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## COVERAGE AND UPTAKE OF PMTCT SERVICES

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21 hospitals (4 tertiary, 8 regional and 9 district), 12 MOUs/CHCs/Day Hospitals/ Polyclinics, and about 160 clinics currently provide antenatal counselling, rapid on-site HIV testing and the dispensing of NVP as part of the national PMTCT programme. Of these sites, the hospitals, the MOUs/CHCs/Day Hospitals /Polyclinics and a few clinics provide intra-partum care.

The approximate number of bookings in total per month is 6 090. This comes to about 9% of the total number of countrywide bookings per month (based on the National Indicator for expected deliveries which is 820 781 for 2002). A full breakdown of these figures province by province is provided in Appendix 1.

The true figure for access in South Africa is, however, considerably more. The Western Cape has extended its coverage of PMTCT services to 30 sites, and Gauteng has initiated six additional PMTCT sites. In addition, a number of research sites have been providing a PMTCT service as part of their work – these include Baragwanath Hospital and its surrounding clinics in Soweto, and the Hlabisa health district in KwaZulu-Natal. Finally, as reported in the newspapers recently, many hospitals and doctors across the country are prescribing NVP to pregnant women known to be HIV positive.

By adding in these sites, a rough estimate of the proportion of pregnant women in this country with access to HIV counselling, testing and NVP is 12-15%.

The numbers of women who agree to be tested, however, are considerably less. Approximately 51% of pregnant women in the national PMTCT sites have agreed to an HIV test. This translates to a figure of 3 133 per month. There is however significant variation between the provinces, as well as between the different sites (see Appendix 1).

The province with the highest testing uptake rate is the Western Cape, which has been operating for the longest length of time, followed by KwaZulu-Natal. In the Eastern Cape, the testing uptake rate in East London is only 28%, whilst the rate in the under-resourced rural site in the Umzimkulu site is 90%. The provinces with the poorest rates are Mpumalanga and the Northern Province. The rates for the two sites in Mpumalanga are 19% in Shongwe and 22% in Evander, and reflect the inability of staff to cope with the patient load due to the lack of lay counsellors. In the Northern Province the rate in Mankweng is 18% and in Siloam it is 17%. It is important to note

that these two provinces were among the last to commence PMTCT services, and that there is a natural tendency in all sites for the initial months of a PMTCT service to have low HIV testing uptake rates. Other reasons for differences in the uptake of VCT are discussed later.

A nationally defined target for the uptake of HIV testing amongst pregnant women has not been established. However, as a rule of thumb, any site managing an HIV testing rate of > 80% can be considered to be doing 'very well' (a testing rate of > 95% would be unrealistic, and would suggest possible 'coercion', as opposed to 'encouragement'). Sites with a testing rate between 60%-80% can be classified as doing 'reasonably well', while those below 60% need to be targeted for extra support. Based on the available *cumulative* statistics, the success of VCT uptake is as such:

HIV testing rate	Sites
> 80%	Umzimkulu, Durban, Paarl, Guguletu, De Aar
60 - 80%	Natalspruit, Pietermaritzburg
< 60%	Kalafong, Shongwe, Evander, Virginia, Frankfort, East London, Kimberley, Thlabane, Lehurutshe, Mankweng, Siloam

Of the women agreeing to HIV testing, 30% have been HIV+, which is higher than the national HIV prevalence of women attending antenatal clinics of about 22%. Table 1 shows the variation between provinces and how the HIV positive rate in the PMTCT sites compare with their provincial average. The reasons why PMTCT sero-positivity is usually higher than the underlying provincial HIV prevalence are:

- > a testing bias towards pregnant women with signs, symptoms or a history suggestive of HIV infection
- > women who know or suspect they are HIV positive may be coming to the national sites from outside
- > the national PMTCT site might have a higher true prevalence rate than the province as a whole.

In the very few sites where the PMTCT sero-positivity rate is lower than the underlying provincial antenatal HIV prevalence, the likely reasons are that the site prevalence is actually less than the provincial average, or that women who suspect themselves to be HIV positive may avoid seeking care in the PMTCT sites.

Table 1

Province	Site	PMTCT sero-positivity rate	HIV prevalence (2000 antenatal HIV surveillance)
Gauteng	Natalsspruit Kalafong	33%	29.4%
		43%	
Western Cape	Guguletu Paarl	21%	8.7%
		8%	
Northern Province	Mankweng Siloam	17%	13.2%
		0%	
Mpumalanga	Shongwe Evander	47%	29.7%
		39%	
Free State	Virginia Frankfort	32%	27.9%
		23%	
KwaZulu-Natal	Durban Pietermaritzburg	44%	36.2%
		34%	
Eastern Cape	East London Complex Umzimkulu Sub-district	25%	20.2%
		35%	
Northern Cape	Galashewe De Aar	32%	11.2%
		5%	
North West	Thlabane Lehurutshe	42%	22.9%
		17%	

On the basis of these VCT uptake and sero-positivity rates, a total of 6 343 HIV+ pregnant women have had the chance of being administered NVP in the national PMTCT sites (see Appendix 1 for provincial breakdown). However, the recorded number of HIV+ women who have delivered with the correct administration of NVP to both mother and baby is only 1 932 (figure excludes data from Gauteng which is not available). The reasons for this large difference in numbers are:

- Firstly, because HIV testing typically occurs several months before delivery, at any given point in time, the cumulative number of identified HIV+ pregnant women will be more than the cumulative number of deliveries (especially at the beginning of a programme).
- Secondly, it is possible that women accessing the PMTCT service antenatally may deliver elsewhere.
- Thirdly, there may be an under-recording of figures in the labour wards.
- Finally, some HIV positive women may go to another clinic for a second HIV test in the hope that the second test will be negative – while women can be tested for HIV more than once, they can only deliver once!