# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 600**

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**(INTERNAL QUESTION PAPER NO. 04)**

**Ms M D Hlengwa (IFP) to ask** **the Minister of Health**:

(1) What impact did COVID-19 have on HIV programmes on low-income and middle-income areas;

(2) whether there were notable disruptions to the antiretroviral therapy provision; if not, why not; if so, what are the relevant details?

###### NW656E

**REPLY:**

(1) It should be noted that HIV Prevention, Treatment, Care and Support services in public health services were not shut down during the hard lock down for Covid-19 restrictions. Health care facilities remained opened as essential services during this time. However, due to restrictions of movement, the performance for HIV testing subsequently decreased as community testing stopped.

Facility staff were deployed and assigned to do Covid-19 activities, HIV activities were not fully covered.

HIV and other PHC services were negatively impacted by deployment of facility staff as they were assigned to Covid-19 activities. The effect was noted in the delivery of services, which negatively affected the clinical assessment, registration of new HIV patients, and they could not be initiated on ART.

The staff members who contracted Covid-19, were not replaced and facilities were closed for decontamination over a period of time as prescribed by guidelines for decontamination. These activities affected delivery of services, as facilities were closed. Some of the reasons given were that patients were locked down as taxis were not available (not working) and law enforcement officials were stopping clients from moving around without asked for reasons (therefore couldn’t come to health facilities).

Lack of public transport and patients’ fear of contracting Covid-19 when visiting the facilities led to patients not accessing HIV services. There was a decline in new patients initiated on ART and total number of patients remaining on ART (TROA) during Covid-19. The programme experienced high missed appointments and high lost to follow up (LTFU) of patients.

Proactively, before the hard lockdown, the HIV programme enrolled all stable patients on ART in the external pick up points for collection of treatment at facilities closer to their homes and work.

In some areas, where there was support of development partners, medication was delivered to client’s homes.

(2) There were notable disruptions:

1. There was a shortage of drugs supplies in some facilities due to an influx of clients from other facilities (could have been closed due to Covid-19 or patients went to nearest facility as there were restrictions on traveling or could have moved to other province and were locked down in there). These actions affected the ordering of ARVs and planning of facilities as they received more patients than planned.

2. There was a notable disruption to the antiretroviral therapy provision in the country that resulted from failure of suppliers to deliver on time and courier services shut down due to Covid-19 restrictions.

3. The locking of international borders led to low production, due to lack of active pharmaceutical ingredient (API), this negatively affected delivery of ARVs to the country.

END.