



RITSHIDZE
SAVING OUR LIVES

GAUTENG STATE OF HEALTH

RECOMMENDED SOLUTIONS

NOVEMBER 2021

RECOMMENDED SOLUTIONS

This table reflects the recommendations of the 2nd Edition of the Gauteng State of Health report. Some are priorities that were included in the 1st Edition of the State of Health report but have not yet been implemented.

Priority	Recommendations	What years did we ask for it?	Do we have it?
1. Staffing	+ By May 2022, the Gauteng Department of Health should fill 80% of vacancies in the province, and fill the remaining 20% by November 2022.	2020 2021	No
	+ By May 2022, the Gauteng Department of Health should ensure that all CHWs have reliable transportation as required to find PLHIV who have missed appointments or interrupted treatment, or to find people with TB and their contacts, that is currently unavailable at 89% of sites monitored with CHWs.	2021	No
	+ By May 2022, District Support Partners (DSPs) should ensure all PEPFAR supported sites have at least one male nurse and one male counsellor in place, leading to a greater uptake of services by men (68% of sites monitored reported no male nurses, counsellors or healthcare workers).	2021	No
	+ By May 2022, DSPs should ensure all PEPFAR supported sites have at least one male clinic day per week or Men's Corners (ensuring male staff are on duty) integrated into service delivery to provide services specific to the needs of men.	2021	No
	+ By December 2022, the Gauteng Department of Health should employ an additional 15% of nurses (including professional nurses, enrolled nurses and enrolled nurse assistants) in the City of Johannesburg, the City of Tshwane, Ekurhuleni, and Sedibeng.	2021	No
	+ The Gauteng Department of Health should produce annual reports on the numbers of healthcare workers (divided into sub-groups such as CHWs, professional nurses, and GPs) employed in each district and the numbers of people and size of areas covered by these healthcare workers. These reports should also include year-on-year comparisons (from at least 2020) of the number of filled posts in all districts and the cost of these posts to the government.	2021	No
2. Waiting times	+ By end January 2022, ensure a functional filing system in Zandspruit Clinic, Tshepisoong Clinic, Orange Farm Ext 7 Clinic, Michael Maponya Prov Clinic, Mayibuye Clinic, Leondale Clinic, Boekenhout Clinic, Hillbrow CHC, Eyethu Yarona Clinic, Bophelong CDC (Emfuleni), Diepsloot South Clinic, Cosmo City Clinic, Alexandra CHC, Itireleng CHC, Boikhutsoong Clinic, Randburg Clinic, Phedisong 4 CHC, Temba CHC, Stanza Bopape CHC, Soshanguve Block X Clinic, Soshanguve Block TT Clinic, Skinner Street Clinic, Sedilega Clinic, Winnie Mandela Clinic, Zone 17 Clinic, KT Motubatse Clinic.	2020 2021	No
	+ By May 2022, extend facility opening hours (as per the NDoH circular from 5am to 7pm on Monday to Friday). People living with HIV should be able to use these extended opening times to pick up their medication.	2020 2021	No
	+ By May 2022, open the grounds of clinics by 5am to ensure safety of patients waiting to access services in the early mornings.	2021	No
	+ By May 2022, implement functional appointment systems at 100% of sites and ensure that patients are aware of them.	2021	No
	+ By May 2022, the Gauteng Department of Health and District Support Partners (DSPs) should work together to reduce the burden on facilities by getting at least 60% PLHIV out of the clinic and into external pick up points or adherence clubs.	2021	No
3. Infrastructure clinic conditions	+ By December 2021, all patients should be consulted in private rooms. Facing privacy violations such as being consulted, tested, or counselled in the same room as someone else can lead to PLHIV disengaging from care.	2021	No
	+ By May 2022, the Gauteng Department of Health should fill all cleaner vacancies to ensure clean facilities and toilets.	2021	No
	+ By December 2022, the Gauteng Department of Health should employ additional cleaners in the 44 sites reporting shortages.	2021	No

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3. Infrastructure clinic conditions	+ By December 2022, where there are small waiting areas that lead to overcrowding (putting patients and staff at risk of TB infection at the clinic) the Gauteng Department of Health must implement strategies to address these infrastructural issues including building new facilities, building temporary structures, as well as decanting more PLHIV out of the facility to external pick up points or community based adherence clubs (plus longer ARV supplies).	2021	No
4a. Multi-month dispensing	+ From November 2021, the Gauteng Department of Health should retain the government gazetted 12 month ART scripting & implement the March 2020 revised Standard Operating Procedures (SOPs) on repeat prescription collection strategies with fidelity.	2020 2021	No
	+ By November 2021, the Gauteng Department of Health and DSPs should ensure that no PLHIV ever receives less than 2 months supply of ARVs (as reported by nearly half of respondents), as per national policy standards.	2021	No
	+ By May 2022, the Gauteng Department of Health and DSPs should extend and implement ARV refills to at least 3 month supply for all eligible PLHIV.	2020 2021	No
	+ By December 2022, the Gauteng Department of Health and DSPs should extend and implement ARV refills to 6 month supply for all eligible PLHIV.	2020 2021	No
4b. Repeat prescription strategies	+ By December 2021, the Gauteng Department of Health and DSPs should discuss strategies with Ritshidze and the PLHIV Sector on ways to maintain adherence clubs safely during COVID-19 (including options for making clubs smaller in size, meeting outside etc.)	2021	No
	+ By May 2022, the Gauteng Department of Health and DSPs should ensure that 60% of all PLHIV in the province are using a repeat prescription collection strategy (at least 25% of those PLHIV should be accessing treatment from an external pick up point and at least 20% from an Adherence Club).	2020 2021	No
	+ By May 2022, DSPs should ensure all facilities are registered on the CCMDD programme (397 facilities in July 2021).	2021	No
	+ By May 2022, DSPs and the Gauteng Department of Health should establish at least two external pick up points at each site in order to provide greater access to refills closer to home and at more convenient locations to PLHIV.	2021	No
	+ By May 2022, the Gauteng Department of Health and DSPs should scale up facility and community based adherence clubs so that there are clubs available at all facilities and that 20% of eligible PLHIV are voluntarily decanted into this model.	2020 2021	No
5. ART Continuity	+ By December 2021, the Gauteng Department of Health should implement with fidelity the 2020 Standard Operating Procedures on National Adherence Guidelines including by issuing a circular that calls on all staff in the facility to be welcoming , and acknowledge it is normal to miss appointments and/or have treatment interruptions, and support and empower patients to improve retention after re-engagement as per the 2020 Standard Operating Procedures.	2020 2021	No
	+ From December 2021, the Gauteng Department of Health should address all issues of poor staff attitude (that contribute to PLHIV stopping treatment or disengaging from care) including by investigating all allegations and taking disciplinary action where appropriate. As per the Patients "Rights Charter, <i>"everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation"</i> .	2020 2021	No
	+ From December 2021, the Gauteng Department of Health should accelerate implementation of the 2020 Standard Operating Procedures on National Adherence Guidelines including by issuing a circular that highlights that patients who return from a treatment interruption but have not missed a dose be screened for immediate access to a repeat prescription collection strategy , and acknowledge it is normal to miss appointments and/or have treatment interruptions, and support and empower patients to improve retention after re-engagement as per the 2020 Standard Operating Procedures.	2020 2021	No
	+ By December 2021, the National Department of Health should withdraw the measure that PLHIV who miss appointments should be sent to the back of the queue , and work with Ritshidze, the PLHIV Sector and MSF to develop strategies to support implementation.	2020 2021	No

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6. Treatment viral load literacy	+ From December 2021, the Gauteng Department of Health and DSPs should ensure that all healthcare workers (including CHWs) provide accurate and easily understandable information on treatment adherence and the importance of an undetectable viral load when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.	2020 2021	No
	+ From December 2021, the Gauteng Department of Health and DSPs should ensure that viral load test results are properly explained to all PLHIV in a timely manner.	2020 2021	No
	+ In COP22, PEPFAR should fund an expansion of PLHIV-led treatment literacy efforts across all provinces, including Gauteng through training, education and localised social mobilisation campaigns. <i>* This has been requested through the People's COP20 and People's COP19 available via the Ritshidze resources page: ritshidze.org.za/category/resources/</i>	2019* 2020* 2021	No
7. Index testing	+ From November 2021, the Gauteng Department of Health and DSPs must ensure that all healthcare providers ask if the individual's partners have ever been violent and record the answer to this question, before contacting the sexual partners of PLHIV. No contacts who have ever been violent or are at risk of being violent should ever be contacted in order to protect the individual and other sexual partners the contact may have that are unknown.	2020 2021	No
	+ From November 2021, the Gauteng Department of Health and DSPs must ensure that after contacting the contacts, healthcare providers must follow-up with the individual after a reasonable period (1-2 months) to assess whether there were any adverse events — including but not limited to violence, disclosure of HIV status, dissolution of the relationship, loss of housing, or loss of financial support — and refer them to the IPV centre or other support services if the answer is yes. Data on such occurrences must be shared by the implementing partners with PEPFAR and civil society.	2020 2021	No
	+ From November 2021, the Gauteng Department of Health and DSPs must ensure that prior to implementing (or re-implementing) index testing in any facility, there are adequate IPV services available for PLHIV at the facility or by referral and all PLHIV who are screened should be offered this information. Referrals must be actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.	2020 2021	No
	+ From November 2021, the Gauteng Department of Health and DSPs must ensure that all implementing partners and healthcare workers understand that index testing is always voluntary, for both sexual contacts and children, where individuals are not required to give the names of their sexual partners or children if they don't want to, and this is explained to all PLHIV. No index testing will occur without the informed consent of a PLHIV.	2020 2021	No
	+ From November 2021, the Gauteng Department of Health and DSPs must ensure that all adverse events are monitored through a proactive adverse event monitoring system capable of identifying and providing services to individuals harmed by index testing. Comment boxes and other passive systems are necessary but inadequate.	2020 2021	No
	+ From November 2021, the Gauteng Department of Health and DSPs must suspend index testing at any facility that cannot meet these demands.	2020 2021	No
8. Stockouts	+ From December 2021, there must be effective and immediate communication of stockouts, between the National Department of Health and Gauteng Department of Health and to healthcare workers and patients.	2021	No
	+ By February 2022, the Gauteng Department of Health should establish an emergency response team and standard operating procedures to manage crisis situations. We call on them to include clinic committee members, all PLHIV Sector organisations, and the Stop Stockouts Project.	2021	No
	+ By February 2022, the Gauteng Department of Health should ensure all pharmacists have been trained in SVS and other supply chain systems.	2021	No
	+ From March 2022, the Gauteng Department of Health should implement a provincial strategy to address stockouts and shortages of medicines and other medical tools and supplies. This must address the impact of human resource shortages, poor management, and infrastructure where these impact on the ability of facilities to order and store supplies. Increasing the number of pharmacy staff in facilities must be a priority as they are often the first to acknowledge a short supply of medication.	2021	No

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9. Key populations	+ By February 2022, the Gauteng Department of Health and DSPs should ensure that all clinical and non-clinical staff are sensitised on provision of key population friendly services (for sex workers, people who use drugs, men who have sex with men, and transgender people).	2020 2021	No
	+ By February 2022, the Gauteng Department of Health and DSPs should ensure that a minimum package of services should be provided for each key population group to meet their needs at all clinics and community healthcare centres and site assessment should be carried out to ensure that all facilities are equipped with the essential services to key populations.	2020 2021	No
	+ From February 2022, the Gauteng Department of Health and DSPs should ensure that lubricants and male and female condoms are easily available at all sites.	2021	No
	+ By April 2022, the Gauteng Department of Health and DSPs should ensure that harm reduction services — including medically assisted treatment and other drug dependence treatment — are made available at health facilities and Drop in Centres. Where people who use drugs who need specialised care from a Drop in Centre, they should be provided with easy referral and adequate resources to uptake those services.	2021	No
10. TB Infection control	+ By end January 2022, the Gauteng Department of Health should issue a circular should to all facilities to ensure that: <ul style="list-style-type: none"> + All windows to be kept open; + TB infection control posters to be displayed in visible places in the waiting area; + Patients to be screened for TB symptoms upon arrival/ integrate with COVID-19 screening; + People coughing or with TB symptoms to be seen first to reduce the risk of transmission; + People who are coughing to be separated from those who are not while waiting. 	2020 2021	No
	+ By end May 2022, the Gauteng Department of Health should carry out a full audit of all public health facilities in the province to assess whether sufficient TB infection control measures are in place. The audit will involve the health department assessing the state of TB infection control at each facility based upon WHO guidelines. After which the Department should develop a plan based upon the infrastructural, human resource or behavioural challenges found in order to improve TB infection control. The Department must publish the audit results.	2020 2021	No
11. Accountability	+ By end May 2022, 100% of primary healthcare facilities should have established and functioning clinic committees that understand and carry out their roles and responsibilities. Linkages must be made between clinic committees and ward, local, and district AIDS Councils given that the implementation of HIV policy occurs at a primary health facility level.	2020 2021	No
	+ Within PEPFAR priority districts, PEPFAR must be required by the National Department of Health to share their monitoring data on progress with Clinic Committees and AIDS Councils in order to ensure a better flow of information and to ensure better accountability.	2021	No