



THE SIXTH SOUTH AFRICAN NATIONAL HIV PREVALENCE, INCIDENCE, AND BEHAVIOUR SURVEY (SABSSM VI)

20 YEARS OF STRATEGIC HIV AND PUBLIC HEALTH DATA

Launch of the key findings

27 November 2023



OVERVIEW OF PRESENTATION



- Background about the SABSSM survey series
- Main objectives of the study
- Study methods
- Results
 - Response rates
 - National HIV prevalence
 - Viral load suppression
 - Progress towards 95-95-95 targets
 - Condom use
- Concluding remarks

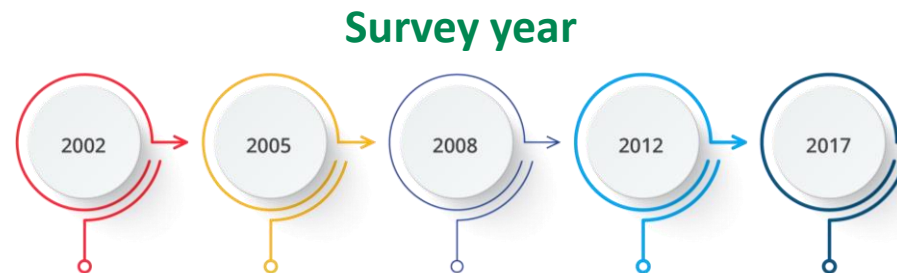
WAY BACK IN 2002



- Expanded scope
- Larger sample size
- Increased biomarkers
- Take all approach
- Electronic data collection



Major source of information for measuring the progress of the implementation of the South African National Strategic Plan (NSP) for HIV, STIs and TB



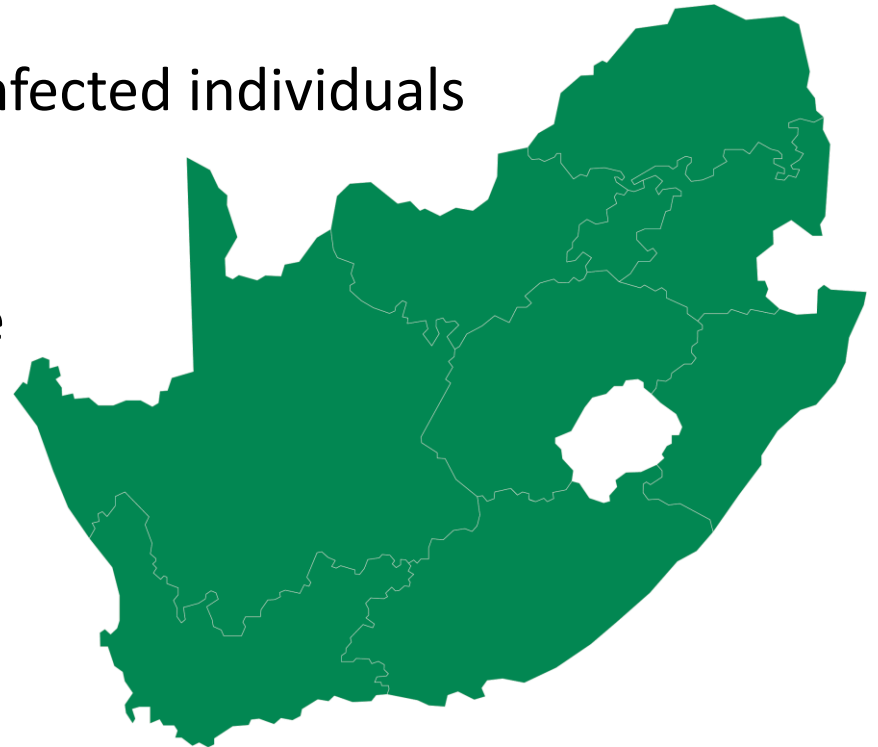
MAIN OBJECTIVES

To estimate at national, provincial and district levels (PEPFAR and NDoH priority):

- HIV prevalence (adults and children)
- Exposure to ART
- Viral load suppression in HIV-infected individuals

To estimate at national level:

- HIV incidence (annualized rate of new HIV infections)



STUDY METHODS

Geographic scope



- National level: 9 provinces
- District level: 27 PEPFAR and 6 National Department of Health priority districts

Study design and population



- A cross-sectional, population-based household survey, using multi-stage stratified cluster random sampling
- The study design and methods are validated in the five previous surveys

Survey population



- Persons of all ages living in South Africa at the time of the survey
- All members of the selected households were invited to participate
- Data collection occurred over 15 months, from January 2022 to April 2023

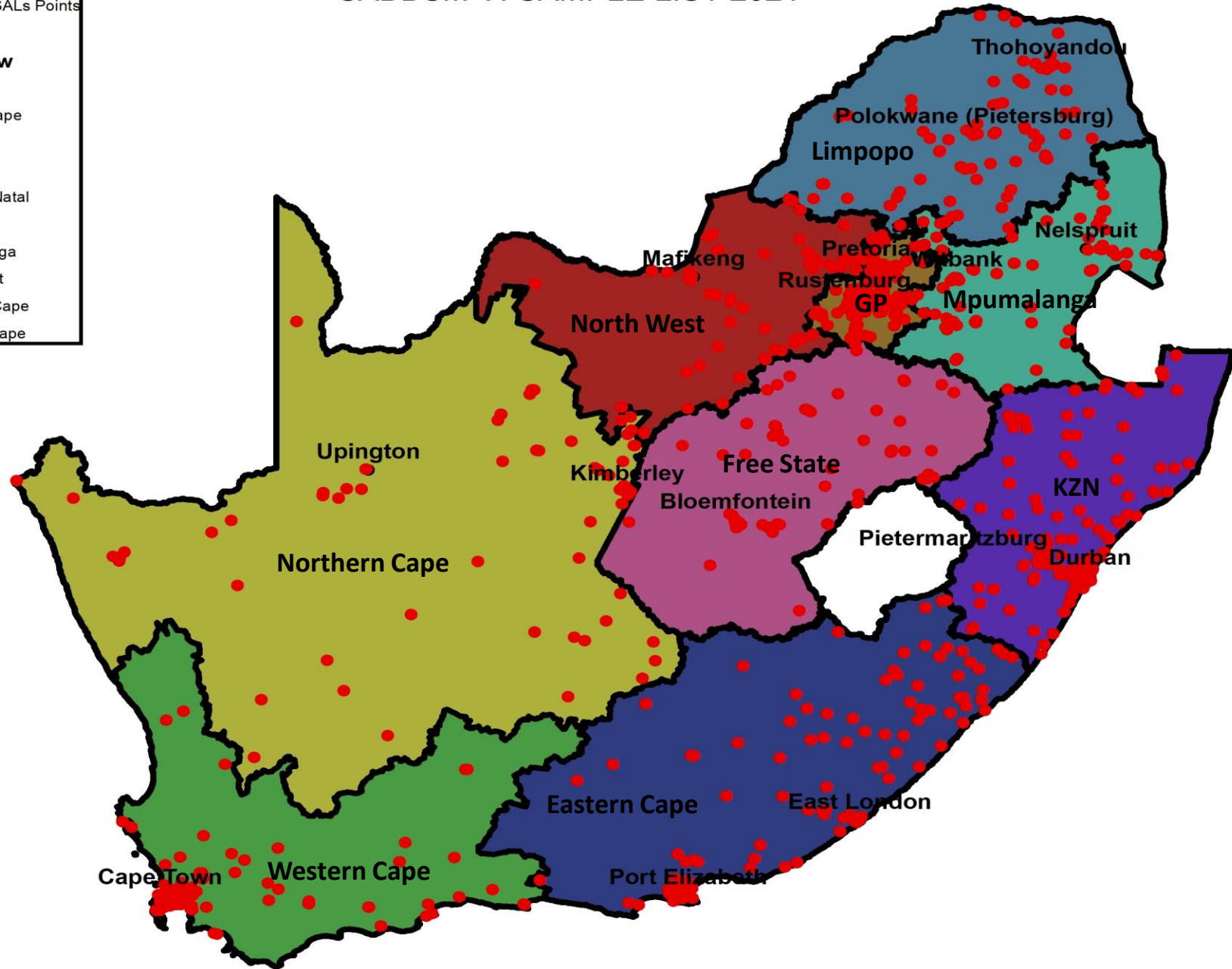
SABBSM VI SAMPLE LIST 2021

Legend

- Sampled SALs Points
- MainTown

Province_New
PROVNAME

- Eastern Cape
- Free State
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumalanga
- North West
- Northern Cape
- Western Cape



0 225 450 900 Km

QUESTIONNAIRES

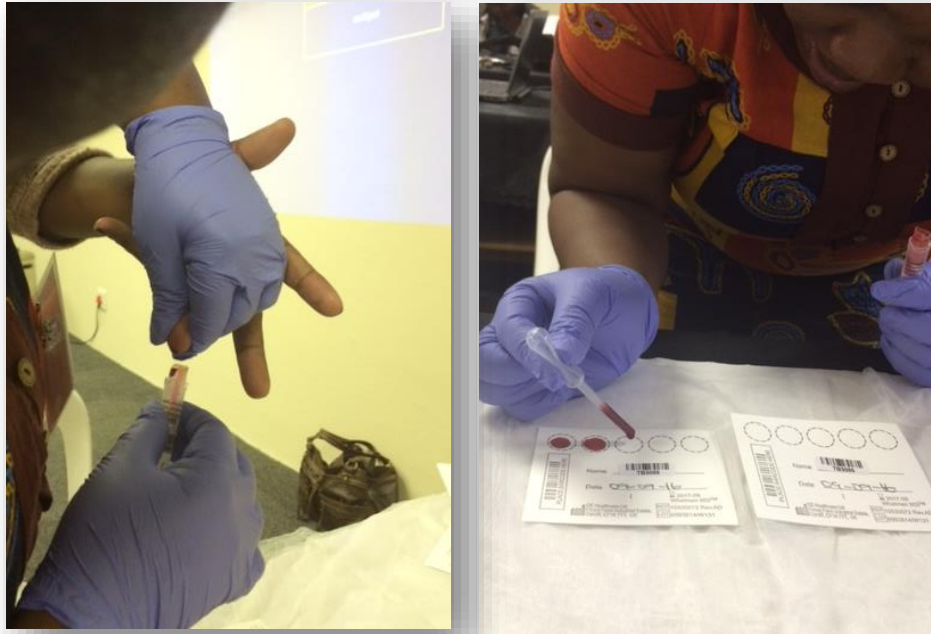
Household Questionnaire

- This questionnaire was used to record a household listing of members and other household-level information

Individual questionnaires

- Questionnaire for parent/guardian of children aged 0 to 11 years
- Questionnaire for children aged 12 to 14 years
- Questionnaire for persons aged 15 years and older

SPECIMEN COLLECTION

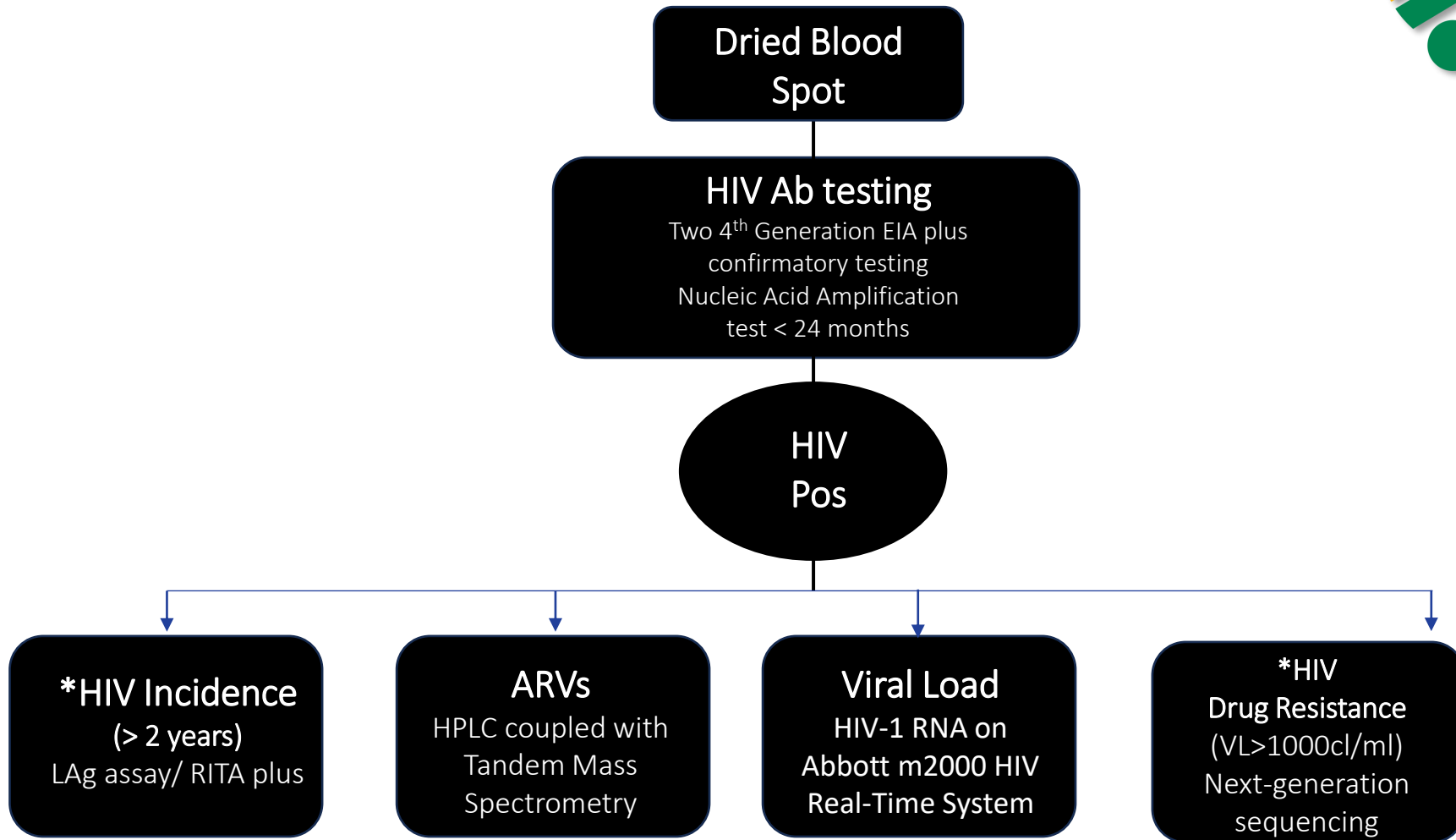


Dried blood spot (DBS) specimens collected by

- finger-prick
- heel-prick in infants < 24 months



SPECIMEN TESTING



* Not reported in this presentation

WEIGHTING PROCEDURE

- Small area layer (SAL) (primary sampling unit) weights reflect the allocation of SALs according to the three stratification variables, namely race, province, and locality type.
- In each sampled SAL, a systematic random sample of 15 visiting points (VPs) was selected, with VPs in each SAL having the same base weight.
- SAL base weights were adjusted to correct for the invalid and unrealised SALs
- VP weights were computed as the counted number of VPs in the SAL, corrected proportionally for invalid VPs, and divided by the number of VPs participating in the survey.
- Final VP sampling weight was computed as the product of the SAL sampling weight and the VP sampling weight.
- Demographic and HIV-testing information for all household members within the responding SALs were gathered to calculate individual sample weights.
- These individual weights were further adjusted for questionnaire and HIV-testing non-response.
- The final individual weights were benchmarked against the 2022 census population by age, race, sex, and province.



Celebrating 20 years
of research towards a healthier nation

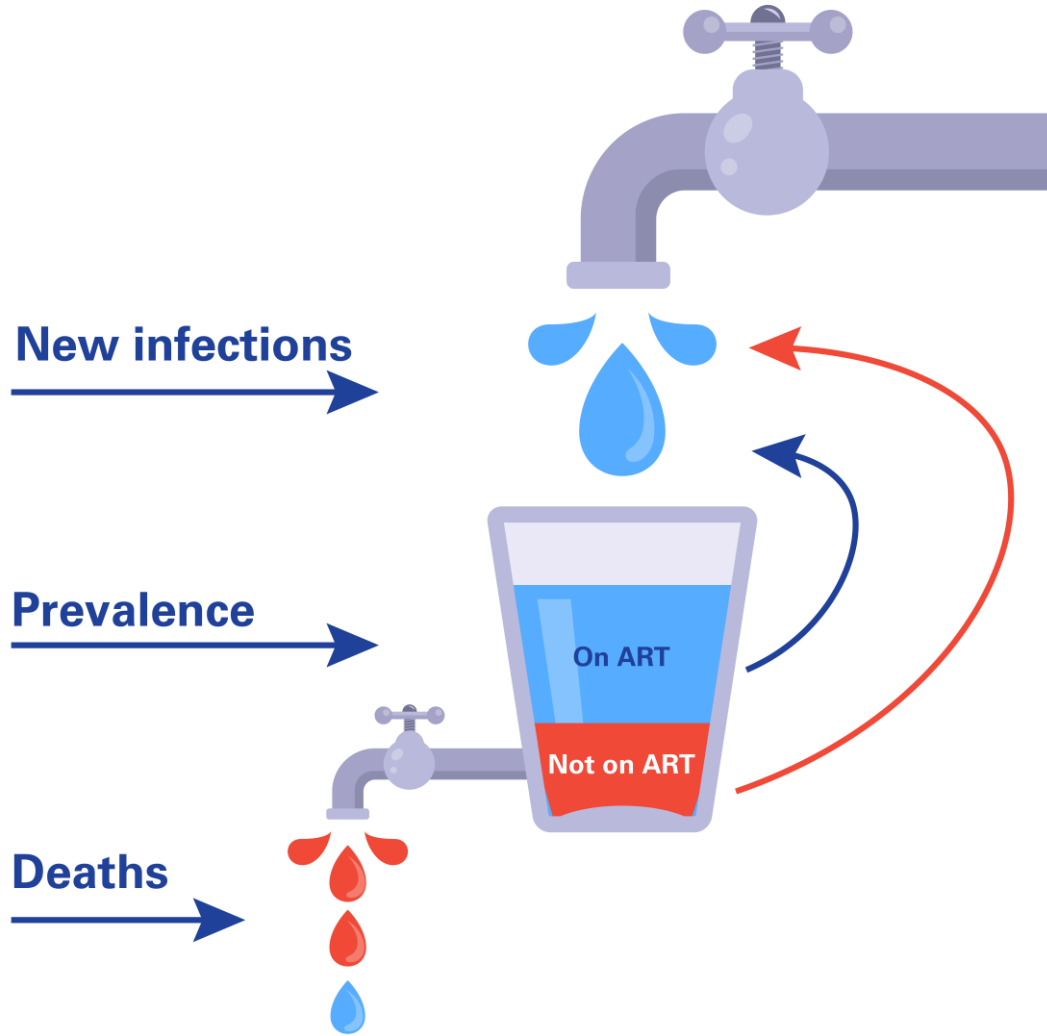
RESULTS



RESPONSE RATES

- 29 447 VPs were approached, where 27 005 (91.7%) were valid.
- Of 27 005 valid households, 80.0% completed a household interview.
- Of the eligible 76 134 individuals, aged 0+ years and older, 94.1% were interviewed, and 62.7% provided blood for HIV and additional testing.
- Of the 30 718 eligible women, aged 15 years and older, 94.9% were interviewed, and 69.0% provided blood for HIV and additional testing.
- Of the 22 665 eligible men, aged 15 years and older, 90.6% were interviewed, and 60.8% provided blood for HIV and additional testing.

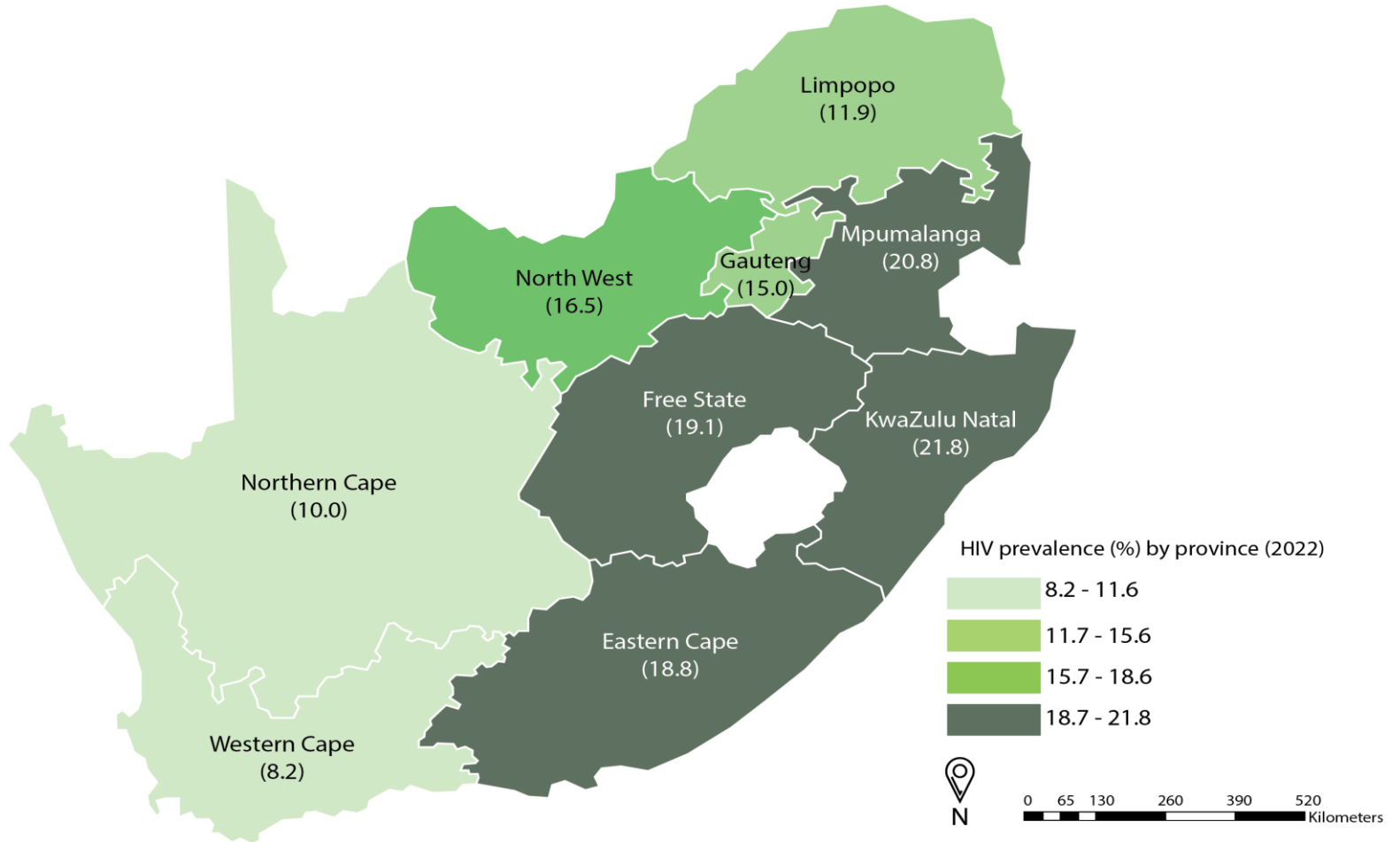
UNDERSTANDING THE HIV EPIDEMIC



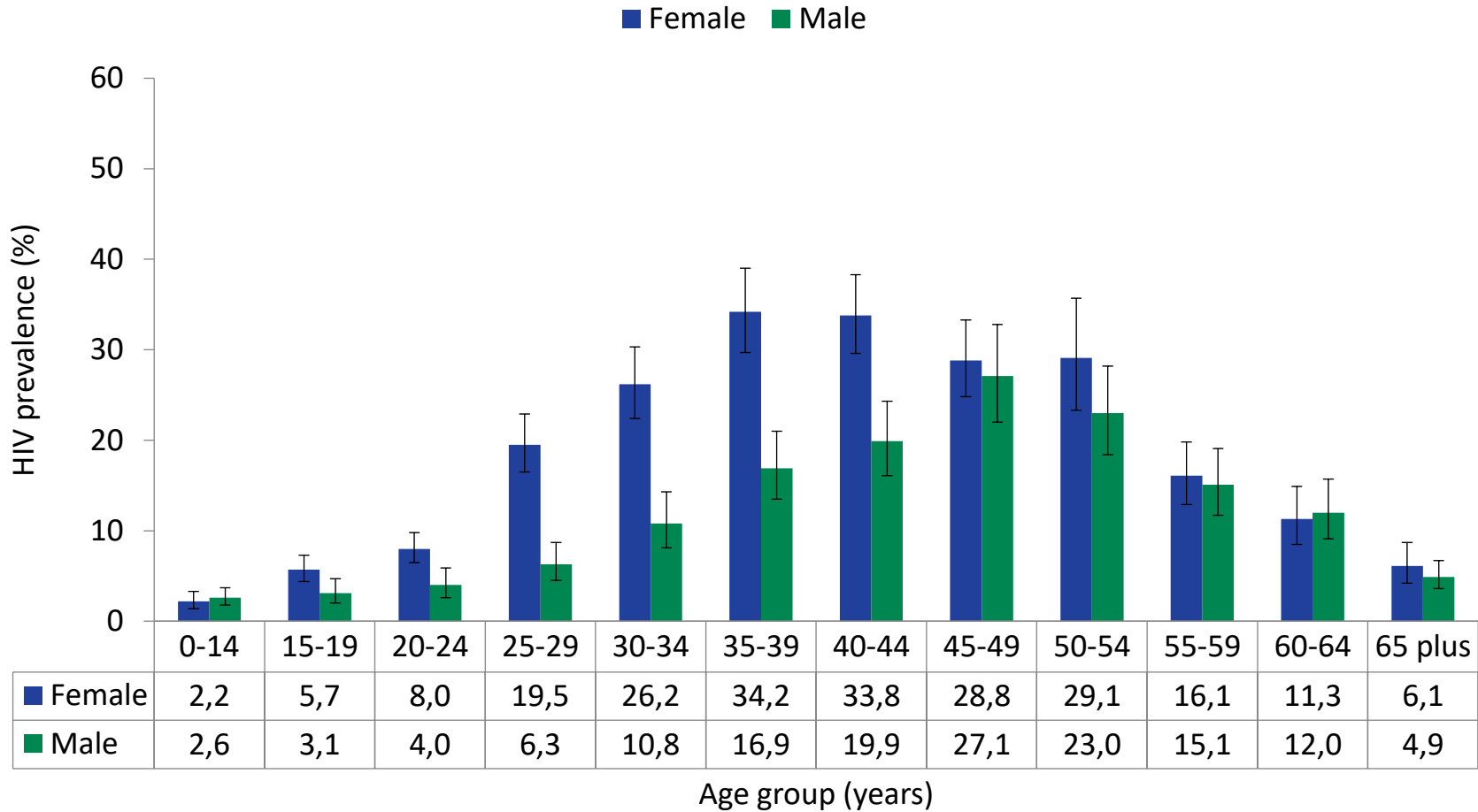
OVERALL HIV PREVALENCE, SOUTH AFRICA, 2017 AND 2022

- The overall national estimate for HIV prevalence for all ages in 2022 was 12.7% (95% CI: 12.0–13.4), translating to 7.8 million (95% CI: 7.2–8.4)
- The HIV prevalence was 1.3% lower than the estimate found in 2017, which was 14.0% (95%CI:13.2 – 14.8), translating to 7.9 million (95% CI: 7.2–8.6)
- This represents 107 000 fewer people living with HIV in 2022

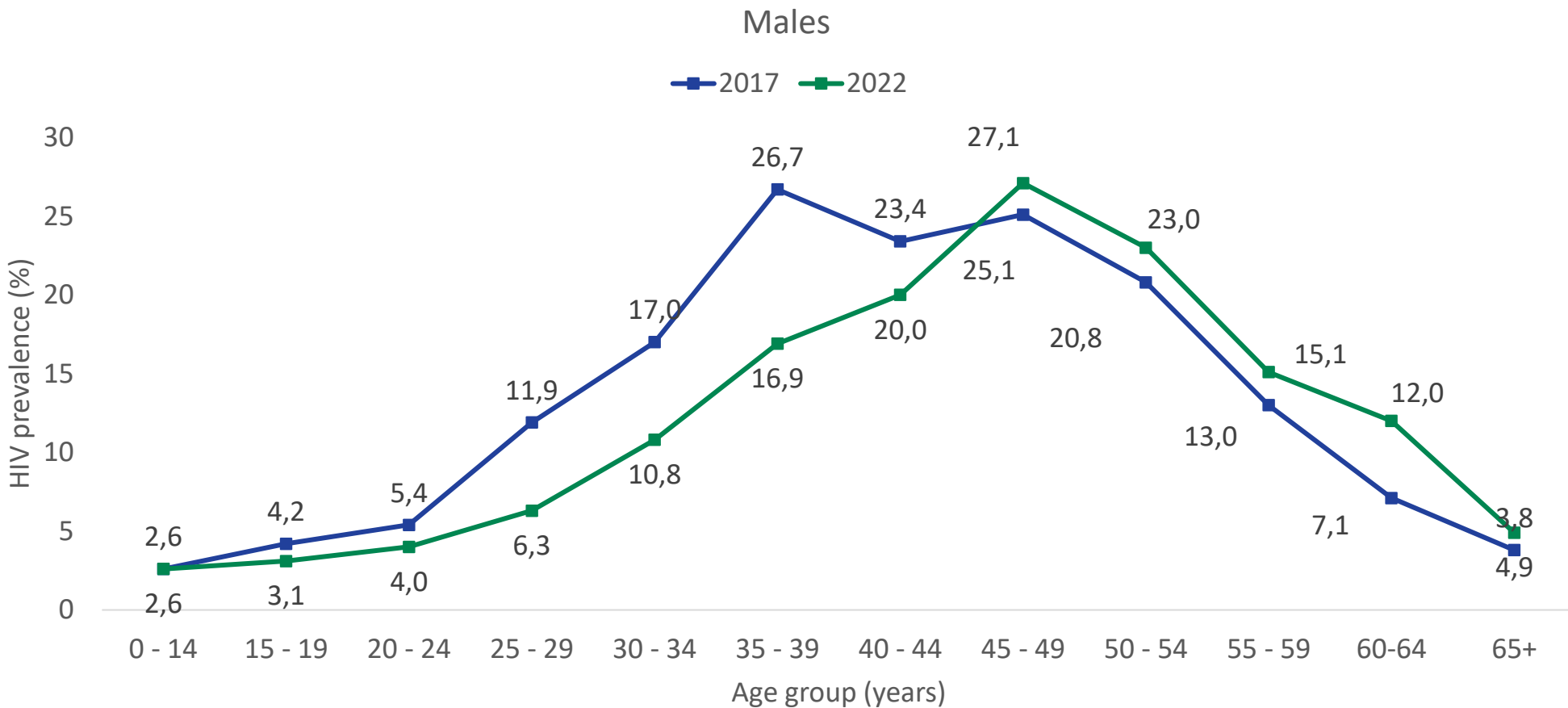
HIV PREVALENCE AMONG PEOPLE AGED 15+ BY PROVINCE, SOUTH AFRICA, 2022



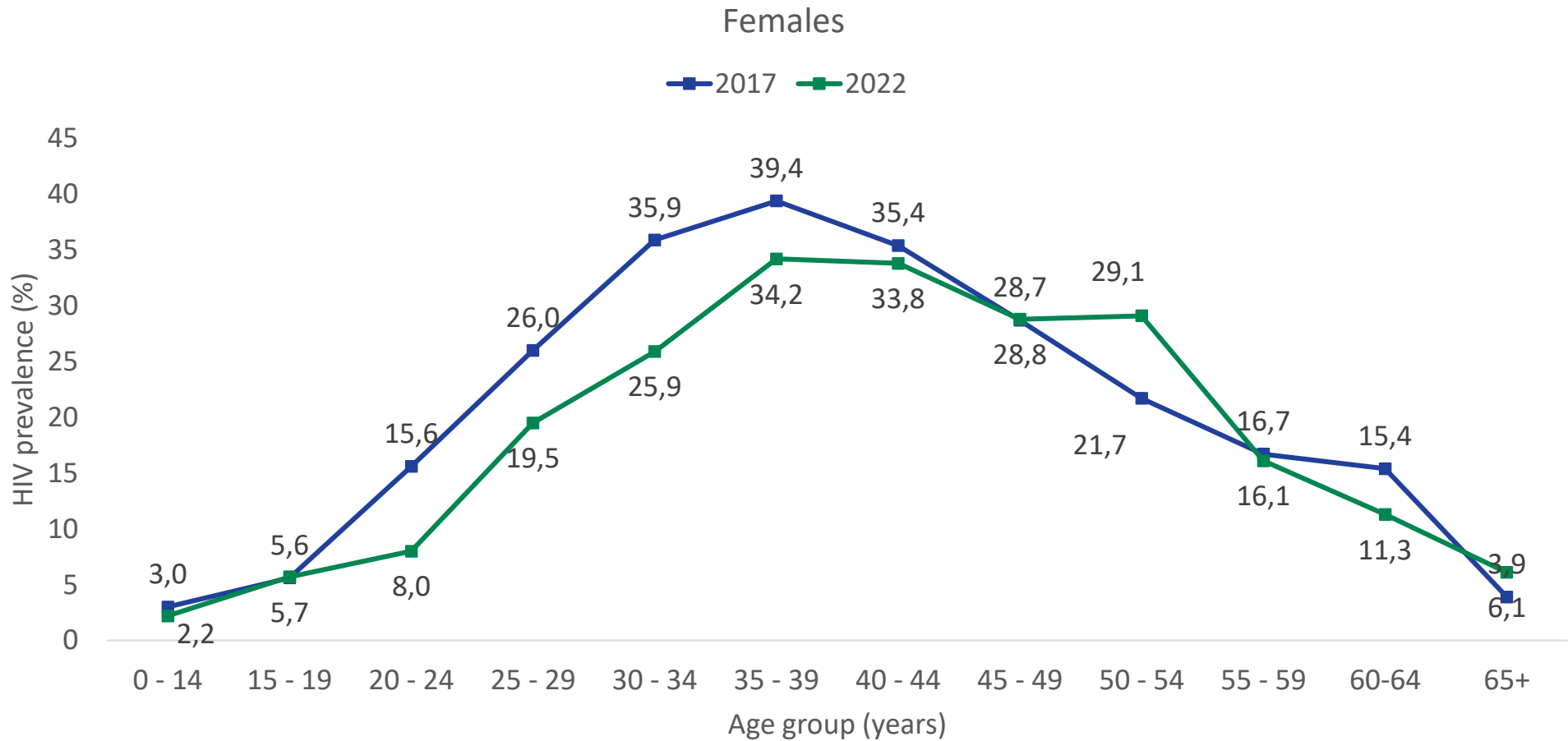
HIV PREVALENCE BY SEX AND AGE, SOUTH AFRICA, 2022



OVERALL HIV PREVALENCE AMONG MALES, SOUTH AFRICA, 2017 AND 2022



OVERALL HIV PREVALENCE AMONG FEMALES, SOUTH AFRICA, 2017 AND 2022

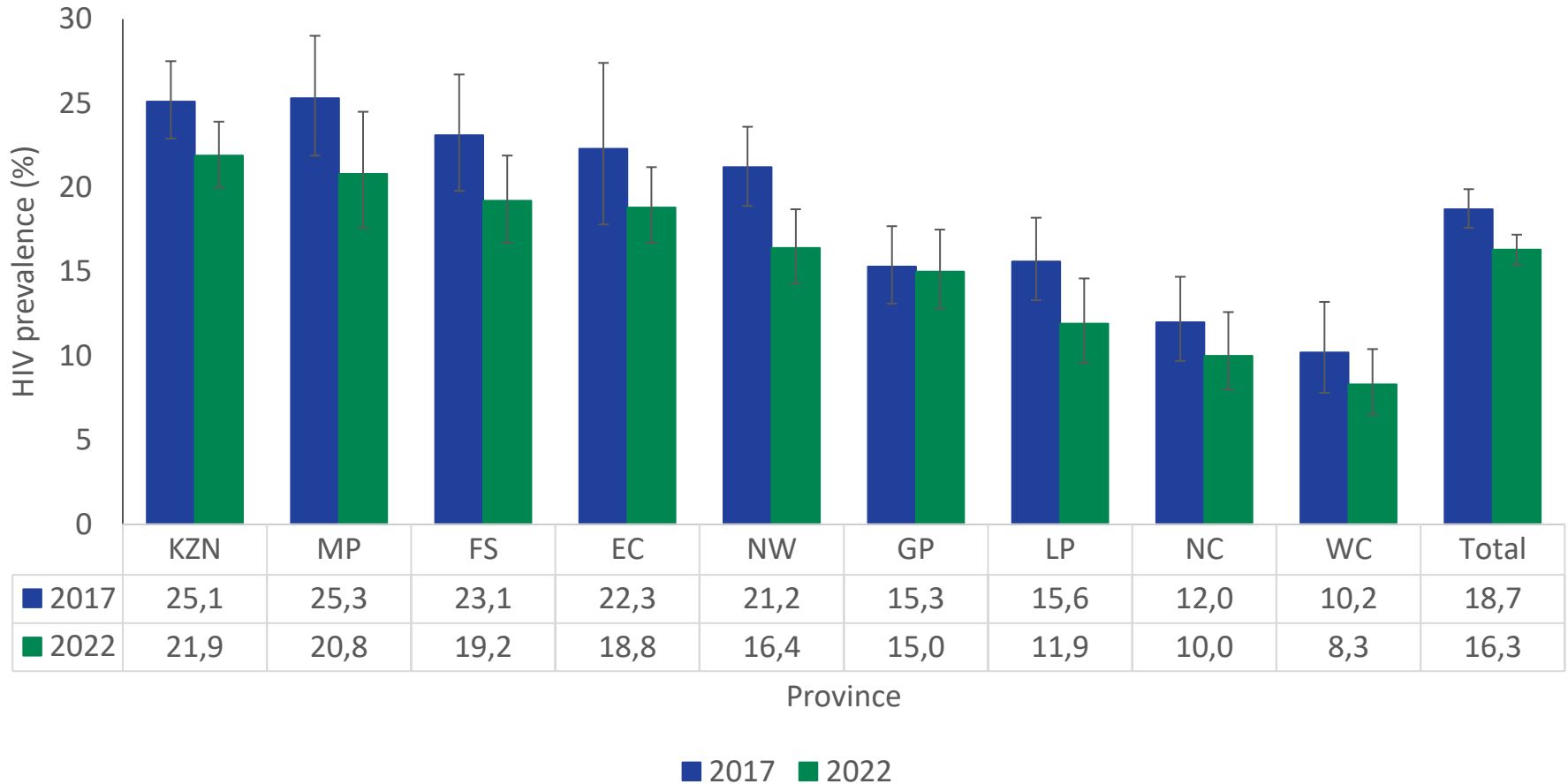


OVERALL HIV PREVALENCE BY AGE

SOUTH AFRICA, 2017 AND 2022

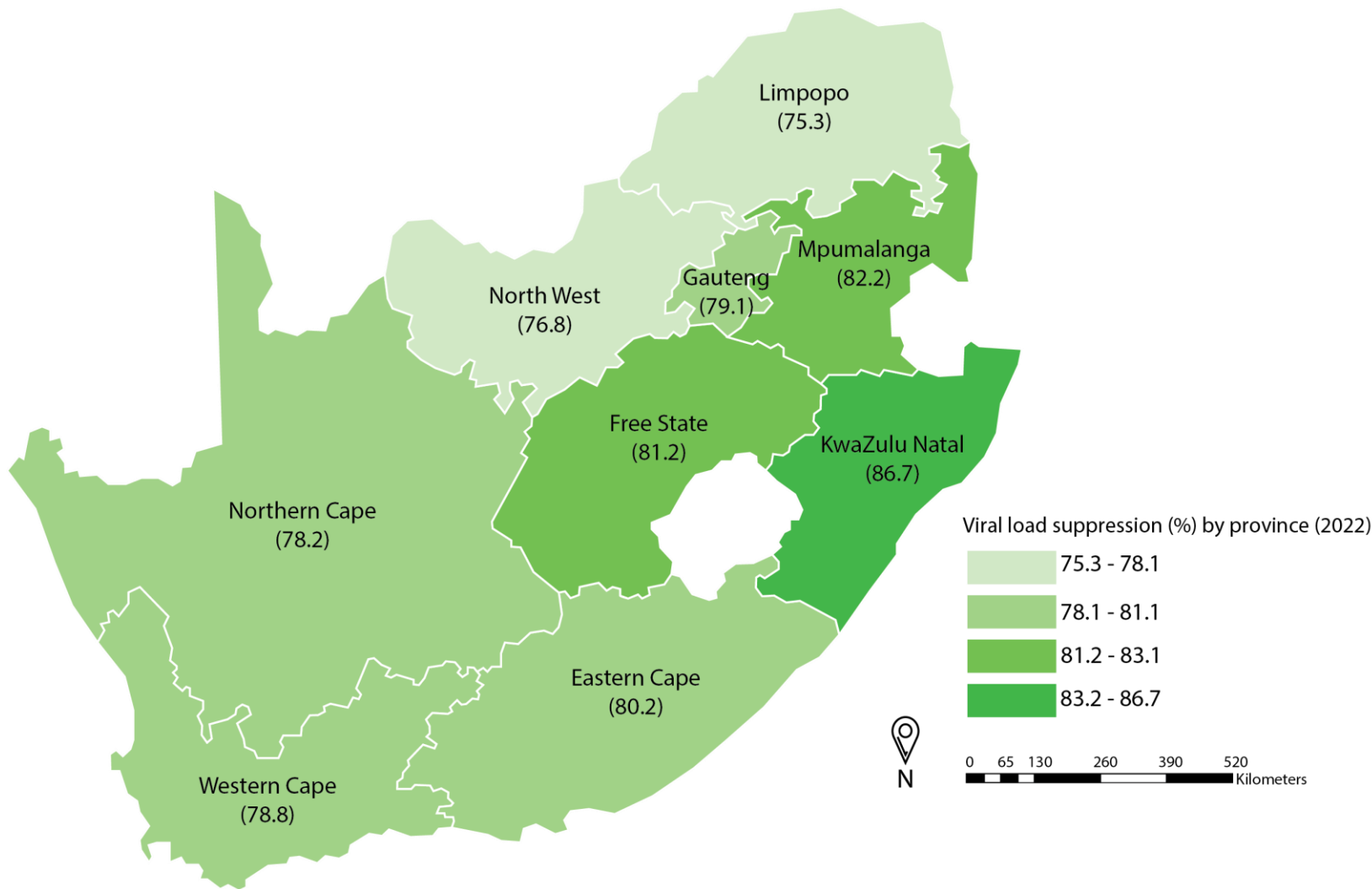
Age group (years)	2017		2022	
	HIV-positive (%)	Number of PLHIV	HIV-positive (%)	Number of PLHIV
Total	14.0	7 917 000	12.7	7 810 000
0–14	2.8	471 000	2.4	390 000
15–24	7.8	754 000	5.2	533 000
25–49	26.3	5 581 000	22.1	5 300 000
50+	12.4	1 111 000	14.0	1 588 000
15–49	20.6	6 335 000	17.0	5 833 000
15+	18.7	7 446 000	16.3	7 420 000

HIV PREVALENCE AMONG 15 YEARS AND OLDER BY PROVINCE, SOUTH AFRICA, 2017 AND 2022

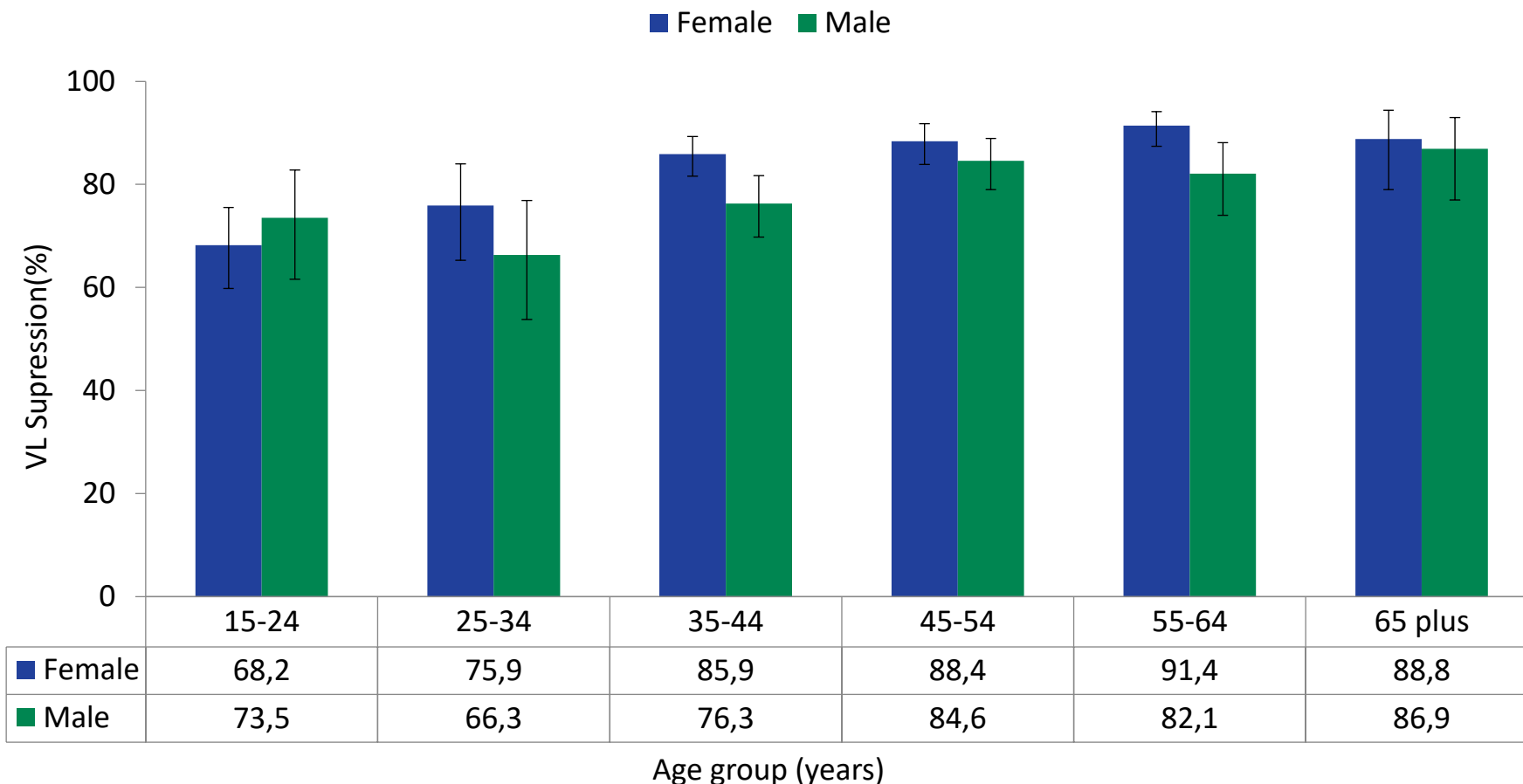




VIRAL LOAD SUPPRESSION AMONG PEOPLE AGED 15+ LIVING WITH HIV BY PROVINCE, **SOUTH AFRICA, 2022**



VIRAL LOAD SUPPRESSION AMONG PEOPLE LIVING WITH HIV BY AGE AND SEX, **SOUTH AFRICA, 2022**



VIRAL LOAD SUPPRESSION (15 YEARS AND OLDER) LIVING WITH HIV BY SEX, RACE, AND AGE, **SOUTH AFRICA, 2017 AND 2022**

	2017			2022		
	n	%	95% CI	n	%	95% CI
Total	5 617	62.2	59.5-64.8	7 050	81.2	78.5-83.6
Sex						
Male	1 468	54.1	49.1-59.0	1 931	77.6	73.9-80.9
Female	4 149	66.9	64.3-69.5	5 117	82.9	79.8-85.7
Age group (years)						
15–24	736	47.7	40.9–54.6	614	70.1	63.3–76.1
25–49	3 874	61.7	58.3–64.9	4 621	80.5	76.6–83.9
15–49	4 610	60.0	57.2–62.8	5 235	79.5	75.9–82.7
15+	5 617	62.2	59.5-64.8	7 038	81.2	78.5-83.6

95-95-95 INDICATOR DEFINITIONS


**First
95**

Diagnosed/know status if tested positive in the study and



Had self-reported being positive or



Tested positive for ART in the study or



Self-reported using ART


**Second
95**

On ART



Tested positive for ARVs in the study



Self-reported using ART

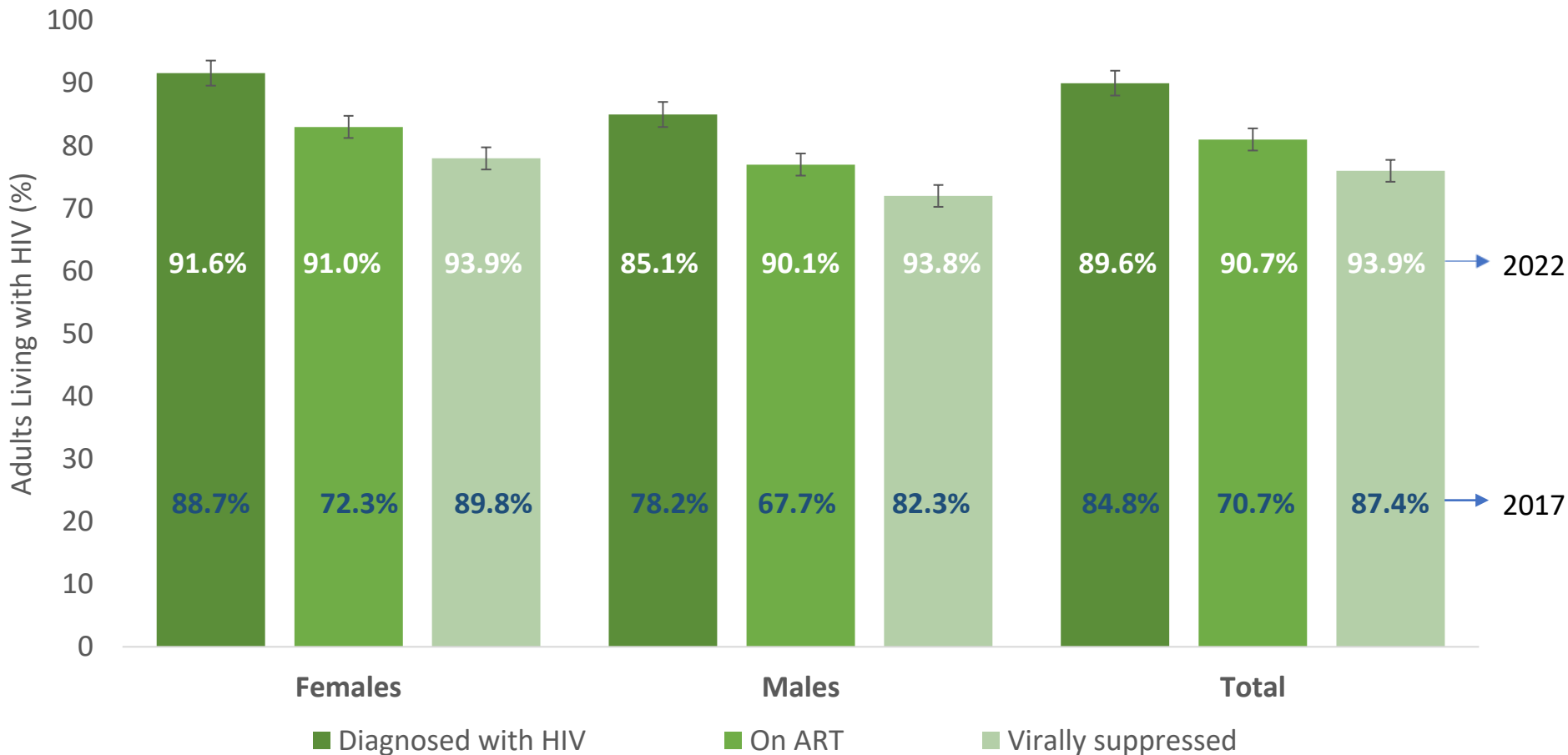

**Third
95**

Virally suppressed

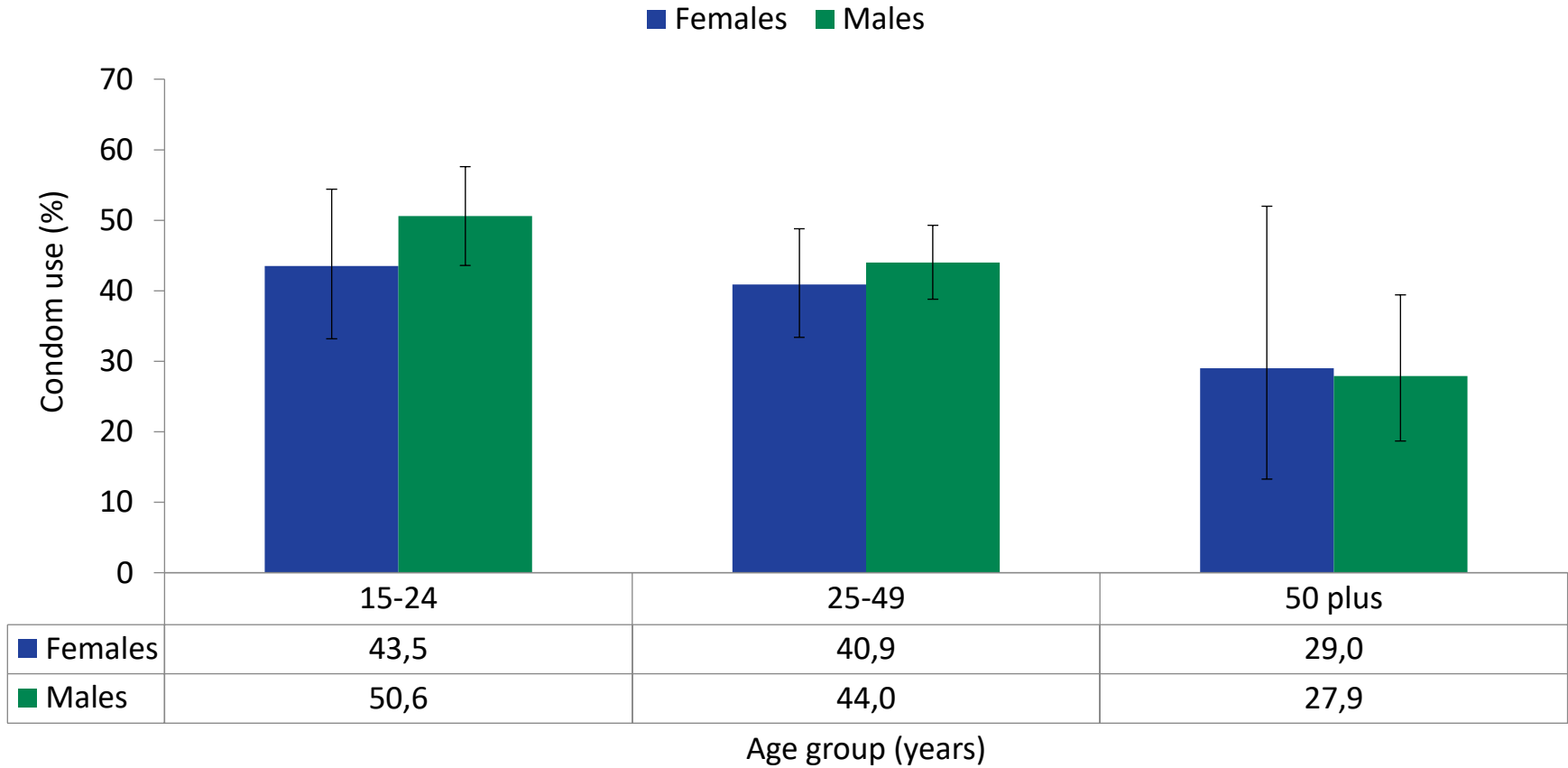
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95-95-95 INDICATORS FOR PEOPLE AGED 15+ LIVING WITH HIV, SOUTH AFRICA, 2022



CONDOM USE DURING MOST RECENT SEXUAL ENCOUNTER FOR PEOPLE WITH MULTIPLE SEXUAL PARTNERS*, SOUTH AFRICA, 2022



* Who reported having 2 or more partners in past 12 months

CONCLUSIONS

- Promising **decreases in HIV prevalence**, coupled with high community VLS (81%), point to the impact of South Africa's National HIV Response, with support from the PEPFAR program
- Marked progress has been made towards South Africa's 95–95–95 adult treatment targets:
 - 90% of adults knew their status, 91% of those diagnosed were on ART, and 94% of those on ART were virally suppressed
 - Strategies to improve both HIV diagnosis and ART use are urgently needed to achieve the 2025 national goals.
- The HIV epidemic continues to disproportionately affect specific geographical regions and demographic groups, especially Black Africans and women
- SABBSM VI data will be used to target HIV programming to address the remaining gaps

- Finalise the main study report
- Complete the analysis for new HIV infections
- Produce summary sheets for provinces and selected districts

CONSORTIUM AND PARTNERS

- U.S. Centers for Disease Control and Prevention (CDC)
- South African Medical Research Council (SAMRC)
- National Institute for Communicable Diseases (NICD)
- University of Cape Town (UCT)
- National Department of Health (NDoH)
- South African National AIDS Council (SANAC)
- United Nations Children’s Fund (UNICEF)
- United States Agency for International Development (USAID)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)

FUNDING SOURCE

President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC).

20 
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THANK YOU



LIST OF CONTRIBUTORS

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