ANNUAL PROGRESS REPORT 2015/16
PROVINCIAL STRATEGIC PLAN 2012-2016

WESTERN CAPE PROVINCIAL AIDS COUNCIL

Report prepared by:

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Secretariat: Western Cape Provincial Council on AIDS
# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANS</td>
<td>Antenatal Survey</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>DOTS</td>
<td>Directly Observed Treatment Short-Course</td>
</tr>
<tr>
<td>DR-TB</td>
<td>Drug-resistant Tuberculosis</td>
</tr>
<tr>
<td>FDC</td>
<td>Fixed-dose Combination</td>
</tr>
<tr>
<td>FY</td>
<td>Financial Year</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based Violence</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counselling and Testing</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
</tr>
<tr>
<td>HSRC</td>
<td>Human Sciences Research Council</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Prevention Control</td>
</tr>
<tr>
<td>IPT</td>
<td>Isoniazid Preventive Therapy</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>Multidrug-resistant Tuberculosis</td>
</tr>
<tr>
<td>MMC</td>
<td>Medical Male Circumcision</td>
</tr>
<tr>
<td>MSF</td>
<td>Médecins Sans Frontières</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with me</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NSP</td>
<td>National Strategic Plan on HIV, STIs and TB 2012-2016</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphaned and Vulnerable Children</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
</tr>
<tr>
<td>PrEP</td>
<td>Pre-Exposure Prophylaxis</td>
</tr>
<tr>
<td>PSP</td>
<td>Provincial Strategic Plan on HIV/AIDS, STIs and TB 2012-2016</td>
</tr>
<tr>
<td>PWID</td>
<td>Persons Who Inject Drugs</td>
</tr>
<tr>
<td>SANAC</td>
<td>South African National AIDS Council</td>
</tr>
<tr>
<td>SAPS</td>
<td>South African Police Service</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TAC</td>
<td>Treatment Action Campaign</td>
</tr>
<tr>
<td>UTT</td>
<td>Universal Test and Treat</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>XDR-TB</td>
<td>Extensively drug-resistant Tuberculosis</td>
</tr>
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Western Cape
HIV & TB Snapshot
2015/16

<table>
<thead>
<tr>
<th>HIV Treatment</th>
<th>Tuberculosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>203,565 people accessing Antiretroviral Treatment (ART)</td>
<td>TB Treatment Success Rate = 84.4%</td>
</tr>
<tr>
<td>1,267 ART Adherence Clubs with 32,429 patients enrolled in the City of Cape Town</td>
<td>MDR-TB treatment Success Rate = 39.4%</td>
</tr>
</tbody>
</table>

HIV still accounts for 8.7% of all deaths in the Western Cape and remains the single leading cause of premature mortality (12% of Years of Life Lost (YLL)).

| The rate of Mother-to-Child Transmission of HIV has been reduced to 1% | 1% |
| HIV Prevalence among pregnant women = 18.6% | 18.6% |

Source:
- 2013 Mortality Report for the Western Cape
- 2014 Antenatal Survey for the Western Cape
- Western Cape Department of Health Annual Report 2015/16
- Western Cape Department of Health Annual Performance Plan 2016/17
1. EXECUTIVE SUMMARY

Four years into the implementation of the Western Cape (WC) Provincial Strategic Plan (PSP) on HIV, STIs and TB (2012-2016), the province has taken great strides to curb the impact of the epidemic despite some challenges experienced. The current report identifies and discusses the main achievements and challenges with regards to the five provincial goals set to achieve the targets. The five PSP goals which are in line with the National Strategic Plan (NSP) on HIV, STIs and TB (2012-2016 are presented in Section 3 of the current report.

According to the Thembisa Model, Provincial HIV incidence in the Western Cape Province declined from 26 718 in 2009 to 19 396 in 2015/16. The Thembisa Model indicates that HIV prevalence in the general population of the Western Cape was at 5.6% in 2009 and reached a peak of 6.6% in 2015/16. Findings from the Western Cape Antenatal Survey report (2015) indicate that HIV prevalence among those less than 20 years remained unchanged. HIV prevalence in those younger than 20 years are assumed to be new or recent; which calls for scaling up HIV prevention programmes targeted for youth.

The Western Cape Department of Health had a total of 203 565 patients on ART by the end of 2015/16. The ART retention in care after 12 months was 69%, and 57% at 48 months. The Western Cape had a viral load completion rate of 45.3% at 12 months with 90% viral load suppression.

One of the leading causes of premature mortality during the period under review was the high burden of Tuberculosis (TB) in the Province. The TB new client success rate was at 84% during the period under review (2015/16). The Multi-Drug Resistant TB (MDR-TB) prevalence was at 3% in 2015/16. A total of 1 308 MDR-TB cases was registered in the province, during the period under review. The TB treatment success rate for drug-resistant TB remained poor, at 39% in 2015/16. To curb the challenges of the MDR-TB, the province established 367 decentralised sites which delivered DR-TB treatment, during the current reporting period.

During the period under review, there continued to be a gap between some of the rights enshrined in the South African Constitution and the treatment of key populations such as sex workers and people who inject drugs (PWID).

The Western Cape focused on reducing both internal and external HIV stigma through programmes which were implemented by different Non-Governmental Organisations (NGOs). It should be noted that prevailing TB stigma was a major contributor to diagnosis delay and treatment interruption. Although TB-related stigma is well documented, interventions to address stigma in vulnerable populations remain lacking.
2. INTRODUCTION

This annual progress report for the Western Cape (WC) Province will present and analyse data based on the implementation of the Provincial Strategic Plan (PSP) on HIV, STIs and TB (2012-2016) for the period 1 April 2015 to 31 March 2016 (2015 Financial Year). The report articulates an assessment of the implementation of the WC Province PSP against the five main goals. Furthermore, an assessment of the progress made towards achieving the strategic objectives of the PSP (2012-2016) will be provided with a focus on the major achievements, challenges and gaps for each of the strategic objectives.

1.1 Snapshot of the HIV & TB status in 2015/2016

The Western Cape population is afflicted with a quadruple burden of disease. The level of trauma from interpersonal violence and road traffic accidents, the escalating burden of chronic diseases (including mental ill health and its associated risk factors), the twin burden of HIV with TB and the conditions associated with maternal and child health contribute greatly to the quadruple burden\(^1\). The Western Cape Mortality Surveillance Report for 2013 shows however that HIV and TB remained the single leading causes of premature mortality in the Province. Premature mortality due to HIV showed a downward trend\(^2\). At the end of 2015/2016 the Western Cape Department of Health (WCDoH) had 203 565 patients on ART\(^3\). Increased ART coverage increases life expectancy of HIV positive individuals as well as reduces deaths from HIV. TB incidence in the Western Cape continued to be very high with around 703 cases per 100 000 although there was a reduction in the number of cases over time. The TB treatment success rate for new smear positive TB cases was 82%\(^3\).

3. BACKGROUND TO PSP 2012 – 2016

The Western Cape Provincial Strategic Plan on HIV/AIDS, STIs and TB (PSP) 2012 – 2016 was developed in 2012. The PSP was informed by the National Strategic Plan for HIV, TB and STIs 2012 – 2016 (NSP) which outlines how South Africa will respond to the epidemics of HIV, STIs and TB over a five-year period. The Western Cape PSP was approved by cabinet in 2013.

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\(^1\) Western Cape Government Healthcare 2030 Strategy
\(^2\) Western Cape Mortality Profile 2013: Mortality Trends 2009 - 2013
\(^3\) Western Cape Government: Health Annual Report 2015/16
4. GOALS OF THE PSP
The PSP 2012-2016 has the following broad goals. To:

- **Reduce new HIV infections by at least 50% using combination prevention approaches**
- **Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% of those alive and on treatment five years after initiation**
- **Reduce the number of new TB infections as well as deaths from TB by 50%**
- **Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP**
- **Reduce self-reported stigma related to HIV and TB by at least 50%**

5. ASSESSMENT OF PROGRESS AGAINST THE FIVE MAIN GOALS OF THE NSP

**GOAL 1: Reducing new HIV infections by at least 50% using combination prevention approaches**

A trend analysis, using the Thembisa Model, shows that from 2009 HIV prevalence in the general population was at 5.6% and reached a peak of 6.6% in 2015/2016; as depicted in Figure 1 below. The upward trend implies that people living with HIV & AIDS (PLHIV) are living longer due to the impact of prevention programs such as prevention of mother to child transmission and successful treatment, care and support services.

**Figure 1: Total HIV Prevalence in the general population in the Western Cape Province**

![Total HIV prevalence in the general population chart](chart.png)
The Thembisa Model indicates that HIV prevalence among women aged 15-49 years showed an upward trend from 10.3% in 2009 to 12.4% in 2015/16 (Figure 2 below). The same trend is evident for men aged 15-49 years; ranging from 6.8% in 2009 to 7.5% in 2015/2016. Although similar trends are evident for both women and men in the WC Province, it should be noted that women are disproportionately affected. Figure 2 below illustrates the need to address the vulnerability factors increasing the risk of HIV infection amongst women.

The Thembisa Model indicates that the HIV prevalence rate of females aged 15-24 years took a downward trend and ranged from 6.8% in 2009 to 6.2% in 2015/2016. Likewise, the prevalence rate of males aged 15-24 years took a downward and stable trend; ranging from 1.8% in 2009 to 1.7% between 2011 and 2015/2016. The prevalence rate for the age group 15-49 years for both men and women took an upward trend and ranged from 6.8% in 2009 to 7.5% in 2015/2016 and from 10.3% in 2009 to 12.4% in 2015/2016, respectively. The prevalence for the youth aged 15-24 years stabilised at a rate of 4.3% between 2009 and 2012, then took a downward trend to 4.0% in 2015/2016. The chance of being infected by HIV was higher among young women aged 15-24 years, compared to young men in the same age group. Prevalence among young people aged 15-24 years would be largely attributed to new infections as opposed to the impact of the scale-up of HIV treatment. The prevalence rate of children <15 years took an upward trend from 1.0% in 2009/10 to 1.1% in 2011 and 2012; before taking a downward and stable trend of 1.0% between 2013 and 2015.

**Figure 2: Thembisa Model: Western Cape HIV Prevalence across age groups 2009 - 2016**

![HIV Prevalence across age groups](image)
The Thembisa Model 2016 indicates that the total new infections in the WC Province declined from 26 718 in 2009 to 19 396 in 2015/2016 (Figure 3 below).

**Figure 3: Total new HIV infections in the Western Cape Province**

The 2015 estimate of HIV prevalence amongst pregnant women attending public health facilities in the Western Cape was 17.6% (95% CI: 16.8 – 18.4%)\(^4\). The 2015 provincial antenatal HIV prevalence was 1% lower when compared to 2014 (18.6%; 95% CI: 17.7 – 19.4%), but the confidence intervals overlapped indicating that this change was not statistically significant. The prevalence of HIV is expected to increase over time with improved ART coverage. Approximately 45% of HIV positive pregnant women were estimated to be on ART at the time of presentation for their booking antenatal visit, representing a significant increase from 2014.

HIV prevalence in all age categories showed a decrease in 2015, except for women under 20 years (5.7%, 95% CI: 4.3 - 7.1%)\(^4\). The overall provincial prevalence of HIV in 2015 among those aged 15-24 years was 10.8% (95% CI: 9.8 - 11.9%)\(^4\). The finding that HIV prevalence among those less than 20 years remained unchanged is of concern, as prevalent infections in this age group are assumed to be new or recent. It is thus of utmost importance to improve HIV preventive programmes for the youth.

\(^4\) Western Cape Antenatal Survey Report 2015
Figure 4: South African National Antenatal HIV Prevalence compared to Western Cape (1990 - 2015)

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

By the end of 2015/2016 the Western Cape had 203,565 patients on ART. This contributed to South Africa achieving the national ART initiation target. The ART retention in care after 12 months was 69% and at 48 months 57%. Both these percentages are thought to be much higher and not to be a true reflection of the standard of care due to patients’ movement between facilities that are not well monitored. During the specified reporting period, the Western Cape Province had a viral load completion rate of 45.3% at 12 months, with 90% viral load suppression (of those done)\(^5\).

Figure 5 below illustrates the number of clients initiated on ART every year since 2005.

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\(^5\) Western Cape Government Health Annual Report 2015/16
\(^6\) Western Cape Department of Health (Sinjani)
GOAL 3: Reducing the number of new TB infections, as well as the number of TB deaths by 50%

The Western Cape continued to be a high burden tuberculosis province, with TB remaining one of the leading causes of premature mortality in the province. The province had a TB incidence rate of 690.1 per 100,000. This was a decline from 710 per 100,000 in 2014, which is in line with the decline in TB incidence rates observed nationally.

The overall number of registered cases and the incidence declined as figure 6 illustrates. In 2015/2016 the TB new client success rate was 84%. This is encouraging as it is 1% short of the WHO target of 85%. Unfortunately, the loss to follow-up rate of these clients was 9%, with incorrect addresses remaining a key challenge in the follow-up of clients.

Of concern was the growing number of drug-resistant tuberculosis cases during the period under review. According to the National Institute of Communicable Diseases (NICD) South African Drug Resistance Survey Report 2012 -2014 released in 2016 the multi-drug resistance prevalence for the Western Cape was 3% and for South Africa it is 4%. In 2015/2016 1308 MDR-TB cases were registered in the province of which 77% were commenced on treatment. The Treatment success rate for DR-TB remained poor at 39%. As part of the provincial strategy to improve access to DR-TB services, the province had 367 decentralised sites delivering DR-TB treatment during the current reporting period. In an effort to improve the treatment outcomes the Western Cape DoH participated in the Bedaquiline Treatment Access Programme as from 01 April 2015. In the period, April 2015 –March 2016, 372 patients were initiated on Bedaquiline treatment.

Figure 6: TB Case Finding and Incidence Rates for the Western Cape

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7 Statistics SA: Mortality and causes of death in South Africa 2014
8 ETR.net
9 Western Cape Government Health Annual Report 2015/16
10 Poster “Implementation of a Bedaquiline Access Programme for the Treatment of Drug Resistant in the Western Cape” presented at the IUATLD Conference in Liverpool 2016 by Dr V Mudaly and Ms Y Kock WCDOH
GOAL 4: Ensuring an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP

In line with the rights entrenched in Chapter 2 of the Constitution, the Western Cape’s services strive in its response to HIV, STIs and TB that the rights of those living with HIV and/or TB – or at risk of infection – are respected, protected and promoted. This includes the rights to equality, dignity, life, freedom and security of the person and privacy. During the current reporting period, informed consent was obtained from individuals prior to HIV counselling and testing. Eligible PLHIV were referred for ART and multi-disciplinary committees reviewed and made recommendations for DR-TB patients who fail treatment. Women were not denied their sexual and reproductive health care rights. Six Thuthuzela Care Centres under the management of the National Prosecuting Authority and a further 34 health facilities managed by the Western Cape Department of Health provided 24-hour health and forensic services to survivors of rape and sexual assault and strived to ensure justice and protect the rights of survivors.

Unfortunately, certain key populations revealed a significant gap between the rights enshrined in the South African Constitution and the treatment of these key populations. In the Women’s Legal Centre’s report of April 2016: “Police abuse of sex workers: Data from cases reported to the Women’s Legal Centre between 2011 and 2015” many abuses of human rights by police were reported. These include arbitrary and illegal arrests, verbal, psychological, physical, economic and sexual violence against sex workers and denial of appropriate access to justice. Two large NGOs working in the Western Cape, Sex Worker Education and Advocacy Task team (SWEAT) and TB/HIV Care Association, confirmed these reports and expressed their frustration that the police also confiscated condoms and ART treatment from sex workers.

TB/HIV Care Association documented human rights abuses against People who Inject Drugs (PWID). In a report to the Head of the Western Cape Department of Health in 2016, TB/HIV Care Association indicated that their service beneficiaries of the PWID harm reduction programme frequently describe incidents of human rights violations. Between 15 August 2015 and 15 May 2016, 282 incidents were reported in Cape Town.

These included the following:

- 125 people had needles and syringes broken or taken from them
• 54 people had harm reduction packs removed
• 25 were arrested for possession of needles
• 3 had medication confiscated
• 12 were detained without cause
• 50 were assaulted
• 8 were arrested and not processed
• 5 reported attempts at or actual extortion

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

Stigma against people living with HIV or people with TB remains one of the barriers to effective prevention and management of HIV and TB. Experiencing stigma (both internal and external) impacts on a person’s ability to make positive choices about their health and their lives. Programmes to address stigma in the province were implemented by NGOs such as Treatment Action Campaign, Medicines Sans Frontieres, Networking HIV/AIDS Community of South Africa (NACOSA) and Sonke Gender Justice, during the period under review.

There was increased focus on reducing stigma and discrimination among key populations. TB/HIV Care Association implemented their “I’m Friendly Campaign” aimed at providing accessible, respectful health services for key populations. The Campaign had 6 key elements: the right to have access to health care, treating everyone with dignity and respect, non-judgmental services, referral for other services, male and female condoms and lubricants and respecting confidentiality. Other NGOs such as ANOVA Health4Men and NACOSA conducted sensitization training sessions targeting health care workers and SAPS officials to address stigma and discrimination.

Prevailing TB stigma was a major contributor to diagnostic delay and treatment interruption. Although TB-related stigma is well documented, few interventions were attempted to address stigma in vulnerable populations. The NGO TB Proof in the Western Cape, whose members are largely health care workers who contracted TB, launched the national Unmask Stigma Initiative in 2014. This initiative aims to address TB stigma in communities through education, sharing of personal stories and social mobilization by engaging the public to show unity with patients. The intention is to effect change in society’s perception of vulnerable groups affected by TB, including health care workers and people living with HIV

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11 TB Proof Unmask Stigma Report 2015
6. ASSESSMENT OF THE PROGRESS MADE TOWARDS ACHIEVING THE PSP 2012-2016 STRATEGIC OBJECTIVES

The plan has four strategic objectives that form the basis of the HIV, STI and TB Response:

- **Strategic Objective One**: Focus on social and structural approaches to HIV and TB prevention, care and impact
- **Strategic Objective Two**: Prevention of HIV and TB infections
- **Strategic Objective Three**: Sustain Health and Wellness
- **Strategic Objective Four**: Protection of Human Rights and Promotion of Access to Justice

### 6.1 STRATEGIC OBJECTIVE 1: Social and Structural Drivers of HIV, TB and STIs Prevention, Care and Impact

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2016</th>
<th>FY 2015/16 Status</th>
<th>Comment – progress towards target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>Data sourced from reports submitted to DPSA by Provincial Departments</td>
</tr>
<tr>
<td>% municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Information not available</td>
</tr>
<tr>
<td>Provincial Inter-departmental Committee on HIV &amp; TB is functional and meets regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current school attendance among orphans and among non-orphans aged 10 -14 (UNGASS 12; MDG Indicator)</td>
<td>98%</td>
<td>100%</td>
<td>98.1</td>
<td>School attendance amongst children aged 7 – 15 years</td>
</tr>
<tr>
<td>Delivery rates for women under 18-NIDS</td>
<td>6.8%</td>
<td>5.5%</td>
<td></td>
<td>This is a reduction from 6.1% in 2014/15</td>
</tr>
<tr>
<td>HIV and TB spend</td>
<td>R1.014</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Number of women and children reporting gender-based violence (GBV) to the police in the last year</td>
<td>9,179</td>
<td>Not available</td>
<td>7,130</td>
<td>Year on year decrease in the number of sexual offences reported from 2012 to 2016</td>
</tr>
<tr>
<td>Proportion of women who have experienced physical or sexual violence in the last year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Information not available</td>
</tr>
</tbody>
</table>

Table 1: Strategic Objective 1 Indicators 2015/16

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12 Department of Basic Education, Education for All 2014 Country Progress Report
13 Western Cape Department of Health (Sinjani)
14 SAPS Crime Stats 2015/16
Strategic Objective 1 is focused specifically on structural factors that are amenable to change. Eight sub-objectives, for their implementation, were identified:

- Mainstream HIV and TB and its gender and rights-based dimensions into the core mandates of all government departments
- Address social, economic and behavioural drivers of HIV, STIs and TB
- Implement interventions to address gender norms and gender-based violence
- Mitigate the impact of HIV, STIs and TB on orphans, vulnerable children and youth
- Reduce the vulnerability of young people to HIV infection by retaining them in schools as well as increasing access to post-school education and work opportunities
- Reduce HIV-related stigma
- Strengthen community systems to expand access to services
- Poverty alleviation and strengthen food security

**Progress for the objectives and sub-objectives:**

**Addressing Alcohol and Substance Abuse as a Game Changer**

The Western Cape Government’s Harm Reduction Policy Green Paper of 19 September 2016 indicates that alcohol is a dominant substance of abuse in the Western Cape and a leading cause of death and disability. 35.2% of Western Cape learners in grades 8-11 binge drink – ranked higher than any other province. Cases of Foetal Alcohol Spectrum Disorder are among the highest in the country. The purpose of the Green Paper which is open for public comment is to propose a range of interventions to address alcohol and substance abuse in the province. Some of the interventions which commenced were improving access to treatment services for alcohol-related conditions with a strong focus on the youth.

**DP Marais Hospital project**

A project was implemented at DP Marais Hospital with the aim of developing, implementing and monitoring an effective substance abuse intervention for patients. The objective of the project is to improve TB treatment outcomes for those patients. Through this process a substance abuse intervention was successfully implemented at DP Marais Hospital and thus increased access to psychosocial support services for patients. From October 2015 to March 2016 more than 400 patients were screened for substance use disorders, of which 61% were referred to the intervention programme. Approximately 20% of referred patients completed the 8-session programme. This programme has the potential to improve TB treatment outcomes for those patients struggling with substance use disorders.
People Who Inject Drugs Harm Reduction Project

During the 2015/2016 reporting period, TB/HIV Care Association’s Step-Up Project used mobile clinics and outreach teams included peer educators to deliver harm reduction packs (including clean needles and syringes), and behaviour change interventions tailored to the needs of and risks of PWID. This project commenced in 2015 through funding from CDC. All interventions were evidence-based and recommended for the PWID population by the WHO. Over a nine-month period the following was achieved:

<table>
<thead>
<tr>
<th>Site</th>
<th>Total contacts reached</th>
<th>Total unique contacts</th>
<th>Number of HCT</th>
<th>% Unique contacts tested for HIV</th>
<th>Number HIV Positive</th>
<th>HIV Positivity Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Town</td>
<td>5498</td>
<td>438</td>
<td>305</td>
<td>70%</td>
<td>8</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 2: Outcomes of Western Cape PWID programme implemented by THCA

Gender based violence

The Western Cape Department of Social Development reported that a total of 25,330 people accessed victim support services between April 2015 and March 2016\(^\text{15}\). This increase in the number of victims accessing Victim Empowerment Programme (VEP) services is linked to an increase in the number of people accessing services at sexual offences courts, in areas where gang violence occurs and in rural areas.

Whilst the number of sexual offences reported to the South African Police Services in the Western Cape has decreased steadily since 2010/2011, this category includes several crimes (ranging from sex work to rape) and therefore describes little about the extent of the offences contained in them. Between March 2015 and April 2016, a total of 7,130 cases of sexual offences were reported to the SAPS in the Western Cape, 3.2% lower than the previous year\(^\text{16}\).

During the 2015/2016 financial year, the Commission for Gender Equality in the Western Cape opened 91 complaints as received from the public. A total of 20 of these complaints related to gender-based violence and 17 related to gender discrimination\(^\text{17}\).

Orphans and Vulnerable Children (OVC)

\(^{15}\) Western Cape Department of Social Development Annual Report 2015/16  
\(^{16}\) SAPS Crime Stats 2015/16  
\(^{17}\) Commission on Gender Equality Annual Report 2015/16
Whilst the Western Cape Department of Social Development did not report on the number of OVC receiving psychosocial support services, during the period under review, an evaluation conducted in 2015 found that these services improved the confidence and self-esteem of OVC and also have a positive impact on school attendance. During the 2015/16 financial year, a total of 102 Child and Youth Care Workers were trained to provide Isibindi programme to vulnerable children.

School Attendance

Providing access to comprehensive sexuality education and keeping girls in school has proven effective in reducing new infections among young women. The Western Cape Department of Education (DoE) prioritised the need to keep young people in school which successfully increased learner retention in grades 10 – 12 from 63.8% in 2014 to 66.8% in 2015 as shown in figure 7 below.

Figure 7: Learner Retention: Grades 10 - 12 (Western Cape)

18 Western Cape Department of Social Development Annual Report 2015/16
19 UNAIDS: Empower young women and adolescent girls: Fast-track the end of the AIDS epidemic in Africa
20 Western Cape Education Department Annual Report 2015/16
### 6.2 STRATEGIC OBJECTIVE 2: Preventing new HIV, TB and STI Infections

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2016</th>
<th>FY 2015/16 Achieved</th>
<th>Comment – progress towards target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (and percentage) of men and women counselled and tested for HIV</td>
<td>904,699</td>
<td>1,103,372</td>
<td>1,384,563²⁰</td>
<td>Over-achievement on this target can be attributed to HCT being prioritised as an important entry point into care and treatment. The introduction of 90-90-90 has significantly improved performance of this indicator. Recording and reporting challenges identified and the challenges were being addressed during the current reporting period.</td>
</tr>
<tr>
<td>Number and percentage of people screened for TB</td>
<td>-</td>
<td>3.1%</td>
<td>16.4%²¹</td>
<td></td>
</tr>
<tr>
<td>Number of newly diagnosed HIV positive people started on IPT for latent TB infection</td>
<td>5,021</td>
<td>30,000</td>
<td>19,055²²</td>
<td></td>
</tr>
<tr>
<td>Percentage of men and women aged 15–24 reporting the use of a condom with their sexual partner at last sex</td>
<td>34.8%</td>
<td>-</td>
<td>24.3%²³</td>
<td>Information only available via HSRC Survey conducted every 3-4 years</td>
</tr>
<tr>
<td>Percentage of young women and men aged 15–24 who had sexual intercourse before age 15 (age at sexual debut)</td>
<td>9.3%</td>
<td>-</td>
<td>14.2%¹⁹</td>
<td>Information only available via HSRC Survey conducted every 3-4 years</td>
</tr>
<tr>
<td>Percentage of women and men aged 15–49 years who have had sexual intercourse with more than one partner in the last 12 months</td>
<td>9.9%</td>
<td>-</td>
<td>10.1%¹⁹</td>
<td>Information only available via HSRC Survey conducted every 3-4 years</td>
</tr>
<tr>
<td>Male condom distribution</td>
<td>102,346,532</td>
<td>130,893,367</td>
<td>114,157,641¹⁸</td>
<td>Improved reporting to reduce duplication produced more valid data which resulted in a decreased performance, but a more reliable reflection.</td>
</tr>
<tr>
<td>Female condom distribution</td>
<td>1,863,238</td>
<td>3,167,181</td>
<td>3,482,557¹⁸</td>
<td></td>
</tr>
<tr>
<td>Number of men medically circumcised</td>
<td>2,047</td>
<td>22,899</td>
<td>13,310¹⁸</td>
<td></td>
</tr>
<tr>
<td>Number of people reached by prevention communication at least twice a year</td>
<td>-</td>
<td>-</td>
<td>Not available</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Strategic Objective 2 Indicators 2015/16

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²¹ Western Cape Department of Health Annual Report 2015/16
²² ETR.net
Strategic Objective 2 is focused on primary strategies to prevent sexual and vertical transmission of HIV, STIs and to prevent TB infection and disease. The following eight sub-objectives were set out in the PSP:

- Maximise testing for HIV and screening for TB and enrolled in wellness and treatment, care and support programmes
- Make accessible a package of sexual and reproductive health (SRH) services, including medical male circumcision and provision of both male and female condoms
- Prevent HIV, STIs and TB in adolescents and youth through a comprehensive package of services in schools and for out-of-school youth
- Reduce transmission of HIV from mother to child to less than 2% at six weeks after birth and less than 5% at 18 months of age by 2016
- Implement a comprehensive national social and behavioural change communication strategy with a focus on key populations
- Prepare for the HIV, STI and TB prevention strategies, such as pre-exposure prophylaxis and microbicides
- Prevent TB infection and disease
- Implement ‘treatment for prevention’ strategies that ensure early ARV initiation and early treatment of TB and improved TB cure rate.

**Distribution of Male and Female Condoms**

The Western Cape distributed 114,157,641 male condoms during 2015/2016. The female condom distribution rate target was overachieved for 2015/2016, distributing 3,482,557 female condoms.

The Western Cape Department of Health improved the reporting process for the distribution of male and female condoms which reduced duplicate reporting. This enabled the province to obtain a more reliable reflection of condom distribution. In 2016 the “Push System” was introduced to improve supply chain processes with regards to condom distribution and it is envisaged that this will improve future distribution.

**HIV Counselling and Testing**

The HIV counselling and testing programme is linked to screening for TB, chronic diseases (diabetes, hypertension and body mass index assessments) and STIs. Services were offered at all health facilities and as outreach services by mobile teams who provided services to people where they were. Service providers included funded donor partners, NGOs, researchers and health facility personnel. Seamless referral from diagnosis to care remained a challenge for

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24 Western Cape Government Health Annual Report 2015/16
mobile teams in community settings and various strategies were in place to ensure linkages to care. A total of 1,384,563 clients were tested for HIV in 2015/2016 which was a marked increase from 2014/2015 when 1,103,372 clients were tested20.

**Medical Male Circumcision**

Medical male circumcision (MMC) can reduce the risk of acquiring HIV by up to 60% for HIV negative men and is an important part of an HIV prevention package. During the period under review, MMC services were available at 31 sites in the Western Cape. MMC services were provided by 9 teams consisting of a medical officer, a professional nurse and an enrolled nursing assistant. Performance unfortunately declined from 15,498 in 2014/2015 to 13,310 MMCs in 2015/2016. A performance review was conducted by the Provincial Department of Health and several recommendations for improved performance were made for implementation in 2016/2017.25.

**Isoniazid Preventive Therapy (IPT)**

The Province prioritised IPT and actively engaged with all stakeholders to drive an increase in the uptake of this service. This saw an increase from approximately 5,000 HIV-positive individuals initiated on IPT for latent TB infection in 2012/2013 to almost 20,000 in 2015/2016.

**Key Populations**

It is estimated that key populations and their sex partners contribute to approximately 30% of new HIV infections in South Africa26. TB/HIV Care Association (THCA) was a key partner of the Western Cape DoH in reaching key populations with HIV prevention services. Over a five-year period of working with sex workers in the province, THCA found a HIV prevalence of 6% amongst sex workers in the province27. This is significantly below the national prevalence of HIV amongst sex workers.

The Anova Health Institute: Health4Men, in conjunction with the Western Cape DoH operated two health centres and delivered primary health care, sexual health and HIV services to MSM clients in the Cape Town Metro District. Outreach HCT services were also offered. Sensitisation and biomedical training in health care needs of MSM were provided to health care workers. The Ivan Toms Centre for Men’s Health was in the process of conducting relevant research to enhance MSM health. These include a PrEP Demonstration site, Asymptomatic STI study, MDR-

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25 HIV and AIDS conditional Grant Evaluation Report 2015/16
26 SA Centre for Epidemiological Modelling and Analysis (SACEMA) June 2010 South African HIV epidemic
27 TB/HIV Care Association
GC study, the Hepatitis B & C Point Prevalence Study for MSM who use drugs, the BMS Viral Hepatitis Study, PEP study and the Transgender Study.

Inmates in Correctional Facilities throughout the world are at higher risk of both HIV and TB than the general population. TB/HIV Care Association in partnership with the Department of Correctional Services (DCS) and the Western Cape DoH implemented a comprehensive HIV and TB programme in Correctional Facilities in the Western Cape. All inmates were offered HIV testing services and were screened for TB on admission, biannually and on release.

**Youth Focus**

Prevention efforts that target young people included the roll-out of the Higher Education and Training on HIV/AIDS Programme (HEAIDS) to all Technical and Vocational Education and Training (TVET) colleges in the Western Cape. During 2015/16 this programme provided more than 10,000 HIV tests to young people, with 2,363 of them testing for the first time. Through this comprehensive programme, 236,552 condoms were distributed at campuses and 406 young men were medically circumcised.28

The Desmond Tutu HIV Foundation launched their Tutu Teen Truck Mobile Clinic Project in August 2015 in Cape Town and provided adolescent-friendly sexual and reproductive health services to adolescents (male and female) between the ages of 12 and 24 years. The clinic attracted adolescent clients spontaneously accessing HIV testing at taxi ranks, township shopping/community centres, sports fields or on the roadside opposite schools. Young people were involved in designing the Tutu Teen Truck to optimally provide a youth-friendly, integrated Sexual Reproductive Health (SRH) service which is culturally appropriate, respectful and confidential. Between August and December 2015, the clinic enrolled 1,300 adolescents between 12 and 24 (average age of 17.5) years. Notably 45.6% of adolescents had no prior HIV test. HIV was newly diagnosed in 2.7% of adolescents, while prevalence was 3.6%. The average CD4/μl count was 429 in newly diagnosed patients, with 67% of positive patients CD4≤500/μl.29

28 HEAIDS Western Cape Report 2016
29 Desmond Tutu HIV Foundation (Letter to WC Department of Health, 08 Feb 2016)
6.3 STRATEGIC OBJECTIVE 3: Sustaining Health and Wellness

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target 2016</th>
<th>FY 2015/16 Achieved</th>
<th>Comment – progress towards target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% smear positive TB cases that are successfully treated TB case fatality rate (CFR)</td>
<td>81.5%</td>
<td>84.6%</td>
<td>84.4%</td>
<td>There was minimal improvements in the TB treatment success rates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Number and % of registered TB patients who tested for HIV</td>
<td>88%</td>
<td>&gt;95%</td>
<td>96.2%</td>
<td>The TB death rate was slightly less than anticipated and this is viewed as a positive result. A total of 34 388 registered TB patients were tested for HIV during the period under review.</td>
</tr>
<tr>
<td>Number of all newly registered TB patients who are HIV-positive, expressed as a proportion of all newly registered TB patients</td>
<td>39%</td>
<td>38%</td>
<td>The HIV/TB co-infection rate was 38% and over the period under review more than 80% of these clients were commenced on ART</td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Strategic Objective 3 Indicators 2015/16

The primary focus of this strategic objective is on achieving a significant reduction in deaths and disability as a result of HIV and TB. The four sub-objectives are:

- Reduce disability and death resulting from HIV and TB
- Ensure universal access to treatment, care and support for HIV, TB and STIs.
- Ensure that people living with HIV, TB and STIs remain within the healthcare system, are adherent to treatment and maintain optimal health
- Ensure that systems and services remain responsive to the needs of people living with HIV, TB and STIs

ART treatment programme

At the end of March 2016, the Western Cape had a total of 203,565 clients remaining on ART. ART retention in care after 12 months was at 68.9%. Whilst this is below the provincial target of 80.2%, it must be acknowledged that the required data capture for this indicator is complex and difficult to maintain. Other data sources indicate good performance in viral load suppression and individual facility retention. Patient movement between facilities was not well catered for in the current monitoring system and could reflect as poor retention. The province continued to work on improving the quality of information related to the ART treatment programme. The training of professional nurses on “nurse initiated and management of ART”

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30 Western Cape Government Health Annual Report 2015/16
31 ETR.net
(NIMART) continued. This was to ensure that the increasing numbers of eligible HIV positive patients were commenced on ART. A total of 449 nurses were authorised as NIMART practitioners and there were 262 trained mentors to provide on-site clinical mentorship to nurse initiators. ART Services sites were increased by 10 sites during 2015/2016 to a total of 268 sites. However, this still needs to be expanded much more to ensure accessible services.

A six-month pilot project was implemented to identify the risks of ART treatment implementation and failure interventions to re-suppress the patient’s viral load. The pilot was concluded at the end of March 2016 and it is envisaged that these interventions will be rolled out to the rest of the province. Treatment adherence however continued to be strengthened through the roll out of adherence clubs, alternative ART treatment distribution sites, quick pick-ups and wellness hubs for stable clients. At the end of December 2015, 49 380 patients received ART care in these clubs.

The 5-year POPART Study which was being conducted by the University of Stellenbosch and its partners in Cape Town Metro and Cape Winelands Districts was nearing its end during the period under review. The Study will determine the impact of a package of HIV prevention interventions on community-level HIV incidence. Many lessons have already been learnt from the Study.

**Prevention of Mother-to-Child Transmission (PMTCT)**

All HIV-positive pregnant women were initiated on ART to reduce perinatal transmission. In the Western Cape, the HIV transmission rate for infants who test positive at 6 weeks was at 1% from 1.4% in 2014/2015. This is a step forward to eliminating mother-to-child transmission of HIV in the Western Cape. In 2015/2016 the province added dual infant prophylaxis therapy and birth PCR for infants at higher risk of HIV transmission. This was to ensure further protection to the new-born infant and to detect and treat HIV early.

**TB Treatment Programme**

The Western Cape in conjunction with Kwa-Zulu Natal, the Eastern Cape and Gauteng are the high TB burden provinces in South Africa and renewed commitment to TB is required if the WHO End TB Strategy 2030 targets are to be met. These targets call for a 90% reduction in TB deaths and an 80% reduction in the TB incidence rate by 2030.

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32 HIV and AIDS Conditional Grant Evaluation Report 2015/16  
33 Western Cape Government Health Annual Report 2015/16  
34 WHO Global Tuberculosis Report 2016
The total number of registered TB cases in the Western Cape for 2015/2016 was 43,445\textsuperscript{35} which was slightly more than the 43,042 case load in 2014/2015. The HIV/TB co-infection rate was 38% and over the period under review more than 80% of clients were commenced on ART\textsuperscript{36}. The overall TB Programme treatment success rate for all TB patients was 82%. Children made up a high percentage of newly diagnosed TB cases at 30%. According to Professor HS Schaaf, the incidence of TB Meningitis (TBM) in the Western Cape is amongst the highest in the world, with 50 children with TBM admitted to Tygerberg Children’s Hospital every year. TBM often results in permanent disability and long-term morbidity. The high levels of TB among children are an indication that there are still high levels of TB transmission in the Western Cape communities.

Treatment for new cases of drug-susceptible TB remained a 6-month treatment regimen of four first-line TB drugs: isoniazid, rifampicin, ethambutol and pyrazinamide and the Western Cape was able to ensure availability of all these TB drugs. However, 2015/2016 was marked by a global shortage of the Bacille-Calmette-Guérin (BCG) vaccine and vaccination was delayed in new-borns until the vaccine became available again. Unfortunately, supplies were still not secure and were monitored closely during the period under review.

Considerable progress was made in improving TB services in correctional facilities in the Western Cape with the support of donor funding to TB/HIV Care Association who screened 357,063 inmates for TB over the past 3 years as Figure 8 below illustrates. The huge burden of TB at Pollsmoor Correctional facility was also evident.

\textsuperscript{35} Western Cape Government Health Annual Report 2015/16
\textsuperscript{36} ETR.net
Drug Resistant-Tuberculosis

Detection of drug-resistant tuberculosis (DR-TB) increases each year in South Africa, most cases result from airborne transmission of already resistant TB strains. During the period from March 2015 to April 2016, 1,308 people were diagnosed with MDR-TB in the Western Cape, with 76.6% initiated on treatment\(^3\). The treatment success rate for MDR-TB in the Western Cape was 39.4\%, during the current reporting period. New approaches to the treatment of DR-TB were implemented in the Western Cape, including a move away from hospitalisation and towards decentralised treatment sites.

Sexually Transmitted Infections

The Western Cape Antenatal Survey 2015 Report indicated that the overall syphilis prevalence for the Western Cape remained fairly stable as Figure 9 below illustrates. There appears to be a mild downward trend on a Provincial level, but the confidence intervals were still overlapping. Despite an apparent upward trend, the sample size in Central Karoo was too small to draw reliable conclusions.

\(^3\) Western Cape Government Heath Annual Report 2015/16
6.4 STRATEGIC OBJECTIVE 4: Ensuring Protection of Human Rights and Improving Access to Justice

South Africa’s response to HIV, STIs and TB is based on the understanding that the public interest is best served when the rights of those living with HIV and/or TB are respected, protected and promoted. The four sub-objectives include:

- Identify and remove laws that undermine implementation of all NSP interventions and/or increase vulnerability to HIV and/or TB infection
- Ensuring rights are not violated when interventions are implemented and establishing mechanisms for monitoring abuses and vindicating rights.
- Reduce HIV and TB discrimination in the workplace
- Reduce unfair discrimination in access to services

The Western Cape appointed the first provincial police ombudsman in South Africa. The mandate of the Office of the Police Ombudsman is to monitor police conduct, oversee the effectiveness and efficiency of the police service and to promote good relations between the police and the community, in terms of Section 206(3) of the Constitution. A meeting was held with the Ombudsman in 2016 to sensitize him with regard to human rights abuses and the illegal arrests of sex workers and PWIDS in the province. Furthermore, a South African Police Services
Round Table was held, focusing on good practice policing models. SWEAT, a Western Cape based NGO has been functioning for the past 20 years as an advocacy organization with its core objective to provide sex workers with health and human rights services while advocating for sex work to be decriminalised in South Africa. This was done through various programmes such the Sex Worker Empowerment and Enabling Environment (SWEEP) Programme, through advocacy and law reform actions as well as the Sisonke Movement building. The Step-up PWID project in Cape Town spent significant time with communities, law enforcement agencies, politicians’ etc. to advocate and to promote the rights of PWIDS and explain the benefits of harm reduction interventions in this vulnerable population.

During 2015/2016, a total of 6,584 new cases of sexual assault were reported at health facilities and 5,129 sexual assault evidence collection kits were used, in accordance with the Standardised Guidelines for the Management of Survivors of Rape or Sexual Assault. 3,122 clients were provided with provided with post-exposure prophylaxis (PEP)38.

7. MONITORING AND EVALUATION

7.1 Overview of the Provincial Monitoring and Evaluation System

Monitoring and evaluation of the multi-sectoral response requires greater coordination of all sectors (public, private, civil society and development partners). In the absence of a national M&E framework and M&E Plan for the NSP, the Western Cape relied on existing M&E systems that were implemented by key stakeholders in the response to HIV and TB to monitor and report on the implementation of the PSP. During the 2015/16 reporting period the Provincial Council on AIDS (PCA) Secretariat also contacted key partners for data on their programmes and added relevant data where appropriate.

7.2 Progress and achievements in M&E

One of the key achievements during the 2015/16 reporting period was the development of a draft M&E Plan for the WC PSP (2012 to 2016). The Western Cape Provincial M&E plan was aligned to the strategic priority areas of the PSP which is drawn from the National Strategic Plan (NSP)-2012-2016. It is envisaged that the draft will be finalised for implementation in the new NSP period 2017-2022.

38 Western Cape Department of Health (Sinjani)
7.3 M&E challenges encountered
The PSP did not adequately define indicators related to addressing the social and structural barriers and also those related to human rights (Strategic Objectives 1 & 4), hence these indicators were difficult to track and report on during the period under review.

7.4 Remedial action
There will be close collaboration with SANAC to align the M&E framework with the new NSP M&E framework and to implement systems to collect information and data from all the different sectors.

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

8.1 Main findings
This current PSP Progress Report is not able to capture all available HIV and TB programme data in the Western Cape and hence it is a snapshot of progress. This is particularly the case with respect to the NGOs and the private sector activities as systems were not in place to capture all this information. The Western Cape and its partners and donors however invested considerable resources in addressing HIV and TB in the Province. Increasing emphasis on was placed on reaching and providing services to hard to reach key populations such as sex workers, MSM, inmates of prisons and PWIDS. HIV prevalence for both men and women aged 15-24 years took a downward trend. However, it should be noted that women are disproportionately affected and the vulnerability factors increasing the risk of HIV infection amongst women must be addressed. Continued progress was made in reducing HIV transmission in infants through the PMTCT programme to achieve the goal of eliminating mother-to-child transmission of HIV in the Western Cape. The number of clients counselled and tested for HIV increased as did the number of condoms distributed. The antiretroviral treatment programme continued to grow as more and more clients were initiated on ART. Various strategies such as nurses initiating patients on ART and transferring stable clients to ART clubs for quick collection of ART treatment were implemented to cope with the increasing burden of HIV patients requiring treatment and care. TB incidence was on the decline during the period under review. However, drug-resistant tuberculosis became an emerging epidemic. The high TB client loss to follow-up rates for both sensitive TB and particularly for drug resistant TB needs to be addressed. The high TB infection rates in children are indications that TB is by no means under control and much more needs to be done.
8. 2 Challenges and Gaps

- The MMC programme needs to be accelerated with the implementation of new strategies which promote uptake of MMC.
- The TB and drug-resistant TB programme must be strengthened.
- Interventions focusing on addressing high levels of HIV among young women and girls must be implemented.

9. CONCLUSION AND RECOMMENDATIONS

Significant progress was made over the last few years and these need to be sustained to ensure that the Western Cape Province does not regress. The new National Strategic Plan on HIV, STIs and TB 2017-2022 will be launched on World TB Day 24 March 2016. This will be the blueprint for guiding HIV and TB interventions for the country and for all provinces. The Western Cape will develop a 5-year Provincial Implementation Plan which will outline how the province plans to implement the national goals and objectives of the NSP. The Plan will be multi-sector in nature and be customized to the unique challenges and possibilities of the Western Cape. The following recommendations are made to address HIV, STIs and TB in the Western Cape over the next 5 years:

I. Provide strong leadership and political oversight
II. Focus for impact through hotspot mapping and targeted interventions
III. Implement strategies to achieve the 90-90-90 targets for HIV and TB
IV. Strengthen the multi-sector response and build strong partnerships with donor funded organizations and civil society, there is still much to do
V. Focus and investment in the prevention of HIV and TB
VI. Effective integration of HIV, TB and STI interventions and services must continue
VII. Build strong social systems, including strengthening families and communities to decrease the risk of transmission and to mitigate the impact of the epidemics
VIII. Roll out innovative and new interventions such as Pre-Exposure Prophylaxis (PrEP), HIV self-testing, new novel drugs for the treatment of tuberculosis, shorter treatment regimens for DR-TB and TB improved diagnostics
IX. Reach and deliver HIV, STI and TB services to key populations and vulnerable populations
X. Promote Universal Test and Treat (UTT) and expand differentiated care facility decongestion strategies for adherent and stable chronic patients with faster medication collection services
10. REFERENCES & SOURCES
Commission on Gender Equality Annual Report 2015/16

Desmond Tutu HIV Foundation

Higher Education AIDS Programme (HEAIDS)

HIV and AIDS Conditional Grant Evaluation Report 2015/16


Police abuse of sex workers: Data from cases reported to the Women’s Legal Centre between 2011 and 2015. Women’s Legal Centre

SA Centre for Epidemiological Modelling and Analysis (SACEMA) June 2010 South African HIV epidemic

TB/HIV Care Association

TB Proof Unmask Stigma Report 2015


Unmask Stigma Report 2015, TB Proof

Western Cape Antenatal Survey Report 2015

Western Cape Mortality Profile 2013. South African Medical Research Council, 2016.

Western Cape Government Health Annual Report 2015/16

Western Cape Government Healthcare 2030 Strategy

Western Cape Government Social Development Annual Report 2015/16