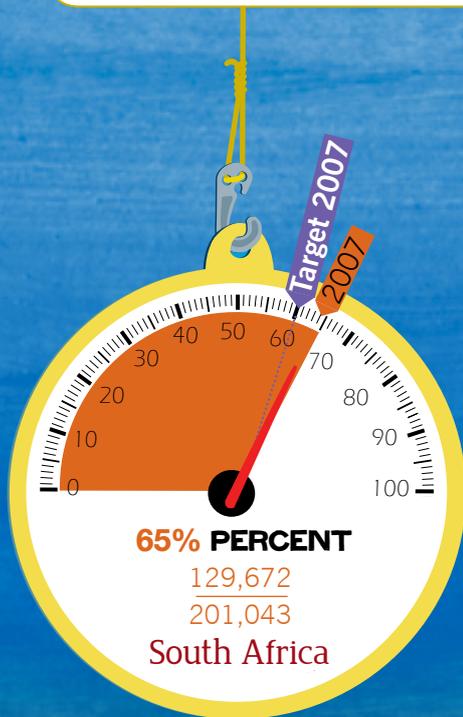


2. Access to PMTCT

The proportion of HIV-positive pregnant women who receive PMTCT prophylaxis.



What do these figures mean for children?

The PMTCT (Prevention of Mother to Child Transmission) programme is a comprehensive health service package which aims to prevent HIV transmission from mother to child. If properly implemented, the programme is highly effective and relatively inexpensive, with massive benefits for mothers and their babies.

A comprehensive PMTCT programme offers:

- routine voluntary HIV counselling and testing to pregnant women
- labour practices that minimize the risk of HIV transmission
- dual- or triple antiretroviral drug combinations to the mother during pregnancy and labour and a daily dose of Zidovudine (AZT) to the baby for the first week after birth
- a single-dose of nevirapine (sd-NVP) to the mother if she is not taking triple therapy, and to the baby immediately after delivery
- safe infant feeding counselling and support to pregnant women and mothers
- infant formula to women who choose not to breast feed and who are able to formula feed safely in an acceptable, affordable and sustainable way.

The collection and availability of data on each of these components of the PMTCT programme has been variable across the provinces to date. The indicator in this scorecard therefore reflects access to ART for PMTCT in the form of either:

- dual (NVP plus AZT) or triple (HAART) therapy (Western Cape only), or
- a single dose of NVP for HIV-positive women during labour (all other provinces)

Nationally, the NVP uptake rate among HIV-positive pregnant women was 65% in 2007, meeting the NSP target of 60%.

Five of the the 9 provinces were able to meet the 60% target in 2007. However in the Eastern Cape, less than half of the women who tested HIV-positive during pregnancy received NVP prophylaxis during labour. Only slightly more than half received NVP in the Free State and in North West.

The Western Cape is the only province for which data are currently available on access to dual therapy or HAART for women on the PMTCT programme. In the WC, access increased from 69% in 2007 to 71% in 2008. The WC is therefore above target for access to PMTCT.

What other information do we need to monitor PMTCT access?

New national PMTCT guidelines recommend the use of two treatments for women enrolled on the PMTCT programme:

- Dual regimen consisting of NVP plus zidovudine (AZT)
- Or, where necessary, triple therapy (HAART)

Single dose NVP is still recommended in emergencies, where neither of the two treatments above has been used. These guidelines follow the World Health Organisation's recommendations for PMTCT services in settings where there are limited resources.

It would be preferable to monitor an indicator for PMTCT access that reflects this current policy. The new guidelines were in operation in Cape Town from as early as 2004 but were rolled out nationally in 2008. All provinces are due to have data available on the rollout of the new guidelines. However, provinces other than the Western Cape have only recently started to collect these data and at time of going to print, they were not available.

It is strongly recommended that the NSP indicator for PMTCT coverage is changed to monitor access to all three treatment options i.e. dual therapy or HAART or sdNVP (in emergency situations).

Technical notes

Numerator (NVP): Number of women who were given a dose of NVP to take in labour.

Denominator: Number of women who tested HIV positive in pregnancy.

Data Source: District Health Barometer 2007/2008

Numerator (dual therapy or HAART): Number of women on the Western Cape PMTCT programme who received adequate dual therapy, or were on HAART.

Denominator: Number of women on the PMTCT programme who were admitted to labour wards in the WC.

Data source: District Health Information System (WC)

Strengths and limitations of data

Dual therapy can be measured either as a composite indicator – comprising the proportion of women who received adequate antenatal AZT, as well as NVP in labour – or separately as AZT or NVP uptake indicators.

The proportion of HIV-positive pregnant women who receive PMTCT prophylaxis in 2007

