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HEU Policy Briefs present summarised research findings and key policy recommendations on important health care policy issues in Sub-Saharan Africa.

Prevention of mother-to-child transmission (PMTCT) of HIV services

What are the barriers to accessing these services in Zimbabwe?

Introduction

HIV is the leading cause of death and disease among women of child-bearing age worldwide. In sub-Saharan Africa, up to 60% of people living with HIV are women, posing serious concerns for their children's wellbeing. In 2008, it was estimated that in low- and middle-income countries, up to 1.4 million pregnant women were living with HIV. Without intervention, as much as 40% of children born to these women would also be HIV-positive and may never live to see their 5th birthday.

In Zimbabwe it is estimated that HIV infection causes 40% of deaths among children under 5 years of age.

Furthermore, approximately 90% of HIV infection in children under 15 years of age is due to mother-to-child transmission of HIV (vertical transmission).

To prevent HIV transmission to newborns, Zimbabwe offers free prevention of mother-to-child transmission services (PMTCT) as part of antenatal care. This includes HIV counselling and testing in clinics, a single dose of nevirapine for the mother during labour and for the baby at birth and counselling about breastfeeding options.

However, in order for women to access PMTCT services, they need to attend antenatal care. While PMTCT services are free, antenatal care is not free, posing concerns about the ability for pregnant women to afford the services. It costs US\$5 to use antenatal care in urban clinics and hospitals and in rural hospitals. Although rural clinics do not charge fees for antenatal care, higher delivery fees are charged instead (US\$80 in clinics versus US\$50 in hospitals). These are rates for 2010/11.

More than a decade has gone by since PMTCT services were integrated into antenatal care in Zimbabwe. However, deaths due to HIV among children who are 5 years or younger have continued to be high which suggests that PMTCT services have not been used; research has shown that women in Zimbabwe increasingly drop out of the PMTCT programme at various stages. With increased pressure to achieve the Millennium Development Goals (MDGs), it is crucial to find ways of reducing child mortality through effective targeted strategies.

This policy brief draws on research conducted in Zimbabwe to assess the barriers that women face in accessing PMTCT services. The findings from the study will be useful in informing policy that seeks to improve access to PMTCT services. By addressing the barriers that women face, the uptake of services could increase and hence contribute to the reduction in vertical transmission of HIV and subsequently child mortality.



Photo courtesy of GREHS - the Consortium for Research into Equitable Health Systems

“Information about services is not easily available. You have to ask around before you’re told what you want. Even simple things like queuing up is difficult, you never know if you’re sitting in the right queue...”

Patient interview, Marondera facility

Methods used

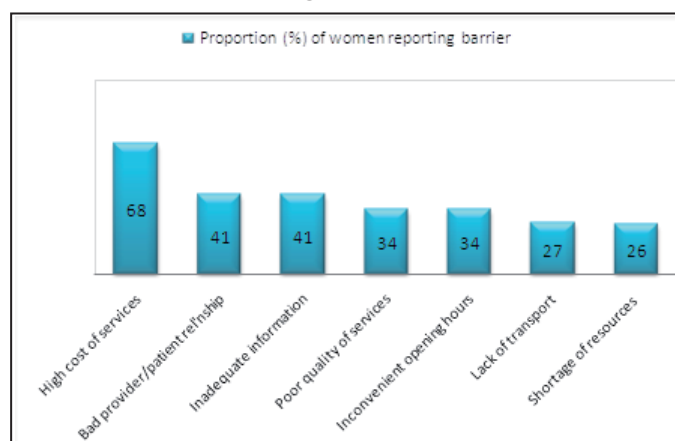
A cross-sectional facility-based survey based on 70 structured face-to-face interviews was combined with qualitative research that included 2 focus group discussions with pregnant women and 5 in-depth interviews with providers at antenatal care clinics in Marondera.

Key findings

- ◆ The interview survey showed that 68% of women found the cost of antenatal care and delivery too high.
- ◆ More than 8.5% of women spent more than 10% of their total monthly spending on antenatal care and delivery payments. This could possibly lead to impoverishment and prevent women from accessing services including PMTCT.
- ◆ About 41% of women reported that health workers offered inadequate information. Inadequate information and ineffective counselling results in a gap in knowledge about vertical transmission and PMTCT which could potentially lead to failure to comply with PMTCT strategies.
- ◆ The low quality of services, including the poor cleanliness of facilities, were deterrents for service use for 34% of women, while poor provider-patient interactions were deterrents for service use for 41% of women. This means that authorities need to consider making antenatal care more acceptable for women in order for them to be able to utilise PMTCT services.
- ◆ The lack of transport and shortages of drugs and other resources prove a challenge for 26% of women which directly affects access to PMTCT.

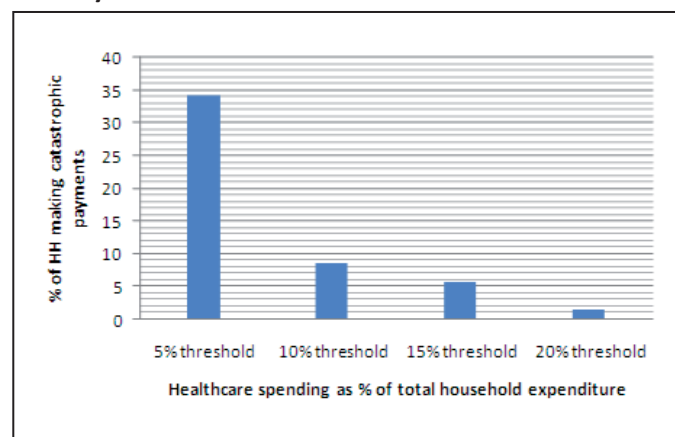
While studies elsewhere have shown that the greatest barriers to the use of PMTCT services are linked to socio-cultural beliefs and influences including fears that women harbour about testing for HIV, fear of discrimination associated with testing and being HIV positive, and negative perceptions about the effectiveness of antiretrovirals, none of these barriers were raised in the study. Instead the main barriers were linked to the health system’s failure to meet the needs of pregnant women. **Thus, the main reasons why women cannot access PMTCT services are due to the barriers faced in accessing antenatal services including the cost and acceptability of these services.**

Main barriers to accessing PMTCT services



Note: In order for pregnant women to get (free) PMTCT services, they have to first access and pay for antenatal care services.

Catastrophic healthcare payments for antenatal care & delivery services



Note: ‘Catastrophic’ healthcare payments refer to payments made for health care that result in financial ruin of households and hence increases poverty.

Policy recommendations

◆ Remove or reduce the cost of antenatal care & delivery user fees for pregnant women

- Revenue can be generated from other services that facilities provide. Other research has shown that the removal of user fees increases utilisation of and access to health services, especially among the poor.
- This requires careful consideration and gradual phasing in depending on the state of the economy as well as the ability to continue providing quality services in the absence of revenue generated from antenatal care and delivery.

◆ Increase women's access to reliable information

- Disseminate more information about PMTCT through the media, such as short informative adverts on radios, television and newspapers. Information should include: How HIV can be transmitted from a mother to her child; different ways of preventing mother-to-child transmission of HIV; where to go to access PMTCT services, etc.
- Involve community leaders in information dissemination campaigns through educating them about PMTCT so that they have an opportunity to discuss PMTCT with their community, e.g. at community meetings.
- Set up posters with information about PMTCT at shopping complexes and in women's common meeting areas such as churches and clinics.
- Provide written material to pregnant women to compliment counselling and consultation sessions (this helps to engage patients with health decision-making in order to improve compliance to PMTCT strategies).

◆ Improve the quality of services

- Conduct supervisory visits to clinics more frequently to assess cleanliness and quality of services. These visits may be conducted by province-level or district-level health officers or managers.
- Ensure accountability for quality of services by staff in charge of facilities by holding them responsible for the state of hygiene and organisation.
- Involve health workers in decision-making towards improving hygiene standards, organisation and general quality of services.

◆ Provide training courses for health workers about how to engage with patients in a more acceptable manner

References

For a full list of references used, please contact the author.

