

# TAC Electronic Newsletter

By *moderator*

Created 2008/01/23 - 12:00am

23 January, 2008 - 00:00 ? moderator

## Contents

- Crisis of maternal health and mother-to-child HIV transmission
  - Statement by TAC
  - Statement by Southern African HIV Clinicians Society

## **Crisis of maternal health and mother-to-child HIV transmission: TAC calls on doctors and nurses to act in the best interests of parents and children**

Over 60,000 babies are infected with HIV yearly in South Africa. Many of these infections could be avoided with simple improvements to the prevention of mother-to-child transmission of HIV (PMTCT) programme such as dual-antiretroviral prophylaxis and provider-initiated testing and counselling. Maternal health could also be improved by offering treatment to women with CD4 counts below 350 and providing mothers with a week of AZT and lamivudine after birth (known as the 'cover-the-tail' regimen) to reduce the risk of antiretroviral drug resistance.

At the South African National AIDS Council (SANAC) plenary meeting held on 28 November 2007, the Deputy President and Director-General of Health both committed to publishing a new PMTCT protocol within two weeks,. This did not happen. But the protocol is not merely over a month late. Much of it, particularly dual-antiretroviral prophylaxis, should have been adopted at least in November 2003 but by no later than August 2006, when the World Health Organisation (WHO) amended its PMTCT guidelines.

At the SANAC meeting both the Deputy President and DG of Health agreed that nothing legally stops provinces from implementing improvements to the current protocol. The Western Cape has implemented a dual-antiretroviral prophylaxis since 2004 and has significantly decreased infant HIV infection in Khayelitsha to under 4%. Infant mortality (deaths for children under 1) in Khayelitsha has dropped from 43 per 1,000 live births in 2001 to 31 per 1,000 live births in 2006 (Source: City of Cape Town).

It is therefore unacceptable that the numerous health facilities with adequate capacity to improve their programmes are still restricted to offering the single-dose nevirapine (NVP) regimen. While significantly better than no intervention, the single-dose NVP regimen should only be provided where there is no capacity to provide a more effective regimen.

TAC has been approached by doctors and nurses who want to implement a better protocol. Some are already implementing it. We support them. Indeed, today we call on all doctors and nurses working in public Maternity Obstetrics Units (MOUs), which have sufficient capacity, to obey the Hippocratic oath and act in the best interests of children and parents. We also call on the government to support nurses and health workers with better training and conditions of employment to ensure the success of this programme. This has also been the position of the ANC statement of 08 January 2008.

TAC recommends that, where possible, health care workers implement the following life-saving protocol:

- All pregnant women should be properly counselled and advised to be tested for HIV.
- Pregnant women who test HIV-positive should be advised to have a CD4 and viral load test at the MOU or at the nearest public antiretroviral treatment facility.
- HIV-positive pregnant women with CD4 counts below 350 or clinical signs of HIV-disease should be referred for highly active antiretroviral treatment.
- HIV-positive pregnant women should be provided a dual-antiretroviral prophylaxis regimen, as per the WHO guidelines.
- HIV-positive women should be offered a 'cover-the-tail' regimen after giving birth.

In addition ongoing counseling, post-natal care and referral are central to programmatic success. Basic supplies of tests, medicines, formula feed and other supplies must be properly budgeted for to avoid stock-outs.

Last year civil society sectors in SANAC resolved to work together to improve knowledge of, access to and take-up of PMTCT services. In support of this TAC will mobilise its branches to inform pregnant women about their rights and encourage them to demand a better PMTCT protocol. We will organize a national day of action to promote PMTCT services on 27 February, the day before the next SANAC plenary.

TAC believes that the delay is the sole responsibility of the Minister of Health. We call on the ANC leadership to immediately instruct her to carry out ANC and government policy.

In the meantime, the TAC undertakes, together with the AIDS Law Project, to offer legal and other support to any health worker who is victimised by the state for acting in the best interests of parents and children.

*For further comment contact:*

*Nosisa Mhlathi: 084 399 0031*

*Nomfundo Eland: 082 946 0469*

*Johanna Ncala: 084 399 0022*

*Luckyboy Mkhondwane: 083 981 9251*

[END OF TAC STATEMENT]

## **Statement by the Southern African HIV Clinicians Society**

Date: 23 January 2008

### **TAC campaign regarding PMTCT**

The South African guidelines for the prevention of mother-to-child transmission (PMTCT) have not been revised since 2001, despite multiple revisions to recommended protocols by international agencies, including WHO.

Paediatric HIV has almost been eradicated in many countries in the world. Poorer countries with far worse infrastructure than South Africa have made significant progress in decreasing transmission. In South Africa, a middle income country where the majority of women give birth in state facilities, the fact that HIV-infected women have access to a sub-standard regimen for protection of their children is a sad reflection on our health system.

We support the Treatment Action Campaign's call for the rapid application of new guidelines, and echo their support for medical professionals to utilise better regimens. These guidelines have been promised repeatedly and have been widely consulted, yet have not been released, meaning that children continue to be infected unnecessarily. Many provincial departments of health and health professionals have expressed frustration to our Society at not receiving formal permission to implement improved guidelines.

Furthermore, we call for more focused attention on HIV-infected pregnant women and their needs for HIV care and

antiretrovirals. HIV is now the commonest cause of death amongst pregnant women. Almost 1 in 3 pregnant women are HIV positive in South Africa, yet HIV testing, CD4 staging, opportunistic illness prevention and initiation of appropriate antiretroviral therapy remain unacceptably low, in both the public and private sector.

Women continue to place their trust in the health system. Some provinces have applied better antiretroviral regimens for PMTCT for years. It is completely unacceptable that children become HIV infected due to the inability of the Department to finalise a relatively simple change in a PMTCT regimen that has international support and extensive local experience.

[END OF HIVSOC STATEMENT]

- [Prevention of Mother-to-Child Transmission](#)
- [Prevention of Mother-to-Child Transmission](#)

---

Source URL (retrieved on 2017/06/29 - 9:27am): <http://tac.org.za/community/node/2121>