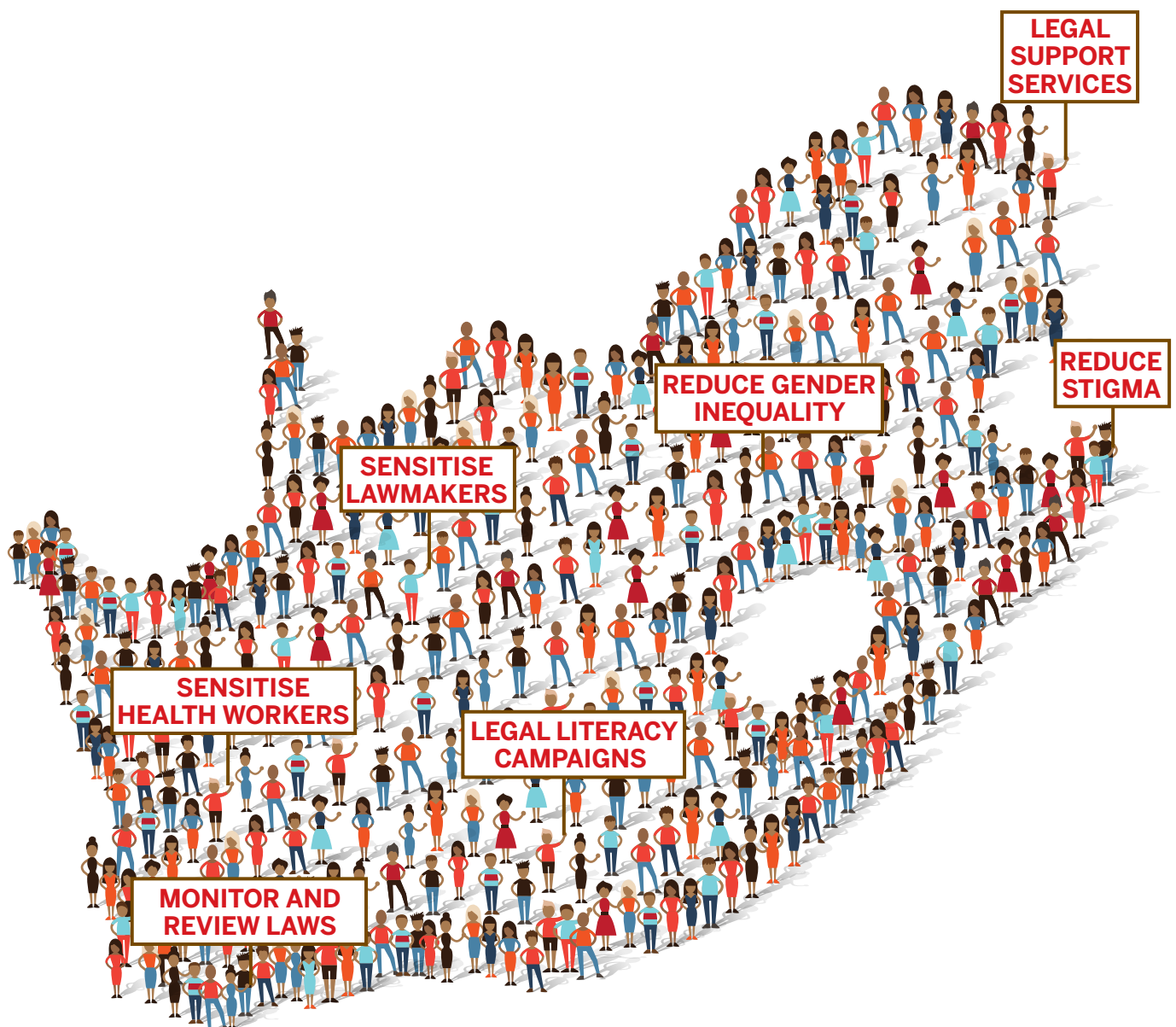

**National Strategic Plan to
Reduce Human Rights-
Related Barriers to HIV and
TB Services:
South Africa
2019-2022**

JUNE 2019

SOUTH AFRICA'S NATIONAL HUMAN RIGHTS PLAN

A COMPREHENSIVE RESPONSE TO HUMAN RIGHTS-RELATED BARRIERS TO HIV & TB SERVICES & GENDER INEQUALITY IN SOUTH AFRICA



Hosted by:



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[INTRODUCTION]



This 3-year plan is based on the National Strategic Plan for HIV, TB and STIs (NSP): 2017 – 2022 recognises that, although South Africa is recognised globally for its response and position to human rights (HR), there are still important gaps to close with respect to the full implementation of the human rights agenda, particularly the rights of people living with HIV and TB and key and vulnerable populations. It is critical to translate key policies into implementation and ensure that all people know their rights and how to seek redress when their rights are violated. Current priorities in responding to human rights-related barriers to HIV, TB and gender inequality in South Africa. It is also informed by the Global Fund's 2017 Baseline Assessment of human rights and gender-related barriers to HIV & TB in South Africa; the findings of the People Living with HIV Stigma Index study, as well as research conducted by various civil society sectors and other partners. The Plan was developed in consultation with key stakeholders within the HIV & TB response and was based on an assessment of the progress on achieving the NSP's human rights goals the ongoing work at country level, and identifying key gaps, challenges and priorities for action in the upcoming 3 years.

[VULNERABLE & KEY POPULATIONS]

Rights-based responses to health recognise the importance of reaching out to those who are most vulnerable and marginalised. The NSP's Goal 3 recognises the importance of empowering and reaching all key and vulnerable populations in the response to HIV, TB and sexually transmitted infections (STIs), ensuring that no one is left behind, in line with international commitments to prioritise those most hard to reach populations in attaining the Sustainable Development Goals (SDGs).

Priority will be given to vulnerable and key populations as set out in the NSP and listed below:

KEY POPULATIONS FOR HIV	VULNERABLE POPULATIONS FOR HIV	KEY POPULATIONS FOR TB
<ul style="list-style-type: none"> ● People living with HIV ● Sex workers ● Gay men and other men who have sex with men ● Transgender persons ● People who use or inject drugs ● Inmates 	<ul style="list-style-type: none"> ● Adolescent girls and young women (AGYW) ● Children, including orphans and vulnerable children ● People living in informal settlements ● Mobile and migrant populations (including undocumented migrants) ● People with disabilities ● Other lesbian, gay, bisexual, transgender and intersex (LBGTI) people 	<ul style="list-style-type: none"> ● People living with HIV ● Miners and peri-mining communities ● Inmates ● Health care workers ● Pregnant women ● Children under 5 years old ● People living in informal settlements ● People with diabetes ● Household contacts of TB index patients

[THE NATIONAL STRATEGIC PLAN FOR HIV, TB & STIs]

Goal 5 of South Africa’s NSP aims to ground the response to HIV, TB and sexually transmitted infections (STIs) in human rights principles and approaches, to reduce stigma and discrimination, ensure equal treatment for all and to increase access to justice in the context of HIV, TB and STIs for all vulnerable and key populations. This requires developing and implementing interventions to address all human rights-related barriers to access to services as well as gender inequality in such access – including healthcare services and access to justice.

Goal 5 contains 3 key objectives to address human rights-related barriers and gender inequality that increase risk and prevent people from accessing services, in particular for women, youth, sex workers, people who use drugs, inmates, LGBTI persons and people with disabilities:

1. Reducing stigma and discrimination amongst people living with HIV or TB;
2. Facilitating access to justice and redress for people living with, and vulnerable to, HIV & TB; and
3. Promoting an environment that enables and protects human and legal rights and prevents stigma and discrimination.

To achieve these objectives, the NSP focuses on **7 key programmes** to reduce stigma and discrimination:



[THE IMPLEMENTATION PLAN: 7 KEY PROGRAMMES TO REDUCE HUMAN RIGHTS-RELATED BARRIERS TO HIV & TB SERVICES & GENDER INEQUALITY]

The NSP sets ambitious targets to address HIV, TB and STIs over the next 3 years, aiming to accelerate prevention, provide treatment, care and adherence support for all persons, and reach all key and vulnerable populations with customised and targeted interventions. The human rights goals, objectives and activities set out in this Implementation Plan are critical to achieving the NSP’s prevention and treatment strategies and to ensure that nobody is left behind.

The greater and meaningful involvement of people living with HIV – the GIPA principle - is a guiding principle of the plan, to ensure that people living with HIV, as well as people with TB, vulnerable and key populations are fully involved in the design, implementation, monitoring and evaluation of policies and interventions that directly affect them. Stigma, discrimination, violence, inequality – including gender inequality - and punitive and discriminatory laws, policies and practices create barriers to access to healthcare and social services for the very populations most in need.

The Implementation Plan sets out key programmes designed to reduce these barriers, focusing on districts with high HIV and TB burdens and expanding on current programmes and services. This includes a strong focus on those that are effectively supporting community-based responses, led by people living with HIV, TB, vulnerable and key population-networks and CSOs in order to reduce stigma and discrimination, review discriminatory laws, policies and practices, sensitise service providers, law makers and law enforcers to the rights and needs of affected populations and increase access to justice.

The 7 key programmes designed to remove human rights and gender-related barriers to HIV and TB-related healthcare are set out below. All interventions focus on

both HIV and TB-related law and human rights issues. In addition, specific programmes to respond to TB-related human rights barriers are integrated within these programmes, including (i) ensuring confidentiality and privacy in relation to management of TB; (ii) address policies regarding involuntary isolation or detention for failure to adhere to TB treatment, within broader efforts to monitor, review and reform healthcare laws, guidelines and policies; (iii) mobilising and empowering patient and community groups, within efforts to reduce stigma and discrimination and strengthen community support groups; and (iv) make efforts to remove barriers to TB services in prisons, through training and support to CSOs conducting monitoring and advocacy within prisons.

[**REDUCE STIGMA & DISCRIMINATION**]

Stigma and discrimination programmes aim to reduce inequalities and promote universal health coverage. These programmes will include:

- Scaling up community anti-stigma campaigns that include engagement with and sensitisation of political, religious and community leaders to overcome religious, cultural and gender norms that fuel stigma;
- Peer mobilisation, advocacy, counselling and psycho-social support to deal with community stigma and advice on overcoming self-stigma s; and
- Strengthening the capacity of networks of people living with HIV, TB, vulnerable and key populations, and community-based organisations to advocate for the rights of all affected populations.
- A standardised HIV, TB, human rights and gender

equality toolkit will be developed with differentiated modules for different issues, target populations and training objectives and ensuring a specific focus on key populations in danger of being 'left behind' such as transgender persons.

Anti-stigma and discrimination campaigns should use non-stigmatising language (e.g. removing stigmatising terms used in relation to TB) and distinct messaging to address discrimination on various grounds, including HIV and TB-related discrimination as well as discrimination towards specific populations (e.g. people who use drugs, sex workers, men who have sex with men, transgender women and other LGBTI populations) and on the basis of grounds such as gender identity, sexual orientation, drug use and/or sex work.

[**SENSITISE & TRAIN HEALTH WORKERS & OTHER SERVICE PROVIDERS, INCLUDING COMMUNITY WORKERS**]

The activities outlined in this plan aim to:

- The training will include all healthcare facility staff, social workers and community workers, including community healthcare workers.
- Provide training in order to increase awareness and understanding among healthcare workers of medical ethics, patient rights and the needs of People Living with HIV, TB and all vulnerable and key populations as well as their own rights, as

health workers, to work in a safe and protective environment.

- Increase training of social workers, awareness and understanding of the social assistance and related rights of people living with HIV and TB, vulnerable populations. This will support changes in attitudes and behaviour towards affected populations, reduce discrimination within healthcare, and promote access to services.

SENSITISE LAW AND POLICY MAKERS & LAW ENFORCERS

The sensitisation of law and policy makers will be scaled-up and co-ordinated to increase awareness of the importance of rights-based laws and policies for HIV & TB, particularly for key populations such as sex workers and people who use drugs, and to strengthen responses to sexual and gender-based violence and improve gender equity, including for LGBTI populations. The activities will include:

- Increased awareness of the impact of criminal laws and/or law enforcement practices on health, equality (including gender equality) and human rights of key populations and working in collaboration with law enforcers and civil society towards “tolerant/stigma-free zones” that use alternative, rights-based responses to promote health;
- Support for strategic litigation by informed lawyers and legal organisations, evidence-informed decision-making by members of the judiciary and improved law enforcement practices to protect the rights of all vulnerable and key populations;
- Advocacy and consultations with law and policy-makers on the impact of law, human rights and gender equality on HIV, TB, vulnerable and key populations;
- Dialogues and training with members of the judiciary to discuss legal, human rights and gender equality issues affecting vulnerable and key populations in the context of HIV and TB; as well as
- Strengthening collaboration with law enforcers and relevant organisations, and the identification of champions within the law enforcement sector.

INCREASE LEGAL LITERACY / “KNOW YOUR RIGHTS” CAMPAIGNS

Legal literacy campaigns aim to empower vulnerable and key populations by ensuring that they are aware of their rights in national and local laws, and providing ways to seek redress for human rights violations, including discrimination in health care settings. By increasing awareness of the right to equality, including gender equality, non-discrimination and health, the campaign aims to improve access to justice for individuals whose rights have been violated and, ultimately, to reduce rights violations and support increased access to healthcare.

The campaigns will focus on both:

- Legal rights;
- Strategies on how to use this knowledge to improve health and access to justice; and
- Include broad-based communication campaigns, community mobilisation and education, peer outreach and education services for networks.

The aim is to collate and standardise existing materials into a modular toolkit with various methodologies, key messages and standardised language that is gender responsive, culturally sensitive and accessible to all.

STRENGTHEN ACCESS TO LEGAL SUPPORT SERVICES

Access to a wide range of legal support services will be strengthened in an effort to reduce rights violations and promote access to healthcare. Efforts should be made to strengthen the sensitisation of Chapter 9 institutions and existing legal and paralegal support services and to advocate for a cadre of human rights defenders at community level who are able to make referrals for addressing legal disputes and to monitor arrests and court appearances of people who use drugs, and sex workers.

Strengthened access to legal support services also requires working with lawyers and law schools to increase a commitment to addressing human rights and providing *pro bono* legal services. Efforts will also be made to understand and strengthen the role of traditional leaders and traditional courts in promoting access to justice in order to respond accordingly.

[MONITOR, REVIEW AND REFORM LAW & POLICY]

Monitoring and evaluation of HIV, TB, human rights and gender equality will be strengthened. This will include research and evaluations into key issues such as TB-related stigma, and stigma and discrimination against foreign migrants as well as national monitoring of HIV, TB and human rights, including collecting data on various issues informed by community-level monitoring.

The monitoring and data collection should be based on a National Scorecard of a range of relevant issues. The Scorecard will be based on community-level input of human rights violations, national priorities and objectives for removing human rights barriers and promoting gender equality for HIV and TB, as well as global and regional commitments.

Monitoring at national level will support the development of a report analysing policies and practices as well as related responses in the context of HIV, TB, vulnerable and key populations. This will serve to strengthen accountability, inform the review of human rights programming and identify areas for ongoing law & policy review and reform and strengthened programmatic responses. Community involvement in monitoring is vital. An updated Stigma Index study that includes information on stigma, discrimination and rights violations against vulnerable and key populations in the context of HIV and TB is a priority and will support measuring the outcome and impact of all programme areas.

Where laws, regulations and policies fail to protect human rights nor promote universal health coverage for all, law and policy review and reform is critical. Critical areas identified by stakeholders for reform of laws, regulations and policies include:

- (i) a review of laws criminalising drug possession and use, towards decriminalisation; a review of policies relating to harm reduction and a review of the essential medicines list and National Master Drug Plan to provide for harm reduction for people who use drugs;
- (ii) the review of laws criminalising sex work, towards decriminalisation of sex work;
- (iii) a review of TB healthcare guidelines to ensure: inclusive, gender-responsive management of TB to strengthen patient empowerment, protect confidentiality and informed consent, and to ensure occupational health and safety for healthcare workers;
- (iv) a review of laws and policies to promote access to legal support services, including advocating for the mandatory provision of specific hours of *pro bono* legal services and for mandatory inclusion of health and human rights in the law curricula of universities;
- (v) a plan to review policies impacting on the health and equality rights of people with disabilities in accordance with the recommendations of the 2017 review and including in relation to TB; and
- (vi) an updated Human Rights Charter for HIV, TB and STIs, informed by communities, to promote equality and non-discrimination for all persons.

[REDUCE GENDER INEQUALITY, HARMFUL GENDER NORMS AND GENDER-BASED VIOLENCE]

The plan reflects the need to ensure gender-sensitive responses to HIV & TB and to scale-up co-ordinated programmes to reduce gender inequality, harmful gender norms and gender-based violence. This includes providing continued support for programmes to reduce stigma, discrimination and gender inequality, sensitising health care workers to the sexual and reproductive health and rights of all people – including adolescent girls and young women and LGBTI populations, regardless of gender and sexual identity; improving comprehensive sexuality education (CSE) that includes information for parents, caregivers and young people regarding rights to gender equality and sexual and reproductive health and rights amongst young people, including AGYW; and addressing sexual and gender-based violence that affects women, particularly adolescent women and young girls, women with disabilities, sex workers, trans women and other LGBTI populations. Programmes will also seek to strengthen support for effective responses to sexual and gender-based violence, and redress for violations of rights.

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