NOTHERN CAPE PROVINCIAL SUSTAINABILITY PLAN

SOUTH AFRICAN NATIONAL AIDS COUNCIL
OUR ACTIONS COUNT

CONTENTS

FOREWORD

The Northern Cape 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 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 NSP implementation. 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 help link provincial analysis to a coherent national framework for action.

Against this backdrop, the Northern Cape 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's strongest sustainability foundations lie in Voluntary Medical Male Circumcision (VMMC), other biomedical HIV prevention, HIV treatment, and selected aspects of TB control, while the greatest vulnerabilities are concentrated in key populations, Adolescent Girls and Young Women (AGYW) programming, social enablers, and some NGO-led and prevention-oriented interventions.

The plan was developed through a provincially led, 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) data indicates that HIV spending in the Northern Cape remained relatively stable in 2021/22 and 2022/23 before declining in 2023/24, while TB expenditure remained lower overall but increased in 2023/24. This points to a financing profile that remains largely domestically anchored, while also highlighting year-to-year movement that warrants continued attention in programme areas already identified as vulnerable in the sustainability analysis.

Overall, the province presents a credible but uneven sustainability profile. The immediate strategic task is to consolidate stronger platforms while addressing programme areas where financing, systems support, inclusion, and geographic access remain less secure. This will be important not only for sustaining provincial gains, but also for informing a more coherent national transition response toward 2030.

BACKGROUND

The Northern Cape is South Africa's largest province geographically, but also its least populated, with an estimated population of approximately 1.37 million people, representing about 2.2% of the national population. It is divided into five district municipalities and 26 local municipalities. The province's vast geographic spread has important implications for sustainability, particularly for service delivery costs, travel, case tracing, and access in remote areas.

The province has the second-lowest HIV prevalence in the country at 8.9%, with an estimated 120,000 people living with HIV in 2023. In 2023, it had not yet achieved the UNAIDS 95-95-95 targets: 93% of people living with HIV were diagnosed, 78% of those diagnosed were on ART, and 90% of those on ART were virally suppressed, translating into an overall achievement of 65% against the 2025 goal.

Treatment and viral suppression outcomes remain uneven. Adult viral suppression was reported at 84.8%, while child viral suppression lagged substantially at 20.0%, pointing to a serious paediatric treatment and continuity challenge. Prevention performance is also mixed: HIV testing performed relatively well and PrEP initiation improved, but MMC uptake fell short because of both demand- and implementation-related constraints.

TB outcomes also point to continuing challenges. TB screening performance was below national averages in 2022/23 for both clients aged 5 years and older and those under 5 years. In 2023/24, DS-TB treatment success was 64.8%, below the national average, while MDR-TB treatment success was 64.8%, above the national average, and XDR-TB treatment success was 54.3%, slightly above the national average. Loss to follow-up and mortality remain important concerns. The implication is that geography and access constraints continue to affect performance, even where parts of the response remain functional.

The broader sustainability context is shaped not only by the fiscal environment and donor transition risk, but also by the province's geography. Sparse population distribution, high travel and accommodation costs, and the need to trace and link isolated cases to care all increase the cost and complexity of delivering an equitable and sustainable HIV and TB response.

INDICATOR	NC POSITION
Population	1.37 million
Share of SA population	2.20%
HIV prevalence	8.90%
Estimated PLHIV (2024)	96,640.7
Diagnosed among PLHIV	93%
On ART among diagnosed	78%
Virally suppressed among those on ART	90%
Overall achievement against 95-95-95 goal	65%
Adult ART coverage*	79%%
Child ART coverage*	73%
Adult viral suppression	84.80%
Child viral suppression	20.00%
TB screening achievement, age 5+ (2022/23)	88.00%
TB screening achievement, under 5 (2022/23)	92.00%
DS-TB treatment success (2023/24)	64.80%
MDR-TB treatment success (2023/24)	64.80%
XDR-TB treatment success	54.30%
DS-TB loss to follow-up	24.60%
TB death rate	8.30%

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

Figure 1. Nothern Cape Key Data at A Glance

METHODOLOGY AND APPROACH

The Northern Cape PSP was developed through a phased, participatory process led by the PCA and 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 sector stakeholders. Data collection took place between October and December 2024, followed by a response-planning workshop in Kimberley on 6 February 2025 with 28 delegates. The plan was then reviewed, endorsed, and finalised 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. It therefore provides a structured view of where the province is performing relatively well and where more focused strengthening is required.

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

The latest NASA data shows that HIV spending in the Northern Cape remained relatively stable between 2021/22 and 2022/23 before declining in 2023/24. HIV expenditure was R782.9 million in 2021/22, R810.8 million in 2022/23, and R706.5 million in 2023/24. TB expenditure remained much lower over the same period, recorded at R17.5 million in 2021/22, R16.5 million in 2022/23, and R25.7 million in 2023/24.

Taken together, this expenditure pattern indicates that the province maintained a broadly stable HIV financing base over the first two years, followed by some softening in 2023/24. By contrast, TB expenditure remained low overall, with a modest decline in 2022/23 followed by a noticeable increase in 2023/24. Combined HIV and TB expenditure therefore rose slightly in 2022/23 and then declined in 2023/24, reflecting a funding profile that is broadly stable but not flat.

The latest NASA data indicates that assignable provincial HIV expenditure is financed predominantly through public entities, with only a small contribution from medical insurance. This points to a strong degree of domestic anchoring in the provincial financing profile. An important limitation remains, however: 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 the Northern Cape amounted to R0.69 billion, with 97% funded by government, 2% by medical insurance, and 1% by PEPFAR. HIV spending was heavily concentrated in care and treatment, which absorbed 78% of total HIV spending.

Prevention accounted for 6% of the budget, while HIV testing and counselling accounted for 1% and social protection and economic support 9%.

The plan further notes that the HIV prevention budget was largely government-funded and focused mainly on VMMC, condom distribution, and youth-oriented programmes. However, critical prevention gaps remained evident, with no funding allocated for AGYW programming or PrEP, and declining funding for key populations. TB spending was also relatively low per patient compared with the national average, with only 1% allocated to prevention activities. This helps explain why a province with strong domestic financing overall can still face sustainability risks in specific programmes and populations.

A related provincial comparison indicates that the Northern Cape's HIV prevalence and per capita spending cannot be interpreted in simple terms. The province's HIV spending per capita was estimated at ZAR 507 against an HIV prevalence of 8.9%, which may appear high relative to burden. However, the province's geographic spread, travel costs, and service delivery complexity mean that higher per capita spending does not necessarily imply inefficiency. The more useful interpretation is that expenditure must be assessed alongside geography, access, and programme delivery realities.

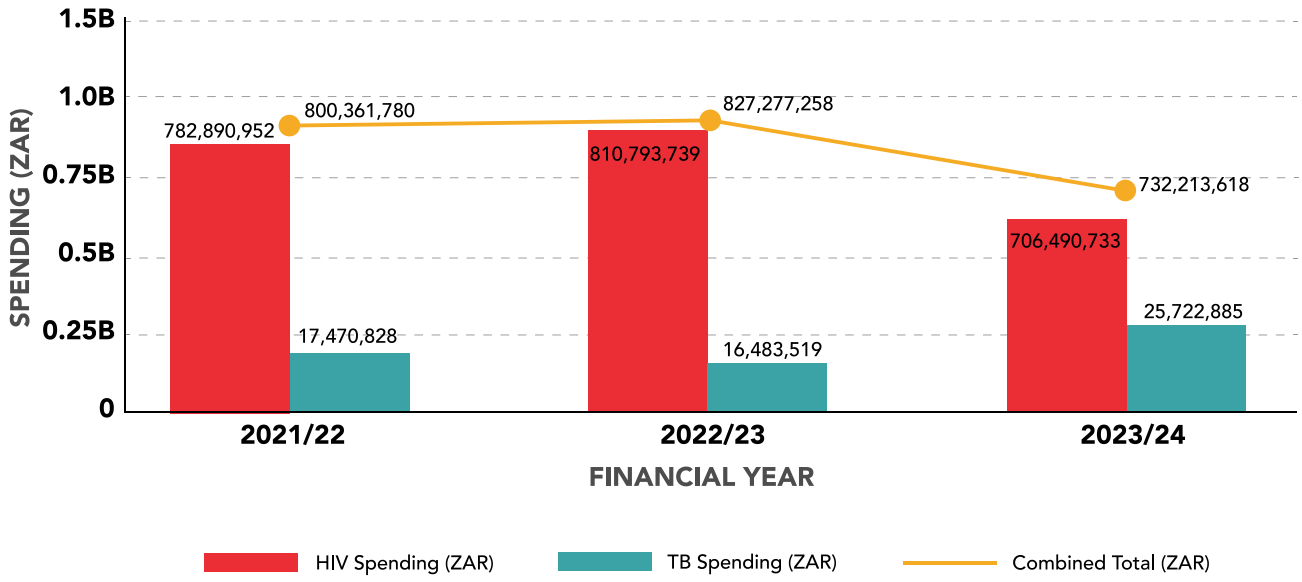

Figure 2. HIV and TB Expenditure Trends in Northern Cape (2021/22–2023/24)

PROVINCIAL SUSTAINABILITY ASSESSMENT RESULTS

The strongest sustainability performance was observed in VMMC, other biomedical HIV prevention, and HIV treatment, each of which showed substantial progress in at least three of the assessed domains. TB control also performed relatively well, with substantial progress in epidemic control and critical enablers, and partial progress in the remaining domains.

The provincial programme and NGO-led services demonstrated partial progress across assessed domains, suggesting some established functionality but not yet a consistently strong sustainability position. AGYW and boys programming also showed partial progress in most domains, but financial sustainability emerged as a notable weakness.

The most constrained programme areas were key populations and social enablers. Key populations showed little or no progress in critical enablers and resilient health systems, while social enablers showed similarly weak performance 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. The overall message is that stronger biomedical platforms coexist with clear structural and community-facing vulnerabilities. A concise provincial summary is set out in Figure 3.

This overall pattern indicates that the province is relatively well placed to sustain core biomedical and treatment functions but will require a more deliberate transition strategy for underfunded prevention, community-facing services, and structurally important interventions.

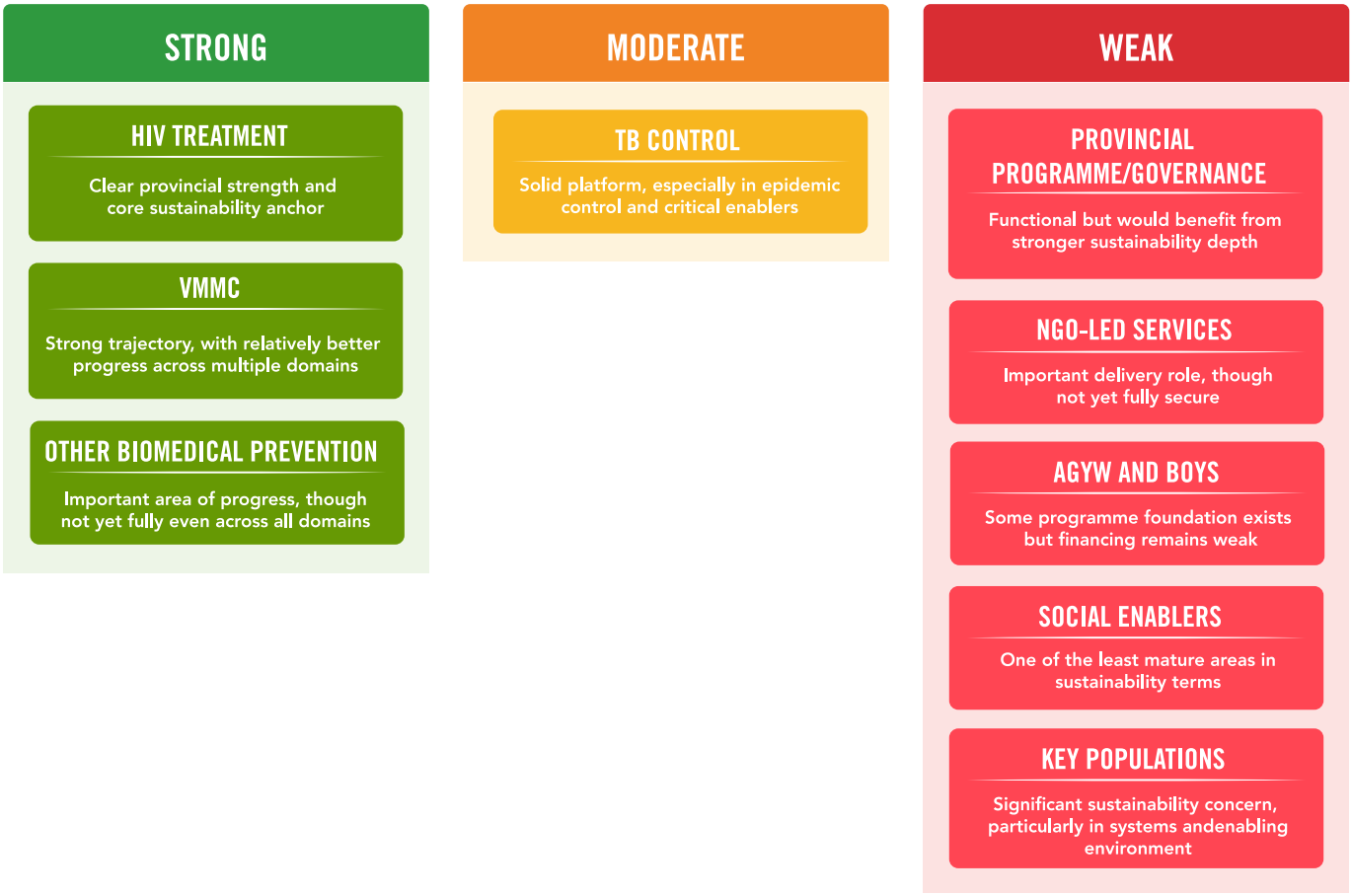

Figure 3. Provincial Sustainability Landscape by Programme Area

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 selected NGO-led and prevention services, while embedding key population-responsive services more effectively in routine systems.
Financial sustainability	Improve budget visibility for vulnerable programme areas and ensure that financing decisions better reflect geographic access and service delivery realities.
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 interim Resource Mobilisation Committee and broader PCA structures more actively to oversee sustainability risks and coordinated follow-through. Use expenditure, geography, and service performance data together to guide prioritisation in a context where per capita costs and access challenges are high.
Cross-departmental coordination and stakeholder engagement	Strengthen coordination across Health, Provincial Treasury, civil society, and other sectors to align financing and implementation in a geographically dispersed province.
Critical enablers	Address barriers affecting vulnerable groups, including weak GBV support, limited human-rights monitoring, and uneven access to community-based services.

Figure 4. Northern Cape Priority Action Point

FINANCIAL SUSTAINABILITY AND CRITICAL ENABLERS

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

Critical enablers show a similar pattern. The PSP points to ongoing barriers related to stigma, gender-based violence support, human rights monitoring, service accessibility, and support for community-based responses. These issues are central to sustainability because they directly affect whether programmes can maintain reach, uptake, and continuity for affected populations.

Key populations and social enablers are particularly important in this regard. They emerged as among the weakest areas in the assessment, with notable gaps in resilient health systems, financial sustainability, and critical enablers. The PSP highlights weaknesses in data collection systems, disaggregated reporting, procurement and supply chain processes, funding for GBV-related services, and broader structural support. A more structured and phased approach to institutionalisation in these areas is therefore essential.

POLICY CONSIDERATIONS

The Northern Cape analysis indicates that the province should now move beyond a high-level focus on aggregate domestic financing toward a more programme-specific view of sustainability. The central question is not only whether the overall HIV and TB response is domestically financed, but whether priority services are sufficiently embedded in provincial systems, plans, 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 points to the establishment of an interim RMC and highlights the importance of multi-sectoral leadership, Provincial Treasury engagement, and continued capacity development.
A second priority is greater budget visibility and transition planning for vulnerable programme areas, particularly AGYW, key populations, social enablers, and selected NGO-led and prevention services. 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 ongoing barriers affecting key populations and other vulnerable groups, including weak data disaggregation, limited GBV support, human rights monitoring gaps, procurement and supply chain constraints, and broader structural barriers that limit access and continuity. Strengthening these areas is important for more equitable service continuity and better long-term programme resilience.

There is also a clear opportunity to use expenditure and programme data more systematically together. A more integrated view of spending, geography, service performance, and sustainability risk would support better prioritisation, especially in a province where a relatively small population can obscure the operational and cost implications of wide geographic dispersion.

CONCLUSION

As part of the broader SANAC-led national process, this brief provides a decision-focused summary of where the Northern Cape 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, the Northern Cape Provincial Sustainability Plan points to a province with a credible sustainability foundation, but with clear areas requiring more deliberate action. The priority now is to consolidate strengths in HIV treatment, VMMC, other biomedical prevention, and selected aspects of TB control while addressing vulnerabilities in key populations, AGYW programming, social enablers, and other community-facing and structurally sensitive 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.