# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1504**

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**(INTERNAL QUESTION PAPER NO. 15)**

**Ms M D Hlengwa (IFP) to ask the Minister of Health:**

(1) Whether his department has any records showing any rise in sexually transmitted infections from 1 January 2022 to date;

(2) what (a) is the rate of HIV/Aids transmission from mother to child that his department has recorded in the past year to date, (b) has his department identified to be the most contributing factor to the specified rate and (c) measures has his department implemented to ensure that the rate of transmission does not persist? **NW1743E**

**REPLY:**

1. Between 2022 and 2023, new episodes of STIs increased from 358 060 to 385 657 nationally, according to our District Health Information System (DHIS).
2. (a) The transmission rate from mother to child has declined over the years from 0.55% for FY 2019/2020 to 0.44% for FY 22/23 . In the past year to date transmission is 0.44% (DHIS).

(b) The most contributing factors for MTCT include:

(i) maternal factors include elevated viral load, symptomatic disease, poor adherence to- and failure to use antiretroviral drugs during pregnancy and breast-feeding period;

(ii) obstetric factors are per-vaginal delivery, rupture of membrane;

(iii) neonatal factors are low birth weight, breastfeeding, prematurity;

(iv) Seroconversion during pregnancy and post-delivery, leading to viraemia which is the presence of the virus in the blood, if the mother is not on treatment.

(c) measures that the department implemented to ensure that the rate of transmission does not persist are:

* Offering HIV testing at every Basic Antenatal Care (BANC) (write in full please) visit and implement Test and Treat, as prevention of primary HIV infection;
* Educate patients about the unintended pregnancies in women of childbearing age. This includes making condoms available, and offering PreP to HIV negative women in pregnancy and post delivery, voluntary Male Medical Circumcision (VMMC);
* improvement of maternal viral suppression rates at delivery and in the post-delivery period through potent, well-tolerated antiretroviral regimens (TLD) as 1st and 2nd line therapy, strategic use of maternal viral load monitoring, linking of mothers to post-delivery HIV care and integration of mother-infant health care;
* provision of enhanced prophylaxis to infants of mothers with elevated HIV viral loads in the breastfeeding period, while every effort is made to regain maternal viral suppression;
* Supporting women with the safe childbirth practices and appropriate infant feeding;
* Making use of infant HIV testing and other post-natal healthcare services;
* Roll out of HIV and AIDS Treatment literacy.

END.