MARCH 2017

ANNUAL PROGRESS REPORT 2015/16

PROVINCIAL STRATEGIC PLAN 2012-2016

EASTERN CAPE PROVINCAL AIDS COUNCIL

ACRONYMS AND ABBREVIATIONS

ANS	Antenatal Survey
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
BCM	Buffalo city metro bay
DR- TB	Drug-resistant Tuberculosis
FET	Further Education and Training
FY	Financial Year
GBV	Gender based violence
HCT	HIV Counselling and Testing
HIV	Human immunodeficiency virus
HSRC	Human Sciences Research Council
IPC	Infection Prevention Control
IPT	Isoniazid prophylactic therapy
MDG	Millennium Development Goal
MDR- TB	Multidrug- resistant Tuberculosis
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
MSM	Men who have sex with men
MTCT	Mother to child transmission
NMB	Nelson Mandela Bay
NGO	NON-Governmental Organisation
NSP	National Strategic Plan
O.R Tambo	Oliver Reginald Tambo
OVC	Orphaned and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PLHIV	People living with HIV
PMTCT	Prevention of Mother –to-Child Transmission
PrEP	Pre- Exposure Prophylaxis
PSP	Provincial Strategic Plan
SA	South Africa
SANAC	South African National AIDS Council
SAPS	South African Police Service
STI	Sexually Transmitted Infection
TAC	Treatment Action Campaign

TB	Tuberculosis
XDR-TB	Extensively drug-resistant Tuberculosis
WHO	World Health Organisation

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3. EXECUTIVE SUMMARY

The Eastern Cape Province has the 3rd largest population in South Africa with a HIV prevalence of 12.1% and an estimated HIV population of 772 491 from the Thembisa model 2016. Currently, the province is estimated to be contributing approximately 16% of the country's new HIV infections.

This report provides a summary of the progress achieved by the Eastern Cape (EC) Province in implementing the Provincial Strategic Plan (PSP) 2012-2016. The main emphasis of the report will be on strategic goals and objectives of the PSP.

Goal One of the PSP 2012 – 2016 refers to the reduction of new infections by 50%. According to the Thembisa Model Estimates 2016, a reduction of new HIV infections in 2015/2016 was estimated at 1.2%. The EC Province managed to reduce incidence by 11% in the general population.

In support of incidence decreasing, the Provincial HIV Prevalence is stabilizing. Cohort age 15-24years are reporting an average prevalence of 7% while an increase of a 2% in the cohort age 15 – 49 years indicating that people are living longer in this age cohort.

Goal Two refers to initiating 80% of eligible clients onto treatment. When this goal was crafted in 2012 the ART guidelines where still on 350 CD4 count initiation. In the middle of the implementation of the PSP the CD4 count initiation was changed to 500 while by the end of 2016, the universal test and treat policy was introduced. This report is cognizant of these changes in the guidelines, though it remains confined to the 500 CD4 count initiation. During the current reporting period, the province had a total of 310 166 people on treatment. This is almost half of HIV positive population in the province. This implies that the target for the number of people on treatment was met, during the period under review. A total of 86 589 clients were initiated on treatment, indicating an increase of 16 872 from the previous year. The initiation on ART rate for Ante Natal Clinic (ANC) at 90% is a proxy for measuring this goal. This implies that The EC Province achieved its goal the initiation on ART rate.

Goal Three refers to the reduction of new TB infections and mortality by 50%. A reduction in new TB cases and TB deaths was observed for the year 2015/2016. TB incidence was at 457 cases per 100 000 in 2015/2016, compared to 792.3 cases per 100,000 in 2014/15. The TB mortality rate reported for the year 2015/2016 at 5.2%, compared to 6.2% in 2014/2015. The mortality rate target at 5% which means the province was 0.2% away from achieving this target.

Goal four refers to ensuring an enabling legal framework that protects and promotes human rights. The province did not do much on Goal 4, besides advocating for the protection of human rights. The Province also focused on the elimination of stigma related incidence. A stigma reduction programme was piloted in the O.R. Tambo District and the province intended to roll it out to other districts. This pilot was influenced by the 2011 Stigma Index study that was carried out in this district. A second stigma index was also conducted in the O.R. Tambo District and Buffalo City Municipality. The results of the study indicate a slight decline of different types of stigma in the province compared to the 2011 stigma index.

Linked to the goals of the PSP are the strategic objectives. The first strategic objective (SO) focuses on the drivers of the HIV/AIDS epidemic in the EC province. The major highlight of SO 1 was evident through

the performance of government departments and municipalities, which all had HIV workplace plans for employees. It should be noted that there was a challenge in the learner school dropout rate during the current reporting period. According to the Education Management Information Systems EMIS 2015 report which was released in 2016 only 30.33% of learners wrote the 2015 matric examinations from the 2004 enrolment cohort.

Strategic Objective Two refers to the prevention of new HIV, TB and STI infections. The province successfully achieved the targets for the following interventions: HIV Counselling and Testing (HCT), Condom distribution and TB screening albeit not 100% for TB. The multi sector efforts particularly the Higher Education and Training HIV/AIDS HEAIDS programme in universities, the auto sector in business and the farming sector can be some the reasons attributed to the progress in achieving objective two. It should be noted that the province did not have current data for other indicators under objective two since the data can only be obtained through surveys which are conducted periodically.

Strategic Objective Three refers to sustaining health and wellness in the general population. The 80% target of initiating eligible people ART was met. The province was able to achieve its TB outcomes in terms of the treatment rate, death rate and the number of people with TB who were tested for HIV.

Strategic Objective Four focuses on ensuring protection of human rights and improving access to justice. The findings of the two stigma index studies conducted in 2012 and 2014 prompted the province to develop a stigma reduction programme. It was found that stigma had not reduced much since 2012 to 2014 in the O.R. Tambo district. A stigma reduction programme was developed and piloted with support from SANAC and GIZ in the O.R. Tambo district.

The general observation was that provincial health-related indicators were consistently tracked and reported as opposed to indicators on structural and social drivers.

INTRODUCTION

OVERVIEW

The current report presents the findings of data, estimates and observations on the implementation of the EC PSP for the period 1 April 2015 to 31 March 2016. The strategic objectives are reported against specific data elements and indicators.
The report starts by assessing the five goals of the NSP / PSP and proceeds to assessing the four strategic objectives. An overview of the provincial monitoring and evaluation systems is also outlined, as well as the challenges experienced in the implementation of it. Remedial actions for the challenges are also recommended. The main findings on the strategic objectives are presented as well as the challenges and gaps identified. The report is concluded with recommendations that are based on the main findings.
The focus of this report is as follows: to assess the PSP progress against the five main goals and its strategic objectives; to assesses the progress of the implementation of the PSP and how to strengthen the monitoring and evaluation of the PSP as well as to reflect on the gaps and challenges faced in achieving the strategic objectives.

BACKGROUND TO THE PROVINCIAL STRATEGIC PLAN (PSP) 2012 – 2016

The Eastern Cape Provincial Strategic Plan on HIV, TB and STI's (PSP) 2012- 2016 is a comprehensive strategy for the Province. The PSP is aligned to the National Strategic Plan (NSP) for HIV, TB and STI's 2012- 2016. A consultative process was followed to develop the provincial plan for the HIV, TB and STI's response. In 2012 the Eastern Cape Province spearheaded by the Eastern Cape AIDS Council adopted the Provincial Strategic Plan for HIV, TB and STI's 2012-2016. The strategy was preceded by two significant processes, one the five-year review of the 2007-2011 strategic plan for HIV and STI's. Secondly, a document called know your epidemic was released indicating the main drivers of the HIV/AIDS epidemic, a first in South Africa. These two documents became the basis for the development of the new PSP goals.
The EC PSP was launched on June 2012 following the launch of the NSP on 1 December 2011. The goals and objectives of the PSP (2012-2016) are adopted from the National Strategic Plan (NSP).

The Five Goals are:

- Reduce HIV incidence in the Eastern Cape by 50% (from 1.14% to 0.74%).
- Reduce TB and STI incidence by 50% and STI incidence by 50%.
- Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation.
- Reduce the number of new TB infections, as well as the number of TB deaths by 50% (from 62 865 in 2010 to 31443 in 2016).
- Reduce self-reported stigma related to HIV and TB by at least 50% from the baseline study in 2012.

The Four key strategic objectives of the PSP are as follows;

- Address social, economic and structural drivers leading to HIV infection and measurably reduce stigma and discrimination.
- Reduce the rate of new HIV & TB infections using combination prevention methods and a multi-sectorial approach.
- Sustain health and wellness ensuring physically and mentally healthy communities.
- Protect human rights and end all unlawful discrimination and inequality.

[1]Thembisa Model
[2]https://www.statssa.gov.za/publications/P0302/P03022016
[3]Eastern Cape Provincial Strategic Plan 2012-2016/

[4] DHIS/Provincial Department of Health, Annual Report, 2015/2016

[5]STATS SA Mid-Year Population, 2016

[6]National Department of Health, Annual Report, 2015/2016

[7]https://en.wikipedia.org/wiki/HIV/AIDS_in_South_Africa

[8]ASSA2008

4. ASSESSMENT OF PSP PROGRESS AGAINST THE FIVE MAIN GOALS OF THE NSP

Goal 1 – Reducing new HIV infections by at least 50% using combination prevention approaches

a) Provincial HIV Prevalence

HIV prevalence was stabilizing in the EC Province during the reporting period. The Thembisa model 2016 estimates that HIV prevalence was at 12.1% for the general population. According to the Thembisa model 2016 it was estimated that 772,491 people were living with HIV in the Eastern Cape Province, during the period under review. The Thembisa model 2016 also estimates that HIV prevalence in the age cohort 15-49 year for the year 2016 was 19.6%[1]; reflecting a 0.3% increase from 2014. Prevalence is steadily stabilizing around 19% in the age cohort 15-49 and 12% in the general population. In terms of monitoring HIV prevalence, the main focus of the province was to ensure that life expectancy increased while deaths decreased. Life expectancy increased according to Spectrum 2015 estimates which confirmed that approximately 6000 less people died in 2015.

HIV prevalence for the general population was at 11.9% in 2015 as indicated in the Table 5.1below.

Table 5.1: HIV Prevalence in the different Age cohorts in the EC (Thembisa Model)

Age Groups(years)	2012	2013	2014	2015	2016
Below 15 years	2.7%	2.6%	2.5%	2.4%	2.3%
15-24	7.5%	7.3%	7.1%	7.2%	7.2%
15-49	18.5%	18.8%	19.1%	19.4%	19.6%
Total HIV Prevalence In the general populations	11.2%	11.4%	11.7%	11.9%	12.1%

b) Provincial HIV Incidence

The main priority of the province in the current PSP was to reduce infections by 50%. The EC province managed to reduce incidence by 17% in the general population from 1.35% to 1.12% from 2012 to 2016 according to the Thembisa model 2016. It is unlikely that the province will meet the 50% target by the end of the PSP term. In Four years it is estimated that incidence only reduce by 17% therefore it is unlikely to reduce incidence further by 23% in one year.

Table 5.2: HIV incidence in the different Age cohorts in the EC (Thembisa Model)

Age Groups(years)	2012	2013	2014	2015	2016
15-24	1.64%	1.59%	1.56%	1.53%	1.46%
15-49	1.35%	1.28%	1.24%	1.20%	1.12%

Goal 2 - Initiating at least 80% of eligible patients on ART, with 70% alive and on treatment five years after initiation

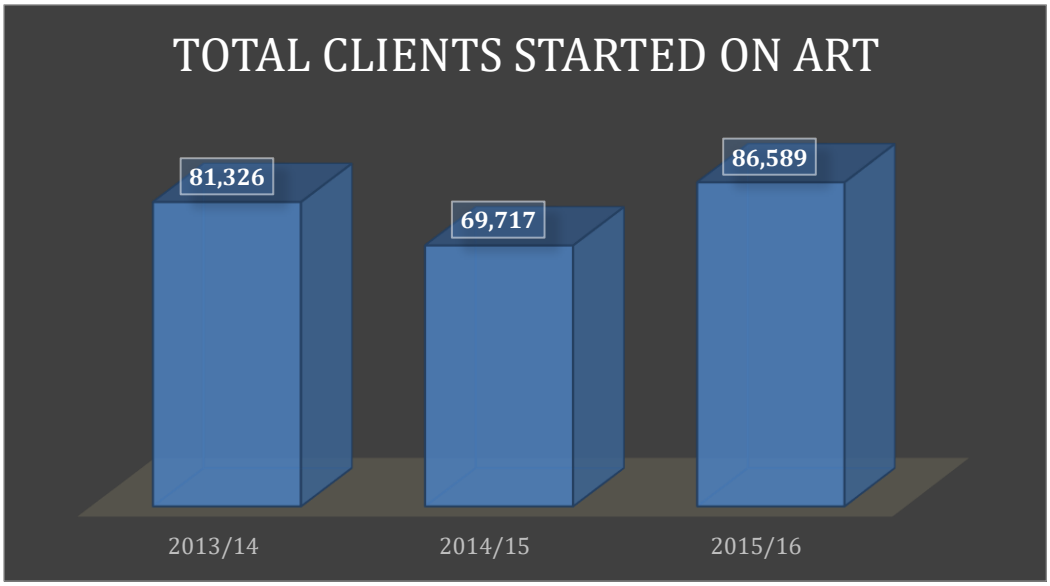
a) ART Coverage and ART Treatment

According to District Health Information System DHIS as at 31 March 2016, 361,166 people in the public sector were reported to be remaining in Care. It is estimated that 47% of the HIV population was receiving ART treatment in the public health sector. For the year 2015/2016, 86 589 clients were initiated on treatment, reflecting an increase compared to 69 717 in the 2014/2015 year.

Figure 5.2 below illustrates the trends for ART initiation for three years.

ANC data indicate that 90% of ANC eligible clients were initiated on treatment, implying that the province successfully achieved this goal during the reporting period.

Figure 5.2: Number of Clients initiated on ART



Retention in care in the public sector was at 78% during quarter two of 2015 up to quarter two of 2016, (DHIS Cohort data of 7 December 2016.) The target for Retention in Care after twelve months of receiving ART is 70%. The province is therefore on target with regards to this goal.

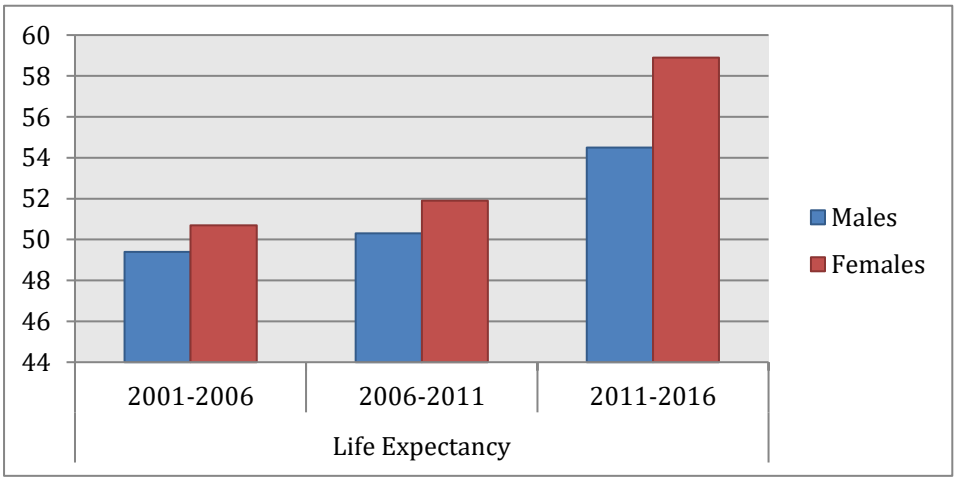
d) Virological Outcomes

According to the DHIS Cohort data (December 2016), Viral Load suppression after 12 months of treatment initiation was at 83.3%. According to the UNIADS 90-90-90 strategy; the province was expected to be at 90% and during the current reporting period the province was 6.7% away from achieving the 90% viral load suppression and meeting the target. There were a number of radio public engagements on the issue of viral suppression and the trainings done by the EC DoH for the PLHIV sector. The Non-Governmental Organizations (NGOs) working with both EC DoH and the PLHIV sector were involved in the establishment of adherence clubs. This can be attributed as of the main reasons for this success.

E) Impact of ART

According to the 2016 mid-year StatsSA population estimates, life expectancy increased from 50.3 years to 54.5 years for males and 51.9 to 58.9 for women between the periods 2001 to 2016 as reflected in the Figure 5.2 below. Therefore, the general population life expectancy increased from 51.1 years in 2001 to 56.7 years in 2016. An increase of 5.6% indicates that ART has a positive effect in prolonging people's lives. Figure 5.2 below reflects the life expectancy trends.

Figure 5.3: Impact Indicators



Goal 3 – Reducing the number of new TB infections, as well as the number of TB deaths by 50%

According to the EC DoH annual report 2015/2016 TB death rate decreased from 6.2% in 2014/2015 to 5.2% in 2015/2016. The PSP target is set at 5%, resulting in the province being 0.2% away from the target.

During the period under review, the province was also the second highest in TB infections and was leading in certain strands of TB namely MDR and XDR.

a) TB prevalence decreased from 7.7% in 2014/2015 to 6.5% in 2015/2016 which reflects a decrease of 1.2%. Provincial TB Incidence decreased from 792 diagnosed cases per 100 000 in 2014/2015 to 457 cases per 100 000. In 2015/2016. This implies that TB incidence decreased by 335 cases per 100 000.

b) Provincial TB Mortality

TB death rate baseline for 2014/2015 was 6.2% with an annual target for 2015/2016 being 5.8%. The EC Province managed to reduce TB deaths to 5.2% therefore reducing TB deaths by 1%, meaning that 465 deaths were averted from a TB population of 46 523 (ETR.Net Q1 – Q4 of 2015).

Goal 4 - Ensuring an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP

South Africa's legal framework is sufficient to protect and promote human rights. The country has some of the following frameworks in place: human rights commission, gender commission, employee equity Act, gender desk and constitution which protects all citizens from being unfairly discriminated. South Africa has an enabling framework to support the protection of human rights informed by the constitution, and commissions for gender and human rights. The Eastern Cape AIDS Council promotes all these frameworks within the province.

Goal 5 - Reducing self-reported stigma and discrimination related to HIV and TB by 50%

The province in partnership with SANAC, PLHIV sector and GIZ developed and piloted a stigma reduction programme in O.R. Tambo district municipality in 2014/2015. The programme targeted three municipalities with the O.R Tambo region focusing on the following:

- Self-reported stigma
- Institutionalized stigma (Health facilities, Churches and the Police)
- Community driven stigma

The programme reached out to a number of communities, individuals and institutions in the area. Plans were underway to review the impact of the programme.

A stigma index study was conducted in 2014. In 2011 index the only focus on one district. The 2014 study extended the participation of the province to two districts. It reflected a slight decline from what was reported in 2011.The table below shows a comparison of the results of the two stigma index studies:

Table 5.3: Stigma index study results

ACTIVITY	2012	2014
Social gatherings	10.6%	10%
Family activities	8.9%	8%
Workplace activities	2.9%	5%
Religious activities	5.5%	4%
School/University/activities	2.9%	3%
FEELINGS EXPERIENCED	**2012**	**2014**
Ashamed	26.1%	29%
Guilt	14.2%	28%
Blaming oneself	35.1%	31%
Blaming others	14.9%	19%
Low self-esteem	18.4%	22%
Should be punished	6.0%	11%
Suicidal	9.7%	11%
Being gossiped about	29.8%	31%
Verbal insults	16.6%	16%
Physical harassment	9.5%	9%
Physical assault	7.0%	8%
People did not know how HIV is transmitted	17.4%	26%
Afraid of being infected by HIV positive people	21.2%	18%
Sexual orientation	5.8%	9%

6. ASSESSMENT OF PROGRESS MADE TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

Strategic Objective 1: Social and Structural Drivers of HIV, TB and STI, Prevention, Care and Impact

The first strategic objective focused on the drivers of the HIV/AIDS epidemic in the EC province.

However as per requirement of the report the attention of the report is confined to eight indicators linked to the NSP. Out of the eight indicators the province has improved on six since the baseline in 2012.

The next step is to make sure that government departments now focus their plans to the mainstreaming issues that affect communities. E.g. the department of transport should now start focusing on truck drivers.

The province also showed significant progress on gender based violence (GBV) and sexual crimes. There is need for better coordination since only data from the police was available, despite the fact that numerous community based organisations were working as para legal organizations. Also the programme monitors programmes such as taverns (alcohol abuse) in these areas. This forum has helped to consolidate the government sector response and reporting to the AIDS council giving it a multi-department character. As said above the engagements with government departments is now focusing on mainstreaming of HIV focusing on communities rather than employees. Further investigation will be conducted to understand the main reasons for this problem. More efforts should be given on sexual crimes and gender based violence.

Table 6.1: Strategic Objective 1: Addressing social and structural barriers to HIV, STI and TB prevention, care and impact.

Indicator	Baseline	Target 2016	FY 2015/16 Status	Comment – progress towards target
% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated	4	13	13	All 13 government departments had HIV workplace plans for employees. The private sector also provided HIV services for employees. The business sector had a Strategic Plan responding to HIV and TB. Not all civil society sectors developed plans. The number reported refers to

				government departments.
% municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented	22 000	36 163	26 258	This target was not met albeit a lot of progress made. Also there was a lot of focus for programmes such as HCT on informal settlements.
Provincial Inter-departmental Committee on HIV & TB is functional and meets regularly		100%	100%	The indicator was not included in the PSP but was developed in 2016.
Current school attendance among orphans and among non-orphans aged 10 -14 (UNGASS 12; MDG Indicator)	98% (2008 SABSSM survey)	100%	85% (EMIS, 2015)	School attendance decreased since 2008 by 13% in 2015.
Delivery rates for women under 18-NIDS	10.3	5.1%	9%	Delivery rate decreased by 1.3% since the baseline, however the EC was 3.9% away from reaching its 2016 target.
HIV and TB spend	Not set	Not set	1 587 billion(DOH) 39 951million(DOE)	
Number of women and children reporting gender-based violence (GBV) to the police in the last year	9,183	Not set	8,787 (4%) (Crimestats.SA Report, 2015)	A 4% reduction resulting to 427 less crimes was reported.
Proportion of women who have experienced physical or sexual violence in the last year	Not set	Not set	7,169	The data reported is from DHIS, sexual assault cases which was used as a proxy for this indicator.

Strategic Objective 2: Preventing new HIV, TB and STI infections

During the current reporting period, the Province used the combination prevention approach to prevent new HIV, TB and STIs. The Province achieved its target in terms of taking control of new HIV infections (incidence) but did not achieve targets set for TB. The province overachieved in the distribution of both male and female condoms, one of the reasons being the increase working relationship with the

universities, and Technical, Vocational Education and Training (TVET) colleges and implementing a targeted sector approach.

The HCT campaign

According to the Eastern Cape DoH Annual report 2015/16 the HCT target was overachieved in 2015/16. The province reported 1696 368 test according to Eastern Cape DoH Annual report 2015/16. This could be attributed to the multi-sector participation in this programme, including mainly the auto, farming and higher education sectors. This campaign also improved TB screening. The target for TB screening was met at 93% achievement, as the target is 90%. The province therefore met its HCT and TB screening targets.

Condom Distribution

More distribution outlets have been identified and increase support received by development partners, as well as the intensification of HCT campaigns. Female condom distribution increased to 2 847 661 therefore increasing by 471 111 and male's condoms increased by 702,502, to 111 645 917 according to the EC DoH Annual provincial report 2015/16.

Prevention Campaigns

Since prevention was the main priority of the province in the current PSP many efforts were made. Some of these efforts were the following; a discussion document was developed and presented at council and South African Local Government Organization SALGA; another strategy was the development of a provincial LGBTI strategy, HCT, condom distribution and Young Women's programme. The province is lagging in MMC as it mainly practices tradition circumcision and is thus the prevention strategy using circumcision. Lastly the province ensured that more people were reached with prevention communication messages. The target of 4 million people was surpassed.

Table 6.2: Strategic Objective 2 Indicator: 2015/16 Performance (all data quoted in this is sourced from Eastern Cape DoH Annual report 2015/16)

Indicator	Baseline	Target 2016	FY 2015/16 Achieved	Comment – progress towards target
Number (and percentage) of men and women 15–49 counselled and tested for HIV	1.125,330	1.300, 648	1 696 368	The EC over achieved on HCT.

Number and percentage of people screened for TB	866,677	1,65 mil	93%(109 733)	The target was not met but this still a significant result for the province.
Number of newly diagnosed HIV positive people started on IPT for latent TB infection	53%	85%	90.1% (52 943)	The EC surpassed the target due to the intense effort by EC Do H.
Percentage of men and women aged 15–24 reporting the use of a condom with their sexual partner at last sex	Not set			No current data available
Percentage of young women and men aged 15–24 who had sexual intercourse before age 15 (age at sexual debut)	16.8%(2012 HRSC survey)			
Percentage women and men aged15–49 years who have had sexual intercourse with more than one partner in the last 12 months	14.7% (2012 HRSC survey)			
Male condom distribution	53,000,000	135,000.000	111,702,502	Condom distribution increased since the baseline and the target represents an accumulative for all years since 2012 to 2016. The data reported is for the year under review.
Female condom distribution			2 847 471	
Number of men medically circumcised	No Baseline	500,000	14 198	The EC predominantly practices traditional circumcision therefore will not be able to meet the MMC target.
Number of people reached by prevention communication at least twice a year	4,000. 000	4,000.000	6 000 000	TB and World AIDS day data-Number of people reached.

Strategic Objective 3: Sustaining Health and Wellness

The provincial TB programme improved during the reporting year. The rate of TB cases successfully treated was 83.7%. However, the annual EC DoH target was not aligned to the PSP target. The province over achieved on the DoH target which was 80 % but was 1.3% away from the PSP target which is 85 %. The province was likely to meet this target. The TB death rate reduced significantly by 2.2% and is 0.2% away from reaching the below 5% target according to the Eastern Cape DoH Annual report 2015/16.

Antenatal care (ANC) and Tuberculosis (TB) indicators were used to measure this strategic objectives progress.

Table 6.3: Strategic Objective 3 Indicator: 2015/16 performance

Indicator	Baseline	Target 2016	FY 2015/16 Achieved	Comment – progress towards target
Proportion (%) of people per year becoming eligible who receive ART	58%	80%	90%	The ANC initiation on ART rate was reported and was used as a proxy, as DHIS did not have the indicator: clients eligible for ART.
TB case registration rate				This indicator was not in the PSP and was not reported on in ETR.Net or DHIS. Therefore, could not be reported on.
TB case detection rate	54.8%	70%	98.1%	This indicator refers to all TB cases reported, diagnosed and started on treatment. A significant increase occurred due to intensified efforts by EC DoH.
% smear positive TB cases that are successfully treated	76,2%	85%	83.7%	The EC was 1.3% away from achieving the PSP

				target however it overachievement was noted on the EC DOH annual target of 82%.
TB case death rate (CFR)	7.4%	<5%	5.2%	The TB death rate decreased by 2.2%. The province was 0.2% away from achieving the target.
CFR HIV-positive = CFR HIV-negative	N/A	N/A	N/A	N/A
Number and % of registered TB patients who tested for HIV	79%	90%	91.8%	The province was well on track in testing all registered TB patients for HIV.
Number of all newly registered TB patients who are HIV-positive, expressed as a proportion of all newly registered TB patients	23827 <60.67%	<30%	17.2%	The data reported was the percentage of TB clients who were on ART (TB co-infection). It could not be established how many of the newly diagnosed TB clients are HIV positive.

Strategic Objective 4: Ensuring protection of human rights and improving access to justice

A stigma index study was carried out in the province in the O.R. Tambo district in 2012. This was the first stigma index that was then carried out in the country. The findings of the 2012 index led to another stigma index being conducted in 2014. The 2014 index study was however implemented in all nine provinces and to two districts per province. The 2012 and 2014 findings resulted in the need to develop a stigma reduction programme as it was found that stigma had not reduced much since 2012 to 2014 in the O.R. Tambo district. A stigma reduction programme was developed and piloted in the O.R. Tambo district with support from SANAC and GIZ. The programme was developed and piloted with the intention of expanding it to other provinces. A report and programme was presented to both the ECAC and SANAC in 2016. Funding was being sourced for its expanded roll out.

a) Media communication campaign was developed using the following platforms:
   Community radio stations were utilized as the main platform of spreading information on the rights of People Living with HIV, and those infected with TB and STI.
   Information was provided on the rights of People Living with HIV and to key populations on equality, non-discrimination and access to services through the Eastern Cape AIDS Council ECAC

Facebook and developing IEC material providing information on the impact of stigma and discrimination on the lives of PLWHs at a personal, family and community levels. Information was shared during events, meetings, media and PLWH sessions.

b) Dialogues with community health facilities were conducted
People were educated on their rights and in some facilities complaints boxes were placed allowing people to voice their complaints.

Dialogues that promoted human rights, acceptance and tolerance were introduced and included PLHIV and key affected populations aiming to reduce moral judgement and promoting a sense of community responsibility in reducing the spread of HIV through non-discrimination.
ECAC also distributed 14 complaint boxes to various public health care facilities. Clients utilising public health care facilities were encouraged to utilise the boxes by putting their written complaints into them reducing misconceptions about HIV transmission. People reported human rights complaints and also other general matters which were then solved with the sectors.

c) Dialogues were conducted by the royal house of traditional leadership. Traditional leaders became more involved in the HIV response by allowing HCT at cultural events and advocated for safe circumcision and condom use. Discussions were held with the PLHIV sector in terms of more advocacy for the use of the complaint boxes as some patients were scared to be seen dropping complaints in the boxes.

Many information leaflets were distributed to the communities' prior the event in order for knowledge to be spread far and wide in the language understandable to most communities in the targeted municipalities.

7. MONITORING AND EVALUATION

7.1 Overview of the Provincial M&E system

A provincial M&E plan and framework was developed for the monitoring of the PSP.

A provincial M&E forum was established by the Office of the Premier. All thirteen government departments M&E units were represented in this forum, where departmental reports were discussed. Manual data collection tools for gathering data from the social labs for Operation Masinyange were developed and 20 wards received training on them. However, data collection had not started during the period under review.

Reports compiled by the DACs were presented at their DAC meetings. The reports were based on the District Plans which were not fully aligned to the PSP and were mostly quantitative. The reports were shared with the ECAC

Reports were manually collected from government departments and development partners, during the period under review. Four government departments, namely: DoH, DoE, DSD and DHS provided reports on a quarterly basis. Reports from medical aid schemes namely, Metropolitan and GEMS were received quarterly. Siyakhana, a NGO, which provided HIV services to SMME's in the Border Kei Region, submitted reports representing the private sector.

There was a lack of reporting from civil society and some local municipalities. Civil society faced challenges of financial resources for coordination and therefore could not compile and submit sector reports.

7.2 Challenges in the implementation of the Provincial M&E system

DHIS is the official data source for reporting on the biomedical indicators. The data reported in the DHIS was not always correct and verified by EC DoH. This was discovered during the compilation of the quarterly PSP M & E reports. For example, DHIS would reflect 30 children 0-14 years testing HIV positive and will reflect 10 children 0 -14 years tested for HIV.

Municipalities did not have dedicated M&E personnel at both district and ward level and therefore reports were only compiled for DAC meeting purposes.

7.3 Remedial Action

The ECAC intends to be part of the M&E forum and the quarterly meetings

The ECAC also accessed the Social Transformation Cluster Departments monthly and quarterly reports via the M&E unit of the Office of the Premier. These reports informed the ECAC M&E report.

The ECAC secretariat requested the HIV coordinators from the municipalities to submit the DAC reports which they presented at the DAC meetings.

Meetings were facilitated with stakeholders to encourage them to submit reports and to verify reports.

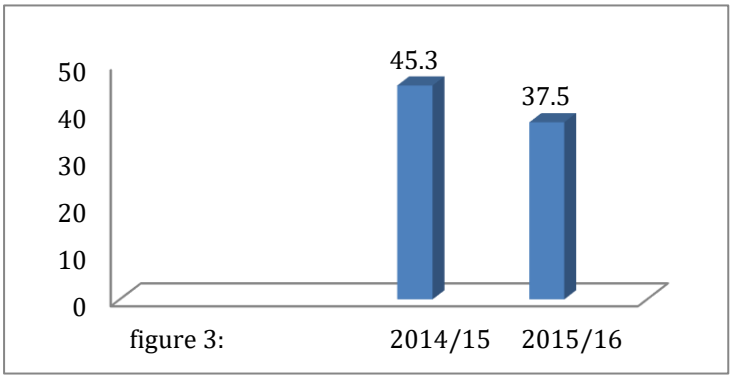
A central electronic reporting system was in the process of being created. The central electronic reporting system was intended to facilitate the reporting from districts, sectors and other stakeholders and collection of ground level data. Clear reporting timeframes were to be set and capacity building on reporting would be carried out at district level

8. OVERVIEW OF GAPS AND CHALLENGES IN ACHIEVING THE STRATEGIC OBJECTIVES

8.1 Main findings

- HIV incidence was reduced by 11% from 1.35% in 2012 to 1.2% in 2015 in the age cohort 15 – 49 years.
- TB success outcomes improved from 54% in 2012 to 83.7% in 2015. The EC DoH target of 82% was met but not the PSP target of 85%.
- ART initiations increased by 16 872 in 2015/2016. This was an improvement as initiations were lower in 2014/2015 than in 2013/2014. The number of clients remaining in care increased at a lower rate than the number initiated indicating that clients were lost monthly.
- Province over achieved on its annual HCT target. This is first time the province reached and over achieved on its annual target. The overachievement can be attributed to the increased participation of sectors in carrying out HCT campaigns and the increased testing within the farming sector.
- Government departments were responding well to the internal HIV and TB response. All government departments developed internal wellness plans responding to HIV, TB and STI. Private sector also had plans responding to HIV, TB and STI for employees. These internal employee responses contributed to the combination prevention aspect of the HIV response.
- Improved response for HIV, TB and STI amongst Key Population especially amongst MSM. ANOVA Health trained health facilities on the sensitization of the different kinds of MSM STI's and assisted them to become MSM friendly. A decrease was observed in new STI's treated since the rollout of these trainings. Figure 4 below shows new STI's treated as of March 2014. There was an increase in the number of development partners focusing on Key Population.
- Keeping young children in school for the duration of the school going period with only 30% of children in matric in the 12-year longitudinal study

Figure 8.1.1: STI treated new episode (Source: DHIS)



8. 2 Challenges and Gaps

Budget allocations for district municipalities were not standard. There were two district municipalities that did not have budgets to coordinate their DAC's. There were also two district municipalities which did not have HIV coordinators. The posts were vacant for more than two years. Districts had plans for HIV and TB but they were not aligned to the PSP priorities.

Addressing the social drivers of the HIV and TB response was challenging when a total of 8 218 active liquor licenses were issued; resulting into an increase of 332 from the previous year.

Retaining ART clients in Care posed a challenge due to a loss of patients on the system.

9. CONCLUSION

The Eastern Cape Province made progress in the HIV and TB response. The province could not reach the 50% mark of reducing new HIV infections but the 11% reduction for the general population is a significant success. There is a need to scale up interventions for structural, social and economic drivers of HIV, such as: gender based violence, gender inequality, substance abuse and age disparate relationships.

The target to initiate 80% of PLHIV on ART was successfully met. The change of ART guidelines by the end of 2016 from 500 CD4 cell count to what is now referred to as universal test and treat (UTT) has brought about an added patient load burden in the system as it is speculated that ART initiations is to spike but the province is making necessary adjustments and preparations to accommodate these changes. The main problem in the ART programme remains adherence of people in both the ART and TB treatment programme.

There was significant progress with regards to the issue of human rights in the country generally when it comes to human rights legislation. The province uses this legislation in responding to Human rights violations. The main area that remains challenging is the issue of stigma and discrimination for people living with HIV. This is mainly because there are no proper objective measures to measure stigma against people living with HIV. Even though there was significant progress when comparing the 2011 stigma index to the 2014 significant effort is required to develop proper programs for stigma reduction.

10. RECOMMENDATIONS

- Develop a provincial research agenda
- Research Studies need to be conducted to determine the solutions to address causes of social and structural drivers to HIV, TB and STI's.
- Intensify interventions such as adherence clubs so as to improve adherence to ART.
- All local municipalities to appoint HIV coordinators and allocate budgets to HIV, TB and STI programmes aligned to PSP.
- Programmes addressing keeping learners in the school system need to be intensified.
- A provincial coordinated programme is to be designed for addressing stigma and human rights violation targeting key populations.
- Further Investigation is needed on the reduction of sexual violent crimes.
- M&E Capacity to sectors and municipalities need to be strengthened.

11. REFERENCES

Some key reference points for consideration below

STATS SA Mid-Year Population, 2016

Provincial Department of Health, Annual Report, 2015/2016

National Department of Health, Annual Report, 2015/2016

Provincial Department of Education, Annual Report, 2015/2016

Thembisa model 2016

DHIS June 2016

EMIS January 2015