



State of Health Free State Report Summary

This is the second edition of the Free State's State of Health report; the first was published in September 2021. Data in this report were collected between July 2022 to August 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 that while the province has marginally improved in certain indicators, it has worsened in many and too often Free State facilities are among the worst performing sites across all provinces monitored.**

The report focuses on the following critical themes: 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; the implementation of index testing to find people living with HIV; and stockouts and shortages of medicines and other health products.

The report is based on the results of data collected through Ritshidze's community-led monitoring of 29 facilities in the province together with additional data collected through interviews with key populations in the community.

Staff shortages

Staffing levels have worsened, with **79% of facilities again reported being understaffed and unable to meet the needs of public healthcare users this year**, the number of **vacancies in sites monitored has almost doubled from 26 to 50**. Public healthcare users also reported a worse situation, with only 16% who thought there were enough staff, down from 36% last year.

+ **21%** of Facility Managers say their facilities have enough staff (same as last year)

+ **16%** of public healthcare users say there are always enough staff (down from only 36% last year)

Long waiting times

While there has been an improvement in waiting times, **declining from 5:56 hours to 5:21 hours over the last year (including time before the facility opens)**, 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.

+ **4:31 hours** was the average waiting time **after the facility opens** (down from 5:30 hours last year)

+ **65%** of public healthcare users felt very unsafe or unsafe waiting for clinic to open (66% 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 (33% of sites) can mean PLHIV are consulted, tested, or counselled in the same room as someone else. Small waiting areas (11 sites) can have a profound effect on the TB and COVID-19 infection control and 90% of Facility Managers raised the need for additional space for public healthcare users to wait.

+ **90%** of facilities need some additional space (down from 95% last year)

- + **42%** of facilities do not have enough room in the waiting area (down from 45% last year)
- + **25%** of public healthcare users reported that facilities were “dirty” or “very dirty”(down from 27% 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.

- + **15% of PLHIV** received three or more months supply (up from 7% last year)
- + **66% of PLHIV** would like to collect ARVs closer to their home (66% last year)
- + **94% of PLHIV** think external pick-points make ARV collection quicker (down from 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.

- + **41%** of people think that staff were always friendly and professional (down from 44% last year)
- + **31% of PLHIV at 25** clinics monitored say they are welcomed back if they miss an appointment
- + **181 people** had been denied access to services for not having a transfer letter across **23 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. Treatment literacy levels have declined since last year.

- + **78%** of PLHIV said a health worker explained viral load test results (down from 82% last year)
- + **76%** of PLHIV agreed that having an undetectable viral load means treatment is working well (down from 83% last year)
- + Only **57%** agreed that having an undetectable viral load means a person is not infectious (down from 63% 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. No facilities monitored reported any key population specific services at all.

- + **40%** of people who use drugs want access to methadone at facilities
- + **Only 66%** of gay, bisexual and other men who have sex with men (GBMSM) say external condoms are available at the facility
- + **29%** of trans* people want hormone therapy to be available at facilities
- + **Only 14%** of eligible sex workers reported having been offered PrEP at the facility
- + **Only 23%** of sites have lubricant observed to be available
- + **0 facilities** report any key population specific services at all

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 3** clinics have male nurses, counsellors and/or other healthcare workers
- + **0** clinics have Men's corners
- + **0** clinic has male clinic days
- + **9 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 Free State Department of Health, Right to Care, and Wits RHI 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.

- + **64% of PLHIV** were told they were allowed to refuse to give the names of their sexual partners for index testing (up from 59% last year)
- + **57% of PLHIV** reported that they were asked about the risk of violence from their partner (up from 52% last year)
- + **30% of facilities** trace all contacts regardless of reports of violence reported violence

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 Free State, there continue to be a number of reported stockouts and shortages of medicines and health products in this reporting period.

- + **13%** of respondents said they had left or knew someone who left empty handed (8% last year)