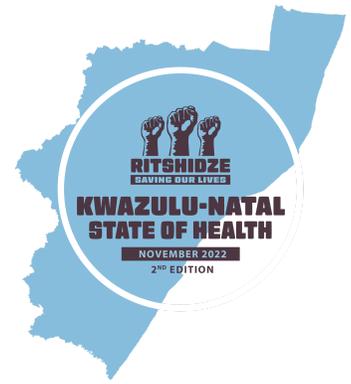


# State of Health KwaZulu-Natal

## Report Summary



This is the second edition of the KwaZulu-Natal State of Health report; the first was published in November 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 reveals improvements in several areas including reduced waiting times, better staff attitudes, and longer ARV refills.** However, for LGBTQIA+ communities, people who use drugs, and sex workers, on the whole KwaZulu-Natal provided the least friendly and worst services across all provinces monitored.

The report focuses on the following critical themes: staffing; waiting times; 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; infrastructure and clinic conditions; 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 131 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, **81% of facilities (103 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 449 vacancies open across 124 facilities.** Public healthcare users however reported a better situation, with 55% who thought there were enough staff, up from 45% last year.

+ **18%** of Facility Managers say their facilities have enough staff (19% last year)

+ **55%** of public healthcare users say there are always enough staff (up from 45% last year)

### Waiting times

Positively, there has been an improvement in waiting times, **declining from 3:20 hours to 2:39 hours after the facility opened over the last year;** 30 facilities had average waiting times under 2 hours. **KZN continues to have the shortest waiting times reported out of all provinces monitored by Ritshidze.** 48% of public healthcare users interviewed still think that waiting times are long, with 38% blaming staff shortages for the long waiting hours.

+ **2:39 hours** was the average waiting time **after the facility opens** (down from 3:20 hours last year)

+ **17%** of public healthcare users felt very unsafe or unsafe waiting for clinic to open (24% 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. Positively, this year 49% of PLHIV reported 3-6 month refills. However this compares to 59% in Mpumalanga (the best performing province) 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.

- + **49% of PLHIV** received three or more months supply (up from 31% last year)
- + **41% of PLHIV** would like to collect ARVs closer to their home (down from 54% last year)
- + **94% of PLHIV** think facility pick-up points make ARV collection quicker and **97% of PLHIV** think external pick-up points make ARV collection quicker

## 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.

- + **82%** of people think that staff were always friendly and professional (up from 75% last year)
- + **39% of PLHIV across 61** clinics monitored say they are welcomed back if they miss an appointment
- + **13% of PLHIV across 29** clinics monitored say they are sent to the back of the queue if they miss an appointment
- + **50 people** had been denied access to services for not having a transfer letter across **12 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 remain similar to last year.

- + **87%** of PLHIV said a health worker explained viral load test results (down from 89% last year)
- + **89%** of PLHIV agreed that having an undetectable viral load means treatment is working well (same as last year)
- + **82%** agreed that having an undetectable viral load means a person is not infectious (up from 80% last year)

## Key populations (KPs)

At public health facilities, KPs are often treated very poorly by clinic staff who at times shout or verbally abuse people, questioning people's sexuality or gender, and how or why they engage in sex work or take drugs. Some KPs have told us that the ill-treatment has been off-putting enough for them to prefer to go without ARV treatment, HIV prevention, 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. **KZN provided the worst services for KPs across all provinces monitored.**

- + **26%** of gay, bisexual, and other men who have sex with men have stopped accessing healthcare altogether due to past experiences at the clinic
- + **25%** refused access to health services because they are a person who uses drugs
- + **Only 16%** of sex workers say that clinic staff are always friendly and professional
- + **Clinical staff** most often reported as being unfriendly to key populations in the province
- + **Only 38%** of trans\* people feel comfortable or very comfortable using the facility
- + **61%** of sex workers say that privacy is not well respected at the facility
- + **65%** of people who use drugs want access to methadone at facilities
- + **Only 41%** of gay, bisexual and other men who have sex with men say they have been offered PrEP
- + **54%** of trans\* people want hormone therapy to be available at facilities
- + **Only 13%** of sex workers say lubricant is available at the facility
- + **Only 26%** of sites observed had lubricant available
- + **31 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.

- + **43** clinics have male nurses, counsellors and/or other healthcare workers (down from 51 last year)
- + **22** clinics have Men's corners
- + **9 sites had no** male specific services at all.

## Infrastructure & cleanliness

Inadequate space continues to be a challenge, with the situation only improving slightly over the last year. Lack of space for HIV counselling (59 sites) can mean PLHIV are consulted, tested, or counselled in the same room as someone else. 84 Facility Managers also raised the need for additional space for public healthcare users to wait.

- + **83%** of facilities need some additional space (slight improvement from 88% last year)
- + **41%** of facilities observed not have enough room in the waiting area (down from 56% last year)
- + **Only 2%** of public healthcare users reported that facilities were "dirty" or "very dirty"

## 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 KwaZulu-Natal Department of Health, Broadreach, and Health Systems Trust 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.

- + **90% of PLHIV** were told they were allowed to refuse to give the names of their sexual partners for index testing (up from 85% last year)
- + **87% of PLHIV** reported that they were asked about the risk of violence from their partner (down from 88% last year)
- + **42% of facilities** trace all contacts regardless of reports of violence reported violence (down from 52% 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.

- + **3 facilities** were awarded green status for checking all six measures on the TB infection control scorecard (up from 0 last year)
- + **89 facilities** scored yellow status, following about half of the best practice measures for infection control (down from 99 last year)
- + **31 facilities** surveyed failed altogether at meeting the six basic best practices to stop the spread of TB (34 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. In this reporting period only 2% of people we spoke to had left, or knew someone who left, a facility without the medication that they needed, down from 8% in the same reporting period last year.

- + **2%** of respondents said they had left or knew someone who left empty handed (8% last year)
- + **6%** of facilities (8 sites) reported sending people home empty handed when faced with a stockout / shortage of medicines (5% last year)
- + **23 patients reports** shortages of HIV medicine (up from only 3 last year)