



Western Cape
Government
FOR YOU

WESTERN CAPE PROVINCIAL IMPLEMENTATION PLAN ANNUAL PROGRESS REPORT

2021-2022

Report prepared by:

Jenna Joffe and Nicolette Van der Walt

Secretariat Western Cape Provincial Council on AIDS & TB

ACRONYMS

AFSA	AIDS Foundation South Africa
AGYW	Adolescent Girls & Young Women
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Treatment
CAB-LA	Cabotegravir
CAPRISA	Centre for the AIDS Programme of Research in South Africa (CAPRISA)
CFM	Consultative Forum Meetings
CHW	Community Healthcare Worker
COS	Community Outreach Service
Covid-19	Coronavirus Disease of 2019
CRS	Community Responses and Systems
CSE	Comprehensive Sexuality Education
CSF	Civil Society Forum
CYPR	Couple Year protection Rate
DAC	District AIDS Council
DBE	Department of Basic Education
DCAT	District Council on AIDS & TB
DCS	Department of Correctional Services
DCXR	Digital Chest X-Ray
DG	Director-General
DHC	District Health Council
DoH	Department of Health
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
DR-TB	Drug Resistant TB
DS-TB	Drug Susceptible Tuberculosis
DSD	Department of Social Development
DSP	District Support Partner
ECD	Early Childhood Development
EPOA	Enhanced Peer Outreach Approaches
EPWP	Expanded Public Works Programme
ETR	End-term Review
FAQ	Frequently Asked Questions
FBO	Faith-Based Organisation
FDA	Food and Drug Administration
FSW	Female Sex Worker
GF	Global Fund
G2G	Government-to-Government
HAST	HIV, AIDS, STIs and TB
HIV	Human Immuno-deficiency Virus
HIVSS	HIV Self-Screening
HPV	Human Papillomavirus
HRV	Human Right Violation
HTA	High Transmission Area
HTS	HIV Testing Services
ICT	Index Case Testing
IEC	Information, Education and Communication
IPT	Isoniazid Preventive Therapy
IPV	Intimate Partner Violence
KESS	Khayelitsha/Eastern Sub-Structures

KP	Key Population
KVP	Key and Vulnerable Population
LAC	Local AIDS Council
LAM	Lipoarabinomannan
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
LTF	Lost to Follow-up
MDR-TB	Multi-Drug Resistant Tuberculosis
MMC	Medical Male Circumcision
MSM	Men who have Sex with Men
MSP	Male Sexual Partner
MTCT	Mother-to-Child Transmission
MTR	Mid-Term Review
MUS	Male Urethritis Syndrome
NACCCW	National Association of Child Care Workers
NACOSA	Networking HIV/AIDS Community of Southern Africa
NAPWA	National Association of People Living with HIV
NASA	National AIDS Spending Assessment
NDoH	National Department of Health
NEET	Not in Education, Employment and Training
NGO	Non-Governmental Organisation
NIMART	Nurse Initiated Management of Antiretroviral Therapy
NSP	National Strategic Plan
NSWP	National Sex Worker Plan
OST	Opioid Substitution Therapy
OVC	Orphans and Vulnerable Children
PACK	Practical Approach to Care Kit
PCA	Provincial Council on AIDS
PCAT	Provincial Council on AIDS & TB
PEP	Post-Exposure Prophylaxis
PHCIS	Primary Healthcare Information System
PHDC	Provincial Health Data Centre
PIMART	Pharmacist-Initiated Management of ART
PIP	Provincial Implementation Plan
PLD	People Living with Disabilities
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PR	Primary Recipient
PRC	Programme Review Committee
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
PWN	Positive Women's Network
PWUD	People Who Use Drugs
ReACT	Rights-Evidence-ACTION
RMC	Resource Mobilisation Committee
RR-TB	Rifampicin Resistant Tuberculosis
RtC	Right to Care
SABCOHA	South African Business Coalition on Health and AIDS
SANAC	South African National AIDS Council
SANDF	South African National Defence Force
SANERELA+	South African Network of Religious Leaders Living with and affected by HIV/AIDS
SANPUD	South African Network for People who Use Drugs
SAPS	South African Police Service
SBC	Social Behaviour Change

SBCC	Social and Behaviour Change Communication
SDR	Stigma and Discrimination Reduction
SGS	Small Grants Scheme
SHE	Social Health and Empowerment
SMYN	Show Me Your Number
SOP	Standard Operating Procedure
SR	Sub-Recipient
SSR	Sub Sub-Recipient
STI	Sexually Transmitted Infection
SUD	Substance Use Disorder
SW	Sex Worker
TAC	Treatment Action Campaign
TB	Tuberculosis
TCC	Thuthuzela Care Centre
TG	Transgender
THP	Traditional Health Practitioner
ToR	Terms of Reference
TPT	TB Preventive Therapy
TROA	Total Remaining on ART
UPI	Unique Patient Identifier
UTT	Universal Test and Treat
U=U	Undetectable = Untransmissible
VEP	Victim Empowerment Programme
VLD	Viral Loads Done
VLD	Viral Load Suppression
VMMC	Voluntary Medical Male Circumcision
WAD	World AIDS Day
WC	Western Cape
WCG	Western Cape Government
WCED	Western Cape Education Department
WHO	World Health Organisation
WTD	World TB Day

TABLE OF CONTENTS

ACRONYMS	1
TABLE OF CONTENTS	4
LIST OF TABLES	6
LIST OF FIGURES	7
EXECUTIVE SUMMARY	8
INTRODUCTION	9
ASSESSMENT OF NSP/PIP PROGRESS AGAINST THE MAIN GOALS AND OBJECTIVES OF THE NSP	10
GOAL 1: ACCELERATE PREVENTION TO REDUCE NEW HIV, TB AND STI INFECTIONS	10
OBJECTIVE 1.1. REDUCE NEW HIV INFECTIONS BY 60% BY 2022 THROUGH COMBINATION PREVENTION INTERVENTIONS	10
<i>HIV Prevalence</i>	10
<i>HIV Incidence</i>	13
OBJECTIVE 1.2. REDUCE TB INCIDENCE BY AT LEAST 30%.....	22
<i>TB Prevalence</i>	22
<i>TB Incidence</i>	22
OBJECTIVE 1.3. SIGNIFICANTLY REDUCE T. PALLIDUM, GONORRHOEA AND CHLAMYDIA INFECTION, TO ACHIEVE THE VIRTUAL ELIMINATION OF CONGENITAL SYPHILIS, AND MAINTAIN HIGH COVERAGE OF HPV VACCINATION	24
<i>STI Prevalence</i>	24
<i>STI Incidence</i>	24
GOAL 2: REDUCE MORBIDITY AND MORTALITY BY PROVIDING HIV, TB AND STI TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL	26
OBJECTIVE 2.1: IMPLEMENT THE 90-90-90 STRATEGY FOR HIV	26
OBJECTIVE 2.2: IMPLEMENT THE 90-90-90 STRATEGY FOR TB.....	32
OBJECTIVE 2.3. IMPROVE STI DETECTION, DIAGNOSIS AND TREATMENT	39
GOAL 3: REACH ALL KEY AND VULNERABLE POPULATIONS FOR HIV AND TB WITH COMPREHENSIVE, CUSTOMISED AND TARGETED INTERVENTIONS	40
OBJECTIVE 3.1. INCREASE ENGAGEMENT, COLLABORATION AND ADVOCACY OF KEY AND VULNERABLE POPULATIONS IN THE DEVELOPMENT AND IMPLEMENTATION OF SOCIAL AND HEALTH SUPPORT ACTIVITIES	40
<i>Adolescents and Youth</i>	41
<i>Men who have Sex with Men</i>	46
<i>People Who Inject Drugs</i>	46
<i>Sex Workers</i>	48
<i>Transgender People</i>	50
<i>Inmates in Correctional Facilities</i>	51
<i>People with Disabilities</i>	52
OBJECTIVE 3.2. TO PROVIDE AN ENABLING ENVIRONMENT TO INCREASE ACCESS TO HEALTH SERVICES BY KEY AND VULNERABLE POPULATIONS	53
GOAL 4: ADDRESS THE SOCIAL AND STRUCTURAL DRIVERS OF HIV, TB AND STIS	55

OBJECTIVE 4.1: IMPLEMENT SOCIAL BEHAVIOUR CHANGE PROGRAMMES TO ADDRESS KEY DRIVERS OF THE EPIDEMIC AND BUILD SOCIAL COHESION	55
OBJECTIVE 4.2: INCREASE ACCESS TO AND PROVISION OF SERVICES FOR ALL SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE IN PRIORITY DISTRICTS BY 2022	56
OBJECTIVE 4.3: SCALE UP ACCESS TO SOCIAL PROTECTION FOR PEOPLE AT RISK OF AND THOSE LIVING WITH HIV AND TB	58
OBJECTIVE 4.4. IMPLEMENT AND SCALE UP A PACKAGE OF HARM REDUCTION INTERVENTIONS FOR ALCOHOL AND SUBSTANCE USE	59
OBJECTIVE 4.5: IMPLEMENT ECONOMIC STRENGTHENING PROGRAMMES WITH A FOCUS ON YOUTH IN PRIORITY FOCUS DISTRICTS.....	60
OBJECTIVE 4.6A: ENSURE ACCESS TO REHABILITATION, COMPREHENSIVE PSYCHOSOCIAL SUPPORT AND MENTAL HEALTH SERVICES FOR PEOPLE LIVING WITH AND AFFECTED BY HIV AND TB.....	60
OBJECTIVE 4.6B. ADDRESS THE PHYSICAL BUILDING STRUCTURAL IMPEDIMENTS FOR OPTIMAL PREVENTION AND TREATMENT OF HIV, TB AND STIS	60
GOAL 5: PROTECT HUMAN RIGHTS, INCREASE ACCESS TO JUSTICE, AND REDUCE STIGMA AND DISCRIMINATION	61
OBJECTIVE 5.1. REDUCE STIGMA AND DISCRIMINATION AMONG PEOPLE LIVING WITH HIV BY HALF BY 2022	61
GOAL 6: MOBILISE LEADERSHIP AT ALL LEVELS AND PROMOTE SHARED ACCOUNTABILITY FOR A SUSTAINABLE RESPONSE TO HIV, TB, AND STIS.....	63
OBJECTIVE 6.1. STRENGTHEN THE PROVINCIAL AIDS COUNCIL TO PROVIDE EFFECTIVE CO-ORDINATION AND LEADERSHIP OF ALL STAKEHOLDERS FOR SHARED ACCOUNTABILITY IN THE IMPLEMENTATION OF THE NSP	63
OBJECTIVE 6.2. IMPROVE COLLABORATION AND COORDINATION BETWEEN GOVERNMENT, CIVIL SOCIETY, DEVELOPMENT PARTNERS AND PRIVATE SECTORS.....	64
GOAL 7: MOBILISE RESOURCES TO SUPPORT THE ACHIEVEMENT OF THE NSP/PIP GOALS AND ENSURE A SUSTAINABLE RESPONSE	66
OBJECTIVE 7.1. IMPROVE EFFICIENCY AND MOBILISE SUFFICIENT RESOURCES TO ACHIEVE THE GOALS, OBJECTIVES AND TARGETS OF THE NSP	66
GOAL 8: STRENGTHEN STRATEGIC INFORMATION AND RESEARCH TO DRIVE PROGRESS TOWARDS ACHIEVEMENT OF NSP GOALS.....	70
OBJECTIVE 8.1. OPTIMIZE ROUTINELY COLLECTED STRATEGIC HEALTH INFORMATION	70
OBJECTIVE 8.2. ESTABLISH A COORDINATED AND FUNDED PROVINCIAL SURVEILLANCE SYSTEM TO GENERATE PERIODIC ESTIMATES OF HIV, TB AND STI MEASURES IN THE GENERAL POPULATION AND KEY/VULNERABLE POPULATIONS TO INFORM PROGRAMME IMPLEMENTATION.....	71
OVERVIEW OF THE PCAT M&E SYSTEM	72
OVERVIEW OF PROGRESS MADE	72
CRITICAL ENABLERS	73
OVERVIEW OF GAPS AND CHALLENGES IN ACHIEVING THE OBJECTIVES	78
CONCLUSION AND RECOMMENDATIONS	80
REFERENCES	82

LIST OF TABLES

Table 1. Estimated number of PLHIV in Western Cape by district and age group, 2021	11
Table 2. Estimated and Projected HIV prevalence rates in Western Cape by sex and age group, 2016 vs 2021	12
Table 3. Estimated HIV prevalence rates in Western Cape by district and age group, 2021	12
Table 4. Estimated and Projected HIV incidence rates in Western Cape by sex and age group, 2016 vs 2021	15
Table 5. Estimated HIV incidence rates in Western Cape by district and age group, 2021	15
Table 6. Performance of HIV prevention interventions in Western Cape	16
Table 7. Performance of TB prevention interventions in Western Cape.....	23
Table 8. Performance of HPV vaccination coverage in Western Cape.....	24
Table 9. Performance of TB 90-90-90 interventions	32
Table 10. Performance of new Male Urethritis Syndrome episodes treated	39
Table 11. Estimated and Projected HIV prevalence rates among KVPs in Western Cape	40
Table 12. Performance on HIV 90-90-90 targets by KVP group.....	41
Table 13. AGYW performance on HIV 90-90-90 targets.....	42
Table 14. MSM performance on HIV 90-90-90 targets	46
Table 15. PWID performance on HIV 90-90-90 targets.....	47
Table 16. SW performance on HIV 90-90-90 targets.....	48
Table 17. TG performance on HIV 90-90-90 targets	50
Table 18. Inmates performance on HIV 90-90-90 targets	52
Table 19. Number of KVPs reached with services in Western Cape	53
Table 20. Number of individuals who accessed to substance abuse services in Western Cape.....	59
Table 21. Financial resources allocated and spent on HIV, TB and STIs in Western Cape	66
Table 22. Gaps and challenges in responding to HIV, TB and STIs in WC	78

LIST OF FIGURES

Figure 1. Estimated and projected number of PLHIV in Western Cape by age group, 2016 vs 2021.....	10
Figure 2. Estimated and projected number of new HIV infections in Western Cape by age group, 2016 vs 2021	13
Figure 3. Number of new HIV infections in Western Cape by district, 2021/22.....	14
Figure 4. Estimated and projected number of AIDS deaths in Western Cape, 2016 vs 2021.....	26
Figure 5. HIV 90-90-90 cascade for total Western Cape population	27
Figure 6. Collect and Go E-lockers.....	29
Figure 7. HIV 90-90-90 cascade for Western Cape children <15	30
Figure 8. HIV 90-90-90 cascade for Western Cape districts.....	31
Figure 9. Western Cape Health Minister Mbombo inside a mobile clinic that houses a Digital Chest X-Ray	34
Figure 10. TB cascade for Western Cape for Q4 2021/22 (cohort Oct-Dec 2020)	35
Figure 11. TB cascade for Cape Metro for Q4 2021/22 (cohort Oct-Dec 2020).....	36
Figure 12. TB cascade for rural districts for Q4 2021/22 (cohort Oct-Dec 2020)	37
Figure 13. Western Cape public-facing interactive TB dashboard	38
Figure 14. Global Fund-funded AGYW programme	42
Figure 15. PEPFAR-funded DREAMS Programme.....	43
Figure 16. Male Sexual Partners community dialogue conducted in Klipfontein in Cape Metro	45
Figure 17. Global Fund-funded PWID programme	
Figure 18. Western Cape Social Development Minister Fernandez launches the province's 12th Youth Café	56
Figure 19. Global Fund-funded Human Rights programme.....	
Figure 20. Western Cape structure for District Council on AIDS and TB.....	64
Figure 21. Global Fund-funded CRS Programme.....	65
Figure 22. HIV financing entities by districts 2019/20.....	68
Figure 23. HIV spending per patient by programme area and province.....	68
Figure 24. TB spending per patient by programme area and province.....	69
Figure 25. Western Cape Provincial Health Data Centre Architecture	
Figure 26. Community dialogue hosted by Siyakhula South Africa for Small Grants Scheme AGYW programme.....	75
Figure 27. WCF and USAID sign the \$10 million G2G agreement aimed at fighting COVID-19, HIV and TB	76

Executive Summary

This is the Annual Progress Report for the Western Cape (WC) Provincial Implementation Plan (PIP) for Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Sexually Transmitted Infections (STI) 2017-2022. The report is for the period 1 April 2021 to 31 March 2022 (2021/22), the fifth year of the PIP and National Strategic Plan (NSP) implementation. Data on indicators related to the eight goals of the PIP/NSP are presented, showing the province's performance in 2021/22, and where possible, progress made since baseline in 2016/17 and achievements against targets. The report relies on secondary data sources from government, civil society, donor-funded programmes, research institutions, and online sources. Where the authors of this report attended stakeholder engagements, primary qualitative data were used.

Highlights

Goal 1. The Thembisa Model Version 4.5. projected that 569 713 people were living with HIV in WC in 2021, a 20% increase since 2016. The Model showed that females were disproportionately infected and the 50+ age group showed a concerning rise in new cases. The province recorded 30 014 new HIV positive cases, and 29 447 new TB cases in 2021/22. **Goal 2.** WC achieved 92-66-91 against the 90-90-90 targets; treatment initiation and adherence require significant further focus. While TB treatment initiation achieved 92%, treatment success was only 76%, further highlighting the need for efforts on treatment retention. **Goal 3.** Key and Vulnerable Populations (KVPs) including Adolescent Girls & Young Women, People Who Inject Drugs, Sex Workers, Transgender people, and inmates in correctional facilities were reached by HIV prevention and treatment services, but further intervention is needed to achieve 90-90-90 targets. **Goal 4.** Several interventions were implemented including gender-based violence prevention and responses, social grant provision, and substance abuse services. **Goal 5.** Several donor-funded programmes were implemented to raise awareness of stigma and discrimination and sensitise stakeholders. **Goal 6.** The WC Provincial Council on AIDS and TB (WC PCAT) was functional at a provincial level with all 18 sectors represented, regular meetings, and co-chairing by the Premier. District AIDS Councils were integrated into District Health Councils. **Goal 7.** The National AIDS Spending Assessment (NASA) revealed comprehensive provincial trends. **Goal 8.** There was no costed M&E framework for the PIP, nor a research agenda. However, WC had an effective health information system, and the SANAC Situation Room, a data visualisation platform was in development.

Challenges

Interventions were negatively impacted by the onset of COVID-19 in 2020. While 2021/22 saw efforts to return to pre-pandemic performance, progress was slow and many targets were not met and, in some cases, performance decreased since 2016/17. Challenges included lower uptake of HIV prevention services, HIV and TB treatment retention, and case finding and treatment of KVPs. The WC PCAT Secretariat also experienced challenges in accessing non-biomedical data during the period under review.

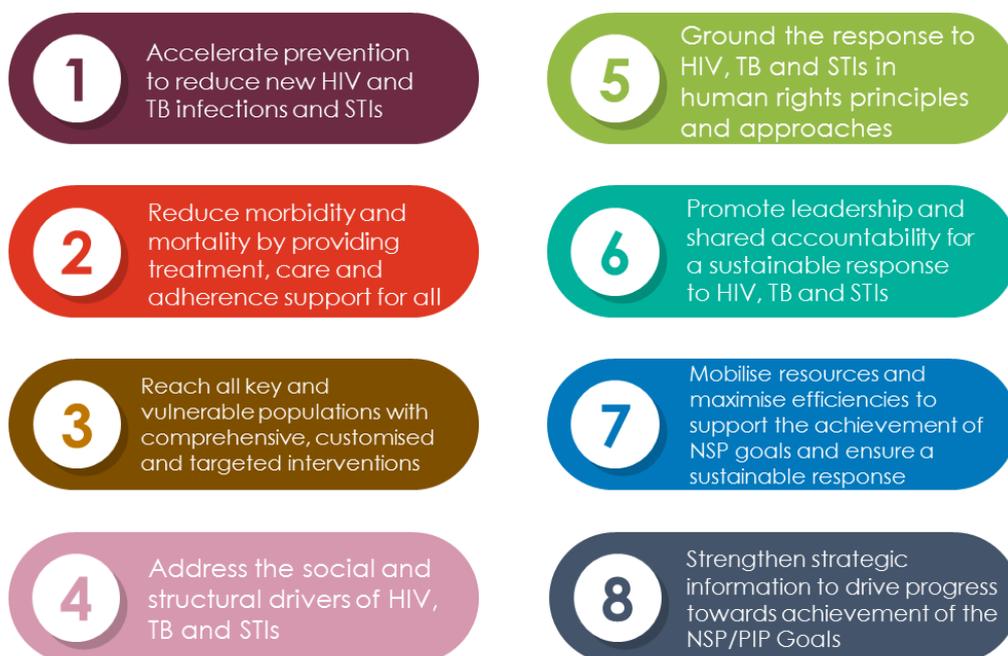
Lessons Learned

Differentiated models of care and alternative service delivery mechanisms including home deliveries of medication, pick-up points, telemedicine, and multi-month dispensing can result in increased uptake of services. Self-screening and index case testing can improve case finding, and the development of an Emergency Response Plan to tackle an epidemic, such as that developed for TB, can result in multi-sectoral commitment and innovations to improve the response (e.g., public-facing dashboard, free SMS notifications, telehealth etc.).

Introduction

The Western Cape (WC) Provincial Implementation Plan (PIP) for HIV TB & STIs 2017-2022, which is aligned to the South African National Strategic Plan (NSP), provides eight strategic goals intended to guide and align stakeholders (including government, civil society, the private sector and individuals) responding to these epidemics for a five-year period. With multisectoral stakeholders working towards common goals, a more concentrated and focused effort can be made, increasing the likelihood of reducing and eliminating these public health concerns.

Goals of the NSP and WC PIP for HIV, TB and STIs (2017 - 2022)



This report provides an overview of performance for the period 1 April 2021 to 31 March 2022 in WC, and an indication of progress made in the past five years of implementation. The findings reported must be interpreted within the context of the Coronavirus Disease of 2019 (COVID-19) pandemic¹, which reached South Africa in March 2020. Routine service delivery was disrupted, with health and human resources being diverted to the fight against the disease and focus on the COVID-19 vaccination drive. Some health facilities were temporarily closed, and staff were required to isolate when they tested positive for COVID-19. Diagnostic and lab capacity required to support HIV and TB diagnoses were significantly reduced, and because many patients feared contracting COVID-19 at health facilities, there were lower rates of case finding and higher rates of missed appointments and patients lost to follow-up (LTF).

This report must also be read in consideration of its June 2022 deadline, which precedes the publication of government Annual Reports and Annual Performance Plans, which report audited annual data. Therefore, it must be cautioned that data presented herein may differ from what appears in these documents to be published later in the year. This is also applicable to donor-funded programme reports as data back-capturing, and/or verification could have been undertaken after data/reports were submitted to the WC Provincial Council on AIDS & TB (PCAT) Secretariat.

¹ Impact of COVID-19 on the HIV Programme. Presented by Celeste Madondo (SANAC) at HIP-G Webinar on 4 November 2021

ASSESSMENT OF NSP/PIP PROGRESS AGAINST THE MAIN GOALS AND OBJECTIVES OF THE NSP

GOAL 1: ACCELERATE PREVENTION TO REDUCE NEW HIV, TB AND STI INFECTIONS

Objective 1.1. Reduce new HIV infections by 60% by 2022 through combination prevention interventions

HIV Prevalence

Figure 1 below illustrates a comparison of the estimated number of HIV infections in the province in 2016 compared to projected number of HIV infections in 2021.

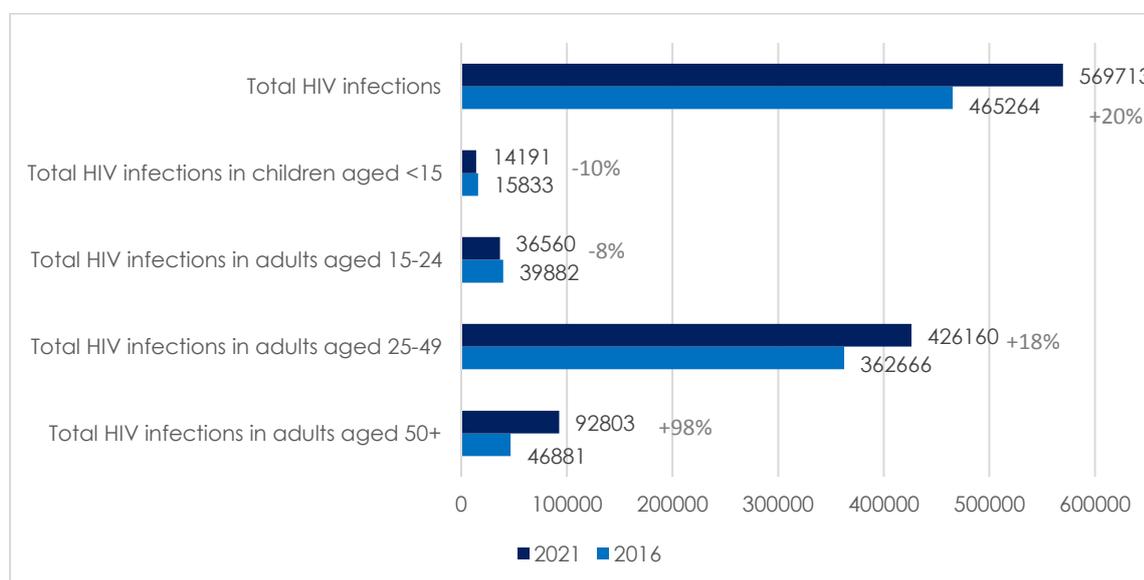


Figure 1. Estimated and projected number of PLHIV in Western Cape by age group, 2016 vs 2021
Source: Thembisa Model Provincial Output, Version 4.5

The Thembisa Model Provincial Output, Version 4.5.² (henceforth referred to as Thembisa Model V4.5.) projects that the **total number of people living with HIV (PLHIV) in the province increased by 20%** in the five-year period. When looking at age groups, a positive change was that **children living with HIV decreased by 10%**, possibly indicating the effectiveness of prevention of mother-to-child transmission (PMTCT) interventions. Further, the number of **youths aged 15-24 years with HIV decreased by 8%**, which may suggest effective interventions targeted at teenagers and youth. Of concern, the number of **PLHIV aged 25-49 rose by 18%**, while even more alarmingly, the number of **PLHIV aged 50+ increased by 98%** - the figure is projected to have almost doubled in the five-year period. As will be shown below under HIV incidence, Figure 1 is in-part explained by a high increase in the number of new infections among this age group.

² The Thembisa Model is the leading mathematical model of HIV in South Africa. The latest version of the Model, version 4.5, became available in April 2022. A number of significant changes were made to the model, including updated demographic parameters to reflect the impact of COVID-19. Estimates (modelled on historic data) are provided up until and including 2019, while projections (based on extrapolations of past trends and for which the Model did not have data) are provided from 2020 onwards.

When analysing the different age groups with Thembisa Model V4.5 data, the number of **male PLHIVs aged 15-24 increased by 13%** between 2016 ($n=8\,470$) and 2021 ($n=9\,554$), and the number of **female PLHIVs aged 15-24 decreased by 14%** between 2016 ($n=31\,412$) and 2021 ($n=27\,006$). The decrease in cases among females in this age group may be in part a result of effective programmes targeting Adolescent Girls & Young Women (AGYW). However, AGYW still were affected disproportionately; **183% more females had HIV than males in the 15-24 age group**. Further, the number of **male PLHIVs aged 25-49 increased by 11%** between 2016 ($n=126\,243$) and 2021 ($n=140\,270$), and the number of **females aged 25-49 PLHIVs increased by 21%** between 2016 ($n=236\,423$) and 2021 ($n=285\,890$). Finally, the number of **male PLHIV aged 50+ increased by 86%** between 2016 ($n=20\,932$) and 2021 ($n=38\,928$) and the number of **female PLHIV aged 50+ increased by 108%** between 2016 ($n=25\,950$) and 2021 ($n=53\,874$). Taken together, the modelled data suggests that HIV prevention efforts need to place a significantly greater focus on the female population and those aged 50+ years.

Table 1 below depicts PLHIV district estimates as estimated by the Naomi Model.³

Table 1. Estimated number of PLHIV in Western Cape by district and age group, 2021

District	Total PLHIV	PLHIV Children <15 yrs	PLHIV Adults 15-24 yrs	PLHIV Adults 25-49 yrs	PLHIV Adults 50+ yrs
Cape Metro	391 496	9 315	26 362	278 440	77 379
Cape Winelands	68 888	1 591	5 017	48 840	13 440
Central Karoo	3 363	121	316	2 152	774
Garden Route	51 531	1 192	3 965	34 247	12 127
Overberg	27 099	551	1 923	19 010	5 615
West Coast	37 120	948	2 916	26 048	7 209

Source: Naomi Model District Output Sep 2021 (Thembisa 4.5. calibrated)

As indicated, **the Cape Metro had the highest estimated burden of PLHIV in total ($n=391\,496$)** and across all age groups, more than double the number of those in all other districts combined. Of the total 579 497 PLHIV estimated by the Model, the **Cape Metro accounted for 68% of the estimated burden**. However, given that 64% of the WC population resides in the Metro, the higher burden is expected. Despite services being concentrated in the Metro, further intervention is still required. The second highest burden district, was the Cape Winelands ($n=68\,888$), followed by Garden Route ($n=51\,531$). Consistent with the Thembisa Model V4.5., **adults aged 50+ years were a concerning age group**; for all districts there were more PLHIV aged 50+ years than those aged 15-24 years, the age group typically targeted by interventions.

Table 2 below shows the provincial estimated and projected HIV prevalence rates in 2016 and 2021, disaggregated by age and sex.

³ Naomi Model District Output Sep 2021 (Thembisa 4.5. calibrated), retrieved from hivdata.org.za. HIV estimates were developed and provided using the Naomi Model. The latest Naomi estimates, which are for September 2021, were published in late May 2022. Given that each version of the Model involves re-estimation of historical and current results with updated data inputs about each component of the Model, the publishers advise that "changes in successive releases of Naomi estimates should not be used to estimate time trends in indicators." As such, district estimates herein are provided for September 2021 only, and there are no analyses comparing to June 2017, which could have served as a baseline.

Table 2. Estimated and Projected HIV prevalence rates in Western Cape by sex and age group, 2016 vs 2021

Indicator	Baseline: 2016	Achievement: 2021
Total HIV prevalence	7,3%	8,3%
Prevalence in children (<15 years)	1%	0,8%
HIV prevalence in males aged 15+ years	6,7%	7,6%
HIV prevalence in females aged 15+ years	11,9%	13,9%
HIV prevalence in youth 15-24 years	3,8%	3,5%
Prevalence in males aged 15-24 years	1,6%	1,9%
Prevalence in females aged 15-24 years	5,9%	5,1%
HIV prevalence in age group 25-49 years	14,5%	15,9%
Prevalence in males aged 25-49 years	10,1%	10,4%
Prevalence in females aged 25-49 years	19%	21,4%
HIV prevalence at ages 50+	3,8%	6,6%
Prevalence in males aged 50+ years	3,8%	6,3%
Prevalence in females aged 50+ years	3,8%	6,9%

Source: Thembisa Model Provincial Output, Version 4.5.

The **total HIV prevalence rate remained stable with a 1% increase** since 2016. The **biggest change in prevalence with a 2,8% increase was among those aged 50+ years**. HIV prevalence was **highest among females aged 25-49 years (21,4%)**, and **higher among females than males across all age groups**. This same trend was evident among national prevalence rates. As such, consistent with the findings above, HIV prevention interventions should place concerted focus on females. According to the Thembisa Model V4.5 projections for 2021, the WC had the lowest HIV prevalence rate compared to other provinces, which ranged from 10% in Northern Cape to 18,3% in KwaZulu-Natal. However, **prevalence in the WC is increasing faster than most other provinces**. It is surmised that this may be due to the province's plateauing incidence rates and PLHIV living longer.⁴

Table 3 below illustrates the estimated number of prevalence rates by district and age groups.

Table 3. Estimated HIV prevalence rates in Western Cape by district and age group, 2021

District	Prevalence Total	Prevalence Children <15 yrs	Prevalence Adults 15-24 yrs	Prevalence Adults 25-49 yrs	Prevalence Adults 50+ yrs
Cape Metro	8,6%	0,8%	3,9%	15,3%	8,2%
Cape Winelands	7,4%	0,7%	3,4%	13,4%	7,7%
Central Karoo	4,5%	0,5%	2,5%	9,7%	4,7%
Garden Route	8,4%	0,7%	4,2%	16,5%	8,4%
Overberg	9,1%	0,7%	4,3%	16,8%	9,2%
West Coast	8,1%	0,8%	4,1%	14,7%	8,6%

Source: Naomi Model District Output Sep 2021 (Thembisa 4.5. calibrated)

⁴ HIV and TB in the Western Cape: What does the data tell us? Presented by Prof Andrew Boule and Prof Mary-Anne Davies at the WC Programme Review Committee Meeting, 1 June 2022

Overberg (9,1%) had the highest estimated total HIV prevalence rate, followed by Cape Metro (8,6%) and Garden Route (8,4%). Except for children, for which prevalence was relatively consistent across districts at <1%, **Overberg had the highest prevalence rates across all age groups. Central Karoo had the lowest prevalence rate in total (4,5%) and across all age groups**, and was a relative outlier in comparison to other districts. For all districts, prevalence was highest among adults aged 25-49 years. Again, the 50+ age group showed relatively high prevalence (4,7%-9,2%), especially in comparison to youth aged 15-24 years (2,5%-4,3%).

HIV Incidence

Based on data collected by Western Cape Department of Health (WC DoH), there were 30 014 new cases of HIV in the province.⁵ However, given that baseline data, and age and sex disaggregated figures were not available from WC DoH, the analysis below relies on Thembisa Model V4.5 estimates and projections for the purpose of time, age and sex trend analyses for the province. Notably, **the Model projected 18 041 new cases in the province, which is significantly lower than that reported by WC DoH.** As such, the trends below should be interpreted with caution, and may be an under-representation of actual circumstances. Considering this, see Figure 2 below for the province's new HIV infections comparing 2016 estimates to 2021 projections modelled by the Thembisa Model V4.5.

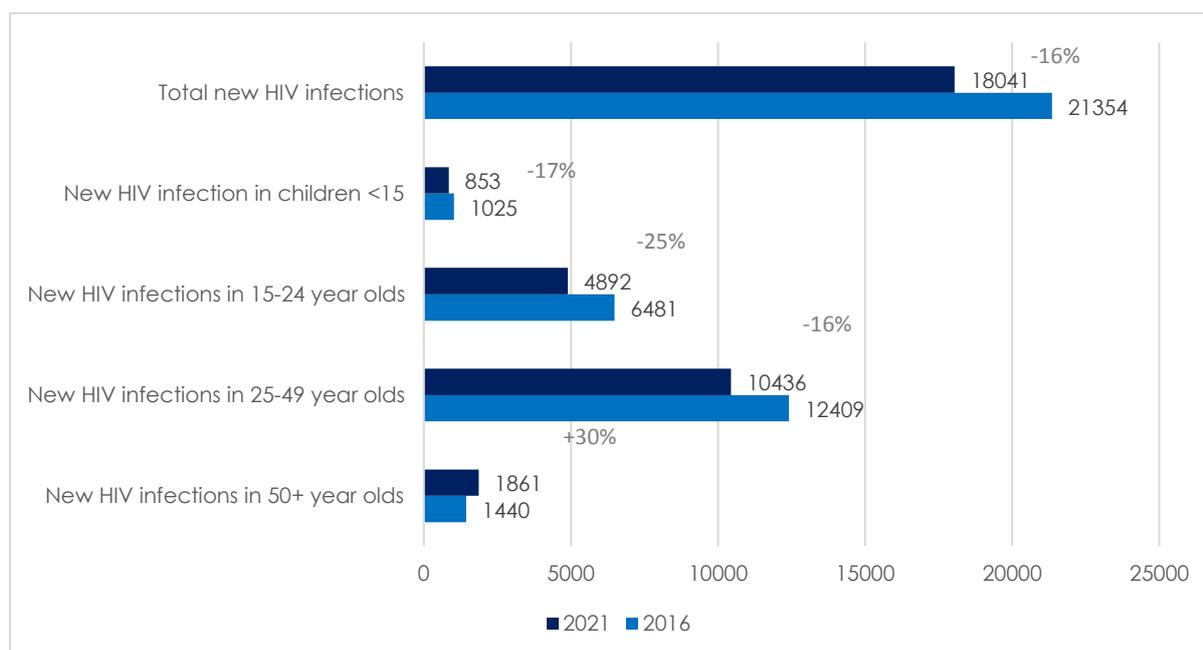


Figure 2. Estimated and projected number of new HIV infections in Western Cape by age group, 2016 vs 2021
 Source: Thembisa Model Provincial Output, Version 4.5.

Based on Thembisa V4.5, total new HIV infections were projected to decrease by 16% between 2016 (n=21 354) and 2021 (n=18 041). Reductions in new cases were evident across most age groups; new infections decreased by 17% among children under 15 years

⁵ Sinjani; total HIV test positive client (incl. ANC)

old, 25% among 15-24-year-olds, and 16% among 25-49-year-olds. However, there was a **30% increase in new cases among people aged 50+ years**. When looking at this age group in isolation, among **males aged 50+, new HIV cases increased by 21%** between 2016 ($n=613$) to 2021 ($n=739$), and among **females aged 50+, new HIV cases increased by 36%** between 2016 ($n=827$) and 2021 ($n=1\ 122$). Again, the trend emerges that this older age group and females should be emphasised in HIV prevention programming.

District-level data on new HIV cases in 2021/22 were available from WC DoH; Figure 3 below shows how the 30 014 new cases in the province were distributed among the districts.

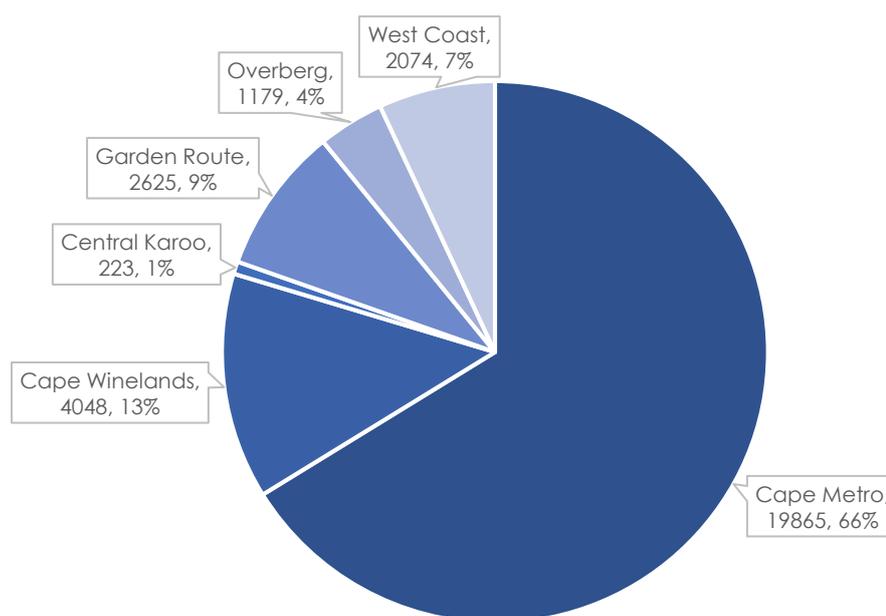


Figure 3. Number of new HIV infections in Western Cape by district, 2021/22

Source: Sinjani

The **Cape Metro had the highest number of new cases in 2021/22** ($n= 19\ 865$); out of the total 30 014 new HIV infections reported by WC DoH, the **Metro accounted for 66%**. However, as previously noted, given that 64% of the WC population resides in the Metro, this finding is logical. Nevertheless, the district requires further efforts to intensify the decline of new cases. The district with the second highest number of new cases was Cape Winelands ($n=4\ 048$; 13%) but was five times less than the Metro figures. Central Karoo's rise in infections was minimal at 223 new cases in 2021/22.

Table 4 below depicts further details on projected provincial HIV incidence by sex and age groups.

Table 4. Estimated and Projected HIV incidence rates in Western Cape by sex and age group, 2016 vs 2021

Indicator	WC Baseline 2016	WC Achievement 2021	National Achievement 2021
Total HIV incidence rate	0,36%	0,29%	0,39%
HIV incidence in individuals aged 15+	0,47%	0,38%	0,55%
HIV incidence in males aged 15+	0,35%	0,27%	0,36%
HIV incidence in females aged 15+	0,59%	0,48%	0,74%
HIV incidence in children (<15 years)	0,07%	0,05%	0,06%
Incidence in youth 15-24 years	0,64%	0,49%	0,71%
Incidence in males aged 15-24 years	0,31%	0,23%	0,3%
Incidence in females aged 15-24 years	0,97%	0,75%	1,14%
Incidence in age group 25-49 years	0,58%	0,46%	0,61%
Incidence in males aged 25-49 years	0,48%	0,35%	0,45%
Incidence in females aged 25-49 years	0,7%	0,59%	0,79%
Incidence at ages 50+	0,12%	0,14%	0,27%
Incidence in males aged 50+ years	0,12%	0,13%	0,21%
Incidence in females aged 50+ years	0,13%	0,16%	0,31%

Source: Thembisa Model Provincial Output, Version 4.5.

The total HIV incidence rate in WC is projected to have remained stable, with a minor decrease of 0,07% between 2016 and 2021. There were minimal decreases among most age and sex groups, but a slight increase in the 50+ age group, especially among females. Overall, **incidence was higher among females across all age groups. While incidence was highest among 15-24-year-old women at 0,75%, the rate of decline was greatest at -0,22%**, suggesting effectiveness of AGYW interventions. While incidence rates were lower in WC compared to national, the rate of decline in WC was slower. Changes in WC incidence ranged from 0,02% to -0,22%, while national ranged from -0,05% to -1,05%.

Table 5 shows the estimated HIV incidence rates by district and age group using Naomi Model data.

Table 5. Estimated HIV incidence rates in Western Cape by district and age group, 2021

District	HIV incidence Total	HIV incidence Children <15 yrs	HIV incidence Adults 15-24 yrs	HIV incidence Adults 25-49 yrs	HIV incidence Adults 50+ yrs
Cape Metro	0,28%	0%	0,48%	0,47%	0,14%
Cape Winelands	0,24%	0%	0,41%	0,41%	0,13%
Central Karoo	0,15%	0%	0,29%	0,28%	0,07%
Garden Route	0,27%	0%	0,5%	0,5%	0,14%
Overberg	0,28%	0%	0,49%	0,49%	0,14%
West Coast	0,3%	0%	0,53%	0,52%	0,17%

Source: Naomi Model District Output Sep 2021 (Thembisa 4.5. calibrated)

According to the Naomi Model, **incidence was highest in West Coast (0,3%)** and lowest in Central Karoo (0,15%), with the former being relatively consistent with the other four districts which ranged from 0,24%-0,28%. HIV incidence among children was <0,001% for all districts. Central Karoo had the lowest incidence rates across the remaining age groups, while West Coast had the highest incidence rate across age groups, but differences between the latter and the remaining districts were minimal.

Table 6 below explains the limited decrease in new HIV infections in the province, in terms of performance on various HIV prevention interventions between 2016/17 and 2021/22.

Table 6. Performance of HIV prevention interventions in Western Cape

Indicator	Baseline FY 2016/17	Target FY 2021/22	Achievement FY 2021/22
Infant PCR test at birth positive ⁶	No data	0,7% N: 129 D: 17 240 <i>(WC DoH APP 2021/22)</i>	0,8% N: 122 D: 15 165 <i>(DHIS)</i>
Mother-to-child-transmission rate at 10 weeks	0,8% N: 95 D: 12 013 <i>(WC DoH APP 2020/21)</i>	0,5% N: 65 D: 14 224 <i>(WC DoH APP 2021/22)</i>	0,6% N: 82 D: 13 606 <i>(DHIS)</i>
Mother-to-child-transmission rate at 18 months	No data	N/A	0,4% N: 24 D: 6 624 <i>(Sinjani)</i>
Antenatal clients initiated on ART ⁷	7 009 <i>(WC DoH Annual Report 2016/17)</i>	6 801 <i>(WC DoH APP 2021/22)</i>	3 256 <i>(Sinjani)</i>
Delivery in 10 to 19 years in facility ⁸	5,7% ⁹ <i>(District Health Barometer 2016/17)</i>	11,2% N: 11 395 D: 101 606 <i>(WC DoH APP 2020/21)</i>	11,2% N: 11 162 D: 99 529 <i>(DHIS)</i>
Couple year protection rate	57,2% N: 1 008 848 D: 1 762 676 <i>(WC DoH Annual Report 2016/17)</i>	60,5% N: 1 175 137 D: 1 940 959 <i>(WC DoH APP 2021/22)</i>	No data
Number of male condoms distributed	113 913 868 <i>(WC PIP MTR 2020)</i>	106 896 655 <i>(WC DoH APP 2021/22)</i>	70 939 622 <i>(DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>
Number of female condoms distributed	3 143 742 <i>(NDoH Comprehensive HIV and AIDS CG Q4 Feedback Report)</i>	1 608 504 <i>(WC DoH APP 2021/22)</i>	1 155 030 <i>(DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>

⁶ Not a WC PIP indicator, but data of relevance and available from WC DoH

⁷ Ibid.

⁸ Ibid.

⁹ Delivery in facility under 18 years

Indicator	Baseline FY 2016/17	Target FY 2021/22	Achievement FY 2021/22
New HIV infections in the general population	21 354 <i>(Thembisa Model V4.5)</i>	7 095 <i>(WC PIP MTR 2020)</i>	30 014 ¹⁰ <i>(Sinjani)</i>
HIV positive 15-24 years (excl ANC) rate	2,7% N: 10 169 D: 382 165 <i>(WC DoH APP 2020/21)</i>	1,9% N: 5 285 D: 280 143 <i>(WC DoH APP 2021/22)</i>	1,4% N: 5 342 D: 387 640 <i>(DHIS)</i>
Number of people tested for HIV	1 379 375 <i>(WC DoH Annual Report 2016/17)</i>	2 000 000 <i>(WC DoH APP 2021/22)</i>	1 531 145 <i>(Sinjani & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>
Number of medical male circumcisions performed	11 687 <i>(WC PIP MTR 2020)</i>	20 688 <i>(WC DoH APP 2021/22)</i>	11 317 <i>(DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>
Number of people initiated on PrEP ¹¹	No data ¹²	18 685 <i>(National Partner submitted data provided by WC DoH)</i>	2 566 <i>(Sinjani)</i>
Number of people remaining on PrEP ¹³	No data ¹⁴	3 737 <i>(National Partner submitted data provided by WC DoH)</i>	1 827 <i>(Sinjani)</i>
Number of AGYW, FSW, MSM, IDU receiving oral PrEP for the first time	186 <i>(WC PIP MTR 2020)</i>	N/A	2 390 <i>(GF PR WC PCAT Report Q9-Q12 21/22; USAID Wits RHI KP Reports Q3-Q4 FY21, Q1-Q2 FY22)</i>

Prevention of mother-to-child transmission (MTCT): Performance on indicators related to MTCT were primarily positive. The proportion of **infants testing HIV positive at birth was 0,8%**, barely missing the 2021/22 target by 0,1%. The **MTCT rate at 10 weeks was 0,6% in 2021/22**; again, the target was only slightly missed by 0,1%, and there was minor improvement since 2016/17 when the MTCT rate was 0,8%. Further, the **MTCT rate at 18 months was 0,4%**; there was no target nor baseline by which to compare. The findings suggest that HIV-exposed children are more likely to be infected during pregnancy or at birth, compared to post-natal transmission through breastfeeding. This in-part may be explained by HIV positive women not being initiated on treatment during pregnancy. WC DoH found that **only 3256 antenatal clients were initiated on Antiretroviral treatment (ART)** in 2021/22, achieving only 48% of the 2021/22 target, and 53% less than baseline. Thus, further attention is required at the antenatal stage to avoid MTCT at birth.

Contributing to performance, WC DoH reported that all districts and tertiary hospitals filled their PMTCT Coordinator posts, quarterly meetings of the provincial PMTCT Task Team were held, and trainings were conducted in all districts, with district PMTCT Coordinators further cascading the training to counsellors and Community Healthcare Workers (CHW) at sub-

¹⁰ Total HIV test positive client (incl. ANC)

¹¹ Not a WC PIP indicator, but data of relevance and available from WC DoH

¹² No baseline data available as PrEP was not yet introduced

¹³ Not a WC PIP indicator, but data of relevance and available from WC DoH

¹⁴ No baseline data available as PrEP was not yet introduced

district level.¹⁵ Moreover, the Health Professionals Sector supported PMTCT quality of care.¹⁶ In terms of challenges, WC DoH reported that several positive cases were missed as a result of case management limitations and limited available human resources.¹⁷ Although MTCT rates were low, the province could work further to completely eradicate it. As noted above, more HIV positive antenatal clients need to be identified and initiated on treatment. Further, while viral loads under 1000 copies/ml, which are linked to 90-90-90 targets, are not associated with sexual transmission, they are with MTCT.¹⁸ Thus, considerations might be given to achieving lower thresholds of viral load suppression (VLS) for pregnant and breastfeeding mothers, e.g., <50 copies/ml is considered “undetectable” thus HIV becomes far more likely to be “untransmissible” (U=U).

Contraception: Achieving 100% of the 2021/22 target, the rate of **delivery in 10 to 19 years in facility was 11,2%**, with 11 162 teenagers who gave birth in 2021/22. However, this was almost double the rate reported in 2016/17 with a 5,7% delivery rate for women under 18 years. Complete performance data for couple year protection rate (CYPR) in 2021/22 were not available at the time of reporting, however, in a presentation by WC DoH, **CYPR for women and maternal health was reported to be 54,8% in 2021**, an improvement from 51,2% in 2020, but a substantial decline from 63% in 2019 pre-pandemic.¹⁹ The presentation emphasised that CYPR, which is calculated using numerous contraceptive methods, is heavily determined by condoms; e.g., when CYPR in 2021 was calculated without condoms, the rate reduced from 54,8% to 25%. Given declining condom distribution (discussed below), it is suggested that more efforts be placed on promoting other contraceptives, and that alternatives to condom distribution in facilities be investigated.

WC struggled with condom distribution in 2021/22. **For male condoms, only 66% of the annual target was achieved, and distribution dropped by 38% since baseline in 2016/17. For female condoms, 72% of the annual target was reached, and distribution decreased by 63% since baseline.** With the onset of COVID-19, condoms were classified as ‘non-essential’ at all outlets, affecting overall distribution.²⁰ According to WC DoH²¹, lockdown restrictions and planning of the COVID-19 vaccine rollout negatively affected condom distribution from April – September 2021. By October – December 2021, performance was still low due to slow movement of condoms out of facilities; a lack of human resources; health facilities being closed on weekends; private companies and tertiary institutions serving as distribution points being closed due to COVID-19; and work-from-home arrangements. Further, some Not-for-Profit Organisations (NPOs) reported that they did not have stock of female condoms.

To counter setbacks, WC DoH implemented various activities, some of which are reported here.²² The Department implemented a Welcome Back Campaign, catch-up plans, a National Department of Health (NDoH) condom distribution standard operating

¹⁵ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

¹⁶ WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021; WC CSF Sector Feedback: Health Professionals Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

¹⁷ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

¹⁸ The basic science behind U=U globally and in South Africa. Presented by Dr Lara Vojnov (WHO) at Enhancing Treatment Literacy: U=U Science webinar on 24 May 2022.

¹⁹ WC DoH Quarterly M&E Performance. Presented by Lesley Shand at Provincial Quarterly M&E Meeting on 12 May 2022.

²⁰ Impact of COVID-19 on the HIV Programme. Presented by Celeste Madondo (SANAC) at HIP-G Webinar on 4 November 2021

²¹ WC DoH CG Half-Year Review 2021/22, 9 December 2021; WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022; WC DoH: Overview of HIV and TB in the Western Cape. Presented by Dr Vanessa Mudaly at WC PCAT meeting on 1 April 2022

²² WC DoH CG Half-Year Review 2021/22, 9 December 2021; WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022

procedure (SOP) workshop to revitalize the condom programme, and another workshop focused on the Condom Distribution Plan. Facilities also started working with NPOs, private organisations and higher institutions to assist with distribution. To address bottlenecks with female condoms, WC DoH began looking into creating systems for direct access for NPOs who struggled to access condoms from facilities and started drafting a provincial circular on female condom distribution. The Traditional Health Practitioners (THP) Sector also contributed by distributing condoms to clients in their consulting rooms.²³ Given that condom provision is reportedly the most cost-effective prevention method and may be the only cost saving intervention, further attention will need to be focused on recuperation in 2022/23.²⁴

HIV Testing: According to Thembisa Model V4.5., there were a projected 18 041 new HIV infections in the general population. However, according to data collected by WC DoH, there were in fact **30 014 new HIV infections in the general population** (total HIV test positive client including antenatal care [ANC]). Unfortunately, WC DoH data for 2016/17 were not available for fair comparison. Thus, comparing to the Thembisa Model V4.5's projected 18 041 new HIV infections in 2021 to the estimated figure of 21 354 new infections in 2016, new infections increased by 41% in the five-year period. Looking at the **HIV positive 15-24 years rate (excluding ANC), the province achieved 1,4% in 2021/22;** exceeding the 2021/22 target by 0,5% and improving by 1,3% since 2016/17. In WC, **1 531 145 people were tested for HIV**, achieving 77% of the 2021/22 target with a fair increase of 11% since baseline. HIV testing saw a sharp dip in 2020 with the onset of COVID-19, and while testing increased in 2021, it did not recover to pre-pandemic levels.²⁵

To mitigate the low numbers, WC DoH partners conducted community testing, given that most testing was taking place in facilities and not in the community where people are less likely to access services.²⁶ Several civil society sectors also contributed. For example, the Health Professionals Sector²⁷ supported HIV testing in facilities and communities, upscaled different case finding modalities, and increased targeted testing modalities including index case testing (ICT), a risk screening tool, and targeting males, 10-19-year-olds and over 50-year-olds. They also conducted Nurse Initiated Management of Antiretroviral Therapy (NIMART) mentoring of health professionals and motivational interviewing training for counsellors. The Traditional Leaders Sector ensured that men who had traditional circumcisions were also screened for HIV and STIs,²⁸ the THP Sector motivated clients to go for testing,²⁹ and sectors representing key and vulnerable populations (KVP) supported HIV testing as will be described below in Goal 3.

HIV Self-Screening (HIVSS) could help close the gap in testing by being a promising entry point into care, especially for those who avoid health services.³⁰ HIVSS was reported to be less cost-effective than HIV Testing Services (HTS), but investment could help draw more patients to services given that it provides individuals with a way to screen themselves in a

²³ WC CSF Sector Feedback: Traditional Health Practitioner Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

²⁴ Department of Health, South Africa, and SANAC: South African HIV Investment Case - Full Report. 2021 Update.

²⁵ WC DoH: Overview of HIV and TB in the Western Cape. Presented by Dr Vanessa Muddaly at WC PCAT meeting on 1 April 2022

²⁶ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

²⁷ WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021; WC CSF Sector Feedback: Health Professionals Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

²⁸ WC CSF Meeting 1 October 2021 - Personal Notes

²⁹ WC CSF Sector Feedback: Traditional Health Practitioner Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

³⁰ Department of Health, South Africa, and SANAC: South African HIV Investment Case - Full Report. 2021 Update.

private setting. WC DoH consulted with various stakeholders for input into a HIVSS and ICT circular, asked districts to identify facilities ready to implement HIVSS, added HIVSS and ICT elements to the HTS register and Primary Healthcare Information System (PHCIS), and provided training to districts on the two modalities.³¹ Further, the Health Professionals Sector engaged with and trained NPOs in the health professionals sector (including Hope Africa, FHI360, Touching Nations and FAMSA) on HIVSS and ICT.³²

Medical Male Circumcisions (MMC): Only **11 317 MMCs were performed in 2021/22, achieving 55% of the 2021/22 target and decreasing by 3% since 2016/17.** With the onset of COVID-19, a moratorium was placed on elective surgeries and NDoH initially suspended voluntary MMC (VMMC) services.³³ By early 2021/22, services were still on low volume (50-60 circumcisions per day) at MMC sites resulting in many districts suspending services altogether.³⁴ By the end of September 2021 the suspension was uplifted, allowing for services to take on higher volumes. In pursuit of recovery, a new tender was underway to include 10-14-year-olds for VMMCs, the VMMC NPO partner supported facilities with mobile VMMC services, a new General Practitioner network partner came on board, and rural districts aimed to have an outreach week every quarter.³⁵ Despite these efforts, MMCs did not recuperate. Rural districts experienced significant challenges in getting doctors to provide MMCs; doctors required high numbers of men demanding MMCs in rural areas to justify the far distances they had to travel. As a result, activities like planned MMC camps were cancelled due to non-availability of doctors.³⁶

Of further interest, the Center for Disease Control and Prevention (CDC)-funded correctional services programme implemented by TB/HIV Care reported that **728 inmates underwent VMMCs.**³⁷ The organisation reported that performing MMCs was impeded during the year due to suspensions related to COVID-19 as well as Operation Vala, an annual Department of Correctional Services (DCS) intervention to improve security and prevent festive season related escapes and assaults, during which several 'non-essential' services were suspended.³⁸

Pre-Exposure Prophylaxis: Pre-Exposure Prophylaxis (PrEP) initiation and/or use by the general population is not a WC PIP indicator, but data were available. In total, **2 566 people were initiated on PrEP and 1 827 people were remaining on PrEP; only achieving 2021/22 targets at 14% and 49% respectively.** Qualitative data were not available to explain the results. Notably though, contributing to performance, the Health Professionals Sector reported that they trained and supported health professionals to implement PrEP.³⁹ Further, while PrEP is currently only available as a daily pill in South Africa, in 2021/22 the US Food and Drug Administration (FDA) announced their approval of cabotegravir (CAB-LA), the first long-acting injectable for use as PrEP.⁴⁰ The injectable can be provided every two

³¹ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

³² WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

³³ WC DoH: Overview of HIV and TB in the Western Cape. Presented by Dr Vanessa Mudaly at WC PCAT meeting on 1 April 2022

³⁴ WC DoH CG Half-Year Review 2021/22, 9 December 2021

³⁵ WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022

³⁶ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

³⁷ TB/HIV Care Department of Correctional Services Data Apr 21-Mar 22

³⁸ TB/HIV Care Department of Correctional Services Performance Narrative Apr 21-Mar 22

³⁹ WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021

⁴⁰ Ngaka, N (30 December 2021). Western Cape Department of Health reacts to long lasting PrEP. Weekend Argus, IOL

months, and is expected to improve adherence. WC DoH is confident that it will be added to the HIV prevention package when approved for use in South Africa.

Key and Vulnerable Populations (KVPs) initiated on PrEP is included as a WC PIP indicator. According to the WC PIP Mid-Term Review (MTR), 186 KVPs received PrEP for the first time in 2016/17. In 2021/22, data were available only from donor-funded programmes in the Metro for three KVP groups: **2 390 KVPs were initiated on PrEP, comprising 1 120 AGYW,⁴¹ 1002 female sex workers (FSW),⁴² and 268 transgender people (TG).**⁴³

The Global Fund (GF)-funded Transgender (TG) programme in the Garden Route, for which the grant was managed by the primary recipient (PR) Beyond Zero and implemented by the sub-recipient (SR) Social Health Empowerment (SHE), contributed to the PrEP response by working with DoH to open four new PrEP initiation sites.⁴⁴ The USAID-funded “Advancing the South African HIV response for Key Populations (KP)” programme implemented by Wits RHI in the Cape Metro (herein referred to as the USAID-funded KP programme), which reported on both Female Sex Workers (FSW) and TG, reported several challenges and best practices related to PrEP initiations for these KP groups.⁴⁵ The programme had professional nurses initiate daily oral PrEP via mobile services and in fixed clinics. FSW declined PrEP for reasons including perception of low risk, fear of side effects, fear of divulging to partners and/or family, aversion to taking a daily pill when one is healthy, and associating PrEP with ART which could lead to stigma and discrimination. Moreover, not all TG accepted PrEP as they were not sexually active or they were with one long-term partner, thus PrEP was not a priority. To improve PrEP uptake, Wits RHI assembled a PrEP think tank to share best practices and investigate strategies, formed an outreach team of PrEP champions skilled in PrEP messaging, and conducted PrEP campaigns in different hotspots and at the fixed clinic. To raise awareness of PrEP, Wits RHI posted promotional videos on Facebook, sent out bulk SMSs, used community radio and local newspapers, distributed FSW- and TG-tailored PrEP Information, Education and Communication (IEC) materials, and upskilled nurses to advocate for PrEP through a bi-monthly clinician forum.

The above programmes also reported the number of KVPs who were using PrEP. The GF-funded AGYW programme reported that **1 402 AGYW were using PrEP**, consisting of 1 120 initiated, 190 retained, and 91 initiated and retained.⁴⁶ From October 2021 to March 2022 the USAID-funded KP programme reported that **502 FSW continued their use of PrEP** (excluding initiations).⁴⁷ Further **252 TG were using PrEP**, consisting of 136 TG in Cape Metro (from October 2021 to March 2022) only, excluding initiations⁴⁸ and 116 TG in Garden Route.⁴⁹ The Thembisa Model V4.5 projected that **4 837 men who have sex with men (MSM) were using PrEP in 2021**. Of relevance, the GF-funded Male Sexual Partners (MSP)

⁴¹ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA AGYW Year 3 2021/22

⁴² USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY21, Q1 FY22 and Q2 FY22

⁴³ Ibid.

⁴⁴ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10 and Q11 2021/22

⁴⁵ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21 and Q4 FY 21

⁴⁶ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA AGYW Year 3 2021/22

⁴⁷ Prior, the programme used to report on the number of people currently on PrEP, including those newly initiated. Given that the USAID financial year commences in October, this was introduced in the programme's first quarter of COP 22. USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY21, Q1 FY22 and Q2 FY22

⁴⁸ Ibid.

⁴⁹ Global Fund PR Quarterly Report submitted to WC PCAT - Beyond Zero Year 3 2021/22

of AGYW programme reported that **23 MSPs were using PrEP**.⁵⁰ The USAID-funded KP programme reported challenges in sustaining FSWs and TG on PrEP. To increase sustained use, the programme implemented social media campaigns, motivational counselling, a multi-disciplinary case management approach, and increased tracing of clients who missed appointments, including supportive calls and text messages from peer educators, with mobile messages reminding clients of their appointments and medication refills, and encouraging them to continue PrEP use.⁵¹

Of interest, South Africa's medicines regulator approved the use of the monthly dapivirine vaginal ring for women over 18 years old to help prevent HIV infection.⁵² South Africa is one of the first countries in Africa to approve the ring, which is recommended by the World Health Organisation (WHO) and is the second form of PrEP to be approved in the country.

Data on Comprehensive Sexuality Education (CSE) was not available at the time of reporting.

Objective 1.2. Reduce TB incidence by at least 30%

TB Prevalence

The most recent TB prevalence data available were from the national TB prevalence survey published in 2021, reporting on data collected in 2018.⁵³ The survey confirmed a high TB burden in South Africa, with estimated prevalence in 2018 being 737 per 100,000. Specifically, the burden was found to be 1.6 times higher in males (1094 per 100,000) than in females (675 per 100,000), and highest among individuals aged 35-44 years (1107 per 100,000) and 65+ years (1104 per 100,000). Among participants reporting at least one TB symptom, most (66,6%) had not sought care, with more males (71,3%) than females (63,4%) not seeking care. Not seeking care was highest in 15-24-year-olds, but this decreased with age. The TB burden was higher among HIV negative individuals, as they were less inclined to seek care (68,6%), compared to their HIV positive counterparts (56,4%), who typically experienced more symptoms and thus were more likely to be identified and treated. Because HIV negative individuals were less inclined to report symptoms, they likely substantially contributed to the continuing spread of TB. Reportedly sub-clinical TB was underestimated as a contributor to the TB burden, and thus requires further research to ensure cases are adequately detected and managed.

TB Incidence

Data for TB incidence in 2021/22 were not available, however there were **29 447 newly diagnosed TB cases**,⁵⁴ a 25% increase since 2016/17 which had 23 523 new cases.⁵⁵ Table 7 below depicts performance on TB screening and prevention interventions.

⁵⁰ Global Fund PR Quarterly Report submitted to WC PCAT - AFSA Year 3 2021/22

⁵¹ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21 and Q4 FY21.

⁵² Molelekwa, T. (29 March 2022). HIV prevention ring approved for women in South Africa, but next steps unclear. Spotlight, Daily Maverick

⁵³ The First National TB Prevalence Survey: South Africa 2018 (Short Report).

⁵⁴ DHIS

⁵⁵ Sinjani

Table 7. Performance of TB prevention interventions in Western Cape

Indicator	Baseline FY 2016/17	Target FY 2021/22	Achievement FY 2021/22
Number of household contacts screened for TB	No data	N/A	3 144 235 <i>(Sinjani)</i>
TB symptom clients screened in facility rate ⁵⁶	30,5% N: 3 736 391 D: 12 263 536 <i>(WC DoH Annual Report 2016/17)</i>	63% <i>(WC DoH APP 2021/22)</i>	74% N: 8 079 810 D: 10 950 412 <i>(DHIS)</i>
HIV positive clients screened for TB ⁵⁷	No data	N/A	33 008 <i>(DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>
TB contacts under 5 years started on Isoniazid preventive therapy (IPT) ⁵⁸	No data	N/A	6 450 <i>(Sinjani)</i>
HIV positive clients started on IPT ⁵⁹	No data	N/A	13 642 <i>(DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>
Proportion of eligible PLHIV on ART started on 3HP	No data	N/A	77% ⁶⁰ N: 13 642 D: 17 714 <i>(DHIS)</i>

In terms of screening activities, **3 144 235 household contacts were screened for TB**; WC DoH reported that follow-up of index clients and their close contacts decreased because of COVID-19 restrictions.⁶¹ **74% of TB clients were screened in facility**, exceeding the annual target by 11% as well as baseline performance by 43,5%. Moreover, **33 008 HIV positive clients were screened for TB**. WC DoH attributed achievements to primary healthcare services being fully open to communities, TB screening at COVID-19 vaccine sites, and TB screenings in the West Coast being expanded to various locations including pharmacies, allied health service points, and dentist offices.⁶² For TB Preventive Treatment (TPT), **6 450 TB contacts under 5 years started on Isoniazid Preventive Therapy (IPT)** and **13 642 HIV positive clients started on IPT**. Further, **77% of eligible PLHIV on ART started 3HP**.

The Health Professionals Sector reported that its TB prevention response included an increased focus on case finding; World TB Day (WTD) activities; and the implementation, support and scale up of TPT at health facilities.⁶³ The THP Sector requested City Health to assist with training and educating THPs to conduct TB screening, but referred clients for

⁵⁶ Not a WC PIP indicator, but data of relevance and available from WC DoH

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ HIV new positive eligible client initiated on TPT / HIV new positive eligible for TPT

⁶¹ TB Grant APER FY 2021/22 – WC DoH

⁶² Ibid.

⁶³ WC CSF Sector Feedback: Health Professionals Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

screening until such time.⁶⁴ Also contributing to the response in the Metro was TB/HIV Care, who implemented the GF-funded TB programme. The organisation initiated 4 484 children under 5 years on TPT.⁶⁵ The organisation reported several achievements and challenges, some of which are raised here.⁶⁶ Improvement in TPT initiations in early 2021/22 was owed to "Operation TPT Blitz" which aimed to intensify TPT initiations through activities including household contact tracing and screening and using a roving professional nurse for TPT initiations. TB/HIV Care also screened KPs, newly diagnosed HIV positive clients, and pregnant women who attended their first ANC visits. To improve targeted screening of KPs, the organisation placed service providers at various service points such as ART clubs. However, the organisation reported that screening of clients in facilities was impeded, as screening was expected to be conducted by clinicians in consulting rooms, other than at the facility entry, thus leading to some patients being missed. When screening was done at entry, the data did not sync into facilities' reporting systems.

Objective 1.3. Significantly reduce *T. pallidum*, gonorrhoea and chlamydia infection, to achieve the virtual elimination of congenital syphilis, and maintain high coverage of HPV vaccination

STI Prevalence

There were no STI prevalence data available at the time of reporting.

STI Incidence

There were no STI incidence data available at the time of reporting.

For this objective on STI prevention, only data on Human Papillomavirus (HPV) vaccinations were available. The more eligible girls that are vaccinated against HPV, which is effective and affordable, the lower their risk of developing cervical cancer in adulthood. WC DoH and Western Cape Education Department (WCED) introduced bi-annual HPV vaccination campaigns in schools in 2014 as part of the Integrated School Health Programme.⁶⁷ Nurses visit public schools and special schools to vaccinate Grade 5 girls who are 9-years and older and have the necessary caregiver consent. Table 8 below illustrates performance of HPV vaccinations in the province.

Table 8. Performance of HPV vaccination coverage in Western Cape

Indicator	Baseline FY 2016/17	Target FY 2021/22	Achievement FY 2021/22
HPV vaccine 1 st dose coverage	36 182 <i>(WC PIP MTR 2020)</i>	36 526 <i>(WC DoH APP 2019/20)</i>	39 081 <i>(Sinjani)</i>
HPV vaccine 2 nd dose coverage	34 941 <i>(WC PIP MTR 2020)</i>	42 150 <i>(WC DoH APP 2019/20)</i>	32 021 <i>(Sinjani)</i>

⁶⁴ WC CSF Meeting 22 June 2021 - Personal Notes

⁶⁵ Global Fund PR Quarterly Report submitted to WC PCAT - TB/HIV Care Year 3 2021/22

⁶⁶ Global Fund PR Quarterly Report submitted to WC PCAT Q9 and Q10 2021/22

⁶⁷ WC DoH Frequently Asked Questions about Human Papillomavirus (HPV) flyer, August 2021

In 2021/22, **39 081 girls aged 9-years and older received their first dose of the HPV vaccine**; the 2021/22 target was exceeded at 107% and performance improved by 8% since 2016/17. However, second dose coverage was not as successful; **32 021 girls received their second dose of the HPV vaccine**, resulting in 76% of the 2021/22 target being met, and an 8% decrease since baseline.

The HPV vaccination drive experienced several challenges. As a result of COVID-19, learners were harder to reach as schools were sometimes closed or learners attended school on a rotational basis, were absent, or were vaccine hesitant.⁶⁸ Further, some caregivers withdrew consent around the time when children 12 years and older became eligible for the COVID-19 vaccine. In response, several actions were taken including: 1) WC DoH lobbied and advocated to improve consent for HPV vaccines; 2) appointments were rescheduled with schools affected by protests and violence; 3) teams formed WhatsApp groups for support; 4) the vaccine helpline assisted with questions and support; 5) the provincial office facilitated weekly teleconferences for monitoring and support; 6) schools were revisited for catch-ups; and 6) NDoH extended campaign dates.⁶⁹ Further, as reported by WC DoH,⁷⁰ nurses worked to re-establish relationships with principals and teachers. The Overberg district reported improved vaccination coverage when teams sent caregivers the consent form along with printed HPV vaccine Frequently Asked Questions (FAQ) in local languages. This enabled caregivers to familiarise themselves with facts about the vaccine and make an informed decision. Girls were also incentivised to return signed consent forms with the provision of a ruler as a gift.

⁶⁸ WC DoH CG Half-Year Review 2021/22, 9 December 2021; WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022

⁶⁹ WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022

⁷⁰ Media Release: Saving women's lives. WC DoH News, 8 February 2022

GOAL 2: REDUCE MORBIDITY AND MORTALITY BY PROVIDING HIV, TB AND STI TREATMENT, CARE AND ADHERENCE SUPPORT FOR ALL.

Objective 2.1: Implement the 90-90-90 strategy for HIV

The Thembisa Model V4.5. estimated the crude AIDS mortality rate in WC to be 75,8 AIDS deaths per 100 000 in 2016, and projected **62,9 AIDS deaths per 100 000 in 2021**, indicating that 12,9 AIDS deaths per 100 000 have been prevented over the five-year period. Figure 4 below shows the changes in AIDS deaths in the WC among different age groups and sexes.

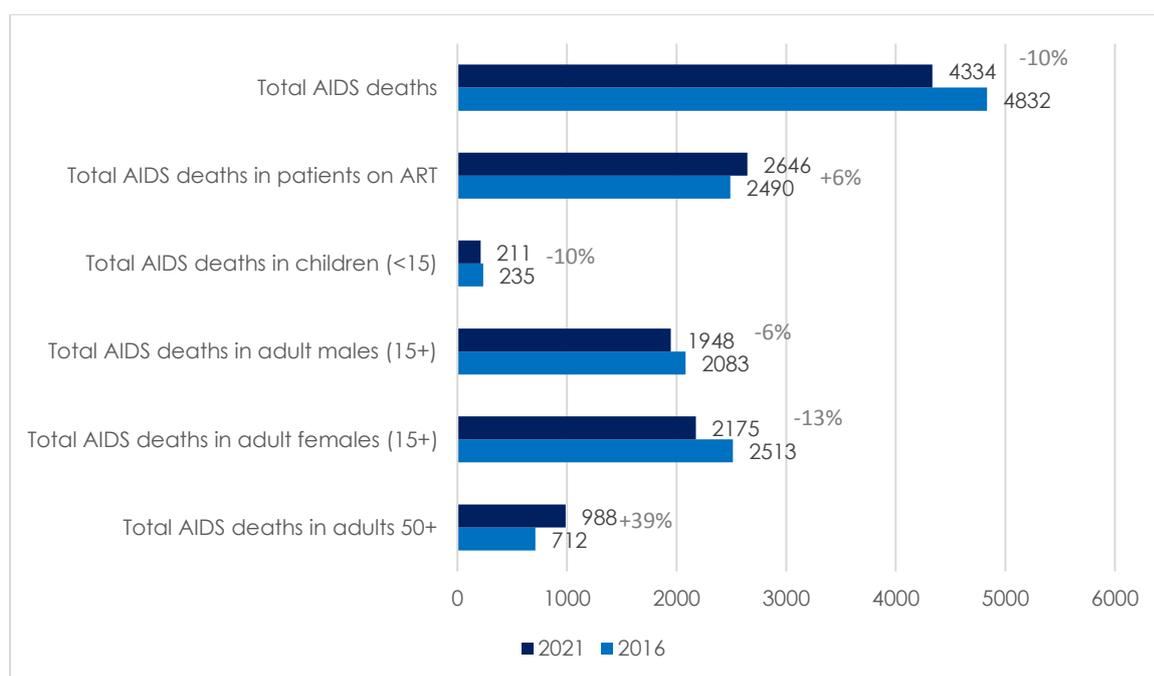


Figure 4. Estimated and projected number of AIDS deaths in Western Cape, 2016 vs 2021

Source: Thembisa Model Provincial Output, Version 4.5.

As indicated, **AIDS deaths were projected to decline by 10% between 2016 and 2021**. A decrease in AIDS deaths was evident among children (-10%), adult males (-6%), and adult females (-13%). However, **adults aged 50+ years presented an anomaly, showing an increase of 39% in AIDS deaths**. While individuals aged 50+ are more likely to experience age-related co-morbidities, the particularly high increase further emphasises the point raised of placing greater focus on this age group, not only with prevention interventions, but management and treatment interventions too. Moreover, the **AIDS deaths in patients on ART showed an increase of 6%**, suggesting that those on treatment may not be adhering sufficiently, thus further attention needs to be paid to ART adherence interventions.

While **AIDS deaths from 2016-2021 in 15-24-year-olds showed a projected 24% decrease** (from 264 to 200 deaths), this figure is **disproportionally influenced by females**. Deaths among females in this age group decreased by 33% (from 194 to 131 deaths), whereas **deaths among males in this age group increased by 1%** (from 69 to 70 deaths). The finding

suggests a need to increasingly target male youth with HIV management interventions, given that men typically avoid or delay accessing health services.

WC trends differed to those at national as projected by the Thembisa Model V4.5 and suggest that **WC efforts to prevent AIDS deaths is lagging behind the national average:** From 2016-2021 national AIDS deaths decreased by 27% overall (from 71 158 to 52 016 deaths), almost three times the decrease rate in the WC at 10%. As indicated above, WC had a 6% rise in deaths among patients on ART, whereas national projections showed a 6% decrease (from 38 412 to 35 971 deaths). While mortality decreased among children provincially and nationally, the WC rate of decrease was lower, with a 10% provincial decrease compared against a 39% national decrease (from 3 684 to 2 258 deaths). These differences need to be investigated further as to why WC is experiencing a lower rate of decline in AIDS deaths, while the country is making more substantial progress.

Provincial performance on HIV 90-90-90 targets

Figure 5 below illustrates the 90-90-90 cascade for the total WC population as of March 2022.

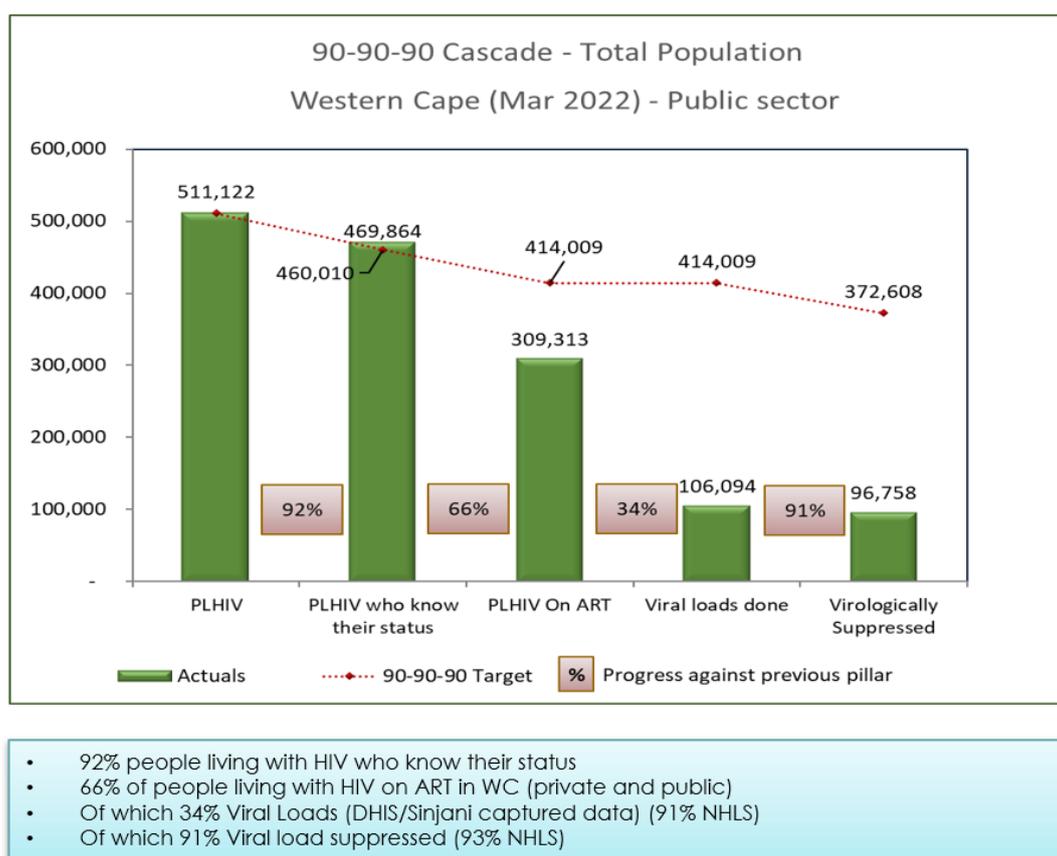


Figure 5. HIV 90-90-90 cascade for total Western Cape population

Source: National DHIS & Sinjani as cited in Western Cape 909090 HIV ART Cascades Mar 2022, as of 20 May 2022

In summary, assuming there were 511 122 PLHIV in the province, **WC achieved 92-66-91;** the first and third 90 targets were met, but there was significant under-performance on the second 90 target. Performance against each 90 target is discussed below.

The province exceeded the first 90 target at 92%, with 469 864 PLHIV who knew their status, a substantial improvement from baseline performance at 75%⁷¹. This may in-part be explained by improved case finding efforts, several of which are discussed in Goal 3 related to KVPs who are especially hard to reach with services, e.g., using mobile services, targeting hotspots etc.

The second 90 target was significantly behind with a 66% achievement, with 309 313 PLHIV on ART. While 87% of the annual target of 352 000 adults and children living with HIV on ART (Total Remaining on ART [TROA])⁷² was met, performance in 2021/22 was only a 3% increase since 2016/17 which reported 300 369 TROA.⁷³ WC DoH reported that ART services were negatively affected by the prioritisation of the COVID-19 response and vaccine planning and roll-out,⁷⁴ but also reported that there may be challenges with recording and reporting of ART data.⁷⁵ The second 90 target was impacted by ART initiations and ART retention as discussed below.

In terms of ART initiations, data were not available at baseline, but 40 634 patients were started on ART in 2019/20 at midterm.⁷⁶ With the onset of COVID-19, this figure dropped to 26 603 initiations in 2020/21⁷⁷, a decrease of 35%. **In 2021/22, 29 261 new patients were started on ART.**⁷⁸ While there was a 10% improvement from the previous year, the 2021/22 target of 46 360 new initiations⁷⁹ was only 63% achieved. The improvement was likely in-part a result of catch-up plans, paediatric and adolescent HIV interventions, district plans compiled with the support of partners, and differentiated models of care.⁸⁰ The Department also continued to follow-up on newly diagnosed individuals in rural districts and ensured that all clinicians understood Universal Test and Treat (UTT).⁸¹

Retention in care was also a major challenge. Patients still feared contracting COVID-19 at clinics and therefore missed their appointments, and with higher food insecurity, the nutrition of patients on ART was affected, leading to compromised adherence and retention in care.⁸² WC DoH, the District Support Partner (DSP) and other NPO partners worked closely to improve ART adherence in various ways including identifying social support mechanisms, implementing multi-month dispensing of medication, and expanding differentiated models of care.⁸³ The Department deployed Community Health Workers (CHWs) to actively trace individuals who had experienced treatment interruption (defaulters). Against the 2021/22 target of 22 689⁸⁴, **16 496 (73%) HIV defaulters were traced.**⁸⁵ Further, the Department implemented and expanded ART clubs to help decongest facilities and support treatment adherence⁸⁶; **114 186 patients were**

⁷¹ National DHIS

⁷² WC DoH APP 2021/22

⁷³ WC DoH Business Plan: HIV 2020/21

⁷⁴ WC DoH CG Half-Year Review 2021/22, 9 December 2021; WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022

⁷⁵ DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

⁷⁶ WC DoH Annual Report 2019/20

⁷⁷ WC DoH Annual Report 2020/21

⁷⁸ DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

⁷⁹ WC DoH APP 2021/22

⁸⁰ WC DoH CG Half-Year Review 2021/22, 9 December 2021

⁸¹ WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022

⁸² Impact of COVID-19 on the HIV Programme. Presented by Celeste Madondo (SANAC) at HIP-G Webinar on 4 November 2021

⁸³ WC DoH CG Half-Year Review 2021/22, 9 December 2021; WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022; DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

⁸⁴ WC DoH APP 2021/22

⁸⁵ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

⁸⁶ DHIS & HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

participating in adherence clubs in 2021/22⁸⁷, exceeding the target of 103 925⁸⁸ at 110%. The Health Professionals Sector helped recall patients back to services and supported different medicine distribution models to patients.⁸⁹ Despite these efforts, the setbacks of COVID-19 were too substantial to overcome in this period. There is an urgent need to focus further attention on differentiated models of care, including multi-month dispensing, home deliveries, telemedicine, and pick-up points so that patients can access medication more conveniently.

Regarding the latter, and of relevance to all three objectives under Goal 2, **Collect and Go E-lockers were launched** in December 2021.⁹⁰ The medicine dispensing units were launched as a pilot project at 11 healthcare facilities in the Metro. The units allow patients with chronic conditions to collect their monthly medicine at times convenient to them with 24-hour access and without waiting in queues. Notably, Ritshidze, an initiative which conducts community-led monitoring of facilities in the Metro, found that on average patients surveyed spent approximately five hours at a facility and on average 61% of surveyed patients considered waiting times to be long.⁹¹ By providing a more convenient and quicker way to access medicines, e-lockers are expected to promote treatment adherence.

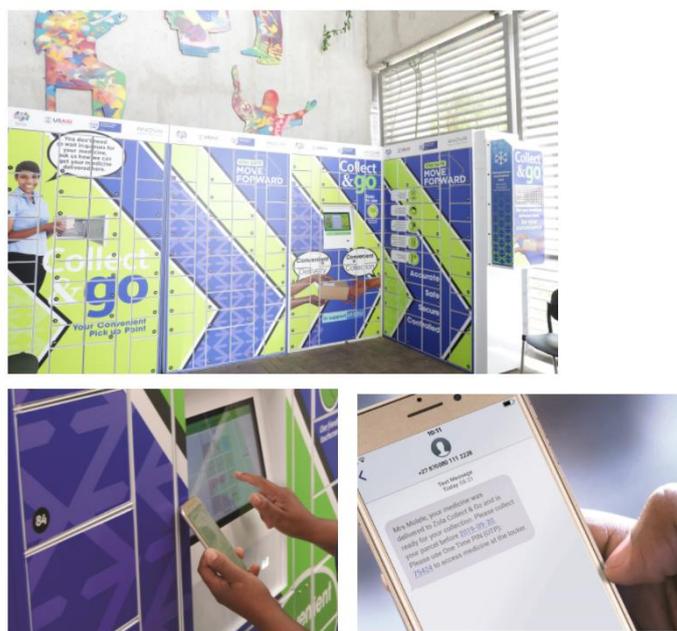


Figure 6. Collect and Go E-lockers

Source: <https://www.westerncape.gov.za/news/public-healthcare-patients-can-now-collect-medication-e-lockers>

Further, WC DoH began the process of developing a WC government (WCG) **Health Telemedicine Strategy and incorporating telemedicine into routine health services**.⁹² The process was initiated with a workshop in March 2022, which included the formation of a task team. Telemedicine will allow for remote provision of health services, making

⁸⁷ Sinjani; Adult remaining in chronic club care at the end of the month - total

⁸⁸ WC DoH APP 2021/22

⁸⁹ WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

⁹⁰ Media Release: Public healthcare patients can now collect medication from e-lockers. WC DoH News, 9 December 2021

⁹¹ Ritshidze Western Cape Provincial Monitoring Report 2021 Q4, 2022 Q1 and 2022 Q2. The report for 2021 Q3 (Apr-Jun 2021) had no data reported.

⁹² Report: Telemedicine Workshop. How can we use telehealth interventions to improve access to healthcare in the Western Cape? WC DoH Dir: Clinical Service Improvement. CD: Emergency & Clinical Services Support (1 April 2022)

healthcare more accessible by removing barriers like far distances to facilities, lack of finances for transport, extensive queues, time off from work, and fears of stigma and discrimination at facilities especially among KVPs. Notably regarding the latter, Ritshidze found that on average only 53% of patients surveyed thought that facility staff were friendly and professional.⁹³

WC exceeded the third 90 target at 91%, with 96 758 PLHIV who were virologically suppressed. This helps confirm that those who remain on treatment can achieve virological suppression and live long, healthy lives. Achievement of this target has remained stable since 2016/17, which recorded a 92% achievement.⁹⁴ Of concern, **only 34% of PLHIV on ART had their viral loads done (VLD), consisting of 106 094 PLHIV.** Because the third 90 target relies on VLD, the viral load suppression (VLS) rate may be over-inflated as only a third on PLHIV on ART were assessed for VLS. As such, there is a need for advocacy in this area and enhancing patients' understanding of the importance of getting VLDs.

Figure 7 below depicts the WC's performance on the 90-90-90 targets for children under the age of 15 years as of March 2022.

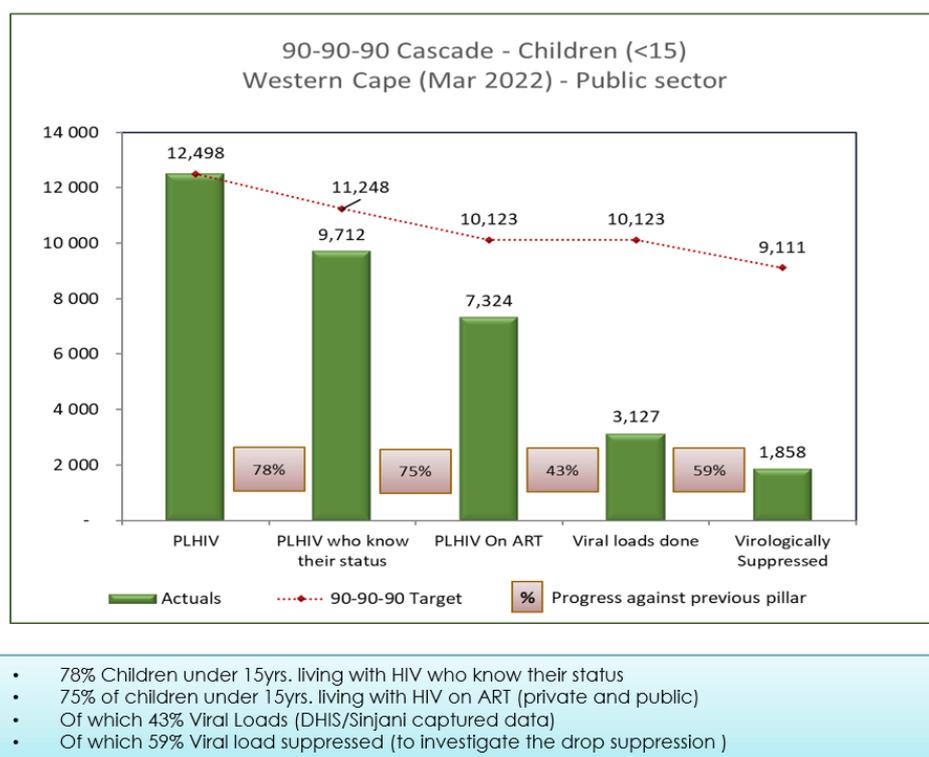


Figure 7. HIV 90-90-90 cascade for Western Cape children <15

Source: National DHIS & Sinjani as cited in Western Cape 909090 HIV ART Cascades Mar 2022, as of 20 May 2022

The province only achieved 78-75-59 against the 90-90-90 targets for children under the age of 15 years. Little qualitative data were available to explain the performance, but there is clearly a need to urgently focus on interventions that find and treat children. One

⁹³ Ritshidze Western Cape Provincial Monitoring Report 2021 Q4, 2022 Q1 and 2022 Q2. The report for 2021 Q3 (Apr-Jun 2021) had no data reported.

⁹⁴ National DHIS

explanation for low retention on ART and thus impeded VLS is that the treatment for children is non-palatable; it is either a bitter-tasting syrup or a large pill that needs to be swallowed whole.⁹⁵ As such, children may be spitting or vomiting out the treatment. However, there have been developments in alternatives such as oral pellets that can be mixed with a child's food;⁹⁶ this will likely improve treatment adherence among children.

District performance on HIV 90-90-90 targets

Figure 8 below illustrates performance on the 90-90-90 targets by WC district as of March 2022.

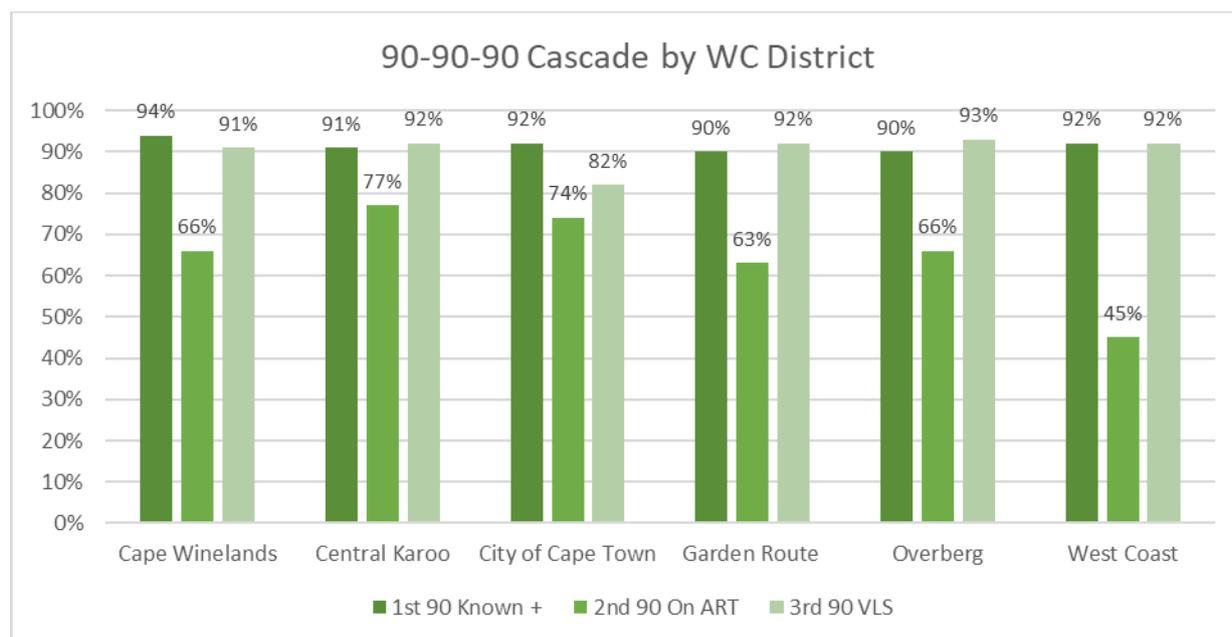


Figure 8. HIV 90-90-90 cascade for Western Cape districts

Data Source 1st 90: Thembisa Model 4.3; Data Source 2nd 90 and 3rd: DHIS; as cited in Western Cape 909090 HIV ART Cascades Mar 2022, as of 20 May 2022

The provincial pattern of 90-90-90 achievement is similarly reflected at district level for almost every district; apart from Cape Metro, all districts achieved the first and third 90 targets. The Cape Winelands was the highest performing in terms of those PLHIV who knew their HIV status (94%), while Garden Route and Overberg only just met the target (90% achieved, respectively). In terms of PLHIV who were on ART, the Central Karoo was the highest performing (77%), while West Coast was the poorest performing (45%) and was substantially lower than the other districts which all achieved at least >63% on this target. As such, while all districts require attention on the second 90 target, **West Coast requires further investigation of why less than half of PLHIV are on treatment.** All districts achieved within the range of 91%-93% for VLS, except for the Metro which only achieved 82%. As such, it is surmised that the **Metro requires further efforts in treatment adherence interventions.**

⁹⁵ Geach, C. (14 November 2020). New ARV pellets could be a game changer for young children with HIV. Weekend Argus, IOL.

⁹⁶ Ibid.

In addition to the work undertaken by WC DoH, various donor-funded programmes and civil society sectors contributed to the HIV treatment response; most of these are described under Goal 3 and

Critical **Enablers** further below in this report. THPs contributed to the response by encouraging clients to continue with HIV medication while taking THP-administered medication and equipping themselves with further information on treatment and support groups.⁹⁷ The PLHIV sector reported its involvement in the Ritshidze project,⁹⁸ which is implemented by organisations representing PLHIV, including the Treatment Action Campaign (TAC), the National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women's Network (PWN) and the South African Network of Religious Leaders Living with and affected by HIV/AIDS (SANERELA+). The project is aimed at improving the quality of HIV and TB services in primary healthcare facilities; relevant findings have been referenced in this report.⁹⁹ The sector also held a meeting to discuss the closure of clinics in Khayelitsha and Mitchells Plain (Cape Metro), emphasising the need for health services to be accessible and ensuring continuity of care.¹⁰⁰

Objective 2.2: Implement the 90-90-90 strategy for TB

Table 9 below, reflects performance on indicators relevant to the management and treatment of TB.

Table 9. Performance of TB 90-90-90 interventions

Indicator	Baseline FY 2016/17	Target FY 2021/22	Achievement FY 2021/22
TB death rate	3,3% N: 1 419 D: 42 685 <i>(WC DoH APP 2016/17)</i>	3,8% N: 1 662 D: 44 219 <i>(WC DoH APP 2021/22)</i>	7,5% N: 1 019 D: 13 552 <i>(DHIS)</i>
Number of clients 5 years and older screened for TB	3 736 391 ¹⁰¹ <i>(WC DoH Annual Report 2016/17)</i>	8 232 068 ¹⁰² <i>(WC DoH APP 2021/22)</i>	6 666 144 <i>(DHIS)</i>
Percentage of all clients started on TB treatment ¹⁰³	No data	90% <i>(WC DoH APP 2021/22)</i>	92% N: 27 101 D: 29 447 <i>(DHIS)</i>
Multi-Drug Resistance TB (MDR-TB) confirmed treatment initiation rate	66,7% <i>(WC DoH Annual Report 2016/17)</i>	N/A	639 ¹⁰⁴ <i>(EDR)</i>

⁹⁷ WC CSF Sector Feedback: Traditional Health Practitioner Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

⁹⁸ WC CSF Meeting 1 October 2021 - Personal Notes

⁹⁹ WC PCAT Meeting 12 November 2021 – Draft Minutes

¹⁰⁰ WC CSF Meeting 10 November 2021 - Draft Minutes

¹⁰¹ TB symptom 5 years and older screened rate

¹⁰² Clients screened for symptoms in health facilities

¹⁰³ Client 5yrs and older start on treatment rate

¹⁰⁴ MDR lab confirmed in case registration

Indicator	Baseline FY 2016/17	Target FY 2021/22	Achievement FY 2021/22
TB new client treatment success rate	83,5% N: 10 393 D: 12 452 <i>(WC DoH Annual Report 2016/17)</i>	77,8% ¹⁰⁵ N: 34 399 D: 44 219 <i>(WC DoH APP 2021/22)</i>	76,3% N: 16 882 D: 22 135 <i>(DHIS)</i>
MDR-TB treatment success rate	44,6% N: 738 D: 1 653 <i>(WC DoH Annual Report 2016/17)</i>	54,1% ¹⁰⁶ N: 853 D: 1 576 <i>(WC DoH APP 2021/22)</i>	58,2% ¹⁰⁷ N: 657 D: 1 128 <i>(DHIS)</i>
TB client lost to follow-up rate	9,6% N 1 195 D: 12 452 <i>(WC DoH Annual Report 2016/17)</i>	15,8% N: 6 990 D: 44 219 <i>(WC DoH APP 2021/22)</i>	17,8% ¹⁰⁸ N: 3 943 D: 22 135 <i>(DHIS)</i>
Proportion of TB/HIV co-infected patients on ART	89,6% N: 14 902 D: 16 637 <i>(WC DoH Annual Report 2016/17)</i>	88,9% N: 14 342 D: 16 138 <i>(WC DoH APP 2019/20)</i>	73,1% ¹⁰⁹ N: 7 205 D: 9 856 <i>(DHIS)</i>

As indicated, in 2021/22 **the TB death rate in WC was 7,5%**, close to double the targeted TB death rate, and a 4,2% increase since 2016/17. The Drug Susceptible TB (DS-TB) death rate is reportedly the highest it has been in the last four years.¹¹⁰ In total **6 666 144 clients 5 years and older were screened for TB**, a 78% increase since 2016/17 and an 81% achievement of the 2021/22 target.

Of further interest, **238 084 patients were tested for TB using Xpert**,¹¹¹ achieving 104% of the target of 229 140¹¹² and exceeding 2020/21 performance by 127% (104 663 patients)¹¹³. With the decreased mobility of people due to COVID-19, many individuals delayed going for TB testing, resulting in fewer daily cases presenting, testing positive, and initiated on treatment.¹¹⁴ The rate of diagnosing new cases during the four waves reportedly decreased between 76-83% per day compared to pre-pandemic.¹¹⁵ Through the GF-funded TB programme, TB/HIV Care contributed to diagnosing patients in the Metro, and notified a total of 20 615 cases, and 840 Drug Resistant TB (DR-TB) cases.¹¹⁶

One major innovation in TB diagnoses was the use of Digital Chest X-Rays (DCXR). DCXRs can identify asymptomatic cases and cases among PWID, who may mimic TB symptoms during heroin withdrawal and whose sputum production is hampered by heroin

¹⁰⁵ All DS-TB client treatment success rate

¹⁰⁶ TB RR/MDR/pre-XDR treatment success rate

¹⁰⁷ 2019 cohort, full FY data not available missing Q4

¹⁰⁸ Data not available for Q3

¹⁰⁹ Data not available for Q4

¹¹⁰ WC DoH Quarterly M&E Performance. Presented by Lesley Shand at Provincial Quarterly M&E Meeting on 12 May 2022.

¹¹¹ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

¹¹² WC DoH APP 2021/22

¹¹³ WC DoH Annual Report 2020/21

¹¹⁴ WC DoH: World TB Day Symposium Presentation. Presented by Dr Keith Cloete, 24 March 2022; WC DoH Quarterly M&E Performance. Presented by Lesley Shand at Provincial Quarterly M&E Meeting on 12 May 2022

¹¹⁵ WC DoH Quarterly M&E Performance. Presented by Lesley Shand at Provincial Quarterly M&E Meeting on 12 May 2022; WC DoH: Overview of HIV and TB in the Western Cape. Presented by Dr Vanessa Mudaly at WC PCAT meeting on 1 April 2022

¹¹⁶ Global Fund PR Quarterly Report submitted to WC PCAT - TB/HIV Care Year 3 2021/22

suppressing the respiratory system.¹¹⁷ As of March 2022, TB/HIV Care piloted the technology at three sites in the Metro and introduced a mobile DCXR truck to target case finding in GIS-identified TB hotspots.¹¹⁸ Another development was the start of training for healthcare workers on the implementation on Urine Lipoarabinomannan (LAM) Testing; a circular was distributed in November 2021 for implementation in December 2021.¹¹⁹ This is an easier to use Point-of-Care test using urine (as opposed to sputum) to identify TB by detecting the mycobacterial LAM antigen.



Figure 9. Western Cape Health Minister Mbombo inside a mobile clinic that houses a Digital Chest X-Ray
Source: <https://www.news24.com/citypress/news/sa-piloting-mobile-x-rays-to-improve-tb-detection-20210407>

Exceeding the 90% target, **92% of clients were started on TB treatment.** WC DoH attributed the achievement to collaboration with NPO partners in tracing clients and ensuring linkage to care between home- and community-based services and primary healthcare.¹²⁰ Moreover, a total of **639 Multi-Drug Resistant TB (MDR-TB) cases were started on treatment.** Notably, WC DoH also reported that **1 413 Rifampicin Resistant TB (RR-TB) clients started treatment,¹²¹ and 226 eligible clients were initiated on Delamanid containing regimen,** achieving 87% of the target of 260 clients.¹²² Moreover, TB/HIV Care reported that 840 DR-TB cases started second line treatment.¹²³

To help clients remain on treatment, TB/HIV Care provided support with adherence counselling, treatment readiness counselling, psychosocial and psychological support, and socio-economic support including referrals for disability grants and substance use interventions.¹²⁴ Moreover, the Nutrition Therapeutic Programme identifies TB-infected individuals who are nutritionally at-risk and provides nutrition supplements to improve treatment adherence and success.¹²⁵ With the decrease in COVID-19 cases, CHWs were deployed to actively trace and encourage TB-infected individuals to return to care. Challenges associated with tracing included requiring CHWs to go to dangerous areas

¹¹⁷ Global Fund PR Quarterly Report submitted to WC PCAT Q10 2021/22

¹¹⁸ Progress Report on Emergency Response Plan for TB, March 2022

¹¹⁹ Ibid.

¹²⁰ TB Grant APER FY 2021/22 – WC DoH

¹²¹ EDR & NHLS

¹²² HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

¹²³ Global Fund PR Quarterly Report submitted to WC PCAT - TB/HIV Care Year 3 2021/22

¹²⁴ Progress Report on Emergency Response Plan for TB, March 2022

¹²⁵ Ibid.

including drug dens for TB-infected drug users, patients being gang members who were in hiding, incorrect addresses provided, or clients moving to a new location but not updating their contact information.¹²⁶

The TB new client treatment success rate was 76,3%; while only 1,5% shy of the 2021/22 target, the rate was 7,2% lower since 2016/17. Further, the **MDR-TB treatment success rate was 58,2%,** exceeding the target by 4,1% and exceeding 2016/17 performance by 13,6%. Excluding data from the period October to December 2021, **17,8% of TB clients were LTF;** while 2% shy of the 2021/22 target, LTF was 8,2% higher than baseline.

Further, **73,1% of TB/HIV co-infected patients were on ART,** missing the 2021/22 target by 15,8% and a 16,5% decrease since 2016/17. Contributing to performance was the GF-funded TB programme, which reached 18 959 TB patients with documented HIV status and placed 5 876 TB/HIV co-infected clients on ART.¹²⁷ Notably, **1 155 TB defaulters were traced**¹²⁸ by WC DoH, achieving 55% of the 2021/22 target of 2 087 defaulters traced.¹²⁹

TB cascades were not available for the full 2021/22 year at the time of reporting. However, cascades were available for the October to December 2020 cohort. These are presented below to provide a broad indication of performance, but figures must be interpreted with caution given that the data present the status for one quarter only. Figure 10 below shows the TB cascade for the province in January to March 2022.

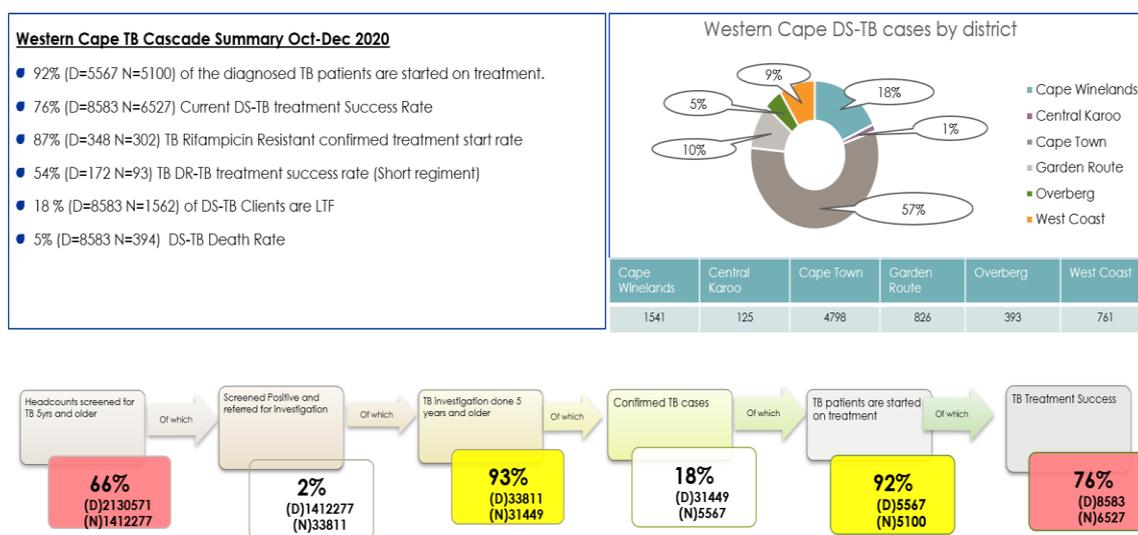


Figure 10. TB cascade for Western Cape for Q4 2021/22 (cohort Oct-Dec 2020)

Source: Western Cape 909090 TB Cascades Quarter 4, as of 14 June 2022

As indicated, **66% of headcounts were screened for TB.** Given the emphasis placed on integrating TB and COVID-19 screening and revived impetus to address TB in the province, the figure is not as high as might be expected. Of those screened, **2% were screened positive and referred for investigation,** of which **93% were investigated for TB.** Of these, 18% were confirmed cases, thus case finding was relatively high. Consistent with annual

¹²⁶ Media Release: Community Health Workers helping people with TB return to care. WC DoH News, 12 April 2022

¹²⁷ Global Fund PR Quarterly Report submitted to WC PCAT - TB/HIV Care Year 3 2021/22

¹²⁸ PHDC; retreatment after LTF

¹²⁹ WC DoH APP 2021/22

findings in Table 9, **92% of patients were initiated on treatment** thus meeting the 90% target, but only **76% of DS-TB patients were treated successfully**, suggesting challenges with treatment adherence. Moreover, **87% of RR-TB patients were started on treatment**, but **only 54% of DR-TB cases were treated successfully** (short regimen), pointing to a need for further investigation here. Consistent with the annual findings in Table 9, 18% of clients were lost to follow-up. The DS-TB death rate was slightly lower in the cascade at 5% compared to the annual figure of 7,5%.

With a total of 8 444 DS-TB cases reported for the period, the **Cape Metro accounted for 57% of cases in the province. Among the rural districts, Cape Winelands had the highest number of cases accounting for 18%** of the provincial total for January to March 2022. Metro and rural trends are discussed below following the respective cascades presented in Figure 11 and Figure 12 below.

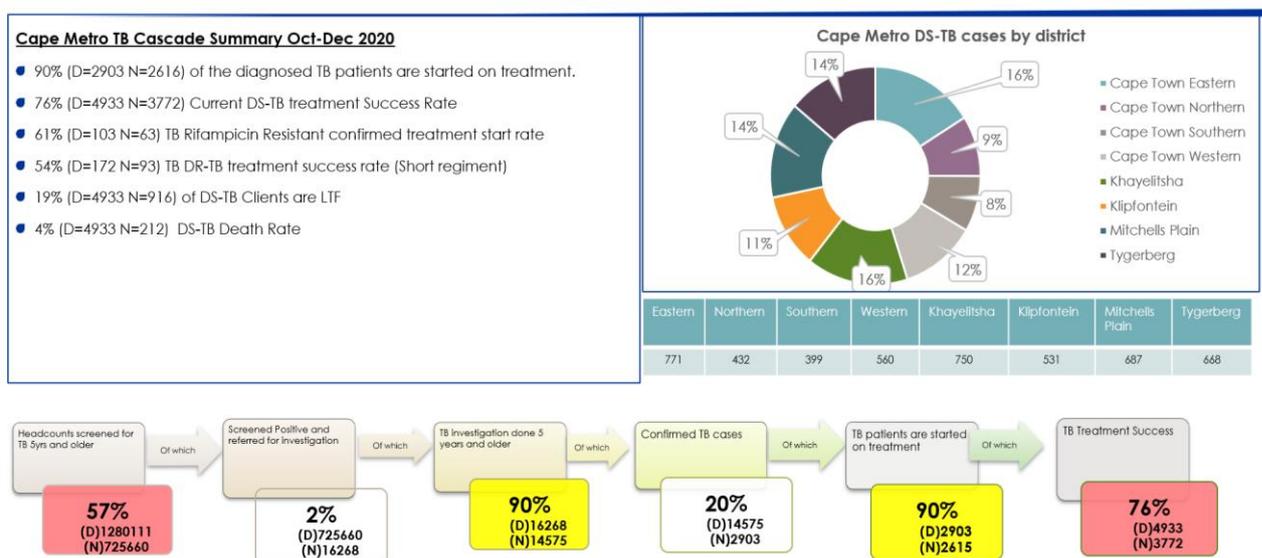


Figure 11. TB cascade for Cape Metro for Q4 2021/22 (cohort Oct-Dec 2020)
 Source: Western Cape 909090 TB Cascades Quarter 4, as of 14 June 2022

Within the Metro, the **Eastern and Khayelitsha sub-districts accounted for the highest burden at 16% respectively**, but these were closely followed by Mitchells Plain and Tygerberg which accounted for 14% respectively. **Only 57% of headcounts were screened for TB, almost 10% less than the provincial rate**, suggesting that the Metro may require further attention on screening efforts. The remaining achievements on the cascade were consistent with that of the provincial cascade. The rates of DR-TB cases treated successfully, DS-TB clients LTF, and DS-TB death rate were also comparable, however **only 61% of RR-TB patients were started on treatment, over 25% less than the provincial rate**. Thus, the Metro requires further investigation to understand the low RR-TB treatment initiation rate.

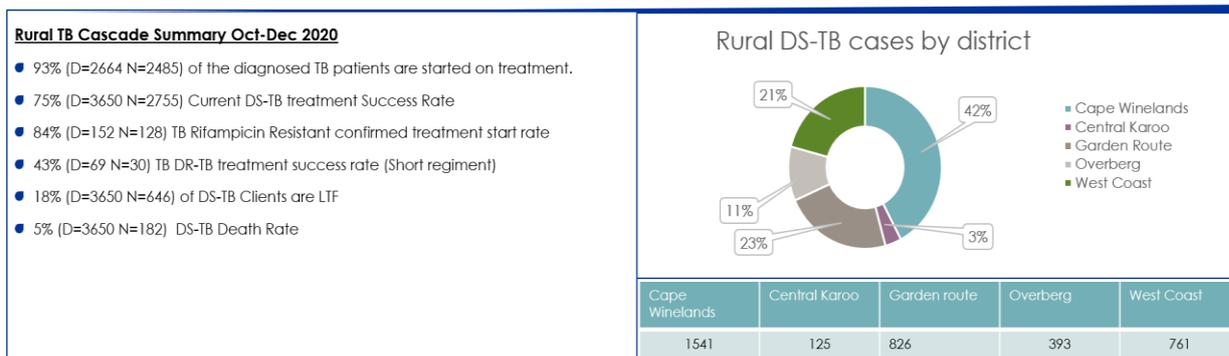


Figure 12. TB cascade for rural districts for Q4 2021/22 (cohort Oct-Dec 2020)

Source: Western Cape 909090 TB Cascades Quarter 4, as of 14 June 2022

As noted above, among the rural districts **Cape Winelands accounted for the highest number of DS-TB cases accounting for almost half of all rural cases (42%)**. Notably, in the rural districts **81% of headcounts were screened for TB, exceeding the Metro screening rate by 24%**. Reasons for differences in screening practices between Metro and rural districts should be investigated. Like the Cape Metro, the remaining achievements on the cascade were consistent with that of the province, as was the RR-TB treatment start, LTF and death rates. However, with the **DR-TB treatment success rate (short regimen) at 43%, the rural performance of this indicator was almost 10% less than the Metro and province**. While all districts require more work in effectively treating DR-TB patients, rural districts likely require further attention.

The implementation of an **Emergency Response Plan for TB was a significant development and contributor to the province's TB response in 2021/22**. To address TB with the same impetus as COVID-19, in February 2021 civil society called on the WC Premier to recognise TB as a public health emergency in the province. By April 2021, WCG and civil society launched the multi-sectoral Emergency Response Plan for TB and national government was lobbied to follow.¹³⁰ The plan aims to fast-track and strengthen efforts to improve TB control and objectives include: 1) increasing the urgency and awareness of TB as the leading cause of death in WC for over 10 years; 2) decreasing the number of new TB infections; 3) increasing the speed of diagnoses to aid early treatment initiation and support completion and; 4) meeting the global and local commitments to end TB by 2035.¹³¹

Several activities came out the Emergency Response Plan for TB in 2021/22. By September 2021 a **public-facing interactive TB dashboard** was launched; Figure 13 below. The dashboard is the first of its nature in the country.¹³² It collates real-time data which promotes transparency, digitises the TB response, and supports decision-making for a

¹³⁰ WC DoH: World TB Day Symposium Presentation. Presented by Dr Keith Cloete, 24 March 2022

¹³¹ WC PCAT Meeting 25 June 2021 - Draft Minutes

¹³² WC DoH: World TB Day Symposium Presentation. Presented by Dr Keith Cloete, 24 March 2022

more effective TB response.¹³³ The dashboard provides data including TB burden, cases and deaths, TB tests (GXP) and positivity trends, and a link to a self-screening App.¹³⁴ The dashboard is updated monthly and is time-stamped as new data becomes available. Data are available to a sub-district level and can be filtered and sliced as needed by the user.

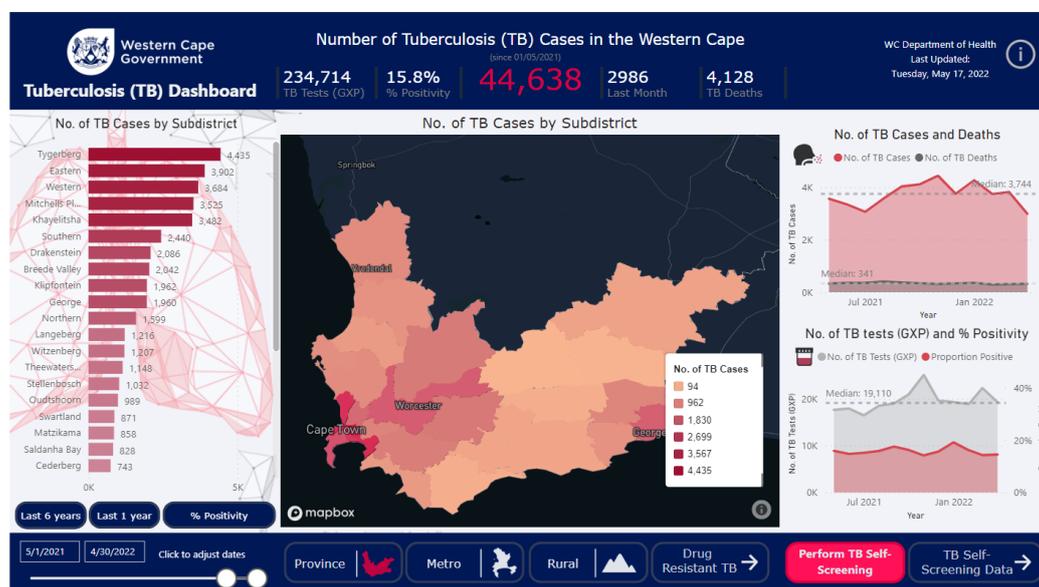


Figure 13. Western Cape public-facing interactive TB dashboard
 Source: <https://www.westerncape.gov.za/site-page/provincial-tb-dashboard>

Another activity emanating from the Response Plan was **a public communication campaign sending the message of “getting back on track and doing more.”**¹³⁵ The campaign was coordinated by a TB Communications Reference Group consisting of Metro and Rural Health Services, City Health, and civil society representatives.¹³⁶ STOP TB Partnership conducted a **scoping review on TB stigma and stigma assessments** in Khayelitsha.¹³⁷ The results are expected to inform a stigma intervention framework, and ensure a response that is rights-based, community-centred, and gender-responsive.

Given the effectiveness of the SMS notification of COVID-19 results, WC civil society called on WC DoH to **implement free SMS notification of TB results** for those who had an Xpert MTB/RIF Ultra test.¹³⁸ The SMS notification system is expected to be piloted in the Metro, and thereafter the province should take ownership and integrate it into the system.¹³⁹ WC DoH also plans to **launch a TB telehealth initiative** that aims to improve linkage to care of clients who are newly diagnosed with TB. ¹⁴⁰ Additionally, the WC Civil Society Forum (CSF) **initiated the process of forming a WC TB Task Team**. The Task Team will consist of representatives from sectors, districts, and TB organisations, and is expected to strategically reposition the important role civil society plays in the TB response.¹⁴¹

¹³³ Staff Writer (20 September 2021) Western Cape Government launches first-of-a-kind public facing TB dashboard.
¹³⁴ WC PCAT Meeting 25 June 2021 - Draft Minutes
¹³⁵ Progress Report on Emergency Response Plan for TB, March 2022
¹³⁶ Response to proposed resolutions from previous meeting. Presented by Nicky Van Der Walt at WC PCAT meeting on 13 August 2021
¹³⁷ Progress Report on Emergency Response Plan for TB, June 2021
¹³⁸ WC PCAT Meeting 12 November 2021 - Draft Minutes
¹³⁹ Progress Report on Emergency Response Plan for TB, June 2021
¹⁴⁰ Progress Report on Emergency Response Plan for TB, March 2022
¹⁴¹ TB Task Team Terms of Reference, SANAC September 2021

Objective 2.3. Improve STI detection, diagnosis and treatment

Table 10 below shows the province's progress in treatment of male urethritis syndrome (MUS).

Table 10. Performance of new Male Urethritis Syndrome episodes treated

Indicator	Baseline FY 2016/17	Target FY 2021/22	Achievement FY 2021/22
New Male Urethritis Syndrome episodes treated rate	33 982 <i>(WC DoH APP 2016/17)</i>	44 936 <i>(WC DoH APP 2021/22)</i>	48 090 <i>(DHIS & HIV, AIDS, COS Grant APER FY 2021/22 – WC DoH)</i>

In total, 48 090 new MUS episodes were treated, achieving 107% of the 2021/22 target and improving by 42% since baseline. Contributing to the STI response includes those activities discussed above regarding condoms and MMCs, as well as the contributions made by KVP sectors and programmes as will be discussed in Goal 3 below. Further, THPs contributed by referring clients for screening, treating clients with STI symptoms, or referring clients to health facilities when necessary.¹⁴²

¹⁴² WC CSF Sector Feedback: Traditional Health Practitioner Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

GOAL 3: REACH ALL KEY AND VULNERABLE POPULATIONS FOR HIV AND TB WITH COMPREHENSIVE, CUSTOMISED AND TARGETED INTERVENTIONS

Goal 3 data primarily relied on data from donor-funded programmes that were identified and/or willing to share data at the time of reporting. Thus, data presented herein are not exhaustive and it is acknowledged that other organisations are undertaking relevant and important work for which data were not available to the Secretariat. Accessing provincial data outside of WC DoH has been an ongoing challenge, but efforts are continuously being made to close the gap.

Objective 3.1. Increase engagement, collaboration and advocacy of key and vulnerable populations in the development and implementation of social and health support activities

This objective firstly looks at the prevalence of HIV among KVPs. Data were only identified for MSM, FSW, and AGYW from the Thembisa Model V4.5, as presented in Table 11.

Table 11. Estimated and Projected HIV prevalence rates among KVPs in Western Cape

Indicator	Baseline 2016	Achievement 2021
HIV prevalence among MSM (18 years+)	33,3%	31,7%
HIV prevalence among FSW	63,1%	61,3%
HIV prevalence among AGYW (15-24 years)	5,9%	5,1%

Source: Thembisa Model Provincial Output, Version 4.5

The Thembisa Model V4.5 projected that **31,7% of the MSM population in WC had HIV** in 2021, and prevalence only decreased by 1,6% since 2016. The Model projected that **61,3% of FSW in WC had HIV**; again, a minor decrease with a 2% drop since baseline. **HIV prevalence among AGYW was projected at 5,1%**, decreasing by <1% since baseline. As such, prevalence among the identified KVP groups has remained stable over the 5-year period, with AGYW showing almost no change at all.

This objective also looks at the percentage of specific KVPs reporting using a condom. Data were only identified for AGYW from the Thembisa Model V4.5. The Model estimated that in 2016, 24,2% of AGYW used a condom at last sex, while a projected **24,8% of AGYW used a condom at last sex in 2021**. Again, almost no change occurred. This is of concern given that condoms are one of the cheapest and most easily accessible forms of contraception and protection against STIs.

The remaining indicators of this objective speak to the 90-90-90 cascade among specific KVPs. This section is broken down per KVP group to allow for explanations of context, successes, best practices, challenges, and mitigating actions. The findings per KVP group for which data were available is summarised in Table 12 below. Where data were provided through the Thembisa Model V4.5., performance is presented as percentage values; this was the case for MSM and sex workers (SW). However, for the remaining KVP groups, data were provided by donor-funded organisations, and as such, figures are presented as numeric values – the cascade relies on the estimated number of PLHIV per

KVP group to start the cascade and calculate percentage proportions, but these data were not available. In the narrative section per KVP group however, percentage values are provided based on the number of KVPs that were reached and tested for HIV within the donor-funded programmes.

Table 12. Performance on HIV 90-90-90 targets by KVP group

KVP Group	Specific KVP living with HIV who know their status (1 st 90) 2021/22	Specific KVP living with HIV receiving ART (2 nd 90) 2021/22	Specific KVP living with HIV who have suppressed viral loads (3 rd 90) 2021/22
Adolescent Girls & Young Women (AGYW)	194 <i>(GF PR WC PCAT Report - NACOSA AGYW Year 3 21/22)</i>	114 <i>(GF PR WC PCAT Report - NACOSA AGYW Year 3 21/22)</i>	No data
Men who have sex with men (MSM)	87% <i>(Thembisa Model V4.5)</i>	44,8% <i>(Thembisa Model V4.5)</i>	No data
People Who Inject Drugs (PWID)	66 <i>(GF PR WC PCAT Report - NACOSA PWID Year 3 21/22)</i>	51 <i>(GF PR WC PCAT Report - NACOSA PWID Year 3 21/22)</i>	No data
Sex workers (SW)	93,1% <i>(Thembisa Model V4.5)</i>	55,2% <i>(Thembisa Model V4.5)</i>	385 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22)</i>
Transgender People (TG)	81 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22; GF PR WC PCAT Report - BZ Year 3 21/22)</i>	221 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22; GF PR WC PCAT Report - BZ Year 3 21/22)</i>	153 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22)</i>
Inmates	8 532 <i>(THC DCS SANAC Data Apr 21 to Mar 22)</i>	212 <i>(THC DCS SANAC Data Apr 21 to Mar 22)</i>	No data

Adolescents and Youth

Adolescent Girls and Young Women

AGYW aged 15-24 years are three times more likely to acquire HIV than their male counterparts.¹⁴³ One programme in WC that contributed to the work done with AGYWs was the GF-funded AGYW programme implemented in the Klipfontein and Mitchells Plain sub-districts of the Cape Metro. Networking HIV/AIDS Community of Southern Africa (NACOSA) served as the PR while the SRs were TB/HIV Care (clinical component), Partners in Sexual Health (in-school components), Amandla Community Education and Development and Hope Africa (community component). Figure 14 below shows an overview of the programme. Notably, as part of the GF-funded Community Responses and Systems (CRS) Small Grants Scheme (SGS), NACOSA allocated a small grant to organisations. As part of the SGS, Siyakhula South Africa and Children's Resource Centre conducted mobilisation activities to help enrol AGYW into the larger GF-funded AGYW programme.¹⁴⁴

¹⁴³ NACOSA: Adolescent Girls and Young Women (AGYW) Programme. PU3 Report.

¹⁴⁴ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22

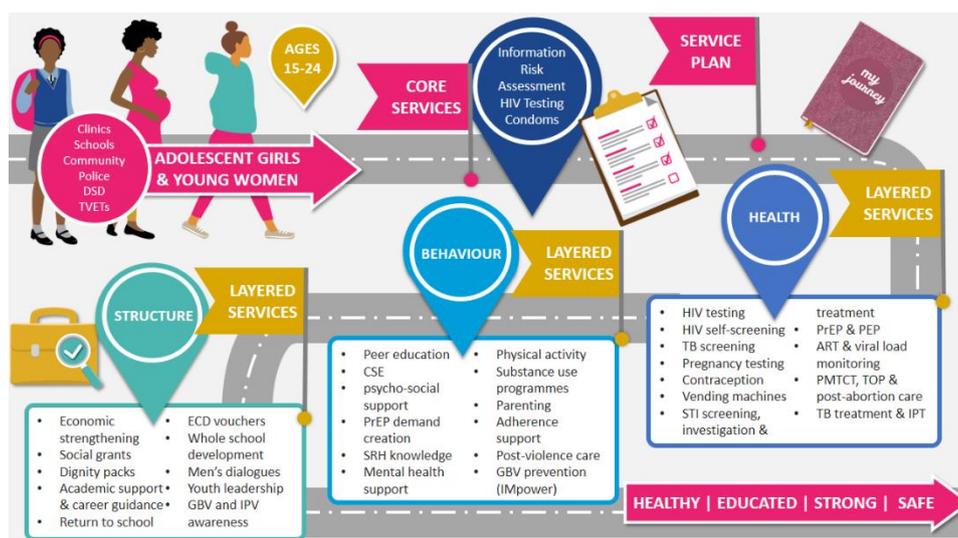


Figure 14. Global Fund-funded AGYW programme

Source: NACOSA: Adolescent Girls and Young Women (AGYW) Programme. Draft PU4 Report.

Table 13 below illustrates data available on the 90-90-90 targets for AGYW.

Table 13. AGYW performance on HIV 90-90-90 targets

KVP Group: AGYW	Achievement 2021/22
Percentage of specific KVP living with HIV who know their status (1 st 90)	194
Percentage of specific KVP living with HIV receiving ART (2 nd 90)	114
Percentage of specific KVP living with HIV who have suppressed viral loads (3 rd 90)	No data

Source: Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA AGYW Year 3 2021/22

In 2021/22, the programme reached 9 241 AGYW with a minimum package of services.¹⁴⁵ The programme tested 10 334 AGYW for HIV, of which **194 (2%) AGYW tested HIV positive**, consisting of 190 AGYW who newly tested positive and four who were known to be HIV positive but were not on treatment. While all 194 AGYW were referred for ART, only **114 AGYW (59%) were successfully linked to treatment**; of these 113 were those newly tested positive while only one was known to be HIV positive. **No data were available on VLS.**

The programme reported several good practices.¹⁴⁶ With HIVSS, the programme saw an increase in HIV testing, and distributing food vouchers assisted in programme uptake. The programme had an operational COVID-19 roving team which also conducted TB screening, linkage, and ART club facilitation and counselling. The programme screened 10 289 AGYW for TB, of which 47 were TB presumptive and all 47 were referred for TB investigation.¹⁴⁷ The programme experienced many challenges in 2021/22, of which some are described here.¹⁴⁸ In April – June 2021 the programme was still impacted by COVID-19 in terms of lockdown restrictions and staff testing positive for COVID-19. The Klipfontein sub-district experienced taxi violence and riots, resulting in the unavailability of staff and

¹⁴⁵ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA AGYW Year 3 2021/22

¹⁴⁶ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22

¹⁴⁷ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA AGYW Year 3 2021/22

¹⁴⁸ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22

Safe Spaces were not in full operation. There were challenges within the education environment which hindered the programme's work including limited access to schools during exams, limited attendance on campus as students attended classes on rotation, and campuses restricting organisations' entry due to COVID-19.

Another intervention contributing to the response among AGYW was the PEPFAR-funded DREAMS programme (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe); Figure 15 below depicts an overview. The programme was implemented in the Metro in the Eastern, Khayelitsha, Northern, Southern, Tygerberg and Western sub-districts.¹⁴⁹ Data were not available at the time of reporting.

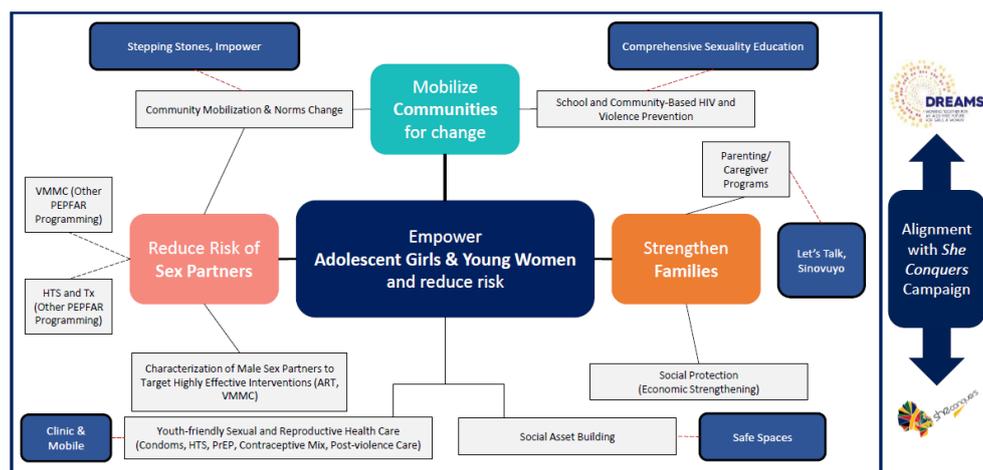


Figure 15. PEPFAR-funded DREAMS Programme

Source: DREAMS Expansion City of Cape Town. August 13, 2020. PowerPoint presentation

The Youth and Women's Sectors also contributed to achievements among AGYW. The Youth sector reported¹⁵⁰ that in Khayelitsha, Kraaifontein and Tygerberg (Cape Metro), 2 650 people were reached with HIV testing, TB screening and STI screening; they distributed 50 500 male condoms and 3 700 female condoms; and they reached 65 people with community outreach. They also reported reaching 70 youth in Vrygrond (Cape Metro) with a holistic youth development programme focusing on life skills training, CSE, teenage pregnancy and parenting, HIV/AIDS counselling and testing, psycho-social support services, and Sexual and Reproductive Health (SRH). This programme also assisted youth in finding jobs through a Youth Network online platform, where available job opportunities and bursaries could be shared. In Beaufort West (Central Karoo) the sector reached 37 youth with support and prevention workshops targeting youth in conflict with the law, 30 parents with workshops targeting caregivers of youth in conflict with the law, and 30 youth with a holiday programme.

The Women's Sector¹⁵¹ supported a study conducted by AIDS Foundation South Africa (AFSA) and Centre for the AIDS Programme of Research in South Africa (CAPRISA) looking at the impact of COVID-19 on women living with HIV. The sector also reached PLHIV with a support group; 120 women including 50 teenage mothers with maternal health and

¹⁴⁹ US Mission South Africa (15 October 2020). US PEPFAR expands DREAMS Program, investing R1.4 billion in South Africa's young women

¹⁵⁰ WC CSF Sector Feedback: Youth Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

¹⁵¹ WC CSF Sector Feedback: Women's Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021

contraceptives interventions; and 30 people with alcohol and drug abuse interventions. Further, the sector held and participated in various awareness raising activities which are discussed in the section on

Critical Enablers.

Of relevance, in March 2022 Groote Schuur Hospital opened an Adolescent Centre of Excellence to serve youth aged 13-18 years old.¹⁵² The centre is the first facility of its kind in the province. It offers a holistic package of services designed to be adolescent-friendly through peer support. Unlike other adolescent clinics, the centre primarily aims to help adolescents deal with chronic illnesses, ensure they understand the importance of treatment compliance, and provide counselling services through individual and group therapy. WC Health Minister Nomafrench Mbombo noted that eight priorities for youth are covered by the centre, namely HIV/TB/STIs; COVID-19; gender-based violence (GBV); mental health; SRH, maternal health and contraception; disability; LGBTIQ+ residents; and alcohol and drug abuse.

Male Sexual Partners of Adolescent Girls and Young Women

Men are a challenging population to reach given their tendency to avoid accessing health services timeously.¹⁵³ This particularly may be the case for men over the age of 25 years; as shown above, in 2021 HIV prevalence was projected to be 10,4% among men aged 25-49 years, and 6,6% among men aged 50+ years, while prevalence among the younger cohort of 15-24 years was at 3,5%. This in-part may be explained by South Africa's 'blesser' culture, whereby older, wealthier men engage sexually with younger women who are rewarded with gifts or financially. To adequately address the HIV epidemic among AGYW, their male partners need to be targeted as well.

One programme that addressed this was the GF-funded MSP of AGYW programme. AFSA served as the PR and the South African Business Coalition on Health and AIDS (SABCOHA) served as the SR in the Cape Metro Klipfontein sub-district. The programme aimed to decrease MSPs' impediments to HIV services, increase their access to and initiation on ART, and instigate positive behaviour, collectively decreasing MSPs' risk of transmitting HIV to AGYW.¹⁵⁴

In 2021/22, the programme **tested 11 446 MSPs for HIV and 43 MSPs were linked to care.**¹⁵⁵ The programme reported¹⁵⁶ improved linkage to care compared to 2020/21 attributed to the appointment of a linkage officer, as well as a psychosocial support officer. However, several challenges were still experienced including early closing of services for the December holidays and incorrect contact details provided by clients preventing follow-up. To improve reach, the programme allowed staff to use flexi working hours and to split into two groups so that more MSPs could be reached during atypical hours and in different parts of the sub-district.

¹⁵² Media release: Groote Schuur Hospital opens Adolescent Centre of Excellence. WC DoH News, 16 March 2022

¹⁵³ WC PCAT Meeting 19 February 2021 - Draft Minutes

¹⁵⁴ AFSA AGYW Male Partners Programme SOP for Programme Implementation, Data Collection and Reporting Processes (April 2020)

¹⁵⁵ Global Fund PR Quarterly Report submitted to WC PCAT - AFSA Year 3 2021/22

¹⁵⁶ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22



Figure 16. Male Sexual Partners community dialogue conducted in Klipfontein in Cape Metro
 Source: Global Fund PR Quarterly Report submitted to WC PCAT Q10 2021/22

The Men's Sector contributed to the response targeted at MSP, particularly in terms of awareness raising activities which are discussed below under

Critical **Enablers**. Further, the sector targeted men for VMMC and for COVID-19 vaccination in Harare, and at taxi ranks and car washes in Mfuleni; over 100 taxi owners and commuters were vaccinated at Site C taxi rank.¹⁵⁷ The sector also worked with Faith-Based Organisations (FBO) to promote men's health and TB screening in churches.

Orphans and Vulnerable Children

The USAID-funded orphans and vulnerable children (OVC) programme which targets OVCs aged 0-24 years old contributed to the HIV response among OVCs. These include OVC living with PLHIV, most vulnerable OVCs, double/single AIDS orphans, children and adolescents living with HIV, and children of KPs. The programme places emphasis on those aged 10-17 years and on AGYW given their higher risk. The programme is overseen by NACOSA and the National Association of Child Care Workers (NACCW), and implemented by The Caring Network, Cape Flats YMCA, and Epilweni in the Metro in all sub-districts with the exception of Klipfontein.¹⁵⁸ The programme aims to prevent the spread of HIV among OVCs by ensuring that they receive a differentiated and age-targeted basket of services.

In 2021/22, **53 329 OVC were reached** by the programme.¹⁵⁹ Of those who accessed the OVC-targeted services, 50 478 were reached by the Comprehensive Case Management programme, 1 306 were reached by the DREAMS Let's Talk programme, and 1 792 were reached with primary prevention programmes, namely IMSafer and Stepping Stones.¹⁶⁰ Further, of those reached, **5 136 were HIV positive**.¹⁶¹ **No data were available on OVC who were on ART nor who were virally suppressed.**

¹⁵⁷ WC CSF Sector Feedback: Men's Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021

¹⁵⁸ NACOSA Annual Performance Report. COP19 – Annual Report: 1 October 2019 – 30 September 2020. Preventing HIV/AIDS in vulnerable populations in South Africa: Orphans and vulnerable children, adolescents and youth in the Western Cape province.

¹⁵⁹ USAID Report submitted to WC PCAT - NACOSA Apr 21-Mar 22

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

Men who have Sex with Men

Table 14 below shows data available on the 90-90-90 targets for MSM.

Table 14. MSM performance on HIV 90-90-90 targets

KVP Group: MSM	Baseline 2016	Achievement 2021
Percentage of specific KVP living with HIV who know their status (1 st 90)	80,4%	87%
Percentage of specific KVP living with HIV receiving ART (2 nd 90)	38,9%	44,8%
Percentage of specific KVP living with HIV who have suppressed viral loads (3 rd 90)	No data	No data

Source: Thembisa Model Provincial Output, Version 4.5

The Thembisa Model V4.5. projected that **87% of HIV positive MSM were diagnosed in 2021**, compared to 80,4% in 2016, reflecting an increase of 6,6% for the first 90 target. The Model also projected **44,8% ART coverage in MSM in 2021**, compared to 38,9% in 2016, reflecting an increase of 5,9%. While improvements are being made, there is still a need for further efforts to adequately diagnose and treat MSM. **Data on VLS were not available.**

The Key Population (KP) High Transmission Area (HTA) Project implemented by Right to Care (RtC) in Overberg and Central Karoo reached 81 and four MSM at HTA sites, respectively. The Men's sector contributed to the response for MSM; these are described above and in the section on

Critical **Enablers**. Further, the LGBTIQ+ sector undertook several activities contributing to the HIV response among LGBTIQ+ persons, including MSM.¹⁶² In the first half of the year the sector distributed condoms and raised awareness about COVID-19 safety precautions. The sector undertook an LGBTIQ+ Day on 4 December 2021 which was attended by researchers, service providers and community members and hopes to make this an annual event. Participants discussed what research is being undertaken in Cape Town and identified areas for priority in the next year. These included the need to have visibility of LGBTIQ+ in clinic committees and hospital boards, and to address the locator form which only specifies male and female categories that are not applicable to non-binary patients. For the latter, the sector hopes to pilot a revised form with a non-binary option in a public health facility. The sector also held an open day in March 2022 for LGBTIQ+ organisations and gatekeepers in the Metro, which addressed hate crimes and GBV among LGBTIQ+.

People Who Inject Drugs

A programme that contributed to the HIV response among PWIDs was the GF-funded PWID programme, where NACOSA was the PR and TB/HIV Care was the SR in the Cape Metro Southern, Western, Klipfontein, Mitchells Plain and Tygerberg sub-districts. The

¹⁶² WC CSF Sector Feedback: LGBTIQ+ Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021; WC CSF Meeting 23 March 2022 - Personal Notes

programme was a comprehensive harm reduction package of services for male, female, and TG People who inject drugs (PWIDs), which generally focused on outreach, peer education, a needle and syringe exchange programme, sensitisation and advocacy, Opioid Substitution Therapy (OST), HTS, and an SRH package of services and referral. Figure 17 below is an overview of the programme. Also contributing to response for PWID, as part of the GF-funded CRS SGS, SANCA George implemented a programme in the Garden Route in George, which commenced in June 2021.¹⁶³

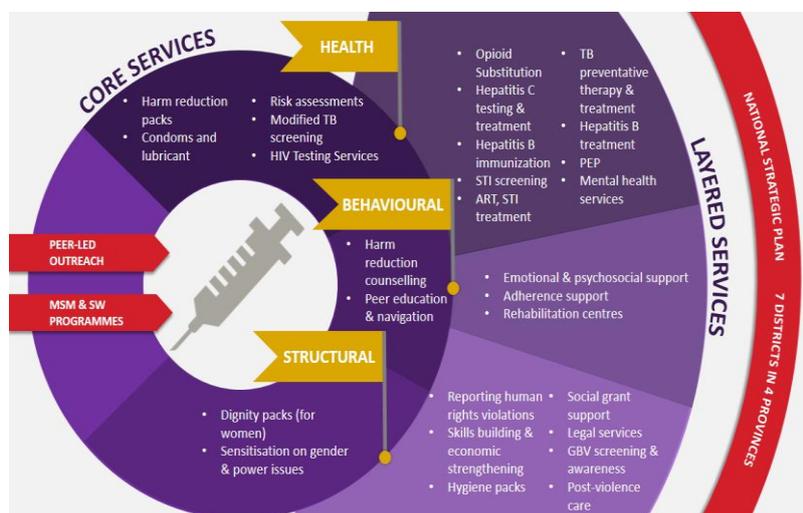


Figure 17. Global Fund-funded PWID programme

Source: Global Fund PR Quarterly Report submitted to WC PCAT Q5 2020/21

Table 15 below shows data available on 90-90-90 targets for PWID, for which only data from the GF-funded PWID and SGS-PWID programmes were accessible at the time of reporting.

Table 15. PWID performance on HIV 90-90-90 targets

KVP Group: AGYW	Achievement 2021/22
Percentage of specific KVP living with HIV who know their status (1 st 90)	66
Percentage of specific KVP living with HIV receiving ART (2 nd 90)	51
Percentage of specific KVP living with HIV who have suppressed viral loads (3 rd 90)	No data

Source: Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA PWID Year 3 2021/22

In 2021/22, the two programmes collectively reached 1 928 PWID; 1 889 were reached in Cape Metro by the comprehensive PWID programme¹⁶⁴ and 39 were reached in Garden Route through the SGS-PWID programme through mobilisation activities.¹⁶⁵ Of these, **797 PWID (41%) received HTS**; 775 in Cape Metro¹⁶⁶ and 22 in Garden Route¹⁶⁷. Of those, with only Cape Metro data available, **66 PWID (9%) tested HIV positive**, of which 59 PWID (89%)

¹⁶³ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22

¹⁶⁴ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA PWID Year 3 2021/22

¹⁶⁵ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22

¹⁶⁶ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA PWID Year 3 2021/22

¹⁶⁷ Global Fund PR Quarterly Report submitted to WC PCATs Q9, Q10, Q11 and Q12 2021/22

were referred for ART and **51 PWID (86%) were successfully linked to care. No data were available on VLS.**

The SGS-PWID programme in Garden Route reported that six mobilisation meetings were held for PWID and 26 PWID were referred for TB services.¹⁶⁸ The PWID programme in the Cape Metro reported several good practices and challenges, some of which are noted here.¹⁶⁹ To draw in more female PWID, the programme provided SRH services at the drop-in centre. The programme also made efforts to empower PWID through skills building workshops, contemplation groups and therapeutic spaces. With increased buy-in from local communities, referrals to the programme were supported. Developing a strong collaboration with the Wits RHI SW clinic gave PWID access to a KP-friendly clinic, ensuring improved linkage to care. A viral hepatitis pilot was launched, and treatment initiated for clients with Hepatitis C. The programme reported that local healthcare facilities in the Metro started treating PWID as priority clients, made evident by decreased waiting times to ensure that PWID avoided going into withdrawal. However, the reach was impacted by COVID-19 with the second wave causing displacement of homeless PWID. Police were still confiscating sterile needles, despite these being the primary HIV prevention method for PWID.

Sex Workers

Table 16 below depicts data available on 90-90-90 targets for SWs, for which Thembisa Model V4.5. data and programmatic data were accessible at the time of reporting.

Table 16. SW performance on HIV 90-90-90 targets

KVP Group: FSW	Baseline 2016	Achievement 2021
Percentage of specific KVP living with HIV who know their status (1 st 90)	89,9% <i>(Thembisa Model V4.5)</i>	93,1% <i>(Thembisa Model V4.5)</i>
Percentage of specific KVP living with HIV receiving ART (2 nd 90)	46,6% <i>(Thembisa Model V4.5)</i>	55,2% <i>(Thembisa Model V4.5)</i>
Percentage of specific KVP living with HIV who have suppressed viral loads (3 rd 90)	No data	385 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22)</i>

The Thembisa Model V4.5. projected that **93,1% of HIV positive FSW were diagnosed with HIV in 2021**, compared to 89,9% in 2016. As such, the first 90 target has essentially been met since 2016, with a slow improvement beyond the 90% mark. RfC's KP HTA Projects in Overberg and Central Karoo and the USAID-funded KP programme in the Metro would have contributed to this performance. The USAID-funded programme targeted FSW and TG and offered the core HIV cascade and interventions that address psychosocial and structural challenges affecting KPs including violence, legal issues, housing, employment, and stigma and discrimination. The programme utilised mobile and fixed clinics as the referral point, but primarily invested in Enhanced Peer Outreach Approaches (EPOA). Of

¹⁶⁸ Ibid.

¹⁶⁹ Ibid.

the **9467 SWs reached by the three programmes** (consisting of 9 297 FSW in the Metro¹⁷⁰, 164 SW in Overberg¹⁷¹ and 6 in Central Karoo¹⁷²) **4 832 FSW (51%) were tested for HIV** (Metro only), of which **455 FSW (9%) tested HIV positive** (Metro only).¹⁷³ Wits RHI reported¹⁷⁴ that HTS and case finding improved over the year, in-part attributed to the programme's geographic expansion and revised outreach approach which mobilised FSWs in new locations where community-based clinical services had not been provided for FSWs previously. Further, the programme continuously mapped new hotspots including homes where FSWs moved their work and used cascade data from HIVSS to map hot spots where the self-screening tests were distributed and indicated a high positivity rate.

The Thembisa Model V4.5. projected **55,2% ART coverage among FSW in 2021**, compared to 46,6% in 2016, reflecting an increase of 8,6%. As with MSM, these trends are positive, but the rate of increase is still slow. As with the total population, revisiting interventions on ART initiation and adherence is required to improve treatment coverage among SW. Again, the USAID-funded KP programme in the Metro contributed to increased ART coverage amongst KPs. Of the 455 FSW that tested HIV positive, Wits RHI reported that **410 FSW (90%) were newly initiated on ART** and that **992 FSW were currently on treatment** in the reporting period (including those initiated and retained).¹⁷⁵ Wits RHI attributed improved ART initiation to an improved test and treat strategy, enhanced counselling and messaging on ART initiation, strengthened tracking and tracing, and community ART initiation.¹⁷⁶ Further, data-driven management of outreach activities through the REDCap database and unique identifier (UID) system enabled the programme to track cohorts and understand peer/KP contacts to improve retention in care.

The USAID-funded KP programme reported that **490 FSW had VLD, of which 385 FSW had suppressed viral loads, equating to 78,5% VLS**.¹⁷⁷ The programme undertook a "viral load annual mop up" during the months of July to September 2021.¹⁷⁸ Site managers and professional nurses were given weekly lists of those whose viral loads were due, and were supported by tracing teams to increase the viral load coverage. Moreover, beneficiaries with unsuppressed viral loads were identified for advanced adherence counselling, and support by HIV-positive trained personnel providing peer support and a multi-disciplinary team.

Also contributing to the HIV response among SW, RtC's KP HTA Project in Overberg and Central Karoo reached 502 truck drivers in HTA sites, comprising 16 truck drivers in Overberg and 486 in Central Karoo. Further, the SW Sector undertook several activities that contributed to the response.¹⁷⁹ The sector worked with partners to undertake HIV testing and treatment; distribute condoms, IEC materials, and food parcels; raise

¹⁷⁰ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report Q3 FY21, Q4 FY22, Q1 FY22 and Q2 FY22

¹⁷¹ Right to Care HTA Overberg Project Quarterly Reports Q1, Q2, Q3 and Q4 2021/22

¹⁷² Right to Care Central Karoo Key Population M&E Quarterly Report Q1, Q2, Q3 and Q4 2021/22

¹⁷³ Ibid.

¹⁷⁴ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21 and Q1 FY22

¹⁷⁵ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY21, Q1 FY22 and Q2 FY22

¹⁷⁶ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21.

¹⁷⁷ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY21, Q1 FY22 and Q2 FY22

¹⁷⁸ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21.

¹⁷⁹ WC CSF Sector Feedback: Sex Worker Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021; WC CSF Meeting 22 June 2021 - Personal Notes; WC CSF Meeting 10 November 2021 – Draft Minutes

awareness of the COVID-19 vaccine; and treat the epidemics through mobile clinics in hotspots, WhatsApp groups and support groups. RfC also did a mapping exercise to determine how many SWs were living in the districts, and continued to lobby for the decriminalisation of SW. Also notable for the sector was the launch of the second National Sex Worker Plan (NSWP 2019-2022) in October 2021.¹⁸⁰ The Plan calls for the decriminalisation of sex work, and offers ways of addressing the provision of available, accessible, and quality HIV, TB and STI services for SWs.¹⁸¹

Transgender People

There were several TG-targeted initiatives in the province that contributed to the HIV response among this KP. One was the USAID-funded Wits RHI KP programme in the Cape Metro which was described above in the response for SWs, the programme also targeted TG. Another programme identified was the GF-funded TG programme in the Garden Route, for which Beyond Zero was the PR and SHE was the SR. Further as part of the GF-funded CRS SGS, NACOSA allocated a small grant to Lifeline Garden Route to mobilise and refer TG for HIV and TB services in the Garden Route. Table 17 below reflects data available to inform the 90-90-90 targets for TG.

Table 17. TG performance on HIV 90-90-90 targets

KVP Group: Transgender People	Achievement 2021/22
Percentage of specific KVP living with HIV who know their status (1 st 90)	81 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22; GF PR WC PCAT Report - Beyond Zero Year 3 21/22)</i>
Percentage of specific KVP living with HIV receiving ART (2 nd 90)	221 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22; GF PR WC PCAT Report - Beyond Zero Year 3 21/22)</i>
Percentage of specific KVP living with HIV who have suppressed viral loads (3 rd 90)	153 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22)</i>

Through the three programmes, **1 846 TG accessed services** in the province, consisting of 1 593 TG in the Metro¹⁸² and 253 in Garden Route¹⁸³. Reach in the Metro was high as the USAID-funded KP programme increased outreach coverage, targeted case-finding, and identification of hidden TG individuals through EPOA.¹⁸⁴ The programme also re-mapped new areas; hosted meetings with ward councillors who helped identify TG who had not accessed services previously; extended evening and weekend outreach to ensure reach of TG who did not use services during working hours; and improved programme visibility through weekly creative spaces in newly mapped areas, including participating in TG-run or TG-friendly events.¹⁸⁵ The GF-funded TG programme in Garden Route noted a high demand for and over-subscription to the services as a result of the rapport developed

¹⁸⁰ WC CSF Meeting 10 November 2021 – Draft Minutes

¹⁸¹ NACOSA (8 November 2021). 2nd National Sex Worker Plan launched

¹⁸² USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY21, Q1 FY22 and Q2 FY22

¹⁸³ SHE/Beyond Zero reached 235 TG and Lifeline GR reached 18 TG

¹⁸⁴ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q4 FY21.

¹⁸⁵ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q1 FY22 and Q2 FY 22

with clients.¹⁸⁶ On the other hand, the programme reported clients were hard to reach during the festive season as they travelled out of the district, or they avoided services at this time “as they feel it disturbs their fun.” The programme in the Metro reported disruptions by repeated service delivery protests between July and September 2021 which often led to major transport routes being closed and limited opportunities to conduct outreach.¹⁸⁷

Of those reached, **1 640 TG (89%) were tested for HIV**; 1 410 in the Metro¹⁸⁸ and 230 in Garden Route¹⁸⁹. Of those tested, **81 TG (5%) tested HIV positive**, consisting of 65 TG in the Metro¹⁹⁰ and 16 TG in Garden Route¹⁹¹. The GF-funded TG programme in Garden Route reported a high demand for testing driven by people's will to be aware of their status in the time of COVID-19, wanting to address potential underlying conditions.¹⁹² To increase HIV positivity yield, the USAID-funded KP programme in the Metro included EPOA, mapped untapped communities (particularly rural areas), and trained peer educators and trans agents on HTS and counselling to improve targeted testing.¹⁹³

Further, **62 TG (77%) were initiated on ART**, consisting of 54 TG in the Metro¹⁹⁴ and eight TG in Garden Route.¹⁹⁵ Moreover, **221 TG were on treatment** in the reporting period, consisting of 213 TG in the Metro (initiated and retained),¹⁹⁶ and eight TG in the Garden Route (initiated only).¹⁹⁷ ART initiation and retention was a challenge for both programmes. In the Garden Route, TG did not always elect for same-day initiation, or they had conditions to address before commencing treatment.¹⁹⁸ In response, SHE undertook tracking and tracing of clients to prevent LTF, and had psychosocial teams provide counselling. However, clients often missed appointments due to limited finances for transport.¹⁹⁹ In the Metro, after one of the nurses resigned, a dispensing licence was delayed and medication could not be dispensed on site for two months, impeding same-day initiation.²⁰⁰ While TG testing HIV positive were referred to a nearby clinic during this time, some were reluctant to get initiated at a public facility for fear of stigma and discrimination. Data on VLS were available for the Cape Metro only; **182 TG had VLD** of which **153 TG (84%) were virologically suppressed**.²⁰¹

Inmates in Correctional Facilities

A programme that contributed to the HIV response among the prison population was the CDC-funded correctional services programme implemented by TB/HIV Care. The

¹⁸⁶ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10 and Q11 2021/22

¹⁸⁷ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q4 FY21

¹⁸⁸ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY 21, Q1 FY22 and Q2 FY22

¹⁸⁹ Global Fund PR Quarterly Report submitted to WC PCAT - Beyond Zero Year 3 2021/22; Reached by SHE/BZ only

¹⁹⁰ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY 21, Q1 FY22 and Q2 FY22

¹⁹¹ Global Fund PR Quarterly Report submitted to WC PCAT - Beyond Zero Year 3 2021/22; Reached by SHE/BZ only

¹⁹² Global Fund PR Quarterly Report submitted to WC PCAT Q9 2021/22

¹⁹³ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q4 FY21

¹⁹⁴ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY 21, Q1 FY22 and Q2 FY22

¹⁹⁵ Global Fund PR Quarterly Report submitted to WC PCAT - Beyond Zero Year 3 2021/22; Reached by SHE/BZ only

¹⁹⁶ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY 21, Q1 FY22 and Q2 FY22

¹⁹⁷ Global Fund PR Quarterly Report submitted to WC PCAT - Beyond Zero Year 3 2021/22; Reached by SHE/BZ only

¹⁹⁸ Global Fund PR Quarterly Report submitted to WC PCAT Q9 2021/22

¹⁹⁹ Global Fund PR Quarterly Report submitted to WC PCAT Q10 2021/22

²⁰⁰ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21

²⁰¹ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21, Q4 FY 21, Q1 FY22 and Q2 FY22

programme operated in 16 correctional facilities in the Cape Metro, Cape Winelands, Garden Route, Overberg, and West Coast. Table 18 below depicts inmates' performance on the 90-90-90 targets based on the programme's data.

Table 18. Inmates performance on HIV 90-90-90 targets

KVP Group: Inmates	Achievement FY 2021/22
Percentage of specific KVP living with HIV who know their status (1 st 90)	8 532
Percentage of specific KVP living with HIV receiving ART (2 nd 90)	212
Percentage of specific KVP living with HIV who have suppressed viral loads (3 rd 90)	No data

Source: TB/HIV Care Department of Correctional Services Data Apr 21-Mar 22

The programme **reached 9 678 inmates** through individual and small group-level education and awareness activities performed by HIV, AIDS, STIs and TB (HAST) counsellors, a roving non-clinical trainer, and inmate peer educators.²⁰² Of those reached, **8 532 inmates (88%) were tested for HIV**; achieved through direct service delivery provided by HAST counsellors or linkage officers. Of those tested, **264 inmates (3%) tested HIV positive**.²⁰³ TB/HIV Care surmised that the low yield may indicate a saturated testing service and effective prevention interventions.²⁰⁴ Inmates who tested HIV positive were linked to care through referrals to correctional centre clinics, while those who tested negative were counselled and referred to DCS service providers for uptake of prevention services including PrEP and VMMC.²⁰⁵ Of those who tested positive, **212 inmates (80%) were newly initiated on treatment**.²⁰⁶ The programme suggested that the low NIMART certification rate among DCS nurse clinicians impacted same-day ART initiation. Notably, most of those not initiated were short-term sentenced inmates or remand detainees who were transferred to another centre or released before initiation could take place. There continues to be a need for stronger linkages between DCS Health Services and DoH to ensure continuity of care for inmates who are released. **Data on VLS were not available.**

People with Disabilities

No data were available for the 90-90-90 targets for people living with disabilities (PLD) but some initiatives contributed to the HIV response. The Disability Sector conducted awareness raising activities which are discussed in the section on

Critical **Enablers**. Through implementing partners, WC Department of Social Development (DSD) supported interventions for PLD including : 1) disability awareness and educational programmes; 2) developmental supportive and therapeutic services (including counselling, trauma debriefings, family/parental and peer support group programmes, empowerment programmes, and day-care programmes); 3) support programmes for families/caregivers; 4) protective workshop services and residential care services; and 5) for children with disabilities specifically, WC DSD supported Early Childhood Development

²⁰² TB/HIV Care Department of Correctional Services Data Apr 21-Mar 22

²⁰³ Ibid.

²⁰⁴ TB/HIV Care Department of Correctional Services Performance Narrative Apr 21-Mar 22

²⁰⁵ Ibid.

²⁰⁶ TB/HIV Care Department of Correctional Services Data Apr 21-Mar 22

(ECD) and partial care programmes, childcare and protection programmes, and child and youth care centres.²⁰⁷ WC DSD also worked with Non-Governmental Organisations (NGO) on advocacy for access to services, shifting policy development to ensure issues of disability are more adequately considered, and making progress on the availability of Mainstream ECDs and access to services in Special Day Care Centres.²⁰⁸

As of November 2021, achievements of WC DSD's programmes for PLDs included 1) the approval of a disability mainstreaming strategy; 2) the training of social workers on mental disability and a standard referral pathway for holistic assessment and suitable referral of PLDs; 3) the formation of parent support structures in partnership with the Disabled Children Action Group and several local municipalities; 4) the expansion of peer support programme services; and 5) capacity building on norms and standards and improved monitoring and reporting processes, resulting in improved NPO compliance.²⁰⁹ During Disability Rights Awareness Month, WC DSD donated two specialised minibuses to help transport children with disabilities to special care facilities in Philippi and Beaufort West.²¹⁰ In the same month, the Department of Basic Education (DBE) and the Department of Women, Youth and PLD held an Inclusive Education Summit with the theme "no child is left behind."²¹¹

Objective 3.2. To provide an enabling environment to increase access to health services by key and vulnerable populations

Table 19 below shows indicators relevant to this objective for which data were available.

Table 19. Number of KVPs reached with services in Western Cape

Indicator	Achievement FY 2021/22
Percentage of specific KVP with access to core package of HIV, TB and STI services	32 575 <i>(GF PR WC PCAT Report - NACOSA AGYW Year 3 21/22; GF PR WC PCAT Report - NACOSA PWID Year 3 21/22; WC GF PCAT Report_BZ Year 3 21/22; GF PR WC PCAT Reports Q9-12 21/22; USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22; RfC Overberg Reports Q1-4 2021/22; RfC Central Karoo Q1-4 2021/22; TB/HIV Care Department of Correctional Services Data Apr 21-Mar 22; HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>
Number of SW reached via mobile and/or differentiated services	9 467 <i>(USAID Wits RHI KP Reports Q3-4 FY21, Q1-2 FY22; RfC Overberg Reports Q1-4 2021/22; RfC Central Karoo Q1-4 2021/22)</i>
Number of PWID reached with harm reduction services	1 928 <i>(GF PR WC PCAT Report - NACOSA PWID Year 3 21/22; GF PR WC PCAT Reports Q9-12 21/22)</i>
Percentage of PWID receiving Opioid Substitution Therapy	85 <i>(GF PR WC PCAT Report - NACOSA PWID Year 3 21/22)</i>

Based on donor-funded programme data and WC DoH Conditional Grant (CG) data, a **total of 32 575 KVPs had access to a core package of HIV, TB and STI services.** The donor-

²⁰⁷ Media Release: Minister visits Chaeli Campaign ECD Development Inclusion Programme. WC DSD News, 12 November 2021.

²⁰⁸ Ibid.

²⁰⁹ Media Release: Minister Fernandez welcomes the start of Disability Rights Awareness Month. WC DSD News, 3 November 2021.

²¹⁰ Media Release: Minister Fernandez hands over two vehicles to assist children with disabilities. WC DSD News, 16 November 2021.

²¹¹ Media Release: International Day of Persons with Disabilities. WCED News, 2 February 2022.

funded interventions are reported above in Objective 3.1. In addition to these, the WC DoH CG intervention targeted KPs (not specified which groups) with individual/small group HIV prevention interventions.²¹² In total, KVPs reached **included 9 241 AGYWs,²¹³ 85 MSMs,²¹⁴ 1 928 PWIDs,²¹⁵ 9 467 SWs,²¹⁶ 1 846 TG,²¹⁷ 9 678 inmates,²¹⁸ and 330 KPs were not specified.²¹⁹**

9 467 SWs were reached via mobile and/or differentiated services, consisting of 9297 FSW in the Metro²²⁰, 1 64 SW in Overberg²²¹ and 6 in Central Karoo²²² Wits RHI attributed its high reach of FSWs in the Metro to outreaches conducted across hotspots, and its implementation of EPOA to recruit FSW who may have relocated from typical hotspots and/or were working online at home.²²³

1 928 PWID were reached with harm reduction services; 1 889 were reached in the Metro by the GF-funded PWID programme and 39 were reached in Garden Route by the SGS-PWID programme through mobilisation activities. Through the GF-funded PWID programme in the Cape Metro only, **85 PWID were on OST for at least 6-months.**²²⁴ The programme reported that clients on the programme stopped or reduced their heroin use, however retention was difficult given the mobility of PWIDs, especially during the festive season.²²⁵ To mitigate this, programme partners assisted with OST methadone doses, reducing the number of clients LTF during this high-risk period.

Of the 18 sectors represented on the WC PCAT, seven encompassed KVPs, namely the LGBTI, SW, disability, women, youth, children and PLHIV sectors.²²⁶ As such, KVPs were well represented in the membership of the PCAT. Notably, representation for the PWID sector is planned for 2022/23.

Finally, there were numerous civil society engagements throughout the year, which, due to a lack of comprehensive data, cannot be adequately reported. However, the WC CSF participated in several formalised meetings, and these are reported here. In total there were **34 WC CSF engagements.**²²⁷ These included CSF meetings to provide feedback and input for the WC PCAT meeting agenda; WC PCAT meetings; CSF Coordinating Committee meetings; District Health Council (DHC) meetings to appoint District

²¹² HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

²¹³ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA AGYW Year 3 2021/22

²¹⁴ Right to Care HTA Overberg Project Quarterly Reports Q1, Q2, Q3 and Q4 2021/22; Right to Care Central Karoo Key Population M&E Quarterly Report Q1, Q2, Q3 and Q4 2021/22

²¹⁵ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA PWID Year 3 2021/22

²¹⁶ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report Q3 FY21, Q4 FY22, Q1 FY22 and Q2 FY22; Right to Care HTA Overberg Project Quarterly Reports Q1, Q2, Q3 and Q4 2021/22; Right to Care Central Karoo Key Population M&E Quarterly Report Q1, Q2, Q3 and Q4 2021/22

²¹⁷ Wits RHI Reports Q3-4 FY21, Q1-2 FY22; Global Fund PR Quarterly Report submitted to WC PCAT - Beyond Zero Year 3 2021/22; Global Fund PR Quarterly Report submitted to WC PCATs Q9, Q10, Q11 and Q12 2021/22

²¹⁸ TB/HIV Care Department of Correctional Services Data Apr 21-Mar 22

²¹⁹ 144 KPs were reached by WC DoH with individual/small group HIV prevention interventions designed for the target population, and 186 LGBTI were reached by Right to Care in Overberg.

²²⁰ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report Q3 FY21, Q4 FY22, Q1 FY22 and Q2 FY22

²²¹ Right to Care HTA Overberg Project Quarterly Reports Q1, Q2, Q3 and Q4 2021/22

²²² Right to Care Central Karoo Key Population M&E Quarterly Report Q1, Q2, Q3 and Q4 2021/22

²²³ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q2 FY22

²²⁴ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA PWID Year 3 2021/22

²²⁵ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22

²²⁶ WC CSF Members 2022 List

²²⁷ Formal Western Cape Civil Society Forum Engagements and Meetings of the Provincial Council on AIDS & TB: April 2021 – March 2022

Chairpersons; TB Task Team formation and meeting; consultation, ratification and media launch of the Emergency Response Plan for TB; CSF induction; CSF planning; engagement with the WC Director-General (DG); PIP catch-up plan and consensus building workshop; and elections for the Programme Review Committee (PRC) and Resource Mobilisation Committee (RMC).

GOAL 4: ADDRESS THE SOCIAL AND STRUCTURAL DRIVERS OF HIV, TB AND STIS

Objective 4.1: Implement social behaviour change programmes to address key drivers of the epidemic and build social cohesion

Little data were available on the indicators specified for this objective; many of the indicators speak to GF-funded programmes that are no longer being implemented²²⁸. Data were also not available on the number of beneficiaries receiving Social Behaviour Change (SBC) programmes.

The unemployment rate can be interpreted in terms of the official and expanded unemployment definitions. While the former describes those who are without work, available for work, looking for work or trying to start a business, the latter does not require an individual to be looking for a job, they just need to be without work and available for work. **Using the official definition, unemployment increased by 3,7% from 21,5% in 2016/17²²⁹ to 25,2% in 2021/22²³⁰. Using the expanded definition, unemployment increased by 4,3% from 24,7% in 2016/17²³¹ to 29% in 2021/22.²³²** This most likely reflects the economic impact of COVID-19 which led to many job losses. Compared to other provinces, WC had the second lowest official unemployment rate (except Northern Cape, all other provinces exceeded 30%) and lowest expanded unemployment rate (all other provinces exceeded 40%).²³³

The most recent youth unemployment data available were from the 2011 Census which showed that **18% of youth aged 15-35 years in WC were unemployed (n= 387 520)** and 4% were discouraged work-seekers (n=84 730).²³⁴ 45% of youth were employed (n=960 178) and 33% were not economically active (n=696 260).²³⁵

Of relevance to this objective, **in 2021/22, R14.974 million was allocated towards ensuring at least 10 000 youth in the WC were provided with access to skills and personal development programmes.**²³⁶ WC DSD funded 27 NPOs to provide these programmes with a focus on those who are Not in Education, Employment and Training (NEET). Further, in September 2021, **WC DSD launched its 12th Youth Café** which targets vulnerable youth with life, personal, job readiness, work, and leadership skills development; mentoring; internships through the Expanded Public Works Programme (EPWP); and practical training across various sectors.

²²⁸ Cash plus care, keeping girls in schools, and teen parenting programmes; out of school rise clubs; and protection workshops.

²²⁹ Stats SA. Statistical Release P0211. Quarterly Labour Force Survey. Q1: 2017

²³⁰ Stats SA. Statistical Release P0211. Quarterly Labour Force Survey. Q1: 2022

²³¹ Stats SA. Statistical Release P0211. Quarterly Labour Force Survey. Q1: 2017

²³² Stats SA. Statistical Release P0211. Quarterly Labour Force Survey. Q1: 2022

²³³ Ibid.

²³⁴ Stats SA Census 2011 as cited in Youth Explorer: <https://geo.youthexplorer.org.za/#geo:WC>

²³⁵ Ibid.

²³⁶ Media Release: Heritage Day: Minister Fernandez launches Youth Café in Riversdale. WC DSD News, 24 September 2021.



Figure 18. Western Cape Social Development Minister Fernandez launches the province's 12th Youth Café
 Source: <https://www.westerncape.gov.za/gc-news/296/57271>

Objective 4.2: Increase access to and provision of services for all survivors of sexual and gender-based violence in priority districts by 2022

WC DoH confirmed that there was an increasing number of sexual assault cases seen at health facilities in 2021/22.²³⁷ To prevent HIV infection within 72 hours of a sexual assault, **3 217 survivors of sexual assault were offered post-exposure prophylaxis (PEP),²³⁸ achieving 87% of the 2021/22 target of 3688²³⁹.** WC DoH reported that PEP services were impeded by COVID-19 which resulted in fewer survivors accessing services, but this later improved.²⁴⁰ Improvements were attributed to awareness raising activities focused on service access, ongoing workshops with clinical and non-clinical staff to improve PEP uptake, and updated policy and SOPs to improve management of sexual assault survivors.

WC DSD funded the Victim Empowerment Programme (VEP) which offers various services to support victims of GBV including: 1) ensuring that victims receive emotional and practical support; 2) trauma management; 3) educating victims to identify signs of post-traumatic stress; 4) referring victims to professional services; 5) providing court support; 6) advocacy to promote the rights of victims; 7) ensuring that victims know their rights; 8) ensuring that ongoing victimisation is prevented; and 8) providing shelter.²⁴¹ Data on GBV survivors benefiting from VEPs in 2021/22 were not available.

Contributing significantly to this objective were GBV response services provided through Thuthuzela Care Centres (TCCs). TCCs are multisectoral one-stop-shop facilities which provide various services to survivors of sexual assault, allowing survivors to receive medical care, obtain psychological support, and report a crime in one location, reducing the potential for secondary trauma. In the WC, TCC services are supported by both GF (TCC programme) and USAID (Community-based Violence Prevention and Linkages to

²³⁷ WC DoH: Overview of HIV and TB in the Western Cape. Presented by Dr Vanessa Mudaly at WC PCAT meeting on 1 April 2022

²³⁸ Sinjani

²³⁹ WC DoH APP 2021/22

²⁴⁰ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

²⁴¹ Media Release: Minister Fernandez condemns all forms of violence against women. WC DSD News, 5 October 2021

Response in South Africa programme) in the Cape Metro. Both grants were overseen by NACOSA. Within the USAID grant, services were implemented by Mosaic and provided in the Tygerberg, Northern, Southern, Eastern, Western and Khayelitsha sub-districts, while within the GF grant services were implemented by Rape Crisis Cape Town in the Klipfontein sub-district only.²⁴²

Data from USAID and GF-funded programmes were combined here.²⁴³ In 2021/22, **4 959 sexual violence victims were reached with GBV response services** under both grants.²⁴⁴ Of these, **4 134²⁴⁵ (83%) were eligible for and had an HIV test, and 134²⁴⁶ (3%) tested HIV positive** (including known positives and newly tested positives). Of those tested positive, **121²⁴⁷ (90%) were referred for ART, but only 20²⁴⁸ (17%) were successfully initiated on treatment**. Further, of those who had an HIV test, **3 905²⁴⁹ (94%) tested HIV negative, of which 7 were referred for PrEP** (USAID programme only) and **1 918²⁵⁰ (49%) were initiated on PEP**. Of those initiated, **832²⁵¹ (43%) completed the PEP regimen, and 342²⁵² (41%) tested HIV negative on 6-week to 3-month follow-up**. In addition, the GF-funded programme also reported on TB services. Of those reached, 3 558 were screened for TB (three were already on treatment), of which three presented with symptoms, and all three were referred for further investigation, however none were reported to be successfully referred.²⁵³

The GF-funded TCC services reported several good practices and challenges, some of which are noted here.²⁵⁴ First responders at TCCs were able to enrol in the Recognition of Prior Learning training, which allowed them to earn a Social Auxiliary Worker qualification. Funding was secured to offer services from a modular structure at the Mitchells Plain Hospital; the facility is expected to become a TCC in 2022 replacing the previous facility that burnt down, forcing clients to travel to other sub-districts. The GF-funded programme reported that by January – March 2022, the number of clients reporting at TCC sites were back to the number pre-COVID-19. In terms of challenges, early in the year the programme had limited space to conduct support groups in compliance with social distancing standards. Further, the sites provided the full 28 days of PEP, requiring telephonic follow-ups to confirm completion. However, incorrect phone numbers were sometimes provided, or a client may have lost their phone during an attack. The programme also struggled to confirm whether clients were successfully initiated on treatment. Referrals were often to clinics where clients resided, which sometimes did not confirm initiation. Further, in compliance with the Protection of Personal Information (POPI) Act, if clients did not provide consent for follow-up their information could not be shared with Linkage Officers. Consent to follow-up was often poor, in-part due to clients not being in the headspace to absorb the relevant information.

²⁴² Heideveld TCC in Klipfontein also includes clients from the Mitchells Plain who are referred there, given that a fire destroyed the forensic facility at the Mitchells Plain Hospital in 2018.

²⁴³ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA TCC Year 3 2021/22; USAID Report submitted to WC PCAT - NACOSA Apr 21-Mar 22

²⁴⁴ GF = 3 564; USAID = 1 395

²⁴⁵ GF = 3 123; USAID = 1 011

²⁴⁶ GF = 101; USAID = 33

²⁴⁷ GF = 88; USAID = 33

²⁴⁸ GF = 19; USAID = 1

²⁴⁹ GF = 3 058; USAID = 847

²⁵⁰ GF = 1 533; USAID = 385

²⁵¹ GF = 546; USAID = 286

²⁵² GF = 297; USAID = 45

²⁵³ Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA TCC Year 3 2021/22

²⁵⁴ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 and Q12 2021/22

Of relevance, as part of the USAID-funded GBV programme, a GBV prevention programme was offered. The programme, overseen by NACOSA, sought to reduce the risk of GBV and HIV for young people through the implementation of evidence-based interventions, namely IMSafer and Stepping Stones.²⁵⁵ IMSafer teaches girls to prevent assault and rape through developing mental and verbal skills to prevent attacks, understanding one's own power, understanding one's rights and how to enforce them, and learning physical self-defence skills.²⁵⁶ On the other hand, Stepping Stones is a 10-session workshop series offered to both males and females aged 15-49 years, which covers topics including gender, sexuality, HIV/AIDS, GBV, and communication and relationship skills.²⁵⁷ In 2021/22, **3 553 people were reached with GBV prevention programmes**, consisting of 1 289 individuals who participated in IMSafer and 2 264 who participated in Stepping Stones.²⁵⁸

Further contributing to this objective was the Health Professionals Sector which provided LIVES training for HIV counsellors to deal with GBV and intimate partner violence (IPV).²⁵⁹ Moreover, in September 2021, the [WC GBV Implementation Plan](#), born out of the WC Safety Plan, was tabled and approved.²⁶⁰ The plan presents WCG's key and ongoing interventions that seek to address, prevent and mitigate the high rates of GBV in the WC, and strengthen government's existing GBV responses. All 13 WCG departments were consulted and invited to provide input on the Plan. A transversal GBV Group was established, comprised of GBV champions for each government department, which meets monthly. The plan is expected to be reviewed and updated annually by all provincial departments.

WC DSD also funded shelters where victims of crime and violence could be provided with: 1) a safe place to live; 2) protection, food and clothing; 3) emotional support services; 4) information on developing skills, victim's rights and capacity building; 5) support in preparation for court procedures; 6) programmes focused on perpetrators; and 7) GBV prevention programmes.²⁶¹ **WC DSD funded 25 shelters that provided victim empowerment services**, and in 2021/22 **six new shelters were established** as safe havens for women, children and victims of GBV in the Garden Route, West Coast and Central Karoo, expanding the province's rural reach.²⁶² Further, between 1 January and 30 September 2021, **WC DSD provided psychosocial support services to 14 351 victims of GBV**.²⁶³

Objective 4.3: Scale up access to social protection for people at risk of and those living with HIV and TB

At the time of reporting, social grant data were only available for April-September 2021, as such sufficient data were not available for reporting herein.

²⁵⁵ USAID Report submitted to WC PCAT - NACOSA Q4

²⁵⁶ USAID/PEPFAR/NACOSA IMSafer informed consent form

²⁵⁷ USAID/PEPFAR/NACOSA Stepping Stones informed consent form

²⁵⁸ USAID Report submitted to WC PCAT - NACOSA Apr 21-Mar 22

²⁵⁹ WC CSF Sector Feedback: Health Professionals Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

²⁶⁰ Media Release: Western Cape Government shares progress made on its roll-out of the GBV plans. WC DSD News, 25 November 2021.

²⁶¹ Media Release: Minister Fernandez condemns all forms of violence against women. WC DSD News, 5 October 2021.

²⁶² Media Release: Minister Fernandez engages with Managers of six newly established shelters. WC DSD News, 6 December 2021.

²⁶³ Ibid.

Objective 4.4. Implement and scale up a package of harm reduction interventions for alcohol and substance use

WC DSD with the support of its implementing partners provided a wide range of substance use disorder (SUD) programmes, ranging from prevention, early intervention, community-based and in-patient rehabilitation, and aftercare services; Table 20 below shows relevant indicators.

Table 20. Number of individuals who accessed to substance abuse services in Western Cape

Indicator	Baseline FY 2016/17	Target FY 2020/21	Achievement FY 2020/21
Number of clients accessing substance abuse services	13 387	13 951	9 199 <i>(Media Release: WC DSD News, 24 May 2022)</i>
Number of service users who accessed inpatient treatment services at funded NPO, DSD own service treatment centres and DSD CYCCs	1 164 <i>(WC DSD APP 2020/21)</i>	1 241 <i>(WC DSD APP 2021/22)</i>	No data
Number of service users who accessed community-based treatment services	3 624 <i>(WC DSD APP 2020/21)</i>	3 620 <i>(WC DSD APP 2021/22)</i>	No data
Number of service users that have received aftercare and reintegration services for substance abuse	1 961 <i>(WC DSD APP 2020/21)</i>	2 510 <i>(WC DSD APP 2021/22)</i>	No data
Number of clients that have received early intervention services for substance abuse	7 088 <i>(WC DSD APP 2020/21)</i>	6 580 <i>(WC DSD APP 2021/22)</i>	No data

Data were unavailable on the number of service users benefiting from each type of SUD intervention, however WC Social Development Minister Fernandez reported in the media that **9 199 individuals accessed substance abuse prevention and treatment services offered by DSD and its partners in 2021/22.**²⁶⁴ Assuming the figure reported includes all those interventions specified, the combined 2021/22 target was only 66% achieved, and performance decreased by 31% since baseline. However, this finding should be interpreted with caution, given that performance was not extracted from an audited departmental report.

A study published in 2021 showed that 20-30% of patients treated for SUDs across 31 treatment centres across the province were under the age of 20 years old.²⁶⁵ Given the high rates of substance use among youth, **WC DSD established school-based programmes** in identified high-risk areas including Mitchells Plain, Ocean View, Elsie's River, Hanover Park, Hout Bay and Steenberg. WC DSD funded six service providers to work in schools, with the aim of detecting substance abuse among learners early and providing them with appropriate interventions.

²⁶⁴ Media Release: Help is available for caregivers of children struggling with drug addiction. WC DSD News, 24 May 2022.

²⁶⁵ Media Release: Substance abuse services available for young learners amidst exams, WC DSD News, 26 October 2021.

Objective 4.5: Implement economic strengthening programmes with a focus on youth in priority focus districts

This objective looks at the percentage of learners from ordinary public schools that attend no-fee schools. No data for this indicator were available at the time of reporting.

Objective 4.6a: Ensure access to rehabilitation, comprehensive psychosocial support and mental health services for people living with and affected by HIV and TB

Data were not available on the indicators specified in the WC PIP Draft M&E Framework for this objective, namely the number HCWs and SCWs capacitated to screen for mental health problems and make appropriate referrals, and the number of service points providing rehabilitation services, psychosocial support, and mental health services. However, of relevance WC DoH aimed to contract 23 mental health service providers and have 25 200 eligible people with mental health problems seen by these professionals.²⁶⁶ As at December 2021, **26 psychiatrists, psychologists and registered counsellors were contracted** (113%), while only **1 263 eligible people were seen by these professionals** (5%).²⁶⁷

Objective 4.6b. Address the physical building structural impediments for optimal prevention and treatment of HIV, TB and STIs

No data were available on the percentage of TB affected families facing catastrophic costs due to TB nor on the proportion of health facilities accessible to people with disabilities.

²⁶⁶ WC DoH APP 2021/22

²⁶⁷ WC DoH Conditional Grant 3rd Quarter Review 2021/22 financial year, 11 March 2022

GOAL 5: PROTECT HUMAN RIGHTS, INCREASE ACCESS TO JUSTICE, AND REDUCE STIGMA AND DISCRIMINATION

Objective 5.1. Reduce stigma and discrimination among people living with HIV by half by 2022

Data were not available on the two indicators specified in the WC PIP Draft M&E Framework for this objective, namely the percentage of PLHIV who report stigma and discrimination and percentage of the population expressing accepting attitudes towards PLHIV. As such, this report relied on data provided by donor-funded programmes. One such programme was the GF-funded Human Rights Programme, for which AFSA was the PR. The programme consisted of a comprehensive plan to reduce stigma, discrimination, gender-inequality, and GBV, so that KVPs could access and adhere to services. In WC, it was implemented by the SR Show Me Your Number (SMYN) and sub sub-recipients (SSR) Kumbulani Health and Education Centre in the Cape Metro and Sister Love South Africa in Garden Route. Figure 19 below shows an overview of the programme.

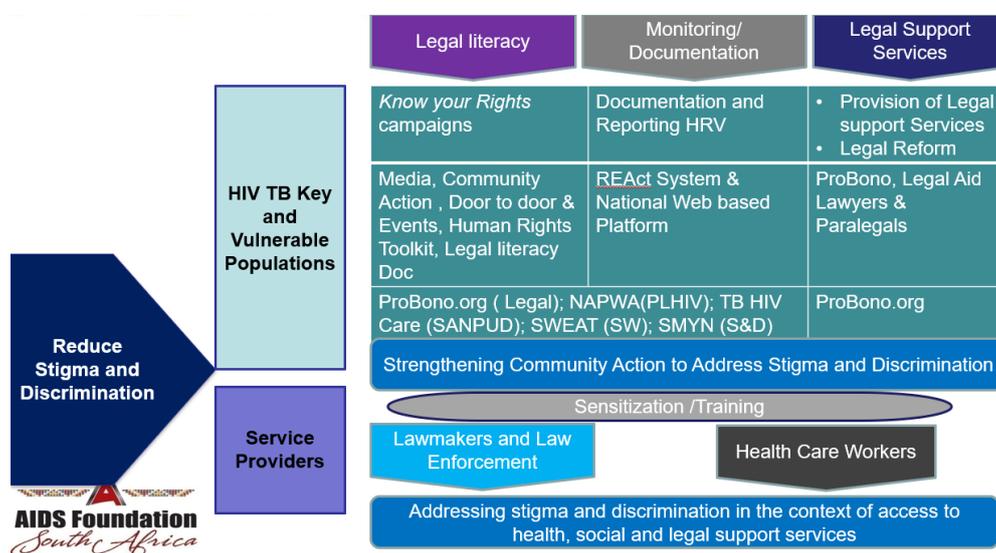


Figure 19. Global Fund-funded Human Rights programme

Source: Global Fund PR Quarterly Report submitted to WC PCAT Q5 2020/21

In 2021/22, **60 paralegals were trained on human rights, 40 national level engagements were conducted for intensified rights of SWs and PWIDs, and 25 community anti-stigma steering committees were established.**²⁶⁸ A total of **112 human rights violations (HRV) were recorded**; 17 in the Cape Metro, 13 in Garden Route, and 82 in unspecified areas.²⁶⁹ A key achievement was the launch of the Rights-Evidence-ACTION (ReACT) platform which is used to record HRVs when individuals access HIV and health services.²⁷⁰ In terms of learnings, AFSA reported the need for media sensitisation on the rights of KVPs, mobilisation of other organisations to advocate for the decriminalisation of SW, and for SWs to take leadership in decision-making around what needs to change.²⁷¹

²⁶⁸ Global Fund PR Quarterly Report submitted to WC PCAT - AFSA Year 3 2021/22

²⁶⁹ Ibid.

²⁷⁰ Global Fund PR Quarterly Report submitted to WC PCAT Q9 2021/22

²⁷¹ Global Fund PR Quarterly Report submitted to WC PCAT Q9 and Q11 2021/22

The GF-funded Advocacy Programme, for which AFSA was also a PR, contributed to this objective. The programme was implemented by the South African Network for People who Use Drugs (SANPUD) in the Metro and by SHE in Garden Route. It focused on KVPs, PLHIV, and people living with TB, and aimed to engage and sensitise key stakeholders including service providers and policy-makers so that health, social and justice services for KVPs were more available, accessible, acceptable and of quality.²⁷² Through the programme, **14 KP and advocacy issues were identified and prioritised, 66 Youth Networks advocacy interventions were conducted**, and **14 consultative meetings** were attended, aimed at addressing the identified advocacy issues of Youth Networks.²⁷³ The programme documented several other activities, of which a few are reported here.²⁷⁴ SHE and SANPUD facilitated dialogues, HRV awareness campaigns, and sensitisation trainings (with hospitals, correctional services and South African Police Service [SAPS]) focused on TG and people who use drugs (PWUD). SHE also assisted TG clients to initiate hormone replacement therapy, an incentive for returning to the programme and being supported on the HTS journey. SANPUD participated in media engagements including interviews on [improved drug policy](#), [how South Africa's major cities compare in reducing harm with drug users](#), and [the impact of substance abuse](#). The programme called for a safe space for PWUD, overdose prevention sites, needle disposal points, methadone price reduction and advocacy, more learning programmes for community and network members, and IPV education and awareness.

As part of the GF-funded TG programme in the Garden Route (discussed in Goal 3), SHE conducted **sensitisation workshops with the South African National Defence Force (SANDF) and correctional facilities on LGBTQI issues**.²⁷⁵ Through the GF-funded SGS, Phambili, Building the Walls, YMCA Athlone and SAHARA implemented a Stigma and Discrimination Reduction (SDR) programme in the Cape Metro and Garden Route. Collectively, the organisations ran **30 community dialogues on stigma and discrimination, and reached 4 666 KVPs through stigma and discrimination awareness campaigns**. Lifeline Garden Route (SGS-TG programme) held **14 TG sensitisation meetings**. SANCA George (SGS-PWID programme) held **16 community sensitisation meetings on PWID**, and Siyakhula South Africa and Children's Resource Centre (SGS-AGYW programme), held **six community dialogues**. Distribution of IEC materials by the SGS programmes are reported under Critical Enablers below.

Civil society sectors also made contributions to this goal. The Law and Human Rights Sector reported that they held a programme for HCWs to know their rights while on duty.²⁷⁶ The Faith-based Sector reported that they participated in a community dialogue hosted by NACOSA, where they addressed the issue of churches being a point of service delivery and referrals, allowing for an accessible safe space for people who may feel discriminated against at other service points in the community.²⁷⁷ Further, the SW sector held a **sensitisation training on the rights of SW for SAPS officials in the Cape Winelands and Metro, reaching 163 SAPS officials**.²⁷⁸

²⁷² AFSA Advocacy Programme Strategy 2019-2022

²⁷³ Global Fund PR Quarterly Report submitted to WC PCAT - AFSA Year 3 2021/22

²⁷⁴ Global Fund PR Quarterly Report submitted to WC PCAT Q9 and Q12 2021/22

²⁷⁵ Global Fund PR Quarterly Report submitted to WC PCAT Q10 2021/22

²⁷⁶ WC CSF Meeting 1 October 2021 - Personal Notes

²⁷⁷ WC CSF Meeting 23 March 2022 - Personal Notes

²⁷⁸ WC CSF Sector Feedback: Sex Worker Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

GOAL 6: MOBILISE LEADERSHIP AT ALL LEVELS AND PROMOTE SHARED ACCOUNTABILITY FOR A SUSTAINABLE RESPONSE TO HIV, TB, AND STIS

Objective 6.1. Strengthen the Provincial AIDS Council to provide effective co-ordination and leadership of all stakeholders for shared accountability in the implementation of the NSP

By the end of 2021/22, **all 18 sectors (100%) were represented on the WC PCAT²⁷⁹**, an improvement from 2020/21 when 15 sectors (83%) were represented.²⁸⁰ **The PCAT is considered functional at a provincial level. The council is co-chaired by the WC Premier and the Chairperson of the WC CSF.** The PCAT meets regularly; the council met four times in 2021/22 (26 April 2021 [ad-hoc meeting Ratification of Emergency Response Plan for TB], 25 June 2021, 13 August 2021, and 12 November 2021, with a fourth meeting on 1 April 2022). The Secretariat is adequately staffed; in 2020/21 there were three staff members and by the end of 2021/22 the Secretariat had four permanent positions including the Head of Secretariat, Assistant Director, Administration Officer and seconded M&E Specialist. Notably in August 2021 the Acting Head of Secretariat was formally appointed as the Head of Secretariat and in late 2021/22 the Assistant Director was appointed to commence on 1 April 2022.

The South African National AIDS Council (SANAC) called for the PCAT to be re-located from WC DoH to the Premier's Office, and in November 2021 the WC PCAT Secretariat, Head of WC DoH, and the WC DG met with SANAC to discuss the PCAT structures. **WCG reaffirmed its support for the PCAT Secretariat's placement at WC DoH**, noting that the location did not prevent effective coordination, and with the Premier as the Chairperson, he is still accountable for PCAT functioning.²⁸¹

As the only province without District AIDS Councils (DAC) and Local AIDS Councils (LAC), SANAC continued to strongly encourage the establishment of these structures in alignment with its model. At the November 2021 meeting described above it was agreed that **the functions of District Councils on AIDS and TB (DCAT) would be integrated into District Health Councils (DHC)**, given that DHCs have already been established as legislated bodies, and it would be efficient to avoid duplicating structures and rather leverage on what already exists in the province.²⁸² While DHCs are chaired by the District Mayors, it was agreed that the functions and membership would be extended to include district civil society representatives to ensure a multisectoral platform, and that HIV and TB would be a standing DHC agenda item.²⁸³ Figure 20 is a depiction of the WC DCAT structure adopted by the WC PCAT.

²⁷⁹ WC CSF Members 2022 List

²⁸⁰ Western Cape Annual Progress Report on the Provincial Implementation Plan 2020-2021

²⁸¹ Response to proposed resolutions from previous meeting. Presented by Nicky Van Der Walt at WC PCAT meeting on 13 August 2021

²⁸² WC PCAT Meeting 13 August 2021 - Draft Minutes

²⁸³ WC PCAT Feedback to Quarter 10 PR/SR Engagement: Update. Presented by WC PCAT Secretariat at Global Fund PR/SR Meeting for Western Cape Q10 on 17 November 2021; Response to proposed resolutions from previous meeting. Presented by Nicky Van Der Walt at WC PCAT meeting on 13 August 2021

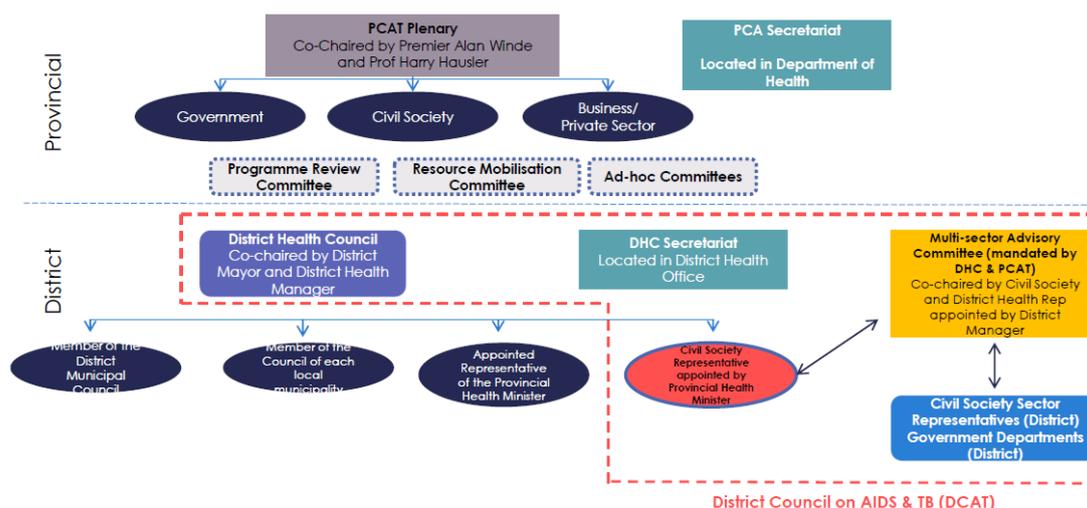


Figure 20. Western Cape structure for District Council on AIDS and TB

Source: WC DoH Weekly Cabinet Health Update: COVID Surveillance, COVID Vaccination & Recovery Update.

Presented by Dr K Cloete on 6 April 2022

The CSF worked to revitalise the district CSF by meeting with district chairs to plan revitalisation meetings.²⁸⁴ **By the end of 2021/22, four out of six DCAT civil society representatives were elected**, namely from Central Karoo, Overberg, Garden Route, and West Coast.

Supported by SANAC, the PCAT Secretariat also led the process of developing a WC PIP catch-up plan. A plan was drafted by combining available partners' plans and was presented for workshopping and buy-in during a catch-up plan consensus building workshop with stakeholders in November 2021. The objectives of the workshop were to collectively review the framework, engage and solicit input from stakeholders, reach a consensus on the framework and agree on next steps. In March 2022 SANAC hosted a catch-up plan meeting for all provincial M&E Specialists. Thereafter the plan was further refined. The plan will be used to monitor relevant indicators for the 2022/23 year.

Objective 6.2. Improve collaboration and coordination between government, civil society, development partners and private sectors

As far as the WC PCAT Secretariat was aware, against a target of 100%, **no WC PCAT sectors had implementation plans that aligned with the NSP and contributed to the PIPs.** For this target to ever be reached, there is a need to strengthen sector coordination across all sectors. However, the CSF was more active in the province compared to 2020/21. In May 2021, a **CSF induction to the WC PCAT was held.** The agenda included PCAT procedural guidelines; roles, mandates, and functions; WC PIP introduction; and the civil society terms of reference (ToR). In October 2021, a **CSF elective meeting was held** where the Deputy Chair and three additional Coordinating Committee members were elected.²⁸⁵ Further, four additional Coordinating Committee members were elected, and

²⁸⁴ WC PCAT Feedback to Quarter 10 PR/SR Engagement: Update. Presented by WC PCAT Secretariat at Global Fund PR/SR Meeting for Western Cape Q10 on 17 November 2021

²⁸⁵ WC PCAT Feedback to Quarter 10 PR/SR Engagement: Update. Presented by WC PCAT Secretariat at Global Fund PR/SR Meeting for Western Cape Q10 on 17 November 2021

interim leaders were appointed for the vacant or inactive sectors to revive and prepare them for formal elections. At the November 2021 PCAT meeting, **the draft ToR for the establishment of a PRC and RMC in the province was presented, accepted and ratified by members.**²⁸⁶

Other data relevant to this objective were available. It was reported that the provincial **NPO Help Desk, part of WC DSD's Institutional Capacity Building programme, provided support to 2 722 NPOs.**²⁸⁷ The NPO Help Desk assists organisations with new registrations, compliance, updating organisation details, and distribution of NPO certificates.

A further contributor to this objective was the GF-funded CRS programme, for which NACOSA was the PR. The programme was directed towards capacity building for organisations doing HIV, TB and/or STI related work; improving governance and leadership of the PCAT in support of the PIP; and improving social mobilisation and coordination. Figure 21 reflects an overview of the programme.

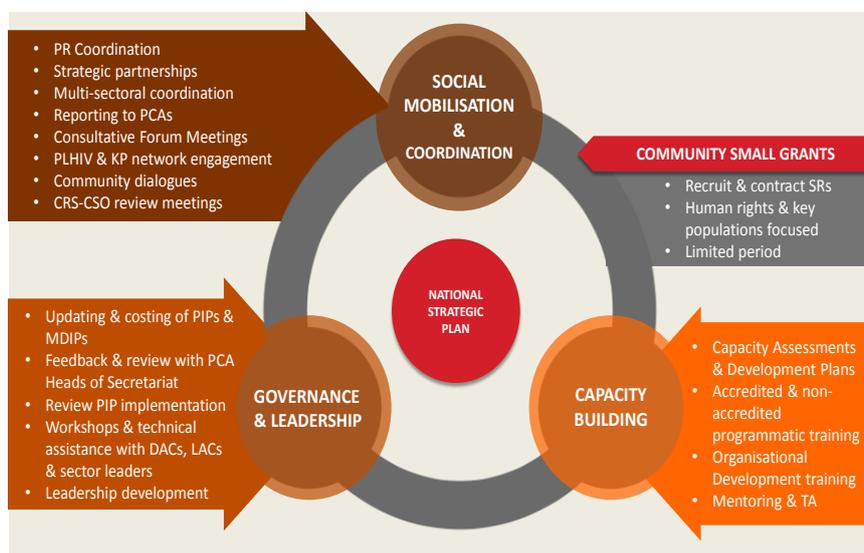


Figure 21. Global Fund-funded CRS Programme

Source: Global Fund PR Quarterly Report submitted to WC PCAT Q5 2020/21

The programme **reached 254 people through eight community forum meetings (CFM)** (143 in Cape Metro and 111 in Garden Route, with one meeting per quarter in both districts)²⁸⁸ and **457 people through 15 community dialogues** (239 people at eight dialogues in Cape Metro and 218 people at seven dialogues in Garden Route).²⁸⁹ CRS also provided **capacity building to 12 organisations**, and **supported WC CSF engagements** by providing resources for meeting venues and data for online engagements. Other areas of support included:²⁹⁰ 1) technical support to the WC PCAT and civil society, including the Men's, Women's and PLHIV Sectors. For example, the Men's Sector was supported to organise the **Traditional Men's Parliament which was attended by 75 leaders in the province**; 2) support for the civil society induction to the WC PCAT; and 3) support for organisations to mobilise community members to register for the COVID-19 vaccine.

²⁸⁶ WC PCAT Meeting 11 November 2021 - Draft Minutes

²⁸⁷ Media Release: Institutional capacity-building and support available to NPO sector. WC DSD News, 9 May 2022.

²⁸⁸ CRS Meetings Year 3 2021/22 as of 3 June 2022

²⁸⁹ Email communication with NACOSA CRS Western Cape District Coordinator, 9 June 2022

²⁹⁰ Global Fund PR Quarterly Report submitted to WC PCAT Q9, Q10, Q11 2021/22

GOAL 7: MOBILISE RESOURCES TO SUPPORT THE ACHIEVEMENT OF THE NSP/PIP GOALS AND ENSURE A SUSTAINABLE RESPONSE

Objective 7.1. Improve efficiency and mobilise sufficient resources to achieve the goals, objectives and targets of the NSP

Table 21 below reflects provincial resources allocated to and spent on HIV, TB and STIs in WC. The finances presented are not exhaustive, as allocations from stakeholders including PEPFAR and USAID were not available at the time of reporting.

Table 21. Financial resources allocated and spent on HIV, TB and STIs in Western Cape

Indicator	PIP Baseline FY 2016/17	Provincial Resources Allocated FY 2021/22	Provincial Total Expenditure FY 2021/22
Amount of provincial resources allocated to the effective implementation of the NSP and PIP: Total expenditure on HIV, TB and STIs	R1 592 946 000 <i>(WC PIP MTR 2020)</i>	R2 029 165 000	No data
WC DoH – National Conditional Grant HIV, AIDS, TB, COS	R1 387 801 000 <i>(WC PIP MTR 2020)</i>	R1 701 235 000 <i>(HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>	R1 701 235 000 <i>(HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH)</i>
WC DoH – National Conditional Grant TB Control	No data	R65 696 000 <i>(TB Grant APER FY 2021/22 – WC DoH)</i>	R65 696 000 <i>(TB Grant APER FY 2021/22 – WC DoH)</i>
WC DSD	R184 642 000 <i>(WC PIP MTR 2020)</i>	R241 866 000 <i>(WC DSD APP 2022/23)</i>	No data
WCED	R18 728 000 <i>(WCED Annual Report 2016/17)</i>	R20 368 000 <i>(WCED APP 2021-2024)</i>	No data
Percentage of budget from sources other than government	1.3% <i>(WC PIP MTR 2020)</i>	No data	No data
Global Fund (NDoH / TB/HIV Care)	R20 503 000 <i>(WC PIP MTR 2020)</i>	R117 725 920,62 <i>(GF PR WC PCAT Report - TB/HIV Care Year 3 21/22)</i>	R81 854 763,06 <i>(GF PR WC PCAT Report - TB/HIV Care Year 3 21/22)</i>
Global Fund (NACOSA)	N/A <i>(WC PIP MTR 2020)</i>	R109 810 173,14 <i>(Email communication with NACOSA GF Grant Finance Manager, 9 Jun 22)</i>	R30 802 128,65 <i>(Email communication with NACOSA GF Grant Finance Manager, 9 Jun 22)</i>
Global Fund (AFSA)	N/A <i>(WC PIP MTR 2020)</i>	R7 609 832 <i>(GF PR WC PCAT Report - AFSA Year 3 21/22)</i>	R5 601 585 <i>(GF PR WC PCAT Report - AFSA Year 3 21/22)</i>
Global Fund (Beyond Zero)	N/A <i>(WC PIP MTR 2020)</i>	R3 946 251 <i>(GF PR WC PCAT Report - BZ Year 3 21/22)</i>	R3 325 279 <i>(GF PR WC PCAT Report - BZ Year 3 21/22)</i>

WC DoH spent **100% of the allocated R1 701 235 000 budget for the HIV, AIDS, TB, and Community Outreach Service (COS) CG** for 2021/22. The Department's expenditure was 23% higher than in 2016/17 but was only 10% higher than 2020/21 (R1 550 035 000) as allocations were reduced to account for the COVID-19 vaccine component of grant funding.²⁹¹ The Department also spent **100% of the allocated R65 696 000 budget for the TB Control CG**. The budget was reduced in 2020/21 to account for COVID-19 funds. The grant allocation and expenditure were <1% lower than 2020/21 (R65 911 000) but were 11% less than 2019/20 (R74 094 000).²⁹² The reallocation of funding to the COVID-19 response further highlights the impact the pandemic had on HIV, TB and STI services.

In terms of donor funding, only GF budget and expenditure could be obtained for 2021/22. In total, **R239 092 176,76 was budgeted for the four PRs, of which they collectively spent R121 583 755,71, amounting to only 51% expenditure**. Details on the low spending was not available.

In 2021/22 the National AIDS Spending Assessment (NASA) was completed. The NASA tracks the flow of resources for the HIV and TB response, and is expected to inform sustainability plans, allocative or productive efficiency analyses for the development of a National Multisectoral Framework for 2023-2028, and funding requests to the GF. Given that the budget and expenditure by various departments and funders were difficult to ascertain for 2021/22, findings from the NASA, which focuses on 2019/20 financial data, are discussed herein as these still provide insights.²⁹³

In 2019/20, R2,4 billion was spent on the HIV response in WC. The South African government was the largest contributor to HIV financing at 77% (R1,85 billion), while the second largest was PEPFAR which accounted for 19% (R450 million). Medical insurances (R60 million; 2%), other multilaterals (R30 million; 1,1%), and GF (R20 million; 1%) collectively contributed <5%. Figure 22 depicts the allocation of resources by financing entities across districts. As indicated **most HIV funding was allotted to the Cape Metro (>1,5 billion)**; this is unsurprising given the HIV burden in the district. Of the rural districts, Cape Winelands and Garden Route were allocated the most HIV finances (<0,5 billion, respectively), and this was largely public financing.

²⁹¹ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

²⁹² TB Grant APER FY 2021/22 – WC DoH

²⁹³ Western Cape HIV and TB Spending Assessment (2019/20) Fact Sheet. SANAC, November 2021

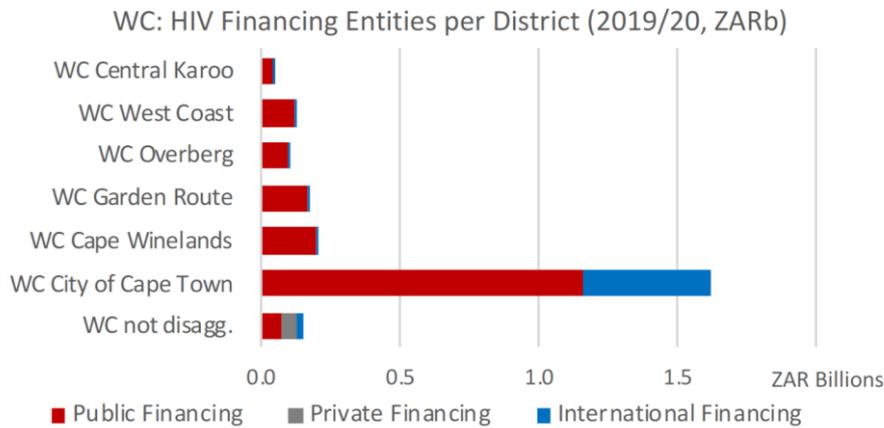


Figure 22. HIV financing entities by districts 2019/20

Source: Western Cape HIV and TB Spending Assessment (2019/20) Fact Sheet. SANAC, November 2021

Most of the province's HIV expenditure was spent on care and treatment (including more than ART) at 77%; the same trend was evident in all provinces. Funding for prevention amounted to 10% of the total spend while HIV testing and counselling amounted to 5%.

Research, social enablers (advocacy, human rights, stigma reduction), AGYW and PrEP were fully funded by international donors, while PMTCT, youth and condoms were fully publicly funded. Development synergies (e.g., GBV and substance abuse) were 95% covered by public sources, VMMC was 59% public and 41% donor-funded, and KP interventions were 44% public and 56% donor-funded. The NASA reported that with reductions in external funding, increased domestic funding is needed for ongoing prevention interventions and sustainability.

Figures 23 and 24 provide complementary overviews of spend across provinces, with the former depicting spend per HIV patient and the latter depicting spend per TB patient.

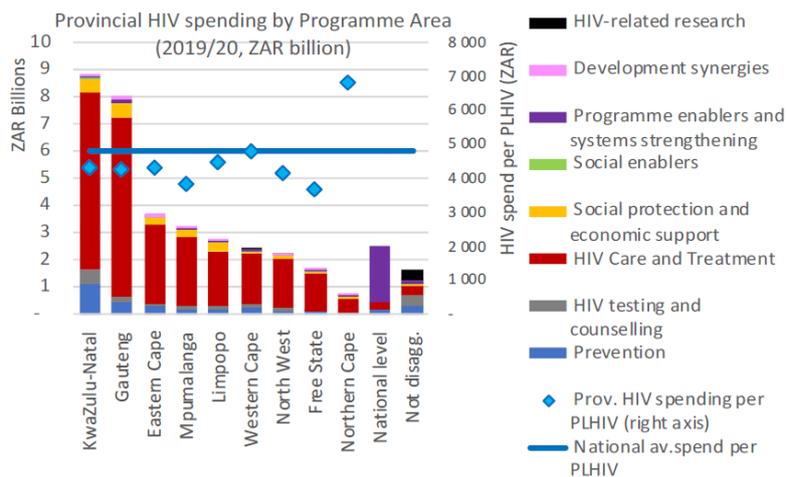


Figure 23. HIV spending per patient by programme area and province

Source: Western Cape HIV and TB Spending Assessment (2019/20) Fact Sheet. SANAC, November 2021

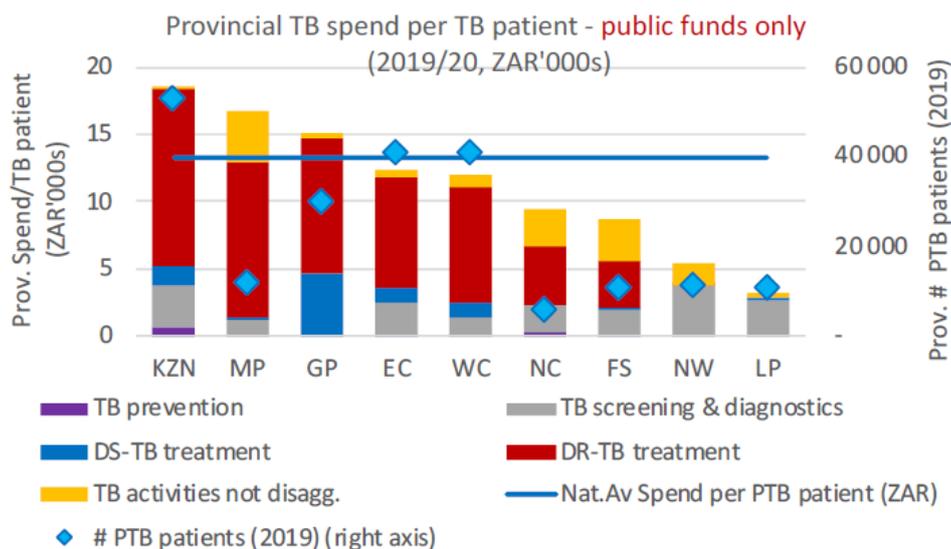


Figure 24. TB spending per patient by programme area and province

Source: Western Cape HIV and TB Spending Assessment (2019/20) Fact Sheet. SANAC, November 2021

As indicated in Figure 23, the provincial **average amount spent per PLHIV was R4 793**; while on par with the national average, spending per PLHIV was second highest in the country. Further, spending per ART patient was also the second highest in the country, and was higher than the national average at R4 053. As indicated in Figure 24, **public spending per TB patient was R12 030**, of which 64% was for DR-TB treatment, 15% for DS-TB, and 11% for case finding and diagnostics. At a district level, most HIV and TB spending occurred in the Metro, but given each district's HIV burden, expenditure per PLHIV was similar in all districts, except for Central Karoo, where the cost was R12 900 per PLHIV.

GOAL 8: STRENGTHEN STRATEGIC INFORMATION AND RESEARCH TO DRIVE PROGRESS TOWARDS ACHIEVEMENT OF NSP GOALS

Objective 8.1. Optimize routinely collected strategic health information

There was no PIP five-year costed provincial M&E framework/plan. While the province has a draft PIP M&E framework to guide multi-sectoral data collection and management, this was not costed and did not undergo a process of approval by the multi-sectoral stakeholders before being operationalised. It was decided that the budget allocated for costing would be re-allocated to the NASA which would help inform the costing for the new PIP period. Further, due to the setbacks posed by COVID-19, SANAC Plenary deferred the current NSP by one year, concluding in March 2023. As such, the new NSP will commence in April 2023 (NSP 2023 – 2028).²⁹⁴ Therefore, as per guidance from SANAC, focus was shifted to developing a catch-up plan to supplement the deferred NSP/PIPs.

The province has an effective health information system. Notably, since 2015, the Provincial Health Data Centre (PHDC) has been implemented; Figure 25 below is a depiction of the system.

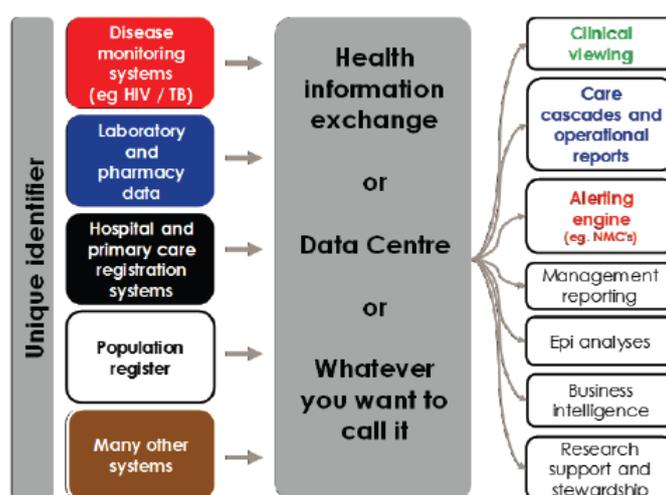


Figure 25. Western Cape Provincial Health Data Centre Architecture

Source: *Mid-Term Review (MTR) of the Western Cape Provincial Implementation Plan for HIV, TB and STIs (2017-2022). Final Report: 1 April 2017 – 30 September 2019. Tinogona Investments (2020).*

The PHDC incorporates numerous sources including the hospital information system Clinicom, lab data, pharmacy data and data from custom-made databases for high priority conditions like HIV and TB. The PHDC has benefitted clinical, operational, management and research needs; allowed new ways to support patient care; and improved governance of accessing and releasing sensitive data.²⁹⁵

The province also led the development and use of a Unique Patient Identifier (UPI).²⁹⁶ The UPI is a unique code for each patient consisting of various identifiers and is used as a

²⁹⁴ Press release: South Africa's 5-year HIV, TB & STIs Plan deferred. SANAC News, 15 May 2021

²⁹⁵ Boulle, A., Heekes, A., Tiffin, N., Smith, M., Mutemaringa, T., Zinyakatira, and Vallabhjee, K. (2019). Data centre profile: The Provincial Health Data Centre of the Western Cape province, South Africa. *International Journal of Population Data Science*, 4:2:06, 1-11.

²⁹⁶ *Mid-Term Review (MTR) of the Western Cape Provincial Implementation Plan for HIV, TB and STIs (2017-2022). Final Report: 1 April 2017 – 30 September 2019. Tinogona Investments (2020).*

universal folder number in all fixed public sector facilities. The UPI aims to ensure that each patient is represented only once across all software systems, allowing patients to move across medical departments and facilities without being double counted in the system. It also intends to ensure that patients' data are consistent, accurate, and current no matter where they are treated. As such, the use of the UPI optimises the use of routinely collected health information to improve patients' outcomes.

As described in Objective 2.2, the province launched a **public-facing interactive TB dashboard** which promotes transparency and supports decision-making for a more effective TB response.²⁹⁷

With support from the GF-funded CRS programme, **the WC PIP MTR was conducted in 2020/21** and looked at the period April 2017-September 2019; the final report was presented to and endorsed by the WC PCAT.²⁹⁸ **The PIP end-term review (ETR) was not conducted;** given the deferment of the NSP/PIPs, the evaluation will commence in 2022/23. Further, **four factsheets and one narrative report (this report) were compiled. District profiles for the six districts were not developed.**

Notably, in 2021/22 SANAC started to lead the **development of the Situation Room**. The Situation Room is a data visualisation and analytics platform that pulls data from various sources and provides up-to-date data in a user-friendly format, promoting data-driven management and real-time informed decision-making.²⁹⁹ To date, work-in-progress dashboards have been developed on the Sisense platform, and M&E Specialists on the Provincial Council on AIDS (PCA) were given the opportunity to provide feedback on the interface. Over time, as more data are fed into the system, it is expected that the Situation Room will become the ultimate multisectoral data warehouse for PCA reporting, allowing for easier data consolidation, tracking, visualisations, and comparisons with other provinces.

Objective 8.2. Establish a coordinated and funded provincial surveillance system to generate periodic estimates of HIV, TB and STI measures in the general population and key/vulnerable populations to inform programme implementation

A provincial research agenda was not developed and adopted during the reporting period, however, the Research Sector made contributions that laid the foundation. The sector started to map research organisations and institutions in the province that conduct surveillance, clinical, social or implementation research.³⁰⁰ The exercise was used as a platform to re-establish the sector and to start setting the research agenda with civil society participation. The sector conducted stakeholder engagements with research communities including those in the Metro, Cape Winelands, and those working in correctional centres. The sector also identified key research initiatives namely: 1) **HIV prevention and treatment trials** including CAB-LA, dapivirine vaginal ring, HIV vaccine and neutralising antibodies, and long-acting regimens for HIV treatment; 2) **TB trials** including

²⁹⁷ Staff Writer (20 September 2021) Western Cape Government launches first-of-a-kind public facing TB dashboard.

²⁹⁸ The Global Fund CRS programme supported the province to conduct the WC PIP MTR.

²⁹⁹ Email communication with SANAC Technical Lead: AIDS Councils with PCA Heads of Secretariat, 18 November 2021

³⁰⁰ WC CSF Meeting 10 November 2021 - Draft Minutes; WC CSF Sector Feedback: Research Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

prevention of recurring TB, MDR household TB study, TB semen study looking at the relationship between drug PA 824 and infertility, and targeted UTT for people at high risk of TB; and 3) **Hepatitis B and C research**, namely a pilot on Hepatitis B and C testing and linkage to treatment for inmates.

Overview of the PCAT M&E system

As noted under objective 8.1., **the WC PCAT has an M&E Framework for the PIP 2017-2022 but it is in draft format and uncosted, and resources have rather turned to the NASA and catch-up plan.** The framework proposes that quarterly and annual data on PIP indicators flow from government, civil society, and other relevant sectors to the PCAT Secretariat. The Secretariat initially had limited M&E capacity and relied on the Acting Head of Secretariat and the SANAC M&E Officer. However, neither were able to focus their full level of effort to M&E. As such, data primarily relied on WC DoH, and other open source or published materials (e.g., Thembisa Model and research papers). In October 2020, an M&E Specialist was appointed and seconded to the WC PCAT, allowing for full-time dedication to M&E tasks. The M&E Specialist provided overall technical assistance in the monitoring and reporting of the WC PIP 2017-2022, which included collating and analysing data from multisectoral stakeholders. Quarterly reports consisting of quantitative data only, and the annual report consisting of quantitative and qualitative data, are shared with SANAC and WC PCAT members.

Overview of progress made

Given the deferment of the current NSP and reallocation of resources to other priorities, an updated M&E framework for the current PIP will not be developed. Rather, **a new M&E framework will be developed to align to the new PIP and NSP 2023-2028**, which is expected to be launched on WTD 2023.

WC PCAT reports have been reliant on primarily WC DoH biomedical data, as to date, these data have been easiest to access; WC DoH colleagues and data custodians willingly shared reports, invited the WC PCAT Secretariat to stakeholder meetings and data/report presentations, and were willing to extract data from WC DoH databases on a quarterly basis. While progress has been made on this matter, with an increase in data from donor-funded partners and civil society, **it was still challenging to access data from multisectoral stakeholders.** Data from donor-funded organisations were primarily drawn from GF- and USAID-funded organisations given the pre-existing relationship with the PCAT. Buy-in from other government departments was still challenging; some were non-responsive to meeting requests, while others did not share data as agreed. Finally, some CSF sector leads only reported on work done by the organisation that employs them rather work undertaken by the sector itself. While a bi-annual reporting template was provided, some leads did not submit reports at all. Further, most reports were primarily qualitative in nature and should be complemented by quantitative data. The process of increasing multisectoral data in reporting continues to be a priority for 2022/23.

CRITICAL ENABLERS

Enabler 1: A focus on social and behaviour change communication to ensure social mobilisation and increasing awareness

Social and behaviour change communication (SBCC) in the form of distribution of IEC materials, awareness raising activities, community dialogues and sensitisation meetings have been documented throughout this report; these and several others are summarised here.

IEC Materials: The USAID-funded Wits RHI KP programme distributed FSW- and TG-tailored PrEP IEC materials, posted PrEP promotional videos on Facebook, and sent bulk SMSs to raise awareness of HIV services for KPs.³⁰¹ The SW Sector worked with partners to develop and distribute HIV and COVID-19 IEC materials.³⁰² THPs distributed IEC materials in their consulting rooms,³⁰³ and VMMC mobilisers distributed TB IEC materials during home visits.³⁰⁴ As part of the GF-funded SGS, 5 947 IEC materials were distributed by the SGS-SDR programme, 2 007 IEC by the SGS-TG programme, 2 623 IEC by the SGS-PWID programme, and 1 000 IEC by the SGS-AGYW programme.³⁰⁵ The Sports, Arts and Culture Sector conducted an online programme to showcase people's talents and motivate individuals affected by HIV/AIDS, TB and COVID-19.³⁰⁶

National and global events: CRS supported the provincial World AIDS Day (WAD) commemoration in Khayelitsha which was attended by 121 community members.³⁰⁷ The Women's Sector participated in WAD in Central Karoo to help increase access to HIV testing.³⁰⁸ At the provincial World TB Day (WTD) commemoration, WC Minister of Health Mbombo officially launched the first mobile DCXR.³⁰⁹ The Sports, Arts and Culture Sector hosted WAD events in Central Karoo and Garden Route with local artists, sports organisations and clubs and ran Die Karoo Ga-Op Festival which included artists and sports personalities raising awareness of HIV and TB.³¹⁰ The SW Sector reported that 74 SW attended WTD held by the sector, Wits RHI and SWEAT.³¹¹

As part of International Men's Day, which raises awareness on men's wellbeing, the Metro Men's Health Centre hosted an open day which included health talks, including topics of GBV, mental health, and MMC.³¹² The SW Sector reached 60 SW through SW Rights Day in the Metro, and 60 SW through National Human Rights Day in the Cape Winelands.³¹³ WC DoH ran a #PlanAheadWC campaign for World Contraception Day; people visited healthcare facilities to access contraception, engaged experts on Facebook with

³⁰¹ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q3 FY21 and Q4 FY21

³⁰² WC CSF Sector Feedback: Sex Worker Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

³⁰³ WC CSF Sector Feedback: Traditional Health Practitioner Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

³⁰⁴ WC CSF Meeting 22 June 2021 - Personal Notes

³⁰⁵ PU6 SGS Draft Figures Year 3 as of 20 May 2022

³⁰⁶ WC CSF Meeting 1 October 2021 - Personal Notes

³⁰⁷ WC PCAT Global Fund Report Q9, Q10 and Q11 2021/22

³⁰⁸ WC CSF Sector Feedback: Women's Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

³⁰⁹ Progress Report on Emergency Response Plan for TB, March 2022

³¹⁰ WC CSF Meeting 1 October 2021 - Personal Notes; WC CSF Meeting 10 November 2021 - Draft Minutes; WC CSF Meeting 23 March 2022 - Personal Notes

³¹¹ WC CSF Sector Feedback: Sex Worker Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

³¹² Media release: Men take pledge for better health, safer communities on International Men's Day. WC DoH News, 19 November 2021

³¹³ WC CSF Sector Feedback: Sex Worker Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

questions on safe sex, and accessed WC DoH's website to learn more about family planning services offered.³¹⁴ The Men's Sector was involved in the launch of the National Traditional Men's Parliament together with the National House of Traditional Leaders; the event discussed how men can be champions against GBV and was attended by 75 leaders in the province.³¹⁵ Further, the Women's Sector participated in the launch of 16 Days of No Violence against Women and Children Campaign,³¹⁶ which was launched with a candle lighting ceremony held by the WC Premier, Minister of Social Development, Minister of Community Safety, and the DG.³¹⁷

Awareness campaigns: The Women's Sector was involved in the Holiday Safety Plan and Campaign conducting awareness campaigns for COVID-19 and TB, and reached 265 people with GBV awareness campaigns, group sessions, and therapeutic services.³¹⁸ The Men's sector conducted COVID-19 and vaccine education and awareness, raised awareness about GBV and STIs among parents in the context of COVID-19, and worked with youth to form arts and culture groups that performed at an event to raise awareness of pertinent health issues.³¹⁹ The Disability Sector held an HIV/AIDS and STI awareness workshop with GCIS in Dysseidorp in Garden Route, where they reached 50 people, and a drug abuse awareness workshop with WC DSD in Volmoed, Outdshoorn and Matjiesrivier in Garden Route where they reached 130 people.³²⁰ The Youth Sector reached 51 boys and 35 men in Central Karoo with workshops focused on raising awareness of sexual harassment and GBV.³²¹ SHE and SANPUD held HRV awareness campaigns focused on TG and PWUD³²² while the GF-funded SGS-SDR programme reached 4 666 KVPs through stigma and discrimination awareness campaigns.³²³ TB/HIV Care reached 9 678 inmates through education and awareness activities.³²⁴ WC DSD supported disability awareness and educational interventions,³²⁵ and launched a SUD campaign that used videos and visuals.

Community dialogues: The GF-funded MSP programme hosted dialogues focused on key health issues including GBV and teenage pregnancy.³²⁶ The Men's Sector held men's dialogues focused on HIV and TB treatment adherence.³²⁷ The SW Sector held dialogues and engagements focused on HIV, TB and STIs.³²⁸ The GF-funded Advocacy Programme included dialogues focused on TG and PWUD,³²⁹ and the GF-funded SGS included 30 community dialogues on stigma and discrimination and six on AGYW.³³⁰

³¹⁴ Media Release: Contraceptives lie at the heart of proper family planning. WC DoH News, 22 September 2021

³¹⁵ WC CSF Meeting 22 June 2021 - Personal Notes; WC CSF Meeting 10 November 2021 - Draft Minutes; WC CSF Sector Feedback: Men's Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021

³¹⁶ WC CSF Sector Feedback: Women's Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

³¹⁷ Media Release: Western Cape Government shares progress made on its roll-out of the GBV plans. WC DSD News, 25 November 2021

³¹⁸ WC CSF Sector Feedback: Women's Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

³¹⁹ WC CSF Sector Feedback: Men's Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021

³²⁰ Email communication with Disability Sector Chairperson, 24 May 2022

³²¹ WC CSF Sector Feedback: Youth Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022

³²² Global Fund PR Quarterly Report submitted to WC PCAT Q9 and Q12 2021/22

³²³ PU6 SGS Draft Figures Year 3 as of 20 May 2022

³²⁴ TB/HIV Care Department of Correctional Services Performance Narrative Apr 21-Mar 22

³²⁵ Media Release: International Day of Persons with Disabilities commemoration. WC DSD News, 3 December 2021.

³²⁶ WC PCAT Global Fund Report Q9, Q10, Q11 and Q12 2021/22

³²⁷ WC CSF Meeting 22 June 2021 - Personal Notes; WC CSF Meeting 10 November 2021 - Draft Minutes; WC CSF Sector Feedback: Men's Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

³²⁸ WC CSF Sector Feedback: Sex Worker Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

³²⁹ Global Fund PR Quarterly Report submitted to WC PCAT Q9 and Q12 2021/22

³³⁰ PU6 SGS Draft Figures Year 3 as of 20 May 2022



Figure 26. Community dialogue hosted by Siyakhula South Africa for Small Grants Scheme AGYW programme
 Source: Siyakhula South Africa's submission to NACOSA for monthly SGS reporting

Sensitisations: As part of the GF-funded Advocacy Programme, SHE and SANPUD ran TG and PWID sensitisation trainings with hospitals, correctional services, and SAPS.³³¹ The GF-funded SGS-TG and PWID programmes held 14 and 16 sensitisation meetings respectively,³³² the GF-funded TG programme held sensitisation workshops with SANDF and correctional facilities on LGBTQI issues,³³³ and the SW Sector reached 163 SAPS officials through a sensitisation training on the rights of SW.³³⁴

Enabler 2: Build strong social systems, including strengthening families and communities, to decrease risks of transmission and to mitigate the impact of the epidemics

The USAID-funded OVC programme reached 1 306 OVC with DREAMS Let's Talk, a family strengthening programme targeting high-risk adolescents and their caregivers.³³⁵ While 2021/22 performance data were not available, WC DSD provided family preservation and support services targeting 20 160 families.³³⁶ The Department also supported programmes for families/caregivers of PLDs.³³⁷ Almost every CSF sector played a role in strengthening communities by holding community dialogues, mobilising their constituencies to take up services, and participating in events like WAD or WTD. CRS played a role in strengthening communities by capacitating 12 organisations, reaching community members through CFMs and community dialogues, and supporting civil society engagements.³³⁸

Enabler 3: Effectively integrate HIV, TB and STI interventions and services

WC DoH has successfully integrated HIV, TB and STI services at all public health facilities, where clients can access a comprehensive package of services that speaks to the needs of the client. ANOVA's work included ensuring that HIV positive patients were tested for TB and vice versa, and when patients were on ART, they were assessed to see if they qualified for TPT.³³⁹ The Health Professionals Sector encouraged health professionals to provide integrated care to ART patients at facilities, including STI care and TB screening.³⁴⁰

³³¹ Global Fund PR Quarterly Report submitted to WC PCAT Q9 and Q12 2021/22

³³² PU6 SGS Draft Figures Year 3 as of 20 May 2022

³³³ Global Fund PR Quarterly Report submitted to WC PCAT Q10 2021/22

³³⁴ WC CSF Sector Feedback: Sex Worker Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

³³⁵ USAID Report submitted to WC PCAT - NACOSA Apr 21-Mar 22

³³⁶ WC DSD APP 2021/22

³³⁷ Media Release: Minister visits Chaeli Campaign ECD Development Inclusion Programme. WC DoH News, 12 November 2021.

³³⁸ WC PCAT Global Fund Report Q9, Q10, Q11 and Q12 2021/22

³³⁹ WC CSF Meeting 22 June 2021 - Personal Notes

³⁴⁰ WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

The sector also undertook HIV testing at COVID-19 vaccine sites and health facilities. As part of the Emergency Response Plan for TB, joint screening and testing for TB and COVID-19 was incorporated into the practical approach to care kit (PACK).³⁴¹ Further, the GF-funded AGYW programme had a COVID-19 roving team which provided COVID-19 screening and information sharing, TB screening, linkage, and ART club facilitation and counselling.³⁴²

In November 2021 WCG and USAID signed a \$10 million five-year government-to-government (G2G) agreement aimed at collectively fighting COVID-19, HIV and TB.³⁴³ The first year of the agreement concentrates on integrating HIV and TB screening during COVID-19 vaccination drives and increasing convenient healthcare options like e-lockers for pickup of chronic medications and virtual consultations through telemedicine.



Figure 27. WCG and USAID sign the \$10 million G2G agreement aimed at fighting COVID-19, HIV and TB

Source: <https://www.news24.com/news24/SouthAfrica/News/10m-shot-in-arm-for-fight-against-COVID-19-hiv-and-tb-in-western-cape-20211110>

Enabler 4: Strengthen procurement and supply chain systems

The Supply Chain Management Directorate within the Department of Health aims to render effective and efficient supply chain management. It is also responsible for:

- Rendering of a tender process and contract administration services.
- Rendering of miscellaneous management services.
- Control and coordination of the acquisition, storage, and distribution of pharmaceutical products.

During the period under review there were no avoidable stock-outs of HIV and TB-related medicines or consumables.

Enabler 5: Ensure that there are sufficient, appropriately trained human resources where they are needed

In 2021/22 WC DoH trained 167 doctors (target of 120; 139%), 1 580 nurses (target of 1000; 158%), and 1 032 non-professionals (target 1000; 103%) on HAST and chronic diseases.³⁴⁴

³⁴¹ Progress Report on Emergency Response Plan for TB, March 2022

³⁴² WC PCAT Global Fund Report Q9, Q10, Q11 and Q12 2021/22

³⁴³ Petersen, T. (10 November 2021). \$10 million shot in arm for fight for COVID-19, HIV and TB in Western Cape. News24.

³⁴⁴ HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

Further, 705 active lay counsellors (target of 705; 100%), 100 peer educators (target of 100; 100%), and 3 865 CHWs (target of 4 285; 90%) were on a stipend.³⁴⁵ As at December 2021, WC DoH contracted 26 psychiatrists, psychologists and registered counsellors to provide mental health services in the province.³⁴⁶ Training by WC DoH for healthcare workers on Urine LAM Testing also commenced,³⁴⁷ and WC DSD trained social workers on mental disabilities and referrals for PLD.³⁴⁸

The Health Professionals Sector reported on various trainings including motivational interviewing training for counsellors; training in HIVSS, ICT and PrEP for NPOs and health professionals; and LIVES training for HIV counsellors to deal with GBV and IPV.³⁴⁹ The GF-funded Human Rights programme trained 60 paralegals on human rights,³⁵⁰ while Wits RHI trained peer educators and trans agents on HTS and counselling to improve targeted testing of TG.³⁵¹ Sensitisation trainings are described above.

³⁴⁵ Targets – WC DoH APP 2021/22; Actuals – HIV, AIDS, TB, COS Grant APER FY 2021/22 – WC DoH

³⁴⁶ WC DoH CG 3rd Quarter Review 2021/22, 11 March 2022

³⁴⁷ Progress Report on Emergency Response Plan for TB, March 2022

³⁴⁸ Media Release: Minister Fernandez welcomes the start of Disability Rights Awareness Month. WC DSD News, 3 November 2021.

³⁴⁹ WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021; WC CSF Sector Feedback: Health Professionals Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

³⁵⁰ Global Fund PR Quarterly Report submitted to WC PCAT - AFSA Year 3 2021/22

³⁵¹ USAID Advancing the South African Response for KPs: SWs and TG. Wits RHI Narrative Report: Q4 FY21.

OVERVIEW OF GAPS AND CHALLENGES IN ACHIEVING THE OBJECTIVES

Table 22 below illustrates a broad overview of the identified gaps and challenges experienced during 2021/22, the remedial action taken or proposed, and the status of ameliorating the issue.

Table 22. Gaps and challenges in responding to HIV, TB and STIs in WC

Gap and Challenges	Remedial Action	Status
Impact of COVID-19 on all programming due to social distancing restrictions to ensure health and safety of beneficiaries and implementers	Actions included: 1) adapting to restrictions imposed, e.g., conducting virtual engagements or engagements in-person when sufficient space for social distancing; 2) integrating COVID-19 response with HIV and TB response; and 3) deferring the current NSP/PIP by one year to account for the setbacks.	The COVID-19 vaccine and booster doses began to roll-out in 2021. With the advent of vaccinations, there were fewer and less severe cases, thus COVID-19 restrictions were increasingly lifted. As such, more people have been accessing and returning to services. PIP catch-up plans were also developed to help monitor a fast-tracked response in the deferred year of the NSP.
No DACs and LACs which limited the PCAT's ability to build and strengthen multisectoral district and local structures	SANAC, WC PCAT Secretariat, Head of WC DoH and WC DG met and agreed that the functions of DCATs would be integrated into DHCs given that these are existing legislated bodies. DHCs are to be chaired by Mayors, have membership extend to include civil society representatives, and have HIV and TB as a standing agenda item.	Four out of six DCAT civil society representatives have been elected. It is expected that DCATs will run formally in 2022/23.

Gap and Challenges	Remedial Action	Status
Low HIV testing	HIVSS may be a promising entry point into care for those avoiding accessing services, as it gives people a way to screen themselves in a private setting. ICT would also help identify more cases needing HTS.	WC DoH made efforts to start mainstreaming HIVSS including consulting with stakeholders for input into a HIVSS and ICT circular, asking districts to identify facilities ready to implement HIVSS, adding HIVSS and ICT elements to the HTS register and onto PHCIS, and providing training to districts. WC DoH also began developing a WCG Health Telemedicine Strategy which would allow for virtual consultations and entry into health services.
Poor treatment retention and adherence	Improving access to treatment by implementing and scaling-up strategies that reduce or remove barriers to healthcare including far distances to clinics, finances for transport, extensive queues, time off from work, and fears of stigma and discrimination at facilities especially among KVPs.	Collect and Go E-lockers were launched in WC, which allows patients with chronic conditions to collect their medicine at times convenient to them. South Africa may soon allow Pharmacist-Initiated Management of ART (PIMART) which would enable pharmacists to prescribe and initiate HIV treatment without a script. ³⁵² Retention is expected to improve as pharmacies are more convenient (open after hours and on weekends, typically more accessible from homes, schools and workplaces).
Challenges accessing multisectoral data, resulting in reporting being reliant on biomedical data.	Increased consultations with, buy-in from, and capacity of sector leads and other stakeholders.	The Secretariat continues efforts to meet with other departments and civil society stakeholders. CSF sector leads have been provided a reporting template and report-backs have become a standing agenda item at CSF meetings.

³⁵² Tomlinson, C. (28 July 2021). In-depth: SA pharmacists will soon be able to subscribe HIV treatment. Spotlight, Health24.

CONCLUSION AND RECOMMENDATIONS

The findings of this report show that the province did not meet many of the PIP targets. The onset of COVID-19 in 2020/21 significantly impeded progress that was already falling behind. While some recoveries were made in 2021/22 with intensified efforts and innovations, the setbacks have been too substantial for targets to be met by March 2023. The following recommendations are made:

Goal 1. HIV prevention efforts should place additional focus on females, who are disproportionately infected compared to males, and the 50+ years age group, which showed a concerning rise in prevalence and incidence. Consideration might be given to achieving lower thresholds of VLS, i.e., <50 copies/ml, for pregnant and breastfeeding mothers to achieve U=U. Alternatives to condom distribution in facilities is required, and further efforts should be placed on other contraceptives to ensure CYPR. HIVSS and ICT should be mainstreamed to improve case finding and entry points to services. PrEP alternatives like the dapivirine vaginal ring and CAB-LA long-acting injectable, should be added to WC's HIV prevention package when available and approved, respectively. TB screening should become commonplace and integrated with other services including COVID-19.

Goal 2. Young males should be increasingly targeted with messaging that encourages them to seek health services to avoid the stagnated AIDS deaths among males aged 15-24 years. ART retention requires significant improvement, and in addition to identifying innovative approaches, effective strategies should be incorporated into routine services including UTT and differentiated models of care such as medication home deliveries, pick-up points, e-lockers, telemedicine, multi-month dispensing, and PIMART. There is a need for more VLDs, and may require advocacy, awareness raising, and enhanced patient tracing efforts. There is a need to place greater focus on interventions to find and treat children with HIV given poor performance on 90-90-90 targets; this may include finding alternatives to the current non-palatable treatment for children. Additional attention is required for the West Coast to improve the number of PLHIV on ART, and the Metro to improve the VLS rate. The WC TB Emergency Response Plan is a comprehensive and multi-sectoral strategy to improve TB prevention and treatment and should continue to guide the province to make improvements.

Goal 3. Provincial-wide data were challenging to access, however data provided by donor-funded programmes showed that various KVPs were being reached with HIV prevention and treatment services, but it is recommended that VLS also be monitored as these data were sparse. It is also suggested that organisations operating in similar contexts learn from the best practices and mitigating actions employed by some of the programmes described herein. The WC PCAT Secretariat will continue to identify and establish relationships with custodians of KVP data.

Goal 4. Data were difficult to access for this goal, but findings indicated a need to address rising unemployment, which can lead to increased HIV risk indirectly. Awareness should be raised of services provided by TCCs and other relevant facilities to improve sexual assault survivors' access to PEP within 72 hours of assault. The WC PCAT Secretariat intends

to improve its relationship with stakeholders including WC DSD and WCED to access data relevant to this goal.

Goal 5. Again, data were difficult to access for this goal and relied on information provided by donor-funded programmes. Overall, given that HRVs against PLHIV and KVPs still occur, programmes should continue to raise awareness and conduct sensitisations and community dialogues. While one programme reported on the number of HRVs recorded, it is recommended that the type of HRV or population group targeted by the HRV also be reported, as well as the status of addressing the HRV.

Goal 6. The WC PCAT is functional at a provincial level, all 18 sectors are represented, and the establishment of DCATs in 2021/22 is expected to improve district-level functioning. Given that the deferred NSP will be concluding in one year, it is suggested that CSF sectors develop implementation plans aligned to the new PIP (2023-2025).

Goal 7. Budget and expenditure on HIV, TB and STIs were difficult to ascertain at the time of reporting. However, it is recommended that the HIV Investment Case and NASA Reports, both published in 2021, be used to inform decision-making. It is also recommended that funding be allocated to evidence-based interventions and services be integrated where possible to maximise effectiveness and efficiencies.

Goal 8. It is recommended that the PCAT Secretariat continue to develop partnerships with multisectoral stakeholders to ensure more comprehensive data are gathered. It is also suggested that when the M&E framework is developed for the new PIP (2023-2028) that this is informed by the ETR and data custodians, and stakeholders buy into and understand their roles for data provision.

REFERENCES

AFSA Advocacy Programme Strategy 2019-2022

AFSA AGYW Male Partners Programme SOP for Programme Implementation, Data Collection and Reporting Processes (April 2020)

Boulle, A., Heekes, A., Tiffin, N., Smith, M., Mutemaringa, T., Zinyakatira, and Vallabhjee, K. (2019). Data centre profile: The Provincial Health Data Centre of the Western Cape province, South Africa. *International Journal of Population Data Science*, 4:2:06, 1-11.

CRS Meetings Year 3 2021/22 as of 3 June 2022

Department of Health, South Africa, and SANAC: South African HIV Investment Case - Full Report. 2021 Update.

DHIS data provided by WC DoH

DREAMS Expansion City of Cape Town. August 13, 2020. PowerPoint presentation

EDR data provided by WC DoH

Email communication with Disability Sector Chairperson, on 24 May 2022

Email communication with NACOSA Global Fund Grant Finance Manager, 9 June 2022

Email communication with NACOSA CRS Western Cape District Coordinator, 9 June 2022

Email communication with SANAC Technical Lead: AIDS Councils with PCA Heads of Secretariat, 18 November 2021

Geach, C. (14 November 2020). New ARV pellets could be a game changer for young children with HIV. *Weekend Argus*, IOL. <https://www.iol.co.za/weekend-argus/news/new-arv-pellets-could-be-a-game-changer-for-young-children-with-hiv-edf2406f-4996-44e5-866f-c8ddcea2cc59>

Global Fund PR Quarterly Report submitted to WC PCAT - AFSA Year 3 (2021/22)

Global Fund PR Quarterly Report submitted to WC PCAT - Beyond Zero Year 3 (2021/22)

Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA AGYW Year 3 (2021/22)

Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA PWID Year 3 (2021/22)

Global Fund PR Quarterly Report submitted to WC PCAT - NACOSA TCC Year 3 (2021/22)

Global Fund PR Quarterly Report submitted to WC PCAT – TB/HIV Care Year 3 (2021/22)

Global Fund PR Quarterly Report submitted to WC PCAT Q5 2020/21

Global Fund PR Quarterly Report submitted to WC PCAT Q9 2021/22

Global Fund PR Quarterly Report submitted to WC PCAT Q10 2021/22

Global Fund PR Quarterly Report submitted to WC PCAT Q11 2021/22

Global Fund PR Quarterly Report submitted to WC PCAT Q12 2021/22

HIV, AIDS, TB, COS Grant Annual Performance Evaluation Report (APER) FY 2021/22 – WC DoH. Date of submission: 31 May 2022.

HIV and TB in the Western Cape: What does the data tell us? Presented by Prof Andrew Boule and Prof Mary-Anne Davies at the WC Programme Review Committee Meeting, 1 June 2022 .

Impact of COVID-19 on the HIV Programme. Presented by Celeste Madondo (SANAC) at HIP-G Webinar, 4 November 2021.

Jeranji, T (7 April 2021). SA piloting mobile X-rays to improve TB detection. Spotlight, News 24. Retrieved from: <https://www.news24.com/citypress/news/sa-piloting-mobile-x-rays-to-improve-tb-detection-20210407>

Lab Perspective of viral load performance vs. viral load suppression in South Africa: Where are we? Presented by Professor Gayle Sherman (NICD) at Enhancing Treatment Literacy: U=U Science webinar on 24 May 2022.

Massyn N, Padarath A, Peer N, Day C, editors. District Health Barometer 2016/17. Durban: Health Systems Trust; 2017.

Media Release: Community Health Workers helping people with TB return to care. WC DoH News, 12 April 2022. Retrieved from: <https://www.westerncape.gov.za/gc-news/147/58139>

Media Release: Contraceptives lie at the heart of proper family planning. WC DoH News, 22 September 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/147/57257>

Media Release: Groote Schuur Hospital opens Adolescent Centre of Excellence. WC DoH News, 16 March 2022. Retrieved from: <https://www.westerncape.gov.za/gc-news/147/58012>

Media Release: Help is available for caregivers of children struggling with drug addiction. WC DSD News, 24 May 2022. Retrieved from: <https://www.westerncape.gov.za/news/help-available-caregivers-children-struggling-drug-addiction>

Media Release: Heritage Day: Minister Fernandez launches Youth Café in Riversdale. WC DSD News, 24 September 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57271>

Media Release: Institutional capacity-building and support available to NPO sector. WC DSD News, 9 May 2022. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/58228>

Media Release: International Day of Persons with Disabilities. WCED News, 2 February 2022. Retrieved from: <https://wcedonline.westerncape.gov.za/news/international-day-persons-disabilities>

Media Release: Public healthcare patients can now collect medication from e-lockers. WC DoH News, 9 December 2021. Retrieved from: <https://www.westerncape.gov.za/news/public-healthcare-patients-can-now-collect-medication-e-lockers>

Media Release: Men take pledge for better health, safer communities on International Men's Day. WC DoH News, 19 November 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/147/57535>

Media Release: Minister Fernandez condemns all forms of violence against women. WC DSD News, 5 October 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57324>

Media Release: Minister Fernandez engages with Managers of six newly established shelters. WC DSD News, 6 December 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57581>

Media Release: Minister Fernandez hands over two vehicles to assist children with disabilities. WC DSD News, 16 November 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57520>

Media Release: Minister Fernandez welcomes the start of Disability Rights Awareness Month. WC DSD News, 3 November 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57469>

Media Release: Minister visits Chaeli Campaign ECD Development Inclusion Programme. WC DoH News, 12 November 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57502>

Media Release: Saving Women's Lives. WC DoH News, 8 February 2022. Retrieved from: <https://www.westerncape.gov.za/gc-news/147/57784>

Media Release: Substance abuse services available for young learners amidst exams, WC DSD News, 26 October 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57438>

Media Release: Western Cape Government shares progress made on its roll-out of the GBV plans. WC DSD News, 25 November 2021. Retrieved from: <https://www.westerncape.gov.za/gc-news/296/57551>

Mid-Term Review (MTR) of the Western Cape Provincial Implementation Plan for HIV, TB and STIs (2017-2022). Final Report: 1 April 2017 – 30 September 2019. Tinogona Investments (2020).

Molelekwa, T. (29 March 2022). HIV prevention ring approved for women in South Africa, but next steps unclear. Published for Spotlight, Daily Maverick

<https://www.dailymaverick.co.za/article/2022-03-29-hiv-prevention-ring-approved-for-women-in-south-africa-but-next-steps-unclear/>

NACOSA: Adolescent Girls and Young Women (AGYW) Programme. PU3 Report.

NACOSA: Adolescent Girls and Young Women (AGYW) Programme. Draft PU4 Report.

NACOSA Annual Performance Report. COP19 – Annual Report: 1 October 2019 – 30 September 2020. Preventing HIV/AIDS in vulnerable populations in South Africa: Orphans and vulnerable children, adolescents and youth in the Western Cape province.

NACOSA (8 November 2021). 2nd National Sex Worker Plan launched. Retrieved from: <https://www.nacosa.org.za/2021/11/08/2nd-national-sex-worker-plan-launched/>

Naomi Model District Output September 2021 (Thembisa 4.5. calibrated).

National Partner submitted data provided by WC DoH.

NDoH Comprehensive HIV and AIDS Conditional Grant Q4 Feedback Report

Ngaka, N (2021). Western Cape Department of Health reacts to long lasting PrEP. Published in Weekend Argus, IOL. Retrieved from: <https://www.iol.co.za/weekend-argus/news/western-cape-department-of-health-reacts-to-long-lasting-prep-f3ea4c16-a23d-44de-b824-18c8b74b79d1>

NHLS data provided by WC DoH

Petersen, T. (10 November 2021). \$10 million shot in arm for fight for COVID-19, HIV and TB in Western Cape. News24. Retrieved from: <https://www.news24.com/news24/SouthAfrica/News/10m-shot-in-arm-for-fight-against-COVID-19-hiv-and-tb-in-western-cape-20211110>

PU6 SGS Draft Figures Year 3 as of 20 May 2022.

Press release: South Africa's 5-year HIV, TB & STIs Plan deferred. SANAC News, 15 May 2021. Retrieved from: <https://sanac.org.za/press-release-south-africas-5-year-hiv-tb-stis-plan-deferred/>

Progress Report on Emergency Response Plan for TB, June 2021.

Progress Report on Emergency Response Plan for TB, March 2022.

Report: Telemedicine Workshop. How can we use telehealth interventions to improve access to healthcare in the Western Cape? WC DoH Dir: Clinical Service Improvement. CD: Emergency & Clinical Services Support (1 April 2022)

Response to proposed resolutions from previous meeting. Presented by Nicky Van Der Walt at WC PCAT meeting on 13 August 2021.

Right to Care Central Karoo Key Population M&E Quarterly Report Q1 2021/22

Right to Care Central Karoo Key Population M&E Quarterly Report Q2 2021/22

Right to Care Central Karoo Key Population M&E Quarterly Report Q3 2021/22

Right to Care Central Karoo Key Population M&E Quarterly Report Q4 2021/22

Right to Care HTA Overberg Project Quarterly Report Q1 2021/22

Right to Care HTA Overberg Project Quarterly Report Q2 2021/22

Right to Care HTA Overberg Project Quarterly Report Q3 2021/22

Right to Care HTA Overberg Project Quarterly Report Q4 2021/22

Ritshidze Western Cape Provincial Monitoring Report 2021 Q4

Ritshidze Western Cape Provincial Monitoring Report 2022 Q1

Ritshidze Western Cape Provincial Monitoring Report 2021 Q2

Sinjani data provided by WC DoH

Staff Reporter (20 September 2021) Western Cape Government launches first-of-a-kind public facing TB dashboard. Retrieved from: <https://www.iol.co.za/capeargus/news/western-cape-government-launches-first-of-a-kind-public-facing-tb-dashboard-838e70f7-3941-4edc-a83b-42d660d52724>

Stats SA Census 2011 as cited in Youth Explorer. Retrieved from: <https://geo.youthexplorer.org.za/#geo:WC>

Stats SA. Statistical Release P0211. Quarterly Labour Force Survey. Q1: 2017.

Stats SA. Statistical Release P0211. Quarterly Labour Force Survey. Q1: 2022.

TB Grant Annual Performance Evaluation Report (APER) FY 2021/22 – WC DoH. Date of submission: 31 May 2022.

TB/HIV Care Department of Correctional Services Data Apr 21-Mar 22

TB/HIV Care Department of Correctional Services Performance Narrative Apr 21-Mar 22

TB Task Team Terms of Reference, SANAC September 2021.

The basic science behind U=U globally and in South Africa. Presented by Dr Lara Vojnov (WHO) at Enhancing Treatment Literacy: U=U Science webinar on 24 May 2022.

The First National TB Prevalence Survey: South Africa 2018 (Short Report).

Themبisa Model Provincial Output, Version 4.5.

Tomlinson, C. (28 July 2021). In-depth: SA pharmacists will soon be able to subscribe HIV treatment. Spotlight, Health24. Retrieved from: <https://www.news24.com/health24/medical/hiv-aids/in-depth-sa-pharmacists-will-soon-be-able-to-prescribe-hiv-treatment-20210727>

USAID Advancing the South African Response for Key Populations: Sex Workers and Transgender. Wits RHI Narrative Report: FY21 Quarter 3

USAID Advancing the South African Response for Key Populations: Sex Workers and Transgender. Wits RHI Narrative Report: FY21 Quarter 4

USAID Advancing the South African Response for Key Populations: Sex Workers and Transgender. Wits RHI Narrative Report: FY22 Quarter 1

USAID Advancing the South African Response for Key Populations: Sex Workers and Transgender. Wits RHI Narrative Report: FY22 Quarter 2

USAID/PEPFAR/NACOSA IMSafer informed consent form.

USAID/PEPFAR/NACOSA Stepping Stones informed consent form.

USAID Report submitted to WC PCAT - NACOSA Apr 21-Mar 22.

USAID Report submitted to WC PCAT - NACOSA Q4.

US Mission South Africa (15 October 2020). US PEPFAR expands DREAMS Program, investing R1.4 billion in South Africa's young women. Retrieved from: <https://za.usembassy.gov/u-s-pepfar-expands-dreams-program-investing-r1-4-billion-in-south-africas-young-women/>

WC CSF Meeting 22 June 2021 – Personal Notes

WC CSF Meeting 1 October 2021 – Personal Notes

WC CSF Meeting 10 November 2021 – Draft Minutes

WC CSF Meeting 23 March 2022 – Draft Minutes

WC CSF Meeting 23 March 2022 – Personal Notes

WC CSF Members 2022 List.

WC CSF Sector Feedback: Health Professionals Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

WC CSF Sector Feedback: Health Professionals Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

WC CSF Sector Feedback: LGBTQI+ Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

WC CSF Sector Feedback: Men's Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

WC CSF Sector Feedback: Research Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

WC CSF Sector Feedback: Sex Worker Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

WC CSF Sector Feedback: Sex Worker Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

WC CSF Sector Feedback: Traditional Health Practitioner Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

WC CSF Sector Feedback: Women's Sector. Quarter 1 & 2. Presented at CSF Meeting on 1 October 2021.

WC CSF Sector Feedback: Women's Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

WC CSF Sector Feedback: Youth Sector. Quarter 3 & 4. Presented at CSF Meeting on 23 March 2022.

WC DoH Annual Performance Plan (APP) 2016/17.

WC DoH Annual Performance Plan (APP) 2019/20.

WC DoH Annual Performance Plan (APP) 2020/21.

WC DoH Annual Performance Plan (APP) 2021/22.

WC DoH Annual Report 2016/17.

WC DoH Annual Report 2019/20.

WC DoH Annual Report 2020/21.

WC DoH Business Plan: HIV 2020/21.

WC DoH Conditional Grant Half-Year Review 2021/22 financial year, 9 December 2021.

WC DoH Conditional Grant 3rd Quarter Review 2021/22 financial year, 11 March 2022.

WC DoH Frequently Asked Questions about Human Papillomavirus (HPV) flyer, August 2021.
Retrieved from: https://www.westerncape.gov.za/assets/faq_hpv_flyer_eng_0.pdf

WC DoH: Overview of HIV and TB in the Western Cape. Presented by Dr Vanessa Mudaly at WC PCAT meeting on 1 April 2022

WC DoH Quarterly M&E Performance. Presented by Lesley Shand at Provincial Quarterly M&E Meeting on 12 May 2022.

WC DoH Weekly Cabinet Health Update: COVID Surveillance, COVID Vaccination & Recovery Update. Presented by Dr K Cloete on 6 April 2022.

WC DoH World TB Day Symposium Presentation. Presented by Dr Keith Cloete, 24 March 2022.

WC DSD Annual Performance Plan (APP) 2020/21.

WC DSD Annual Performance Plan (APP) 2021/22.

WCED Annual Performance Plan (APP) 2021-2024.

WCED Annual Report 2016/17.

WC PCAT Feedback to Quarter 10 PR/SR Engagement: Update. Presented by WC PCAT Secretariat at Global Fund PR/SR Meeting for Western Cape Q10 on 17 November 2021.

WC PCAT Meeting 19 February 2021 – Draft Minutes

WC PCAT Meeting 25 June 2021 – Draft Minutes

WC PCAT Meeting 13 August 2021 – Draft Minutes

WC PCAT Meeting 12 November 2021 – Draft Minutes

Western Cape Annual Progress Report on the Provincial Implementation Plan 2020-2021

Western Cape HIV and TB Spending Assessment (2019/20) Fact Sheet. SANAC, November 2021

Western Cape 909090 HIV ART Cascades Mar 2022 as of 20 May 2022

Western Cape 909090 TB Cascades, as of 14 June 2022