



## **Media Statement: Expanded access to HIV and AIDS treatment now a reality after the Supreme Court of Appeal dismisses appeal seeking to stop PIMART**

The regulator of the pharmacy profession in the country, the South African Pharmacy Council (SAPC), welcomes the decision of the Supreme Court of Appeal in relation to the legality, rationality and necessity of Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART). The Supreme Court on Thursday, 9 October, dismissed an appeal by the IPA Foundation which sought to set aside a 2023 ruling by the North Gauteng High Court dismissing their application to prevent the implementation of PIMART.

The ruling confirms what has been our long-held view that PIMART is a necessary and competently designed intervention programme to support South Africa's fight against HIV and Aids. South Africa has the largest number of people living with HIV worldwide, with the largest HIV treatment programme globally.

PIMART, a service only to be provided by pharmacists with specialised training, increases access to much-needed HIV prevention and treatment care, with the immediate benefit of improved quality of life and increased life expectancy for more persons living with HIV and Aids. It will also improve efficiencies in the health care system in that HIV-positive patients whose statuses would have gone undetected until they needed hospitalisation due to complications and being immunocompromised would now know their statuses earlier and suppress their viral loads through treatment provided by the multidisciplinary health care team, which now includes pharmacists.

PIMART remains an appropriate intervention to support the existing treatment and prevention mechanisms for HIV and Aids. PIMART would help reach a large number of underserved, undertested and hard-to-reach populations, who are currently without access to HIV prevention and treatment services. The nation's plan to ensure that 95% of persons living with HIV and Aids (PLWA) are aware of their status, 95% of them are on treatment and 95% of those on treatment are virally suppressed is more in reach with the implementation of PIMART. PIMART trained pharmacists would provide HIV medications—including Post Exposure Prophylaxis (PEP), Pre Exposure Prophylaxis (PrEP), and first-line antiretrovirals (ARVs)—this initiative bridges critical gaps in care and supports the

country's *National Strategic Plan (NSP) 2023–2028 for HIV, Tuberculosis (TB), and Sexually Transmitted Infections (STIs)*.

The South African Pharmacy Council, together with stakeholders and the Department of Health, will work with speed to ensure that PIMART-trained pharmacists join other primary healthcare practitioners in providing primary care in relation to HIV and Aids. This includes the provision of first-line antiretroviral treatment, as well as HIV testing and prevention services.

While we are beyond disappointed that over the period that PIMART has been litigated against, the country's potential to treat untested, untreated and hard-to-reach populations has been sorely restrained, we have confidence that the implementation of PIMART would bring access to those South Africans who were, for various reasons, unable to access life-saving treatment and HIV-prevention services.

While great strides have been made, with more than 5,9 million people being on antiretroviral therapy, the nation has not yet reached all persons needing HIV treatment. As at the last Department of Health Annual Report, at least 1,1 million people who knew their statuses were untreated. Over the five years since PIMART was proposed, about one million people have been newly infected with HIV, according to the Thembisa Model Version 4.8 estimates. Furthermore, the *Mid-year Population Estimates* released by Statistics South Africa indicated that between 2021, when PIMART was first litigated against, and this year, at least 395 000 HIV-related deaths are estimated to have occurred. We believe that the collaboration of pharmacists in the fight against HIV/Aids through PIMART would have helped reduce the negative impact of the disease on our nation over the last five years.

The PIMART programme is designed such that it fosters collaboration with other healthcare professionals (including nurses and doctors) in the provision of HIV care that is aimed at increasing accessibility to prevention and treatment in line with the national treatment guidelines, to ensure increased life expectancy and quality of life for persons living with HIV and Aids while arresting the increasing HIV infection rate. PIMART's implementation further accelerates the attainment of the commitment made by President Cyril Ramaphosa during the 2025 State of the Nation Address to reach the 1,1 million untreated persons living with HIV/Aids by the end of this financial year.

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#### **Note to editors: What is PIMART?**

Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART) is a type of pharmacist-initiated therapy which aims to allow pharmacists to join nurses and other clinicians in the fight against the rising HIV infections in South Africa. In addition, PIMART will help address the lack of adherence to treatment by persons living with HIV/Aids (PLWA), and assist in reducing the high number of avoidable HIV-related deaths by

allowing them access to antiretroviral treatment through Section 22A(15) of the Medicines and Related Substances Act, 101 of 1965. Following supplementary training, PIMART allows pharmacists to administer first-line treatment to patients or, in complex cases, refer patients to clinicians and/or specialists for the management of their conditions.

Programmes similar to PIMART have been successfully deployed in several countries the world over and can help South Africa attain its HIV targets. The programme may also arrest and lower the ballooning HIV budget by reducing the rate of new infections, increasing life expectancy among PLWA by ensuring adherence to treatment and viral suppression. The PIMART will also assist by increasing the number of persons testing for HIV and referring complex cases along the referral pathways.

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