

Health-Pulse magazine



**A frontline health worker's view on
how ART Access is transforming
the HIV Landscape**

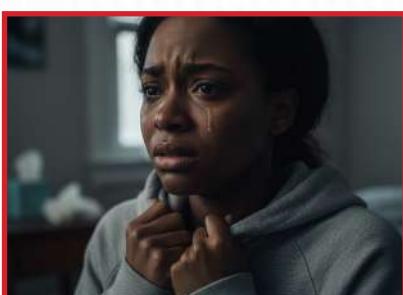
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**Africa Begins Rollout of Groundbreaking
Twice-Yearly HIV Prevention Injection**

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**Does breastfeeding lead to the transmission of
HIV/AIDS from mother to child?**
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HCOWAA: Advancing Healthcare Standards in West Africa

The Health Community of West Africa Association (HCOWAA), based in Ghana, is a non-governmental organization dedicated to advancing healthcare across West Africa. Addressing the uneven distribution of medical resources, HCOWAA advocates for regional cooperation through a Health Alliance that unites healthcare stakeholders to create a cohesive health community.

With a mission to improve health outcomes in West Africa, HCOWAA facilitates collaboration, innovation, and research among professionals, leveraging collective resources to enhance healthcare services, policies, and access. HCOWAA envisions a resilient West African healthcare system where institutions and professionals lead groundbreaking research, foster innovation, and influence policies that elevate regional healthcare.

Through initiatives like establishing a regional healthcare database, launching research projects, and hosting policy roundtables, HCOWAA builds strong networks to drive healthcare advancements. Advocacy efforts focus on equitable access, supporting vulnerable populations, and addressing healthcare disparities. The organization's objectives include fostering research and innovation, supporting health policy reforms, and integrating medical equipment manufacturers with healthcare facilities.

HCOWA also facilitates training programs, academic exchanges, and research grants, ensuring members are equipped with knowledge and skills to address regional health challenges effectively. Networking events like the HCOWA Medical and Health Industry Investment Summit & Expo connect professionals, offering a platform for partnership and knowledge sharing.

HCOWAA's commitment extends to partnerships with international health organizations and academic institutions, which amplify its impact by introducing global best practices and strengthening West African healthcare infrastructure. Collaborative efforts with international partners promote training, research, and infrastructure upgrades for health facilities, pharmaceutical establishments, and clinics.

In addition, HCOWAA's magazine partnerships, including an MoU with Health Pulse Magazine, provide platforms to publish relevant content, share insights, and enhance visibility for ongoing initiatives. Through these combined efforts, HCOWAA aims to foster a collaborative healthcare environment that not only addresses urgent health challenges but also builds a sustainable, inclusive healthcare future for West Africa.

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The Silent Shift – Why Today's Youth Are Underestimating HIV/AIDS

Each year, World AIDS Day reminds us of the immense progress made in the global HIV response. Advances in treatment, expanded prevention tools, and decades of advocacy have transformed what was once a deadly epidemic into a condition that millions manage successfully. Yet behind this progress lies a growing concern: many young people today are increasingly ignoring the threat and severity of HIV/AIDS.

This worrying trend is not because HIV has disappeared; it has not. In 2024, 40.8 million people were living with HIV globally, 1.3 million newly acquired the virus, and 630,000 people died from HIV-related causes. The virus remains very much a public health challenge. But for many young people, HIV feels distant, outdated, or irrelevant to their lives.

One major reason is perception. The extraordinary success of antiretroviral therapy has reshaped public understanding of HIV. For a generation that did not witness the devastating impact of AIDS in the 1980s and early 2000s, HIV no longer appears as a life-threatening crisis. They see people living healthy, productive lives with HIV, and assume treatment is simple—even effortless. This perception, though understandable, masks the reality that treatment is lifelong and adherence is critical.

Another factor is the decline in comprehensive sexual health education. In many settings, young people are left to learn about HIV from social media, peers or fragmented online sources—often rife with misinformation. As a result, many underestimate their own risk or believe myths, such as the idea that HIV is now rare or that it affects only specific groups.

Risk behaviours among youth also contribute to complacency. Declining condom use, early sexual activity, multiple partners and alcohol-related risk-taking all create opportunities for HIV transmission.

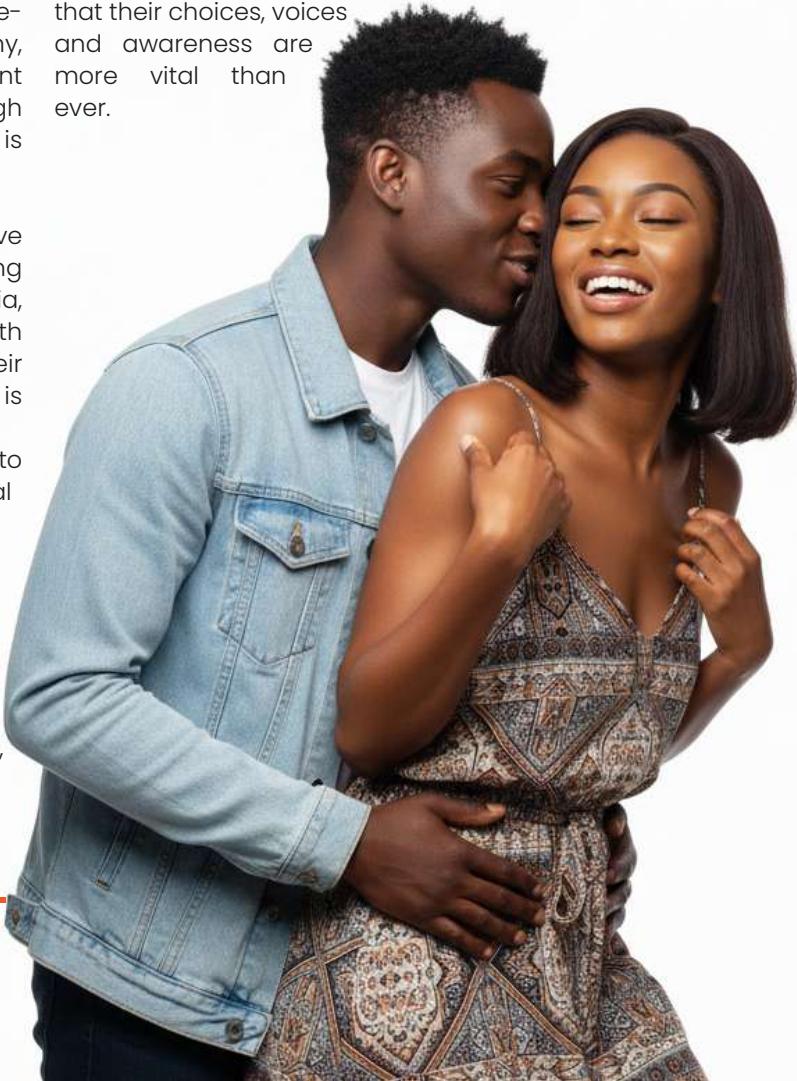
Yet these behaviours are often normalised, with limited awareness of their long-term consequences. Meanwhile, stigma continues to silence open conversations. Fear of judgment prevents many young people from seeking testing, advice or prevention tools such as PrEP.

Compounding this is a subtle overconfidence in medical technology. A generation raised with rapid scientific innovation often assumes every disease has a cure or will soon have one. This mindset reduces the perceived seriousness of HIV, even though no cure currently exists.

As we mark World AIDS Day, it is crucial to recognise this shift in attitudes. Young people are not careless; they are navigating a world where HIV feels less visible and less urgent. But the virus remains a formidable threat, and complacency risks reversing decades of progress.

Re-engaging youth requires honest conversations, age-appropriate education, accessible testing, and youth-friendly prevention services. More importantly, it demands that we speak to young people in their language, on their platforms, and with an understanding of the realities they face.

The next generation holds the power to end AIDS. But only if they understand that the fight is not over—and that their choices, voices, and awareness are more vital than ever.



Gut Lymphoid Tissue

By Richeal Elikem Dovia

The human gut is often thought of simply as a digestive organ, but it's also a critical hub of the immune system. At the heart of this defense lies Gut-Associated Lymphoid Tissue (GALT), a network of specialized immune tissues embedded throughout the gut lining. GALT acts as the body's frontline defense, detecting and neutralizing harmful pathogens while maintaining tolerance to beneficial microbes and food.

GALT includes structures such as Peyer's patches, lymphoid follicles, the appendix, and scattered immune cells throughout the gut lining. These tissues host a variety of immune cells—B cells, T cells, macrophages, and dendritic cells—working together to protect the body. B cells produce secretory IgA antibodies that coat the intestinal lining, preventing harmful microbes from attaching and causing infection. T cells provide precise cellular defense, while dendritic cells orchestrate immune responses to new threats.

The importance of GALT becomes especially clear in the context of HIV infection. Early in the disease, HIV targets and depletes CD4+ T cells in the gut, often before significant changes are seen in the

blood. This loss weakens the body's ability to control microbial invasion, causing chronic inflammation and accelerating overall immune decline. The virus's assault on gut lymphoid tissue also contributes to gastrointestinal complications commonly seen in HIV patients.

Beyond HIV, the health of GALT is central to overall immune balance. Dysfunction in gut lymphoid tissue is linked to conditions such as inflammatory bowel disease, food allergies, and even metabolic disorders. Researchers are exploring ways to strengthen gut immunity through diet, probiotics, and targeted therapies. Oral vaccines, for example, harness the gut's immune network to provide both local and systemic protection.

In short, the gut is far more than a digestive organ—it is an immunological fortress. Protecting and understanding GALT is key to fighting infectious diseases like HIV and managing chronic immune conditions. As research advances, interventions targeting gut lymphoid tissue may become a cornerstone of preventive and therapeutic medicine.



HCOWA and TMPC Partner to Launch West Africa's First Herbal Medicine Joint Standardization Laboratory

HCOWA Ghana Limited Company and the Traditional Medicine Practice Council (TMPC) in a collaborative move aimed at transforming the herbal and traditional medicine sector have signed a Memorandum of Understanding to establish the West African Herbal Medicine Joint Standardization Laboratory (WA-HMSL).

The collaboration aims to address long-standing challenges in the sector, including inconsistent quality, lack of scientific validation, and regulatory fragmentation. The new laboratory will serve as a regional hub for research, testing, and certification of herbal medicines, ensuring that products meet both local and international safety and efficacy standards.

The WA-HMSL will be equipped with specialized facilities for phytochemistry, microbiology, toxicology, DNA barcoding, and quality control, alongside a Traditional Medicine Documentation & Research Centre. It will also provide training programs for scientists, practitioners, and regulators, and incorporate digital systems for sample tracking, research databases, and certification verification.

HCOWA will lead financial investment, international partnerships, and laboratory development, while TMPC will provide regulatory oversight, technical guidance, and





access to Ghana's traditional medicine data. Together, the partners will manage operations through a Joint Steering Committee and a Technical Advisory Board, ensuring rigorous standards and effective governance.

"This partnership brings together science and tradition, creating a laboratory that will safeguard indigenous knowledge while making herbal medicines safer and more credible," said a HCOWA representative. "It is a major step toward strengthening public health and supporting the growth of the herbal medicine industry in Ghana and across West Africa."

The laboratory will also serve as a regional certification center, facilitating cross-border acceptance of standardized herbal products, supporting research and

innovation, and promoting sustainable commercialization. Funding will come primarily from HCOWA, with support from TMPC, government backing, and potential partnerships with international donors and private investors.

The WA-HMSL is expected to boost quality assurance for herbal medicine producers, facilitate cross-border regulatory acceptance, and promote innovation and research in the sector.

With the WA-HMS established, HCOWA is positioning itself and Ghana as a leader in modernizing traditional medicine, combining scientific rigor with the wealth of indigenous knowledge that has long defined the continent's herbal practices.



The realities of living with HIV as a woman

By Richeal Elikem Dovia

HIV remains one of the most defining health challenges for women, not just as a medical condition but as a deeply personal and emotional experience. Behind the statistics are real women, mothers, students, workers, caretakers whose lives are shaped in profound ways by the virus and by the systems meant to protect them.

For many women, vulnerability to HIV begins long before exposure. Biological factors increase the likelihood of infection, but the deeper issues often lie in social realities. Countless women across Africa and beyond still struggle to negotiate safer sex, challenge harmful norms, or access basic reproductive health services. The choices that protect health are not always theirs to make. One young woman shared that although she knew the importance of condoms, "saying no wasn't an option." Stories like hers echo across communities, revealing how gender inequality silently fuels the epidemic.

Adolescent girls and young women face the greatest burden. Some enter relationships with older partners for financial survival; others lack the information or support needed to protect themselves. These situations are not simply statistics they represent dreams derailed, futures threatened, and emotional battles fought in silence.

Yet there is also resilience. Women living with HIV often become powerful advocates for themselves and others. They juggle treatment, parenting, work, and the emotional weight of stigma, all while fighting for dignity. Many describe the moment of diagnosis as a turning point not an end, but the beginning of learning to live fully again. Access to antiretroviral therapy allows women to raise families, pursue careers, and reclaim their lives with strength and independence.

Stigma, however, remains the greatest obstacle. A woman may hesitate to seek testing for fear of judgement. A mother may hide her medication to avoid questions. Emotional isolation can hurt as much as the disease itself. Humanizing HIV means recognizing these struggles and responding with empathy, not blame.

Improving women's health in the context of HIV requires more than medicine it demands listening, understanding, and creating environments where women feel safe to take control of their health. When women are empowered with knowledge, supported by their communities, and treated with dignity, the fight against HIV becomes not just a public health effort but a movement rooted in humanity and hope.



Africa Begins Rollout of Groundbreaking Twice-Yearly HIV Prevention Injection

Africa has launched a historic public rollout of a new long-acting HIV prevention injection that experts say could dramatically transform the continent's fight against HIV/AIDS. The breakthrough drug, known as Lenacapavir, is administered only twice a year and has shown remarkable success in preventing HIV infection. Health officials describe it as one of the most promising tools ever introduced for HIV prevention on the continent.

The initial rollout began this week in South Africa, Eswatini, and Zambia. In South Africa, which carries one of the world's heaviest HIV burdens, the first group of individuals received the injection through a programme led by a university research centre with support from international health partners. This marks the first time the drug has been administered publicly outside clinical trial settings.

The injection works by blocking the virus from multiplying in the body, offering more than 99% protection when used correctly. Its twice-yearly dosing schedule is considered a major advantage, especially in communities where daily pill adherence is challenging due to stigma, busy lifestyles, or limited access to health facilities.

In Eswatini and Zambia, health authorities had already received around 1,000 doses ahead of this week's official launch. The introduction of the injection coincided with World AIDS Day activities, where communities celebrated what many called a "new era" for HIV prevention. Health workers noted that the excitement reflects hope for better protection, especially among young people and high-risk groups.

A global agreement with the drug manufacturer will make Lenacapavir available at no profit for up to two million people across high-burden countries over the next three years. Health experts say this commitment is essential, as cost has always been a major barrier to accessing new HIV technologies in Africa.

Public health specialists believe the injection could significantly reduce new infections if widely adopted. They emphasize that it does not replace existing tools such as condoms, testing, and education, but instead strengthens a more comprehensive approach to prevention. For many African nations, this innovation represents a critical opportunity to accelerate progress toward long-term HIV control and, eventually, elimination.

Source: ModernGhana News



Understanding Ultrasound: What It Is, How It Works, and Why It Matters

By Dorothy Nyameye Donkor

In modern healthcare, Ultrasound has become one of the most widely used diagnostics. From pregnancy scans to detailed organ assessments, it offers a safe, painless, and highly informative way to look inside the body.



About ultrasound

Ultrasound can also be referred to as sonography, which is a medical imaging technique that uses high-frequency sound waves to create pictures of the inside of the body. It is a noninvasive procedure (does not

use radiation), making it the safest imaging method, unlike X-rays or CT scans.

Ultrasound uses sound waves, where these waves are emitted by a handheld device called a transducer or probe. The probe sends sound waves into the body, and when they bounce back, the machine converts them into real-time images called sonograms.

Simple but fascinating steps of how it works:

A special water-based gel is applied to the skin. This removes air between the transducer and the skin surface, allowing sound waves to travel efficiently. The transducer/probe emits sound waves that are too high-pitched for the human ear to detect.

(Different tissues; like fluid, fat, muscle, or bone reflect sound waves differently)

The machine converts these returning echoes into detailed images, which appear instantly on a monitor. This real-time capability allows sonographers to observe movement, such as a beating fetal heart, blood flow through vessels, or the motion of organs.

What Ultrasound Entail?

An ultrasound procedure is simple, quick, and typically completed within 10–30 minutes, depending on the area being examined. Here's what a typical ultrasound session involves:

- Patient Preparation

Most scans require no special preparation. However:

- Abdominal scans may require fasting.
- Pelvic scans may require a full bladder.
- Positioning

The patient lies on an examination bed while the area of interest is exposed.

- Scanning Process
- Reusable for follow-up monitoring

The sonographer moves the transducer gently over the skin. Images are captured and saved for interpretation and a diagnostic report.

What Is Ultrasound Used For?

Ultrasound has a wide range of applications across medical specialties:

Obstetrics

- Monitoring pregnancy
- Assessing fetal growth and development
- Checking fetal heartbeat, position, and well-being

Abdominal Imaging

- Liver, gallbladder, kidneys, pancreas, spleen
- Detecting masses, gallstones, kidney stones, or inflammation

Pelvic Imaging

- Uterus, ovaries, prostate, bladder
- Evaluating fibroids, cysts, and reproductive health

Cardiovascular Uses

- Echocardiography to assess heart structure and function
- Doppler ultrasound to evaluate blood flow in vessels

Musculoskeletal Imaging

- Tendons, joints, soft-tissue injuries

Procedural Guidance

- Assisting with biopsies, injections, and fluid drainage

Because ultrasound produces real-time images, it is extremely useful for guiding minimally invasive medical procedures safely and accurately.

Advantages of Ultrasound

Ultrasound remains highly valued due to its many benefits:

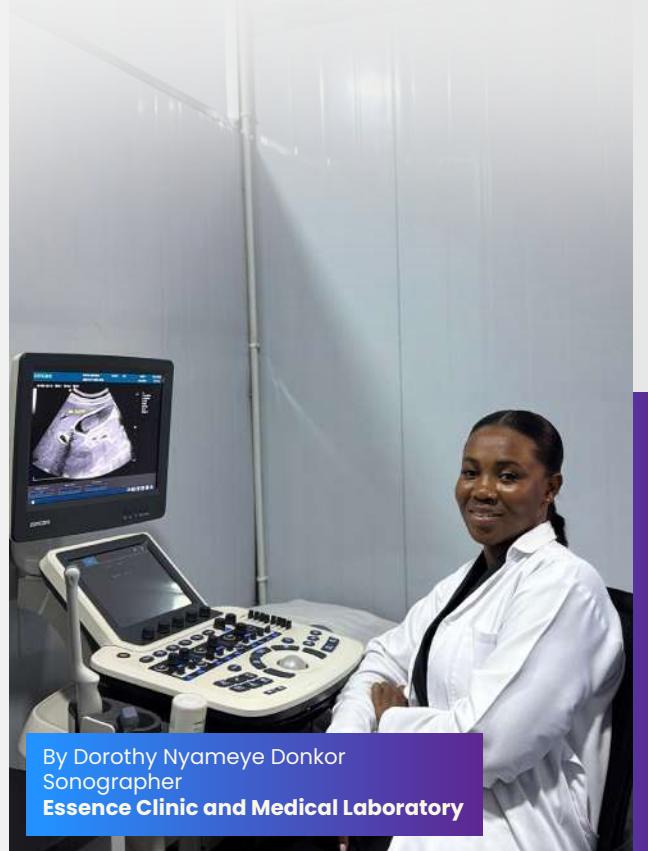
- Safe and radiation-free
- Affordable and widely available
- Portable, making bedside scans possible
- Real-time imaging
- Highly versatile

The Future of Ultrasound

Technology is continually evolving. Newer advancements such as 3D and 4D ultrasound, high-resolution imaging, and AI-assisted analysis are making diagnostics even more precise. Portable ultrasound devices are transforming care in remote areas, emergency settings, and community health.

Conclusion

Ultrasound is more than a diagnostic tool, it is a window into the body that enhances accuracy, early detection, and safe clinical decision-making. Its non-invasive nature and wide range of uses explain why it remains a cornerstone of modern medical practice. Whether assessing organs, monitoring pregnancy, or guiding procedures, ultrasound continues to empower healthcare professionals and transform patient care.





Rift Valley Fever in Senegal:

A Frontline Effort to Protect Communities

Health and veterinary authorities in Senegal, supported by the World Health Organization (WHO), are leading a critical frontline campaign to shield communities from the dual threat of Rift Valley Fever (RVF). This zoonotic disease, which jumps from animals to humans, endangers public health and the economic stability of farming regions across the country.

The virus primarily circulates among livestock including cattle, sheep, and goats and is transmitted to humans through contact with infected animal blood or tissues, or via mosquito bites. While many human cases are mild, RVF can escalate to severe hemorrhagic fever, neurological damage, and death. Its impact on livestock is often swift and devastating, causing mass mortality in newborn animals and abortion storms in pregnant herds, which cripples the livelihoods of pastoralist communities.

Senegal's strategic response is built on the "One Health" principle, which integrates human, animal, and environmental expertise. This collaborative framework enables a faster, more coordinated defense. Key measures include:

Enhanced Surveillance: Early warning systems have been strengthened in human clinics and veterinary services to detect outbreaks before they spread.

Vector Control: Targeted mosquito control activities are prioritized, especially during the rainy seasons when outbreaks are most likely.

Community Mobilization: Public health teams are engaging directly with farmers, herders, and slaughterhouse workers those at highest risk on practical prevention. Messages focus on using protective gear, ensuring safe animal handling, and reporting sick livestock.

Cross-Sector Coordination: Regular coordination between the Ministry of Health, the Ministry of Livestock, and environmental agencies ensures a unified national effort.

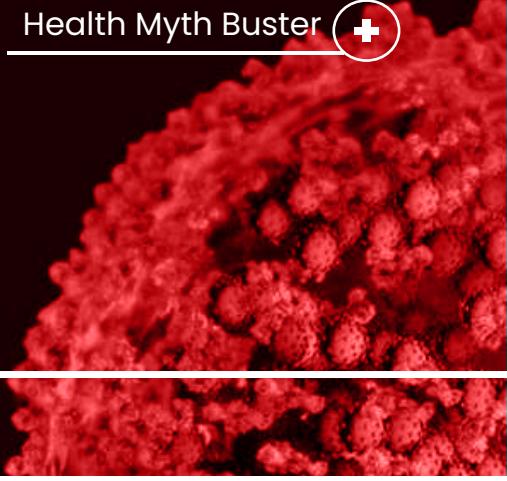
"We are not waiting for an outbreak to react," said a Senegalese health official. **"Our mission is to protect lives and livelihoods through proactive, community-centered action."**

This sustained effort highlights a crucial lesson in global health: in an interconnected world, defending human health begins with safeguarding the animals and environment we depend on. Senegal's proactive stance serves as a vital model for regional resilience against RVF.

Source: WHO

From Fear to Facts:

Understanding Modern HIV Treatment



Let's talk about the elephant in the room. You know, those rumors flying around our WhatsApp groups, barbershops, and chop bars about antiretroviral drugs. If you believe everything you hear about ARVs in Ghana, you'd think they're some government poison designed to finish you off faster than the virus itself.

Let me tell you what's actually true.

"ARVs are poison with terrible side effects"

THE TRUTH: Look, I won't lie to you. Early HIV drugs back in the 1990s were rough. People dealt with serious nausea, liver problems, constant exhaustion. But that was over 30 years ago. Medicine has come a long way since then.

Today's ARVs? Most people tolerate them just fine. You might get a headache or feel a bit dizzy in the first few weeks. Maybe your stomach feels funny. But your body adjusts, usually within a month. And then? You're good. Most people taking these medications right now are living completely normal lives.

Here's the thing nobody mentions: the side effects of NOT treating HIV are way worse. We're talking about constant infections, losing weight until you're just bones, and eventually dying from AIDS. So yeah, I'll take a temporary headache over that any day.

"Treatment is too expensive in Ghana"

THE TRUTH: Here's something that'll surprise you. HIV treatment in Ghana costs exactly zero cedis. Seriously. Free. Walk into any public health facility, get registered, collect your medication, and walk out without paying a pesewa. The government covers it, with help from international donors.

You can get free treatment whether you're in Bawku or Half Assini, Wa or Keta. The only thing you might pay for is getting to the facility, and

some programs even help with transport money.

"You need to take pills forever, several times a day"

THE TRUTH: Most people take one pill. Once a day. That's it.

Set an alarm on your phone. Take it with breakfast or before bed. Done. Some people even get injections that last two months, so they don't need daily pills at all.

Those stories about taking 20 pills throughout the day? That's ancient history. Modern treatment fits into your life as easily as brushing your teeth.

The Bottom Line

You know what the real poison is? These lies people keep spreading. Every day someone delays treatment because they believed a myth is another day HIV is destroying their body. Every time someone shares false information at the drinking spot, they might be signing someone else's death warrant.

The truth is simple. ARVs are safe, they work, they're free, and they save lives. They won't make you sick. They won't make you weak. They won't trap you. They'll just let you live.

So next time your friend starts talking about how dangerous ARVs are, ask them: "Where did you hear that? Have you actually talked to anyone taking them? Or are you just repeating something from Facebook?"

Because in 2025, we don't have any excuse for ignorance about HIV treatment anymore. The information is out there.

The treatment is free. All you have to do is stop listening to lies and start listening to facts.



The Quiet Struggle: How Lack of Support Shapes Life After an HIV Diagnosis

By Richeal Elikem Dovia

Despite major advances in HIV treatment, one challenge continues to weigh heavily on the lives of many patients, the lack of social support. The emotional distance that follows an HIV diagnosis can be as painful as the illness itself, leaving individuals to navigate fear, stigma, and uncertainty with shrinking circles of support.

The Hidden Weight of Stigma

Stigma continues to deeply influence the lives of people living with HIV, often leading to the loss of relationships and social rejection. Even where awareness has grown, fear of judgment causes many to withdraw to avoid hostility. This isolation not only affects emotional well-being but also harms overall healing by increasing the risks of anxiety, depression, and chronic stress.

Why Social Support Matters So Much

Social support provides emotional stability and strengthens resilience, especially for people living with HIV. When these support networks collapse, patients may feel ashamed or misunderstood, making it harder to express their needs or seek help. This loss of support can lower confidence, reduce adherence to treatment, and negatively affect both mental and physical health, making daily life more difficult to manage.

Isolation and Its Impact on Treatment

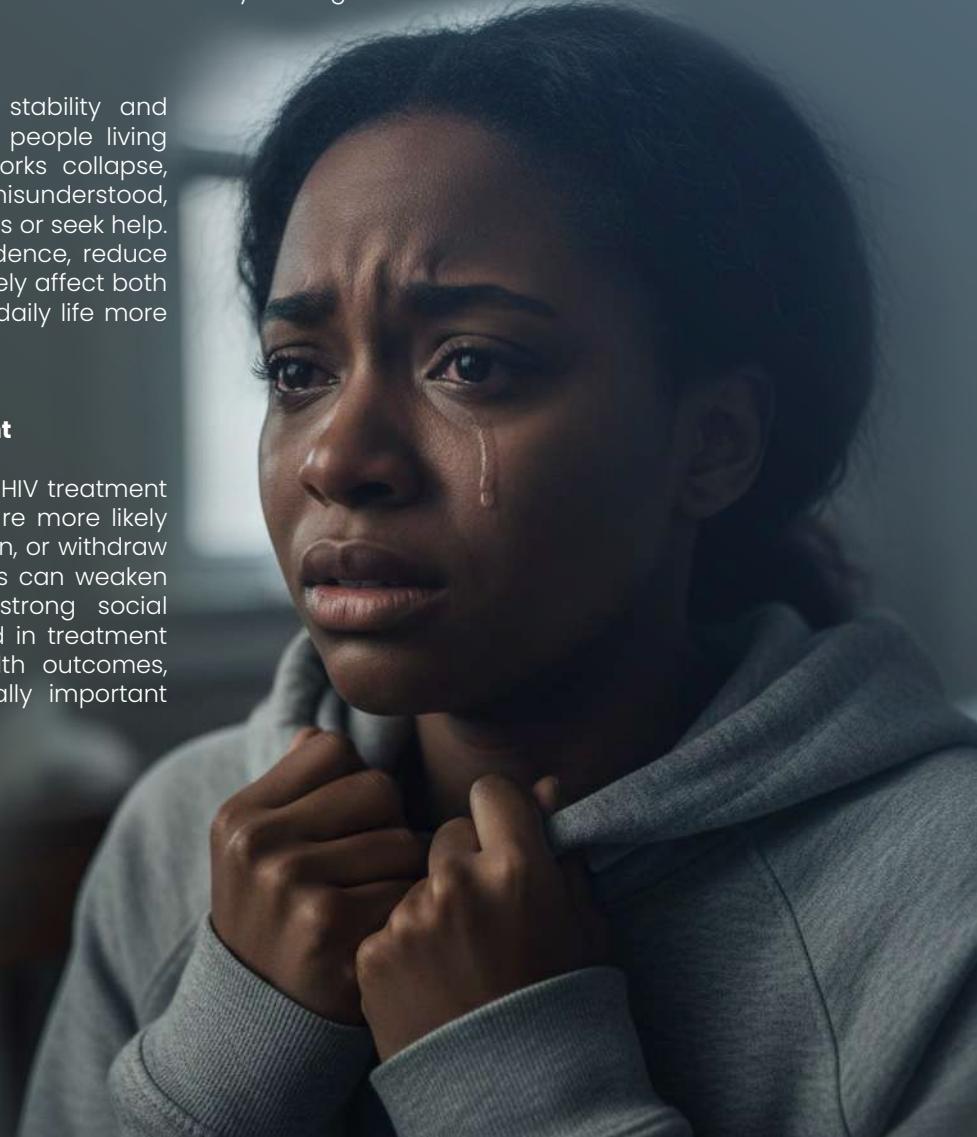
Mental health significantly influences HIV treatment success. Patients who feel isolated are more likely to miss appointments, skip medication, or withdraw from care, while stress and loneliness can weaken the immune system. Conversely, strong social support helps patients stay engaged in treatment and achieve better long-term health outcomes, making emotional support a clinically important factor.

Building Spaces of Belonging

Addressing the emotional burden of isolation, healthcare systems and communities must extend their focus beyond medication to include mental and social well-being. Support groups, counselling, peer networks, and community outreach programs can help rebuild trust, confidence and connection. At the heart of these efforts is a simple truth: every person deserves to feel seen, supported, and respected—regardless of their diagnosis.

Reclaiming Connection, Restoring Hope

For many people living with HIV, rebuilding social support is essential for the healing of people living with HIV. Compassionate, stigma-free communities help patients thrive mentally and physically. With supportive relationships, individuals can regain confidence, dignity, and a sense of belonging as they manage their health.





Your Skin, A Faithful Messenger: Nurturing It While Living With HIV

By Priscilla Akorfa Fomevor

If you're living with HIV, you know your body speaks a nuanced language. You learn to listen to its rhythms, its energy levels, its subtle signals. Your skin, in many ways, is one of its most vocal messengers.

It's not just a covering; it's a dynamic, living barrier that often has a direct line to your immune system. This relationship means that caring for your skin becomes a deeply important part of caring for your whole self—a practical, daily ritual that's equal parts science, awareness, and kindness.

The wonderful news of modern medicine is that effective treatment allows you to live a full, vibrant life. A big part of that vibrancy is feeling comfortable and confident in your own skin. But let's be honest, the journey can sometimes include specific skin conversations. You might notice periods of profound dryness that lotions from the drugstore can't quite touch. You may see a flaky, red patch in your eyebrows or beside your nose that seems to come and go with stress. Perhaps you feel a bout of folliculitis—those small, itchy bumps—more intensely than friends or family seem to. These aren't failures of your care; they are simply your skin reacting to the internal environment of your immune system.

This is where knowledge transforms into power. The first and most profound step for your skin's health is the consistent management of your HIV. Taking your antiretroviral medication as prescribed is the ultimate act of skincare. By keeping your viral load undetectable, you are actively supporting a strong and resilient immune system. Think of it as fortifying your body's inner defenses, which in turn allows your skin to thrive as a healthy barrier, not a battleground.

Perhaps the most crucial habit to cultivate is one of observant partnership. Get to know your skin's normal. Then, if something new appears—a rash that won't quit, a spot that looks or feels different, an itch that disrupts your sleep—see it as a signal, not a catastrophe. This is your cue to start a conversation with your doctor or a dermatologist who understands your health history. Having a clinician who can look at the whole picture of you is invaluable. They can help you navigate whether a change is a simple eczema flare or something that needs a targeted treatment, ensuring you get the right care without unnecessary worry.



Beyond the Pill: A frontline health worker's view on how ART Access is transforming the HIV Landscape

By Gloria Addo

Access to antiretroviral therapy has transformed HIV from a once-devastating diagnosis into a manageable chronic condition. Yet for many individuals, barriers such as stigma, clinic distance, drug stock outs, and limited viral load testing continue to interrupt or delay treatment. As countries work toward the global 95-95-95 targets, ensuring universal access to ART—and sustained viral load suppression—has never been more urgent.

To understand what reliable treatment access means for individuals and communities, we speak with a frontline health worker, Mr. Benjamin Mensah Quaye (Essence Clinic and Medical Laboratory) supporting people living with HIV. His insights shed light on the realities of treatment availability, the life-changing effects of antiretroviral drugs, and the critical importance of achieving viral load suppression.

1. In simple terms, how would you explain HIV treatment and antiretroviral therapy (ART) to the average person who may not understand the science behind it?

HIV treatment is simply a set of medicines that stops the virus from multiplying in the body. When a person takes ART every day, the virus becomes very weak and the person becomes strong and healthy. It does not cure HIV, but it controls it—just like how medicines for high blood pressure or diabetes help people live normal lives. ART allows people living with HIV to work, marry, have children, and live long, fulfilling lives.

2. From your experience, what are the biggest barriers people face in accessing ART consistently?

In Ghana, the biggest challenges include:

- Stigma and fear of being seen at the clinic
- Long distances, especially for rural communities
- Transport costs, which remain a major burden
- Occasional drug stock outs that force patients to miss doses
- Limited viral load testing, making it difficult to track treatment progress

- Work schedules that make monthly or quarterly refills difficult

3. How often do you encounter cases where patients struggle to begin or stay on treatment, and what does that look like in real-life care?

We see such cases frequently. Some patients delay starting ART because of denial or fear. Others start well but later default because they changed jobs, relocated, lacked transport money, or felt discouraged due to stigma. In real life, this means we spend time tracing defaulters, doing home visits, counsellings families, and sometimes restarting patients on treatment after long interruptions.

4. This year's theme emphasizes sustained viral load suppression. What does viral suppression mean to you on the frontline of HIV care?

Viral suppression is when the amount of HIV in a person's blood becomes so low that routine tests cannot detect it. For us, it means fewer illnesses, fewer hospital admissions, and better quality of life. It also means the person cannot transmit HIV sexually, which is a major step toward ending AIDS.

5. What role do health workers—especially nurses—play in supporting patients to achieve and maintain viral load suppression?

Nurses are the backbone of HIV care. They:

- Provide counselling
- Explain adherence
- Conduct follow-ups
- Manage side effects
- Educate families
- Encourage viral load testing
- Trace defaulters

6. How does limited ART access affect everyday families?

Limited ART access leads to increased illness,



Benjamin Mensah Quaye
Clinic Manager
Essence Clinic and Medical Laboratory

poverty, loss of breadwinners, and emotional stress. It is a family and community welfare issue, not just a hospital concern.

7. What are the biggest misconceptions patients have about ART?

Common misconceptions include:

- Stopping medicine when feeling well
- Belief in herbal cures
- Fear of side effects
- Concerns about infertility

We address these through counselling, education, and patient stories.

8. How does limited viral load testing or weak investment affect your work?

It slows down treatment monitoring, delays results, affects decision-making, and limits community outreach effectiveness.

9. What can households do to support someone on ART?

- Provide emotional support
- Remind them to take medicines
- Ensure clinic visits
- Help with transport
- Encourage healthy diet

10. What gives you hope and what must Ghana do urgently?

Hope comes from improved ART regimens, community awareness, and resilient health workers. Ghana must:

- Expand viral load testing
- Strengthen supply chains
- Support community ART delivery
- Reduce stigma
- Deploy more health workers
- Increase HIV funding



HIV in Youth: Rising Infection Rates and Prevention Interventions in Ghana

By Kenneth Otchere

In Ghana, the HIV epidemic persists as a public health crisis, with youth aged 15-24 emerging as a particularly vulnerable group. As of 2023, the national adult HIV prevalence stands at 1.53%, affecting approximately 334,095 people, including a significant proportion of young adults. New infections have surged alarmingly among this demographic, driven by factors such as unprotected sex, multiple partners, and declining condom use. In 2023, over 1,900 new cases were recorded among youth, accounting for 23% of all infections nationwide.

By 2024, this escalated to about 4,700 cases, representing 30% of total new infections. The Ghana AIDS Commission (GAC) has flagged a steady rise in infections among 15-24-year-olds, with condom utilization dropping as young people prioritize pregnancy fears over STI risks, often opting for emergency contraceptives instead.

Regionally, hotspots like Greater Accra (77,821 people living with HIV), Ashanti, and Eastern regions bear the brunt, exacerbating urban-rural disparities. Stigma, misinformation, and limited access to testing—only 66% of those living with HIV know their status—further fuel transmission. Globally, Ghana aligns with sub-Saharan Africa's trend where youth contribute to 25-30% of new cases, underscoring the urgency to meet UNAIDS' 95-95-95 targets by 2025.

This rise threatens Ghana's progress in reducing AIDS-related deaths by 33% since 2015 and halving new infections between 2000 and 2015. Youth vulnerability stems

from early sexual debut, peer pressure, and socioeconomic barriers, with only 36% of young women and 37% of young men possessing comprehensive HIV prevention knowledge. Without intervention, the demographic dividend of Ghana's youthful population—over 60% under 25—could turn into a health and economic burden.

To counter this, Ghana has rolled out multifaceted prevention strategies tailored for youth. The GAC's National Framework for Youth-Centred HIV Interventions, launched in late 2025 with UNFPA support, emphasizes youth leadership, integration into development programs, and youth-led strategies to address fragmented efforts.

Key pillars include promoting condom use, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) through free services under the National AIDS Control Programme (NACP). School-based initiatives, like JICA's HIV/AIDS Prevention through Education (HAPE) project, deploy radio campaigns and peer-to-peer communication in high-prevalence districts, reaching over 10 regions with behavior change communication (BCC).

Community outreach amplifies impact: UNAIDS-backed programs in 14 schools provide life skills coaching, while digital tools—SMS alerts and social media—target underserved youth. NGOs like the Naana Kakie Foundation advocate embedding comprehensive HIV education in school curricula from early childhood, fostering stigma reduction and early testing. WHO and PEPFAR support free testing in government



facilities, training providers to eliminate discrimination, and linking positive cases to antiretroviral therapy (ART). For key populations like young female sex workers, biobehavioral surveys inform targeted interventions, revealing 7% prevalence among adolescents aged 16–19.

These efforts have boosted testing rates—from under 10% in 2003 to 43% among women by 2014—but gaps remain in rural areas and among men.

The 2025 National HIV Response Sustainability Roadmap mobilizes domestic funding to sustain PrEP rollout and community monitoring, aiming for resilient, youth-inclusive services. Collaborative action—government, NGOs, and youth advocates—is essential to reverse the tide, empowering Ghana's young generation to **"Rethink, Rebuild, and Rise"** against HIV.



Kenneth Otchere
Medical laboratory scientist
Essence Clinic & Medical Laboratory





HIV and the Testosterone Crash: What Men Need to Know

By Richeal Elikem Dovia

Living with HIV affects more than just the immune system, it can also impact men's hormone health, sometimes leading to a condition called hypogonadism, where the testes produce insufficient testosterone. Testosterone is essential not only for sexual function, fertility, and muscle strength but also for mood, energy, and bone health. When hormone levels drop, men often experience physical and emotional changes that can deeply affect their quality of life.

Why HIV Causes Hormone Problems

HIV can influence testosterone production in several ways:

1. Disruption of the Hormone Axis

The virus can interfere with the hypothalamus and pituitary gland, which control testosterone production. This leads to secondary hypogonadism, where the testes are healthy but aren't receiving the signals to produce enough hormones.

2. Chronic Illness and Inflammation

Advanced HIV or opportunistic infections can trigger chronic inflammation, weight loss, and fatigue. These factors alone can suppress hormone levels, worsening energy, mood, and sexual health.

3. Medications and Treatment Side Effects

While modern antiretroviral therapy (ART) has transformed HIV care, some medications may still influence hormone balance or metabolic health, adding another layer of risk for hypogonadism.

4. Lifestyle and Mental Health Factors

Stress, depression, malnutrition, and prolonged illness—all common challenges for men living with HIV—can further reduce testosterone production.

Signs and Symptoms to Watch For

Men with HIV-related hypogonadism may experience:

- Low libido or erectile difficulties
- Fatigue and loss of motivation
- Decreased muscle mass and strength



- Mood changes, including depression or irritability
- Reduced body hair and changes in fat distribution
- Bone weakness or osteoporosis

These symptoms often overlap with HIV-related fatigue and mental health challenges, making diagnosis more difficult without proper screening.

Managing Hypogonadism in HIV

Addressing low testosterone in men living with HIV is possible:

- Hormone Replacement Therapy (HRT): Testosterone therapy can restore energy, libido, and mood.
- Optimize HIV Treatment: Maintaining viral suppression can improve hormone balance in some men.
- Supportive Care: Nutrition, mental health support, and exercise help mitigate symptoms and improve overall health.
- Bone Health: Calcium, vitamin D, and regular weight-bearing activity are crucial to prevent osteoporosis.

The Takeaway

Hypogonadism is a common but often overlooked consequence of HIV in men. Early recognition and treatment can restore energy, sexual health, and overall well-being, allowing men to live fuller, healthier lives despite their diagnosis.



Human Immunodeficiency Virus (HIV)

By Richeal Elikem Dovia

Human immunodeficiency virus (HIV) remains one of the most significant public health challenges worldwide. While once considered a fatal disease, today HIV is a manageable chronic condition thanks to advances in medical care, early diagnosis, and access to antiretroviral therapy (ART). Yet the virus still affects millions of lives, shaping health, relationships, and communities.

According to the World Health Organization, about 40.8 million people were living with HIV globally by 2024, with two-thirds in Africa. In the same year, an estimated 1.3 million people became newly infected, and around 630,000 died from HIV-related causes. These numbers are more than statistics—they represent lives, families, and communities impacted by the virus.

This article explores the medical, social, and personal realities of HIV and provides practical guidance for living well.

What is HIV?

HIV, or human immunodeficiency virus, attacks the immune system, specifically CD4 T-cells, which help the body fight infections. Over time, untreated HIV can weaken immunity to the point where a person develops acquired immunodeficiency syndrome (AIDS), the most advanced stage of infection. A key challenge with HIV is that many people show no symptoms for years. Early detection through testing is therefore essential. Starting treatment promptly gives individuals the best chance to maintain long-term health and lead full lives.

Symptoms and Causes

HIV symptoms vary by stage. Early infection can cause flu-like signs such as:

- Fever
- Fatigue
- Swollen lymph nodes
- Sore throat
- Rash

Without treatment, HIV can progress, causing:

- Weight loss

- Frequent infections
- Night sweats
- Persistent fatigue
- Mouth or genital sores

Causes

HIV spreads through certain body fluids from an infected person, including:

- Unprotected sexual contact
- Sharing needles or syringes
- Mother-to-child transmission during pregnancy, childbirth, or breastfeeding
- Blood transfusions with unscreened blood (rare in most countries today)

HIV is not transmitted through casual contact such as hugging, shaking hands, or sharing food.

Diagnosis and Testing

Testing is the only way to confirm HIV infection. Options include:

- Rapid antibody tests: give results in minutes using blood or oral fluid
- Combination (fourth-generation) tests: detect antibodies and antigens for earlier diagnosis
- PCR (viral load) tests: detect the virus itself, often used in infants or to monitor treatment

Routine testing is recommended for everyone, especially people with risk factors or multiple sexual partners. Early diagnosis improves outcomes and prevents transmission.

Management and Treatment

While HIV has no cure, antiretroviral therapy (ART) controls the virus effectively:

- ART reduces viral load to undetectable levels, protecting the immune system and preventing sexual transmission.
- Modern treatment regimens are simple, sometimes just one pill a day, or long-acting injections every few months.
- Adherence to treatment is critical; stopping medication can allow the virus to rebound and potentially develop drug resistance.

With consistent treatment, most people living with

HIV never progress to AIDS and enjoy normal life expectancy.

Outlook and Prognosis

HIV today is a manageable condition. Life expectancy and quality of life depend on:

- Early diagnosis and consistent treatment
- Healthy lifestyle choices: nutrition, exercise, rest, avoiding harmful habits
- Mental health and social support

Without treatment, HIV weakens immunity and leads to AIDS, increasing the risk of life-threatening infections. Early care is therefore essential.

Prevention

Preventing HIV involves a combination of strategies:

- Safe sex practices: correct and consistent condom use
- Pre-exposure prophylaxis (PrEP) for high-risk individuals
- Regular testing for HIV and other sexually transmitted infections
- Avoiding shared needles
- Safe blood transfusions
- Preventing mother-to-child transmission through ART

Education, access to healthcare, and community awareness are crucial to reducing new infections.

Living With HIV

Living with HIV is no longer about merely surviving—it's about thriving. With treatment, support, and self-care, people can:

- Maintain physical health and energy
- Build emotional resilience
- Pursue careers, relationships, and personal goals
- Engage with supportive communities that reduce stigma

Holistic wellness—medical care, mental health, lifestyle, and social support—ensures individuals living with HIV enjoy long, fulfilling, and empowered lives.

The Bigger Picture

HIV continues to teach lessons about public health, empathy, and equality. It reminds us that health outcomes are influenced not only by medicine but also by social systems, education, and human dignity.

As we work toward the goal of ending AIDS by 2030, the focus must remain on universal access to treatment, reducing stigma, and empowering communities. HIV is no longer a death sentence; with knowledge, care, and compassion, it is a condition that can be managed while leading a full and vibrant life.

Living Fully With HIV: Wellness of the Body, Mind, and Lifestyle as a whole

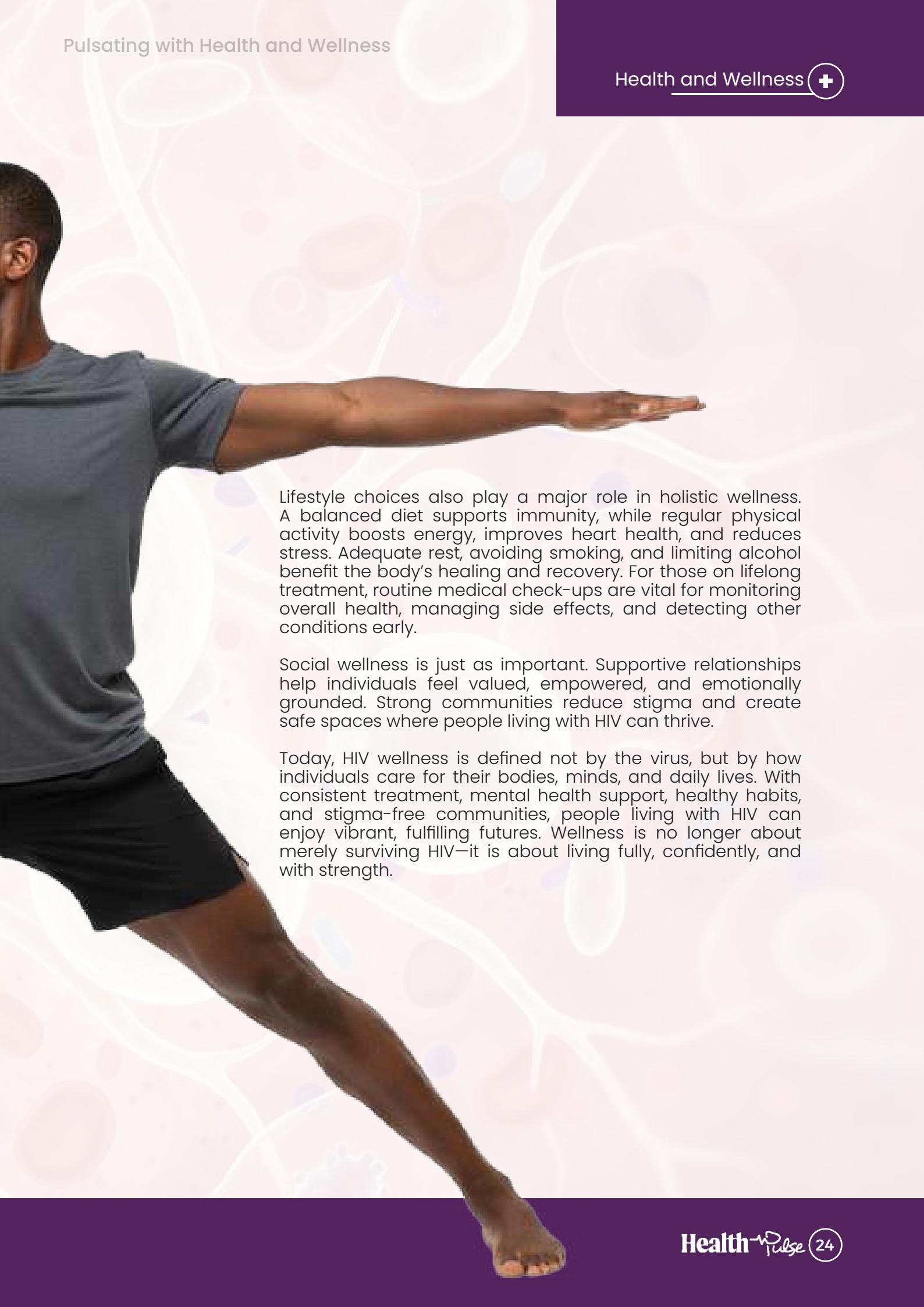
By Richeal Elikem Dovia



Health and wellness for people living with HIV have transformed dramatically over the years. With advancements in medical care and wider access to antiretroviral therapy (ART), individuals diagnosed with HIV today can live long, productive, and healthy lives. But true wellness goes beyond viral suppression—it requires a holistic approach that supports the body, mind, and overall lifestyle.

At its core, HIV affects the immune system, which makes treatment adherence the foundation of wellness. ART keeps the virus at undetectable levels, protecting the immune system and preventing sexual transmission. This allows individuals to live confidently, without fear of passing the virus to loved ones. Taking medication daily as prescribed is one of the most important steps toward long-term health and stability.

Yet physical health is only one part of the journey. Many people living with HIV face emotional stress, anxiety, or fear, especially after diagnosis. Stigma can create isolation and shame, making mental health care essential. Counselling, support groups, and open conversations help individuals build resilience, strengthen self-worth, and develop a positive outlook—key factors that improve treatment adherence and overall quality of life. A healthy mind enhances the ability to make good decisions and stay committed to care.



Lifestyle choices also play a major role in holistic wellness. A balanced diet supports immunity, while regular physical activity boosts energy, improves heart health, and reduces stress. Adequate rest, avoiding smoking, and limiting alcohol benefit the body's healing and recovery. For those on lifelong treatment, routine medical check-ups are vital for monitoring overall health, managing side effects, and detecting other conditions early.

Social wellness is just as important. Supportive relationships help individuals feel valued, empowered, and emotionally grounded. Strong communities reduce stigma and create safe spaces where people living with HIV can thrive.

Today, HIV wellness is defined not by the virus, but by how individuals care for their bodies, minds, and daily lives. With consistent treatment, mental health support, healthy habits, and stigma-free communities, people living with HIV can enjoy vibrant, fulfilling futures. Wellness is no longer about merely surviving HIV—it is about living fully, confidently, and with strength.



Rainbow Power Bowl with Ginger-Lemon Dressing

A vibrant, nutrient-packed bowl filled with colorful veggies, protein, and a zesty ginger-lemon dressing. This is great because it is packed with fiber, vitamins, and antioxidants from the colorful veggies, this bowl supports overall health and well-being.

Ingredients:

- 1 cup cooked quinoa
- 1 cup roasted sweet potato, diced
- 1 cup mixed greens (kale, spinach, arugula)
- 1 cup cherry tomatoes, halved
- 1/2 cup sliced red bell pepper
- 1/4 cup chopped fresh herbs (parsley, cilantro, or scallions)
- 1/4 cup crumbled feta (optional)
- Protein of choice (grilled chicken, salmon, or tofu)

Ginger-Lemon Dressing:

- 2 inches fresh ginger, grated
- 2 lemons, juiced
- 1/4 cup olive oil
- Salt and pepper to taste

Preparation:

1. Roast sweet potato with olive oil, salt, and pepper at 400°F (200°C) for 20-25 minutes.
2. Cook quinoa according to package instructions.
3. Prepare protein of choice (grill, bake, or pan-fry).
4. In a bowl, whisk together ginger, lemon juice, and olive oil for dressing.
5. Assemble bowls with quinoa, greens, roasted sweet potato, cherry tomatoes, bell pepper, and protein.
6. Drizzle with ginger-lemon dressing and top with herbs and feta (if using).



Achieving Safe Conception and Birth for HIV-Positive Couples

By Priscilla Akorfa Fomevor

The goal of an HIV-negative birth to parents living with HIV is a standard, achievable objective of modern medical management. Success is contingent on a structured, multi-stage clinical protocol that minimizes risk at each phase: preconception, gestation, and delivery.

Stage 1: Preconception Planning & Viral Suppression

The foundational requirement is the consistent use of effective antiretroviral therapy (ART) by the HIV-positive partner(s) to achieve and maintain a durably undetectable plasma viral load. An undetectable status, confirmed through consecutive tests over several months, eliminates the risk of sexual transmission to an uninfected partner (the principle of U=U).

This makes timed unprotected intercourse for conception a viable option under medical guidance. For couples where the female partner is positive and the male partner is negative, or where viral suppression is not yet confirmed, clinical strategies such as sperm washing with intrauterine insemination or the use of pre-exposure prophylaxis (PrEP) for the negative partner are employed.

Stage 2: Antenatal Management

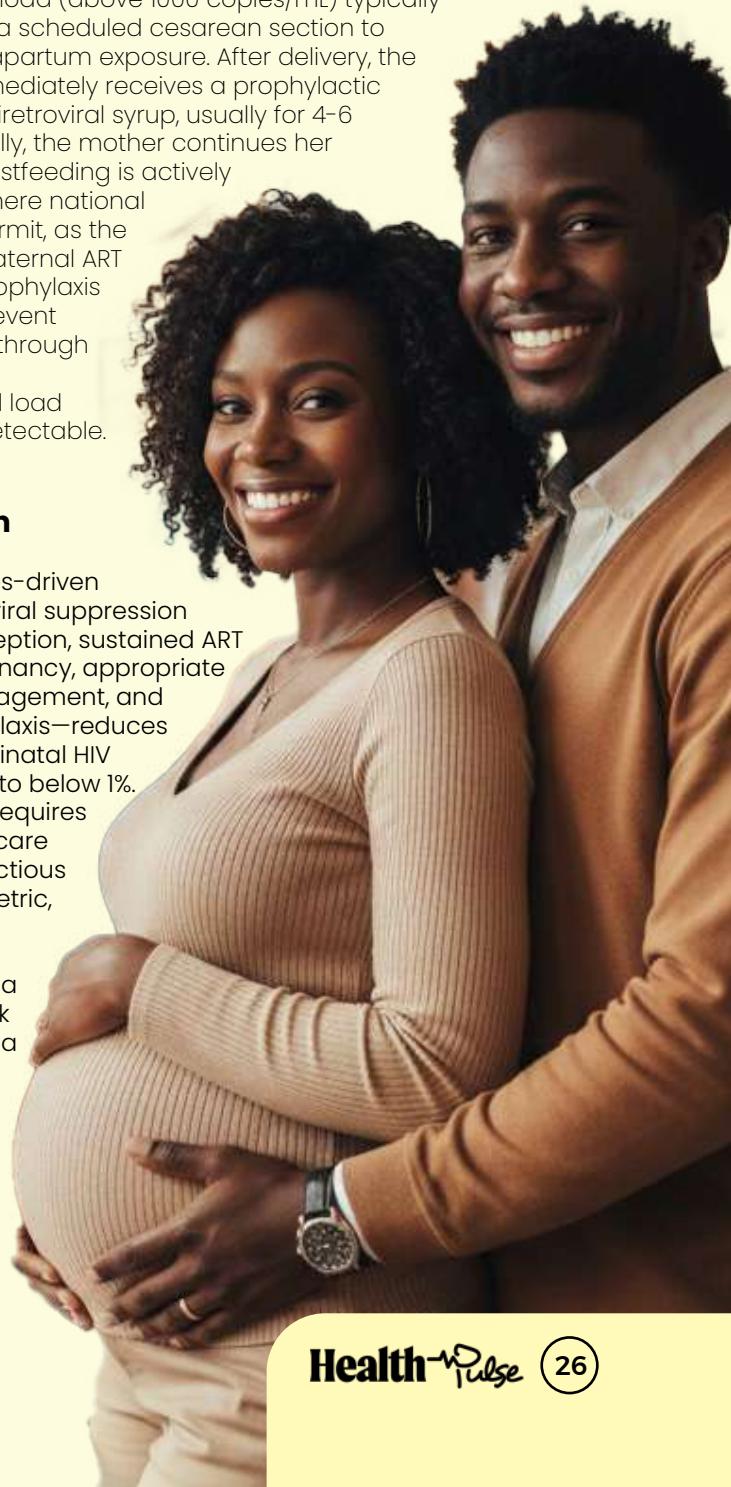
When pregnancy is confirmed, the HIV-positive mother must continue uninterrupted ART. Her viral load has to be monitored monthly to ensure sustained suppression throughout gestation. Standard antenatal care is augmented with frequent CD4 count assessments and screening for co-infections. The choice of antiretroviral regimen is carefully evaluated for both efficacy against the virus and safety for fetal development.

Stage 3: Perinatal & Postnatal Protocols

After thorough examination the mode of delivery is determined by the mother's viral load near term. An undetectable viral load allows for a planned vaginal delivery. A detectable load (above 1000 copies/mL) typically necessitates a scheduled cesarean section to minimize intrapartum exposure. After delivery, the newborn immediately receives a prophylactic course of antiretroviral syrup, usually for 4-6 weeks. Crucially, the mother continues her ART, and breastfeeding is actively supported where national guidelines permit, as the continued maternal ART and infant prophylaxis effectively prevent transmission through milk, provided maternal viral load remains undetectable.

Conclusion

This outcomes-driven framework—viral suppression prior to conception, sustained ART through pregnancy, appropriate delivery management, and infant prophylaxis—reduces the risk of perinatal HIV transmission to below 1%. The process requires coordinated care between infectious disease, obstetric, and pediatric specialists, transforming a once high-risk scenario into a manageable, standard clinical pathway.



The Quiet Crossroads:

When Choices About Our Bodies Collide

By Priscilla Akorfa Fomevor

The link between substance use and HIV is not a simple story of cause and effect. It is a tangled web, where one risk fuels another.

First, there is the biological reality. Substances—especially those injected—can create a direct pathway for HIV. Sharing needles, syringes, or other injection equipment is a tragically efficient way for the virus to move from one bloodstream to another.

But it goes deeper than needles. Many substances alter judgment and lower inhibitions. In a haze, the careful consideration we might give to using a condom or discussing a partner's sexual health can fade. The very tools we have to protect ourselves feel distant, less urgent.

Equally critical is the landscape of stigma. Society often attaches shame to substance use, driving people into the shadows. Fear of judgment, arrest, or rejection can make someone avoid clinics, testing centers, or honest conversations with healthcare providers.

This hidden life makes it harder to access clean needles, undergo regular HIV testing, or obtain PrEP—the daily medication that is highly effective at preventing HIV. When we hide one part of our lives, we often hide our health needs along with it, leaving us vulnerable.

For those already living with HIV, substance use presents yet another challenge. It can disrupt adherence to antiretroviral therapy (ART), the life-saving medication that keeps the virus undetectable and untransmittable.

Missing doses allows the virus to multiply, harming the individual and increasing the risk of transmission

to others. Managing both addiction and a chronic health condition is a heavy burden—and one that requires understanding, support, and practical solutions.

So, what is the path forward in this tangled wood? It begins with untangling our approach. By recognizing the quiet, dangerous intersection of substance use and HIV, we can build better signposts, safer paths, and communities that reach out with care rather than blame. The goal is not perfection, but health—a journey worth supporting, every step of the way.



Does breastfeeding lead to the transmission of HIV/AIDS from mother to child?

By Gloria Addo



Breastfeeding is widely known as one of the most beneficial early-life practices, providing infants with vital nutrients, antibodies and emotional security.

However, for mothers living with HIV, it raises an important and often anxiety-filled question: Can breastfeeding transmit HIV to the baby? The straightforward answer is YES, breast milk can contain the virus, and without the right medical support, breastfeeding can be a mode of HIV transmission from mother to child.

Mother-to-child transmission (MTCT) can occur in three stages: during pregnancy, during childbirth, and through breastfeeding. Globally, breastfeeding accounts for a significant portion of infections in infants who acquire HIV from their mothers. Yet, advances in medicine have dramatically changed the picture. Today, with proper treatment and carefully monitored care, the risk of HIV transmission during breastfeeding can be reduced to very low levels.

HIV transmission through breastfeeding happens when the virus present in breast milk enters the baby's bloodstream through the gut. Several factors can increase this risk. A high viral load in the mother, breast infections, cracked nipples, or mixed feeding where infants receive breast milk alongside formula, water or solid foods can make transmission more likely. Mixed feeding is particularly risky because it can cause small injuries in the baby's intestines, creating a pathway for the virus.

However, the landscape has changed significantly with the availability of antiretroviral therapy (ART). When a mother living with HIV takes ART consistently and maintains a suppressed viral load, the risk of passing HIV to her baby through breastfeeding becomes very low, often less than 2%. Health experts in many countries now support breastfeeding for mothers on treatment, especially

Does breastfeeding lead to the transmission of HIV/AIDS from mother to child?

in communities where formula feeding may pose risks due to cost, water safety or limited access. Infants born to mothers living with HIV are also given preventive anti retrovirals during the first weeks of life. This further lowers the chance of infection, creating an additional layer of protection.

If breastfeeding is chosen, exclusive breastfeeding for the first six months is recommended. This means no water, no formula and no solid foods. Exclusive breastfeeding protects the infant's gut lining and reduces the risk of HIV entering the bloodstream. After six months, complementary foods can be introduced while breastfeeding continues, based on medical advice.

In some cases, formula feeding may be the safer option especially when the mother is not on ART, cannot maintain viral suppression or lives in an environment where formula is safe, accessible and affordable.

Ultimately, every mother living with HIV deserves personalised guidance. Regular clinic visits, ongoing ART, infant testing and open communication with health professionals are key. With the right support, mothers can safely nourish their babies while keeping the risk of transmission extremely low.



Health Terms On HIV

Comprehensive HIV Glossary:

Key Medical Terms Explained

Antiretroviral Therapy (ART):

Medicine that stops HIV from multiplying in your body by blocking the virus from making copies of itself. Think of it as putting a padlock on the virus so it can't spread through your system. In Ghana, this treatment is provided free at government health facilities nationwide.

Viral Load:

The amount of HIV in your blood, measured through a laboratory test. When it's "undetectable," the virus level is so low that standard tests can't find it, and you cannot pass HIV to others through sex. This is what doctors aim for with treatment.

CD4 Count:

A life-threatening condition caused by severe infections, often linked to AMR.

Viral Suppression:

When treatment reduces the virus in your body to very low, undetectable levels. People who achieve this stay healthy, avoid opportunistic infections, and cannot transmit the virus sexually. This is the primary goal of HIV treatment.

U=U (Undetectable = Untransmittable):

A groundbreaking scientific discovery meaning that people with undetectable viral loads cannot pass HIV to sexual partners, even without condoms. This is confirmed by decades of research involving thousands of couples and has revolutionized how we understand HIV transmission.

Pre-Exposure Prophylaxis (PrEP):

Pills taken before potential HIV exposure to prevent infection, like a vaccine but in pill form. Available

in Ghana for people at high risk, such as sex workers, people with HIV-positive partners, and those engaging in unprotected sex.

Post-Exposure Prophylaxis (PEP):

Emergency medication taken within 72 hours after possible HIV exposure, such as unprotected sex, sexual assault, or needle stick injuries. Think of it as a "morning after" treatment that can stop HIV from establishing itself in your body.

Opportunistic Infections (OIs):

Illnesses that take advantage when HIV weakens your immune system, including tuberculosis, pneumonia, severe fungal infections, and certain cancers. These infections seize the opportunity when your body's defenses are down. With good HIV treatment, these become rare.

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