

HIV activists call for longer HIV treatment refills

4 May 2020, Johannesburg — HIV activists today released the results of a rapid survey assessing the length of supply of antiretrovirals (ARVs) people living with HIV are being given. The results highlight that during lockdown in South Africa, **more than a quarter of people surveyed (28%) received one month or less supply** — having to return to the clinic each month for refills. This means that many people living with HIV will have to return to health facilities during the COVID-19 pandemic just to collect a medicine refill, risking exposure to people with COVID-19, and unnecessarily congesting the health system.

Physical distancing means that we all try to have as little actual human contact as possible with other people so that the virus does not have the opportunity to be passed on. However, for people living with HIV and other people with chronic diseases who must collect repeat prescriptions, this is difficult to do.

The rapid survey was conducted by members of the Treatment Action Campaign (TAC). People living with HIV were asked the following questions:

1. What date did you last collect your ARVs?
2. What length of supply of ARVs were you given?
3. What district and province do you live in?
4. What clinic do you use?

Access to extended refills of 3-months or longer remains limited, with less than 10% of respondents reporting longer refills. The majority of people received 2-month refills — 64% reported 2-month refills during lockdown. At present, 2-month refills are the national recommendation in South Africa, a result of challenges with global supply chain and local forecasting.

The full results can be accessed [here](#).

Supply	During lockdown	%
More than 3 months	2	0,5%
3 months	33	8,2%
2 months	257	63,6%
1 month or less	112	27,7%
TOTAL	404	

The World Health Organization (WHO) recommends that all people living with HIV have at least 30 days of ARVs with them, but ideally a 3-6 months supply. This has further been endorsed by UNAIDS, the Global Fund to Fight HIV, TB and Malaria and PEPFAR. We are concerned that more 90% of people living with HIV who reported ARV collection during the South Africa lockdown received less than 3 months supply.

The call for multi-month dispensing of ARVs is not new. In the "[People's COP20](#)" — that outlined activist recommendations to PEPFAR in February — HIV activists called for the urgent rollout of 6-months supply of ARVs. Longer medicine supplies increase convenience for people living with HIV who already often face long queues and poor attitudes when collecting refills, that can cause people to stop taking treatment altogether. Fewer visits to the clinic also reduce the burden on already overstretched and overburdened healthcare workers.

"If you are living with HIV the most important thing you can do to protect yourself is to take your ARVs as prescribed since it will help keep your immune system strong. If for any reason you have stopped taking ARVs, now would be a good time to start taking them again," said Sibongile Tshabalala, Chairperson of the Treatment Action Campaign (TAC). "The next time you go to collect your ARVs you can also ask if they can give you enough pills for three months. This will mean that you don't have to keep going back every month to collect them. Remember, every time you go to a clinic you risk infection with COVID-19."

Provincial health departments must fast track providing 3 months or longer supply of ARVs to people living with HIV — as well as TB medicines, other chronic treatments, family planning commodities, condoms, and PrEP etc. This will require the adequate allocation of resources and the procurement of enough medicine stocks to ensure access without stockouts.

PEPFAR South Africa should work with the national governments to accelerate the provision of multi-month refills. While the PEPFAR Technical Guidance During COVID-19 highlights multi-month refills as a priority, there is a delay in rollout.

In addition to working to fast track multi-month refills, the national governments must publicly encourage people living with HIV who have stopped taking treatment, or never started, to urgently attend the health facility and start ARVs. Those initiating treatment should receive a 3-month ART refill and be supported to initiate on the same day and in the same place (e.g. within communities) where they test. While there is limited evidence yet on the impact of COVID-19 on people who are virally unsuppressed, it is logical as always that people living with HIV should be retained on ARVs in a bid to improve their overall immune systems.

If you do not have access to treatment because of shortages or stockouts, please call, send a Please Call Me or SMS 084 855 7867. Alternatively, you can email: report@stockouts.org

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