

THE MEC STATEMENT AT THE ANNOUNCEMENT OF THE PMTCT IMPACT STUDY IN DURBAN ON THE 8th DECEMBER 2009

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Ladies and gentlemen of the media

I believe it would be improper of me, and the Department, not to convey our many thanks to the women and men who are giving hope (our health care workers) to the thousands of expecting, but despaired, mothers in our health facilities. I say this because; the effect of HIV on pregnancy has turned the once joyous period when a woman would fill complete into a period of sorrow and wonder.

Expecting mothers wonder because they do not know if their bundle of joy will be short-lived as a result of their recently learned HIV status. They wonder if the distant partner would be able to understand, provide support and care for their newborn who will be born into disease and suffering. They also wonder whether the mother-in-law (or the family) won't blame her and accuse her for 'causing the baby's suffering'.

In welcoming this report I want to say; the comprehensive programmes to address the prevention of mother-to-child transmission (PMTCT) include strategies to prevent HIV transmission to women; to provide reproductive health care to women living with HIV; to prevent HIV transmission during pregnancy, labour and delivery; to minimize HIV transmission through safer infant feeding practices; and provide care, support and treatment services to women, infants and their families.

We acknowledge evidence, as presented by this impact study and many others before it, that confirm the effectiveness of this large scale programme to prevent mother-to-child transmission of HIV and that they are successfully implemented in settings with limited resources.

We note that there is a need for aggressive efforts to reduce mother-to-child-transmission of HIV and eliminate HIV infection in infants and young children and these would also help to hold families together, benefit communities and reduce the stigmatization of people living with HIV; as envisaged by our government.

But let me be very clear at the start. As this report reveals, the obstacles that stand in the way of reducing mother to child transmission rates are not primarily technical or medical in nature. They are social.

We will not see significant progress as long as pregnancy is regarded as a 'women's problem'. We will not see significant progress as long as men exclude themselves from educational and role playing opportunities during and after pregnancy. We will not see significant progress as long as women are victims of violence and have no freedom decide on their reproductive health, even if it means saving their own lives.

For our efforts to bear fruits we need to urge all expecting mothers to book early for their antenatal care. We know that most women (less than 35% of women book for ANC before 20 weeks) do not attend antenatal clinics until their pregnancy has advanced.

One of the striking findings of the report is that an **AIDS Free Generation** is achievable and within our reach. The picture is becoming clear.

Societies and the political leaders who govern them must decide that the health of women matters. We in public health can do some things, of course. We can promote better access to sexual and reproductive health services. We can do

something about cervical cancer or risks for the many chronic diseases that plague women later in life. We can map out clear technical strategies for reducing deaths associated with pregnancy and childbirth.

But such efforts will ultimately have a patchy and limited impact because they do not address the root causes of unmet health needs in women. The root causes reside in social attitudes, norms, and behaviours and the policies that perpetuate them.

WE CALL UPON spouses, families, civil society and private sector to join us to move swiftly towards implementing the Presidential call for supporting the measures needed to eliminate HIV in infants and young children and clear the way for a worldwide HIV-free and AIDS-free generation.

Finally, there is no prescription for forward action. Agendas for action are clearly set in our government's proclamations and the department's Ten Point Plan. As the report reveals, mother to child transmission problems can be eliminated if we all work together to ensure that pregnancy becomes a time for couples and families to unite in preparation for new person into the fold.

We must respond to HIV positive women with the compassion and care that is a hallmark trait of what it means to be a health worker, anywhere, everywhere.

Thank you.