

# Free State

# State of Health

# 3rd Edition Report Summary



This is the third edition of the State of Health report for the Free State; the first was published in September 2021, and the second in September 2022. Data in this report were collected between April and June 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 **21 facilities in the province**. There is **additional data related to the availability of HIV prevention tools from a snap survey of 84 additional facilities**, as well as **data collected through interviews with 1,010 key populations in the community**.

## Staff shortages

Only 10% of facilities reported there were enough clinical and/or non-clinical staff — worsening from 20% last year. 50% of facilities blamed too few open positions on the shortages, while 39% blamed unfilled vacancies. While up from 11% last year, this year of 1,092 public healthcare users, only 12% said there was always enough staff to meet the needs of public healthcare users. 65% of facilities specifically wanted additional clinical staff from PEPFAR district support partner in the province — Right to Care and Wits RHI.

+ **Only 10%** of facilities say there are enough clinical/non-clinical staff (20% last year)

+ **Only 12%** of public healthcare users say there are always enough staff (16% last year)

## Waiting times

While waiting times have reduced over the last year, on average people still spend 5:27 hours waiting in the facility — and the average waiting time was over 4 hours at 86% of facilities monitored, even exceeding 6 or 7 hours at some. Too many people still spend many hours at each visit which is a major source of dissatisfaction. 80% of people reported long waiting times — with 41% blaming staff shortages, 47% blaming staff not working/working slowly, and 61% blaming disorganised filing systems. The Free State is performing worst on waiting times across all provinces monitored by Ritshidze.

The average earliest arrival time has marginally improved (from 5:31am last year to 5:27am this year), however some people still begin queuing early in the morning, in an attempt to get seen more quickly. 80% of facilities have an average arrival time of before 6am. Of 604 people who arrived before the facility opened, while an improvement from 65% last year, still 30% reported feeling unsafe/very unsafe while waiting for the facility to be open

+ **4:42 hours** was the average waiting time after the facility opens (4:31 hrs last year)

+ **30%** of people felt very unsafe/unsafe waiting for the clinic to open (65% last year)

## ARV collection

One strategy to reduce waiting times and ease congestion is for people who are just collecting medicines to get a longer supply of medication. This simply means less trips back to the clinic. Unfortunately only 3% of people living with HIV we spoke to had gotten a 3-6 month ART refill — compared to 64% in Mpumalanga, the best performing province, and 80% in other PEPFAR supported countries. Again, the Free State was the worst performing province on this indicator.

Another strategy is to go straight to a pick-up point to collect ARVs. Yet 41% 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, 63% said they had never even been offered the option to collect from a pick-up point — and 55% wish they could collect their ARVs closer to home.

- + **Only 3% of PLHIV** received 3-6 months supply (13% last year)
- + **55% of PLHIV** would like to collect ARVs closer to home (66% last year)
- + **41% of PLHIV** said they must collect files, take vitals, and see a clinician before getting their ARVs from a facility pick-up point
- + **63% of PLHIV** said they had never been offered the option to use a pick-up point

## ART continuity

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. While an improvement from last year, still only 54% of people thought that clinic staff were always friendly and professional. While 61% of people said that staff were welcoming when they came to collect ARVs if they missed a visit, 31% said they were sent to the back of the queue.

In the last year 359 people told us they had been denied services because they did not have a transfer letter — something that is not required to start or restart your ARVs, and 529 people had been denied services without an identity document.

- + **Only 54%** of people think staff are always friendly and professional (41% last year)
- + **61%** of people say they are welcomed back if they miss an appointment (37% last year)

## 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, there remain significant gaps in knowledge and treatment literacy. Of the 515 people living with HIV surveyed, 85% had received a viral load test in the last year, yet only 77% reported that they knew their viral load. There has been an improvement from last year, however still only 83% of people understood that having an undetectable viral load means treatment is working well — and only 76% understood that having an undetectable viral load means a person cannot transmit HIV. There remain gaps in knowledge and treatment literacy.

- + **84%** of PLHIV said a health worker explained viral load test results (78% last year)
- + **83%** agreed an undetectable viral load means treatment is working well (76% last year)
- + **76%** agreed an undetectable viral load means a person cannot transmit HIV (57% last year)

### Key populations (KPs)

At public health facilities, KPs are often treated very poorly by clinic staff. In fact, a lack of friendly, safe, and confidential services was the biggest reason for people for stopping going to the clinic altogether, including 11% of gay, bisexual, and other men who have sex with men (GBMSM), 18% of people who use drugs, 15% of sex workers, and 12% of trans\* people we interviewed.

For key populations who do continue to suffer the hostility of using the public healthcare system, key services often remain out of reach. Only 4% of people who use drugs were offered information about where they could get new needles, only 10% were given information on where to get methadone, and only 3% able to get drug dependence support. While only 52% of trans\* people say facility staff are respectful of their gender identity (77% said that healthcare providers use their wrong names and 54% said they use their wrong pronouns) — and 33% of trans\* people said facilities had no knowledge of hormone therapy at all.

Positively, last year the Free State health department committed to ensure condom and lubricants were available in all sites, and that PrEP would be offered to all key populations. While up from 23% last year, lubricants were still only found to be freely available in 45% of the 104 facilities monitored. Positively many more sites were actively offering PrEP to key populations including 70% actively offering to GBMSM (up from 25% last year), 64% to people who use drugs (up from 15% last year), 72% to sex workers (up from 30% last year), and 65% to trans\* people (up from 25% last year). While there has been an improvement, there is still a way to go to ensure widespread availability of HIV prevention tools.

- + **0** PEPFAR supported drop-in centres in Free State
- + **Only 43%** of people who use drugs say that clinic staff are always friendly and professional
- + **Only 14%** of trans\* people feel very safe at the facility
- + **Only 10%** of gay, bisexual, and other men who have sex with men (GBMSM) feel very comfortable at the facility
- + **10% refused access** to health services because they use drugs
- + **10% stopped accessing healthcare** because the facility refused to give them services because they are a sex worker
- + **45%** of facilities monitored had lubricants available
- + **65%** of sites offer trans\* people PrEP
- + **Only 2%** of people who use drugs could access drug dependence support at facilities
- + **65%** of trans\* people wanted hormones at facilities
- + **Only 57%** of GBMSM comfortable to access post-violence services at the facility

## Infrastructure & cleanliness

0% of facilities have a generator that is working and has fuel — this means during loadshedding that 75% of sites face challenges in finding files in dark filing rooms, extending waiting times, and data capturers at 95% of sites are unable to capture information. 90% of facilities reported needing more space — with waiting space and filing space given as the most common things facilities needed extra space for. On overall cleanliness, only 47% of public healthcare users reported that facilities were very clean/clean. However, 20% reported that facilities were very dirty/dirty.

+ **0%** of facilities have a generator that is working and has fuel

+ **90%** of facilities need some additional space (90% last year)

+ **20%** of public healthcare users reported that facilities were very dirty/dirty (25% last year)

## 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. 25% of facilities still trace all contacts regardless of reports of violence. The Free State Department of Health, Right to Care, 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.

+ **56% of PLHIV** were told they could refuse to give names for index testing (64% last year)

+ **61% of PLHIV** were asked about risk of violence from their partner (57% last year)

+ **25% of facilities** trace all contacts regardless of reported violence (30% 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

+ **0 facilities** scored yellow status, following about half of the best practice measures

+ **20 facilities** failed altogether at meeting the best practices to stop the spread of TB