

# State of Health Gauteng Report Summary



UNAIDS's scaled up targets now aim for 95% of people living with HIV to know their HIV status; 95% of people who know their status on treatment; and 95% of people on treatment to have suppressed viral loads. Yet in Gauteng, while 90% of people living with HIV know their status, only 72% of those people are on HIV treatment, out of which 88% are virally suppressed. This translates to just 65% of all people living with HIV receiving ARVs in the province and only 57% of all people living with HIV being virally suppressed.

Using community-led monitoring data collected by Ritshidze at 118 health facilities across four districts in Gauteng, the report identifies challenges that discourage people from going to the clinic, contributing to the failure to reach the UNAIDS 95-95-95 targets. These include: long waiting times and staff shortages; infrastructural issues and clinic cleanliness; stockouts and shortages of medicines; short supplies of ARVs and too few people using external pick up points; unfriendly services and PLHIV not being welcomed back after missing an appointment; poor understanding of viral load; ensuring the safety and confidentiality of index testing; discrimination of key populations at the clinic; poor TB infection control, and lack of accountability due to dysfunctional clinic committees.

## Long waiting times + staff shortages

Understaffed and overburdened clinics lead to longer waiting times and at times, bad attitudes towards patients. Early mornings, feeling unsafe outside the clinic, long waiting times and being shouted at cause people living with HIV to dread clinic days or even stop going altogether.

- + 68% of Facility Managers say their facilities don't have enough staff
- + Only 39% of patients say there are always enough staff at facilities
- + 4:24 hours were the average reported waiting time by patients
- + 35% of patients felt very unsafe or unsafe waiting for clinic to open

## ARV collection

Unnecessary trips to the clinic just to collect an ARV refill adds both a burden on PLHIV and to the already overwhelmed clinic contributing to PLHIV disengaging from care directly impacting the province's attainment of 95% of PLHIV on treatment. Extending treatment refills and getting more people into external pick up points or community based adherence clubs are ways to reduce unnecessary burdens and support both PLHIV and the health system to be more efficient.

- + 11% of PLHIV received only one month supply of ARVs
- + 44% of PLHIV would like to collect ARVs closer to their home
- + 92% of PLHIV think external pick points make ARV collection quicker

### Staying on ARVs

PLHIV lead complicated lives and may miss appointments and even miss taking some pills. When they do, meeting them with support when they return to the clinic helps ensure long term adherence. But PLHIV who return to the clinic and are treated badly, or who fear they will be, will often not come back.

- + Only 61% of patients thought that the staff were always friendly and professional
- + While PLHIV at 57 clinics monitored say they are reprimanded if they miss an appointment, in contrast PLHIV at 69 clinics monitored say they are welcomed back if they miss an appointment

### HIV treatment and viral load literacy

Treatment literacy improves linkage and retention rates as people understand the importance of starting and remaining on treatment effectively, directly contributing to reaching the 95-95-95 targets.

- + Only 82% of PLHIV said a health worker explained their viral load test results
- + While 79% of PLHIV agreed that having an undetectable viral load means treatment is working well, only 72% agreed that having an undetectable viral load means a person is not infectious

### Key populations

One significant barrier to HIV prevention and treatment services for key populations is being discriminated against at the facility. For key populations to receive quality services, they need spaces that are safe enough to disclose that they are KPs without fear of poor attitude, discrimination and/or arrest.

- + Many reports of violations of people's privacy and healthcare workers unfairly treating key populations without dignity or respect.

### TB infection control

Six simple interventions are at the heart of how clinics can be part of turning the tide on TB infection — a disease that still kills close to 60,000 people a year in South Africa, according to the World Health Organization (WHO). By following a checklist of good practice, clinics can be safer for patients and staff.

- + 0 clinics were awarded green status for checking all six measures on the TB infection control scorecard.

### Infrastructure + cleanliness

According to National Core Standards, clinics should be clean and hygienic as well as safe and secure environments. However at times clinics are found to be overcrowded, needing additional space, or dirty. A number of cleaner vacancies in the sites we monitored is only exacerbating this challenge.

- + 78% of clinics need some additional space
- + 47% of clinics do not have enough room in the waiting area
- + Only 8% of patients reported that facilities are dirty or very dirty