

Gauteng

State of Health

4th Edition Report Summary



This is the fourth edition of the State of Health report for Gauteng; the first was published in December 2021, the second in November 2021, and the third in January 2023¹. 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 **128 facilities in the province**, as well as **data collected through interviews with 1,651 key populations in the community**.

Staff shortages

Only 19% of facilities reported there were enough clinical and/or non-clinical staff. 28% of facilities blamed too few open positions on the shortages, while 33% blamed unfilled vacancies. In this reporting period, there were still 385 open vacancies in the province (down from 561 last year). Of 6,611 public healthcare users, only 42% said there was always enough staff to meet the needs of public healthcare users. 72% of facilities specifically wanted additional clinical staff from PEPFAR district support partners (DSPs) in the province — Anova and Wits RHI.

+ **19%** of facilities say there are enough clinical/non-clinical staff (25% last year)

+ **42%** of public healthcare users say there are always enough staff (43% last year)

Waiting times

Despite staffing challenges, positively average waiting times have reduced in the last year in facilities monitored, from 3:54 hours down to an average of 3:20 hours waiting in the facility (including time before the facility opens), and 3:04 hours waiting after the facility opens. However, waiting times were over three hours at 79 sites and 45% of people still reported long waiting times — 42% blaming staff shortages, 41% blaming staff not working/working slowly, and 32% blaming disorganised filing systems.

The average earliest arrival time has improved slightly (from 5:42am last year to 6am this year), however, some people interviewed still begin queuing early in the morning before clinics open, in an attempt to get seen more quickly. 94% of facilities have an average arrival time before 7am, 59% before 6am, and 5% before 5am. Of 2,624 people who arrived before the facility opened, 24% reported feeling unsafe/very unsafe while waiting for the facility to be open (down from 31% last year).

+ **3:04 hours** was the average waiting time after the facility opens (3:35 hrs last year)

+ **24%** of people felt very unsafe/unsafe waiting for the clinic to open (31% last year)

¹ Ritshidze State of Health reports available at: <https://ritshidze.org.za/category/resources/>

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 3-6 month ART refill has increased this year, up to 56%. While this is a welcome improvement, compared to 71% in Mpumalanga, and 80% in other PEPFAR supported countries, Gauteng is still far behind.

Another strategy is to go straight to a pick-up point to collect ARVs. Yet 66% 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, 54% said they had never even been offered the option to collect from a pick-up point — and 20% wish they could collect their ARVs closer to home.

- + **56% of PLHIV** received 3-6 months supply (46% last year)
- + **20% of PLHIV** would like to collect ARVs closer to home (27% last year)
- + **66% of PLHIV** said they must collect files, take vitals, and see a clinician before getting their ARVs from a facility pick-up point
- + **54% 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. Only 65% of public healthcare users thought that clinic staff were always friendly and professional.

Only 35% of people living with HIV who had missed appointments said staff welcomed them back the next time they returned to the facility, and 21% said they were sent to the back of the queue. This goes against ART guidelines that clearly say that no punitive action is allowed for a late or missed appointment. Additionally, in the last year 338 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 878 people had been denied services without an identity document.

- + **65%** of people think staff are always friendly and professional (65% last year)
- + **35%** 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. Positively, of the 3,414 people living with HIV surveyed, 93% had received a viral load test in the last year, and 84% reported that they knew their viral load. This year 86% understood that having an undetectable viral load means treatment is working well, and 75% understood that having an undetectable viral load means a person cannot transmit HIV. There remain some gaps in knowledge around treatment literacy.

- + **93%** of PLHIV said a health worker explained viral load test results (91% last year)
- + **86%** agreed an undetectable viral load means treatment is working well (85% last year)
- + **75%** agreed an undetectable viral load means a person cannot transmit HIV (68% last year)

Key populations (KPs)

Most key populations interviewed in Gauteng used public health facilities to get health services, but only 42% of gay, bisexual, and other men who have sex with men (GBMSM), only 28% of people who use drugs, only 61% of sex workers, and only 47% of trans people said staff are always friendly. The majority did not feel safe or comfortable at the facility — and 44% of GBMSM, 44% of people who use drugs, 30% of sex workers, and 40% of trans people did not think privacy is well respected at clinics. 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 10% of GBMSM, 23% of people who use drugs, 8% of sex workers, and 6% of trans people we spoke to.

On top of hostile staff, important services for key populations remain limited or completely out of reach. Lubricants are only freely available in 17% of facilities monitored, and in those sites too often they are only put in waiting rooms and near receptions, putting people off taking them. Positively there has been an increase in sites offering PrEP to key populations, but all sites must ensure that everyone who could benefit from PrEP, is actively offered it. 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 9% of people who use drugs were offered information about where they could get new needles and only 17% were given information on where to get methadone. While 32% of trans people said that clinic staff use their wrong names, 76% said they use their wrong pronouns. 61% wish they could access hormone therapy at their local clinic.

- + **Only 28%** of people who use drugs say that clinic staff are always friendly
- + **Only 25%** of GBMSM feel very safe at the facility
- + **Only 28%** of trans people feel very comfortable at the facility
- + **30%** of sex workers think privacy is not well respected at the facility
- + **23% refused access** to health services because they use drugs
- + **Only 17%** of facilities monitored had lubricants freely available
- + **57%** of sites actively offer trans people PrEP
- + **Only 26%** of sex workers had been offered PrEP
- + **Only 17%** of people who use drugs got information on methadone
- + **61%** of trans people wanted hormones at facilities
- + **Only 27%** of GBMSM think clinic staff are well trained to provide post-violence services

Infrastructure & cleanliness

63% of facilities have a generator that is working and has fuel — however still 47% of sites face challenges in finding files in dark filing rooms during loadshedding, extending waiting times, and data capturers at 54% of sites are unable to capture information. 68% of facilities reported needing more space — with waiting space, rooms for medical care, filing space, and storage given as the most common things facilities needed extra space for. On overall cleanliness, 68% of public healthcare users reported that facilities were very clean/clean, and 7% reported that facilities were very dirty/dirty.

+ **63%** of facilities have a generator that is working and has fuel

+ **68%** of facilities need some additional space (79% last year)

+ **7%** of public healthcare users reported that facilities were very dirty/dirty (8% 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. 88% of people living with HIV reported they could refuse to participate and only 82% were asked about risk of violence. 47% of facilities still trace all contacts regardless of reports of violence. The Gauteng Department of Health, Anova, 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.

+ **88%** of PLHIV were told they could refuse to participate (81% last year)

+ **82%** of PLHIV were asked about risk of violence from their partner (74% last year)

+ **47%** of facilities trace all contacts regardless of reported violence (41% 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.

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

+ **33 facilities** scored yellow status, following about half of the best practice measures

+ **95 facilities** failed altogether at meeting the best practices to stop the spread of TB