

SOUTH AFRICA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, the 90-90-90 targets are met among populations left behind.	SLOW PROGRESS	South Africa has reached 92-66-61 across the general population, however these targets are lagging among children and key populations: 91-59-54 among adult males, 75-53-37 among children. Out of those who know their HIV status, only 68% and 42% of females sex workers and men who have sex with men respectively are under antiretroviral treatment (ART) (Thembisa, 2021).
By 2021, new HIV infections are below 100 000, and below 30 000 among adolescent girls and young women (NSP 2017-2022 targets).	SLOW PROGRESS	By 2020, an estimated 230 000 people were newly infected with HIV in South Africa—a 44% reduction from 2010; and 61 000 of these infections occurred among adolescents and young people—a 48% reduction within ten years (Thembisa, 2021).
By 2021, human rights and gender barriers and discrimination reduced to enable access to services.	ON TRACK	The South Africa's National Human Rights Plan for HIV and Tuberculosis Services and Gender Inequality was rolled out and aligned with the National Strategic Plan for HIV, Tuberculosis, and STIs (2019-2022); the National Strategic Plan on Gender-Based Violence and Femicide (2021-2025) was developed to reduce gender-based violence among women, children, and key populations.
By 2021, HIV is integrated in the rolling out of the National Health Insurance and all funding needs are met.	SLOW PROGRESS	As part of the Presidential Health Compact agreement that seeks to strengthen the South African health system, the Joint Team is facilitating participation of civil society in discussions on Universal Health Coverage and social security. However, due to the COVID-19 pandemic, the roll out of the National Health Insurance scheme has slowed significantly.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

South Africa has demonstrated strong commitment in reducing the persisting high rate of new HIV infections in the country through combination prevention services and the Joint Team played a key role to ensure the National Strategic Plan 2017-2022 strongly focused on the prevention of HIV infection among adolescent girls and young women who are disproportionately affected by the epidemic. HIV combination prevention demand creation strategy and other community-led sensitization initiatives were supported reaching millions of adolescent and young people with HIV prevention services. Dolutegravir was adopted as the preferred first line treatment regimen and health workers were trained on standard operating procedures on treatment adherence to improve the rate of retention in care and overall health outcomes of people living with HIV. Technical support was also provided to conduct an assessment of the needs of women who use drugs and subsequent actions, including capacity building for staff members at gender-based violence (GBV) survivor shelters were implemented to address stigma, inequality, and human rights violations towards these populations.

HIV TESTING AND TREATMENT

POLICY ADVICE; TECHNICAL SUPPORT; CAPACITY BUILDING; COMMUNITY ENGAGEMENT

South Africa included Dolutegravir and more effective treatment regimens in the National Consolidated Antiretroviral treatment (ART) Guidelines. The prevention of mother-to-child transmission of HIV (PMTCT) component of the guidelines also introduced viral load testing during pregnancy and breastfeeding periods to reduce vertical transmission of HIV. However, the latest data revealed poor implementation of these guidelines prompting urgent government-led action, including the development of an online training module targeting healthcare workers to support rollout of the PMTCT guidelines. Meanwhile, healthcare workers and programme managers are being oriented on the transition to Dolutegravir and received standard operating procedures for treatment adherence. They also received training on implementing the new treatment guideline to improve HIV testing, treatment linkage and initiation, retention, viral load testing, and reporting with a special focus on key populations.

In addition, training of community correction officers in Gauteng resulted in increased knowledge and skills to assist released prisoners with adherence to HIV treatment and care.

The Joint Team also supported the “people living with HIV sector” of the South African National AIDS Council (SANAC) to develop training materials and teaching aids for civil society groups to improve uptake of HIV testing, prevention and treatment services, ART adherence, understanding of viral load testing, and quality of reporting.

COMBINATION PREVENTION

POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; SOCIAL MOBILIZATION

The South Africa Department of Health, with support from the Joint Team, developed and implemented the National Communication and Demand Generation Strategy. In this regard, a series of social and behaviour change communication initiatives, including through digital and

social media reached 1.1 million adolescent and young people with HIV prevention information. A partnership with Soul City for Social Justice reached an additional 8.5 million people through social media and more than 17 million via radio programmes with prevention messages. A collaboration with the Young Women of Life Movement also mobilized 2000 young women in most deprived areas, with high risk of HIV infection and GBV, to address structural causes of vulnerability, such as behaviour and socio-economic drivers.

Scale-up of a peer mentorship programme in KwaZulu-Natal and Gauteng resulted in a total of 20 469 adolescent girls and young women signing up to the programme, which seeks to create awareness and increase uptake of HIV combination prevention services. The Joint Team also led national dialogues to secure public commitment for inclusion of comprehensive sexuality education (CSE) in school curricula. Facing public resistance, particularly among religious and traditional groups, the Department of Basic Education is leading advocacy efforts for CSE in school and Champions have been selected to mobilize communities to ensure its successful implementation.

In February 2020, updates on clinical guidelines on sexually transmitted infections (STIs) and HIV testing guidelines, and standardization of training modules on voluntary medical male circumcision (VMMC) were completed to boost combination prevention service delivery. Additionally, 45 health facilities providing VMMC services failing to meet the required quality standard received training and guidance to implement recommendations from the 2019 external quality assurance review.

HUMAN RIGHTS, EQUALITY, AND EQUITY ADVOCACY; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

The Joint Team heightened advocacy for the finalization of the National Drug Master Plan for 2020-2024 to address the increasing drug use in South Africa. The plan will promote a human rights-based and evidence-informed actions to curb drug use and reduce substance-related harms. It will also promote active engagement of civil society in developing, implementing, and evaluating the national drug policy.

A rapid assessment of the needs of women who use drugs was completed in Western Cape. The survey revealed that these women often suffer from GBV but were unable to access GBV survivor services and shelters due to stigma associated with their drug use. As a result, the Western Cape Department of Social Development agreed to train GBV survivor shelter staff on harm reduction and addressing the overall needs of women who use drugs. Besides, engagement with 50 magistrates in KwaZulu-Natal on GBV and gender stereotyping resulted in increased awareness and acknowledgment of gender stereotyping and how it may impede justice and fairness in the law.

In partnership with the private sector, the Joint Team, rolled out two small-scale socio-economic initiatives to improve access to social justice among young women. The initiatives also sought to build the capacity of young women to monitor, report, and fast-track GBV cases in their communities.

SUSTAINABILITY IN THE HIV RESPONSE ADVOCACY; POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

The Joint Team assisted in the development of the Global Fund grant proposal for 2022-2025 and the PEPFAR Country Operational Plan (COP 2021) to ensure this assistance is fully aligned with the National Strategic Plan 2019-2022. As a result, US\$ 536 million was mobilized from the Global Fund, of which US\$ \$397 million was allocated for the HIV response and US\$ 139 million was allotted to support tuberculosis (TB) programmes.

During the COP 2019 review, the slow progress of South Africa in advancing towards the 90-90-90 targets was underlined. In response, the Joint Team is partnering with PEPFAR to support the roll out of the National Department of Health's HIV Cluster Operation Phuthuma, which aims to improve quality of HIV services in 419 health facilities receiving a high number of patients, through strengthened management, monitoring and accountability, and promotion of a quality patient-centred care.

CONTRIBUTION TO THE COVID-19 RESPONSE

The COVID-19 pandemic underscored multiple inequalities in South Africa, and threatened progress in development and health sectors, including recent HIV gains. In response, the Joint Team channelled human and financial resources to support the country with some of these challenges and control the pandemic. The first United Nations Emergency Appeal for South Africa mobilized US\$ 136 million to support close to 10 million people in need, including people living with HIV and communities affected by violence and shortages of food and other essentials.

Joint Team reallocated US\$ 250 000 to support some activities of the *Community Constituency Covid-19 Front Strategy to Mitigate COVID-19 through Coordinated Advocacy, Communication & Social Mobilisation*. For instance, Civil Society Forum (CSF) leaders and district teams were trained on COVID-19 prevention, symptoms, and risk assessments and the materials were integrated into the CSF App to facilitate information sharing. In partnership with community radio stations, close to 22 million listeners were also reached with messages on gender inequality, COVID-19, and HIV vulnerability. Peer support groups provided community mobilisation and awareness raising on unusually elevated GBV rates and subsequent HIV vulnerability, while 75 000 people were reached by testing and back to treatment initiatives. In addition, the adolescent and young women peer mentor programme was modified to an e-service platform to provide targeted COVID-19 education including psychosocial support and sexual reproductive health education to pregnant adolescent girls and young women. Two food supply drives also reached close to 1200 families, including adolescent girls and young women and people on ART facing food shortages. Other interventions included personal protective equipment donations to homeless shelters and informal sanitation workers, access to clean needles and opioid treatment programme for people who inject drugs, and sexual and reproductive commodities.

The Joint Team and other partners supported the Government in areas of strategic information to monitor disruption of HIV and other health services. A rapid survey was launched identifying needs and providing data on the challenges of people living with HIV in accessing essential health and social services, including ARVs. Support was also provided to the government for the development and implementation of Health Catch Up Plans to support HIV, TB and other health services disrupted by the COVID-19 pandemic.

Finally, in partnership with Reckitt Benckiser and the network of people living with HIV, 70 000 sanitation kits were distributed to households across South Africa.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020, the Joint Team made technical and financial contribution to the development, launch and rolling out of key policies on human rights and gender, participating in the promotion of the "leave no one behind" principle. For instance, support was provided for the development of the South Africa's National Human Rights Plan for HIV and TB Services and Gender Inequality, which was aligned with the 2019-2022 National Strategic Plan for HIV, TB, and STIs. The National Strategic Plan on Gender-Based Violence and Femicide was also developed to reduce GBV among women, children, and key populations. Under Pillar 2 - Prevention and Rebuilding Social Cohesion of this plan, the Joint Team supported implementation of a nation-wide community radio and TV campaign reaching 14 million people with GBV prevention messages.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic disrupted all HIV and TB screening and testing, treatment, and retention in care programmes in South Africa, as well as the delivery of health and nutrition services by communities. Many people living with HIV and people from key populations reportedly relocated from their HIV service sites during the lockdown when they were unable to work, which was reflected in missed appointments at their usual clinics.</p>	<p>Continue supporting the Government to implement the Catch-Up Plan to ensure continuity of HIV and other health services for people living with HIV and key populations.</p>
<p>Following the leaving no one behind principle, efforts need to be intensified to improve the access to HIV prevention, treatment, care, and support services for all. HIV prevention among adolescent girls and young women is lagging behind.</p>	<p>Provide advocacy, technical and financial support to improve and expand HIV prevention services among key populations and vulnerable groups, including in emergencies.</p> <p>Support initiatives to enhance quality of data, its collection and utilization nationally and sub-nationally.</p> <p>Advocate for the update of harm reduction policies for people who inject drugs, for expanded and strengthened services.</p>
<p>With a high level of GBV and persisting stigma and discrimination, including among key populations, further efforts should be leveraged to promote inclusiveness in the HIV response.</p>	<p>Continue to provide technical and financial support to implement the National Human Rights Plan for HIV and TB Services and Gender Inequality and the National Strategic Plan on Gender-Based Violence and Femicide.</p> <p>Promote roll out of initiatives to strengthen civil society engagement and community governance.</p>
<p>In responding to the COVID-19 pandemic in South Africa, HIV funds were diverted to COVID-19 services and other mitigation efforts, hampering the sustainability of the HIV response.</p>	<p>Provide support to develop a roadmap to guide inclusion of all HIV-related health services in the National Health Insurance plan.</p> <p>Continue engagement with the Global Fund, PEPFAR and other donors and stakeholders to mobilize and guide resources for the HIV response.</p>

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org