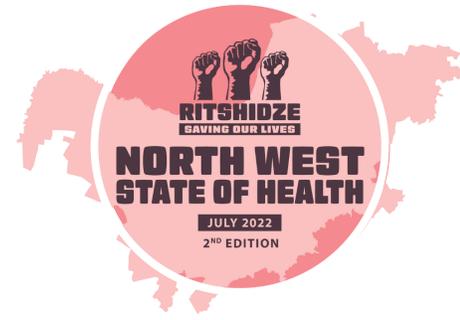


State of Health North West

Report Summary



This is the second edition of the North West State of Health report; the first was published in June 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. **The report identifies improvement in certain indicators, and deterioration in others over the last year, impacting the overall quality of HIV, TB, and other health services.**

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

The report is based on the results of data collected through Ritshidze's community-led monitoring of 13 facilities in the province together with additional data collected at 57 facilities by TAC, Stop Stockouts Project and Ritshidze related to stockouts.

Stockouts

Stockouts and shortages of ARVs, TB medicines, contraceptives and other medicines and health products cause disruption, confusion, cost, and can detrimentally affect treatment adherence. Yet in the North West, despite significant improvement, there continue to be a high level of reported stockouts and shortages of medicines and health products in this reporting period.

+ **26%** of respondents said they had left or knew someone who left empty handed (23% last year)

+ **398** reported stockouts across 57 facilities (down 895 reports last year)

Staff shortages

Staffing levels have improved from **no Facility Managers last year reporting enough staff to meet demand, to 15% 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. **39 vacancies across 3 facilities remain to be filled.** We are clear that much more needs to be done in order to ensure adequate staffing levels.

+ **15%** of Facility Managers say their facilities have enough staff (up from 0% last year)

+ **11%** of public healthcare users say there are always enough staff (down from only 32% last year)

Long waiting times

While there has been an improvement in waiting times, **declining from 5:13 hours to 4:26 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.

+ **4:08 hours** was the average waiting time after the facility opens (down from 5:09 hours last year)

+ **Only 9%** of public healthcare users felt very unsafe or unsafe waiting for clinic to open (71% last year)

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.

- + **92%** of facilities need some additional space (down from 86% last year)
- + **83%** of facilities do not have enough room in the waiting area (up from 71% last year)
- + **Only 5%** of public healthcare users reported that facilities were “dirty” or “very dirty” (down from 18% last year)

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.

- + **6% of PLHIV** received three or more months supply (down from 27% last year)
- + **68% of PLHIV** would like to collect ARVs closer to their home (down from 59% last year)
- + **100% of PLHIV** think external pick-points make ARV collection quicker (100% last year)

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.

- + **58%** of people think that staff were always friendly and professional (down from 60% last year)
- + **PLHIV at 6** clinics monitored say they are welcomed back if they miss an appointment
- + **123 people** had been denied access to services for not having a transfer letter across **13 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.

- + **100%** of PLHIV said a health worker explained viral load test results (up from 93% last year)
- + **73%** of PLHIV agreed that having an undetectable viral load means treatment is working well (97% last year)
- + Only **75%** agreed that having an undetectable viral load means a person is not infectious (75% 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.

- + **90% of GBMSM** are not using the facility because of lack of friendly services
- + **Only 2% of people who use drugs** are very satisfied with facility services
- + **39% of sex workers** thought that privacy is not well respected at facilities
- + **69% of trans* people** say lack of privacy is the reason they do not access healthcare
- + **Only 9% of GBMSM** say lubricant is available at the facility
- + **80% of people who use drugs** want access to methadone at facilities
- + **Only 14% of sex workers** have been offered PrEP at the facility
- + **93% of trans* people** want access to hormones closer to home

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 2** clinics have male nurses, counsellors and/or other healthcare workers
- + **0** clinics have Men's corners
- + **0** clinic has male clinic days
- + **3 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, but must not be implemented in ways that cause harm to individuals, and undermine their rights to consent, privacy, safety, and confidentiality. While there has been improvement compared to the same reporting period last year, the North West Department of Health and Aurum Institute must act urgently to ensure that all sites follow the protocols outlined in national index testing guidelines. Index testing should be suspended at any sites that cannot follow these guidelines..

- + **62% of PLHIV** were told they were allowed to refuse to give the names of their sexual partners for index testing (down from 92% last year)
- + **65% of PLHIV** reported that they were asked about the risk of violence from their partner (down from 82% last year)
- + **45% of facilities** trace all contacts regardless of reports of violence reported violence