

RECOMMENDED SOLUTIONS

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 July 2023, the KwaZulu-Natal Department of Health should fill 70% of vacancies in the province (including the 449 vacancies reported at Ritshidze sites), and fill the remaining 30% by the end of the 2023/24 financial year.	2021, 2022	No
+ The KwaZulu-Natal 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 November 2022, ensure a functional filing system in the 29 facilities observed in a bad condition.	2021, 2022	In part
+ By February 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 April 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 April 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 April 2023, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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
3a. ART collection: multi-month dispensing		
+ From November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 May 2023, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust should extend and implement ARV refills to at least 3 month supply for all eligible PLHIV.	2021, 2022	In part
+ By end September 2023 (COP22), the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust should extend and implement ARV refills to 6 month supply for all eligible PLHIV.	2021, 2022	In part
3b. ART collection: Repeat prescription collection strategies (RPCs)		
+ From October 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust must ensure every stable PLHIV is offered RPCs options.	2021, 2022	In part
+ From October 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 October 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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

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+ The KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust should 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	In part
+ In COP22, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 April 2023, Broadreach, and Health Systems Trust, and the KwaZulu-Natal 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
4. ART continuity		
+ The KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust should implement with fidelity the 2020 Standard Operating Procedures on National Adherence Guidelines.	2022	In part
+ 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	In part
+ 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	In part
+ Any reports of poor staff attitude should be urgently investigated and disciplinary action taken where appropriate. For facilities Ritshidze reports on, the KwaZulu-Natal 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 KwaZulu-Natal 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	In part
+ The KwaZulu-Natal 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 KwaZulu-Natal Department of Health should respond within 3 months with actions that have been taken.	2022	No
5. Treatment and viral load literacy		
+ From November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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	In part
+ From November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust should ensure that viral load test results are properly explained to all PLHIV in a timely manner.	2021, 2022	In part
+ In COP22, PEPFAR should fund an expansion of PLHIV-led treatment literacy efforts across all provinces — including KwaZulu-Natal — through PLHIV-led training, education and localised social mobilisation campaigns.	2019, 2020, 2021, 2022	No
6a. 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 the KwaZulu-Natal Department of Health and PEPFAR and disciplinary action taken where appropriate. Facility Managers should be held responsible for unresolved issues. For facilities we report on here, the KwaZulu-Natal Department of Health and PEPFAR should respond within 3 months with actions that have been taken.	2021, 2022	No
+ The KwaZulu-Natal Department of Health, National Department of Health, PEPFAR, Broadreach, and Health Systems Trust 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	No
+ Post sensitisation training, follow up should take place to assess the quality of KP service provision at site level (to show the success of the sensitisation programme).	2022	No

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6b. Key populations specific services		
+ The National Department of Health, KwaZulu-Natal Department of Health, 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 KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust should ensure that all KPs are offered PrEP at public healthcare facilities.	2021, 2022	In part
+ The National Department of Health, KwaZulu-Natal Department of Health, 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
+ The National Department of Health, KwaZulu-Natal Department of Health, 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
7. Specific services for men		
+ By May 2023, Broadreach and Health Systems Trust 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 May 2023, Broadreach and Health Systems Trust 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
8. Index testing		
+ From November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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 November 2022, the KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust must suspend index testing at any facility that cannot meet these demands.	2021, 2022	No



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9. Infrastructure and clinic conditions		
+ From November 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 May 2023, the KwaZulu-Natal Department of Health should fill all remaining cleaner vacancies and employ additional cleaners at the 21 sites reporting shortages to ensure clean facilities and toilets.	2022	In part
+ By November 2023, where there are small waiting areas that lead to overcrowding (putting public healthcare users and staff at risk of TB infection at the clinic) the KwaZulu-Natal 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
10. TB infection control		
+ By end November 2022, the KwaZulu-Natal Department of Health should issue a circular 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; • Public healthcare users to be screened for TB symptoms upon arrival (as was the case for COVID-19); • People coughing or with TB symptoms to be seen first to reduce the risk of transmission; • People coughing or with TB symptoms to be provided with masks; • People who are coughing to be separated from those who are not while waiting. 	2021, 2022	No
+ By end April 2023, the KwaZulu-Natal 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.	2021, 2022	No
11. Stockouts and shortages of medicines and health products		
+ From November 2022, there must be effective and immediate communication of stockouts, between the National Department of Health and KwaZulu-Natal Department of Health and to healthcare workers and patients.	2021, 2022	No
+ By February 2023, the KwaZulu-Natal 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 February 2023, the KwaZulu-Natal Department of Health should ensure all pharmacists have been trained in SVS and other supply chain systems.	2021, 2022	No
+ From May 2023, the KwaZulu-Natal 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 May 2023, the KwaZulu-Natal Department of Health should fill all pharmacist vacancies and employ an additional 10% of pharmacists/assistant pharmacists (where pharmacist shortages were reported at 12 of sites monitored and assistant pharmacist shortages reported at 31 sites monitored).	2021, 2022	No