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MALAWI: Limping PMTCT programme failing infants

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Source: IRIN

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ZOMBA, 21 November (IRIN) - Despite being largely preventable, mother-to-child transmission of HIV accounts for 30 percent of all new infections in Malawi and is the second major mode of transmission after unprotected sex. Every year, an estimated 30,000 babies are born HIV positive.

Relatively simple interventions to lower the risk of infection are available to only a small number of women and lag far behind the country's antiretroviral (ARV) treatment programme, which now reaches 70,000 HIV-infected people, or about 40 percent of those who need them.

In 2004 only 2,719 pregnant women received Nevirapine, an ARV drug that can lower the chances of a mother infecting her baby by up to 40 percent. The ministry of health could not provide figures for 2005, but according to UNAIDS, only 2.3 percent of pregnant women accessed prevention of mother-to-child treatment (PMTCT).

"It's true that we haven't progressed in comparison to treatment, care and support," said Michael Eliya, coordinator of the government's PMTCT programme. One of the reasons for the slow progress, he explained, was the delay in finding someone to oversee the PMTCT programme. A lack of human resources has hindered progress at all levels.

About 250 women a month deliver at the district hospital in Zomba, about 70km east of Blantyre, but PMTCT coordinator Margaret Chindiwo runs the programme out of a borrowed doctor's office with the help of just one health surveillance assistant (HSA) - Malawi's lowest-qualified cadre of health workers.

On paper, the national policy is to test all pregnant women for HIV, unless they refuse. In reality, said Chindiwo, many women only come to the hospital to give birth, by which time it is too late to test them. Some access antenatal services at their local health centres but, not all of those centres offer testing, let alone PMTCT (according to Eliya, only 22 percent of the 542 health facilities offering antenatal services provide PMTCT).

Those who come to Zomba Hospital early enough can only be tested if the HSA is on duty - Chindiwo herself has not received training in voluntary counselling and testing (VCT).

"We're reviewing the issue of PMTCT provider training for counselling and testing," Eliya said. A soon-to-be released national PMTCT training manual will recommend that more providers receive VCT training.

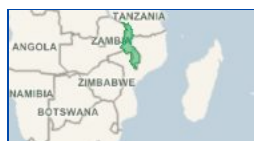
The goal of a programme being piloted in Zomba District by the Canada-based medical humanitarian organisation, Dignitas International, is to promote greater involvement of male partners in PMTCT. "Most women don't disclose to their husbands because they're afraid," said programme coordinator Isabelle Mayuni. "Women in Malawi depend on their husbands for everything - they're not empowered. I've seen mothers who were abandoned by their husbands when they revealed their status."

Without the knowledge and support of their spouses, women are rarely able to follow advice about feeding practices or avoid falling pregnant again. The hope is that by involving men at an earlier stage - encouraging them to accompany their wives to antenatal clinics and TO test for HIV with them - they will be more likely to support their spouses in the event of a positive test result.

On a recent afternoon, Mayuni addressed 30 village men sprawled in the shade of a tree. All were husbands and fathers, but getting involved in their wives' pregnancies was a foreign concept. Now, with the implied approval of a row of village elders listening in on the discussion, Mayuni was encouraging them to go to antenatal clinics with their wives and to the hospital for the birth of the baby.

Some looked dubious. One man voiced his fear that clinic staff would force him to take medicine that would prevent him from getting his wife pregnant. Another asked what he should do if he couldn't get his wife to the hospital in time.

Poor roads and lack of affordable transport force almost half Malawi's women to give birth at home, usually with the help of a traditional birth attendant (TBA). Mayuni told the men that women who get to an antenatal clinic in their eighth

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month are given Nevirapine to take home with them.

For the many who don't, Dignitas is TBAs in the basics of mother-to-child transmission. Ngasamale Alabi has been helping women in her village give birth for the past 30 years. "It just came to me in a dream - I wasn't taught by anyone," she said, sitting in the crumbling mud hut that is her delivery room.

Since attending a two-day workshop, where she learnt how to minimise the chances of mother-to-child infection, she has referred two clients with symptoms of HIV infection to the local antenatal clinic for testing and now uses gloves when she delivers. Mayuni is convinced that, with more training, TBAs could also monitor HIV-infected new mothers, an area of weakness in Malawi's PMTCT programme.

"Mothers are supposed to come back after they deliver and if they don't we're supposed to follow up with them, but we don't have the staff," said Sarah Nafere, PMTCT coordinator at the district hospital in Nkhata Bay, northern Malawi.

There are plans to train health surveillance assistants to assist with follow-up but Eliya admitted they already have a heavy workload. In the meantime, TBAs like Alabi are ideally placed to check on new mothers and support them to exclusively breast-feed until the child is six months old - the standard advice given to HIV-infected Malawian mothers. Most have little choice because health centres do not stock formula milk.

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