

THE PROCESS AND PROGRESS OF IMPLEMENTATION

The implementation of 18 PMTCT pilot sites is a complex process that has involved:

- The development of a PMTCT protocol which includes a set of clinical and patient care guidelines
- Financing and budgeting for, amongst other things, medicines, HIV testing kits, personnel and formula milk
- The selection of sites and their preparation
- The procurement of medicines, HIV testing kits and formula milk powder, as well as the establishment of appropriate supply, distribution and storage systems
- Training of clinical and management personnel across 9 provinces and 18 sites
- The creation of new posts at the provincial level to support the implementation of the programme
- The recruitment and deployment of lay counsellors
- The development of a routine information and monitoring system.

The national Directorate: HIV/AIDS, together with their provincial counterparts, have worked hard and tirelessly to initiate and implement the above actions smoothly and efficiently. Nonetheless, many constraints and difficulties have been experienced, some of which partly explain why many sites only began implementing the programme in the latter half of 2001. It is important to understand these constraints and difficulties within the broader context of the health care system:

- The fact that the health care system is still undergoing significant transformation, reorganisation and structural change
- The difficulty of a national Directorate having to work with and through nine separate and different provincial DoHs of varying capacity
- Insufficient co-ordination and communication between the different units and divisions of the public health care system

- A rigid and inefficient bureaucratic environment that constrains the rapid implementation of new programmes
- The challenge of the national Directorate HIV/AIDS having to work under multiple, competing and urgent demands, many of which are made in a way that disrupts attempts to establish stable, effective and efficient management
- Sub-optimal management/technical capacity at the national level, as well as in many provinces, to implement a programme as complex as PMTCT within the difficult environment described above
- Understaffing and poor infrastructure of the health care system in many parts of the country
- Low morale and poor motivation amongst many frontline health care providers
- The continued denial and stigma about HIV/AIDS in the public as a whole.

Some may dispute this description of the broader context within which the national PMTCT programme was implemented, or decry it as convenient excuses for the Directorate: HIV/AIDS. However, few would argue against the fact that the *general* organisational and management efficiency of the public health care system as a whole is a fundamental, underlying determinant of the success or otherwise of the national PMTCT programme. The quality and effectiveness of PMTCT services reflects the functioning of the health care system as a whole, and not just the dedicated management of the PMTCT programme within a single division of the public health care system.

Having said all of this, the fact that all 18 sites have implemented some degree of a comprehensive PMTCT service within the timespan described above, can be considered a positive achievement.