MPUMALANGA PROVINCIAL SUSTAINABILITY PLAN

SOUTH AFRICAN NATIONAL AIDS COUNCIL
OUR ACTIONS COUNT

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FOREWORD

The Mpumalanga 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.

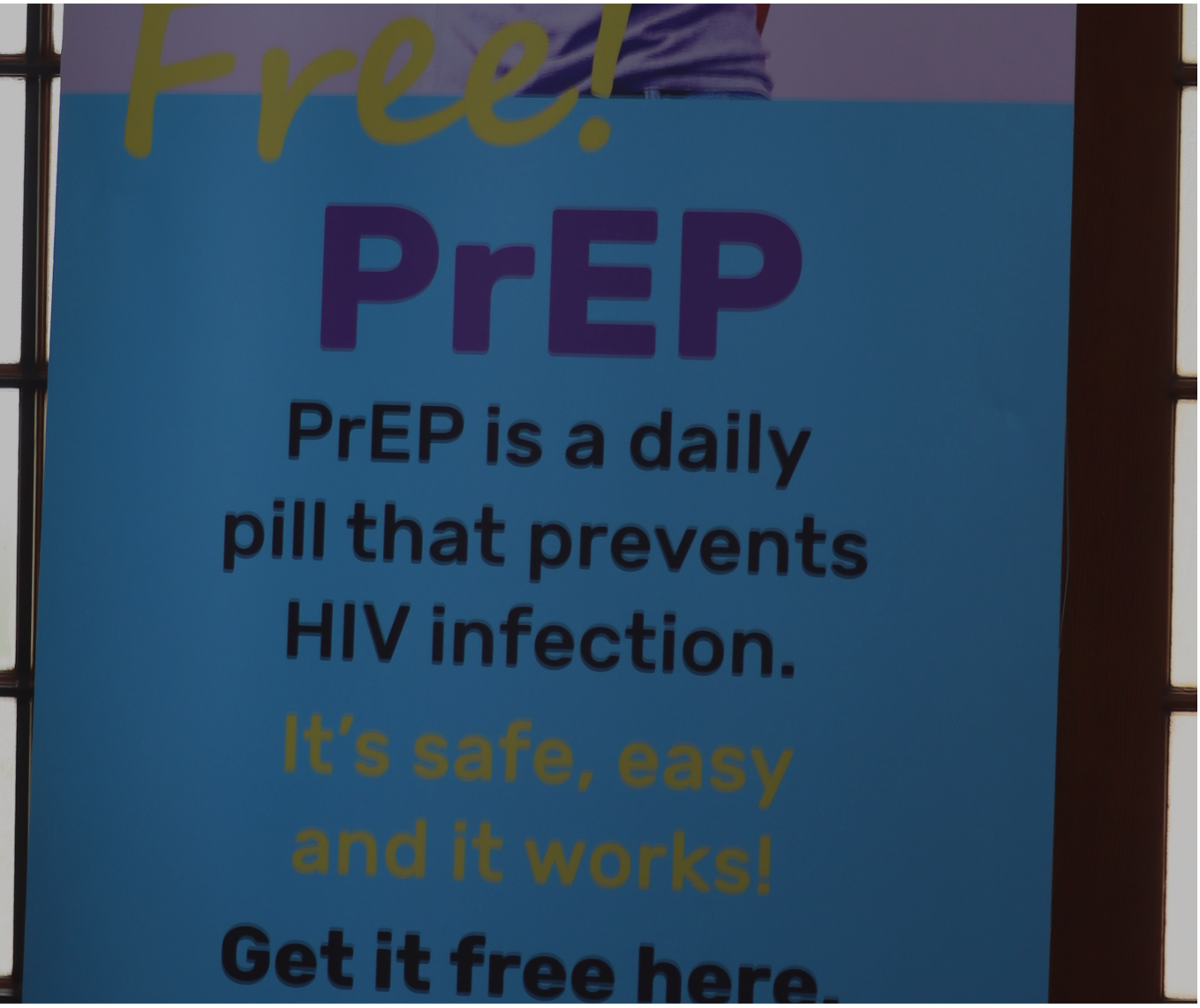
This provincial snapshot is closely aligned to the National Strategic Plan for HIV, TB and STIs 2023–2028 (NSP) and serves as a complementary provincial instrument to support implementation of the NSP. In particular, it helps translate national sustainability objectives into practical provincial priorities, 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 Mpumalanga 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, and selected aspects of HIV treatment, while greater vulnerability remains in key populations, Adolescent Girls and Young Women (AGYW) programming, social enablers, other biomedical prevention, and selected NGO-led and donor-sensitive prevention 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 an important basis for provincial ownership and implementation.

The latest National AIDS Spending Assessment (NASA) data suggests that HIV spending in Mpumalanga remained substantial across 2021/22 to 2023/24 and was financed predominantly through government, with a smaller contribution from private 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 fragility ande 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

Mpumalanga has a population of 5,057,662, representing approximately 8.0% of South Africa's total population. The province is administratively divided into three district municipalities — Ehlanzeni, Gert Sibande, and Nkangala — which are further subdivided into 17 local municipalities.

The province has the highest HIV prevalence in the country at 17.4%, with an estimated 890,000 people living with HIV in 2023. Progress toward the UNAIDS 95-95-95 targets remains incomplete. In 2023, 94% of people living with HIV were diagnosed, 80% of those diagnosed were on ART, and 90% of those on treatment were virally suppressed, translating into an overall achievement of 68% against the 2025 goal.

Treatment performance is mixed across districts. Adult ART coverage was 62.4%, above the national average, with Gert Sibande performing best and Nkangala lowest. Adult viral suppression was strong at 93.0%, but child viral suppression remained lower at 66.7%, with meaningful district variation. These patterns suggest continued progress in adult treatment outcomes, but ongoing challenges in paediatric HIV management and continuity of care.

TB performance is relatively strong in several areas. In 2022/23, Mpumalanga met its TB screening target among children under 5 years and came close to target among clients aged 5 years and older. In 2023/24, DS-TB treatment success was 75.2%, slightly below the national average, while MDR-TB treatment success was 66.7%, above the national average, and XDR-TB treatment success was 56.5%, also above the national average. DS-TB loss to follow-up was relatively low at 6.9%, although mortality remained slightly above the national average at 9.2%. The broader sustainability context is shaped by fiscal constraints, donor transition risk, and the need to sustain a high-burden HIV and TB response in a province with substantial clinical and prevention needs. Within this environment, sustainability planning serves not only as a financing exercise, but also as a governance, systems, and transition-management exercise.

INDICATOR	MP POSITION
Population	5,057,662
Share of SA population	8%
HIV prevalence	15%
Estimated PLHIV	749,634
Diagnosed among PLHIV	94%
On ART among diagnosed	80%
Virally suppressed among those on ART	90%
Overall achievement against 95-95-95 goal	68%
Adult ART coverage*	82%
Child ART coverage*	58%
Adult viral suppression	93.00%
Child viral suppression	66.70%
TB screening achievement, age 5+ (2022/23)	96.20%
TB screening achievement, under 5 (2022/23)	100.40%
DS-TB treatment success (2023/24)	75.20%
MDR-TB treatment success (2023/24)	66.70%
XDR-TB treatment success (2023/24)	56.50%
DS-TB loss to follow-up (2022/23)	6.90%
DS-TB death rate (2022/23)	9.20%

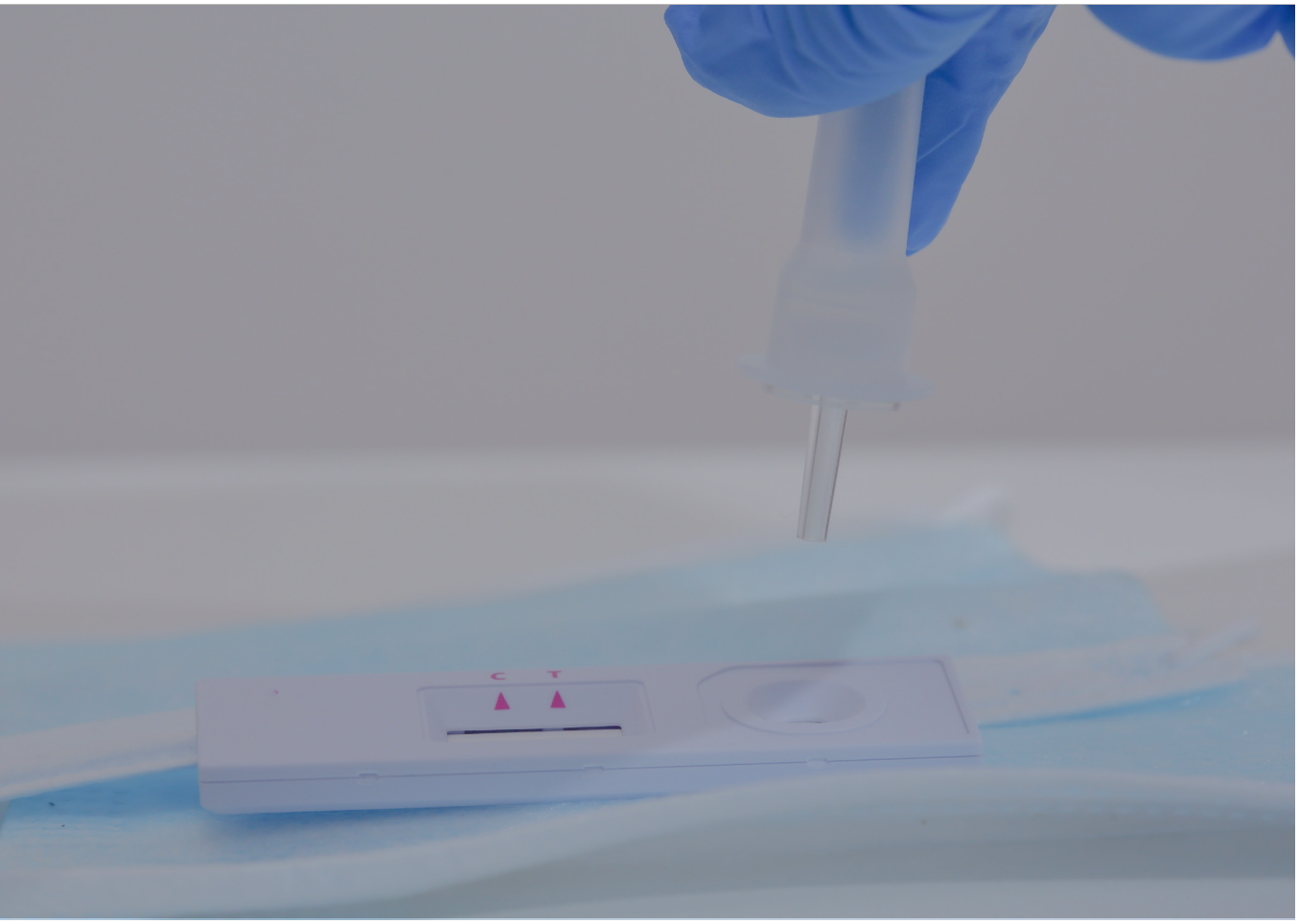
**Adult and Child ART coverage is from Thembisa 2024 data published in Spotlight, 2025*

Figure 1. Mpumalanga Key Data at A Glance

METHODOLOGY AND APPROACH

The Mpumalanga 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. Data gathering took place between October and December 2024, and a response-planning workshop was held in Witbank on 28 January 2025 with 75 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 Mpumalanga remained substantial across the three most recent years reviewed. Total HIV expenditure was R2.95 billion in 2021/22, declined to R2.86 billion in 2022/23, and eased slightly further to R2.85 billion in 2023/24. TB expenditure was much lower in relative terms, but increased steadily over the same period, from R118.5 million in 2021/22 to R171.3 million in 2022/23 and R192.6 million in 2023/24.

Taken together, the expenditure pattern suggests that the province's HIV financing base remained substantial but softened modestly over time, while TB expenditure increased consistently. Combined HIV and TB expenditure therefore remained relatively stable overall, with declining HIV allocations partly offset by higher TB expenditure. This may point to a gradual rebalancing within the broader HIV and TB financing envelope rather than a sharp overall contraction.

The latest NASA data indicates that assignable provincial HIV expenditure is financed predominantly by government, with a smaller contribution from private sector and insurance 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 Mpumalanga amounted to R3.2 billion, with 68% funded by government, 29% by international

donors, and 3% by medical insurance. HIV expenditure was heavily concentrated in care and treatment, which absorbed 80% of total HIV spending. Prevention accounted for 6% of the budget, while social enablers were fully donor-funded and development synergies were fully government-funded.

The latest programmatic breakdown continues to reflect a treatment-led financing profile. Care and treatment remained by far the dominant expenditure category across the three years, while prevention and other programme areas accounted for a much smaller share. At the same time, the distribution suggests some movement across non-treatment categories, including relatively modest allocations to prevention, programme enablers, HIV testing and counselling, development synergies, and social protection and economic support.

The PSP also notes that AGYW, VMMC, and PrEP were donor-funded in the earlier NASA+ picture, while key populations remained highly vulnerable and social enablers depended entirely on development partner support. This helps explain why strong aggregate expenditure can coexist with weaker sustainability scores in specific programme areas.

A related provincial comparison indicates that Mpumalanga's HIV prevalence and per capita spending are broadly aligned. The province's HIV spending per capita was estimated at ZAR 541, the second highest in the country, against the highest provincial HIV prevalence of 17.4%. This suggests relatively strong alignment between burden and spending, while also underscoring the need to maintain efficiency in programme implementation.

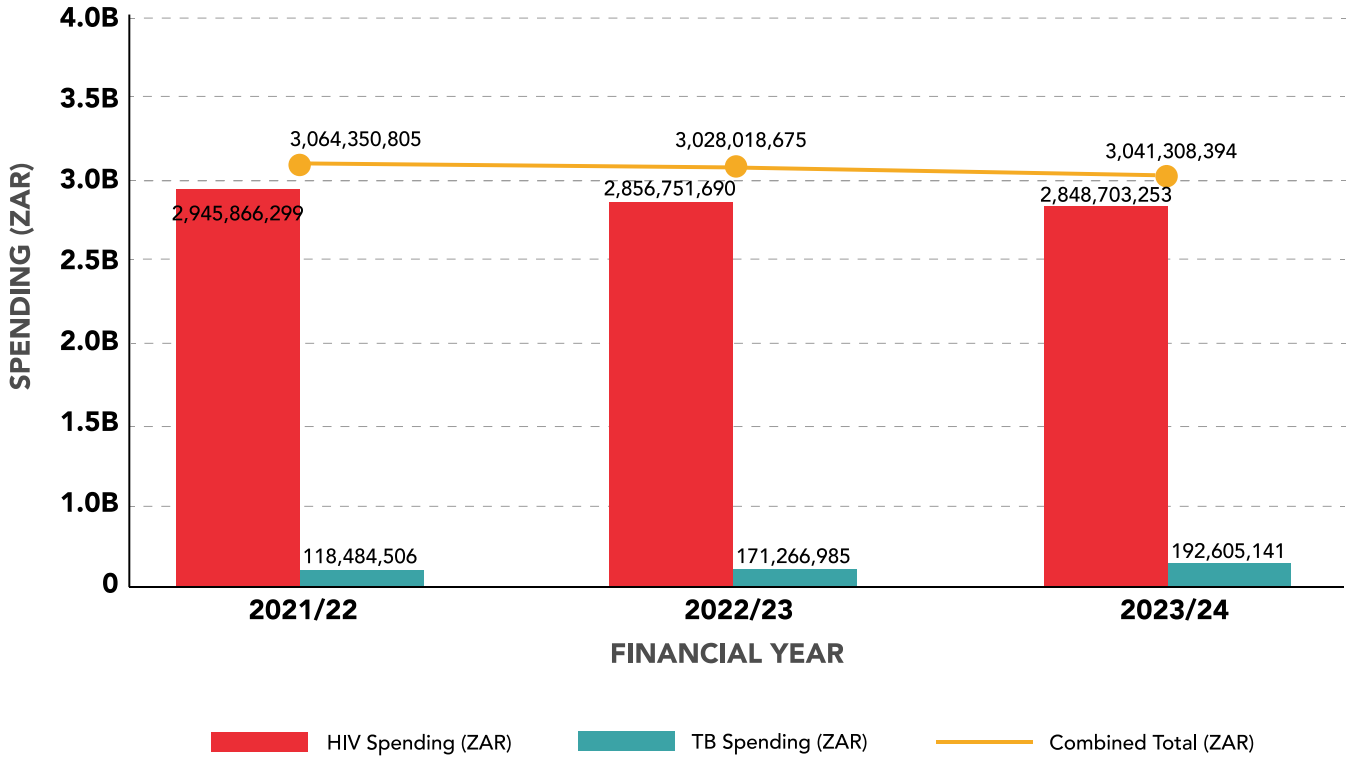


Figure 2. HIV and TB Expenditure Trends in Mpumalanga (2021/22–2023/24)

PROVINCIAL SUSTAINABILITY ASSESSMENT RESULTS

The strongest sustainability performance was observed in VMMC, which demonstrated substantial progress in governance and accountability, service delivery, and critical enablers. TB control also showed a strong sustainability trajectory, with substantial progress in epidemic control and financial sustainability, although critical enablers emerged as a notable weakness. HIV treatment also demonstrated important strengths, particularly in governance and accountability, while maintaining partial progress in financial sustainability, resilient health systems, and critical enablers. AGYW and boys, social enablers, and the broader provincial programme all showed partial progress across most domains, although some cross-cutting weaknesses remain evident.

The most constrained programme area was key populations, which showed little or no progress in governance and accountability, financial sustainability, service delivery, and critical enablers. Other biomedical prevention and NGO-led services also showed notable vulnerabilities, particularly in critical enablers and financial sustainability respectively. Across the broader response, critical enablers, financial sustainability, and selected service delivery functions emerged as the most urgent areas for attention. A concise provincial summary is set out in Figure 3.

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

STRONG

VMMC

Clear provincial strength, especially in governance, delivery, and critical enablers

TB CONTROL

Solid platform, especially in epidemic control and financing, though critical enablers remain weak

MODERATE

HIV TREATMENT

Important sustainability anchor, though service delivery remains less mature

WEAK

PROVINCIAL PROGRAMME/GOVERNANCE

Functional base exists, but multi-sector depth and coordination require strengthening

AGYW AND BOYS

Some programme foundation exists, but financing and transition planning remain limited

SOCIAL ENABLERS

Progress evident, but not yet strong enough for long-term confidence

NGO-LED SERVICES

Important delivery role, though financial sustainability remains constrained

OTHER BIOMEDICAL PREVENTION

Broad progress evident, but critical enablers remain underdeveloped

KEY POPULATIONS

Greatest sustainability concern, especially in financing, service delivery, and enabling environment

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, NGO-led services, and other donor-sensitive prevention interventions, while strengthening integration of key population-responsive services into routine systems.
Financial sustainability	Improve budget visibility and strengthen routine planning for structurally weaker programme areas that remain vulnerable despite strong domestic anchoring.
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, resource mobilisation, and accountability. Use integrated expenditure and programme data more systematically to identify sustainability risk and prioritise weaker programme areas.
Cross-departmental coordination and stakeholder engagement	Strengthen coordination across Health, Provincial Treasury, civil society, and other stakeholders to align financing, implementation, and transition planning in a high-burden province.
Critical enablers	Address persistent barriers affecting vulnerable groups, including weak legal protection, underfunded GBV support, and limited service readiness.

Figure 4. Mpumalanga 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 key populations, NGO-led services, AGYW programming, and selected other biomedical prevention interventions, 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, GBV support, legal protection, rights awareness, 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 programme is particularly important in this regard. It emerged as the most vulnerable area in the assessment, with weak progress in governance and accountability, financial sustainability, service delivery, and critical enablers. The PSP identifies issues such as limited government co-management, the absence of dedicated funding, poor expenditure tracking, insufficient integration into health facilities, donor dependence for human resources, and weak protective policy mechanisms. A more structured and phased approach to institutionalisation in this area is therefore likely to be especially important.

POLICY CONSIDERATIONS

The Mpumalanga 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. Mpumalanga already has a 10-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, VMMC, 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 key populations and other vulnerable groups, including weak legal protection mechanisms, limited trained responders, underfunded GBV-related support, inadequate infrastructure for sensitive service delivery, and weak policy enforcement. 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 Mpumalanga 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, Mpumalanga has a credible sustainability foundation, with particular strength in VMMC, TB control, and selected aspects of HIV treatment, 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.