, including resource allocation and use; and (5) improve pharmaceutical services, including product availability and patient-centered care, to achieve desired health outcomes.

MTaPS employs a pharmaceutical system–strengthening approach to identify and implement strategies and actions that achieve coordinated and sustainable improvements of a pharmaceutical system to make it more responsive and resilient for achieving better health outcomes. The MTaPS approach emphasizes locally led development, country ownership, and self-reliance to support countries on the pathway to sustainability.

At the country level, the MTaPS approach is adapted to the specific context, national health system–strengthening strategies, and USAID's vision and support. In Côte d'Ivoire, from 2019 to 2024, MTaPS provided technical assistance to the Ministry of Health and Public Hygiene (MSHP) and the One Health Platform (OHP) to strengthen pharmaceutical systems and services in these areas: multisectoral coordination (MSC) on antimicrobial resistance (AMR), infection prevention and control (IPC), antimicrobial stewardship (AMS), COVID-19 response, and the OHP.



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## CHALLENGES

- Lacking mechanisms for MSC to combat AMR
- Substandard IPC practices
- Lacking AMS programming and implementation
- Low capacity to prevent health care-associated infections (HCAIs)
- Lacking a national monitoring and evaluation (M&E) framework
- Low capacity for workforce development to promote proper use of antimicrobials
- Low engagement of the private sector in the national pharmaceutical system



## PARTNERS

MTaPS collaborates with a diverse range of local and international partners in Côte d'Ivoire to strengthen its health care system, including:

- Africa One Health University Network (AFROHUN)
- Breakthrough ACTION (BA)
- Core Group
- Ministry of Health and Public Hygiene (MSHP)
- Ministry of Agriculture and Rural Development
- Ministry of Environment and Sustainable Development
- Ministry of Higher Education and Scientific Research
- Ministry of Animal and Fisheries Resources (MIRAH)
- Centers for Disease Control and Prevention (CDC), Côte d'Ivoire
- Food and Agriculture Organization (FAO)
- Ivorian National Public Health Institute (INHP)
- National Agricultural Development Support Laboratory (LANADA)
- Observatory of micro-organisms resistance to anti-infectives in Côte d'Ivoire (ORMICI)
- Pasteur Institute of Côte d'Ivoire (IPCI)
- World Health Organization (WHO)
- World Organization for Animal Health (WOAH)

## COUNTRY CONTEXT

According to the National Health Development Plan 2016–2020, gaps have been identified in the country's capacity to detect, control, and rapidly respond to emerging infectious diseases outbreaks. This is particularly true regarding the surveillance and reporting of events, competence of personnel to investigate outbreaks, lack of a national laboratory network, and weaknesses in the rapid response mechanism for potential epidemics and other health emergencies. The Joint External Evaluation (JEE) conducted in Côte d'Ivoire in December 2016 identified gaps in the basic World Health Organization (WHO) International Health Regulations (IHR) capacities in preventing, detecting, and responding to public health emergencies. According to the JEE assessment, Côte d'Ivoire was classified as having “no capacity” (score 1 out of 5) for its AMS and IPC programs.

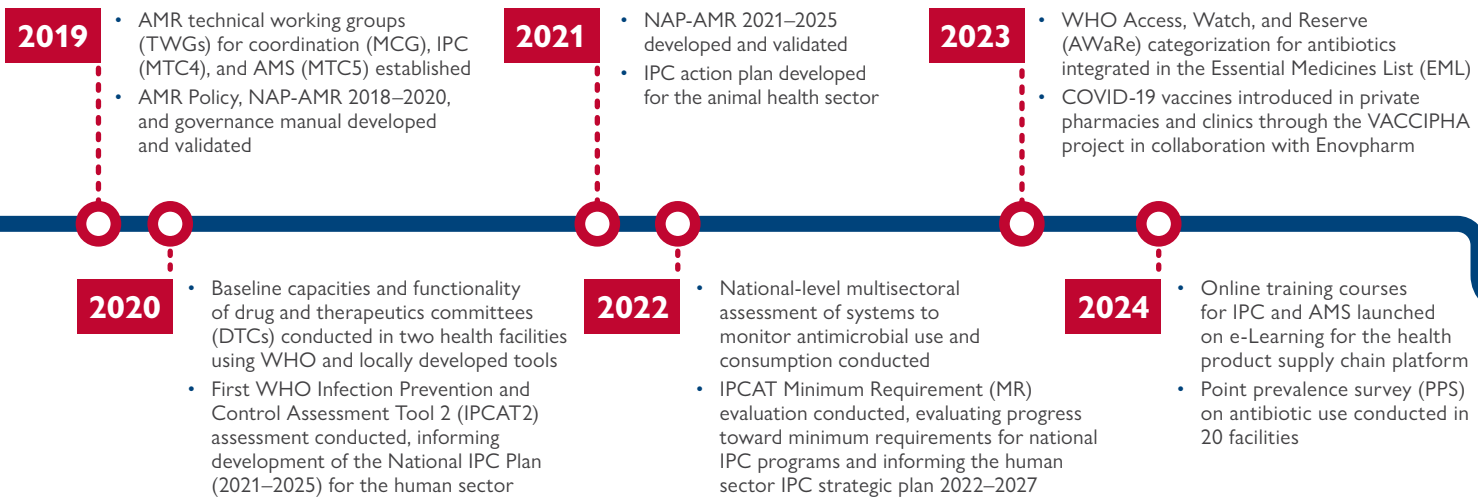
On March 11, 2020, Côte d'Ivoire recorded its first case of COVID-19. To contain the spread of the virus, a series of public health measures were decided and implemented by the country, reinforced with the deployment of the vaccine initiated on March 1, 2021. Côte d'Ivoire's goal is to improve its AMS and IPC scores to meet international standards, ensure widespread and equitable access to COVID-19 vaccination and mitigation of transmission, and strengthen its health system, including preventing, detecting, and responding to pandemic threats.

## STRATEGIC APPROACH

The MTAps approach aims to respond to government-defined priorities and needs in the areas of global health security and COVID-19 response, in harmony with corresponding donor strategies. The MTAps Global Health Security Agenda (GHSa)-related goal in Côte d'Ivoire is to support AMR containment. This goal was met by building capacity of in-country stakeholders and facilities through a system strengthening approach to implement the national action plan on AMR (NAP-AMR) and to help the country make progress in the pathway toward a higher level in the WHO IHR capacities in IPC and AMS. To achieve this goal, MTAps Côte d'Ivoire supported three result areas of the AMR action package: strengthen MSC on AMR through the National AMR Secretariat of the multisectoral OHP, strengthen IPC practices, and optimize the use of antimicrobials.

MTaPS proceeded within the framework of MSC-IPC-AMS using a systems-strengthening approach to build and strengthen the capacity of local organizations, support country-led coordination and facilitate stakeholders' decisions regarding solutions, and provide the tools needed to effect system change, including developing and implementing policies and standard operating procedures (SOPs). As part of pandemic preparedness and response, including COVID-19 response, MTAps has supported the processes identified as priorities in the options analysis, and built the capacity of relevant stakeholders, particularly local nongovernmental organizations, to support systemic change, foster national coordination, and mainstream COVID-19 vaccination into routine immunization.

# KEY MILESTONES



## KEY RESULTS



### Global Health Security Agenda (GHSA)/AMR

Côte d'Ivoire received a level 1 rating (no capacity) for both IPC and AMS in the baseline JEE assessment carried out in December 2016. The JEE tool (Version 1, 2016) used for this assessment did not include MSC indicators. During its startup period, MTaPS used the WHO Benchmarks for IHR Capacities (2019) tool to conduct a situational analysis. This analysis showed that the country at that time had partially or fully addressed 2/17 (12%) benchmark actions in MSC, 0/21 (0%) actions in IPC, and 1/24 (4%) actions in AMS.

Over the life of the project, MTaPS collaborated with and provided technical assistance to national counterparts to fully or partially address additional benchmark actions. The graph below (figure 1) provides the percentage of benchmark actions fully or partially completed with MTaPS' support and actions completed with support from other partners, as of March 2024. As a result of addressing these benchmark actions, Côte d'Ivoire scored level 3 (developed capacity) in MSC, level 2 (limited capacity) in IPC, and level 3 (developed capacity) in AMS during the recent JEE, conducted in 2023 using the 2022 version of the tool, which is more stringent.

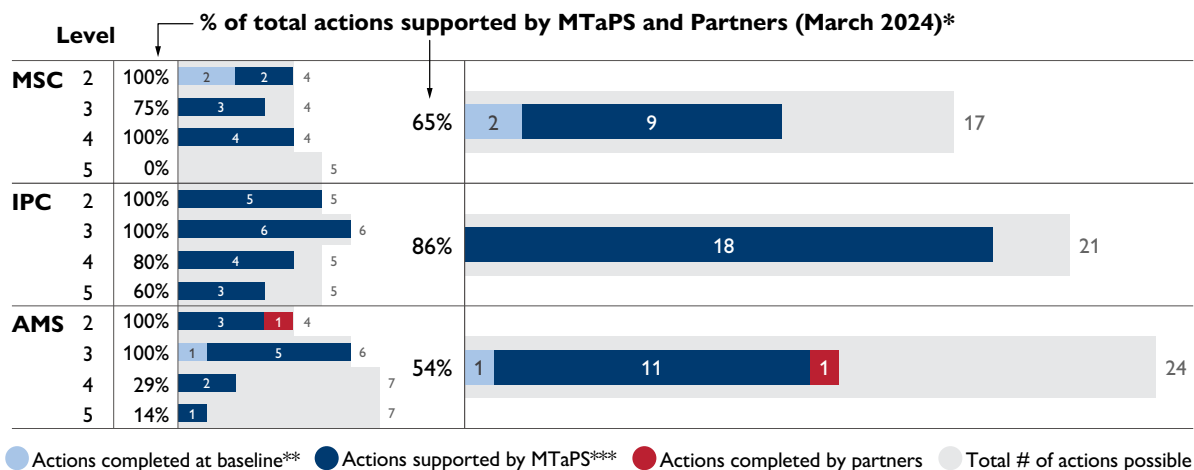


Figure 1. Number of WHO Benchmarks for IHR Capacities completed at baseline, supported by MTaPS and completed by partners for each of the technical areas from levels 2 to 5 and their cumulative counts

\*Total number of actions completed include both fully and partially completed actions based on the WHO Benchmarks for IHR capacities 2019.  
 \*\*Actions assessed to have been completed at baseline is MTaPS initial situational analysis using the WHO Benchmarks for IHR Capacities 2019 tool, not an official JEE score.  
 \*\*\*MTaPS supported actions may have been completed with or without the additional support of other partners.



## Effective multisectoral coordination on AMR

- Regular technical assistance to the OHP and coordination for responding to COVID-19 and other public emergencies has facilitated engagement of different sectors (animal, human, environment) to address AMR challenges in country.
- MSC governance structures established and connected to OHP through a national coordinating body, the MCG, which leads the AMR response in country.
- MSC strengthened to reinforce the collaborative framework between national parties involved in AMR issues.
- 15 national policy documents supporting the AMR agenda, including the first-ever AMR governance manual and the national AMR policy (NAP-AMR), developed and officially validated with MTaPS support to strengthen governance, advocacy, and resource mobilization. These documents, such as the AMR governance manual, have been used as reference documents in the fight against AMR, including restructuring the MCG.



## Infection prevention and control

- IPC TWG (MTC4) was established at the national level to coordinate all IPC interventions in the country.
- First-ever IPC assessment for the animal health sector conducted. The findings were used to develop the IPC guidelines and national IPC plan for the animal health sector.
- IPC guidelines for the animal health sector, national IPC plan (2021–2025) for the human health sector, and national IPC plan (2021–2025) for the animal health sector developed and validated. These documents are used by the national authorities as reference for policy development and implementation.
- Significant improvements were noted in 5 IPC core components in the second IPCAT2 assessment (July 2021) compared with the first national IPCAT2 assessment (June 2020):
  - Increase in score from 57% to 73% for IPC program, 50% to 92% for IPC guidelines, 70% to 100% for training and education in IPC, 81% to 85% for surveillance of HCAs, 75% to 100% for multimodal strategies, and 61% to 89% for M&E of IPC practices.
- IPC practices and services improved in 20 human health facilities and 2 veterinary clinics as a result of the following activities:
  - 36 regional IPC trainers (8 female) and 20 IPC regional focal points (5 female) in 20 health regions capacitated to conduct training and supervision of IPC committee members.
  - Developed and validated materials to train IPC committee members on IPC, enabling them to further carry out training on IPC in 20 human health facilities (4 university teaching hospitals [UTHs], 12 regional hospitals, and 4 private clinics) and 2 animal health clinics.
  - Trained 12 human health (3 female) trainers, 10 animal health (2 female) trainers, 36 regional trainers (8 female) on IPC and 289 health workers (125 female) across all 20 supported health facilities.
  - Increased capacity of 196 IPC committee members (85 female) in human hospitals to monitor IPC activities and perform Infection Prevention and Control Assessment Framework (IPCAF), Hand Hygiene Self-Assessment Framework (HHSAF), Water and Sanitation for Health Facility Improvement Tool, and IPC committee assessments.
    - All 20 MTaPS-supported facilities improved performance in core IPC components according to the IPCAF-MR assessment.
      - For tertiary-level health facilities, IPC scores improved from 57.1% (November 2023) to 75.6% (May 2024).
      - For secondary-level health facilities, IPC scores improved from 23.2% (November 2023) to 51.9% (May 2024).
  - Trained 20 IPC committee members in animal health hospitals (4 female, 16 male) in IPC.
    - Trainees implemented IPC activities in their veterinary centers.
  - Developed IPC e-Learning modules for human health; as of 2024, 112 (42 female) people have completed the e-Learning modules; the modules are now a part of the Pharmacy Department's e-Learning platform.



**100%**

(20/20) of

**MTaPS supported facilities** have functioning IPC committees, implemented CQI to improve IPC, and implemented AMS improvement plans or monitoring frameworks.



**90%**

(18/20) of

**MTaPS-supported facilities** improved hand hygiene compliance.

The country has improved performance in core IPC components at national level from baseline to follow-up.



**112** HCPs

(42 female) were

**trained and certified in IPC** through e-Learning to improve IPC practices in health care facilities.




## Use of antimicrobial medicines optimized


- AMS TWG (MTC5) established as the national governance and coordination mechanism for all AMS activities in all sectors.
- National AMS policy, AMS plan 2021–2025, and AMS stewardship guidelines developed and validated, contributing toward level 3 capacity in the follow-up JEE 3 (2023).
- WHO antibiotic AWaRe categorization incorporated in the EML to promote appropriate use of antibiotics at the facility level.
- AMS training materials and e-Learning modules developed and handed over to the national government to build national capacity and ownership.
  - 18 master trainers, 36 regional trainers (7 female), 275 DTC members, and 371 health workers (191 female) from 20 facilities (UTHs and Regional Hospitals and private clinics), as well as 198 from private pharmacies (72 female) trained in AMS.
- 20 MTaPS-supported facilities' DTC/AMS committees or other relevant groups implemented AMS improvement plans and/or a monitoring framework.
- The DTCs in MTaPS-supported health facilities were assessed on their capacity to function as intended (i.e., key functions, presence of SOPs, activities led, etc.). All MTaPS-supported facilities that completed a follow-up assessment demonstrated an improvement in DTC functionality when compared with baseline. MTaPS activities contributing to this success included training for DTC members, quarterly supervision meetings, and quarterly evaluations.
- 18 MTaPS-supported facilities have documented evidence of improvement in antimicrobial medicines prescribing or use.
  - 18 MTaPS-supported facilities are able to carry out their DTC capacity self-assessment using national and WHO tools, including the Evaluation and Supervision Grid for the Capacities and Functionality of DTCs in Health Facilities and the WHO Facility-Level AMS Assessment tools.
    - Average scores increased from 18.3 at baseline (scored as basic capacity [0–25]) to 35.6 at endline (scored as intermediate capacity [26–45]).





## COVID-19


- MTaPS supported 7 COVID-19 national campaigns in 2022 and 2023 (daily coordination, national supervision, waste management, etc.) that has highly contributed to improved vaccination coverage.
- 2,786 (725 female) vaccinators trained in IPC, injection safety, medical waste management, and other vaccination-related topics in 113 health districts to ensure that IPC practices are respected in these vaccination sites.
- Supported microplan development in low-performing districts and districts with more than 200,000 unvaccinated people for better vaccination campaign planning.
- Microplans for integrated COVID-19 and EPI routine vaccines developed and implemented in 113 districts.
- Supported the introduction of the COVID-19 vaccine in 50 private clinics and 94 pharmacies through the signing of a charter between the MSHP and private players (in collaboration with the Association des Cliniques Privées de Côte d'Ivoire [ACPCI], the union supporting the private-sector associations).
- 323 (123 female) health care professionals trained and 4,088 individuals vaccinated, including 3,163 in private clinics and 925 in private pharmacies as of December 31, 2023.

 **898**  
persons  
(270 female) trained  
in AMS topics with  
MTaPS support.

 **134**  
persons  
(4 female) trained in  
AMR-related topics  
in leadership/management  
related to multisectoral  
engagement in AMR with  
MTaPS support.

 **54** HCPs  
(13 female)  
were trained and  
certified in AMS  
through e-Learning to  
improve AMS practices in  
health care facilities.

 **3,599**  
workers  
(712 female)  
received COVID-19-  
related training in IPC  
and/or WASH with MTaPS  
support.

 **4,223**  
health workers  
remunerated by MTaPS  
to support workload  
required for COVID-19  
vaccine delivery.





## **Ebola virus disease**

- 39 IPC committees activated and strengthened in health facilities.
- Health care providers (HCPs) trained to improve compliance with IPC standards for Ebola virus disease (EVD):
  - 12 master trainers (3 female) trained on IPC for EVD and COVID-19
  - 10 master trainers (2 female) trained on EVD
  - 10 regional IPC (2 female) trainers trained
  - 204 HCPs (88 female) from 6 health regions on the western Ivorian border trained in IPC for EVD
- IPC assessment conducted in a university hospital and in 17 regional referral hospitals, using the WHO scorecard (COVID-19 and Ebola) and the WHO IPCAF (GHSA).



## **One Health**

- Embedded 3 staff (communications specialist, project manager, and administrative manager) in the OHP to reinforce national coordination for responding to COVID-19 and other public emergencies.
- Evaluation of the National Action Plan for Health Safety using the WHO Resource Mapping Tool (REMAP) and States Parties Self-Assessment Annual Reporting Tool (SPAR) enabled the update of the OHP governance manual.
- Five TWGs (Communication, Surveillance, Reproductive Health, AMR, Human Resources) are now effective and functional to address the challenges as part of the One Health (OH) approach.
- Tripartite OH department established for the implementation of the IHR at the peripheral level, as coordinated by the prefect.
- Supported development, maintenance, and upgrade of the OHP's website to enhance knowledge management and boost public awareness.
- Three OH bulletins for Côte d'Ivoire published which serve as a timely, influential source of information for raising awareness across relevant sectors and amplifying global health security work in Côte d'Ivoire.



## **Capacitating Private Pharmacies and Clinics to Operationalize COVID-19 Immunization**

Pharmacies and private clinics appear to be untapped opportunities that could enhance the MSHP's efforts to achieve better results for routine vaccinations. MTaPS has supported a local private partner, Enovpharm, in implementing a public-private initiative called VACCIPHA, with the aim of operationalizing COVID-19 and routine immunization activities in 500 private pharmacies and 150 private clinics in Abidjan, in collaboration with the MSHP and key private players.

MTaPS has supported the deployment of the digital solution and training of staff working in the pharmacies, clinics, and districts involved in this project. The VACCIPHA initiative demonstrates that similar approaches can be scaled up to strengthen health care systems. It has reached important milestones in Côte d'Ivoire: deployment in 64% of clinics and 70% of pharmacies and 13,807 people vaccinated, 74% in clinics and 26% in pharmacies. This initiative can gradually enable the introduction of services from other health programs in private health care facilities.



Partners sign agreement on vaccination in pharmacies and private clinics. Photo credit: Dr. Youan Bi



## FEATURED RESOURCES

- [Advancing Antimicrobial Stewardship in Côte d'Ivoire](#)
- [Advancing Global Health Security through Multisectoral Coordination](#)
- [Improving COVID-19 Vaccination Rates in Low-Performing Districts in Côte d'Ivoire](#)



Improving COVID-19 Vaccination Rates in Low-Performing Districts in Côte d'Ivoire



## PEER-REVIEWED PUBLICATIONS

[Moving from assessments to implementation: promising practices for strengthening multisectoral antimicrobial resistance containment capacity](#)

## PATHWAY TO SUSTAINABILITY

MTaPS provides technical guidance and supports countries in establishing strategic direction and development of critical capacities on a pathway to sustainable and resilient pharmaceutical systems. Through its activities in country, MTaPS strengthened the capacity of local governments and organizations (public, private, and civil society) for improved, locally led, and more sustainable pharmaceutical service delivery, as highlighted below:

- 15 key strategy and guiding documents for MSC, IPC and AMS developed and adopted by the country, forming the policy and governance basis required for strengthening AMR containment.
- Strong MSC governance structures and functions at the national and facility level established and connected to the OHP.
- 36 regional IPC and AMS trainers and regional focal points, as well as an e-Learning platform, established with MTaPS support and available to the Government of Côte d'Ivoire (GOCI) for ongoing training of HCPs.
- IPC and AMS focal points, health facility committee members, and TWGs now regularly use WHO IPC tools (IPCAT-MR, IPCAF-MR, HHSAF) and AMS tools (WHO DTC assessment supervision grid and national and facility assessment tools) in their routine AMS and IPC activities.
- 25 validated IPC indicators to be integrated into the DHIS2 and collected by IPC committees to provide evidence for improved decision making.
- Tripartite OH departmental platform established to reinforce IHR mechanisms at the peripheral level for addressing public health challenges in OH approaches.
- Integration of the private sector into pandemic response strategies, by the signing of a charter between the MSHP, private pharmacies, clinics, and professional organizations (VACCIPHA) improves access and equity to vaccination.

## RECOMMENDATIONS

### *For the Ministry of Health*

- Align procurement of antimicrobials with the national EML and standard treatment guidelines to ensure continuous availability of first-line and alternative antibiotics at health facilities.
- Leverage the momentum for IPC created by COVID-19 to further prioritize and implement IPC practices, raise awareness, and enforce minimum standards at the national and facility levels.
- Advocate for the allocation of a budget line dedicated to IPC and the fight against AMR.

### *For the Prime Ministry*

- Make the tripartite OH departmental platforms fully operational for addressing IHR gaps at the peripheral level for better local coordination and response under the authority of the prefect.

### *For GOCI*

- Update national antimicrobial legislation, covering all aspects of manufacturing, importation, sales authorization, safety, quality and efficacy control, national distribution of antimicrobials, and/or antimicrobial pesticides.
- Allocate a budget line dedicated to the fight against AMR.
- Set up a national data collection mechanism based on a standard approach.
- Introduce continuous training curricula, culminating in assessments of professional practices.
- Set up the IPC National Program.
- Reinforce the application of standards by making drinking water available and isolation areas and sterilization services accessible in all health care facilities.
- Increase Government ownership in the implementation of IHR interventions.

## FUTURE CONSIDERATIONS

### *For USAID*

- Support the development of a national strategy for the containment of multidrug-resistant organisms, including specific guidelines for the detection of multidrug-resistant pathogens.
- Support a national strategic plan for surveillance of nosocomial infections.
- Support a survey on the prevalence of nosocomial infections.
- Support the OHP (national and departmental levels) leadership, authority, and capacity to coordinate pandemic preparedness and response.

## RECOMMENDED CITATION

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