

Script:

Mia Malan, Bhekisisa editor-in-chief 00:18

You're watching Health Beat, Bhekisisa's monthly television show, I'm Mia Malan. The United Nations says men who have sex with men, sex workers, transgender people, injecting drug users & prisoners are groups of people particularly vulnerable to HIV.

These populations need health services the most, but because health workers tend to discriminate against them, it discourages them from using health facilities. The result is that they don't have adequate access to things like condoms, HIV prevention pills or antiretroviral treatment, making the virus spread.

If taken correctly, HIV prevention pills can almost wipe out someone's chances of contracting HIV through sex. And people who are HIV positive and take their ARVs regularly, cannot infect others, as the medicine reduces HIV in their bodies to levels too low to infect others.

Later in the show, I'll be speaking to the Treatment Action Campaign & the Health Department about how to change the system.

But first, journalists Mohale Moloi & Yolanda Mdzeke met two trans women who say a routine visit to a government health clinic can be a hostile experience.

Mohale Moloi (VO): 01:49

Viyonce Mabena is a trans woman. That means she was classified as male when she was born, but she identifies as a woman. She's often been misunderstood when going to government hospitals.

Viyonce Mabena – Data Capturer at the Aurum's Institute POP INN clinics.

02:03

In 2007, I was sick. I had a problem with my tonsils and I went to a public clinic. Then immediately when I arrived they greeted me with a smile. It was fine until I provided my ID document. Then when they open, they said, Oh, but you have a name for guys. Why does a lady, have a name for guys? I said, That's my bad name, there is nothing I can do about it. But you can call me Viyonce, then he started to laugh at me.

Mohale Moloi (VO): 02:42

The experience made her determined to change things for other trans people.

Viyonce Mabena – Data Capturer at the Aurum's Institute POP INN clinics.

02:46

Public health should be where we can run to and, you know, we are a community that is at high risk of getting HIV.

Mohale Moloi (VO): 02:59

Luyanda Mzimela has had similar horrible experiences. Using government clinics often makes her feel worse.

Luyanda Mzimela – Counsellor at the Aurum’s Institute POP INN clinics. 03:09

I felt like I was alienated. I felt like I was not human. I felt like you know...like you heard of human zoos that they had back then? I felt like one of those little girls or that African woman, there in European countries and they just look at me like I am an animal.

Mohale Moloi (VO): 03:33

Luyanda and Viyonce work at the Aurum’s Institute POP INN clinics in Gauteng. They make sure transgender people, and other groups with a higher chance of getting HIV feel safe.

Viyonce Mabena – Data Capturer at the Aurum’s Institute POP INN clinics.

03:44

Immediately when you get here you’re greeted with a smile. like It’s a lovely place to be. It’s a safe space, and you can talk about anything you can feel. Yeah, if public health can create a space where you feel like yourself, not pretending to be someone else.

Luyanda Mzimela – Counsellor at the Aurum’s Institute POP INN clinics. 04:09

It’s important so that people will come back and come back and get their medication. Especially the ones who are on ART which is ARVs, because we want to retain them, make sure that they’re healthy and their viral load is suppressed. And the ones on PrEP to not convert to being positive and for them to stay negative.

Mohale Moloi (VO): 04:30

HRT or hormone replacement therapy is a medication that helps transgender people develop physical traits closer to the gender they identify with. Problem is it’s not always available.

Luyanda Mzimela – Counsellor at the Aurum’s Institute POP INN clinics. 04:44

You might get to a clinic or hospital where they just don’t know what you’re talking about.

Mohale Moloi (VO): 04:51

They both know that attitudes aren’t going to change overnight. That’s why they give workshops at clinics and hospitals to educate staff about trans people.

Luyanda Mzimela – Counsellor at the Aurum’s Institute POP INN clinics. 05:00

We go around the province and we sensitise people in clinics and hospitals. Basically, from the gate to the general workers to the staff, nurses to the professional nurses and the doctors sometimes. So the whole clinic comes in.

Mohale Moloi (VO): 05:21

Despite how she's been treated, Viyonce believes that people can change if armed with the right information.

Viyonce Mabena – Data Capturer at the Aurum’s Institute POP INN clinics.

05:29

We shouldn't judge them, they are human, they're allowed to make mistakes. And if they are not educated about something, so why should we judge them? Perhaps if we give them education, then they can change. If you don't change it means something is wrong. It means you hate this community.

Mohale Moloi (VO): 05:52

At the end of the day, it's all about respect.

Luyanda Mzimela – Counsellor at the Aurum’s Institute POP INN clinics. 05:55

Don't focus on how I look or my aesthetics. Do I look androgynous? Am I wearing a skirt while I have a beard? Just treat what I'm here to ask for treatment for that's all.

A BREAK AT 6:10

STING AT 6:20

Mia Malan, Bhekisisa editor-in-chief 06:28

Facing discrimination in health facilities is not unique to transgender people.

Ritshidze, a group of organisations that represent people with HIV, recently surveyed 9-thousand people from population groups with high HIV infection rates.

Researchers asked them about their experiences at hospitals & clinics.

With me to discuss that feedback is one of the survey's authors, James Oladipo.

James Oladipo, Researcher at Ritshidze 07:03

Thank you for having me. Yes, we keep populations which include people who use drugs, sex workers, transgender people, and gay, bisexual and other men who have sex with men.

Mia Malan, Bhekisisa editor-in-chief 07:16

So if you were, for instance, a drug user, or transgender person were you refused care?

James Oladipo, Researcher at Ritshidze 07:23

Out of the people we interviewed, at least 12% of the interviewees were refused services. The highest number of people that were refused services were amongst people who use drugs. Next transgender people, there were about 9% of the trans people that we interviewed that were refused services. And the sad part is that the majority of those people that get turned back or refused access, never got services anywhere. So they end up just going home, or just leaving whatever issues that they went to the facility, to resolve.

Mia Malan, Bhekisisa editor-in-chief 07:59

We've spoken about health workers, but what about other staff at the hospitals? For instance, security guards, or porters? Did they discriminate against these populations as well?

James Oladipo, Researcher at Ritshidze 08:11

Clinical staff, the nurses, were top on the list of those that were being unprofessional and disrespectful to potential patients. But then coming after that is security guards, because you should know that security guards are the first point of call when people access the healthcare facility. So security guards and again, like you know, cleaners were also people that key populations found that they were discriminatory and disrespectful. You have issues like key populations, like trans people being denied access to bathrooms. Telling a trans woman that 'you're a man', 'you should go use the men's bathroom.'

Mia Malan, Bhekisisa editor-in-chief 08:49

If we look at the consequences of such treatment, what is the effect on those patients' willingness to then seek treatment after such an incident?

James Oladipo, Researcher at Ritshidze 09:00

We discovered that quite a lot of key populations also no longer access our care services anywhere. Which means they've disengaged from care, they do not access preventative services anywhere they've just decided not to go because they can no longer take such disrespectful and feeling unsafe in the health care facilities. Issues like that as some of the consequences or repercussions of this discrimination but also on a national level, this affects the HIV response. Because key population, the vulnerable people that are much at risk of HIV infection. If we leave the population behind, then we are losing in our fight against HIV.

Mia Malan, Bhekisisa editor-in-chief 09:54

James, let's move on to solutions. How do we fix this?

James Oladipo, Researcher at Ritshidze 09:58

Again this year we've asked that the national Department of Health establish two centres of excellence, two specialised clinics in each district per each key population group. So what this means is that a clinic where each key population can go to in their districts. Where they can get a full package of services that they would require. Also planned patient transport because we know districts are vast so there are issues around key population not being able to access this clinic.

Mia Malan, Bhekisisa editor-in-chief 10:34

James can you give us an idea if you say a full package of services, say for drug users or for transgender people, What would those packages look like?

James Oladipo, Researcher at Ritshidze 10:44

The response to a person that uses drugs is different to the response for a trans person or to a gay person. So for example, a trans person will need a clinic where they have access to contraceptives, access to hormonal therapy, access to counselling, access to, to post violence services in a space that is respectful, and non discriminatory. For a sex worker, they will need a facility that provides services like post violence services, contraceptives, post exposure prophylaxis, where they will get offered PrEP every time they go for HIV testing.

Mia Malan, Bhekisisa editor-in-chief 11:22

Do you think the health department has the resources to put those up?

James Oladipo, Researcher at Ritshidze 11:27

Well, based on the commitment or the presentation that we've listened to about the specialised clinics, there will be one specialised clinic in each district for all population groups. But we are saying that is not enough. Because you cannot train people and create services for every population group in one clinic. It is just too limited. And we would like to see at least two.

Mia Malan, Bhekisisa editor-in-chief 12:00

Talking about access, your study also found that over 60% of transgender people wanted to have access to human therapy. Is that available at government clinics Or is there a problem?

James Oladipo, Researcher at Ritshidze 12:15

Hormone therapy is not available in most healthcare facilities only in the bigger cities. So what our study found was that 63% of trans people wanted to access it and they would like to access it at their public health facilities, because then it's closer to them. It's where they go for their basic healthcare, so it would be ideal for them to be able to access it there. What we also found is that 43% were not even provided the information on where to access it.

Mia Malan, Bhekisisa editor-in-chief 12:46

James, thanks very much for your time today.

That was James Oladipo, one of the authors of Ritshidze's report on the state of the health care of key populations.

Mia Malan, Bhekisisa editor-in-chief 13:21

The Health department says it knows about the discrimination that populations with high HIV infection rates face in health facilities and has training programmes for health workers in place.

Joining me via Zoom to discuss how this training works is Dr Thato Chidarikire, the acting chief director of HIV programmes at the Health Department.

Who gives the training to health workers — the department or do you contract it out?

Dr Thato Chidarikire, Acting head of HIV programs at the national health department. 13:51

It's both. The health department has regional training centres. But a lot of our partners have training units. So most of the dissemination is through partners, but the Department of Health also does some training.

Mia Malan, Bhekisisa editor-in-chief 14:04

So if you could just break down this training for us, what is it that you teach health workers that leads to the change in their attitudes?

Dr Thato Chidarikire, Acting head of HIV programs at the national health department. 14:13

So we developed a curriculum. It's a training curriculum, and it has a participants manual and the facilitators manual. So it's a full curriculum. What we train on it is the first few chapters have an introduction to basic HIV, you know, symptoms, the basic information. And then as you move through, it actually starts talking about how to actually deal with clients, and especially key populations. Our different types of populations, we have our LGBTQ, we have our sex workers, we have our MSM. But basically to say, do you know the difference? Do you know if one says I'm presenting as MSM, do you know what that means? So that they know, you know how to respond as healthcare workers, and how to manage the situation.

Mia Malan, Bhekisisa editor-in-chief 15:07

Just to clarify, for our viewers, the MSM that Thato refers to is men who have sex with men.

Thato, let's apply this information that you've given to a specific example. Let's, for instance, say there is a doctor who sees a transgender patient, and argues that the transgender patient is just confused about the identity. What would you do to change

their attitude and treat the patient properly? What is it that you're gonna teach them specifically, so that they don't discriminate in that way?

Dr Thato Chidarikire, Acting head of HIV programs at the national health department. 15:43

So the first thing about this training curriculum is that it has video clips...[natural sound]

And it actually has individuals, alive individuals with experiences. We do have a chapter that talks to transgender persons. And we have an individual, a transgender person, who talks about their experience in the facility. For example, there's an individual who comes through, she's a trans woman. So she went into a facility for circumcision, because remember, trans women are categorised as men, and then is transitioning. So she comes through and the doctor says, "but we don't do that with women." So she has to now explain that I'm a trans woman, and explain what that is. So going through that is like then the doctor then goes out and another doctor comes in, you know how they will go in and out. It's basically in the curriculum itself. It is a very good example of somebody saying, almost like a doctor says, "come and experience what I'm experiencing," and she is there, and she's starting to get a service that she's starting to get.

Mia Malan, Bhekisisa editor-in-chief 16:58

Earlier in our programme, we spoke to an author of the Ritshidze state of the healthcare report for key populations. And one of the recommendations of that report was that the health department should have sent out by the end of February, a circular to all clinics that would explain that people coming from populations we've discussed, with high HIV infection rates, should never be refused healthcare at clinics. Have you done that?

Dr Thato Chidarikire, Acting head of HIV programs at the national health department. 17:29

I can confirm that the circular was signed, because I signed it. It was signed and sent out.

Mia Malan, Bhekisisa editor-in-chief 17:35

Have you had a chance to investigate any of these cases of discrimination that the researcher has told you about in the report?

Dr Thato Chidarikire, Acting head of HIV programs at the national health department. 17:40

So as a national department or within my office, we have not necessarily gone out to investigate, per se, because implementation goes on or happens at the district level within the provinces. That's where the investigations are supposed to go through. What we do is we follow up to look at what the challenges were, and whether the

challenges have been resolved. Especially the system's challenges, because that's where we have power. For example, if your report says there is no, there hasn't been any training or trained nurses, we will ensure that there is capacity building.

Mia Malan, Bhekisisa editor-in-chief 18:23

So if a worker is found guilty of discrimination against one of these groups, what would happen to them?

Dr Thato Chidarikire, Acting head of HIV programs at the national health department. 18:30

There will be, as we said, an investigation into the root cause, Because that's where we start to give an example of KZN Province, where we went to facilities and we would talk to health care workers and say, "what do you think about the training that is happening now?" And you would find that, a health care worker would say, "I did not understand the transition, because this kind of information is something that I was never exposed to." Or that judgement of a sex worker, or a man who has sex with men. That's what we are saying, "No, you don't judge because it's not even your job to judge." Not that anybody has a job of judging. But as a healthcare worker, that is not even part of anything. You give the services that you need to give, without any judgement.

Mia Malan, Bhekisisa editor-in-chief 19:21

Thato James Oladipo, who we spoke to earlier in this programme pointed out that many people, the majority of transgender people who they interviewed said that they wanted access to hormone therapy. But this therapy seems to only be available at large institutions in cities. And in rural clinics, they really struggle to access it. How can you change that?

Dr Thato Chidarikire, Acting head of HIV programs at the national health department. 19:49

This is a specialised therapy. And it's not the kind of therapy that you get over the counter. It's scheduled and it also needs psychosocial support. So that is why it's in specialised facilities like your tertiary hospitals. So what we may need to do, right now we are saying that we should bring services to the people. Just like our national strategic plan, our HIV plan actually says it's more kind of a community centred community lead. And as we move towards 2030, we want to ensure that every individual is brought into the services, into care: self care, even.

We would be able to move other interventions towards the communities. However, when one thinks about moving an intervention out of a clinic or hospital into the community, we need to be able to talk about the infrastructure, the training, how is that going to be done in a safe manner? So it is a work in progress. I'm not going to say it's never gonna happen, but it is work in progress.

Mia Malan, Bhekisisa editor-in-chief 20:59

Dr Thato Chidarikire from the health department, thanks very much for joining us.

Mia Malan, Bhekisisa editor-in-chief 21:11

We hope you found our show today interesting. Until next time, goodbye.

Credits

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