

Special Report

HIV Prevention

60% of Childhood deaths in Zimbabwe are HIV/AIDS related

24.6% of Zimbabwe's population is HIV positive. 120,000 are under 14 years old



Mother and Newborn Child. (5)

New Findings help identify effective Prevention Methods in Zimbabwe

Imagine yourself in a room with 10 of your closest friends. Everyone is having a good time except that something does not seem quite right. Two of you have the HIV virus, but chances are neither knows it. Quite Disturbing, right? What's more disturbing is this is a statistic truth in places like Zimbabwe. Even worse is the fact that many of these unluckily souls are children born with the disease. But what if there were ways to reduce the

number of mothers transmitting the disease to their children? According to a 2004 British Medical Journal article written by a group from the Victor Segalen University, it can be done and the first steps are already being implemented now.

In the United States the Center for Disease Control estimated that in 2004(2) around 3,927 children were living with HIV/AIDS and that 97% of these children acquired the disease from their mothers. In fact only

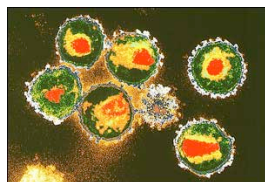


Image of HIV Cells (8)

“Only 4% of women and children in need of services for prevention of mother to child transmissions of HIV were receiving them.”

1% of the people diagnosed in the US with HIV in 2004 were children under the age of 13. Compared to Zimbabwe, where an estimated 24.6% of the total population and 120,000(2) children less than 14 years of age have HIV, the statistics show that we are doing something they are not, preventing transmission from mother to child.

According to the article, there is a simple answer to why we are preventing mother-to-child transmission with great success while highly impoverished Zimbabwe is not. The fact is in Zimbabwe “only 4% of women and children in need of services for prevention of mother to child transmission of HIV” are receiving them. In contrast the United States had fewer than 60(3) cases of reported

mother-to-child transmissions in 2003. Even with a 2%(3) failure rate in the prevention drugs given to HIV positive pregnant women, the numbers indicate practically everyone in need received prevention services.

The article based its findings on a pilot study designed to allow HIV positive mothers unrestricted access to pre-HIV-test counseling, preventive drugs if needed, post-test counseling, and post-birth services in an effort to find what combination of these services would be most effective in preventing transmission. At the time of the study, practically no programs were in place for these mothers. In the Buhera District Health Care System, where the study was based, absolutely nothing was available.

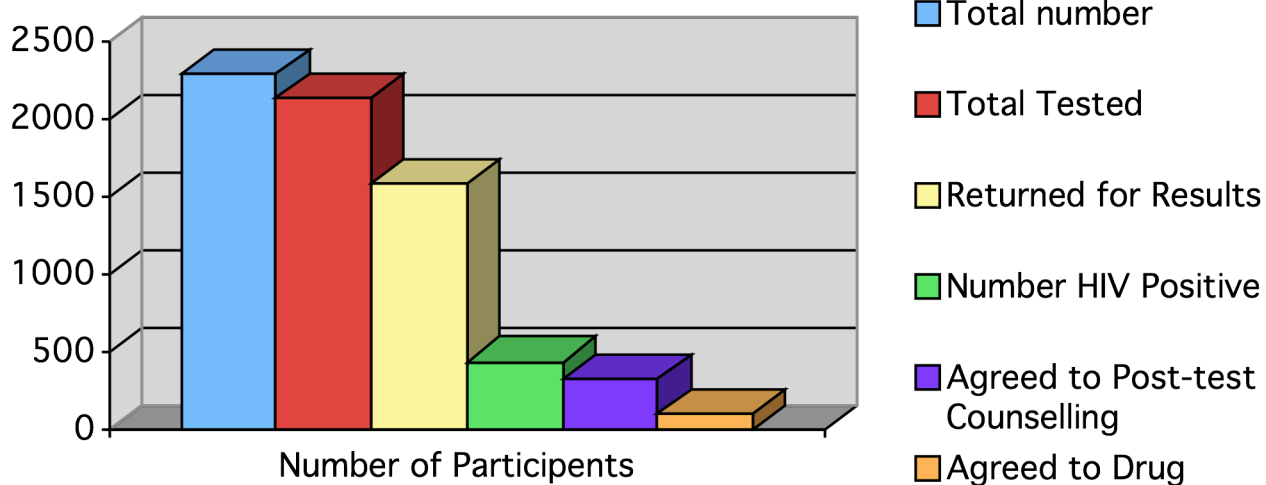


Chart representing numbers of participants in each section of the study

The study followed a group of 2298 mothers in the district for 18 months and monitored the number of mothers taking advantage of each service and reasons for declining the services. The staffs of the hospital and clinics were given extra training to prepare for the study and drug supplies were supplemented.

When all data was collected and processed the results showed good results for the program. In the first step of the programme, 93% of the original 2298 participants agreed to HIV testing with just under 75% of those tested returning for their results. Some of the most common explanations to why people did not return were “the need to consult their husband or partner and their wish to think more about being tested”. Although no study has every tried to prove there is a stigma about HIV testing, the article suggest that this is a probable reason for not wanting to be tested.

Of the women tested by the study, 20.4% of results tested positiv for HIV and 74.6% of these women agreed to post-test counseling. Only 23.8% of the HIV positive mothers agreed to being given neviapine, a one-dose drug with very high success rates in preventing transmission from mother to child.

The last part of the study involved post-birth follow-up visits.

According the study, this was by far the most difficult part because of the lack of community health care. All other parts of the study had been based in the central district hospital, but this part was to be more community oriented. Unfortunately with the severe lack of staff, the study found this to be almost impossible to establish without large improvements to the communications and staffing structure of the program.

In the end, the study declared that the only part of the program that would be impossible to implement without huge improvements was the community based counseling. For the most part, the rest of the program could easily be incorporated in the current situation. The study continued to suggest that a community based program should be the ultimate goal for Zimbabwe and particularly stressed the effect community based programs had on the overall number of participants. In fact, the group discovered that “HIV infected women in the community had an impact on the desire of other family members and the community in general to have access to HIV counseling and testing services.”



Group of Nurses learning how to administer drugs (9)

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HIV Orphans (7)

Sources

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