Abstract

South Africa has the largest population of people living with HIV (PLWHIV) in the world, and specialized HIV clinics to treat them are unsustainable. Decentralisation of care to primary health care (PHC) facilities reduces the burden on HIV clinics, but the PHC facilities are already overburdened with limited human and infrastructure resources. My aim is to defend that it is morally and legally justified to temporarily continue exceptionalism of HIV care in South Africa while strengthening health systems. My arguments are based on patients' right to healthcare, the bioethical principles of beneficence and non-maleficence, and deontological moral theory. I contend that the complete abandonment of HIV clinics would burden PHC facilities even more, thus affect rendered care negatively, and violate patients' intrinsic dignity. The complete decentralization of HIV care will be morally and legally justified when PHC facilities are improved for the progressive realisation of access to quality healthcare for all.