

HAITI

Breaking the cycle of mother-to-child HIV transmission in Haiti

Della lives in an isolated village in the north-west Department, an arid and mostly barren region that is among the poorest of Haiti's 10 departments. It is in this economically challenged area that the young mother is raising her four daughters while preparing for the birth of her fifth.

One day, Della felt very sick. "I was afraid for the life of my baby," she recalls. So she took a motorcycle taxi to a hospital in Bombardopolis, more than 15 km away.

"The road conditions are very bad, and it was especially difficult for Della because she is five months pregnant and lives so far away," explains Elmanise Jacques, who runs the prevention of mother-to-child HIV transmission programme in Bombardopolis for the humanitarian organization CARE.

Della's husband died of AIDS four years ago and she has since remarried. After the long journey to the hospital, Della discovered that she was living with HIV.

Reducing the risk

UNICEF is working with partners like CARE to prevent mother-to-child transmission of HIV and provide paediatric treatment. An estimated 12,000 pregnant women in Haiti are living with HIV.

"Poverty, political instability and lack of access to education exacerbate the spread of HIV/AIDS in remote communities," says UNICEF HIV/AIDS Officer Cecilia Sanchez Bodas. "Without preventive interventions, roughly one third of infants born to HIV-positive mothers will acquire the virus during pregnancy, labour, delivery or breastfeeding."

Following the advice of her doctor, Della has enrolled in a UNICEF-supported programme that provides medical care and support to pregnant women living with HIV. Preliminary results from such programmes have shown that they can reduce parent-to-child transmission of the virus by as much as 50 per cent.

Within 72 hours of giving birth, Della's baby will be administered a dose of antiretroviral medication in order to reduce the risk of mother-to-child transmission of the virus. The infant will receive paediatric care and will be tested for HIV during the next 18 months, while Della will receive counselling and advice on appropriate feeding methods. If it turns out that the infant is HIV-positive, Della's child may also be put on antiretroviral treatment.

Brave women like Della

To address the stigma of those living with HIV, Della joined a community support group that offers psychosocial support.

“I learned at the group that being HIV-positive is not the end of the world and I can remain in good health with regular hospital visits. A doctor will follow the progress of my health and will give me medication,” she says.

Della’s life has changed for the better since she joined the support group. She plans to continue to participate in the group even after she gives birth, to share her experience with other women who face the same situation and to support them in this painful ordeal.

“Brave women like Della are important for the group because they help us strengthen and maintain our programme that helps pregnant women,” says Ms. Jacques.