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**TO: District managers**  
**Hospital CEOs**  
**Provincial HAST Programme managers**  
**District HAST Programme managers**  
**Pharmacy Managers**

**CIRCULAR 1 OF 2023: GUIDANCE ON THE ROLL OUT OF NEW ART TREATMENT  
REGIMEN FOR ADULTS AND CHILDREN AS INTRODUCED IN THE 2023 NATIONAL  
CONSOLIDATED ART GUIDELINES**

South Africa aspires to achieve UNAIDS 95-95-95 targets. In March 2022, there were over 5.2 million people living with HIV (PLHIV) who are on lifelong ART, of which only 89% are virally suppressed. Viral suppression among children is far less than that of adults.

To address the challenge of viral suppression rate, the 2019 National ART Guidelines have been revised to include new optimised regimen for children and adults. The new regimens include the use of fixed-dose combination (FDC) of Tenofovir disoproxil fumarate (TDF), Lamivudine (3TC), and Dolutegravir (DTG), abbreviated as TLD, as the 1<sup>st</sup> and 2<sup>nd</sup> line regimen for all eligible adults and adolescents.

The new paediatric regimens aim to ensure that all children (excluding those under one month) receive a dolutegravir-containing regimen. This is facilitated by introduction of dispersible paediatric dolutegravir tablets (pDTG).

Because of the introduction of new regimens, there is a need for a phased approach in the implementation to avoid wastage and expiry of medicines which were used in the previous guidelines.

The implementation of the new treatment regimen should be done as follows:

**For adult patients**

- Only newly diagnosed HIV positive clients should be initiated on the new regimen until current stock level is depleted.
- Pregnant and breastfeeding women and clients who are struggling to be virally suppressed must be immediately switched to TLD to ensure that they are virally suppressed.
- Switching of outstanding clients should be done once current stock levels are depleted to prevent wastage of drugs.

**For children**

The intention is to ensure that all children are transitioned to DTG-containing regimens as soon as possible, with priority being given to:

- Children who are newly initiated on ART and those who are not virally suppressed on non-DTG regimens.
- Children who are stable on existing (non-DTG) regimens can be retained on these regimens whilst existing LPV/r stocks are depleted. Liaison with clinicians and careful attention to stock management will be required to ensure a smooth transition.

Kind regards



**DR SSS BUTHELEZI**

**DIRECTOR-GENERAL: HEALTH**

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