

RECOMMENDED SOLUTIONS – SEPTEMBER 2022

This table reflects the recommendations in this 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 April 2023, the Free State Department of Health should fill 80% of vacancies in the province (including the 50 vacancies reported at Ritshidze sites), and fill the remaining 20% by the end of the next financial year.	2021, 2022	No
+ The Free State Department of Health should produce annual reports on the numbers of healthcare workers (divided into sub-groups such as CHWs, professional nurses, and doctors) 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.	2022	No
2. Waiting times		
+ From October 2022, ensure the updated 2020 Adherence Guidelines are implemented that state that files are not required for repeat prescription collection strategies (RPCs): Facility pick-up. PLHIV should go directly to pick-up point in the facility to collect their ART refill.	2022	No
+ By October 2022, ensure a functional filing system in Albert Luthuli Memorial Clinic, Gaongalelwe Clinic, Intabazwe Clinic, Kgotsong (Bothaville) Clinic, OR Tambo Clinic, Phahameng (Bultfontein) Clinic, Phomolong (Hennenman) Clinic, Rheeders Park Clinic, Tshepong (Welkom) Clinic, Welkom Clinic, Bloemspuit Clinic, Phuthaditjhaba Clinic, Thusa Bophelo Clinic.	2021, 2022	In part
+ By January 2023, open the grounds of clinics by 5am to ensure safety of public healthcare users waiting to access services in the early mornings.	2022	No
+ By March 2023, 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.	2021, 2022	No
+ By March 2023, appointment systems should be put in place, including appointment times, to ensure efficient service delivery and to reduce waiting times. Appointment times should be spaced across the day and make use of afternoons before the facility closes.	2022	In part
+ By March 2023, the Free State Department of Health, Right to Care, and Wits RHI should work together to reduce the burden on facilities by getting at least 60% people living with HIV out of the clinic and into external pick-up points or adherence clubs.	2022	In part
3. Infrastructure and clinic conditions		
+ From October 2022, all public healthcare users should be consulted in private rooms. Privacy violations such as being consulted, tested, or counselled in the same room as someone else can lead to people living with HIV disengaging from care.	2022	In part
+ By March 2023, the Free State Department of Health should fill all remaining cleaner vacancies and employ additional cleaners at the 8 sites reporting shortages to ensure clean facilities and toilets.	2022	No
+ By September 2023, where there are small waiting areas that lead to overcrowding (putting patients and staff at risk of TB and COVID-19 infection at the clinic) the Free State Department of Health must implement interim strategies to address these infrastructural issues while waiting for existing projects to be completed, including building temporary structures, as well as decanting more PLHIV out of the facility to external pick-up points or community based adherence clubs, and implementing 3 and 6 month supply of ARVs.	2022	In part
4a. ART collection: multi-month dispensing		
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that no clinically stable PLHIV ever receives less than 2 months supply of ARVs, as per national policy standards. Ritshidze reports of limited supply should be assessed and resolved rapidly.	2022	In part
+ By March 2023, the Free State Department of Health, Right to Care, and Wits RHI should extend and implement ARV refills to at least 3 month supply for all eligible PLHIV.	2021, 2022	In part
+ By end September 2023, the Free State Department of Health, Right to Care, and Wits RHI should extend and implement ARV refills to 6 month supply for all eligible PLHIV.	2021, 2022	No

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4b. ART collection: Repeat prescription collection strategies (RPCs)		
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure every stable PLHIV is offered RPCs options.	2022	In part
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure PLHIV enrolled in RPCs are active (not overdue for RPCs rescript) on the programme. PEPFAR SA to monitor and report on PLHIV enrolled in RPCs that are more than 28 days late for rescript by facility.	2022	No
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that reassessment takes place at each clinical consultation to understand if PLHIV are satisfied with their RPC. PLHIV who are not satisfied should be offered a different option that better meets their needs.	2022	No
+ The Free State Department of Health, Right to Care, and Wits RHI should start and/or re-establish adherence clubs in the province in order to provide PLHIV with options for quicker ART collection together with peer support and treatment literacy.	2021, 2022	No
+ In COP22, the Free State Department of Health, Right to Care, and Wits RHI should scale implementation of repeat prescription strategies to reach 90% of stable PLHIV and ensure 60% are accessing treatment from community RPCs models (external pick-up point (PuP)/ community-based adherence clubs) and 20% from group-based RPCs (Facility/Community-based Adherence Clubs) — <i>*note PLHIV should be able to choose the modality that suits individual needs.</i>	2022	In part
+ By March 2023, Right to Care, Wits RHI, and the Free State 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.	2022	In part
5. ART continuity		
+ The Free State Department of Health, Right to Care, and Wits RHI should implement with fidelity the 2020 Standard Operating Procedures on National Adherence Guidelines.	2022	No
+ All staff should be trained and held accountable to provide a friendly and welcoming environment for all public healthcare users, including KPs and PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption. Overall accountability should be with the Facility Manager if no improvements are made.	2022	No
+ Healthcare workers must acknowledge it is normal to miss appointments and/or have treatment interruptions, and support and empower PLHIV to improve retention after re-engagement as per the 2020 Standard Operating Procedures	2022	No
+ Any reports of poor staff attitude should be urgently investigated and disciplinary action taken where appropriate. For facilities Ritshidze reports on, the Free State Department of Health should respond within 3 months with actions that have been taken.	2021, 2022	No
+ No PLHIV should be sent to the back of the queue if they miss an appointment. This is not a National Department of Health policy. The Free State Department of Health should send communication to all sites withdrawing this measure and highlighting the Welcome Back Campaign strategy that says people returning to care should be triaged.	2021, 2022	No
+ The Free State Department of Health should issue communication that highlights that PLHIV who return from a treatment interruption but have not missed a dose be screened for immediate access to a repeat prescription collection strategy.	2022	No
+ Any reports where immediate treatment continuation or restart is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate. For facilities Ritshidze reports on, the Free State Department of Health should respond within 3 months with actions that have been taken.	2022	No
6. Treatment and viral load literacy		
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI 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.	2021, 2022 2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that viral load test results are properly explained to all PLHIV in a timely manner.	2019, 2020,	In part
+ In COP22, PEPFAR should fund an expansion of PLHIV-led treatment literacy efforts across all provinces — including the Free State — through PLHIV-led training, education and localised social mobilisation campaigns.	2021, 2022	No



BOHLOKONG CLINIC



THABONG CLINIC

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7a. Key populations friendly services		
+ Any reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment and/or of services being restricted or refused should be urgently investigated by DoH/PEPFAR and disciplinary action taken where appropriate. Facility Managers should be held responsible for unresolved issues. For facilities we report on here, the DoH/PEPFAR should respond within 3 months with actions that have been taken.	2022	No
+ DoH and PEPFAR should ensure that all clinical and non-clinical staff (including security guards) across public health facilities are actually sensitised on provision of KP friendly services to ensure a welcoming and safe environment for all KPs at all times. KPs must be involved in the implementation of these training modules.	2021, 2022	In part
+ Post sensitisation training, the Department of Health and PEPFAR should complete follow up to assess the quality of KP service provision at site level (to show the success of the sensitisation programme).	2022	No
7b. Key populations specific services		
+ NDoH and PEPFAR should designate at least 2 public health facilities per population per district to serve as KP designated service delivery centres. Site selection should take into account local context and facilities may serve more than one population, but may not always be appropriate to combine all KPs into single settings given differential needs between KP groups. These sites must be allocated additional staff and resources to provide comprehensive health services to the specific KP population being served.	2022	No
+ The Free State Department of Health, Right to Care, and Wits RHI should ensure that barrier contraception (including condom compatible lubricants, male and female condoms) are easily available at all public health facilities (not only upon request or in public spaces that make it difficult to pick them up).	2022	In part
+ The Free State Department of Health, Right to Care, and Wits RHI should ensure that all KPs are offered PrEP at public healthcare facilities.	2021, 2022	In part
+ DoH and PEPFAR should ensure that harm reduction services — including drug dependence treatment such as methadone — are made available at public health facilities. Where people who use drugs need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/money for transport) to uptake those services.	2022	No

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+ DoH and PEPFAR should ensure that trans* people are able to access hormone therapy and gender affirming services closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/money for transport) to uptake those services.	2022	No
8. Specific services for men		
+ By March 2023, Right to Care and Wits RHI 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.	2022	No
+ By March 2023, Right to Care and Wits RHI 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.	2022	No
9. Index testing		
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI 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.	2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI 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.	2021, 2022	No
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI 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.	2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI 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.	2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI 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.	2021, 2022	No
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must suspend index testing at any facility that cannot meet these demands.	2021, 2022	No
10. Stockouts and shortages of medicines and health products		
+ From October 2022, there must be effective and immediate communication of stockouts, between the National Department of Health and Free State Department of Health and to healthcare workers and patients	2021, 2022	No
+ By December 2022, the Free State 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, 2022	No
+ By December 2022, the Free State Department of Health should ensure all pharmacists have been trained in SVS and other supply chain systems.	2021, 2022	No
+ From March 2023, the Free State 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, 2022	No
+ By December 2023, the Free State Department of Health should employ an additional 10% of pharmacists/assistant pharmacists in Lejweleputswa (where pharmacist shortages were reported at 14% of sites monitored and assistant pharmacist vacancies reported at 9% of sites monitored).	2021, 2022	No