THE PREMIER

HEALTH: REQUEST FOR IN-PRINCIPLE APPROVAL OF IMPLEMENTING THE WESTERN CAPE PROVINCIAL STRATEGIC PLAN (PSP) FOR HIV & AIDS, STIs AND TB 2012-2016

I support the attached draft resolution.

THE DIRECTOR-GENERAL

1. PURPOSE

To request in-principle approval for the implementation of the Western Cape Provincial Strategic Plan (PSP) for HIV and AIDS, STIs and TB 2012-2016.

2. MOTIVATION

2.1 Introduction

The draft Western Cape Provincial Strategic Plan (PSP) for HIV and AIDS and Sexually Transmitted Infections (STIs) 2012-2016, is hereby submitted to Cabinet for consideration following the Plan’s endorsement by the following formal structures of the Province:

2.1.1 The Provincial AIDS Council endorsed the draft Western Cape Provincial Strategic Plan on the 22 February 2012 and recommended that the draft plan be tabled at Cabinet for endorsement.
2.2 Background

2.2.1 The National Strategic Plan of South Africa (NSP) on HIV, STIs and TB 2012-2016 was launched by President Jacob Zuma on 01 December 2011. The NSP driven by SANAC is the culmination of extensive consultation and deliberation over several months with a wide range of stakeholders. The NSP is a strategic guide for the national response to HIV, STIs and TB for the next five years. The plan addresses the drivers of the HIV and TB epidemics and builds on the achievements of the previous NSP/PSP’s to achieve goals. Interventions that have worked well will be scaled up and the quality of service delivery will be improved, while at the same time proven new interventions will be implemented.

In adopting the NSP 2012 – 2016, SANAC also made the following recommendations to government departments and sectors of civil society:

The National Strategic Plan on HIV, STIs and TB 2012-2016 is a multi-sectoral overarching guide that will inform national, provincial, municipal and community-level stakeholders about the strategic direction to be considered when developing annual implementation plans. It will be used by the WC PAC and SANAC as the framework for coordinating and monitoring of the plan. Every national and provincial government department, municipality and sector was expected to develop implementation plans by March 2012, in line with the NSP.

2.2.2 As a consequence of the above mentioned national mandate, Western Cape Province embarked on a process to develop a Provincial Strategic Plan on HIV & AIDS, STIs and TB 2012-2016 for Western Cape aligned to the NSP. This was done under the leadership of Secretariat of the Provincial AIDS Council. Two large provincial stakeholder workshops consisting of key Government Departments, the Labour Sector, the Business Sector and Civil Society, were conducted toward the end of 2011 and early in 2012 to support the development of the PSP. Several draft versions of the plan were circulated to stakeholders for input and comments. The final draft PSP was endorsed by the Provincial AIDS Council on 22 February 2012. The final draft PSP was concluded on 18 May 2012.
2.2.3 The NSP is firmly located within the Constitutional framework of South Africa and strives towards its ideals of human dignity, non-racialism, non-sexism and the rule of law. The NSP is also aligned with the broader development plans of the government. These include the Medium Term Strategic Framework and Programme of Action, which commit to ensuring "A long and healthy life for all South Africans". Therefore the PSP is positioned and located within a country context. Equally, the provincial plan seeks to assert that problems of HIV and TB reside within all government department, all sectors and civil society. Therefore the plan represents a provincial multi-sectoral response at various levels and facets of society. It is thus a wide-ranging provincial plan and not intended for the health sector alone.

2.2.4 In line with 2.2.3 above, sectors adopted the following approaches to ensure alignment of the PSP with sectors' plans:

2.2.4.1 The PSP is a 5-year strategic plan spelling out a high-level 'statement of intent' which should be operationalized through an annual Provincial Operational Plan (POP) for each of the five years;

2.2.4.2 For sector departments, indicators and targets expressed in the POP should be aligned to the respective 'approved' Annual Performance Plans (APPs). This is intended to ensure 'buy-in' by affected Heads of Departments and Ministers.

2.2.4.3 For Business, Civil Society and Labour, indicators and targets expressed in the POP should be aligned to their own 'approved' annual plans;

2.2.4.4 Approval Route: the following measures have been agreed to:
   a. The PSP will be processed via the Head of Health and to be tabled at the Provincial Top Management (PTM) for its noting and 'in-principle' support;
   b. The MEC for Health as the Chair of the PAC will be requested to table the PSP at a full sitting of Cabinet for its consideration and endorsement;
   c. The POP is to be concluded and be tabled at the PTM and with the Leadership of Business, Civil Society and Labour for their endorsement.

2.3 Summary of the Provincial Strategic Plan on HIV/AIDS, STIs and TB 2012-2012 (PSP)
2.3.1 Vision, Goals and Strategic Objectives

The PSP is aligned to the NSP 2012-2016 which is driven by a long-term vision for the country with respect to the two epidemics. It has adopted a twenty-year vision, the Three Zeros that have been advocated for by UNAIDS. These are:

1. Zero new HIV, STI and TB infections
2. Zero deaths associated with HIV and TB
3. Zero discrimination

In line with this twenty-year vision, the NSP 2012-2016 and PSP have the following broad goals. To:

1. Reduce new HIV infections by at least 50% using combination prevention approaches;
2. Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% of those alive and on treatment five years after initiation;
3. Reduce the number of new TB infections as well as deaths from TB by 50%;
4. Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP; and
5. Reduce self-reported stigma related to HIV and TB by at least 50%.

The plan has four strategic objectives that will form the basis of the HIV, STI and TB response. These are:

1. Focus on social and structural approaches to HIV and TB prevention, care and impact;
2. Prevention of HIV and TB infections;
3. Sustain Health and Wellness; and
4. Protection of Human Rights and Promotion of Access to Justice

2.3.2 Overview of Provincial Epidemics of HIV and TB

A detailed overview of the provincial epidemics of HIV and TB is provided highlighting the following:

- In the Western Cape for men and women aged 15-44 years, HIV and AIDS, tuberculosis, homicide and road traffic accidents is the leading cause of death.
• While better than other parts of the country infant mortality figures remain a cause of concern with the major causes of childhood death are diarrhoeal disease, lower respiratory tract infections and peri-natal conditions with HIV/AIDS and malnutrition contributing as both primary and underlying causes of infant mortality.

• The estimated HIV prevalence in the age group 15-49 years for the Western Cape is 5.3%. The highest HIV prevalence estimates are found amongst the 25-29 and 30-34 year age group. Apart from mother to child transmission, the risk of acquiring HIV primarily involves the practice of unsafe sex, which is further exacerbated by patterns of high partner turnover and partner concurrency. Further drivers include gender inequalities and the coercive nature of some sexual transactions. According to the Western Cape Burden of Disease Study other contributing factors include poor levels of education, transactional sex, mobility, migration and the socio-economic clustering of poverty, unemployment and overcrowding.

• The World Health Organization (WHO) estimates\(^1\) shows that South Africa currently ranks the third highest in the world in terms of TB burden, behind India and China with an incidence that has increased by 400% in the past 15 years, reaching 970 new infections per 100,000 population in 2009\(^2\). This increase in incidence is compounded by multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant TB (XDR-TB) during the same period. The HIV epidemic has led to an enormous increase in the number of TB cases. TB, an opportunistic infection, is responsible for a third of all deaths in HIV-infected people, and people with HIV are far more susceptible to TB infection and less able to fight it off. The reported incidence of tuberculosis (TB) in the Western Cape at 885 per 100 000 of the population, continues to be amongst the highest in the country and in the world.

2.3.3 Provincial Response to Epidemic

• The NSP’s and PSP’s goals and strategic objectives are guided by evidence from various reports, including the ‘Know Your Epidemic’ (KYE) report, a situation analysis of TB in the country and other epidemiological studies. These studies identified key populations that are most likely to be exposed to or to transmit HIV and/or TB. These include young women between the ages

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\(^1\) 2011. WHO Report. Global Tuberculosis Control
\(^2\) WHO Global TB Control Report, 2010
of 15 and 24 years; people living close to national roads and in informal settlements; young people not attending school and girls who drop out of school before matriculating; people from low socio-economic groups; uncircumcised men; persons with disabilities and mental disorders; sex workers and their clients; people who abuse alcohol and illegal substances; men who have sex with men and transgender persons.

- The Plan outlines the provincial response to both epidemics in line with the NSP. Each of the 4 strategic objectives is described as well as the sub-objectives and high level indicators. Under each strategic objective/ sub-objective, specific interventions are indicated. The narratives under each of these describe the approach of the Western Cape and indicate existing or recommended interventions. The tables of Interventions under each of the four Strategic Objectives are a summary of input obtained at the multi-sector stakeholder workshops conducted, of the recommended priority activities per sector. Targets for 2016 for key interventions are listed.

2.3.3 Monitoring and Evaluation

- A strengthened M&E Unit in the SANAC Secretariat (with technical support from task teams) will be responsible for implementing the monitoring and evaluation framework at national level. The M&E component of the Provincial AIDS Councils Secretariat will assume the same responsibility at provincial and sectoral levels in the province. The Secretariat of the Provincial AIDS Council will also be strengthened through the appointment of an Assistant Director responsible of monitoring and evaluation and sector coordination.

- A midterm and end-of-PSP evaluation will be conducted. The Midterm Review will focus on achievements, challenges, emerging issues and recommendations for the remaining term of the PSP, and will take place in 2014. To complement the midterm evaluation, annual programme reviews will be conducted.

2.3.4 Costing of the PSP

- The NSP has been designed to indicate broad goals and objectives for the country's response. Detailed implementation plans will be developed and costed separately by sectors and provinces. The current costing in the NSP must be viewed as giving an indication of the anticipated costs. A gap
analysis, comparing projected costs to current expenditure will be undertaken. Recommendations on the financing of the NSP will also be made.

- A simple results-based costing tool will guide the costing of provincial strategic implementation plans. SANAC will provide technical support to all provinces to assist them in costing their plans. This will be completed in 2012. The Western Cape has started working with the consultants appointed by SANAC to cost the PSP.

2.4 Progress

2.4.1 The Department of Health and its partners are responsible for the implementation of major activities of this plan and over the years, the following key progress highlights have been recorded to date:

- Mother-to-child HIV transmission has decreased from 10% to 2%;
- Antiretroviral Therapy (ART) service points registered have increased to 171 sites;
- Enrollment on Antiretroviral Therapy (ART) has grown to 135 000 clients;
- During 2012/13 841 258 clients were counselled and tested for HIV, and
- The TB cure rate for new smear positive TB patients is the highest in the country at 82%.

2.5 Governance and Institutional Arrangements

2.5.1 The South African National AIDS Council (SANAC) is a high-level multi-sectoral body chaired by the Deputy President and its main function is to advise Government on the management of HIV, AIDS, STIs and TB in South Africa. SANAC is replicated at a provincial level by Provincial AIDS Councils (PACs) and in some provinces these reside in the Department of the Premier and as such are chaired by Premiers.

2.5.2 NSP and PSP implementation will be coordinated through revised governance structures and strengthened secretariat services. The aim is to have broad, appropriate and consistent representation through amended structures with increased accountability and responsibility at all levels of implementation and coordination. A review team convened by the Deputy President will make recommendations on future governance and institutional arrangements mid-2012.
2.6 Communication

2.6.1 Effective communication is critical to the successful implementation of the NSP and PSP. Social and behavioural change communication is also critical in changing risk behaviour and social conditions that drive HIV and TB epidemics, while at the same time supporting a demand for prevention, care and support and treatment services. Each of the NSP/PSP strategic objectives will require major communication efforts at all levels of implementation.

2.7 Research

2.7.1 The main goal of research on HIV, STIs and TB in South Africa is to provide scientific evidence to guide and enhance the country's response. The NSP notes that the production of new knowledge to impact on these diseases is a critical component of South Africa's strategic response. The Western Cape will ensure that it contributes to national level research, as well as to its own provincial context where specific research concerns will be addressed.

3. HUMAN RESOURCE AND FINANCIAL IMPLICATIONS

3.1 Personnel implications

3.1.1 The PSP will be implemented by sectors (government, business and civil society) and each sector will thus be responsible for its needs. No additional personnel needs are anticipated.

3.1.2 The Provincial AIDS Council's secretariat is currently funded by the Department of Health and funding is available to continue funding for the current MTEF cycle.

3.2 Financial implications

3.2.1 The AIDS Spending Assessment (NASA) was conducted in the Western Cape in 2011. It sought to capture all public, external (donor) and business sector contributions to the HIV/AIDS and TB response in the province for the years 2007/08, 2008/09 and 2009/10. It identified that in the Western Cape the major service provider was the DOH HIV/AIDS, STI & TB Directorate (HAST), delivering R335 million in services (or 33% of the total) in 2009/10. Public hospitals provided 25%, or
R252 million, of services in 2009/10. The third largest provider was constituted by CBOs, CSOs and NGOs, which were responsible for 17% of the total expenditure. The bulk of publicly sourced funding in the Western Cape was on treatment, constituting 57.5% in 2007/08. This amount increased to 64.4% in 2008/09 and 71.4% in 2009/10. This increase in treatment has been primarily driven by the increased spending on ART specifically. However, prevention spending decreased from 22.4% of total spending in 2007/08 to 14.5% in 2009/10. In nominal terms, the public allocation to prevention increased slightly in 2008/09 and then stagnated.

3.2.2 Research and human rights and legal services account for very little public expenditure each year. Each year, approximately 7% of public spending was used for impact mitigation activities. OVC support initially increased in 2008/09 to R16 million from R6.8 million (2007/08) and then decreased in 2009/10 to R10.2 million. This may be attributed to a reduced HIV/AIDS budget for the Department of Social Development in the same period.

3.2.3 Overall, the increasing proportion to treatment, without equally increasing proportions to prevention and other activities is concerning. Also of concern has been the rather low spending on the most-at-risk populations, such as commercial sex workers (CSWs), youth out-of-school, men who have sex with men (MSM) and intravenous drug users (IDUs). These trends serve as a pointer to where focused funding may need to be allocated within the framework of the new PSP.

3.2.4 The Provincial AIDS Secretariat will with the technical support of the SANAC consultants do the costing of the PSP and the Implementation Plan for year one. The relevant government departments will be approached to assist with the costing. It is envisaged that this process will be completed by the end of September 2012.

4. **PARTIES CONSULTED**

The following parties have been consulted and gave inputs towards the plan:

4.1 Civil Society and Business representatives (On going)
4.2 The Provincial Top Management (June 2012)
4.3 The Provincial AIDS Council (22 February 2012)
There is general support for the draft plan as resolved by departments at the PTM at its meeting on 20 June 2012.

5. COMMUNICATION

It is recommended that the MEC for Health, as the Chair of the PAC communicate with affected stakeholders informing them of implementation implications as directed by Cabinet.

6. RECOMMENDATION

I recommend the adoption of the attached draft resolution.

CHIEF DIRECTOR J LEDWABA
CHIEF DIRECTOR HEALTH PROGRAMMES
DATE: 17-09-2012

DR J CUPIDO
DEPUTY DIRECTOR GENERAL
DATE: 27-09-2012

Additional comments:

PROFESSOR KC HOUSEHAM
HEAD: DEPARTMENT OF HEALTH
DATE: 30-09-2012

Additional comments:

MR A VAN NIEKERK
CHIEF FINANCIAL OFFICER
DATE: 10-10-2012

The financial implications have been noted.

DR JC STEGMANN
HEAD OFFICIAL: PROVINCIAL TREASURY
DATE: 2012

The financial implications have been noted.
MR LH GROOTBOOM  
DEPUTY DIRECTOR GENERAL: INSTITUTIONAL IMPROVEMENT AND DEVELOPMENT

EXEcutIvE  
DATE: 22/11/2012

The contents of memorandum are noted.

MINISTER THEUNS BOTHA  
MINISTER OF HEALTH  
DATE: 25/10/2012

The submission is recommended
CABINET MEETING

MINUTE NO. 1/2013

HEALTH: REQUEST FOR IN-PRINCIPLE APPROVAL OF THE WESTERN CAPE PROVINCIAL STRATEGIC PLAN (PSP) FOR HIV & AIDS AND SEXUALLY TRANSMITTED INFECTIONS (STIs)

(File: Department of Health)

RESOLVED that Cabinet –

1. Approves in principle:
   a) The draft Western Cape Strategic Plan (PSP) for HIV and AIDS, STIs and TB 2012-2016;
   b) That the Provincial Top Management (PTM) along with the Leadership of Business, Civil Society and Labour be requested to endorse Annual Provincial Operational Plans (POPs) for each of the five years of the PSP and commit to fund their PSP listed priorities.

SECRETARY: CABINET