

Media alert: 4th edition Ritshidze report reveals shorter waits & better HIV services — but key populations still face abuse & discrimination

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26 November 2024, 10am	Ritshidze Community Meeting for KwaZulu-Natal	Umlazi
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Sign up for live stream: bit.ly/RitshidzeKwaZulu2024

On 26 September 2024, Ritshidze will launch a detailed report into the state of the public healthcare system in KwaZulu-Natal. Overall it is clear that KwaZulu-Natal is outperforming other provinces across several Ritshidze indicators — however there is still room for improvement in scaling up 3 month supply of ARVs, getting more people into pick-up points, and ensuring lubricants are made available. Critically there must also be a drastic improvement in the friendliness and availability of services for members of key populations.

The report will be presented to the KwaZulu-Natal health department, district health departments & other duty bearers at a community meeting in Umlazi. We will also hear the real experiences of people living with HIV, the LGBTQIA+ community, sex workers, people who use drugs, & other public healthcare users accessing healthcare in the province.

This is the fourth edition of the annual KwaZulu-Natal State of Health report. Data in this report were collected between July and August 2024 at 129 facilities in the province (65 in eThekweni, 11 in King Cetshwayo, 14 in Ugu, 14 in uMgungundlovu, 15 in uThukela, and 10 in Zululand). Surveys were carried out with 7,184 public healthcare users at the facility and 2,992 members of key populations in the community. **The embargoed State of Health report is available upon request.**

Key issues found include:

- + **Unfriendly services to members of key populations:** While positively 80% of public healthcare users said staff are always friendly — in contrast only 20% of trans people, 19% of people who use drugs, 18% of gay, bisexual, and other men who have sex with men (GBMSM), and 14% of sex workers thought they were. Most members of key populations surveyed did not feel safe or comfortable at the facility — with many reporting major privacy violations.
- + **Denial of services:** 6% of sex workers, 10% of trans people, 11% of GBMSM, and 37% of people who use drugs we surveyed had been denied services in the last year. Of those who had been denied services, 36% of trans people, 70% of people who use drugs, 81% of GBMSM, and 88% of sex workers reported they never ended up getting the services they needed. 14% of people who use drugs also reported having been denied access to their ARVs in the last year — often in the face of longstanding and unfounded myths around the inclusion of ARVs in nyaope.
- + **72% getting 3 month supply of ARVs:** More people living with HIV reported getting a 3 month supply of ARVs this year, up to 72%. Getting a 3 month supply of ARVs is the new standard of care. This means people living with HIV have to go to the clinic less often, making it easier to collect ARVs and also reducing congestion at clinics. While this is a welcome improvement in the province, we do expect this to be closer to 85%-90% by now.
- + **Shorter waiting times, but variation across districts:** KwaZulu-Natal continues to have the shortest waiting times out of all provinces monitored by Ritshidze — at 2:23 hours. The average waiting time was under 2 hours in King Cetshwayo, Zululand, and uThukela. In order to bring the provincial average down further, the health department should focus on districts and facilities with longer waits, including in Ugu where it is over 3 hours.

- + **More people could be using pick-up points:** Positively 75% of people reported using pick-up points. Yet 24% still continue to collect through standard medicine dispensing, having to consult with a clinician at the facility to get rescripted on each visit. 25% had never been offered the option to use a pick-up point or club — and 37% of all people living with HIV surveyed said that they would like to collect ARVs closer to their home if it were possible.
- + **Good treatment literacy, with some room for improvement:** The province also scored highly on ensuring people taking ARVs understand the benefits of taking their pills every day. 92% of those surveyed understood that having an undetectable viral load means treatment is working well — and 84% understood that having an undetectable viral load means a person cannot transmit HIV. The health department should focus on facilities and districts with lower results to ensure that everyone understands these benefits.
- + **Lack of availability of lubricants:** Despite being a basic HIV prevention tool, only 50% of clinics monitored had lubricant freely available. For those who did ask for lubricants, some people were not given as much as they needed and others were met with disrespect.

Ritshidze is a programme of the PLHIV Sector made up of the Treatment Action Campaign (TAC), 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+).

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