

The PMTCT Programme was established in 2002 as part of the national response to HIV epidemic in the country: To ensure universal access to PMTCT services by 2010, targets were set to this effect and these targets were harmonized to meet the Universal Access and the UNGASS goals of 2010.

Program goal

The goal of the Sierra Leone PMTCT Programme is to reduce mother to child transmission of HIV among childbearing women by 50% by the end of 2010.

Specific Objectives

- To establish Voluntary Confidential Counseling and Testing (VCCT) sites in 75% of health facilities
- To disseminate information on PMTCT to the Community in order to facilitate utilization of the services by at least 75% of the women attending antenatal clinics
- To provide VCCT services to all the women attending antenatal clinics and accepting the service
- To provide antiretroviral therapy for PMTCT to at least 90% of the HIV positive women attending facilities with PMTCT services
- To provide Cotrimoxazole to at least 90 % of the exposed children

- To provide counseling and support for optimal infant feeding to at least 90 % of HIV positive mothers attending facilities with PMTCT services
- To increase male partner involvement in PMTCT services to at least 75%.

To monitor the trend of the epidemic ANC HIV Sentinel Surveillance surveys have been conducted over the years. The prevalence among pregnant women from 2003 to 2008 has been 2.9%, 4.1%, 4.4% and 3.5% respectively

By the end of 2009 35% of the facilities offering antenatal, delivery and postnatal services were offering PMTCT services and 51% of positive pregnant women have received a complete course of ARV prophylaxis for PMTCT.

The antiretroviral prophylaxis regimen for pregnant women and their children using the triple therapy (Nevirapine, Zidovudine and Lamivudine) was adopted in 2007. Whenever and wherever feasible and acceptable a long term antiretroviral therapy or Highly Active Antiretroviral Treatment (HAART) is provided to all eligible HIV infected pregnant women and their siblings in need. Drugs against opportunistic infections are given free of cost to HIV positive pregnant adolescents and women who accept to participate in the programme and their children. All exposed children receive recommended doses of Cotrimoxazole.

As replacement feeding may not be the common infant feeding options in Sierra Leone, counseling and support for appropriate infant feeding are key to minimize HIV transmission through breastfeeding.

The PMTCT programme works in close collaboration with both private and public institutions and traditional birth attendants (TBAs) at the rural level.

Male participation in PMTCT has increased steadily due to the introduction of an invitation letter to all pregnant women attending ANC.

To improve on the coverage of complete course of ARV prophylaxis a mother's delivery package has been introduced as well as a system of follow up and referral by traditional birth attendants.

