

State of Health Gauteng (3rd Edition)

Report Summary



This is the third edition of the Gauteng State of Health report; the first was published in December 2020, and the second in November 2021. Data in this report were collected between October 2022 and November 2022. Like the earlier editions, the third edition identifies challenges that discourage people from going to the clinic for HIV, TB and other health services. **While some improvement has been made, it's evident that there are still too many shortcomings in the provincial health system, including high numbers of unfilled vacancies, long waiting times, and overburdened staff with, at times, dismissive and uncaring attitudes.**

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; the implementation of index testing to find people living with HIV; infrastructure and clinic conditions; and TB infection control.

The report is based on the results of data collected through Ritshidze's community-led monitoring of 123 facilities in the province (including 46 in the City of Johannesburg, 25 in the City of Tshwane, 40 in Ekurhuleni) together with additional data collected through interviews with key populations in the community.

Staff shortages

Staffing levels have worsened. Only 25% of facilities this year say there are enough staff at the facility to meet demand, a decline from 30% last year. While 44% of facilities blamed too few open positions on the shortages, almost half (48%) blamed the ever rising number of unfilled vacancies. In this reporting period, there were 561 open vacancies in the province (a sharp increase from 278 last year). Public healthcare users however reported a better situation, with 43% who thought there were enough staff, up from 39% in 2021 and 31% in 2020.

+ **25%** of Facility Managers say their facilities have enough staff (down from 30% last year)

+ **43%** of public healthcare users say there are always enough staff (up from 39% last year)

Waiting times

Waiting times have reduced but remain long. 54% of public healthcare users interviewed still think waiting times are long — and 41% pointed to staff shortages as a major reason for this. While overall waiting times have reduced by 30 minutes over the last year, from 4:24 hours down to 3:54 hours, too many public healthcare users still spend hours at each visit to the facility. An ongoing source of dissatisfaction and anxiety. Only 2 facilities had average waiting times after the facility opened under 2 hours. In order to beat the queues and minimise time spent at the facility, people are pushed to arrive early with the average earliest arrival time at 5:42am across the province, and as early as 3.45am at some facilities. It is not safe to be walking to the clinic, or waiting around outside locked clinic gates in the early hours and 31% of people reported feeling unsafe or very unsafe while waiting for the facility to be open.

+ **3:35 hours** was the average waiting time after the facility opens (down from 4:14 hours last year)

+ **31%** of public healthcare users felt very unsafe or unsafe waiting for clinic to open (down from 35% last year)

ARV collection

One strategy to reduce waiting times and ease congestion is for people who are just collecting medicines to go straight to a pick-up point instead, and to get a longer supply of medication. This simply means less trips back to the clinic. Positively, this year 43% of people living with HIV we spoke to had gotten a 3-6 month ART refill, up from 38% last year. However, Gauteng still needs to do more to catch up with better performing provinces like the North West (the best performing province) where 74% of people living with HIV interviewed reported a 3-6 month refill.

- + **43% of PLHIV** received three or more months supply (up from 38% last year)
- + **26% of PLHIV** would like to collect ARVs closer to their home (down from 43% last year)
- + **89% of PLHIV** think facility pick-up points make ARV collection quicker
- + **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. Only 65% of people thought that clinic staff were always friendly and professional. 25% of people living with HIV said staff shouted at them if they missed an appointment and 21% said that staff sent them to the back of the queue. Many key populations blamed hostile staff for why they had stopped going to the clinic altogether (including 33% of gay and bisexual men, 31% of people who use drugs, 25% of sex workers, and 38% of trans* people).

- + **65%** of people think that staff were always friendly and professional (up from 61% last year)
- + **37% of PLHIV** interviewed say they are welcomed back if they miss an appointment
- + **21% of PLHIV** interviewed say they are sent to the back of the queue if they miss an appointment
- + **127 people** had been denied access to services for not having a transfer letter across **62 facilities** in this reporting period.

HIV treatment and viral load literacy

Understanding what your test results mean supports long-term adherence, but healthcare providers must explain people's results, yet only 81% of people said that happened. This translates to poor understanding. Only 85% of people understood that an undetectable viral load is good for their own health (up from 79% last year). Just 68% understood that an undetectable viral load means they cannot transmit HIV (down from 72% last year).

- + **81%** of PLHIV said a health worker explained viral load test results (down from 82% last year)
- + **85%** of PLHIV agreed that having an undetectable viral load means treatment is working well (up from 79% last year)
- + **68%** agreed that having an undetectable viral load means a person is not infectious (down from 72% 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.

- + **28%** of people who use drugs have stopped accessing healthcare altogether due to past experience at clinic
- + **9%** gay, bisexual, & other men who have sex with men refused access to healthcare
- + **Only 59%** of sex workers say that clinic staff are always friendly and professional
- + **72%** of people who use drugs want access to methadone at facilities
- + **Only 38%** of sex workers say they have been offered PrEP
- + **51%** of trans* people want hormone therapy to be available at facilities
- + **Only 21%** of sites observed had lubricant available
- + **65 facilities** report no key population specific services at all

Infrastructure & cleanliness

Inadequate space continues to be a challenge, with the situation declining slightly over the last year. Lack of space for HIV counselling (57 sites) can mean PLHIV are consulted, tested, or counselled in the same room as someone else. 64 Facility Managers also raised the need for additional space for public healthcare users to wait.

- + **79%** of facilities need some additional space (up from 78% last year)
- + **54%** of facilities observed not have enough room in the waiting area (up from 47% last year)
- + **Only 8%** 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 some improvement compared to the same reporting period last year, worryingly, 41% of facilities still trace all contacts regardless of reports of violence. The Gauteng Department of Health, Anova, Aurum, 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.

- + **81% of PLHIV** were told they were allowed to refuse to give the names of their sexual partners for index testing (up from 78% last year)
- + **74% of PLHIV** reported that they were asked about the risk of violence from their partner (up from 69% last year)
- + **41% of facilities** trace all contacts regardless of reports of violence (up from 36% 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. The situation in the province has worsened considerably since last year.

+ **0 facilities** were awarded green status for checking all six measures on the TB infection control scorecard
(same as last year)

+ **54 facilities** scored yellow status, following about half of the best practice measures for infection control
(down from 80 last year)

+ **68 facilities** surveyed failed altogether at meeting the six basic best practices to stop the spread of TB
(up from 38 last year)