

Nwoya health workers deliver HIV-free babies amid hurdles



A pregnant woman arrives at Anaka General Hospital for a routine antenatal check-up on March 23. PHOTO/TOBBIAS-JOLLY OWINY

Health workers in the district are helping HIV-positive mothers give birth to HIV-negative babies through improved access to prevention and treatment services.

BY TOBBIAS, JOLLY OWINY

When Aromorach (not real names), went for her fourth antenatal check-up at Anaka General Hospital in Nwoya District, in mid-August 2025, she was emotional distressed, as if her unborn child was troubled and a premature delivery was coming.

According to Aromorach, a resident of Onyomtil Village, Ywaya Parish in Anaka Sub-county, the results of subsequent examinations showed she had developed maternal anaemia, and an intra-uterine growth restriction scenario was developing.

While it was her third pregnancy since her 2017 diagnosis with HIV/Aids, it is the first where she was experiencing such a new condition.

Whereas this was new to her, to health workers at the facility, such abnormalities are a common occurrence among expectant mothers living with HIV/Aids.

"As such, I had a caesarean section delivery, done at Lacor Hospital in November 2025. Through regular consultations, medical officials reassured me and told me that the conditions resulted from the antiretroviral drugs I was taking," Aromorach said.

Despite the impact of drugs, they counselled her against absconding from taking her daily doses as it would complicate the pregnancy further.

In a remarkable progress in the fight to save newborn babies from contracting HIV infection from their mothers during birth, health workers in the district are helping HIV-positive mothers give birth to HIV-negative babies

through improved access to prevention and treatment services.

By administering antiretroviral therapy, offering routine testing, and providing close monitoring throughout pregnancy and breastfeeding, medical teams are significantly reducing mother-to-child transmission rates.

Pushing the 95-95-95 agenda

In an interview, Dr Jolly Joe Lapat, the executive consultant and senior paediatrician at Anaka General Hospital, said they have continued to operate on the Ministry of Health's 95-95-95 strategy to ensure success in the prevention of mother-to-child transmission of HIV/Aids.

"A mother who turns up for her first antenatal visit undertakes a mandatory HIV test, and if found positive, she is enrolled on lifelong antiretroviral therapy with strict adherence to treatment. This is to ensure they achieve viral suppression and reduce the risk of transmission at delivery," he said.

Through community sensitisation, pregnant women are encouraged to attend antenatal care that is combined with HIV testing in the first three months to determine their status.

"To increase access to HIV testing, we don't only offer antenatal care inside the facility, but have integrated HIV testing into our routine integrated outreaches," Dr Lapat added.

At Anaka General Hospital, the biggest health facility in the district that offers comprehensive HIV/Aids services, health workers introduced the spoke-model two years ago through which it networks with the lower health facilities across the district.

"We visit lower facilities on a weekly basis and collect all the samples they have drawn for analysis at the hospital laboratory to ensure that services run seamlessly," he said.

Through the network, HIV-positive mothers from the lower health units are referred to the hospital's clinic upon delivery to be offered early infant diagnosis and care services.

During pregnancy, women who test

HIV DATA

Between 2010 and 2024, new paediatric infections reduced to 6.12 percent from 25.61 percent, while PMTCT ARV coverage reportedly reached 100 percent of HIV-positive pregnant women. However, according to the Annual Joint Aids Review (JAR) 2025, epidemic control remains elusive, with the number of new infections remaining higher than the Aids-related deaths, despite the progress.

positive for HIV are enrolled in the mother-baby care clinic.

Here they are offered dedicated care by checking their CD4 counts and assessing their level of body immunity.

"Each of them undergoes viral-load testing to ensure they are virally suppressed before delivery. However, if a mother is not virally suppressed by delivery time or tests positive during delivery, we categorise them as high risk for transmission of the virus to the unborn baby," Dr Lapat said.

Anaka General Hospital's focus is to drastically reduce the risk of transmission at delivery, and immediately after delivery. As such, they introduce the newborn baby to prophylactic antiretroviral therapy from zero hours to one year when they are weaning off breastfeeding.

However, for HIV-positive mothers who cannot breastfeed, the babies are introduced to replacement feeding while being monitored.

The hospital's antenatal care clinic recently launched the new early infant diagnosis unit dedicated to offering critical care for HIV-positive mothers. For babies born negative, they are subjected to three different tests.

Within six weeks, the first sample is taken from the baby to determine their status. Once they are negative, health workers do a DNA-PCR, and if found negative, another DNA-PCR test is done at 18 months, we conduct a last DNA PCR.

If the baby tests negative, they are declared negative, and taken out of the clinic.

However, if they test positive, they are enrolled on treatment.

The numbers

Uganda has, in the past years, implemented multi-sectoral HIV/Aids responses resulting in the current 4.9 percent prevalence rate, with new HIV infections and Aids-related deaths declining by 61 percent and 63 percent, respectively, between 2010 and 2024.

Between 2010 and 2024, new paediatric infections reduced to 6.12 per-

cent, down from 25.61 percent, nearing elimination, while PMTCT ARV coverage reportedly reached 100 percent of HIV-positive pregnant women.

However, according to the Annual Joint Aids Review (JAR) 2025, epidemic control remains elusive, with the number of new infections remaining higher than the Aids-related deaths, despite the progress.

Whereas, HIV-exposed infants received ARV prophylaxis at 97 percent and the first DNA-PCR positivity declined to 0.76 percent within the same period, ART retention at 12 months scored below the 90 percent target, with viral suppression among breastfeeding mothers said to have stagnated at an average of 86 percent.

This is attributed to complacency among younger mothers who did not witness the early epidemic, gaps in follow-up and retention for postpartum women and infants and limited integration of family planning with maternal HIV services.

Challenges

According to Dr James Okello, the acting district health officer for Nwoya District, efforts exerted by the health workers in the district are aimed at combating a web of social and systemic challenges that the district is struggling with to ensure HIV-positive mothers give birth to HIV-free babies.

Despite progress under the Prevention of Mother-To-Child Transmission (PMTCT) programme, late antenatal attendance, persistent stigma and discrimination still discourage expectant mothers from seeking timely care.

In remote areas like in Koch-ili, Gotapwoyo and Lungulu sub-counties, long distances, limited staffing and inadequate medical infrastructure further complicate efforts, forcing frontline workers to stretch already thin resources to protect newborns from infection, Dr Okello said.

Today in Uganda, approximately 1.5 million people are living with HIV/Aids, of which 930,000 are females, 570,000 are males, and 71,000 are children, with the national prevalence rate standing at 4.9 percent.

Of the 36,700 new HIV cases recorded in 2025, 21,000 are females, 11,000 males and 4,700 children.

According to Uganda Aids Commission (UAC), the data indicate a stagnation in the prevalence of mother-to-child transmission, contrary to the government's 2030 target of elimination of new infections and HIV-related deaths.

Mr Victor Rwengabo, the UAC's zonal coordinator for mid-northern Uganda, attributed the slow reduction in the mother-to-child transmission cases to the high prevalence of stigma and discrimination and late antenatal care visits.

"We shouldn't be having children born with HIV because we have all the technology, but self-stigma among victims and discrimination in the community are deterring many HIV-positive mothers from seeking timely care," Mr Rwengabo said.

According to UAC, 4,700 children acquired HIV from their mothers either during pregnancy or through breastfeeding in 2024.

This is unfortunate because technologies, medicines, and measures that can prevent this tragedy are available.

"Unfortunately, we learnt that many mothers still shy away from antenatal care or they report very late, yet antenatal care is free in this country, and the treatment is free; besides, there are those mothers who do not adhere to treatment," Mr Rwengabo lamented.

86%

The rate at which viral suppression among breastfeeding mothers has stagnated.