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HEALTH
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**TO: Provincial Heads of Health, Directors of Health Services, CEOs of Public Health Facilities,
and All Relevant Stakeholders**

**FROM: Dr Sandile Buthelezi
DIRECTOR-GENERAL, NATIONAL DEPARTMENT OF HEALTH**

SUBJECT: Provision of uninterrupted HIV services across all health facilities

In reference to the subject above, the National Department of Health wishes to communicate the following measures as part of the contingency plan to respond to the temporary suspension of support by PEPFAR and its implementing partners.

The department instructs that these measures be implemented without delay. The measures are as follows:

1. Redeployment of trained Department of Health (DoH) staff:

- 1.1. To fill gaps left by PEPFAR-funded personnel, redeploy DoH staff to ensure the provision of the following critical services are not disrupted:
 - 1.1.1. **HIV testing, condom availability and distribution** in hospitals and clinics – where there are not sufficient staff available utilize HIV self-testing to triage clients.
 - 1.1.2. **ART initiation including baseline investigations** in hospitals and clinics.
 - 1.1.3. **ART rescripting, dispensing and distribution** (see refill length below)
 - 1.1.4. **Continuous Viral load testing and monitoring.**
 - 1.1.5. **Enrolment of patients on the Repeat Prescription Collection Strategies (RPCs)**, also known as differentiated models of care to facility and external pick-up points). This will reduce possible pressure on health facilities and the health care workers.
 - 1.1.6. **Same day ART scripting and refill for re-engaging clients and clients transferring** from other facilities or community-based services including unavailable key population specific services (No client should be turned away if and when they don't have referral letter).
 - 1.1.7. **Management of advanced HIV disease (AHD)**, including CD4 count testing, opportunistic infection screening and treatment.
 - 1.1.8. **ART (re) initiation including baseline investigation** in hospital and clinic and TB preventive therapy (TPT) and Cotrimoxazole (CPT).
 - 1.1.9. **Post-Exposure Prophylaxis (PEP) provision.**
 - 1.1.10. **Pre-exposure prophylaxis (PrEP) provision.**

2. Facility-Level (hospital and clinics) task shifting:

- 2.1. Leverage enrolled nurses, nursing assistants, clinical associates, allied health professional and community health workers (as appropriate) to assume responsibilities previously managed by PEPFAR-supported staff. The work to be carried out, depending on the guidelines, will but not limited to:

- 2.1.1. Provision of HIV testing and counselling services including HIV self-testing for triage co-ordination at health facilities.
- 2.1.2. Critical administrative tasks – including folder retrieval, results in client folders, data capturing.
- 2.1.3. Distributing ART refill pre-packs to RPCs clients in facility and external pick-up points and adherence clubs.
- 2.1.4. Supporting clinicians with RPCs enrolment processes.

3. Prioritize enrolment in RPCs - facility and external pick-up points

- 3.1. *To reduce clinic visits and ease the future burden on health facilities.* This will include assessing every client who has been on ART for more than 3 months for RPCs enrolment. Offer and enrol immediately and script for 6-months with a minimum for 2 3-month ART refills (2x3MMD).

4. Prioritize 3-month ART dispensing for all ART clients and HIV self-testing and 3-month PrEP dispensation for all PrEP clients:

- 4.1. To reduce clinic visits and ease the burden on health facilities –
- 4.2. provide 3-month ART refills to every client on ART who is clinically stable and does not require more intensive and frequent clinical management. This includes children older than 6 months, re-engaging clients with elevated viral loads and post-natal women (Endorsed in 2023 ART guidelines DMOC SOP 4).
- 4.3. Provide HIV self-tests for clients already on PrEP to retest themselves and provide only 3-month PrEP refills (Endorsed in 2021 PrEP guidelines and 2024 HTS guidelines).

5. Where feasible, implement 6-month ART dispensation for eligible ART clients provided there is sufficient TLD stock at the health facility:

- 5.1. *To reduce clinic visits and ease the burden on health facilities:* Offer and provide 6-month ART refills to clients on ART returning for rescripting who are eligible (two consecutive suppressed viral loads <50 copies/ml and meet criteria for Repeat Prescription Collection Strategies [RPCs] including clinician-confirmed stability and voluntary patient opt-in). This confirms authorization to transition of the PLHIV on ART from 3 Multi-Month Dispensing (MMD) to the 6MMD component in the 2023 ART guidelines DMOC SOP 4, provided sufficient TLD stock at the health facility. This is based on the decision of the treating clinician.

6. Implement 28-day late collection allowance for clients collecting ART refills at an external or facility pick-up point or adherence club (RPCs):

- 6.1. *To reduce clinic visits and ease the burden on health facilities:* CCMDD must immediately implement the 28-day grace period provided for in the 2023 ART guidelines DMOC SOP 5. This ensures that clients who are 28 days or less late for their collection do not need to return to their facility to obtain a new script but can continue to collect their parcel from their RPC location during the full 28-day period. This must also be communicated to all clients and CCMDD service providers to leverage the reduction in unnecessary workload for all concerned.

7. Implement CCMDD automatic script renewal for a further 6-months (follow COVID-19 precedent)

- 7.1. *To reduce clinic visits and ease the burden on health facilities* implement the same emergency action implemented during COVID-19 pandemic that enabled an automatic ART script renewal for clients in RPCs to remove the need to return to the facility for a further script. This must also be communicated to all clients and CCMDD service providers to leverage the reduction in unnecessary workload for all concerned.

8. Provide outreach services to continue critical services to the HIV key population. This includes HIV testing, PEP/PrEP and ART:

8.1. Ensure critical key population HIV services continue by:

- 8.1.1. Providing public sector outreach to key-population health facilities – provision of HIV self-tests, PEP starter pack provision, PrEP and ART scripting and distribution.
- 8.1.2. Providing public sector outreach to critical mobile service points provision of HIV self-tests, PEP starter pack provision, PrEP and ART scripting and distribution.
- 8.1.3. Encourage and facilitate private sector and civil society partnership to continue these services.

9. Provide critical clinical service outreach to continue critical gender-based violence (GBV) services

9.1. Ensure critical clinical services within GBV services continue including treatment of injuries, emergency contraception, HIV testing, PEP provision and referral for mental health support by:

- 9.1.1. Providing public sector outreach to GBV service locations.
- 9.1.2. Facilitating partnership with the Department of Social Development social workers to fill critical gaps in mental health and referral service components.

10. Strengthen telemedicine and digital health platforms:

- 10.1. Set up functioning helplines for clients who have challenges with accessing HIV prevention and treatment services to provide guidance on where to access services.
- 10.2. Leverage existing HIV self-testing virtual platforms, vending machines and private pharmacy access to ensure continued access to HIV self-test kits. Encourage and facilitate private sector and civil society partnership to continue these services.

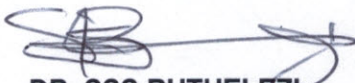
The National Department of Health will continue to communicate any new developments as they unfold. Many of these activities are covered under the U.S. foreign assistance pause "emergency humanitarian waiver for life-saving HIV service provision." The National Department of Health is in ongoing communication with PEPFAR-funded South African implementing partners to ensure the immediate continuation of these life-saving services.

While redeployment of Department of Health staff is necessary at this time, this may change in the very near future should the implementing partners resume services covered by the waiver. However, the priorities emphasized in this circular remain critical for both Department of Health and implementing partner operations to prepare for and shield the HIV program from potential risks should the U.S. foreign assistance review process result in further cuts to PEPFAR funding. These priorities focus on reducing clinic visits and alleviating the burden on health facilities, as already endorsed in national guidelines or implemented as emergency measures during the COVID-19 pandemic.

For more information, please contact AIDS Helpline

- **Phone:** 0800 012 322

Kind Regards



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