Stop TB Partnership

hosted by UNOPS

South Africa

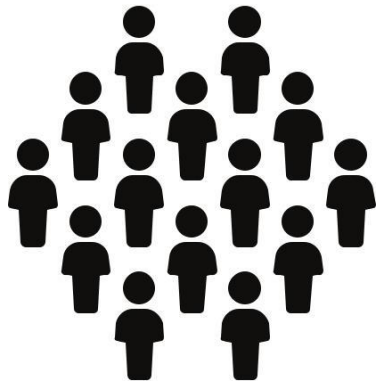## Community, Rights and Gender Country Profile

Working Document

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Quick Facts

59 million people (2021)

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

High Impact Africa 2

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

Prevention Therapy (2022)
Total PT Targets: 549,720

*Please note that this will be updated in October after 2023 UNHLM on TB
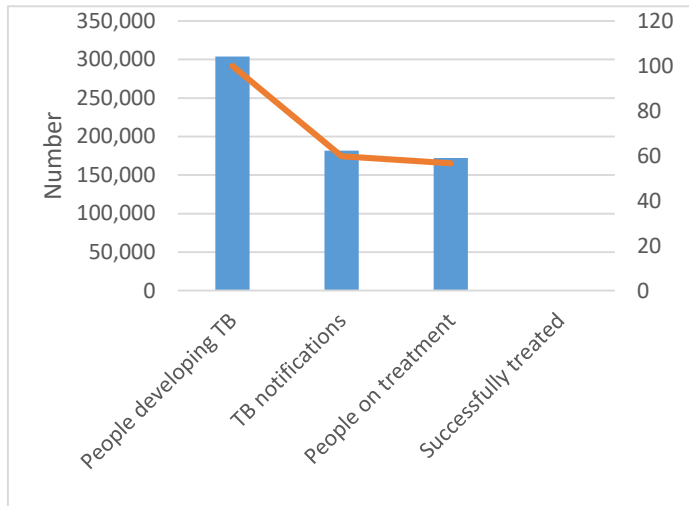Source: Stop TB Partnership Dashboard

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 (2021)[1]

Major Gaps in TB Prevention and Care

- 136,926 Missing people with TB (16,442 were children)
- 25,000 people died because of TB
- 6,381 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

Community, Rights and Gender Data

The CRG assessment conducted in 2019 revealed the following:

Accessibility Barriers: key populations faced obstacles such as a lack of TB information despite legal protection for the right to health information. Additionally, laws prohibiting drug use and sex work hindered their access to services. Cultural attitudes and the absence of tailored services for men, as well as limited clinic hours, further contributed to accessibility barriers.

Availability Barriers: include a shortage of capacity and resources for holistic counseling and psychosocial support, particularly after initial treatment.

Acceptability issues: encompassed the lack of gender-sensitive TB policies, guidelines, and services for men and trans women at clinics, as well as stigmatizing and discriminatory attitudes from TB HCWs. Moreover, clinics lacked training, capacity, and resources for children and contacts of people with TB. People who use drugs experienced breaches of confidentiality when seeking TB services, leading to delayed diagnosis.

Quality issues arose from stigmatizing and discriminatory attitudes among healthcare workers (HCWs) and inflexible facility-based directly observed therapy (DOT). **Discrimination** against individuals with TB was found to be pervasive, with no legal prohibition against TB discrimination. Although the law protected trans persons from discrimination, it was not fully enforced. Farm workers also faced discrimination, and TB stigma and discrimination undermined TB contact tracing efforts.

Freedoms were impeded by laws prohibiting drug use and sex work, which hindered access to services and exacerbated TB stigma and discrimination. People who use substances experienced breaches of confidentiality when accessing TB services. While farm workers with supportive employers may access care, they often encountered compromised confidentiality. HCWs experienced a lack of confidentiality during treatment in the workplace, resulting in delays in diagnosis and non-disclosure of new infections. Gender played a role in vulnerability to accessing services and completing treatment, with men at a higher risk of TB infection and mortality than women. Although women experienced lower TB morbidity and mortality rates, they faced challenges due to their caregiver roles. Trans persons affected by TB faced extreme stigma, which hindered their access to services. Furthermore, there was a lack of gender-sensitive TB policies, guidelines, and services. **Key and vulnerable populations** identified included people living with HIV (PLHIV), female sex workers, people who inject drugs (PWID), miners, and HCWs. However, there was no National Tuberculosis Program (NTP) strategy or data available on sex workers and PWID. Key populations often avoided health facilities due to fear of stigma and also faced additional challenges such as poverty, unemployment, homelessness, imprisonment, HIV, malnutrition, and limited access to healthcare. Miners were particularly at high risk of TB due to prolonged exposure to silica dust, poor living conditions, high HIV prevalence, and labor migration. HCWs were also at high risk of TB due to occupational exposure, especially in clinics with inadequate ventilation and infection control measures or a lack of personal protective equipment (PPE). The study revealed that key populations 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

[1] Source: Stop TB Partnership Interactive Map Dashboard

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 Regional Partners

- African Coalition TB
- Eastern Africa National Network of AIDS Service Organization (EANNASO)
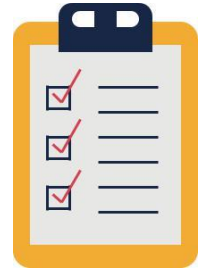
CFCS Round 11 Regional Partners

- African Coalition on TB (ACT)
- Lawyers Alert Association Makurdi

Global Network

- Lean on Me Foundation

Community, Rights and Gender

- **CRG Assessment Complete** ✓

- **Costed CRG Action Plan Available** ✗
  - **No**

- **TB Stigma Assessment Conducted** ✓

- **TB Stigma Elimination Plan Available** ✓
  - **In progress**

- **Community-led Monitoring Mechanism in Place (OneImpact)** ✗
  - **No**

- **Legal and Human Rights Scorecard Assessment** ✗
  - **No**

CFCS Round 10 Grantees

TB Proof

Global Fund NFM3 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 NFM3 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

Project Location: Amathole District
Timeline: January 2022 - January 2023
Objectives

- To enhanceTB and human rights coordination and capacity building among women affected by TB.
- To operationalise community led monitoring (adapting the OneImpact Framework) for accountability.

CFCS Round 11 Grantees

Ubunye Foundation Trust

Project Location: Ngqushwa Municipality, Eastern Cape, South Africa

Timeline: June 2023 – June 2024

Aim:
- To expanding community-health care facility partnership to ensure TB prevention, treatment and care amongst vulnerable populations in Ngqushwa Municipality, Eastern Cape

Objectives
- To build the capacity of stakeholders in 6 communities to learn about and practise self-screening and contribute to community knowledge about TB, its care and treatment
- To operationalise community - clinic partnership leading to sustainable changes to care and treatment
- To develop and establish a sustainable system for the dissemination of strategic, local information on TB and human rights advocacy amongst 6 communities
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 11 Grantees

WACI Health

Project Location: 11 provinces in South Africa
Timeline:
Overall aim:

- o To catalyse community and civil society voices for TB advocacy in South Africa to create a sense of urgency, and in a coordinate approach call upon South African leadership to rise up for TB through Community, Rights and Gender considerations in TB programming, prioritizing the delivery of the UNHLM targets, and TB accountability.

Proposal Objective

- o To sustain, broaden, and increase political support for the UNHLM targets and commitments in South Africa and other UN member states where South Africa has influence for example, African Union member states, the G20 where South Africa is the only African member, and the BRICS.
- o To increase political support for investments in community, rights and gender considerations in TB programming in South Africa.
- o To elevate the participation and engagement of TB affected communities in TB planning, advocacy and accountability in South Africa.

CFCS Round 11 Grantees

TB Proof NPC

Project Location: Khayelitsha, City of Cape Town, Western Cape (informal/ semi-formal settlement) Zithulele, Amathole district, Eastern Cape (rural)
Timeline: May 2023 to November 2024
Aim:

- To improve patient engagement and loss to follow up from TB care by adapting and piloting tailored TB counselling combined with mental health and substance use screening tools to identify high-risk individuals in need of context-informed social support strategies.

Objectives

- To leverage key partnerships to develop a combined intervention to deliver TB counselling and a risk screening strategy to identify high-risk individuals in need of enhanced social support
- To pilot test and iteratively adapt the combined intervention among people diagnosed with TB in the Eastern Cape and Western Cape provinces of South Africa.
- To develop an advocacy strategy and campaign (Sikunye TB) to promote person-centred care that includes high-quality counselling, risk screening and the provision of social support.

CFCS Round 11 Grantees

TB HIV Care

Project Location: Eastern Cape, KwaZulu Natal, Western Cape, Gauteng.
Timeline: April 2023 – April 2024
Aim:

- To increase participation of affected communities in the monitoring of TB services in South Africa in order to improve the accessibility, acceptability and quality of services and the accountability of office bearers in the health system.

Objectives

- To train 300 community monitors in the use of the OneImpact app and to provide a framework for regular clinic monitoring activities in line with existing activities.
- To document indicators monitoring accessibility, acceptability and quality of TB services through implementation of OneImpact app, with 3000 uses of app logged
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

Questions?
Contact us.

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