

# RECOMMENDED SOLUTIONS

This table reflects the recommendations in this report. Some are priorities that were included in the 1st and 2nd Editions 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?
<b>1. Staffing</b>		
+ By March 2023, the Gauteng Department of Health should <b>produce a report on the numbers of healthcare workers (divided into cadres) employed in each district</b> and the numbers of people and size of areas covered by these healthcare workers. This report should 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. This report should be produced on an annual basis going forward.	2021, 2022	No
+ By the end of the 2023/24 financial year, the Gauteng Department of Health should <b>fill all vacancies in the province</b> (including the 561 vacancies reported at Ritshidze sites).	2020, 2021, 2022	No
<b>2. Waiting times</b>		
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>implement the 2020 Adherence Guidelines that state files are not required for facility pick-up points</b> so that people living with HIV go directly to the pick-up point to collect their ART refill.	2022	No
+ By March 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>ensure that all filing systems are organised and functional and that this organisation is maintained on an ongoing basis</b> . Ritshidze will assess this, particularly in the 42 sites with a filing system observed in a bad condition, and in the 105 sites where public healthcare users complained of lost and/or missing files leading to longer waiting times).	2020, 2021, 2022	In part
+ By April 2023, the Gauteng Department of Health should <b>open the grounds of all clinics by 5am</b> to ensure safety of public healthcare users waiting to access services in the early mornings.	2021, 2022	No
+ By June 2023, the Gauteng Department of Health should <b>extend facility opening hours</b> (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 ARVs.	2021, 2022	No
+ By June 2023, the Gauteng Department of Health should <b>utilise appointment systems (including appointment times)</b> 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.	2021, 2022	In part
+ By June 2023, the Gauteng Department of Health, Anova, and Wits RHI should work together to <b>get at least 60% PLHIV out of the clinic</b> and into external pick-up points or community-based adherence clubs, to reduce the burden on clinics.	2021, 2022	In part
<b>3a. ART collection: multi-month dispensing</b>		
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>ensure that no clinically stable PLHIV ever receives less than 2 months ART refill</b> , as per national policy standards. Ritshidze reports of limited supply should be assessed and resolved rapidly.	2021, 2022	In part
+ By May 2023, the Gauteng Department of Health, Anova, and Wits RHI should extend and implement ARV refills to at least 3 month supply for all eligible PLHIV.	2020, 2021, 2022	In part
+ By October 2023 (COP23), the Gauteng Department of Health, Anova, and Wits RHI should <b>extend and implement ARV refills to 6 month supply</b> for all eligible PLHIV.	2020, 2021, 2022	No

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<b>3b. ART collection: Repeat prescription collection strategies (RPCs)</b>		
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must <b>ensure every stable PLHIV is offered RPCs options.</b>	2021, 2022	In part
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must <b>ensure PLHIV enrolled in RPCs are active</b> (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 January 2023, the Gauteng Department of Health, Anova, and Wits RHI must <b>ensure that reassessment takes place at each clinical consultation</b> 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
+ By April 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>re-establish adherence clubs</b> in order to provide PLHIV with options for quicker ART collection together with peer support and treatment literacy.	2021, 2022	No
+ By May 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>establish at least two external pick-up points at each site</b> in order to provide greater access to refills closer to home and at more convenient locations to PLHIV.	2021, 2022	In part
<b>4. ART continuity</b>		
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>implement with fidelity the 2020 Standard Operating Procedures of the National Adherence Guidelines.</b>	2020, 2021, 2022	In part
+ From January 2023, all healthcare workers (DoH and PEPFAR partners) must <b>acknowledge it is normal to miss appointments and/or have treatment interruptions</b> , and support and empower PLHIV to improve retention after re-engagement as per the 2020 Standard Operating Procedures.	2020, 2021, 2022	In part
+ From January 2023, any <b>reports of poor staff attitude (by DoH or PEPFAR partners) should be urgently investigated and disciplinary action taken</b> where appropriate. For facilities Ritshidze reports on, the Gauteng Department of Health and PEPFAR should respond within 3 months with actions that have been taken.	2020, 2021, 2022	No
+ From January 2023, <b>no PLHIV should be sent to the back of the queue if they miss an appointment.</b> This is not a National Department of Health policy. The Gauteng 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.	2020, 2021, 2022	In part
+ From January 2023, <b>all staff (DoH and PEPFAR partners) should be trained and held accountable to provide a friendly and welcoming environment</b> for all public healthcare users, including key populations 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.	2020, 2021, 2022	In part
+ From January 2023, <b>transfer letters must not be required for ARV continuation or restart.</b> Any reports where treatment is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate.	2022	No
+ In February 2023, the Gauteng Department of Health should <b>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.</b>	2020, 2021, 2022	No
<b>5. Treatment and viral load literacy</b>		
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>ensure that all healthcare workers (including CHWs) provide accurate and easily understandable information on treatment adherence</b> and the importance of an undetectable viral load when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.	2020, 2021, 2022	In part
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>ensure that viral load test results are properly explained</b> to all PLHIV in a timely manner.	2020, 2021, 2022	In part
+ In COP23, PEPFAR should <b>fund an expansion of PLHIV-led treatment literacy efforts</b> across all provinces — including Gauteng — through PLHIV-led training, education and localised social mobilisation campaigns.	2019, 2020, 2021, 2022	No

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<b>6a. Key populations friendly services</b>		
+ <b>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</b> by the Gauteng 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 Gauteng Department of Health and PEPFAR should respond within 3 months with actions that have been taken.	2022	No
+ The Gauteng Department of Health, National Department of Health, PEPFAR, Anova, and Wits RHI should <b>ensure that all clinical and non-clinical staff (including security guards) across public health facilities are actually sensitised on provision of KP friendly services</b> to ensure a welcoming and safe environment for all KPs at all times. KPs must be involved in the implementation of these training modules.	2020, 2021, 2022	No
+ Post sensitisation training, <b>follow up should take place to assess the quality of KP service provision at site level</b> (to show the success of the sensitisation programme).	2022	No
<b>6b. Key populations specific services</b>		
+ The National Department of Health, Gauteng Department of Health, and PEPFAR should <b>designate at least 2 public health facilities per population per district to serve as KP designated service delivery centres</b> . 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 Gauteng Department of Health, Anova, and Wits RHI should <b>ensure that condom compatible lubricants, internal, and external condoms, finger cots/ dental dams are easily available at all public health facilities</b> (not only upon request or in public spaces that make it difficult to pick them up).	2021, 2022	In part
+ The Gauteng Department of Health, Anova, and Wits RHI should <b>ensure that all KPs are offered PrEP at public healthcare facilities</b> .	2021, 2022	In part
+ The National Department of Health, Gauteng Department of Health, and PEPFAR should <b>ensure that harm reduction services — including drug dependence treatment such as methadone — are made available at public health facilities</b> . 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, Gauteng Department of Health, and PEPFAR should <b>ensure that trans* people are able to access hormone therapy and gender affirming services closer to home</b> . 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
<b>7. Index testing</b>		
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must <b>ensure that DoH and PEPFAR staff understand that index testing is always voluntary</b> , 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, 2022	In part
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must <b>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</b> . 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, 2022	No
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must ensure that prior to implementing (or re-implementing) index testing in any facility, there are <b>adequate IPV services available for PLHIV at the facility or by referral and all PLHIV who are screened should be offered this information</b> . Referrals must be actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.	2020, 2021, 2022	In part



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+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must <b>ensure that all adverse events are monitored through a proactive adverse event monitoring system</b> capable of identifying and providing services to individuals harmed by index testing. Comment boxes and other passive systems are necessary but inadequate.	2020, 2021, 2022	In part
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must ensure that after contacting the contacts, healthcare providers must <b>follow-up with the individual after a reasonable period (1-2 months) to assess whether there were any adverse events</b> — 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, 2022	No
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI must <b>suspend index testing at any facility that cannot meet these demands.</b>	2020, 2021, 2022	No
<b>8. Infrastructure and clinic conditions</b>		
+ From January 2023, the Gauteng Department of Health, Anova, and Wits RHI should <b>ensure that all public healthcare users are consulted, tested, and/or counselled in private rooms.</b>	2022	In part
+ By January 2024, where there are small waiting areas that lead to overcrowding the Gauteng Department of Health must <b>address infrastructural issues</b> (including in implementing interim strategies including building temporary structures, decanting more PLHIV out of the facility, and implementing 3 and 6 month supply of ARVs).	2021, 2022	In part
+ By end 2023/24 financial year, the Gauteng Department of Health should <b>fill all remaining cleaner vacancies and employ additional cleaners</b> at the 24 sites reporting shortages to ensure clean facilities and toilets.	2021, 2022	No
<b>9. TB infection control</b>		
+ By end February 2023, the Gauteng Department of Health should <b>issue a circular to all facilities</b> to ensure that: <ul style="list-style-type: none"> <li>+ All windows to be kept open;</li> <li>» All windows to be kept open;</li> <li>» TB infection control posters to be displayed in visible places in the waiting area;</li> <li>» Public healthcare users to be screened for TB symptoms upon arrival (as was the case for COVID-19);</li> <li>» People coughing or with TB symptoms to be seen first to reduce the risk of transmission;</li> <li>» People coughing or with TB symptoms to be provided with masks;</li> <li>» People who are coughing to be separated from those who are not while waiting.</li> </ul>	2020, 2021, 2022	No
+ By end June 2023, the Gauteng Department of Health should <b>carry out a full audit of all public health facilities in the province to assess whether sufficient TB infection control measures are in place.</b> 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, 2022	No