**The Treatment Gap in South Africa:**

South Africa has the largest public ART programme worldwide with over 600,000 people initiated on treatment as of December 2008. Over 1.2 million people are currently in need of ART, resulting in a treatment gap of 50%, if enrolments in the private and military sectors are included. With over 500,000 additional people estimated to be in need of treatment every year, access to treatment must expand rapidly to make a significant impact on the number of deaths and prevent opportunistic infections, especially TB.

**High Priority Districts**

A more focused approach to planning treatment rollout using district level data enables provincial governments to both identify treatment needs and refine responses to address the gaps. HIV prevalence data (South African Antenatal Survey 2006), population data (Stats SA 2007) and estimates from the Actuarial Society of South Africa's demographic model (ASSA 2003) were used to estimate the current and annual treatment need at a district level. The number of people initiated on treatment by site was provided by the National Department of Health (August 2007).

Looking at KwaZulu-Natal, the 2nd largest province in South Africa, with the highest HIV prevalence rates, the need to conduct district-level analyses becomes clear. 3.5 million people reside in the Durban metropole (eThekwini District) with an HIV prevalence rate of 40.1%. In August 2007, of the 95,500 people estimated to be in need of treatment in eThekwini, 80% had not yet initiated ART, with an additional 50,000 in need of treatment annually. While eThekwini has the most number of ART service points in KwaZulu Natal and the most number of people initiated on ART, it has the largest treatment gap. The treatment gap is most severe in densely populated urban and peri-urban communities such as Umlazi, KwaMashu and Inanda. Treatment rollout at the primary level of care in these localities surrounding Durban must be prioritised to meet the urgent need for ART. Expanding treatment access in these areas will have a significant impact on meeting treatment need at a provincial level.

**Recommendations**

Targets for ART rollout have been determined on a geographical equity basis of one ART service point per subdistrict. While an equity approach is important to ensure universal access, the treatment gap is most pronounced in districts with major urban centres and large peri-urban informal settlements. Thus, a population-based equity approach based on district-level need is more appropriate to allocating resources and improving existing health infrastructure. This approach will help close the treatment gap towards the South African National Strategic Plan goal of enrolling 1.1 million people on ART (80% of need) by 2011.