



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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**TO: HEADS OF DEPARTMENTS OF HEALTH
ALL MANAGEMENT STAFF
ALL CLINICAL STAFF**

CIRCULAR NO 01 OF 2020: INTRODUCTION OF DOLUTEGRAVIR IN THE ARV PROGRAMME

The introduction of dolutegravir (DTG) represents a significant improvement in especially first- and second-line antiretroviral therapy (ART) for South Africa. The transition to DTG-based regimens aims to improve viral suppression and the quality of life for people living with HIV, and is an important driver for our country to achieve the 90-90-90 targets, especially the 3rd target of 90% viral suppression.

The Minister of Health launched the fixed-dose combination of tenofovir, lamivudine and dolutegravir (TLD) on 27 November 2019 in the Ugu district of KwaZulu-Natal. Given the December/January holiday period, low prescription and dispensing of TLD was expected. However, analyses of data from multiple sources (TIER.Net; stock levels; feedback from provinces) indicates that the pace of rollout of TLD and implementation of the 2019 ART clinical guidelines has been much slower than expected.

We therefore request provinces to accelerate the rate of introduction of TLD to all eligible patients, following the new guidelines. This applies to initiating new patients on ART, as well as switching those that are stable and virologically suppressed.

It is imperative that outstanding clinician training is completed, and training is spread to relevant support team members (e.g. HIV counsellors, pharmacists). Communication materials (IEC) have been dispatched to all provinces and posters must be mounted in facilities, and patient leaflets must be distributed in facilities and by community health workers.



Based on extensive literature, South Africa has opted for a woman-centred approach that consciously respects women's autonomy in decision-making. Women of childbearing potential should be given all necessary information on DTG- and EFV-containing regimens, including the benefits and potential but very low risk of neural tube defects (NTDs) with DTG, and should be allowed to make an informed choice. This counselling approach is clearly articulated in the 2019 ART clinical guidelines (see page 8).

It has also been brought to our attention that the SAHPRA acknowledgement of risk form for female patients does present an operational challenge to transitioning female patients of childbearing potential.

After extensive representation by the National Department of Health, SAPHRA has agreed to withdraw the risk acknowledgement form. They agreed that this can be replaced by:

- (a) clinicians inform patients of the risks and benefits of DTG, note this in the patient's clinical notes and sign the note; and
- (b) that patients be provided with a leaflet with the necessary information about DTG which will be provided by the suppliers of the ARV within the next few weeks.

In the meantime facilities are expected to provide IEC material provided by the Department of Health.



DR. YOGAN PILLAY

DEPUTY DIRECTOR-GENERAL: COMMUNICABLE AND NON-COMMUNICABLE DISEASES

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