

this issue for more than five years.

Many women with HIV/AIDS become ill during their pregnancy with a range of illnesses. Women feel terrible guilt when they learn that they have transmitted HIV to their children. A comprehensive mother-to-child HIV prevention programme will allow women to make choices about pregnancy and their own health. It will give them control over their bodies and health. It will give their children a much better chance of being born in good health.

TAC believes that the government is not only morally obliged to implement MTCTP, but also legally. Government policy on MTCTP violates the following rights.

Government:

- ✗ Denies women with HIV/AIDS and their children access to health care services including reproductive health — (Section 27 of the South African constitution)
- ✗ Denies children born to women with HIV/AIDS their right to basic health care services (Section 28)
- ✗ Denies women the right to make choices regarding reproduction (Section 12)
- ✗ Discriminates against poor women who use the public sector (Section 9)
- ✗ Discriminates against black women (African and Coloured), a majority of whom use the public sector (Section 9)
- ✗ Denies children who are infected during and after birth with HIV, the right to life (Section 11)
- ✗ Denies women with HIV/AIDS and their children the rights to human dignity and equality (Sections 9 & 10).
- ✗ Violates the rights of doctors and nurses in the public sector who have a duty to promote and maintain a high standard of professional ethics.

The South African government also violates a range of international covenants and agreements on women, children, race, life and access to health care services.

Since the government is failing to take decisive action to prevent new infections and to help those who already live with HIV, TAC believes that every person in South Africa has a constitutional and moral duty to support this court case. It has called on all South Africans and especially health care workers to show support for the legal action. Some of the people and organisations who have already expressed their solidarity with this court case include more than 250 health care professionals (mainly public sector doctors), the South African Paediatricians Association, Dr Max Price, Dean of Health Services at the University of the Witwatersrand and the Southern African HIV Clinicians Society.

MTCTP with Nevirapine is safe and effective

Mother-to-child transmission (MTCTP) of HIV through the use of Nevirapine is safe, effective, cheap and simple to administer.

Numerous scientific studies conducted around the world have demonstrated that a single dose each to a mother during labour and to her newborn infant can reduce the chance of mother-to-child transmission of HIV by 47%, even if the infant is breastfed by its HIV-positive mother. By avoiding breastfeeding, it is possible to further reduce the chance of transmission. However, this is not a good strategy where women do not have consistent access to infant formula or clean water. Women should be counselled about the choices they face regarding breastfeeding, and should be provided with free formula if they wish to use it.

Dr Robin Wood, Principal Medical Specialist for the Provincial Administration of the Western Cape has submitted an expert affidavit in the TAC lawsuit, in which he examines studies conducted on MTCTP in the United States, Costa Rica, Thailand, Uganda, South Africa and elsewhere, as well as the World Health Organisation (WHO) recommendations. He concludes that MTCTP with Nevirapine is safe and effective. One excuse used by the government is that the use of Nevirapine for MTCTP could produce drug resistance. Although using Nevirapine for this produces drug-resistant HIV in 1 out of 5 cases, the resistance fades away after a few months, it is therefore not of concern. Why does this worry the government in

any case, when it refuses to make anti-retroviral therapy available to patients in the public sector?



AFFIDAVITS FROM WOMEN

SUPPORTING THE COURT CASE AGAINST GOVERNMENT

Nomandla
23 years
Khayelitsha,
TAC volunteer

I was tested HIV positive in October 1999. I was very scared of the results but I knew before hand because my son already tested HIV positive. After I discovered that my child is HIV positive, I felt terribly sad and that I have committed a sin. My child is coming in and out of hospitals almost every day. When my baby is sick, I particularly think if there was Mother To Child Transmission Prevention programmes in all areas maybe my child could be HIV negative. It is very painful seeing him suffering. I think mother to child prevention programme is cheaper compared to what the government is doing now taking care of HIV positive children who are already sick. I have witnessed this programme as effective looking at fellow TAC members who have their children tested negative. It should be implemented nationally.



Busisive, 29 years
TAC volunteer

Busisive, a 29 year old single mother from Mfuleni submitted an affidavit in support of the court case.



I was automatically tested HIV positive in Conradie Hospital, Pinelands in May 1999, when my daughter Nomandla suffered from various illnesses such as pneumonia, diarrhoea and dehydration. I gave birth to a HIV positive child and I keep on wondering why, if she could be saved with AZT. I am going to live with this experience for the rest of my life. I should have been told what I was tested for and if I wanted to be tested for HIV.

If there was MTCTP program in the hospitals where mothers book I would have gone there. And if doctors

had given me information about treatment to prevent my baby from getting infected I would have tried to get it. I feel a program to prevent mother-to-child transmission of HIV is great and helpful because women who entered into this program gave birth to healthy babies

Vuyani, 30 years
Gugulethu TAC volunteer:

I am HIV positive. I was tested in February 1992 and I feel much better now. It makes me sad to say to people that science has made a breakthrough in reducing a risk of mother to child transmission when in most centres MTCTP programmes are not available. Mother-to-child-prevention program should be implemented nationally. Government should carry out their moral and constitutional obligations, making sure that this is happening.



Pumeza,
24 years
Crossroads
TAC volunteer:

I was pregnant in 1999 and at that time I lived in Khayelitsha. At my first booking at Michael Mapongwana MOU, Khayelitsha they took three blood tests, one of which was for HIV. I tested HIV positive on the 5th October 1999. I was given information about AZT and told that I will start to take it from 36 weeks until delivery. After giving birth on 2 December I was given formula milk for one year. My baby started to get sick and she was tested for HIV, but results were negative. Anelisa (my child) had to be tested again after nine months and tested negative.



Bongive, 25 years
TAC volunteer

Bongive, a mother from Khayelitsha, submitted an affidavit in the lawsuit explaining her experiences of an MTCTP programme. I was tested HIV positive in 1999 while I was pregnant. There were times where I was going mad thinking about my life with HIV. It was very difficult to cope. I was very much scared thinking about the health of the child I was carrying. I entered into the Mother To Child Transmission Prevention program in Khayelitsha, and I was given AZT at the eighth month until labour and delivery. At the age of 9 my child got tested and she tested negative.

By giving AZT or Nevirapine to HIV positive pregnant mothers, the rate of HIV transmission from mother to child can be reduced. It is cheaper to prevent unborn babies from being infected with HIV.

