NORTH WEST PROVINCIAL SUSTAINABILITY PLAN

SOUTH AFRICAN NATIONAL AIDS COUNCIL
OUR ACTIONS COUNT

CONTENTS

FOREWORD

The North West 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 North West 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, the broader provincial programme, and selected aspects of other biomedical prevention and TB control, while greater vulnerability remains in key populations, NGO-led services, Voluntary Medical Male Circumcision (VMMC), Adolescent Girls and Young Women (AGYW) programming, and social enablers.

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 the North West remained substantial across 2021/22 to 2023/24, while TB spending, although lower than HIV expenditure, increased materially over the same period. The financing profile appears largely government-anchored, which 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, service delivery, 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

North West has a population of 4,155,303, representing approximately 6.6% of South Africa's total population. The province is administratively divided into four district municipalities — Bojanala Platinum, Dr Kenneth Kaunda, Ngaka Modiri Molema, and Dr Ruth Segomotsi Mompati — which are further subdivided into 18 local municipalities.

The province has a moderate but still significant HIV burden. HIV prevalence was estimated at 12.3% in 2022. Progress toward the UNAIDS 95-95-95 targets remains incomplete, although performance on the first target is relatively strong. In 2023, 95% of people living with HIV were aware of their status, 81% of those diagnosed were on ART, and 90% of those on treatment were virally suppressed, translating into an overall achievement of 70% against the 2025 goal. Treatment performance is mixed across districts. Adult ART coverage in 2023/24 was 55.5%, above the national average, although district variation remains notable. Adult viral suppression was relatively strong at 90.5%, while child viral suppression remained lower at 62.3%, with especially weak performance in Dr Ruth Segomotsi Mompati. These patterns suggest continued progress in adult treatment outcomes, but ongoing paediatric treatment and retention challenges.

TB performance is comparatively strong in several areas. In 2022/23, TB screening performance remained below national averages for both clients aged 5 years and older and those under 5 years, although treatment outcomes were stronger. In 2023/24, DS-TB treatment success was 84.2%, well above the national average, while MDR-TB treatment success was 67.0%, also above the national average, and XDR-TB treatment success was 65.2%, above the national average. DS-TB loss to follow-up was relatively low at 7.7%, although TB mortality remained slightly above the national average.

The broader sustainability context is shaped by fiscal constraints, donor transition risk, and the need to sustain gains while strengthening provincial ownership of underfunded and underserved programme areas, particularly prevention, key populations, and community-based services. Within this environment, sustainability planning serves not only as a financing exercise, but also as a governance, systems, and transition-management exercise.

INDICATOR	NW POSITION
Population	4,155,303
Share of SA population	6.60%
HIV prevalence	13%
Estimated PLHIV	528,951
Diagnosed among PLHIV	95%
On ART among diagnosed	81%
Virally suppressed among those on ART	90%
Overall achievement against 95-95-95 goal	70%
Adult ART coverage*	76%
Child ART coverage*	56.8%
Adult viral suppression	90.50%
Child viral suppression	62.30%
TB screening achievement, age 5+ (2022/23)	84.00%
TB screening achievement, under 5 (2022/23)	81.90%
DS-TB treatment success (2023/24)	84.20%
MDR-TB treatment success (2023/24)	67.00%
XDR-TB treatment success (2023/24)	65.20%
DS-TB loss to follow-up	7.70%
DS-TB death rate	8.80%

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

Figure 1. North West Key Data at A Glance

METHODOLOGY AND APPROACH

The North West PSP was developed through a phased, participatory process led by the PCA, supported by technical input and stakeholder consultation. The process included planning meetings, provincial briefing sessions, 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 Mahikeng on 26 February 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 focused strengthening may be warranted.

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

The latest NASA data shows that HIV spending in North West remained substantial across the three most recent years reviewed, although on a declining trajectory. Total HIV expenditure was R1.69 billion in 2021/22, declined to R1.54 billion in 2022/23, and fell further to R1.41 billion in 2023/24. TB expenditure was much lower in relative terms, but increased sharply over the same period, from R338.7 million in 2021/22 to R616.4 million in 2022/23 and R641.9 million in 2023/24.

Taken together, the expenditure pattern suggests that the province's HIV financing base remained substantial but softened over time, while TB expenditure increased markedly and remained elevated. Combined HIV and TB expenditure therefore increased overall between 2021/22 and 2023/24, with higher TB allocations more than offsetting lower HIV expenditure. This may point to a shifting expenditure balance within the broader HIV and TB financing envelope rather than a straightforward reduction in overall spending.

The latest NASA data indicates that assignable provincial HIV expenditure is financed predominantly by government, with a smaller contribution from private sector and health insurance sources. Government accounted for 95% of HIV spending in 2021/22, 91% in 2022/23, and 96% in 2023/24, while private sector and insurance contributions remained limited. 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 North West amounted to R2.24 billion, with 71% funded by government, 26% by international donors, and 3% by private medical insurance. HIV expenditure was heavily concentrated in care and treatment, which absorbed 81% of total HIV spending. Prevention accounted for about 6% of the budget, while social enablers were fully donor-funded and development synergies were overwhelmingly domestically financed.

The latest programmatic breakdown continues to reflect a treatment-led financing profile. HIV care and treatment accounted for 89% of HIV spending in 2021/22, 86% in 2022/23, and 83% in 2023/24. Prevention accounted for 2%, 3%, and 5% respectively, while social protection and economic support accounted for 6%, 8%, and 9%. This suggests that, although treatment remains the dominant spending priority, there has been some gradual shift toward a slightly more diversified expenditure pattern over time.

Within prevention, the expenditure mix also changed across the period. Condom programming increased from 47% of prevention spending in 2021/22 to 69% in 2023/24. Prevention for children and youth remained an important component, while VMMC only appeared in the 2023/24 profile and key population interventions remained a very small share of prevention spending. This reinforces the broader sustainability concern that some high-priority prevention areas remain thinly funded or structurally fragile.

The PSP also notes that AGYW, PrEP, and community mobilisation were fully donor-funded in the earlier NASA+ picture, while VMMC was only 1% publicly funded and key population interventions were 89% donor-funded. This helps explain why relatively strong aggregate financing can coexist with weaker sustainability scores in specific programme areas.

A related provincial comparison suggests that North West's HIV prevalence and per capita spending warrant closer attention. The province's HIV spending per capita was estimated at ZAR 325, placing it relatively low compared with provinces with similar or higher burden. This raises a plausible concern that funding may be tight relative to programme needs, particularly in key populations, AGYW, and social enablers.

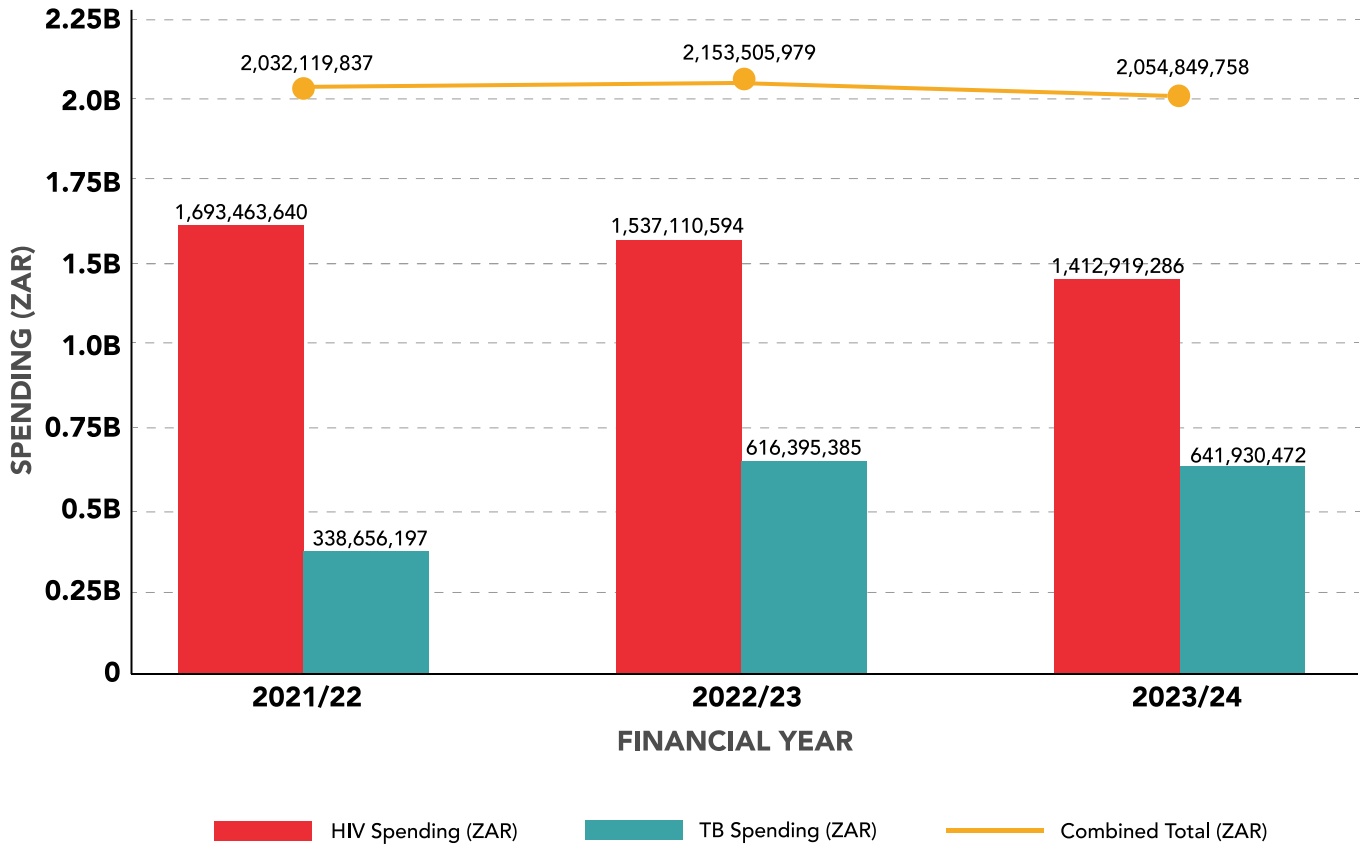

Figure 2. HIV and TB Expenditure Trends in North West (2021/22–2023/24)

PROVINCIAL SUSTAINABILITY ASSESSMENT RESULTS

The strongest sustainability performance was observed in HIV treatment, which demonstrated substantial progress across all assessed domains. Its strongest performance was in resilient health systems and critical enablers, while financial sustainability, service delivery, and governance and accountability also showed substantial progress.

The broader provincial programme also performed strongly, especially in epidemic control, governance and accountability, and resilient health systems. Other biomedical HIV prevention showed substantial progress in governance and accountability and service delivery, while TB control showed its strongest progress in critical enablers, with partial progress across the remaining domains.

VMMC, AGYW and boys, and social enablers all showed partial progress across domains, indicating some established programme base but not yet a secure sustainability position. The most constrained programme areas were NGO-led services and key populations. NGO-led services showed little or no progress in governance and accountability and financial sustainability, while key populations showed little or no progress across almost all domains, with only partial progress in resilient health systems.
A concise provincial summary is set out in Figure 3.

This overall pattern suggests that North West is relatively well placed to sustain core treatment platforms and selected elements of the broader response but may benefit from a more focused transition strategy for key populations, NGO-led services, AGYW programming, VMMC, and other donor-sensitive programme areas.

STRONG

HIV TREATMENT
Clear provincial strength and core sustainability anchor

PROVINCIAL PROGRAMME/GOVERNANCE
Good foundation, especially in epidemic control and coordination

MODERATE

OTHER BIOMEDICAL PREVENTION
Progress evident in governance and delivery, though not yet fully secure

TB CONTROL
Some important strengths, but service delivery remains weak

WEAK

VMMC
Some progress, but not yet a fully secure sustainability platform

AGYW AND BOYS
Foundation exists, but stronger sustainability support is needed

SOCIAL ENABLERS
Progress evident, but remains vulnerable

NGO-LED SERVICES
Important delivery role, but financing and governance remain fragile

KEY POPULATIONS
Greatest sustainability concern, especially in governance, financing, and service delivery

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 NGO-led services, AGYW programming, VMMC, and other donor-sensitive programme areas, while embedding key population-responsive services more firmly within routine planning and delivery systems.
Financial sustainability	Improve budget visibility and strengthen routine planning for underfunded and weakly institutionalised programme areas, particularly prevention and community-facing services.
Resilient health systems	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 drive oversight, accountability, and sustainability follow-through. Use integrated expenditure and programme data more systematically to identify programme-level risk and support better prioritisation.
Cross-departmental coordination and stakeholder engagement	Strengthen coordination across departments, Provincial Treasury, civil society, and other stakeholders to align planning, financing, and implementation of transition priorities.
Critical enablers	Strengthen human-rights, GBV, stigma-reduction, and inclusive service responses for vulnerable populations, including mobile groups and underserved communities.

Figure 4. North West 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, VMMC, and selected donor-sensitive prevention 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 treatment-focused and broader programme areas, the PSP points to ongoing barriers related to stigma, discrimination, GBV, human rights programming, and the broader enabling environment 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 NGO-led services programmes are particularly important in this regard. Key populations showed weak progress in governance, financial sustainability, service delivery, and critical enablers, while NGO-led services showed weak progress in governance and financial sustainability. The PSP identifies issues such as the absence of coordinating structures and M&E frameworks for outreach services, weak transition planning, limited provincial government involvement in KP planning and financing, delayed disbursement of funds, high operational costs, and uneven availability of rights- and GBV-related services. A more structured and phased approach to institutionalisation in these areas is therefore likely to be especially important.

POLICY CONSIDERATIONS

The North West 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. North West already has a 24-member RMC chaired by Provincial Treasury leadership and co-chaired by civil society, which provides a strong platform for oversight, accountability, and resource mobilisation.
A second priority is greater budget visibility and transition planning for donor-sensitive services, particularly key populations, AGYW programming, PrEP, VMMC, and selected NGO-led and 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 weak support for human rights, stigma reduction, GBV response, and inclusive service delivery for key populations and mobile populations. 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 North West 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, North West has a credible sustainability foundation, with particular strength in HIV treatment and the broader provincial programme, supported by a largely government-anchored HIV financing base. The priority now is to consolidate these strengths while addressing vulnerabilities in key populations, NGO-led services, AGYW programming, VMMC, and other 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.