

Mother-to-child transmission prevention: Government must improve the programme

By *moderator*

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The Treatment Action Campaign (TAC) National Executive Committee has resolved to mobilise to improve the public health system's mother-to-child transmission prevention programme. Tens of thousands of infants contract HIV every year in South Africa. A [government inquiry](#) released in 2006 showed unacceptably high maternal mortality. With political will and competent implementation of the mother-to-child transmission prevention programme, the paediatric HIV epidemic in South Africa could be virtually eliminated and many more women with HIV could receive life-saving antiretroviral treatment.

The TAC wants to resolve this amicably. We appeal to the Inter-Ministerial Committee on HIV/AIDS to intervene. But the urgency of curbing increased infant mortality rate and the continued high death rate among women of reproductive age means that we will put the right to life first. If government does not improve the mother-to-child transmission prevention programme, we will proceed with court action.

The following letter has been sent by the Joint Civil Society Monitoring Forum to the Minister of Health outlining the concerns of several civil society organisations concerned about the poor implementation of the programme:

JOINT CIVIL SOCIETY MONITORING FORUM:

Founded by the AIDS Law Project, Health Systems Trust, Centre for Health Policy, Institute for Democracy in South Africa, Open Democracy Advice Centre, Treatment Action Campaign, UCT School of Public Health & Family Medicine, Public Service Accountability Monitor & Médecins Sans Frontières.

23 July 2007

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URGENT

RE: REVISION OF NATIONAL TREATMENT GUIDELINES TO PREVENT MOTHER TO CHILD TRANSMISSION (MTCT)

1. We would like to draw your attention to serious shortcomings in the national response to preventing mother to child transmission (MTCT) of HIV. We strongly urge your offices to ensure that the national MTCT treatment guidelines (?guidelines?) are immediately revised, to bring it in line with international best practice for resource poor settings.
2. The situation in South Africa is as follows:

- a. Save for one province (Western Cape) all other provinces provide a single drug regimen to pregnant mothers who are HIV positive;
 - b. Despite some provinces indicating an ability to change from a single drug regimen to a dual drug regimen, they have not as yet been authorised to do so by your offices;
 - c. Pregnant women with a CD4 count higher than 200 cells/mm³ but lower than 350 cells/mm³ are not eligible for treatment.
3. In August 2006, the World Health Organisation (WHO) issued recommendations for a public health approach in treating pregnant women living with HIV and preventing MTCT entitled "ANTIRETROVIRAL DRUGS FOR TREATING PREGNANT WOMEN AND PREVENTING HIV INFECTION IN INFANTS: TOWARDS UNIVERSAL ACCESS".
4. The WHO made two important recommendations: Changing the single drug regimen (nevirapine - NVP) to a dual drug regimen (NVP and AZT but using AZT and 3TC for the tail end) and the initiation of ARV treatment for pregnant mothers at an earlier stage (WHO recommended a CD4 count of 350 cells/ mm³). However, despite these recommendations, South Africa is yet to establish a task team to consider a revision of the guidelines and/or issue revised guidelines.
5. Based on local expert consensus as well as the WHO recommendations, the JCSMF believes that an immediate priority should be to ensure that the guidelines are revised so that all provinces offer pregnant women who are living with HIV the following:
- a. A dual treatment regimen;
 - b. Earlier initiation of treatment (at least a CD4 count of 250 cells/mm³).

Kindly note that the National Strategic Plan (NSP) 2007 - 2011, adopted on 30 April 2007 states "better efficacy is achieved with dual therapy in PMTCT. A dual -therapy regimen is also known to be highly cost effective. Goal 3 requires that policy on the drug regimen used in PMTCT needs to be updated according to the Guidelines of the WHO" (at page 146).

We therefore trust that your offices will intervene with a view to ensuring that a task team is established to bring the guidelines in line with recommended international best practice and to ensure that in the interim, provinces that wish to immediately change from a single drug regimen to a dual drug regimen are permitted to do so (e.g. Gauteng and KwaZulu-Natal).

Yours faithfully

Fatima Hassan

On behalf of the JCSMF Secretariat

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

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