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:
  - 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 PHLV 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, surveyming 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.

Results – National Level

Table 2. Comparison of NDOH guidelines and CLM indicators.

<table>
<thead>
<tr>
<th>Guideline (Source)</th>
<th>CLM Indicator</th>
<th>National (Provincial range)</th>
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</thead>
<tbody>
<tr>
<td>Rights and Safety</td>
<td></td>
<td>79% (64-92%)</td>
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<tr>
<td>Voluntary, free, and non-coercive</td>
<td>Among public healthcare users reporting having participated in index testing, % reporting they were told they could refuse to give names</td>
<td>73% (55-89%)</td>
</tr>
<tr>
<td>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.</td>
<td>Among public healthcare users reporting having participated in index testing, % reporting they were asked if they had experienced any violence from their sexual partners</td>
<td>50% (77-95%)</td>
</tr>
<tr>
<td>Implement 2-month minimum waiting for all ART and TB patients across all facilities.</td>
<td>Among public healthcare users reporting receiving two months or more of ARVs at their last visit</td>
<td>53% (54-92%)</td>
</tr>
</tbody>
</table>

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.

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 policy most relevant to community priorities presents critical opportunities for additional engagement with duty bearers during CLM advocacy efforts.

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