State of Health Mpumalanga Report Summary

This is the second edition of the Mpumalanga State of Health report; the first was published in May 2021. Data in this report were collected between April 2022 to May 2022. Like the earlier edition, the 2022 report identifies challenges that discourage people from going to the clinic for HIV, TB and other health services. Positively, since last year's report, there has been a number of improvements in the quality of HIV, TB and other health service delivery in the province.

The report focuses on the following critical themes: long waiting times and staff shortages; infrastructure; ART collection and continuity; treatment and viral load treatment literacy; accessibility of health services for key populations, specific services for men; the implementation of index testing to find people living with HIV; and stockouts and shortages of medicines.

The report is based on the results of data collected through Ritshidze's community-led monitoring of 42 clinics in Mpumalanga — including 42 facilities across Mpumalanga: 21 in Ehlanzeni, 17 in Gert Sibande, and 4 in Nkangala.

Staff shortages

Staffing levels have improved from only 7% of Facility Managers last year reporting enough staff to meet demand, to 41% of Facility Managers this year. Further many vacancies have been filled. However, while clear progress has been made, staff shortages persist in the majority of sites. 97 vacancies across 17 facilities remain to be filled. We are clear that much more needs to be done in order to ensure adequate staffing levels.

+ 41% of Facility Managers say their facilities have enough staff (up from only 7% last year)
+ 54% of public healthcare users say there are always enough staff (up from only 30% last year)

Long waiting times

While there has been an improvement in waiting times, declining from 4:33 hours to 4:05 hours over the last year, this remains an extremely long time for public healthcare users to wait at the facility to only be seen for a limited time. Long waiting periods coupled with early mornings can mean people living with HIV dread clinic days or even stop going altogether.

+ 4:05 hours were the average reported waiting time by public healthcare users
+ 22% of public healthcare users felt very unsafe or unsafe waiting for clinic to open

Infrastructure + cleanliness

Inadequate space continues to be a challenge, with only marginal improvement over the last year. Lack of space for HIV counselling (43% of sites) can mean PLHIV are consulted, tested, or counselled in the same room as someone else. Small waiting areas (23 sites) can have a profound effect on the TB and COVID-19 infection control and 70% of Facility Managers raised the need for additional space for public healthcare users to wait.

+ 71% of facilities need some additional space (down from 89% last year)
+ 58% of facilities do not have enough room in the waiting area (up from 40% last year)
+ 77% of public healthcare users reported that facilities were “clean” or “very clean”

ARV collection

Unnecessary trips to the clinic just to collect an ARV refill adds both a burden on PLHIV and to the already overwhelmed facilities. Extending treatment refills and getting more people into repeat prescription collection strategies (like facility and external pick-up points) are ways to reduce unnecessary burdens and support both PLHIV and the health system to be more efficient.

+ 17% of PLHIV received only one month or less supply of ARVs
+ 49% of PLHIV received three or more months supply (up from 41% last year)
+ 51% of PLHIV would like to collect ARVs closer to their home (down from 53% last year)
+ 98% 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 facility helps ensure long term adherence. But PLHIV who return to care and are treated badly, or fear they will be, will often not come back.

+ 64% of people think that staff were always friendly and professional (up from only 50% last year)
+ PLHIV at 24 clinics monitored say they are welcomed back if they miss an appointment
+ 72 people had been denied access to services for not having a transfer letter across 14 facilities since we started collecting the data last October

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.

+ 89% of PLHIV said a health worker explained viral load test results (up from 77% last year)
+ 86% of PLHIV agreed that having an undetectable viral load means treatment is working well (up from 83% last year)
+ Only 74% agreed that having an undetectable viral load means a person is not infectious (up from 62% last year)

Key populations (KPs)

For KPs, the experience at public health facilities is often untenable. Too often staff are insensitive and unprofessional and some say the ill-treatment has been off-putting enough for them to prefer to go without ARV treatment or other health services. For those KPs who continue to suffer the daily indignities associated with using the public health system, specific services remain unavailable for the most part.

+ Many reports of violations of people's privacy and healthcare workers unfairly treating key populations without dignity or respect
+ Only 67% of sex workers think clinic staff are always friendly and professional
+ Only 11% of PWUD report access to methadone at drop-in centres
+ Only 2% of GBMSM say lubricant is available at the facility
+ 0% of trans* people report access to hormones

Men specific services

The proportion of men who know their HIV status and are accessing ART is much lower compared to women in South Africa. Men however account for more than half of the HIV related deaths, pointing to a major challenge in men's uptake of HIV treatment services. Facilities need to have at least one male nurse and one male counsellor in place, to increase uptake services by men.

+ Only 5 clinics have male nurses, counsellors and/or other healthcare workers
+ Only 3 clinics have Men's corners
+ Only 1 clinic has male clinic days
+ 14 sites had no male specific services at all.

Index testing

Index testing has the ability to help identify individuals who may have been exposed to HIV earlier, however, if implemented in ways that cause harm to individuals, undermine their rights to consent, privacy, safety and confidentiality, it erodes communities' trust of healthcare providers. While there has been improvement compared to the same reporting period last year, the Mpumalanga Department of Health and DSPs must act urgently to ensure that all sites follow the protocols outlined in the National Department of Health guidelines on index testing.

+ 86% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing (up from 80% last year)
+ 81% of PLHIV reported that they were asked about the risk of violence from their partner (up from only 70% last year)
+ 29% of facilities trace all contacts regardless of reports of violence reported violence (down from 50% last year)