

SOUTH AFRICA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, IOM, OHCHR

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team continued to play a critical role in ensuring access to HIV prevention, testing, treatment, and care services for vulnerable and key populations in South Africa. Partnerships with multiple civil society organizations and companies expanded HIV and other health services for men, workers in the mining sector, refugees, and asylum seekers from key population groups. A multifaceted, child-centred service delivery model was implemented, and follow-up of viral load blood samples from mothers and babies was strengthened. In addition, peer mentors were trained and deployed to improve the quality of paediatric treatment services. Efforts were also made to strengthen data generation, and reporting on HIV testing, treatment, and viral suppression; build capacity on use of data and strategic information at all levels; and implement community-led monitoring of HIV programmes. With the launch of a national plan on drug use and the roll out of a series of trainings, harm reduction services were expanded with active participation of civil society, including in prison settings. Finally, adolescent girls, young women, and traditional leaders were engaged to eliminate all forms of violence against women and girls and address harmful traditional practices and gender inequality.

HIV TESTING AND TREATMENT

In Free State and Gauteng provinces, the Joint Team collaborated with 35 civil society organizations to extend access to HIV testing and counselling (HTC), antiretroviral treatment (ART), sexually transmitted infections (STIs), and tuberculosis services to refugees and asylum seekers from key population groups, including sex workers and people from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community. Additionally, outreach initiatives targeting male clients of taverns reached 9000 people with HIV information and access to HTC and treatment services. Similarly, the Joint Team provided continuous technical support and guidance to the Masoyise Health Programme to facilitate access to HTC services and tuberculosis screening in 73 mining companies.

To improve the quality of paediatric treatment, the National Department of Health was supported in implementing the KidsAlive—a multicomponent and child-centred capacity building model. A total of 190 people, including programme managers and Residential Treatment Centre service providers from various parts of the country were trained on the KidsAlive model and oriented on the national and provincial matrix of interventions targeting children and adolescents living with HIV.

In 2021, Department of Social Development-led food supply programmes were supported by the Joint Team to provide nutritional assistance to 1400 households of vulnerable people, including people living with HIV, addressing the food insecurity that was threatening treatment adherence due to prioritization of food over treatment.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

To improve monitoring of prevention of mother-to-child transmission of HIV (PMTCT) services, 154 peer mentors were trained and deployed in 55 health facilities in four districts—Tshwane and Ekurhuleni in the Gauteng province, eThekweni district in Kwa-Zulu Natal province, and Sekhukhune district in Limpopo. Through this mother2mother (m2m) peer mentoring programme, 25 228 pregnant adolescent girls and young women were enrolled in the programme and received PMTCT, HIV testing, treatment, and counselling services to retain young mothers and their babies in care. Within the programme, the average HIV testing rate was at 97%, while ART initiation reached 95%.

In collaboration with the Wits Health Consortium, technical assistance was provided to the National Department of Health to strengthen the follow-up and more speedy collection of viral load blood samples from mothers and babies through an electronic gatekeeping system. In partnership with the National Health Laboratories System (NHLS), the Joint Team also provided continued support for the generation and dissemination of Results for Action (RfA) reports, thus improving access to real time clinical data on viral suppression needed to boost maternal and child health outcomes.

With the Joint Team's support, the national maternal, neonatal and child health COVID-19 guidelines, were revised incorporating recent evidence and clinical guidance on the prevention and management of COVID-19 in pregnant women and children. With the aim of further preventing HIV infection in mothers and children, the Medical Research Council (SA-MRC) was supported to complete an analysis of optimal models of pre-exposure prophylaxis (PrEP) to scale up the service among pregnant and breastfeeding women.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Guidelines for implementation of men's health programmes, external quality assurance tools for voluntary medical male circumcision (VMMC) and PrEP training framework for health care workers were developed to improve the quality of combination HIV prevention services for key populations and young people.

The Government was supported to finalize and launch the National Drug Master Plan 2020-2024 with the inclusion of harm reduction services, through active participation of civil society. The Joint Team conducted a series of webinars entitled Building Networks Behind Prison Walls to address drug use disorders and scale up drug dependence therapies in prisons. The webinars invigorated representatives from nongovernmental organizations (NGOs) and correctional and other facilities to exchange ideas, experiences, and best practices. In addition, guidance on COVID-19 prevention and control among people working and living in prison settings was developed and several regional webinars were conducted on the prevention and control of HIV, tuberculosis, viral hepatitis, and COVID-19 in prison settings.

To improve access to HIV prevention, care, and treatment services among key populations, condoms were distributed to female sex workers in brothels and other key locations. The Joint Team also supported the development and launch of the National Sex Worker Plan themed "*Decriminalise sex work – advance health and human rights NOW!*". In addition, the Sex Workers Education and Advocacy Taskforce (SWEAT) was assisted to provide psychosocial support to sex workers in Johannesburg. Referral pathways for psychosocial support were also established to serve host and refugee communities, including refugees from the LGBTI community.

In 2020-2021, the Joint Team continued to bridge sexual and reproductive health and rights (SRHR) and HIV knowledge through peer-led health promotion interventions in collaboration with local civil society organisations. As a result, 10 746 (7195 females and 3551 males) in migration-affected communities accessed SRHR and HIV information to help them make safe choices. In addition, to improve HIV services utilisation by migrant populations, sex workers and young people, a migration and health training programme was developed and reached 131 operational level in health and non-health facilities. This contributed to increased referral and linkage to care in the programme's implementation areas.

GENDER INEQUALITY AND GENDER-BASED VIOLENCE

In 2020-2021, the Joint Team continued to provide strategic support to South Africa's efforts towards reaching gender equality and elimination of gender-based violence (GBV). A total of 5000 adolescent girls and young women were supported to build resilience to HIV and GBV, empowering them to make their voice heard, create community agency, practice community governance, and participate in local elections.

The National House of Traditional Leaders was supported to launch the HeForShe initiative in traditional leadership institutions aimed at addressing harmful norms and practices encouraging GBV through dialogues—with a plan to cover all 882 national traditional councils in South Africa.

The Southern African Development Community Parliamentary Forum (SADC-PF) was assisted to organize consultation with various stakeholders, including SADC Lawyers Association, judges, and SADC Human Rights Commissioners on the Draft SADC Model Law on Gender Based Violence. The Model Law seeks to guide SADC Member States in enacting laws on GBV that are consistent with international human rights.

In partnership with the Callas Foundation, a pilot project was launched to scale up non-custodial measures for women in conflict with the law at Athlone Magistrate's Court, Western Cape. The aim of this pilot project is to explore the intersection between GBV and women in conflict with the law, taking into consideration how GBV may both escalate women's pathways to imprisonment and affect their social reintegration.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

To address the issues of human rights, stigma, and discrimination, the National AIDS Council (SANAC) Civil Sector Society Forum (CSF) was supported to implement the SANAC CSF Community-Based Measures Strategy for COVID-19. This enabled the CSF to employ various mass and social media tools to reach the most vulnerable populations, including people living with HIV and persons from the LGBTI community. For example, the Thusa Sechaba web platform and App was used to promote social cohesion and solidarity and tackle stigma in communities.

The Joint Team collaborated with the SANAC Legal and Human Rights Technical Working Group to facilitate inputs for the International Labour Organization's learning guide for the inclusion of people from the LGBTI community in the world of work aimed at fostering inclusive environment for this group. This effort sought to provide an opportunity for sharing observations, concerns, inputs, and recommendations on the learning guide, which is scheduled to be published in 2022.

INVESTMENT AND EFFICIENCY

The HIV investment case for South Africa was developed and the National AIDS Spending Assessment (NASA) was completed to improve allocative efficiency of domestic and external funding for the HIV response. Support was also provided for the establishment of the Private Sector Forum at the SANAC, including implementation of selected activities planned for 2021, thus strengthening private sector's response to HIV.

Technical assistance provided by the Joint Team resulted in a successful funding application to the Global Fund, which mobilized a record funding in the amount of about US\$ 537 million and US\$ 337 million for the national HIV and tuberculosis responses. The Joint Team also worked closely with PEPFAR to ensure sufficient funding and efficient implementation. To support the South Africa Government in its COVID response, the Joint Team supported the development and launching of a United Nations Flash Appeal that successfully raised US\$ 93 million.

The Joint Team provided technical assistance to the National Department of Health and partners to better use data and strategic information at all levels. For example, under the Operation Phuthuma, support was provided to strengthen HIV data systems, through capacity building on the use of real-time data for high volume clinics. In addition, technical support was provided by the Joint Team as part of the Ritshidze (Saving Our Lives) project, for the implementation of community-led monitoring of HIV services in 400 high-burden facilities. The Ritshidze project is led by people living with HIV and activists and has been used as a model for the development of similar projects in South Africa and beyond.

The Communities Matter web application was developed and launched contributing to data collection, geo mapping and profiling of families and households in need of humanitarian support, basic supplies, and chronic medication, due to exposure to a variety of human rights violations during the COVID-19 pandemic. This enabled the Civil Society Forum to mobilize community members; collect information; identify and respond to local needs and human rights issues, and drive advocacy. The Joint Team also continued to support the South African Business Coalition on Health and AIDS (SABCOHA) around data mapping and reporting, and provision of HTC services.

HIV AND HEALTH SERVICE INTEGRATION

To support HIV and health service integration, a digital health scoping review was completed, and an assessment initiated. In addition, the Western Cape province was supported in terms of digital health innovations. These efforts were aimed at supporting the country transform its primary care system to make it simpler and easier for patients to receive promotive, preventative, curative, palliative, and rehabilitative care, including persons living with HIV and active tuberculosis.

The Joint Team focused on health system strengthening through continued mentoring of health facilities on Adolescent and Youth Friendly Services in focal provinces, capacity building for healthcare providers on revised Family Planning guidelines, improving access to integrated HIV, GBV, and sexual and reproductive health (SRH) services and opening avenues for integration of SRH and reproductive rights, HIV and GBV services at the district level, and supporting better disaggregated district data collection and strengthened referral mechanisms at service delivery levels.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team directly contributes to Sustainable Development Goals (SDGs) 1, 3, 5, 10, 16 and 17. While the main contribution was made towards SDG 3 on health and the target on AIDS, the Joint Team's support continued to achieve SDG 5, 10 and 16 through specific interventions aimed at addressing gender inequality, GBV, human rights, stigma, and discrimination.

In line with the SDG target 5.6 to ensure universal access to SRH and reproductive rights for all, information briefs on the national assessment of family planning data, including indirect impacts of the COVID-19 pandemic on sexual, reproductive, maternal, and newborn health were developed and published to strengthen evidence needed to improve uptake of family planning service and choice of contraceptive methods. A desktop analysis on the effects of the COVID-19 pandemic on mental health of adolescents and young people was finalized.

The Joint Team's work to support under-privileged women and girls, members of the LGBTI community, refugees, and asylum seekers, especially in capacity building and addressing barriers to their inclusion in economic activities, contributed to SDG 1. Significant contributions were also made to the broader United Nations strategic partnership for the SDGs, in line with SDG 17.

CHALLENGES AND LESSONS LEARNED

Interruptions in service delivery due to the COVID-19 pandemic and the national lockdown resulted in decreased uptake of HIV services. Programme modalities had to be reviewed and some activities were reprogrammed to prioritize and support initiatives related to COVID-19 prevention. Many activities, including in-person outreach activities, were shifted to the virtual space during the second and third waves. The COVID-19 pandemic has further exposed programme gaps and added pressure on already existing challenges in programme planning, implementation, and monitoring.

Pandemic-related implementation delays affected some critical activities, such as the evaluation of the pregnant adolescent girls and young women peer mentor programmes, the scale up of post-natal clubs, and prioritization of interventions for pregnant adolescent girls and young women. Efforts will be made to highlight gaps in the PMTCT continuum particularly the growing number of infections during the post-natal period and advocate to increase the number of post-natal clubs as an intervention to address the poor retention in PMTCT programmes after delivery.

Civil unrest in July 2021 hindered people from key populations from accessing HIV prevention and treatment services. This is partly linked to a large-scale documentation challenge, as many people are unable to renew their documents or register as new arrivals.

Young people living in areas without access to internet connectivity and data are still left behind in terms of access to SRHR messages, and teenage pregnancy remains high despite the youth friendly facilities. Moreover, the needs of young people with disabilities need to be further considered in programming.

Lessons learned show the need for increased resources to scale up HIV prevention programmes, to guarantee availability of sustained services in all provinces, and to better reach young people, women, and key populations.

Report available on the
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