

**STI Crisis in the West:
Fuelling AIDS In Côte d'Ivoire**

**Médecins Sans Frontières – Holland
Ivory Coast
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I. INTRODUCTION

A patient arrives semi-conscious at the Danané Hospital in northwestern Côte d'Ivoire. She has abdominal pain, rebound tenderness and no blood pressure can be detected. The concerned midwife finds that the patient's vaginal walls are encrusted with a thick solid discharge. This is one of the worst cases of sexually transmitted infection that the midwife has seen in her 20 years of experience. Despite immediate treatment by the hospital staff, the patient goes into cardiac arrest and dies of septic shock. She was 13 years old.

The civil war and subsequent collapse of the healthcare system have provoked a medical crisis in parts of Côte d'Ivoire. Responding over the past two years to high levels of malaria, malnutrition and other diseases, Medecins Sans Frontieres ("MSF") teams in the West of the country have encountered an alarmingly high number of sexually transmitted infections ("STIs"). These STIs lead to horrific complications in reproductive health and carry disease to younger and younger segments of the population. While drastic in its own right, the high level of STIs is also a clear indicator that HIV is spreading, making prevention and treatment efforts all the more urgent.

The STI crisis is not a side effect of personal behaviour, but rather a symptom of conditions fuelled by war, displacement and economic desperation. Since the outbreak of conflict in Côte d'Ivoire, MSF has reported on the devastating effects that the conflict has had on the country's health structures. At the time of the 2003 ceasefire, MSF reported: "the civil war has caused the total collapse of the healthcare system in the West."¹ In 2005, the Ministry of Health ("MOH") and other actors struggle to work in this divided and volatile country.

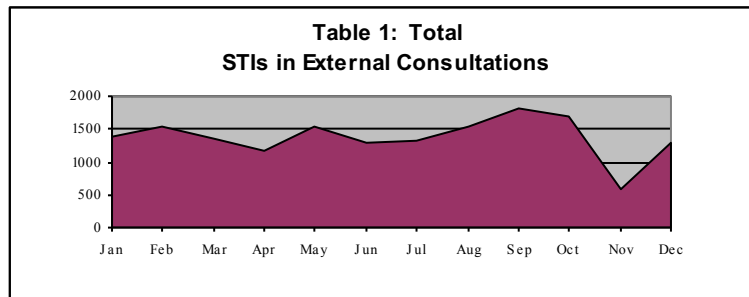
MSF has been working in western Côte d'Ivoire since 2003. Given acute needs and the unstable security situation, MSF's interventions have particularly focused on western Côte d'Ivoire. Working on both sides of the front lines, MSF runs projects in the West based in Bin Houyé, in government territory, and Danané in territory controlled by the Forces Nouvelles rebel movement, an area with a total population of about 350,000. In this volatile area, along the border with Liberia and Guinea, MSF bears witness to the crisis in STIs.

¹ "Ca va un peu, maintenant," *The collapse of healthcare, malnutrition, violence and displacement in western Cote d'Ivoire.* MSF Report, July 2003.

II. MEDICAL CRISIS

2.1 High Levels of STIs

Even considering her age, the death of the girl mentioned earlier is not an isolated incident. MSF teams on the ground in western Cote d'Ivoire have seen high numbers of women, young people, and men with STIs rise to over 20% of the adult population seen in its clinics. Mobile clinic activities reach as many as 1,600 STI sufferers per month (see Table 1, below), and yet MSF teams are convinced that these numbers underestimate the reality because medical staff must first treat the children under five (5) and emergency cases, seeing those sick from STIs only when there is time at the end of the day. The result is that a significant portion of the community with STIs remains undiagnosed, untreated or undetected. Further, a full 32% of the pregnant women seen in ante-natal consultations at Danané Hospital have an STI, commonly syphilis, gonorrhoea or herpes.



- MSF Holland Mobile Clinics and external consultations at the OPD in Bin-Houyé and Danané, 2004. The drop in November 2004 is due to an outbreak of violence forcing a brief suspension of activities and preventing people from attempting to gain access to services.

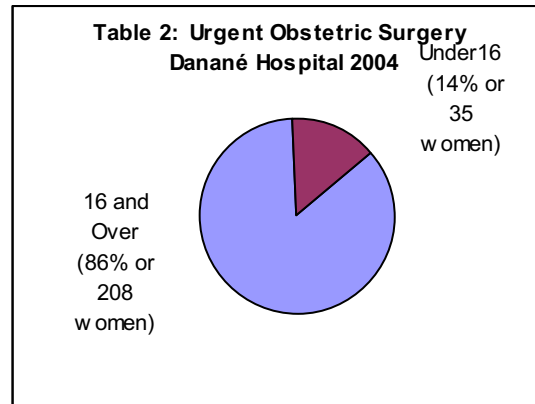
2.2 STIs Affect the Youth

A 14 year-old girl comes to a mobile clinic complaining of general pain in her head and stomach. She does not know if she is pregnant, but the nurse examining her finds that she is carrying both a baby and an STI. The young girl reveals that she is not married but often has sex with a boy in the military. She further explains that in return for the sex she gets money, clothes and protection for her, her two brothers and one sister.

STI rates are also high among young women. The girls mentioned are two of approximately 179 children under 14 years of age treated for STIs by MSF staff in 2004.² The numbers of young pregnant women with STIs is equally concerning.³ For example, women under 16 account for 14% of the urgent obstetric surgery cases.

² Some infections may result from delivery transmission.

³ In July 2004, 13% of women delivering babies were younger than 16 years.



Despite the high numbers of STIs there is a lack of general awareness among young Ivorians about what an STI is or how to prevent getting one. According to the midwives at Danané Hospital, some young women with STIs are simply unaware that they are sick or that their persistent pain could in fact be an infection leading to chronic pelvic infection, spontaneous abortions, infertility, or elevated HIV transmission risks. The result is that STIs often go untreated or are treated only in the later stages. This delay causes further illness and spread of the disease, reproductive health complications and even death.

The lack of awareness and formal education leaves many women and girls without the power to make choices regarding sex or pregnancy. Given the breakdown in healthcare services and the enormous level of need, these young women have few places to turn to for treatment of STIs, let alone education or prevention. Increasing numbers of young people infected by HIV/AIDS is an unavoidable conclusion. They need information, reliable and safe contraceptive measures and access to effective treatment.⁴

2.3 Violence Against Women and Girls

The economic desperation, separation of families and the influx of soldiers which impact young girls' lives are accompanied by sexual violence, unwanted pregnancies, and an increase in STIs. In 2005, there were 24 cases reported to and treated at Danané Hospital, but medical staffs believe the incidence is much greater. Women may not know that treatment services exist or that they need to come within 48 hours of pregnancy if HIV and STI infection are to be avoided. For many women, Danané Hospital is too far away; for others the event is associated with domestic violence involving family or friends making reporting the incident and looking for medical assistance difficult; and in some cases a soldier was involved so the woman and her family are afraid to report the incident to authorities. Personal shame or stigmatization in the family or community may also be hindering factors. Women need to be made aware that treatment options exist if they can get to MSF clinics in time.

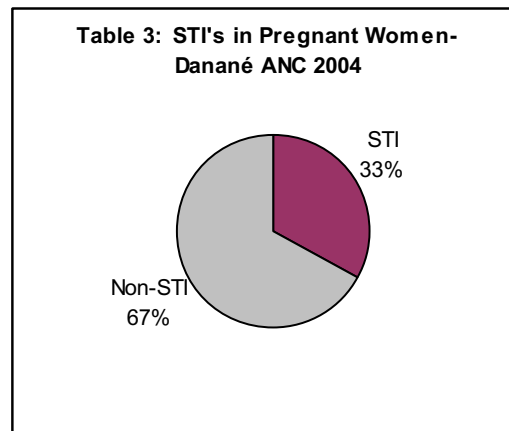
⁴ Along with treatment, MSF counsels women to stop sexual relations for three weeks, to use a condom and to get their partners to come in for treatment to avoid reinfection.

2.4 STIs Result in Pregnancy Complications

The high STI rate among girls is matched by an alarmingly high rate among pregnant women. As mentioned above, one third of pregnant women arriving in the Danané Hospital for external consultations have an STI.

An 18-year-old woman walks 11 kilometers to reach an MSF mobile clinic to be seen for lower abdominal pain and “general weakness.” An initial examination leads to an urgent referral to Danané Hospital over an hour’s drive away. On arrival the hospital staff confirm that the young woman has a ruptured ectopic pregnancy⁵ and take her into surgery. With the first incision the young woman’s heart stops. Her abdomen is filled with blood, her right fallopian tube is ruptured and her left fallopian tube had adhesions, an indicator of recurrent or chronic pelvic inflammatory disease.⁶ The anesthetist manages to stabilize the young woman and the surgeon arrests the bleeding. She survives the surgery and is discharged after two weeks in the hospital. She will probably never be able to have children.

This case is one of many such women seen in MSF’s clinics and hospitals. The prevalence of ectopic pregnancies is directly related to high prevalence of STIs among women seen by MSF staff. Left undetected due to ignorance or a lack of access to health care, an STI can harm the health of pregnant mothers and cause complications during birth. STI infections can specifically cause adhesions on the reproductive organs causing bleeding and difficulties with pregnancy.



The lack of maternal health services leaves pregnant women with insufficient access to education and antenatal care. Due to insecurity, midwives are often afraid to work in the western or northern parts of Côte d’Ivoire. For the few willing to work in this region they

⁵ An ectopic pregnancy is when a pregnancy occurs outside the uterus, usually in the fallopian tube. Infection has caused the tube to scar and narrow so the fertilized egg implants and the tube cannot expand sufficiently to allow a fetus to grow beyond the first weeks of pregnancy.

⁶ This is one outcome of a chronic STI.

can see up to 200 women per week, but this is not enough to assure the minimum standard of three (3) antenatal visits per pregnancy that can prevent more serious complications.

In addition to a lack of staff, access to medical facilities also is limited. For most of the West, the nearest place to get a blood transfusion is Danané Hospital. Transfusion and surgical assistance can only be found in a handful of hospitals supported by international NGOs. The result is that most high-risk conditions are not detected and complications result. Simply put, there is a serious lack of maternal health services in western Côte d'Ivoire.

2.5 High STI Rates Correspond to High HIV/AIDS Rates

A young man comes to an MSF mobile clinic due to an extreme burning sensation when he urinates. He pulls out his wife's antenatal consultation book where "rendezvous partenaire" has been written in red. His wife first came for treatment of an STI and now he has come based on her referral. This is his first visit to the clinic, but not the first time he has had the problem. In the past he took traditional medicines, but the problem kept coming back. He does not use condoms because he says he cannot find any in the market place. At the end of the examination and after confirmation of his STI, the nurse writes out his prescription. She asks if he might have any sexual partners other than his wife. "Oh no, well yes... my wife is breastfeeding so I have a camarade...but she is pregnant now, so I have another friend as well..." The nurse asks him to ask them to also come for an examination.

STIs include HIV/AIDS. AIDS, a consequence of infection with HIV (human immunodeficiency virus), can be transmitted in the same way as syphilis or gonorrhoea. Infection with these and other STIs increases vulnerability to HIV infection.

Despite an approximate 10% prevalence rate for HIV in Côte d'Ivoire⁷, to date little has been done to combat HIV/AIDS outside the major city centers. If you make the seven-hour drive from Abidjan to Danané there are no billboards warning people about the dangers of HIV/AIDS. Regardless, at checkpoints soldiers often ask for condoms. Many of the soldiers admit to knowing very little about preventing STIs or transmitting HIV. Further discussions and MSF investigations reveal that there are also not enough condoms available in the shops or markets. In the West, there are few actors involved in preventative measures and education regarding STIs and/or HIV/AIDS. The consequences are proving to be devastating.

With STI consultations accounting for more than 20% of all adult consultations and far from all individuals with STIs being treated, MSF staff fear that the HIV/AIDS prevalence is high. With priority given to children under five and emergency cases, MSF staff often turn away up to 100 people, mainly adults, at the end of the consultation day

⁷ UNAIDS 2004 Report on the Global Aids Epidemic (2004); UNAIDS/WHO Epidemiological Fact Sheet 2004.

due to a lack of time and medical staff. The end result is that STIs and HIV/AIDS go undetected. Most of the HIV cases seen by MSF staff are based on clinical suspicion – infections that do not get better after repeated treatment, complications with TB, pneumonias, or chronic wasting.

The only HIV testing that is currently done is for emergency blood transfusions and they are done using Rapid Diagnostic Tests that are highly sensitive, so not reliable enough for a conclusive diagnosis. This testing reveals that 17.1% of the blood transfusion supply is HIV positive.

Table 4: DANANÉ HOSPITAL LAB 2004

	TOTAL	Percentage
HIV+	88	17.1%
Syph +	57	10.8%
Hep B+	90	15.3%
Hep C+	59	9.2%
Total Tested	525	

Not only is access to STI or HIV testing a problem, but also there are not yet any counselling services to prepare people for the results. Excellent services for diagnosis, treatment and counselling are available in Abidjan, but not yet in the northwest. MSF teams are frustrated by treating alarmingly high numbers of STIs while little is being done to prevent the spread of the infections including HIV/AIDS. MSF doctors and nurses have begun to compile data and pictures to introduce into teaching sessions between clinic consultations, but clearly more actors are needed to help in raising awareness and promoting preventative measures. Beside the need for education, prevention and the treatment of STIs, there is an increasing need for the Prevention of Mother to Child transmission of HIV, the treatment of opportunistic infections and the treatment of AIDS with effective medication.

III. LIMITED HEALTH SERVICES

3.1 Limited Programming in Western Côte d'Ivoire

Health services in the West of Côte d'Ivoire remain largely inadequate to meet the needs of the people. Control of the region around Danané is split between three forces. The *Forces Nouvelles* (FN) took control of the North of the country in 2002. The buffer *Zone de Confiance* is patrolled by UN and French troops. The South remains under the control of the government. In 2002, almost all government staff, including health workers, fled northern and rebel areas for the South. Hospitals and clinics were abandoned, looted or destroyed. Drug and medical supplies stopped. Despite the 2003 peace accord, fighting broke out again in November 2004, further entrenching the division of the country and stalling MOH plans to redeploy staff to the West.

In addition to the lack of MOH structures, western Côte d'Ivoire is an area fraught with insecurity. This insecurity only aggravates the collapse of the health care system. Currently only MSF and a handful of MOH, traditional and private practitioners remain in the western region. Danané and Zouan Hounien Departments, bordering Liberia and Guinea, remain amongst the riskiest areas in the country. In addition to official administrative boundaries, the area is also divided in three parts: the FN controlled north, the Zone de Confiance, and the southern government controlled area. MSF's mobile clinics based in Danané and Bin Houyé reach villages in all three zones.

Due to the general instability, it is difficult to get personnel and supplies into this area. Bin Houyé has no hospital, the closest being Danané Hospital located about an hour's drive away through *the Zone de Confiance* and into FN controlled territory.⁸

MSF is only one of a handful of international NGOs operating in the western region.⁹ With the exception of two permanent clinics supported by the MOH and traditional practitioners, there are no health services available for the 350,000 residents of Danané other than those provided by the MSF teams in Danané Hospital or in the weekly mobile clinic sites around Bin Houyé¹⁰ and Danané.¹¹

The collapse of the health care system has resulted in not only a lack of treatment but also a lack of prevention and education. In addition to general poverty and insecurity there is little information in western Côte d'Ivoire regarding sexual and reproductive health. Even where this awareness exists, preventative measures such as condoms are unavailable. The combination of a lack of functioning health care structures, general poverty and insecurity only fuels the rise of STIs.

3.2 Economic Downturn and Influx of Soldiers

Once one of the wealthiest countries in West Africa, Côte d'Ivoire is now in economic crisis with the flight of investment capital and the suspension of bilateral aid programmes. The crisis has resulted in economic desperation. According to MSF nurses in Danané, families marry off their young girls at an earlier age in order to obtain the economic means to feed the rest of their family.

In addition, since the division of the country and the 2003 ceasefire there has been an increased deployment of soldiers throughout Côte d'Ivoire. It is clear from discussions with them that they are concerned with the health situation in general and with STIs specifically.

⁸ As of early 2005, Danané Hospital officially has 80 beds open, including internal medicine, maternity and surgical recovery. The laboratory is also functional.

⁹ ICRC, ACF, IRC, Solidarité, Merlin, Caritas et Save the Children UK travel into but are not based in these zones, as do WFP, UNICEF and UNHCR.

¹⁰ Clinic sites in Biantouo II, Bin Houyé, Deinneu, Gblangleu, Glepleu, Goulaleu, Guiamapleu, Ouyatouo, Teapleu, Zouan Hounien and Zoutou Darra.

¹¹ Clinic sites in Banneu, Daleu, Ganleu, Gbeunta, Kouan Houlé, and Mahapleu.

Economic insecurity and an influx of troops then create a breeding ground for STIs. The situation in the West has forced increasing numbers of women to engage in sex as a survival tool. In all parts of the country, the national and international soldiers provide an attractive source of “security” and economic stability for women. According to MSF staff on the ground, with general poverty and insecurity women will consent to sex in exchange not only for money but also for food, shelter or protection.

RESPONSE TO HEALTH CRISIS NEEDED NOW

The war and tenuous ceasefire in Côte d’Ivoire have directly resulted in a collapse in governmental structures and infrastructure. More specifically the MOH does not operate in certain areas of the West, and where it does operate staff and supply shortages greatly reduce the quality of care. The result: a lack of regular access to health care for over 350,000 Ivoirians.

There is an alarmingly high rate of STIs among young men and women, particularly pregnant women, exacerbated by political and economic insecurity coupled with the collapse of the healthcare system in both government and rebel held territory.

The spread of STIs corresponds to the spread of HIV/AIDS. As one Ivorian puts it, people often think that the third time a person contracts an STI he/she will then get AIDS. As STIs and AIDS are part of one interdependent epidemic, this thought is not far from the truth.

The link between STIs and AIDS is a natural, but deadly one. UNAIDS in their 2005 report have declared that AIDS could kill 80 million Africans by 2025. Infections could soar to 90 million - or more than 10% of the continent's population – if more is not done soon to fight the disease.¹²

With already the highest HIV rates in West Africa, Ivoirians still have a chance to act to prevent its spread and to assist those already affected. Local and national authorities from Côte d’Ivoire must respond and develop solutions to the alarming rise in STIs. The development of solutions also falls into the hands of international actors including the UN and INGOs. The solutions require actors with a commitment to preventing the spread of STIs and the inevitable spread of HIV/AIDS. As witnessed by MSF teams on the ground, this commitment has to go beyond merely establishing a presence on the ground, but requires going into villages to reach the people most at risk. MSF teams treating increasing numbers of patients with STIs know that prevention and early treatment of STIs and HIV/AIDS is critical to avoid a rise in needless deaths.

¹² *AIDS in Africa: Three scenarios to 2025*, UNAIDS Report, March 2005.