

# Media alert: Ritshidze data reveal key improvements in Eastern Cape clinics but poor staff attitudes remain

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Thursday 13 October 2022

10am onwards

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

On 13 October 2022 Ritshidze will launch a detailed report into the state of the public healthcare system in the Eastern Cape that reveals several improvements in the quality of services over the last year. However, progress towards getting 95% of people on treatment remains off track.

The report will be presented to the Eastern Cape Department of Health and other duty bearers at a community meeting in Mdantsane, East London. The report is based on the results of data collected through [Ritshidze's community-led monitoring](#) of 50 facilities in the province together with additional data collected through interviews with key populations in the community.

This is the second edition of the Eastern Cape State of Health report; the [first was published in September 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:

- + **Waiting times have improved, but remain long:** Positively waiting times have improved in the province, down from 4:37 hours to 3:47 hours waiting after the facility opens. Yet 60% of public healthcare users interviewed still think that waiting times are long, with 66% blaming staff shortages for the long hours waiting.
- + **Marginal improvement in staffing levels:** While marginal improvement has been made in staffing levels in the last year — from 11% of Facility Managers reporting enough staff last year, up to 14% this year — this remains a very high proportion of understaffed sites. Attracting and retaining healthcare workers to rural areas remains a challenge and this year 322 open vacancies were reported across just 30 sites.
- + **Unsafe to wait in the morning:** The long waiting times force people to begin queuing early in the morning, in an attempt to get seen more quickly — yet 45% reported feeling “very unsafe” or “unsafe” while waiting for the facility to be open.
- + **More PLHIV getting 3 month supply of ARVs:** Extending ARV refills can ease the burden on overstretched facilities and support people living with HIV to stay on treatment. Positively, this year many more people living with HIV reported 3-6 month refills, up from 20% to 40%. 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.

- + **Staff attitudes must be improved to ensure friendly and welcoming services for all people living with HIV and key populations:** This year only 55% of people thought staff were always friendly and professional — down from 63% last year. Only 27% of people who had missed appointments said that staff were welcoming when they returned — while 25% said staff sent them to the back of the queue and 14% said that staff shouted at them. The fear of poor treatment only discourages people from ever going back to the clinic. Alarming, many key populations we spoke to had given up on healthcare altogether (47% of gay, bisexual, and other men who have sex with men, 41% of people who use drugs, 39% of sex workers, 47% trans\* people).
- + **Treatment literacy levels have improved since last year:** Positively, 91% of people living with HIV reported that a healthcare provider explained the results of their viral load test result, up from just 79% last year. This correlates to 89% of people living with HIV understanding the benefits of an undetectable viral load on their health (up from 72% last year) and 85% understanding that an undetectable viral load means they cannot transmit HIV (up from 67% last year). Progress should be continued so that all people living with HIV understand these messages.
- + **PLHIV report confidential services & psychosocial support:** Positively, the Eastern Cape performed best on confidentiality — with 93% of people living with HIV reporting that facilities keep their HIV status private and confidential. The province also performed best in ensuring that 85% of people living with HIV reported psychosocial support being available. The next step is to ensure that a full package of psychosocial services is made available at every clinic, including individualised counselling, peer navigators, support groups, and food parcels.
- + **Key populations struggle to get any specific services:** Lubricants were only available in 41% of sites. While notably PrEP was reported as available at all 45 facilities monitored, the facilities reporting offering PrEP to key populations was far lower. Drug dependence and overdose treatments are not available at our clinics, and neither is hormone therapy — yet 36% of people who use drugs wanted access to methadone and 35% wanted access to naloxone, and 29% of trans\* people wanted access to hormones at their facilities.
- + **The Eastern Cape received the fewest reports of stockouts:** Just 7% of people who had left, or knew someone who left, a facility without the medication that they needed. However, of sites that reported a stockout 15% were forced to send people away empty handed.

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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