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ANNUAL PROGRESS REPORT 2014/15

PROVINCIAL STRATEGIC PLAN 2012-2016

EASTERN CAPE PROVINCIAL AIDS COUNCIL

Acronyms

A Nzo	Alfred Nzo
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
BCM	Buffalo City Metro Bay
DHIS	District Health Information System
EC	Eastern Cape
GBV	Gender based violence
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IPT	Isoniazid Prophylactic Therapy
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MTCT	Mother to child transmission
NMB	Nelson Mandela Bay
NSP	National Strategic Plan
O.R Tambo	Oliver Reginald Tambo
PLHIV	People living with HIV
PSP	Provincial Strategic Plan
SA	South Africa
SANAC	South Africa National AIDS Council
STIs	Sexually Transmitted Infections
TB	Tuberculosis
WHO	World Health Organisation

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1. BACKGROUND TO THE PROVINCIAL STRATEGIC PLAN 2012 - 2016

The Provincial Strategic Plan (PSP) for HIV, TB & STIs 2012-2016 is a comprehensive strategy for the Eastern Cape (EC) Province in response to HIV, TB and STIs. The vision of EC is to have a province that is free of new HIV & TB infections; with full coverage of services, high quality of care and support for all people affected by HIV, TB & STIs. In addition; the EC province envisions a society free of stigma and discrimination and with access to services and justice for all. This long term vision is motivated by the four zeros which were derived from the three UNAIDS zeros. The four zeros of the PSP are:

- Zero new HIV & TB and STIs infection.
- Zero deaths as a result of these epidemics,
- Zero discrimination of people living with HIV & TB.
- Zero HIV infection as a result of mother to child transmission (MTCT)

The goals and objectives of the PSP (2012-2016) are adapted and adopted from the National Strategic Plan (NSP) (2012-2016) from the South African National AIDS Council (SANAC). The five goals are as follows:

- Reduce HIV incidence by 50%.
- Reduce TB 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 and deaths from TB by 50%
- Reduce self-reported stigma related to HIV and TB by at least 50%.

The four strategic objectives are:

- 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.

An evaluation of the preceding PSP (2008-2011) revealed that treatment was heavily emphasised under the biomedical and behavioural approaches. After a rigorous multi-sectorial consultation, the PSP (2012-2016) introduced and added a focus on structural and socio-economic interventions to form a more comprehensive implementation plan.

The PSP (2012-2016) informs the Eastern Cape AIDS Council in its coordinating role and in ensuring greater cooperation from all stakeholders (government, civil society, the private sector and development partners) involved in the HIV and AIDS, STI and TB response. The PSP also provides strategic direction for tall the stakeholders at provincial, district and local levels.

2. ASSESSMENT OF PROGRESS AGAINST THE FIVE MAIN GOALS OF THE PSP (2012-2016)

Table 1: EC Impact Indicators

PSP Goals	Indicator	FY 2013/2014	FY 2014/15
Reduce HIV infection by 50%.	HIV incidence (15-49 years)	1.5	1.23%
	MTCT rate	2.0	1.7% (at 6 weeks)
		2.1	1.3% (at 18 months)
	HIV prevalence among women and men aged 15-49	19.9%	19.9%
	HIV prevalence among youth (15-24)	6.2%	6.2%
	HIV Antenatal prevalence among pregnant women 15-49	29.1%	31.3%
Reduce TB incidence and death by 50%	TB incidence	823.1 cases per 100 000	792.3 cases per 100 000
	TB mortality rate	9.3%	
Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation	Patients alive and on treatment	237 830	320 062

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

This goal gives critical insight into the trend and pattern of HIV transmission in the province. It also assesses the success of the prevention and treatment programmes such as the antiretroviral treatment (ART) programme, HIV testing and counselling and behavioural interventions among others, which have been scaled up in the province. HIV incidence and prevalence rates presented are estimates from two mathematical models, the Spectrum and the ASSA model, and from direct laboratory-based estimates as presented in the South African National HIV Prevalence, Incidence and Behaviour Survey, 2012.

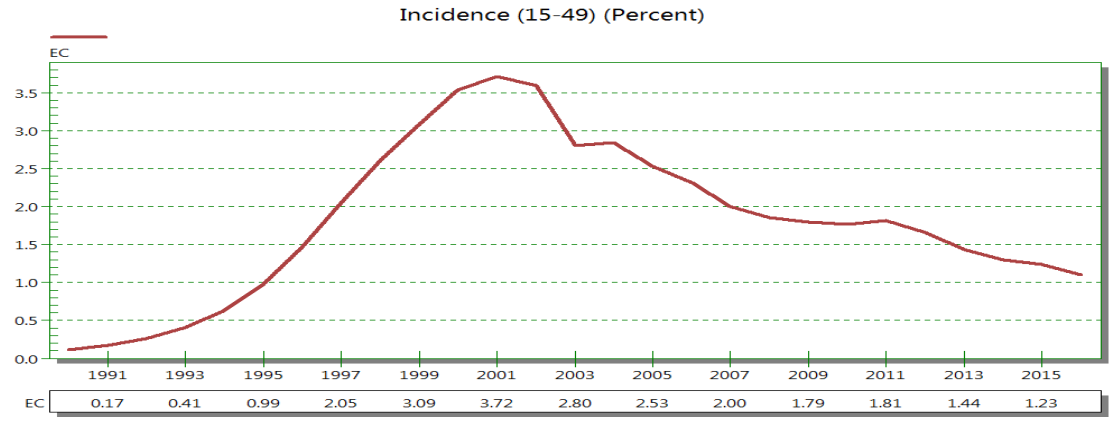
Nationally, HIV infection has reduced gradually among the sexual reproductive age group (15-49). According to mid-year estimates from Statistics South Africa (Stats SA), the incidence rate is 1.22% for the July 2014-June 2015 period which is a slight reduction from 1.23% of the previous year[1].

The province is not on track to meet the target of reducing HIV infection by 50% among the sexually reproductive age groups of 15-49 given that the current PSP comes to an end in 2016/17. However, the province already successfully surpassed the 2% target in the mother to child transmission (MTCT) by registering a 1.7% new infection rate at six weeks in 2014/15.

Figure 1 on the next page shows that HIV incidence among 15-49 years old individuals was 1.23% in 2014 according to Spectrum projections. Despite not being able to meet the 50% reduction target, Figure 1 also shows that HIV incidence among 15-49 year old individuals has been declining during the reporting period.

[1] https://www.statssa.gov.za/publications/P0302/P03022015.pdf

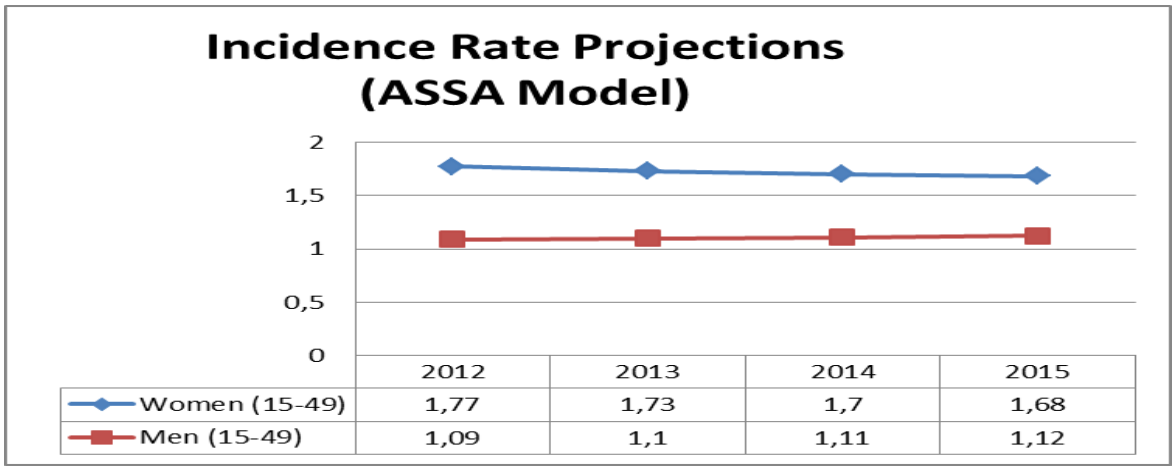
Figure 1: HIV Incidence rate among 15-49 year old individuals in Eastern Cape Province



Spectrum Model Projections

The incidence rate declined from 1.81% to 1.44% then 1.23% in 2011, 2013 and 2015, respectively. Figure 2 further shows estimates of HIV incidence among the sexually reproductive age group (15-49) aggregated by sex. The incidence rates were considered to be high during the reporting period; especially when compared with the 2016 target.

Figure 2: A comparison of HIV incidence for male and females aged 15- 49



ASSA Model Projections 2012-2015

From the previous page, figure 2 shows slight decline in the incidence rate among females and a slight increase among males, of the sexually reproductive age group (15-49). For the 2014/15 period, HIV incidence among females (15-49) was 1.68% and 1.12% for the males[2]. The results indicate that females are still more susceptible to new HIV infections when compared to males. Of concern also was the increase in male HIV infection rates at a time when infection is expected to be reducing.

HIV incidence remained high among other key population groups in 2014/15. The rate of new HIV infection (2.39%) was highest among the female adolescents aged 15-19 whilst it was slightly lower (1.75%) among youth aged 15-24 and 2.26% among women attending antenatal clinics in 2015[3]. Additionally, the ASSA model estimates show that the total incidence rate for the Eastern Cape population plateaued at 0.81% between the year 2012 and 2015. However, the estimate numbers show a slight increase from 49 749 newly HIV infected individuals in 2012/2013 to 50 0014 individuals in 2014/2015.

Reduction in mother to child transmission was one of the major achievements in the province, during the period under review. With an incidence rate of 1.7% at six weeks HIV PCR tests, the province already surpassed the 2016 target of 2%[4]. In 2013/14, the HIV incidence among six week old infants was 2% which reduced to 1.7% in 2014/15[5]. Additionally, HIV incidence at 18 months reduced from 2.1% to 2013/14 to 1.3% in 2014/15[6].

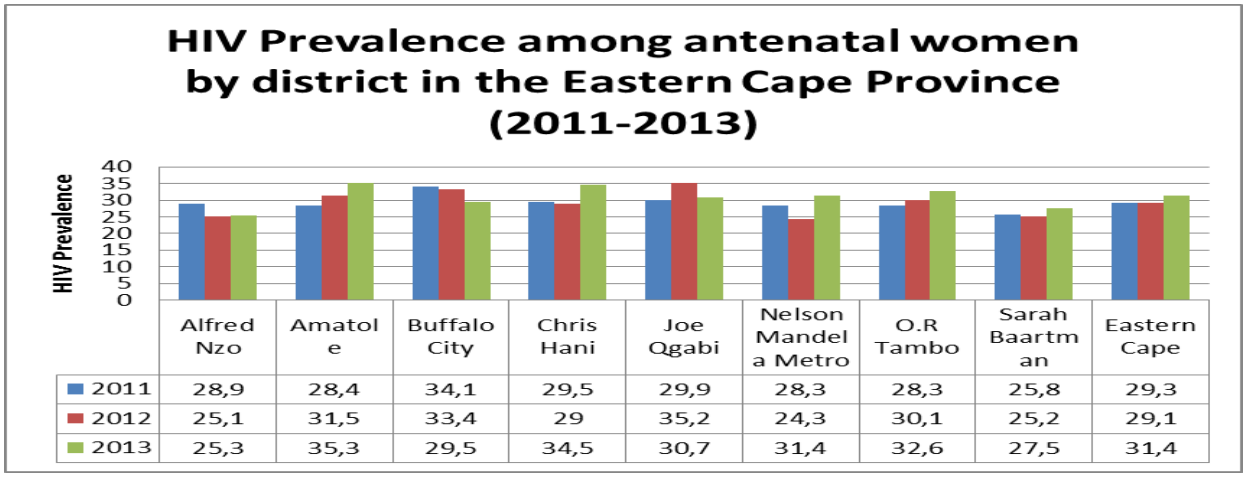
HIV prevalence estimates for the province increased which implies the success of the ART programme in prolonging lives. Table 1 above shows that HIV prevalence among 15-49 year old individuals is 19.9% according to the South African National HIV prevalence, Incidence and Behaviour Survey, 2012[7]. Eastern Cape is the fifth highest HIV prevalence in the country. The province saw a steady increase in HIV

[2] **ASSA2008:** ASSA2008 Model: Provincial Output. AIDS and Demographic Model. AIDS Committee of Actuarial Society of South Africa.
Local copy: /indicators/HIV_AIDS/ASSA2008_ProvOutput_110216.zip
[3] ibid
[4] Massyn N, Peer N, Padarath A, Barron P, Day C, editors. District Health Barometer 2014/15. Durban: Health Systems Trust; October 2015.
[5] Ibid.
[6] DHIS: District Health Information System Database.
[7] Shisana, O., Rehle, T., Simbayi, L., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., Onoya, D. et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town: HSRC Press.

prevalence from 10.2% in 2005 to 15.2% in 2008 and 19.9% in 2012. HIV prevalence among the youth was 6.2% in 2012 which was a decrease from 6.6% in 2008. According to the Eastern Cape PSP Midterm Review, approximately 755 610 individuals were living with HIV in the Province[8].

The proportion of HIV positive pregnant women attending antenatal clinics increased by 3.3% to 31.4% according to the 2013 National Antenatal Sentinel HIV Prevalence Survey South Africa[9]. In 2012, the HIV prevalence among pregnant women attending antenatal clinics was 29.1%.

Figure 3: HIV Prevalence among antenatal women by district in the Eastern Cape Province (2011-2013)



	Alfred Nzo	Amatole	Buffalo City	Chris Hani	Joe Qgabi	Nelson Mandela Metro	O.R Tambo	Sarah Baartman	Eastern Cape
2011	28,9	28,4	34,1	29,5	29,9	28,3	28,3	25,8	29,3
2012	25,1	31,5	33,4	29	35,2	24,3	30,1	25,2	29,1
2013	25,3	35,3	29,5	34,5	30,7	31,4	32,6	27,5	31,4

Figure 3 shows prevalence trends by district among women attending antenatal clinics aged 15-49 in the province. Six districts registered an increase in HIV prevalence between 2012 and 2013 namely Alfred Nzo, Amatole, Chris Hani, Nelson Mandela Metro and Sarah Baartman. Buffalo City and Joe Qgabi had a decline in HIV prevalence. The highest HIV prevalence among women attending antenatal clinics is in Chris Hani (35,3%) whilst Alfred Nzo (25,3%) had the lowest prevalence rate.

During the period under review, the province was not on track on achieving 50% reduction in other STIs other than HIV. There was an increasing trend in number of new STI cases reported in the Eastern Cape. According to the District Health

[8] Eastern Cape Provincial Strategic Plan (2012-2016) Mid-term Review Report, 31 March 2015.
[9] The National Antenatal Sentinel HIV prevalence Survey, South Africa, 2013, National Department of Health.

Information System (DHIS), the incidence rate of new STI episodes was reported at 46.87 per 1 000 individuals in 2015, showing an increase from 45 cases per 1 000 individuals in 2014. The incidence rates were 43.0 and 43.7 per 1 000 individuals for the financial year 2013 and 2012 respectively. This posed serious challenges to HIV prevention and treatment programmes in the province as other STIs increase the likelihood of being infected and or transmitting HIV.

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

During the period under review, TB remained a challenge in the province and nationally, with South Africa having the third highest number of new infections of all types of TB and being the second highest in Drug Resistant TB (DR-TB) in the world.

Figure 4: TB Incidence (all types) in the Eastern Cape Province and Nationally 2012-2015

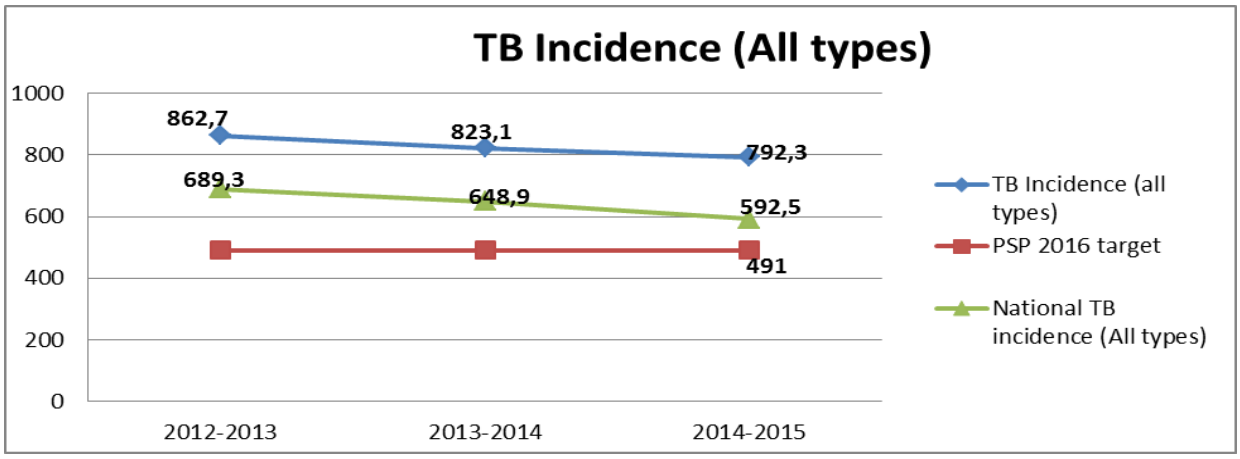


Figure 4 above shows that the Province recorded a high number of new TB (all types) cases since 2012 when compared to the national average. The incidence rate declined to 792.3 cases per 100 000 individuals in 2014-15 from 862.7/100 000 and 823.1/100 000 in 2012-2013 and 2013-2014 respectively[10]. However, it is important to note that at national level, the TB Programme made slow and steady decline in addressing TB[11], during the current reporting period.

[10] Massyn N, Peer N, Padarath A, Barron P, Day C, editors. District Health Barometer 2014/15. Durban: Health Systems Trust; October 2015.
[11] Ibid.

A closer look at district segregation indicates that Eastern Cape districts are a hotspot for TB in the country. Sarah Baartman had the highest TB incidence of 1 127 cases per 100 000 in the country during the period under review.

Figure 5: TB incidence (all types) according to district in the Eastern cape Province 2014/15

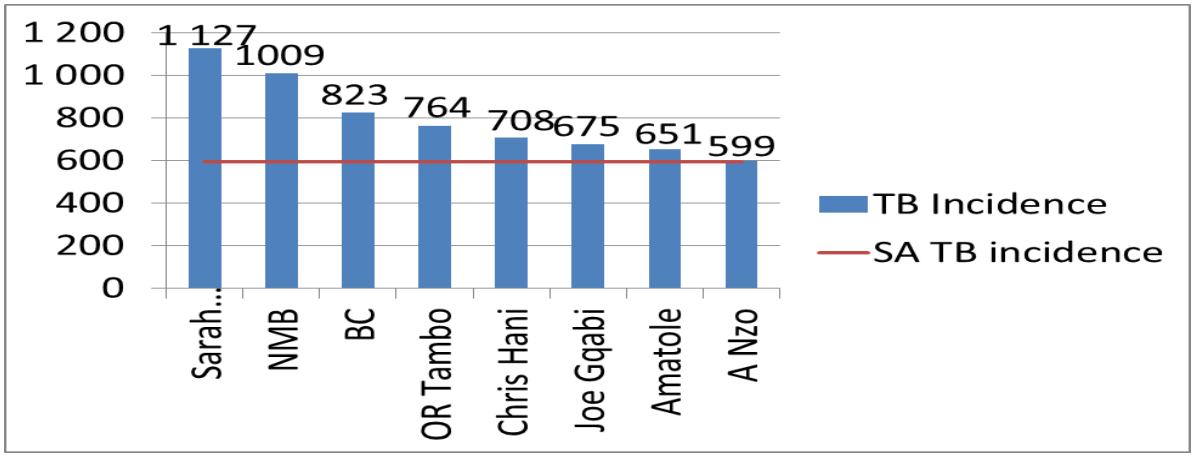


Figure 5 illustrates that Sarah Baartman (1 127 per 100 000 individuals) had the highest cases of new TB infections in the country followed by Nelson Mandela Bay (1009 per 100 000 individuals) and with Alfred Nzo having the least (599 per 100 000 individuals) in 2014/15. The province needs to strengthen its TB programmes if it is to meet the 50% reduction in TB incidence by the end of 2016/17. Despite the high incidence rate in the Eastern Cape, the TB success rate and cure rate was steadily improving during the period under review.

South Africa failed to meet the TB targets of the 2015 Millennium Development Goals (MDGs). This prompted the World Health Organisation (WHO) to launch The End TB strategy in 2014 which targets less than 85 cases per 100 000 by 2020 and less than 55 cases per 100 000 individuals in 2030.

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

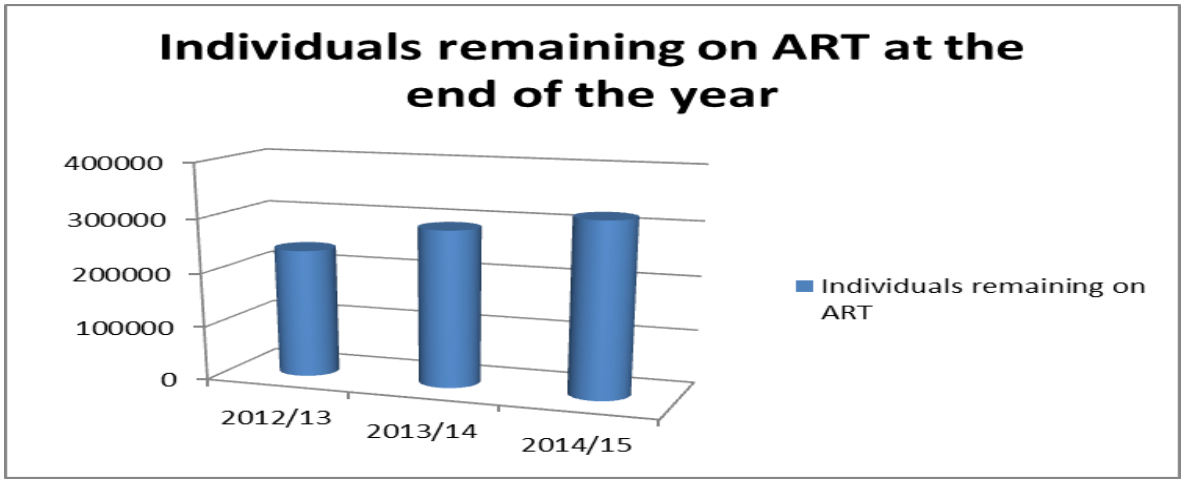
South Africa has the world's largest ART programme in the world. The ART programme seeks to improve quality of life, reduce HIV related mobility and morbidity, provide maximal and durable suppression of viral load and restore and

preserve immune function[12]. Access of ART to eligible individuals greatly improved in the province. Results from the 2013 antenatal survey indicate a concerted effort to initiate all eligible individuals of ART. Approximately 91.7% of all pregnant women who visited the antenatal clinic in 2014/15 and were found HIV positive were initiated on ART[13]. This surpassed the 80% target.

It is also worth noting that the initiation rate of eligible clients is the TB/HIV co-infected clients on ART rate. This indicator may also be used to measure the integration of HIV and TB services[14]. Approximately 89.1% of individuals who were co-infected with TB and HIV were enrolled onto ART in 2014[15].

The total number of people on ART in the province h steadily increased since 2012/13 to 2014/15. Figure 6 shows that as of March 2014, the cumulative number of individuals enrolled on ART was 320 062 with 94% (301 782) being adults and 6% (18 280) being children[16]. As of March 2014, approximately 288 955 individuals were reported to be on ART in public health care facilities[17].

Figure 6: Individuals remaining of ART at the end of 2014/15



[12] http://www.sahivsoc.org/upload/documents/2014%20Adult%20ART%20 Guideline.pdf
[13] **DHIS:** District Health Information System Database. National Department of Health. http://hisp.org/ Local copy: - Accessed from www.hst.gov.za.
[14] Massyn N, Peer N, Padarath A, Barron P, Day C, editors. District Health Barometer 2014/15. Durban: Health Systems Trust; October 2015.
[15] Ibid.
[16] DHIS: District Health Information System Database. National Department of Health. http://hisp.org/ Local copy: -As at March 2014. Based on DHIS data element 'Adult remain on ART total' derived from aggregated Tier.net data. Accessed from www.hst.gov.za.
[17] Eastern Cape Provincial Strategic Plan (2012-2016) Mid-term Review Report, 31 March 2015.

Based on the Eastern Cape Mid-term review report, the province did well in ensuring that at least 70% of individuals were retained on ART for 60 months. As such, the provision of ART significantly reduced HIV related deaths in the country and in turn increased survival rate of people living with HIV, potentially to near-normal life expectancy and inhibiting onward transmission of the virus[18].

Nationally, life expectancy increased as people on ARV are now able to live healthy and fulfilling lives. According to the Stats SA, life expectancy among HIV infected significantly improved from 58.2 to 59.1 years for men living with HIV and 62.1 years to 63.1 years for women living with HIV.

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

HIV related stigma and discrimination is a barrier to prevention, treatment, care and support. The People Living with HIV Stigma Index: South Africa 2014, defines stigma as the process of devaluing or discrediting individuals in the eyes of others.

Discrimination is defined as the unfair and unjust treatment of an individual based on his or her real or perceived HIV status[19]. Stigma has various forms, namely external stigma, internalised stigma; anticipated stigma and courtesy stigma.

Internalized and externalized stigma is high in the national study. Forty three percent of the respondents reported experiencing internalised stigma which results in reduced self-confidence[20]. Feelings of shame and blaming oneself were the most prevalent among those who experienced internalised stigma. It was also found that 36% of the respondents had experienced some form of external stigma. Despite the high levels of internalized and externalized stigma, the study also found that great strides were done in addressing stigma and discrimination in the health care sector.

In 2011, the People Living with HIV Stigma Index study was piloted in the Eastern Cape Province, in O.R Tambo district. Internalised stigma was high with blaming oneself and feeling ashamed as the most prevalent forms. About 35.1% of the

[18] Johnson LF, Mossong J, Dorrington RE, et al. Life expectancy of South African adults starting antiretroviral treatment:collaborative analysis of cohort studies. PLoS Med 2013; 10: e1001418
[19] The People Living with HIV Stigma Index: South Africa 2014. Summary Report. May 2015.
[20] ibid

respondents with internalised stigma blamed themselves with 26.1% feeling ashamed of being HIV positive.

Major Achievements in FY2014/15

- Mother to child transmission (MTCT) 2016/17 target was achieved. The MTCT programme managed to reduce HIV infection to below 1.7% and 1.3% at 6 weeks and at 18 months respectively.
- Expansion of ART programme as more people were enrolled onto ART during 2014/15.
- Integration of TB and HIV services which saw an increase in individuals co-infected with HIV/TB on ART.
- The first ever People Living with HIV Stigma Index was piloted in OR Tambo district in 2011.
- The Eastern Cape is the first province to unveil a Stigma Reduction programme in response to the results of the People Living with HIV Stigma Index study.

Identified Gaps and Challenges:

The gaps presented below are an analysis of what was planned against current performance and the difference is presented as the gap.

- A 50% difference existed between the 2014/15 HIV incidence rate and the targeted 0.40% incidence rate at the end of 2016/17. This is according to the ASSA model estimations of HIV incidence for the total population.
- There was about 40% difference between the targeted 491 cases per 100 000 individuals against current performance (792.3 cases per 100 0000).
- Early sexual debut was high among young people aged 15-24. About 16.8% of young people aged 15-24 had had sex by the age of 15. Eastern Cape Province had the highest proportion of young people engaging in sex before the age of 15 in the South African National HIV Prevalence, Incidence and Behaviour Survey, 2012.
- It was realised that having multiple sexual partners, a risk factor for HIV infection, was also high. Approximately 14.7% had had more than one sexual partner in the 12 months preceding the South African National HIV Prevalence, Incidence and

Behaviour Survey, 2012. The province had the highest proportion individuals engaging in multiple and concurrent partnerships.

- Low condom usage.
- Intergenerational sexual relationships between young women and older men.
- Substance abuse increasing.
- Late presentation and low screening for TB.
- High TB defaulter rate.
- High HIV/TB co-infection rate.

Key Remedial Action

The following recommendations seek to improve areas of sub-optimal performance:

- Strengthen interventions targeting socio-economic and structural factors influencing high rate of new HIV infections among adolescent girls aged 15-19, young people aged 15-24 and among women.
- Strengthen TB prevention, case finding, screening and treatment in communities and health care settings. Increase the use GeneXpert diagnostic machine for detection of drug resistant TB.
- Improve data management for HIV, TB & STI programmes.

3. PROGRESS TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

This section gives an overview of the following: highlights on key policy issues, major achievements, challenges/gaps and recommendations for each of the PSP 2012-2016 strategic objectives including a catch up plan with PSP priorities for 2015/16. The four main priorities areas identified as strategic objectives are socio-economic drivers of HIV, STI and TB, prevention of new infection, health and wellness and protection of human rights and unlawful discrimination and inequality.

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

Overview

The Eastern Cape PSP (2012-2016) identified socio-economic and structural factors which increase susceptibility to HIV, STIs and TB whilst undermining the prevention, treatment and support interventions in the province. Strategic Objective One seeks to promote a comprehensive response which includes meaningful responses to social, political, economic and environmental factors which influence HIV risk. The comprehensive response includes mainstreaming HIV and TB in all sectors, addressing gender based violence and inequalities, reducing vulnerability of orphans and vulnerable children including young people in and out of school, reduction of stigma and discrimination and strengthening political leadership. Substance abuse, multi concurrent sexual partners, intergenerational transactional sex; are some of the behavioural factors highlighted as drivers of HIV and STI infection.

Table 2 below illustrates that 13 government departments had Wellness Programmes that incorporate HIV, TB and STIs in their plans during the period under review. School attendance was at 84% in 2014/15 which is an increase from 80% in 2013/14. Though delivery rate among women aged below 18 was declining in the province from 10.1% in 2013/14 to 9.6% in 2014/15 It should be noted that Eastern Cape Province had the highest delivery rate by young women below the age of 18; during the current reporting period. Additionally the provincial delivery rate was higher than the national delivery rate of 7.4% in 2014/15.

With regards to gender based violence, 9 224 cases of sexual assault were reported to the police. Cases reported to the police decreased in 2014/15 from the number reported in 2013/14. It was also realised that Province has the highest delivery rate by young women below the age of 18.

Table 2: Strategic 1: Social and Structural Drivers of HIV, STIS and TB Prevention, Care and Impact

Indicator	Baseline	Target 2016	2013/14	2014/15	Comment
% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated.	4	13	13	13	All departments have a Wellness programmes which has HIV, TB and STIs plans
Current school attendance among orphans and among non-orphans aged 10-14 (UNGASS 12; MDG Indicator).	98% (2008 SABSSM survey)	Not set	80%	84%	Less than Baseline value.
Delivery rates % for women under 18-NIDS.	10.3		10.1	9.6	Not on track
HIV and TB spend.	Not set	Not set	1 299 292	1 431 296 billion(EC DoH)	The spending is for EC DoH and DoE only.
			34 555	35 769 mil(DoE)	
Number of women and children reporting gender-based violence (GBV) to the police in the last year.	-	Not set	9700	9224	
No. of civil society sectors with plans that integrate gender, HIV and TB	8	17	13	13	On track

The Eastern Cape Department of Health (ECDoH) used R1 431 296 billion under the Comprehensive HIV and AIDS Conditional Grant whilst the Department of Education used the HIV and AIDS Life Skills Education Grant and spent R35 769 million in 2014/15.

Major Achievements,

- All 13 government departments had wellness programmes and plans responding to HIV and TB. A provincial wellness forum was established and was coordinated by the Office of the Premier.
- The Eastern Cape Provincial AIDS Council is functional.

Gaps and Challenges

- Lack of consistent data on a number of indicators for example campaign related indicators.
- The number of reported cases of GBV reduced.
- Less than a quarter of the targeted number of campaigns driven by men to address gender based violence was done.
- No target set for Current school attendance among orphans and vulnerable children but 2014/15 performance (84%) is below baseline value (98%).
- Reporting from sectors was a challenge. Data collection was not feasible on some indicators.
- Social and structural barriers hindered victims of GBV from reporting to the police.

Remedial Action

- Streamline indicators and remove or refine indicators that are not easy to measure.
- Strengthen and encourage reporting from civil sectors and other stakeholders working in response to HIV, STI and TB in the province at local, district and provincial level.
- Improve reporting of GBV cases to the police station by removing barriers which hinder victims from accessing support and care from police.

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

The Province uses the combination prevention approach to prevent new HIV, TB and STIs. Biomedical and behavioural interventions were implemented as the combination approach interventions in Strategic Objective Two.

New HIV testing guidelines were published in 2015 by UNAIDS which aim to assist countries in reaching the 90/90/90 goals. South Africa has adopted the 90/90/90 fast

track model and was in the process of cascading it to the provinces. HIV testing and counselling is a critical gateway to prevention, treatment and support. As such, the province scaled up HIV testing and Counselling campaign with 68% (1 129 036) of targeted individuals being tested for HIV for the 2014/15.

In 2015, the World Health Organisation (WHO) launched The End TB Strategy to guide the country which had failed to meet its 2015 TB Millennium Development Goals (MDGs). The country also launched this ambitious strategy with the largest TB screening campaign in South Africa. During the period under review, massive HIV Counselling and Testing (HCT) campaigns were conducted by the Department of Health and other developmental partners working in the province; as shown in Table 3 below. A total of 1 129 036 individuals was tested and counselled for HIV. This was an increase from 1 086 574 individuals counselled and tested for HIV in the previous year (2013/14).

According to the DHIS 2014/15, 89% of HIV positive people were started on IPT for latent TB infection. Risky sexual behaviour was on the increase with the province registering an increase in the number of young people aged 15-24 engaging in early sexual intercourse before the age of 15, during the period under review. The HSRC Surveys of 2008 and 2012 indicate an upward trend in the number of people who had sexual intercourse before the age of 15 years among the age group (15-24) years as follows: from 13.1% in 2008 to 14.7% in 2012; as shown in table 3 below.

Table 3: Preventing new HIV, TB and STI infections

Indicator	Baseline	Target	2013/14	2014/15	Comment
Number (and percentage) of men and women 15-49 counselled and tested for HIV	1 125 330	1.65 mil	1 086 574	1 129 036	On track
Number and percentage of people screened for TB	888 677	1.65 mil	112 033	105 425 (98%)	Data available is for HIV positive individuals only who screened for TB.
Number of newly diagnosed HIV positive people started on IPT for latent TB infection	53%	85%	53779	89% (52 587)	Surpassed target
Percentage of young women and men aged 15-24 who had sexual intercourse before the age of 15 (age at sexual debut)	16.8% (2012 HRSC survey)	Not set	7.8%	16.8%	Not on track. Trend is increasing.
Percentage women and men aged 15-49 years who have had more than one sexual partner in the last 12 months	14.7% (2012 HRSC survey)	Not set	13.1%	14.7%	Not on track. Trend is increasing.
Male condom distribution	492 mil (2010/11)	135 mil	51 424 785	68 752 025	Surpassed target
Female condom distribution	5.1 mil (2010/11)	Not set	1 652 497	1 831 113	
Number of men medically circumcised	143 000 (2010/11)	500 000	8 147	8 421	Target to high.
Teenage pregnancy	12 089	6000		11 389 (EC DoH)	Not on track

The proportion of individuals 15-49 years old who had more than one sexual partner 12 months preceding the 2012 HSRC survey was 14.7% which is an increase from 7.8% registered during the 2008 HSRC survey. Condom distribution was set to surpass the target set in the PSP (2012-2016). Male and female condom distribution increased with 68 752 025 and 1 831 113 male and female condoms, respectively, distributed in 2014/15. The number of teenagers who fell pregnancy according to DHIS was 11 389.

Major Achievements

- Surpassed the target for IPT uptake among HIV positive individuals.
- HIV testing and counselling campaign reported an increasing number on people testing.
- Increased female and male condom distribution.
- TB screening among HIV positive individuals was high.

Gaps and Challenges

- Lack of data on HIV negative individuals screened for TB.
- Lack of data of men traditionally circumcised. The number reported was for circumcisions done in public health care centres only.
- Teenage pregnancy was unacceptability high.
- No strategy to deal with multiple and concurrent partnerships.

Remedial Actions

- Improvement in documentation of TB screening data for all individuals including HIV negative. DHIS has data on HIV positive screened for TB.
- Integration of traditional and medical male circumcision services to enable data collection.
- Strengthen sexual reproductive health among young people especially young women aged 15-24 target delayed sexual activity and contraceptive use.

Strategic Objective 3: Sustaining Health and Wellness

South Africa's ART programme is the largest in the world. The country expanded access of ART to healthier patients as a strategy to reduce TB epidemic in HIV/TB burden settings[21].

Table 4 shows the efforts made to increase ART coverage among eligible individuals during the current reporting period. . Proxy indicators were used to measure this progress. The proportion of pregnant women initiated on ART was at 91.7%; which was above the set target of 80%, whilst HIV/TB co-infection rate is 89.1%.

The province also did well in the treatment of TB. The percentage of smear positive TB cases that were successfully treated was at 70.5% in 2014/15; as shown in Table 4 below. This was however, below the national target of 85%. Table 4 further confirms that there was high co-infection between HIV and TB though a proxy indicator is used.

Table 4: Strategic Objective 3: Sustaining Health and Wellness

Indicator	Baseline	Target 2016	2013/2014	2014/15	Comment
Proportion of people per year becoming eligible who receive ART	58%	80%		91.7%[a]	[a.] antenatal ART uptake surpassed target.
				89.1%[b]	[b.] HIV/TB co-infection ART uptake surpassed target.
% smear positive TB cases that are successfully treated	-	85%	65.6%	70.5%	On track
TB case fatality rate	7.1%	Not set	6.1%	7.9%	Not on track
Number or % of registered TB patients who tested for HIV	79%	90%	45.7%	90%	On track
Number of all newly registered TB patients who are HIV positive expressed as a proportion of all newly registered TB patients	23 827 <60.67%	>30	86%	89.1%[b]	Not on track [b.] HIV/TB co-infection ART uptake surpassed target.

[21] http://sacemaquarterly.com/hiv-treatment/potential-effects-changing-hiv-treatment-policy-tuberculosis-outcomes-south-africa-results-three-tuberculosis-hiv-transmission-models.html

Major Achievements

- ART programme improved coverage among positive women attending antenatal clinics and those co-infected with TB.
- TB treatment was improving significantly. TB cure rate and successful rate were also improving.

Gaps and Challenges

- A gap of about 6% remained to meet the target of treatment of smear positive TB cases.
- The targeted co-infection rate was less than 30%, however, there was high HIV/TB co-infection.
- High loss to follow of patients on TB treatment.
- Late presentation of individuals with TB symptoms which affects efficacy on TB treatment.
- Lack of TB information by communities.
- Poor adherence to treatment leading to resistance and poor TB outcomes
- Poor recording, reporting in facilities

Remedial Action

- Strengthen the TB programme in the province through increased TB prevention, case finding and treatment interventions with a special focus on children and people living with HIV (PLWHIV).

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

Stigma and discrimination hinders access to HIV, STI and TB related treatment, care and support. This strategic objective seeks to promote equality and equity in the implementation of the combination approach to HIV, TB and STIs in the province.

During the 2014/15 period, no law or policy undermining the implementation of the PSP was reviewed. A mechanism to report human rights violation in points of implementation (mainly in hospitals) was developed. Complaint boxes were set up which allowed individuals experiencing HIV and TB related injustice to report. The

preliminary results from the Stigma Index study, 2014 revealed that nationally, discrimination in access to services among respondents in the survey was very low.

Major Achievements

- The first ever People Living with HIV Stigma Index was piloted in OR Tambo district in 2011.
- The Eastern Cape became the first province to unveil a Stigma Reduction programme in response to the results of the People Living with HIV Stigma Index study.

Gaps and Challenges

- Lack of data on a number of PSP indicators.
- Data collection was a challenge.

Remedial action

- Strengthen reporting from stakeholders.

5. MONITORING AND EVALUATION

Eastern Cape AIDS Council (ECAC) coordinated monitoring and evaluation of HIV, TB and STIs in the province with an aim to improve accountability, multi-sectorial collaboration and evidence based decision making in key interventions. Below are some of the key M&E activities carried out in the year 2014-15.

- A Mid-Term evaluation of the PSP 2012-2016. The review evaluated progress made in the realisation of the goals after two years of implementing the PSP 2012-2016. M&E unit continued to provide strategic information and guidance on the coordination of key activities to the council and District AIDS Councils.
- Quarterly presentations were made to the council and other stakeholders.

In reporting for the achievements of the 2014/15 year, data was collected from Department of Health, District Health Barometer,

Challenges

- Reporting from sectors and some government departments in the province was still a challenge.

- Lack of data on key population groups such as men who have sex with men and sex workers.
- Lack of M&E capacity in District and Local AIDS councils and some civil sectors which impeded reporting.

6. CONCLUSION

The current annual provincial progress report of 2014/15 provided valuable insight into the HIV, TB and STI patterns and trends and their implication to the interventions which were implemented during the period under review.

The Province was not on track in meeting the 50% reduction in HIV incidence especially among the sexually active age group (15-49). A review of the 2014-2015 incidence rates for the different age groups showed that adolescent girls aged 15-19 had the highest incidence rate in the province highlighting a continuing pattern of susceptibility and vulnerability to HIV infection. Additionally, young people aged 15-24 (females and males) also exhibited high transmission of HIV. A national prevalence, incidence and behaviour study reported that Eastern Cape Province had the highest proportion of young people engaging in early sexual debut among the 15-24 year olds as well as the highest proportion of young people engaging in sexual intercourse with more than one partner in the year preceding the survey[22]. A comparison between the sexes in HIV incidence rates highlights that in the current reporting period, women had a higher likelihood of being infected by HIV than their male counterparts. Thus, it is critical to scale up interventions for the adolescent girls, young people and women in general for the province to realise its goal of halving the 2012 incidence rate value.

Results indicate that the province is not likely to meet the target of reducing STI infection by 50% in 2016/17. Risky sexual behaviour and inconsistent and correct condom use may be a reason for the yearly increase in STIs other than HIV in the province. The number of new STIs cases increased in the 2014/15 reporting period. This places the province at greater risk of higher HIV transmission rates. It has been proven that an individual who is co-infected with HIV and other STIs has higher

[22] Shisana, O., Rehle, T., Simbayi, L., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., Onoya, D. et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town: HSRC Press.

chances of transmitting HIV, and the reverse being also true. There is need to raise awareness of other STIs and their negative effect in the province.

The Province did remarkably well on initiating at least 80% of eligible patients on ART and having at least 70% of those on treatment alive and treatment five years after initiation. There is need for more data to encompass the different groups of individuals who are eligible for ART. In this reporting period, proxy indicators were used. There is need for data which enables analysis of 'treatment cascade', a concept which has been used to describe the process of HIV testing, linkage to care, initiation of effective ART, adherence to treatment and retention in care.

The performance review also shows that the Province needs to strengthen its TB programmes if it is to meet the 2016/16 target. Though, TB incidence took a downward trend declined over the past three years, Eastern Cape Province remained a hotspot for TB in the country having Sarah Baartman district as a district with the highest TB incidence in the country. The number of TB infection among children was also worrying. Other challenges associated with TB include a high HIV/TB co-infection rate, lost to follow up rate and defaulter rate which derail the success being realised in improving TB cure rate. Another positive aspect in TB Programme in the province was the high proportion of HIV positive individuals who started on IPT. The high number of new cases may also reflect scaling up of case finding interventions or it may be a presentation of a real burden in the province.

Overall recommendations

- Target evidence informed interventions in HIV, TB and STIs hotspots in the province with special focus on key populations.
- There is need for strengthening behavioural, socio-economic and structural interventions targeting risky sexual behaviour such as multiple and concurrent sexual partnership, inconsistent condom use and early sexual debut.
- Design programmes to address gender based violence which includes sexual violence.

- Strengthen the TB programme in the province through increased TB prevention, case finding and treatment interventions with a special focus on children and people living with HIV (PLWHIV).
- Promote ART uptake and reduce defaulter rate and loss to follow up.
- Strengthen interventions such as adherence clubs to improve adherence to ART.

FAST TRACKING PROGRESS PLAN ---2015/16

This section lists programmes of priority in 2015/16:

Strategic Objective 1:

- Behaviour change: Addressing risky sexual behaviour among young people in and out of school.
- Young (15-24) women Programmes
- Awareness campaigns on HIV, TB and STIs
- Consistent and correct use of condoms promotion
- Gender based violence programmes
- Stigma and discrimination reduction programmes

Strategic Objective 2:

- HIV testing services. This includes treatment, support and care.
- Increased TB screening and treatment.
- STI awareness, treatment and prevention.

Strategic Objective 3:

- Treatment adherence (ART and TB treatment)

Strategic Objective 4:

- Prevention of human rights