

ORIENTATION/CAPACITY BUILDING SESSION ON 6 MMD IMPLEMENTATION



6MMD IMPLEMENTATION TRAINING

NATIONAL DEPARTMENT OF HEALTH

WEBINAR SESSIONS (16 April 2026)

Training Outline



1. Training Purpose, Objectives & 6MMD background

2. Understanding Facility 6MMD and how it fits into differentiated models of care (DMOC)

3. Facility 6MMD enablers – 90 day packs, client education including safe home storage, M&E, prescription, phased roll out and complimentary microlearning

4. Recording, Reporting, Monitoring and Evaluation of Six Month Multi Month Dispensing (6MMD)

5. Case Studies



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Training Purpose & Objectives



Purpose: To equip health care providers with the knowledge necessary for effective implementation of 6MMD as part of differentiated service delivery for stable clients on ART.

Objectives:

Orientate the Healthcare Providers on the guidance to inform the implementation of 6MMD in public health facilities

Introduce the concept and purpose of 6MMD

Explain the eligibility criteria for 6MMD

Foster understanding of Facility 6MMD within the context of differentiated models of care (DMOC)

Equip the Healthcare Providers to effectively utilize implementation enablers, including M&E, phased rollout,

Enhance healthcare providers to apply knowledge through case studies to support effective implementation of facility 6MMD and avert potential risk factors

Describe the roles and responsibilities of healthcare workers in 6MMD implementation

Strengthen capacity in documentation, monitoring, and reporting of 6MMD



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6MMD Background

6MMD IMPLEMENTATION IN SOUTH AFRICA



- 6-Month Multi-Month Dispensing (6MMD) A healthcare strategy for managing chronic illnesses where stable patients receive a **six-month supply of medication** in a single visit.
- Launched in November 2025, by the Minister Dr Aaron Motsoaledi.
- Target population – Stable HIV-positive patients (ART \geq 12 months) – with a future roll-out to stable chronic conditions.
- The implementation adopted a phased approach to ensure systematic roll-out, effective monitoring, and incorporation of lessons learned
- Phase 1 commenced on the 1st August 2025, focusing on selected facilities
- Phase 2, which commenced in September 2025, expanded the implementation to additional sites
- **Phase 3 commenced on the 1st April 2026 and will be the full rollout to all facilities**

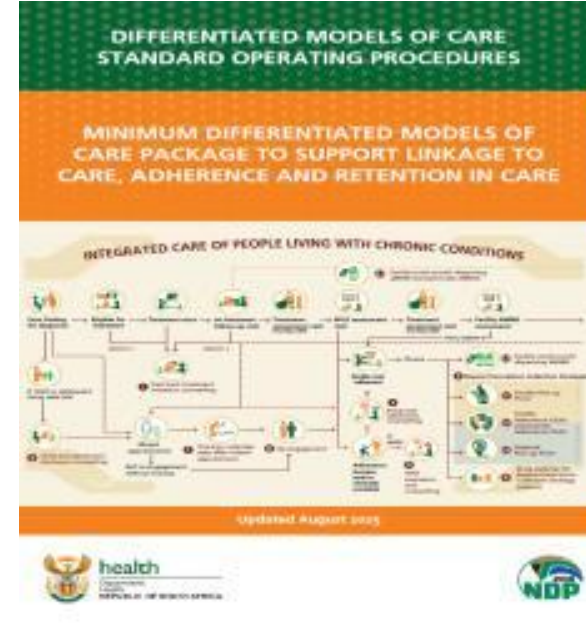
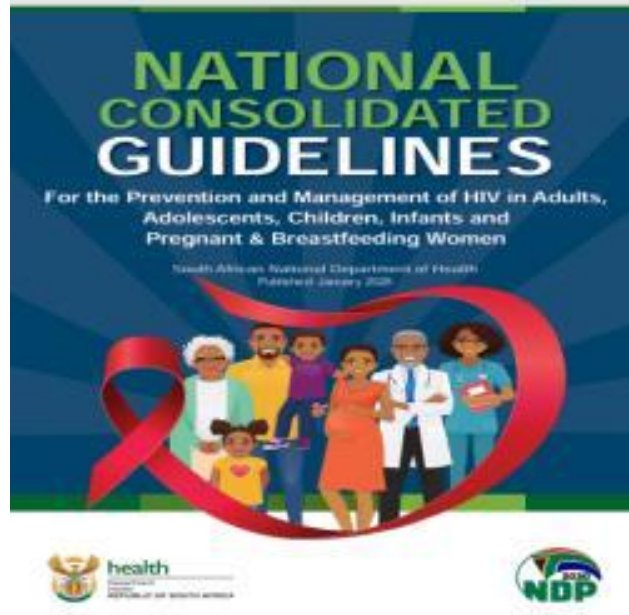
6MMD IMPLEMENTATION IN SOUTH AFRICA



Phase 3 commenced on the 1st April 2026 with full rollout to all facilities.

- To achieve this, provinces will need to prioritize readying of all facilities:
 - A clinician in each facility trained on 6MMD (no requirement for a pharmacist to be trained)
 - TIER.NET maintenance file in place to record 6MMD enrolments
 - TLD sufficient stock with focus on 90-day pill bottles
- Not all facilities will be ready at the same time but facilities that are ready should start. There should be no designation of specific facilities excluding other facilities that are ready!
- As all facilities should be enrolling clients in 6MMD by end March 2027 at the latest, this requires planning by provinces to ensure sufficient facilities are ready and starting per quarter throughout April 2026 to end March 2027. Remember that means at least 25-33% of facilities each quarter!
- Critical to back-capture missed 6MMD enrolments for facilities that enrolled clients before the Phase 3 official rollout without the TIER.NET maintenance file in place.

Guiding Principles



DMOC and ART Guidelines Assume full Integrated Approach in South Africa South Africa's Differentiated Model of Care SOPs & 2026 ART Clinical Guidelines

Medicine ACT – Requires prescription renewal every 6 months by a clinician. This legislation restricts capacity to provide 6MMD outside of health facilities as the client needs to receive their 6-month supply on the same date as the prescription is written.

From a Few Brave Sites... to the Full Rollout



*Let's
Get
Started!*



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Understanding Facility 6MMD and how it fits into Differentiated Models of Care (DMOC)

Training Section Outline



1. Understanding key terms
2. Understanding the difference between facility service delivery and RPCs
3. Why and what is facility 6MMD?
4. 2026 HIV/ART guidelines: Which DMOC SOP?
5. Facility-based 6MMD eligibility criteria
6. Where does facility 6MMD fit within differentiated models of care (DMOC)?



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1. Understanding key terms used



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Key terms

Differentiated models of care (DMOC) = all service delivery models of care that are differentiated by the client's clinical characteristics (e.g. suppressed VL or symptomatic) and/or population (e.g. child <5 years),

Facility service delivery = client is managed at the facility by a clinician who prescribes treatment which is collected from the clinic pharmacy

Repeat Prescription Collection strategies (RPCs) = models of care where the client collect their repeat pre-packed treatment collections (also called refills) from an external pick-up point, facility pick-up point or adherence club

Key terms

Multi-month scripting (MMS) = Prescriptions of more than one month

- **3MMS** = 3-month prescription covering the 3-month period between clinical reviews
- **6MMS** = 6-month prescription covering the 6-month period between clinical reviews

Multi-month dispensing (MMD) = Medication supply of more than one month at a time

- **3MMD** = 3-months of treatment supplied for one collection
- **6MMD** = 6-months of treatment supplied for one collection



2. Understanding the difference:

i. Facility service delivery



ii. Repeat Prescription Collection strategies
(external pick-up points, facility pick-up points
and adherence clubs)



Lets start at the very beginning

Two types of service delivery



Facility service delivery

- EVERY VISIT IS A CLINICAL REVIEW VISIT
- EVERY VISIT IS THE SAME
- THERE ARE NO REPEAT COLLECTIONS



Repeat prescription collection strategies (RPCs)

Decanted to:

External PUP or facility PUP or adherence club



- **SEPARATES** CLINICAL REVIEW VISIT AND REFILL VISIT
- EVERY VISIT IS NOT THE SAME
- **REPEAT COLLECTION** IS FROM DIFFERENT PROVIDER, LOCATION OR FORMAT



Facility Service Delivery

- See clinician for clinical consult (e.g. History & Clinical Examination; Adherence & Bloods when due)
- Prescribe medicine until next clinical review date
- Pharmacy dispenses ALL medicine supply until next clinical review date
- No prepacking of medication required
- No repeat collections!



Repeat Prescription Collection Strategies (RPCs)

Decanted to:

External PUP or facility PUP or adherence club

- See clinician for clinical consult
- Prescribe medicine for the maximum period: 6-months with **MORE** than one collection
- Pharmacy dispenses first medicine supply
- Remaining medicine supply pre-packed and to be collected at External PUP, Facility PUP or Adherence club



Facility service delivery

1. Clinical consult
2. Script
3. Pharmacy dispense

Every visit is the same



Repeat Prescription Collection strategies (RPCs)

External PUP or facility PUP or adherence club



1. Clinical consult
2. Script
3. Pharmacy dispense

1. Pre-packed medicine collection +/- support

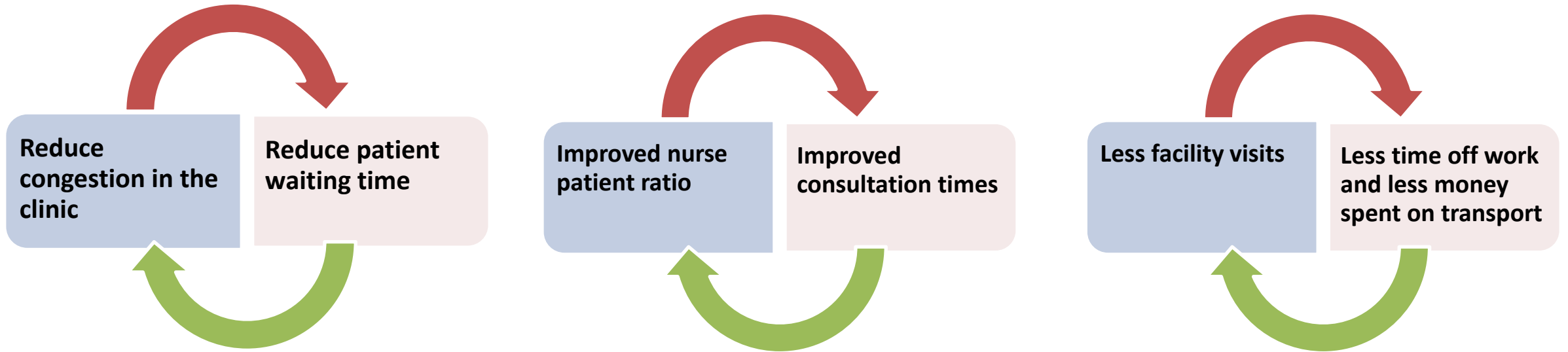
**Every Visit is not the same!
There are two different types of visits**





3. Why multi-month dispensing (MMD) matters

Why MMD matters to facility staff & patients?



Improved provider & patient satisfaction



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MMS

“SCRIPT”

LENGTH OF PRESCRIPTION

Prescriptions of more than one month

are called Multi-Month Scripts (MMS)

MMD

“DISPENSE”

LENGTH OF MEDICINE SUPPLY

Dispensing more than one month of medication is called

Multi-Month Dispensing (MMD)



Facility service delivery



Repeat prescription collection strategies (RPCs)
External PUP or facility PUP or adherence club

**BOTH can REDUCE the NUMBER OF VISITS
by INCREASING
the LENGTH of the PRESCRIPTION (MMS) and/or
the NUMBER OF MONTHS of MEDICATION
DISPENSED at each visit (MMD)**



Facility service delivery

- 1. Clinical consult
- 2. Script for **multi-months (MMS)**
- 3. Pharmacy **dispenses** for the same number of multi-months (MMD)

Clinical review return date = MMS length = MMD length



Repeat prescription collection strategies (RPCs)

External PUP or facility PUP or adherence club

- 1. Clinical consult
- 2. Script for maximum length **MMS**
- 3. Pharmacy dispenses first MMD

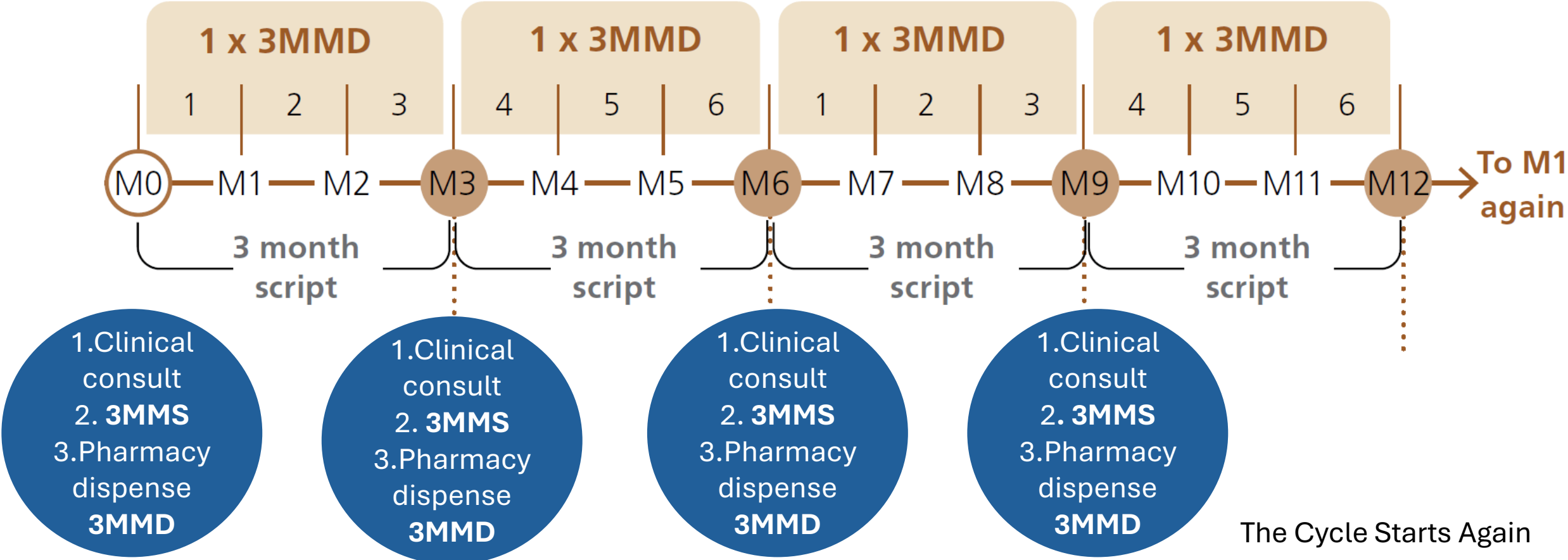
- 1. Pre-packed repeat/s MMD collection +/- support

Clinical review return date = MMS length

≠ MMD length

Example to show difference: 3MMD

Facility service delivery Utilizing 3MMS and 3MMD



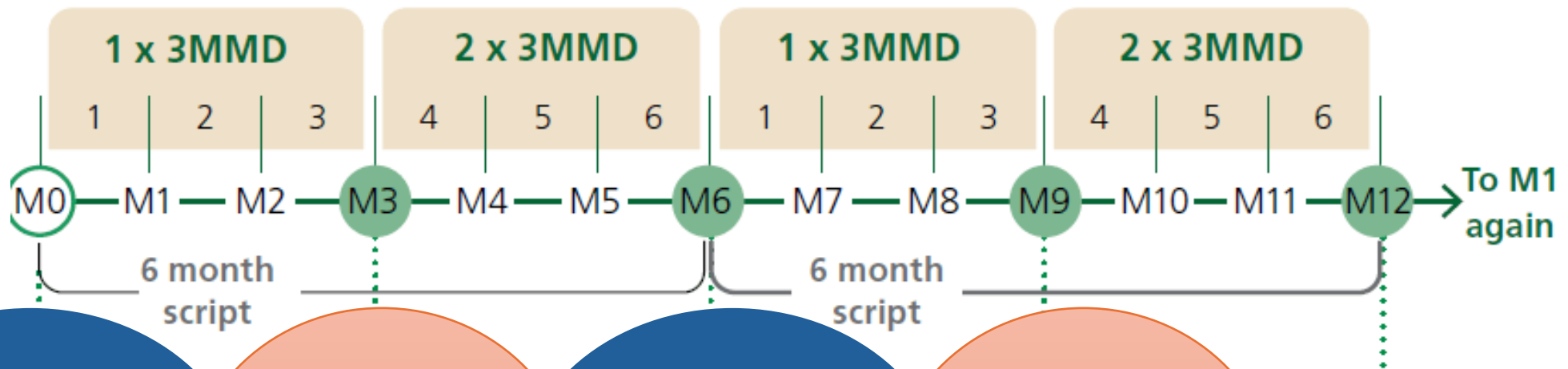
Repeat prescription collection strategies (RPCs)

External PUP or facility PUP or adherence club

Utilizing **6MMS** with **3MMD**



3-monthly supply (3MMD)*



1. Clinical consult
2. Script 6MMS
3. Pharmacy dispense 3MMD

1. Pre-packed 3MMD medicine collection +/- support

1. Clinical consult
2. Script 6MMS
3. Pharmacy dispense 3MMD

1. Pre-packed 3MMD medicine collection +/- support

The Cycle Starts Again



4. Why and what is Facility provided-based 6MMD?



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Now lets consider 6MMD...



- **6MMD means 6 months of medicine supply dispensed at once**
= 180 days medication collected **ONCE OFF**
relying on a 6-month script (6MMS)

It does not mean repeat collections which add up to 6-months

- Existing legislation only allows a maximum prescription length of 6-months
- Therefore: The **maximum prescription length MMS = 6**
 The **minimum medication supplied MMD = 6**

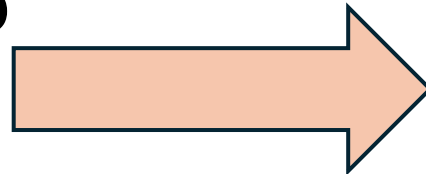
There are NO repeat collections! 6MMS=6MMD

Therefore, it is only possible to provide 6MMD in:



Facility service delivery

It is not possible to provide 6MMD in:



Repeat prescription collection strategies (RPCs)

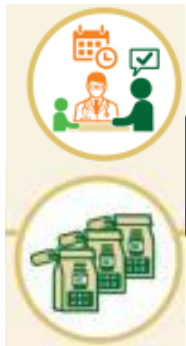
External PUP or facility PUP or adherence club

Remember: These models rely on repeat collection/s from a different provider, location or format

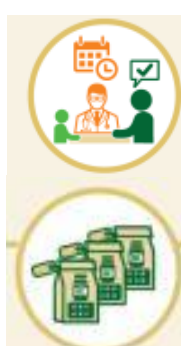
Only possible Option: Facility 6MMD



Facility service delivery in 1 year: 2 visits to clinician



1. Clinical
consult
2. Script
6MMS
3. Pharmacy
dispense
6MMD



1. Clinical
consult
2. Script
6MMS
3. Pharmacy
dispense
6MMD

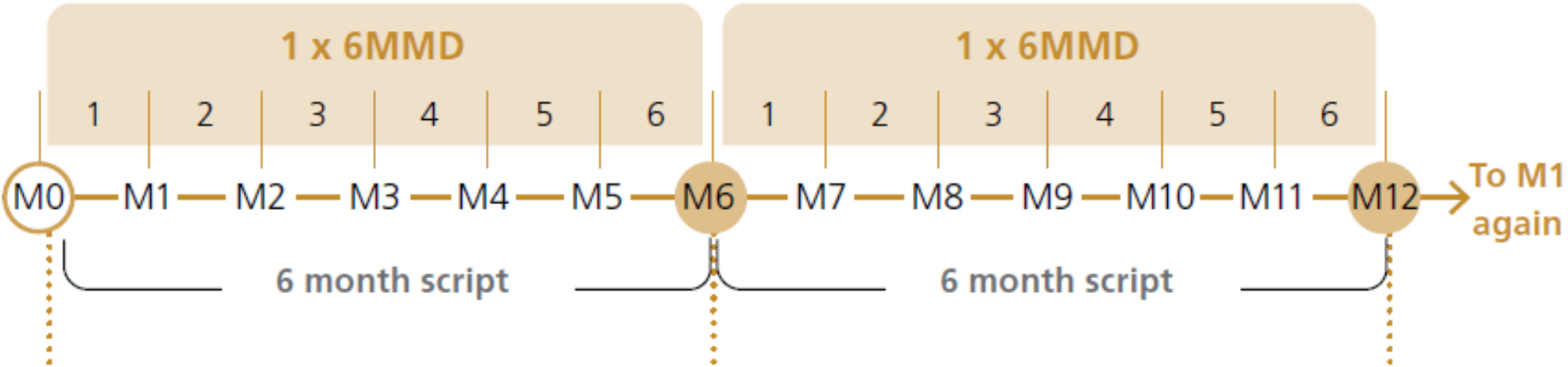


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Facility service delivery

Utilizing 6MMS and 6MMD



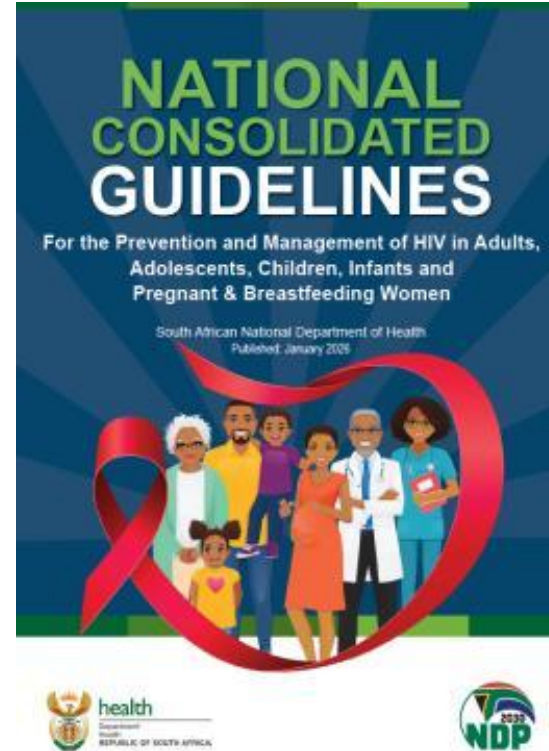
- 1. Clinical consult
- 2. 6MMS
- 3. Pharmacy dispense
- 6MMD

- 1. Clinical consult
- 2. 6MMS
- 3. Pharmacy dispense
- 6MMD

TOTAL
2 clinical
review visits
per year



5. 2026 ART guidelines and DMOC SOP 4.2



Facility-provided 6MMD in ART chapter



Visit schedule for adults, adolescents and children 5 years and older on ART

10	10-month* VL (VL after 10 DCs) sCR and eGFR CD4 count	<ul style="list-style-type: none"> Clinical assessment including VL and any other monitoring bloods as per <i>Monitoring on ART on page 41</i> Integrated services for family planning* and NCDs* Check TPT eligibility Renew prescription for next 6 months Do not require clients to return to the facility in 1 month to review the VL results, unless other clinical indications exist that require review. Rather, recall to the facility only those clients with elevated VLs
11+		<ul style="list-style-type: none"> 12-monthly clinical assessment and family planning review as per <i>Monitoring on ART on page 41</i> 12-monthly routine monitoring of VL, sCR and eGFR Check that chosen RPCs option is still suitable, and consider if eligible for facility-provided 6MMD as per page 40. Collect medication from preferred RPCs

Pages 39 & 40

6MMD

! Facility-provided 6MMD is now operational.
See DMO SOP 4.2: Facility-provided 6MMD

Eligibility criteria:

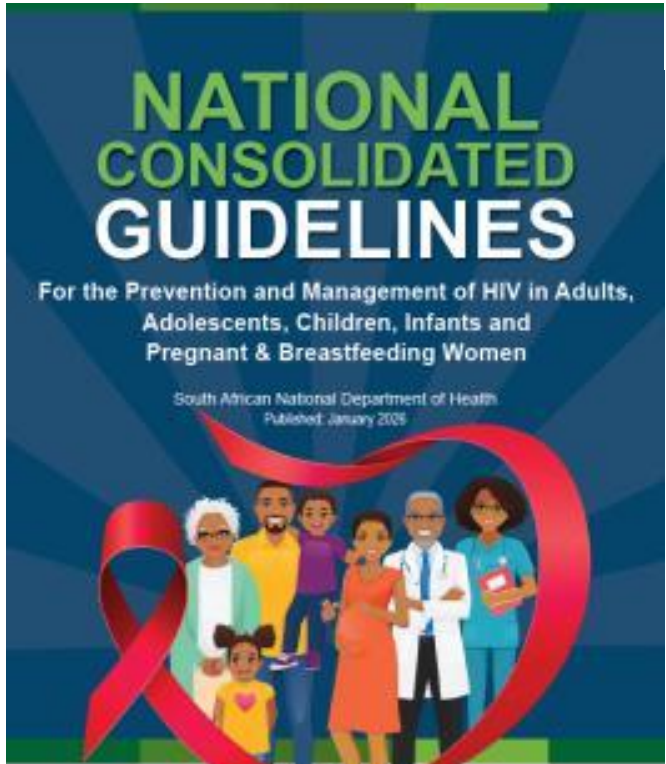
- On ART* for at least 12 months
- 2 most recent VLs < 50 c/mL
- Other RPCs eligibility criteria also met (not pregnant or post-natal < 12 months, above 5 years of age, clinically well with no OIs/uncontrolled NCD or mental health condition or malnutrition).

* Limited to clients only on TLD until national medicine stock availability is confirmed for other ART regimens and hypertension and diabetic treatment

At any scheduled clinical review, check that the chosen RPCs model is still suitable. If eligible, offer client facility-provided 6MMD as an alternative option to RPCs

Should a client accept 6MMD, renew prescription for next 6 months, with full 6-months supply issued today from the facility.

Consider supplying 2 x 84-90 day pill bottles (now available) rather than 6 x 28-30 day pill bottles to reduce the number of containers.



Lets go back to our two types of service delivery

Facility service delivery

FACILITY PROVIDED
MULTI-MONTH DISPENSING
(FACILITY MMD)
SOP 4



FACILITY 3MMD
(EXCEPTIONALLY 2MMD)
SOP 4.1



FACILITY 6MMD
SOP 4.2



RPCs: External PUP or facility PUP or adherence club

REPEAT PRESCRIPTION
COLLECTION STRATEGIES
(RPCs)
SOP 5



RPCs
FACILITY PICK-UP POINT
(FAC-PUP)
SOP 5.1



RPCs
ADHERENCE CLUB (AC)
SOP 5.2



RPCs
EXTERNAL PICK-UP POINT
(EX-PUP)
SOP 5.3



FACILITY PROVIDED
MULTI-MONTH DISPENSING
(FACILITY MMD)

SOP 4



FACILITY 3MMD
(EXCEPTIONALLY 2MMD)

SOP 4.1



FACILITY 6MMD
SOP 4.2



Facility service delivery

Clinical review spacing	Length of Prescription	Length of medicine dispensed
2-month clinical review <i>(very limited indications)</i>	2MMS	2MMD
3-month clinical review	3MMS	3MMD
6-month clinical review	6MMS	6MMD

REPEAT PRESCRIPTION COLLECTION STRATEGIES (RPCs) SOP 5

RPCs
FACILITY PICK-UP POINT
(FAC-PUP)
SOP 5.1



RPCs
ADHERENCE CLUB (AC)
SOP 5.2



RPCs
EXTERNAL PICK-UP POINT
(EX-PUP)
SOP 5.3



Repeat prescription collection strategies (RPCs) External PUP or facility PUP or adherence club

Clinical review spacing	Length of Prescription	Length of medicine dispensed
6-month clinical review	6MMS	3MMD + 3MMD
6-month clinical review	6MMS	2MMD + 4MMD <i>(only when clinic stock risk)</i>

6MMD overview



Feature	Description
When?	Every 6 months
Where?	Health facility (Clinic and Pharmacy)
Who?	Clinician (for clinical review and eligibility assessment) Facility Pharmacist/Pharmacy Staff (for dispensing and adherence counselling)
What?	Comprehensive clinical review, ART and preventative medication supply (VL every 2 nd clinical review).



6. Facility-provided 6MMD eligibility criteria

Very stable

FACILITY 6MMD
SOP 4.2



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Common Eligibility Criteria (All Ages)



1. Above 5 years of age

2. Clinically stable

- No current opportunistic infections with no current TB, other opportunistic infection, malnutrition, new or uncontrolled mental health or chronic condition requiring clinical review more regularly than once every 6 months
- Not pregnant or post-natal within 12 months of delivery
- **On ART for at least 12 months**

3. Viral Suppressed:

- **2 most recent consecutive viral load results suppressed (HIV RNA <50 copies/mL).**

4. Clinician Confirmation:

- Clinician confirms overall eligibility and suitability based on holistic assessment.

5. Patient Consent:

- Voluntarily opts for 6MMD (or caregiver/guardian) after 6MMD/RPCs options explained and understood

Not currently eligible for 6MMD until supply chain ready and communicated:

- PLHIV on regimens other than TLD
- PLHIV or clients with NCDs with controlled NCDs

This means for Phase 1-3 roll out, 6MMD limited to:

- **PLHIV on TLD regimen ONLY**
- **PLHIV on ART only**

Conditions Unsuitable for 6 MMD (exclusion)



- **Newly Diagnosed PLHIV**
 - ✓ Until viral suppression is achieved and stabilized.
- **Unstable Medical Conditions**
 - ✓ Active opportunistic infections or other unstable medical conditions.
- **ART Resistance**
 - ✓ Known or suspected ART resistance.
- **Drug-Drug Interactions**
 - ✓ Significant interactions requiring frequent monitoring.
- **Pregnancy**
 - ✓ Requires careful monitoring (excludes from 6MMD).
- **New mothers until 12 months post-partum**
 - ✓ Should continue their ART care aligned with their infant EPI visit schedule
- **Adherence Issues**
 - ✓ History of poor adherence, missed appointments, or medication mismanagement.
- **Mental Health Conditions**
 - ✓ Acute or chronic mental health conditions that could affect adherence or medication safety.

What does 2 Consecutive VLs mean?

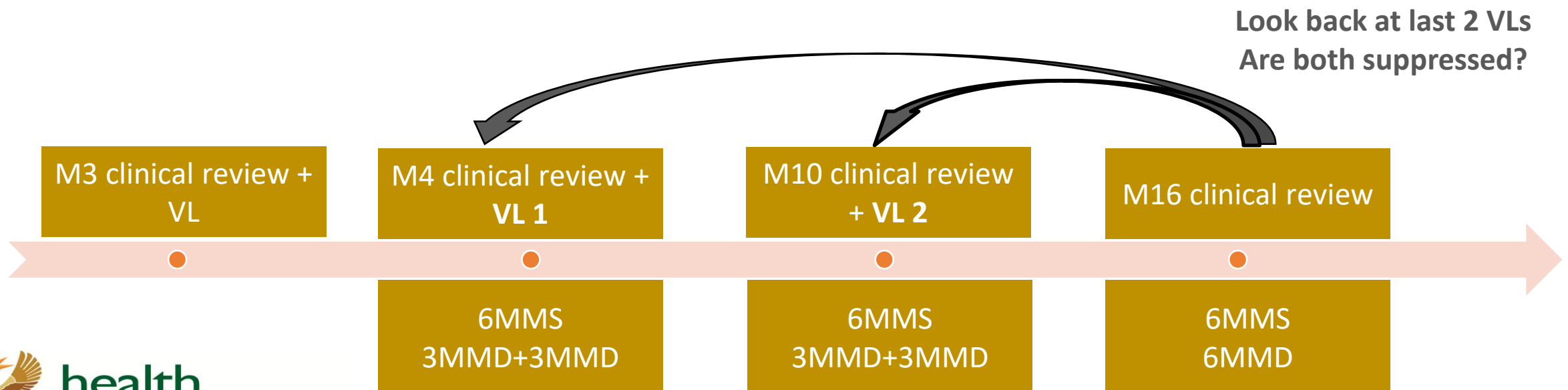


- Must be the **TWO most recent consecutive viral loads**
- Viral loads due must have been taken i.e. if overdue for VL this must be taken first and then reviewed with previous VL
- As viral loads are taken annually after this first year, this means:
 - *If VL not yet due this year:* Review last 2 years viral loads
 - If VL already due/taken this year: Must review this year's VL and last year's VL
- Before the annual VL is due in the 2nd year on ART: Review most recent VLs from 1st year on ART

Earliest eligible for 6MMD = Month 13



- If a client is already receiving 6MMS with 3MMD from a RPCs = **M16** at the 3rd 6-monthly clinical review
- If the client is still on Facility 3MMS with 3MMD = **M13**



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Age-Specific Eligibility: Children



Regimen Stability:

- No regimen or dosage changes in the last 3 months.
- *Currently TLD is the only regimen eligible for Facility 6MMD. This means that only children older than 10 years and weighing more than 30kg are eligible until other regimens are included.*

Disclosure Process:

- If age-appropriate HIV status disclosure is not yet achieved, caregivers must be actively engaged in the disclosure process and have received counseling.

Recommendation for Family Enrollment:

- Stable family members encouraged to enroll in 6MMD on the same appointment date to support family adherence and reduce household visit burden.

Facility 6MMD summary



- Only **very stable clients** eligible for 6MMD NOT all stable clients!
- Need **2 most recent consecutive VL results <50** confirmed by clinician and on **ART for at least 12 months**
- **Only on TLD!** Not other ART regimens or with NCD treatment **for Phase 3.**
- Mostly applicable to clients on ART for many years with multiple consecutive suppressed VLs.
- At a minimum only eligible after 12 months on ART but more commonly at 3rd 6-monthly clinical review at 16 months on ART.
- Only very stable clients who choose 6MMD – many will prefer 3MMD through RPCs model



7. Where does facility-provided 6MMD fit within Differentiated Models of Care (DMOC)?

Differentiated models of care (DMOC)

Clinically
unstable

Not yet
stable

Stable

Very stable



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Differentiated models of care (DMOC)

Clinically unstable	Not yet stable	Stable	Very stable
Symptomatic acute/sick <6 months old Pregnant AHD	New on ART OI on treatment <5 years Newly re-engaged Post-natal Elevated VL AHD	1 x VL <50 1 x HbA1c ≤8% 2 x BP <140/90	2 most recent consecutive VLs <50***
More intensive Service delivery	Standard service delivery	Less-intensive service delivery	
Monthly** clinical reviews and script	3-monthly* clinical reviews + 3 month script (3MMS)	6-monthly clinical review + 6 month script (6MMS)	
Facility monthly* dispensing	Facility 3MMD	RPCs: Ex-Pup, Fac-Pup, AC 3MMD (or 2+4MMD)	Facility 6MMD

*2-monthly if on TB Rx, new on ART at M1 visit at delivery to align with EPI schedule or required align ANC visits or with required clinical management

**Monthly can be adjusted: for pregnant women to integrate into BANC Plus visits; for AHD clients 2-weekly or monthly applies in the first 3 months; thereafter, adjust as clinically indicated for AHD and symptomatic/sick clients (can extend to 2- or 3-monthly; do not increase frequency unless clinically required).

***Limited to ART TLD regimen only until national medicine stock availability is confirmed for other ART regimens and hypertension and diabetic treatment.

Stable	Very stable	
1 x VL < 50 1 x HbA1c ≤ 8% 2 x BP < 140/90	2 most recent consecutive VLs < 50***	
Less-intensive service delivery		
6-monthly clinical review + 6 month script (6MMS)		
Also known as CCMDD and DECANTING	RPCs: Ex-Pup, Fac-Pup, AC 3MMD (or 2+4MMD)	Facility 6MMD

Stable	Very stable
1 x VL<50	2 x consecutive VLs<50
Less-intensive service delivery	
6-monthly clinical review + <u>6 month</u> script (6MMS)	
RPCs: Ex-Pup, <u>Fac-Pup</u> , AC 3MMD (or 2+4MMD)	Facility 6MMD

Very stable have choice between RPCs and Facility-provided 6MMD



Facility 6MMD Enablers



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Training Section Outline



1. How do 90 day pack sizes help?
2. Client information:
 - i. Posters with client information in QR code
 - ii. Client information leaflet – in all languages
 - iii. DMOC SOP 4.2: Information to provide to client
3. Provider tools:
 - i. Revised ART guidelines and DMOC SOP 4.2
 - ii. Clinician job aid on 6MMD
4. DMOC SOP 7: Tracing and recall & DMOC SOP 8: Re-engagement
5. Monitoring facility 6MMD roll out
6. 6MMD WhatsApp microlearning



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1. How do 90 day TLD pack sizes help?

Why Utilize 90-day TLD pack sizes?



Facilities: Do not need extra infrastructure space and only requires labelling of 2 bottles – limited need to pre-pack!

Clients: Don't need to take 6 separate bottles home.

Why utilize 90-day TLD pack sizes?



- South Africa already procures 90-day TLD pack sizes – these should be ordered and utilized for 6MMD.
- The NSN number for TLD 84-90 pack size is 222001255.
- **HOWEVER:** 6MMD is not dependent on 90-day pack size stock. 28-day packs can be used if sufficient in stock and sufficient infrastructure to shelve.



2. Client information:

- Posters with client information in QR code
- Client information leaflet – in all languages
- DMOC SOP 4.2: Information to provide to client



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DMOC SOP 4.2 sets out information to be provided






6MMD posters for clinic with QR code for client information leaflet in all languages

6MMD client information leaflet in all languages

*Less Time at Clinic.
More Time for Life.*

Ask your nurse or doctor about 6-month dispensing called 6MMD. Collect 6 months of ARVs at your clinical check-up.

-  Only 2 clinic visits per year
-  No repeat collections required
-  Saves transport
-  Saves time

Scan the code to learn more



Nako e Nyane Tlilining.

Nako e Eketsehileng bakeng sa Mabaka a mang.

Botsa mooki kapa ngaka ya hao ka lenaneo leo ho fanwang ka di-ARV ho lona dikgwedi tse 6 le bitswang 6MMD. Fumana di-ARV tsa dikgwedi tse 6 ketelong ya hao ya tihahlobo tlilining.

-  Ke ketelo tse 2 feela tlilining ka selemo
-  Ha ho hlokehe hore o phetaphete
-  O boloka ditjeho tsa transporoto
-  O boloka nako

Skema khoutu ho iphutsa ho ikhahlaneyane



DIKGANG TSE DINTLE!

Jaamong o ka bona diARV tsa dikgwedi tse 6 tse di bidlwang 6MMD ka ketelo e le nngwe kwa tlilining ya selegae.



Skema khoutu e uhlakelelile



IZINDABA EZINHLE!

Manje usungathola amaphilisi-(ARV) wakho ezinyanga eziyisithupha (-6) abizwa ngokuthi i-6MMD ekuvakasheni okukodwa emtholampilo ogeduze nawe!



Skema khoutu e uhlakelelile



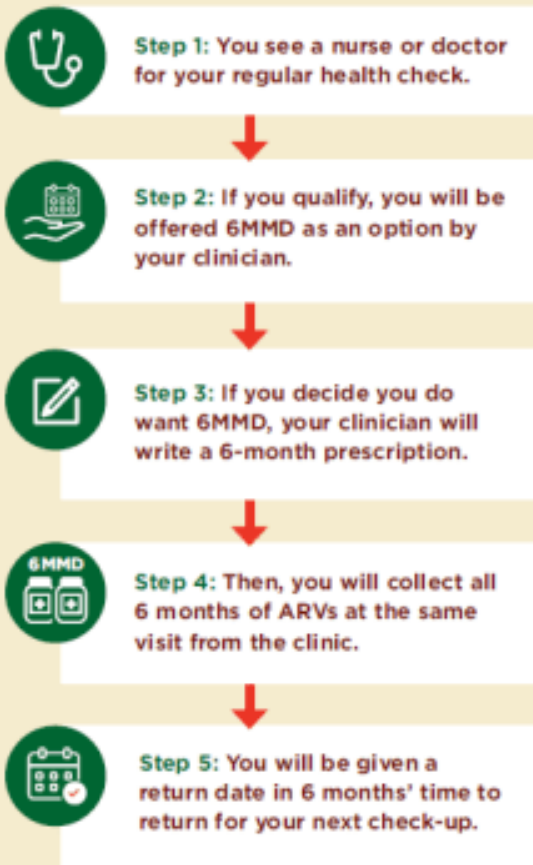
Patient information posters and leaflets on Knowledge Hub



Where do you collect your ARVs?

Your nurse or doctor will see you for your consultation and prescription. You will either be given your 6-month supply of ARVs by your nurse or doctor or immediately after your consultation, you will collect from the clinic pharmacy.

What happens during your visit?



Do I qualify for 6MMD, if I also take chronic medicines?

At the moment, 6MMD is for people on TLD* only.

6MMD is not yet available for other chronic conditions. If you are on TLD and also on treatment for other chronic conditions like high blood pressure or diabetes which are controlled, **you can get a 6-month prescription but not 6 months of supply at each visit.** This means you will see your clinician every 6 months but you will get two 3-months supplies. The first 3-month supply is collected immediately at your clinic and the repeat collection of the remaining 3-months supply, you collect from your choice of a pick-up point (at or outside of your clinic) or from an adherence club.

What if I miss my appointment?

If you are unable to honour your appointment, contact the facility as soon as possible to reschedule and attend at the very earliest opportunity.

When does 6MMD start?

The Department of Health started offering 6MMD from 1 August 2025 at some facilities and will offer 6MMD from 1 April 2026 at all facilities. Ask your nurse or doctor if it is available at your clinic and if you qualify.

What if I become sick before my next visit?

Even if you were given 6 months of ARVs, you should return to the clinic any time you feel sick or have any other concerns or challenges.

You must not wait for your next appointment if you become unwell or need support. It's ok to come in for a sick visit if you are on 6MMD.



How do I take care of my ARVs?

- Store your ARV medicine in a cool, dry, safe place, away from sunlight and children.
- Do not transfer all the pills out of the original containers into other containers.
- You can transfer a few pills into a weekly pill box or other small container for the day or week.
- Do not remove the small packet inside the original pill container. This is called the desiccant and absorbs unwanted moisture so it keeps the pills dry.
- Close the lid tightly after taking medication.
- Do not share your medicine with anyone.
- Remember to take your ARVs every day so you can remain well and continue to qualify for 6MMD.



Safe Home Storage Information



- TLD 30 and 90-day pack sizes are safe to store at room temperature for 6-month periods.
- Should be kept in original bottle with desiccant and tightly closed after removing pill.
- Advise client to store out of reach of small children and out of direct sunlight, similar to 3MMD

- Provider information to provide to the client contained on page 60 of DMOC SOP 4.2

INFORMATION TO BE PROVIDED TO THE PATIENT

If patient meets criteria for Facility 6MMD, and chooses the Facility 6MMD over RPCs, the patient shall be informed about 6MMD as follows:

- Facility 6MMD requires patients to see a clinician twice a year, once every 6 months. One comprehensive clinical consultation including routine investigations. One rescripting visit for a brief clinical check-up.
- At each visit, the patient will receive a 6-month prescription (6MMS) for their treatment.
- At each visit, the patient will be allowed to collect the full 6 months treatment supply.
- For women using contraception: If the women is using long-acting reversible contraception (LARC), there are no alignment concerns. If the women is using oral contraception or the new self-injectable**, her contraception will be included on the prescription and the full 6-month supply dispensed with treatment. Where a woman chooses to continue clinician administered short-acting intra-muscular (IM) injectable contraception, she will need attend the facility for 2-4 additional visits per year for her injections.
- Advise that medication should be stored in a cool, dry, safe place, away from sunlight and children. Pills should not be transferred out of the original containers into other containers. A few pills can be transferred into a weekly pill box or other small container for the day or week. The small packet inside the original pill container, called the desiccant, should be kept in the container as it absorbs unwanted moisture, keeping the pills dry. The pill bottles lids should be tightly closed after taking out medication.
- It is important for the patient to attend their two clinical consultations on the scheduled appointment dates.
- Patients should be reminded to take treatment every day to remain well and continue to qualify for Facility 6MMD. Patients will return to standard or more intensive DMOC and no longer qualify for Facility 6MMD if the patient requires more frequent clinical care or is more than 28 calendar days late for scheduled collection date.
- **Advise the patient that in the case of any health problems or should the patient become pregnant, to come in immediately to see a clinician NOT to wait until the next scheduled appointment date**
- A patient collection card with relevant scheduled return dates to the facility shall be issued to patient.

Community Support Structures



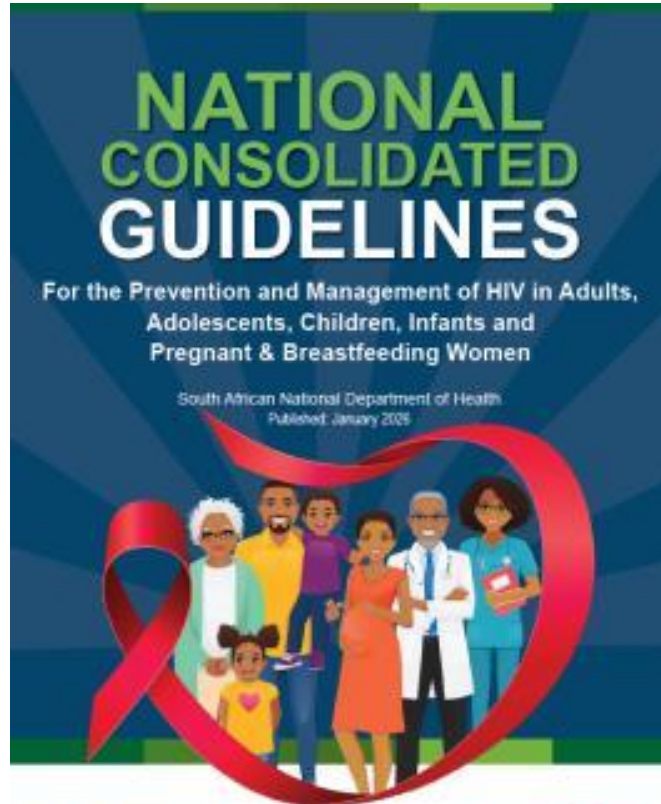
- Similarly to RPCs: Ex-PUP and FAC-PUP clients, inform clients of community support groups and other support structures which can be utilized alongside medication collection.
- **Important that facilities know of support structures available in their communities and can recommend to clients**



3. Provider tools

- Revised ART guidelines and DMOC SOP 4.2
- Clinician job aid on 6MMD

Revised ART guidelines: 2026



6MMD

! Facility-provided 6MMD is now operational.
See DMOC SOP 4.2: Facility-provided 6MMD

Eligibility criteria:

- On ART* for at least 12 months
- 2 most recent VLs < 50 c/mL
- Other RPCs eligibility criteria also met (not pregnant or post-natal < 12 months, above 5 years of age, clinically well with no OIs/ uncontrolled NCD or mental health condition or malnutrition).

* Limited to clients only on TLD until national medicine stock availability is confirmed for other ART regimens and hypertension and diabetic treatment

At any scheduled clinical review, check that the chosen RPCs model is still suitable. If eligible, offer client facility-provided 6MMD as an alternative option to RPCs

Should a client accept 6MMD, renew prescription for next 6 months, with full 6-months supply issued today from the facility.

Consider supplying 2 x 84-90 day pill bottles (now available) rather than 6 x 28-30 day pill bottles to reduce the number of containers.

Revised DMOC SOPs incl. revised flowchartcc

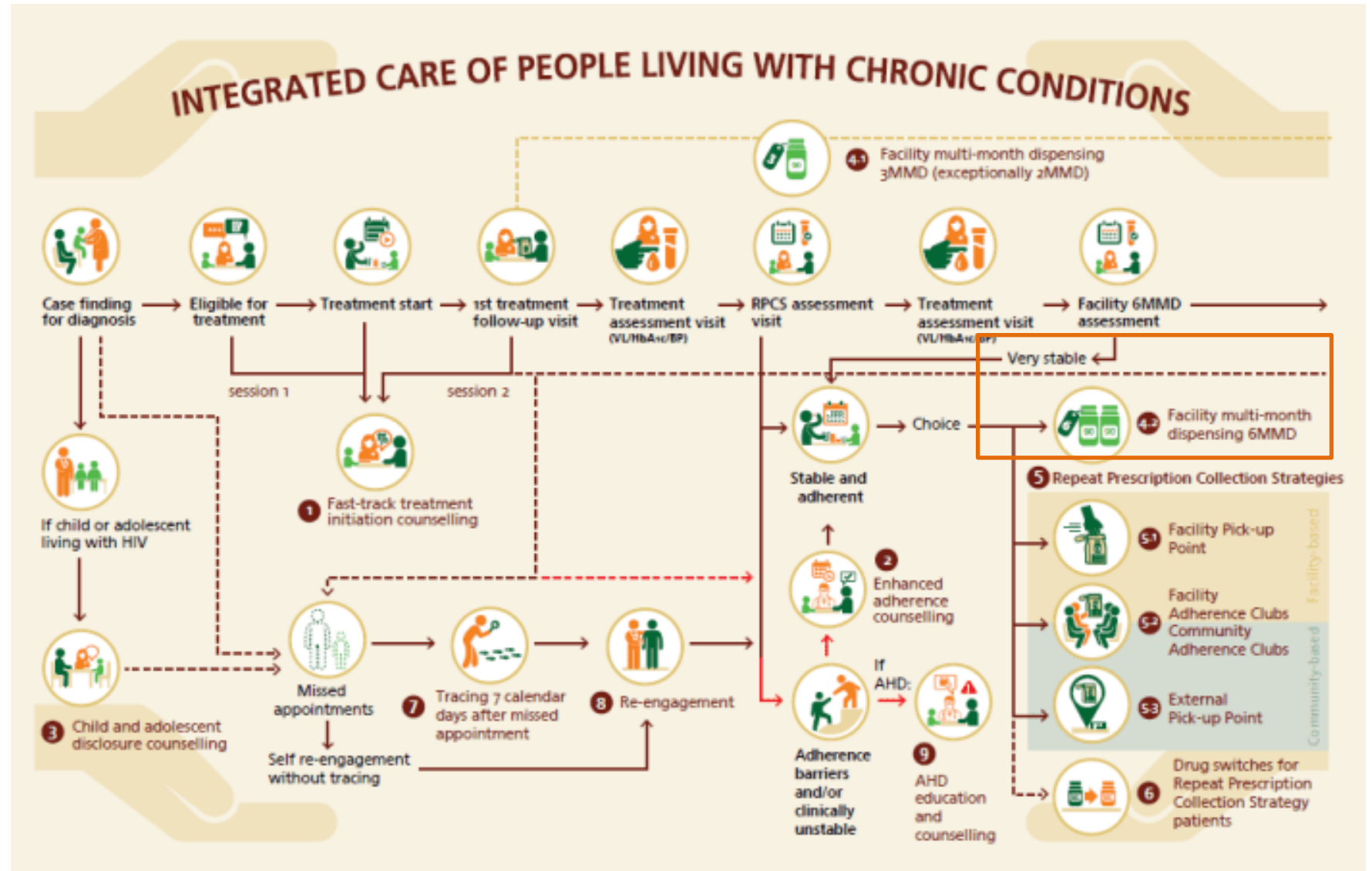


**DIFFERENTIATED MODELS OF CARE
STANDARD OPERATING PROCEDURES**

MINIMUM DIFFERENTIATED MODELS OF CARE PACKAGE TO SUPPORT LINKAGE TO CARE, ADHERENCE AND RETENTION IN CARE

INTEGRATED CARE OF PEOPLE LIVING WITH CHRONIC CONDITIONS

Updated August 2025



New DMOC table and DMOC SOP 4.2



DMOC DIAGRAM

DIFFERENTIATED MODELS OF CARE (DMOC)			
Clinically unstable	Not yet stable	Stable	Very stable***
Symptomatic acute/sick <6 months old Pregnant AHD	New on ART OI on treatment 6m to 5yrs old Newly re-engaged Post-natal <12 months Elevated VL	1 x VL <50 copies/ml 1 x HbA1c ≤8% 2 x BP <140/90	12 months on ART 2 x VLs <50 copies/ml 2 x HbA1c ≤8% 2 x BP <140/90
More intensive service delivery	Standard service delivery	Less-intensive service delivery	
Monthly** clinical reviews and script	3-monthly* clinical reviews + 3 month script (3MMS*)	6-monthly clinical review + 6 month script (6MMS)	
Facility monthly** dispensing	Facility 3MMD*	RPCs: EX-PUP, FAC-PUP or AC 3MMD (or 2+4MMD)	Facility 6MMD***

FACILITY 6MMD SOP 4.2

56 | Facility 6MMD (4.2)



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Clinician job aid

JOB AID

Facility-provided Six Multi-Month Dispensing (6MMD) of ART



1. Purpose of facility-provided 6MMD

- Decongest the clinic with reduced number of clinic visits for stable clients
- Improve adherence and convenience
- Save time and costs for both clients and facilities
- Support better retention, viral suppression and other health outcomes

2. Who does what?

Clinicians

- Assess 6MMD eligibility
- Explain and offer 6MMD option
- Confirm client 6MMD verbal consent
- Prescribe 6MMD on clinic script (and dispense 6MMD ART + preventative meds if stock in consulting room)
- If previously using CCMD, de-activate

Pharmacists/Pharmacy Staff

- 6MMD forecasting and timely ordering of 84-90 pack sizes
- Dispense 6MMD ART + preventive meds

3. Eligibility checklist

A client qualifies for 6MMD if they meet ALL criteria below:

- **Clinically stable** (no TB, severe illness, or recent hospitalizations, unstable NCD)
- Clients who are **older than 5 years**
- Clients who are **on ART for more than 12 months** with two most recent **consecutive VL results <50 copies/mL**
- Clients who are **not pregnant or within 12 months of delivery**
- Clients on TLD regimen and without NCD
- Can self-manage meds or has reliable caregiver
- Clinician confirms the client's eligibility
- Client voluntarily consents to facility-provided 6MMD

Children specific additional criteria:

- No regimen or dosage change in the last 3 months
- Caregivers counselled on disclosure process where age-appropriate disclosure not yet achieved
- Where client <12 years, caregiver voluntarily opts for facility-provided 6MMD

NOT eligible for 6MMD currently

This may change as NCD stock improves

- Stable ART clients who also **have an NCD** (e.g. hypertension, diabetes), even if it is controlled
- Clients on ART regimens **other than TLD**

4. Clinical assessment

Perform necessary health checks and screenings:

- Monitor routine vital signs
- Review recent blood results (e.g. viral load)
- Screen for intercurrent illnesses (e.g. TB symptoms, NCDs, STIs and mental health conditions)
- Note any new or existing side effects or adherence challenges

5. Facility-provided 6MMD information for the client

Viral load results and offering 6MMD:

- Congratulate for most recent two consecutive viral loads <50 copies/mL
- Encourage to keep up excellent adherence. Remind the client that keeping their VL <50 copies/mL remains important as it:
 - Enables living U=U (Undetectable=Untransmittable) (zero risk of transmission to sexual partners)
 - Allows offer and continuation of 6MMD

Discuss how 6MMD works

- Purpose and benefits (see #1 above) and this is voluntary
- Procedure for 6-monthly clinical reviews, prescriptions and refills (see Figure 1 below)
- For clients previously in Repeat Prescription Collection strategies (RPCs) - external or facility pick-up point or adherence club utilizing CCMD - clarify the difference between facility-provided 6MMD and RPCs
- Provide guidance on handling and storage (avoiding heat/moisture, keeping out of children's reach, keeping in original bottle)
- Explain return to standard care if client becomes clinically unwell (including TB), misses scheduled appointment by more than 28 days, receives a high VL result, becomes pregnant, or repeatedly reports lost/stolen treatment requiring re-supply
- Encourage return to clinic before next scheduled appointment if unwell or need further support

6. Integration of contraceptive care

- Assess contraceptive needs of women of reproductive age
- Explain contraceptive method choice impact on visit frequency, if client is using LARC methods (IUD/Implant) no alignment issue
- If client is using oral or self-injectable contraception, provide with a 6-month supply of pills or 2 self-injection units if there is sufficient stock
- If client is using healthcare worker injectable contraception, align second or third re-injection dates

7. What to dispense?

- 6-month TLD supply
- Preventive therapies:
 - **Oral/self-injectable contraception** also dispense as 6MMD
 - **TPT** (preferably 3HP, if TPT was missed in first year of ART) also dispense entire remaining supply to complete TPT (3 or 6MMD)

8. Follow-up of clients on facility-provided 6MMD

- Conduct clinical review once every 6 months
- Reassess 6MMD eligibility at each clinical visit and provide 6-month script (6MMS)
- Align laboratory investigations with scheduled clinical visits
- Document: VL results; any 6MMD discontinuation or change back to RPCs

9. Discontinuation criteria

- Re-assessed as clinically unstable including new or uncontrolled NCD/mental health condition or diagnosed with TB
- Recall if viral load ≥50 copies/mL (if follow-up VL <50 copies/mL, 3 months later can re-enrol)
- Pregnancy
- Missed scheduled appointment by more than 28 days
- Repeated reporting of lost/stolen treatment requiring re-supply
- Client request including changing back to RPCs if preferred

10. Key reminders

- For client visit scheduling, see Figure 1
- Always reinforce adherence and safe storage of medication
- Encourage clients to return if unwell (before 6-month appointment date)
- Promote stigma reduction and link with community support

11. Documentation

- Document the client's enrolment in the 6MMD program and the date of enrolment
- Confirm the next appointment date 6 months later
- If previously using CCMD, de-activate

Figure 1: Facility-provided 6MMD



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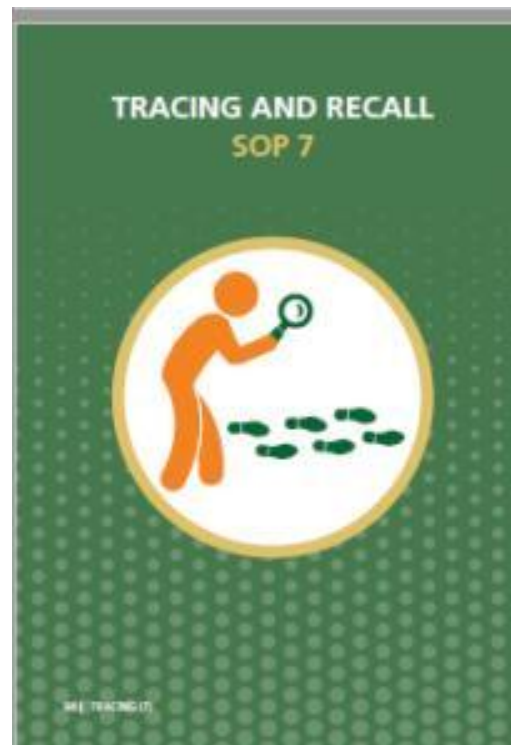
Published March 2026



Clinician Job Aid on Knowledge Hub



4. Tracing and recall



Same tracing and recall as RPCs clients

CRITERIA AND PRIORITISATION FOR TRACING AND RECALL

Criteria for tracing and recall:

1. Patients who have failed to return to facility within 7 calendar days of their scheduled appointment including:
 - Patients who did not return for their treatment start appointment.
 - HIV, Diabetic or Hypertensive patients who have missed their scheduled appointment by 7 calendar days.
 - Patients in a Repeat Prescription Collection strategy (RPCs) who did not collect their treatment supply within 7 calendar days after the last day on which they were still able to collect through their RPCs (See SOP 5)
2. Patients with abnormal results who, after initial recall attempt, have not returned to the facility within 7 calendar days.



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4. Recording, Reporting, Monitoring and Evaluation of Six Month Multi Month Dispensing (6MMD)

Module objectives



1

Standardise
implementation
of 6MMD

2

Guide correct
clinical
documentation
and data capture

3

Ensure reliable
reporting,
monitoring, and
evaluation

4

Support audit
readiness and
programme
accountability



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Policy alignment



- National ART Clinical Guidelines
- WHO DSD Guidance
- UNAIDS Results Based Monitoring Approach

Scope



- Clinicians
- Data capturers
- Facility, district, provincial, and national managers



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Key definitions



- 6 Month Multi Month Dispensing (6MMD)
- Stable ART Client
- Decanting
- Last ART 6MMD (TIER.Net field)
- Health Information Centre (HIC)



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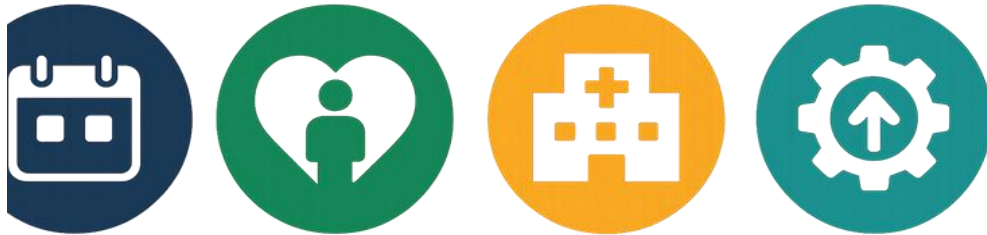
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6MMD within DSD Models



6MMD supports DSD by:-

- ✓ Reducing visit frequency
- ✓ Promoting client centred care
- ✓ Decongesting health facilities
- ✓ Improving system efficiency



Roles and responsibilities



Roles Overview:-

- **Clinicians:** Clinical assessment, decision making, documentation
- **Data Capturers:** Accurate and timely system capture
- **Managers:** Oversight, data review, and DQA



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Clinicians: Critical Accountability



Clinicians Must:-

- ✓ Assess eligibility for 6MMD
- ✓ Decide to initiate, continue, or discontinue
- ✓ Clearly document all decisions
- ✓ Counsel clients on refill quantity and return dates

Clinical Documentation: Core Principle



Why Documentation Matters?



Primary source of 6MMD data



Determines audit outcomes



Must always align with TIER.Net records

Documentation Standards



All Clinical Documentation Must Be:

- Legible
- Dated
- Signed
- Recorded at every key decision point



Clinical notes Documentation



Initiation

- **Minimum Required Entry**
- “Client assessed and eligible for 6MMD and decanted to six month ART dispensing.”
- **“6MMD”**

Continuation

- **Standard Wording**
- “Client reviewed and continues on 6MMD.”
- **“6MMD”**

Discontinuation

- **Minimum Required Entry**
- “Client assessed and eligible for 6MMD and decanted to six month ART dispensing.”
- **“Not active”**



Documentation: Discontinuation



Must Clearly Record

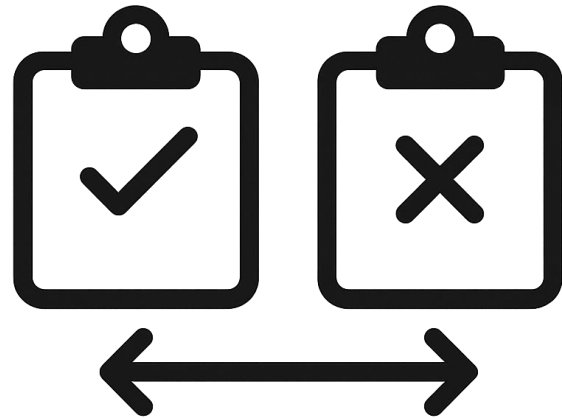
- Loss of eligibility
- Reason for discontinuation
- New dispensing or care model



Reasons for Discontinuation: Common Reasons Include

- Viral load ≥ 50 copies/mL
- Pregnancy
- TB or serious comorbidity
- Adherence concerns
- Client preference

Importance of Alignment



Clinical Notes Must Match TIER.Net

- “Continues on 6MMD” → **6MMD**
- “No longer eligible” → **Non Active**

Mismatch = Data quality risk

TIER.Net Configuration



System Setup Requirements

- ✓ Backup database
- ✓ Load enable_6MMD.hivm maintenance file
- ✓ Restart TIER.Net
- ✓ Activate “Last ART 6MMD” column



Visit Level Data Capture



**Last ART
6MMD**

At Every Visit

- Capture dispensing model
- Use “Last ART 6MMD” field
- Select standard values only

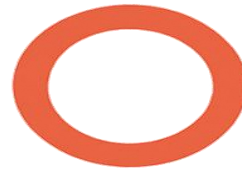
Standard TIER.Net Values



Only Two Accepted Values



6MMD: Client currently receiving 6-month ART



Non-Active: Client not receiving 6MMD

Reporting: Facility Level



1,250

Clients on
6MMD



315

Newly
decanted



Disaggregated
by age & sex

Newly decanted clients (proxy
measure calculated by current on
6MMD – older previous on 6MMD)



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Reporting: District to National



Data Flow

- Monthly facility dispatches
- Aggregation and analysis via HIC dashboards
- Used for programme monitoring and planning



M&E Indicators: Core Indicators



**New 6MMD clients
(monthly)**



**Total clients
on 6MMD**



**Coverage by age,
sex, and geography**



**Viral suppression
among 6MMD clients**



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Data Quality Assurance (DQA)



Key DQA Activities

- Compare clinical records with TIER.Net
- Monthly facility level reviews
- Prompt correction of identified errors

Error Management



Error Correction Must

- Occur at visit level
- Include source document updates if required
- Be completed before monthly dispatch

Risks & Mitigation



Key Risks and Controls

- **Poor documentation** → Ongoing mentorship
- **Inconsistent capture** → Standard wording
- **Under reporting** → Verify system configuration
- **Stock pressure** → Align with pharmacy planning

KEY TAKE HOME MESSAGES



- Clinical documentation is the foundation of 6MMD data.
- If it is not documented, it does not exist for reporting.
- TIER.Net must always reflect the clinical record.
- Good data quality enables safe, accountable, and sustainable 6MMD scale up.



**Quality documentation protects clients,
clinicians, and the programme.**



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Six Month Multi Month Dispensing (6MMD) Progress & Targets

6 Multi-Month-Dispensing progress



PROVINCE	TROA	TARGET	PROVINCE REPORT
EC	99,956	23,089	20,815
FS	40,117	10,923	4,559
GP	150,039	50,211	15,661
KZN	179,235	51,318	30,043
MP	68,577	25,056	2,442
NC	19,593	4,593	1,192
LP	57,972	40,753	30,626
NW	50,325	13,709	6,151
WC		5,050	33,981
SA	665,814	224,702	145,470

Targets Overview (Provincial Summary)

Province	PLHIV	Known Status	On ART	<50	HIV only	HIV & NCD	Both	Pool of eligible	Minimum target	Maximum target
KZN	1,909,562.	1,848,249.	1,567,232.	1,162,970.	803451	184799	988250	174,720.	139,346	454,573
FS	404,380.	386,146.	325,662.	190,857.	125659	59151	184810	6,047.	28,602	77,601
MP	724,097.	693,246.	577,720.	432,004.	243017	68576	311593	120,411.	50,873	168,859
NC	93,910.	87,517.	71,311.	33,842.				33,842.	6,791	13,228
LP	643,772.	592,595.	469,280.	339,936.	106087	35073	141160	198,776.	41,444	132872
NW	499,723.	476,831.	376,420.	271,458.	123988	57921	181909	89,549.	33,731	106,106
EC	894,016.	836,942.	630,675.	398,895.	243781	83529	327310	71,585.	55,902	155,917
GP	1,882,937.	1,804,907.	1,220,659.	802,935.	484333	177136	661469	141,466.	131,333	313,845
WC	497,321.	469,769.	229,760.	73,003.				73,003.	80,000	80,000
SA	7,549,717.	7,196,202.	5,468,719.	3,705,900.	2130316	666185	2796501	909,399.	568,022	1,500,000



6. WhatsApp microlearning sessions for ART prescribers to augment this training

Use of 6MMD WhatsApp microlearning to scale training quickly to frontline HCWs



- WhatsApp groups of healthcare workers training together – no time needed away from facilities
- Short 8 sessions: 10-15 minutes
- Sessions are text-based
- 2-3 learning points delivered predominantly as cases
- Polls to encourage interaction
- Short period (2-4 minutes) open to allow comments/questions
- JPEG and voice-note summaries of lesson



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+ 8670 HCWs already trained



Centralized
national
1st round
focused on **Phase**
1 & 2 facilities

Group 1

834 sign-ups
started 18 Aug
25

Group 2

701 sign-ups
started 15
Sep 25

Group 3

750 sign-ups
started 1 Oct
25

Decentralized to
17 districts
supported by CDC
and DSPs

Groups 4-21 ran simultaneously completed 1 Apr 26

5191 sign-ups started
17 Mar 26

Decentralized to
6 districts
supported by
Operation
Phuthuma

Groups 22-26 running simultaneously to complete 15 Apr 26

1201 sign-ups started 31
Apr 26

Outcomes overview from first 3 groups

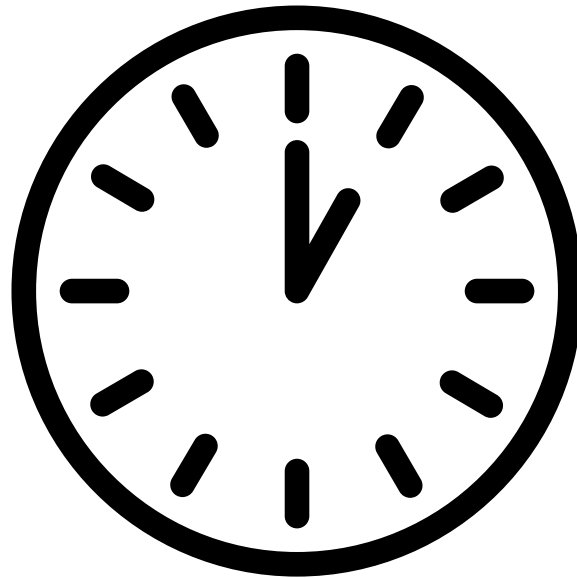


52.7%



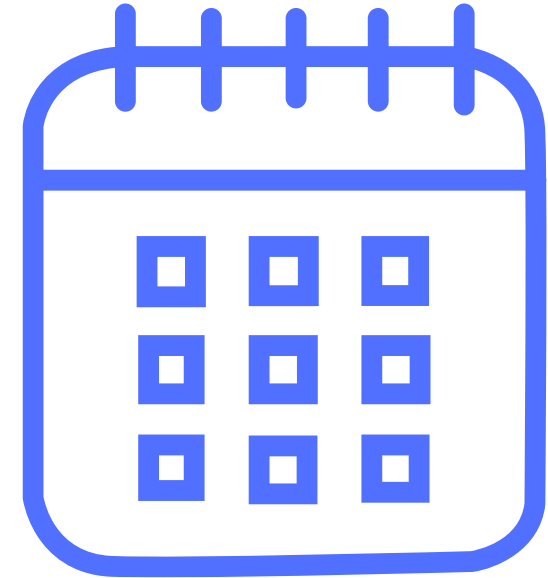
Read lessons in 'live'
session/within 1 hour

81.88%



Read lessons
within 24 hours

89.10%



Read lessons
within a week



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One more opportunity for training



Facility-delivered 6MMD Microlearning

Open to anyone who missed district trainings or wants to repeat

21 April–6 May (Tues, Wed & Thurs)

Time: 13:15

What is WhatsApp-based microlearning?

One 10–15-minute session on
Tuesdays, Wednesdays & Thursdays
for three weeks

- Held 'live' in WhatsApp group
- If you are registered and miss a live session, you can catch it up in your own time

Each session has 1-3 learning points:

- Cases
- Couple of polls with answers
- Open session for questions
- Summary of learning points in text, jpeg image and voice note

To sign up click link below to register

<https://www.surveymonkey.com/r/6ZHFVG3>

OR
Scan QR Code



Registrations close: 20 April; Training starts: 21 April 2026

Mop-up group/s starting 21 April 26

Final 6MMD Microlearning Group for those who were not able to join previous groups or want to repeat.

Please join this April group here:

<https://www.surveymonkey.com/r/6ZHFVG3>



5. Scenarios

Scenario 1



Emmanuel has been on ART since 2021, his 2025 VL <50 copies/mL, his 2024 <VL 50 copies/mL, he has hypertension with his last 2 BPS <140/90 on anti-hypertensives, he is currently well with no opportunistic infections or other red flag symptoms. What should you offer him?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 1: HIV + HPT



Emmanuel has been on ART since 2021, his 2025 VL <50 copies/mL, his 2024 <VL 50 copies/mL, he has hypertension with his last 2 BPS <140/90 on anti-hypertensives, he is currently well with no opportunistic infections or other red flag symptoms. What should you offer him?

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	X
Facility 3MMD	<i>Only if RPCs declined</i>

EXPLANATION:

- Emmanuel is eligible for 6-monthly clinical reviews with a 6-month prescription.
- He is also eligible for RPCs. He can choose between Ex-PUP, FAC-PUP or adherence clubs depending which are available (four contacts per year: two at facility and 2 at pick-up point of choice).
- He is ineligible for facility 6MMD because of his co-morbid HTN condition (i.e. need for anti-hypertensives).
- If he declined RPCs as an option, he could get facility 3MMD between 3-monthly clinical reviews (4 contacts per year: all at facility).

Scenario 2



A 27-year-old woman recently re-engaged in care after missing her appointment by more than 90 days, she is clinically well. Her previous VL was more than 12 months ago, it was VL<50 copies/ML. She asks for fewer visits as she travels for work. What should you offer?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 2: Re-engagement



A 27-year-old woman who recently re-engaged in care after missing her appointment by more than 90 days, she is clinically well. Her previous VL was more than 12 months ago, it was VL<50 copies/mL and she was not in RPCs. She asks for fewer visits as she travels for work. What should you offer?

EXPLANATION:

- She is clinically well and missed her appt by >90 days.
- Follow the steps in DMOC e-engagement algorithm (NDoH job aid page above): collect CD4, assess for EAC, explain return clinical review will be in three months for follow-up VL. This VL result will inform RPCs eligibility.
- Script to 3 months and provide facility 3MMD
- See NDoH re-engagement algorithm/job aid

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	X

ORANGE: Clinically well + missed appointment by >90 days (LTF)

AGL = ART Guidelines; AHD = Advanced HIV Disease; EAC = Enhanced Adherence Counselling; VLS = VL suppression ≤ 50 copies/ml



Re-engagement visit procedure

Step 1: Restart ART immediately and check TPT

Restart ART immediately: Prioritize TLD
(If not on TLD: Prioritize assessment for TLD)

If person has not completed TPT: Assess for and initiate TPT if eligible

Step 2: Perform CD4 count*

Perform CD4 count to identify AHD for AHD package provision

Do not wait for result to restart ART (flag to check CD4 result within 7 days)

Step 3: Assess if adherence counselling indicated

Assess whether client may benefit from counselling review and VL education:

Indicated: challenges with taking or remembering to take treatment

Not indicated: drug side effects or difficulties collecting refills

Provide or refer to counsellor for EAC session 1 and VL education
(from FTIC session 2)

Step 4: Explain return visit schedule

Explain visit schedule (see below) – need to return for VL in 3 months.
If VL is suppressed can immediately get 3-month ART refills and access to RPCs options

Explain if CD4 count result below 200 or any other test result abnormal,
the clinic will recall earlier
Important to come in the time frame indicated, do not wait for next appointment date

Step 5: Script 3-months of ART

Script 3-month refill for ART (and TPT, NCD and contraception) to
cover to VL follow-up appointment date

*Unless CD4 < 200 in last 6 months, then move to clinical concern follow-up plan and immediately proceed with AHD package provision



Scenario 3



Thabo has been on ART for 16 months and has come back for his clinical review, his VLs at month 3 and 10 were <50 copies/mL. He was enrolled into RPCs: external pick-up at his last clinical review. What should you offer?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 3: First year on ART



Thabo has been on ART for 16 months and has come back for his clinical review, his VL at month 3 and 10 were <50 copies/mL. He enrolled in RPCs: external pick-up at his last clinical review. What should you offer?

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	X
RPCs	<i>Continue if 6MMD declined</i>
Facility 3MMD	<i>Only if both 6MMD facility-based and RPCs declined</i>

EXPLANATION:

- **Thabo is eligible to exit the RPCs: Ex-PUP and start facility 6MMD.**
- **Thabo may also opt to stay in the RPCs: Ex-PUP or select a FAC-UP or adherence club if available, if that is his preference.**
- **If Thabo declined both facility 6MMD and any RPCs, he should be given facility 3MMD as a minimum**
- **If the patients exits RPCs for 6MMD, the Data capturer must remove patient from RPC on Tier.net**

Scenario 4



Mkululeki, a 36-year-old male, newly diagnosed and started ART 1 month ago, this is his first clinical review since starting ART, he is clinically stable and is doing well with adherence. What should you offer?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 4: New ART start 1 month ago



Mkululeki, a 36-year-old male, newly diagnosed and started ART 1 month ago, this is his first clinical review since starting ART, he is clinically stable and is doing well with adherence. What should you offer?

EXPLANATION:

- **Inform Mkululeki at this 1-month on ART visit that you note he is stable and doing well with adherence and you reaffirm that continued adherence is critical.**
- **He will get a facility 2MMD, to carry him to his 3-month on ART visit at which his 1st VL will be done.**

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	X
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 5



Lelothando was 21 days late for her appointment, she is on TLD. Her last two VLs were 200 and most recently <50 copies/mL, she is not overdue for next her VL. She is clinically well with no complaints. She was not receiving her ART through an RPCs. What should you offer?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 5: Return to routine care



Lelothando was 21 days late for her appointment, she is on TLD. Her last two VLs were 200 and most recently <50 copies/mL, she is not overdue for next her VL. She is clinically well with no complaints. She was not receiving her ART through an RPCs. What should you offer?

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	X
Facility 3MMD	<i>Only If RPCs declined</i>

EXPLANTION:

- She is ≤ 28 days late, doing well, and is not on TB treatment. She is returning as “routine care client”.
- She wasn't enrolled in an RPCs. She should be offered and enrolled in her preferred RPCs.
- This means she will only be clinically reviewed in 6-month time and receive 6-month prescription (decanting/CCMDD) with 2 x 3MMD refills for ART.
- She is not eligible for facility 6MMD because she only has one VL was <50 copies/mL. If she declined RPCs as an option, she could get facility 3MMD.
- See NDoH re-engagement algorithm/job aid

RETURNING ROUTINE CARE CLIENTS

No or very short interruption (≤ 28 days late)

No need to worry unless client unwell/red flag symptoms

No need to delay client

No need for additional service provision

If not on TLD

Prioritize assessment for TLD when client has a scheduled clinical consultation

No change to visit plan

If already enrolled in RPCs (EX-PUP; FAC-PUP or AC)

If client presents at EX-PUP/FAC-PUP or AC:
Continue care in RPCs at the same location

If client presents at health facility:
Cancel any active script and rescript for preferred RPCs immediately + provide 1st ART refill (3-month refill)

If not enrolled in RPCs:
See clinician

Provided VL not overdue and last VL suppressed:
Offer and enrol in preferred RPCs
Complete 6-month script (decanting/CCMDD) with 2 x 3 month refills for ART (and TPT, NCD and contraception)

If VL overdue or last VL unsuppressed or RPCs not accepted:
Explain clinical review in 3 months time
Script for 3 months with 1 x 3-month refill for ART (and TPT, NCD, contraception)

Perform VL monitoring as per routine HIV VL monitoring on ART (AGL pg 20)

If in RPCs: Perform VL at closest next clinical review
If not in RPCs: Perform at next rescript date but not before 3 months from return

If overdue for CD4: Perform today and recall if <200
If overdue for VL at return: Provide 3-month refill and perform VL 3 months after return. If VL suppressed, next routine VL to be taken at clinical review/rescript visit after 6 months (if 1st year on ART) or 12 months (if more than 12 months on ART)



Scenario 6



A 9-year old child has been on ART since she was 6-months old, her 2025 was VL <50 copies/mL, her 2024 was VL <50 copies/mL. She is on ABC/3TC/DTG. She is clinically well today with no opportunistic infections. She knows she is living with HIV as she went through disclosure processes. What can you offer?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 6: Child >5 yrs not on TLD



A 9-year old child has been on ART since she was 6 months old, her 2025 was VL <50 copies/mL, her 2024 VL <50 copies/mL. She is on ABC/3TC/DTG. She is clinically well today with no opportunistic infections. She knows she is living with HIV as she went through disclosure processes. What can you offer?

EXPLANATION:

- She has two consecutive last VL <50 copies/mL, is stable, has good adherence, and is over 5 years of age.
- However, TLD is the only regimen currently eligible for facility 6MMD. She is ineligible.
- *Note: when she turns 10, she will likely go on TLD [she is already >30kg now] and could be re-evaluated for facility 6MMD.*
- She would be offered RPCs with her caregiver's involvement and consent.
- If her caregiver is also on ART, they should be enrolled in the same RPCs - same location & date
- If she and her caregiver decline RPCs, they should be given facility 3MMD as a minimum.

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	X
Facility 3MMD	<i>Only if RPCs declined</i>

Scenario 7



Zimkhita has been on ART for 5 years. She has been collecting her ART through an adherence club. She is now pregnant. She has attended her first ante-natal visit. What should you offer her?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 7: Pregnant



Zimkhita has been on ART for 5 years. She has been collecting her ART through an adherence club. She is now pregnant. She has attended her first ante-natal visit. What should you offer her?

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	X
Facility 6MMD	
RPCs	
Facility 3MMD	

EXPLANATION:

- Zimkhita is pregnant and therefore not eligible for RPCs or facility 6MMD.**
- Pregnancy, age <5 years and clinical instability are exclusion criteria for RPCs and facility 6MMD.**
- She needs to have a viral load done immediately and given a 1-month refill, for review of VL results in 1 month.**

Scenario 8



Mondi, aged 24, has been on ART since 2015, his 2025 VL is <50 copies/mL, his 2024 = VL 2000 copies/mL, he is currently well with no opportunistic infections or other red flag symptoms. What should you offer him?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 8: 1 x VL<50



Mondi, aged 24, has been on ART since 2015, his 2025 VL is <50 copies/mL, his 2024 = VL 2000 copies/mL, he is currently well with no opportunistic infections or other red flag symptoms. What should you offer him?

EXPLANATION:

- **Mondi is eligible for RPCs as his more recent VL<50 and he is clinically stable.**
- **He is not eligible for facility 6MMD as his 2 most recent VLs are not < 50 copies/mL.**
- **If he declines RPCs, he could be provided with a clinical review in 3-months time with a 3-month script and facility 3MMD.**
- **He should be encouraged that if his next VL is suppressed, he can be assessed for facility 6MMD.**

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	X
Facility 3MMD	<i>Only if RPCs declined</i>

Scenario 9



Johan has been on ART since 2023, his 2025 VL is <50 copies/mL, his 2024 was <50 copies copies/mL, he is currently unwell and has been coughing for more than 2 weeks and loosing weight. What should you offer him?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 9: Unwell client



Johan has been on ART since 2023, his 2025 VL is <50 copies/mL, his 2024 was <50 copies copies/mL, he is currently unwell and has been coughing for more than 2 weeks and loosing weight. What should you offer him?

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	X
Facility 6MMD	
RPCs	
Facility 3MMD	

EXPLANATION:

- **Even though Johan has two last consecutive VL <50 copies/mL, he has is clinically unwell and needs further work-up.**
- **He is not eligible for RPCs or facility 6MMD until he is clinically stable including no TB diagnosis**
- **You order TB testing, you tell him you will recall him to the facility if his TB results are positive.**
- **Otherwise, you will see him for a follow-up clinical review in one month's time You prescribe and give him a 1-month refill**
- **Tell him to continue with good ART adherence (do not stop while waiting for TB results).**

Scenario 10: Child <3 years



A 3-year old child has been on ART since she was 6-months old, her 2025 VL <50 copies/mL, her 2024 VL <50 copies/mL. She is clinically well today with no opportunistic infections. What should you offer her?

	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	

Scenario 10: Child <3 years



A 3-year-old child has been on ART since she was 6 months old, her 2025 VL <50 copies/mL, her 2024 VL 50 copies/mL. She is clinically well today with no opportunistic infections. What should you offer her?

EXPLANATION:

- She is less than 5-years old so she does not qualify for RPCs or facility 6MMD.
- She should be clinically reviewed in 3-months time, with a 3-month script and facility 3MMD.
- If her caregiver is also on ART, their reviews should be provided together if preferred.

ANSWER	Mark X (you can select more than one option)
Facility 2MMD	
Facility 1-month refill	
Facility 6MMD	
RPCs	
Facility 3MMD	X



Time for questions and answers.....





Thank you



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