Treatment Action Campaign
Longer ARV refills now!

Background

Currently 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 linked back to the dysfunction in our public health system. People are frustrated with waiting all day just to collect medicines. For those who are late for appointments, or interrupt their treatment, often when they return to the clinic they are treated badly. This poor treatment and unwelcoming environment is a significant reason for people to disengage from care.

Yet a simple solution exists — for people who are collecting ARVs to simply get a longer supply of medication. This is called multi-month dispensing or "MMD". A longer supply of ARVs (like 3, 4, or 6 month supply) 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.

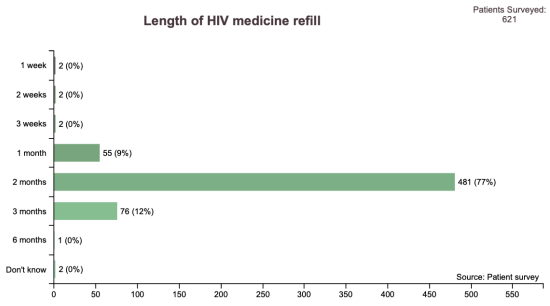
A circular from the National Department of Health in 2022 instructed provinces to start implementing 3 month supply (3MMD), and the revised 2023 National ART Guidelines now recommend people receive 3MMD, no longer 2 month supply (2MMD). The guidelines state that the following people get 3MMD:

1. All stable people living with HIV (not sick and with a suppressed viral load) whether collecting ARVs from the clinic or easier treatment collection (a facility pick-up point or external pick-up point, or an adherence club).

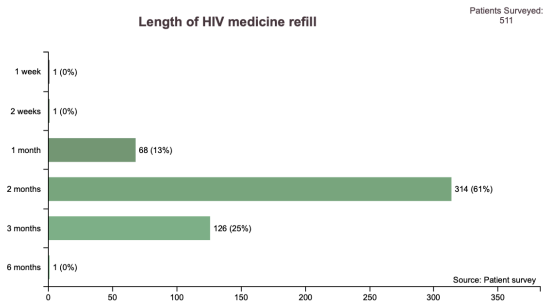
2. All other people living with HIV who have been on ART for 4 months who struggle to come to the clinic more regularly, provided they are not sick, including people:
    a. re-engaging in care
    b. travelling
    c. postnatally (aligned with infant immunisation dates)
    d. with an elevated viral load after a session of adherence counselling
    e. children under 5 years old

Ritshidze data reveals that many people report getting a 3 month supply in some districts. For example, 97% of people living with HIV interviewed in Bojanala reported getting a 3 month supply, 85% in Ugu, and 82% in uThukela. In contrast however, only 12% of people living with HIV interviewed in Thabo Mofutsanyana reported getting a 3 month supply, only 25% in Lejweleputswa, only 35% in Alfred Nzo, and only 46% in Dr Kenneth Kaunda.

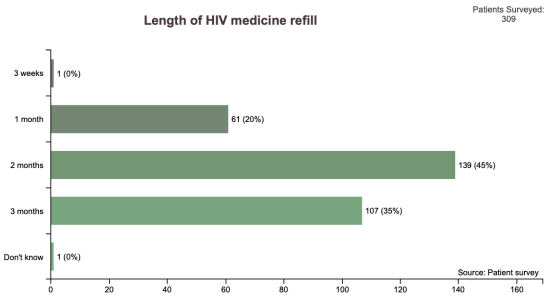
Between April & May 2024 only 12% of people interviewed got 3MMD in Thabo Mofutsanyana



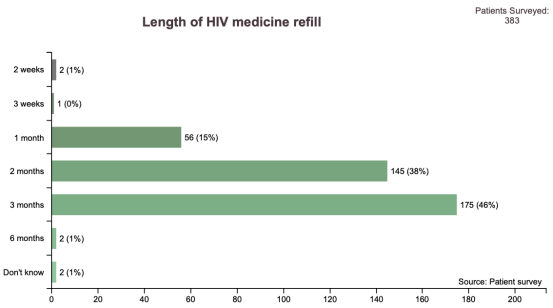
Between April & May 2024 only 25% of people interviewed got 3MMD in Lejweleputswa



Between April & May 2024 only 35% of people interviewed got 3MMD in Alfred Nzo



Between April & May 2024 only 46% of people interviewed got 3MMD in Dr Kenneth Kaunda



As TAC and Ritshidze we have been calling for the urgent implementation of 3 month supply (3MMD) and then 6 month supply (6MMD) for over 4 years through various People's COPs and State of Health reports at national, provincial and district level, as well as in facility feedback meetings. Given the slow progress in certain districts in recent months we have been engaging with district health departments to raise our concerns.

Below we respond to some of the most common reasons given by district health teams for why they cannot implement longer supplies of ARVs:

1. They say: "There is a shortage of ARVs at the national depot so we cannot give 3MMD"

If there was a shortage of ARVs at the national depot, that would mean that all districts would be failing to provide a 3 month supply of ARVs. Yet according to Ritshidze interviews with people living with HIV between April and May 2024, many other districts are performing much better. For example, 97% of people living with HIV interviewed in Bojanala reported getting a 3 month supply, 85% in Ugu, and 82% in uThukela. In contrast, only 12% of people living with HIV interviewed in Thabo Mofutsanyana reported getting a 3 month supply, only 25% in Lejweleputswa, only 35% in Alfred Nzo, and only 46% in Dr Kenneth Kaunda.

2. They say: “There is a shortage of ARVs at the provincial depot so we cannot give 3MMD”

Free State: Ritshidze only monitors two districts in the Free State (Lejweleputswa and Thabo Mofutsanyana). Both of these districts are performing poorly. This could well indicate a challenge at the provincial depot, however it could also indicate several other different challenges including that the District Department of Health might not have told the facilities to implement 3MMD or that facilities might need mentoring & support from PEPFAR District Support Partners.

North West: If there was a shortage at the North West provincial depot, that would mean that all districts in the province would be failing to provide a 3 month supply of ARVs. Yet for example, according to Ritshidze interviews with people living with HIV between April and May 2024, 97% of people reported getting a 3 month supply in Bojanala.

3. They say: “There are stockouts and shortages of ARVs at the facility level so we cannot give 3MMD”

For people collecting their treatment from facility or external pick-up points, or adherence clubs, clinicians can now choose to prescribe 1 x 2MMD and 1 x 4MMD (2023 ART guidelines DMOC SOP 5). This would mean the individual would still only have two trips to collect medicines in the six month period: collecting 2 month supply at the clinic pharmacy that day; 4 month supply two months later at the pick-up point or club; and only returning to the clinic 4 months later. CCMDD that supplies these collection points does not have stock shortage issues. This will reduce the challenge of low stock at the facility. The district health departments and PEPFAR District Support Partners should also better support stock management to ensure that there are enough ARVs to give out 3MMD.

4. They say: “There is limited space at some facilities to put extra medicines. They won’t fit, so we cannot give 3MMD”

We note that there are infrastructural challenges at certain facilities — although not all facilities. There must be a departmental plan to address these challenges more broadly. In the short term, there are two options:

1. For people collecting their treatment from facility or external pick-up points, or adherence clubs, clinicians can now choose to prescribe 1 x 2MMD and 1 x 4MMD. This would mean the individual would still only have two trips to collect medicines in the six month period: collecting 2 month supply at the clinic pharmacy that day; 4 month supply two months later at the pick-up point or club; and only returning to the clinic 4 months later. However it would address the issue of space in the clinic pharmacy in the short term, particularly for those using collection models outside the facility setting (external pick-up point, community club). All stable people on treatment should be offered treatment collection from easier collection models.
2. The South African government is already procuring 90 day pill bottles with 3MMD taking up less space than a 2 months supply which was in 2 pill bottles. Are facilities ordering these yet?

5. They say: “The national guidelines say only people who struggle to come to the clinic more regularly should get 3MMD. This means people like truck drivers or those who work in other provinces only”

The National ART Guidelines state that the following people should get 3MMD:

1. All stable people living with HIV (not sick and with a suppressed viral load) whether collecting ARVs from the clinic or easier treatment collection (a facility pick-up point or external pick-up point, or an adherence club).

2. 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:
    a. re-engaging in care
    b. travelling
    c. postnatally (aligned with infant immunisation dates)
    d. with an elevated viral load after a session of adherence counselling
    e. children under 5 years old

6. They say: “3MMD is not for people who are stable, just for those who are being newly initiated”

The National ART Guidelines state that the following people should get 3MMD:

1. All stable people living with HIV (not sick and with a suppressed viral load) whether collecting ARVs from the clinic or easier treatment collection (a facility pick-up point or external pick-up point, or an adherence club).

2. 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:
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There is still a lot of confusion between MMD (multi-month supply) and MMS (multi-month scripts). All eligible people living with HIV getting their ART from a facility or external pick-up point or club should get a 6-month script with 2 supplies (2 x 3 months — or 1 x 2 months and 1 x 4 months).

People not enrolled in these models can be given a 3-month script and 3-months of ARVs, meaning they only see a clinician every 3 months at their clinic.

7. They say: “Most people living with HIV are not stable and need holistic care and counselling. For this reason they cannot get 3MMD”

The majority of people living with HIV on treatment are stable and virally suppressed. These people should be getting 3MMD now to make it easier to remain adherent to ART and reduce the burden of unnecessary frequent returns to the clinic. In addition the poor treatment and unwelcoming environment at the clinic is a significant reason for people to disengage from care. So the likelihood of people disengaging increases with the more trips they have to make to the clinic.

Then after a late appointment, silent transfer, or treatment interruption, people living with HIV must be supported to re-engage in care. But often, when people living with HIV return to the clinic they are treated badly. The 2023 ART guidelines set out how staff should be friendly and welcoming and acknowledge the challenge for life-long adherence. To sustain re-engagement it is essential to reduce or remove health system barriers to being retained in care.

A differentiated service approach is required for people living with HIV who re-engage in care. Some will require intensive clinical management including advanced HIV screening and management. Some will require psychosocial support in the form of quality counselling and group support options. The majority need it to be made easier to collect treatment. These people should also be offered 3MMD and should be assessed and offered access to a facility or external pick-up point as quickly as possible. Implementing 2023 ART guidelines on re-engagement are vital to supporting improved long-term adherence and retention.

8. They say: “There are challenges in ordering labels. Often far fewer labels arrive than ordered. Training started but is still ongoing”

There are 3 solutions to this problem:

1. Tape the 3 bottles together and stick one label across. This is allowed.
2. Put in one packet with a label on it, as done by CCMDD.
3. The South African government is already procuring 90 day pill bottles to enable 3MMD. This will only require one label and save labels. Are facilities ordering these?

9. They say: “Healthcare workers borrow medication from other facilities, and they steal it to sell”

Firstly, borrowing protocols — where facilities borrow stock from each other when facing a shortage or stockout — only exacerbate stock challenges. When their order arrives they will have to return back what they borrowed. This creates a cycle of shortages occurring more quickly, leading to more total stockouts, and then facilities borrow again. The district health departments and PEPFAR District Support Partners should better support stock management to ensure that there are enough ARVs to give out 3MMD.

Secondly, any healthcare worker who steals medication from facilities should be urgently investigated. Stealing medicines is illegal. Anyone found guilty should face consequences of their actions.

10. They say: "Someone on other chronic medication including depression and anxiety medicines cannot get 3MMD, because those other medicines cannot be dispensed in larger quantities"

This depends on which chronic medicine. Medicine for hypertension and diabetes (other than fridge items), epilepsy, asthma and most mental health conditions also allow 3MMD to ensure an individual with both conditions gets a 3-month supply of all their medication from the same provider from the same service point. This also includes individuals using oral contraception.

Some mental health conditions require schedule 5 and 6 medicines. Schedule 5 medicines, including antidepressants, can be scripted for 6 months and supplied for more than one month supply. There is no law or regulation preventing this. Schedule 6 medicines can only be scripted and supplied for a month at time. Individuals should still be given 3MMD for their ARVs and then more frequent review and collection at the facility for their schedule 6 mental health related medicines. They must not have their ARV supply reduced to 1 month!

11. They say: "We are doing much better than your data suggests"

Ritshidze data is collected from a sample of people living with HIV at a sample of clinics that we monitor. Our data are representative of the people we interview. However, we accept that Ritshidze does not interview all people living with HIV at every clinic. This may mean we miss clinics that are completely failing to supply 3MMD to people living with HIV, or some clinics may be doing better than the sample we interviewed, which was not representative. We collect Ritshidze data to red flag issues requiring further investigation and action, and to give feedback to people living with HIV.

CCMDD data is a more representative example of what length of HIV refill people living with HIV are getting. To date CCMDD does not make this data available. We want to see the South African government's public sector data on 3MMD progress. TAC and Ritshidze urge the release of 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 3MMD, 4MMD or 6MMD should be publically available and should be presented to us on a quarterly basis at facility, sub district, district, provincial, and national levels through Operation Phuthuma and nerve centres. We also demand to be included in these structures at all levels.

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