

Eastern Cape

State of Health

3rd Edition Report Summary



This is the third edition of the State of Health report for the Eastern Cape; the first was published in September 2021, and the second in September 2022. Data in this report were collected between July and August 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 **46 facilities in the province**, as well as **data collected through interviews with 1,607 key populations in the community**.

Staff shortages

Only 13% of facilities reported there were enough clinical and/or non-clinical staff — slightly worsening from 14% last year. 20% of facilities blamed too few open positions on the shortages, while 48% blamed unfilled vacancies. While up from 21% last year, this year of 2,507 public healthcare users, only 32% said there was always enough staff to meet the needs of public healthcare users. 55% of facilities specifically wanted additional clinical staff from PEPFAR district support partner in the province — MatCH and TB HIV Care.

+ **Only 13%** of facilities say there are enough clinical/non-clinical staff (14% last year)

+ **Only 32%** of public healthcare users say there are always enough staff (21% last year)

Waiting times

Despite ongoing staffing challenges, positively average waiting times have reduced in the last year in facilities monitored, from 3:59 hours down to an average of 3:14 hours waiting in the facility (including time before the facility opens), and 2:58 hours waiting after the facility opens. However, 55% of public healthcare users still thought the waiting times at the facility are long — with 63% blaming staff shortages, 34% blaming staff not working or working slowly, and 18% blaming disorganised filing systems.

The average earliest arrival time has improved slightly (from 6:11am last year to 6:18am this year), however, some people interviewed still begin queuing early in the morning before clinics open, in an attempt to get seen more quickly. 44 facilities have an average arrival time before 7am, 23% of which have an average arrival time before 6am. Of 825 people who arrived before the facility opened, 22% reported feeling unsafe/very unsafe while waiting for the facility to be open (down from 45% last year).

+ **2:58 hours** was the average waiting time after the facility opens (3:47 hrs last year)

+ **22%** of people felt very unsafe/unsafe waiting for the clinic to open (45% 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. Positively the number of people reporting a 3 to 6 month ART refill has increased this year, up to 46%. While this is a welcome improvement, compared to 71% in Mpumalanga, and 80% in other PEPFAR supported countries, the Eastern Cape is still lagging behind. Some districts like Buffalo City and Amathole are performing the best in the country, while others have fallen far behind.

Another strategy is to go straight to a pick-up point to collect ARVs. Yet 70% 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, 59% said they had never even been offered the option to collect from a pick-up point — and 49% wish they could collect their ARVs closer to home.

+ **46% of PLHIV** received 3-6 months supply (38% last year)

+ **49% of PLHIV** would like to collect ARVs closer to home (53% last year)

+ **70% of PLHIV** said they must collect files, take vitals, and see a clinician before getting their ARVs from a facility pick-up point

+ **59% 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. Positively there has been a stark improvement in people at the facility reporting that staff are always friendly and professional, up from 55% last year to 74% this year. Staff attitudes have been steadily improving in the province over time as reported by public healthcare users. However, there are also still reports of people living with HIV being shouted at or sent to the back of the queue if they miss an appointment, which goes against protocols outlined in National ART guidelines

Additionally, in the last year a staggering 503 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 294 people had been denied services without an identity document.

+ **74%** of people think staff are always friendly and professional (55% last year)

+ **31%** of people say they are welcomed back if they miss an appointment (27% 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 1,386 people living with HIV surveyed, 94% had received a viral load test in the last year, yet only 80% reported that they knew their viral load. This year 87% understood that having an undetectable viral load means treatment is working well, and 85% understood that having an undetectable viral load means a person cannot transmit HIV. There remain some gaps in knowledge around treatment literacy.

- + **85%** of PLHIV said a health worker explained viral load test results (91% last year)
- + **87%** agreed an undetectable viral load means treatment is working well (89% last year)
- + **85%** agreed an undetectable viral load means a person cannot transmit HIV (85% last year)

Key populations (KPs)

Most key populations interviewed in the Eastern Cape used public health facilities to get health services, but only 33% of gay, bisexual, and other men who have sex with men said staff are always friendly, only 16% of people who use drugs, only 23% of sex workers, and only 45% of trans people. The majority of key populations interviewed did not feel safe or comfortable at the facility, and many reported major privacy violations. Significant numbers of people we interviewed also reported being refused access to services in the last year because of being someone who uses drugs, is a sex worker, or is a part of the LGBTQIA+ community — including 4% of gay, bisexual, and other men who have sex with men, 20% of people who use drugs, 25% of sex workers, and 21% of trans people interviewed.

On top of hostile staff, important services for key populations remain limited or completely out of reach. Lubricants are only freely available in 20% of facilities monitored, and in those sites too often they are only put in waiting rooms and near receptions, putting people off taking them. While PrEP is available at 100% of sites monitored, far fewer facilities actually prioritise offering it to key populations who could benefit.

Widespread access to harm reduction services (like methadone and unused needles) or gender affirming care (including hormones) remain outside the reach of most of the people they are meant to serve. Only 3% of people who use drugs had been offered information about where they could get new needles and only 4% had been given information on where to get methadone. 55% of trans people said that clinic staff use their wrong names, 74% said they use their wrong pronouns, and 84% said facilities had no knowledge of hormone therapy at all.

- + **Only 16%** of people who use drugs say that clinic staff are always friendly and professional
- + **Only 8%** of trans people feel very safe at the facility
- + **Only 7%** of gay, bisexual, and other men who have sex with men (GBMSM) feel very comfortable at the facility
- + **25% refused access** to health services because they are a sex worker
- + **Only 20%** of facilities monitored had lubricants available
- + **Only 30%** of sites actively offer people who use drugs PrEP
- + **Only 21%** of trans people had been offered PrEP
- + **Only 4%** of people who use drugs got information on methadone
- + **66%** of trans people wanted hormones at facilities
- + **Only 51%** of sex workers felt comfortable accessing post-violence services at the facility

Infrastructure & cleanliness

Only 39% of facilities have a generator that is working and has fuel — this means during loadshedding that 41% of sites face challenges in finding files in dark filing rooms, extending waiting times, and data capturers at 65% of sites are unable to capture information. 89% of facilities reported needing more space — with waiting space, filing space, and private HIV counselling & testing given as the most common things facilities needed extra space for. On overall cleanliness, 74% of public healthcare users reported that facilities were very clean/clean, and 4% reported that facilities were very dirty/dirty.

+ **39%** of facilities have a generator that is working and has fuel

+ **89%** of facilities need some additional space (93% last year)

+ **4%** of public healthcare users reported that facilities were very dirty/dirty (11% 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. 38% of facilities still trace all contacts regardless of reports of violence. The Eastern Cape Department of Health, MatCH, and TB HIV 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.

+ **83% of PLHIV** were told they could refuse to participate (75% last year)

+ **80% of PLHIV** were asked about risk of violence from their partner (75% last year)

+ **38% of facilities** trace all contacts regardless of reported violence (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. The situation in the province has worsened considerably since last year.

+ **0 facilities** were awarded green status for checking all six measures

+ **19 facilities** scored yellow status, following about half of the best practice measures

+ **27 facilities** failed altogether at meeting the best practices to stop the spread of TB