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Stigma as a Barrier to the Elimination of New Infant Infections: Model Projections from an Urban PMTCT Program in South Africa

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Introduction

• Stigma and resulting discrimination, whether experienced or anticipated, have been documented as powerful barriers to uptake and retention in programs providing pregnant women living with HIV with services to prevent child infections and maternal death.
• However, the size of the potential impact of stigma and discrimination on numbers of new child infections and therefore on interventions in programs to prevent those infections is unclear.
• The aim of this study was to quantify the extent to which mother-to-child transmissions (MCTs) can be attributed to stigma in an urban setting of South Africa.

Methods

A static Excel worksheet mathematical model, incorporating the new WHO 2009 treatment guidelines for PMTCT, was developed, and clinical program data from a PMTCT program in Johannesburg were used to parameterize the model and simulate a high-functioning health system, in which women are affected by both stigma and non-stigma-related barriers. Non-stigma-related barriers include, for example, a number of issues such as healthcare system delivery barriers, access to care barriers, and incorrect adherence to treatment.
• A comprehensive literature review identified studies providing quantitative estimates most likely to reflect the potential impact of stigma and discrimination on numbers of new child infections and therefore on interventions in programs to prevent those infections is unclear.
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Results

• Model projections show that if stigma could be reduced to “minimal” levels, 44 percent of all vertical transmissions may be averted, with an interquartile range (IQR) estimating 38–46 percent.
• In addition, if non-stigma-related barriers could be eradicated, a further 48 percent of infections could be averted, IQR 44–53 percent.
• However, even under ideal circumstances, the model estimates infections would occur, because drug regimens do not provide absolute protection.

Conclusions

The model projections suggest HIV-related stigma may be an important barrier to the elimination of vertical HIV transmission. Aligned investment to strengthen the health system delivery of PMTCT, interventions to address HIV-related stigma need to be supported.

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