# LIMPOPO PROVINCIAL SUSTAINABILITY PLAN

SOUTH AFRICAN NATIONAL AIDS COUNCIL
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# FOREWORD

The Limpopo Provincial Sustainability Plan Snapshot forms part of the SANAC-led sustainability process across all nine provinces. The process seeks to strengthen the long-term sustainability, resilience, and institutionalisation of South Africa's HIV, TB and STI response by integrating sustainability and transition planning into routine planning, implementation, monitoring, and accountability systems. Provincial plans are therefore not stand-alone products; they are core building blocks of a coordinated national approach to sustaining gains, managing transition, and guiding evidence-informed action.

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

Within this broader context, the Limpopo 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 HIV treatment, TB control, and selected aspects of the broader provincial programme and Voluntary Medical Male Circumcision (VMMC) response, while greater vulnerability remains in key populations, social enablers, Adolescent Girls and Young Women (AGYW) programming, and selected prevention and community-facing interventions.

The plan was developed through a provincially led consultative process anchored by the Provincial Councils on AIDS (PCA) and informed by stakeholder interviews, programme scoring across sustainability domains, epidemiological and financial analysis, and validation through a multi-stakeholder workshop. This strengthens the credibility of the findings and provides a sound basis for provincial ownership and follow-through.

Latest National AIDS Spending Assessment (NASA) data suggest that HIV expenditure in Limpopo remained substantial from 2021/22 to 2023/24, while TB expenditure remained lower overall. The financing profile appears largely government-anchored, which is an important strength. However, aggregate expenditure levels do not by themselves secure programme sustainability. Programme-specific vulnerabilities remain where services are donor-sensitive, weakly institutionalised, or insufficiently reflected in routine planning and budgeting.

Overall, Limpopo has a credible platform from which to sustain core gains, but sustainability remains uneven across programme areas. The immediate strategic task is to protect strong core platforms while accelerating transition planning, financing visibility, governance attention, and inclusion in the weaker parts of the response. That is the practical route to sustaining gains and supporting South Africa's goal of ending HIV, TB and STIs as public health threats by 2030.

# BACKGROUND

Limpopo has a population of 6,402,594 people, representing approximately 10.2% of South Africa's total population. The province is administratively divided into five district municipalities — Capricorn, Mopani, Sekhukhune, Vhembe, and Waterberg — which are further subdivided into 22 local municipalities.

Limpopo had one of the lower HIV prevalence levels among provinces in 2022, at 8.9%. Progress toward the UNAIDS 95-95-95 targets, however, remains incomplete. In 2023, 91% of people living with HIV were diagnosed, 70% of those diagnosed were on ART, and 89% of those on treatment were virally suppressed, translating into an overall achievement of 57% against the 2025 goal.

Treatment performance is mixed across districts. Adult ART coverage in 2023/24 was 50.7%, close to the national average, while child ART coverage was 23.5%, slightly below the national average. Adult viral suppression was relatively strong at 91.9%, but child viral suppression remained much lower at 57.6%, with Vhembe recording the lowest child suppression rate. These patterns suggest continuing progress in adult treatment outcomes, but ongoing challenges in paediatric HIV management and continuity of care.

TB performance presents a mixed picture. In 2022/23, Limpopo met TB screening targets among clients aged 5 years and older, but fell below the national average among children under 5 years. In 2023/24, DS-TB treatment success was 68.9%, below the national average, while MDR-TB treatment success was 63.3%, slightly above the national average, and XDR-TB treatment success was 50.0%, broadly aligned with national performance. DS-TB loss to follow-up was relatively low at 6.9%, but the province recorded the highest TB death rate in the country at 13.3%.

The broader sustainability context is shaped by fiscal constraints, donor transition risk, and the need to sustain gains in a province where domestic funding already plays a major role, but where prevention, community-led services, and structural enablers remain less secure. Within this environment, sustainability planning serves not only as a financing exercise, but also as a governance, systems, and transition-management exercise.

| INDICATOR | LP POSITION |
|---|---|
| Population | 6,402,594 |
| Share of SA population | 10.20% |
| HIV prevalence | 10% |
| Estimated PLHIV | 656,596 |
| Diagnosed among PLHIV | 91% |
| On ART among diagnosed | 70% |
| Virally suppressed among those on ART | 89% |
| Overall achievement against 95-95-95 goal | 57% |
| Adult ART coverage | 72% |
| Child ART coverage | 52.2% |
| Adult viral suppression | 91.90% |
| Child viral suppression | 57.60% |
| TB screening achievement, age 5+ (2022/23) | 97.80% |
| TB screening achievement, under 5 (2022/23) | 88.40% |
| DS-TB treatment success (2023/24) | 68.90% |
| MDR-TB treatment success (2023/24) | 63.30% |
| XDR-TB treatment success (2023/24) | 50.00% |
| DS-TB loss to follow-up (2022/23) | 6.90% |
| TB death rate (2022/23) | 13.30% |

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

**Figure 1. Limpopo Key Data at A Glance**

# METHODOLOGY AND APPROACH

The Limpopo Provincial Sustainability Plan (PSP) was developed through a phased, participatory process led by the PCA, supported by technical input and stakeholder consultation. The process included provincial planning and briefing meetings, document review, epidemiological and expenditure analysis, and interviews with government officials, civil society actors, and other stakeholders. Data gathering took place between October and December 2024, and a response-planning workshop was held in Polokwane on 7 February 2025 with 78 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 Limpopo remained substantial across the three most recent years reviewed. Total HIV expenditure was approximately R2.45 billion in 2021/22, declined to R2.33 billion in 2022/23, and eased further to R2.18 billion in 2023/24. TB expenditure was much lower in relative terms, recorded at approximately R47.2 million in 2021/22, R17.9 million in 2022/23, and R52.3 million in 2023/24.

Taken together, the expenditure pattern suggests that the province's HIV financing base remained substantial but softened over time. TB spending, by contrast, fluctuated more sharply, declining in 2022/23 before rising again in 2023/24. Combined HIV and TB expenditure therefore followed a mild downward trend overall, although the broader HIV and TB financing envelope remained substantial in absolute terms.

The latest NASA data indicates that assignable provincial HIV expenditure is financed predominantly by government, with a smaller contribution from insurance and private sources. 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 Limpopo amounted to R2.73 billion, with 86% funded by government, 12% by international donors, and 2% by private medical insurance. HIV expenditure was heavily concentrated in care and treatment, which absorbed 73% of total HIV spending. Prevention accounted for 7%

of the budget, while social enablers were fully donor-funded and development synergies were fully government-funded.

The latest programmatic pattern continues to suggest a treatment-led financing profile. Earlier analysis also showed that VMMC and key population programmes drew on a mix of public and partner funding, while PrEP and AGYW programmes were solely 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 Limpopo's HIV prevalence and per capita spending warrant closer attention. The PSP notes that the province carries a relatively large burden in absolute terms but has lower per capita spending than some higher-priority provinces. This raises a plausible concern that funding may be insufficient in selected programme areas, particularly those that remain heavily donor dependent.

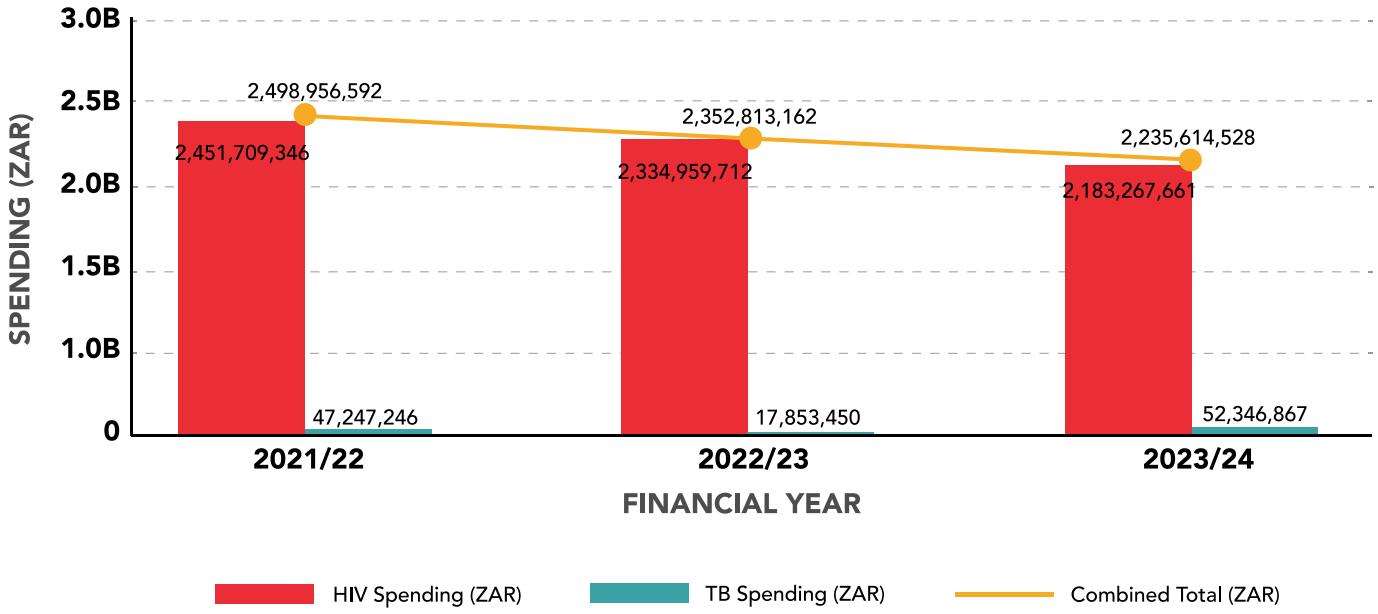


Figure 2. HIV and TB Expenditure Trends in Limpopo (2021/22–2023/24)

# PROVINCIAL SUSTAINABILITY ASSESSMENT RESULTS

The strongest sustainability performance was observed in HIV treatment and TB control. HIV treatment demonstrated substantial progress in governance and accountability, financial sustainability, and resilient health systems. TB control also showed substantial progress in financial sustainability, critical enablers, and resilient health systems.

The broader provincial programme, VMMC, and other biomedical HIV prevention each demonstrated substantial progress in two domains and partial progress across the remaining domains, indicating a generally positive trajectory but not yet a uniformly strong sustainability position. NGO-led services showed relatively stronger progress in service delivery than in financial sustainability.

AGYW and boys, as well as key populations, showed only partial progress across most domains, with key populations showing little or no progress in critical enablers. Social enablers emerged as one of the most constrained programme areas, with little or no progress in financial sustainability and resilient health systems. Across the broader response, financial sustainability, resilient health systems, and critical enablers emerged as the domains requiring the most attention.

This overall pattern suggests that Limpopo is relatively well placed to sustain core treatment and TB platforms but would benefit from a more focused transition strategy for key populations, AGYW programming, social enablers, and other donor-sensitive or community-facing programme areas. A concise provincial summary is set out in Figure 3.

This overall pattern suggests that Limpopo is relatively well placed to sustain core treatment and TB platforms but would benefit from a more focused transition strategy for structurally weaker, underfunded, and community-facing programme areas, particularly key populations, AGYW programming, and social enablers.

## STRONG

### HIV TREATMENT
Clear provincial strength and core sustainability anchor

### TB CONTROL
Solid platform, especially in financing, critical enablers, and systems

### PROVINCIAL PROGRAMME/GOVERNANCE
Functional foundation, though some cross-sector gaps remain

### VMMC
Positive trajectory with stronger progress in selected domains

## MODERATE

### OTHER BIOMEDICAL PREVENTION
Progress evident, though not yet evenly distributed across all domains

### NGO-LED SERVICES
Important delivery role, though financing remains less secure

## WEAK

### AGYW AND BOYS
Some programme foundation exists, but longer-term sustainability remains limited

### SOCIAL ENABLERS
Significant concern, particularly in critical enablers and financing

### KEY POPULATIONS
Major concern, especially in financing and resilient health systems

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, and other underfunded prevention and community-based services, while embedding key population-responsive services more firmly in routine systems. |
| **Financial sustainability** | Improve budget visibility and strengthen routine planning for donor-sensitive programme areas that remain less secure despite strong domestic anchoring overall. |
| **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 sustainability follow-through. Use integrated expenditure and programme data more systematically to identify underfunded programme areas and support more targeted prioritisation. |
| **Cross-departmental coordination and stakeholder engagement** | Strengthen coordination across Health, Provincial Treasury, civil society, and other sectors to align transition priorities, financing pathways, and implementation. |
| **Critical enablers** | Address persistent barriers affecting vulnerable populations, including stigma, weak confidentiality protections, GBV-related service gaps, and insufficiently integrated human-rights approaches. |

**Figure 4. Limpopo 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 social enablers, key populations, AGYW programming, and selected NGO-led and prevention-related 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 the province has made progress in some clinical and treatment-focused programme areas, the PSP points to ongoing barriers related to stigma, discrimination, confidentiality, GBV response, human-rights monitoring, and broader structural support for vulnerable populations. These issues are not peripheral to sustainability; they are central to whether programmes can maintain reach, uptake, and continuity for affected populations.

The key populations and social enablers programmes are particularly important in this regard. Social enablers showed weak progress in financial sustainability and resilient health systems, while key populations showed weak progress in critical enablers and only partial progress across the remaining domains. The PSP identifies issues such as donor dependence, limited domestic funding, weak integration of human-rights data systems, inadequate policy support, and underdeveloped accountability mechanisms. A more structured and phased approach to institutionalisation in these areas is therefore likely to be especially important.

# POLICY CONSIDERATIONS

The Limpopo 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. Limpopo already has a 14-member RMC chaired by Provincial Treasury leadership and co-chaired by civil society, which provides a useful platform for oversight, resource mobilisation, and accountability.

A second priority is greater budget visibility and transition planning for donor-sensitive services, particularly AGYW programming, key populations, PrEP, and social enablers. 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 weak confidentiality protections, stigma, GBV-related service gaps, and insufficiently integrated human-rights approaches. 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 Limpopo 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, Limpopo has a credible sustainability foundation, with particular strength in HIV treatment, TB control, 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 key populations, AGYW programming, social enablers, and selected donor-sensitive prevention 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.