GAUTENG PROVINCIAL SUSTAINABILITY PLAN

SOUTH AFRICAN NATIONAL AIDS COUNCIL
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CONTENTS

FOREWORD

This Gauteng Provincial Sustainability Plan Snapshot forms part of the broader SANAC-led national 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 sustainability 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 helps translate national sustainability objectives into practical provincial priorities, actions, and accountability pathways. Together with the other provincial sustainability briefs, this summary will inform and be integrated into a single National Sustainability and Transition Plan, thereby linking provincial analysis to a coherent national framework for action.

Within this broader context, the Gauteng 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 suggests that the province has stronger foundations in Voluntary Medical Male Circumcision (VMMC), TB control, HIV treatment, and parts of the broader provincial programme, while greater vulnerability remains in Adolescent Girls and Young Women (AGYW) programming, social enablers, other biomedical prevention, and selected donor-sensitive prevention and community-facing interventions.

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

The latest National AIDS Spending Assessment (NASA) data suggests that HIV spending in Gauteng remained substantial across 2021/22 to 2023/24 and was financed predominantly through government, with a smaller contribution from private sector and insurance sources within the assignable provincial spending categories. This is an important strength. At the same time, the broader sustainability analysis indicates that aggregate spending strength does not fully resolve programme-level vulnerabilities, particularly where services remain donor-sensitive or insufficiently institutionalised.

Overall, the provincial picture is one of meaningful but uneven readiness for sustainability. Going forward, a more deliberate focus on programme-level transition planning, financial sustainability, governance, and inclusion will be important to help consolidate existing gains, address areas of fragility, and contribute to South Africa's broader goal of sustaining progress and ending HIV, TB and STIs as public health threats by 2030.

BACKGROUND

Gauteng is South Africa's most populous and urbanised province, with over 15.9 million people, representing approximately 25.3% of the national population. The province comprises three metropolitan municipalities — Johannesburg, Tshwane, and Ekurhuleni — as well as two district municipalities, Sedibeng and West Rand, which are further divided into six local municipalities. Gauteng has the third-lowest HIV prevalence in the country at 11.9%, although the absolute burden remains high because of the province's population size and urban concentration. Progress toward the UNAIDS 95-95-95 targets remains uneven. The province achieved the first target, with 95% of people living with HIV aware of their status, but only 77% of those diagnosed were on ART and 92% of those on treatment were virally suppressed, translating into an overall achievement of 67% against the 2025 goal.

Treatment performance varies considerably across districts. Adult ART coverage was highest in Johannesburg and Ekurhuleni and lowest in Tshwane. Adult viral suppression was relatively strong overall at 92.4%, but child viral suppression remained significantly lower at 66.7%, with notable district disparities, particularly in Sedibeng and Tshwane. These patterns suggest that, while the province is performing relatively well on diagnosis and adult treatment outcomes, important gaps remain in treatment continuity and paediatric HIV outcomes.

Prevention performance is mixed. HIV testing met targets, female condom distribution exceeded targets, male condom distribution fell short, and the province continued to expand PrEP and key population reach. This suggests that prevention platforms are functioning in several areas but remain uneven in coverage and performance.

TB performance is comparatively stronger in some areas. In 2022/23, Gauteng exceeded TB screening targets and, in 2023/24, recorded DS-TB treatment success of 75.7%, close to the national average. MDR-TB treatment success at 64.4% was above the national average, although XDR-TB treatment success remained lower at 47.2%. DS-TB loss to follow-up was relatively low at 6.6%, but mortality remained slightly above the national average.

The broader sustainability context is shaped by fiscal constraints, competing priorities, donor transition risk, and the need to sustain high-volume service delivery in a large, mobile, and highly urbanised population. Within this environment, sustainability planning serves not only as a financing exercise, but also as a governance, systems, and transition-management exercise.

INDICATOR	GP POSITION
Population	15.9 million
Share of SA population	25.30%
HIV prevalence	12%
Estimated PLHIV	1,994,720
Diagnosed among PLHIV	95%
On ART among diagnosed	77%
Virally suppressed among those on ART	92%
Overall achievement against 95-95-95 goal	67%
Adult ART coverage (best districts)	66.4% Johannesburg 66.0% Ekurhuleni
Adult ART coverage (lowest district)	25.5% Tshwane
Child ART coverage	47.7%
Adult viral suppression	92.40%
Child viral suppression	66.70%
TB screening achievement, age 5+ (2022/23)	112.70%
TB screening achievement, under 5 (2022/23)	98.00%
DS-TB treatment success (2023/24)	75.70%
MDR-TB treatment success (2023/24)	64.40%
XDR-TB treatment success (2023/24)	47.20%
DS-TB loss to follow-up (2022/23)	6.60%
TB death rate (2022/23)	9.00%

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

Figure 1. Gauteng Key Data at A Glance

METHODOLOGY AND APPROACH

The Gauteng PSP was developed through a phased, participatory process led by the PCA, supported by technical input and stakeholder consultation. The process included planning meetings, document review, epidemiological and expenditure analysis, and interviews with government officials, civil society actors, and other stakeholders. A response-planning workshop was held in Sandton on 5 March 2025 with 62 delegates, after which the plan was refined and endorsed through provincial and SANAC 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 analysis provides a structured view of where the province is progressing well and where more deliberate attention may be required.

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

The latest NASA data shows that HIV spending in Gauteng remained substantial across the three most recent years reviewed. Total HIV expenditure was R8.76 billion in 2021/22, increased to R9.34 billion in 2022/23, and then eased to R8.67 billion in 2023/24. TB expenditure was much lower in relative terms, but increased steadily over the same period, from R145.1 million in 2021/22 to R166.9 million in 2022/23 and R175.4 million in 2023/24.

Taken together, the expenditure pattern suggests that Gauteng's HIV financing base remained high and relatively stable over the period, with an increase in 2022/23 followed by moderation in 2023/24 rather than a sharp decline. TB spending, by contrast, showed a steady upward trend. Combined HIV and TB expenditure therefore peaked in 2022/23 and returned closer to the 2021/22 level in 2023/24, indicating a financing profile that remains substantial overall but is not entirely flat from year to year.

The latest NASA data indicates that assignable provincial HIV expenditure is financed predominantly by the Government of South Africa, with a smaller contribution from private sector and domestic corporate or insurance sources. Government accounted for 92% of HIV spending in both 2021/22 and 2022/23, increasing to 96% in 2023/24, while private and domestic corporate contributions declined from 8% to 4% over the same period. This points to a strong degree of domestic anchoring in the provincial HIV financing profile.

An important limitation remains while most public funding has been captured in the provincial allocation, 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, in 2019/20, total HIV financing in Gauteng amounted to R8.01 billion, with 71% funded by government, 24% by PEPFAR, 5% by medical insurance, and 1% by the Global Fund. HIV expenditure was heavily concentrated in care and treatment, which absorbed 82% of total HIV spending. Prevention accounted for only 5% of the budget, while social enablers were fully donor funded.

The latest programmatic breakdown continues to reflect a treatment-led financing profile. HIV care and treatment accounted for 80% of HIV spending in 2021/22, 85% in 2022/23, and 81% in 2023/24. Prevention accounted for 5%, 3%, and 4% respectively over the same period, while HIV testing and counselling remained at 3% to 4%. This suggests that Gauteng's financing pattern remains heavily oriented toward treatment, with a comparatively smaller share directed toward prevention and structural enablers.

Within prevention, the expenditure mix also shifted over time. VMMC accounted for 50% of prevention spending in 2021/22 and 47% in 2022/23 but declined to 20% in 2023/24. Condom programming rose sharply to 56% of prevention expenditure in 2023/24, while key population interventions increased in absolute terms across the period but continued to represent a relatively modest share of total prevention spending. These shifts may point to changes in implementation emphasis, expenditure timing, or classification across years.

The PSP also notes that AGYW, key populations, VMMC, and PrEP were heavily donor-dependent in the earlier NASA+ picture, while social enablers were fully donor-funded. This helps explain why strong aggregate expenditure can coexist with weaker sustainability scores in specific programme areas.

A related provincial comparison suggests that Gauteng's HIV prevalence and per capita spending should be interpreted with care. The province's HIV spending per capita was estimated at ZAR 521 against an HIV prevalence of 11.9%, suggesting a moderate-prevalence but relatively high-spending profile. This may partly reflect the urban service burden, the scale and complexity of metro-based delivery, and the need to maintain efficiency in a very large and mobile population.

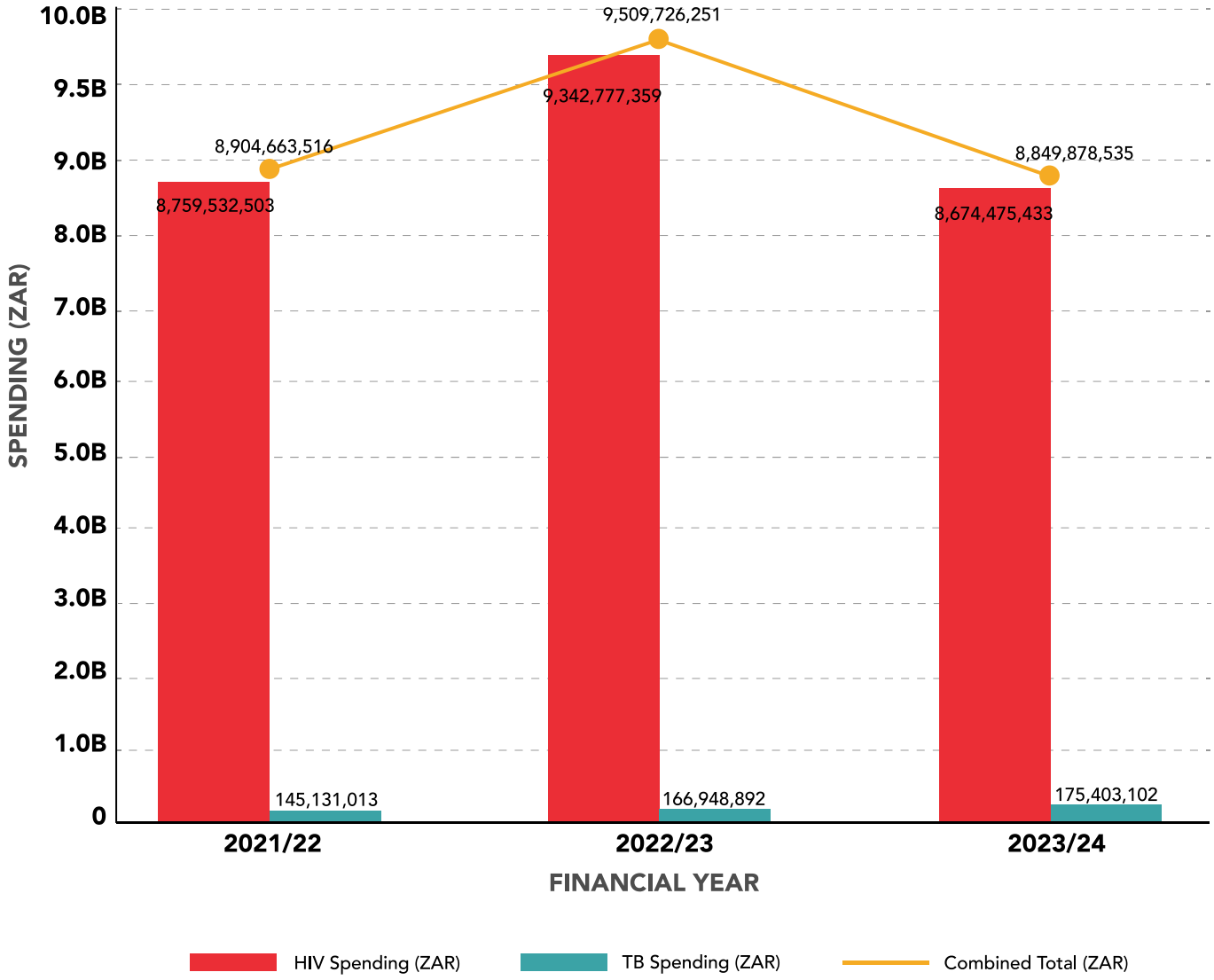

Figure 2. HIV and TB Expenditure Trends in Gauteng (2021/22–2023/24)

PROVINCIAL SUSTAINABILITY ASSESSMENT RESULTS

The strongest sustainability performance was observed in VMMC, which demonstrated substantial progress in resilient health systems, critical enablers, and service delivery, while maintaining partial progress across the remaining domains. TB control also showed a strong sustainability trajectory, with substantial progress in epidemic control and resilient health systems, and partial progress in the other domains.

The broader provincial programme and HIV treatment each demonstrated at least one area of substantial progress, particularly financial sustainability and critical enablers respectively, while maintaining partial progress across the remaining domains. Key populations and NGO-led services showed partial progress across all assessed domains, suggesting that an implementation platform exists but requires further strengthening to move toward a more secure sustainability position.

The most constrained programme areas were AGYW and social enablers. AGYW showed little or no progress in governance and accountability and critical enablers, while social enablers showed similarly weak performance in financial sustainability and resilient health systems. Other biomedical HIV prevention showed partial progress overall, but critical enablers emerged as a clear weakness. Across the broader response, critical enablers, governance and accountability, and financial sustainability emerged as the most vulnerable cross-cutting domains.

This overall pattern suggests that Gauteng is relatively well placed to sustain core treatment, TB, and VMMC platforms, but may benefit from a more focused transition strategy for AGYW, social enablers, other biomedical prevention, and selected donor-sensitive community-facing interventions. A concise provincial summary is set out in Figure 3.

This overall pattern suggests that Gauteng is relatively well placed to sustain core treatment and clinical platforms but would benefit from a more focused transition strategy for structurally weaker, donor-sensitive, and community-facing programme areas.

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 AGYW programming, social enablers, other biomedical prevention, and selected donor-sensitive community-facing services.
Financial sustainability	Improve budget visibility and routine planning for weaker programme areas that remain vulnerable despite a substantial domestically anchored financing base.
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	Use the Resource Mobilisation Committee and broader PCA structures more actively to strengthen oversight, accountability, and coordinated follow-through. Use integrated expenditure and programme data more systematically to guide prioritisation where strong aggregate financing may mask programme-level vulnerability.
Cross-departmental coordination and stakeholder engagement	Strengthen coordination across metro and provincial structures, Treasury, civil society, and partners to align financing, planning, and delivery in a high-volume urban setting.
Critical enablers	Strengthen more inclusive routine service delivery by addressing GBV response gaps, limited rights awareness, and other enabling-environment weaknesses affecting vulnerable and underserved populations.

Figure 4. Gauteng Priority Action Point

FINANCIAL SUSTAINABILITY AND CRITICAL ENABLERS

Financial sustainability remains one of the most significant cross-cutting concerns in the provincial assessment. This is particularly evident in AGYW programming, social enablers, and selected donor-sensitive prevention and NGO-linked services, where programme continuity appears more exposed to funding uncertainty and weaker institutionalisation. The analysis does not suggest an absence of provincial commitment; rather, it points to the need for stronger alignment between financing patterns and programme sustainability priorities.

Critical enablers show a similar pattern. While Gauteng has made progress in some core programme areas, the PSP points to ongoing barriers related to GBV response, rights-based programming, community trust, and broader structural support. These issues are not peripheral to sustainability; they are central to whether programmes can maintain reach, uptake, and continuity for affected populations.

The AGYW and social enablers programmes are particularly important in this regard. AGYW showed weak progress in governance and accountability and critical enablers, while social enablers showed similarly weak performance in financial sustainability and resilient health systems. The PSP identifies issues such as limited government ownership, poor integration of partner-led activities, the absence of a costed transition plan, weak expenditure tracking, and limited operationalisation of human rights systems. A more structured and phased approach to institutionalisation in these areas is therefore likely to be a critical transition priority.

POLICY CONSIDERATIONS

The Gauteng analysis suggests that the province would benefit from moving beyond a broad focus on total domestic financing toward a more programme-specific view of sustainability. In practical terms, this means considering not only whether the overall HIV and TB response is largely domestically financed, but also whether key 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. Gauteng already has a formally constituted 14-member RMC chaired by Provincial Treasury leadership and co-chaired by civil society, which offers a strong platform for aligning financing, oversight, and accountability.

A second priority is greater budget visibility and transition planning for donor-sensitive services, particularly AGYW programming, social enablers, PrEP, key populations, and selected prevention services. The assessment suggests that 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 vulnerable populations, including limited government ownership in some programme areas, weak GBV response capacity, limited rights awareness, and gaps in the enabling environment. Strengthening the policy and service response in these areas would support more equitable continuity of care and improve long-term programme resilience.

There is also an opportunity to strengthen the joint use of expenditure and programme data to support better prioritisation, especially where aggregate financing trends may 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 Gauteng is strongest, where the main sustainability risks lie, 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, Gauteng has a credible sustainability foundation, with particular strength in VMMC, TB control, HIV treatment, and selected elements of the broader provincial response, supported by a largely government-anchored HIV financing base. The priority now is to consolidate these strengths while addressing vulnerabilities in AGYW programming, social enablers, other biomedical prevention, and selected donor-sensitive services. 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.