

South Africa

Community, Rights and Gender Country Profile

Working Document



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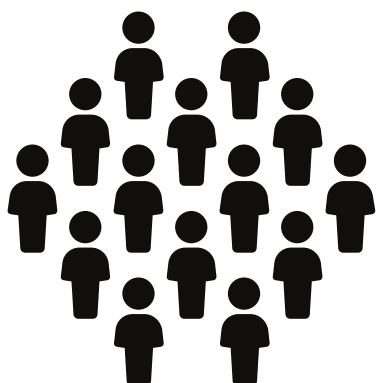


CRG Interventions



CFCS Round 10 Partners

Quick Facts



59.31 million people

Working Document



**High TB, TB/HIV and
MDR/RR -TB Country**

UNHLM Targets



Resource Needs (2022)

669.07 million (USD)

Available TB Funding 2020 (USD)

International (Excluding Global Fund): 0.0 million

Funding Needs: 196.7million

Diagnosis and Treatment Targets (2020)

TB Target: 239,100

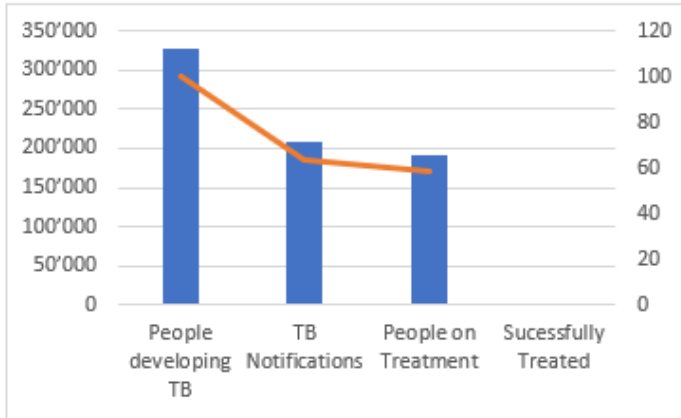
% Target Achieved: 87

National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: **2022/23**
- Next Global Fund funding request (proposal development): **2024**

TB Situation

Epidemiological Data (2020)



Source: Stop TB Country Dashboard

https://www.stoptb.org/static_pages/MappingTool_Main.html

Major Gaps in TB prevention and Care

- 136,926 Missing people with TB (16,442 were children)
- 25,000 people died because of TB
- 6 784 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

Discrimination issues: TB stigma and discrimination is pervasive. There is no legal prohibition of TB discrimination. The law protects trans persons from discrimination but it is not fully enforced. Farm workers face discrimination. TB stigma and discrimination undermines TB contact tracing.

Freedom: laws that prohibit drug use and sex work hinder access to services and exacerbate TB stigma and discrimination. People who use substances experience confidentiality breaches in obtaining TB services. Farm workers with supportive employers may access care but experience “compromised confidentiality.” HCWs experience lack of confidentiality during treatment in workplace resulting in diagnosis delays and non-disclosure of new infections.

Gender impacts vulnerability to access to service and treatment completion. Men are at higher risk of TB infection and mortality than women. Women experience lower TB morbidity and mortality but have easier access to services although they experience challenges due to their caregivers role. There is very limited data on trans persons affected by TB, and they face extreme stigma, impeding access to services. Lack of gender sensitive TB policies and guidelines and services.

Key and Vulnerable Populations prioritized: PLHIV, female sex workers, PWID, miners and HCWs. There is no NTP strategy or data on sex workers and PWID. Key populations avoid health facilities for fear of stigma. They are also exposed to poverty, unemployment, homelessness, imprisonment, HIV, malnutrition and lack of access to healthcare. Miners are at high risk of TB due to prolonged exposure to silica dust, poor living conditions, high HIV prevalence and labor migration. HCWs are at high TB risk from occupational exposure especially in clinics with poor ventilation and infection control, low compliance or unavailable of PPEs. Key populations in the study had low knowledge and misconceptions about TB.

Remedies and Accountability: there is lack of access to justice for rights violations in health services, including lack of monitoring and complaints mechanisms. Though legal right to remedies exist, HCWs lack access to remedies and compensation for occupational TB, lack of accountability for unsafe and unhealthy working conditions increasing occupational TB risk.

Source: HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

Community, Rights and Gender Data

The CRG assessment conducted in 2019 showed the following:

Accessibility Barriers: lack of TB information (despite legal protection for the right to health information), laws that prohibit drug use and sex work hinder access for key populations. Other barriers include cultural attitudes and lack of tailored services for men and limited clinic hours.

Availability Barriers: there is a lack capacity and resources for holistic counselling and psychosocial support especially after initial treatment.

Quality issues include stigmatizing and discriminatory attitudes of healthcare workers (HCWs) and rigid facility -based DOT.

Acceptability issues: lack of gender sensitive TB policies, guidelines and services for men and trans women at clinics, limited clinic hours, stigmatizing and discriminatory attitudes of TB HCWs. Also, clinics lack training, capacity and resources for children and contacts of people with TB. People who use drugs experience confidentiality breaches in obtaining TB services. There is lack of confidentiality resulting in delayed diagnosis.



COUNTRY PROFILE SOUTH AFRICA

Community Engagement and Representation

Active National Stop TB Partnership

- No

National Network of People Affected by TB

- TB Proof

TB Network/Community represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- Yes

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society Round 10

- TB Proof
- TB/HIV Care
- Ubunye Foundation Trust

CFCS Round 10 Grantees,
Regional Level

- African Coalition TB Africa
- Eastern Africa National

Network of AIDS Service
Organization (EANNASO)



Global Network :

- TB people
- TB Women



Community Rights and Gender



- CRG Assessment Complete 
- Costed CRG Action Plan Available 
 - In progress
- TB Stigma Assessment Conducted 
- TB Stigma Elimination Plan Available 
 - In progress
- Community-led Monitoring Mechanism 
 - In progress

CFCS Round 10 Grantees

TB Proof

- **Global Fund Sub Recipient**
- Project Location: Nationwide
- Timeline: January 2022 - January 2023
- Objectives
 - To design and implement An advocacy campaign for universal airborne infection prevention precautions to promote safe shared air within indoor spaces to reduce TB and COVID-19 risk
 - To design and implement A stigma reduction intervention (counselling) and community advocacy campaign in Hammanskraal, GP, and Khayelitsha, WC that is contextual, rights-based, people centered and gender responsive.
 - To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels.

CFCS Round 10 Grantees

TB/HIV CARE

- **Global Fund Sub Recipient**
- Project Location: Western Cape, KwaZulu and Eastern Cape province
- Timeline: December 2021 - December 2022
- Objectives
 - To advocate for TB data to be available disaggregated by gender at national, provincial, and local levels: transform the TB response to be rights-based, gender transformative and people centered, in alignment with the UN Political Declaration on the Fight Against TB and the Call to Action from communities, as outlines in A Deadly Divide: TB Commitments vs TB Realities.
 - To promote community-led monitoring of TB indicators and services through the implementation of OneImpact.
 - To promote community engagement and the inclusion of human rights as part of the South African multisectoral accountability framework for TB (MAF-TB)

CFCS Round 10 Grantees

Ubunye Foundation Trust

- **Global Fund Grant: No**
- Project Location: Amathole District
- Timeline: January 2022 - January 2023
- Objectives
 - Enhanced TB and human rights coordination and capacity building among women affected by TB.
 - Operationalising community led monitoring (adapting the OneImpact Framework) for accountability.

Questions? Contact us.

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