

Media alert: Second edition Ritshidze report finds ongoing challenges for people living with HIV in Free State clinics

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Thursday 29 September 2022

10am onwards

Sign up for live stream: <https://bit.ly/RitshidzeRSVP2022>

On 29 September 2022 Ritshidze will launch a detailed report into the state of the public healthcare system in the Free State that finds 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 will be presented to the Free State Department of Health and other duty bearers at a community meeting in Batho. 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.

This is the second edition of the Free State State of Health report; the [first was published in June 2021](#). Data in this report were collected between July and 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.

Key issues found include:

- + **Staffing levels have worsened:** While 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.
- + **Waiting times have improved, but remain long:** Waiting times have improved, down from 5:56 hours to 5:21 hours. However, 82% of public healthcare users thought waiting times were long this year — identifying disorganised filing systems/lost files (60%), staff working too slowly (50%) and too few staff (40%) as the root cause.
- + **Unsafe to wait in the morning:** Frustration at waiting all day at the clinic means that often people arrive early in the hopes of being seen more quickly, and being able to get home or to work. Of those who arrived before clinics opened, 65% reported feeling unsafe to do so, more than in any other province.
- + **Clinic cleanliness:** Only 36% of people said that clinics were clean, and more than a quarter said clinics were dirty in the province.

- + **Slow progress in extending supply of ARVs:** Positively, this year more people living with HIV reported 3-6 month refills, up from 7% to 13%. However this compares to 59% in Mpumalanga and remains very low in comparison to other PEPFAR supported countries where 80% of people living with HIV received 3-6 month ART refills in 2021.
- + **Facility & External pick-up points make life easier:** Repeat prescription collection strategies like facility and external pick-up points in the province do make ART collection quicker and people living with HIV are on the whole satisfied with them which is positive. Many more people should be decanted to these options, especially given that 68% of respondents still said they would prefer to collect ARVs closer to home.
- + **Staff attitudes must be improved to ensure friendly and welcoming services for all people living with HIV and key populations:** Only 41% of people thought that the staff were always friendly and professional (down from 44% last year) and 56% of people said staff sent them to the back of the queue if they missed an appointment. The fear of poor treatment only discourages people from ever going back to the clinic.
- + **Treatment literacy levels have declined since last year:** Just 76% of people living with HIV understood that an undetectable viral load is good for their own health, and only 57% understood that an undetectable viral load means you cannot transmit HIV. This low level of understanding correlates with the fact that only 78% of people living with HIV reported that a healthcare provider actually explained their viral load test result, down from 82% last year. Only Limpopo is performing worse than Free State on this.
- + **Index testing at times implemented unsafely and without option to refuse:** Index testing is always meant to be voluntary, yet worryingly 35% of respondents reported that they could not refuse to give the contacts. Worse, while every precaution should be taken to not put people at risk of violence, 42% of respondents were not asked if their partners had any risk of violence, despite national guidelines mandating this process.
- + **Specific services for key populations remain unavailable:** No facilities monitored reported any key population specific services at all. Lubricants were only available in 23% of sites monitored, and many LGBTQIA+ community members, people who use drugs, and sex workers reported being unable to even get condoms.
- + **PrEP at all sites:** Positively, PrEP was reported to be available at all facilities monitored, but far fewer actually actively offered PrEP to key populations. Only 32% of gay, bisexual, and other men who have sex with men, 7% of people who use drugs, 14% of sex workers, and 22% of trans* people we interviewed reported being offered PrEP at the facility. Having PrEP on site but not educating people on it and offering it to those who could benefit does not support overall HIV prevention efforts.

These, among other issues, will be presented on Thursday together with the personal experiences of people living with HIV, key populations and other public healthcare users. This year's report will show what progress has been made in the last year and what still needs to improve. **The embargoed State of Health report is available upon request.**

Ritshidze is a programme of the PLHIV Sector made up of the National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women's Network, the South African Network of Religious Leaders Living with HIV (SANERELA+), and the Treatment Action Campaign (TAC).

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