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SMS HIV RESULTS

Author / organisation	Inter Press Service (IPS)
Year recorded	2010
Region	Africa · Zambia
Category	Health
Archive page	kiwanja.net/mobile-database/sms-hiv-results/

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Zambia: HIV test results by SMS

Lusaka (Zambia) — HIV-positive Bupe Mwamba, 22, lies next to her newborn baby girl at the rural clinic she just gave birth in and wonders if her baby is HIV-positive too.

Inter Press Service (IPS) | Thursday, 25 March 2010

She has been for counselling throughout her antenatal check-ups and knows there is a chance her baby girl may be HIV-negative. But it still does not eliminate her fears and anxieties.

"It is a moment of reflection about the future of your child and how your child will cope being HIV-positive. It cannot go without (me feeling) some kind of fear as a human being," she said.

Here at the Chipulukuso rural health centre in Ndola, Zambia's Copperbelt province, when an HIV test was done, blood samples were taken and then transported to a central regional hospital for analysis. The results were then sent back to the rural centre in a process that used to sometimes take up to 10 weeks.

And in the lifetime of a newborn baby, it was valuable time wasted during which the HIV-positive infant could have been placed on antiretroviral treatment (ART).

But Mwamba is fortunate. She will not have to wait so long to know her baby's status.

Because of the delays in sending and receiving HIV test results the ministry of health has piloted a short messaging service (SMS) that will now send HIV results of children less than 18 months back to health centres within three to five days.

The blood sample taken from Mwamba's baby, together with other samples from other rural health centres, are couriered to Ndola Arthur Davison Hospital, the central hospital on the Copperbelt region. Here the blood samples are tested for HIV.

The test results of the infants are then sent back to the health centres via a machine that receives information in the form of short messages. The test results will be printed out and the relevant doctor will be able to pass on the diagnosis to the parent.

Director of Public Health in the ministry of health, Victor Munkonka, is optimistic that the programme, once implemented nationally, will reduce the country's infant mortality rate by more that 50 percent. Mukonka explained that the delay in administering ART to children who are less than 18 months old was contributing to the high death rates of babies in the country.

"We realised that we were losing many babies because of the delay in testing them for HIV, this is mostly because of lack of proper diagnostic machines to detect the virus in infants," he said. He also noted that those in remote areas had difficulty receiving their results once the blood samples were sent to the central hospital.

Mukonka said the SMS project started in January 2010 at selected health centres located in the rural areas of Zambia's Copperbelt, Central and Northern provinces.

"We are targeting 10 health centres on the pilot project which will be assessed after six months. During this period, tests that are sent to Arthur Davison from these health centres will be sent back using SMS within a short period of time," Mukonka said.

Mukonka said the SMS system will save infants' lives through prompt diagnosis and treatment.

Media Network on Child Rights and Development chairperson Felistus Chipako said the decision by the ministry of health to introduce the SMS to address paediatric HIV is a good development.

Chipako said Zambia has in the recent past struggled to address child mortality, which is among the highest in Sub Saharan Africa. Zambia's 2008 Demographic Health Survey showed the country's under-5 mortality rate was 119 deaths per 1,000 live births.

She said the intervention would help treat HIV-positive children in a more prompt manner than has been the case. "The system also calls for intensive counselling for mothers on how to handle the whole thing when given the results," she added.

Mwamba, however, said that the new method of receiving results was exciting, and that she was looking forward to the service working quickly.

Mwamba was discharged the day after her delivery and was scheduled to return to hospital with her baby for a check-up a week later.

When she returned seven days later, she also received the results of her child's HIV test.

Her baby girl is HIV-negative.

"I feel relieved that my baby is HIV negative, I spent the past six days pondering about what life would have been like for the little one living with the virus," Mwamba said.

However, Mwamba was encouraged to bring back her daughter for another HIV test when she is three months, then at six months and finally at 18 months for the last test. This is done to ensure that the baby is truly negative, since Mwamba is breastfeeding her baby.

"I am positive that the project will work if the health staff remain committed to it," she said.

Mumba said she cannot forget the fear, pain and anxiety in waiting for her baby's test results

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Norwegian Council for Africa
Osterhausgt. 27, 0183 Oslo, Norway