

The Baby Boon

February 1, 2002 By Esther Kaplan

HIV positive South African Sisiwe Maqungo, 29, lost her daughter Nomazizi to AIDS when the child was only 9 months old. During the pregnancy, Maqungo didn't know her own HIV status, and her local Cape Town clinic offered neither tests nor drugs with which to help prevent transmission. It was only after bringing her ailing infant daughter to the hospital again and again that mother and child finally got HIV tests -- and diagnoses. When Nomazizi died two years ago, Maqungo said, "I made a promise to her that I would fight."

Maqungo soon joined the Treatment Action Campaign (TAC), the South African organization that fights for AIDS drug access. On December 14, TAC scored a major victory in its four-year campaign for nevirapine (Viramune) access for pregnant women when Justice Chris Botha of the Pretoria High Court found that "a countrywide MTCT [mother-to-child transmission] prevention program is an ineluctable obligation of the state" and directed the government (under anti-med stalwart President Thabo Mbeki) to present a plan by March 31. When she heard the news, Maqungo said. "I couldn't hold back the tears." One nevirapine dose for the mother during labor plus one dose for the newborn have been shown to cut transmission rates by 42 percent.

TAC's deputy chairperson, Sipho Mthathi, called the decision "a vindication of the rights of women to dignity and health care, and of children's right to life." The South African government already runs 18 pilot sites that provide counseling, HIV testing, nevirapine and formula to expectant mothers who need it, but Health Minister Manto Tshabalala-Msimang has long opposed going national with the program, citing prohibitive costs, drug toxicity and inadequate access to clean water for formula feeding. Haroon Saloojee, MD, who organized 250 docs and pediatricians to support TAC's suit, said none of the government's objections stand up. With approximately 200 infants infected daily, the \$12 million price tag of a national program, he said, "still works out as a net gain compared with the cost of treating HIV positive children." A South African study of 2,000 infants showed the only side effect of a standard dose to be a skin rash. Lastly, two African studies have shown that even with breast-feeding, the advantages of nevirapine continued for up to 18 months.

Still, the battle is not over: Tshabalala-Msimang has promised to appeal the decision, expressing concern that the judgment "could have far-reaching implications...in shaping the state's responsibility for the delivery of social services." She softened the blow by calling for a "broader stakeholder discussion" in January, and insisted that the appeal would not stand in the way of developing an MTCT plan.

Saloojee is confident that TAC will win the appeal and called the stakeholder discussion “a smoke screen.” He suspects that the government has taken such a hard-line stance because “they recognize that the demands won’t end here -- the next step is to provide antiretrovirals for the mothers and fathers.”

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