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Addressing the Challenge of HIV Infection Among Pregnant Women in Guinea: Efforts in Preventing Mother-to-Child Transmission and Future Perspectives

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Introduction

HIV infection among pregnant women in Guinea poses a significant public health challenge, demanding a comprehensive response to mitigate its impact. Mother-to-child transmission (MTCT) of HIV, occurring during pregnancy, delivery, or breastfeeding, remains a critical concern due to its severe consequences for both maternal and child health. Despite global efforts, Guinea continues to grapple with a relatively high prevalence of HIV among pregnant women, compounded by socio-economic and health system barriers [1].

Recent data indicate that approximately 1.0% of the adult population in Guinea lives with HIV, translating to over 71,000 individuals [2]. Among these, pregnant women are particularly vulnerable. Alarmingly, the rate of vertical HIV transmission in Guinea stood at 14.9% in 2019, far exceeding UNAIDS's target of less than 5% [3].

Current Efforts to Prevent MTCT

Guinea has implemented a range of measures to combat MTCT, including the provision of antiretroviral therapy (ART) for HIV-positive pregnant women, enhanced prenatal HIV testing, and education on safe breastfeeding practices. These efforts have shown measurable progress. For instance, in 2019, 98.6% of HIV-positive pregnant women received ART, compared to only 39% in 2010 [4]. Similarly, 91.8% of pregnant women were tested for HIV during antenatal care visits, up from 70% in 2010, illustrating the efficacy of systematic screening policies [5].

The introduction of community-based approaches, such as the "Mentor Mothers" initiative, has further strengthened support networks for HIV-positive women. These programs leverage trained peer educators to provide emotional, educational, and practical support, fostering adherence to treatment and improving maternal and child health outcomes [6].

Persistent Challenges

Despite these advancements, significant barriers remain. Limited access to healthcare facilities, insufficient ART supply chains, and pervasive stigma hinder the effectiveness of MTCT

prevention programs. Additionally, the lack of adequate training for healthcare providers and minimal male partner involvement exacerbate these challenges [7].

Social and cultural factors also contribute to low utilization of family planning services, leaving many HIV-positive women without the means to prevent unintended pregnancies. Addressing these issues requires a multi-faceted approach encompassing policy reforms, community engagement, and investment in healthcare infrastructure [8].

Future Directions

To achieve the UNAIDS target of eliminating MTCT, Guinea must intensify its efforts across multiple fronts. Key priorities include:

1. **Strengthening Healthcare Systems:** Enhancing ART supply chains, expanding access to prenatal care, and training healthcare professionals on MTCT prevention.
2. **Community Engagement:** Promoting male involvement in antenatal care and addressing cultural norms that perpetuate stigma and discrimination.
3. **Data-Driven Strategies:** Investing in robust monitoring and evaluation systems to track progress and identify gaps in program implementation.
4. **Sustainable Funding:** Securing financial and technical support from international partners to scale up interventions and ensure long-term program viability [9].

Conclusion

HIV transmission from mother to child remains a pressing issue in Guinea. While significant strides have been made in prevention efforts, sustained action and collaboration among stakeholders are crucial to achieving the ultimate goal of eliminating MTCT. By addressing existing barriers and leveraging community resources, Guinea can protect the health and future of its mothers and children, contributing to the global fight against HIV/AIDS.

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