RECOMMENDED SOLUTIONS JULY 2024

This table reflects the recommendations in this report. Some are priorities that were included in the 1st, 2nd, and 3rd 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 Mpumalanga Department of Health, BroadReach and Right to Care by 31 August 2024.

Priority recommendations	What years did we ask for it?	Do we have it?
1. Staffing		
MPUMALANGA DEPARTMENT OF HEALTH		
1. **Hire sufficient numbers of healthcare workers** — including doctors, nurses, pharmacists, pharmacy assistants, data capturers, community healthcare workers, lay counsellors, peer-educators, and even security guards and cleaners.	2024	No
2. **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 2022), the vacancies, and the cost of these posts to the government.	2022, 2023, 2024	No
3. **Fill all vacancies** and **establish new positions** where demand is high.	2021, 2022, 2023, 2024	No
PEPFAR		
1. Support facilities to **fill all vacancies** at PEPFAR Operation Phuthuma Support (POPS) facilities in the short term.	2022, 2023, 2024	No
2. **Provide additional staffing** for all PEPFAR supported sites to reduce waiting times below 2 hours.	2021, 2022, 2023, 2024	No
3. **Fund adequate numbers of adherence club facilitators** to allow for the restart of adherence clubs.	2023, 2024	No
2. Waiting times		
MPUMALANGA DEPARTMENT OF HEALTH		
1. **Reduce waiting times to under two hours** across all sites.	2024	No
2. **Use appointment days and times** to spread out appointments throughout the day and ease congestion at clinics.	2022, 2023, 2024	In part
3. **Open clinic grounds by 5am** so that people can wait safely in the mornings.	2022, 2023, 2024	No
4. Ensure that **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.).	2022, 2023, 2024	In part
5. **Set up more external pick-up points** for people established on ART to be referred to, closer to their homes.	2022, 2023, 2024	In part
6. **Maintain filing systems in an organised manner** to reduce time people spend waiting for files, and reduce lost files.	2021, 2022, 2023, 2024	In part
7. Infrastructural renovations to ensure that all clinics have **sufficient space to maintain a functional filing room**.	2024	No
BROADREACH AND RIGHT TO CARE:		
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, 2024	No
2. Support the facility to **organise and maintain an organised filing system.**	2022, 2023, 2024	In part
3. Ensure that **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.).	2022, 2023, 2024	In part
4. **Set up more external pick-up points** for people established on ART to be referred to, closer to their homes.	2022, 2023, 2024	In part
3. ART collection		
MPUMALANGA DEPARTMENT OF HEALTH		
1. Ensure that **all eligible people living with HIV get a 3 month supply of ARVs** as required by National ART Guidelines.	2021, 2022, 2023, 2024	In part
2. **Better support stock management to ensure that there are enough ARVs** at clinics to give out 3 and 6 month supply.	2024	In part
3. **Release CCMDD numbers of people on 3MMD, 4MMD, and 6MMD by facility.** These numbers should be available and immediately retrievable from the SyNCH system for which the National Department of Health holds responsibility. These numbers should be presented to us on a quarterly basis at facility, sub district, and district levels through the district nerve centres and provincial Operation Phuthuma platforms (that we request inclusion in).	2024	No

Priority recommendations	What years did we ask for it?	Do we have it?
4. **10% of eligible people living with HIV receive their first 6 month supply** by the end of 2024. It is already provided for in the 2023 ART national guidelines and policies, dependent on confirmation of operational capacity and stock availability. Provincial and district health departments need to start their planning processes now.	2024	No
MPUMALANGA DEPARTMENT OF HEALTH & BROADREACH/RIGHT TO CARE:		
1. **Establish more pick-up points**, especially linked to peri-urban and rural clinics.	2022, 2023, 2024	In part
2. **Re-establish, revitalise, and rollout functional adherence clubs** across the province.	2022, 2023, 2024	No
3. Ensure that all eligible people living with HIV are offered and voluntarily **enrolled into a pick-up point or adherence club of their choice** — and all those enrolled are active.	2022, 2023, 2024	In part
4. Ensure that **facility pick-up points are a quick, one-stop ART refill collection-only visit in under 30 minutes**. No need to go to the registry, vitals, collect folders, see clinician etc.	2022, 2023, 2024	In part
5. Ensure the **collection of ART refills for up to 28 days** from pick-up points.	2024	No
6. Ensure 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, 2024	In part
7. **Quality clinical management** when people are required to come to health facilities to see a clinician (not just a rescript and refill).	2022, 2023, 2024	No
8. Ensure every person starting ART is provided with good quality fast track initiation counselling at ART start and after 1 month on ART, taking first viral load as early as possible to ensure **earlier access to longer treatment supply at more convenient locations.**	2022, 2023, 2024	In part
BROADREACH & RIGHT TO CARE		
1. **Support and mentor clinicians at facilities to script 3 month supply** to everyone who is eligible.	2024	In part
2. **Support with stock management to ensure that there are enough ARVs** at clinics to give out 3 and 6 month supply.	2024	In part
PEPFAR		
1. Monitor and hold accountable District Support Partners to **implement 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity**.	2022, 2023, 2024	In part
4. ART continuity		
MPUMALANGA DEPARTMENT OF HEALTH & BROADREACH/RIGHT TO CARE		
1. Healthcare workers (DOH & DSP) provide **friendly and welcoming services** and **acknowledge that it is normal to be late for or miss appointments**, and to support people living with HIV to re-engage in care. Investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate.	2021, 2022, 2023, 2024	In part
2. **People are never sent to the back of the queue when they return** after a late appointment, silent transfer, or treatment interruption.	2021, 2022, 2023, 2024	In part
3. People returning after a late appointment, silent transfer, or treatment interruption should be **offered enrollment into pick-up points or clubs and longer ARV supplies to make ARV collection easier**.	2022, 2023, 2024	In part
4. Those who move or relocate for work should not be denied ARVs without a transfer letter. **Transfer letters must not be required for ARV continuation or restart**.	2022, 2023, 2024	In part
5. Migrants, asylum seekers, stateless people, and **people without identity documents or proof of address should not be denied health services**.	2022, 2023, 2024	In part
6. **Provide a full package of psychosocial support services** including: provision of individualised quality assured counselling to patients; peer-led patient navigators acting as a bridge between clinicians and patients; mapped networks of referral services; optional support groups, and food parcels.	2022, 2023, 2024	No
7. Action an elevated viral load without delay, through an effective abnormal result recall system and provide quality enhanced adherence counselling when appropriate.	2022, 2023, 2024	In part
8. Action a suppressed viral load without delay, focusing on immediate assessment, offer and enrolment into the pick-up point or club of choice and longer ARV supplies the month after viral load taken.	2022, 2023, 2024	In part
BROADREACH & RIGHT TO CARE		
1. Support with **training and mentoring of facilities** on the revised 2023 re-engagement clinical and adherence guidelines SOPs.	2023, 2024	In part
5. Treatment and viral load literacy		
MPUMALANGA DEPARTMENT OF HEALTH & BROADREACH/RIGHT TO CARE		
1. Ensure all healthcare workers provide **timely, accurate, and easily understandable information on HIV treatment literacy, adherence, and the importance of an undetectable viral load** through consultations, counselling, health talks, and outreach.	2021, 2022, 2023, 2024	In part
2. Ensure that **treatment literacy information is provided at health talks** each day at the clinic.	2021, 2022, 2023, 2024	In part
3. Ensure that health workers explain viral load test results to all people living with HIV properly in a timely manner.	2021, 2022, 2023, 2024	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, 2024	No

Priority recommendations	What years did we ask for it?	Do we have it?
6. Key populations		
MPUMALANGA DEPARTMENT OF HEALTH & PEPFAR		
1. **Establish at least two Centres of Excellence per district, per population group (*this means up to 8 sites per district*). They must offer the clinical services, expertise, transport, and referral pathways that key populations need.** The sites must not be exclusive to one population group, but rather must have additional concentrated expertise, training, and recruitment strategies, based on the population group the site is most likely to be working with. These sites must remain sites primarily accessed by the general population, but with a culture, staffing, services, and clinical expertise available to support members of key populations within that facility. No separation of the populations. Where people live too far away still to access services, resources (taxi fare, planned patient transport) must be made available so that people can actually get to them.	2022, 2023, 2024	No
2. **All facility staff (including clinical staff, non-clinical staff, lay staff, and security guards) who ill treat people, violate people's privacy, or verbally or physically abuse or harass people must be held accountable and face consequences.**	2021, 2022, 2023, 2024	No
3. **Centres of Excellence (COEs) need additional staffing so that they can function effectively and to support and instil culture change** within the facility: + For PEPFAR, this means District Support Partners (DSPs) that already employ significant healthcare workforces should redistribute staff to the COEs, including specifically recruiting individuals and advertising positions that will have an emphasis on specific key populations within the context of general population services. + For the national, provincial, and district health departments, this means ensuring that all COE staff recognise that their obligation is to provide services equitably across all populations, and not as unique cases to be handled by PEPFAR DSP staff. Ensuring that Facility Managers and other facility leadership buy-in to being a service delivery hub for members of key populations.	2024	No
4. **Knowledgeable services specific to the needs of people who use drugs, sex workers, and LGBTQIA+ communities must be made available in public health facilities**, beginning with the expansion of the COE model.	2022, 2023, 2024	No
5. **A minimum package of services (as outlined in Table 22) must be made available at facilities serving as Centres of Excellence**, as well as drop-in centres, so that they can provide comprehensive health services to people who use drugs, sex workers, and LGBTQIA+ communities. PEPFAR must commit to additional resources to make this a reality.	2022, 2023, 2024	No
6. **HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP must be easily available at <u>all</u> public health facilities**. + Condoms and lubricants should be available in a range of spaces across the facility (including in the toilets, at the gate, in quiet areas out of sight) so people can freely and easily collect them without fear or judgement. + PrEP should be offered to all members of key populations who are not living with HIV/test negative for HIV, with information shared on its benefits. + PrEP posters to be distributed and put up in all facilities informing people about PrEP. + PrEP information to be provided in daily health talks.	2022, 2023, 2024	In part
7. **People who use drugs must be able to access life saving harm reduction tools like new needles/syringes, safe disposal of injecting equipment, methadone, naloxone, and drug dependence support, closer to home**. Harm reduction services must be made available to sex workers and LGBTQIA+ community members who use drugs.	2024	No
8. **Methadone programmes should be made available in public health facilities, beginning with the expansion of COEs**. The Department of Health should social contract this work to organisations competent in providing these services already.	2024	No
9. **Clinicians must understand the unique health needs and concerns of GBMSM, sex workers, and trans and gender diverse people** and be able to offer appropriate services, inc. hormone therapy.	2024	No
10. **All facilities must provide gender affirming services** including: + Using trans people's correct name and pronouns; + Providing a gender neutral toilet for trans people; + Removing coloured folders that mark people's (perceived) gender; + Ensuring that trans women are not made to use service points for men (including Men's Corners or men only clinic days); + Protecting privacy by ensuring that additional staff members are not called into consultation rooms, and that staff knock before entering, allowing consultations to pause until the person has vacated the room.	2024	No
NATIONAL DEPARTMENT OF HEALTH		
1. National Department of Health **guidelines and policies should be amended to ensure that naloxone is not only nurse initiated**, but can be initiated by community members themselves.	2024	No
2. National Department of Health **guidelines and policies must be amended to ensure that trans people are able to access hormone therapy from doctors in public health facilities** locally. COEs must have access to medical support networks, mentorship, and tele-support to assist in consultations on the use of hormone therapy for trans people.	2024	No

Priority recommendations	What years did we ask for it?	Do we have it?
7. Index testing		
MPUMALANGA DEPARTMENT OF HEALTH & BROADREACH/RIGHT TO CARE		
1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that: + Index testing is always voluntary. + 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. + **No contacts who have ever been violent or are at risk of being violent are ever contacted.** + **Adequate IPV services available** at the facility or by referral + **Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual. + **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. + 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, 2024	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, 2024	No
3. **Index testing must be suspended in poorly performing sites until it can be carried out safely and with consent.**	2022, 2023, 2024	No
PEPFAR		
1. **PEPFAR must follow-through on commitments in COP22**, including all monitoring and reporting elements. PEPFAR must share: + Adverse Event Monitoring Tools of each DSP; + Data from monthly analyses site level acceptance rates analyses (Oct-Jan); + Results of REDCap assessments; + Data on numbers of index clients screened for IPV and those screened positive; + Planning Meeting Reporting/Presentation Expectations: + Report on all adverse events (number, type of adverse event, and resolution); + Results from first wave of 1-2 month delayed healthcare provider follow-ups with index clients on adverse events; + Plan for implementation of PEPFAR's GBV Quality Assurance Tool: Number of sites, timeframe for implementation, any preliminary results; + Status of referral network for GBV services; + Plan for mechanism on reporting data to CSOs on all elements documented in the SDS.	2023, 2024	No
8. Infrastructure and clinic conditions		
MPUMALANGA DEPARTMENT OF HEALTH		
1. Audit all facilities in the province to assess infrastructure. **Put plans in motion to renovate buildings and ensure adequate space to provide efficient, private, and safe healthcare services**. The department must publish these plans.	2023, 2024	No
2. Ensure all public healthcare users are always **consulted, tested, and/or counselled in private rooms**. In the interim before infrastructural renovations have taken place, provide temporary structures to ensure that privacy and confidentiality is maintained.	2022, 2023, 2024	In part
3. Ensure all public health facilities have a **functional generator with sufficient fuel, rechargeable bulbs, and other useful loadshedding devices** so that health services and administrative work can continue during power outages.	2023, 2024	In part
4. Ensure all facilities are maintained to the **highest standards of cleanliness** including through implementing regular cleaning rotas, and ensuring that soap and toilet paper are provided in all clinic toilets.	2023, 2024	In part
9. TB infection control		
MPUMALANGA DEPARTMENT OF HEALTH		
1. **All facilities must follow a checklist of basic measures to ensure adequate TB infection control** including: + All windows must be kept open + TB infection control posters must be displayed in visible places in the waiting area + Public healthcare users must be screened for TB symptoms upon arrival + People coughing or with TB symptoms must be seen first to reduce the risk of transmission + People coughing or with TB symptoms must be provided with masks + People who are coughing must be separated from those who are not while waiting	2021, 2023, 2024	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, 2024	No