

Optimizing the Cote d'Ivoire national systematic medical visits (VMS) program: Lessons for an integrated package of adolescent primary health care services including HPV vaccination

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Introduction

In Côte d'Ivoire, systematic medical visits (VMS) are a key mechanism for addressing adolescents' health needs by combining promotion, prevention, and curative care. Specifically, the VMS provides HPV vaccinations (starting in September 2023), screenings (auditory, visual, language and development, urine), age-appropriate primary care, nutrition assessments and ag-specific health education and counseling (sexual and reproductive, menstrual and personal health, HIV, drug use and infection prevention). While the integration of HPV vaccination into adolescent VMS has improved service coverage, variable quality and implementation challenges remain, particularly through reported inconsistencies across delivery setting. VMS implementation across schools was variable and community outreach implementation did not sufficiently align with national VMS policy. Various logistical, human, and organizational obstacles limit their reach which hinder equitable access to services.

This project presents the preliminary phases of an implementation research effort to assess the feasibility, acceptability, and effectiveness of an optimized VMS integrated service delivery package. We report formative work that explores barriers identifies solutions to optimize the VMS.

Methods

Initial formative work consisted of seven interviews with key country stakeholders who were considered implementers and influencers in adolescent health, and two Human Centered Design (HCD) workshops, held respectively in Abidjan and Katiola districts. Interview guides were developed to capture existing programming strengths, limitations, and potential areas for improvement. The workshops intentionally included intended beneficiaries, to ensure youth-informed programming outputs. Each followed standard HCD stages: empathy building, collectively defining, ideating, and prototyping. Seventy-one participants (18 adolescents, 21 parents, 9 teachers, 4 religious leaders, 19 health providers) collaboratively co-created solutions to improve HPV vaccination coverage through VMS.

Qualitative analysis of findings involved review of process documentation and program optimization prototypes from the HCD as well as rapid thematic analysis of that assessed transcribed interview data and organized findings into a matrix. Note-taking further complemented contextualizing the findings.

Results & Conclusions

Results:

The interviews highlight critical barriers limiting the implementation of VMS including, sociocultural fears, misinformation and mistrust toward new health interventions, logistical constraints, limited intersectoral coordination, and unequal distribution of costs/resources.

"There's a bit of prejudice. As I said, as soon as you launch a vaccine, people don't necessarily have scientific proof. But they'll still spread false messages in the field."

"The second obstacle is that SSSUs (national school health program for adolescents and young people) are very often in urban areas, and not all adolescents and young people live in urban areas"

"If we really want to reach the most marginalized young people, we need to remove all costs, including indirect costs."

Workshop participants collaboratively developed targeted solutions to pilot, including advocating the following unique aspects:

- **Adolescents:** peer-led health clubs and awareness campaigns via social media
- **Community representatives:** awareness efforts in schools and neighborhoods, community dialogues, free access to the VMS
- **Healthcare providers:** Mobile units, expand VMS training for all staff, and reinforcement of coordination across health, education, and community sectors



Conclusions:

This study underscores that despite the potential of the VMS to improve adolescent health, sociocultural, geographic, and financial barriers remain. The HCD approach enabled co-construction of strategies adapted to local contexts. This fostered greater community ownership and inspired solutions to increase equity in adolescent health in Côte d'Ivoire.

Optimisation du programme ivoirien de visites médicales systématiques (VMS)

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Résumé :

En Côte d'Ivoire, les visites médicales systématiques (VMS) constituent un dispositif essentiel de promotion, de prévention et de prise en charge des adolescents. Depuis septembre 2023, elles intègrent la vaccination contre le HPV ainsi que des dépistages auditifs, visuels, linguistiques, développementaux, urinaires et divers services de santé. L'intégration de la vaccination a amélioré la couverture mais des disparités de qualité et des défis logistiques, humains et organisationnels persistent, limitant l'accès équitable aux services. Ce projet a mené une phase formative d'une recherche de mise en œuvre visant à évaluer la faisabilité, l'acceptabilité et l'efficacité d'un paquet VMS optimisé. Sept entretiens avec des acteurs clés et deux ateliers de conception centrée sur l'humain (Abidjan et Katiola) ont exploré les forces, faiblesses et pistes d'amélioration ; 71 participants (adolescents, parents, enseignants, leaders religieux et prestataires de santé) ont co-créé des solutions suivant les étapes de la conception centrée sur l'humain. Les entretiens ont mis en évidence des obstacles majeurs : peurs socioculturelles, désinformation et méfiance, contraintes logistiques, faible coordination intersectorielle et répartition inégale des ressources. Le processus participatif a permis d'élaborer des stratégies adaptées au contexte, renforçant l'appropriation communautaire et proposant des interventions telles que des clubs de santé dirigés par les pairs, des campagnes sur les réseaux sociaux, des dialogues communautaires, la gratuité des services, des unités mobiles et une meilleure coordination entre les secteurs santé, éducation et communauté. En conclusion, malgré le potentiel des VMS pour améliorer la santé des adolescents, des barrières socioculturelles, géographiques et financières subsistent ; les approches participatives offrent des pistes concrètes pour renforcer l'équité et la couverture vaccinale.

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