



Australian Government
Refugee Review Tribunal

Country Advice

South Africa

South Africa – ZAF37218 – HIV/AIDS –
HIV treatments – Medical services – Black
women – Rural areas – Cervical screening
programs

2 September 2010

- 1. Please provide information on the current availability of treatments for HIV positive persons in South Africa. Please comment on the availability of monitoring/blood tests as well as treatments.**

Antiretroviral therapies (ART) are the medical treatment of choice for people with HIV, and South Africa's ART program, which includes blood testing to monitor patient responsiveness to drugs, is the largest in the world.¹ However, South Africa also has more HIV-positive persons than any other country (at 5.7 million)² and recent reports indicate that many South Africans have trouble securing reliable access to antiretroviral drugs and quality medical care. Service delivery is poor in the public health care system on which the ART program relies,³ rural areas have less access to healthcare,⁴ and poor HIV-positive women from rural areas have particular difficulty accessing ART and health services.⁵ While the South African government has recently undertaken to expand HIV/AIDS services,⁶ it remains to be seen whether it can achieve its target of "universal coverage of essential [HIV/AIDS] prevention and treatment interventions by 2015".⁷

¹ United Nations General Assembly Special Session on HIV/AIDS (UNGASS) 2010, *Republic of South Africa: Country Progress Report on the Declaration of Commitment on HIV/AIDS 2010*, 31 March – Attachment 1, p 15; on inclusion of blood testing, see: South African Department of Health 2010, "The South African Antiretroviral Treatment Guidelines", April, <http://www.aidsportal.org/repos/2010%20ART%20Guideline-Short.pdf> - Accessed 28 August 2010 – Attachment 2, p 3.

² Dugger, C 2010, "In South Africa, an Unlikely Leader on AIDS", *The New York Times*, 14 May, <http://www.nytimes.com/2010/05/15/world/africa/15zuma.html> - Accessed 24 August 2010 – Attachment 3; Avert 2010, "AIDS in South Africa", *Avert.org*, 17 August, <http://www.avert.org/aidsouthafrica.htm> – Accessed 25 August 2010 – Attachment 4.

³ South African Human Rights Commission (SAHRC) 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010 – Attachment 5, p 4. For a summary of report findings, see: "SOUTH AFRICA: Public health care 'is lamentable'" 2009, *IRIN News*, 20 April, <http://www.irinnews.org/report.aspx?ReportID=83993> - Accessed 25 August 2010 – Attachment 6.

⁴ See for example Kahn, T 2009, "Lack of Rural Doctors Hits Aids Pledge", *Business Day*, 22 December, <http://allafrica.com/stories/200912220485.html> - Accessed 25 August 2010 – Attachment 7; Rural Health Advocacy Project 2009, "Press Release: Launch of the Rural Health Advocacy Project", 18 August, Website of the Health Systems Trust, <http://www.hst.org.za/news/20041928> - Accessed 25 August 2010 – Attachment 8.

⁵ Amnesty International 2008, *"I am at the lowest end of all": Rural women living with HIV face human rights abuses in South Africa*, March – Attachment 9.

⁶ Dugger, C 2010, "South Africa Redoubles Efforts Against AIDS", *The New York Times*, 25 April, http://www.nytimes.com/2010/04/26/health/policy/26safrica.html?_r=1&scp=1&sq=%20South%20Africa%20Redoubles%20Efforts%20Against%20AIDS&st=cse - Accessed 24 August 2010 – Attachment 10; Dugger, C

Antiretroviral Therapies (ART) program guidelines

According to a 2010 United Nations report, South Africa's ART program covers nearly one million people and is provided in all nine provinces through the public health system and through NGOs and private sector doctors.⁸ National guidelines prescribe standard treatment regimens for persons with HIV, and the newest version of the guidelines, published in April 2010, shows a number of improvements: for example, more patients are now eligible for treatment, and a "problematic" antiretroviral (stavudine) has been replaced with tenofovir, "a newer drug with fewer side effects".⁹ (The current guidelines prescribe a "first line" or initial drug regimen of tenofovir, "3TC" (or lamivudine) and efavirenz.¹⁰) In addition, the guidelines' stipulations on blood tests to monitor patient responsiveness to ART appear to be broadly consistent with those of the US Department of Health and Human Services (DHHS) and World Health Organization (WHO).¹¹ However, the guidelines fall short of WHO recommendations in at least one respect: while WHO states that HIV-positive persons should start treatment as soon as their "CD4" blood count drops to 350 or less, many South Africans are only eligible for ART after their CD4 falls to 200.¹² This is significant because earlier commencement of treatment is linked with better survival outcomes.¹³

-
- 2010, "In South Africa, an Unlikely Leader on AIDS", *The New York Times*, 14 May, <http://www.nytimes.com/2010/05/15/world/africa/15zuma.html> - Accessed 24 August 2010 – Attachment 3.
- ⁷ Dugger, C 2010, "South Africa Redoubles Efforts Against AIDS", *The New York Times*, 25 April, http://www.nytimes.com/2010/04/26/health/policy/26safrica.html?_r=1&scp=1&sq=%20South%20Africa%20Redoubles%20Efforts%20Against%20AIDS&st=cse - Accessed 24 August 2010 – Attachment 10; Dugger, C 2010, "In South Africa, an Unlikely Leader on AIDS", *The New York Times*, 14 May, <http://www.nytimes.com/2010/05/15/world/africa/15zuma.html> - Accessed 24 August 2010 – Attachment 3; on challenges, see for example Navario, P & R Hecht 2010, "Special Report on the State of HIV/AIDS in South Africa", *Global Health Magazine* – Attachment 11, p 2.
- ⁸ UNGASS 2010, *Republic of South Africa: Country Progress Report on the Declaration of Commitment on HIV/AIDS 2010*, 31 March – Attachment 1, p 15.
- ⁹ South African Department of Health 2010, "The South African Antiretroviral Treatment Guidelines", April, <http://www.aidsportal.org/repos/2010%20ART%20Guideline-Short.pdf> - Accessed 28 August 2010 – Attachment 2; quotations are from Navario, P & R Hecht 2010, "Special Report on the State of HIV/AIDS in South Africa", *Global Health Magazine* – Attachment 11, p 5, 2.
- ¹⁰ South African Department of Health 2010, "The South African Antiretroviral Treatment Guidelines", April, <http://www.aidsportal.org/repos/2010%20ART%20Guideline-Short.pdf> - Accessed 28 August 2010 – Attachment 2, p 2; see also Venter, F 2010, "South Africa: New ARV tender taking shape", *Health-e*, 16 February, http://www.aidsportal.org/News_Details.aspx?ID=12604 - Accessed 27 August 2010 – Attachment 12. Please note: lamivudine (3TC) may be alternated with emtricitabine (FTC), and nevirapine (NPV) may replace efavirenz.
- ¹¹ United States Department of Health and Human Services (DHHS) 2009, "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents", 1 December, www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf - Accessed 25 August 2010 – Attachment 13; World Health Organization (WHO) 2010, "Antiretroviral therapy for HIV infection in adults and adolescents: Recommendations for a public health approach – 2010 revision", Geneva, WHO Press – Attachment 14.
- ¹² See WHO 2010, "Antiretroviral therapy for HIV infection in adults and adolescents: Recommendations for a public health approach – 2010 revision", Geneva, WHO Press – Attachment 14, p 20; for national guidelines see: South African Department of Health 2010, "The South African Antiretroviral Treatment Guidelines", April, <http://www.aidsportal.org/repos/2010%20ART%20Guideline-Short.pdf> - Accessed 28 August 2010 – Attachment 2. See also: "South Africa: Improvements in HIV policy, at last" 2009, *PlusNews*, 2 December, <http://www.plusnews.org/report.aspx?ReportId=87298> - Accessed 30 August 2010 – Attachment 15.
- ¹³ WHO 2010, "Antiretroviral therapy for HIV infection in adults and adolescents: Recommendations for a public health approach – 2010 revision", Geneva, WHO Press – Attachment 14, p 24.

Access to the ART program

However good the guidelines may be, the real test of South Africa's ART Program is how well it is implemented and whether those who need treatment and care are able to access it. Sources offer a mixed picture on these counts, and on the national response to HIV/AIDS more broadly. On one hand, the South African government commenced a major expansion of HIV/AIDS services in 2010 – described as the “largest and fastest...ever attempted” by UN officials.¹⁴ On the other, the country is playing catch-up after “years of denial and delay”¹⁵ and faces major challenges to its efforts, including “ballooning cost[s]” and lacking resources and capacity.¹⁶ As noted by Global Health Delivery, a health NGO,

This aggressive approach to HIV marks a new era in South Africa's response to the disease, but whether actions and [the] health system can back up the words is yet to be determined.¹⁷

Recent reports indicate that a lack of supplies, infrastructure and resources are impediments to patients seeking access to treatment. For example, HIV/AIDS charity Avert, news source *Health-e* and *Global Health* magazine said that drug stock-outs (or shortages) have resulted in some patients being unable to adhere to the treatment regimen.¹⁸ (*Global Health* noted a particularly bad incident in 2009, when “the Free State province ran out of money for drugs due to poor budgeting and planning”.¹⁹) An *Associated Press* article underlined capacity problems in reporting:

This week at an AIDS clinic in Ndulinde, about 55 miles (90 kilometers) north of the main KwaZulu-Natal province town of Durban, nurses said despite what the

¹⁴ Dugger, C 2010, “South Africa Redoubles Efforts Against AIDS”, *The New York Times*, 25 April, http://www.nytimes.com/2010/04/26/health/policy/26safrica.html?_r=1&scp=1&sq=%20South%20Africa%20Redoubles%20Efforts%20Against%20AIDS&st=cse - Accessed 24 August 2010 – Attachment 10; Dugger, C 2010, “In South Africa, an Unlikely Leader on AIDS”, *The New York Times*, 14 May, <http://www.nytimes.com/2010/05/15/world/africa/15zuma.html> - Accessed 24 August 2010 – Attachment 3.

¹⁵ Dugger, C 2010, “South Africa Redoubles Efforts Against AIDS”, *The New York Times*, 25 April, http://www.nytimes.com/2010/04/26/health/policy/26safrica.html?_r=1&scp=1&sq=%20South%20Africa%20Redoubles%20Efforts%20Against%20AIDS&st=cse - Accessed 24 August 2010 – Attachment 10.

¹⁶ See Dugger, C 2010, “South Africa Redoubles Efforts Against AIDS”, *The New York Times*, 25 April, http://www.nytimes.com/2010/04/26/health/policy/26safrica.html?_r=1&scp=1&sq=%20South%20Africa%20Redoubles%20Efforts%20Against%20AIDS&st=cse - Accessed 24 August 2010 – Attachment 10; “Scaling up HIV testing and treatment in South Africa” 2010, Website of Global Health Delivery, 31 March, <http://globalhealthdelivery.org/2010/03/scaling-up-hiv-testing-and-treatment-in-south-africa/> - Accessed 25 August 2010 – Attachment 16; SAHRC 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010 – Attachment 5; UNGASS 2010, *Republic of South Africa: Country Progress Report on the Declaration of Commitment on HIV/AIDS 2010*, 31 March – Attachment 1, p 16, 61; Navario, P & R Hecht 2010, “Special Report on the State of HIV/AIDS in South Africa”, *Global Health Magazine* – Attachment 11.

¹⁷ “Scaling up HIV testing and treatment in South Africa” 2010, Website of Global Health Delivery, 31 March, <http://globalhealthdelivery.org/2010/03/scaling-up-hiv-testing-and-treatment-in-south-africa/> - Accessed 25 August 2010 – Attachment 16.

¹⁸ Avert 2010, “AIDS in South Africa”, *Avert.org*, 17 August, <http://www.avert.org/aidssouthafrica.htm> – Accessed 25 August 2010 – Attachment 4; Thom, A & L Langa 2010, “Provinces Face Drug Stock Outs Due to Overspending”, *Health-e*, 9 April, <http://allafrica.com/stories/201004090010.html> - Accessed 26 August 2010 – Attachment 17; Navario, P & R Hecht 2010, “Special Report on the State of HIV/AIDS in South Africa”, *Global Health Magazine* – Attachment 11.

¹⁹ Navario, P & R Hecht 2010, “Special Report on the State of HIV/AIDS in South Africa”, *Global Health Magazine* – Attachment 11, p 5.

government says is one of the largest initiatives to fight the spread of AIDS, nothing has changed because they don't have the time or the personnel.²⁰

The issue was not isolated to Ndulinde: a doctor in Durban said his hospital was “already struggling with staff and drug shortages, and he worried how he would cope with more patients”.²¹

Given that the ART program is administered through the public health system, it is of relevance that this system was described as being in a “lamentable state” by the South African Commission of Human Rights (SACHR) in 2009.²² The SACHR observed that there were long waiting lists for ART and the HIV/AIDS epidemic had “impacted especially harshly on poor urban and rural communities who are dependent on the public health care system”.²³ At the same time, rural areas face some of the greatest health care challenges.²⁴ A 2009 press release on the launch of the Rural Health Advocacy Project, for example, said that in South Africa

rural communities have poorer health status, less access to health care facilities, fewer resources, less information and an inequitable distribution of health care professionals.²⁵

In March 2010 a *Mail & Guardian* editorial said health care in rural areas was “worsening”.²⁶ The author, a Rural Health Advocacy Project officer, described rural health facilities as “terrible” and quoted a medical doctor as saying that rural patients received the worst care in the country.²⁷ Staff shortages were a problem, and the article noted a case in which a hiring freeze in KwaZulu-Natal had made it “almost impossible to replace doctors who left already understaffed rural hospitals”.²⁸ In December 2009,

²⁰ “South Africa, changing track on AIDS, faces lack of resources and stigmas” 2010, *Associated Press*, 8 May, <http://www.foxnews.com/world/2010/05/08/south-africa-changing-track-aids-faces-lack-resources-stigmas/> – Accessed 24 August 2010 – Attachment 18.

²¹ “South Africa, changing track on AIDS, faces lack of resources and stigmas” 2010, *Associated Press*, 8 May, <http://www.foxnews.com/world/2010/05/08/south-africa-changing-track-aids-faces-lack-resources-stigmas/> – Accessed 24 August 2010 – Attachment 18.

²² SAHRC 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010 – Attachment 5, p 4.

²³ SAHRC 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010 – Attachment 5, p 15, 16.

²⁴ SAHRC 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010 – Attachment 5; see also Kahn, T 2009, “Lack of Rural Doctors Hits Aids Pledge”, *Business Day*, 22 December, <http://allafrica.com/stories/200912220485.html> - Accessed 25 August 2010 – Attachment 7; Rural Health Advocacy Project 2009, “Press Release: Launch of the Rural Health Advocacy Project”, 18 August, Website of the Health Systems Trust, <http://www.hst.org.za/news/20041928> - Accessed 25 August 2010 – Attachment 8.

²⁵ Rural Health Advocacy Project 2009, “Press Release: Launch of the Rural Health Advocacy Project”, 18 August, Website of the Health Systems Trust, <http://www.hst.org.za/news/20041928> - Accessed 25 August 2010 – Attachment 8.

²⁶ Versteeg, M 2010, “Healthcare needs help”, *Mail & Guardian*, 1 March, <http://www.mg.co.za/article/2010-03-01-healthcare-needs-help> - Accessed 25 August 2010 – Attachment 19.

²⁷ Versteeg, M 2010, “Healthcare needs help”, *Mail & Guardian*, 1 March, <http://www.mg.co.za/article/2010-03-01-healthcare-needs-help> - Accessed 25 August 2010 – Attachment 19.

²⁸ Versteeg, M 2010, “Healthcare needs help”, *Mail & Guardian*, 1 March, <http://www.mg.co.za/article/2010-03-01-healthcare-needs-help> - Accessed 25 August 2010 – Attachment 19.

Business Day reported that the shortage of health care professionals in rural areas could undermine the government's efforts to expand HIV/AIDS services.²⁹

A 2008 report by Amnesty International (AI) indicated that poor rural women were especially disadvantaged in accessing ART and maintaining their treatment regimens.³⁰ The report stated that although ART and other HIV/AIDS treatments were available for free in South Africa, these women were often unable to afford transport costs to health facilities or "adequate food with which to take ART twice daily".³¹ Their access to health services was "further compromised" by systemic problems within the health system, such as staffing shortages and insufficient health care facilities providing ART.³²

While there is hope that the situation will improve with the government's scale-up of HIV/AIDS services, this is unlikely to happen immediately or evenly across the country.

2. Please provide information on discrimination against rural black women in access to medical treatment.

No information was found to indicate that rural black women are discriminated against in relation to medical treatment, but as noted in the response to question one, poor rural South African women (the majority of whom are black) face special challenges in accessing health services and ART as a result of their poverty.³³ Gender-based forms of discrimination may also impact on their ability to access medical treatment.

Challenges in seeking medical treatment

Rural areas generally offer fewer and less adequate health services than urban ones,³⁴ which means that residents from rural areas are disadvantaged in seeking quality medical treatment. According to the 2008 Amnesty International (AI) report cited at question one, poor rural women face particular impediments to accessing health services and treatments because they are less able to afford transport to medical facilities and adequate food with which to take antiretroviral drugs.³⁵ In 2010, AI reported that transport expenses were still a problem, because

[w]hile the health authorities continue to expand access to comprehensive HIV services, including the provision of anti-retroviral therapy (ART) for AIDS, these services are still primarily provided through hospitals. The cost of transport to

²⁹ Kahn, T 2009, "Lack of Rural Doctors Hits Aids Pledge", *Business Day*, 22 December, <http://allafrica.com/stories/200912220485.html> - Accessed 25 August 2010 – Attachment 7.

³⁰ Amnesty International 2008, "*I am at the lowest end of all*": *Rural women living with HIV face human rights abuses in South Africa*, March – Attachment 9.

³¹ Amnesty International 2008, "*I am at the lowest end of all*": *Rural women living with HIV face human rights abuses in South Africa*, March – Attachment 9, p 14-15.

³² Amnesty International 2008, "*I am at the lowest end of all*": *Rural women living with HIV face human rights abuses in South Africa*, March – Attachment 9, p 72.

³³ Amnesty International 2008, "*I am at the lowest end of all*": *Rural women living with HIV face human rights abuses in South Africa*, March – Attachment 9, p 73.

³⁴ SAHRC 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010 – Attachment 5; Rural Health Advocacy Project 2009, "Press Release: Launch of the Rural Health Advocacy Project", 18 August, Website of the Health Systems Trust, <http://www.hst.org.za/news/20041928> - Accessed 25 August 2010 – Attachment 8.

³⁵ Amnesty International 2008, "*I am at the lowest end of all*": *Rural women living with HIV face human rights abuses in South Africa*, March – Attachment 9,

these distant facilities is often high, especially for women affected by poverty and unemployment.³⁶

Amnesty International stated that South African authorities appeared to be overlooking the “critical issue” of transport costs in their “increased efforts to combat the HIV epidemic”.³⁷

Impact of other forms of discrimination

While no evidence was found to indicate that South African health services are discriminatory against rural black women, AI has argued that poor women within this social group are less able to access medical treatment as a result of the many other forms of discrimination to which they are exposed. Domestic violence, economic marginalisation, low social status, and/or HIV/AIDS-related stigma and blame made it more difficult for these women to “maintain access to health services and adhere to treatment”.³⁸

3. Please provide information on societal discrimination of HIV positive persons in South Africa.

Although HIV/AIDS stigmas in South Africa have reportedly declined somewhat in recent years, societal discrimination against people with HIV remains prevalent across the country, and many people conceal their HIV status and/or fail to seek treatment due to shame and fear of discrimination.³⁹ Sources indicate that prejudice and negative attitudes about people with HIV/AIDS are more common in rural areas and amongst poor and uneducated communities,⁴⁰ and AI’s 2008 report on rural South African women living

³⁶ Amnesty International 2010, “Address the barriers of transport costs undermining rural women’s right to health in South Africa”, *Amnesty.org*, <http://www.amnesty.org/en/appeals-for-action/address-barriers-transport-costs-undermining-rural-womens-right-health> – Accessed 31 August 2010 – Attachment 20.

³⁷ Amnesty International 2010, “Address the barriers of transport costs undermining rural women’s right to health in South Africa”, *Amnesty.org*, <http://www.amnesty.org/en/appeals-for-action/address-barriers-transport-costs-undermining-rural-womens-right-health> – Accessed 31 August 2010 – Attachment 20.

³⁸ Amnesty International 2008, “*I am at the lowest end of all*”: *Rural women living with HIV face human rights abuses in South Africa*, March – Attachment 9, p 5.

³⁹ Simbayia, L, Kalichman, S, Strebela, A, Cloete, A, Hendaa, N & A Mqeketoa 2007, “Internalized stigma, discrimination, and depression among men and women living with HIV/AIDS in Cape Town, South Africa”, *Social Science & Medicine* 64, pp. 1823–1831 – Attachment 21, p 1824. See also Vissera, M, Makinb, J, Vandormaelc, A, Sikkemad, K & B Forsyth 2009, “HIV/AIDS stigma in a South African community”, *AIDS Care* 21(2), pp. 197-206 – Attachment 22; Palitza, K “HIV Stigma Persists”, *IPS News*, 6 January, <http://ipsnews.net/news.asp?idnews=49904> - Accessed 24 August 2010 – Attachment 23; Bodibe, K 2010, “Towards Reducing Stigma – Living with Aids”, *Health-e*, 8 April, <http://allafrica.com/stories/201004080246.html> – Accessed 24 August 2010 – Attachment 24; “South Africa, changing track on AIDS, faces lack of resources and stigmas” 2010, *Associated Press*, 8 May, <http://www.foxnews.com/world/2010/05/08/south-africa-changing-track-aids-faces-lack-resources-stigmas/> – Accessed 24 August 2010 – Attachment 25; Mills, E & B Maughan-Brown 2009, “Ties that Bind: HIV-Disclosure as Consequence and Catalyst of Stigma and Support in Households” (Centre for Social Science Research Working Paper No. 266), University of Cape Town, www.cssr.uct.ac.za/publications/working-paper/2009/266 - Accessed 25 August 2010 – Attachment 26.

⁴⁰ Vissera et al 2009, “HIV/AIDS stigma in a South African community”, *AIDS Care* 21(2), pp. 197-206 – Attachment 24; see also Palitza, K “HIV Stigma Persists”, *IPS News*, 6 January, <http://ipsnews.net/news.asp?idnews=49904> - Accessed 24 August 2010 – Attachment 23; Bodibe, K 2010, “Towards Reducing Stigma – Living with Aids”, *Health-e*, 8 April, <http://allafrica.com/stories/201004080246.html> – Accessed 24 August 2010 – Attachment 24; “South Africa, changing track on AIDS, faces lack of resources and stigmas” 2010, *Associated Press*, 8 May,

with HIV said that they often became subject to discrimination when their HIV status became known to their partners and communities.⁴¹

HIV/AIDS-related discrimination

Media reports and academic studies indicate that many HIV-positive South Africans experience HIV/AIDS-related discrimination. In January 2010, for instance, the Inter Press Service News Agency (IPS) reported that according to health experts,

HIV-related stigma and discrimination remain a key concern in South Africa, despite the multitude of HIV awareness campaigns that have been launched by government and civil society organisations throughout the years.⁴²

Media reports were corroborated by recent academic studies on HIV-positive persons in South Africa.⁴³ For example, a Cape Town-based study found that a “substantial number” of research subjects had been treated differently by friends and family after revealing their HIV status and/or had lost jobs or a place to stay.⁴⁴ Similarly, research conducted in Tshwane revealed that nearly 80 per cent of subjects had witnessed or experienced HIV/AIDS-related discrimination, ranging from gossip and social distancing to more overt forms such as efforts to humiliate or physically harm people with HIV.⁴⁵ A report from the Centre for Social Science Research (CSSR) at the University of Cape Town said that stigma and discrimination kept many HIV-positive South Africans from disclosing their status and seeking treatment.⁴⁶

Several sources indicated that HIV/AIDS stigma was more common in rural areas and in socioeconomically disadvantaged communities. The *New York Times* noted that South African journalist Jonny Steinberg had found that there was “deep stigma still associated

<http://www.foxnews.com/world/2010/05/08/south-africa-changing-track-aids-faces-lack-resources-stigmas/> – Accessed 24 August 2010 – Attachment 25.

⁴¹ Amnesty International 2008, “*I am at the lowest end of all*”: Rural women living with HIV face human rights abuses in South Africa, March – Attachment 9.

⁴² Palitza, K “HIV Stigma Persists”, *IPS News*, 6 January, <http://ipsnews.net/news.asp?idnews=49904> - Accessed 24 August 2010 – Attachment 23; for other media reports indicating that people with HIV encounter discrimination in their daily life, see: Bodibe, K 2010, “Towards Reducing Stigma – Living with Aids”, *Health-e*, 8 April, <http://allafrica.com/stories/201004080246.html> – Accessed 24 August 2010 – Attachment 24; “South Africa, changing track on AIDS, faces lack of resources and stigmas” 2010, *Associated Press*, 8 May, <http://www.foxnews.com/world/2010/05/08/south-africa-changing-track-aids-faces-lack-resources-stigmas/> – Accessed 24 August 2010 – Attachment 25.

⁴³ For example Simbayia et al 2007, “Internalized stigma, discrimination, and depression among men and women living with HIV/AIDS in Cape Town, South Africa”, *Social Science & Medicine* 64, pp. 1823–1831 – Attachment 21; Vissera et al 2009, “HIV/AIDS stigma in a South African community”, *AIDS Care* 21(2), pp. 197-206 – Attachment 22; Cloetea, A, Simbayia, L, Kalichmanb, S, Strebela, A, Hendaa, N 2008, “Stigma and discrimination experiences of HIV-positive men who have sex with men in Cape Town, South Africa”, *AIDS Care*, 20(9), pp. 1105-1110 – Attachment 27.

⁴⁴ Simbayia et al 2007, “Internalized stigma, discrimination, and depression among men and women living with HIV/AIDS in Cape Town, South Africa”, *Social Science & Medicine* 64, pp. 1823–1831 – Attachment 21, p 1827, 1829.

⁴⁵ Vissera et al 2009, “HIV/AIDS stigma in a South African community”, *AIDS Care* 21(2), pp. 197-206 – Attachment 22, p. 200-201.

⁴⁶ Mills, E & B Maughan-Brown 2009, “Ties that Bind: HIV-Disclosure as Consequence and Catalyst of Stigma and Support in Households” (Centre for Social Science Research Working Paper No. 266), University of Cape Town, www.cssr.uct.ac.za/publications/working-paper/2009/266 - Accessed 25 August 2010 – Attachment 26; Palitza, K “HIV Stigma Persists”, *IPS News*, 6 January, <http://ipsnews.net/news.asp?idnews=49904> - Accessed 24 August 2010 – Attachment 23.

with AIDS in rural South Africa”, and a 2009 article by academics from the University of Pretoria and Yale stated that:

In South Africa research has shown that people who are poor, uneducated and lack basic literacy skills tend to stigmatise more than the more affluent and educated... Furthermore, the less knowledge individuals or communities have of HIV/AIDS and the more beliefs they have that are incongruent with the accepted, scientific framework of health and illness, the more likely they are to stigmatise... Cultural or traditional beliefs about HIV/AIDS can also contribute to stigma and in some cases HIV/AIDS is blamed on witchcraft, spirits and supernatural forces...⁴⁷

Amnesty International’s 2008 report on poor HIV-positive women in rural areas (including in KwaZulu-Natal) indicated that this group faced “discrimination in relationships and in communities because of their gender, HIV status and economic marginalization”.⁴⁸ The report said that the women had experienced “[feelings of] powerlessness, verbal and physical abuse, [and] threats of violence and abandonment in response to disclosing their HIV status”.⁴⁹

4. Please also comment on the availability of screening programs for cervical cancer in South Africa.

Cervical cancer is the most common cancer amongst South African women,⁵⁰ many of whom die of it because of inadequate testing and treatment.⁵¹ While South Africa has had a national cervical screening program since 2000, reports indicate it is restrictive, poorly implemented and especially problematic in rural areas. Sources suggest that the government recently introduced cervical screening provisions specifically for HIV-positive women, but these appear to be limited to those who have not yet started ART. (As a reference point, the Australian National Cervical Screening Program recommends that all sexually active women over 18 have a Pap smear every two years,⁵² and for women with HIV, most developed countries including Australia recommend more frequent screening: an annual Pap smear.⁵³)

⁴⁷ Vissera et al 2009, “HIV/AIDS stigma in a South African community”, *AIDS Care* 21(2), pp. 197-206 – Attachment 22, p 200-201.

⁴⁸ Amnesty International 2008, “South Africa: Rural Women the Losers in HIV Response”, 18 March, <http://www.amnesty.org/en/news-and-updates/report/rural-women-hit-south-africas-hiv-response-20080318> - Accessed 25 August 2010 – Attachment 28; see also the report itself: Amnesty International 2008, “*I am at the lowest end of all*”: Rural women living with HIV face human rights abuses in South Africa, March – Attachment 9.

⁴⁹ Amnesty International 2008, “*I am at the lowest end of all*”: Rural women living with HIV face human rights abuses in South Africa, March – Attachment 9, p 14.

⁵⁰ Batra, P, Kuhn, L, & L Denny 2010, “Utilisation and outcomes of cervical cancer prevention services among HIV-infected women in Cape Town”, *South African Medical Journal* 100(1), http://www.scielo.org.za/scielo.php?pid=S0256-95742010000100018&script=sci_arttext - Accessed 27 August 2010 – Attachment 29.

⁵¹ SAHRC 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010 – Attachment 5.

⁵² Australian Government Department of Health and Aging 2009, “National Cervical Screening Program: The Pap smear – FAQ”, <http://www.health.gov.au/internet/screening/publishing.nsf/content/papsmear#6> - Accessed 2 September 2010 – Attachment 30.

⁵³ Mutyaba, T, Mirembe, F, Sandin, S & E Widerpass 2010, “Evaluation of ‘see-see and treat’ strategy and role of HIV on cervical cancer prevention in Uganda”, *Reproductive Health* 7(4), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882355/> – Accessed 28 August 2010 – Attachment 31.

National cervical screening program

In 2000 the South African National Department of Health (NDH) introduced a cytology (that is, Pap smear)-based cervical cancer screening program.⁵⁴ Under the program, all “asymptomatic women of at least 30 years of age should be offered three free...Pap smears [over their lifetime], up to ten years apart”.⁵⁵ Women over 50 at the time of their first screening are entitled to one free Pap smear.⁵⁶ The policy states that if a woman requests more than three smears, the “extra cost will have to be carried by her”.⁵⁷

Medical specialists and academics have been critical of the program. A WHO report commented that it had reached “a number of women but not the majority”,⁵⁸ and Cape Town-based gynaecological oncologist Lynn Denny said the policy had been “implemented in a fragmented and uncoordinated manner” and had not yet had “a significant impact on cervical cancer incidence”.⁵⁹ Cindy Firnhaber, a doctor working with HIV-positive women in Johannesburg, reported that the program was “overwhelmed”.⁶⁰ Staff were limited, smear results often took 6-10 weeks to return, and women faced long waiting periods for further tests and treatment, she said.⁶¹ Firnhaber further noted that screening and treatment in rural areas was especially challenging: although Pap tests could be done in rural clinics,

a woman may have to travel 400 kilometers to have a colposcopy or large loop excision of the transformation zone (LLETZ) done. This is prohibitive because most women cannot afford this.⁶²

Professor Helen Rees from the University of Witwatersrand commented that “referrals and follow up...don’t always happen when services are overstretched”, and the situation

⁵⁴ Batra, P, Kuhn, L, & L Denny 2010, “Utilisation and outcomes of cervical cancer prevention services among HIV-infected women in Cape Town”, *South African Medical Journal* 100(1), http://www.scielo.org.za/scielo.php?pid=S0256-95742010000100018&script=sci_arttext - Accessed 27 August 2010 – Attachment 29; Denny, L 2010, “Cervical Cancer in South Africa: An Overview of Current Status and Prevention Strategies”, *CME* 28(2), pp. 70-73 – Attachment 32. The policy is at: South African Department of Health 2000, “National guideline on cervical cancer screening programme”, www.doh.gov.za/docs/factsheets/guidelines/cancer.pdf - Accessed 25 August 2010 – Attachment 33.

⁵⁵ Batra, P, Kuhn, L, & L Denny 2010, “Utilisation and outcomes of cervical cancer prevention services among HIV-infected women in Cape Town”, *South African Medical Journal* 100(1), http://www.scielo.org.za/scielo.php?pid=S0256-95742010000100018&script=sci_arttext - Accessed 27 August 2010 – Attachment 29.

⁵⁶ Denny, L 2010, “Cervical Cancer in South Africa: An Overview of Current Status and Prevention Strategies”, *CME* 28(2), pp. 70-73 – Attachment 32; South African Department of Health 2000, “National guideline on cervical cancer screening programme”, www.doh.gov.za/docs/factsheets/guidelines/cancer.pdf - Accessed 25 August 2010 – Attachment 33.

⁵⁷ South African Department of Health 2000, “National guideline on cervical cancer screening programme”, www.doh.gov.za/docs/factsheets/guidelines/cancer.pdf - Accessed 25 August 2010 – Attachment 33.

⁵⁸ World Health Organization (WHO) 2009, “Strengthening cervical cancer prevention and control: Report of the GAVI–UNFPA–WHO meeting”, whqlibdoc.who.int/hq/2010/WHO_RHR_10.13_eng.pdf - Accessed 25 August 2010 – Attachment 34, p 6.

⁵⁹ Denny, L 2010, “Cervical Cancer in South Africa: An Overview of Current Status and Prevention Strategies”, *CME* 28(2), pp. 70-73 – Attachment 32, p 71.

⁶⁰ Lockman, S 2010, “Cervical cancer and HIV-infected women: Focus on resource-limited settings”, *Medscape*, 12 January, <http://www.medscape.com/viewarticle/714655> - Accessed 25 August 2010 – Attachment 35.

⁶¹ Lockman, S 2010, “Cervical cancer and HIV-infected women: Focus on resource-limited settings”, *Medscape*, 12 January, <http://www.medscape.com/viewarticle/714655> - Accessed 25 August 2010 – Attachment 35.

⁶² Lockman, S 2010, “Cervical cancer and HIV-infected women: Focus on resource-limited settings”, *Medscape*, 12 January, <http://www.medscape.com/viewarticle/714655> - Accessed 25 August 2010 – Attachment 35.

was difficult “even in urban centres”.⁶³ This was demonstrated in the case of a recent study of HIV-positive women attending an ART clinic in Cape Town: researchers found that over 40 per cent of subjects who had had a Pap smear were never notified of the result.⁶⁴

Cervical screening for women with HIV

Sources suggest that South Africa has recently introduced cervical screening provisions for women with HIV. On 24 August 2010 HIV/AIDS news source *PlusNews* reported:

Despite their increased risk, HIV positive women lacked any special cervical screening provisions until recently. The newly adopted National Strategic Plan for HIV and AIDS recommends a pap smear for women about to begin antiretroviral treatment.⁶⁵

Searching the text of the National Strategic Plan turned up only one reference to cervical screening in a description of a “wellness care package”, as follows:

Wellness care package includes: Regular CD4 counts; opportunistic infections prophylaxis and treatment; cervical screening; advice on lifestyle, nutrition, contraceptive use and fertility...⁶⁶

Although the NSP did not precisely clarify the circumstances in which HIV-positive persons would be eligible for the package, several other health sources suggested that “wellness care” or “the wellness programme” applied in the case of people with HIV who were not yet eligible for ART.⁶⁷ One of these, the 2010 South African National Antiretroviral Guidelines, recommended annual Pap smears for women with HIV who were not yet eligible for ART.⁶⁸

No information was found to indicate that women already on ART would have access to free cervical screening beyond that offered under the “national cervical cancer programme” – except in the Western Cape, where HIV-positive women are eligible for annual smears from the time of their diagnosis, according to a 2010 article in the *South African Medical Journal*.⁶⁹

⁶³ “SOUTH AFRICA: Cervical cancer vaccine offers distant hope” 2010, *PlusNews*, 24 August, <http://www.plusnews.org/report.aspx?ReportID=72809> - Accessed 18 August 2010 – Attachment 36.

⁶⁴ South African Department of Health 2000, “National guideline on cervical cancer screening programme”, www.doh.gov.za/docs/factsheets/guidelines/cancer.pdf - Accessed 25 August 2010 – Attachment 33.

⁶⁵ “SOUTH AFRICA: Cervical cancer vaccine offers distant hope” 2010, *PlusNews*, 24 August, <http://www.plusnews.org/report.aspx?ReportID=72809> - Accessed 18 August 2010 – Attachment 36.

⁶⁶ South African National AIDS Council (SANAC) 2006, *HIV & AIDS & STI Strategic Plan for South Africa 2007-2011* – Attachment 37, p 86.

⁶⁷ South African Department of Health 2010, “Keeping patients in wellness care”, <http://www.doh.gov.za/aids/hiv/keeping-in-wellness-care.pdf> - Accessed 1 September 2010 – Attachment 38; South African Department of Health 2010, “The South African Antiretroviral Treatment Guidelines”, April, <http://www.aidsportal.org/repos/2010%20ART%20Guideline-Short.pdf> - Accessed 28 August 2010 – Attachment 2, p 2. Eligibility for ART is mainly determined on the basis of blood tests (CD4 counts), see p 1.

⁶⁸ South African Department of Health 2010, “The South African Antiretroviral Treatment Guidelines”, April, <http://www.aidsportal.org/repos/2010%20ART%20Guideline-Short.pdf> - Accessed 28 August 2010 – Attachment 2, p 2.

⁶⁹ Batra, P, Kuhn, L, & L Denny 2010, “Utilisation and outcomes of cervical cancer prevention services among HIV-infected women in Cape Town”, *South African Medical Journal* 100(1), http://www.scielo.org.za/scielo.php?pid=S0256-95742010000100018&script=sci_arttext - Accessed 27 August 2010 – Attachment 29.

Attachments

1. United Nations General Assembly Special Session on HIV/AIDS (UNGASS) 2010, *Republic of South Africa: Country Progress Report on the Declaration of Commitment on HIV/AIDS 2010*, 31 March.
2. South African Department of Health 2010, “The South African Antiretroviral Treatment Guidelines”, April, <http://www.aidsportal.org/repos/2010%20ART%20Guideline-Short.pdf> - Accessed 28 August 2010.
3. Dugger, C 2010, “In South Africa, an Unlikely Leader on AIDS”, *The New York Times*, 14 May, <http://www.nytimes.com/2010/05/15/world/africa/15zuma.html> - Accessed 24 August 2010.
4. Avert 2010, “AIDS in South Africa”, *Avert.org*, 17 August, <http://www.avert.org/aidssouthafrica.htm> – Accessed 25 August 2010.
5. South African Human Rights Commission (SAHRC) 2009, *Public Inquiry: Access to Health Care Services*, www.info.gov.za/view/DownloadFileAction?id=99769 - Accessed 28 August 2010.
6. “SOUTH AFRICA: Public health care ‘is lamentable’” 2009, *IRIN News*, 20 April, <http://www.irinnews.org/report.aspx?ReportID=83993> - Accessed 25 August 2010.
7. Kahn, T 2009, “Lack of Rural Doctors Hits Aids Pledge”, *Business Day*, 22 December, <http://allafrica.com/stories/200912220485.html> - Accessed 25 August 2010.
8. Rural Health Advocacy Project 2009, “Press Release: Launch of the Rural Health Advocacy Project”, 18 August, Website of the Health Systems Trust, <http://www.hst.org.za/news/20041928> - Accessed 25 August 2010.
9. Amnesty International 2008, “*I am at the lowest end of all*”: Rural women living with HIV face human rights abuses in South Africa, March.
10. Dugger, C 2010, “South Africa Redoubles Efforts Against AIDS”, *The New York Times*, 25 April, http://www.nytimes.com/2010/04/26/health/policy/26safrica.html?_r=1&scp=1&sq=%20South%20Africa%20Redoubles%20Efforts%20Against%20AIDS&st=cse - Accessed 24 August 2010.
11. Navario, P & R Hecht 2010, “Special Report on the State of HIV/AIDS in South Africa”, *Global Health Magazine*.
12. Venter, F 2010, “South Africa: New ARV tender taking shape”, *Health-e*, 16 February, http://www.aidsportal.org/News_Details.aspx?ID=12604 - Accessed 27 August 2010.
13. United States Department of Health and Human Services (DHHS) 2009, “Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents”, 1 December, www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf - Accessed 25 August 2010.
14. World Health Organization (WHO) 2010, “Antiretroviral therapy for HIV infection in adults and adolescents: Recommendations for a public health approach – 2010 revision”, Geneva, WHO Press.

15. "South Africa: Improvements in HIV policy, at last" 2009, *PlusNews*, 2 December, <http://www.plusnews.org/report.aspx?ReportId=87298> - Accessed 30 August 2010.
16. "Scaling up HIV testing and treatment in South Africa" 2010, Website of Global Health Delivery, 31 March, <http://globalhealthdelivery.org/2010/03/scaling-up-hiv-testing-and-treatment-in-south-africa/> - Accessed 25 August 2010.
17. Thom, A & L Langa 2010, "Provinces Face Drug Stock Outs Due to Overspending", *Health-e*, 9 April, <http://allafrica.com/stories/201004090010.html> - Accessed 26 August 2010.
18. "South Africa, changing track on AIDS, faces lack of resources and stigmas" 2010, *Associated Press*, 8 May, <http://www.foxnews.com/world/2010/05/08/south-africa-changing-track-aids-faces-lack-resources-stigmas/> – Accessed 24 August 2010.
19. Versteeg, M 2010, "Healthcare needs help", *Mail & Guardian*, 1 March, <http://www.mg.co.za/article/2010-03-01-healthcare-needs-help> - Accessed 25 August 2010.
20. Amnesty International 2010, "Address the barriers of transport costs undermining rural women's right to health in South Africa", *Amnesty.org*, <http://www.amnesty.org/en/appeals-for-action/address-barriers-transport-costs-undermining-rural-womens-right-health> – Accessed 31 August 2010.
21. Simbayia, L, Kalichmanb, S, Strebela, A, Cloetea, A, Hendaa, N & A Mqeketoa 2007, "Internalized stigma, discrimination, and depression among men and women living with HIV/AIDS in Cape Town, South Africa", *Social Science & Medicine* 64, pp. 1823–1831.
22. Vissera, M, Makinb, J, Vandormaelc, A, Sikkemad, K & B Forsyth 2009, "HIV/AIDS stigma in a South African community", *AIDS Care* 21(2), pp. 197-206.
23. Palitza, K "HIV Stigma Persists", *IPS News*, 6 January, <http://ipsnews.net/news.asp?idnews=49904> - Accessed 24 August 2010.
24. Bodibe, K 2010, "Towards Reducing Stigma – Living with Aids", *Health-e*, 8 April, <http://allafrica.com/stories/201004080246.html> – Accessed 24 August 2010.
25. "South Africa, changing track on AIDS, faces lack of resources and stigmas" 2010, *Associated Press*, 8 May, <http://www.foxnews.com/world/2010/05/08/south-africa-changing-track-aids-faces-lack-resources-stigmas/> – Accessed 24 August 2010.
26. Mills, E & B Maughan-Brown 2009, "Ties that Bind: HIV-Disclosure as Consequence and Catalyst of Stigma and Support in Households" (Centre for Social Science Research Working Paper No. 266), University of Cape Town, www.cssr.uct.ac.za/publications/working-paper/2009/266 - Accessed 25 August 2010.
27. Cloetea, A, Simbayia, L, Kalichmanb, S, Strebela, A, Hendaa, N 2008, "Stigma and discrimination experiences of HIV-positive men who have sex with men in Cape Town, South Africa", *AIDS Care*, 20(9), pp. 1105-1110.
28. Amnesty International 2008, "South Africa: Rural Women the Losers in HIV Response", 18 March, <http://www.amnesty.org/en/news-and-updates/report/rural-women-hit-south-africas-hiv-response-20080318> - Accessed 25 August 2010.

29. Batra, P, Kuhn, L, & L Denny 2010, "Utilisation and outcomes of cervical cancer prevention services among HIV-infected women in Cape Town", *South African Medical Journal* 100(1), http://www.scielo.org.za/scielo.php?pid=S0256-95742010000100018&script=sci_arttext - Accessed 27 August 2010.
30. Australian Government Department of Health and Aging 2009, "National Cervical Screening Program: The Pap smear – FAQ", <http://www.health.gov.au/internet/screening/publishing.nsf/content/papsmear#6> - Accessed 2 September 2010.
31. Mutyaba, T, Mirembe, F, Sandin, S & E Widerpass 2010, "Evaluation of 'see-see and treat' strategy and role of HIV on cervical cancer prevention in Uganda", *Reproductive Health* 7(4), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2882355/> – Accessed 28 August 2010.
32. Denny, L 2010, "Cervical Cancer in South Africa: An Overview of Current Status and Prevention Strategies", *CME* 28(2), pp. 70-73.
33. South African Department of Health 2000, "National guideline on cervical cancer screening programme", www.doh.gov.za/docs/factsheets/guidelines/cancer.pdf - Accessed 25 August 2010.
34. World Health Organization (WHO) 2009, "Strengthening cervical cancer prevention and control: Report of the GAVI–UNFPA–WHO meeting", whqlibdoc.who.int/hq/2010/WHO_RHR_10.13_eng.pdf - Accessed 25 August 2010.
35. Lockman, S 2010, "Cervical cancer and HIV-infected women: Focus on resource-limited settings", *Medscape*, 12 January, <http://www.medscape.com/viewarticle/714655> - Accessed 25 August 2010.
36. "SOUTH AFRICA: Cervical cancer vaccine offers distant hope" 2010, *PlusNews*, 24 August, <http://www.plusnews.org/report.aspx?ReportID=72809> - Accessed 18 August 2010.
37. South African National AIDS Council (SANAC) 2006, *HIV & AIDS & STI Strategic Plan for South Africa 2007-2011*.
38. South African Department of Health 2010, "Keeping patients in wellness care", <http://www.doh.gov.za/aids/hiv/keeping-in-wellness-care.pdf> - Accessed 1 September 2010.