

Understanding gaps in implementation of national HIV policies in South African public health facilities using Ritshidze community-led monitoring data



Anele Yawa¹, Ndivhuwo Rambau², Simphiwe Xaba^{2,3}, Ngqabutho Mpofu¹, Lotti Rutter⁴, Elise Lankiewicz⁵

¹ Treatment Action Campaign, Johannesburg, South Africa, ² Ritshidze, Johannesburg, South Africa, ³ SANERELA+, Johannesburg, South Africa, ⁴ Health GAP, New York, United States, ⁵ amfAR, The Foundation for AIDS Research, Public Policy Office, Washington, United States

Background

- South Africa has exceptionally progressive HIV policy, leading globally in alignment of policy with international standards. Specifically, South African HIV policies and guidelines incorporate **human-rights and people-centered approaches to healthcare**, a critical strategy for closing retention and viral suppression gaps.
- Traditional service delivery monitoring fails to capture whether these policies and guidelines are being implemented especially those aspects of policy related to:
 - ❖ **Friendliness**
 - ❖ **Rights and safety**
 - ❖ **Convenience**

Objective

To use data from the Ritshidze Community-Led Monitoring (CLM) Project in South Africa to describe the extent to which quality of care aspects of policies are being implemented with fidelity across the country.

Methods

The Ritshidze Model:

- Ritshidze monitors over 400 public health facilities across eight provinces and 29 districts every 3-months. The facilities monitored by Ritshidze cover nearly half of all PLHIV on treatment in South Africa.
- The Ritshidze model consists of gathering evidence, analyzing the data, generating solutions, engaging with duty bearers, monitoring for changes, and undertaking advocacy where changes are not made.

This analysis:

- Community data monitors conducted electronic surveys at 402 PEPFAR-funded facilities in South Africa, surveying 7,654 public healthcare users (Table 1) from April 1, 2021 to June 30, 2021.
- CLM data from indicators on friendliness of staff (n=2), rights and safety (n=3), and convenience (n=2) were compared to HIV-related National Department of Health (NDOH) standards, charters, and guidelines to measure the extent to which public healthcare users reported adherence to national HIV policies. Results were reviewed at the national level as well as the provincial level.

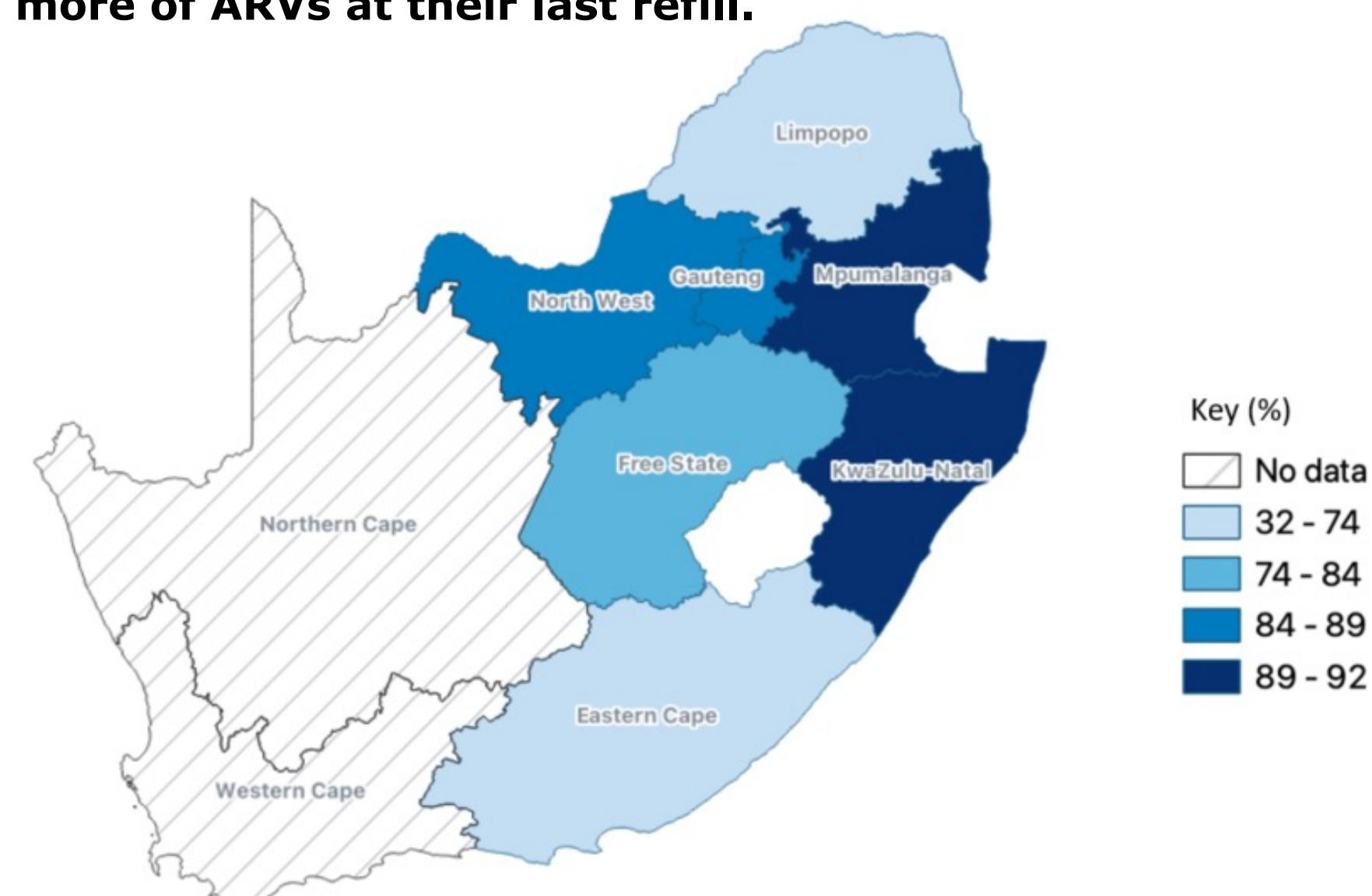
Table 1. Survey Respondent Demographics.

Demographics	n (%)
People living with HIV	6,677 (87.2%)
Age	
Under 18 years old	137 (1.8%)
18-25 years old	1,588 (20.8%)
Over 25 years old	5,893 (77.0%)
Don't know	8 (0.1%)
Gender	
Female	5,067 (66.2%)
Male	2,531 (33.1%)
Transgender	44 (0.6%)
Don't know	3 (0.04%)
Province	
Eastern Cape	965 (13%)
Free State	425 (6%)
Gauteng	2,338 (31%)
KwaZulu-Natal	2,335 (31%)
Limpopo	385 (5%)
Mpumalanga	861 (11%)
North West	345 (5%)
Western Cape	No data
Northern Cape	No data
Total respondents	7,654 (100%)

Results – Provincial Variation

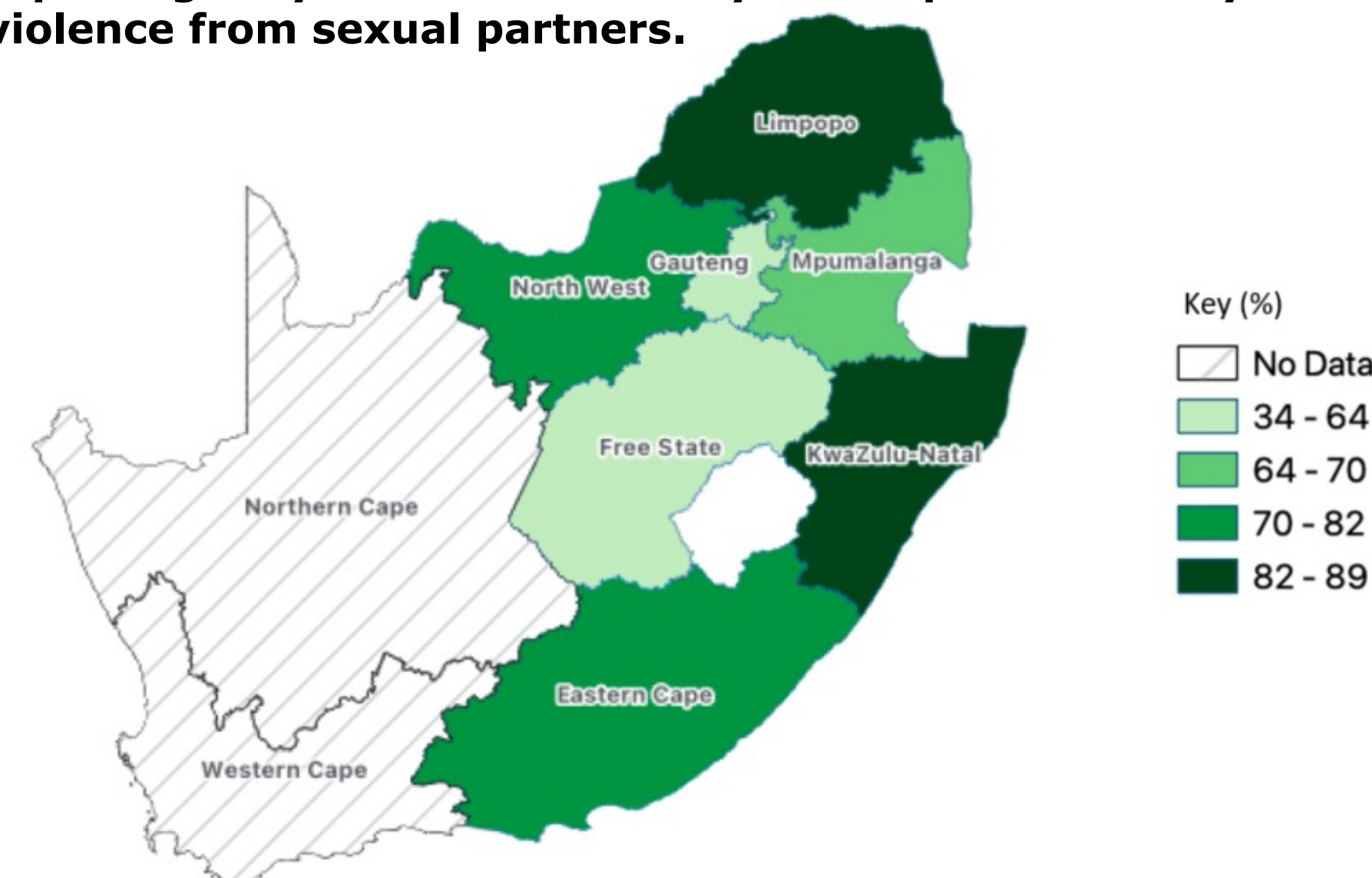
Indicators related to length of ARV refills and interpersonal violence (IPV) screening during index testing had the largest range of provincial values.

Figure 1. % respondents reporting receiving two months or more of ARVs at their last refill.



Increased ARV refill length improves convenience and was a critical policy adaptation made in response to the COVID-19 pandemic.

Figure 2. % of respondents who participated in index testing reporting they were asked if they had experienced any violence from sexual partners.



Standard Operating Procedure for HIV Index Testing Services dictates that *all* clients must be screened for intimate partner violence (IPV) as part of index testing – a case-finding strategy that involves soliciting names of partners from PLHIV for testing services.

Results – National Level

Table 2. Comparison of NDOH guidelines and CLM indicators.

Guideline (Source)	CLM Indicator	National (Provincial range)
Friendliness		
"All staff in the facility are welcoming, acknowledge it is normal to miss appointments and/or have treatment interruptions, support and empower patients to improve retention after re-engagement." (1)	% of PLHIV reporting staff are welcoming when they return to the facility after missing a visit	16% (4-25%)
"A positive disposition displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance." (2)	% of public healthcare users reporting staff are always friendly and professional	62% (51-72%)
Rights and Safety		
"Voluntary, freely, and no-coercive: The principles of human rights should be maintained. The index client may opt out of/withdraw from ITS at any stage without providing a reason and without punishment or denial of other services." (3)	Among public healthcare users reporting having participated in index testing, % reporting they were told they could refuse to give names	79% (64-92%)
"Conduct an intimate partner violence risk assessment for each named partner/child." (3)	Among public healthcare users reporting they have participated in index testing, % reporting they were asked if they had experienced any violence from their sexual partners	73% (56%-89%)
"Information concerning one's health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or an order of the court." (2)	% of PLHIV reporting they think the facility keeps people's HIV status confidential and private	90% (77-95%)
Convenience		
"Patients are attended to within an acceptable period of time and in accordance with their needs." (4)	% of public healthcare users reporting they don't consider the queue at the facility to be long	31% (22-36%)
"Implement 2-month minimum dispensing for all ART and TB patients across all facilities." (5)	% of public healthcare users reporting receiving two months or more of ARVs at their last refill	85% (54-92%)

Source:

- 1 Standard Operating Procedures: Minimum package of interventions to support linkage to care, adherence, and retention in care, 2020
- 2 The Patients Right Charter, 2019
- 3 Standard Operating Procedures for HIV Index Testing Services, 2020
- 4 National Core Standards, 2011
- 5 Response to reduce risk among HIV and TB patients within the context of the COVID-19 pandemic: The South African response to COVID-19, 2020

Conclusions

Key Takeaways

- Among reviewed indicators, Ritshidze data reveal implementation of policies related to friendliness and wait times are the farthest from meeting national standards.
- There is wide provincial variation in some aspects of national HIV policy implementation.
- CLM can capture quality of care information unique from other monitoring systems.

Key limitations:

- The sample is limited and specifically includes only PEPFAR supported public health facilities.

Moving forward:

- Tailored advocacy approaches are needed to address provincial variation in policy implementation. The NDOH should engage community, facility staff, and other duty bearers to continue to develop solutions at provincial, district, and facility levels.
- Aligning CLM indicators with aspects of HIV policy most relevant to community priorities presents critical opportunities for additional engagement with duty bearers during CLM advocacy efforts.

Acknowledgements:

We thank all the individuals who provided survey responses, the community monitors, and greater Ritshidze team for their data collection efforts.

Ritshidze is supported by UNAIDS, PEPFAR, USAID, and CDC.

The financial contributions of UNAIDS (and any other agencies as directed by UNAIDS) towards Ritshidze is gratefully acknowledged. However, its content and ideas expressed therein do not necessarily reflect the views and opinions of UNAIDS or engage the responsibility of UNAIDS.

Ritshidze is supported by Cooperative Agreement Number: GH002328 from the Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID) Cooperative Agreement Number: GH-IO-12-00001. Its content are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, United States Agency for International Development, the Department of Health and Human Services or the U.S. Government.

