

Why are many children still born with HIV?

DOCTOR WATITI

TOWARDS ZERO

Q Dear Doctor, I am really troubled by the high number of children who were born with HIV in 2025, at a time when most women who attend antenatal care are routinely tested for HIV and all found positive are put on ARVs. We are told that women with HIV who are on ARVs actually produce HIV-negative children. Isn't it time a law is passed to ensure all children are born at health facilities, because I think it is women who do not attend antenatal care and end up producing at home, assisted by traditional birth attendants who end up producing children with HIV?

Joseph

Dear Joseph, It is true that most women living with HIV who are on ARVs and take the medicine with good adherence, which helps them to have undetectable viral loads and produce HIV-free children.

This is because it has been scientifically proven that an undetectable viral load is untransmissible and it is what helped us reduce the numbers from tens of thousands of children born with HIV over a decade ago to the current 4,700 who were born with the virus in 2024.

To come to zero HIV in children, we need to indeed encourage all pregnant women to attend antenatal care early and regularly, so that they can know their HIV status and those with HIV are started on ARVs.

Legislation in order to have an HIV transmission framework is certainly important.

However, without addressing the barriers and gaps in service delivery and other practices, it may not produce the intended results.

For example, one of the practices that causes

women to get infected with HIV, which they pass on to their children during breastfeeding is that some abstain from sex with their spouses during pregnancy for various reasons, which makes their partners find other sexual partners during that time.

The men who get infected with the virus during this period then infect their wives when they resume sexual practice usually three to six weeks after delivery.

So, to end paediatric HIV, we need to engage both men and women and empower them with relevant knowledge; such as correct and consistent use of condoms to ensure safer sex.

If they cannot abstain or use condoms, they are encouraged to adopt other HIV prevention methods that are known to be effective against transmission, for example, taking ARVs as pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP).



Preventive measure, PEP