

PMTCT services can reveal the advancement made and the biggest hurdles faced during implementation

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Abstract

The HIV/AIDS pandemic has succumbed millions of people throughout the world since it was first described in the early 1980s. In the past three decades the world has learned that HIV/AIDS is not only a health problem that can be addressed solely by the health sector but it is a social, economic, development and security issue that needs the united endeavors of all sectors including the public, private, religious, social and cultural structures of nations. This problem is worse in non-developed countries like Ethiopia. The prevalence of HIV at PMTCT site has shown a four-fold decrease during the five years period. The studies shows only 53% of known HIV positive mothers and 48% of known HIV exposed infants have received ARV prophylaxis. The estimated ARV coverage was found to be 11.6% for HIV positive mothers and 8.4% for their babies. Transmission of HIV from mother to child is mainly during pregnancy (Labor & delivery and during breast feeding). To prevent the transmission the four prongs must be implemented: Primary prevention of HIV infection; Prevention of unintended pregnancies among HIV-infected women; Prevention of HIV transmission from HIV-infected women to their offspring; and Provision of care and support to women infected with HIV, their infants, and their families. So integrating PMTCT service in all health system or sectors should be enhanced and need all stakeholders' involvement.

Biography

Moges Amare Ambaw has completed his degree in Midwifery from Addis Ababa University and he is currently pursuing Clinical Internship. He was the Head of MNCH Department in St. Peter Hospital. He is also a Lecturer in Menilik II Health Science College and Trainer on PMTCT, Basic Emergency Obstetric and Newborn Care (BEmONC) and Family Planning.