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GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNUAL PROGRESS REPORT 2014/15

PROVINCIAL STRATEGIC PLAN 2012-2016

GAUTENG PROVINCAL AIDS COUNCIL

ACRONYMS AND ABBREVIATIONS

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ANC	ANTENATAL CLINIC
ANC	AFRICAN NATIONAL CONGRESS
APP	ANNUAL PERFORMANCE PLAN
ART	ANTIRETROVIRAL THERAPY
ARV	ANTIRETROVIRAL DRUGS
ASSA	ACTUARIAL SOCIETY OF SOUTH AFRICA
BCC	BEHAVIOURAL CHANGE COMMUNICATION
BMI	BODY MASS INDEX
CBO	COMMUNITY-BASED ORGANISATION
CCG	CHILD CAREGIVER
CDW	COMMUNITY DEVELOPMENT WORKER PER WARD
CW	COMMUNITY WORKER
CEGAA	CENTRE FOR ECONOMIC GOVERNANCE AND AIDS IN AFRICA
CHH	CHILD-HEADED HOUSEHOLD
CHW	COMMUNITY HEALTH WORKER
CMR	CHILD MORTALITY RATE
COGTA	DEPARTMENT OF CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS
DMP	DISEASE MANAGEMENT PROGRAMME
DLG	DEPARTMENT OF LOCAL GOVERNMENT

DPSA	DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION
EAP	EMPLOYEE ASSISTANCE PROGRAMMES
ECD	EARLY CHILDHOOD DEVELOPMENT
EHWP	EMPLOYMENT HEALTH AND WELLNESS PROGRAMME
EXCO	EXECUTIVE COMMITTEE OF COUNCIL
OVC	ORPHANS AND VULNERABLE CHILDREN
SASSA	SOUTH AFRICAN SOCIAL SECURITY AGENCY
SO	STRATEGIC OBJECTIVE
SRH	SEXUAL AND REPRODUCTIVE HEALTH
STI	SEXUALLY TRANSMITTED INFECTION
TB	TUBERCULOSIS
UN	UNITED NATIONS
WBOT	WARD-BASED OUTREACH TEAM

Contents

BACKGROUND OF THE GSP 2012 - 2016

The Gauteng Strategic Plan (GSP) on HIV, TB and STIs (2012 -2016) is the framework for implementation of a focused response to the HIV, STIs and TB epidemics in Gauteng province.

The Provincial Strategic Plan (PSP) guides the development of operational plans by all government departments, partners and civil society sectors on HIV, STIs and TB. Furthermore, the PSP guides the Province to focus on the most important interventions or activities that will bring about significant changes in preventing new infections and mitigating the impact of the HIV, STIs and TB epidemics. The Gauteng Strategic Plan and Monitoring and Evaluation (M&E) system are informed by the National Strategic Plan (NSP) on HIV, TB and STI (2012 – 2016) which was developed by the South Africa National AIDS Council (SANAC).

The GSP for 2012-2016 represents a plan that was developed over a six-month long process of consultations with provincial, municipal and civil society sectors. The GSP was developed from the Gauteng Review processes and in consultation with all stakeholders including government departments, civil society, labour, business and municipalities in 2011. Moreover it was built on the strengths of the PSP for the periods 2004 - 2009 and 2009 - 2014 as guided by the NSPs for that period as well.

An M&E system which includes a logical framework, implementation plan and the M&E plan was developed to ensure monitoring performance against key indicators to determine the status of the multisectoral response and to measure effectiveness. The PSP and M & E plan enable Gauteng to systematically measure progress towards the achievement of the provincial targets and international commitments in the HIV response.

The Gauteng AIDS Council (GAC) is mandated to provide leadership and coordinate the provincial response to HIV/AIDS. Within GAC the M&E unit is responsible for tracking implementation of activities on the multi-sectoral response to HIV/AIDS. The sectors and wards within its structure assume the same responsibility at provincial, sectoral and ward levels to ensure continuous feedback and submission of relevant and accurate information.

THE GOALS OF THE PSP

The goals of the GSP (2012-2016) are to:

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

OBJECTIVES OF THE GSP

To facilitate reaching the goals as set above, the GSP has four strategic objectives adapted from the NSP as follows;

1. **A)** Reduced vulnerability to HIV and TB infections in youth, (babies) and adults through social and behavioural change;

1. **B)** The impact of HIV and TB on affected people and children will be reduced;

2. Prevent New HIV, STI and TB Infections;
3. Sustain Health and Wellness for People Living with HIV and TB;
4. Protect the human rights of people living with HIV and TB, OVC and vulnerable groups, and increase access to justice;
5. Strategic enablers.

ASSESSMENT OF PROGRESS AGAINST THE FIVE MAIN GOALS OF THE PSP (2012-2016)

REDUCING NEW HIV INFECTIONS BY AT LEAST 50% USING COMBINATION PREVENTION APPROACHES

Reduction in new HIV infections is pronounced mainly through measurement of the HIV prevalence and incidence. The GSP as aligned to the NSP aimed to achieve a 50% reduction in HIV incidence over the period from 2012 – 2016 (NSP, 2012). Incidence estimates are important because they provide insights into the more recent dynamics of the HIV epidemic. More importantly, they are the most direct means of assessing the impact of HIV-prevention programmes that the country has implemented. HIV incidence is therefore the biomarker of choice to associate with recent behaviours or recent behavioural changes (Shishana et al, 2014). Varied methods can be used for analysis; it can be based on two independent methods: direct HIV-incidence measures using a laboratory-based testing algorithm and Indirect HIV-incidence estimates using a mathematical model.

The direct measure of HIV incidence indicated the differential HIV-transmission dynamics between males and females nationally. Among adults aged 15–49 years, the number of new infections was 1.7 times higher in females than in males, (Shisana et al, 2014). The incidence rates among young females remain concerning. The HIV-incidence rate among female youth aged 15–24 was over four times higher than the incidence rate found in males in this age group (2.5% vs. 0.6%) (Shisana et al, 2014).

The indirect measurement through mathematical models showed at national level the incidence rate has reduced in the age group 15 – 49 years from 1.31 in 2012 to 1.22 in 2015, a slight decline of 6.87%. The report further shows that the ratio of HIV incidence in the 15 – 49 years females to males is 1.5 higher. This indicates that the infection rate of females to males' remains higher. However the rate has steadily declined in the last 4 years (Shisana et al, 2014, Statistics South Africa, 2015).

At Provincial level HIV incidence in the Gauteng province has significantly reduced by 50% to 1.3% in youth aged 15 to 24 years over the last 10 years (from 2002 to

2012). This reduction was probably driven by the intensified combination HIV prevention approaches that aimed at reaching more people with HIV prevention interventions. The 2012 HSRC survey reflects that HIV incidence in adults 15 – 49 years and in babies aged 6 weeks old has been reduced by 40% and 86% over the same period (2002 – 2012) (Gauteng Multi sector Report; 2013). Some of the reasons for the significant reduction in youths include safer sexual behaviours and intensified combination prevention approaches as driven through the multi-sectoral response. The achievements in reducing Mother to Child Transmission (MTCT) are attributed to provision of quality health care services and highly active ART (HAART) for pregnant women. Notably, the scale up of ART treatment is reported to have yielded an overall reduction in both HIV incidence and prevalence (Gauteng Multi sector Report; 2013). The UNAIDS spectrum report (2013) revealed a reduction in HIV new infections from 104 000 in 2002 to 60 000 in 2013.

Table 1: Prevalence rates

Age group	Prevalence 2012 GP	Reduction in Prevalence	Source
Babies at 6 weeks	.5%	86%	NHLS
Youth 15 – 24 years	5.8%	43% in 4 years	HSRC
Adults 15 – 49 years	1.8%	+ 2%	HSRC
Pregnant women all ages	30%	30%	NDOH

HIV prevalence

The HIV infection rate (prevalence) in GP was slightly below the national average for South Africa in 2012. HIV prevalence in youth 15 to 24 years in Gauteng province has dropped faster than in other provinces for the last four years from 2008 to 2012, (Shisana et al, 2014). It dropped from 10.1% in 2008 to 5.8% in 2012. The Gauteng Province is ranked fifth in the country in terms of HIV prevalence at 12, 4% as at 2012 followed by Kwa-Zulu Natal at 16, 9% ranking highest. Prevalence in the Gauteng Province as highlighted in the 2012 HSRC Survey, has been steadily declining from 14, 7% in 2002 to 10, 8% in 2005 as well as 10,3% in 2008. This was lower than expected due to the social risk profile in GP. New HIV infections were highest in women 25 to 34 years of age. HIV prevalence in pregnant women remains high at 30% (Shisana et al, 2014; GSP Multi Sector Report, 2013).

Since the launch of the HIV Counselling and Testing (HCT) Campaign in 2010, more people have become aware of their HIV status. HCT is the entry point for HIV treatment, care and support for People living with HIV (PLHIV) and this is in line with the 90-90-90 strategy. There was a remarked increase in testing coverage from 51% in 2008 to 68% in 2012 in the Province and this resulted in the rapid expansion of the antiretroviral treatment (ART) programme. With the new UNAIDS guidelines the aim is to have 90% of the population living with HIV to test for HIV and know their status.

GP reflected an 82% HIV testing coverage by end of 2013, a significant reduction as compared to 95% in 2013 which indicates the need for more innovative approaches to promoting HCT including community based HCT and household testing. The Antenatal HIV prevalence survey in 2013, reflects that the Gauteng provincial HIV prevalence amongst antenatal women was 28.6% (95%CI: 27.0–30.3) which decreased by 1.2% from 29.8% (28.6 – 31.1) in 2009. The overall prevalence in Gauteng is stabilising around 29% - 30% in the past five years (Antenatal HIV Prevalence survey, 2013).

Key populations for Gauteng as informed by the provincial priorities during the current reporting period are as follows:

- Young women between the ages of 15 and 24 years
- People living in informal settlements in urban and peri-urban areas including farms.
- Migrant populations
- Young people who are not attending school
- Uncircumcised men
- Persons with disabilities
- Men who have sex with men (MSM)
- Sex workers and their clients
- People who use illegal substances, especially those who inject drugs
- Alcohol abuse

- Orphans and other vulnerable children and youth
- The people living in rural areas especially prioritized rural communities
- Transport sector: Truck and long distance taxi drivers.

In summary HIV prevalence rates were found high in most of the above mentioned key populations. HIV prevalence for sex workers was estimated to be over 50%, migrant workers in mining, transport and hostels (20 to 24%) and their female partners. Men who have sex with men (MSM) (28%) and prisoners (20%) (Gauteng Multi Sector Report, 2013).

INITIATE AT LEAST 80% OF ELIGIBLE PATIENTS ON ANTIRETROVIRAL TREATMENT (ART), WITH 70% ALIVE AND ON TREATMENT FIVE YEARS AFTER INITIATION

There has been significant achievements in universal access to antiretroviral therapy in Gauteng since 2012, with about 610 000 people on ART by end 2014. More than 80% of PLHIV get treatment from about 380 public health care facilities which equates to about 94% of all public health facilities in the province (Gauteng Department of Health Annual Report, 2013/14)

The rapid expansion of the ART programme is attributed to the HCT campaign and supported by innovative policies such as the training of nurses in the initiation and management of patients on ART (NIMART) in the early 2009/10, and the introduction of the fixed-dose combination (FDC) for patients in April 2013. The success of the ART programme is the main driver for the significant increase in life expectancy of Gauteng residents from 57 years for males and 60 years for females in 2006, to 61 years and 63 years for males and females, in 2013, (Gauteng Annual Report; 2013/14)

The proportion of pregnant women who were initiated on HAART increased from 63.1% in 2012 to 87.4% in 2014 (Gauteng Annual Report, 2014). The improvement is attributed to changes in policies including the introduction of fixed dose combination (FDC). This improvement in turn reduces mother to child transmission of HIV infection (Gauteng Annual Report; 2015). It is noteworthy that UNAIDS has introduced new targets which stipulate that 90% of those tested positive are put on

sustained treatment and the Province is on track to achieve this target respectively and will be key to evaluate as part of the PSP end term review.

The total number of clients remaining on ART in 2013/14 were 587 572 compared to 734 308 in 2012/13 and this decrease is mainly as a result of the highly mobile communities which created challenges with compliance monitoring (Gauteng Annual Report, 2014). In 2015 retention in care stood at 730 576 and it improved due to the establishment of treatment adherence clubs and improved tracking and tracing using data from the Tier.net, (Gauteng Annual Report, 2015).

REDUCE THE NUMBER OF NEW TB INFECTIONS, AS WELL AS THE NUMBER OF TB DEATHS BY 50%;

The number of out-patient attendees who were screened for TB doubled from 444 798 in 2013/14 to 1 025 573 in 2014/15. The achievement was associated with conducting TB screenings at all HCT campaigns (Gauteng Annual Report; 2015).

ENSURE AN ENABLING AND ACCESSIBLE LEGAL ENVIRONMENT THAT PROTECTS AND PROMOTES HUMAN RIGHTS IN ORDER TO SUPPORT IMPLEMENTATION OF THE GSP

The major element of this goal is to provide access to legal platforms for victims of human rights abuses on the basis of their HIV status. National laws are in place as follows: Government departments have policies and service guidelines for PLHIV, children and women. Lastly, there is access to legal services in Gauteng through social workers and NGOs for reporting any acts of human rights violations (Multisector Report: 2014). The Gauteng Province through the Department of Public Service and Administration (DPSA) has successfully mainstreamed HIV and AIDS programmes in the workplace and these interventions are coordinated to reduce any chances of human rights violations. The programmes coordinated by the DPSA include the Gauteng Provincial Government (GPG) employee health and wellness programme and the Government Employee Medical Scheme (GEMS).

REDUCE SELF-REPORTED STIGMA AND DISCRIMINATION RELATED TO HIV AND TB BY 50%.

The National Stigma Index Survey results were released in 2014 and provided baseline information on stigma which will be essential in tackling stigma and discrimination. The survey was participatory as the Gauteng province also took part in it. When external and internal levels of stigma were measured the results showed that there was still a moderate level of stigma affecting about one-third of PLHIV who took part in the study. Unsurprisingly, the report shows that internalized stigma is still a major challenge in South Africa with more than 40% of PLHIV expressing feelings of internalized stigma.

Four indicators have been proposed for reporting of stigma in Gauteng and these include:

1. Number of PLHIV who experienced internalised stigma (blaming oneself and ashamed)

2. Number of people with TB who experienced external stigma (gossiped about and verbal assault and harassment)

3. Number of people with TB who experienced stigma (feeling dirty and unclean).

4. Number of reported cases of HIV/ AIDS stigma in the workplace. It should be noted that this indicator was adopted from the DPSA.

The systems for data collection of the indicators have been established and will be reported through the national stigma report every 2 years (Stigma Index Report; 2014).

Table 2: PSP Impact indicators, 2013/14 - 2014/15

Indicator	FY 2014/15 Status	Source
HIV prevalence among women and men aged 15-24	5.8%	HSRC 2012
HIV Incidence (15 – 24)	1.22 (national) 1.5% (national)	Statistics SA, 2015, HSRC 2012
TB incidence	631 (521 – 752) at rate per 100 000	WHO, 2014
TB Mortality	168 (144 – 192) per 100 000 population.	WHO, 2014
HIV mortality	30,5%	
MTCT rate *(6 weeks)* *(and 18-months)*	1.3%	Gauteng Health annual report 2014/15
Stigma Index **Internal stigma** **Feeling ashamed** **Blaming oneself** **External stigma** **Being gossiped about** **Verbal assault and harassment**	 29% 31% 42% 35%	Stigma Index Report; 2014
Patients alive and on treatment	730 576	Gauteng Health annual report 2014/15

The Gauteng province met its target of reducing PMTC by <2% at 6 weeks standing at 1.3% in 2014/15. This was a huge milestone for the province compared to 2% achieved in 2013/14. The PMTCT programme developed an HIV baby tool to monitor the events that might have led to babies testing positive. The baby tool will assist in planning in relation to the elimination of mother to child transmission (Gauteng Department of Health Annual Report, 2013/14)

ASSESSING PROGRESS TOWARDS ACHIEVING PSP 2012 – 2016 STRATEGIC OBJECTIVES

Strategic Objective 1: Social and Structural Drivers of HIV, STIS and TB Prevention, Care and Impact

REDUCED VULNERABILITY TO HIV AND TB INFECTIONS IN YOUTH, (BABIES) AND ADULTS THROUGH SOCIAL AND BEHAVIOURAL CHANGE

Strategic objective 1 focuses on addressing the structural, social and behavioural factors that drive the HIV and TB epidemics in Gauteng. Government through the relevant departments engages in community education programmes to curb HIV and TB in youth, children and adults. The Department of Health leads the provision of health services, while the Department of Social Services leads the provision of services for orphans and vulnerable children and all the other Departments contribute to HIV and social support. During the current reporting period, most of the community education programmes were done in collaboration with NGO's, advocacy groups and community based Organisation.

The Department of Health led programmes including peer education for key populations and the Ward Based Outreach programme implemented by the Ward Based Outreach Teams (WBOTs). In 2014, the peer outreach program reached a total of 157 096 key populations as opposed to 968 114 reached in 2013, a decrease resulting from the closure of NGOs that supported the peer outreach program. A total of 8.6 million people were reached in 2015 through (Ward-Based Outreach Teams (WBOTs). The Prevent Avoid Stop Overcome Protect campaign was launched and it led to increased advertising through radio and outdoor advertising. The campaign is effective on HIV prevention prioritising safer social norms and sex behaviours and is a means for information, education and communication.

Social mobilization for TB was done by the Department of Health and its partners. A total of 32 080 households were visited for contact tracing with 5 232 children under five provided with INH (isoniazid) prophylaxis.

In commemorating World TB day, GAC took the opportunity of engaging with communities and providing services in shopping malls, schools and the business sector. Campaigns were also held for staff on TB during this period as part of the wellness program (Gauteng Department of Health Annual report, 2015).

During the current reporting period; the Department of Social Services also worked with NGOs in delivering community education programmes to address the social and behavioural drivers of HIV, TB and STIs. They reached 36 660 young people through social behaviour change programmes. A total of 36 community conversations on HIV and AIDS were conducted. In Gauteng, youth exposure to substance abuse is very high as compared to other provinces. To address the problem, the Department of Social Development through an integrated Anti substance abuse strategy designed to coordinate provincial response to the problem, provided prevention services in the form of awareness and prevention programmes to educate communities about the dangers associated with the substance abuse (The Gauteng Department of Social services annual report, 2015).

The Department of Basic Education developed an integrated strategy on HIV, AIDS, STIs and TB, 2012 – 2016 in response to the National Strategic Plan on HIV, TB and STIs. One of the key components of the strategy is to increase HIV, STI and TB knowledge and skills amoung learners, educators and officials, decrease barriers to retention in schools, in particular, for vulnerable learners. The department introduced a Curriculum and Assessment Policy Statement (CAPS) for Life Orientation (LO) for grades 7 and 9 which include concepts, knowledge, values and attitudes that deal with sexuality education and reproductive health. The aim of life orientation lessons was to provide teaching and learning to engage leaners on issues that encourage them to change their behaviour and their decisions around their sexual debut and, to provide them with support.

THE IMPACT OF HIV AND TB ON AFFECTED PEOPLE AND CHILDREN WILL BE REDUCED.

The objective seeks to enhance the normal development of Orphans and Vulnerable Children (OVC) including children affected by HIV. OVCs are a priority in the province and the Gauteng AIDS Council and Executive Committee or Council (EXCO) added a goal on OVC from 2007 to ensure they are a priority and constantly monitored. This is reflected in the GSP that includes activities on; psycho-social,

education, economic, and physical development of OVCs. However, the process of development of indicators was not finalised by the end of the reporting period. The department of Social development took the lead in providing services to the vulnerable groups of society including children, women, youth, and persons with disabilities, older persons and people living with and affected by HIV and AIDS; during the current reporting period.

Strategic Objective (SO) 1- Social and Structural Drivers of HIV, STIS and TB Prevention, Care and Impact

Indicator	Baseline	Target 2015	FY 2014/15 Status	Comment – progress towards target
% government departments and sectors with operational plans with HIV, TB and related gender and rights based dimension integrated	No data yet	No data	No data	
% municipalities with at least one informal settlement where targeted comprehensive HIV, STI and TB services are implemented	No data yet	No data	100%	The GAC through DOH implements comprehensive HIV, STI and TB programs in informal settlement
Current school attendance among orphans. **Current school attendance among non-orphans aged 10 -14 (UNGASS 12; MDG Indicator)**	98% (National)		99.1 % (National) (Millennium development report, 2015) 99.3% (National)	The indicator was reviewed as it was two pronged, to separate orphans from non-orphans.
Delivery rates for women under 18-NIDS	5.7 (2014)	<6.5%	4.8%	Health awareness on prevention of teenage pregnancy was conducted in clinics and during school visits which led to the achievement by 1.7% from the planned target
HIV and TB spend	1.353 billion (Nasa, 2008)	Not obtainable	2.2 billion (Nasa, 2013)	The dominance of the DHSD in the response to HIV/AIDS needs to be balanced, more funding needs to be directed to

				Spending on OVC support, community Development, enabling environment, and human and legal rights activities in Gauteng (NASA, 2013).
Number of women and children reporting gender-based violence (GBV) to the police in the last year			No data yet	Data collection system not yet in place and indicators not aligned to the SAPS report indicators.
Proportion of women who have experienced physical or sexual violence in the last year			No data yet	Data collection system not yet in place and indicators not aligned to the SAPS report indicators.

A significant achievement of 4.8% in Delivery rates for women under the age of 18 years was noticed, due to intensified efforts in health awareness on prevention of teenage pregnancy conducted in clinics and during school visits.

According to the General Household surveys conducted from 2002 to 2012, the ratio of school attendance among orphans to school attendance among non-orphans aged 10–14 years is almost 1, which suggests that there has been no difference in school attendance by orphaned children aged 10 – 14 compared to non-orphaned children in South Africa since 2003 (MDG Report; 2015). The data suggests that in South Africa, orphaned children aged 10 – 14 years are likely to attend school as non- orphaned children.

Gaps and Challenges

- Indicators for SO 1 did not collect data for activities as outlined in the sub-objectives which made it difficult to establish progress towards targets;
- Allocation of financial resources was not equitable to allow for the implementation of structural and behavioural interventions that ensured impact on the HIV response;

STRATEGIC OBJECTIVE 2: PREVENTING NEW HIV, TB AND STI INFECTIONS

The significant achievement for the financial year 2014/15 is that the HCT programme exceeded the target of 2 363 151 by 6%, with number of clients tested at 2 509 109. PMTC also reduced from 2% to 1.3%. The number of health facilities performing MMC increased from 72% to 94% to facilitate increased coverage of the programme (Gauteng Department of Health Annual report, 2015).

Strategic Objective 2- PREVENTING NEW HIV, TB AND STI INFECTIONS

Indicator	Baseline	Target 2015	FY 2014/15 Achieved	Comment – progress towards target
Number (and percentage) of men and women 15–49 tested for HIV	13.4 million (HCT review report, 2011)	2 363 151	2 509 109 (GDOH annual report, 2015)	In contrast to national this indicator reports only HIV testing NOT combined with counselling.
Number and percentage of people screened for TB	8 million (national)	600 000	1 025 573 (GDOH annual report, 2015)	At all HCT campaigns, TB screening takes place as well.
Number of newly diagnosed HIV positive people started on IPT for latent TB infection	53% (HCT review, 2011)	data not available	551 787 (national) (WHO, 2014)	Indicator aligned to reporting by department of health which is; Number of HIV positive clients initiated on IPT.
Percentage men and women aged 15–24 reporting the use of a condom with their sexual partner at last sex	40% (NCS, 2008)	47%	35.7% (HSRC, 2012)	
Percentage young women and men aged 15–24 who had sexual intercourse before age 15 (age at sexual debut)	10% (HSRC, 2012)	7% increase from baseline	9.5% (HSRC, 2012)	
Percentage women and men aged 15–49 years who have had sexual intercourse with more than one partner in the last 12 months	7% (UNGASS, 2010)	80% increase from baseline	14% (HSRC, 2012)	
Male condom distribution	69 480 378 (2013/14)	193 million	131 315 310 (GDOH annual report, 2015)	Underachievement was due to limited stock from suppliers. This is caused by late payment by Gauteng to suppliers and then they end up getting stock left after distribution to all provinces that pay in time.
Female condom distribution	5.1 million (national)	1 926 000	4 838 281 (GDOH annual report, 2015)	The department is distributing three different types of female condoms; FC2 Latex Female Condoms, Pleasure More Latex Female Condom and Cupid Latex Female . To

				continue with demand creation Condom with coloured branding affected the increase on condom distribution
Number of men medically circumcised	132095 (2013)	208 261	139 093 (GDOH annual report, 2015)	Limited space for high volume circumcision in health facilities. Myth on circumcision being done only in winter is affecting performance. Contracted Private Provider to support with MMC Door to door campaign to create demand Mobile MMC outreach services
Number of people reached with media	4 725 000 (2014)	6 million	30 million (GDOH annual report, 2015)	The target was exceeded through large advertising contracts. Advertising on radio and outdoors was scaled up. The launch of the PASOP (Prevent, Avoid, Stop, Overcome and protect) campaign also contributed to high performance

Gauteng Province did relatively well in Strategic Objective 2 by surpassing their HCT target as well as TB screening which is part of the HCT campaign package. The results also reflected a relative change in behaviours such as condom use and multiple partner sex. There was a very good communication program in Gauteng that reached about 30million with information on HIV, TB and STIs, during the current reporting period.

Gaps and challenges

- VMMC demand and update is low due to myths and availability of adequate space;
- Condom distributions is sub-optimal due to procurement and logistical reasons;

- Sexual debut not improving.

STRATEGIC OBJECTIVE 3: SUSTAINING HEALTH AND WELLNESS

The ART programme was at the centre of sustaining health and wellness of HIV infected people. The ART programme enrolled 1 010 407 patients since 2004. The introduction of the fixed dose combination in April 2013 resulted in greater numbers of people enrolled and retained in ART. The pill burden was reduced for the patients as the combination tablet became more convenient and accessible and this led to reduction in deaths and loss to follow up (Gauteng Department of Health Annual report, 2013).

The introduction of the revised ART guidelines and new eligibility criteria resulted in higher enrolment for treatment. Patients meeting the criteria were put on lifelong treatment and such strides are anticipated to contribute to the elimination of MTCT.

UNAIDS launched a fast track strategy to achieve the 90–90–90 targets for 2020. The aim was to greatly step up the HIV response in low- and middle-income countries to end the epidemic by 2030. It states that without rapid scale-up, the epidemic will continue to outrun the response. To prevent this, the number of new HIV infections and AIDS-related deaths will need to decline by 90%. The strategy sets targets for prevention, treatment, care and human rights. The strategy outlines the following expectations by 2020:, 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression. The 90-90-90 targets for TB outline the following: 90% of the people who visit health facilities are screened for TB; 90% of those found to have TB are put on TB treatment and 90% of those on treatment are cured after completion of treatment. South Africa endorsed the strategy and was receiving technical support from UN agencies and other international agencies on developing implementation plans to achieve targets during the reporting period. Moreover, these targets will set the frame for the new National strategic Plan (NSP) for HIV response 2017- 2022.

Strategic Objective 3 – SUSTAINING HEALTH AND WELLNESS

Indicator	Baseline (All figures are national targets)	Target 2015	FY 2014/15 Achieved	Comment – progress towards target
Proportion (%) of people per year becoming eligible who receive ART	58%	135 000	139 740 (GDOH annual report, 2015)	The indicator has been harmonised with the DOH indicators which is; total number of clients initiated on ART. 136 060 were adults and 3680 were children. The ART programme has enrolled 1 010 407 patients since 2004 to date
TB case registration rate	708/100 000 (National TB programme)	No data yet	375/100 000	
TB case detection rate	72% (WHO, 2010)	No data available	68 (61–77) WHO, 2014	
% smear positive TB cases that are successfully treated	73%	85%	85.7% (GDOH annual report, 2015)	Relative improvement
TB case fatality rate (CFR)	9.2	No data yet		Not available in WHO report
CFR HIV-positive = CFR HIV-negative	54%	No data yet		Not available in WHO report
Number and % of registered TB patients who tested for HIV	54%	Data not available	21 919 (GDOH annual report, 2015) 68%	This shows quite a considerable improvement as compared to 67% in 2013/14.

The Gauteng Province Health Annual Report (2014/15) indicates that the TB epidemic is not decreasing at the expected rate in line with the NSP for HIV, STIs and TB (2012-2016). The report also states that the TB incidence rate in Gauteng decreased from 598/100 000 in 2012 to 375/100 000 in 2014. The successful ART programme which reduces opportunistic infections such as TB was cited as one of the contributing factors to the reduction of TB incidence. The TB co-infection rate also reduced from 71% to 68% during the same period; as stated in the report.

The intensification of case-finding with the intention to treat was the latest strategy adopted by the programme in order to fight the epidemic during the year under review. The total number of cases for the year in review decreased from 46 416 in 2013/14 to 35 595 in 2014/15. The Gauteng Province Health Annual Report (2014/15) confirms that the decrease translates into 28% reduction of total cases compared to the previous reporting period. The report also stated the TB treatment

outcomes as follows: of the 35 959 patients diagnosed; 17 499 were smear positive on Genexpert. In addition, the smear conversion at the end of two months was 82.3%. Furthermore, at the end of six months 14 747 patients had been cured; translating into 84.2%, compared to 83.8% in 2013/14. This implies that the treatment success rate was at 85.7% during the current reporting period; hence the set target of 85% was exceeded.

Gaps and challenges

- TB and HIV integration is a challenge for the province;
- TB case detection rate is low as set against national target;

STRATEGIC OBJECTIVE 4: ENSURING PROTECTION OF HUMAN RIGHTS AND IMPROVING ACCESS TO JUSTICE

Civil society organisations especially organisations for PLHIV continue to play a leading role on HIV and TB. In Gauteng there is high inclusion of PLHIV in families, communities, workplaces, FBOs, schools and tertiary education. There is high legal and policy protection against discrimination. There is good access to legal advice and services in Gauteng by organisations including Law for human rights, Aids legal network and Access to justice. All provincial governments and municipal departments have AIDS policies and services which address the human rights of PLHIV to work and access services. The Children's Act protects children including OVC.

There is very high access to services for PLHIV and OVC in Gauteng. Special efforts to ensure social inclusion and reduce discrimination in high risk groups are done in Gauteng province. These include the peer education and ward door to door programmes (Gauteng Multi Sector Report, 2013).

Several policies and services have been enacted to ensure protection of employee rights in the workplace and improve justice. These include the Employee Health and Wellness Policy (EHWP) by DPSA and GEMS (Government medical scheme). The GPG EHWP addresses the financial, mental, and spiritual wellness of the employees. The Government Employee Medical Scheme (GEMS) was established to increase access to health care for all officials.

MONITORING AND EVALUATION

The M&E system for the Gauteng Strategic Plan builds on the existing monitoring and reporting systems in SANAC. The multi-sector M&E system was set up from 2006, the process began with adoption of the logical framework through a participatory process with stakeholders coordinated by Gauteng Aids Council. Logical frameworks (Log Frames) were developed for three of the four Strategic Objectives and the four Strategic Enablers in the GSP to inform the M&E system. Furthermore, the log-frames were expanded to the Implementation Plan and the M&E Plan. However the M&E plan was being developed during the reporting period. It is anticipated that the process of the development of the M&E plan will be fast-tracked and be finalised during the next quarter. The plan is essential to provide a framework for monitoring implementation of the GSP. The plan will measure the results and effectiveness of the Implementation Plan (GSIP) for the same period.

Gaps and challenges

The routine reporting system in GP:

- Is limited to Health, Education, Social Development, EHWP and ward programmes by municipalities, and
- The routine system from Sectors and service NGOs is not established. However, it should be noted that other sectors and NGOs reported to the funding department or donors during the current reporting period. Information from other sectors and NGO was obtained from the departments. This implies that the following sectors did not report during the year under review: sectors not funded by Provincial Government; sectors funded by donors and the private sector.
- Some departments did not report consistently to secretariats;
- The plans and reports of Gauteng Government departments and municipalities did not cover all the HIV and TB activities;
- Some of the indicators for the multisectoral response were not Specific, Measurable, Achievable, Realistic and Time-bound (SMART) and need to be reviewed for the next GSP;

- Data collation and reporting tools are not harmonised to allow the civil society and other sectors to report on the indicators they were tracking.
- Lack of M & E capacity among civil society and other sector organizations.

Recommendations

The following are the key recommendations for the M&E unit:

- Harmonise data collection tools and reporting systems and build capacity of sectors and civil society to report;
- Review indicators for the GSP and ensure they are SMART for the next period;
- Continuously engage with Government Departments to gain access to their data for routine reporting;
- Establish a data repository at GAC for sectors and departments to upload data for analysis and reporting on the multi-sectoral response.

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