



MANDATORY TESTING A 'HUMAN RIGHTS IMPERATIVE'



Harry Moultrie of the Harriet Shezi Children's Clinic at Chris Hani Baragwanath Hospital in Gauteng and Cati Vawda, Director of the Children's Rights Centre in Durban.

Picture: Chris Bateman

Unless mandatory HIV testing of all children is introduced at their 6-week immunisation clinic visit and the testing of pregnant women is doubled, South Africa will face an 'unstoppable wave of child mortality'.

'There is no way that the current health care system can cope. We have 300 000 children currently infected (according to HSRC05 and ASSA03 models) and we suspect that about 50 - 60% of these currently need ART,' he emphasised.

This was the warning from Dr Harry Moultrie of the Harriet Shezi Children's Clinic at Chris Hani Baragwanath Hospital, who with Professor Nigel Rollins, Head of the Paediatric and Child Health Department at the University of KwaZulu-Natal, presented their latest research findings at the national AIDS conference in Durban in June this year.

Rollins said South Africa was one of only nine countries world-wide where child mortality was increasing, with a vertical HIV transmission rate varying between 20.8% (KwaZulu-Natal) and 7% (in provinces with far lower prevalence rates).

Moultrie said less than half of pregnant women in 2005 were tested for HIV/AIDS, resulting in ongoing high transmission rates from mothers to children.

An alarming two-thirds of all HIV-positive infants require ART by 10 months of age. Without access to antiretroviral therapy a full third of HIV-positive children die of AIDS within their first year of life.

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One in six qualifying children get ARV

The public health care sector was currently reaching about 26 000 children with ARVs – or 1 in 6 children needing the drug therapy.

Moultrie said 'the big problem' was that women visited an ANC clinic for testing and work-up but then frequently delivered in another facility. Research in Limpopo province had shown that the majority of antenatal care happened in primary health care clinics but that the majority of women delivered their babies in hospitals.

A severe lack of communication between the antenatal clinic, the hospital and immunisation clinic meant that 'nobody has the slightest idea of which children have HIV or which should be getting co-trimoxazole prophylaxis,' he added. Co-trimoxazole prophylaxis reduces mortality by as much as 43%.

Adding weight to Moultrie's contention was a comprehensive audit of paediatric deaths in Durban's 4 regional hospitals between last year and this year. This study, led by Kimesh Naidoo, showed that despite infants accounting for most paediatric deaths (63%), nearly 75% of all deaths had 'no information' on PMTCT provision.

A full 63% of all paediatric deaths analysed at King Edward VIII, Mahatma Gandhi, RK Khan Memorial and Prince Mshiyeni Memorial hospitals were clinically HIV symptomatic, with 91% of those staged being categorised stage 3 or 4.

Despite the 'overwhelming clinical stigmata' of advanced HIV disease, 60% of those assessed for HAART were not on this medication at the time of their deaths. This was the same percentage as for those mothers assessed for HAART but not yet accessing it. Documentation



Professor Nigel Rollins, Head of the Paediatric and Child Health Department at the University of KwaZulu-Natal.

Picture: Chris Bateman

Maternal HIV denial a huge driver

In an interview with *Izindaba*, Moultrie said a combination of maternal denial and seroconversion late in pregnancy (leading to a massively high viral load) aggravated the high incidence of mother-to-child infections.

In one of his most recent papers (June this year) Rollins looked at 2 900 deliveries in KwaZulu-Natal and found that less than half of HIV-positive women identified themselves at their 6-week 'wellness visit' as HIV positive. Most alarmingly, the transmission rate among women who said they were negative was 30% – the highest among 3 cohorts (those who said they were negative, those who said they were positive and those who said they did not know).

Added Moultrie: 'Until such time as we have an adequate tracking system and a health information system, from antenatal clinics through to delivery to the 6-week immunisation visit, in place, the only viable solution I can see to identify these kids is to have mandatory rapid testing of all children born in South Africa'.

With a rapid ELISA test, followed (if positive) by a PCR test on the child, subsequent counselling of the mother that she is likely to be positive, and a CD4 count on her at that time, the current alarming spread would start to be contained.

'Yes, we may trample on human rights to do this, but the HIV rate is so appallingly high, that you are simply not acting in the best interests of the child if you do not test them. This *modus operandi* will also allow you to identify HIV-positive women and get them onto treatment and support,' he added.

Moultrie argued that health care providers had a 'responsibility' to always act in the best interests of the child with the High Court the final guardian of all children.

Keep the primary carer alive!

Another presentation by Rollins at the Durban National AIDS conference showed that, if a mother died, the relative risk of her child dying was 4 times higher, 'so we have an obligation to the mother in the best interests of the child,' added Moultrie. He said the challenge of providing treatment to children in South Africa is 'not so much about HIV as it is about basic child care in this country and the very disappointing status of the current quality of care'.

A single pilot training intervention of 2 workshops at the Maretsane Clinic in 2005 had increased the uptake of PMTCT from 19% to 86%, with VCT and pregnancy coverage now almost at 100%.

Cati Vawda, head of the Children's Rights Centre in Durban and Sector Representative for Children on the revamped South African National AIDS Council (SANAC), said routine provider-initiated testing for all 6-week-old infants was excluded from the National Strategic Plan (NSP) on HIV/AIDS and Sexually Transmitted Diseases. However, she remained 'hopeful' that as the NSP was implemented, the vital role of such a policy would become undeniable.

'We're just starting (the NSP). You don't get everything in during the first round of negotiations (referring to the Codesa-like formation of the NSP), but we did manage to get child health workers and paediatricians together with those in social development,' she added.

Vawda warned that the multi-stakeholder NSP would have to be 'heterogeneous, diverse and complex' in order to respond effectively to the pandemic and fulfil people's rights.

of the first vital steps for access to intervention strategies (PMTCT and HAART) remained at less than 50%.

Naidoo and his co-researchers at the Nelson R Mandela School of Medicine in Durban called for 'a radical and innovative strategy' to improve access for children and their parents to PMTCT and HAART programmes.

The challenge of providing treatment to children in South Africa is 'not so much about HIV as it is about basic child care in this country and the very disappointing status of the current quality of care'.

Earlier this year Rollins, in response to the national department of health boasting that it would 'soon have 100% coverage for PMTCT', warned that 'PMTCT fatigue' had set in and that tens of thousands of children were getting needlessly infected.



She emphasised that individual communities would have to 'own it (the NSP), where they live and work and tailor it to their individual needs'.

SANAC's objective was to facilitate this 'grassroots up' approach with communication that provided the best possible monitoring of efficacy.

One huge success story

In a combined interview with *Izindaba*, Vawda and Moultrie pointed to the hugely successful UNICEF-funded PMTCT quality improvement project being implemented by the North West Department of Health and the Wits

Paediatric HIV Clinics in collaboration with the Institute for Healthcare Improvement.

A single pilot training intervention of 2 workshops at the Maretsane Clinic in 2005 had increased the uptake of PMTCT from 19% to 86%, with VCT and pregnancy coverage now almost at 100%. Supported by the provincial government, the project is being rolled out to another 77 clinics in 3 health subdistricts of the North West.

Said Vawda: 'It took just one training intervention that included everybody from security guards to cleaners to say, "here is the reality; what are you

going to do different and how will you measure it?'"

This just emphasised how important it was that 'every aspect of the NSP' centred on local ownership, local vision and local goal-setting while drawing on local resources and problem solving 'of the immediate situation'.

Concluded Vawda: 'We can have big marches, but we won't have sea-change. We simply can't afford a one-size-fits-all approach'.

Chris Bateman

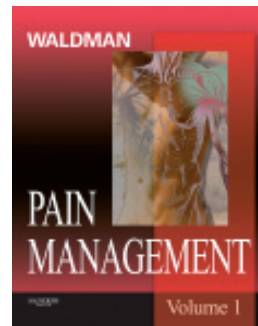
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