likely to adhere to HAART and other PMTCT interventions. The sample size of 184 for the exposed babies seems small to make generalization to the entire population. The data on infant feeding methods was based on maternal recall, and hence we cannot exclude the possibility of recall bias.

Conclusion/Recommendation

With adequate provision of HAART to all HIV infected pregnant women for life, virtual elimination of MTCT and thus pediatric HIV infections is possible in a society where infant breast feeding and vaginal delivery are the norms. Government commitment and financial support are critical for future sustainability of the currently United States of American government-driven HIV/AIDS projects.

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