State of Health Eastern Cape Report Summary

This is the second edition of the Eastern Cape'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 made several improvements in the quality of services over the last year, progress towards getting 95% of people on treatment remains off track.

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; TB infection control, 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 50 facilities in the province together with additional data collected through interviews with key populations in the community.

Staff shortages

Staffing levels have worsened in some facilities and improved in some, however, 86% of facilities (42 facilities) monitored remained understaffed and unable to meet the needs of public healthcare users this year; the number of vacancies in sites monitored increased again to 322 vacancies open across 30 facilities. Public healthcare users also reported a worse situation, with only 21% who thought there were enough staff, down from 28% last year.

+ **14%** of Facility Managers say their facilities have enough staff (11% last year)
+ **21%** of public healthcare users say there are always enough staff (down from 28% last year)

Long waiting times

While there has been an improvement in waiting times, declining from 4:37 hours to 3:47 hours after the facility opened, over the last year, this remains a long time for public healthcare users to wait at the facility to only be seen for a limited time. 60% of public healthcare users interviewed still think that waiting times are long, with 66% blaming staff shortages for the long waiting hours.

+ **3:47 hours** was the average waiting time after the facility opens (down from 4:37 hours last year)
+ **45%** of public healthcare users felt very unsafe or unsafe waiting for clinic to open (40% last year)

Infrastructure + cleanliness

Inadequate space continues to be a challenge, with the situation worsening over the last year. Lack of space for HIV counselling (21 sites) can mean PLHIV are consulted, tested, or counselled in the same room as someone else. Small waiting areas as observed at 27 sites can have a profound effect on the TB and COVID-19 infection control, and 36 Facility Managers also raised the need for additional space for public healthcare users to wait.

- 93% of facilities need some additional space (worsened from 87% last year)
- 59% of facilities observed not have enough room in the waiting area (same as last year)
- 11% of public healthcare users reported that facilities were "dirty" or "very dirty" (worsened from 6% 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.

- 40% of PLHIV received three or more months supply (up from 20% last year)
- 53% of PLHIV would like to collect ARVs closer to their home (62% last year)
- 94% of PLHIV think facility pick-points make ARV collection quicker (down from 87% 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.

- 55% of people think that staff were always friendly and professional (down from 63% last year)
- 27% of PLHIV across 31 clinics monitored say they are welcomed back if they miss an appointment
- 250 people had been denied access to services for not having a transfer letter across 27 facilities in this reporting period.

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 improved since last year.

- 91% of PLHIV said a health worker explained viral load test results (up from 79% last year)
- 89% of PLHIV agreed that having an undetectable viral load means treatment is working well (up from 72% last year)
- 85% agreed that having an undetectable viral load means a person is not infectious (up from 67% 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. A large number of KPs interviewed in the province were not receiving services anywhere.

+ **36%** of people who use drugs want access to methadone at facilities
+ **Only 33%** of gay, bisexual and other men who have sex with men (GBMSM) say they have been offered PrEP
+ **Only 29%** of trans* people want hormone therapy to be available at facilities
+ **Only 26%** of eligible sex workers say lubricant is available at the facility
+ **Only 41%** of sites have lubricant observed to be available
+ **27 facilities** report no 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 8** clinics have male nurses, counsellors and/or other healthcare workers (down from 27 last year)
+ **27** clinics have Men's corners
+ **1** 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 Eastern Cape Department of Health, MatCH, and TB HIV Care 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.

+ **75% of PLHIV** were told they were allowed to refuse to give the names of their sexual partners for index testing (up from 75% last year)
+ **75% of PLHIV** reported that they were asked about the risk of violence from their partner (up from 71% last year)
+ **52% of facilities** trace all contacts regardless of reports of violence reported violence (up from 49% last year)

TB infection control

Six simple interventions are at the heart of how clinics can be part of turning the tide on TB infection. The measures are: ensuring enough room and space for public healthcare users to wait without overcrowding; keeping windows open. Ensuring there are TB information posters prominently displayed; reducing facility waiting times to less than an average of an hour and 15 minutes; screening all arriving public healthcare users for TB symptoms; people who are coughing or who have TB symptoms to be given a mask to wear on arrival; and separating people who are coughing on arrival at the facility. With slight improvements in the yellow status, no facility was awarded green status and 27 facilities failed the best practice test,

+ 0 facilities were awarded green status for checking all six measures on the TB infection control scorecard (same as last year)
+ 21 facilities scored yellow status, following about half of the best practice measures for infection control (12 last year)
+ 27 facilities surveyed failed altogether at meeting the six basic best practices to stop the spread of TB (33 last year)

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. The Eastern Cape performed the best on this indicator, with the fewest reports of stockouts by public healthcare users nationally.

+ 7% of respondents said they had left or knew someone who left empty handed (9% last year)
+ 15% of facilities (7 sites) reported sending people home empty handed when faced with a stockout / shortage of medicines (9% last year)
+ 13 patients reports shortages of HIV medicine (22 last year)