

Perspectives on KwaZulu-Natal

Volume Two - Number One - February 2002

The roll out of Aids drugs in KwaZulu-Natal

Mother to child transmission of HIV has been under the spotlight in KwaZulu-Natal with the recent announcement by Premier Lionel Mtshali that the province will start to make the anti-retroviral drug Nevirapine available to HIV-positive pregnant mothers in state hospitals.

Mtshali said that the KwaZulu-Natal government was under obligation to supply anti-retroviral drugs to pregnant mothers who are HIV-positive. "While it is accepted that Nevirapine does cause complications, it is the pregnant woman's prerogative to save her child from contracting the Aids virus. A mother who is already afflicted by an incurable disease should not have to contend with a hopeless situation of her unborn child facing the same affliction if it can be prevented," the premier said.

The programme to prevent mother-to-child transmission of HIV began in KwaZulu-Natal in June 2001. Although two sites were identified for the pilot programme, the sites included several hospitals and clinics in the Pietermaritzburg and Durban areas. The programme has also subsequently been launched in the Hlabisa area in Zululand. It is being run by the local health service with the Africa Centre, which is a research institute funded by the Wellcome Trust. The Hlabisa programme is fully operational in seven of the 14 clinics in the district, in two mobile units and at the Hlabisa hospital.

In the period from June to December 2001 12 151 women received pre-test counselling at the Pietermaritzburg and Durban sites. Of these 76% consented to testing and 40% of those tested positive for HIV. Of the 3 683 women who were tested, 74% were informed of their results and 70% of those (1 905) received the single dose of Nevirapine. Of those, 66% of the women delivered at the designated centres and 99% of the babies received the single dose of Nevirapine. Half of the mothers chose to formula feed, while 40% chose to breastfeed. No records were available for the other 10%.

Pressure has been put on the department of health and clinicians to roll out the programme to at least some, if not all health facilities in KwaZulu-Natal. However, the clinicians in particular have emphasised that the issue is not simply about the provision of the Nevirapine drug, but rather about the rolling out of the entire programme.

Particular weaknesses identified in the programme during the first six months included a lack of mentorship programme for counsellors, inadequate counselling facilities at many centres, poor follow up services of women and infants and a lack of understanding of infant feeding practices and decision making. The programme in Hlabisa has experienced similar problems, particularly the

Perspectives on KwaZulu-Natal was published by Profile KwaZulu-Natal cc in 2001 and 2002. All rights reserved. No editorial material published in Perspectives on KwaZulu-Natal may be reproduced in any form without prior written permission from, and acknowledgement to, Cheryl Goodenough.

Perspectives on KwaZulu-Natal was proofread by Donna Hornby from Absolute Proof.

shortage of counselling space at clinics. In some cases counsellors have had to conduct sessions under trees, but portable office tents have been bought to overcome this problem.

KwaZulu-Natal health minister Zweli Mkhize said that the studies at the pilot sites have aimed to determine the cost implications, particularly related to support services, of extending the programme to areas where it is currently not available. Key areas requiring attention, according to the minister, were training of lay counsellors and provision of physical facilities to enhance confidentiality in counselling of HIV positive mothers. "The research sites have indicated that the major costs are related to logistics and human resources, the provision of space, health personnel namely counsellors, nurse, doctors, etc. The selection, training and in-service experience requires about six months to provide a reliable counsellor. For the best results, one to one counselling is ideal," said Mkhize.

A further problem that Mkhize said needs to be addressed was concerned with infant feeding. "Many women attend ante-natal clinics without their partners and receive counselling on feeding options alone resulting in tensions at home with relatives or partners. This makes it hard for the woman to maintain her status in confidence and for her to feed her baby exclusively on the option she has chosen whether to breastfeed or formula feed."

While the ideal is to formula feed, this should only be done where it can be safely sustained. In many parts of KwaZulu-Natal this is not possible and studies have suggested that the best alternative is to exclusively breastfeed for six months. The most risky method is mixing breastfeeding with other supplements.

Mkhize has questioned how this issue can be approached particularly in light of the cost of formula feed which makes up 50% of the implementation budget.

The social stigma associated with HIV infection is a significant factor. This stigma is evident when one considers that as many as 46% of HIV positive women tested do not return to collect their results. Mkhize said: "This seems to be due to the difficulty women may have to seek support and understanding of their husbands who may be healthy looking. Invariably women are accused of spreading the virus or infecting their partners merely as a result of being the first to be diagnosed HIV positive. In a patriarchal society such as ours the women's fear of rejection is real; so is their inability to influence (their) partners risky sexual conduct."

While the clinicians running the programme are still determined to address as many of the problems as possible, Mkhize has announced that up to 20 hospitals in KwaZulu-Natal could be distributing Nevirapine within six months. The better-resourced hospitals will be brought on board first, after which another 40 remaining hospitals will be phased in over time.

Perspectives on KwaZulu-Natal was published by Profile KwaZulu-Natal cc in 2001 and 2002. All rights reserved. No editorial material published in Perspectives on KwaZulu-Natal may be reproduced in any form without prior written permission from, and acknowledgement to, Cheryl Goodenough.

Perspectives on KwaZulu-Natal was proofread by Donna Hornby from Absolute Proof.

Copyright Profile KwaZulu-Natal cc, 2001, 2002