



**DIRECTOR GENERAL  
HEALTH  
REPUBLIC OF SOUTH AFRICA  
PRETORIA  
CAPE TOWN**

Private Bag X828, PRETORIA, 0001, Dr AB Xuma Building, 1112 Voortrekker Rd, Pretoria Townlands 351-JR, Pretoria, 0187, Tel (012) 395 8000  
P.O. Box 3875, CAPE TOWN, 8000, 103 Parliament Towers, Room 615, Plain Street, CAPE TOWN, 8000 Tel (021) 461 2040 Fax (021) 461 6864

Inquiries : Dr Thato Chidarikire  
Telephone : 012 395 8153

Dr R Wagner  
Head of Department  
Eastern Cape Department of Health  
Private Bag X0038  
**BISHO**  
5609

Dear Dr Wagner

**STRENGTHENING OF HIV POST EXPOSURE PROPHYLAXIS (PEP) SERVICES AT  
PUBLIC PRIMARY HEALTH CARE FACILITIES (CLINICS AND COMMUNITY HEALTH  
CENTRES)**

**BACKGROUND**

The HIV post-exposure prophylaxis is a biomedical HIV prevention intervention provided within 72-hours of exposure to HIV. PEP reduce the probability of HIV infection after exposure to potentially HIV infected blood or body fluids. PEP prevents the acquisition of HIV infection by an individual who has been exposed to HIV through occupational and non-occupational exposures, which may be intentional or inadvertent. For maximum effectiveness, PEP should be taken as soon as possible and within 72 hours after exposure.

Persons with potential HIV exposure presenting at PHC facilities for both intentional and unintentional exposures are very often referred to the secondary level of care facilities such as the Thuthuzela Care Centres, which caters mostly for the sexual assault survivors. This does result in delays in the administration of PEP with many clients exceeding the 72-hour time period as they make their way to the referral site. This is particularly the case in the rural areas where referral facilities are not easy to access.

Only 164 out of 776 PHC (21%) facilities have reported PEP offered in Eastern Cape (source: DHIS October 2022).

**DISCUSSION**

The National Department of Health support provinces to strengthen the provision of PEP to the PHC facilities. In this regard the Department has developed a PEP training module, PEP initiation algorithm, PEP counselling guide and PEP fact sheet. The job aids and fact



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sheets will be printed and disseminated to your province for dissemination to PHC facilities in your province.

Following discussions with the Provincial PEP coordinators on 25-26 October 2022 it was agreed that all provinces will aim to strengthen PEP services at all PHC facilities. The PEP coordinators proposed that a phased approach is adopted to strengthen PEP services. In the first phase Siyenza and Phuthuma facilities together with other high priority facilities, starting with strengthening facilities that are already implementing PEP (See below table). For the list of facilities.

Province/District	Count of PHC Facilities	No of Facilities not reporting on PEP	No of Facilities reporting on PEP (2017-2022)	Q1 10% Target Facilities not reporting on PEP	Q2 20% Target Facilities not reporting on PEP	Q3 30% Target Facilities not reporting on PEP	Q4 40% Target Facilities not reporting on PEP
<b>Eastern Cape</b>	<b>776</b>	<b>610</b>	<b>166</b>	<b>62</b>	<b>123</b>	<b>183</b>	<b>245</b>
Alfred Nzo District Municipality	74	57	17	6	11	17	23
Amathole District Municipality	148	129	19	13	26	39	52
Buffalo City Metropolitan Municipality	79	58	21	6	12	17	23
Chris Hani District Municipality	159	109	50	11	22	33	44
Joe Gqabi District Municipality	52	48	4	5	10	14	19
Nelson Mandela Bay Municipality	48	37	11	4	7	11	15
Oliver Tambo District Municipality	153	119	34	12	24	36	48
Sarah Baartman District Municipality	63	53	10	5	11	16	21

In order to strengthen the monitoring and evaluation of PEP delivery the following data elements are included in the updated NIDS for monitoring unintentional exposures:

*Person exposed to HIV who tested HIV negative and was issued with Post Exposure Prophylaxis (PEP)".*

It will be greatly appreciated if the responsible officials from the National Department of Health can consult with your provincial, district and sub-district HAST personnel regarding the selection of the facilities and planning for the strengthening of PEP services at PHC facilities.

For further details regarding the strengthening of PEP services contact:

Dr T Chidarikire	<a href="mailto:Thato.chidarikire@health.gov.za">Thato.chidarikire@health.gov.za</a>	012 395 8153
Mr Orapeleng Motlhaoleng	<a href="mailto:Orapeleng.motlhaoleng@health.gov.za">Orapeleng.motlhaoleng@health.gov.za</a>	

Sincerely



**DR SSS BUTHELEZI**  
**DIRECTOR GENERAL: HEALTH**

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