Predictors of Waiting Time at Public Health Facilities in South Africa: Evidence from Ritshidze's Community-Led Monitoring

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Background

- In South Africa, the knock-on effect of the staffing crisis is for people to, at times, wait many hours to be seen at public health facilities
- In South Africa, extensive waiting times contribute to critical HIV care gaps and dissatisfaction among people living with HIV.
- Spending an extended time at a facility increases the risk of a person interrupting treatment and/or disengaging from care.
- Better understanding of these factors may inform tailored responses for HIV prevention, testing and treatment delivery to improve experiences for service users.

Objective

- To evaluate data from the Ritshidze Community-Led Monitoring (CLM) Programme in South Africa to assess indicators related to waiting times at public health facilities.

Methods

The Ritshidze Model

- Ritshidze consists of community members gathering evidence on health service delivery and performing analyses, generating solutions, engaging with duty bearers, and leading advocacy for high-quality person-centered care.

Our Study

- Electronic surveys were administered to 62,040 service users at 456 public health facilities across 8 provinces from October 2022 to September 2023.
- We focused on questions related to waiting time, including staff availability, appointment system functionality, and open hours (n = 3).
- Descriptive statistics and multivariate linear regression models with indicators hypothesised to influence waiting time as well as facility-level and temporal effects were generated. Likelihood-ratio tests determined model fit.

Table 1. Respondent Demographics.

Demographics	n (%)
Age	
Under 18 Years Old	1,324 (2.1)
18-25 Years Old	8,979 (14.5)
Over 25 Years Old	51,518 (83.0)
Don't Know	117 (<1)
Province	
Eastern Cape	7,385 (11.9)
Free State	3,127 (5.0)
Gauteng	19,153 (30.9)
KwaZulu-Natal	21,013 (33.9)
Limpopo	1,607 (2.6)
Mpumalanga	6,107 (9.8)
North West	2,502 (4.03)
Western Cape	1,146 (1.8)
Northern Cape	-

Descriptive Results:

- **180 minutes was the median waiting time (IQR: 120-240).**
- 19% (n = 12,026) of public healthcare users claimed there was never enough staff at the facility to meet patient's needs.
- 8% (n = 4,998) of public healthcare users reported the appointment system was never functional.
- 26% (n = 16,177) of public healthcare users stated that the facility was not open for enough time to meet patient's needs.

Results

Table 2. Multivariate Linear Regression Models.

	Adjusted Coefficient[$] (SE)
Having Enough Staff	
Never vs. always	16.4*** (1.1)
Never vs. sometimes	9.6*** (0.9)
Function Appointment System	
Never vs. always	23.7*** (1.4)
Never vs. sometimes	5.6* (2.2)
Open Enough Hours	
Never vs. always	8.9*** (0.9)
Never vs. sometimes	2.4* (1.1)
Adjusted R Squared	0.365

[$]All regression models have fixed effects for time and facility. Each comparison is noted in parentheses. *p<0.05, **p<0.01, ***p<0.001

- On average, never versus always having enough staff was associated with a 16 minute increase in waiting time.
- On average, non-functional appointment systems were associated with a 24 minute increase in waiting time compared to those functioning.
- On average, facilities for which respondents reported the clinic was not open enough were associated with a 9 minute increase in waiting time.

Conclusions

Key Takeaways

- High quality care is fundamental to successfully achieving HIV-related outcomes and decreased waiting times will benefit public healthcare users.
- CLM offers perspectives on the day-to-day operations of public health facilities in South Africa.
- Attention is needed to reduce barriers such as staff shortages and non-functional appointment systems.
- Solutions such as reducing waiting times to under two hours, providing longer ARV refills (3 or 6 month supply), and decanting people to more convenient community based pick-up points closer to home, can all help reduce congestion in clinics.

Limitations

Ritshidze respondents are selected as a convenience sample, they are individuals currently at the health facility on the day of data collection. Accordingly, the results of this survey are applicable to our respondents only and not generalisable nationally.

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