**REJOINDER: Setting the Record Straight on Mother-to-Child Transmission of HIV in Nigeria**

Our attention has been drawn to a recent publication titled **“Halting Mother-to-Child HIV Transmission”** dated 24th July 2025, which presents a bleak and largely outdated picture of Nigeria’s efforts to eliminate mother-to-child transmission (MTCT) of HIV. The information seems to be obsolete. While the intention to highlight the issue is commendable, we believe it is important to correct the inaccuracies and provide a more current, balanced and evidence-based narrative.

**I. Nigeria’s Story Is Not One of Failure but of Progress and Determination**

Yes, HIV remains a significant public health issue. Yes, we still have work to do. But to suggest that Nigeria has not made meaningful progress in reducing MTCT is simply incorrect. According to 2024 national data, Nigeria has:

* Reduced the overall MTCT rate to **8.5%,** not the 25% stated in the article. This is close to 100% drop-in transmission rate. This includes total transmission during pregnancy, childbirth and breastfeeding.
* Increased access to antiretroviral therapy (ART) for HIV-positive pregnant women from 30% in 2016 and 33% in 2023 to over 65% in 2024.
* Your report writes that 22,000 infants are born with HIV in Nigeria which is misleading. The right figure at the end of 2024 is 7,000 and not what you reported. This is a very large progress from what we had in the past.
* About 5.2 million pregnant women were tested for HIV during antenatal care in 2024 with about 21,000 previously known cases and 7,000 new positives found. The number tested continues to grow through expanded outreach.
* These numbers may not yet meet the World Health Organization [WHO] <5% elimination target, but they show steady and measurable improvement.

**II. The Real Challenges Are Being Addressed**

The article rightly points out that challenges remain particularly in areas such as retention in care, early infant diagnosis and healthcare infrastructure. But those issues are not being ignored. Through the National AIDS, Viral Hepatitis and STIs Control Programme (NASCP) under the Federal Ministry of Health and Social Welfare. The government has rolled out a fast-tracked PMTCT plan focused on:

* Integrating PMTCT services into routine antenatal and child health care
* Triple elimination of HIV, Hepatitis and Syphilis,
* Using mentor-mother models and community-level testing to increase awareness and follow-up,
* Strengthening early infant diagnosis (EID) and improving linkage to care for HIV- at exposed infants,
* Digitizing data systems to better track mother–baby pairs and using unique IDs for better follow-up and outcomes,
* Collaborating with state governments and partners to improve drug supply chains and service quality.

**III. NASCP is Leading National Coordination and Stakeholder Engagement**

Over the past two years, National AIDS, Viral Hepatitis and STIs Control Program has intensified coordination and technical leadership to strengthen PMTCT services across Nigeria. A major milestone in this drive was the national symposium hosted by NASCP from July 22–23, 2025 at Abuja Continental Hotel, focused on advancing PMTCT and pediatric HIV treatment coverage in Nigeria. The event convened policymakers, implementing partners, civil society organizations, healthcare workers and development partners to review progress, address bottlenecks and chart a unified path toward eliminating pediatric HIV. This high-level engagement is just one of several strategic steps to build momentum, align priorities and achieve national targets.

**IV. National Leadership Is Active and Visible**

The fight to eliminate paediatric HIV is not being left to chance. Nigeria has political will and leadership at the highest levels. The First Lady, Senator Oluremi Tinubu, CON, through the Renewed Hope “Free to Shine” campaign, is championing national awareness and mobilizing support to ensure that no child is born with HIV. This administration, with support of its partners, has done much more than ever in the last two years, demonstrating clear commitment, policy leadership and accountability in reversing paediatric HIV trends in Nigeria.

**V. Systemic Issues Are Being Tackled, Not Ignored**

Nigeria’s health system may be facing structural issues like workforce shortages and underfunding but these are actively being addressed:

* PMTCT services are being decentralized to primary health care facilities, improving access even in rural and hard-to-reach communities
* Training and deployment of PMTCT focal persons to local government areas
* HIV programming is now integrated into the Basic Health Care Provision Fund (BHCPF), a major milestone in sustainable domestic financing

**VI. The Way Forward: Partnership, Not Pessimism**

We agree that more needs to be done. We are not yet at the finish line, but we are moving steadily toward it. What Nigeria needs now is support, investment, accurate reporting, and collective accountability.

Let us focus on:

* Scaling up routine antenatal testing to ensure no woman is left behind
* Ensuring 100% ART coverage for all HIV-positive pregnant and breastfeeding women
* Strengthening the mentor-mother network and peer support groups
* Expanding domestic funding and community engagement to reduce stigma
* Improving data monitoring at national and state levels to close remaining gaps

**VII. In Conclusion**

This current administration with the support of its partners, have done much more than any other on PMTCT and health related issues in the last 2 years. Nigeria’s efforts to eliminate mother-to-child transmission of HIV are underway backed up by data, partnerships and unwavering political will. But inaccurate or outdated reporting can discourage the frontline health workers, communities and families working tirelessly to protect the health of future generations.

We urge the media and public health advocates to join us in the shared mission of building a Nigeria where **no child is born with HIV.**

**By**

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