WESTERN CAPE PROVINCIAL SUSTAINABILITY PLAN

SOUTH AFRICAN NATIONAL AIDS COUNCIL
OUR ACTIONS COUNT

CONTENTS

FOREWORD

The Western 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 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 Western 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 demonstrates that the province has stronger foundations in TB control, other biomedical HIV prevention, the broader provincial programme, Voluntary Medical Male Circumcision (VMMC), and selected aspects of HIV treatment, while greater vulnerability remains in key populations, social enablers, and some donor-sensitive 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 show that HIV expenditure in the Western Cape remained substantial from 2021/22 to 2023/24 and was financed predominantly by government, with a smaller contribution from private and insurance sources within assignable provincial spending. This is a material 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, the Western Cape 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

The Western Cape has a population of 7,562,588, representing approximately 12.0% of South Africa's total population. It comprises the City of Cape Town metropolitan municipality and five district municipalities, which together include 24 local municipalities.

The province has the lowest HIV prevalence in the country at 7.4%. In 2023, however, it met only the third of the UNAIDS 95-95-95 targets: 94% of people living with HIV were diagnosed, 70% of those diagnosed were on ART, and 95% of those on ART were virally suppressed. Overall achievement was therefore 63% against the 2025 benchmark. The implication is clear: the province is retaining good treatment outcomes among those on care, but treatment coverage remains the principal performance gap.

Treatment performance is uneven across districts. Adult ART coverage was below the national average, and child ART coverage was also lower than national performance. Adult viral suppression was comparatively strong at 93.4%, but child viral suppression was only 52.2%, with marked district variation. This points to a continued need to strengthen treatment initiation, paediatric case-finding and management, and continuity of care.
TB performance is mixed. The province did not meet TB screening targets in 2022/23 for either clients aged 5 years and older or those under 5 years. In 2023/24, DS-TB treatment success was 73.0%, slightly below the national average, while MDR-TB treatment success remained low. DS-TB loss to follow-up was high at 21.5%, although the TB death rate was below the national average. The policy implication is that TB control remains one of the province's strongest sustainability platforms, but retention and treatment outcomes still require focused management attention.

The broader sustainability context is defined by fiscal constraint, donor transition risk, and the need to maintain a balanced response in a lower-prevalence but still programmatically complex setting. In this context, sustainability planning is not simply a financing exercise. It is also a governance, service-delivery, and transition-management exercise aimed at protecting programme continuity where risk is highest.

INDICATOR	WC POSITION
Population	7,562,588
Share of SA population	12.00%
HIV prevalence	7%
Estimated PLHIV	511,780
Diagnosed among PLHIV	94%
On ART among diagnosed	70%
Virally suppressed among those on ART	95%
Overall achievement against 95-95-95 goal	63%
Adult ART coverage*	74%
Child ART coverage*	77.7%
Adult viral suppression	93.40%
Child viral suppression	52.20%
TB screening achievement, age 5+ (2022/23)	73.40%
TB screening achievement, under 5 (2022/23)	75.60%
DS-TB treatment success (2023/24)	73.00%
MDR-TB treatment success (2023/24)	52.50%
XDR-TB treatment success (2023/24)	42.80%
DS-TB loss to follow-up (2022/23)	21.50%
TB death rate (2022/23)	3.90%

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

Figure 1. Western Cape Key Data at A Glance

METHODOLOGY AND APPROACH

The Western Cape Provincial Sustainability Plan (PSP) was developed through a phased, participatory process led by the PCA and informed by technical review and stakeholder consultation. The process included planning meetings, document review, epidemiological and expenditure analysis, and interviews with government, civil society, and other stakeholders. Data collection ran from late 2023 to early 2024, and a response-planning workshop with 32 delegates was held in Cape Town on 25 July 2025. The plan was then refined through provincial review and UNAIDS technical processes.

The assessment examined nine programme areas across six sustainability domains: epidemic control, governance and accountability, financial sustainability, service delivery, critical enablers, and resilient health systems. This provides a structured basis for identifying where the province is well positioned for sustainability and where targeted corrective action is required.

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

Latest NASA data show that HIV spending in the Western Cape remained substantial across 2021/22 to 2023/24, but declined gradually from R2.00 billion to R1.72 billion. TB spending was much lower in absolute terms, but increased sharply from R465.9 million in 2021/22 to R676.1 million in 2022/23 and remained high at R666.4 million in 2023/24.

Taken together, these trends indicate that the overall HIV and TB financing envelope remained broadly stable, with declining HIV expenditure partly offset by higher TB expenditure. The implication is not that financing pressure has disappeared, but that the balance within the envelope has shifted.

The latest NASA data also show that assignable provincial HIV expenditure is financed predominantly by government, with a smaller contribution from private sector, domestic corporate, and insurance sources. This confirms that the provincial HIV response is largely domestically anchored.

This picture is nevertheless incomplete. Although most public expenditure is captured in the provincial allocation, the provincial distribution of some external resources is not fully reflected because geographic breakdowns for PEPFAR and Global Fund funding were unavailable. The latest series should therefore be read as a strong but partial view of the provincial financing landscape.

The underlying PSP financial analysis is important for interpreting the programmatic implications. Earlier NASA+ findings showed that in 2019/20 total HIV financing in the Western Cape was R2.40 billion, of which 77% came from government. Spending was heavily concentrated in care and treatment, which absorbed 77% of total HIV expenditure, while prevention accounted for only 10%. Social enablers were fully donor-funded and development synergies were overwhelmingly government-funded.

The latest programmatic breakdown still points to a strongly treatment-led financing profile. HIV care and treatment accounted for 89% of HIV spending in 2021/22, 83% in 2022/23, and 82% in 2023/24. The treatment share has moderated slightly, but the expenditure profile remains heavily concentrated in treatment, with comparatively limited spending on prevention and structural enablers.

The PSP further notes that VMMC was financed through both public and donor resources, while key population interventions were majority donor-funded and PrEP and AGYW programmes were donor-funded in the earlier NASA+ picture. This explains why a strong aggregate expenditure position can coexist with weaker sustainability in specific programme areas.

Provincial comparison also suggests broad alignment between burden and spending. The Western Cape recorded the country's lowest HIV prevalence at 7.4% and the lowest HIV spending per capita at ZAR 232. This indicates relative alignment between epidemiological burden and spending levels, but it does not remove the need for sharper prioritisation in a lower-prevalence, still complex response.

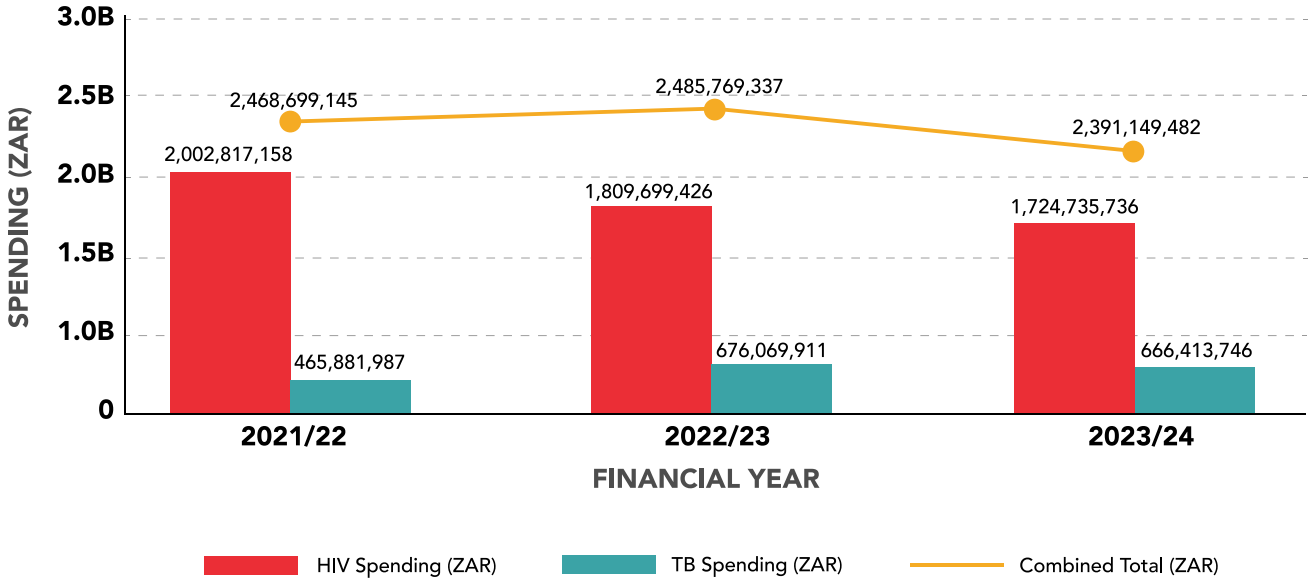

Figure 2. HIV and TB Expenditure Trends in Western Cape (2021/22–2023/24)

PROVINCIAL SUSTAINABILITY ASSESSMENT RESULTS

The strongest sustainability performance was recorded in TB control, with substantial progress in epidemic control, financial sustainability, resilient health systems, and critical enablers. Other biomedical HIV prevention also performed strongly, particularly in governance and accountability, resilient health systems, and critical enablers. The broader provincial programme showed substantial progress in epidemic control, service delivery, resilient health systems, and critical enablers.

VMMC also showed a relatively strong profile, particularly in critical enablers, financial sustainability, and resilient health systems. Adolescent Girls and Young Women (AGYW) and boys programming was stronger in service delivery and critical enablers than in financing and systems. HIV treatment remains a major sustainability anchor, but performance is uneven across domains. NGO-led services continue to play an important service-delivery role, although their sustainability is not yet secure.

The weakest programme areas were key populations and social enablers. Key populations showed little or no progress in resilient health systems and critical enablers, while social enablers showed little or no progress in financial sustainability and only partial progress across the remaining domains. These are not marginal weaknesses. They identify the parts of the provincial response most exposed to service disruption, uneven access, and donor transition risk. *(See Figure 3.)*

The overall picture is clear: the Western Cape is better positioned to sustain core clinical and biomedical platforms than it is to sustain the enabling, equity-focused, and community-linked functions that support long-term epidemic control. The provincial priority is therefore not broad-based expansion, but deliberate transition management in the weaker programme areas while protecting the performance of the stronger platforms.

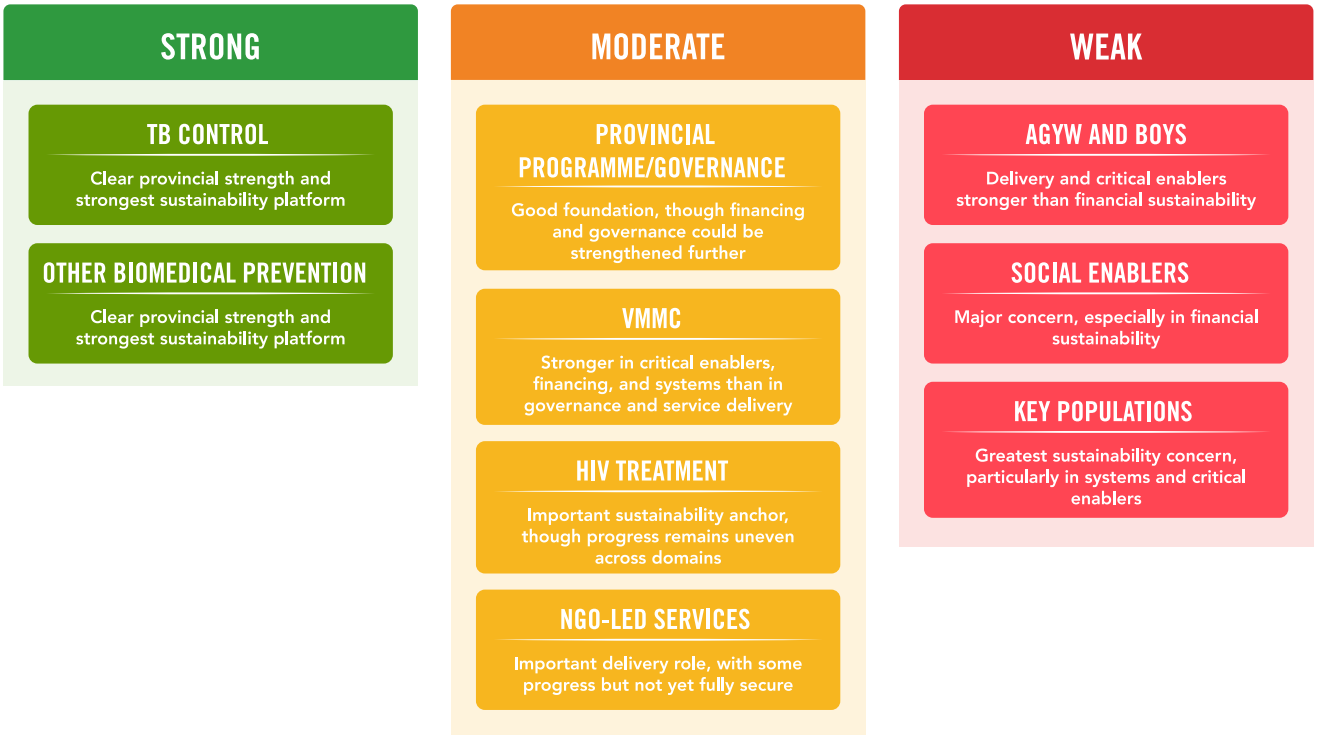

Figure 3. Provincial Sustainability Landscape by Programme Area

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 social enablers and other donor-sensitive community-facing services, while strengthening the integration of key population-responsive services into routine systems.
Governance and accountability	Use the Resource Mobilisation Committee and broader PCA structures more actively to drive oversight, accountability, and follow-through on sustainability priorities. Use integrated expenditure, programme, and sustainability data more systematically to identify programme-level risk and guide prioritisation.
Financial sustainability	Improve budget visibility and strengthen routine planning for underfunded programme areas that remain weakly institutionalised.
Critical enablers	Address persistent stigma, exclusion, and service access barriers affecting vulnerable and underserved populations through more inclusive routine service delivery.
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, management
Cross-departmental coordination and stakeholder engagement	Strengthen coordination across Health, Provincial Treasury, civil society, and other relevant sectors to align financing, planning, and implementation of transition priorities.

Figure 4. Western Cape Priority Action Point

FINANCIAL SUSTAINABILITY AND CRITICAL ENABLERS

Financial sustainability is one of the most material cross-cutting risks in the provincial assessment. The pressure is most visible in social enablers, key populations, and other donor-sensitive prevention and community-linked services, where continuity is more exposed to funding uncertainty and weak institutionalisation. The issue is not lack of provincial commitment; it is insufficient alignment between current financing patterns and the programme areas most at risk.

A similar pattern is evident in critical enablers. Although the province has made progress in several programme areas, the PSP identifies ongoing barriers related to stigma, discrimination, legal and administrative obstacles, rights-based access, and structural support for vulnerable populations. These are core sustainability issues because they shape whether programmes can maintain reach, uptake, and continuity of care.

Key populations and social enablers therefore require focused attention. Key populations scored weakly on resilient health systems and critical enablers, while social enablers scored weakly on financial sustainability. The PSP highlights limited NGO access to TIER.Net, weak use of unique identifiers, inconsistent commodity provision, stigma and discrimination against people who use drugs, and insufficiently structured funding for GBV and rights-related support. A phased institutionalisation plan for these functions is now warranted.

POLICY CONSIDERATIONS

The central policy message from the Western Cape analysis is that aggregate domestic financing strength is not sufficient as a proxy for sustainability. The decisive question is whether vulnerable services are institutionally embedded, visible in provincial planning and budgeting, and supported by the systems needed to sustain delivery over time.

First, the province should consolidate sustainability oversight through the Resource Mobilisation Committee and broader PCA-led coordination arrangements. The existing 14-member RMC, chaired by Provincial Treasury and co-chaired by civil society, is an important institutional asset and should be used more explicitly to track transition risks, financing gaps, and follow-through on agreed actions.

Second, the province should strengthen budget visibility and transition planning for donor-sensitive services, particularly key populations, PrEP, AGYW programming, and social enablers. Without clearer incorporation into routine provincial planning and budgeting, these areas will remain structurally vulnerable.

Third, service equity and inclusion require more explicit attention. The PSP identifies persistent barriers affecting key populations and other vulnerable groups, including stigma, discrimination, weak data systems, inconsistent commodity support for NGOs, and gaps in GBV response pathways. These issues directly affect continuity of access and long-term programme resilience; they are not peripheral concerns.

Finally, the province should integrate expenditure, programme performance, and sustainability risk analysis more deliberately. A combined view of financing trends, delivery performance, and programme vulnerability would support tighter prioritisation and earlier corrective action, especially where strong aggregate financing can mask instability in specific services or populations.

CONCLUSION

The Western Cape appears to have important strengths on which to build. The province shows relatively strong sustainability prospects in TB control, other biomedical HIV prevention, the provincial programme, and selected service delivery platforms, while the latest NASA data suggests that the assignable provincial HIV financing base remains largely government anchored. These are meaningful assets for longer-term sustainability.

At the same time, the sustainability profile remains uneven. Key populations, social enablers, and selected donor-sensitive prevention services appear more vulnerable, particularly where financing, systems support, and institutional embedding are weaker. The strategic implication is not that the province is underperforming overall, but that the next phase may require a more focused transition approach in order to preserve gains while reducing exposure in more fragile programme areas.

In summary, the Western Cape PSP suggests a province that has established a credible foundation for sustainability, but which may benefit from sharper attention to programme-level transition planning, governance, financing visibility, inclusion, and prevention-system balance if it is to sustain progress toward 2030 in a balanced and resilient manner.