**Office of the High Commission for Human Rights: Report on Human Rights and HIV & AIDS**

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**Submission on: Report on Human Rights & HIV & AIDS focusing on intensifying implementation of the Political Declaration on HIV & AIDS**

**Introduction**

1. This submission provides an overview on how the implementation of the Political Declaration on HIV & AIDS and children’s right to access educational, health care and psychosocial support services were affected during the COVID – 19 lockdown restrictions in South Africa. The role of Camps Sizanani Life Skills as a civil society organisation is explained. Furthermore, the impact of disruption of health care services due to COVID – 19 lockdown restrictions and the relevant international, regional and national legal and policy frameworks are discussed. The submission is rounded off with recommendations regarding how the Political Declaration on HIV & AIDS can be intensely implemented to prevent the spike in HIV & AIDS infections and teenage pregnancy.

2. Camp Sizanani Life Skills (CSLS) provides a comprehensive life skills programme and activities to orphans, vulnerable children (OVC) and youth living in Johannesburg townships (Alexandra, Freedom Park, Lufhereng, Orange Farm, Kempton Park, Mofolo and Poortjie), which riddled with incapacitating socio – economic challenges such as poverty; high rates of HIV infection, teenage pregnancy, gender based violence and alcohol as well as drug abuse , which are negatively affecting their current and future circumstances.

As part of civil society, CSLS’s inclusive; interactive and sustainable life skills programmes and activities focus on holistic STI, HIV / AIDS, sex and sexuality education (prevention of teenage pregnancy and promotion of contraception use); lessons about rights and responsibilities, issues on sexual consent and safe sex negotiation; understanding the meanings and roles of socio – economic gender norms as well as lessons regarding constructive coping mechanisms of dealing with mental health issues, eating disorders, self-concept issues and gender based violence. These lessons, programmes and activities which are provided during school holiday camps (hosted 3 times a year), Children and Youth Clubs (hosted bi-weekly in 7 communities) and Virtual Youth Clubs (online platforms) are designed to empower OVC and Youth, promote and protect their basic human rights as well as ensuring equal access to good quality, free or affordable educational and health care services where they are treated with the sensitivity and dignity they deserve , so that they can have a safe and meaningful childhood as well as HIV / AIDS free future. Therefore, CSLS undertakes this submission in adherence with its constitutional and legislative mandate.

**The impact of disruption of health care services due to COVID – 19 lockdown restrictions**

3. Since its inception in 2003, CSLS through its empowering, proactive and sustainable life skills programmes, clubs (in person and virtual) as well as residential camps which are facilitated by professional counsellors and well trained volunteers, the organisation has built affirming and credible relationships with its beneficiaries. Through these relationships the CSLS’s beneficiaries regularly and confidently engaged with professionals who provided them with lifesaving educational and health information including psychosocial services regarding access to contraception, dealing with unplanned teenage pregnancy, HIV / AIDS prevention and management, how to correctly report and deal with all forms of abuse, referrals to health care facilities closer to their homes as well as assistance with registering and acquiring of birth certificate or identity documents.

4. However, in March 2020, CSLS’s camps and clubs were severely interrupted by the introduction of COVID – 19 lockdown restrictions which were meant to disrupt the chain of transmission, preventing the spread of the virus and save the lives of South Africans (Department of Cooperative Governance and Traditional Affairs: 2020). Although the South African government’s rationale of COVID – 19 lockdown restrictions meant well and CSLS supported it, but it negatively impacted CSLS’s beneficiaries. They could not regularly engage with their counsellors face to face or virtually as most of them lacked either mobile phones, data or airtime to reach out to them while others could not access other health care services such family planning or HIV / AIDS counselling, testing and treatment management services due to lack of health care workers at their local health care facilities.

The disruption of HIV / AIDS management services is noted by Doward, Khubone, Gate, Ngobese, Sookrajh, Mkhize, Jeava, Bottomley, Lewis, Baisley, Buttler, Gxagxisa and Garrett (2021:e162) who assert that the COVID-19 lockdown regulations affected rural clinics less than clinics in urban areas where the lockdown restrictions were heavily enforced and they also indicated that in South African, 28000 HIV / AIDS community health – care workers were diverted from HIV / AIDS outreach to COVID-19 symptoms screening which led to fewer referrals to clinic for HIV testing. Doward et al. (2021: e163) views about how COVID-19 lockdown regulations affected access to other health care services links with The United Nations Children Fund 2021 press release / report (2021) which asserts that many countries saw a significant disruption in HIV services due to COVID-19 in early 2020. The reports / press releases further states that lockdown contributed to increased infection rates due to spike in gender – based violence, limited access to follow up care, that sub – Saharan Africa accounted for 89 per cent of new HIV paediatric infections and 88 per cent of children and adolescent living with HIV worldwide, with adolescent girls six times more likely to be infected with HIV than boys.

Furthermore, these disruptions in health care services due to lockdown restrictions affected access to birth control services and inadvertently contributed to a spike of teenage pregnancy as Jonas (2021) stated that during 2020, 22 per cent of the respondents in their research indicated that they were unable to get the contraceptives they needed while 21 per cent reported challenges of getting condoms because of COVID-19 and lockdown restrictions.

5. Although CSLS concede that lockdown restrictions were necessary when the country and world at large was in a state of disaster, however the disruptions of critical health care and psychosocial support services provided by CSLS and health care facilities as indicated above without any mitigating services that could have prevented the spike in both HIV infections and teenage pregnancy compromised the CSLS’s beneficiaries basic human rights. These are the beneficiaries who could have benefited from having a safe place where they could go and received the necessary life skills programmes and psychosocial support they needed during lockdown.

**Relevant international, regional and national legal and policy framework**

6. Children’s rights, voices and views must be protected, promoted and respected in matters concerning their holistic wellbeing even during a state of disaster. This section will provide an overview of the international, regional and national legal and policy frameworks which must be upheld as they are meant to promote and protect children’s rights to access education, health care and psychosocial support services that could have helped to prevent the spike of teenage pregnancy and HIV infections especially among adolescents.

**The Constitution of the Republic of South Africa (Act 108 of 1996):**

* (Section 27) Health care, food, water and social security: Children should have a right to access to health care services, including reproductive health care;
* (Section 28) (1) (c) Children should have a right to basic nutrition, shelter, basic health care services and social services; (d) They must be protected from maltreatment, neglect, abuse or degradation; (2) Their best interests are of paramount importance in every matter concerning the them (Constitution, 1996).

**Children's Act (No. 38 of 2005)**

* **Child participation:**
* (Section 10) Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration.
* **Information on health care:**
* (Section 13) (1) Every child has the right to (a) have access to information on health promotion and the prevention and treatment of ill-health and disease, sexuality and reproduction; (b) have access to information regarding his or her health status; (c) have access to information regarding the causes and treatment of his or her; (4) confidentiality regarding his or her health status and the health status of a parent, care-giver or family member, except when maintaining such confidentiality is not in the best interests of the child (Children’s Act 2005).

**African Charter on Rights Welfare of the Child:**

* **Article 11 – Education**:
* Every child shall have the right to education.
* The education of the child shall be directed to (a) the promotion and development of the child’s personality, talents and mental and physical abilities to their fullest potential; (b) fostering respect for human rights and fundamental freedoms with particular reference to those set out in the provisions of various African instruments on human and peoples’ rights and international human rights declarations and convention; (h) to the promotion of the child’s understanding of primary health care.
* **Article 14 – Health and health services:**
* 2 (b) to ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (i) to ensure the meaningful participation of non-governmental organizations, local communities and the beneficiary population in the planning and management of basic service programme for children; (African Union, 1990).

7. The disruption of educational, health care and psychosocial support services such as CSLS’s psychosocial clubs and camps, family planning clinics as well as HIV/AIDS prevention and management services which resulted in a spike of teenage pregnancy and HIV infection as a result of COVID-19 lockdown cannot be seen only as a disruption in the implementation of Political Declaration on HIV & AIDS. Furthermore, these disruptions have also caused a major setback of achieving the 2030 **# SDG3** which is aimed at ensuring healthy lives and promotion of wellbeing for all, at all ages as well as **#SGD 4** which is aimed at ensuring inclusive and equitable quality education and promotion of lifelong learning opportunities for all, achieving gender equality and empower women and girls (United Nations Development Programme, 2022 ).

**8. Recommendations**

* The South African government Departments of Basic Education, Health and Social Development must urgently collaborate with civil society organisations like CSLS and design programmes that will track leaners that dropped out of school during the COVID-19 lockdown as a result of being orphaned, poverty (parental unemployment), falling pregnant, engaging in criminal activities as well as using and abusing drugs and alcohol.
* The South African government Departments of Basic Education, Health and Social Development must urgently collaborate with civil society organisation like CSLS and design compulsory programmes that will keep learners that dropped out of school in school.
* Department of Basic Education must hire school Social workers and Nurses that will be based in schools to facilitate sex and sexuality education as well as to promote the use of contraceptive and be authorised to dispense contraceptives.
* The Departments of Basic Education and High Education must provide current, evidence based and continuous sensitivity and diversity training for Educators as they will be dealing more with learners that experienced unplanned parenthood or chronically sick due to health care disruptions as a result COVID-19 lockdown restrictions.
* The Department of Sports, Art and Culture sponsor civil society organisations like CSLS to host weekly sports, physical educational and cultural programmes as well as school holiday camps or sports tournaments for OVC’s.

**Conclusion**

9. Although the intension to impose the lockdown restrictions was a noble one, however the disruptions of health care services without any interim plan especially for vulnerable populations like children and youth has infringed their basic human rights of accessing education, health care and psychosocial support services and has resulted in a potentially irreversible damage to their future as many might have dropped out of school due pregnancy, being too sick due to lack of opportunity to collect their HIV medication on time or not having regular access to food. Urgent collaboration between various government departments, private sector, civil society organisations need to design and implement inclusive, good quality and sustainable psychosocial support programmes for schools and communities to counteract the disruptions in accessing education and health care services, to assist in intensifying the implementation of Political Declaration on HIV & AIDS and most important help to achieve the 2030 Sustainable Development Goals in order to ensure that the children have an AIDS free future.