SANPUD
South African Network of People Who Use Drugs

sweat
Sex Workers Education & Advocacy Taskforce

Sisonke
National sex workers movement in South Africa

GENDER DYNAMIX

triangle project

RESEARCH AND ADVOCACY BRIEF

Key Population experiences with health care in Cape Town: The Impact of the US Administration funding cuts in 2025

MAIN FINDINGS OF RESEARCH

- Our rapid survey with Key Population members in Cape Town found that 37% (102/278) of respondents reported not being on their medication such as ART, PrEP or HRT in August 2025.
  - Such medication disruptions could lead to illness, an increased risk of HIV acquisition or alternatively HIV transmission, and to increased morbidity.
- It is heartening that a quarter of people who reported attending government health care had a “good experience” – particularly at a time when the public health system is under extreme strain.
- However, a third of people who attended government health services experienced referral issues and another third reported leaving the clinic because of long waiting time.
- The case studies and the survey data on disrespectful staff attitudes, confidentiality concerns, and the insistence on identity documents and referral letters - particularly in view that some clients could not access referral letters from closed down health NGOs - point towards the need for sensitization, education and support of public sector health care workers.

Context: Key Populations and Health care services

Key Populations - Sex Workers, Men who have sex with Men, Transgender people and people who use drugs - have experienced persistent challenges with accessing health care. Research has documented problems some members of Key Population groups experience with health care services:

- poor treatment and discrimination by health care workers
- having to pay bribes to obtain services or treatment
- being humiliated by health care workers; and,
- the breaching of confidentiality.[1]

Research has also shown that health care services targeting sex workers, for example, which have flexible hours, employ non-judgmental staff who offer a confidential service, and include outreach have been shown to be successful in reducing the incidence of HIV and STIs amongst sex workers.[2] The same holds for members of other Key Populations and tailored health services.

In line with this evidence, PEPFAR (under the US Department of State, is the coordinating body for the disbursement of funds to implementing agencies – mainly USAID and CDC) and other foreign assistance have supported the SA health sector in setting up specialised services for Key Populations. It has resulted in far-reaching positive effects on individual and public health.

Context: US Administration funding cuts

On 20 January 2025, the Trump Administration paused all foreign assistance and eventually terminated 40 USAID-funded health projects in South Africa which led to the retrenchment of over 8000 PEPFAR funded staff members. The Ivan Toms Centre for Health and the WRHI Transgender and Sex Worker clinics in Cape Town were closed.

Early predictions about the impact of these funding cuts are grim – an expected 600 000 additional deaths in the next ten years– and Key Populations may be at the coal face of those impacts.[3] Another modelling study warns that "key populations could potentially become even more marginalised".[4]

In the Western Cape, the financial loss has been around R360 million, and 10 NGOs and 700 jobs have been impacted.

Context: Reports to Key Population NGOs

From January 2025 onwards, Cape Town Key Population NGOs received reports from clients about a range of problems in accessing health care following the closure of the Ivan Toms Centre for Health (Greenpoint), the Wits RHI Transgender Clinic (Belville) and the Wits RHI Sex worker clinic.

Five organisations – the Sex worker Education and Advocacy Taskforce (SWEAT), the South African Network of People Who Use Drugs (SANPUD), the Triangle Project, GenderDynamix and Sisonke Sex Worker Movement – formed the 'Cape Town Key Populations Collective' and commissioned a rapid research project to provide insight into the experiences of Key Populations trying to access health care following the closure of the Key Population-specific clinics in Cape Town. The research project was crowdfunded, and support was also received from MSF.

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UNAIDS 2025 "Survey on the Global AIDS Strategy 2026 - 2031: Summary of survey results" 24–26 June 2025 UNAIDS/PCB (56)/CRP3
2 Day, S. & Ward, H. 1997. "Sex workers and the control of sexually transmitted disease". *Genitourin Med*, 73, 161-8.
Vuylsteke, B., Das, A., Dallaberta, G. & Laga, M. 2009. "Preventing HIV among sex workers". In: Mayer, K. & Pizer, H. (eds.) *HIV Prevention: A Comprehensive Approach*. London: Academic Press.
3 Grimsrud A, Wilkinson L, Raphael Y, Tshabalala S, Moses AK, Hassan F, et al. Securing our HIV response: The PEPFAR crisis in South Africa. *S Afr Med J* [Internet]. 2025 Apr.1:e3216.
4 Ten Brink, Debra et al "Impact of an international HIV funding crisis on HIV infections and mortality in low-income and middle-income countries: a modelling study" *The Lancet* HIV, Volume 12, Issue 5, e346 - e354

RAPID SURVEY

Research Methodology

A rapid survey with 7 questions was developed and piloted in July 2025. It included an informed consent process and could be self-administered online. Fieldworkers with experience as Key Population peer educators were also employed to administer the survey face-to-face with Key Populations within the City of Cape Town. A researcher also conducted in-depth interviews with members of Key Populations and facilitated a Focus Group Discussion with the fieldworkers to obtain more nuanced qualitative insights into people's experiences with health care to complement the survey data.

Rapid Survey feedback

Survey data

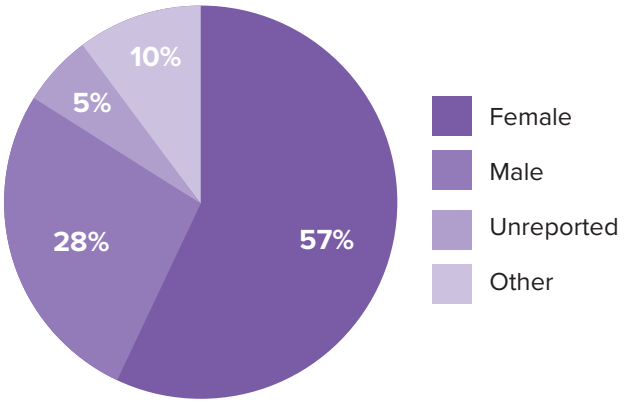
- **317** people completed the survey. Of this number, **278** people had previously attended US supported clinics in the Cape Metro area before they closed as a result of the funding cuts.

Gender

The majority of participants **identified as female 57%,** (159/279),

28% (77/279) **identified as male,**

and **10%** (29/279) **identified as Transgender or Non-binary**



Graph 1: Gender

Self-identification

The following Key Population groups were included in the survey: Sex Workers, Men who have sex with Men, Transgender persons, People who use drugs and Non-South Africans.

- The majority of respondents **identified as sex workers**: **43.7%** (122/278), while over half of all respondents reported **engaging in sex work**: **55%** (153/278).
- Approximately **16%** (46/279) of respondents **identified with at least 2 Key Population groups**.

KP Partner Service Utilization

Nearly half of respondents, **45%** (126/278), reported having **attended the WRHI sex worker clinic**, while a third, **30%** (84/278), reported **attending the Ivan Toms Centre.**

Service Site	Count	Percentage
WRHI Sex Worker Clinic	126	45%
WRHI Mobile	94	34%
Ivan Toms Centre	84	30%
WRHI Trans Clinic	44	16%
Total	**348***	
Sample	278	

* **total is higher because clients could select multiple options**

Current Medication and Access

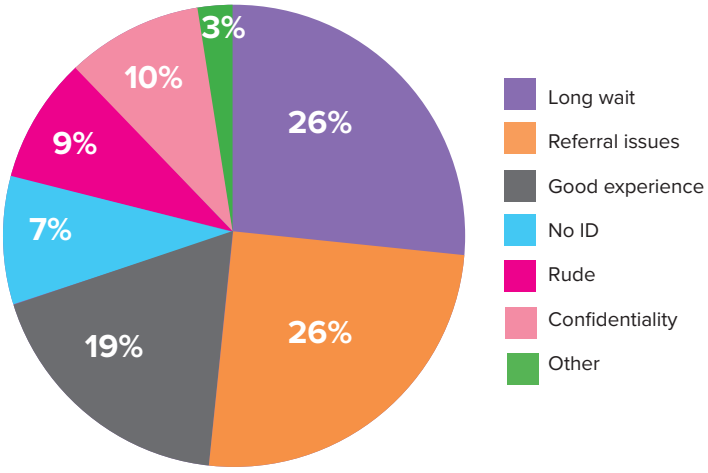
- Overall, the majority of respondents, **54%** (151/278) in the survey reported taking medication started at **WRHI** or **Ivan Toms**.
- More than half of the respondents who shared where they are currently getting medication from, reported accessing medication from a **Government Health Facility** (**53.1%**, or 78/147).
- A third of respondents who reported their current medication source **32.7%**, (48/147) reported accessing medication **privately.**
- Among the respondents currently collecting meds, the majority **85%,** (86/101) were collecting either **ART** or **PrEP** (44 or 42/101).

Private Health Care Access

- Approximately **16%** (45/278) of respondents reported utilizing **private healthcare** following the funding cuts. Nearly half **49%**, (22/45) of these respondents were **Men who have sex with men.**

Government clinic experience

- Out of 278 respondents, 249 clients (89.57%) reported at least one experience in the government clinic.
- Nearly a quarter of clients **24%**, (60/249) reported having had a **good experience** at a government clinic.
- Among those clients reporting a good experience (60), however, about **8%** (5/60) also reported **other service issues** including referral letters, ID, and staff rudeness.
- Over a third of respondents **33%**, (82/249) indicated that they did not stay because the **wait was too long**.
- About a third of respondents **32%**, (80/249) reported that the **staff would not help them without a referral letter.**



Graph 2: Out of 278 respondents, 249 clients (89.57%) reported at least one experience in a government clinic.

Missed Medication:

- Approximately **37%** (102/278) of respondents reported **not being on medication.**
- The majority of respondents who indicated length of time off medication **65.3%,** (64/98) reported **having been off medication for at least two months**.

Open-ended Survey question:

"What can the Dept/Health and others do to make it easier for you to get the health care and medication you need?"

Theme	Value	Percentile
Bringing services closer: Mobile services/house calls / Delivery medication	97	33%
Work through NGO partners	57	19%
Key Populations- / LGBTI-specific clinics or sections	31	11%
Reduce stigma / Increase sensitization of health care workers / Confidentiality at health care facilities	26	9%
Reduce waiting times at clinics	12	4%
Hire more staff	10	3%
Provide HRT / Gender Affirming care	8	3%
Remove migrant access issues	7	2%
Easier booking and appointments	6	2%
Provide PrEP	5	2%

"I was not comfortable with their questions regarding my work, and their long queues. I never went back again."

"I was not helped at the government clinic because I didn't have a referral letter and some of them knew that [I] am a sex worker."

"I cannot afford the private sector as I am not working currently. It's really sad because it's like I'm losing my mind."

"Please we need help in stocking the medication back at WRHI Trans clinic, because if we start running out it's complicated and stressful. I can't stop taking my HRT, my beard, chest, muscles, have already started growing, so if I stop, it will affect me. And at WRHI Trans clinic they understand us and they are quick to serve us. The doctors online and the nurses there - all the workers there - are friendly. Starting from the Reception all of them. Please help us!!!"

"They were rude to me in the clinic and couldn't help me so I'm 3 months without medication."

Limitations

- The survey is not generalisable to all Key Populations in Cape Town. Survey participants were likely positively self-selected and are unlikely to reflect the experiences of the 4000+ individuals from Key Population groups who were former clients of the Ivan Toms and WRHI clinics.

CASE STUDIES

Case Study 1

When Matthew* was first diagnosed with HIV in 2013, he says that he "found it very difficult to accept. That was very traumatic for me." He was so devastated by the diagnosis that he even contemplated committing suicide. Luckily he was referred by a friend to the Ivan Toms clinic, which "changed everything completely because that organization was so welcoming. They didn't just provide me with treatment, they didn't just treat me physically, but they helped me, supported me emotionally as well. I was actually seen by a doctor who explained everything to me. I could ask any questions, and he answered them. He explained everything to me so that I could understand exactly how the medication works, and how CD4 counts work, and how your viral load works. All of that made me feel okay, I'm in control now." The feeling of control came through the provision of "holistic care" at Ivan Toms clinic, where Matthew was able to receive not only anti-retroviral treatment but also medication to treat his depression.

Matthew also valued the community, sensitized support and confidential space offered by Ivan Toms clinic. He said that the doctors, nurses and even the receptionists were kind and considerate towards gay men like him. As he reflected, "**Everyone at Ivan Toms clinic knew me. It was like a family. People chat to each other in the waiting room. It was a nice, supportive environment**." He could also easily access his ART and would typically only have to wait an hour on the days when he needed to pick up more medication.

When Ivan Toms clinic closed at the beginning of 2025, Matthew tried to call to get more information like a referral letter, but he wasn't able to get in touch with any of the Centre's staff. He was incredibly stressed because he didn't know where he was going to be able to access his ARVs. Through a network of friends and colleagues, he was told to go to Chapel Street Clinic in Woodstock. When he arrived at 9am, however, "there were two very aggressive security guards within a closed security gate, and they were not allowing anyone in." Matthew managed to talk his way in, although he saw many others who were turned away. "Then the next step was the receptionist. So now I was interrogated by the receptionist." He felt very uncomfortable because he was asked to disclose his HIV status in a public space, where many others could hear. After several hours of waiting, a nurse met with Matthew to conduct a full clinical intake process. **After this intake was finished, however, the nurse said that she couldn't proceed without a referral letter. By 4 pm that day, after waiting all day to be helped, Matthew had to leave without ARVs: "I spent the whole day there, and nothing to show for it."**

After this negative experience at Chapel Street, Matthew still needed to find a new clinic where he could get his ARVs. He heard that other clients from Ivan Toms clinic were going to Green Point Clinic and that the files from Ivan Toms clinic had been transferred there. He was told, "I had to be there at eight o'clock in the morning because they only take 10 Ivan Toms clinic patients per day, and if I don't get there early enough, I won't be helped." When he arrived at Green Point Clinic one morning in May 2025, Matthew yet again encountered "aggressive security guards."

*pseudonym

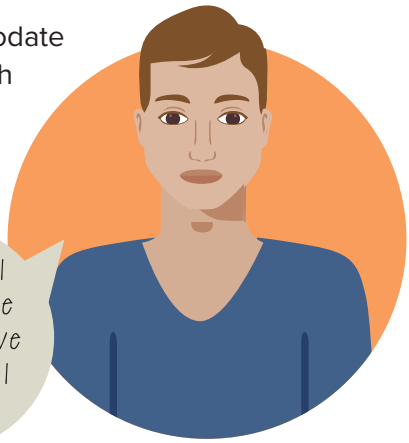
Once he was able to get inside, Matthew waited "for a very long time. I was there before 8 in the morning and I waited forever. And then eventually I was called. No one explains anything to you. No one asks you any questions. Nothing. You just get pushed and pulled around like a piece of meat or an animal in a farmyard." After going through the clinical intake process, Matthew met with a nurse who told him that they had not received any files from Ivan Toms clinic, so his entire medical history would need to be documented before he could receive medication.

Once Matthew was sent to the pharmacy after completing this medical history, however, he was shocked by the poor treatment of the pharmacist who, according to Matthew, "started shouting at us. He went on and on about their big patient load and how busy they are and how unfair this was." Matthew was uncomfortable and confused by this tirade but eventually collected his medication and left, after spending multiple hours at Green Point Clinic.

Although Matthew had not had the most positive experience at Green Point Clinic in May, he returned again two months later to collect his ARVs. Instead of simply waiting at the pharmacy, however, Matthew had to go through the clinical intake process all over again. Apparently, Matthew's file from his previous visit had been lost. As a result, Matthew had to wait all day at Green Point Clinic again, answering the same questions and acquiescing to the same medical tests as before.

After this hours-long process was completed all over again, Matthew went to the pharmacy where the pharmacy manager yet again shouted at waiting patients. After the shouting had subsided, "**I waited there for ages, and I left with my three months supply. Now I have to go back in three months, and I don't know what is going to happen this time, because I think anything is possible. I think the point of the story, though, is if I was a homeless black sex worker, I would have given up on the first day, and no one would have listened to me, and I would have just gone, and I would have been out of the system**."

Matthew was fortunate because his work was flexible enough to accommodate the three full work days when he needed to wait in the clinics, even though he had initially only planned to take the mornings off. He is quite anxious about returning to Green Point Clinic, concerned that he will need to take another day off in case something goes wrong again. What used to be a fairly straightforward and supportive process of accessing ARVs to manage his chronic illness has now become an incredibly stressful experience that negatively impacts both his physical and emotional health.



Case Study 2

Andile* has sex with men. He is an HIV counsellor who connected with the WRHI mobile clinic four years ago when he started taking PrEP. Andile liked the WRHI clinic because they would send a text when he needed to refill his medications. He could also get in touch with the mobile clinic to find out which areas they visited on any given day. If the mobile clinic wasn't in an accessible area when Andile needed to collect his medication, he could go to the main WRHI clinic in Bellville to collect his PrEP. Through his work as an HIV counsellor, he also referred a lot of his clients to the WRHI clinic: "**It was easier to get your medication, because they [WRHI] were visible in our areas, and also the time, because even if you ask when they're on duty, then you go there, you will know that you will spend an hour or less" getting your medication**. Andile felt that the staff at the clinic were kind and sensitive, and the accessibility of the clinic ensured that marginalized communities without a lot of time and money were able to quickly and easily receive medical treatment.

Andile found out that the WRHI mobile clinic was closing through a post on social media. The post informed clients that they needed to go to the clinic as soon as possible to collect three months' worth of medication and receive a referral letter. Thankfully, Andile was able to visit the clinic the day after he saw the post, but he had many friends and clients who were not able to go to the clinic before it closed. **These people were left without medication and did not know how they would be able to obtain a referral letter.**

Andile found out later through his work that the files from the WRHI clinic would be transferred to Reed Street Clinic in Bellville. But the WRHI mobile clinic previously served clients throughout the Cape Flats, so Bellville was not easily accessible to the numerous patients who took advantage of the WRHI mobile clinic. After the clinic closed, Andile has also struggled to refer his trans clients to alternative clinical spaces where they can receive hormone replacement therapy (HRT) they previously received through the WRHI Trans Clinic.

Andile was told that he should go to the Langa Clinic, as this was the closest government clinic in his area. **But he is concerned about the kinds of stigma and judgement he will receive in Langa. When he has gone to government clinics in the past, nurses and doctors have asked sensitive questions in public places which have made him uncomfortable and violated his right to privacy and confidentiality. He says that there is still a lot of stigma around HIV in township communities: "people will say that you are 'sleeping around' and call you these names if they find out you have HIV," or are taking medication like PrEP. He is also nervous about the long wait times at Langa Clinic—people typically have to wait from 8 am in the morning until 3 or 4 pm in the afternoon to collect their medications. He is worried about taking too many days off of work to wait for his medication.** He has considered going to get his medication at a private pharmacy, but he doesn't think that he has enough money to cover the costs. He would prefer to go to a clinic outside of Langa, but he's afraid that he will be sent away if he doesn't live in the area and he doesn't have a lot of money to cover transportation costs.

*pseudonym

ADVOCACY ASKS

The "Cape Town Key Population Collective" recommendations to National, Provincial and Municipal-level departments of health**:

1. Safeguarding Continuity of Services for Key Populations

a.) Retain and re-engage clients lost to follow-up through support to specialist NGOs, working in partnership with health facilities where clients have been referred. Some of the Department's earmarked budget should be directed toward resourcing these organisations for this work.

b.) Develop clear mechanisms for transition to ensure that tailored HIV services for Key Populations are integrated into sensitised Department of Health facilities. This process should be guided by the experience of NGO service providers and Key Population community-led networks.

c.) Build a sustainable service delivery model for facility- and community-based Key Population services, drawing on over two decades of lessons from PEPFAR, including the value of mobile clinic services and peer navigation.

d.) Prioritise access in rural areas and for younger sex workers, who are particularly vulnerable to being overlooked when services are centralised.

2. Strengthening Sensitisation and Clinical Competence

a.) Provide ongoing training for Department of Health staff at Key Population Centres of Excellence in high-density, high-burden districts, ensuring that staff retain the clinical competence and sensitivity previously supported through US government funding.

3. Partnering with Key Population NGOs for Whole-Clinic Approaches

a) Ensure that Key Population NGOs are financially resourced and engaged to support the rollout of sensitisation training in all health facilities.

b) Adopt a whole-clinic approach that extends beyond clinicians to include clinic managers, reception staff, security guards, porters, and other auxiliary staff, ensuring safe and welcoming environments for all Key Populations.

** As articulated by representatives of the "Cape Town Key Population Collective" in a meeting with the Western Cape Dept of Health: Civil Society Forum Coordinating Committee on 25 Aug 2025.

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