

Oral presentation

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PMTCT activities implementation: case of Côte d'Ivoire, from ACONDA's experience

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Background

With a HIV prevalence of 8.6% among pregnant women and 661,000 births per year, Cote d'Ivoire has an estimated 55,000 HIV-infected women delivering per year who need PMTCT services. The national HIV program's strategic plan calls for integration of PMTCT services into antenatal clinics, maternity and Family Planning units. ACONDA's extension of decentralized prevention and care for pregnant women and PLWHA is based on a district approach that integrates basic health care, PMTCT, and ART services in maternal and child health centers. In 2008, ACONDA implemented this approach in 65 ANC clinics in the 26 health districts of Côte d'Ivoire.

Methods

Health workers were trained. After, the program strategy consisted in coaching the care providers at the sites in VCT techniques with rapid HIV testing for women with unknown HIV status in the labor-and-delivery rooms.

Drawing up and spreading simple technical procedures helped the care providers in the implementation of PMTCT.

ARV drugs are packed up at the sites to get PMTCT kits ready to be distributed.

The combined prophylaxis was offered to HIV-infected mothers and their newborns, as recommended by national program, and then pregnant women who were

tested HIV positive got initial biological exams. Those who were eligible received a readjusted treatment. Those who were ineligible continued the current disease prevention. A psychosocial supports for treatment adherence, was provided by counselors. Nutritional advice were provided to the mother and the follow-up of the exposed child was systematic. A support group helps to identify and resolve problems of disclosure to partner, lost to follow up, etc. A child's early HIV diagnosis by PCR is made after 6 weeks of postnatal follow up

A reference and counter-reference system links all HIV-infected women to the medical doctors in the reference health centers.

Results

From January through Aout 2008, PMTCT services were integrated into 60 ANC clinics covering seven districts, with 80 trained health workers. Of 26,488 pregnant women using antenatal services, 21,588 (81.5%) received HIV counseling and testing; 1,977 (9.1%) were HIV-positive; and 1,779 infected pregnant women (90%) received their test results. 80% of HIV-infected women received the mother and child combined prophylaxis against 68 % in 2007. Among the HIV-infected women, 282 were eligible for ART according to the WHO criteria.

Conclusion

HIV counseling and testing is possible in labor and delivery rooms, with a high acceptance rate in Côte d'Ivoire

and providing the combined prophylaxis from the disclosure of test results is essential if we noticeably want to reduce the Mother to child HIV Transmission for the scaling up.

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