Antenatal HIV

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South Africa's Prevention of Mother to Child Transmission (PMTCT) Programme has severe shortcomings that could be doing more harm than good. HIV patients are missing out on opportunities to receive a key intervention namely the nevirapine tablet according to a study published in the online open access journal *AIDS Research and Therapy*.

Lungiswa Nkonki, of the Medical Research Council, Tygerberg, South Africa, worked with colleagues from University of the Western Cape (UWC), Health Systems Trust and the Tulane School of Public Health and Tropical Medicine, New Orleans, USA, on the study.

The study's qualitative research with women who had participated in the public sector PMTCT programme revealed critical failures, not only in testing expectant mothers for HIV and giving them the results of the test, but also in a lack of intervention to help protect the unborn child from infection. A 50% reduction in transmission of HIV from mother to child is possible with the use of the drug, nevirapine, but this is not being administered routinely.

The research team interviewed 58 HIV-positive women in South Africa and collected detailed information about their experiences of antenatal care. They also investigated whether or not there were missed opportunities for participation in prevention of mother-to-child transmission programs.

Fifteen of the interviewees missed out on nevirapine, not because of the stigma associated with HIV/AIDS, nor ignorance, but because of health

systems failures, say the researchers. Of the 15 women, six women were not tested for HIV during antenatal care. Two who were tested received no results and seven were tested and received results but did not receive Nevirapine.

"Health Systems failures within these programme ranged from non-availability of counsellors, supplies such as HIV test kits, consent forms, health staff giving the women incorrect instructions about when to take the tablet and health staff not supplying the women with the tablet to take," the researchers say.

Nkonki and colleagues make two simple suggestions. First, HIV testing should be strengthened to enable access to preventative interventions. Secondly, a combination of two or three antiretroviral drugs starting during pregnancy and continuing for one week after delivery should replace the single dose regimen to improve uptake as recommended by the World Health Organisation (WHO).

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