HER vision
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AMONG WITH HER SON IN 2012. HER CHILDREN ARE GIVEN NIVERAPINE SYRUP TO PREVENT THEM FROM CONTRACTING HIV

I protected my babies from HIV

Thirty-seven-year-old Grace Among is HIV-positive. Both her children, a nine-year-old and a six-year-old are HIV-negative, thanks to the Prevention of Mother-To-Child Transmission (PMTCT) programme.

Among is one of the hundreds of mothers who have benefited from the PMTCT programme at Reach Out Mbuya HIV/AIDS Initiative in Kampala.

Among enrolled at the Initiative in 2005.

"My sister-in-law encouraged me to test for HIV after I suffered from severe diarrhoea and recurrent fevers. I tested positive and was started on ARVs immediately," she narrates.

"In December 2007, when I conceived, the doctors encouraged me to continue with the treatment. I was also attached to a mother supporter who encouraged me to adhere to treatment and antenatal visits," she recollects.

> "I continued taking my ARVs, keeping my clinic appointments and attended antenatal care."

The baby was given Niverapine syrup at birth and Among was advised to continue administering it for the first six weeks. At six weeks, the baby tested HIV-negative. Confirmatory tests were repeated at six and 18 months and the baby was negative.

Two years later, Among and her husband who is also HIV-positive, decided to have another child.

"I continued taking my ARVs, keeping my clinic appointments and attended antenatal care."

In October 2011, she delivered a healthy baby boy who was immediately put on Niverapine syrup. At six weeks, he tested HIV-negative. Six months later, he was screened and he tested HIV-negative. The test was repeated at 18 months and it was still negative. Among has supported several mothers living with HIV and they have delivered HIV-negative babies.

WHAT'S YOUR ROLE IN HIV BATTLE?

AS UGANDA PREPARES TO COMMEMORATE THE WORLD AIDS DAY ON DECEMBER 1, VISION GROUP IS SPEARHEADING THE DRIVE TO GET EVERYBODY BACK AND INVOLVED IN THE FIGHT AGAINST HIV/AIDS. FOR THE MONTH OF NOVEMBER, NEW VISION WILL PUBLISH A SERIES OF STORIES TO HIGHLIGHT KEY ISSUES FOR ACTION. TODAY, AGNES KYOTALENGERIRE EXPLORES THE ROLE OF WOMEN IN REDUCING THE SPREAD OF HIV

The Uganda Population-based HIV Impact Assessment (UPHIA) 2016 report indicates that about 4,000 babies are born with HIV every year, down from 30,000 babies (UAIS 2011).

Although the number seems low, it is still unacceptably high. But the good news is that it can be reduced to zero. How? You may ask. It takes you, the woman.

The fact that you carry the baby, the responsibility to deliver an HIV-negative baby lies with you.

Dr Linda Nabitaka, the programme officer of Prevention of Mother to Child Transmission (PMTCT) at the health ministry, says delivering an HIV-negative baby is possible if a mother accesses antenatal care as soon as she realises she has missed her menstruation period. It is preferable that this visit happens in the first trimester as Ruth Mutyaba testifies.

Mutyaba, 32, who, together with her husband, are HIV-positive, says immediately she confirmed she was pregnant, she sought antenatal care.

"My viral load was checked and the midwives encouraged me to continue taking medication, observe good nutrition so that I remain healthy," the mother to a three-year-old HIV-negative toddler recounts.

Early testing is critical in reducing the risk of a baby getting HIV.

"Establishing one's HIV status early is key to accessing appropriate PMTCT services," Dr Moses Walakira, the technical director at Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), says.

One important way a pregnant woman's HIV status can be determined is during antenatal care visits. However, data from the health ministry indicates that in most regions, less than 25% of pregnant women seek antenatal care in the first trimester. This means if they are infected, they are diagnosed late and, therefore, started on treatment when their immune systems have already been weakened by the virus. This increases the risk of HIV transmission to the unborn baby.

Dr Walakira explains that the ideal time to start the patient on anti-retroviral therapy (ART) is at diagnosis (on the same day, she is found to be HIV-positive).

Emphasising early testing, he explains that it is a critical in helping women, their spouses and children to receive timely and appropriate HIV care and treatment.

Couple testing

Dr Walakira regrets that much as couples are encouraged to attend

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editor's letter

Women's role in fighting HIV is indispensable

Studies have shown that women are the most affected by the HIV/AIDS scourge. Not only are they caregivers when their close and extended family are afflicted by the condition, but also they have the power to prevent mother-to-child spread of HIV. Statistics show that HIV prevalence among women stands at 7.5%, compared to 4.3% among men. Thus, women are indispensable in the fight against HIV. Harnessing their power in the fight starts with empowerment. This can be as simple as providing information about the various roles women can play in the fight against the scourge or as engaging as equipping them with income-generating skills to take care of the burden that comes with HIV/AIDS.

JOY E. ABO

THINK ABOUT IT

"Establishing one's HIV status early is key to accessing appropriate Prevention of Mother-To-Child Transmission services." Dr Moses Walakira, the technical director at Elizabeth Glaser Paediatric AIDS Foundation

who we are

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THE DUTY TO DELIVER AN

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antenatal care and screen for HIV together, majority of men do not turn up and some determine their status from their wives' results (proxy results).

This is misleading as the Uganda AIDS Indicator Survey (UAIS 2011) shows that about 6% of the population is in a discordant relationship. Discordance is a situation where one of two partners in a sexual relationship is HIV-positive and the other, negative.

The risk of transmission is reduced if a woman tests and accesses treatment together with her partner, just like Among did. To achieve this, a woman should have a frank discussion with her partner about the benefits of both of them knowing their HIV status. However, if your partner is reluctant, Dr Walakira advises not to give up.

"Continue encouraging him. You may also consider repackaging your message. For instance, you could emphasise other male health services, like general check-up for blood pressure, diabetes and testing for syphilis to entice them to get to the medical facility, where an HIV test can be done."

That aside, the husband should play his family role of reminding you to take your medicine in time and provide good nutrition which includes a balanced diet of fruits, vegetables, but also proteins and carbohydrates to remain healthy. When you are healthy and strong, it means the virus is suppressed, which minimises the chances of infecting the unborn baby.

According to the acting director general of the UGANDA AIDS Commission, Dr Nelson Musoba, a baby can get HIV during three stages: in the womb, during delivery and breastfeeding.

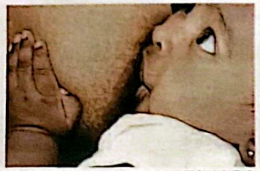
Acceptance and adherence key

Dr Nabitaka says after a woman is found to be HIV-positive, health workers carry out a viral load test to ascertain how much virus the body has and start her on treatment to keep the viral load low or undetectable.

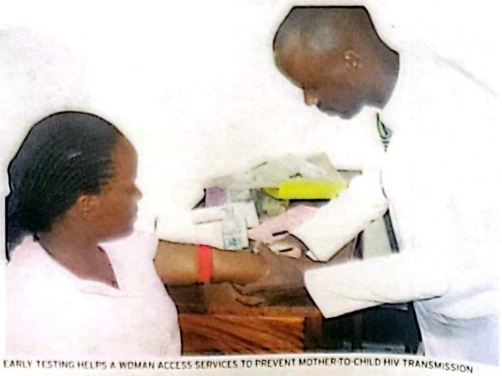
Viral load is the measure of the amount of HIV virus in the blood. The higher the viral load, the higher the possibility of infecting other people. The viral load is considered to be high if one has more than 1,000 viruses per micro litre of blood.

Starting treatment as soon as you are confirmed HIV-positive and adhering to it will help to reduce the risk of transmission because drugs work best when they are taken on time.

According to the WHO treatment guidelines; HIV infected people are immediately put on ART regardless of the viral load at the time of testing. The recommended treatment is one pill, taken daily for life also referred to as Option B+, which is combination of three antiretroviral drugs.



BREASTFEED EXCLUSIVELY FOR THE FIRST SIX MONTHS TO PREVENT INFECTIONS WHICH MAY DESTROY THE CHILD'S INTESTINES, INCREASING THE RISK OF MOTHER-TO-CHILD HIV TRANSMISSION THROUGH BREASTMILK



EARLY TESTING HELPS A WOMAN ACCESS SERVICES TO PREVENT MOTHER-TO-CHILD HIV TRANSMISSION

NEW INFECTIONS

According to a 2016 study, the Uganda Population-based HIV Impact Assessment, Uganda is making progress in the fight against HIV. Consequently, HIV prevalence has reduced from 7.3% (2011) to 6.2% as per UPHIA 2016. Out of 6.2%, HIV prevalence among women still remains high at 7.6%, compared to the 4.7% among men (UPHIA 2016). This corresponds with approximately 1.2 million people aged 15 to 64 living with HIV in Uganda.

Once a pregnant woman has been started on ART, it is important that she adheres to it (taking medicine on time and the right amount every day) to suppress the virus, thus reducing the risk of transmission.

In addition, Dr Walakira says it is important for a woman to attend antenatal care up to four times. The UDHS 2016 report indicates that the first antenatal care visit stands at 97%, but the percentage goes on reducing and only 58% of pregnant mothers attend the fourth antenatal visit.

DID YOU KNOW?
STARTING TREATMENT AS SOON AS YOU ARE CONFIRMED HIV-POSITIVE AND ADHERING TO IT WILL HELP TO REDUCE THE RISK OF MOTHER-TO-CHILD HIV TRANSMISSION

Attending antenatal up to the fourth time will enable the health workers continuously assess a mother's health, but also provide other services, such as screening for other diseases, such as malaria and syphilis, which can damage the placenta and increasing the chances of HIV being transmitted to the baby during pregnancy. Other services include tetanus vaccination, deworming, syphilis and giving the mother nutrition education to ensure good health for her and the baby.

At birth

Immediately labour starts, go to a health facility to deliver with the help of medical personnel who are trained to minimise the risk of HIV transmission.

Mildred Asiimwe, a mother of three, recalls that her maternal aunt helped her deliver her first two babies. However, after she got infected with HIV, she delivered her third child from hospital, where the midwives immediately started her baby on preventive treatment. Today her four-year-old son is HIV-negative.

After delivery, mothers are encouraged to continue with anti-retroviral therapy (ART), but also the new-born is given Niverapine prophylaxis syrup for the first six weeks of their lives to prevent HIV infection. The baby is then screened at six weeks to confirm the HIV status. When found to be HIV-negative, confirmatory tests are done at six and 18 months. In case the child is HIV-positive at six weeks, they are started on ART. Failure to do so may result in the baby's death.

Breastfeeding

While the mother breastfeeds, ensuring proper infant and young child feeding practices will help her reduce the risk of transmission. These include breastfeeding exclusively for the first six months.

Exclusive breastfeeding means only feeding the baby on breast milk, without giving anything else, not even water.

HIV-positive mothers are advised against mixed feeding, which is complementing breastfeeding with other feeds as it increases the baby's risk of acquiring HIV. Mixed feeding also increases the risk of infections, like diarrhoea and malnutrition.

"Infections erode the internal lining of the intestine hence increasing the risk of HIV transmission," explains Dr Walakira. He emphasises that nursing mothers should breastfeed exclusively. This can best be done through empowering them with knowledge about the benefits of exclusive breastfeeding, even amidst pressure from family members to feed the baby on other things.

After six months, the mother can introduce complementary feeding. She will get nutrition education on what foods to give the baby and how to prepare them when she goes for postnatal care. However, Walakira warns that during breastfeeding, there is a risk of transmission, especially if the mother is not taking medication as she should. So, it is important that the mother adheres to treatment while she breastfeeds so as to suppress the virus and reduce the risk of transmission.

Additionally, take care of the breasts to avoid sores, wounds and checking and timely treatment of any sores or wounds in the baby's mouth. This will reduce the amount of virus in the blood and minimises the risk of transmitting it to the baby.

Although, some HIV-positive mothers give up breastfeeding for fear of infecting their babies, Dr Nabitaka says is even worse as the risk of the baby dying of infections, like diarrhoea or even malnutrition, increase if the mother does not breastfeed.

HIV-negative pregnant woman

As a woman your primary step in reducing HIV infection among babies is to remain HIV-negative. So, upon testing and finding that you are HIV-negative, you will receive risk reduction counselling and support to enable you remain negative. Your partner, too, will be offered an HIV test and if found negative, you will be given information to help you stay negative. However, if your spouse is HIV-positive, he will be started on ART and you the negative partner will be given ARVs for prevention of HIV infection; now called pre-exposure prophylaxis or PrEP.

Remember, you are still at risk, so it is important that you adopt safe sex practices, for example, use of condoms to reduce the risk of HIV transmission and sticking to one HIV-negative sexual partner.

Additionally, Dr Esiru says during antenatal visits, you will be required to retest, together with your husband after three months.

"If a pregnant woman sero-converts (becomes infected) during pregnancy, the risk of infecting her baby is high because her viral load at that time is high. This is because she has just acquired the virus and the body's immune system is still low as it is trying to manufacture antibodies," he explains.

HIV-negative baby LIES WITH YOU

WITH THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION PROGRAMME AVAILABLE AT HEALTH CENTRES, HIV-POSITIVE MOTHERS CAN DELIVER HIV-NEGATIVE BABIES