

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. **Ritshidze requests a written response on each of the recommendations by the North West Department of Health and the Aurum Institute by 20 August 2023.**

Priority recommendations	What years did we ask for it?	Do we have it?
1. Stockouts & shortages of medicines		
NORTH WEST DEPARTMENT OF HEALTH		
1. Ensure that pharmacist assistants who had their contracts discontinued in March 2021 are reinstated by September 2023, fully recognising that they are the first to notice when stock is running out. This would also relieve pressure on professional nurses and other cadres to focus on their core mandates.	2022, 2023	No
2. Complete the decentralisation of the provincial medicines depot through the establishment of the Rustenburg and Potchefstroom depots to ease the burden on the Mafikeng depot by June 2023.	2022, 2023	No
3. Address the disparities in transportation of medicines to facility level that negatively affects some sub districts through a review of its SMME partnerships by October 2023.	2022, 2023	No
2. Staffing		
NORTH WEST DEPARTMENT OF HEALTH		
1. Produce an annual report on the number of healthcare workers per cadre employed in each district: include the numbers of people and size of areas covered by these healthcare workers, year-on-year comparisons (from at least 2021), the vacancies, and the cost of these posts to the government	2022, 2023	No
2. Fill all vacancies in 2023/24 financial year	2021, 2022, 2023	No
PEPFAR		
1. Support GoSA in filling all vacancies at PEPFAR Operation Phuthuma Support (POPS) facilities in the short term	COP22, COP23	No
2. Provide additional staffing for all PEPFAR supported sites to extend opening hours to 5am to 7pm on weekdays	COP20, COP21, COP22, COP23	In part
3. Fund adequate numbers of adherence club facilitators to allow for the restart of adherence clubs	COP23	No
3. Waiting times		
NORTH WEST DEPARTMENT OF HEALTH		
1. Extend facility opening times as per the 2019 NDoH circular	2021, 2022, 2023	No
2. Utilise appointment days and times to ease congestion	2022, 2023	In part
3. Ensure filing systems are maintained in an organised manner to reduce lost files	2021, 2022, 2023	In part
4. Open clinic grounds by 5am so that people can wait safely in the mornings	2022, 2023	No
5. Ensure files are not required for facility pick-up points (people living with HIV go directly to the pick-up point to collect their ART refill)	2022, 2023	In part
6. Get more people living with HIV into external pick-up points to reduce congestion	2022, 2023	In part
THE AURUM INSTITUTE		
1. Immediately do an assessment at all POPS (PEPFAR Operation Phuthuma Support) sites with waiting time over 3 hours and develop a specific plan for each facility that will bring the waiting time below 2 hours	2023	No
2. Support the facility to organise and maintain an organised filing system	2022, 2023	In part
3. Ensure files are not required for facility pick-up points (people living with HIV go directly to the pick-up point to collect their ART refill)	2022, 2023	In part
4. Get more people living with HIV into external pick-up points to reduce congestion	2022, 2023	In part

Priority recommendations	What years did we ask for it?	Do we have it?
4. ART collection		
NORTH WEST DEPARTMENT OF HEALTH		
1. Extend and implement ARV refills (to 3 months by end September 2023 and 6 months by end September 2024)	2021, 2022, 2023	In part
2. Ensure all people living with HIV are offered a range of repeat prescription collection strategy (RPCs) options and those enrolled in RPCs are active	2022, 2023	In part
3. Ensure that reassessment of RPC options takes place at each clinical consultation to ensure people living with HIV remain satisfied with their RPC	2023	No
4. Ensure all facilities implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: <ul style="list-style-type: none"> a. Ensuring facility pick-up points are a one-stop very quick ART collection-only visit in under 30 minutes. No need to go to the registry, collect folders, see clinician etc. b. Ensuring reestablishment/implementation of quality adherence clubs including group facilitation component c. Increasing the number and type of external pick-up points to ensure urban, peri-urban and rural clinics have external pick-up points d. Ensuring people going back to clinics for their RPCs rescript, receive the rescript on the same day if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load. 	2022, 2023	In part
THE AURUM INSTITUTE		
1. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: <ul style="list-style-type: none"> a. Ensuring facility pick-up points are a one-stop very quick ART collection-only visit in under 30 minutes. No need to go to the registry, collect folders, see clinician etc. b. Ensuring reestablishment/implementation of quality adherence clubs including group facilitation component c. Increasing the number and type of external pick-up points to ensure urban, peri-urban and rural clinics have external pick-up points d. Ensuring people going back to clinics for their RPCs rescript, receive the rescript on the same day if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load. 	2022, 2023	In part
PEPFAR		
1. Monitor and hold accountable DSPs to implement 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity	2022, 2023	No
5. ART continuity		
NORTH WEST DEPARTMENT OF HEALTH		
1. Ensure DOH staff acknowledge that it is normal to miss appointments and/or have treatment interruptions — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed	2022, 2023	In part
2. Ensure DOH staff treat people in a dignified and friendly manner and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate	2021, 2022, 2023	In part
3. Send communication to all sites highlighting that no PLHIV should be sent to the back of the queue if they miss an appointment as per the Welcome Back Campaign strategy that says people returning to care should be triaged.	2021, 2022, 2023	In part
4. Transfer letters must not be required for ARV continuation or restart . Any reports where treatment is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate.	2022, 2023	No
5. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: <ul style="list-style-type: none"> a. Ensuring every person starting ART is provided with good quality fast track initiation counselling session 1 at ART start and session 2 after 1 month on ART b. Taking first viral load as early as possible to ensure providing earlier adherence intervention support and earlier access to longer treatment supply at more convenient locations c. Actioning an elevated VL without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate d. Actioning a suppressed VL without delay focusing on immediate assessment, offer and enrolment into the Repeat Prescription Collection strategy of choice the month after VL taken e. All facilities implement 2023 re-engagement algorithm including appropriately differentiating services for returning PLHIV 	2022, 2023	No
THE AURUM INSTITUTE		
1. Ensure DSP staff acknowledge that it is normal to miss appointments and/or have treatment interruptions — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed	2022, 2023	In part
2. Ensure DSP staff treat people in a dignified and friendly manner and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate	2021, 2022, 2023	In part

Priority recommendations	What years did we ask for it?	Do we have it?
3. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: <ul style="list-style-type: none"> a. Ensuring every person starting ART is provided with good quality fast track initiation counselling session 1 at ART start and session 2 after 1 month on ART b. Taking first viral load as early as possible to ensure providing earlier adherence intervention support and earlier access to longer treatment supply at more convenient locations c. Actioning an elevated VL without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate d. Actioning a suppressed VL without delay focusing on immediate assessment, offer and enrolment into the Repeat Prescription Collection strategy of choice the month after VL taken e. All facilities implement 2023 re-engagement algorithm including appropriately differentiating services for returning PLHIV 	2022, 2023	No
4. Support with training and mentoring of DOH staff at facility level on the revised 2023 re-engagement clinical and adherence guidelines SOPs	2023	No
6. Treatment and viral load literacy		
NORTH WEST DEPARTMENT OF HEALTH		
1. Ensure all DOH staff provide accurate and easily understandable information on treatment literacy and adherence , and the importance of an undetectable viral load through consultations, counselling, and outreach	2021, 2022, 2023	In part
2. Ensure that treatment literacy information is provided at health talks each day at the clinic	2021, 2022, 2023	In part
3. Ensure that DOH staff explain viral load test results to all PLHIV properly in a timely manner	2021, 2022, 2023	In part
THE AURUM INSTITUTE		
1. Ensure all DSP staff provide accurate and easily understandable information on treatment literacy and adherence , and the importance of an undetectable viral load through consultations, counselling, and outreach	2021, 2022, 2023	In part
2. Ensure that DSP staff explain viral load test results to all PLHIV properly in a timely manner	2021, 2022, 2023	In part
PEPFAR		
1. Fund an expansion of PLHIV + KP led treatment literacy efforts across all provinces, through training, education and localised social mobilisation campaigns	2019, 2020, 2021, 2022, 2023	No
7. Key populations		
NORTH WEST DEPARTMENT OF HEALTH		
1. Ensure that all clinical and non-clinical staff (including security guards) across public health facilities are 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, 2023	No
2. 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	2022, 2023	No
3. Expand the Centre of Excellence model to ensure that at least 2 public health facilities per population per district serve as key population designated service delivery centres. <ul style="list-style-type: none"> a. A minimum package of services (as outlined in Figure 71) should be made available at these facilities. b. Easy referral and adequate resources (including transport/money for transport) must be provided for people to take up these services. 	2022, 2023	In part
4. Ensure that HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP are made easily available at all public health facilities. <ul style="list-style-type: none"> a. Make available external and internal condoms as well as lubricants in a range of spaces across the facility (i.e., waiting areas, toilets, gate, pharmacy, consultation rooms, quiet areas out of site) so people can freely and easily collect them b. Ensure that PrEP is offered to everyone, including key populations who are not living with HIV/test negative for HIV, with information shared on its benefits c. Ensure no staff members ever tell key populations to use vaseline or other oil based lubricants instead of water or silicone based lubes 	2022, 2023	In part
PEPFAR		
1. Expand the Centre of Excellence model to ensure that at least 2 public health facilities per population per district serve as key population designated service delivery centres. <ul style="list-style-type: none"> a. A minimum package of services (as outlined in Figure 71) should be made available at these facilities. b. Easy referral and adequate resources (including transport/money for transport) must be provided for people to take up these services c. PEPFAR must support these facilities with additional staff and resources to provide comprehensive health services to the specific key population being served 	2022, 2023	In part
2. Ensure that HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP are made easily available at all public health facilities. <ul style="list-style-type: none"> a. Make available condoms and lubricants in a range of spaces across the facility (i.e., waiting areas, toilets, gate, pharmacy, consultation rooms, quiet areas out of site) so people can freely and easily collect them b. Ensure that PrEP is offered to everyone, including key populations who are not living with HIV/test negative for HIV, with information shared on its benefits c. Ensure no staff members ever tell key populations to use vaseline or other oil based lubricants instead of water or silicone based lubes 	2022, 2023	In part

Priority recommendations	What years did we ask for it?	Do we have it?
8. Index testing		
NORTH WEST DEPARTMENT OF HEALTH		
1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that: <ul style="list-style-type: none"> a. Index testing is always voluntary b. 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 c. No contacts who have ever been violent or are at risk of being violent are ever be contacted d. Adequate IPV services available at the facility or by referral e. Referrals are actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual f. 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. g. 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. 	2021, 2022, 2023	In part
2. There should be an investigation into all sites carrying out index testing , especially those not monitored by Ritshidze, urgently to assess the implementation of index testing. The findings of this investigation should be shared transparently.	2023	No
3. Index testing must be suspended in poorly performing sites until it can be carried out safely and with consent.	2022, 2023	No
THE AURUM INSTITUTE		
1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that: <ul style="list-style-type: none"> a. Index testing is always voluntary b. 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 c. No contacts who have ever been violent or are at risk of being violent are ever be contacted d. Adequate IPV services available at the facility or by referral e. Referrals are actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual f. 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 g. 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. 	2021, 2022, 2023	In part
2. There should be an investigation into all DSP staff carrying out index testing , especially those not monitored by Ritshidze, urgently to assess the implementation of index testing. The findings of this investigation should be shared transparently.	2023	No
3. Index testing must be suspended in poorly performing sites until it can be carried out safely and with consent.	2022, 2023	No
PEPFAR		
1. PEPFAR must follow-through on commitments in COP22, including all monitoring and reporting elements. PEPFAR must share: <ul style="list-style-type: none"> a. Adverse Event Monitoring Tools of each DSP; b. Data from monthly analyses site level acceptance rates analyses (Oct-Jan); c. Results of REDCap assessments; d. Data on numbers of index clients screened for IPV and those screened positive; e. Planning Meeting Reporting/Presentation Expectations; f. Report on all adverse events (number, type of adverse event, and resolution); g. Results from first wave of 1-2 month delayed healthcare provider follow-ups with index clients on adverse events; h. Plan for implementation of PEPFAR's GBV Quality Assurance Tool: Number of sites, timeframe for implementation, any preliminary results; i. Status of referral network for GBV services; j. Plan for mechanism on reporting data to CSOs on all elements documented in the SDS. 	2023	No



Priority recommendations	What years did we ask for it?	Do we have it?
9. Infrastructure and clinic conditions		
NORTH WEST DEPARTMENT OF HEALTH		
1. Ensure that all public health facilities have a functional generator with sufficient fuel so that health services and administrative work can continue during loadshedding.	2023	In part
2. Ensure that all public healthcare users are consulted, tested, and/or counselled in private rooms.	2022, 2023	In part
3. Carry out an audit of all facilities to assess infrastructural challenges. After which the Department should develop a plan in order to renovate buildings and ensure adequate space to provide efficient, private, and safe healthcare services. The Department must publish the audit results.	2023	No
4. In the interim, provide temporary structures and ensure that more PLHIV are being decanted out of the facility and receiving longer ART refills , to reduce the burden on overcrowded clinics.	2023	No
5. Ensure that all facilities are maintained to the highest standards of cleanliness including through implementing regular cleaning rotas.	2023	In part
6. Ensure clinics have resources to provide soap and toilet paper in all toilets.	2023	In part
10. TB infection control		
NORTH WEST DEPARTMENT OF HEALTH		
1. Issue communication to all facilities stating that: <ul style="list-style-type: none"> a. All windows must be kept open b. TB infection control posters must be displayed in visible places in the waiting area c. Public healthcare users must be screened for TB symptoms upon arrival d. People coughing or with TB symptoms must be seen first to reduce the risk of transmission e. People coughing or with TB symptoms must be provided with masks f. People who are coughing must be separated from those who are not while waiting 	2021, 2023	No
2. Carry out a full audit of all public health facilities in the province to assess TB infection control , 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, 2023	No