

BY ELVIS BASUDDE

The Kayembas got healthy babies despite having HIV

It never occurred to Prince Dick Kayemba and his wife, Naomi Naguija, that they could ever have children. As an HIV-positive couple, the Kayembas had nursed the belief that it was risky for people living with the virus to have children. Their jolly and lovely children are 10-year-old Morris Jjuuko and five-year-old Diana Nassuuna. However, the couple has baptised the children all sorts of names, for a good reason.

They call them Kirabo (Gift), Kyabeyi (Precious), Kyamagero (Miracle), Kisakya Mukama (God's grace), super girl/boy, the list is endless. The Kayembas are AIDS survivors. Kayemba suffered full-blown AIDS, while Naguija had a near-death experience after being bed-ridden for months.

HIV-positive

Kayemba discovered he was HIV-positive in 1987, while his partner found out in 2000. Kayemba fell seriously ill for two years, went into a coma for weeks and was pronounced dead at one point. However, after his health improved, Kayemba suggested to his wife that they should have a baby.

"Now that God has preserved me up to 2007, I want to have a child. We can have a child through the prevention of mother-to-child HIV

transmission (PMTCT) strategy. I have read much about the strategy and there are health benefits for mothers. I wish we could try it out," he told his wife. Kayemba's proposal did not meet Naguija's approbation. She did not want to conceive, because she feared she would die. However, she told Kayemba that he was free to have babies with any other woman.

Kayemba and Naguija met in 2006 at the Medical Research Centre (MRC) in Entebbe, from where they used to receive their anti-retroviral drugs (ARVs). The two were linked by their counsellor.

When they resolved that they were ready to have a baby, they started collecting information on the prevention of mother-to-child transmission.

They sought advice from counsellors and HIV specialist doctors. Kayemba was informed by his doctor at Nsambya Hospital that with the right specialised treatment and medical care, one can reduce the risk of passing HIV to their unborn child to less than 2%.

Kayemba was assured that



Kayemba with his wife Naguija and their children in an earlier photo. Photo by Elvis Basudde

women living with HIV, who are on treatment and have an undetectable viral load, are extremely unlikely to transmit HIV to their babies through childbirth or breastfeeding.

A number of tests indicated his viral load was undetectable, proving that the drugs had completely suppressed the virus in Kayemba's bloodstream.

"Viral load" is the amount of virus in someone's body. Without proper medication, the HIV-virus replicates and

causes the virus to increase, unchecked, but ARVs prevent this and then the amount of HIV in the body goes down.

When the virus is "undetectable" by viral load tests, this is a positive result and often the goal of treatment. A low viral load is less than 100 copies per millilitre. The viral load can go as high as over 500,000 copies per millilitre.

When Naguija conceived, they followed all precautions and made appropriate interventions to reduce chances of passing on the virus to their baby during

pregnancy, labour, at birth and immediately after delivery.

Jjuuko is born

Today, out of 100 babies born to HIV-positive women, 90% babies are protected through elimination of mother-to-child transmission (EMTCT). Naguija delivered Jjuuko normally in 2007. The couple made sure that the baby was not breastfed. They fed him on formula milk until he turned one year before they switched to cow milk. Naguija did not experience any problems after delivery.

When Jjuuko was seven years old, the couple decided to have another baby. In February 2013, Nasuuna was born, this time by C-section. The couple took the same precaution not to breastfeed her.

Both Jjuuko and Nasuuna are free from the virus. "Thanks to PMTCT, but most importantly, thanks to God who has kept us healthy. We hope that our experience will bring hope to other couples living with HIV," Kayemba says.

PMTCT, making good progress

"We are making good progress in the programmes for the elimination of Mother-to-Child Transmission of HIV. In 2016, the number of new mother-to-child HIV infections fell to 4,000, from 25,000 in 2010," Dr Abdala Nkoyoyo, the programme manager at the Infectious Disease Institute says. This represents a decline of 86% between 2010 and 2016. He, however, says more can be done to bring the percentage further down. Kayemba and Naguija are HIV activists who disclosed their status in order to give HIV a face. They wanted people to know that with ARVs, coupled with spiritual and moral support, one can continue to live a productive life with HIV.

Kayemba is a counsellor, peer educator and founder of the Market Vendors AIDS Project (MAVAP). His first wife, Sarah Nankya, is also a counselor and peer educator at St. Balikuddembe Market.



World Health Organization

REGIONAL OFFICE FOR Africa

The Message of WHO Regional Director for Africa, Dr Matshidiso Moeti, on World AIDS Day 2018



Dr. Matshidiso Moeti,
WHO Regional Director for Africa

Today, the world community will come together to mark the 30th anniversary of World AIDS Day. This year's theme is "Know your status". The only way to determine a person's HIV status is for them to have an HIV test.

HIV testing is essential in expanding

treatment and ensuring that all people living with HIV can lead healthy and productive lives. It is also crucial in ensuring that 90% of people living with HIV know their HIV status; 90% of people diagnosed with HIV receive antiretroviral therapy; and 90% of people living with HIV, and who are on treatment, achieve viral load suppression. HIV testing empowers people to make choices about HIV prevention specifically how to protect themselves and their loved ones.

Significant progress has been made in the AIDS response since 1988, and today four in five (20.8 million) people living with HIV in the African Region know their status. In addition, more than three in five (15.3 million) people are accessing life-saving antiretroviral therapy. There is a more than 30% reduction in AIDS related deaths since 2010 and people living with HIV are leading longer, healthier lives thanks to the sustained access to antiretroviral therapy.

However, this progress is not uniform in our Region. For example, in West and

Central Africa, only one in two (2.9 million) people living with HIV know their status. That is why WHO, partners and Member States in the sub-region are working together to accelerate the expansion of HIV testing programmes in order to reach people living with HIV who do not know their status and ensuring that they are linked to quality and prevention services.

Many such as young people and adult men are being left behind and others still only get tested after becoming ill. Stigma and discrimination still deters people from taking an HIV test. Access to confidential HIV testing is still an issue of concern. Many of those who are being left behind are those most affected by HIV, including people who use drugs, sex workers, men who have sex with men and prisoners.

As part of the new 5-year strategy for WHO, we are working with Member States in the African Region to strengthen their health systems and help them progress towards universal health coverage, so that all people have access to the services they

need, without facing financial hardship. Universal health coverage offers an opportunity to expand HIV testing, prevention and treatment that is integrated with other programmes and services such as Tuberculosis, and sexual and reproductive health.

I call on countries to use the new HIV testing strategies and to choose a strategic mix of service delivery models to achieve universal and equitable access to HIV testing and counselling. We need to expand community-based options and innovations to reach beyond health facilities. We also have to build strong linkages to guarantee HIV prevention, care and treatment services after testing. In all this we need the political will; we need the investment from governments, partners and private sectors, and most of all, we need the communities to promote demand for HIV testing services.

