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Allow all professional nurses and midwives to prescribe PrEP, say experts

In an editorial published in the *South African Medical Journal*, the University of Cape Town (UCT) HIV experts have urged the National Department of Health, the South African Pharmacy Council, nurse training institutions and authorities to allow all professional nurses and midwives to prescribe pre-exposure prophylaxis (PrEP) to enable simplified and de-medicalised PrEP with an urgent focus on expanding the PrEP service delivery workforce.

In South Africa, national PrEP guidelines state that only nurses with comprehensive antiretroviral therapy (ART) – Nurse-Initiated Management of Antiretroviral Therapy (NIMART) training may prescribe PrEP. However, NIMART-trained nurses are currently responsible for initiating and managing ART for about 7.5 million people living with HIV, of whom 5.5 million are currently active on ART and, as a result, have a very high workload.

Dr Dvora Joseph Davey, an infectious disease epidemiologist in UCT's Division of Epidemiology and Biostatistics and lead author of the editorial, said that NIMART nurses were overburdened caring for people living with HIV and there was a high turnover of NIMART-trained nurses, resulting in low availability at public health facilities at the primary care level, especially outside of dedicated HIV services.

"Requiring nurses prescribing and re-scripting PrEP to be NIMART trained presents a significant barrier to scale-up and community delivery of PrEP at all health facilities. Furthermore, integration of PrEP within sexual and reproductive health, antenatal care and adolescent health services remains limited because of overburdened NIMART-trained nurses. This is not only because NIMART-trained nurses are a limited resource, but because populations not living with HIV, those who benefit from PrEP, do not access HIV services," she said.

As of February 2023, PrEP has been integrated into most public healthcare facilities at the primary care level in Eastern Cape, Gauteng, KwaZulu-Natal and Mpumalanga. However, the remaining provinces offer limited access to PrEP, with about 50% of health facilities in Limpopo, Northern Cape and Western Cape offering PrEP. This limited access, said Davey, was partially the result of limited numbers of NIMART-trained nurses, who often did not have time to prescribe PrEP.

Between April 2022 and February 2023, 355 000 clients initiated PrEP. Over half of these initiations were in Gauteng and KwaZulu-Natal, where NIMART has been integrated into

nursing school training curricula, allowing all nurse graduates to prescribe ART and PrEP, which may be a longer-term strategy nationwide to ensure adequate training in the future.

“With 1.5 million global incident HIV infections in 2021, of which 210 000 occurred in South Africa, there is an urgent need to reduce barriers to and simplify provision of PrEP for those who need it most. South Africa has the highest number of people living with HIV in the world, with HIV prevalence rates of up to 41% in pregnant women,” wrote Davey.

In South Africa, daily oral PrEP (tenofovir/emtricitabine (TDF/FTC)) has been provided to adolescent girls and young women, sex workers, men who have sex with men, pregnant and breastfeeding women and other populations at risk of HIV acquisition, following the 2015 World Health Organization (WHO) recommendations. The national PrEP programme in South Africa reached about 880 000 individuals who started on daily oral PrEP between June 2016 and February 2023. Still, the continuation of PrEP remains low, estimated at only 20% of those who start PrEP.

Any professional nurse or midwife should be allowed to attend existing PrEP training, regardless of prior NIMART training, said Davey. “The Department of Health should include PrEP training in existing training curricula for sexual and reproductive health, updated prevention of vertical transmission guidelines and curricula, and basic antenatal care. PrEP-orientated nurses and midwives should also be allowed to prescribe and manage PrEP for patients in their care, including in integrated adolescent, maternal and sexual reproductive health services.”

Davey said that PrEP training should be included in all pre-services or undergraduate curricula so that all graduating nurses are PrEP competent upon completion of their training. “Making these changes will simplify and significantly improve access to PrEP services, increasing PrEP initiation, and facilitating effective use of PrEP, thereby helping to move SA closer to HIV epidemic control.”

ENDS

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