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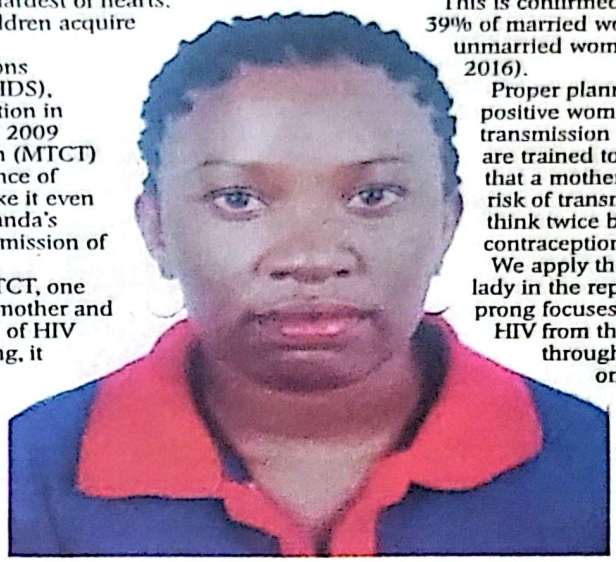
Mother-to-child HIV transmission: We all have a role to play to fight it

Disclosing to a child who is HIV positive is a process. Even then, to ever look into a child's eyes and have to deliver news of an HIV positive serostatus is heart breaking even to the hardest of hearts. More than 90% of children acquire HIV from their mothers.

According to the Joint United Nations Programme on HIV and AIDS (UNAIDS), Uganda has achieved an 86% reduction in HIV infections among children since 2009 and the mother-to-child transmission (MTCT) rate was 2.9% in 2015. This is evidence of good progress. However, we can make it even better if all of us rally support to Uganda's elimination of Mother to Child Transmission of HIV (eMTCT) programme.

Commonly when one hears of eMTCT, one visualises an HIV positive pregnant mother and the steps taken to avert transmission of HIV to her infant. While not entirely wrong, it is a narrow view of what Prevention of Mother to Child Transmission is all about. PMTCT, through its four prongs, extends beyond just the HIV positive pregnant or breastfeeding woman to you and me irrespective of our HIV serostatus.



The first prong emphasises the prevention of HIV transmission among women of reproductive age. This prong, therefore, primarily targets the young women. Keep HIV away from these and you will have primarily prevented mother to child transmission of HIV.

According to the Uganda Demographic and Health Survey 2016 (UDHS 2016), 46% of young women and 45% of young men aged 15 to 24 years have comprehensive knowledge about HIV. This highlights a gap in this specific target group. It is, therefore, pertinent that we play a role in our different capacities to bridge this knowledge gap and counsel this age group on HIV including the known methods of prevention.

Secondly, we can further contribute to HIV prevention strategies by being good examples through testing for HIV and encouraging those close to us particularly this group to do the same. HIV testing among young adults was low in UDHS 2016.

In the 15-19 year age groups, the likelihood of having ever had an HIV test and receiving the results of the last test was 54% for women and 44% for men. It should be emphasised to young people to be wary of mere trusting of their age mates without testing because there are many currently young people who were infected by the MTCT route before the PMTCT programme started the year 2000.

The second prong is applied to women of reproductive that are already infected with or have recently acquired HIV to prevent them from having unintended pregnancies. This is really about being forewarned and forearmed. Family planning services come into play here and are integrated in HIV care for this purpose. However, in the communities rumours surrounding family Planning methods greatly impede this process.

This is confirmed by statistics that showed that only 39% of married women and 51% of sexually active, but unmarried women are using contraception (UDHS 2016).

Proper planning for a pregnancy in HIV positive women greatly minimises the risk of transmission to the infants. Health workers are trained to institute measures to ensure that a mother conceives at the time when the risk of transmission is greatly reduced. Kindly think twice before biasing anyone towards contraception.

We apply the third prong when our HIV positive lady in the reproductive age falls pregnant. This prong focuses on preventing transmission of HIV from this mother to her baby. This is done through ensuring that this mother is already on or started on lifelong antiretroviral therapy (ART). These mothers are also counselled on the best feeding option for their baby as well as the additional measures taken to minimise the risk of HIV transmission to her baby during delivery and breastfeeding.

We should, therefore, encourage all the pregnant women we know to attend antenatal care services and deliver in health facilities.

Our strong family ties should enable us to encourage and support this mother to adhere to her treatment as prescribed even during the breastfeeding period and beyond to always attend hospital appointments, and to ensure that her monitoring tests such as the viral load are done on time.

The final prong looks at the entire family and focuses on provision of care, treatment and support for the HIV infected mother, her partner and her children. When we succeed in delivering an HIV negative baby from a positive mother, we still need the mother and the father to be alive and healthy to look after this baby as well as the other children. Our social support would go a really long way in fostering adherence to medications. It is imperative that we stop the judgment and stigma if we are to achieve elimination of mother to child transmission of HIV. What looked farfetched to attain a few years ago, is now in the horizon.

Let us all be part of it and support eMTCT so that ultimately we can all look into all children's eyes and marvel about an HIV free generation. Forward! Together let us move towards zero new infections among children!

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