SOUTH AFRICA
Mid-term Assessment

Global Fund Breaking Down Barriers Initiative

April 2021

Geneva, Switzerland

DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

Acknowledgements

The mid-term assessment of the Breaking Down Barriers initiative was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health comprised of: Joseph J. Amon (Drexel University), Leo Beletsky (Northeastern University), Sandra Ka Hon Chu (HIV/AIDS Legal Network), Joanne Csete (Columbia University), Richard Elliott (HIV/AIDS Legal Network), Mikhail Golichenko, (HIV/AIDS Legal Network), Cécile Kazatchkine (HIV/AIDS Legal Network), Diederik Lohman (Consultant), Julie Mabilat (Consultant), Megan McLemore (Consultant), Nina Sun (Drexel University) and Susan Timberlake (Consultant).

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Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. As noted, South Africa is an in-depth assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

Table of Contents

Summary

Introduction

The Global Fund's *Breaking Down Barriers* (BDB) initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in South Africa. It seeks to: (a) assess South Africa's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers 'Theory of Change

The *Breaking Down Barriers* initiative encourages countries to adopt a theory of change that describes how the scaling up of quality programs to remove human rights-related barriers can improve access to HIV and TB services, especially for key and vulnerable populations, and protect individuals from infection and reduce the burden of disease. The initiative's overall theory of change identifies the achievement of key milestones, including a baseline assessment, multi-stakeholder meeting and multi-year national plan, as critical to creating a culture of human rights that will lead to the implementation of comprehensive, quality and sustainable programs, that will remove rights-related barriers (e.g., levels of stigma and incidents of discrimination decreased; removal of harmful laws and policies; increased access to justice for human rights violations, etc.) to health services. The ultimate impact sought is to increase access to services, decrease vulnerability to infection, improve quality of care and augment retention in care for HIV, TB and malaria.

South Africa's National Human Rights Plan echoes this theory of change, noting that it is "vital to remove these human rights- and gender-related barriers, to ensure that all key and vulnerable populations can access health information and prevention services to prevent infection, as well as to access and adhere to treatment."* The South Africa plan aims to scale up human rights programs to reduce stigma and discrimination, improve rights literacy among communities as well as service providers, law enforcement and policy makers, and monitor, review and reform laws, policies and regulations. The end goal is to encourage key and vulnerable populations to access health services, achieving the goals of the overall South Africa National Strategic Plan on HIV, TB and STIs, 2017-2022, including goal 5 to "ground the response to HIV, TB and STIs in human rights principles and approaches."†

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* Initiative has had in South Africa to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and a series of remote interviews, coordinated by the international researchers and the national consultant. In addition, a costing analysis was conducted with results presented in an annex to the report. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in South Africa was an in-depth assessment. It was conducted primarily between November 2020 and February 2021.

Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Progress towards Creating a Supportive Environment to address Human Rights-related Barriers

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services have been achieved. A Human Rights Working Group was set up with a mandate to oversee implementation progress. Moreover, the South African National AIDS Council (SANAC) has a Technical Task Team on Law and Human Rights, chaired by the deputy minister of Justice, which has a steering and advisory role. Importantly, there was a three-year National Human Rights Plan developed, aiming for a comprehensive response to human rights-related barriers to HIV and TB services and gender inequality (see Table 1).

Table 1: Key milestones

Milestone	Results	Date
Matching funds	South Africa was awarded US $5 million in human rights matching funds; it achieved the 1:1 match of US $5 million from the general Global Fund allocation. US $9.1 million was awarded to the AIDS Foundation South Africa (AFSA) to implement the module on programs to remove human rights-related barriers to HIV services, with US $900K for human rights work for the National Department of Health.	April 2019
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted	October – November 2017
	Report finalized and released	November 2018
Multi-stakeholder meeting	100+ stakeholders from government, civil society, donors and technical partners came together to validate the results from the baseline assessment and discuss how	November 2018

	programs to remove human rights-related barriers would be integrated into national strategies and practices.	
Technical Task Team and working group on human rights	South Africa established two entities to develop and oversee the national human rights work: a high-level technical task team and its corresponding working group on human rights	November 2018
National plan to reduce human rights-related barriers	Three-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services and gender inequality	Launched June 2019

Scale-up of Programs: Achievements and Gaps

There has been some progress since the baseline study in the scaling up of programs to address human rights-related barriers to TB and HIV services, but for the most part it has been modest. As shown in the Table 2, at baseline there was no HIV program area with a score higher than 3.2, indicating that programs generally had not achieved anything close to national scale. At mid-term among HIV programs, there was more than 0.5-point improvement only in legal services – due largely to the training and deployment of paralegals in numerous districts – and in monitoring of laws and policies, which includes documentation of human rights violations by various kinds of monitors at district level. While documentation is proceeding and is more widespread than at baseline, it remains a matter of concern that it is hard to track the follow-up and disposition of cases documented, and it is hard to analyze trends in the volume of violations given that there is not a functioning system for aggregating both cases and indicators of their final disposition.

Regarding key training programs, it is encouraging that there is an apparently well accepted training course with solid content on HIV and key populations for the police, but there is no apparent plan for the level of scale-up that would be required to reach a majority of the personnel of the South African Police Service. The transformation of the police training program to a virtual platform because of COVID-19 should facilitate dramatic scale-up of this activity, but that does not seem to be the case[1]. The training of health workers, a crucial means to reducing the barriers of stigmatizing or disrespectful health services, has also benefited from the development of a curriculum, but the scale-up strategy is not evident[2].

With respect to TB, while the average score at baseline was 1.5, there was considerable variability in realization of the distinct program areas at that stage. For instance, there was little evidence of gender-responsive TB programs and no evidence of significant training of law enforcement officers on TB-related issues. At baseline, the relatively high score for monitoring laws and policies comes partly from systematic work in the mining sector strengthened by a regional grant and partly from monitoring and work on standard-setting for TB reporting by TAC and Section 27. At mid-term, most of this kind of work continues. The inclusion of TB-related stigma assessment in the Stigma Index 2.0 survey that is scheduled for release in 2021 is a step forward and should inform development of program strategies in this area. Overall, the increase to an average score of 2.2 in TB program areas shows significant progress compared to the baseline but still with much room for improvement.

[1] *Global Fund Secretariat Annotation: Police priorities have shifted throughout 2021 due to competing demands related to COVID-19, including enforcement of lockdown measures, limiting scale-up of the training program.*
[2] *Global Fund Secretariat Annotation: The curriculum for trainings to reduce barriers of stigmatizing or disrespectful services was adapted and incorporated into new trainings by the National Department of Health, funded through the COVID-19 Responsive Mechanism (C19RM).*

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness

Program areas	HIV		TB	
	Base line	Mid-Term	Base line	Mid-Term
Stigma and discrimination reduction	2.8	3.2	2.5	2.9
Training for health care providers on human rights and medical ethics	1.5	2.0	2.0	2.0
Sensitization law-makers and law enforcement agents	1.5	1.9	0.0	0.0
Legal literacy ("know your rights")	2.8	3.1	2.0	3.0
Legal services	2.8	3.4	2.5	3.4
Monitoring and reforming laws, regulations and policies relating	3.0	3.8	3.0	3.5
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity[3]	3.2	3.2	0.0	1.5
Ensuring confidentiality and privacy	*N/A*		*	*
Mobilizing and empowering patient and community groups			1.0	3.0
Programs in prisons and other closed settings			2.0	3.0
Average score	2.5	2.9	1.7	2.5

Key

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

4 – operating at national level (>50% of geographic coverage)

5 – at scale at national level (>90% geographic coverage + >90% population coverage)

N/A – Not applicable

For detailed scorecard key, see Annex II

[3] *Global Fund Secretariat Annotation: Work contributing to the reduction of HIV-related gender discrimination, harmful gender norm and violence against women in all their diversity is also shared across all Principal Recipients currently implementing the Adolescent Girls and Young Women (AGYW) program.*

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming‡ and sustainability. Among the indicators of quality discussed below are integration and coordination with key population programs, building capacity (especially based on the experience of key population-led organizations), and robust monitoring and evaluation (M&E) frameworks.

- **Need for strengthened M&E frameworks**: While there are some human rights-related indicators, such as on people living with HIV who experience discrimination in health care facilities, discerning quality of some key programs is challenging based on a few quantitative indicators without a means of systematic assessment of the impact and value added of activities. The number or percentage of police or health workers trained is not enlightening about follow-up activities and the real impact on the practices of these groups. It is not clear whether the setting up of new district-level committees on human rights has added value or is more effective than improving the capacity of existing structures. These are the kinds of issues for which the Human Rights Working Group should bring analysis and insights that will help the implementers to steer programs in the most effective direction[4].
- **Building on "lessons learned" from community groups and key populations**: Key population-led groups and efforts in South Africa have achieved a lot, including the meaningful participation of key populations in service delivery and documentation of human rights violations in their communities and some means of referral to legal support when needed. Lessons from this extensive work should inform many of the activities of the National Human Rights Plan, but it is not clear that an effort was made to ensure that those implementers newer to work such as documentation of human rights violations or the development of the REAct platform benefited from this earlier experience. AFSA should conduct a series of consultations with PLHIV and key population groups dedicated to identifying and applying lessons learned from other successful experiences in documenting and responding to human rights violations.
- **Expanding community-led monitoring in health facilities**: The PEPFAR-supported Ritshidze program empowers people living with HIV to document the quality of HIV services in health facilities. Expanding this program beyond its current coverage and perhaps adding some human rights documentation training for its monitors could enhance systematic assessment of stigma, discrimination and other violations in health services. Managers of Global Fund-supported programs should consider partnering with Ritshidze to support this expansion.
- **Improving coordination and communication**: Coordination is bound to be challenging in programs with so many stakeholders and implementers. It is worrisome to find that implementers of Global Fund key population programs, for example, were in some cases unaware of activities of the SRs in the human rights work, though the human rights activities are closely related to key population goals. The OPEC meetings were seen by some participants as not allowing for adequate sharing of program experiences and lessons. More coordination and more sharing of relevant information and data across stakeholders and implementers is needed.
- **Agreeing to a national platform to document human rights violations**: The national platform for quantifying and analyzing human rights violations should be finalized as a matter of urgency, accounting for lessons learned from long-standing documentation of violations by key population groups. Data that feeds into this national platform should come from various tools, such as the REAct platform and other human rights documentation systems.
- **Adaptability to COVID-19**: The COVID-19 pandemic inevitably disrupted some of the key activities in the National Human Rights Plan and worsened the situation of some populations highly vulnerable to HIV and TB. The development of online training for police and health workers was beneficial for

[4] Global Fund Secretariat Annotation: Analysis and insight for programmatic decision making requires an understanding of both Human Rights data and disease specific program data, as well as their interaction.

those with internet access. In its consultations with SRs, AFSA should identify measures for each program area that would enable some level of continued progress in the event of further COVID-related impediments.

- **Increasing funding for programs to remove human rights-related barriers to access**: The National Human Rights Plan is underfunded. SANAC should establish a means of regular consultations with donors and potential donorsto discuss unfunded activities and should advocate for government funding for police and health worker training and other underfunded activities.

Impact of COVID-19

COVID-19 inevitably disrupted many of the activities outlined in the National Human Rights Plan. There were several lockdowns in 2020, and as of March 2021 it seemed likely that a need for restrictive measures might again emerge. The mid-term assessment took into account COVID-19-related interruptions of planned work. The National Human Rights Plan includes numerous in-person training activities for health workers, police, community outreach workers and paralegals, and various kinds of community-level meetings and mobilization activities. Sessions planned for in-person training had to be hurriedly adapted for online use, cancelled or postponed. Social media sometimes replaced various forms of community mobilization rather than complementing it. Some persons living with TB were reportedly afraid that their symptoms would mimic those of COVID-19 and feared leaving their homes to seek or maintain treatment.

Case Studies: Removing Barriers to Achieve Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, the assessment documented emerging evidence related to the removal of barriers that facilitates access and uptake of HIV and TB services. Two cases are highlighted that demonstrate some promise in reducing human rights-related barriers:

- **Addressing police practice**: The sex worker-led groups SWEAT and Sisonke led the way over the years in documenting abusive police practices that constituted a barrier to health services. The Dutch NGO COC-International established a memorandum of understanding with the South Africa Police Service (SAPS) after considerable effort, and a training program called Dignity, Diversity and Policing (DDP) was developed in consultation with key population groups. A pilot demonstrated SAPS officers' receptiveness to the program, including to interacting with people living with HIV and key population representatives who participated. COC had funding only for the pilot. Global Fund support enabled some scaling up of this training under the terms of the National Human Rights Plan. There is a need for expansion beyond the current goal of training 2000 police officers – which itself may not be on course to be met -- to reach more of the 155,000 SAPS officers in the country. DDP is planned to be a feature of SAPS pre-service training as well, and elements of DDP have helped to inform the development of standard operating procedure guidelines, expanding the impact of this work beyond one-off in-service training. The success of this work should inspire SAPS to consider funding DDP from government resources.
- **Improved policy framework for agonist treatment**: People who inject drugs have been denied ready access to HIV prevention and other harm reduction services for too long in South Africa. People living with opioid use disorder have been denied access to gold-standard agonist therapy because methadone and buprenorphine are not registered as essential medicines, and an unfortunate licensing agreement makes methadone many times more expensive than in other countries. Global Fund support enabled advocacy by TB-HIV Care and SANPUD to be intensified on removing these impediments; advocates hope for a breakthrough in 2021. Earlier advocacy led to the first acceptance of harm reduction as a policy pillar I the National Drug Control Plan.

Conclusion

Progress in some key program areas is demonstrable, but concerns remain about delays in implementation, scale of some programs, quality and the monitoring of quality of programs, coordination of programs (both within and between various Global Fund modules), and sustainability. The disruptive effect of COVID-19 is recognized, and the continuation of some training activities in online form is laudable. Significant scale-up of training of police and health workers – core activities in the Human Rights Plan -- beyond the current modest objectives is needed. An assessment of the work of paralegals, including whether they are well placed in Community Advice Offices, should inform an expansion of their work beyond the districts currently covered.

The Human Rights Working Group should conduct regular qualitative monitoring of the programs in the National Human Rights Plan beyond the quantitative indicators followed in the OPEC presentations. The Human Rights Working Group should assist AFSA in maintaining an updated sense of which program areas are doing well, which may be faltering, and what actions should be taken to keep programs on track. Expansion of the Working Group beyond the implementers receiving Global Fund support would bring added perspectives on program gaps and opportunities. The roll-out of a national platform for collecting and analyzing HIV- and TB-related human rights violations and the disposition of cases identified would have been indispensable for identifying program successes and weaknesses. The delay of that roll-out has hampered effective monitoring and especially left a gap in knowing whether incidents of violations have been adequately followed up. It would also help in the monitoring the effectiveness of the newly established district-level human rights standing committees.

Program coordination and communication among implementers have not always been adequate. It is worrisome that key human rights and key population stakeholders are unaware of new district-level human rights committees, which are meant to help manage HIV- and TB-related human rights concerns for all stakeholders. Some implementers noted that OPEC coordination meetings, while useful to see some results, have not allocated time for the sharing of experiences and lessons learned among implementers. Lessons from the long experience of key population-led groups in program areas such as documentation and follow-up of human rights violations and working with the police should inform the work of all implementers. There may also be a synergistic benefit to be had from mutual learning from the Ritshidze program's documentation of health services by people living with HIV and the Global Fund-supported work of REActors, mobilizers and paralegals, as well as some benefit from expanding the Ritshidze monitoring with enhanced focus on stigma and other human rights concerns in health services.

Key elements of the National Human Rights Plan, including work in the corrections sector, remain unfunded or underfunded, a concern SANAC should address. In addition, SAPS and the National Department of Health should consider supporting their respective human rights training programs with government resources.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment

- SANAC and the Oversight Committee of the CCM should assist the Human Rights Working Group in establishing a monitoring sub-committee or a more clearly delineated and regularized oversight function. This oversight mechanism should not repeat the quarterly assessments presented in the OPEC but should analyze them, along with observations of the CCM Oversight Committee, and should make a brief but substantive quarterly recommendation to AFSA of problem areas in the implementation of human rights activities and technical support or other measures needed to address them. The terms of reference of the Working Group include oversight of the implementation of the Human Rights Plan and assistance in coordination of the implementers. Their conclusions from both these tasks should be at the heart of what they report to the SANAC Legal and Human Rights Technical Task Team, which does not seem to have been the case, at least not systematically. As part of its M&E function, the Working Group should provide an independent and (inevitably) rapid assessment of where progress in implementation may be impeded, including where coordination should be improved..
- Broaden the composition of the Human Rights Working Group to include participation not only by Global Fund implementers and partners, but also non-Global Fund human rights, gender-related and key population program partners. This includes bilateral and other development partners who may provide additional funding and political support for programs to remove human rights-related barriers to access.
- SANAC and the Human Rights Working Group should establish a mechanism for regular linkage with district-level structures, including sharing developments and lessons from work to overcome gender-related and human rights-related barriers to services. District-level mechanisms should have a designated focal point to follow this work and engage with national structures.

Programmatic Scale-up

- Training of health workers is a key to reduction of stigma and discrimination and other barriers to services. The National Department of Health should have a plan for reaching a high percentage of all health workers involved with HIV and TB services with both in-service and pre-service training.
- The goal of reaching 2000 members of the South African Police Service in three years is too modest, particularly with a training program that is apparently well received and even sought after by some officers. SAPS should develop a costed plan for reaching all officers and for a sustained pre-service program for new officers. SANAC should take up a discussion with SAPS about SAPS gradually assuming the cost of scaling up this training and sustaining refresher and pre-service training.
- The work of paralegals trained on HIV and TB should be extended to all districts in South Africa. The model supported by the Foundation for Human Rights through the community advice centers and other ways in which paralegals are known and accessible to the community should be evaluated with an eye toward expanding the most effective form of paralegal services beyond the districts currently served.
- The National Human Rights Plan is built around the idea that there will be a functioning electronic platform for reporting and analysis of human rights violations related to HIV and TB. As envisioned in the National Plan, this system would be central to both the quality and sustainability of reducing human rights-related barriers to HIV and TB services. AFSA and SANAC should as a matter of urgency roll out a national system, taking into account lessons from the documentation of human rights violations for years by key population groups. The possibility should be considered that a single system may not meet the needs of all populations affected by human rights violations, in which case a way of amassing data from several documentation systems might be designed.
- Documentation of incidents of HIV- and TB-related human rights violations is of little use if the cases found are not adequately followed up. With the advice of the SANAC Law and Human Rights TTT and the Human Rights Working Group, AFSA should assess rapidly whether there is adequate and sustained referral to legal advice, legal services or other appropriate assistance in all districts and what has worked best in both ensuring cases are followed up and ensuring that the follow-up is documented. A plan for sustained and effective referral to legal services when needed should be drawn up, ideally with the help of Legal Aid South Africa.
- The PEPFAR-supported Ritshidze program empowers people living with HIV to be monitors of the quality of services in health facilities. This program can provide sustained assessment of stigma and discrimination in health services, along with issues such as stock-outs and waiting times that also figure in its work. SANAC should consider working with the program to strengthen the stigma and discrimination elements of the assessment and whether bringing it to the districts covered by Global Fund-supported paralegals could be a synergistic way to strengthen assessment and referral of stigma and discrimination incidents in health facilities across the country.

Programmatic Quality and Sustainability

- At its earliest convenience, AFSA should establish regular sessions – in-person or otherwise – to share information and lessons with NAPWA, SWEAT, Sisonke, TB-HIV Care, SANPUD and other PLHIV or key population-led organizations that have experience in the documentation and follow-up of human rights violations in their communities. These organizations should have a ready, user-friendly means to share lessons from their work that should inform the final development of the REAct platform and the work of organizations newer to these activities. A summary of lessons shared by these groups should be disseminated to all implementers involved with documentation and follow-up of human rights violations related to HIV and TB and should also inform the monitoring of performance of all implementers. As the human rights documentation portal is developed, AFSA should ensure that the experiences of these organizations are taken into account in the design and implementation of the portal.
- SANAC should organize a donor roundtable or other special meeting to present to donors interested in HIV and TB a case for supporting the unfunded portions of the National Human Rights Plan. SANAC should also organize a consultation with SAPS about whether elements of the police training supported through the National Human Rights Plan could be sustained with SAPS resources, and similarly whether health worker training on human rights and medical ethics could be funded and maintained with public funds by the National Department of Health.

Introduction

This report presents the findings of the mid-term assessment conducted in South Africa from November 2020 to January 2021 on behalf of the Global Fund to Fight AIDS, TB and Malaria (Global Fund), to: (a) assess South Africa's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective. In 2017, the Global Fund launched the Breaking Down Barriers (BDB) initiative to help 20 countries, including South Africa, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria.

The Breaking Down Barriers initiative encourages countries to adopt a theory of change that describes how the scaling up of quality programs to remove human rights-related barriers can improve access to HIV and TB services, especially for key and vulnerable populations, and protect individuals from infection and reduce the burden of disease. The initiative's overall theory of change identifies the achievement of key milestones, including a baseline assessment, multi-stakeholder meeting and multi-year national plan, as critical to creating a culture of human rights that will lead to the implementation of comprehensive, quality and sustainable programs, that will remove rights-related barriers (e.g., levels of stigma and incidents of discrimination decreased; removal of harmful laws and policies; increased access to justice for human rights violations, etc.) to health services. The ultimate impact sought is to increase access to services, decrease vulnerability to infection, improve quality of care and augment retention in care for HIV, TB and malaria.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to "introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services", § and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

"Comprehensive" programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).**

As part of the Breaking Down Barriers initiative, the Global Fund also provides support to the 20 countries for key steps (milestones) important for creating a supportive environment towards the success of scale-up of programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called "matching funds"), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working

group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV and TB Services††

For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy ("know your rights");
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

In December 2020 – February 2021, the Global Fund supported an in-depth mid-term assessment examining South Africa's progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. The South Africa review, as an in-depth assessment, included extensive interviews of key implementers and policy-makers conducted remotely over a period of four weeks. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The South Africa mid-term in-depth assessment was conducted between November 2020 and February 2021. (Table 1). [Findings of the assessment were presented to a selection of national stakeholders in September 2021.] More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

COVID-19 prevented this assessment from taking place through in-country face-to-face interviews, as originally planned. While online interviews yielded important information, establishing rapport and sometimes discerning an attitude or nuance can be harder online than in person. We nonetheless appreciate the patience of key informants with sometimes lengthy Zoom interviews. In addition, with
its history of human rights struggle at the very moment when HIV/AIDS was taking hold in the country, South Africa has a very robust civil society sector with many NGOs and government entities in one way or another involved in some human rights-related element of the HIV response. In the limited time we had, we gravitated toward organizations supported by the Global Fund, inevitably de-emphasizing or omitting some entities that may have experience and expertise relevant to this assessment. COVID-19, moreover, affected the availability of some key informants at a few points during this work.

Table 1: South Africa Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Nina Sun Joanne Csete	November 2020
30 Key informant interviews conducted remotely	Joanne Csete Nonhlanhla Mkhize Pholokgolo Ramothwala Nina Sun	November 2020 – January 2021
Follow-up with relevant key informants	Joanne Csete Nina Sun	November 2020 – January 2021
Presentation of key report findings to Global Fund and country stakeholders	Joanne Csete Nina Sun	September 2021

Part I. Background and Country Context

Epidemiologic Context

A significant percentage of the population of South Africa lives with HIV. In 2018, there were 7.7 million people living with HIV of a total population of about 58 million, with 240,000 new HIV infections per year. The HIV prevalence among individuals aged 15-49 was 20.9%, with an incidence of 4.94 per 1,000 persons. While there were 71,000 AIDS-related deaths in 2018, this reflects a 50% decrease since 2010. With respect to the 90-90-90 targets, in 2020, 92% of people living with HIV knew their status; 72% of those individuals were on treatment; and 66% of those on treatment achieved viral suppression.‡‡ Women – in particular, adolescent girls and young women – are disproportionately impacted by HIV, comprising 63% of people living with HIV. New HIV infections are also twice as high among young women aged 15-24 than young men. Other vulnerable populations for HIV include children, people living in informal settlements, mobile and migrant populations, and people with disabilities. HIV prevalence and incidence are also high for key populations, including sex workers, gay men and other men who have sex with men, transgender individuals, people who use drugs and people in closed settings.§§

South Africa is a high tuberculosis (TB) burden country. In 2019, the country accounted for 3.6% of the total global TB burden. The total number of new TB cases was 360,000, or an incidence of 615 per 100,000. TB incidence is falling in South Africa, with the country reaching its 2020 milestone of 20% reduction as compared to 2015 figures. South Africa is also a high-burden country for multi-drug- resistant TB (MDR/RR-TB), with an incidence of 23 per 100,000 in 2019. In the same year, the number of HIV-positive TB cases was 209,000. There were 22,000 HIV-negative TB-related deaths and 36,000 HIV-positive TB-related deaths. Approximately 58% of patients with TB are known to also be living with HIV. In 2019, there were 222,350 notifications for new and relapsed TB cases. The treatment success rate of new and relapsed cases of TB in 2018 was 71%.*** Key populations for TB include people living with HIV, miners, people in closed settings, health care workers, pregnant women, children under the age of five, people living in informal settlements, people with diabetes and household contacts of TB index patients.†††

Legal and Policy Context

South Africa has a robust and extensive history of HIV and human rights work. Overall, South Africa's legal and policy frameworks are well-aligned with human rights principles and approaches. However, at baseline, continued criminalization of sex work and drug-related offenses were seen as barriers to effective HIV programming for sex workers and people who use drugs, respectively. Contradictions in laws related to young people, particularly related to age of consent to medical procedures vs. age of consent to sexual relations, were also flagged as being challenges to services access.‡‡‡ Moreover, despite having generally progressive laws, challenges remain in their effective implementation, including problematic law enforcement practices, as well as conversative and stigmatizing social attitudes.

South Africa's HIV and TB responses are guided by its National Strategic Plan for HIV, TB and STIs 2017-2022 (NSP). With reference to human rights, out of the eight goals in the plan, Goal 5 is dedicated to "ground[ing] the HIV, TB and STI responses in human rights principles and approaches." The NSP recognizes the UNAIDS and Global Fund key program areas, and has objectives focused on: reducing HIV and TB-related stigma and discrimination, facilitating access to justice and redress for rights violations, and promoting enabling environments that protect human rights. Specific sub-objectives center on activities to related to legal literacy, legal services, monitoring laws, regulations and policies, sensitizing lawmakers and law enforcement and training of health care workers on human rights and medical ethics. In addition to the NSP, South Africa has developed a comprehensive National Human Rights Plan, focused on addressing human rights-related barriers to HIV and TB services and gender inequality. For more information about the specifics of this plan, please see relevant section below.

COVID-19

South Africa instituted various forms of social distancing and travel restrictions in the COVID-19 pandemic. A first lockdown was mandated in March 2020 for three weeks, including bans on alcohol and cigarette sales, dog-walking, recreational running and other non-essential activities outside the home. In May 2020, some businesses were reopened, and people were allowed to exercise outside the home, but group gatherings continued to be banned, and international and domestic travel were restricted. Restrictions were minimal for most of the rest of the year, but in late December 2020, alcohol sales were again stopped, a curfew was put in place and public gatherings were prohibited. At this writing in April 2021, the country is said to be bracing for a possible third wave of COVID-19 that may come with the winter months beginning in June. Moreover, South Africa had begun a COVID-19 vaccination campaign, prioritizing health care workers, that started slowly in late February 2021.[§§§] COVID-19 inevitably disrupted many of the activities outlined in the National Human Rights Plan. More details on COVID-related program disruptions are below.

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

There is a strong human rights culture in South Africa generally due to its history of activism, advocacy and support on health and human rights issues, particularly for HIV. The *Breaking Down Barriers* initiative sought to enhance this supportive environment for addressing human rights-related barriers within South Africa through a number of steps to increase and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a technical task team and working group on human rights, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations. South Africa has achieved all these key milestones.

Table 2 – Key milestones

Milestone	Results	Date
Matching funds	South Africa was awarded US $5 million in human rights matching funds; it achieved the 1:1 match of US $5 million from the general Global Fund allocation. US $9.1 million was awarded to the AIDS Foundation South Africa (AFSA) to implement the module on programs to remove human rights-related barriers to HIV services, with US $900K for human rights work for the National Department of Health.	April 2019
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted	October – November 2017
	Report finalized and released	November 2018
Multi-stakeholder meeting	100+ stakeholders from government, civil society, donors and technical partners came together to validate the results from the baseline assessment and discuss how programs to remove human rights-related barriers would be integrated into national strategies and practices.	November 2018
Technical Task Team and working group on human rights	South Africa established two entities to develop and oversee the national human rights work: a high-level technical task team and its corresponding working group on human rights	November 2018

National plan to reduce human rights-related barriers	Three-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services and gender inequality	Launched June 2019

Baseline Assessment *(2017-2018)*

In October - November 2017, a baseline assessment was conducted to identify the key human rights-related barriers to HIV and TB services in South Africa; describe existing programs to reduce such barriers and identify gaps, challenges, best-practices; indicate what comprehensive programs would comprise of in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale. The assessment involved a desk review, focus group discussions, roundtable discussions and key informant interviews with multi-sectoral partners, including representatives from key or vulnerable populations, and financial data collection via interviews, surveys and secondary data analysis. Data were collected from the four largest cities (Johannesburg, Cape Town, Durban and Pretoria), as well as from sites in the Mpumalanga, Free State, Eastern Cape, KwaZulu Natal and Limpopo provinces. The data collection process was supported through SANAC, which included the establishment of an Advisory Committee. The results of the baseline assessment were validated at the multi-stakeholder meeting in November 2018 (see section below).

Matching Funds *(2018)*

South Africa applied for, and received, US $5 million in matching funds for programs to remove human rights-related barriers to HIV services; it achieved the 1:1 match of US $5 million from the general Global Fund allocation. From this total amount, US $9.1 million was awarded to the AIDS Foundation South Africa (AFSA) as the lead implementer on the module for programs to remove human rights-related barriers to HIV services, with US $900K for human rights work awarded to the National Department of Health. The Global Fund human rights investments provided the most support to programs to reduce stigma and discrimination (approximately US $3.6 million), with interventions for improving laws, regulations and policies and legal services receiving the second and third largest investments (US $2.2 million for laws and $1.8 million for legal aid). While the grant was supposed to start in April 2019, various delays, including lengthy processes of selecting and appointing sub-recipients, resulted in the activities only getting started in October 2019.

Multi-Stakeholder Meeting *(2018)*

On 21-22 November 2018, over 100 stakeholders from government, civil society, donors and technical partners came met to discuss the findings of the baseline assessment, as well as agree on a process that uses the assessment results to inform a comprehensive, national plan to remove human rights-related barriers to HIV and TB services. The meeting highlighted the importance of addressing gender-based violence and gender inequalities, engagement of communities and developing robust accountability and monitoring and evaluation systems.

Participants then engaged in group work, focused on identifying barriers and activities to remove human rights and gender-related barriers, broadly guided by the Global Fund and UNAIDS key program areas. At the end of the meeting, SANAC announced that the legal and human rights Technical Task Team (TTT) would be re-established, along with a technical working group for human rights, HIV and TB.

Technical Task Team and Working Group on Human Rights *(2018)*

Under the guidance of the SANAC secretariat, the country established a Legal and Human Rights Technical Task Team (TTT), with the mandate to advise and provide leadership and expertise on legal and human rights agenda of the National Strategic Plan. The TTT is comprised of 27 members from government agencies, academia, civil society, human rights experts, international organizations and development partners. It is meant to convene four meetings per year. However, in 2020, it only met twice: once in February and a second time in December. Currently, the TTT is co-chaired by the Deputy Minister of Justice, showcasing political support from the government of South Africa. A human rights working group has also been established to support the work of the TTT from a technical level. The working group is comprised of government entities, including the Department of Health, Department of Social Development, Department of Justice, South Africa Police Services, as well as various civil society sectors (sex work, LGBTI, people living with HIV, disability, children, human rights, people who use drugs and TB task team members), three international organizations (UNAIDS, ILO and UNDP) and one development partner (CDC). It has been instrumental in coordinating the development of the National Human Rights Plan, which spanned from November 2018 through June 2019. However, since the launch of the National Plan, the working group has been less active, meeting only once in 2020. Respondents noted concerns that since the launch of the National Human Rights Plan, the mandate of the work group has been unclear – while originally, the working group was supposed to have an oversight role in monitoring progress, this has not happened in practice. Thus, the current mandate of the working group, as well as its role in supporting the National Plan and the TTT, needs to be clarified.

National Human Rights Plan *(2019)*

In June 2019, the South African National AIDS Council, together with the Department of Health, the Global Fund, the Stop TB Partnership and UNOPS, launched the *National Human Rights Plan: a Comprehensive Response to human rights-related barriers to HIV and TB services and gender inequality* (National Human Rights Plan). The plan was launched on the sidelines of the National AIDS Conference, with the participation of the Deputy Minister of Justice, and received political support from the Deputy President and the SANAC Plenary. At the launch, the plan was disseminated to provincial health authorities who were tasked with its implementation. Aligned with Goal 5 of the NPS, this is a three-year implementation and scale-up plan for activities to reduce human rights-related barriers to HIV and TB services. It focuses on HIV and TB high-burden districts, as well as on expanding successful existing programs. While there is an overall emphasis on key populations, the Plan also aims to devote services to populations left behind, such as persons with disabilities, adolescent girls and young women and migrants. Interventions relevant to all seven key HIV program areas are included in the Plan, with TB-

specific human rights considerations (i.e., ensuring privacy and confidentiality; monitoring regulations for isolation and detention of people with TB; mobilizing TB patient and community groups; and removing barriers to TB services in prisons) mainstreamed throughout.[****]

Except among key individuals affiliated with SANAC, the TTT and the human rights working group, awareness of the National Human Rights Plan remains limited. Though there were supposed to be provincial-level launches after June 2019, only one was held in KZN province. Many program implementers, including those working on Global Fund-supported activities not in the Human Rights Plan, as well as civil society organizations working on human rights and HIV, are apparently either not aware of the Plan or feel that it has little to do with their work. For those who are aware of the National Human Rights Plan, it is still largely seen as a Global Fund effort, especially given that the Global Fund provides up to 70% of its funding. More efforts are needed to garner support for the Plan at the provincial and district levels, as well as to bring on board government and developmental partners who are willing to provide continued political and financial support to this work.

Oversight of the National Human Rights Plan is a significant gap – while the SANAC secretariat is responsible for monitoring the Plan's implementation, more clarity is needed on how this will be operationalized, including the role of the SANAC human rights working group and task team.

Recommendations

South African stakeholders, through the support of the Global Fund, have created a supportive national-level environment for programs to remove human rights-related barriers, culminating in the development and approval of a National Human Rights Plan. However, much of the support and awareness of this work remains at the national level among organizations directly supported by the Global Fund, with little awareness among programmatic implementers and authorities within the provinces and districts, or among other development partners. To support the effective implementation of the activities in the National Plan, the recommendations include:

SANAC and the Oversight Committee of the CCM should assist the Human Rights Working Group in establishing a monitoring sub-committee or a more clearly delineated and regularized oversight function. This oversight mechanism should not repeat the quarterly assessments presented in the OPEC but should analyze them, along with observations of the CCM Oversight Committee, and should make a brief but substantive quarterly recommendation to AFSA of problem areas in the implementation of human rights activities and technical support or other measures needed to address them. The terms of reference of the Working Group include oversight of the implementation of the Human Rights Plan and assistance in coordination of the implementers. Their conclusions from both these tasks should be at the heart of what they report to the SANAC Legal and Human Rights Technical Task Team, which does not seem to have been the case, at least not systematically. As part of its M&E function, the Working Group should provide an independent and inevitably rapid assessment of where progress in implementation may be impeded, including where coordination should be improved.

Broaden the composition of the Human Rights working group to include participation not only by Global Fund implementers and partners, but also non-Global Fund human rights, gender-related and key population program partners. This includes bilateral and other development partners who may provide additional funding and political support for programs to remove human rights-related barriers to access.

Raise awareness and support for the National Human Rights Plan at provincial and district levels, including through existing structures such as the district-level AIDS committees and the SMYN-generated standing human rights committees as they develop. As the human rights portal is developed and ready for implementation, SANAC should work with provincial and district-level structures on both optimal use of the portal and effective follow-up of its findings.

SANAC and the Human Rights Working Group should establish a mechanism for regular linkage with district-level structures, including sharing developments and lessons from work to overcome gender-related and human rights-related barriers to services. District-level mechanisms should have a designated focal point to follow this work and engage with national structures.

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale-up towards "comprehensiveness" of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system, providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on "Ensuring Quality Programming".

Programs to Remove Human Rights-related Barriers to HIV

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.8	3.2

The baseline study noted a wide range of activities to reduce HIV-related stigma and discrimination, including some that date from the beginning of civil society and governmental response to HIV in the country. Organizations such as the Treatment Action Campaign and the National Association of People with AIDS (NAPWA) continue a range of anti-stigma efforts, including their participation in the Ritshidze project described below. The Soul City Institute continues its Stigma Reduction Awareness Campaign, which the baseline study recommended for expansion. Key population groups – LGBTQ-focused NGOs such as Gender Dynamix, OUT LGBT Well-being and a range of provincial groups; SWEAT, Sisonke and others in the sex work sector; and SANPUD and TB HIV Care working with people who use drugs – have continued anti-stigma work through traditional media and social media, work with community-based organizations and leaders, and work with the police and health sector (see program areas below).

As part of Global Fund-support work, the Human Rights Toolkit was developed by a consultant team with oversight from the AIDS Foundation South Africa (AFSA), the Global Fund Principal Recipient, and the participation of six Sub-recipients (SRs) (NAPWA, Pro Bono, SWEAT, Show Me Your Number, TB-HIV Care and SANPUD) and the SANAC Human Rights Working Group. It was tested in a five-day workshop with implementing organizations in the National Human Rights Plan. It is designed to be used in training/sensitization as well as in guiding programs and as a reference guide for human rights principles. The modules correspond closely to the program areas covered in the National Plan. The material seems to reflect human rights ideas rigorously and correctly and to be user-friendly in lay-out and tone and in the inclusion of exercises and concrete examples. While the toolkit has been used in a number of other activities, the toolkit training was apparently not evaluated. Such an evaluation would have enabled modifications of the tool at an early stage.

PEPFAR's and Global Fund's funding of an updated Stigma Index 2.0 survey is a key contribution to a comprehensive response to human rights-related barriers to HIV. Though scaled back in geographic scope, the 2.0 version of the Index survey includes pertinent questions on TB-related stigma that will enable comparison with the 2014 survey and also new questions on COVID-19.

Show Me Your Number (SMYN), one of the Global Fund SRs, hired 25 sub-sub-recipients (called implementing partner organizations or IPO) in the 25 districts where it is working to bring to light and address human rights-related barriers to services, including stigma and discrimination. These organizations are known in the district, and a number of them – such as the Tshwaranang Support Group– have experience in counseling people living with HIV and providing support to those hesitant to seek services because of stigma. The IPO representatives endeavor to make themselves known to people living with HIV and key populations for this kind of support and for documentation of cases of discrimination or other human rights violations. IPO outreach workers also report to the human rights committees that SMYN has set up in the same districts. It is notable that some key population-led organizations did not seem to be aware of these committees, which are perhaps too new to be well known to all stakeholders. The work of these committees, along with many other efforts to document cases of stigma and discrimination as well as other human rights violations against people living with HIV and key populations at the local level, are discussed in the program area on monitoring laws and policies below.

The PEPFAR/CDC-supported program Ritshidze supports a number of organizations of people living with HIV to monitor the quality of services at health facilities in 27 districts in eight provinces. Ritshidze monitors are trained to detect all forms of stigma and discrimination related to HIV and key population status. Upon uncovering such instances, they meet with health facility managers and try to find solutions to the problems. Unresolved issues are referred to higher-level authorities. There are as yet no published evaluations of the program, which begin in December 2019, but there are anecdotal instances of improvements made at some facilities. The first major provincial report in December 2020 on problems detected in 120 clinics in Gauteng drew considerable attention and included accounts of stigmatizing treatment of key population members. With monitors coming from NAPWA and TAC, the program empowers and respects the lived experience of people with HIV.

Key population-led organizations and organizations of people living with HIV continue their established work in stigma and discrimination reduction, which is closely related to their work on documenting cases of discrimination and other abuse, raising awareness of rights in their communities, and their work on improving practices of police and health care workers. These activities are discussed in the program areas below.

Table 3 - Examples of current interventions aimed at reducing stigma and discrimination

Description of Activities	Organizations	Location/Reach	Progress summary
Engage with communities to develop and implement HIV, TB and key population stigma reduction communications campaigns, including work with	Show Me Your Number, SWEAT, TB-HIV Care, SANPUD	GF 34 districts	Achieved partially; some community events impeded by COVID-19.

traditional, religious and community leaders.			
Develop and disseminate a human rights training tool kit.	AFSA	Completed; available at least in districts covered by GF-supported activities	A variety of reported uses, including in the TCC activity (policing program area below).
Stigma Index 2.0 (updates 2014-2015 Stigma Index 1.0)	Human Sciences Research Council, GNP+, NAPWA (supported by PEPFAR)	6 districts in Free State, Mpumalanga, KZN	Scaled down compared to version 1.0; data collection continuing as of Jan.2021.
Ritshidze Monitoring Project	PEPFAR with NAPWA, TAC, Positive Women's Network and others	400 clinics, 27 districts, 8 provinces	On-going
Unheard Voices – a radio and digital campaign across eight countries in Southern Africa to address stigma against LGBTI individuals and sex workers	KP-REACH consortium	Eight countries in Southern Africa	On-going

Overall, with regard to the National Human Rights Plan, South Africa is progressing on the activities outlined in the program area to reduce stigma and discrimination for HIV, TB and key and vulnerable populations. In alignment with the aims of the Plan, the country has established a Human Rights Technical Task Team and Working Group, has rolled out stigma and discrimination reduction campaigns, has developed and is using a human rights toolkit, and is offering support to individuals who experience stigma and discrimination.

Recommendations

- It is often hard to evaluate the impact of anti-stigma programs. Analysis of the Stigma Index 2.0 and a comparison with the earlier Stigma Index results should assist SANAC and the Human Rights Working Group in revisiting the stigma activities in the National Human Rights Plan with an eye toward targeting the forms and locations of stigma that remain most intransigent. This revisiting should be a priority when the Stigma Index 2.0 results are available.
- The various efforts to combat HIV-related stigma and discrimination call out for better coordination. The revisiting of the anti-stigma components of the National Human Rights Plan with the release of the Stigma Index 2.0 should include consideration of formalizing a coordinating body for stigma and discrimination reduction under the aegis of SANAC.
- The human rights toolkit was developed in an appropriately participatory way, but SANAC or AFSA should commission an evaluation of its various uses with the possibility of updating and revision as new issues arise.
- As noted below in the program area related to monitoring of laws, policies and practices, it is unclear whether a new district-level structure in the form of the SMYN-supported standing human rights committees adds value when there are district-level AIDS councils and other entities. The effectiveness and sustainability of the new committees should be evaluated as part of evaluations of the implementation of the National Human Rights Plan to be overseen by SANAC.

- If the continuing work of the Ritshidze program and evaluations of it indicate that it is reducing stigma and discrimination in the health sector, the expansion of the program beyond its current scope should be considered. SANAC and the Human Rights Working Group should consult with PEPFAR/CDC about expansion possibilities and seek other support if necessary. Efforts should also be made to draw lessons from this program for anti-stigma work outside the health sector.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	1.5	2.0

The baseline study noted a wide range of somewhat scattered efforts to sensitize health workers to human rights and ethics issues. The National Human Rights Plan envisions a systematic effort to develop and implement such training for all levels of health workers. Under the work supported by the Global Fund, the National Department of Health (DOH) is the lead for this work, which is meant to include pre-service and in-service training for all health workers on human rights issues for people living with HIV and TB and key and vulnerable populations. DOH respondents noted that they developed a training curriculum based on elements of national law, existing codes of conduct for health workers, and some studies of human rights violations faced by key populations.

The midterm assessment team requested a copy of training materials used in the DOH training. We received a very brief outline of the training from which it is difficult to gauge the treatment of the main themes in the training. The rights and situation of key populations are meant to be a central element of this training. As of now, however, key population representatives do not participate "live" in the training but only through videos in which men who have sex with men, transgender persons, sex workers and former prisoners make recorded statements. While this is better than not hearing those voices at all, live interaction between key population representatives and health workers might make for more compelling training, including allowing health workers to ask questions of key population representatives and vice versa.

Given that there are over 285,000 health workers, DOH's stated goal of reaching about 4,700 by the end of the three-year program seems modest. DOH says that in each training session, there are 5-10 people who are designated as future trainers. One of the challenges of understanding the impact of this activity, however, is that the National DOH has no mandate or capacity to follow these later "cascades" of training, which will be part of provincial training plans. Thus, it is difficult to assess the ultimate impact of this activity.

COVID-19 interrupted the scheduled in-person trainings, but an abridged version of the training was offered to staff who had access to a good internet connection. The scope and depth of this online training on human rights and medical ethics were not available for review. As of this writing, in-person trainings were not yet being scheduled because of the resurgence of COVID-19. An obvious concern is that if online training continues to be the dominant mode, those without good internet access will be excluded.

There are other relevant efforts that may contribute to improving human rights-related knowledge, attitudes and practices of health workers in South Africa, particularly with respect to the rights and needs of key populations. Health4Men, a project of the Anova Health Institute,

has conducted training on health of MSM for health workers in the public sector with PEPFAR support and in the private sector with the support of MAC AIDS.[††††] In Tshwane, the Community-Oriented Substance Use Programme (COSUP) implemented by the Department of Family Medicine of the University of Pretoria has provided specialized training on opioid maintenance therapy and other services for people who use drugs in four of seven of Tshwane's municipal regions. Drug-related services are integrated into primary care in public and private facilities in COSUP, and the program has also helped to inform harm reduction and substance use training of medical students. The program is supported financially by the Gauteng Department of Health.

A range of other activities related to training and sensitization of health workers is mentioned in the National Human Rights Plan, including "critical diversity literacy training" for relevant departments of universities and health training institutions, training of social service providers, and training and mentorship of health care workers by people living with HIV, people with TB and members of key populations. These appear to be as yet without concrete plans.

Recommendations

- South Africa has training institutions and programs for health workers at all levels. The ideal outcome of Global Fund support to human rights training for health workers would be integration of strong human rights and medical ethics component in regular government-funded health worker training. This kind of training should not have to continue as a donor-funded effort; we recommend an effort to integrate HIV-related human rights and medical ethics training in all established pre-service and in-service training of health workers to be sustained with government funding. The online version of the training developed because of COVID-19 should assist in regularizing this training at least where internet access is good.
- It would be useful for NDOH to establish a way to monitor the subsequent training activities of those who are designated and trained as trainers after their initial exposure to this human rights training. Not knowing whether there really is a training "cascade" deriving from the training of trainers makes it impossible to assess the impact of this work. In addition, the NDOH should develop a monitoring and evaluation system that would enable quantification and analysis of changes in knowledge, attitudes and practices of persons who receive the human rights training. The before-and-after knowledge questionnaires currently used do not seem to be tabulated systematically.
- One-off training sessions should be complemented by other measures, including ensuring that the principles conveyed in the training are part of standard operating procedure guidelines and performance evaluation of health workers.
- The Department of Health should invite representatives of key population groups to participate "live" in person (or on Zoom in live online sessions) in this training rather than relying only on recorded appearances.
- As the human rights training curriculum for health workers is revised and refined, it would be useful to consult the Human Rights Toolkit used in a number of sectors and developed with the participation of key population groups. Since the toolkit has become something of a standard for human rights training in a number of sectors, it would be helpful for the health worker training to include compatible elements.
- At some point, the Department of Health should commission a study of health worker training activities of NGOs such as those mentioned here, to learn lessons, particularly for key population issues, that might be pertinent for integration into DOH-run training.
- The means should be found for community health workers – that is, non-facility-based workers – to receive human rights training.
- SANAC should commission an independent evaluation of the DOH human rights training, particularly to see if practices improve after a critical mass of staff in a given facility are trained. Collaboration

with the Ritshidze program or learning from its methods of assessing facility-based care may be useful for such an evaluation.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	1.5	1.9

As noted in the baseline study, a number of key population-led groups, especially sex worker organizations, had already been documenting extensive police abuses before the National Human Rights Plan was developed. With the support of the Netherlands, the NGO COC International and the South African Police Service (SAPS) had developed and piloted a human rights curriculum called Diversity and Dignity Policing (DDP) that has a strong focus on police comportment with respect to key populations, but COC did not have the resources to scale up the training beyond the pilot sessions. Global Fund support through the National Plan was well-timed and enhanced the ability of COC to reach more SAPS officers. However, the goal of 2000 SAPS officers trained in the three-year program is modest given that there are 155,000 SAPS officers. While SAPS and COC representatives were optimistic that the 2000 goal itself would be met by 2022, COVID-related delays may call that optimism into question.

The DDP curriculum includes extensive material on HIV law and legal protections, key and vulnerable populations, stigma and discrimination, rights of persons in police custody, and gender-related human rights issues, including sexual and gender identity. Gender-based violence, including violence against LGBTI persons and young people, is also a component of the training. The SAPS focal point for DDP reports that the training has been very well received by SAPS personnel, some of them requesting further engagement with the material after the training, and many stations requesting to be part of the program. It is helpful that there is a plan to integrate the DDP material into pre-service training for SAPS. There are also standard operating procedure (SOP) guidelines on policing of LGBTQI people and sex workers that incorporate principles from DDP.

Not originally in the National Human Rights Plan, an initiative by AFSA and the National Prosecuting Authority (NPA) through the Thuthuzela Care Centres (TCC) (centers meant to be “one-stop shops” for survivors of sexual violence) has organized consultations with NPA, SAPS, civil society organizations, persons who have survived sexual violence and other human rights violations, health workers and other service providers to explore best practices in effective multisectoral responses to violence and other abuses. Though not as yet designed as an accompaniment to DDP training, this kind of consultation could provide a good opportunity to discern in practice how the DDP ideas have been internalized by police. Sexual violence remains a major social concern in South Africa, and that focus on this activity seems well chosen.

This activity with the NPA through the TCC seems like a reasonable potential component of a comprehensive response to human rights-related barriers to health services, particularly because of the multisectoral nature of the discussions, including involvement of prosecutors and police with people who have survived human rights violations. It is not completely clear exactly how these consultations fit with or complement the DDP training. Nor is it clear how the impact of these sessions will be evaluated or what the follow-up activities will be. If the sessions result

in improved understanding across sectors as to how survivors of abuse can be best served, follow-up to monitor changes in practice would be important.

In addition to this work supported by the Global Fund, there have been other efforts to improve police practices with respect to key populations. The Positive Policing Partnership (PPP) originated as a response to 2016-17 research undertaken by Sisonke, SWEAT and Sonke Gender Justice to document police abuse against sex workers. Though the research found widespread and heinous abuses, it was decided by these organizations that rather than complaint mechanisms or other adversarial approaches, there should be an attempt at "solution-focused" collaboration to improve policing of sex work. Conferences with sex worker groups as well as COC and Amnesty International – South Africa were held in 2018 and 2019. The mid-term review team was told both by a SAPS representative and by key population groups that the PPP effort was well received. However, it was reportedly not possible to find funding for a PPP coordinator, which seems effectively to have ended this activity.

Indeed, the long-standing activities of key population groups and specialized service providers seem to continue to be important and are the foundation on which DDP and other activities can build. In addition to the continuing efforts of sex worker organizations to engage with the police, for example, programs serving people who use drugs have also worked to sensitize police to the importance of harm reduction and other issues. The Step Up Project, begun by TV HIV Care in 2015, provides harm reduction services in Cape Town, eThekwini, Pietermaritzburg and Port Elizabeth. (The project is supported by Mainline, Open Society Foundations, Bridging and Gap and the Global Fund.) Step Up has endeavored to engage constructively with the police at national and local levels, and at the 8th South African AIDS Conference, for example, conducted a workshop for NGOs on engaging with the police.

Constructive interaction with police has also featured in the Community Oriented Substance Use Program (COSUP) implemented by the University of Pretoria and serving four districts in greater Tshwane. The program provides drug-related harm reduction services at 17 sites and in collaboration with a wide range of community organizations. COSUP has undertaken regular meetings and workshops with the police in the Tshwane area on the importance of harm reduction and even organized sports events where COSUP clients could play on teams with police.‡‡‡‡ While perhaps on a narrower set of issues than the DDP training, these experiences may hold lessons for sensitization of police to human rights issues more broadly.

The National Human Rights Plan includes a component for training of members of the judiciary on HIV and TB-related human rights issues. With Global Fund support, ProBono.org was charged with this training but noted quickly that training of judges and magistrates is restricted, and CSOs are not authorized to conduct such training. The National Plan also includes an element of training for traditional leaders. ProBono.org noted that there is a plan to work with AFSA in this area, but the training had not yet been done. However, AFSA has conducted training with traditional leaders on other topics in the past. The National Plan foresees advocacy for monitoring and judicial oversight of prison conditions; we could find no reports of this work.

In sum, training of SAPS officers has been established on many pertinent issues related to improving police practice toward people living with HIV and key populations, an important step to removing barriers to health services. But it is not clear that the training that has begun will be sustained and scaled up to a comprehensive level, and there does not seem to be a plan for evaluation of this training. There is also limited engagement with prison officials, judges and traditional leaders.

Table 4 - Examples of Activities to Sensitize Law Enforcement

Description of Activities	Organizations	Location/Reach
Scaling up of the Dignity and Diversity in Policing (DDP) training program for SAPS personnel	COC, SAPS; some key population organization representatives participate as trainers	So far in the 3 provinces with the biggest cities (W Cape, Gauteng, KZN), but plans to expand to all provinces, though in relatively small numbers.
Pre-service training on DDP principles	SAPS	In early stage
Continuation of the Positive Policing Partnership	Sisonke, SWEAT and Sonke Gender Justice	No funding found for coordinator position; PPP not active at this writing
Multi-sectoral consultations with SAPS, National Prosecuting Authority, civil society and key population organizations through the Thuthuzela Care Centres	AFSA, NPA	Piloted in three districts; scale-up plan to come

Recommendations

- The training of a critical mass of police is a key performance indicator for the National Human Rights Plan. SAPS should incorporate and scale up DDP in in-service and pre-service training promptly and preferably with its own resources. If the program is as well-received as has been described to the midterm assessment team, there is no reason why SAPS should not be able to sustain DDP without donor support. A scale-up plan with numerical targets even for the period beyond 2022 should be developed.
- SAPS, in consultation with key population groups, should use the principles in the DDP training to develop standard operating procedures (SOPs) for policing of people who use drugs, people living with HIV, and other key populations not yet covered by the existing SOPs. SOPs in these areas should have the same status as other SAPS orders with equivalent measures to monitor and ensure compliance.
- The multisectoral consultations and trainings, based on the Human Rights toolkit, with NPA through the Thuthuzela Centres appear to address important issues. If they are carried out beyond the few pilot sessions so far, methods for a rigorous evaluation of the impact of the activity should be developed and also a plan for follow-up. It should be a goal to ensure that everyday practices embody whatever improved understanding of multisectoral roles and responsibilities may result from these sessions.
- In accordance with the priorities in the National Human Rights Plan, it would be useful to develop and implement training of judges, corrections officials and traditional leaders on HIV-related human rights issues.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy ("know your rights")	2.8	3.1

It was noted in the baseline study that legal and rights literacy activities were already well established in South Africa, especially for sex workers and people who inject drugs as well as people living with HIV through the work of a wide range of NGOs. Section 27 in its earlier incarnation as the AIDS Law Project developed a manual for people living with HIV in 1997 to catalogue their rights and how to claim them, and many legal organizations in the country have continued since then to raise rights awareness of key populations and people living with HIV. Adding to its history of rights literacy work, in July 2019 Section 27 produced a user-friendly booklet on sexual and reproductive rights of adolescents, complete with exercises and interesting graphics and practical information on telephone hotlines and NGOs from which young people can seek legal support.

Key populations organizations have continued their efforts to ensure their members know their rights through the work of peer educators and paralegals as well as written and social media-based materials. For example, Sisonke's "Rights-Based Self Development Handbook" and its membership handbook have useful information for sex workers on what their rights are if they are arrested and what they should and shouldn't say to police. Sex work law is explained clearly. SWEAT works with sex workers in a variety of ways – especially workshops and other training and interaction with peer educators trained on rights literacy – to improve legal literacy. The Southern Africa Litigation Centre has produced plain-language materials on the rights of transgender people in all southern Africa countries, including South Africa.[§§§§] Out LGBT is continuing its "Love Not Hate" campaign for LGBTI persons, which includes "know your rights" information.[*****] SANPUD has prepared training materials that include rights of people who use drugs.

In the current environment, the Human Rights Toolkit developed under AFSA's aegis with Global Fund support is a useful resource to inform the continuation of these activities. It has basic information on rights in both international law and South Africa law with specific information for key populations and a strong focus on rights related to access to health services. It contains exercises for training sessions and a facilitator's guide. It also includes chapters on how to document human rights violations and techniques such as community mapping. The baseline study of Breaking Down Barriers called for greater standardization of rights literacy activities in the country. As already noted, the toolkit should be evaluated, but if it is found to continue to be a useful tool for raising awareness of rights, it can serve as a central repository on legislative and policy concerns that can be updated as laws and policies change.

Since the time of the baseline study, a number of new NGO players have taken on significant roles in implementation of legal and paralegal aspects of the national human rights plan. Under the Global Fund-supported work, it was useful, therefore, for ProBono.org to conduct several district-level legal literacy workshops for SRs and other community-based organizations, though only three of the planned 10 sessions were completed by the end of September 2020.

Under the National Human Rights Plan, there were three main activities under the program area related to legal literacy: (1) develop standardised legal literacy materials for toolkit, targeting the

different key and vulnerable populations and for HIV and TB; (2) build capacity of people living with HIV, TB networks and vulnerable and key-population-led CSOs to scale up community-based legal literacy programmes including with traditional and religious leaders; and (3) strengthen existing civic education outreach programmes of legal NGOs, DOJCD, Chapter 9 institutions, legal NGOs, and Thuthuzela Centres. While there is a strong foundation on which to build standardized legal literacy materials and some progress in systematic scale-up of "know your rights" activities, overall, the country still has significant work to do before it is able to be on track with the National Plan.

Recommendations

- The legal literacy training of ProBono.org should be supported to reach as many districts as possible and expanded beyond paralegals to peer educators, including those affiliated with key population-led groups, and other community mobilizers.
- Since activities in this area involve many players and apparently a number of curricular or awareness-raising approaches, it would be useful for the Human Rights Working Group to map these activities, assess their content and recommend a strategy for future coordination and evaluation. This includes assessing and providing guidance on how activities in the National Human Rights Plan can be taken forward.
- The human rights toolkit should be updated by AFSA or SANAC as laws and policies change to service as a repository for current information on HIV-related rights.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.8	3.4

The baseline study for Breaking Down Barriers found that South Africa has numerous legal service providers for low-income and marginalized persons compared to many countries, but access to legal services was still deemed insufficient for persons living with and vulnerable to HIV. The baseline recommendations included finding a national mechanism to consolidate referrals to legal services. The baseline study also recommended strengthening the capacity of Legal Aid South Africa (LASA) to provide HIV-related legal services to all who need them, singling out LASA as the most likely institution to be able to fill the HIV-related legal services gap. The major role of strategic litigation in the evolution of HIV-related law in South Africa was also noted.

The midterm review finds that there remains significant insufficiency in access to legal services and also inconsistency of referral processes to make use of the services that do exist (see also program area on monitoring and reforming laws that includes coverage of human rights violations below). The National Human Rights Plan has a significant focus on legal services with the vision that legal services would be within reach for all people living with HIV, with TB and the respective key populations. While all informants reported to the midterm assessment team that many complaints of violations can be resolved without the intervention of a lawyer, it is nonetheless concerning that there is apparently not a clear and reliable path to referral to legal services for many who need them. This gap may be of particular concern for people who use drugs, who are apt to be charged with a range of criminal offenses without access to lawyers familiar with the law on controlled substances.

The sex work sector, with its long-standing efforts to ensure access to justice for its community, has made some arrangements for legal services. SWEAT has a Sex Workers Legal Defense Centre for legal service provision, though at the time of the midterm assessment, there was no lawyer on staff at the Centre. SWEAT and Sisonke also maintains a legal advice hotline for sex workers. The Women's Legal Centre with offices in Cape Town and Johannesburg has provided legal advice for sex workers and handled some strategic litigation related to sex worker rights and protections.

Legal Aid South Africa (LASA) has a mandate to provide legal services to individuals who cannot otherwise afford legal representation. Its attorneys provide representation in both criminal and civil cases, which includes addressing HIV-related cases. In addition to lawyers, LASA also has paralegal staff, some of whom have benefited from the Global Fund-supported HIV and TB paralegal trainings from ProBono.org. LASA noted that the ProBono.org training was more detailed on matters of HIV and TB than the training LASA normally offers. Legal Aid South Africa recognized the need for increasing the capacity of lawyers to deal with HIV- and TB-related manners. As noted in the baseline assessment and as is still the case at midterm, LASA's presence in all parts of the country (128 contact points throughout South Africa) and its mandate to serve low-income persons make its capacity to provide specialized services to persons living with HIV and key populations an important focus for future work.

Under the Global Fund grant, ProBono.org is the main legal organization for legal services work, overseeing provision of legal services, training of paralegals and scoping for strategic litigation. On legal aid, however, key informants indicated that it had been difficult for them to link up with the free legal support from ProBono.org's roster of lawyers, with some organizations preferring to have their own legal resources. Show Me Your Number, for example, retained a lawyer on its staff to help paralegals and "mobilizers" in the districts to determine whether legal support was needed. Key population groups that have been documenting human rights violations for years had in some cases made arrangements with legal service organizations for specialized assistance, though they also have trained peer workers who can help resolve many cases without legal support. When we spoke with representatives of ProBono.org, they had not yet had cases referred to them through the activities in the National Human Rights Plan. The organization, however, recognized the importance of continuing to sensitize lawyers to HIV and TB issues – in this regard, it has contracted with a law firm that plans to design a program of "empowerment" of lawyers potentially interested in working in this area. If successful, these activities could broaden the number of attorneys who could help provide HIV- and TB-related legal aid services.

On paralegal training, ProBono.org has been making progress on this activity that is central to the National Human Rights Plan. This training by ProBono.org's implementer ENZA was judged by the overwhelming majority of trainees to be very useful and well executed.†††† ENZA had previously conducted Global Fund-supported training on GBV and the law and on HIV in the workplace, as well as other training programs on a range of LGBTQ rights issues. Some 99% of the participants passed the test administered at the end of the training. The training covered stigma and discrimination faced by people living with HIV and key and vulnerable populations, relevant South African law, documentation of human rights violations in the community, and how to do community-based advocacy and legal education, among other subjects. To the credit of the implementers, when COVID-19 made in-person sessions impossible, the course was changed promptly from face-to-face sessions to an online format.

Materials were accessible by both smartphone and computer, and technical support for connectivity and other problems was available. Online discussion with trainees was facilitated by the instructors. Trainees were given one week to complete the modules rather than requiring that all modules be used at fixed times. Most of the trainees were identified for the training by Legal Aid South Africa or the Foundation for Human Rights (from the community advice centers – see below), but a few participants were from NAPWA, TB-HIV Care and ProBono.org.

To follow up on the training, ProBono.org engaged the Foundation for Human Rights (FHR) to support the newly trained paralegals in their community-based work. FHR has a 25-year history of working with community advice offices (CAOs), which are private, locally run centers that are meant to "ensure marginalized and vulnerable communities have access to justice, social services and legal support to effectively advance their human rights."‡‡‡‡‡ FHR has a history of working with the CAOs and has been contracted by ProBono.org to help the recently trained paralegals to be attached to the CAOs through which their services can be found by those who need them.

On the matter of strategic litigation, stakeholders recognized that it is not realistic to think that litigation could be planned and completed in the three-year period of the National Human Rights Plan. In view of the likely importance of litigation for matters such as reform of drug law or law related to sex work, some key population-focused stakeholders suggested that there are still ways in which donors with shorter-term horizons could support at least the first steps of litigation – for example, supporting groups that could help identify appropriate plaintiffs and finding lawyers to outline starting arguments.

Another concern for linkages to legal services, as noted in the next section, is the long period of grappling with the REAct tool and securing an online platform for centralizing data on human rights violations – this challenge has possibly distracted attention from the crucial matter of case management for violations identified.

In sum, with respect to programs for HIV-related legal services as judged against the activities envisioned in the National Human Rights Plan: while South Africa, with the support of the Global Fund, has made some strides in paralegal training, on the whole, it has not made much other progress on the other activities in this program area. Remaining activities include conducting an audit to determine capacity and accessibility of legal services for people living with HIV, people with TB, vulnerable and key populations; sensitizing and strengthening the capacity of the South Africa Human Rights Commission and Commission for Gender Equality to monitor and respond to rights' violations; and supporting strengthening of complaint mechanisms in various sectors, including prisons.

Table 5: Example of Legal Service Activities

Description of Activities	Organizations	Location/Reach
Training of paralegals	ProBono.org, ENZA contracted for the training and curriculum development	321 trainees from 25 GF-supported districts, 22 non-GF districts; 271 completed the course

Post-training support to paralegals in community advice offices	Foundation for Human Rights contracted by ProBono.org	Advice offices in 35 districts
"Empowerment" of practicing lawyers who may be interested in working on HIV- and TB-related issues, especially with key populations	Small law firm (Chantel) contracted by ProBono.org	Planned
Manual for lawyers working on HIV- and TB-related human rights issues	ProBono.org	In production
Workshops on using strategic litigation effectively	ProBono.org	2 workshops for interested attorneys and advocates
Provision of legal aid services under SA law – Legal Aid South Africa Act	Legal Aid South Africa	National - 128 contact points - 64 main offices and 64 satellite offices

Recommendations

- The Human Rights Working Group should have a formal consultation with organizations documenting human rights violations to assess the availability of legal services in the management of violations identified. All documenters should be heard on this point, including key population groups, and a plan for improving access to legal services should be developed and implemented.
- It is essential that the planned national electronic platform for documenting and gathering data on human rights violations related to HIV and TB be designed to enable transparent following of whether cases requiring legal assistance are receiving it.
- It would be useful for AFSA or the Human Rights Working Group to assess whether the paralegals linked to the CAO and supported by Foundation for Human Rights are more accessible or effective than other paralegals for certain categories of human rights violations. If this use of the CAO seems to improve the effectiveness of paralegal support, its expansion should be considered.

HIV Program Area	***Score***	
	Baseline	***Mid-term***
Monitoring and reforming policies, regulations and laws	*3.0*	*3.8*

Among activities continued or initiated since the baseline study, work on monitoring and reforming policies and laws falls into two major categories – (1) advocacy efforts on particular laws and policies and (2) documentation of human rights violations in the community and follow-up of those cases. The latter is classified in this program area, though it overlaps with other program areas described above.

<u>Advocacy on particular laws and policies</u>

A number of efforts to reform laws and policies are noted in the following list. Long-term efforts to decriminalize sex work, reform harsh drug laws, and fix the problem of dramatically overpriced methadone figure in this list.

- The Asijiki Coalition brings together SWEAT, Sisonke, Sonke Gender Justice and the Women's Legal Center to advocate for decriminalization of sex work in South Africa with the support of the

Open Society Foundation for South Africa, Hands Off and the Red Umbrella Programme. The Coalition has developed a user-friendly and well researched set of fact sheets and other materials that are a guide for advocates seeking to understand the dimensions of decriminalization.

- Global Fund and Open Society Foundations support has assisted SANPUD and TB HIV Care to advocate for registration of methadone as an essential medicine for use in treating opioid use disorder and addressing of the long-standing problem of the cost of methadone, which results from an ill-conceived licensing arrangement with a single provider. Those conducting this advocacy hope that there will be progress in 2021 and assert that having funds to support advocacy, which are rare, has facilitated movement. (See case study below.)
- SANPUD and TB HIV Care have advocated with the South Africa Central Drug Authority, including for the improved recognition of essential harm reduction services in the National Drug Master Plan. The Master Plan for 2019-2024 is the first in South Africa that does not espouse a "drug-free" nation as a central goal and recognizes harm reduction – by an internationally accepted definition – as pillar of drug policy.
- In 2019, TB HIV Care was named to the SANAC working group to develop a South African National HIV Plan for People Who Use Drugs.
- SANPUD continues to advocate for drug law reform in South Africa, including laws that allow for long custodial sentences for non-violent offenses and remaining human rights challenges in the cannabis law and law enforcement.
- ProBono.org plans to continue to monitor and advocate around policies regarding community service requirements in legal training that may discourage pro bono work.
- Treatment Action Campaign and other NGOs are part of the Fix the Patent Laws campaign, which is designed especially to enable access to COVID-19 vaccines but has broader implications for access to HIV and TB medicines.

In addition to these areas of active advocacy, it should be noted that transgender persons are at extremely high risk for HIV as well as for discrimination and disrespectful treatment in health services and violence in the community. The South African National LGBTI HIV Plan notes the need for policy development on HIV and STI services for trans men and women and related training, psycho-social services to address internal stigma among trans people, and more rights literacy to enable all LGBT people to enjoy the rights enshrined in the Constitution.

<u>Documentation of human rights violations and follow-up</u>

The documentation of human rights violations and subsequent follow-up of cases identified is one of the most challenging areas of work in the National Human Rights Plan. It was challenging at the time of the baseline study and remains so. While many organizations are working to document human rights violations against people living with HIV and TB and key and vulnerable populations, the work is not at this writing proceeding under the umbrella of a "functional national HR reporting system".

Several NGOs are involved with documenting human rights violations against people living with HIV and TB and key populations, but the results are not consolidated, and the paths of referral of cases to relevant legal or paralegal support or other resolution are not consistent and not centrally reported. Organizations use different definitions, frameworks and templates – and, perhaps more importantly, the inconsistency in referral and follow-up leads to real questions about whether violations are being addressed. Given this landscape, it is hard to discern trends or even totals of rights violations and follow-up actions for a given period. A national human rights reporting system was meant to address this gap. With Global Fund support, AFSA was meant to adapt and utilize the REAct (Rights, Evidence, Action) tool as the basis for a national human rights reporting system. The REAct monitoring system was developed for global use by

the NGO Frontline AIDS to document human rights violations that impede access to HIV services. Currently used in 22 countries, it is meant to enable community-based organizations to "record data about human rights violations; provide and refer people to health, legal and other public services; and use this data to inform human rights-based HIV programming, policy and advocacy."[§§§§§] Under the Global Fund grant, AFSA developed a framework for categorizing incidents of human rights violations , and the REAct tool is meant to be in the process of being customized for use in South Africa. However, while some community-level workers have been trained as REActors, the REAct electronic platform is not functional at this writing. A stakeholder meeting in December 2020 was meant to help find consensus on some fundamental aspects of REAct, but it did not achieve that goal. It is not clear whether the focus on customizing and finalizing the collection of data on violation incidents has diverted attention from the matter of ensuring that violations are followed up and their disposition monitored.

Show Me Your Number (SMYN) is one of the Global Fund sub-recipients active in the area of documenting human rights violations. In the districts where it works, SMYN has established new district-level structures in the form of the Standing Human Rights Committees that are meant to monitor the documentation and disposition of cases of HIV- and TB-related human rights violations. It is far from clear, including to other NGOs active in documenting human rights violations, whether the addition of these new structures in some districts is well justified. When there are community advice offices where some of the paralegals trained on HIV and TB are stationed, District AIDS Councils and other structures that could have been mobilized as part of a system of following up human rights violations, it is not completely clear what the new Standing Committees add.

In this regard, a key concern is that there seems not to have been a process of learning lessons from the established work of key population organizations that have developed systems tailored to the needs of their populations for documenting abuses and ensuring that cases are followed up. Sex worker organizations, for example, have done extensive work over the years to assess the nature of common violations, train peer educators to help in the reporting of violations, and organizations and peers to assist in the follow-up of cases. While at times there may be a need for more legal service support than is readily available, the sex work sector seems to have used this system to facilitate some level of positive engagement with the police and improvement in access to services related to GBV, for example. TB HIV Care developed a specialized template for documentation of human rights violations against people who use drugs that includes whether the violation involved confiscation or breaking of new or used syringes; whether other equipment or medicines were taken; whether there was detainment, arrest (processed or not processed), extortion or bribery; and whether the abuse was at the hands of SAPS officers, metropolitan police, CID or private security. The development of a nationwide system for documenting human rights violations should include an analysis of whether including these categories of abuse is useful to inform programs or to allocate resources adequate to follow-up of cases, education of peer workers, and the like. It is unlikely that the categories of violations used by the key population groups will be exactly those that are suited to a consolidated national platform, but that determination requires a process of learning from key population experiences that does not seem to have happened.

Even apart from the experiences of key populations, as the establishment of the online system is awaited, it is not clear that there has been a process to learn lessons from the paper-based documentation that has been undertaken by all of the NGOs involved in the human rights work.

It is of concern, moreover, that the development of the national platform for documentation of violations seems not to have had an adequate focus on an effective mechanism for ensuring that all documented violations trigger adequate follow-up, legal or otherwise. Stakeholders noted that discussions of indicators and the workings of the proposed online platform have crowded out a rigorous strategic consideration of how effective case management will be coordinated and ensured. AFSA's quarter 7 report did show data on follow-up of incidents of human rights violations for that quarter. From a total of 1003 violations reported, results were shown for 864 cases using the categories "service referral" (77% of cases), "cases reported to organization" (20%) and "legal support" (4%). This is a start, but it is not clear for "service referral" and "reported to organization" whether redress was achieved if sought.

On the matter of follow-up of documented violations, NAPWA in particular found inadequate the level of financial support for the community-level documentation and follow-up of violations. The supervisors of the NAPWA "REActors", who use a paper-based system, note that they do not have enough resources to adequately follow the activities of those in their charge, and the REActors themselves do not have adequate funds to travel to the more remote parts of their districts. NAPWA is also involved in the PEPFAR/CDC-funded Ritshidze program of monitoring the quality of facility-based health services and noted that the financial support for that activity is much more sufficient than the Global Fund-supported documentation of violations.

The National Human Rights Plan lists a variety of activities related to monitoring and law review and reform for HIV, TB and key and vulnerable populations. In addition to establishing a national human rights monitoring system, such activities also include strengthening laws and policies related to sex work, drug use, health policy, transgender persons, persons with disabilities, workplace policies, TB-related policies, prison reform and access to justice for children. There is also an intervention on strategic litigation. At midterm, while there have been some steps taken to advance work on selected activities, there has been limited to no progress on the majority of the activities outlined under this program area.

Recommendations

- Finalization of a system to enable collection, collation from multiple sources, deduplication and analysis of quantitative information on human rights violations is urgent. Again, given the experience of key population-led groups, it is not clear that a uniform data collection template is needed, but a way of totaling broad categories of violations and monitoring their referral and follow-up is needed. AFSA and SANAC should give this matter the highest priority. Training of all implementers on this system is urgent and should include refresher training on the range of support services – legal and other – that are available to complete disposition of the various categories of cases.
- The customization and implementation of the REAct system, if it is to be used as the nationwide platform, should be informed formally by lessons learned from organizations with experience in the documentation and follow-up of human rights violations, including key population groups. REAct should not handicap the existing systems of key population organizations. A formal exercise of assessing lessons learned, particularly from organizations with long experience in the area, should be organized by the Human Rights Working Group.
- REAct or any nationwide platform for analysis of human rights violations, must facilitate the monitoring of disposition of documented cases of human rights violations. AFSA and SANAC should present to all stakeholders in the National Human Rights Plan a clear and operational description of how exactly the documentation system will assist in ensuring that cases are appropriately referred for

follow-up and that their final disposition is recorded in an analyzable form and part of the analytic reports produced through the human rights portal.

- It should be a priority to ensure that all district-level personnel documenting or following up on human rights violations – whether SMYN mobilizers, NAPWA REActors or key population groups or other relevant rights documenters (such as NACOSA outreach workers and Beyond Zero peer educators) – have an understanding of relevant laws and policies that is as comprehensive and standardized as possible.
- The Human Rights Working Group and AFSA should work with SMYN to create a rapid monitoring system to assess quarterly the scale and substance of the activities of the district-level standing committee on human rights to determine whether they are adding value in documentation or resolution of incidents of human rights violations. For those that are functioning well and adding value, AFSA should assist SMYN in making plans for the sustainability of these bodies.
- Support especially to key population and legal advocacy groups should be provided to sustain advocacy for decriminalization of sex work and reform of overly repressive drug laws.
- Sustained support should be provided for the continuation of efforts to ensure that methadone and buprenorphine are affordable and registered for use in the treatment of opioid use disorders.
- Efforts should be made to complete work in monitoring and reforming laws, regulations and policies as noted in the National Human Rights Plan, including, as noted above, protections for transgender persons and persons with disabilities, workplace policies, TB-related policies, prison reform and access to justice for children.
- South Africa's history of human rights-related reforms suggests that some HIV-related legal reforms that have been the focus of long-term advocacy might be spurred along most effectively by strategic litigation. It is clear that strategic litigation is a long-term intervention and that it may not fit easily in most donor calendars and priorities. But resources should be found to take some preparatory steps for strategic cases, including support for formulation of a legal strategy, identification and preparation of plaintiffs, etc.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity[5]	3.2	3.2

The baseline study identified a wide range of activities in this area, some of which continue in the current period. There is a very wide range of services addressing – directly or indirectly – HIV-related discrimination against women, including young women, and gender-based violence (GBV). A complete review of these activities is beyond the scope of this assessment. The activities highlighted here are those most related to the objectives noted in the National Human Rights Plan.

- The "She Conquers" campaign was designed to be a three-year effort (2016-19) but still has a social media presence. The baseline study called this the government's flagship HIV program for AGYW. In addition to the objective of HIV prevention, the campaign sought to keep girls in school, reduce teen pregnancy and GBV among AGYW, and increase economic opportunities for young people. Among the numerous activities of the program, those most directly addressing human rights issues included "empowerment" through information and life-skills training on GBV, changing social norms on GBV, and support to girls for realizing their right to education. The campaign was supported by the Global Fund, PEPFAR and the German Development Bank. In some locations She Conquers

[5] *Global Fund Secretariat Annotation: Work contributing to the reduction of HIV-related gender discrimination, harmful gender norm and violence against women in all their diversity is also shared across all Principal Recipients currently implementing the Adolescent Girls and Young Women (AGYW) program.*

was rolled out together with DREAMS (see below). No independent evaluation of She Conquers could be found. Media reports indicated some dissatisfaction among civil society representatives as to the level of meaningful participation of AGYW in program planning and the nature of some of the communications messages.

- The PEPFAR/CDC-supported Determined Resilient Empowered AIDS-free Mentored Safe (DREAMS) Program continues to address the disproportionately high HIV risk faced by adolescent girls and young women (AGYW). DREAMS provides a range of risk-reduction and other services, including facilitating access to cash transfers and education subsidies, providing post-violence care and counseling, provision of condoms and sexual risk reduction education, and parenting programs. DREAMS has expanded to Regions B, D and F in the city of Johannesburg and operates also in Ekurhuleni, uMgungundlovu, uMkhanyakude and eThekwini. PEPFAR's 2020 plan included expanding DREAMS to 24 districts based on high HIV burden (and not already covered by Global Fund-supported AGYW programs). The DREAMS Risk and Vulnerability Assessment seeks to target the program to the most vulnerable young people. The program is also supporting integration of GBV services with HIV care. An independent evaluation of DREAMS in 2019 found high levels of awareness of the program, particularly among young girls, and concluded that the strategy of "layering" a combination of biological, behavioral and social interventions for AGYW is valid and realistic.[******]
- The Global Fund supports layered Adolescent Girls and Young Women programs in 7 provinces through numerous implementers with intervention areas similar to those of DREAMS and a focus on shifting social norms, including around the rights of young women and girls to education and protection from GBV. The program also supported comprehensive sexuality education, taking advantage of a change in policy from the Department of Basic Education facilitating that introduction of CSE in schools. Through RISE young women's clubs operated by Soul City, for example, girls and young women have participated in public demonstrations to assert their right to be free of sexual harassment.
- As also noted in the baseline study, the Thuthuzela Care Centers (TCC) – designed as "one-stop shops" for survivors of sexual violence to receive psychosocial support, help with reporting crimes, and referral for medical care – are an important element of GBV programming in the country. The AFSA-led activity described in the training of lawmakers program area above, though new, may contribute to the effectiveness of TCC services by improving coordination and communication among health service providers, police, prosecutors, paralegals and survivors of violence.
- Police training using the DDP curriculum supported by the Global Fund includes extensive material on gender and sexuality, gender expression and sexual orientation. DDP complements other obligatory training that SAPS receives on GBV.
- The Human Rights Toolkit, being used for varied purposes and audiences, has substantive, user-friendly material on gender-based discrimination, GBV and related issues.

In addition, some important activities focus on gender discrimination and GBV issues related to particular key populations.

- Sex worker organizations in the country continue to build on their considerable history of activities in preventing GBV in their community and assisting survivors of violence, as noted in program areas described above. Transgender and male sex workers are more hidden than women in some parts of the country and require special outreach efforts.
- TB HIV Care and SANPUD have undertaken a number of activities to support the realization of the rights of women who use drugs. SANPUD conducted focus groups with women who use drugs to assess service needs and barriers women face to access to services. Beginning in 2019, TB HIV Care used these findings to offer women-specific support groups at drop-in centers in Cape Town, Port Elizabeth and Durban. TB HIV Care reports that the response has been very positive as the groups have grown significantly in a short time. Materials have been developed for these groups covering topics such as building self-esteem, GBV, abusive relationships, and childcare challenges. Women have expressed appreciation for a safe space in which to learn from and support each other.

- Sonke Gender Justice's most recent strategic plan includes training and mobilization of community-based organizations and faith-based organizations on rights of transgender and gender-non-conforming persons. SGJ has a goal of motivating community-based actors to put pressure on local authorities for better response to GBV, including monitoring the judicial system's handling of these cases. The organization also plans to conduct training on gender transformation for government officials, members of legislatures, police, prosecutors, educators and others with human rights-related responsibilities, as well as media representatives.

The National Human Rights Plan includes a significant number of activities to reduce gender inequality, harmful gender norms and gender-based violence and decrease gender-related vulnerability to HIV and TB. While some steps have been taken on selected activities, such as sustaining support to the TCCs, the majority of the interventions are not progressing as envisioned by the National Plan. Many of these activities are based on existing work that government and civil society stakeholders are already conducting, while some activities have not advanced (for example, training of judiciary). Where such activities are ongoing, they are continuing in a disjointed manner, led by various entities. There has not, however, been success in effective mapping and coordination between various implementers to understand the scope, scale and depth of activities.

Recommendations

- The Human Rights Working Group and SANAC should map the nature and coverage of gender discrimination and GBV activities most related to the goals of the National Human Rights Plan and should make a recommendation for scaling up and prioritization of activities for the remainder of the period covered by the Plan.
- We reiterate the call of the baseline study for continued support to the Thuthuzela Care Centres. If the activity initiated by AFSA and the National Prosecution Authority is shown to result in more effective multisectoral coordination of services for GBV survivors, its expansion should be considered.
- As noted with respect to monitoring of laws and policies above, the high risk of HIV, STIs, discrimination and other human rights violations faced by transgender persons argues for particular attention to improving HIV and STI services for them through health worker training and monitoring of health services, as well as advocacy in a number of areas to enable transgender persons to enjoy the constitutional rights to which they are entitled.

Programs to Remove Human Rights-related Barriers to TB Services

While TB-related activities are part of all sections of the National Human Rights Plan, they often seem to be overshadowed by a focus on HIV. As shown in the program area assessments below, there has been some expansion of TB-related human rights activities since the baseline study, but they do not appear to be well coordinated, and the human rights content of some of them is unclear. The assessment here argues for consideration of the creation of a TB sector in the SANAC Civil Society Forum.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	2.5	2.9

TB-related stigma appears to remain a challenge, as was also noted in the Breaking Down Barriers baseline study. That study found a few examples of efforts to address TB-related stigma, including the beginnings of the "Unmask Stigma" program in South Africa and various campaigns to raise awareness about the facts of TB and combat misinformation. "Unmask Stigma," which is a global campaign, continues with the support of the NGO TB Proof, which has used some of the materials from the international campaign to raise awareness about how widespread TB stigma is and how important it is to address it. TB stigma remains a problem. During COVID-19 "stay at home" orders when health workers in some areas intensified home visits to find people who may not have been attending health facilities for their TB treatment, some workers reported that people would refuse to receive TB workers for fear of being stigmatized.

The Stigma Index 2.0 study supported by USAID, which is planned for publication in 2021, will give an update on the state of TB stigma in the districts covered by the survey. TB-related questions for persons who have had TB include whether they have been insulted, gossiped about, sworn at or teased; whether the disease has made them feel unclean; and whether they informed anyone outside their household about their diagnosis. The same questions appeared in Stigma Index 1.0.

The NGO TB Proof reported that Stop TB Partnership in 2021 will support a study of TB stigma in Khayelitsha (Western Cape). Stop TB Partnership's TB stigma assessment tool, now tested in a number of countries, includes assessment of self-stigma, enacted stigma, anticipated stigma and secondary stigma. TB Proof reports that the tool was adapted for use in South Africa with the assistance of experts from Stellenbosch University.

TB HIV Care has mobilized support groups and various forms of social support for TB patients through its extensive activities over the years and has trained community-based organizations on the importance of respectful care and support for people living with TB.

Under the National Human Rights Plan, South Africa aims to do the following to reduce TB-related stigma and discrimination: (1) Engage with communities to (i) develop and (ii) implement a national HIV, TB, and key and vulnerable populations stigma reduction communications campaign and (2) Strengthen and scale up the work of community groups and champions through community anti-stigma campaigns (including with traditional, religious and community

leaders), to advocate for stigma and discrimination reduction, and address self-stigma for people living with HIV, people with TB, and key and vulnerable populations. While it has made some progress, particularly on campaigns related to addressing TB-related stigma, there are few interventions focused on TB stigma and discrimination in community groups.

Recommendations

- Analysis of the Stigma Index 2.0 results against the first Stigma Index should inform a revisiting of strategies for addressing TB stigma in the National Human Rights Plan. Results of the Stop TB stigma assessment should also inform the National Plan, once those results become available.
- Possibilities should be explored for using the communication activities related to COVID-19 to reinforce some key messages about TB and to counter misinformation.
- Depending on the results of the Stigma Index 2.0 survey, an effort to design psycho-social support to reduce internalized TB stigma should be considered.
- Any work on raising community awareness or increasing capacity of community groups on TB case identification or other aspects of TB should include building capacity and awareness on TB-related stigma with practical suggestions for combating it.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	2.0	2.0

The baseline study recognized the work of TB HIV Care and TB Proof in engaging with health workers over the years. In the National Human Rights Plan, the National Department of Health is charged with training on human rights related to TB. As noted above, the midterm assessment team was unable to get detailed documentation of the NDOH curriculum developed under the national human rights plan, so we are unable to comment on the human rights content of the TB training.

The Human Rights Toolkit developed under AFSA's aegis has some pertinent examples and lessons on TB-related stigma, though HIV-related stigma is more heavily treated. Again, it is not clear why this toolkit was not the basis for the DOH training program on human rights. The results of the Stigma Index 2.0 may also shed light on specific types of stigma that should be targeted in health worker training.

Eight hospitals in Free State were the setting of a trial of health worker training on TB and HIV-related stigma by researchers from the Universities of the Free State and of Kwa-Zulu Natal, published in 2020.†††††† The training used a "diffusion of innovations" method that was meant to empower health workers themselves as change agents at their workplaces. The study measured intra-workplace stigma among those who received the training and those who didn't. Significant differences were not found between the two groups, which the authors attributed partly to not including upper management of the hospitals in the intervention. The study confirmed the continuing challenge of TB stigma among health workers, including wariness not only of patients but also of each other.

While it does not constitute health worker training as such, the observations of the Ritshidze program (described above) of USAID/PEPFAR about stigma and incidents of disrespectful

service in health facilities, including with respect to TB, should also inform health worker training. In the Dec. 2020 report of Ritshidze on services in Gauteng province, for example, recounted a number of cases of TB patients being treated dismissively. Further reports from this program merit attention to understand the reality of manifestations of stigma in the health sector.

TB Proof noted that community health workers are often left out of TB training, not least because training tends to be in English rather than in their languages.

Recommendations

- The National Department of Health may wish to refine its human rights training related to TB based on the Stigma Index 2.0 results, perhaps with reference also to examples in the Human Rights Toolkit and to the stigma and discrimination issues being uncovered in the Ritshidze program. Making its curriculum available for review and comment by civil society and academic TB experts, including organizations of former TB patients, would be an important step in any curricular revision.
- As the NGO TB HIV Care notes, community health workers are the link between the TB patient and the health facility in South Africa. They should also benefit from training on human rights issues related to TB. A comprehensive response to TB-related human rights barriers would include linguistically appropriate training of this cadre.

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.0	0.0

The baseline study found no significant activities in this area but recommended that TB sensitization be linked to HIV-related training of police and lawmakers that may occur. The "Dignity, Diversity and Policing" (DDP) curriculum mentioned above has much to commend itself, but the TB-specific content, at least in the training manual, is difficult to discern. (With respect to corrections officials, see the prison program area below.)

As noted in the section on HIV, the training of judges, which was originally among the activities included in the SR agreement with ProBono.org, was not possible because training of judges is permitted only by certain authorized entities.

Another outstanding item from the National Human Rights Plan is the work with traditional leaders for HIV and TB services. This work has not yet gone forward, and no content was shared as to the extent to which such activities address TB and human rights.

Recommendation

- The DDP training should feature some information on TB, including the basics of TB stigma and information on occupational risk of TB transmission for police. Eventually a TB component should be added to the training manual.
- SANAC should revisit the matter of training of judges and engage with parties authorized to do that training.
- Support, including technical assistance, should be provided to engage traditional leaders in removing rights-related barriers to TB services access.

TB Program Area	Score	
	Baseline	Mid-term
Legal Literacy	2.0	3.0

The baseline study identified relatively few activities in the area of promoting legal literacy related to TB. It was noted that the work of the Treatment Action Campaign (TAC) on health rights, while not specific to TB, raised issues of discrimination, privacy, informed consent and others that pertain to TB. In 2020, during COVID-19 lockdowns in the Eastern Cape, TAC's monitoring of health facilities identified clinics where TB patients were simply lost to follow-up, among many other gaps in service quality. The public protests associated with this activity were an occasion for emphasizing the rights of patients, including those with TB. (See also the program area "empowerment of patient groups" below.)

The paralegal training of ProBono.org and ENZA included content on the rights of people with TB. Since the paralegals are in touch with users of health services, arming them with information on TB-related rights is good targeting and responds to the recommendation of the baseline study to improve the capacity of community-based entities to promote TB rights literacy.

On TB-related legal issues at district levels, key informants reported that people seeking disability grants for TB encounter difficulties with applying for and obtaining these grants. While not perhaps a central legal issue, the frequency of this problem argues for ensuring the community-level agents know how to support people struggling with grants.

Recommendations

- AFSA and the Human Rights Working Group should consult organizations working on TB-related rights issues and assess the need for a written guide and perhaps an awareness campaign on how to navigate the TB disability grant system and related issues.
- The Human Rights Working Group should consider commissioning a rapid assessment of human rights needs for TB patients and their families in the time of COVID.

TB Program Area	Score	
	Baseline	Mid-term
Legal Services	2.5	3.4

The baseline study highlighted litigation related to TB treatment of prisoners (see prison section below). The midterm assessment team did not encounter evidence of strong demand for TB-related legal services. Several interviewees noted the difficulty that some people have with the application process for the TB grants that are meant to help people who may not be able to work while they are being treated for TB, including managing the delay of receiving the grant after the application is made. It does not seem, however, that legal assistance is warranted in this matter.

As also noted in the baseline study, the mechanisms for accessing TB-related legal services are the same as for HIV. Legal services from Legal Aid South Africa (LASA) are available to people with and vulnerable to TB. LASA provides short training courses on HIV and TB to its own paralegals, though it noted that the training course from by ProBono.org is more in-depth. Section 27 also continues to work on TB-related legal issues.

Recommendation

- We simply reiterate the baseline recommendation that whenever lawyers are being trained for HIV-related work, they should also receive training on potential legal issues related to TB.

TB Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws related to TB	3.0	3.5

The baseline assessment noted a number of activities in this area, including advocacy on policies and practices in health facilities as a follow-up to facility monitoring by TAC and some work related to working conditions and TB risks faced by mineworkers. It was also noted that top-down measures in TB services, such as directly observed treatment (DOTS) and contact tracing, were not good examples of rights-centered approaches.

The NGOs TB HIV Care and TB Proof are both advocating for better support and protection for community health workers (CHW). TB HIV Care has conducted rallies in support of the rights of CHW and in 2020 established a solidarity "care fund" to mobilize resources for personal protective equipment (PPE), psychosocial services and other support for these workers. Both organizations have advocated for COVID-19 PPE and other protection for community health workers; TB Proof notes that this cadre should have had access to PPE before the advent of COVID-19. Both these organizations and the USAID Tuberculosis South Africa Project note that COVID-19 not only threatened the health of CHW but also impeded their outreach when people were afraid to open their doors to CHW reaching out to them.

TB Proof reported that it was advocating for the finalization of the national policy on Occupational Health of Health Care Workers and accompanying implementation guidelines; it is not clear what is delaying this finalization. Again, TB Proof is especially pushing for this policy to include protections for community health workers whose services are essential but who are frequently neglected in national policy.

SANAC has 18 sectors in its civil society forum. While there is a National TB Caucus that is affiliated with SANAC, there is no TB sector in the civil society forum. TB Proof and other NGOs have advocated for a TB civil society sector to be added to the existing 18 sectors in the forum.

Advocacy continues for the respect, protection and fulfillment of the rights of mineworkers to be protected from TB and other harms. In February 2021, the Justice for Miners Campaign and South Africa Resource Watch along with the Nelson Mandela Foundation and other civil society groups intensified their advocacy for compensation to which they say thousands of mineworkers are entitled for work-related TB and silicosis-related illness and disability.‡‡‡‡‡‡

TB Proof continues to advocate for eliminating stigmatizing language in government documents and other communications. Referring to people only as “cases” and calling people who do not complete treatment “defaulters”, for example, are not acceptable.

Notably, regarding monitoring and reforming policies, regulations and laws, the National Human Rights Plan includes specific activities for TB. These include support for CSO monitoring and advocacy for scale-up of implementation of protective healthcare guidelines for TB; pilot healthcare management guidelines to empower and strengthen the confidentiality rights of patients with TB; strengthening advocacy for support for families affected by TB in key workplaces; and review of disability grant criteria and their application, including with respect to TB, among other activities where TB and HIV are combined. Though there has been some progress on TB-related advocacy, particularly for the finalization of the policy on the Occupational Health of Health Care Workers and disability grant criteria, much work still remains in fulfilling these activities.

Recommendations

- If there are savings elsewhere in the program or other means to find resources, AFSA should consult with TB-focused groups to prioritize support for unfunded policy development or advocacy activities such as improved guidance on TB-related disability grants, improved guidance on TB-related confidentiality in health services, and the other unfunded elements noted above.
- SANAC should add a TB sector to the civil society forum and ensure that it has resources and leadership to sustain meaningful consultations.
- The National Department of Health should ensure that public information on COVID-19 includes material to help South Africans appreciate differences between TB and COVID-19 and the importance of continuing TB treatment in the time of COVID.
- As the national portal for documentation of human rights violations is developed, a mechanism for recording TB-related violations that are significant barriers to health services should be established as needed.

TB Program Area	Score	
	Baseline	Mid-term
Reducing TB-related discrimination against women	0.0	1.5

The baseline study found no TB interventions particularly targeting women. Since the time of the baseline study, the USAID Tuberculosis South Africa Project (TSAP) has supported a number of activities meant to improve women’s access to TB services, including:

- Placement of TB screening services and TB information in antenatal care facilities; and
- Training community health workers, most of whom are women, to reach out to women and women’s groups, including in informal settlements and other locations where women may not have easy access to health services, to help counter TB misinformation and stigma and to ensure that all women know basic prevention measures and where to seek care.

Soul City Institute with CDC support has produced user-friendly booklets that feature the importance of women and children being screened and treated for TB.

Recommendations

- Training of all levels of health workers, community outreach workers, social workers and others should include building their capacity to reach out to women with TB information appropriate to their situations.

- TB screening and information in antenatal services should be scaled up, and TB information should be made available to women's groups and NGOs working with women.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring confidentiality and privacy	*	*

This program area was not specifically assessed at baseline, though it was noted that some training of health care workers on HIV and TB included contents on privacy and confidentiality. At midterm, no stand-alone interventions were found for ensuring privacy and confidentiality. However, as with the baseline findings, health care worker training materials include content on privacy issues. For example, the NDoH indicated that its training would cover the importance of privacy and confidentiality in services provision explicitly within the framework of the Patients ' Rights Charter.

Privacy and confidentiality are well treated in the Human Rights Toolkit with respect to health services as well as interactions with police and other circumstances. This material can be useful to strengthen health worker training and police training on these topics.

Recommendation

- The National Department of Health should ensure that privacy and confidentiality related to TB are well integrated into training for health care workers and monitoring of their performance, as well as training for police and others who encounter people with TB in the community.
- The baseline recommendation remains pertinent: Health authorities should undertake participatory action and pilot programs for approaches to TB care that empower patients and respect their privacy and confidentiality.

TB Program Area	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	1.0	3.0

The baseline study found limited activity in this area. TB remains the leading cause of death in South Africa, underscoring the continued need for mobilizing communities and patient groups. In the mid-term assessment, the following activities were noted:

- The NGO TB Proof, which is run largely by former TB patients, has organized support groups of TB patients and in these and other activities has provided information to TB patients and their families on applying for TB grants. TB Proof notes that the application process for these grants, which are meant to support people who have to leave their jobs during treatment, is onerous, and delays in responding to applicants are long. The people who suffer most from this situation are those already most disadvantaged by poverty and other marginalization. In-person group meetings were impeded by COVID-19 in 2020.
- The USAID Tuberculosis South Africa Project attempts to empower farm workers to seek TB services. Farm workers are mobile and highly vulnerable to TB, living generally in poorly ventilated houses. Their long working hours impede utilization of facility-based services. In Eastern Cape, Limpopo and Western Cape, TSAP strives to increase knowledge of basic TB facts among farm workers, conduct screening in accessible areas, and help workers gain access to treatment.
- In its role as secretariat to the South African TB Caucus, TB HIV Care has conducted workshops on TB advocacy for community groups and other civil society organizations and has engaged civil society in consultations on TB advocacy priorities and plans.

- In 2020, NACOSA launched a TB Toolbox to assist community-based organizations in their mobilization and awareness-raising activities.
- The South Africa National Tuberculosis Association (SANTA) engages in community mobilization in the Johannesburg area, including assisting access to a wide range of basic services – food, housing, etc. – to the most marginalized persons living with TB. Efforts are made to ensure that all community leaders and stakeholders are aware of these needs. SANTA also conducts awareness-raising in schools and with major employers and faith-based organizations.

Recommendation

- The implementation of the National Human Rights Plan opens many opportunities for community mobilization as peer educators, paralegals, those documenting human rights violations and members of district-level structures have opportunities to reach communities through various meetings and media. Efforts should be made to ensure that the needs of TB patients and their families and communities figure in all human rights mobilization to a degree equivalent to HIV advocacy and mobilization.

TB Program Area	Score	
	Baseline	Mid-term
Rights and access to TB services in prisons	2.0	3.0

The NSP for HIV and TB for 2017-22 notes improvements in recent years in the country in targeting persons in correctional institutions for TB services. It includes an objective of reducing TB incidence in correctional facilities by 30% from 2015 to 2022. The baseline study noted that in the wake of the 2012 case *Lee v. Minister of Correctional Services*, the government developed guidelines for the management of TB in prisons, including some content on human rights, but also concluded that capacity to implement these guidelines was limited.

NGOs and CDC/PEPFAR are supporting prison services with rights-based elements. In addition to providing clinical services in 95 correctional facilities in three provinces, TB HIV Care trains and supports peer educators on TB and HIV in prisons. CDC/PEPFAR is supports TB services in 60 prisons and is supporting the roll-out of PrEP in prisons. CDC is also supporting activities to ensure access to care in the community for people who are released from prison. The CDC/PEPFAR manual for sensitizing health workers on the needs of key populations includes material on prison and has been made available to prison health workers. A CDC official noted that the success of new activities in the correctional field depends on the openness of the corrections commissioner in a given area, which is variable.

In October 2019, Justice Edwin Cameron was appointed the Judge Inspector of the Judicial Inspectorate of the Department of Correctional Services. In view of his long-time advocacy for human rights related to HIV and TB, this appointment should contribute to a comprehensive response to human rights barriers to health services for people in prison. While still serving on the Constitutional Court, Justice Cameron had already signaled deficiencies in TB services in crowded South African prisons.[§§§§§§]

While TB services may be improving in some locations, the overcrowding of South African prisons, particularly with pretrial detainees who have not been convicted of any crime, remains a matter of concern and a root cause of TB transmission. It was estimated in 2020 that 48,000 of South Africa's 163,000 persons in state custody (almost 30%) were pretrial detainees.[*******] A

2019 report of the Judge Inspector (predecessor of Justice Cameron) highlighted severe overcrowding in some prisons as a contributor to suicide, rape and mental distress in addition to being a risk factor for disease transmission.†††††††

Recommendations

- Training on HIV- and TB-related human rights issues for corrections officials should be a priority, including encouragement of access to all qualified agencies seeking to support health service access for persons in prison.
- SANAC should consider including in the National Human Rights Plan support to organizations advocating for reduction in the reliance on pretrial detention in South Africa. Less pretrial detention would greatly enhance chance for reduction of TB risk in correctional settings. The Global Fund has encouraged use of its support for advocacy in this area in a number of countries.

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening human rights capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights- related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

The mid-term assessment team recognizes the extensive efforts that implementers have undertaken to arrive at the many programmatic achievements noted in the program area descriptions above. There are, however, some fundamental concerns about program quality that merit consideration:

- The quality of many of the programs that have been undertaken is difficult to discern because the reporting of results has tended to focus on scattered quantitative indicators with little analysis of fundamental issues of program quality. It is not clear, for example, whether the setting up of a standing committee on human rights at the district level has improved quality of programs or the quality of services to document and follow up human rights violations. There do not seem to be systematic ways of assessing the impact of health worker or police training, or of the newer intervention with the TCC. The Human Rights Working Group for the National Plan should have the expertise and capacity to issue qualitative periodic assessments – even impressions -- of program quality or at least of signs that some programs are not on a likely path to achieving their desired outcomes. The interruption of the work of the Working Group by COVID-19 is understandable, but even in the absence of meetings, the committee should find ways to ensure some level of communication with the PR and SRs and other key players so that key milestones can be monitored.
- Some long-standing activities of key population-led organizations, especially of sex workers and people who use drugs, and organizations of people living with HIV, have at least to some degree proven their quality in having sustained many kinds of demonstrable support to respecting, protecting and fulfilling the human rights of members of their communities. A fundamental issue of program quality for the National Human Rights Plan seems to be that no means was established for the newer players on the human rights scene to learn from the lessons derived from this long-standing work. Aside from that missed opportunity, the failure to capture lessons from the long-standing programs may alienate groups with that long experience and dampen their enthusiasm to be part of a unified national effort. This may be particularly the case in the matter of documentation and follow-up of human right violations, where groups of people living with HIV, sex workers and people who use

drugs had developed their own documentation templates, trained peer workers, and followed the trends of rights violations before the Human Rights Plan was in place.

- Respectful care for people living with HIV and key populations in health facilities is a core objective of the National Human Rights Plan. The kind of monitoring of health facilities that is conducted by people living with HIV through the PEPFAR-funded Ritshidze program is closely related to elements of the National Human Rights Plan such as health worker training and the documentation of discrimination and other human rights violations in health care settings. Much of the work of Ritshidze seems to focus principally on medicine stock-outs, waiting times, and other issues that are more logistical than rights-related, but discrimination and disrespectful treatment in health facilities are included to some degree. The disconnect between this work and the activities of the National Human Rights Plan is unfortunate.

Need for Increased Coordination

Coordination and ensuring good communication among all implementing and monitoring stakeholders are challenges in the Global Fund-supported human rights work. Many of the potential sticking points identified during technical assistance on developing a coordination framework and action plan early in the program are still of concern. Coordination has not been smooth not only among the SRs in the human rights work but also between human rights implementers and those supported by other Global Fund grants and other donors. It is disconcerting to find that implementers of the Global Fund-supported key population initiative were in some cases unaware of the basic activities of the human rights SR organizations since their respective activities are closely related and should be coordinated. Work in the area of adolescent girls and young women is voluminous but scattered; systematic mapping and monitoring of it are needed. The OPEC meetings serve some purpose, but some participants noted that they usually have a packed agenda that does not include time for exchanging lessons and ideas from implementation experiences. It may also not be easy in OPEC meetings to have in-depth discussions about solving programmatic problems.

The lack of resolution of the issues around the establishment of the national human rights portal seems to have drained energy and attention away from a systematic focus more on coordination and monitoring. The documentation platform itself would presumably be an important monitoring tool; its long absence was not foreseen by the National Human Rights Plan. It is an urgent matter for the integrity of the effort to reduce human rights-related barriers that there be an established system for quantifying (at least approximately) and analyzing these barriers, again preferably taking into account lessons learned from long-standing work by key population groups.

The selection and payment of SRs for the Global Fund-supported human rights work took a long time, and hence has resulted in delays in programmatic implementation. In any case, the human rights work is behind schedule. For some SRs, it is not clear that they have the technical support they need to accelerate their work.

COVID-19

COVID-19 inevitably disrupted many of the activities outlined in the National Human Rights Plan. As noted above, there were several lockdowns in 2020, and as of March 2021 it seemed likely that a need for restrictive measures might again emerge. COVID-related interruption of planned work needs to be taken into account in this review. The National Human Rights Plan includes numerous in-person training activities for health workers, police, community outreach

workers and paralegals, and various kinds of community-level meetings and mobilization activities. Sessions planned for in-person training had to be hurriedly adapted for online use, cancelled or postponed. Social media sometimes replaced various forms of community mobilization rather than complementing it. Some persons living with TB were reportedly afraid that their symptoms would mimic those of COVID-19 and feared leaving their homes to seek or maintain treatment.

Because of COVID-19, many people living with HIV and/or TB and members of key and vulnerable population groups who were homeless or in unstable housing were relocated to temporary shelters, some of which were judged by Médecins Sans Frontières and others in civil society to be unsanitary and overcrowded incubators of the coronavirus.‡‡‡‡‡‡‡ Treatment interruptions occurred in some of these facilities. Services at the temporary housing at the Caledonian Stadium in Tshwane, however, were assisted by the Department of Family Medicine at the University of Pretoria and included badly needed methadone treatment that helped numerous people who used drugs to avoid painful withdrawal.§§§§§§§

Donor Landscape

The National Human Rights Plan is underfunded. There may be room for revisiting some of the program components to decide if they are still essential, but some components that seem to be important remain unfunded. These include a human rights program for the correctional services; expansion of the scope of the Stigma Index 2.0 survey; a law and policy review that would include recommendations for strategic litigation; and intensification of work with traditional courts and traditional leaders.

Recommendations

At its earliest convenience, AFSA should establish regular sessions – in-person or otherwise – to share information and lessons with NAPWA, SWEAT, Sisonke, TB-HIV Care, SANPUD and other PLHIV or key population-led organizations that have experience in the documentation and follow-up of human rights violations in their communities. These organizations should have a ready, user-friendly means to share lessons from their work that should inform the final development of the REAct platform and the work of organizations newer to these activities. A summary of lessons shared by these groups should be disseminated to all implementers involved with documentation and follow-up of human rights violations related to HIV and TB and should also inform the monitoring of performance of all implementers. As the human rights documentation portal is developed, AFSA should ensure that the experiences of these organizations are taken into account in the design and implementation of the portal.

The agenda of the OPEC meetings should be modified to include time specifically for open discussion of coordination and program quality issues among the PRs. Updates on the human rights components should also be integrated into relevant other OPECs, such as the one on key populations.

There should be regular consultation meetings with AFSA and the SRs to enable open discussion of opportunities and challenges, especially in district-level work. Reports of those

meetings should be shared with the Human Rights Working Group, which should ensure that there is follow-up of concerns raised.

SANAC should organize a donor roundtable or other special meeting to present to donors interested in HIV and TB a case for supporting the unfunded portions of the National Human Rights Plan. SANAC should consider establishing a process of systematic engagement with donors to re-visit the need for funding programs to reduce human rights-related barriers to access, in alignment with the National Plan. SANAC should also organize a consultation with SAPS about whether elements of the police training supported through the National Human Rights Plan could be sustained with SAPS resources, and similarly whether health worker training on human rights and medical ethics could be funded and maintained with public funds by the National Department of Health.

In its consultations with SRs, AFSA should identify measures for each program area that would enable some level of continued progress in the event of further COVID-related impediments. AFSA should consult with COC and SAPS about using an online version of the SAPS curriculum to expand this training significantly. The National Department of Health should have a plan for reaching health workers in periods when in-person training is not possible.

Part III. Case Studies: Removing Barriers to Achieve Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers – these programs have resulted in [to come]

Case study #1: Transforming police conduct

Police repression was a pillar of the apartheid regime. The post-apartheid South African Police Service (SAPS) has made efforts to transcend this historical legacy. Distrust of the police remains a challenge, including among people most affected by HIV and TB. The mid-1990s saw the end of apartheid and the fast-growing catastrophe of HIV, as South Africa came to have the world's largest HIV/AIDS burden. Though the post-apartheid Constitution of South Africa represented enormous strides in human rights protections and criminal law reform, sex work and minor drug offenses remain criminalized. LGBT rights have advanced in many ways, but transgender persons and men who have sex with men – both HIV key populations – face harassment and even violent abuse and are not always confident that they can turn to the police for protection. HIV prevalence among sex workers is estimated nationally at about 58%.

Since the 1990s, sex worker organizations, especially SWEAT and Sisonke, have documented police abuse that their members confront, including rape, physical assault and arbitrary arrest. People who use drugs have documented many forms of police abuse, including appropriation or destruction of injection equipment. It was well documented that police conduct was a barrier to dignity, safety and access to health services for these populations. A Dutch NGO, COC Netherlands International, was involved in a five-country project in southern Africa called "Hands Off" which was meant to reduce police abuse against sex workers. In 2015, COC proposed to SAPS a training program for police to improve their service to sex workers and other key populations. In 2017, a memorandum of understanding was established between COC and SAPS for this training. In consultation with key population organizations and other experts, a training program called the Dignity, Diversity and Policing (DDP) was developed and piloted. Training sessions included the active participation of key population representatives. The Employee Health and Wellness (EHW) section of SAPS was the focal unit for DDP, which ensured that the training would include occupational safety concerns of the police.

By COC's account, the pilot administration of DDP was ground-breaking as it opened up discussions between police and key populations to a degree previously unimagined. The participation of people living with HIV, sex workers, people who use drugs and LGBTI people in the training sessions enabled interaction and even the building of relationships that seemed transformative. COC reported that some SAPS officers disclosed their sexual orientation following the training, and some came forward to be champions of the rights of key and affected populations. The pre- and post-training evaluations indicated improved knowledge of the reality of these populations and a reduction in stigmatizing views.

COC did not have funding to do more than pilot DDP among a small number of SAPS officers. The National Human Rights Plan supported by Breaking Down Barriers included a scaling up of DDP to 2000 SAPS officers, some of whom would be trained as trainers to continue to implement DDP in their own stations. The scale-up was slowed in 2020 because of COVID, though some online training sessions were held. However, engagement with such online sessions was limited due to various issues, including connectivity challenges. After some initial resistance, SAPS and COC representatives told the midterm review team that receptiveness for the program is growing, and stations in all provides have requested the training. They are optimistic that the 2000 target can be reached by the end of the three-year funding, though continued delays may stand in the way. With 155,000 SAPS officers, there is a clear need for further scale-up support. However, some of the principles of DDP have been used to develop standard operating procedure (SOP) directives for the police on humane policing of key populations, and there is a plan for DDP modules to be included in pre-service training for new police recruits.

As described above, AFSA, the principal recipient of the Global Fund human rights funds, obtained approval from SANAC to add an additional element to the national human rights effort to complement the DDP training. Working with the National Prosecuting Authority (NPA) and the Thuthuzela Care Centres (community-based centers that are meant to be “one-stop shops” for survivors of sexual violence), AFSA has piloted a consultation that brings together NPA, SAPS, key population representatives, and health workers to explore practical ways to make multisectoral support effective for GBV survivors.

Thus, Global Fund human rights investments and BDB technical support has made possible some degree of scaling-up of an existing police training program that aims to reduce police abuse of key populations, some spin-offs from it such as SOP development and pre-service training, and awareness-raising among the police themselves about preventing HIV or TB transmission on the job and related issues. Next steps should include advocacy to get SAPS to fund further scale-up of DDP and to ensure that completing the DDP program is part of every staff member’s performance evaluation.

Case study #2: Enabling the scaling-up of opioid agonist treatment

Extensive heroin use has been documented in Kenya and Tanzania for decades, but it is mostly since 2000 that heroin has found its way through East Africa and Mozambique to significant markets in South Africa. There is no agreed national estimate of the number of people who use heroin in the country; the UN Office on Drugs and Crime estimated that about 185,000 people in the country may have used heroin or other opioids in 2018 – not all of them by injection -- but it is a rough estimate. The cost of heroin on the street in South Africa in 2014 was one third of the cost in 2004. Other opioids are also available in illicit markets in the country. HIV prevalence among people who inject drugs has been estimated at 21.8%, and high percentages were estimated in 2018 to share injection equipment regularly.

Although many countries have made considerable progress in treating opioid use disorders (OUD) – and thereby in reducing HIV risk among people who use drugs -- especially using the opioid agonist medicines methadone and buprenorphine, this has not been the case in South

Africa. With the support of the US Centers for Disease Control and through the work of the NGOs TB HIV Care and the SANPUD, syringe exchange programs have been established in a few larger cities, but treatment of OUD with methadone has been stymied. The two principal impediments to methadone maintenance treatment are (1) methadone costs up to 30 times more in South Africa than in most middle-income countries due to an unfortunate exclusive licensing with one provider, which keeps the price high, and buprenorphine/naloxone is also expensive, and (2) the country has not registered methadone or buprenorphine as essential medicines, which would enable less expensive generic versions to be procured, and these medicines are not registered for use in maintenance therapy. Lower-cost methadone would give an essential boost to expansion of opioid agonist therapy in the country. As noted at the October 2020 opening of the Bellhaven Harm Reduction Centre in eThekwini, demand for agonist therapy is high, and at least some municipal authorities are ready to welcome it.

Representatives of TB/HIV Care and SANPUD told the midterm review team that support through Breaking Down Barriers enabled advocacy to move forward on removing these two impediments – advocacy that would have been unlikely to be conducted or to be conducted as soon without BDB support. This advocacy has entailed extensive interactions with the Central Drug Authority (CDA), building on earlier efforts to obtain official agreement on a standard international definition of drug-related harm reduction, which was absent from past National Drug Control Plans. NGO advocates were optimistic that the essential medicine registration may finally be achieved in 2021 thanks in part to Global Fund-supported advocacy, which should enable methadone procurement other than from the single high-priced provider. NGO advocates noted the difficulty of finding donors that recognize that without financial support, the time and human resources needed to sustain advocacy in challenging areas such as these would be impossible.

Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessment makes recommendations in the following areas. Priority key recommendations are synthesized from the longer list of recommendations that follow in the tables below.

Key Recommendations

Creating a Supportive Environment
• SANAC and the Oversight Committee of the CCM should assist the Human Rights Working Group in establishing a monitoring sub-committee or a more clearly delineated and regularized oversight function. This oversight mechanism should not repeat the quarterly assessments presented in the OPEC but should analyze them, along with observations of the CCM Oversight Committee, and should make a brief but substantive quarterly recommendation to AFSA of problem areas in the implementation of human rights activities and technical support or other measures needed to address them. The terms of reference of the Working Group include oversight of the implementation of the Human Rights Plan and assistance in coordination of the implementers. Their conclusions from both these tasks should be at the heart of what they report to the SANAC Legal and Human Rights Technical Task Team, which does not seem to have been the case, at least not systematically. As part of its M&E function, the Working Group should provide an independent and (inevitably) rapid assessment of where progress in implementation may be impeded, including where coordination should be improved.. • Broaden the composition of the Human Rights Working Group to include participation not only by Global Fund implementers and partners, but also non-Global Fund human rights, gender-related and key population program partners. This includes bilateral and other development partners who may provide additional funding and political support for programs to remove human rights-related barriers to access. • SANAC and the Human Rights Working Group should establish a mechanism for regular linkage with district-level structures, including sharing developments and lessons from work to overcome gender-related and human rights-related barriers to services. District-level mechanisms should have a designated focal point to follow this work and engage with national structures.

Programmatic Scale-up

- Training of health workers is a key to reduction of stigma and discrimination and other barriers to services. The National Department of Health should have a plan for reaching a high percentage of all health workers involved with HIV and TB services with both in-service and pre-service training.
- The goal of reaching 2000 members of the South African Police Service in three years is too modest, particularly with a training program that is apparently well received and even sought after by some officers. SAPS should develop a costed plan for reaching all officers and for a sustained pre-service program for new officers. SANAC should take up a discussion with SAPS about SAPS gradually assuming the cost of scaling up this training and sustaining refresher and pre-service training.
- The work of paralegals trained on HIV and TB should be extended to all districts in South Africa. The model supported by the Foundation for Human Rights through the community advice centers and other ways in which paralegals are known and accessible to the community should be evaluated with an eye toward expanding the most effective form of paralegal services beyond the districts currently served.
- The National Human Rights Plan is built around the idea that there will be a functioning electronic platform for reporting and analysis of human rights violations related to HIV and TB. As envisioned in the National Plan, this system would be central to both the quality and sustainability of reducing human rights-related barriers to HIV and TB services. AFSA and SANAC should as a matter of urgency roll out a national system, taking into account lessons from the documentation of human rights violations for years by key population groups. The possibility should be considered that a single system may not meet the needs of all populations affected by human rights violations, in which case a way of amassing data from several documentation systems might be designed.
- Documentation of incidents of HIV- and TB-related human rights violations is of little use if the cases found are not adequately followed up. With the advice of the SANAC Law and Human Rights TTT and the Human Rights Working Group, AFSA should assess rapidly whether there is adequate and sustained referral to legal advice, legal services or other appropriate assistance in all districts and what has worked best in both ensuring cases are followed up and ensuring that the follow-up is documented. A plan for sustained and effective referral to legal services when needed should be drawn up, ideally with the help of Legal Aid South Africa.
- The PEPFAR-supported Ritshidze program empowers people living with HIV to be monitors of the quality of services in health facilities. This program can provide sustained assessment of stigma and discrimination in health services, along with issues such as stock-outs and waiting times that also figure in its work. SANAC should consider working with the program to strengthen the stigma and discrimination elements of the assessment and whether bringing it to the districts covered by Global Fund-supported paralegals could be a synergistic way to strengthen assessment and referral of stigma and discrimination incidents in health facilities across the country.

Programmatic Quality and Sustainability

- At its earliest convenience, AFSA should establish regular sessions – in-person or otherwise – to share information and lessons with NAPWA, SWEAT, Sisonke, TB-HIV Care, SANPUD and other PLHIV or key population-led organizations that have experience in the documentation and follow-up of human rights violations in their communities. These organizations should have a ready, user-friendly means to share lessons from their work that should inform the final development of the REAct platform and the work of organizations newer to these activities. A summary of lessons shared by these groups should be disseminated to all implementers involved with documentation and follow-up of human rights violations related to HIV and TB and should also inform the monitoring of performance of all implementers. As the human rights documentation portal is developed, AFSA should ensure that the experiences of these organizations are taken into account in the design and implementation of the portal.
- SANAC should organize a donor roundtable or other special meeting to present to donors interested in HIV and TB a case for supporting the unfunded portions of the National Human Rights Plan. SANAC should also organize a consultation with SAPS about whether elements of the police training supported through the National Human Rights Plan could be sustained with SAPS resources, and similarly whether health worker training on human rights and medical ethics could be funded and maintained with public funds by the National Department of Health.

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	• SANAC and the Oversight Committee of the CCM should assist the Human Rights Working Group in establishing a monitoring sub-committee or a more clearly delineated and regularized oversight function. This oversight mechanism should not repeat the quarterly assessments presented in the OPEC but should analyze them, along with observations of the CCM Oversight Committee, and should make a brief but substantive quarterly recommendation to AFSA of problem areas in the implementation of human rights activities and technical support or other measures needed to address them. The terms of reference of the Working Group include oversight of the implementation of the Human Rights Plan and assistance in coordination of the implementers. Their conclusions from both these tasks should be at the heart of what they report to the SANAC Legal and Human Rights Technical Task Team, which does not seem to have been the case, at least not systematically. As part of its M&E function, the Working Group should provide an independent and inevitably rapid assessment of where progress in implementation may be impeded, including where coordination should be improved. • Broaden the composition of the Human Rights working group to include participation not only by Global Fund implementers and partners, but also non-Global Fund human rights, gender-related and key population program partners. This includes bilateral and other development partners who may provide additional funding and political support for programs to remove human rights-related barriers to access. • Raise awareness and support for the National Human Rights Plan at provincial and district levels, including through existing structures such as the district-level AIDS committees and the SMYN-generated standing human rights committees as they develop. As the human rights portal is developed and ready for implementation, SANAC should work with provincial and district-level structures on both optimal use of the portal and effective follow-up of its findings. • SANAC and the Human Rights Working Group should establish a mechanism for regular linkage with district-level structures, including sharing developments and lessons from work to overcome gender-related and human rights-related barriers to services. District-level mechanisms should have a designated focal point to follow this work and engage with national structures.

Programmatic quality and sustainability	● At its earliest convenience, AFSA should establish regular sessions – in-person or otherwise – to share information and lessons with NAPWA, SWEAT, Sisonke, TB-HIV Care, SANPUD and other PLHIV or key population-led organizations that have experience in the documentation and follow-up of human rights violations in their communities. These organizations should have a ready, user-friendly means to share lessons from their work that should inform the final development of the REAct platform and the work of organizations newer to these activities. A summary of lessons shared by these groups should be disseminated to all implementers involved with documentation and follow-up of human rights violations related to HIV and TB and should also inform the monitoring of performance of all implementers. As the human rights documentation portal is developed, AFSA should ensure that the experiences of these organizations are taken into account in the design and implementation of the portal. ● The agenda of the OPEC meetings should be modified to include time specifically for open discussion of coordination and program quality issues among the PRs. Updates on the human rights components should also be integrated into relevant other OPECs, such as the one on key populations. ● There should be regular consultation meetings with AFSA and the SRs to enable open discussion of opportunities and challenges, especially in district-level work. Reports of those meetings should be shared with the Human Rights Working Group, which should ensure that there is follow-up of concerns raised. ● SANAC should organize a donor roundtable or other special meeting to present to donors interested in HIV and TB a case for supporting the unfunded portions of the National Human Rights Plan. SANAC should consider establishing a process of systematic engagement with donors to re-visit the need for funding programs to reduce human rights-related barriers to access, in alignment with the National Plan. SANAC should also organize a consultation with SAPS about whether elements of the police training supported through the National Human Rights Plan could be sustained with SAPS resources, and similarly whether health worker training on human rights and medical ethics could be funded and maintained with public funds by the National Department of Health. ● In its consultations with SRs, AFSA should identify measures for each program area that would enable some level of continued progress in the event of further COVID-related impediments. AFSA should consult with COC and SAPS about using an online version of the SAPS curriculum to expand this training significantly. The National Department of Health should have a plan for reaching health workers in periods when in-person training is not possible.

HIV-related recommendations by program area	
Stigma and discrimination reduction	• It is often hard to evaluate the impact of anti-stigma programs. Analysis of the Stigma Index 2.0 and a comparison with the earlier Stigma Index results should assist SANAC and the Human Rights Working Group in revisiting the stigma activities in the National Human Rights Plan with an eye toward targeting the forms and locations of stigma that remain most intransigent. This revisiting should be a priority when the Stigma Index 2.0 results are available. • The various efforts to combat HIV-related stigma and discrimination call out for better coordination. The revisiting of the anti-stigma components of the National Human Rights Plan with the release of the Stigma Index 2.0 should include consideration of formalizing a coordinating body for stigma and discrimination reduction under the aegis of SANAC. • The human rights toolkit was developed in an appropriately participatory way, but SANAC or AFSA should commission an evaluation of its various uses with the possibility of updating and revision as new issues arise. • As noted below in the program area related to monitoring of laws, policies and practices, it is unclear whether a new district-level structure in the form of the SMYN-supported standing human rights committees adds value when there are district-level AIDS councils and other entities. The effectiveness and sustainability of the new committees should be evaluated as part of evaluations of the implementation of the National Human Rights Plan to be overseen by SANAC. • If the continuing work of the Ritshidze program and evaluations of it indicate that it is reducing stigma and discrimination in the health sector, the expansion of the program beyond its current scope should be considered. SANAC and the Human Rights Working Group should consult with PEPFAR/CDC about expansion possibilities and seek other support if necessary. Efforts should also be made to draw lessons from this program for anti-stigma work outside the health sector.

Training of health care workers on human rights and ethics	● South Africa has training institutions and programs for health workers at all levels. The ideal outcome of Global Fund support to human rights training for health workers would be integration of strong human rights and medical ethics component in regular government-funded health worker training. This kind of training should not have to continue as a donor-funded effort; we recommend an effort to integrate HIV-related human rights and medical ethics training in all established pre-service and in-service training of health workers to be sustained with government funding. The online version of the training developed because of COVID-19 should assist in regularizing this training at least where internet access is good. ● It would be useful for NDOH to establish a way to monitor the subsequent training activities of those who are designated and trained as trainers after their initial exposure to this human rights training. Not knowing whether there really is a training "cascade" deriving from the training of trainers makes it impossible to assess the impact of this work. In addition, the NDOH should develop a monitoring and evaluation system that would enable quantification and analysis of changes in knowledge, attitudes and practices of persons who receive the human rights training. The before-and-after knowledge questionnaires currently used do not seem to be tabulated systematically. ● One-off training sessions should be complemented by other measures, including ensuring that the principles conveyed in the training are part of standard operating procedure guidelines and performance evaluation of health workers. ● The Department of Health should invite representatives of key population groups to participate "live" in person (or on Zoom in live online sessions) in this training rather than relying only on recorded appearances. ● As the human rights training curriculum for health workers is revised and refined, it would be useful to consult the Human Rights Toolkit used in a number of sectors and developed with the participation of key population groups. Since the toolkit has become something of a standard for human rights training in a number of sectors, it would be helpful for the health worker training to include compatible elements. ● At some point, the Department of Health should commission a study of health worker training activities of NGOs such as those mentioned here, to learn lessons, particularly for key population issues, that might be pertinent for integration into DOH-run training. ● The means should be found for community health workers – that is, non-facility-based workers – to receive human rights training. ● SANAC should commission an independent evaluation of the DOH human rights training, particularly to see if practices improve after a critical mass of staff in a given facility are trained. Collaboration with the Ritshidze program or learning from its methods of assessing facility-based care may be useful for such an evaluation.

Sensitization of lawmakers and law enforcement agents	• The training of a critical mass of police is a key performance indicator for the National Human Rights Plan. SAPS should incorporate and scale up DDP in in-service and pre-service training promptly and preferably with its own resources. If the program is as well-received as has been described to the midterm assessment team, there is no reason why SAPS should not be able to sustain DDP without donor support. A scale-up plan with numerical targets even for the period beyond 2022 should be developed. • SAPS, in consultation with key population groups, should use the principles in the DDP training to develop standard operating procedures (SOPs) for policing of people who use drugs, people living with HIV, and other key populations not yet covered by the existing SOPs. SOPs in these areas should have the same status as other SAPS orders with equivalent measures to monitor and ensure compliance. • The multisectoral consultations and trainings, based on the Human Rights toolkit, with NPA through the Thuthuzela Centres appear to address important issues. If they are carried out beyond the few pilot sessions so far, methods for a rigorous evaluation of the impact of the activity should be developed and also a plan for follow-up. It should be a goal to ensure that everyday practices embody whatever improved understanding of multisectoral roles and responsibilities may result from these sessions. • In accordance with the priorities in the National Human Rights Plan, it would be useful to develop and implement training of judges, corrections officials and traditional leaders on HIV-related human rights issues.
Legal literacy	• The legal literacy training of ProBono.org should be supported to reach as many districts as possible and expanded beyond paralegals to peer educators, including those affiliated with key population-led groups, and other community mobilizers. • Since activities in this area involve many players and apparently a number of curricular or awareness-raising approaches, it would be useful for the Human Rights Working Group to map these activities, assess their content and recommend a strategy for future coordination and evaluation. This includes assessing and providing guidance on how activities in the National Human Rights Plan can be taken forward. • The human rights toolkit should be updated by AFSA or SANAC as laws and policies change to service as a repository for current information on HIV-related rights.

Legal services	● The Human Rights Working Group should have a formal consultation with organizations documenting human rights violations to assess the availability of legal services in the management of violations identified. All documenters should be heard on this point, including key population groups, and a plan for improving access to legal services should be developed and implemented. ● It is essential that the planned national electronic platform for documenting and gathering data on human rights violations related to HIV and TB be designed to enable transparent following of whether cases requiring legal assistance are receiving it. ● It would be useful for AFSA or the Human Rights Working Group to assess whether the paralegals linked to the CAO and supported by Foundation for Human Rights are more accessible or effective than other paralegals for certain categories of human rights violations. If this use of the CAO seems to improve the effectiveness of paralegal support, its expansion should be considered.
Monitoring and reforming laws, regulations and policies related to HIV	● Finalization of a system to enable collection, collation from multiple sources, deduplication and analysis of quantitative information on human rights violations is urgent. Again, given the experience of key population-led groups, it is not clear that a uniform data collection template is needed, but a way of totaling broad categories of violations and monitoring their referral and follow-up is needed. AFSA and SANAC should give this matter the highest priority. Training of all implementers on this system is urgent and should include refresher training on the range of support services – legal and other – that are available to complete disposition of the various categories of cases. ● The customization and implementation of the REAct system, if it is to be used as the nationwide platform, should be informed formally by lessons learned from organizations with experience in the documentation and follow-up of human rights violations, including key population groups. REAct should not handicap the existing systems of key population organizations. A formal exercise of assessing lessons learned, particularly from organizations with long experience in the area, should be organized by the Human Rights Working Group. ● REAct or any nationwide platform for analysis of human rights violations, must facilitate the monitoring of disposition of documented cases of human rights violations. AFSA and SANAC should present to all stakeholders in the National Human Rights Plan a clear and operational description of how exactly the documentation system will assist in ensuring that cases are appropriately referred for follow-up and that their final disposition is recorded in an analyzable form and part of the analytic reports produced through the human rights portal. ● It should be a priority to ensure that all district-level personnel documenting or following up on human rights violations – whether SMYN mobilizers, NAPWA REActors or key population groups or other relevant rights documenters (such as NACOSA outreach workers and Beyond Zero peer educators) – have an understanding of relevant laws and policies that is as comprehensive and standardized as possible. ● The Human Rights Working Group and AFSA should work with SMYN to create a rapid monitoring system to assess quarterly the scale and substance of the activities of the district-level standing committee on

	human rights to determine whether they are adding value in documentation or resolution of incidents of human rights violations. For those that are functioning well and adding value, AFSA should assist SMYN in making plans for the sustainability of these bodies. ● Support especially to key population and legal advocacy groups should be provided to sustain advocacy for decriminalization of sex work and reform of overly repressive drug laws. ● Sustained support should be provided for the continuation of efforts to ensure that methadone and buprenorphine are affordable and registered for use in the treatment of opioid use disorders. ● Efforts should be made to complete work in monitoring and reforming laws, regulations and policies as noted in the National Human Rights Plan, including, as noted above, protections for transgender persons and persons with disabilities, workplace policies, TB-related policies, prison reform and access to justice for children. ● South Africa's history of human rights-related reforms suggests that some HIV-related legal reforms that have been the focus of long-term advocacy might be spurred along most effectively by strategic litigation. It is clear that strategic litigation is a long-term intervention and that it may not fit easily in most donor calendars and priorities. But resources should be found to take some preparatory steps for strategic cases, including support for formulation of a legal strategy, identification and preparation of plaintiffs, etc.
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	● The Human Rights Working Group and SANAC should map the nature and coverage of gender discrimination and GBV activities most related to the goals of the National Human Rights Plan and should make a recommendation for scaling up and prioritization of activities for the remainder of the period covered by the Plan. ● We reiterate the call of the baseline study for continued support to the Thuthuzela Care Centres. If the activity initiated by AFSA and the National Prosecution Authority is shown to result in more effective multisectoral coordination of services for GBV survivors, its expansion should be considered. ● As noted with respect to monitoring of laws and policies above, the high risk of HIV, STIs, discrimination and other human rights violations faced by transgender persons argues for particular attention to improving HIV and STI services for them through health worker training and monitoring of health services, as well as advocacy in a number of areas to enable transgender persons to enjoy the constitutional rights to which they are entitled.

TB-related recommendations by program area	
Reducing stigma and discrimination	• Analysis of the Stigma Index 2.0 results against the first Stigma Index should inform a revisiting of strategies for addressing TB stigma in the National Human Rights Plan. Results of the Stop TB stigma assessment should also inform the National Plan, once those results become available. • Possibilities should be explored for using the communication activities related to COVID-19 to reinforce some key messages about TB and to counter misinformation. • Depending on the results of the Stigma Index 2.0 survey, an effort to design psycho-social support to reduce internalized TB stigma should be considered. • Any work on raising community awareness or increasing capacity of community groups on TB case identification or other aspects of TB should include building capacity and awareness on TB-related stigma with practical suggestions for combating it.
Training of health care workers on human rights and ethics	• The National Department of Health may wish to refine its human rights training related to TB based on the Stigma Index 2.0 results, perhaps with reference also to examples in the Human Rights Toolkit and to the stigma and discrimination issues being uncovered in the Ritshidze program. Making its curriculum available for review and comment by civil society and academic TB experts, including organizations of former TB patients, would be an important step in any curricular revision. • As the NGO TB HIV Care notes, community health workers are the link between the TB patient and the health facility in South Africa. They should also benefit from training on human rights issues related to TB. A comprehensive response to TB-related human rights barriers would include linguistically appropriate training of this cadre.
Sensitization of lawmakers and law enforcement agents;	• The DDP training should feature some information on TB, including the basics of TB stigma and information on occupational risk of TB transmission for police. Eventually a TB component should be added to the training manual. • SANAC should revisit the matter of training of judges and engage with parties authorized to do that training. • Support, including technical assistance, should be provided to engage traditional leaders in removing rights-related barriers to TB services access.
Legal Literacy	• AFSA and the Human Rights Working Group should consult organizations working on TB-related rights issues and assess the need for a written guide and perhaps an awareness campaign on how to navigate the TB disability grant system and related issues. • The Human Rights Working Group should consider commissioning a rapid assessment of human rights needs for TB patients and their families in the time of COVID.
Legal services	• We simply reiterate the baseline recommendation that whenever lawyers are being trained for HIV-related work, they should also receive training on potential legal issues related to TB.

Monitoring and reforming policies, regulations and laws that impede TB services	• If there are savings elsewhere in the program or other means to find resources, AFSA should consult with TB-focused groups to prioritize support for unfunded policy development or advocacy activities such as improved guidance on TB-related disability grants, improved guidance on TB-related confidentiality in health services, and the other unfunded elements noted above. • SANAC should add a TB sector to the civil society forum and ensure that it has resources and leadership to sustain meaningful consultations. • The National Department of Health should ensure that public information on COVID-19 includes material to help South Africans appreciate differences between TB and COVID-19 and the importance of continuing TB treatment in the time of COVID. • As the national portal for documentation of human rights violations is developed, a mechanism for recording TB-related violations that are significant barriers to health services should be established as needed.
Reducing gender-related barriers to TB	• Training of all levels of health workers, community outreach workers, social workers and others should include building their capacity to reach out to women with TB information appropriate to their situations. • TB screening and information in antenatal services should be scaled up, and TB information should be made available to women's groups and NGOs working with women.
Ensuring privacy and confidentiality	• The National Department of Health should ensure that privacy and confidentiality related to TB are well integrated into training for health care workers and monitoring of their performance, as well as training for police and others who encounter people with TB in the community. • The baseline recommendation remains pertinent: Health authorities should undertake participatory action and pilot programs for approaches to TB care that empower patients and respect their privacy and confidentiality.
Mobilizing and empowering patient groups	• The implementation of the National Human Rights Plan opens many opportunities for community mobilization as peer educators, paralegals, those documenting human rights violations and members of district-level structures have opportunities to reach communities through various meetings and media. Efforts should be made to ensure that the needs of TB patients and their families and communities figure in all human rights mobilization to a degree equivalent to HIV advocacy and mobilization.
Programs in prisons and other closed settings	• Training on HIV- and TB-related human rights issues for corrections officials should be a priority, including encouragement of access to all qualified agencies seeking to support health service access for persons in prison. • SANAC should consider including in the National Human Rights Plan support to organizations advocating for reduction in the reliance on pretrial detention in South Africa. Less pretrial detention would greatly enhance chance for reduction of TB risk in correctional settings. The Global Fund has encouraged use of its support for advocacy in this area in a number of countries.

Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;

2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);

3) To help inform the new Global Fund strategy.

The assessment was expected "to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs."********

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). South Africa is an in-depth assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. In-depth assessments were also envisioned to include site visits and a limited number of key informant interviews conducted during a two-week country trip. For South Africa, the country visit did not occur due to COVID-19, so researchers conducted remote interviews instead. Moreover, originally, in-depth assessments were also to include a one-week follow-up trip to present the assessment findings to country stakeholders. However, because of the COVID-19 pandemic, findings were presented to national stakeholders via webinar.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs	
Dimension	**Questions**
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in November 2020 and completed in February 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and South Africa Country Team for their feedback. The finalized assessment report integrates these comments where relevant. Note that, as an in-depth country, a separate costing analysis will be conducted to complement the mid-term assessment for South Africa.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Nina Sun Joanne Csete	November 2020
30 Key informant interviews conducted remotely	Joanne Csete Nonhlanhla Mkhize Pholokgolo Ramothwala Nina Sun	November 2020 – January 2021
Follow-up with relevant key informants	Joanne Csete Nina Sun	November 2020 – January 2021
Presentation of key report findings to Global Fund and country stakeholders	Joanne Csete Nina Sun	September 2021

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III. List of Key Informants

1. Catherine Grant, Consultant, Global Fund
2. Hilary Nkulu, Consultant, AIDS Strategy Advocacy and Policy
3. Russell Armstrong, Senior Research Officer, HEARD
4. Felize Kanju, Human Rights Program Manager; Dinah Tshabangu, M&E Officer for Global Fund Programs; Mdu Mntambo, Technical Lead on HIV, AIDS Foundation South Africa
5. Andrea Schneider, Program Specialist, NACOSA
6. Rentia Agenbag, Stakeholder Management and Communications Manager, South Africa National AIDS Council (SANAC)
7. Teresa Yates, National Director and Alice Brown, Project Manager for Global Fund work, ProBono.org
8. Shaun Shelly, PWUD Projects, Policy, Advocacy and Human Rights Manager, TB HIV Care and SANPUD
9. Angela McBride, Executive Director, SANPUD
10. Sebei Masha, Elias Ramarumo, Yolisa Tsibolane – Global Fund cluster; and Thabile Msila, Human Resources Unit, National Department of Health of South Africa
11. Nthapeleleng Graphney Seleka, Senior State Law Adviser, Department of Justice
12. Mluleki Zazini, Executive Director and Thabang Mhlanga, Programs Manager, NAPWA
13. Edward Sibanda, Technical Lead – Key Populations, Beyond Zero
14. Mabalane Mfundisi, Executive Director; Palesa Komane, Operations Manager; Thembeka Maqungo M&E Manager; Thabo Majuja, Legal and Human Rights Manager, Show Me Your Number
15. Emily Craven, Director, SWEAT
16. Munya Katumba, Consultant, COC International
17. Onnica Tlhoaele, Colonel, South African Police Service
18. Phinah Kodisang, Chief Executive Officer, Soul City Institute
19. Mapaseka Steve Letsike, SANAC Deputy Chairperson – Civil Society Forum
20. Nkululeko Conco, Attorney, Section 27
21. Oratile Moseki, Technical Lead for Human Rights, Frontline AIDS
22. Lehlogonolo Mohohlwane, Coordinator, Tshwaranang Support Group
23. Lawrence Senwane, Provincial Manager and REActor, NAPWA
24. Geraldine Kasere, Global Fund Capacity Building Coordinator, SANAC/Country Coordinating Mechanism (CCM)
25. Hanoneshea Hendricks, Civil Legal Services, Legal Aid South Africa
26. Ingrid Schoenman, Operations Manager and Phumeza Tisile, Advocacy Officer, TB Proof
27. Constance Raphahlelo, Chair, CCM Oversight Committee
28. Mbulawa Mugabe, Country Director, UNAIDS South Africa
29. Helen Savva, Key Populations Lead, US Centers for Disease Control
30. Leora Casey, Key Populations Manager, NACOSA

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

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