



## An essential female voice in the fight against HIV in Africa: Interview with Dr. Madiarra Coulibaly of the NGO Alliance Côte-d'Ivoire

If I had to introduce you and your organization in a few words, what would you say?

My name is Dr. Madiarra Coulibaly, and I hold a doctorate in medicine, specialising in public health and community medicine. I have completed additional training courses in epidemiology, leadership, management, gender and development, and gender and organisational change. I have 23 years' professional experience in team management, health project management and national and regional development in West and Central Africa. For the past 11 years, I have been Executive Director of the NGO Alliance Côte d'Ivoire, which is a strategic partner of Frontline AIDS and a founding and active member of the Civil Society Institute for West and Central Africa on health and HIV.

The NGO Alliance Côte d'Ivoire has been the principal community recipient of Global Fund grants for HIV/AIDS and tuberculosis since 2011. The organisation has also received support from a number of donors, including the World Bank, USAID, the European Union, Expertise France, Stop TB partnership, etc.

My proven expertise in several fields (capacity building for civil society organisations, implementation of community programmes to combat AIDS and tuberculosis, and effective management of Global Fund grants) has led to me being asked to provide technical support in countries in the West and Central Africa region.

The rigorous management of the NGO Alliance Côte d'Ivoire has also enabled me to obtain a distinction from the Country Coordinating Mechanism (CCM) Côte d'Ivoire (Global Fund grants coordination unit) and the Observatoire Africain de la bonne gouvernance.

Professional background and motivation:

Can you share with us your professional background and what motivated you to work in the fight against AIDS in Africa, and more specifically in Côte d'Ivoire?

Before Alliance Côte d'Ivoire, I worked at UNDP Côte d'Ivoire as a national HIV/AIDS and gender expert, at the ESTHER Initiative (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau) as country coordinator, at the NGO ACONDA-VS where I was in charge of PMTCT and community care and finally at FSTI (Fonds de Solidarité Thérapeutique International) as country coordinator.

I was lucky enough to start my career in 2001 in the fight against HIV/AIDS, when I was given responsibility for managing 2 pilot sites for the prevention of mother-to-child transmission (PMTCT) out of the four in Côte d'Ivoire. At the time, the country was faced with an HIV prevalence rate of over 10%, poorly accessible ART treatment and a high level of stigma and discrimination against people living with HIV. I was moved by the stories of the pregnant women and mothers who shared with us their anxieties about their HIV status and the future of their children, their experiences of rejection and violence from their spouses, families and neighbours, etc. The courage of these HIV-positive women and their desire to live with the disease was a real inspiration to me. The courage of these HIV-positive women, despite their fragility, motivated me to continue my involvement with the most vulnerable. I helped to highlight the need to improve health services for prisoners by supporting the development of the first prison health policy in Côte d'Ivoire. Within the Alliance Côte d'Ivoire NGO, I pay particular attention to our HIV and TB prevention, care and support programmes for vulnerable populations, key populations and survivors of gender-based violence (GBV).

Although the prevalence of HIV/AIDS infection has fallen considerably in Côte d'Ivoire and Africa as a whole, many barriers remain for vulnerable and marginalised populations. I hope to continue this fight and have the pleasure of helping to achieve the goal of eliminating HIV/AIDS in Côte d'Ivoire and several other African countries.

What challenges have you encountered as a woman in this sector, and how have you overcome them?

I don't think I've faced any particular difficulties in the fight against HIV/AIDS, linked to my status as a woman. Rather, I would say that it has served me well and helped me to tackle specific issues such as gender-based violence and the challenges faced by women infected with HIV.

However, when it came to managing teams and partners, who are generally male-dominated, I had to use my imagination to build and maintain productive relationships. Combining family and professional life was also a daily challenge. Planning, anticipating and establishing effective communication helped me to create greater harmony between professional constraints and family duties.

The role of women in the fight against AIDS:

In what way is the role of women crucial in the management of AIDS programmes in Africa, in your experience?

Women account for more than half of those affected by HIV/AIDS in sub-Saharan Africa. Young girls and adolescents are twice as likely to be infected as young men, and account for around 70% of new infections in their age group. They lack information, contraception and STI/HIV/AIDS prevention.

The imbalance of power between men and women and numerous socio-cultural constraints can hinder the development of interventions and programmes focused on women's needs.

Having women at the heart of AIDS programmes to address gender-specific inequalities is an asset. In my experience, I have found it easier to establish contact with women from all walks of life among our target groups (prisoners, sex workers, disabled people, young girls and teenagers, transgender people, drug users, migrants, women living with HIV) because they see me as their peer. They more readily confide in me their situation as survivors of domestic violence and other forms of gender-based violence, which have influenced us in the construction of our programmes.

Women are also generally considered to be more rigorous and honest in the management of funding and projects.

How does your organisation promote the empowerment of women in communities affected by HIV/AIDS?

We are implementing a national project to promote and protect human rights, financed by the Global Fund. This enables us to raise community awareness of GBV and provide comprehensive support (psychological, legal, judicial, health, social and economic) to survivors of GBV.

Many women and girls are employed in our programmes as peer educators or community workers.

We support the development of organisations of women living with HIV, sex workers, young women and women in terms of governance, financial management and programming.

Our prevention, care and support programmes for women and girls in all their diversity strengthen their ability to make the right decisions in the face of HIV infection and STIs.

At the same time, women retain the traditional role of supporting the sick within families, including in the case of AIDS. It is imperative that this social role does not further expose them to HIV. Alliance Côte d'Ivoire provides them with advice on HIV prevention measures within communities, to ensure appropriate attitudes in caring for all patients, regardless of their HIV status.

Specific impact on women:

What are the specific impacts of HIV/AIDS on women in Côte d'Ivoire, and how is your organisation working to mitigate them?

HIV/AIDS has a negative impact on women in Côte d'Ivoire. Self-stigmatisation can lead to a lack of ambition and commitment to building a family life among women and young girls.

Physical, psychological, verbal and economic violence, stigmatisation and discrimination of all kinds suffered by women living with HIV exacerbate their vulnerability and state of health, and can even lead to death. These harmful practices can hinder access to treatment and the achievement of national HIV elimination targets.

Through our programmes, we strive to make prevention, care and support services accessible to women and girls in all their diversity, and even to the most marginalised women.

Can you share any stories or concrete examples of how the fight against AIDS has improved the lives of the women you have met?

As part of its Global Fund financing, Alliance Côte d'Ivoire is implementing a specific approach called READY, which focuses on the empowerment and resilience of young girls and adolescents in the face of HIV/AIDS. This approach, borrowed from our partner Frontline AIDS, enables us to train young girls as peer educators and put them to work in the Ministry of Health's University School Health Services and Services for Adolescents and Young People (SSSU-SAJ). READY peer educators raise awareness among young girls in the community, at bus stations, in hairdressing salons, in schools, etc. They then refer them to the SSSU-SAJ for a more comprehensive package of services including information on HIV/AIDS, sexual and reproductive health, GBV, HIV/AIDS screening, diagnosis and treatment of STIs, HIV/AIDS and other pathologies as required. Between January and September 2023, 143,083 girls aged between 15 and 24 benefited from this programme.

In addition, as part of our Human Rights sub-project, women have benefited from emergency accommodation in transit centres in order to remove them from their abusers, or to offer them accommodation if they are rejected by their families. These centres ensure continuity of ARV treatment, psychological consultations and family mediation.

#### Challenges and opportunities :

What are the main challenges facing your organisation in the fight against AIDS, and how are you tackling them?

The main challenge facing the national response to HIV/AIDS that our organisation shares is that of sustainability. We are heavily dependent on external funding. The end of the HIV/AIDS pandemic is 6 years away in 2030. We see the whole world and donors facing new challenges such as climate change, security issues, migratory movements of populations, and so on. We know that we will need sufficient resources to cover the last few kilometres to put an end to HIV/AIDS.

To meet this challenge, Alliance Côte d'Ivoire is taking part in advocacy work on the sustainability of the response with national civil society and with our partners such as Frontline AIDS and the Civil Society Institute. We are also working to diversify the sources of funding for our actions and to obtain support at a domestic level.

Are there any emerging opportunities or notable successes that you would like to highlight in your work?

The Alliance Côte d'Ivoire NGO has invested a great deal in building the capacity of civil society organisations. In 2023, we supported 3 networks addressing the themes of HIV/AIDS, key populations and tuberculosis (RIP+, ROPCCI and COLTMR) and 40 member organisations in Côte d'Ivoire and 11 civil society organisations in the Central African Republic. This support consisted of capacity assessments and capacity-building plans, the implementation of which is supported by various actions, including training, provision of tools, coaching and equipment.

For us, this action is essential, as it helps to build a pool of strong NGOs capable of effectively supporting countries in their efforts to eliminate the HIV/AIDS and tuberculosis pandemics.

#### Innovative approaches and sustainable solutions:

How does your organisation incorporate innovative approaches to meet the persistent challenges in the fight against AIDS?

We work with young people and key populations who regularly use social networks. This has led us to introduce digital platforms into our working tools. In partnership with the Côte d'Ivoire Ministry of Health, we have developed the MTB-HIV tool, which tracks HIV and tuberculosis patients undergoing treatment,

reminding them of appointments and providing them with regular information to help them comply with their treatment. In partnership with FHI360, we also use the Ngouan platform dedicated to key populations (MSM, sex workers, transgender people). In addition, Dure Technologie is working with us on the community-led monitoring (CLM) with the One Impact application. These tools complement the HIV awareness campaigns we run on social networks.

Vision for the future:

What is your long-term vision for the impact of the fight against AIDS in Africa, particularly as regards women?

My long-term vision for the impact of the fight against HIV/AIDS in Africa, particularly for women, is a significant reduction in the rate of new infections, improved access to treatment and care, a reduction in the stigma and discrimination associated with HIV/AIDS, and the empowerment of women, especially those living with HIV/AIDS. One of the factors preventing access to care services is the socio-economic dependence of these women on their partners.

I firmly believe that ongoing efforts to raise awareness, educate and empower women in matters of sexual and reproductive health are essential to effectively combat HIV/AIDS. This means guaranteeing equitable access to screening, treatment and prevention services, as well as promoting gender equality and women's rights. So, by investing in targeted prevention programmes, strengthening health systems and involving local communities, I am convinced that we can move towards a future where HIV/AIDS is no longer a major threat to women in Africa. This will require a holistic approach, focusing on women's rights, health and well-being, in order to create a lasting and positive impact in the fight against this pandemic.

How are current efforts contributing to this vision, and what are the important next steps?

As I said earlier, we have a programme aimed at young girls and adolescents, called READY, which addresses sexual and reproductive health issues. We also have a programme for sex workers, transgender people and people living with HIV who are victims of gender-based violence. Through the community observatory, we offer them holistic care, including emergency accommodation for those who are victims of violence.

In addition, with funding from the Global Fund, we have a programme to combat female genital mutilation, in which we have set up Associations villageoise de Crédit et d'Épargne (AVEC) to empower these women and provide leadership in their communities.

The next steps would be to include HIV-positive women and to bring these AVECs together in a network, so that they can share experiences and create healthy emulation. One of our plans is to expand the programme to the national level.

Thank you Doctor Madiarra Coulibaly

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