

MEMORANDUM

Longer ARV refills in Lejweleputswa now!

15 May 2024

The Treatment Action Campaign (TAC) is marching today to demand that people living with HIV urgently get longer supplies of ARVs in Lejweleputswa. In South Africa, more than 2 million people living with HIV are still not on life saving HIV treatment — some people having never known their HIV status, and worryingly others having started on treatment and then stopped. This retention crisis can be directly linked back to the dysfunction in our health system.

Our clinics are in crisis.

We leave home in the early hours of the morning, only to wait all day to be seen. Our files take hours to find or go missing altogether. When you eventually get seen, in some clinics there is no privacy and other people can see or hear what you are discussing with the health worker. For those who are late for appointments, or interrupt their treatment, often when we return to the clinic we are shouted at and sent to the back of the queue. Too often staff are openly hostile to people from the LGBTQIA+ community, people who use drugs, and sex workers. Those struggling to get a transfer letter can be refused ARVs. At times stockouts and shortages of medicines mean that after waiting all day, you are sent home empty handed without the medicines you need.

Some people continue to suffer these indignities. Yet frustration and fear of this unwelcoming environment means some people stop going, or are scared to go back to the clinic after a treatment interruption. Others are denied life saving HIV treatment altogether. One thing is clear: No-one wants to go to the clinic more often than necessary, especially just to pick up some medicines.

We are marching today because a simple solution exists — for people who are collecting ARVs to simply get a longer supply of medication.



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A longer supply of ARVs would mean you have to go back to the clinic or pick-up point less often, making it easier for you to stay on your treatment. It would also reduce the burden on congested and overstretched facilities, as less people would be in the waiting lines. There is strong evidence that shows that longer ARV supplies help people to stay on treatment. In the context of South Africa's retention crisis, this is essential.

We are marching today because in Lejweleputswa most people we have interviewed are still getting a 2 month supply or less. Out of 511 people living with HIV interviewed by Ritshidze in April and May 2024, only 25% reported receiving a 3 month supply. This is despite a circular from the National Department of Health in 2022 instructing provinces to start implementing 3 month supply, and the revised 2023 National ART Guidelines that recommend people receive 3 month supply, no longer 2 month supply.

We are marching today because in comparison, outside of South Africa, other PEPFAR supported countries report more than 80% of people getting between a 3 and 6 month supply of ARVs. If we look in South Africa, 97% of people living with HIV interviewed by Ritshidze in Bojanala reported getting a 3 month supply, 85% in Ugu, and 82% in uThukela. It is possible.

TAC joins with people living with HIV in the district to make the following demands to the district department:

1. The Lejweleputswa Department of Health must urgently ensure that all public health facilities in the district adhere to national ART Guidelines and give 3 month supply of ARVs to:
 - All stable people living with HIV (who are not sick and have a suppressed viral load) — whether collecting ARVs from the clinic, or at a facility or external pick-up point, or adherence club.
 - All other people living with HIV who have been on ART for 4 months who struggle to come to the clinic more regularly, provided they are not sick, including people: re-engaging in care, those travelling, postnatally, those with an elevated viral load after a session of adherence counselling, and children under 5 years old.



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2. The Lejweleputswa Department of Health must better support stock management to ensure that there are enough ARVs at clinics to give out 3 month supply.

3. The Lejweleputswa Department of Health must release CCMDD numbers of people on 3MMD by facility. These numbers should be available and immediately retrievable from the SyNCH system for which the National Department of Health holds responsibility. The proportion of people living with HIV getting 3 month supply (3MMD), 4 month supply (4MMD), or 6 month supply (6MMD) across the district should be publicly available and should be presented to us on a quarterly basis at facility, sub district, and district levels through the nerve centre. We also demand to be included in the nerve centre going forward.

In addition, we call on PEPFAR district support partner Wits RHI to support and mentor clinicians at facilities to script 3 month supply to everyone who is eligible, and support with stock management.

We also call on the National Department of Health to urgently start giving 6 month supply, with 10% of people living with HIV who are eligible receiving their first 6 month supply by the end of 2024. It is already provided for in the 2023 ART national guidelines and policies, dependent on confirmation of operational capacity and stock availability. Provincial and district health departments need to start their planning processes now.

We demand a written response and/or a meeting to respond to our memorandum on or before 28 May 2024.

District Department of Health:

Sign:

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