

State of Healthcare for Key Populations

Report Summary — 2nd Edition
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For key populations — including people who use drugs, sex workers, and LGBTQIA+ community members — going to the clinic can at times be unbearable. Being mocked, treated with open hostility, or even denied services leaves deep scars. The unfriendliness, judgement, and abuse means some people do not feel safe enough to go to the clinic at all.

Building on our first data collection, Ritshidze undertook a second large-scale quantitative and qualitative data collection effort across the country. **Together with a team of more than 146 key population data collectors, we spoke to over nine thousand individuals who identify as one or more key population groups across 21 districts in 7 provinces in South Africa.** We found little change in the crisis that sees key populations continue to be ridiculed, abused, and even chased away from facilities.

A total of 9,137 surveys were taken, combining 2,349 gay, bisexual, and other men who have sex with men (GBMSM), 3,353 people who use drugs, 2,290 sex workers, and 1,145 trans* people. Some individuals with multiple identities (e.g. *a trans sex worker or a sex worker who also uses drugs*) engaged in more than one survey to reflect their differing identities. The quantitative data collection took place from July to September 2022, while qualitative data collection took place from May to December 2022.

Many key populations no longer go to the clinic

“They treat us badly, they judge us, and I think that is why they don’t give us good services. Some of the people that I work with have stopped going for their HIV medication because of the type of attitude that they get when you get there. They should treat us like human beings, the same way they treat other people.”

12% (1,135) of key populations we interviewed were not receiving services anywhere — and unfriendly services was the main reason given for not going to the clinic (reported by 45% of GBMSM, 50% of people who use drugs, 53% of sex workers, and 49% of trans* people).

- + **13%** of GBMSM in Gauteng and Mpumalanga not receiving services
- + **24%** of people who use drugs not receiving services in KwaZulu-Natal
- + **15%** of sex workers not receiving services in the Free State
- + **14%** of trans* people not receiving services in Eastern Cape

For those who do seek healthcare services, most use a clinic

Most key populations we spoke to who are accessing healthcare use a public health facility instead of a drop-in centre or mobile clinic.

- + 67% of GBMSM
- + 81% of people who use drugs
- + 57% of sex workers
- + 59% of trans* people

Yet key populations face unfriendly & discriminatory services at clinics

“The clinic staff should not discriminate against us because sometimes we come dirty... we need medical attention too, we are all the same. Then the guys would know that a clinic is a safe space for them. Most guys die on the road while there is a clinic next to them because they know they will not get help”

Both clinical and non-clinical staff like security guards continue to be unfriendly and discriminate against key populations be it at the clinic gate, in waiting areas, or even during medical consultations. Clinical staff were again this year the most commonly reported as being unfriendly and unprofessional by all key population groups followed by security staff. Overall people who use drugs faced the most unfriendly services across key population groups. Where the attitudes of clinic staff have become unbearable, some people have stopped going to the facility altogether, including for HIV, TB and STI testing and treatment.

- + Just 37% of respondents reported that facility staff are always friendly towards GBMSM
- + Just 24% towards people who use drugs
- + Just 46% towards sex workers
- + Just 41% towards trans* people

Lack of privacy & safety

“After I disclosed to a nurse that I am a sex worker, she called in her colleague to tell her and they were both mocking me”

Disgraceful privacy violations continue to occur that destroy people’s right to privacy and make clinics feel unsafe and uncomfortable to be in. Clinic staff were known to disclose people’s HIV status, or the fact that they are queer, trans*, a sex worker, or someone who uses drugs, in front of other healthcare users, or to invite other clinicians into private consultations in order to mock or judge people’s symptoms. Only 14% of GBMSM, 10% of people who use drugs, 19% of sex workers, and 14% of trans* people actually felt “very safe” using the facility.

- + 42% of GBMSM do not think privacy is well respected
- + 45% of people who use drugs do not think privacy is well respected
- + 38% of sex workers do not think privacy is well respected
- + 35% of trans* people do not think privacy is well respected

Many people have been denied healthcare

“At Mofolo Clinic, anytime I go there, the security would chase me away, saying that I need to go take a bath because I stink. They are rude towards us drug users”

Shockingly, significant numbers of key populations reported being **refused access to services** because of being someone who uses drugs, is a sex worker, or is a part of the LGBTQIA+ community. This is absolutely unacceptable and goes against section 27 of the Constitution that states *“everyone has the right to have access to health care services”*.

- + 5% of GBMSM had been denied access to services
- + 19% of people who use drugs had been denied access to services
- + 12% of sex workers had been denied access to services
- + 9% of trans* people had been denied access to services

Critical HIV, STI, family planning and sexual violence services out of reach

“We don’t get lubricants there. They have condoms but the staff will always complain about us taking too much”

“No, they don’t tell us about PrEP, this is the first time I am hearing about it”

“I went to collect my PrEP and also for STI treatment. The nurses were very rude to me. I told them that the STI is not in front but they were plain rude, saying “why would you say the STI is not in front, are you a male or a female”

Condoms, lubricants, PEP, and PrEP are all vital tools to support HIV prevention — especially among key populations at higher risk of getting HIV. However, despite this, they are not always made available to key populations in the facility. In addition services like family planning and post violence services should be available to all, but some key populations tell us they are denied access to these services, and others are uncomfortable accessing them due to judgemental attitudes and fear for their own safety.

- + Only 27% of facilities have lube freely available
- + Only 55% of sex workers said they could get enough condoms at the clinic
- + Only 45% of GBMSM said they could get lube
- + Only 28% of facilities say they offer trans* people PrEP
- + Only 15% of people who use drugs have been offered PrEP at the clinic
- + Only 41% of GBMSM have been able to access PEP when needed
- + Only 65% of sex workers said staff were respectful when accessing STI treatment
- + 38% of people who use drugs were told they couldn’t get contraceptives because they use drugs
- + 30% of trans* people told they couldn’t have contraceptives because they are trans*
- + Only 61% of sex workers reported staff were always respectful when seeking post-violence services

Limited key population specific services

“I wish there was a drop-in centre for drug users like me in this area as when you go to the clinics, they treat you like a thief. I need to be able to get new needles and methadone from the clinic but they don’t take you seriously”

“They do not offer hormones or even refer us to where we can go get it”

Ritshidze data reveal that a low proportion of facilities provide services for key populations — with the following number of facilities providing services for GBMSM (95 sites), people who use drugs (83 sites), sex workers (86 sites), and trans* people (69 sites). Widespread access to harm reduction services (like methadone and unused needles) or gender affirming care (including hormones) remain out of reach.

- + Only 6% of people who use drugs were offered information on where to get new needles
- + Only 11% of people who use drugs were given information on where to get methadone
- + Only 57% of trans* people were given information about where to access hormones
- + Yet 63% of trans* people want hormone therapy to be available at facilities

Drop-in centres & mobile clinics are better, but limited across the country

While drop-in centres can be friendlier and have better access to services (although there is room for improvement), many key populations have never even heard of them (79% of GBMSM, 75% of people who use drugs, 74% of sex workers, and 71% of trans* people were not aware of a drop-in centre) — and certainly cannot afford the taxi fare or overnight accommodation needed to get to them. The truth is that most key populations are trying to access healthcare at a public health facility. The Department of Health and PEPFAR should ensure that at least 2 public health facilities per population per district to serve as key population designated service delivery centres.

- + 71% of trans* people not aware of any drop-in centres
- + Only 45% of sex workers were “very satisfied” with drop-in centres
- + 91% of GBMSM thought staff at drop-in centres are always friendly — compared to 77% of sex workers
- + Only 50% of people who use drugs thought staff at mobile clinics are always friendly and professional
- + 97% of GBMSM thought that privacy is well respected at drop-in centres
- + 24% of eligible sex workers reported having been offered PrEP at the drop-in centre
- + 27% of people who use drugs said methadone was available at drop-in centres
- + Only 27% of trans* people said hormone therapy was available at drop-in centres — yet 62% of trans* people would like it to be available there

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). You can follow @RitshidzeSA on [twitter](#), [facebook](#) and [instagram](#) for regular updates or go to www.ritshidze.org.za for more information.