

Mpumalanga State of Health

3rd Edition Report Summary



This is the third edition of the Mpumalanga State of Health report; the first was published in May 2021, and the second in June 2022. Data in this report were collected between April and May 2023. Like the earlier editions, the third edition identifies challenges that discourage people from going to the clinic for HIV, TB and other health services.

The report is based on the results of data collected through Ritshidze's community-led monitoring of 43 facilities in the province including 21 in Ehlanzeni, 18 in Gert Sibande, and 4 in Nkangala, together with additional data collected through interviews with key populations in the community.

This year's report reveals ups and downs in the province. While longer ARV treatment supplies are being given and waiting times have reduced, unfriendly services remain a challenge with many more reports of people being denied services for not having a transfer letter, ID, or being a key population.

Staff shortages

Only 35% of facilities reported there were enough clinical and/or non-clinical staff — worsening from 41% last year. 33% of facilities blamed too few open positions on the shortages, while 22% blamed unfilled vacancies. In this reporting period, there were 117 open vacancies in the province (an increase from 95 last year). Yet of 2,284 public healthcare users, only 53% said there was always enough staff to meet the needs of public healthcare users — with little change from 54% last year.

+ **35%** of facilities say there are enough clinical & non-clinical staff (down from 41% last year)

+ **53%** of public healthcare users say there are always enough staff (down from 54% last year)

Waiting times

Positively, waiting times have reduced by nearly an hour in the last year in facilities monitored in Mpumalanga, down to an average of 3:12 hours waiting after the facility opens. However, some people still spend many hours at each visit to the facility — which is a major source of dissatisfaction. 59% of people still reported long waiting times — with 37% blaming staff shortages and 43% blaming disorganised filing systems. Positively, the average earliest arrival time has improved (from 5:46am last year to 6:15am this year), however some people still begin queuing early in the morning, in an attempt to get seen more quickly. 14 facilities still have an average arrival time of before 6am. Of 888 people who arrived before the facility opened, 29% reported feeling unsafe/very unsafe while waiting for the facility to be open.

+ **3:12 hours** was the average waiting time after the facility opens (down from 4:05 hours last year)

+ **29%** of public healthcare users felt very unsafe or unsafe waiting for clinic to open (up from 22% 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 fewer trips back to the clinic. Positively, this year 64% of people living with HIV we spoke to had gotten a 3-6 month ART refill, up from 49% last year. Mpumalanga scored best on this indicator out of all provinces. Another strategy is to go straight to a pick-up point to collect ARVs. Yet 65% of people using facility pick-up points told us that they must still collect files, take vitals, and see a clinician before getting their parcel — adding unnecessary delays. Of those still using the facility, 48% said they had never even been offered the option to collect from a pick-up point — and 52% wish they could collect their ARVs closer to home.

+ **64% of PLHIV** received three or more months supply (up from 49% last year)

+ **41% of PLHIV** would like to collect ARVs closer to their home (down from 51% last year)

+ **65% of PLHIV** said they must collect files, take vitals, and see a clinician before getting their ARVs from a facility pick-up point

Staying on ARVs

Once on treatment, it is important to recognise that people living with HIV live dynamic lives, may miss appointments, and may even miss taking some pills. When they do, the public health system should meet them with support when they return to the clinic. But often, when people living with HIV return to the clinic they are treated badly. Only 62% of people thought that clinic staff were always friendly and professional. In the last year 297 people told us they had been denied services because they did not have a transfer letter (including a staggering 22% of respondents in Nkangala) — something that is not required to start or restart your ARVs, and 433 people had been denied services without an identity document (including 21% of respondents in Nkangala).

+ **62%** of people think that staff were always friendly and professional (down from 64% last year)

+ **297 people** had been denied access to services for not having a transfer letter

+ **433 people** had been denied access to services for not having an ID

HIV treatment and viral load literacy

Once on treatment, people living with HIV need to understand the benefits of taking their pills every day. Yet, while there has been improvement, only 88% reported that they knew their viral load — and there remain significant gaps in knowledge and treatment literacy. While 89% agreed with the statement; “having an undetectable viral load means the treatment is working well” (just up from 86% last year) — only 72% agreed with the statement “having an undetectable viral load means a person cannot transmit HIV” (just down from 74% last year).

+ **90%** of PLHIV said a health worker explained viral load test results (up from 89% last year)

+ **89%** of PLHIV agreed that having an undetectable viral load means treatment is working well (up from 86% last year)

+ **72%** agreed that having an undetectable viral load means a person is not infectious (down from 74% last year)

Key populations (KPs)

At public health facilities, KPs are often treated very poorly by clinic staff. 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. Only 40% of gay, bisexual, and other men who have sex with men said staff are always friendly, only 24% of people who use drugs, only 48% of sex workers, and only 47% of trans* people — and the majority of key populations interviewed did not feel safe or comfortable at the facility. Some people had also been denied services altogether: including 10% of gay, bisexual, and other men who have sex with men, 26% of people who use drugs, 11% of sex workers, and 13% of trans* people. For key populations who do continue to suffer the hostility of using the public healthcare system, key services remain out of reach.

- + **Only 40%** of gay, bisexual, or another man who has sex with men (GBMSM) say that clinic staff are always friendly and professional
- + **Only 18%** of sex workers feel very safe at the facility
- + **26% refused access** to health services because they use drugs
- + **34%** of trans* people say that privacy is not well respected at the facility
- + **Only 40%** of facilities monitored had lubricants available
- + **Only 22%** of people who use drugs given information about accessing methadone at facilities
- + **Only 27%** of GBMSM report being offered PrEP at the facility
- + **65%** of trans* people want hormone therapy to be available at facilities
- + **Only 56%** of sex workers would feel comfortable accessing post-violence services at the facility

Infrastructure & cleanliness

Only 56% of facilities have a generator that is working and has fuel — this means during loadshedding that 49% of sites face challenges in finding files in dark filing rooms, extending waiting times, and data capturers at 53% of sites are unable to capture information. 79% of facilities reported needing more space, worsening from 71% last year — with waiting space, filing space, and rooms for medical care given as the most common things facilities needed extra space for. On overall cleanliness, 66% of public healthcare users reported that facilities were very clean/clean. However, 11% reported that facilities were very dirty/dirty.

- + **Only 56%** of facilities have a generator that is working and has fuel
- + **79%** of facilities need some additional space (up from 71% last year)
- + **11%** 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. 29% of facilities still trace all contacts regardless of reports of violence. The Mpumalanga Department of Health, Broadreach, and Right to 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.

- + **87% of PLHIV** were told they were allowed to refuse to give the names of their sexual partners for index testing (up from 86% last year)
- + **88% of PLHIV** reported that they were asked about the risk of violence from their partner (down from 98% last year)
- + **29% of facilities** trace all contacts regardless of reports of violence (no change from 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
- + **21 facilities** scored yellow status, following about half of the best practice measures for infection control
- + **22 facilities** surveyed failed altogether at meeting the six basic best practices to stop the spread of TB