FREE STATE PROVINCIAL SUSTAINABILITY PLAN

SOUTH AFRICAN NATIONAL AIDS COUNCIL
OUR ACTIONS COUNT

CONTENTS

FOREWORD

This Free State Provincial Sustainability Plan Snapshot forms part of the SANAC-led sustainability process across all nine provinces. The process is intended to strengthen the long-term sustainability, resilience, and institutionalisation of South Africa's HIV, TB and STI response by embedding sustainability and transition planning within routine planning, implementation, monitoring, and accountability systems. Provincial plans should therefore not be understood as stand-alone products, but as provincial building blocks of a coordinated national approach to sustaining gains, managing transition, and guiding evidence-informed action.

This provincial snapshot is closely aligned to the National Strategic Plan for HIV, TB and STIs 2023–2028 (NSP) and serves as a complementary provincial instrument to support implementation of the NSP. In particular, it translates national sustainability objectives into practical provincial priorities, actions, and accountability pathways. Together with the other provincial sustainability briefs, it will inform the National Sustainability and Transition Plan and link provincial analysis to a coherent national framework for action.

Within this context, the Free State Provincial Sustainability Plan provides a structured basis for sustaining HIV and TB gains over the medium term in a context of fiscal pressure, evolving donor dynamics, and uneven programme sustainability. The analysis indicates that the province has stronger foundations in core HIV treatment and TB control, while greater vulnerability remains in key populations, social enablers, Adolescent Girls and Young Women (AGYW) programming, and some NGO-led and prevention-oriented interventions.

The plan was developed through a provincially led and consultative process anchored by the PCA, drawing on stakeholder interviews, programme scoring across sustainability domains, epidemiological and financial analysis, and validation through a multi-stakeholder workshop. This provides a credible basis for provincial ownership, prioritisation, and implementation.

The latest National AIDS Spending Assessment (NASA) expenditure data indicates that HIV spending in the Free State remained substantial across 2021/22 to 2023/24 and was financed

predominantly through public entities and insurance within the assignable provincial spending categories. This is an important strength. At the same time, the broader sustainability analysis shows that aggregate spending strength does not fully resolve programme-level vulnerability, particularly where services remain donor-sensitive or insufficiently institutionalised.

Overall, the provincial picture is one of meaningful but partial readiness for sustainability. The immediate implication is not a lack of progress, but a need for more deliberate programme-level transition planning, financing visibility, governance strengthening, and inclusion to consolidate gains and reduce exposure in more fragile areas of the response.

BACKGROUND

Free State has a population of 3,044,050, representing about 4.8% of South Africa's total population, and comprises one metropolitan municipality and four district municipalities. The province remains a high HIV-burden setting, with HIV prevalence estimated at 15.6% in 2022. In 2023, the province had not yet achieved the UNAIDS 95-95-95 targets, with 94% of people living with HIV diagnosed, 86% of those diagnosed on ART, and 93% of those on ART virally suppressed, translating into an overall achievement of 75% against the 2025 goal.

Treatment performance is mixed across districts. Adult viral suppression is relatively strong overall, while paediatric outcomes remain weaker and more uneven. TB performance shows progress, but the province continues to face challenges in screening, treatment success, mortality, and retention in care. These patterns reinforce the need to sustain strong treatment platforms while sharpening attention to service equity and continuity.

The broader sustainability context is also shaped by fiscal constraints, competing national priorities, and the expectation that provinces increasingly strengthen domestic ownership of the HIV and TB response over time. In this environment, sustainability planning is not only a financing exercise; it is also a governance, systems, and transition-management exercise.

INDICATOR	FS POSITION
Population	3,044,050
Share of SA population	4.80%
HIV prevalence (2024)	14%
Estimated PLHIV	421,695
Diagnosed among PLHIV (2023)	94%
On ART among diagnosed (2023)	86%
Virally suppressed among those on ART (2023)	93%
Overall achievement against 95-95-95 goal	75.00%
Adult ART coverage (2023/24)*	81%
Child ART coverage (2023/24)*	53.2%
Adult viral suppression (2023/24)	92.90%
Child viral suppression (2023/24)	81.20%
TB screening achievement, age 5+ (2022/23)	93.30%
TB screening achievement, under 5 (2022/23)	100.80%
DS-TB treatment success (2023/24)	71.30%
MDR-TB treatment success (2023/24)	62.20%
XDR-TB treatment success (2023/24)	46.90%
DS-TB loss to follow-up (2022/23)	13.10%
TB death rate (2022/23)	12.90%

**Adult and Child ART coverage is from Thembisa 2024 data published in Spotlight, 2025*

Figure 1. Free State Key Data at A Glance

METHODOLOGY AND APPROACH

The Free State PSP was developed through a phased, participatory process led by the Provincial AIDS Council, supported by technical input and stakeholder consultation. The process included provincial planning meetings, document review, epidemiological and expenditure analysis, and interviews with government, civil society, and other sector stakeholders. A validation and response-planning workshop was held in Bloemfontein on 10 July 2025 with 49 participants, after which the plan was refined and reviewed through provincial and UNAIDS processes.

The assessment covered nine programme areas across six sustainability domains: epidemic control, governance and accountability, financial sustainability, service delivery, critical enablers, and resilient health systems. The resulting analysis provides a structured view of where the province is progressing well and where more focused action is required.

NATIONAL AIDS SPENDING ASSESSMENT + HIV AND TB (2021/22–2023/24)

The latest NASA data shows that HIV spending in the Free State remained substantial across the three most recent years reviewed. Total HIV expenditure was R3.13 billion in 2021/22, increased to R3.45 billion in 2022/23, and then eased slightly to R3.35 billion in 2023/24. TB expenditure was much lower in relative terms, recorded at R499.3 million in 2021/22, R56.3 million in 2022/23, and R58.0 million in 2023/24.

Taken together, the expenditure pattern indicates that the province's HIV financing base remained broadly stable over the period, with a marked increase in 2022/23 followed by slight moderation in 2023/24 rather than a sharp decline. TB spending remained substantially lower than HIV expenditure across all three years and declined sharply after 2021/22, before showing a marginal increase in 2023/24. Combined HIV and TB expenditure therefore remained substantial overall, although with some softening over time.

The latest NASA data indicates that assignable provincial HIV expenditure is financed almost entirely through public entities and insurance sources. This points to a relatively strong degree of domestic anchoring in the provincial HIV financing profile.

An important limitation remains while 88% of total HIV spending was disaggregated by province and most public funding was captured, the provincial distribution of some external resources is not fully reflected because geographic breakdowns from PEPFAR and the Global Fund were unavailable. The latest series should therefore be interpreted as a strong but partial picture of the provincial financing landscape.

The underlying PSP financial analysis remains important for interpreting what this means programmatically. Earlier NASA+ findings showed that HIV expenditure in the Free State was heavily concentrated in care and treatment, with a smaller share allocated to prevention,

and that certain interventions such as PrEP, AGYW programming, and key populations were particularly donor sensitive.

The latest financing pattern therefore continues to suggest a response that is strongly anchored in core treatment expenditure, while more prevention-oriented and population-specific interventions remain relatively more exposed. This helps explain why strong aggregate financing can coexist with weaker sustainability scores in specific programme areas.

A related provincial comparison indicates that the Free State's HIV prevalence and per capita spending are broadly aligned. The PSP records per capita HIV spending of ZAR 526 against a provincial HIV prevalence of 15.6%, suggesting relatively strong expenditure alignment at a high burden level.

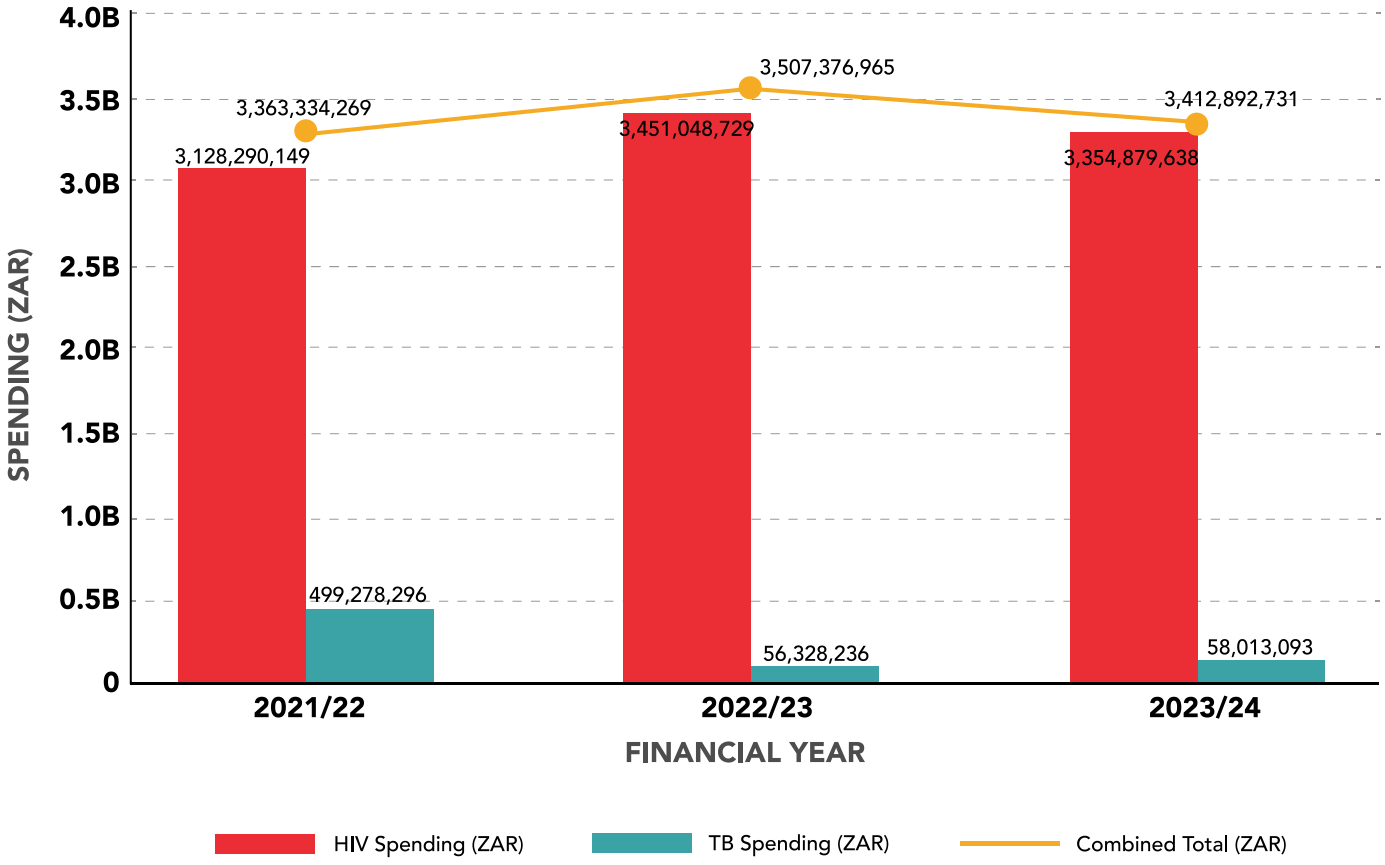


Figure 2. HIV and TB Expenditure Trends in Free State (2021/22–2023/24)

PROVINCIAL SUSTAINABILITY ASSESSMENT RESULTS

The strongest sustainability performance was observed in HIV treatment, which showed substantial progress across all assessed domains. TB control also demonstrated relatively strong sustainability prospects, although governance and accountability appear less advanced than other domains. VMMC and other biomedical prevention showed mixed but generally moderate performance. AGYW and boys programming reflected partial progress across domains, while NGO-led services were stronger in service delivery than in financial sustainability.

The most constrained programme areas were key populations and social enablers. In both cases, the assessment points to weaker financial sustainability, more limited service delivery readiness, and a less enabling institutional environment. Across the broader response, financial sustainability emerged as the most pressing cross-cutting concern.
A concise provincial summary is set out in Figure 3.

This overall pattern suggests that the province is well placed to sustain core treatment functions but will require a more focused transition strategy for prevention, community-facing services, and equity-oriented programming.

STRONG

HIV TREATMENT

Clear provincial strength and core sustainability anchor

TB CONTROL

Solid foundation, with scope to strengthen governance and accountability

MODERATE

VMMC

Reasonable progress, though financing and systems may need closer attention

WEAK

OTHER BIOMEDICAL PREVENTION

Service delivery stronger than enabling and financing conditions

AGYW AND BOYS

Continued integration and financing attention may be needed

NGO-LED SERVICES

Important delivery role, though financing sustainability remains constrained

KEY POPULATIONS

Greater institutional, financing, and service continuity attention appears warranted

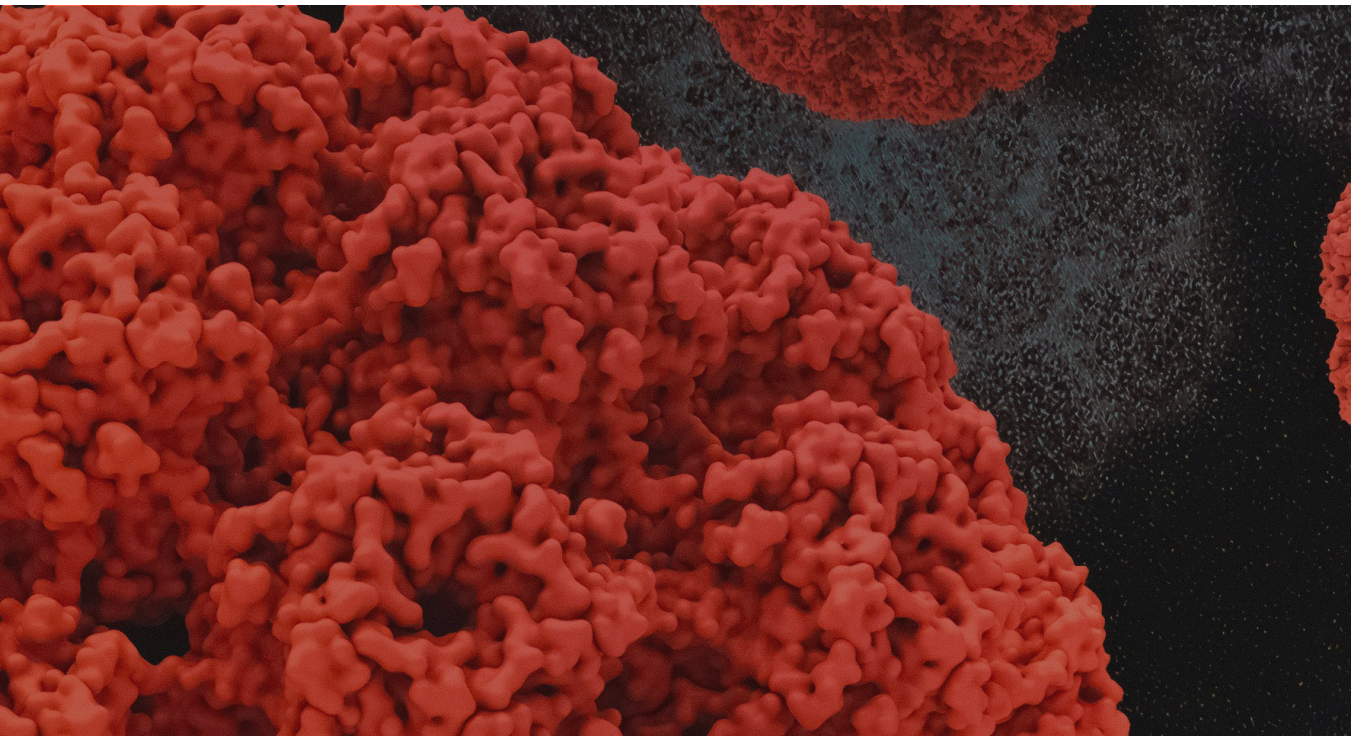
SOCIAL ENABLERS

One of the least mature areas in sustainability terms

PROVINCIAL PROGRAMME/GOVERNANCE

Stronger coordination and oversight could support implementation

Figure 3. Provincial Sustainability Landscape by Programme Area



PRIORITY ACTIONS EMERGING FROM THE PROVINCIAL SUSTAINABILITY ANALYSIS

The table below provide a concise, province-specific set of priority action points derived from the sustainability analysis.

THEMATIC AREA	PRIORITY ACTION POINT
Service Delivery/Epidemic Control	Prioritise a phased transition plan for social enablers, AGYW programming, and other prevention- and community-facing services, while strengthening the routine integration of services for vulnerable and underserved populations.
Financial sustainability	Improve budget visibility and routine planning for donor-sensitive programme areas that remain weaker despite strong treatment financing.
Resilient health systems	HRH: Capacity building, training, mentorship to deliver integrated services, increase allocative efficiency of health workers at facility level, prioritise filling of critical budgeted, vacant positions for facilities (specificially the high volume facilities). Supply chain monitoring and management.
Governance and accountability	Strengthen the use of the Resource Mobilisation Committee and broader PCA structures to support accountability, oversight, and coordinated implementation. Use integrated expenditure and programme data more systematically to identify programme-level vulnerabilities that may be masked by strong aggregate financing.
Cross-departmental coordination and stakeholder engagement	Strengthen coordination across departments, Provincial Treasury, civil society, and implementing partners to improve sustainability planning and shared ownership.
Critical enablers	Address persistent stigma, access barriers, and enabling-environment gaps affecting vulnerable and underserved populations.

Figure 4. Free State Priority Action Point

FINANCIAL SUSTAINABILITY AND CRITICAL ENABLERS

Financial sustainability remains the most significant cross-cutting concern in the provincial assessment. This is particularly evident in key populations, social enablers, and NGO-led services, where programme continuity is more exposed to funding uncertainty and weaker institutionalisation. The issue is not an absence of provincial commitment, but a need for more deliberate alignment between financing patterns and programme sustainability priorities.

Critical enablers show a similar pattern. The PSP points to ongoing barriers related to stigma, discrimination, service accessibility, and support for community-based responses. These issues are central to whether programmes can maintain reach, uptake, and continuity for affected populations. A more structured approach to human rights, inclusion, and community systems support would strengthen the province's broader sustainability prospects.

POLICY CONSIDERATIONS

The Free State analysis suggests that the province now needs to move beyond a broad focus on total domestic financing toward a more programme-specific view of sustainability. In practical terms, the question is not only whether the overall HIV and TB response is largely domestically financed, but whether priority services are sufficiently embedded in provincial systems, planning, and budgets to remain stable over time.

A first priority is to strengthen institutional arrangements for sustainability oversight, including the Resource Mobilisation Committee and broader PCA-led coordination. The plan already provides for an RMC structure chaired by Provincial Treasury leadership and co-chaired by civil society, which offers a practical platform for aligning financing, oversight, and accountability.
A second priority is greater budget visibility and transition planning for donor-sensitive services, particularly key populations, AGYW programming, social enablers, and selected NGO-led interventions. These areas require more deliberate incorporation into provincial planning and budgeting processes over time.

A third priority is service equity and inclusion. The PSP highlights persistent barriers affecting key populations and other underserved groups, including stigma, uneven institutional recognition, and gaps in the enabling environment. Addressing these constraints will be important for more equitable continuity of care and stronger long-term programme resilience.

Finally, the province would benefit from stronger integration of expenditure and programme data. A more joined-up view of spending, service performance, and sustainability risk would support sharper prioritisation, especially where aggregate financing trends can mask vulnerability in specific programmes or populations.

CONCLUSION

As part of the broader SANAC-led national process, this brief provides a decision-focused summary of where Free State is strongest, where the main sustainability risks sit, and what requires action. Its value is practical: it should guide provincial prioritisation, inform the National Sustainability and Transition Plan, and support a more coordinated transition response across South Africa.

Overall, Free State has a credible sustainability foundation, with particular strength in HIV treatment and TB control, supported by a largely domestically anchored HIV financing base. The priority now is to consolidate these strengths while addressing vulnerability in prevention-oriented, community-facing, and equity-sensitive programme areas. This will be important not only for sustaining provincial gains, but also for informing a more coherent national transition response in support of the NSP 2023–2028 and South Africa's goal of ending HIV, TB and STIs as public health threats by 2030.