

## **INTRODUCTION**

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At the end of 2000, a decision was taken by the government of South Africa to implement a pilot programme for the prevention of mother-to-child transmission (PMTCT) of HIV. This resulted in two pilot sites being selected per province for the implementation of a PMTCT protocol developed by the national DoH. The pilot programme was largely funded by national conditional grants to each province.

An evaluation and research framework was developed, presented to MinMec and endorsed in July 2001. The Health Systems Trust was requested to help co-ordinate and implement this evaluation and research framework, where a particular emphasis was placed on ensuring that the lessons learnt from the implementation of PMTCT services be analysed and documented.


The areas of implementation that the research and evaluation was expected to cover, included assessing the provision of:

- voluntary HIV testing to pregnant women
- short course Nevirapine (NVP) to HIV positive pregnant women
- appropriate counselling and support for safe infant feeding practices
- follow-up care to mother-child pairs after delivery.

This report does not provide any primary data on the impact of the PMTCT programme on HIV transmission or health outcomes in the 18 pilot sites (mainly because the programme is still too young and also because this will require the initiation of complex research studies). However, in view of the various policy debates surrounding this pilot programme, this report does discuss a number of policy issues related to the significance of PMTCT services within the wider context of the health care system, as well as HIV transmission and maternal and child health.

With both the experiences from the pilot sites as well as a review of health policy in relation to PMTCT, the report discusses and makes recommendations on the improvement of existing PMTCT services as well as on the establishment of an efficient, effective and sustainable PMTCT service across the whole country. Again, it tries to do this from the broader context of the health system as a whole.

The primary data and information for this report were based on numerous discussions and interviews with managers, co-ordinators and clinicians involved in the PMTCT programme. Site visits, document reviews, attendance of the national PMTCT Steering Committee meetings and some provincial PMTCT committee meetings have also



contributed. In order to ensure that the discussion on the broader policy issues are informed by a sound public health, clinical and scientific grounding, the international literature has been used.

A dossier of progress on PMTCT implementation for each province has been developed in an incremental fashion since September 2001, and a summary of some of this information is provided in Appendix 2.

Additional activities conducted by the Health Systems Trust have included working in close conjunction with the national DoH to establish a system of routine data collection, and defining a minimum set of data items and indicators for the national PMTCT programme. At the present moment there are still some shortcomings with the quality of routine data, and these are noted in the report.

Finally, a number of discrete research projects have also been commissioned and initiated by the Health Systems Trust in conjunction with the DoH and other agencies. The state of these research activities is described in Appendix 4.