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Provision of 6 months on antiretroviral treatment - Position statement from the Southern African HIV Clinician Society

Adherence to antiretroviral treatment is necessary for the treatment of HIV infection. Interruptions in therapy may result in viral resistance and ultimately lead to the development of opportunistic infections. At present, individuals with HIV infection both in the public and private health care system have to attend monthly clinic or pharmacy visits to pick up their prescriptions, and in the case of stable patients registered on the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme, this is bimonthly. With over 5 million South Africans on antiretroviral therapy, this represents a large number of people, often in good health coming to health care facilities and pharmacies. We, as HIV clinicians have advocated for some time for multi-month dispensing to assist both HIV-infected individuals and health care providers.

Community spread of COVID-19 (SARS-CoV-2) is imminent. We have never had to face a pandemic of this scale and scope and every effort should be made to respond with innovative measures to reduce the impact on the entire healthcare infrastructure and allow it to provide services to all in need of healthcare.

To protect both the clinic staff and the HIV-infected individuals, we would strongly advocate for up to 6 monthly supplies of antiretroviral treatment to be issued as soon as possible to minimise time at health care facilities, to minimise the exposure of patients during travel to and from clinics or pharmacies, as well as to minimise the number of patients presenting in clinic facilities. This will also reduce the possibility of treatment interruption as travel restrictions are part of the national response.

We understand that the current change in first-line therapy from Tenofovir/Emtricitabine/Efavirenz (TEE) to Tenofovir/Lamivudine/Dolutegravir (TLD) may have an effect on the stock levels of either tablet.

As the Southern African HIV Clinicians Society, we therefore strongly advocate for the following:

- 6 monthly supplies of ART be given to all clinically stable HIV-infected individuals.
- A family or household member should be allowed to pick up medication on behalf of a patient, should stock levels not permit 6 monthly refills.
- The change from TEE to TLD treatment must be done as soon as possible.
- If there is sufficient stock of TEE, this should be given for 6 months, only to patients who have to take TEE
- TLD should be given for 6 months, to all eligible patients. Where at all possible, a viral load should be done to confirm viral suppression before switching a patient from TEE to TLD. But in order to facilitate the switching of larger numbers of patients to TLD and allow provision of 6 months TLD to them, it is our view that the following patients can be switched from TEE to TLD without a recent viral load:
 - the patient has been on ART for more than 1 year;
 - the last two viral loads < 50 ; and
 - there have been regular pharmacy claims over the last year
 - It is very likely these patients are suppressed, and can be switched to TLD, and the risks of causing resistance in this situation are very small.
- Only patients with an active and uncontrolled infection or a medical condition that needs clinical monitoring should not be given 6 months of treatment. These patients will have to be assessed clinically. Many will likely have adherence problems and require adherence support.

We urge the National Department of Health, the Department of Essential Medicine Access and the private sector to act swiftly on this so as not to lose all of the gains we have made in our HIV response.