On 1 December World AIDS Day (WAD) will not only be commemorated but the day also provides the Western Cape Government and its Partners the opportunity to reflect on their response to HIV/AIDS. The last eighteen months have been a very busy period in the fight against this pandemic.

This is also a time to reflect on how the whole country performed over the last five years. World Aids Day today is but another milestone to commit to certain actions for the next five years as the new National Strategic Plan (NSP) for HIV/AIDS/STI & TB 2012 – 2016 will be launched.

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

* Zero new HIV, STI and TB infections
* Zero deaths associated with HIV and TB
* Zero discrimination

In line with this twenty-year vision, the NSP 2012-2016 has the following five broad goals. To:

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

Whilst showing good progress on a number of areas, the review of the last five year plan also pointed out major challenges. One of these challenges is that known HIV prevention interventions were not implemented at scale. The thinking that has gone into the drafting of the new plan is focusing attention on ‘game-changers’. One of these is using the approach of ‘combination prevention’.

The Western Cape Government, along with key sectors, commits itself to a comprehensive HIV and AIDS, and TB response that address the various aspects of the HIV and AIDS and TB dual epidemics.

**A snap-shot situation:**

* PMTCT lowering the transmission rate at present we are sitting at 3% and we want to get below that.
* Treatment for prevention – new threshold of 350 should allow us to get HIV positive people earlier on treatment.
* Condom distribution will be improved – at present we are at 52 male condoms/adult male /annum.
* HCT will be scaled up – through community based activations.
* MMC has been introduced as part of HIV combination prevention.
* TB prevention will be improved through an intensified case finding drive.
* Intensified infection control.
* Introduce IPT as part of TB prevention.
* Focused interventions for ‘hard-to-reach’ groups such as sex workers, truckers, deaf community, prisoners, men and youth.
* We are at 1,8% for last quarter on PMTCT
* For Condoms we are at 45 per male over 15yrsn [52 is the target]
* Partners are ready to collaborate with the department in ensuring that we do fewer things better – we have structures for doing this such as the PAC and the SO4 group that looks at Wellness.
* The estimated HIV prevalence in the age group 15-49 years for the Western Cape is 5.3%, lowest rate in SA; (source: South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008).
* TB Incidence rates have been showing a downward trend since 2008
* The case load per districts/sub-structure is unevenly spread and in 6/9 districts this is consistent with the population spread. K/litsha has the highest case load.
* There is a significant decrease in the PMTCT Transmission rate from 17.6% in 2003 to 1.8% in June 2011 (best achievement in the country);
* Access to those who needs ART is over 85%;
* **The number of children under 15** who have been initiated on ART has shown an upward trend: 97% of those requiring treatment.
* Child - headed households receiving services from HCBC organizations increased 4,222 against a target 800.
* **The cure rate has improved to 80.4% in 2010/11**. Two districts (Overberg and Eden) achieved the WHO target of 85% with Klipfontein Michells Plain and Central Karoo recorded > 80%.

During the 2010/11 financial year the Western Cape Department of Health started 29 728 new patients on anti-retroviral treatment (ART) and in July had 100 000 patients on ART. A major achievement was of the prevention of mother-to-child transmission (PMTCT) programme in the province with only 3.2% babies born to HIV positive mothers testing positive for the HI virus. The Department achieved a TB cure rate of 80.5% by the end of 2010/11, with Eden District reaching 85% and the Overberg District peaking at 88%. The HIV counselling and testing (HCT) campaign was launched in 2010 with a target of 1.1 million people to be tested by June 2011. At the end of the 15 month campaign 1,042,932 people had been routinely tested for HIV.



WC spent a larger proportion on Prevention & Treatment than any other province in the country.



There was a significant growth in expenditure on treatment, from R326 million in 2007/08 to R690 million in 2009/10 (all sectors combined)

ART made up the bulk of spending: R361.8 million (or 52.4%) in 2009/10 (all sectors combined);

For the public Health sector ART expenditure is over 70%.

Public sector funding for HIV & AIDS has grown by about 63% in the past four years.

**Workplace programmes** occupied a small component of total prevention expenditure.

The primary aims of the HIV and TB programme in the Department of Health are to:

* Reduce the number of new HIV infections by 50% by 2015.
* Provide an appropriate package of treatment, care and support to 80% of all people diagnosed with HIV.
* Implement care and support programmes for people living with HIV and AIDS.
* Strengthen the implementation of the directly observed treatment strategy (DOTS) strategy through the expansion and enhancement of quality DOTS in high TB burden sub-districts and health facilities.
* Address multi-drug resistant (MDR-TB) and extreme drug resistant (XDR-TB) to ensure the adequate treatment and management of these patients.
* Ensure functional integration of TB and HIV activities at facility level.

The NSP 2012-2016 is the strategic guide for HIV, STI and TB initiatives for the next five years. It is results-based and focuses on the drivers of the epidemics to achieve the goals defined below:

The WC PSP -2012 -2016 is planned to address the following:

SO1: **Focus on Social and Structural Approaches to HIV and TB Prevention, Care and Impact**

Sub-objectives are:

1. Mainstream HIV and TB and its gender and rights-based dimensions into the core mandates of all government departments;
2. Address social, economic and behavioural drivers of HIV, STIs and TB, e.g. challenges posed by: living in informal settlements as well as rural and hard-to-reach areas; migration and mobility; and alcohol and substance abuse;
3. Implement interventions to address gender norms and gender-based violence;
4. Mitigate the impact of HIV, STIs and TB on orphans, vulnerable children and youth;
5. Reduce the vulnerability of young people to HIV infection by retaining them in schools as well as increasing access to post-school education and work opportunities;
6. Reduce HIV-related stigma;
7. Strengthen community systems to expand access to services; and
8. Poverty alleviation and strengthen food security.

SO2 : **Prevention of HIV, STI and TB Infections**

1. **HCT:** Maximise opportunities to ensure everyone in the province is tested for HIV and screened for TB, at least annually, and enrolled in wellness and treatment, care and support programmes;
2. Make accessible a package of sexual and reproductive health (SRH) services, including integrating SRH services into PHC and conducting prevention activities in non-traditional outlets. The package includes medical male circumcision, both male and female condoms;
3. **Mainstream into School Health**: Prevent HIV, STIs and TB in adolescents and youth through a comprehensive package of services in schools, and for out-of-school youth;
4. **Reduce transmission of HIV from mother to child to 0%**
5. **Implement a comprehensive national social and behavioural change communication strategy with a focus on key populations to promote healthy behaviours,**
6. **Preventing TB infection and disease**
7. **Implement ‘treatment for prevention’ strategies** that ensure early ARV initiation as per national policy guidelines and early treatment of TB and improved TB cure rate.

SO 3: **Sustain Health and Wellness**

1. **Reduce disability and death resulting from HIV and TB**. This includes: annual testing/screening for HIV, TB and STIs; improved contact tracing; increased access to high-quality drugs; early diagnosis and rapid enrolment into treatment; improved access to treatment for children, adolescents and youth; initiation of all HIV positive TB patients and pregnant women on ART; design of a patient-centred pre-ART package; early referral of all complicated cases;
2. Ensure universal access to treatment, care and support for HIV, TB and STIs. This includes programmes targeted at key populations and implementation of innovative technologies;
3. **Ensure that people living with HIV, TB and STIs remain within the healthcare system, are adherent to treatment and maintain optimal health. This includes the strengthening of Outreach PHC teams; and regular communication using all appropriate media;**
4. Ensure that systems and services remain responsive to the needs of people living with HIV, TB and STIs.

SO4: **Protection of Human Rights and Promotion of Access to Justice**

1. Identify and remove laws that undermine implementation of all NSP interventions and/or increase vulnerability to HIV and/or TB infection. This includes audits of primary and secondary legislation and the criminal law and implementing a law reform agenda and process;
2. **Ensuring rights are not violated when interventions are implemented and establishing mechanisms for monitoring abuses and vindicating rights**. This includes auditing interventions to identify potential for human rights abuses; guarding against rights violations as part of policy development and programme planning; using existing bodies to monitor human rights abuses and increasing access to justice; and building capacity within civil society to increase access to justice;
3. **Reduce HIV and TB discrimination in the workplace**. This includes campaigns against unfair discrimination and empowerment of employees especially those in small and non-traditional workplaces; and
4. **Reduce unfair discrimination in access to services**. This includes ensuring that oversight bodies receive and address complaints, and training service providers to prevent unfair discrimination.

Province has established a full-time office for the Provincial AIDS Council (PAC) Secretariat to oversee PSP planning, implementation and monitor sectors’ performance.