SOUTH AFRICA'S NATIONAL HIV, TB & HUMAN RIGHTS PLAN [2025-2030]

"FROM COMMITMENT TO ACTION: A HUMAN RIGHTS IMPLEMENTATION PLAN FOR SOUTH AFRICA'S HIV, TB AND STI RESPONSE (2025–2030)"

INSIDE FRONT COVER

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REPUBLIC OF SOUTH AFRICA

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PREFACE

South Africa continues to be recognised globally for its leadership in embedding human rights at the centre of its response to HIV and TB. Our Constitution enshrines the rights to dignity, equality, and access to health care as principles that have guided two decades of advocacy, policy reform, and investment. However, despite these firm foundations, it remains evident that many South Africans, particularly key and priority populations, still face profound barriers in exercising their rights to prevention, treatment, and care.

The National Strategic Plan for HIV, TB and STIs 2023–2028 (NSP) recognises that biomedical and technical solutions alone are not enough to end these epidemics. It advocates for a rights-based approach that dismantles human rights and gender-related barriers to accessing healthcare, enabling communities to reduce vulnerability and engage meaningfully in prevention and care. The NSP underscores that stigma, discrimination, criminalisation, poverty, and violence are not peripheral challenges but central drivers of vulnerability, ill-health, and exclusion.

This new National HIV, TB and Human Rights Plan (2025–2030) is a direct and purposeful response to this reality. Building on the foundational laid by the previous Human Rights Plan (2017–2022), this new Plan represents a renewal of collective commitment, grounded in reflection, evidence and inclusivity. Under pinned by a rigorous multi-method review and consultations across provinces, this Plan integrates the voices, among others, of people living with HIV (PLHIV), key and priority populations, policy makers, programme implementers, healthcare workers, civil society, traditional leaders, and justice sector actors. It also reflects a shared national vision to advance human dignity, equality and justice for all.

Aligned with the strategic goals and enablers of the NSP 2023–2028, this Plan provides a cohesive, pragmatic, and accountable framework for implementation. It outlines eight key focus areas, eachwith clear interventions, indicators, lead custodians, and measurable outcomes, ranging from stigma reduction and legal literacy to gender-based violence (GBV) prevention and response and access to justice for affected populations. Above all, this Plan reaffirms a simple truth: that human rights are not abstract ideals, they are a matter of life, health and justice for millions of people. Whena young person fears harassment when entering a clinic; whena sex worker is denied emergency care; whena GBV survivor is turned away for lacking documentation, then we,as a nation, have failed in our constitutional and moral obligations.

We must therefore act with urgency, courage and compassion. This Plan challenges every stakeholder, whether it is government, civil society, development partners, the private sector, and communities themselves, to act boldly, collaboratively and with accountability. It addresses persistent human rights gaps and offers an operational framework to institutionalise rights-based programming through:

- Continued efforts to reduce stigma, discrimination, gender inequality, harmful gender norms and GBV;
- Institutionalised community-led monitoring (CLM) and rights-based service delivery;
- Sustainable legal empowerment and access to justice for affected populations;
- Repeal or reform of punitive and exclusionary laws;
- Greater investment in provincial and district-level implementation, especially in underserved rural areas; and

Strengthened Provincial and Districts AIDS Councils (DACs) and Human Rights Hubs We extend our deepest gratitude to the Legal and Human Rights Technical Task Team, the Human Rights Technical Working Group, and all partners and stakeholders whose commitment and expertise shaped this Plan. We further acknowledge the Global Fund to Fight AIDS, TB and Malaria, UNAIDS, UNDP for their continued technical and financial support.

This revised Plan is more than a policy document, but a renewed social contract. It embodies our shared determination to advance justice, equity, and accountability in South Africa's HIV, TB and STI response. It affirms that we will not leave anyone behind; that we will dismantle legal, social, and institutional barriers that impede access to health and justice. We will do this not only because it is the right thing to do, but because epidemic control cannot be achieved is impossible without social inclusion, dignity, and equality.

Let us therefore walk this path together with boldness, compassion and with a steadfast commitment to building a South Africa where every person, without exception, can realise their right to health.

Andries Nel
Deputy Minister of Justice and Constitutional Development

Thabo Majuja
SANAC, Law and Human Rights Sector Chairperson

ABBREVIATIONS & ACRONYMS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARVs	Antiretroviral Drugs
CBO	Community-Based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CGE	Commission for Gender Equity
CLM	Community-Led Monitoring
CPF	Community Policing Forum
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
CSS	Community Systems Strengthening
DAC	District AIDS Council
DHIS	District Health Information System
DoH	Department of Health
EC	Eastern Cape
FGD	Focus Group Discussion
FS	Free State
GBV	Gender-Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HR	Human Rights
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IPID	Independent Police Investigative Directorate
KAP	Knowledge, Attitude and Practices (survey)
KP	Key Populations
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (plus)
LP	Limpopo Province
MEC	Member of the Executive Council
MP	Mpumalanga Province
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MTEF	Medium Term Expenditure Framework
NDOH	National Department of Health
NGO	Non-governmental Organisation
NSP	National Strategic Plan for HIV, TB and STIs
MTSF	Medium Term Strategic Framework
NW	North West (Province)
OHSC	Office of Health Standards Compliance
PAC	Provincial Aids Council
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PWUD	People Who Use Drugs
SADC	Southern African Development Community
SAHRC	South African Human Rights Commission
SANAC	South African National AIDS Council
SALGA	South African Local Government Association
SAPS	South African Police Service
SASSA	South African Social Security Agency
SOGI	Sexual Orientation and Gender Identity
SOGIESC	Sexual Orientation, Gender Identity and Expression& Sex Characteristics
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
ToC	Theory of Change
UPR	Universal Periodic Review
WC	Western Cape
UN	United Nations
UNDP	United Nations Development Programme
UNGASS	United National General Assembly Special Session
UPR	Universal Periodic Review

EXECUTIVE SUMMARY

Context and Rationale

South Africa remains at the epicentre of the global HIV epidemic, with nearly eight million people living with HIV and millions more at risk of TB and related illnesses. Over the last decade, significant biomedical progress has been achieved: new infections significant: new infections have declined, AIDS-related deaths have halved, and treatment access has expanded through universal test-and-treat and the roll-out of more effective, affordable antiretroviral therapy. However, these gains are fragile. Persistent stigma and discrimination, gender inequality, violence, criminalisation of key populations, and institutional weaknesses, continue to limit access to services and retention in care.

The National HIV, TB and Human Rights Plan (2025–2030) is a direct response to these challenges. It builds on the previous Human Rights Plan (2017–2022), incorporates findings fromthe 2023 Progress Assessment, and aligns fully with the National Strategic Plan for HIV, TB and STIs (2023–2028). The Plan It also recognises that epidemic control cannot be achieved through biomedical advances alone; it depends on dismantling the social and structural barriers that prevent individuals, particularly key and priority populations, from realising their constitutional rights to dignity, equality, and health.

Lessons from the Previous Plan

The first Human Rights Plan (2017-2022) marked an important step in institutionalising rights-based programming within South Africa's HIV and TB response. It achieved progress in policy reform, stigma reduction, and the introduction of community-led monitoring CLM). Reports of external stigma declined, and health worker sensitisation improved in several districts. However, consultations and reviews highlighted enduring gaps:

- Stigma and discrimination persisted in clinics, schools, workplaces, and communities.
- Legal literacy and access to justice remained limited, especially for women, migrants, adolescents, and key populations.
- Gender-based violence continued to increase vulnerability and reduce treatment adherence.
- District AIDS Councils and Human Rights Forums were often inactive, weakening accountability.
- Funding for rights-based interventions was inconsistent and overly dependent on NGOs, with little integration into provincial planning cycles.

These lessons informed the redesign of the 2025-2030Plan, which shifts from fragmented project-based initiatives to institutionalised, measurable, and decentralised implementation.

Participatory and Evidence-Based Approach

The development of the National HIV, TB and Human Rights Plan (2025–2030) Plan was guided by a rigorous, multi-method process combining a comprehensive desk review of national and global frameworks, quantitative data from surveillance systems, stigma indices, and community-led monitoring, as well as qualitative data from provincial consultations, focus group discussions, and validation workshops.

The process was deliberately inclusive with contributions from people living with HIV, survivors of GBV, LGBTQIA+ communities, sex workers, people who use drugs, migrants, health providers, justice sector representatives, traditional leaders and other stakeholders. Their lived experiences of exclusion, ranging from denial of care and harassment to lack of legal recourse, directly shaped the interventions. This participatory approach ensures that the Plan is both evidence-informed, contextually grounded and responsive to real-world barriers.

Theory of Change

The Plan is anchored in the Theory of Change that links rights-based interventions to measurable public health outcomes. It begins with targeted investments in stigma reduction, legal literacy, law and policy reform, GBV prevention, and rights-based service delivery. These interventions are designed to produce outputs, such as improved awareness of rights, expanded legal support services, reformed policies, and strengthened complaint mechanisms. These outputs, in turn, lead to outcomes including reduced stigma and discrimination, increased access to justice, enhanced institutional trust,and improved uptake of health services.

Ultimately, these outcomes contribute to reduced HIV and TB incidence, sustained treatment and epidemic control grounded in dignity, equity, and justice. In this framework, human rights are treated not as abstract ideals, but as practical instruments for improving health outcomes access and strengthening accountability.

Focus Areas of Intervention

The Plan operation alises its vision through eight interlinked focus areas:

1. Eliminating stigma and discrimination across health, community, workplace, and education sectors.
2. Expanding legal literacy and paralegal support to strengthen rights awareness.
3. Ensuring Non-Discriminatory Healthcare, embedding equity standards, scorecards, and inclusive service models across all facilities.
4. Increasing Access to Justice through community-based paralegals, legal aid expansion, hotlines, and local mediation mechanisms.
5. Transforming Law Enforcement Practices to end discriminatory policing and institutionalise rights-based training and accountability.
6. Reforming punitive laws and policies that criminalise key populations, and harmonise conflicting legislation.
7. Addressing gender inequality and GBV through integrated survivor-centred responses into health, education, justice, and social systems.
8. Strengthening community mobilisation and advocacy by resourcing CBOs, and revitalising DACs and Human Rights Forums.

Each focus area is backed by defined custodians, measurable indicators, and direct alignment with the NSP 2023–2028 and the UNAIDS 10-10-10 targets.

Implementation and Accountability

Thecentral feature of the Plan is its emphasis on institutionalisation and accountability. Activities are embedded into provincial and district planning processes, supported by Medium-Term Expenditure Frameworks and Annual Performance Plans. Custodianship has been assigned for each focus area, ensuring ownership across government sectors.

The Plan introduces a comprehensive Monitoring, Evaluation, and Learning (MEL) framework that integrates community-led monitoring data, Ombud reports, and facility-level scorecards into SANAC and DHIS2 systems. Progress will be tracked in real time, made publicly accessible, and linked to accountability mechanisms at national and subnational levels. For the first time, rights-based outcomes will be measurable, reportable, and actionable.

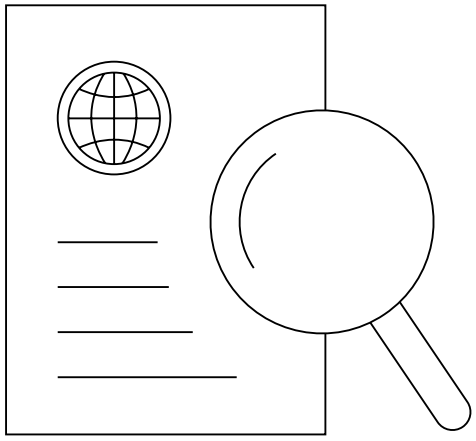
Alignment with National and Global Commitments

The Plan is fully aligned with South Africa's NSP (2023–2028) and strengthens its five strategic goals and key enablers. It also affirms the country's commitments under global and regional frameworks, including the UNAIDS Global AIDS Strategy, the 2021 UN Political Declaration on HIV and AIDS, the African Charter on Human and Peoples' Rights, the Maputo Protocol, and the SADC Regional Strategy on SRHR for Key Populations. By doing so, it ensures that South Africa's response is not only nationally relevant but globally accountable, advancing epidemic control while meeting international human rights obligations.

Conclusion

The National HIV, TB and Human Rights Plan (2025–2030) represents are newed social compact for justice, equity, and accountability in South Africa's HIV, TB, and STI response. It signals a shift from commitment to action, from rhetoric to measurable outcomes, and from fragmented interventions to systemic transformation. By embedding human rights at the centre of epidemic control, the Plan affirms that health without rights is unsustainable. It provides a roadmap to achieve the UNAIDS 95-95-95 and 10-10-10 targets by dismantling structural barriers, resourcing communities as co-implementers, and embedding accountability at all levels.

At its core, this Plan is a bold reinvestment in justice, equity, and dignity, the foundations upon which both epidemic control and national development must rest.



1. INTRODUCTION

South Africa remains the epicentre of the HIV epidemic, accounting for more than a quarter of new HIV infections in Southern African countries. The National Department of Health estimates that 8 million people are living with HIV in the country. The country has made significant progress in its fight against HIV and TB. Since 2010, new HIV infections and AIDS-related deaths have been reduced by 39% and 50% respectively (UNAIDS, 2018). Access to HIV testing and effective antiretroviral therapy (ART) has also improved substantially with the implementation of the test-and-treat initiative and the increased availability of affordable drugs with fewer side effects. The country remains committed to meeting the UNAIDS 95-95-95 targets by 2030, that 95% of PLHIV know their status, 95% of those diagnosed are on sustained ART and 95% of those on ART are virally suppressed.

South Africa remains committed to the UNAIDS 10-10-10 targets for 2025, which call for less than 10% of countries to have legal environments that deny access to justice, less than 10% of people with HIV and key populations to experience stigma and discrimination and less than 10% of women, girls, people with HIV, and key populations to experience gender inequality and violence.

To achieve national and global commitments, South Africa has prioritised the need to address thesocial and structural barriers that sustain the HIV, TB, and STI epidemics. The National Strategic Plan (NSP) on HIV, TB, and STIs (2023–2028) underscores the strong link between inequality and increased vulnerability, not only to these diseases but also to mental health challenges and related human rights violations. While inequalities maynot directly cause infection, they significantly increase heighten exposure to risk factors such as unsafe behaviours, psychological distress, sexual and gender-based violence (SGBV). These inequalities are driven by stigma, discrimination, violence, unequal power relations, harmful gender norms, poverty, migration, disability, and gaps in service delivery. The NSP identifiesseveral priority areas that are critical to achieving its overarching goal of ending AIDS as a public health threat by 2030.

Discriminatory laws and practices

Despite South Africa's progress ivelegal and policy framework, restrictive social and structural factors continue to limit people's ability and agency to realise their rights and access essential services for HIV, TB, STI, mental health and related care. Persistent challenges include punitive laws that criminalise or inadequately protect key and priority populations, inconsistent implementation of protective legislation and policies, and discriminatory practices within law enforcement and healthcare systems, all of which undermine access to justice and human rights protections.

Stigma and discrimination

Persistent and intersecting stigma and discrimination continue to undermine efforts to end HIV, TB, and STIs. They weaken the effectiveness of prevention, testing, diagnosis, treatment, care, and support services, particularly for key and priority populations. Evidence further shows that internalised stigma among PLHIV is linked to reduced adherence and lower levels of viral suppression, posing a direct barrier to achieving epidemic control.

Gendered inequalities and violence

Persistent gender inequalities and violence remain major barriers to HIV treatment uptake and adherence. Gender-based inequalities and violence against women, girls and gender diverse people are both causes and consequences of HIV. Intimate partner violence increases the risk of HIV exposure and transmission, while living with HIV increases the risk of experiencing SGBV. In addition, traditional gender norms inhibit health-seeking behaviour among men, contributing to suboptimal outcomes across the HIV cascade. Men are often expected to be fearless and self-sufficient, which prevents them from seeking care and exacerbates stigma.

These focus areas: discriminatory laws and practices, stigma and discrimination, and gendered inequalities and violence, directly align with the NSP Goal 1 objectives. They highlight the structural and social barriers that must be addressed to achieve equitable access to healthcare, strengthen community resilience, and ensure that the HIV, TB, and STI response is inclusive, rights-based, and sustainable. **NSP Goal 1 human rights aligned objectives are:**

- Reduce stigma and discrimination to advance rights and access to services.
- Address gender inequalities that increase vulnerabilities through gender-transformative approaches.
- Enhance non-discriminatory legislative frameworks through law and policy review and reform.
- Protect and promote human rights and advance access to justice.

2. REFLECTING ON PROGRESS IN HIV, TB AND HUMAN RIGHTS RESPONSES: LESSONS FROM IMPLEMENTATION

From 2017, South Africa's efforts to address HIV and TB have been guided by the *National Human Rights Plan,* a comprehensive framework designed to overcome human rights-related barriers to services and gender inequality. A 2024Progress Assessment, supported by the Global Fund, confirms significant achievements alongside persistent challenges. The assessment highlights substantial progress in establishing an enabling legal and policy environment for HIV and TB. Key developments include:

- The introduction of updated national strategies, plans, and guidance documents.
- A focused aim to reduce stigma, discrimination, and violence.
- Improved access to healthcare for people living with HIV, TB, and key populations.
- Continued advocacy for law and policy reform supporting people who use drugs and sex workers.

Despite this progress, the assessment identifies critical gaps. A renewed focus is required to eliminate stigma, discrimination, and violence against people living with HIV and key populations. Addressing these persistent challenges remains a priority for the programme's continued success.

The 2024 Progress Assessment further documented sustained, nationwide expansion of evidence-based initiatives. These community-led programmes, which integrate stigma reduction and legal literacy, have improved collaboration with sensitised service providers at the district level. This scale-up has contributed to a measurable reduction in reports of rights violations.

Concurrently, efforts since 2017 have advanced the sensitisation of health workers and law enforcement officials to deliver non-discriminatory services to PLHIV and key populations. Community-led monitoring and documentation of rights violations, supported by key international partners, such as the Global Fund and the United States President's Emergency Fund for AIDS Relief (PEPFAR), have been instrumental in driving these gains and enhancing accountability for service delivery.

Despite this progress, stigma, discrimination, and violence, particularly gender-based violence (GBV), continue to pose significant barriers to health services and access to justice for affected populations.

The assessment identifies several critical challenges requiring focused attention in the coming years:

- *Programme Adaptation and Expansion*: Human rights and gender programmes must evolve by integrating evidence from community-led monitoring. Their reach must be extended to rural areas and populations that have been left behind, including people with TB, people with disabilities, adolescents, and other marginalised groups. Engagement should also broaden to include additional sectors such as education and social development.
- *Institutionalisation of Training:* The training and sensitisation of health workers and law enforcers must be formally institutionalised within the core curricula and systems of the health and justice sectors to ensure sustainability.
- *Strengthening Access to Justice:* A critical priority is to fortify access to justice. This requires ensuring that when rights violations are identified, individuals have viable pathways to seek redress through sustainable, existing legal mechanisms.

3. METHODOLOGICAL APPROACH

Informed by this comprehensive assessment, the development of the National Human Rights Plan (2025–2030) was guided by a multi-method, and highly participatory process. This evidence-driven approach was designed to translate human rights commitments into a practical, measurable, implementation framework for public health.The methodology integrated document review, existing research and surveillance data, and critical evidence from community-led monitoring. This was complemented by broad stakeholder engagement to ensure that the final Plan effectively addresses real-world barriers and maintains alignment with both national priorities and international commitments.

Desk Review

The development process began with a comprehensive desk review of national, regional, and global evidence to identify lessons, best practices, and priority areas for reform reviewing various documents including:

- **National frameworks and previous plans:**
  - **National Strategic Plan for HIV, TB and STIs 2023–2028** (SANAC, 2023) served as the primary guiding framework, ensuring that the revised Plan aligns with the NSP's strategic goals and enablers.

- **National Human Rights Plan: A Comprehensive Response to Human Rights-Related Barriers to HIV & TB Services and Gender Inequality in South Africa** provided the baseline structure, eight focus areas, and implementation experiences

- **Global and regional guidance:**

- *UNAIDS Global AIDS Strategy 2021–2026: End Inequalities. End AIDS* (UNAIDS, 2021) established human rights, gender equity, and community-led responses as foundational to achieving epidemic control. The subsequent *AIDS, Crisis and the Power to Transform: UNAIDS Global AIDS Update* (UNAIDS, 2025) reinforces this imperative. It calls for a unified response from domestic and international stakeholders to close critical gaps in health care services, particularly in the context of significant funding cuts. This report further underscores the urgent need to remove legal and social barriers and to empower communities to lead the response.

- Global Fund resources, including *Technical Guide: Removing human rights-barriers to HIV services: Allocation Period 2023-2025* (Global Fund, 2022), *Technical Brief: Gender Equality: Allocation Period 2023-2025* (Global Fund, 2023) and *Technical Brief: Tuberculosis, Gender and Human Rights* (Global Fund, 2020) informed the integration of structural, legal, and stigma-reduction interventions.

- WHO resources, including the *Consolidated HIV Guidelines* (WHO, 2021) and *Gender, Equity and Human Rights Mainstreaming in Health Systems* (WHO, 2022), guided rights-based service design and systems strengthening.

- UNAIDS resources on community mobilisation, including *Let Communities Lead: World AIDS Day Report 2023* (UNAIDS, 2023) and *Community-led Monitoring in Action (UNAIDS, 2023)* underscored the role of civil society and key population-led organisations in advancing community-driven accountability.

Research data

The Plan's design was anchored in quantitative and qualitative evidence, combining national surveillance data, operational research, and community-led monitoring:

- **Quantitative data sources:**

- *South African HIV Stigma Index Report* (HSRC & SANAC, 2023) and *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey IV* (HSRC, 2024) provided evidence of stigma, discrimination, and barriers to service access.

- *Stigma Index Study 2.0* 2025

- *Ritshidze Project* reports such as the *State of Health: Key Populations in South Africa* (Ritshidze Project, 2022) and *State of Health: Key Populations in South Africa* (Ritshidze Project, 2023) offered community-led monitoring data on facility conditions, client experiences, and systemic gaps for PLHIV and key populations.

- *South Africa: Progress Assessment: Breaking Down Barriers Initiative* (Global Fund, 2023) provided quantitative scores and qualitative information on the progress, challenges and remaining gaps in implementing comprehensive programmes to remove human rights- and gender-related barriers to HIV.

- **Qualitative data sources:**

- Multi-stakeholder consultations produced rich qualitative insights through focus group discussions (FGDs), participatory scoring, problem-mapping, and plenary validation sessions.

This triangulated evidence base allowed the team to identify persistent structural barriers and informed the redesign of the eight focus areas, including eliminating stigma and discrimination, legal literacy, law reform, GBV response, and community mobilisation.

Validation, Alignment, and MEL Integration

- **Validation:** Draft interventions were refined through national validation workshops to ensure feasibility and legitimacy.

- **Policy and legal alignment:** All focus areas were benchmarked against South Africa's Constitution, national legislation, and its commitments under the Universal Periodic Review (UPR), regional/global human rights obligations and HIV and human rights guidance.

- **Monitoring,** Evaluation, and Learning (MEL):

- A comprehensive MEL framework was embedded, leveraging CLM reports, Health Ombud data, and provincial human rights forums.

- The MEL system ensures real-time monitoring, accountability, and public reporting on rights-based HIV, TB, and STI interventions.

The development of the revised National Human Rights Plan (2025–2030) was guided by a comprehensive and inclusive methodology. This process integrated rigorous evidence review with participatory research and multi-level stakeholder validation. The approach ensured the final Plan is empirically informed, grounded in the lived experiences of affected communities, and strategically aligned with key frameworks, including the UNAIDS 10-10-10 targets and South Africa's National Strategic Plan (NSP) for 2023–2028.

The development process was structured around three core components to ensure rigour and relevance. First, a systematic evidence review analysed existing national and international literature, programme evaluations, and progress assessments. This identifedpersistent and emerging human rights barriers affecting HIV and TB services. Second, participatory research methods captured the lived experiences of key stakeholders. Provincial workshops, interviews, and community dialogues engaged people living with HIV, key populations, civil society, service providers, and government officials. These forums enabled participants to share insights, validate evidence, and collaboratively define strategic priorities.

Moreover, a multi-level validation process subjected draft findings and recommendations to iterative review by technical working groups, community representatives, and inter-sectoral governance structures. This cycle strengthened the Plan's credibility and fostered ownership, ensuring the final document is grounded in both empirical data and community consensus.

This process has yieldeda practical and measurable framework. The Plan moves beyond aspiration to outline specific interventions, clear indicators, and robust monitoring mechanisms. Its objective is the system atic dismantling of human rights- and gender-related barriers to health. By embedding accountability across policy, programme and serviced delivery levels, the Plan enables South Africa to advance its epidemic control goals while fostering dignity, equity, and inclusion. Ultimately, this methodology ensures that the revised Plan is both technically robust but also socially responsive, successfully translating human rights principles into tangible improvements for affected communities.

4. REVIEW FINDINGS

The 2017–2022 National HIV, TB and Human Rights Plan marked a crucial shift towards formalising human rights programming, but it was constrained by continued stigma, discrimination and violence and systemic limitations.

Ongoing stigma, discrimination and rights violations

Consultations identified the following key issues that continue to impact on key and priority populations' ability to prevent HIV transmission and access life-saving health care services:

- **Persistent stigma in clinics**, especially against adolescents, migrants, and LGBTIQ+ persons;
- **Police harassment** of sex workers and informal traders, often resulting in loss of treatment continuity;
- **Widespread lack of rights awareness**: Community members were unaware of complaints systems or paralegal services;
- **Inaccessibility of legal recourse:** GBV survivors lacked transport, language support, or safe disclosure spaces;
- **Collapsing DACs:** Many provinces reported inactive local platforms due to lack of coordination, resources, or political will.

Table 1: Feedback from provinces on stigma, discrimination and rights violations

Issue	Key Provincial Feedback
1. Eliminating Stigma and Discrimination	Participants reported verbal abuse, breach of confidentiality, moralising attitudes from healthcare workers, and community ostracism. Stigma was rooted in patriarchy, religious intolerance, misinformation, and inadequate professional training, discouraging testing, care-seeking, and treatment adherence.
2. Legal Literacy ("Know Your Rights")	In rural areas, informal settlements, prisons, shelters, and among migrant populations, awareness of constitutional rights was found to be limited. Consequently, individuals experienced denial of services, harassment, eviction, and discriminated without recognising these acts as violation of their rights. Existing redress mechanisms, including paralegal/legal aid servicesremained largely inaccessible to these groups, leaving them without recourse and perpetuating cycles of vulnerability and exclusion.
3. Ensuring Non-Discriminatory Provision of Health Care	Entrenched discriminatory attitudes among healthcare workers targeted transgender persons, sex workers, migrants, adolescents, people who use drugs (PWUD), and LGBTQIA+ communities. Reported violations included: PLHIV shouted at or humiliated during visits;TB patients isolated without consent; Adolescent girls and young women (AGYW)scolded for seeking contraception; Undocumented migrants denied urgent care. Even where national guidelines existed, frontline staff lacked awareness or disregarded them, acting on personal biases.
4. Increasing Access to Justice	Justice systems were perceived as inaccessible and intimidating. Survivors of violations, including GBV, denial of care, HIV status disclosure, and police harassment frequently chose not to report violations, citing: Fear of reprisal or secondary victimisation; complex legal processes and distances to courts; previous negative experiences with law enforcement or judiciary.
5. Ensuring Rights-Based Law Enforcement Practices	Stakeholders expressed deep distrust of law enforcement. Reports included:routine violence, raids, and condom confiscationfrom sex workers; arbitrary arrests and harassment of PWUD at harm reduction sites; transgender individuals misgendered, detained unsafely, or denied hormone therapy. AGYW feared reporting intimate partner violence due to victim-blaming. Some positive examples emerged where trained officers acted professionally, showing potential for change through institutional commitment.
6. Improving Laws, Regulations, and Policies	Participants identified structural legal and policy barriers: ongoing arrest and harassment of sex workers despite decriminalisation debates; conflicting interpretations of the Children's Act and Sexual Offences Act limiting adolescent Sexual and Reproductive Health Rights (SRHR) access; discriminationagainst foreign nationals and stateless persons in health and public services; lack of recognition for trans and non-binary identities in ID and health systems; insufficient safeguards for uninterrupted treatment in prisons, shelters, and state institutions; policy gaps for disability-inclusive HIV services and rural-urban disparities. These findings underscore the urgent need for harmonised law and policy reform.
7. Addressing Gender Discrimination and GBV	Testimonies highlighted pervasive gender-based discrimination and violence: teenage girls denied contraceptives or shamed; transgender women refused care or verbally assaulted; rape survivors blamed or turned away by police. Stakeholders emphasised that ending HIV requires dismantling gendered systems of power, violence, and exclusion.
8. Community Mobilisation and Advocacy	Communities reported exclusion from programme design, monitoring, and decision-making. Engagement was often tokenistic, with unstable funding and limited recognition of CBOs and key population networks, despite their critical role in bridging service gaps. Participants called for: formalised community representation; sustainable resourcing; and the integrationof community-led monitoring (CLM) into decision-making platforms.

These findings are consistent with data from the Stigma Index study and evidence gathered through community-led monitoring initiatives.The 2024 People Living with HIV Stigma Index 2.0 study provided critical insights into the evolving experiences of stigma, discrimination, and rights violations among PLHIV over a 10-year period. The study covered all nine provinces with a diverse sample of over 5000 participants, including key populations, such as sex workers, transgender people, men who have sex with men, and people who use drugs.

Findings show progress, with reported external stigma decreasing from 14.3% in earlier years to 6.1% in 2024. However, challenges remain, especially with internalised stigma, which continues to affect self-confidence, relationships, and treatment adherence. Key populations and younger individuals reported disproportionately higher levels of stigma and discrimination, particularly in healthcare settings, community spaces, and through TB-related stigma and cyber bullying.

Healthcare-related stigma emerged as a major concern, with 7.8% of participants reporting negative experiences in healthcare settings, such as being advised not to have sex (3.2%) or being gossiped about (3.1%). Fear of stigma contributed to treatment hesitancy, with 32.1% of participants delaying treatment initiation and 12.6% interrupting care.

While most participants experienced support from family and peers upon disclosure, stigma in professional, educational, and healthcare settings created barriers to consistent care. The study concludes that while progress has been made, eliminating stigma requires sustained, rights-based, and community-led interventions.

Key recommendations include strengthening peer-led support, scaling up anti-stigma campaigns, training healthcare workers in rights-based, gender-sensitive care, and prioritising key populations, adolescents, and women. Altogether, these efforts are critical to reducing stigma, protecting rights, and ensuring equitable access to healthcare for PLHIV in South Africa.

Implementation gaps and challenges

The current review, drawing from the desk review and workshop-based consultations, also highlighted critical implementation gaps in the first plan cycle:

- **Insufficient multisectoral political commitment and fragmented ownership:** Insufficient political buy-in, especially from sub national government; no lead custodians were assigned per focus area, and inter-departmental coordination between sectors (health, justice, education, etc.) remained sporadic.
- **Provincial and district-level inactivity:** Weak coordination across sectors and provinces; DACs and HR Forums were inactive or missing in most rural districts.
- **No clear funding sources allocations:** Limited funding due to the absence of ring-fenced budgets; most interventions were left to under-resourced non-governmental organisations (NGOs) without provincial buy-in and planning cycles, or state support.
- **Weak performance monitoring systems:** Indicators were undefined, and no national dashboard existed to track outcomes and allow for real-time data integration.
- **Community exclusion:** The exclusion of communities in programme designs limited legitimacy and responsiveness; stakeholder platforms lacked funding, inclusion, or a mandate to engage on rights issues; underutilisation of community-led monitoring and other community-led initiatives.

These findings informed the redesign of the eight focus areas of the Plan. Community voices are embedded in the proposed interventions, indicators, and implementation models of the revised Plan. The National HIV, TB and Human Rights Plan (2025-2030) responds by:

- Supporting scale-up of targeted efforts to reduce stigma, discrimination, gender inequality, harmful gender norms and GBV and create an enabling legal and policy framework for HIV and TB responses;
- Requiring strengthened, sustainable efforts to ensure all affected populations know their rights and are able to access justice for rights violations, including GBV, through a range of national redress mechanisms;
- Supporting ongoing, integrated sensitisation of a range of service providers as well as law enforcers;
- Assigning custodian entities and clear deliverables to each focus area
- Centring responses around community-led efforts;
- Developing a robust Monitoring, Evaluation and Learning (MEL) framework integrated into SANAC and District Health Information System (DHIS);
- Embedding implementation into provincial planning and MTSF cycles;
- Prioritising community structures as co-implementers, not recipients.

5. DEVELOPING THE NATIONAL HUMAN RIGHTS PLAN 2025-2030

Situating the Human Rights Plan within South Africa's HIV, TB, and STI Response

South Africa has long positioned itself as a global leader in the constitutional protection and realisation of human rights, particularly in its public health response to the HIV and TB epidemics. Anchored in the Constitution of the Republic of South Africa (1996), which enshrines the rights to life, dignity, equality, non-discrimination, privacy, and access to healthcare, amongst others, the national response has historically drawn from both legal activism and community-led advocacy to advance equitable access to services and challenge structural barriers.

The national HIV response originated from extensive legal and social mobilisation that demanded state accountability for HIV prevention, treatment and care. For many years, the HIV response has been explicitly guided by a rights-based framework. This has been operationalised through rights-based public health guidelines and services, law and policy reforms, public education campaigns, and the strategic use of health and justice redress mechanisms to advance equity and inclusion.

The Human Rights Plan (2025–2030) was developed in direct response to the comprehensive review of the 2017–2022 Plan, which found that while progress had been made in establishing rights-based interventions, these gains remained fragile, fragmented, and inconsistently implemented across provinces. In parallel, the adoption of the NSP 2023–2028 introduced a bolder rights and gender justice framing, prompting the need for a renewed, actionable plan that aligns fully with its goals and enablers. Furthermore, international developments, such as the UNAIDS Global AIDS Strategy 2021–2026 and the 2021 UN Political Declaration on HIV and AIDS reinforced the need to translate human rights commitments into operational delivery at national and sub-national levels. More recently, drastic funding cuts in international aid for HIV, as well as TB underscore the urgency of state commitment to creating sustainable, enabling legal and policy framework that promote the health and welfare of all people, including those most marginalised, in responding to HIV.

The development of the previous national HIV,TB and human rights plan (2017–2022) was a landmark in formalising this rights-based ethos into an implementation framework. It outlined eightfocus areas aimed at eliminating human rights and gender-related barriers to health access, focusing on stigma reduction, legal empowerment, access to justice, community mobilisation, and systemic accountability. Significant progress was made in creating rights-based laws, policies and guidelines, eliminating stigma and discrimination, sensitising service providers and law enforcers, strengthening legal literacy and empowering communities to know and claim their rights. However, reviews found that implementation lagged due to fragmented ownership, lack of institutional mandates, insufficient monitoring, and inconsistent provincial engagement.Programmes failed to adequately reach certain locations (e.g., hard to reach, rural areas, sectors beyond health) and populations (such as people with TB, people with disabilities, adolescents, people who use drugs, transgender people, migrants, refugees and displaced people). Training and sensitisation of health workers, traditional leaders, social service practitioners and law enforcers was scaled up, but still continued to take place at in-service level rather than be institutionalised within the health justice and community sectors.There were vast improvements in the monitoring and documenting of the ways in which populations' failed to access health care or their rights were abused, and many of these matters were resolved; but there remained insufficient access to legal support services for redress.

The National Human Rights Plan (2025–2030) responds directly to these challenges. It adopts a pragmatic, evidence-informed, and decentralised approach. It builds on lessons learned in the design and development of human rights- and gender-related programmatic responses. It prioritises localisation, community leadership, and alignment with broader strategic frameworks, particularly the National Strategic Plan (NSP) for HIV,TB and STIs 2023–2028.

Furthermore,the Plan transforms commitments into actionable interventions by embedding human rights into public health delivery systems, Provincial AIDS councils (PACs), and district development mechanisms. This ensures that rights are not abstract ideals, but daily experiences of dignity, protection, and access for all who engage with the health system.The decision to revise the Human Rights Plan was informed by key findings from the baseline, midterm and endline reviews of the 2017–2022 Plan. Furthermore, the NSP 2023–2028 positions human rights as a core enabler, requiring an aligned and actionable national framework.

Leveraging Human Rights to Enable Public Health Access

The persistence of HIV and TB in South Africa is driven by structural factors. Systemic inequality, violence and the widespread exclusion of vulnerable populations sustain both academics. Critical social and legal barriers continue to undermine the effectiveness of biomedical interventions.These include pervasive stigma, discrimination, the criminalisation of key populations, gender-based violence, and the lack of legal literacy. Furthermore, unaccountable institutions and inadequate access to justice prevent the realisation of health rights for all.

The NSP 2023–2028 recognises that the success of prevention, treatment, and care is contingent upon supportive legal and social environments. It frames human rights and gender equality as cross-cutting principles and identifies key populations as both rights holders and priority beneficiaries aligned to Goal 1 of the NSP. The NSP further warns that failure to address drivers of vulnerability, such as legal exclusion, cultural marginalisation, and institutionalised stigma, will prevent the country from reaching its HIV and TB control targets. The Human Rights Plan operationalises this principle by:

- Translating rights into tangible interventions (e.g. campaigns to eliminate stigma& discrimination, legal support services, CLM platforms);
- Defining roles, responsibilities and accountability frameworks for government, civil society, and service providers;
- Putting communities at the centre of all rights-based responses;
- Creating space for rights-based innovation (e.g. facility scorecards, youth-led justice forums).

In essence, the Human Rights Plan (2025–2028) is not an additional component but a core enabler that underpins and advances the successful implementation of the NSP.

Alignment with NSP 2023–2028: Translating Strategic Goals into Action

The National Human Rights Plan (2025–2030) functions as a direct implementation mechanism for the National Strategic Plan (NSP) 2023–2028. It specifically targets the structural, legal, and social that impede equitable access, uptake, and quality of HIV and TB services. Acknowledging that human rights are central to achieving the NSP's targets, this Plan advances key NSP goals and enablers through eight dedicated focus areas. Each area is designed to remove persistent human rights obstacles. This alignment is substantive, ensuring that the national HIV and TB response is reinforced by rights-based reforms, grounded in community participation, and institutionalised through intersectoral partnerships. The Table below provides a detailed mapping of the Plan's eight focus areas to the corresponding Strategic Goals and Enablers of the NSP.

Table 2: Alignment Between the Human Rights Plan and NSP 2023–2028

NSP Strategic Goal / Enabler	Human Rights Relevance	Aligned Focus areas in the Human Rights Plan
Goal 1: Reduce new HIV and TB infections	Discrimination, violence, and criminalisation prevent vulnerable populations from accessing prevention services.	• Eliminating stigma and discrimination in all settings. • Reducing HIV-related gender discrimination, harmful gender norms, and violence against women and girls in all their diversity. • Legal literacy ("Know Your Rights").
Goal 2: Reduce HIV and TB morbidity and mortality	Equitable treatment access depends on respectful, non-discriminatory health care and accountability for rights violations.	• Ensuring non-discriminatory provision of health care. • Increasing access to justice. • Community mobilisation and advocacy for human rights.
Goal 4: Address social and structural drivers	Laws, policies, policing, gender norms, and social exclusion are key barriers to service access.	• Ensuring rights-based law enforcement practices. • Improving laws, regulations, and policies relating to HIV and TB. • Reducing HIV-related gender discrimination and violence.
Goal 5: Strengthen systems for integration and accountability	Rights-based M&E, community monitoring, and legal reform are critical to systemic improvement.	• Community mobilisation and advocacy for human rights. • Increasing access to justice. • Legal literacy and CLM integration.
Enabler 1: Create supportive legal, policy, and social environments	Removing punitive laws and ensuring legal protections is a cross-cutting enabler for service access.	• Improving laws, regulations, and policies. • Ensuring rights-based law enforcement. • Legal literacy and access to justice.
Enabler 3: Strengthen community-led responses	Community voices, especially those of key populations, are central to ensuring inclusive and effective service delivery.	• Community mobilisation and advocacy for human rights. • CLM within legal literacy, stigma reduction, and health care access components.

This structured alignment ensures that each focus area of the Human Rights Plan are inter-linked and inter-dependent, all contributing to various NSP strategic objectives, offering not only targeted interventions but also comprehensive, systems-level reforms. For example:

- Stigma and discrimination reduction and gender equality directly impacts both prevention (Goal 1) and treatment (Goal 2) by reducing vulnerability and by enabling people to seek services without fear of judgement or abuse.

- Legal literacy, strengthened law enforcement and access to justice ensures that violations, including GBV, are addressed, rights are known and exercised, and accountability mechanisms are activated, supporting efforts to address the social and structural drivers outlined in NSP Goal 4. This work is critical for reducing vulnerability and exclusionof key and priority populations.
- Law and policy reform directly supports Enabler 1, creating supportive legal and policy environments.
- Community mobilisation enables people-centred monitoring, feedback, and accountability, reinforcing Goal 5 and Enabler 3 in measurable ways.

In essence, the National Human Rights serves as the operational arm of the NSP's commitment to equity, justice, and inclusion. It translates strategic objectives into concrete action by directing resources and defining roles for critical actors, i.e. civil society, health providers, legal partners, and communities, to drive change on the ground. This integrated approach affirms that human rights a core principle: human rights are not a secondary concern but a foundational component of effective public health. The Plan positions the protection of rights as a non-negotiable element for achieving epidemic control, upholding human dignity, and securing health justice for all.

Global and Regional Accountability: Meeting International Obligations

South Africa's Human Rights Plan (2020-2025) also reflects its commitments under **regional and global human rights instruments,** including:

- **UNAIDS Global AIDS Strategy 2021–2026,** which prioritises decriminalisation, community-led responses, and access to justice;
- **2021 Political Declaration on HIV and AIDS** –to which all states have committed and sets the 10-10-10 targets and full legal coverage and zero discrimination by 2025;
- **African Charter on Human and Peoples' Rights (ACHPR)** and the **Maputo Protocol** affirming rights to health, gender equality, and freedom from GBV;
- **SADC Regional Strategy on HIV and SRHR for Key Populations (2025)** – calling for non-punitive policies, legal services, and safe spaces;
- **UN Treaty Body Conventions** (ICCPR, ICESCR, CEDAW, CRPD) – with Concluding Observations calling on South Africa to strengthen rights-based health responses.

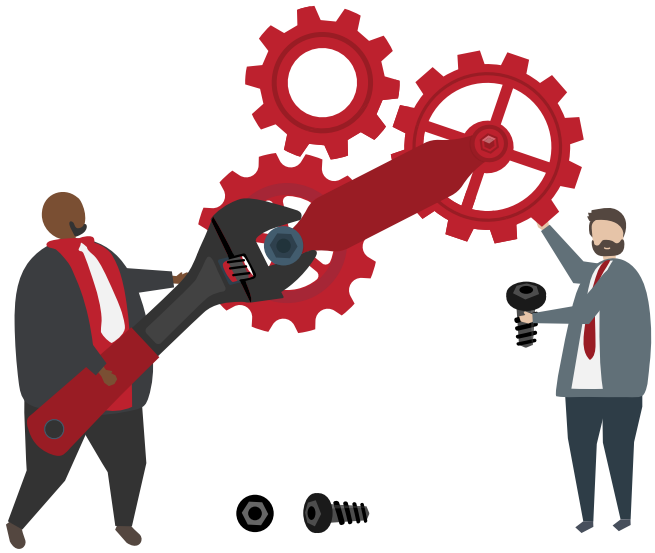
From Commitment to Implementation

The National Human Rights Plan (2025–2030) is not a reset; it is a reinvestment. Informed by communities, provincial leadership, and international obligations, it offers a grounded, systems-based framework for building a rights-based epidemic response.

This Plan is a fully integrated implementation tool. Where the first Plan identified the 'what', this Plan delivers the 'how'. It links ambition with accountability, and commitment with consequence. It builds systems that protect rights not as a privilege, but as a public good central to epidemic control, national development, and constitutional democracy. It is designed to:

- Assign programme leads and implementers for each area and alignment with appropriate stakeholders;
- Embed activities into provincial APPs and Medium-Term Expenditure Frameworks (MTEFs);
- Institutionalise monitoring through DHIS2, CLM platforms, and SANAC dashboards;
- Equip DACs and HR Forums to lead decentralised delivery.

Through these mechanisms, the Plan ensures that rights are not aspirational, but that they are deliverables, tracked and budgeted across sectors.



6. NATIONAL HIV, TB AND HUMAN RIGHTS PLAN (2025–2030): EIGHT FOCUS AREAS TO REDUCE HUMAN RIGHTS AND GENDER-RELATED BARRIERS TO HIV & TB SERVICES

1. Introduction

The National Human Rights Plan (2025–2030) is grounded in the belief that access to HIV, TB, and STI prevention, treatment, and care cannot be achieved without dismantling the deeply rooted human rights and gender-related barriers that prevent people, particularly those from priority populations, from engaging with the healthcare system. These barriers include stigma and discrimination, gender-based violence, harmful laws and policies, insufficient legal protection, and weak community engagement and accountability mechanisms.

This Implementation Plan is grounded in a comprehensive body of evidence and extensive consultation. Its development incorporated community-led research, multisectoral provincial workshops that engaged key and priority populations, and a national review of the 2017–2022 Human Rights Plan. Further input was drawn from a 2023 Progress Assessment of human rights and gender programming, and the plan was rigorously aligned with South Africa's National Strategic Plan for HIV, TB, and STIs and other relevant national and international frameworks. The result is a clear and actionable roadmap structured around eight focus areas. Each area is designed to make a direct and measurable contribution to achieving the Strategic Goals and Enablers of the National Strategic Plan.

Rather than viewing human rights as an abstract principle, this Implementation Plan positions rights as practical instruments for health access, equity, accountability, and sustainability. Through targeted activities, measurable outcomes, and institutional leadership, the plan translates commitment into action and embeds human rights principles across all levels of the HIV, TB, and STI response.

2. Theory of Change

The Theory of Change for this Plan is premised on the understanding that removing human rights and gender-related barriers is essential for epidemic control and health system strengthening. Structural inequalities, criminalisation, social exclusion, and institutional discrimination are not peripheral challenges; they are central drivers of HIV and TB vulnerability, particularly for key populations, adolescent girls and young women, people with disabilities, and migrant populations.

Underpinned by the Theory of Change, the Human Rights Plan begins with rights-based interventions (e.g. stigma and discrimination reduction campaigns, legal literacy workshops, training of health care providers, community-led monitoring with scorecards), which are designed to increase knowledge, confidence, and awareness among key and priority populations and service providers. These immediate outcomes lead to intermediate shifts, such as reduced rights violations, improved health service satisfaction, and better referral pathways. Ultimately, these changes foster structural transformation: equitable access to services, reduced stigma, and stronger institutional accountability and leadto improved health and welfare towards ending AIDS and TB and contributing to the overarching goals of the NSP.

This ToC is further reinforced by an integrated MEL framework that allows real-time tracking of progress across sites and focus areas. The Plan assumes that targeted legal literacy, stigma reduction, and access to justice interventions will improve knowledge, reduce violations, and enhance health service uptake. These outcomes contribute to the broader impact of reduced HIV/TB/STI incidence, improved retention in care, and enhanced quality of life. The pathway includes institutional commitment, community ownership, and continuous monitoring.

The Theory of Change proposes the following pathway:

- **Inputs** include political commitment, coordinated partnerships across sectors, community leadership, enabling laws and policies, sustainable funding, reliable data systems, and trained personnel in health, social development, justice, educational and other key areas.
- **Activities** within the eight focus areas will focus on stigma reduction in communities, healthcare and other key sectors; training for health workers, police, and justice officials; legal literacy; expanding access to legal aid and paralegal services; reforming laws and policies; strengthening GBV response mechanisms; and building robust community-led advocacy and accountability systems.
- **Outputs** will include improved rights awareness, increased access to services, reformed harmful laws and policies, expanded legal and psychosocial support infrastructure, improved training curricula and health worker competencies, sensitised and protective law enforcement officers, strengthened GBV task teams, improved data from community scorecards and stigma index studies and revitalised community forums and accountability mechanisms.

- **Outcomes** will see reduced stigma, discrimination and violence, including GBV, empowered communities, increased trust in healthcare and justice systems, better health service access for marginalised groups, increased access to justice and improved public sector accountability, as well as institutionalised use of community-led monitoring and stigma index data in provincial planning.
- **Impact** will be seen in accelerated reductions in HIV and TB incidence, improved retention in care, and strengthened health system responsiveness through an inclusive, rights-based framework that achieves sustainable development goals, leaving no-one behind.

This Theory of Change acknowledges that these outcomes are only possible when rights are not siloed but embedded into all focus areas, layers of programming, financing, and service delivery.

3. Overview of the Eight Focus areas

The eight focus areas outlined in this Plan form the foundation of South Africa's renewed rights-based response to HIV, TB, and STIs. These areas were designed through an inclusive process of national consultations, analysis of the 2017–2022 implementation cycle, and alignment with the NSP 2023–2028 and other relevant national strategies as well as regional and international human rights commitments and guidance. Each area is designed to address persistent barriers, close critical gaps, and operationalise constitutional and legal commitments to human rights, gender equality, and community participation.

Focus area 1: Eliminating Stigma and Discrimination in All Settings

This focus area addresses the persistent stigma and discrimination faced by people living with HIV and TB, sex workers, LGBTQIA+ individuals, people who use drugs, children, adolescents and young people, migrants and people with disabilities across healthcare, community, workplace, and educational settings. It prioritises targeted national stigma-reduction campaigns, media engagement, and interventions informed by Stigma Index and community-led monitoring data. Community-led efforts, including engagement with faith and traditional leaders, will challenge harmful beliefs and promote inclusive narratives. Facility-level stigma audits, community dialogues, and strengthened complaint resolution systems will be implemented to drive accountability and cultural change.

Focus area 2: Legal Literacy ("Know Your Rights")

This area focuses on improving rights awareness through comprehensive legal literacy campaigns. Many individuals at risk of or living with HIV and TB remain unaware of their rights or how to seek redress when violated. The programme will support peer-led education initiatives, school and community-based workshops, and the development of materials in multiple languages, braille, and audio formats. Public education will be delivered via radio, theatre, and digital platforms, with a focus on informal settlements, rural areas, and high-risk zones such as border posts and correctional facilities.

Focus area 3: Ensuring Non-discriminatory Provision of Health Care

This focus area targets the removal of discrimination and bias within healthcare settings by institutionalising rights-based service delivery. Pre- and in-service health worker training will be complemented by clear codes of conduct, disciplinary mechanisms, and mentorship structures that uphold ethical and equitable treatment for all. The programme will establish independent complaint and redress systems linked to national oversight bodies, such as the OHSC and Health Ombud, while strengthening facility-based accountability through performance scorecards, community feedback loops, and regular service audits.

Focus area 4: Increasing Access to Justice

Despite constitutional protections, many individuals affected by HIV, TB, and STIs are unable to seek justice when their rights are violated due to poverty, hopelessness, legal complexity, or fear of further discrimination and recrimination. This programme supports the deployment and training of community-based paralegals, the sensitisation of staff within existing legal support services, the expansion of legal aid clinics, and the integration of legal support into health and social services. Clear referral pathways between communities, clinics and other health services, social workers, and legal practitioners will be established to provide holistic, survivor-centred support, especially for key and priority populations.

Focus area 5: Ensuring Rights-Based Law Enforcement Practices

This area focuses on transforming the practices of the South African Police Service, Metro police, prosecutors, and magistrates to uphold human rights and end discriminatory policing. Law enforcement personnel will be trained on protecting the rights of key populations and how to respond ethically to survivors of violence. Mechanisms for joint dialogue between communities of key and priority populations and justice actors will be formalised at local and provincial levels.

Focus area 6: Improving Laws, Regulations, and Policies Relating to HIV and TB

This areas focuses on removal of legal and policy barriers that undermine the HIV, TB, and STI response by repealing discriminatory by-laws and outdated public health laws. Priorities include decriminalising sex work and drug use, aligning policies with the Constitution and human rights standards, and strengthening civil society participation in law-making. Progress will be tracked through legal environment scorecards..

Focus area 7: Reducing HIV-Related Gender Discrimination, Harmful Gender Norms, and Violence Against Women and Girls in All Their Diversity

This area focuses on building the capacity of frontline personnel across the health, education, social development, justice, and correctional service sectors to address gender-related barriers in the HIV, TB, and STI response. The programme will aim to reduce gender inequality, harmful gender norms and GBV, promote gender-transformative training, gender-sensitive service protocols, and survivor-centred systems for support and redress across sectors. It supports the integration of GBV responses into clinical, educational, social development and justice services and advocates for safe, inclusive environments for women, girls and gender diverse people, including LGBTQIA+ individuals. Multi-sectoral coordination will be strengthened to ensure coherent responses at district and provincial levels.

Focus area 8: Community Mobilisation and Advocacy for Human Rights

This focus area ensures that community voices drive accountability in the HIV, TB, and STI response. It will revitalise platforms, such as Provincial and District AIDS Councils, Human Rights Forums/hubs, and Community-Led Monitoring (CLM) groups, and support sustained funding for civil society, including key population-led organisations. CLM data will be used to inform service improvement, policy dialogue, and rights-based planning. By supporting training, resourcing, and representation of marginalised communities, the programme advances participatory governance and ensures that services meet real community needs.

Table 3: Summary of Eight Focus Areas

Focus Area	Core Objective	Cross-Cutting Themes
1. Eliminating Stigma and Discrimination in All Settings	To eradicate HIV-, TB-, and STI-related stigma and discrimination across healthcare, community, workplace, and education sectors.	Human dignity, inclusion, social justice.
2. Legal Literacy ("Know Your Rights")	To empower individuals and communities with knowledge of their legal rights and how to exercise them.	Empowerment, education, equity.
3. Ensuring Non-discriminatory Provision of Health Care	To institutionalise rights-based, respectful, and equitable healthcare services for all.	Quality care, patient dignity, accountability.
4. Increasing Access to Justice	To strengthen the availability and accessibility of legal support for marginalised and vulnerable populations.	Fairness, protection, redress.
5. Ensuring Rights-Based Law Enforcement Practices	To promote ethical, non-discriminatory policing and judicial practices through training and structural reform.	Safety, justice, accountability.
6. Improving Laws, Regulations, and Policies Relating to HIV and TB	To reform laws and policies that hinder the HIV, TB, and STI response and ensure alignment with human rights norms.	Constitutional alignment, decriminalisation, equity.
7. Reducing HIV-Related Gender Discrimination, Harmful Gender Norms, and Violence Against Women and Girls in All Their Diversity	To strengthen the capacity of frontline workers to address gender inequality, GBV, and human rights barriers.	Gender justice, non-discrimination, sectoral coordination.
8. Community Mobilisation and Advocacy for Human Rights	To embed inclusive, community-driven monitoring, advocacy, and governance into the HIV, TB, and STI response.	Participation, voice, community leadership.

Table 4: ToC Levels and Focus area Alignment

Level	Description	Illustrative Examples/Activities Aligned to the Eight Focus areas
Inputs	Foundational resources, systems, and enablers required to implement and sustain the eight focus areas.	• Political will and coordination across SANAC sectors and government departments. • Dedicated and sustainable funding for rights, gender, and community programmes. • Legislation, policies, and strategic guidance documents –Multisectoral partnerships and platforms, including District AIDS Councils and Human Rights Forums. • Civil society and key population networks • Human resources including trained service providers across health, justice & social development and data officers.
Activities	Planned interventions across the eight focus areas to address human rights and gender-related barriers in the HIV, TB, and STI response.	• *FA1*: National and provincial stigma-reduction campaigns and media engagement. • *FA2*: Legal literacy workshops using accessible materials, peer-led outreach, school and prison education programmes . • *FA3*: Development of health facility codes of conduct, staff training, community feedback loops. • *FA4*: Paralegal deployment, legal clinics, and cross-sector referral systems. • *FA5*: Law enforcement training on non-discrimination and survivor-centred practices. • *FA6*: Legislative review processes, municipal by-law reforms, scorecard tracking of legal environment. • *FA7*: GBV response integration in health and justice sectors, capacity-building toolkits. • *FA8*: Community-led monitoring systems, civil society advocacy platforms, participatory data forums.
Outputs	Tangible results generated shortly after implementation, contributing to changes in capacity, awareness, and access.	• Improved training curricula and health worker competencies. • Increased public knowledge of legal rights and recourse mechanisms. • Expanded legal and psychosocial support coverage in key districts. • Sensitised and protective law enforcement officers. • Reformed harmful laws and policies. • Improved data from community scorecards and stigma index studies. • Strengthened GBV task teams and standard operating procedures. • DACs and HR Forums with defined roles and active community involvement.
Outcomes	Systemic changes visible in-service delivery, accountability, and behaviour across sectors (achievable within the medium term).	• Reduced stigma, discrimination and violence, including GBV. • More responsive, transparent law enforcement and health sector practices. • Increased access to rights-affirming, non-discriminatory health services. • Greater trust in public systems. • Improved GBV service uptake and survivor support outcomes. • Increased access to justice; higher rates of legal redress and reduced impunity for rights violations and improved public sector accountability. • Institutionalised use of community-led monitoring and stigma index data in provincial planning. • Inclusive planning.
Impact	Sustained and measurable improvements in health, equity, and governance aligned with the NSP 2023–2028 strategic goals.	• Reduction in HIV and TB incidence through rights-based access. • Increased ART and TB treatment adherence and retention. • Reduced mortality from AIDS and TB among key and priority populations. • Legal, institutional, and social norms shifted towards inclusive rights-based frameworks that promote health and welfare, equity and justice for al.

4. SUMMARY OF EIGHT FOCUS AREAS

Focus area 1: Eliminating Stigma and Discrimination in All Settings

Stigma and discrimination continue to represent the most damaging barrier to achieving health rights in South Africa. Affecting groups including people living with HIV, populations with TB, sex workers, migrants, LGBTQIA+ individuals, and people who use drugs, these violations directly undermine the constitutional rights to dignity, equality, and healthcare.

This social exclusion has profound public health consequences. It deepens marginalisation, increases vulnerability to violence, and critically deters health-seeking behaviour. Despite policy advances, entrenched stigma still discourages individuals from seeking testing, starting treatment, adhering to care, or pursuing justice. The result is devastating for both individual well-being and the effectiveness of the national health system.

While the National Human Rights Plan (2017–2022) established a critical foundation by prioritising community-led interventions to combat stigma and discrimination and significant progress was made, implementation faced systemic challenges as programme delivery was often fragmented, hampered by limited institutional buy-in and chronically underfunded community responses. Many initiatives were short-term, lacking the sustained investment and robust evaluation needed to measure long-term impact. Consequently, the benefits were not equitably distributed across all geographic locations and population groups.A key shortcoming was the failure to adequately address the deep-seated, structural drivers of stigma, such as gender inequality, poverty, and the criminalisation of key populations, which, in turn, limited the overall effectiveness of the response.

Aligned with *Strategic Goal 4: Addressing Social and Structural Drivers* and *Enabler 1 Community-Led Responses* of the NSP 2023–2028, this focus area lays out a robust, institutionalised, and multisectoral framework to eliminate stigma and discrimination in both healthcare and community settings. The core objective is to reduce and eventually eliminate all forms of stigma and discrimination affecting people living with or at risk of HIV, TB, and STIs by embedding stigma-reduction interventions across national policy, facility systems, data platforms, and community structures.

Key Strategies and Interventions

1. **Community-Led Norm Shifting and Behavioural Change Campaigns**
   The Plan will invest in large-scale, participatory stigma-reduction campaigns targeting families, traditional councils, religious institutions, healthcare facilities (see below), school networks, workplaces, and social media influencers. These campaigns will be co-designed with PLHIV networks, TB survivor networks, LGBTQIA+ movements, sex worker and people who use drugs' organisations, and youth activists, with a focus on empathy, human dignity, and inclusion. Cultural and religious leaders will be capacitated to lead local "Dignity Dialogues" and deliver stigma-free messaging, especially in rural and conservative communities.

2. **Institutional Accountability and Transformation in Health Settings**
   To systematically address stigma, all public healthcare facilities in high-burden districts will be mandated to develop and implement tailored stigma-reduction action plans. These plans will adhere to national standards while being responsive to local context. Key components will include conducting baseline stigma assessments, establishing anonymous patient feedback mechanisms, and holding regular staff reflection and peer review sessions. Training for all personnel (clinical and non-clinical, including support staff) will be strengthened. This rights-based training will integrate testimonies from affected communities to foster empathy and accountability. Finally, to ensure asustained focus, standardised stigma metrics will be integrated into national health reporting systems, facility improvement plans, and district-level performance reviews.

3. **Community-Led Monitoring and Localised Accountability**
   To ensure accountability, civil society organisations will be resourced to conduct annual stigma and discrimination monitoring using community scorecards, "Stigma Watch" surveys, and facility exit interviews. Findings will be presented to District AIDS Councils and Human Rights Forums for coordinated response planning. Anonymous digital reporting mechanisms (via WhatsApp, SMS, and web portals) will be linked to the Office of the Health Ombud and supported by local paralegal referral systems.

4. **Integration of Stigma Data into Surveillance and Policy Feedback Loops**
   A national stigma dashboard, hosted by SANAC and co-managed with civil society, will consolidate stigma-related data from multiple sources: PLHIV Stigma Index 2.0 studies, community-led monitoring data, facility audits, Health

Ombud cases, legal aid referrals, and academic studies. The dashboard will provide disaggregated, district-level insights to inform policy, planning, training, and resource allocation. It will be integrated into SANAC's broader monitoring framework and presented biannually to Parliament.

Outputs and Milestones (2025–2030)

- **By 2026:** 100% of priority districts have functional stigma-reduction task teams embedded in health facilities and community structures.
- **By 2027:** At least 80% of public health facilities in high-burden districts are implementing stigma-reduction plans and staff trainings.
- **By 2028:** Community stigma monitoring reports are available in all provinces and are used to shape DAC and HR Forum action plans.
- **By 2029**: Less than 10% of PLHIV and key populations report experiencing non-judgmental, respectful, and confidential care in public health settings.
- **By 2030:** A 50% reduction in stigma-related barriers to HIV testing, ART initiation, and TB treatment completion is documented across national indicators.

Enablers for Success

This focus area's success is contingent on active participation from affected populations, consistent political and financial commitment, decentralised planning, and integration into broader health system reforms. Interdepartmental collaboration (especially with the Departments of Health, Social Development, and Basic Education) is essential. In addition to programme synergy, key success factors include dedicated stigma-reduction funding across all spheres of government; multisectoral coordination led by SANAC; inclusion of key populations and PLHIV in all planning, training, and monitoring processes; and a strong data feedback loop that links stigma monitoring with health system reform, policy advocacy, and public accountability.

Focus area 2: Legal Literacy ("Know Your Rights")

Legal literacy remains one of the most powerful tools to empower individuals and communities to claim their rights, navigate systems, and challenge injustices. For people living with HIV (PLHIV), people affected by TB, key and priority populations, limited awareness of rights and available recourse mechanisms has long contributed to under-reporting of abuses, disengagement from services, and perpetuation of inequality. Persistent social and structural barriers in South Africa, including limited education, in accessiblelegal information, language gaps, and fear of reprisal, have historically constrained the ability of individuals to understand and assert their rights in healthcare and community settings. This focus are aims to reverse this trend by implementing a sustained, rights-based, and community-anchored legal literacy strategy.

The previous Human Rights Plan (2017–2022) recognised the importance of rights awareness and supported ad hoc legal education initiatives, including radio shows, community workshops, and IEC materials in clinics. However, these interventions were often fragmented, short-term, and poorly targeted. Focus area 2 places legal literacy at the centre of the broader effort to promote dignity, reduce vulnerability, and foster active citizenship. It directly supports NSP 2023–2028 *Strategic Goal 4:Address social and structural drivers of HIV,TB, and STIs and Enabler 3; Promote human rights and access to justice.* Legal literacy is not viewed merely as a tool for knowledge transfer, but as a catalyst for mobilisation, self-determination, and system accountability. The objective is to establish an environment where every individual, irrespective of status or background, can confidently engage with institutions, report rights violations, seek redress, and participate meaningfully in decisions that impact their health and well-being.

Key strategic pillars of this focus area include:

1. Community-Based Legal Education Campaigns:

Civil society organisations, community-based organisations (CBOs), and key population networks will be funded and trained to conduct regular legal literacy workshops using participatory, culturally relevant methods. These workshops will target informal settlements, townships, rural villages, border zones, correctional facilities, homeless shelters, drug rehabilitation centres, and sex worker hotspots. Materials will be translated into local languages and adapted to specific audiences (e.g., youth, migrants, LGBTQI+ persons, sex workers, AGYW). Content will include rights under the Constitution and relevant laws (e.g., National Health Act, Refugees Act, Sexual Offences Act), anti-discrimination protections, and pathways for redress. Workshops will be integrated into existing outreach models and complemented by printed materials, comic books, posters, short videos, and audio dramas.

2. Multimedia and Mass Communication:

A national "Know Your Rights" multimedia campaign will be launched in partnership with the Department of Justice and Constitutional Development (DOJCD), Legal Aid South Africa, the South African Human Rights Commission (SAHRC), and SANAC. The campaign will feature radio talk shows, call-in legal advice segments, television public service announcements, social media infographics, podcasts, and influencer collaborations. Content will be produced in all official languages and target key demographics with specific messages around accessing justice, navigating health systems, and challenging discrimination. Partnerships with community radio stations, taxi advertising, and popular soap operas will ensure maximum reach.

3. Institutionalising Rights Education in Schools and Clinics:

The Department of Basic Education will work with civil society partners to integrate age-appropriate legal literacy content into the Life Orientation curriculum, focusing on rights related to health, identity, bodily autonomy, and protection from violence. In parallel, healthcare facilities will be required to display "Rights and Responsibilities" charters in all public areas, including waiting rooms, consulting rooms, and reception areas. These charters will be co-designed with clients and staff, include reporting pathways, and be visually accessible (e.g., using pictograms or braille). Peer educators and clinic-based counsellors will be trained to provide basic legal guidance and referral support as part of service delivery.

4. Training of Community Paralegals and Rights Champions:

A national cadre of community-based paralegals and "rights champions" will be established, building on the models piloted by organisations such as Black Sash, Section27, and the Legal Resources Centre. These individuals will receive accredited training on the Bill of Rights, administrative justice, complaint procedures, and basic mediation skills. They will be deployed at clinics, shelters, prisons, and CBO offices, and supported through a national referral network coordinated by DOJCD and Legal Aid South Africa. A paralegal mobile app and toll-free legal helpline will be developed to provide remote support and guidance.

5. Mapping, Integration, and Sustainability:

A national legal literacy strategy will be developed and endorsed by relevant government departments, ensuring that all publicly funded health and social development programmes include a rights education component. Mapping of all legal service providers and rights-focused CBOs will be undertaken in year one, with referral directories produced for every district. Efforts will be made to integrate legal literacy into Global Fund, PEPFAR, and NDOH-funded health programmes to ensure long-term sustainability. Monitoring indicators will include coverage, reach, knowledge scores, and reported improvements in rights-claiming behaviours.

Milestones and Targets:

- **By 2026**, at least 60% of CBOs funded through the Global Fund and SANAC will integrate legal literacy activities into their programming.
- **By 2027,** legal literacy workshops will have been conducted in at least 80% of priority sub-districts.
- **By 2028**, all clinics in country priority districts will display updated "Rights and Responsibilities" charters and reporting pathways.
- **By 2029,** at least 1500 trained community paralegals and rights champions will be active in all nine provinces.
- **By 2030,** national surveys will show a 50% increase in legal knowledge scores and a 40% increase in reported use of formal complaint or redress mechanisms among key populations and priority groups.

Focus area 3: Ensuring Non-discriminatory Provision of Health Care

The right to health is a foundational principle enshrined in South Africa's Constitution and reiterated across global human rights treaties to which the country is a signatory. Yet, despite this legal guarantee, many people living with HIV (PLHIV), people affected by TB, and members of key and vulnerable populations continue to face discrimination and unequal treatment in healthcare settings. These violations include breaches of confidentiality, denial of care, derogatory language, misgendering, stereotyping, moral judgement, and inadequate attention to the specific health needs of diverse population groups. Discriminatory treatment undermines trust in the health system, fuels disengagement from care, and ultimately weakens efforts to control the epidemics of HIV, TB, and STIs.

The 2017–2022 Human Rights Plan acknowledged the critical importance of addressing discrimination within the health sector but focused primarily on awareness-raising and limited training activities. It did not provide a comprehensive, systemic framework for ensuring non-discriminatory service provision at scale.

Focus area 3 therefore seeks to go beyond sensitisation to establish enforceable, systemic mechanisms that guarantee non-discriminatory health care as a standard of practice. This focus area directly supports NSP 2023–2028 *Strategic Goal 4: Address social and structural drivers of HIV, TB, and STIs and Enabler 2: Build resilient and capacitated systems for service delivery*. It is also grounded in the principles of equity, patient-

centred care, and accountability that are central to South Africa's National Health Insurance (NHI) reforms. overarching objective is to institutionalise and operationalise the principle of non-discrimination in all aspects of healthcare delivery from policy and planning to implementation and monitoring.

Strategic Pillars and Interventions:

1. Establishing and Enforcing Non-Discrimination Standards:

All public healthcare facilities, including those supported by NGOs and donors, will be required to adopt and implement a National Health Equity, patient rights and Community Human Rights Charters, developed in consultation with civil society and endorsed by the Department of Health. The Charter will set out minimum standards for inclusive, respectful, and equitable care, and be accompanied by detailed implementation guidelines. Facilities will be assessed annually against these standards, with results feeding into the Ideal Clinic programme, facility audit processes, and OHSC inspections. Facilities that consistently fail to meet standards will be subject to performance reviews, corrective action plans, and conditional funding restrictions.

2. Rights-Based Facility Accreditation and Recognition:

A new "Human Rights and Inclusion Scorecard" will be developed to assess facilities on a set of non-discrimination indicators including client experience, respect for diversity, confidentiality practices, and adherence to gender-affirming care standards. Facilities that meet or exceed minimum thresholds will receive a formal certificate of recognition, public signage, and eligibility for additional support and mentorship. Best-performing facilities will be celebrated annually through a national Health Rights Awards ceremony, showcasing innovation and leadership in rights-based care.

3. Strengthening Complaint and Redress Mechanisms:

Each clinic and hospital will be required to maintain a functioning, accessible, and well-publicised complaints mechanism with multiple channels for reporting (e.g., in-person, SMS, WhatsApp, toll-free number). Patients will be informed of their rights and complaint options at the point of service, with visual materials and trained staff available to assist. Complaints involving discriminatory treatment must be logged, escalated through internal and external oversight bodies (including OHSC, Health Ombud, and provincial HR forums), and resolved within clearly defined timelines. Complaint resolution data will be publicly reported on a quarterly basis.

4. Enhancing Inclusive Service Design and Delivery:

Facility management teams will be supported to conduct inclusivity audits that assess whether service delivery models meet the needs of key and priority populations. This includes evaluating whether opening hours accommodate working populations, whether services for AGYW are youth-friendly, whether transgender people have access to gender-affirming care, whether translation or interpretation is available for migrants and refugees, and whether harm reduction services are accessible to people who use drugs. Based on audit findings, facilities will develop and implement tailored improvement plans co-designed with civil society and service users.

5. Empowering Healthcare Workers and Managers:

Managers and supervisors will be required to enrol inmandatory leadership development programmes focused on human rights, non-discrimination, and values-based governance. Clinical and support staff will be trained not to engage in discriminatory behaviour and to actively dismantle structural and attitudinal barriers in service delivery. Clear guidelines will be issued to support clinicians in providing care aligned with ethical and legal norms, including gender-affirming treatment, sexual and reproductive health services for all genders, and dignified care for undocumented individuals. Managers will be held accountable for responding to complaints and promoting a zero-tolerance culture towards discrimination.

6. Community Oversight and Monitoring:

Community-led organisations and human rights forums will be formally integrated into the oversight of health services. They will be empowered and funded to conduct "mystery client" visits, exit interviews, focus group discussions, and scorecard assessments to monitor real-world experiences of patients. These data will be triangulated with official complaints data and presented at quarterly review meetings at district and provincial levels, driving policy reform and resource allocation. Community monitors will also participate in the design and evaluation of facility improvement plans.

Milestones and Targets:

- **By 2026,** all clinics and hospitals in high-burden districts will have adopted and publicly displayed the Health Equity, Patient Rights and Community Human Rights Charter Discrimination Charter.
- **By 2027**, at least 70% of facilities will have completed inclusion audits and implemented corresponding improvement plans.
- **By 2028,** national roll-out of the "Human Rights and Inclusion Scorecard" will be complete, and annual public reporting of results initiated.
- **By 2029**, a 50% increase will be achieved in the proportion of key populations who report non-discriminatory experiences in health facilities (measured via national surveys).
- **By 2030**, patient complaints involving discriminatory treatment will decrease by 60% from 2025 baseline levels.

Interlinkages with Other Focus areas:

Focus area 3 complements and reinforces the efforts under **Focus area 1: Eliminating Stigma and Discrimination, Focus area 2: Legal Literacy**, and **Focus area 4: Access to Justice**. It ensures that policy-level guarantees of equality are translated into practice at the point of care and that mechanisms exist to hold institutions accountable for upholding the dignity and rights of all. Through this programme, South Africa takes a bold step toward transforming its health system into a truly people-centred, rights-affirming environment—where every individual, regardless of status or identity, is treated with respect, care, and compassion.

Focus area 4: Increasing Access to Justice

Access to justice is a fundamental human right and a critical component of an equitable health response. For the HIV, TB, and STI response, this means ensuring that individuals, especially those from key and vulnerable populations, can effectively claim their rights, secure remedies for violations, and hold duty-bearers accountable. This is not only essential for achieving epidemic control but also for fulfilling the constitutional guarantee of dignity, equality, and health for all. However, the reality in South Africa is that many individuals facing discrimination, abuse, or violations in healthcare, workplaces, schools, homes, and communities lack the knowledge, means, or support to pursue justice. These gaps in access are particularly pronounced for sex workers, migrants, transgender persons, people who use drugs, incarcerated individuals, and adolescent girls and young women (AGYW), who often face intersecting legal, social, and economic barriers.

The preceding National Human Rights Plan (2017-2022) identified the urgent need to strengthen access to legal services and expand community-based paralegal networks. It also advocated for legal empowerment strategies for marginalised groups and called for more robust linkages between the health and justice sectors.

While this framework yielded some progress through partnerships with Legal Aid South Africa, Chapter 9 institutions, and human rights NGOs, overall implementation was inconsistent. Efforts were hampered by fragmented coordination, chronic underfunding, and a failure to fully institutionalise these initiatives within government systems. Focus area 4 directly responds to these findings. It sets out a bold and systemic strategy to expand legal empowerment, strengthen justice systems, and ensure that pathways to redress are known, trusted, accessible, and responsive. It aligns with NSP *Strategic Goal 4: Address Social and Structural Drivers and Enabler 4: Strengthen Social Compacting and Accountability* and builds on the National Strategic Framework for Access to Justice and Legal Empowerment in South Africa.

The overall objective is to increase access to justice for people living with and affected by HIV, TB, and STIs, particularly key and vulnerable populations, by expanding legal literacy, strengthening legal aid systems, building institutional accountability, and embedding community-based legal empowerment across the response.

Key Strategic Interventions:

1. Expansion of Community-Based Legal Empowerment Services:

A national cadre of trained community paralegals, rights navigators, and legal literacy facilitators will be established in all high-burden districts. These individuals will be recruited from local communities and trained through endorsed programmes in collaboration with legal experts including those on civil society. They will be deployed at healthcare facilities, CBO offices, community halls, and mobile units to provide basic legal advice, assist with complaint filing, offer referral support, and track cases. Where appropriate, they will be linked to licensed legal practitioners for formal representation.

2. Integration of Legal Services into Health and Social Support Platforms:

Legal services will be integrated into one-stop centres, adherence clubs, wellness hubs, and social development offices, especially in rural and underserved communities. A referral directory will be created and disseminated across all service delivery platforms, listing accessible legal aid clinics, public interest law organisations, and pro bono networks. Facilities must ensure that clients in need of legal support can access it without facing stigma, delay, or discrimination.

3. Strengthening Partnerships with Formal Legal Aid Structures:

Partnerships will be established or deepened with Legal Aid South Africa, provincial legal aid boards, Chapter 9 institutions (especially the SAHRC, CGE, and Cultural, Religious and Linguistic (CRL) Rights Commission), and university law clinics to expand the scope and reach of legal services. Strategic litigation opportunities will be supported to advance structural legal reform, especially in relation to police abuse, GBV, denial of care, and criminalisation of key populations.

4. Creation of a National "Justice for Health" Helpdesk and Hotline:

Under the custodianship of SANAC, atoll-free national hotline will be established with trained multilingual legal advisors available to handle calls and digital queries related to human rights violations. The system will integrate SMS, WhatsApp, and web-based submission portals and be marketed through mass media and facility posters. Cases will be referred to legal aid providers or escalated to human rights forums, and response times will be monitored quarterly.

5. Decentralised Case Resolution and Mediation Mechanisms:

District-level Human Rights Forums and DACs will institutionalise community-based mediation mechanisms to resolve disputes quickly and fairly, especially where formal legal processes are lengthy or intimidating. Guidelines will be developed in consultation with the Department of Justice, SAHRC, and community groups, ensuring protection of complainants and adherence to human rights norms. These mechanisms will not replace formal justice options but serve as an alternative entry point to justice.

6. Legal Empowerment of Marginalised Groups:

Targeted legal literacy and rights navigation support will be provided to key and vulnerable populations through tailored interventions. These will include rights rights workshops for sex workers, migrant forums, transgender advocacy groups, support groups for adolescents, and post-incarceration support networks. Legal materials will be translated into major South African languages and disseminated using accessible formats, such as comics, infographics, community theatre, podcasts, and radio talk shows). To ensure geographic reach, mobile legal caravans will service deep rural and informal settlement areas at least twice per year.

Monitoring, Data Collection, and Systemic Accountability:

All access-to-justice interventions will be tracked through a national Human Rights Violation Case Management System hosted by SANAC and linked to Health Ombud, OHSC, and Department of Justice systems. Cases will be categorised, tracked, and reviewed quarterly for resolution status, systemic patterns, and institutional response times. Public dashboards and annual "Access to Justice Reports" will inform national policy dialogue and shape funding priorities.

Key Outputs and Milestones:

- **By 2026,** a national network of at least 200 trained community paralegals will be operational across all provinces.
- **By 2027,** all one-stop centres and high-volume clinics in priority districts will have integrated legal aid referral systems.
- **By 2028,** the "Justice for Health" hotline and helpdesk will be fully operational and integrated with digital platforms.
- **By 2029,** at least 70% of reported rights violations will be addressed through formal or mediated processes within 90 days of submission.
- **By 2030,** a 60% increase in the number of people from key populations who report having successfully accessed legal support compared to 2025 baseline.

Interlinkages with Other Focus areas:

Focus area 4 is inherently crosscutting. It strengthens the implementation of **Focus area 2: Legal Literacy and Know Your Rights** and reinforces Focus areas 3 and 5 by offering legal redress where healthcare or law enforcement violates human rights. It also supports structural reforms envisioned in **Focus area 6: Law and Policy Reform** and **Focus area 7: Gender and GBV Rights.** Without effective access to justice, rights remain aspirational. This programme turns rights into remedies. Focus area 4 represents a transformative shift in South Africa's response to HIV, TB, and STIs from a paradigm of charity and tolerance to one of justice and accountability. By embedding legal empowerment into the public health response, building trust in justice institutions, and amplifying the voices of the most marginalised, South Africa affirms that health and justice are inseparable. Only through such an approach can we dismantle the systemic barriers that perpetuate vulnerability and inequality, and ensure that no one is left behind.

Focus area 5: Ensuring Rights-Based Law Enforcement Practices

Law enforcement institutions, particularly the South African Police Service (SAPS), municipal law enforcement units, and the broader criminal justice system, play a critical role in shaping the lived experiences, safety, and rights of people living with HIV (PLHIV), people affected by TB, key and vulnerable populations, and other marginalised communities. However, in many parts of South Africa, interactions with law enforcement are marked not by protection and service, but by fear, violence, humiliation, and abuse. These violations of human rights not only traumatise individuals and communities but also undermine public health goals by driving key populations away from health services, fragmenting social support systems, and perpetuating cycles of criminalisation, incarceration, and vulnerability.

Numerous reports from various human rights organisations, including the South African Human Rights Commission (SAHRC), the Global Fund programme for South Africa, UNAIDS, and local NGOs such as SWEAT and SISONKEhave documented systemic rights violations perpetrated by law enforcement against sex workers, people who use drugs, transgender persons, migrants, homeless individuals, and LGBTQ+ youth. These include extortion, harassment, unlawful profiling and arrest, denial of bail, sexual violence, and abusive policing of informal settlements and public spaces. The 2017–2022 National Human Rights Plan acknowledged the urgency of sensitising law enforcement and called for integrated rights training, improved oversight, and stronger partnerships with community actors. Yet implementation remained uneven and under-resourced. Sensitisation was limited to sporadic workshops, often disconnected from institutional incentives,

career development, or disciplinary processes. Police accountability mechanisms, such as the Independent Police Investigative Directorate (IPID), were slow, underfunded, or inaccessible to most survivors of abuse.

Focus area 5 aims to institutionalise rights-based, accountable, and inclusive law enforcement practices that protect rather than punish those most affected by the HIV, TB, and STI epidemics. It recognises that effective policing and justice are not barriers to public health, but enablers when grounded in the principles of dignity, proportionality, non-discrimination, and community partnership. The programme aligns with NSP *Strategic Goal 4:Address Social and Structural Drivers and Enabler 4: Strengthen Social Compacting and Accountability,* while contributing to the broader constitutional objectives of access to justice, protection of life and liberty, and the elimination of arbitrary detention. This was aimed at ensuring that all law enforcement practices are grounded in human rights principles, are non-discriminatory, and actively contribute to the safety, dignity, and well-being of people living with and affected by HIV, TB, and STIs, particularly key and vulnerable populations.

Key Strategic Interventions:

1. National Roll-Out of Human Rights Training for Law Enforcement Officers

Existing national curriculums on HIV, TB, human rights, and key population sensitivity will be updated, adopted and institutionalised as part of SAPS, Metro Police, and Department of Correctional Services training programmes. The curriculum covers constitutional rights, decriminalisation, gender diversity, trauma-informed policing, the limits of police discretion, and survivor-centred responses. All new recruits and in-service officers will be required to complete the training, which will be linked to performance appraisals, promotion eligibility, and annual compliance audits.

2. Integration of Human Rights into Policing Protocols and SOPs

Standard Operating Procedures (SOPs) for key law enforcement functions, including arrest, detention, stop-and-search, crowd control, and evidence collection, will be revised to include clear human rights safeguards and non-discrimination clauses to address specific evidence on punitive law enforcement against key populations. Guidelines will explicitly prohibit profiling based on gender identity, HIV status, sexual orientation, occupation (e.g., sex work), or substance use. Police station commanders will be required to ensure that there is awareness on these SOPs and that they are implemented, and report violations to oversight bodies.

3. Accountability, Oversight, and Independent Complaints Mechanisms

A strengthened national police accountability framework will be developed in partnership with IPID, SAHRC, and the Department of Justice. This will include:

- Expedited processes for reporting and investigating rights violations, including anonymous complaints mechanisms.
- Community monitoring systems to track abusive policing practices.
- Quarterly reports from IPID on HIV-related rights complaints and their resolutions.
- Enhanced support for survivors of police abuse, including legal aid, psycho-social support, and relocation support where necessary.
- Inclusion of key population representatives in Community Policing Forums (CPFs) and District AIDS Councils (DACs) to enhance civilian oversight and voice.

4. Partnerships Between Law Enforcement and Civil Society

District-level partnerships will be established between SAPS, Metro Police and key population-led organisations, sex worker collectives, LGBTQ+ advocacy groups, harm reduction networks, and GBV service providers. These partnerships will focus on joint community dialogues, conflict resolution forums, and local problem-solving. SAPS and Metro Police will be encouraged to designate "human rights liaison officers" within each cluster who serve as focal points for engagement with civil society and marginalised communities.

5. Diversion and Decriminalisation-Informed Policing Approaches

The Plan will promote diversion alternatives for low-level offences frequently used to harass key populations, including loitering, public drinking, and public indecency. Law enforcement officers will receive training to exercise discretion by directing referrals to health, social, or community services instead of making arrests. Concurrently, the Plan commits to high-level policy advocacy aimed at reviewing and repealing laws that criminalise sex work, HIV non-disclosure, and drug use. This effort is fundamentally aligned with upholding the protections enshrined in the Bill of Rights.

6. Rights-Based Policing in Detention and Correctional Facilities

The Department of Correctional Services (DCS) will be supported to implement a national human rights training programme for correctional officers, ensure access to ARVs, TB treatment, and gender-affirming care in all correctional facilities, and establish grievance redress mechanisms for detained individuals. Periodic inspections by independent bodies will assess the rights environment within prisons, with public reporting.

Key Outputs and Milestones:

- **By 2026,** at least 5,000 SAPS and Metro Police officers trained through the national rights-based policing curriculum.
- **By 2027,** all police stations in priority districts have designated Human Rights Liaison Officers and accessible complaints mechanisms.
- **By 2028,** all DCS facilities offer uninterrupted access to HIV, TB, and mental health services, with compliance audited annually.
- **By 2029,** a 50% decrease in documented cases of police abuse or harassment against sex workers, people who use drugs, and LGBTQ+ persons (from 2025 baseline).
- **By 2030,** all provinces have functioning SAPS-civil society partnership forums in place, with joint annual action plans.

Cross-Cutting Linkages:

Focus area 5 is closely connected with **Focus area 4:Access to Justice, Focus area 6:Law and Policy Reform,** and **Focus area 7:Gender and GBV Rights.** It provides an enabling environment for individuals to enjoy their rights without fear of arbitrary arrest, violence, or persecution. It also reinforces **Focus area 1: Stigma Elimination** by shifting institutional culture within policing agencies. Law enforcement institutions have the potential to be agents of protection and dignity rather than fear and harm. Focus area 5 re-envisions the role of law enforcement in the context of HIV, TB, and STIs, positioning police services as protectors of dignity and rights rather than sources of fear. This approach is funded on the principles of accountability, non-discrimination, community partnership, and justice. By equipping officers with the necessary training tools, oversight mechanisms, and partnerships necessary to protect rights, South Africa can transform its public safety system into one that upholds rather than undermines community helath and well-being. In doing so, it reaffirms the constitutional vision that dignity, equality, and freedom must be protected in every interaction between the state and its people.

Focus area 6: Improving Laws, Regulations and Policies Relating to HIV and HIV/TB

South Africa's legislative and policy environment plays a pivotal role in shaping the country's HIV, TB, and STI response. While the Constitution and a broad suite of health and human rights laws provide a strong normative foundation, many of the laws, by-laws, policies, and regulatory frameworks affecting people living with and at risk for HIV and TB remain outdated, punitive, misaligned, or poorly implemented. These include laws that criminalise key population behaviours (such as sex work and drug use), contradictory municipal by-laws that penalise poverty and visibility (such as loitering or informal trading), and gaps in policy frameworks related to migrant health, gender-affirming care, adolescent access to services, and social protection.

Evidence from national reviewsconfirm that existing legal and policy barriers continue to undermine universal access to prevention, treatment, care, and support services. These structural impediments disproportionately affect sex workers, people who use drugs, LGBTQ+ communities, migrants, adolescents, and other marginalised populations, fuelling stigma, deterring healthcare access, and deepening socio-economic exclusion. Furthermore, even where progressive laws and guidelines exist (e.g., on informed consent, patient rights, or sexual and reproductive health), implementation is often inconsistent due to lack of awareness, weak accountability, and fragmented governance.

Focus area 6 seeks to advance a harmonised, evidence-based, and inclusive legal and policy framework that removes barriers, protects rights, and promotes the health and dignity of all persons—especially those most affected by the epidemic. To review, reform, and harmonise national and subnational laws, policies, and regulatory frameworks to ensure they uphold human rights, facilitate access to HIV, TB, and STI services, and eliminate legal barriers for key and vulnerable populations.

Key Strategic Interventions:

1. Establishment of a National Legal and Policy Reform Task Team

The Human Rights Technical Working Ground and the Technical Task Team, co-chaired by the Department of Justice and SANAC, coordinate legal and policy reforms relevant to HIV, TB, and STIs. The task team will include representatives from civil society, legal experts, affected population groups, parliamentarians, provincial departments, and independent oversight bodies. Its mandate will include legal audits, drafting reforms, stakeholder consultations, and monitoring implementation. The task team will submit an annual "State of HIV/TB-Related Legal Reform" report to Parliament.

2. Comprehensive Legal Environment Audit and Legislative Review

Building on previous assessments, asystematic review of laws, regulations, and by-laws that impact HIV, TB, and key populations will be undertaken,. This will include:

- Criminal and procedural laws (e.g., regarding sex work, drug use, HIV non-disclosure).
- Health-related legislation (e.g., National Health Act, Children's Act, Mental Health Care Act).

- Social protection frameworks, e.g., Social Assistance Act, South Africa Social Security Agency (SASSA) guidelines.
- Immigration and asylum policies (e.g., Refugees Act, Immigration Act).
- Employment and housing laws affecting access to services and non-discrimination.

The findings will inform prioritised law reform recommendations at national and provincial levels.

3. Advocacy and Support for Progressive Law Reform

The Plan will support multi-stakeholder advocacy campaigns for the repeal or amendment of harmful laws, including:

- Full decriminalisation of sex work.
- Removal of legal barriers to harm reduction services (e.g., needle exchange, opioid substitution therapy).
- Legal protections for gender-affirming healthcare and gender marker changes.
- Clarification of adolescent access to HIV, SRH, and harm reduction services without parental consent.
- Legal safeguards for healthcare access by migrants, prisoners, and undocumented persons.

These reforms will be grounded in international commitments, including the African Charter on Human and Peoples' Rights, the SADC SRHR Strategy, and the UNAIDS 10-10-10 targets, which call for fewer than 10% of countries to have punitive laws impeding service access).

4. Policy Harmonisation and Regulatory Guidance

Key sectoral policies will be revised or developed to support rights-based implementation, including:

- Updated National Guidelines on Consent and Confidentiality for Adolescents.
- Standardised anti-discrimination clauses in facility policies.
- Health and justice sector guidelines for non-discriminatory treatment of migrants and refugees.
- Inclusion of key population guidance in standard treatment guidelines and essential services packages.
- Regulatory clarity on rights during emergency responses (e.g., lockdowns, pandemics).

A policy harmonisation framework will be adopted by SANAC and provincial AIDS councils to guide coordinated rollout.

5. Strengthening Law and Policy Literacy for Duty Bearers

Training and capacity building will be provided for legislators, magistrates, prosecutors, health facility managers, school administrators, and traditional leaders on HIV-related laws and rights. This will include:

- Modular training packages delivered through the Justice College, the South African Local Government Association (SALGA), and the National School of Government (NSG).
- Continuous legal education sessions accredited by the Law Society and Judicial Education Institute.
- Joint policy dialogues with affected communities to foster empathy, awareness, and accountability.

Key Outputs and Milestones:

- **By 2026,** National Legal and Policy Reform Task Team is operational and has completed a baseline legal audit.
- **By 2027,** at least five priority laws amended or repealed in alignment with rights-based HIV and TB objectives.
- **By 2028,** provincial by-law harmonisation guidelines are developed and adopted in all nine provinces.
- **By 2029**, at least 70% of targeted officials (health, education, justice) trained in HIV-related legal frameworks.
- **By 2030**, demonstrable improvements in policy implementation across sectors, with fewer than 10% of complaints to SAHRC or Health Ombud citing policy-related discrimination.

Cross-Cutting Linkages:

This focus area directly supports **Focus area 4:Increasing Access to Justice** and **Focus area 5: Rights-Based Law Enforcement.** It enables the implementation of **Focus area 3:Non-discriminatory Healthcare** by aligning legal protections with service delivery standards. Its reforms will also advance gender equality, adolescent health rights, and the inclusion of migrants, in support of South Africa's broader commitments under the NSP and Sustainable Development Goals. South Africa has the legal and constitutional tools to lead the world in rights-based public health. However, legal progress must be realised through meaningful reform, clear guidance, and consistent implementation. Focus area 6 operates on the principle that outdated or harmful laws are not neutral; they perpetuate disease, inequality, and exclusion. Through courageous reform, robust advocacy, and strategic alignment, this focus area will remove legal roadblocks and pave the way for a more just, inclusive, and effective HIV and TB response. The health and dignity of millions depend on it.

Focus area 7: Reducing HIV-Related Gender Discrimination, Harmful Gender Norms, and Violence Against Women and Girls in All Their Diversity

Gender inequality remains one of the most entrenched and devastating social determinants of health in South Africa. The intersection between gender discrimination, harmful gender norms, and the burden of HIV and TB is both profound and persistent, disproportionately affecting women and girls in all their diversity. This includes not only cisgender women but also adolescent girls and young women (AGYW), transgender women, lesbian and bisexual women, intersex persons, sex workers, and other individuals whose gender identities or roles do not conform to dominant societal expectations.

These groups are often at the sharpest receiving end of stigma, exclusion, and violenceand face increased vulnerability to HIV acquisition, reduced access to justice and healthcare, and diminished autonomy over their own bodies and lives. Gender-based violence (GBV), including intimate partner violence, sexual assault, corrective rape, and structural violence in healthcare settings, continues to be a pervasive threat that hinders individuals from seeking timely HIV testing, prevention, treatment, and care. Patriarchal norms reinforce unequal power dynamics in relationships and communities, and these are further compounded by poverty, social exclusion, and the legacy of apartheid-era marginalisation.

While the country has made notable progress through its robust legal framework, including the Domestic Violence Act, the Sexual Offences and Related Matters Act, and the National Strategic Plan on Gender-Based Violence and Femicide (GBVF-NSP), implementation remains grossly uneven. Survivors continue to face barriers when seeking justice, reporting experiences of judgment, shame, secondary victimisation, and bureaucratic obstacles within support services. In rural and peri-urban areas, the situation is even more acute, with limited access to shelters, psychosocial support, trained healthcare workers, and LGBTQI+-affirming services.

The overarching goal of Focus area 7 is to reduce HIV-related gender discrimination and violence by transforming harmful social norms, strengthening institutional accountability, and ensuring that all women and girls (regardless of identity or background)can live free from violence, access responsive services, and exercise full control over their health and rights. This objective is rooted in the principles of intersectionality, inclusiveness, and survivor-centred practice, and is fully aligned with the NSP 2023–2028, particularly *Strategic Goal 4 Address social and structural drivers and Enabler 1:Community-led responses*. The programme envisions a South Africa where all individuals can realise their right to dignity, safety, autonomy, and equitable access to healthcare and justice.

Key Areas of Intervention

1. Transforming Healthcare to Be Gender-Responsive and Survivor-Centred

Healthcare settings should be sanctuaries of safety and dignity, not sites of further harm. Yet, across the country, women and gender-diverse individuals report being judged, misgendered, denied care, or re-traumatised when seeking services. To address this, the programme will institutionalise the integration of GBV screening and survivor support within all HIV, TB, and sexual and reproductive health (SRH) platforms. This will include routine, confidential screening for intimate partner violence during clinical interactions, especially with AGYW, sex workers, and women living with HIV.

Healthcare providers will be trained in trauma-informed care and the WHO LIVES framework to ensure empathetic and non-judgmental responses. GBV focal points will be established in all primary health facilities in priority districts, and facilities will be required to maintain up-to-date referral directories for legal aid, shelters, counselling, and emergency services.Where necessary, safe spaces for survivors, including LGBTQI+ individualswill be embedded in clinics, supported by mobile outreach units and partnerships with community-based service providers. These spaces will ensure privacy, confidentiality, and access to mental health services. The programme will also roll out targeted campaigns to improve awareness among clients about their rights and how to report mistreatment or abuse.

2. Addressing and Transforming Harmful Gender Norms in Communities

The fight against gender-based HIV vulnerability cannot be won through institutions alone—it must penetrate deeply into community life. Patriarchal beliefs, religious dogma, traditional expectations, and cultural narratives often serve to reinforce women's subordination, justify violence, and perpetuate HIV risk. In response, Focus area 7 prioritises robust community mobilisation and gender norm transformation initiatives designed to shift the values, behaviours, and collective consciousness of communities.

Working through existing community platforms—such as traditional councils, churches, youth forums, and community health committees—the programme will engage local leaders, men and boys, and women's groups to critically reflect on norms of masculinity, power, sexuality, and violence. Faith-based organisations will be capacitated to host "Compassion Dialogues" that promote inclusion and challenge harmful theological teachings. In partnership with artists and educators, the programme will sponsor participatory theatre, storytelling, and digital media content to spark conversation and change at the grassroots level.

In addition, schools and youth centres will become key sites for the promotion of gender equity, with comprehensive sexuality education enhanced to address topics such as consent, gender identity, healthy relationships, and SRHR.

3. Affirming and Protecting the Rights of LGBTQI+ Communities

One of the most critical components of this focus area is the urgent need to protect and affirm the rights of LGBTQI+ individuals, especially transgender women, lesbian women, and gender-diverse persons. These groups bear a disproportionate burden of HIV, violence, and state neglect. The Plan will support the creation of inclusive clinics and shelters, provide funding to LGBTQI+-led organisations, and advocate for the full legal recognition of diverse gender identities and expressions. Healthcare providers, police, and justice sector officials will undergo specific training on sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) sensitivity, with curricula co-developed by LGBTQI+ groups. Additionally, gender-affirming services, including hormone therapy and mental health support, will be made available in priority districts. Data on LGBTQI+ health and rights violations will be collected and used to inform service improvements and policy reform.

4. Strengthening Access to Justice and Legal Redress for Survivors

Survivors of violence often encounter additional layers of trauma when seeking justicefrom unresponsive police to hostile magistrates, to delayed or mishandled cases. The Plan will work with the SAPS, Department of Justice, and NPA to institutionalise a survivor-centred, rights-based approach within the justice system.

This will include:

- Mandatory human rights and GBV sensitisation for police officers, prosecutors, and magistrates.
- Functional GBV desks at all police stations in high-burden districts, with trained female officers and translation support.
- Expansion of mobile legal aid clinics and community paralegal networks to serve remote and underserved areas.
- Monitoring systems to track GBV case outcomes and identify gaps in prosecution and protection order enforcement.

In parallel, the programme will advocate for reforms that remove barriers to justice for marginalised survivors, including undocumented migrants, sex workers, and transgender individuals.

5. Supporting Economic Empowerment and Resilience of Survivors

Gendered economic inequality is both a driver and a consequence of HIV vulnerability and GBV. Women and girls trapped in cycles of dependency and poverty often lack the means to leave abusive relationships, assert control over their health, or pursue justice. To address this, the programme will support the socio-economic empowerment of survivors and at-risk populations. This includes linking survivors to social protection systems, economic support, vocational training, and micro-finance opportunities. Partnerships with TVET colleges, skills development agencies, and local enterprises will prioritise AGYW, LGBTQI+ persons, and women in informal settlements. Social workers and community-based organisations will assist in developing exit strategies from dependency and facilitating reintegration for survivors.

Expected Results and Impact (2025–2030)

The Plan envisions the following achievements over its five-year implementation horizon:

- **By 2026,** 60% of priority health facilities will have functional GBV-HIV integration protocols and referral systems.
- **By 2027**, all police stations in high GBV burden districts will have at least two officers trained in LGBTQI+ and survivor-sensitive service delivery.
- **By 2028,** 80% of AGYW and LGBTQI+ individuals in targeted districts will report improved access to safe, respectful health and legal services.
- **By 2029,** gender norm transformation campaigns will have reached over 1 million individuals, with measurable attitude change tracked through knowledge, attitude, and practice (KAP) surveys.
- **By 2030,** there will be a 40% reduction in reported cases of HIV-related gender discrimination and violence in participating districts, as measured by community-led monitoring tools and GBV case data.

Coordination and Accountability

The successful implementation of Focus area 7 will require integrated leadership across sectors. SANAC will coordinate efforts with the Department of Women, Youth, and Persons with Disabilities; Department of Health; Department of Social Development; SAPS; and justice institutions. Strong partnerships with community-based organisations, feminist movements, and LGBTQI+ networks will be essential for sustainability and legitimacy. Resources will be mobilised through national and provincial budgets, conditional grants, and donor funding (e.g.,

Global Fund, GBVF Fund), with a dedicated sub-budget line for gender justice and survivor services.

The monitoring of implementation will be grounded in a disaggregated indicator framework and supported by annual reviews, community scorecards, and the Gender Justice Impact Dashboard to be published by SANAC and partners. This focus area asserts that gender equality is not peripheral but central to HIV control. Reducing HIV-related gender discrimination and violence is both a public health imperative and a human rights obligation. By transforming norms, equipping systems, and empowering communities, South Africa can build a future in which no one is left behind because of their gender, identity, or experience of violence. Through this work, the country honours the dignity of its people and reclaims the constitutional promise of equality, safety, and health for all.

Focus area 8: Community Mobilisation and Advocacy for Human Rights

At the core of a transformative and sustainable response to HIV, TB, and STI lies the active participation of communities, particularly those most affected by these epidemics. South Africa's Constitution and its regional and international obligations, including the African Charter on Human and Peoples' Rights and the 2021 UNGASS Political Declaration, guarantee the right of individuals and communities to participate in decisions that shape their health, rights and well-being.

However, despite these commitments, affected communities are often excluded from policy processes or viewed as passive beneficiaries rather than active partners in driving change. This focus area underscores that community mobilisation and advocacy are not peripheral to public health efforts but central to achieving rights, equity, and accountability. It affirms that communities, especially people living with HIV, key populations, and civil society organisations, are uniquely positioned to identify challenges, design responsive solutions, monitor service delivery, and ensure that duty-bearers meet their obligations.

The Human Rights Plan (2025-2030) places community mobilisation and advocacy at the centre of South Africa's human rights response to HIV, TB, and STIs. It commits to building enduring systems for community leadership, resourcing CBOs, enabling safe civic participation, and embedding mechanisms for rights-based advocacy at all levels of the response.

Leaders, advocates, and monitors in the design, delivery, and oversight of HIV, TB, and STI services, need to ensure meaningful engagement of communities, particularly people living with HIV, key populations, women and girls, and youth, thereby advancing human rights, service accountability, and equity. This objective aligns with *Enabler 1 of the NSP 2023–2028: Community-led responses*, as well as *Strategic Goal 4: Address social and structural drivers*, and supports South Africa's international commitment to ensuring at least 30% of HIV response programming is community-led.

Key Areas of Intervention

1. Institutionalising Community-Led Monitoring (CLM) and Feedback Mechanisms

The programme will scale up community-led monitoring as a central accountability mechanism for health and human rights. Drawing on models piloted by Ritshidze and other partners, CLM will be expanded to cover all priority districts, with at least one key population-led or community-led organisation contracted per district to systematically track service experiences. CBOs will be trained to gather real-time data on issues such as access barriers, stigma, wait times, treatment stock outs, facility-based discrimination, and violence. Data will be collected through digital tools, such as tablets, mobile apps, SMS surveys, exit interviews, and community dialogues, and triangulated with facility-level data from DHIS, TIER.Net, and OHSC.

Findings will be shared in regular District Health Forums, Provincial Human Rights Forums, and published annually in a National Health Rights Scorecard. This ensures that community-generated evidence informs quality improvement plans, manager performance reviews, and national advocacy. Facilities that perform poorly will be required to develop joint improvement plans with community monitors, while high-performing facilities will be recognised through public awards and best practice dissemination.

2. Supporting CBOs and Key Population Networks

Effective mobilisation and advocacy require a vibrant, capacitated civil society. The programme will establish a national Community Systems Strengthening (CSS) Fund, housed within SANAC and disbursed through transparent grant-making processes. The Fund will provide core and project-based funding to CBOs, key and priority population-led organisations and networks, and informal community networks engaged in rights advocacy, peer outreach, legal literacy, and participatory monitoring.

Support will also include:

- Technical assistance in financial management, governance, MEL, and proposal writing.
- Tailored capacity-building on social mobilisation, human rights programme implementation and media advocacy.
- Linkages to domestic and donor funding, government partnerships, and accreditation systems to ensure sustainability.

In recognition of the critical role of informal networks, such as peer support groups, transgender collectives, youth clubs, and sex worker collectives, funding mechanisms will be designed to reduce bureaucratic barriers and foster inclusion.

3. Strengthening Civil Society Representation in Governance Structures

The Human Rights Plan (2025-2030) mandates the revitalisation of District and Provincial AIDS Councils (DACs and PACs) as spaces for shared governance and decision-making. Community representatives, including PLHIV, people with TB, LGBTQI+ persons, sex workers, people who use drugs, youth, people with disabilities and migrants, refugees and displaced people will be supported to take active roles in these forums.

This includes:

- Reserving community seats in DACs, PACs, and SANAC Plenary and Technical Task Teams.
- Training for representatives on policy engagement, negotiation, and governance.
- Providing clear feedback mechanisms to ensure that community voices translate into action and that responses to their input are documented and communicated back ("feedback loop" accountability).

A national guideline on "Meaningful Community Engagement in the HIV Response" will be developed to institutionalise good practice across all levels of government and partners.

4. Enabling Community Advocacy and Legal Reform Campaigns

To shift policy, change laws, and transform institutional culture, communities must be able to engage in rights-based advocacy without fear or obstruction. This focus area commits to enabling safe and impactful community advocacy through the following:

- Funding and technical support for community-led campaigns on issues such as decriminalisation (e.g., of sex work, drug use, HIV transmission), repeal of discriminatory by-laws, access to gender-affirming care, and protection for undocumented migrants.
- Establishment of national and provincial "advocacy incubators" where activists can receive training, mentorship, legal support, and media engagement tools.
- Creation of community paralegal pools, supported by legal NGOs, to provide legal advice and referral services to affected populations.
- Strategic litigation partnerships to challenge systemic rights violations through the courts.

The Plan also supports a national coalition to advance the recommendations of the African Court on Human and Peoples' Rights, including repeal of discriminatory vagrancy laws.

5. Promoting Rights Literacy and Participation through Media and Technology

Widespread awareness of rights is a prerequisite for meaningful mobilisation. The programme will invest in accessible, multilingual, and culturally appropriate information dissemination through:

- Interactive radio shows, podcasts, and edutainment programmes led by youth and key population voices.
- Mobile-friendly digital platforms where individuals can learn about their rights, access complaint mechanisms, and find support services.
- Rights literacy campaigns using posters, infographics, and short videos in clinics, schools, taxi ranks, social media, and border zones.
- Community dialogues, town halls, and teach-ins hosted in informal settlements, schools, faith spaces, and traditional forums.

Special attention will be given to reaching low-literacy populations, rural areas, and those at the intersection of multiple vulnerabilities (e.g., women with disabilities, migrant farm workers, LGBTQI+ refugees).

Expected Results and Impact (2025–2030)

The programme anticipates the following outcomes over the implementation period:

- **By 2026,** 100% of high-burden districts will have functional CLM systems with quarterly reporting and facility engagement.
- **By 2027,** 60% of DACs and PACs will have trained and active community representatives from key and vulnerable populations.
- **By 2028,** at least 500 CBOs will have received CSS funding or capacity-building support.
- **By 2029,** community-led advocacy campaigns will contribute to at least three national or provincial legal and policy reforms (e.g., repeal of discriminatory by-laws, expanded access to services).
- **By 2030,** national data will reflect improved community trust in the health system and increased uptake of HIV, TB, and SRHR services in districts with active mobilisation initiatives.

Coordination, Resourcing, and Sustainability

Programme implementation will be coordinated by SANAC in collaboration with the Department of Social Development, civil society partners, and the SANAC Civil Society Forum. A multi-stakeholder working group will oversee the CSS Fund and ensure equity in resource allocation.

Long-term sustainability will be achieved through:

- Inclusion of community mobilisation in national and provincial budgets.
- Integration of CLM into Department of Health M&E systems.
- Advocacy for pooled funding from donors (PEPFAR, Global Fund, UN agencies) into a centralised CSS basket.

Mechanisms for learning and adaptation, such as annual CLM summits, community exchanges, and innovation grants, will ensure that the programme evolves with community needs and innovations. This focus area reaffirms that community voice requires investing in and is not a risk that needs mitigation. Through mobilisation, monitoring, and advocacy, communities have the power to transform systems, demand justice, and build a response that leaves no one behind. By making community-led responses central South Africa charts a path toward a truly rights-based, people-centred public health system that is both effective and just.

COMPREHENSIVE IMPLEMENTATION PLAN TO ADDRESS HUMAN RIGHTS-RELATED BARRIERS TO HIV AND TB SERVICES (2025–2028)

FOCUS AREA 1: Eliminating Stigma and Discrimination in all Settings

Goal: To reduce stigma, discrimination, and violence against key and vulnerable populations in the context of HIV and TB.
Outcome Indicators:

- % of people who report stigma and discrimination (Stigma Index Survey).
- % of population expressing accepting attitudes toward PLHIV and/or TB (HSRC Survey).

Table 5: Focus area 1 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Conduct stigma-reduction training for healthcare workers and community staff	All provinces, district hospitals, CHCs, NGOs	100% of public health facilities, 75% of community-based orgs	Improved provider-client relations, increased service uptake	% of trained staff showing improvement in post-training surveys	Y1–Y3
Roll out anti-discrimination charters, posters, IEC materials	Health facilities, schools, police stations	80% of public institutions	Visible commitment to anti-stigma in public services	# of institutions with visible anti-discrimination messaging	Y1–Y2
Conduct national and district-level Stigma Index Surveys	National and 27 districts	100% of provinces	Data generated to inform and guide action	Completed and published Stigma Index Reports	Y1, Y3
Integrate stigma indicators into DHIS and routine QI systems	Public health facilities, DHIS systems	100% of HIV/TB reporting sites	Stigma routinely monitored and addressed in M&E	% of facilities reporting stigma-related data	Y2–Y3

FOCUS AREA 2: Legal Literacy ("Know Your Rights")

Goal: To improve public awareness of human rights and increase capacity to claim and defend those rights in the context of HIV and TB.

Outcome Indicators:

- % of population with basic legal literacy (national survey).
- % of individuals accessing paralegal support or legal information.

Table 6: Focus area 2 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Launch national legal literacy campaigns (multimedia, multilingual).	Community radio, schools, clinics, social media.	70% of rural and urban areas.	Improved public awareness of rights and services.	% of individuals demonstrating legal knowledge.	Y1–Y2
Disseminate rights information in accessible formats.	Health facilities, NGOs, community centers.	National.	General population and KVPs better informed.	# of IEC materials distributed.	Y1–Y2
Facilitate peer-led "Know Your Rights" community workshops.	Key population hotspots.	27 priority districts.	Community empowerment through participatory learning.	% of participants reporting improved understanding.	Y2–Y3
Integrate legal literacy into school and youth programming.	High schools, youth clubs, tertiary institutions.	Pilot in three provinces.	Early education on human rights and health access.	# of institutions implementing legal literacy modules.	Y2–Y3

FOCUS AREA 3: Ensuring Non-discriminatory Provision of Health Care

Goal: To ensure that healthcare providers deliver equitable, respectful, and rights-based services.

Outcome Indicators:

- % of health workers trained in non-discriminatory practices.
- % of clients reporting discrimination-free experiences.

Table 7: Focus area 3 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Integrate rights-based training into pre-service and in-service curricula.	Medical/nursing schools, training institutions.	All national training sites.	Institutionalisation of rights in health education.	# of revised curricula rolled out.	Y1–Y2
Provide facility-based training and mentorship.	Health facilities.	1000 facilities nationally.	Health worker attitudes and skills improved.	% of trained staff applying rights-based care principles.	Y1–Y3
Conduct annual discrimination and rights audits.	Clinics, hospitals.	60% of facilities.	Service gaps identified and addressed.	# of audits completed and corrective plans implemented.	Y2–Y3
Certify health facilities meeting non-discrimination standards.	Public and private sector clinics.	Nine provinces.	Accountability for equitable care.	% of facilities receiving non-discrimination certification.	Y2–Y3

FOCUS AREA 4: Increasing Access to Justice

Goal: To ensure that individuals experiencing rights violations can access timely and appropriate legal recourse.
Outcome Indicators:

- % of reported rights violations resolved within 60 days.
- % of people accessing legal or paralegal services linked to health rights.

Table 8: Focus area 4 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Deploy trained paralegals at health facilities and communities	High-burden districts	70% of ART/TB sites in 27 districts	Increased access to legal support at point of service	# of facilities with paralegal services	Y1–Y3
Implement standardised referral pathways between health and legal services	Clinics and legal aid centres	80% of focus facilities	Streamlined case handling and resolution	% of referred cases documented and resolved	Y1–Y2
Organise mobile legal clinics in underserved areas	Rural subdistricts	At least 2 per province annually	Legal access extended to remote populations	# of clinics held; # of clients served	Y1–Y3
Embed legal support in youth- and key population-friendly spaces	Youth clinics, KP drop-in centres	100 targeted sites	Tailored, accessible legal assistance	# of integrated service points operational	Y2–Y3

FOCUS AREA 5: Ensuring Rights-Based Law Enforcement Practices

Goal: To prevent rights violations in policing and custodial settings and promote accountability.
Outcome Indicators:

- % of SAPS and DCS officials trained on HIV,TB, and human rights.
- % of misconduct cases addressed through internal processes or legal action.

Table 9: Focus area 5 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Institutionalise rights-based curricula in SAPS and DCS academies.	Police and correctional training centres.	All training sites nationally.	Systemic incorporation of rights training.	# of curricula revised and adopted.	Y1
Deliver in-service training for law enforcement in key districts.	High-incident urban/peri-urban zones.	50% of SAPS/DCS facilities.	Reduced abuse and improved conduct.	# of officers trained; post-training assessments.	Y1–Y3
Establish human rights focal points at police stations and prisons.	SAPS/DCS institutions.	70% of districts.	Improved accountability and incident resolution mechanisms.	# of focal points trained and active.	Y2–Y3
Create joint CSO–law enforcement forums for complaint resolution.	District-level multisectoral platforms.	50 districts.	Community-law enforcement collaboration to address violations.	# of cases resolved through forums.	Y2–Y3

FOCUS AREA 6: Improving Laws, Regulations and Policies Relating to HIV and TB

Goal: To reform and align laws, policies, and regulations with human rights standards.

Outcome Indicators:

- % of punitive or misaligned laws amended or repealed.
- % of public sector policies aligned with NSP and constitutional rights.

Table 10: Focus area 6 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Conduct biennial Legal Environment Assessments (LEAs).	National and provincial government.	All nine provinces.	Evidence base to guide legal reforms.	# of LEAs published and disseminated.	Y1,Y3
Facilitate legal reform dialogues with policymakers and CSOs.	National and district levels	50 forums convened.	Collaborative development of law reform priorities.	# of policy drafts tabled or passed.	Y2–Y3
Develop model policies for priority sectors.	Health, education, justice departments.	Six departments.	Template guidance to support rights-based implementation.	# of sectors adopting or revising policies.	Y2–Y3
Monitor implementation of protective legal frameworks.	Government and civil society.	National.	Accountability for law application.	% of departments reporting implementation progress.	Y3

FOCUS AREA 7: Reducing HIV-Related Gender Discrimination, Harmful Gender Norms, and Violence

Goal: To reduce gender-based discrimination, challenge harmful norms, and protect women and girls in all their diversity.

Outcome Indicators:

- % of women reporting access to justice and support services.
- % of districts with functional GBV prevention and response mechanisms.

Table 11: Focus area 7 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Scale up training on gender norms, GBV, and human rights.	Health, social services, education.	All nine provinces.	Increased awareness and institutional capacity to respond to GBV	# of personnel trained in GBV and gender-sensitive care.	Y1–Y3
Establish referral networks for HIV and GBV services.	Community and facility levels.	75% of districts.	Survivors able to access integrated care and legal redress	# of referral systems established and functional.	Y2–Y3
Conduct community dialogues on gender equality and inclusion.	Community venues, local leadership.	60% of municipalities.	Challenging and transforming harmful social norms	# of dialogues conducted; participant satisfaction.	Y1–Y3
Promote inclusion of LGBTIQ+ and diverse SOGI populations in services.	KP-friendly facilities and CBOs.	All major metros and hotspots.	Safer, affirming service environments for all	% of facilities with inclusive protocols and staff trained.	Y2–Y3

FOCUS AREA 8: Community Mobilisation and Advocacy for Human Rights

Goal: To ensure that communities are active agents in identifying, documenting, and addressing human rights violations.

Outcome Indicators:

- % of funded CBOs implementing rights-based advocacy and monitoring.
- % of community-led actions resulting in policy or service changes.

Table 12: Focus area 8 Intervention Plan

INTERVENTION	LOCATION	COVERAGE	EXPECTED RESULTS	INDICATORS	TIMELINE
Strengthen Community-Led Monitoring and feedback systems.	27 priority districts.	All nineprovinces.	Empowered communities generating and using evidence.	# of CBOs producing CLM reports.	Y1–Y3
Provide advocacy training and resources to civil society leaders.	CSO networks and advocacy groups.	100+ organisations.	Local champions influencing policy and accountability agendas.	# of trained advocates leading campaigns.	Y1–Y3
Support formation of district and provincial human rights forums.	SANAC and provincial PACs.	Nine provinces.	Sustainable spaces for civil society-state engagement.	# of forums held and policies influenced.	Y2–Y3
Develop advocacy toolkits tailored to KVPs and communities.	Partner NGOs and PAC structures.	National and district.	Accessible advocacy resources for diverse populations.	# of toolkits developed and distributed.	Y1–Y2

CONCLUSION

The National HIV,TB and Human Rights Plan (2025–2030) marks a decisive shift from policy intent to measurable action. It renews South Africa's collective commitment to uphold human rights as the cornerstone of epidemic control and sustainable development. By embedding equity, dignity, and justice across all levels of the response, the Plan provides a practical framework to dismantle structural barriers that limit access to prevention, treatment, and care.

This Plan repositions communities as central actorswhose lived experience strengthens accountability and drives transformation. It integrates human rights into the daily operations of the health, justice, and social sectors, ensuring that every policy and programme contributes to inclusion, transparency, and measurable progress.

The vision is clear: a South Africa where every person, regardless of gender, identity, or circumstance, can access quality healthcare and legal protection without fear, stigma, or discrimination. Through shared leadership, sustained investment, and institutional accountability, this Plan transforms commitment into tangible outcomes that advance public health and social justice.

In reaffirming the principles of dignity, equality, and non-discrimination, the National HIV,TB and Human Rights Plan (2025–2030) strengthens South Africa's resolve to leave no one behind. It stands as a call to action for all partners (government, civil society, development agencies, and communities)to build a future where human rights and health are inseparable foundations of national progress.

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INSIDE BACK COVER