



SABSSM VI

THE SIXTH SOUTH AFRICAN NATIONAL HIV PREVALENCE, INCIDENCE, BEHAVIOUR AND COMMUNICATION SURVEY, 2022

The Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM¹ VI) is a cross-sectional, population-based household survey designed to provide information on national and sub-national progress towards control of the HIV epidemic in South Africa. The Human Sciences Research Council (HSRC), in collaboration with a consortium of partners, has implemented a series of population-based surveys on HIV over the past 20 years, starting with the 2002 Nelson Mandela/HSRC-funded survey on HIV and AIDS, followed by the 2005, 2008, 2012, and 2017 surveys. The 2022 survey is the sixth wave in the series.

SABSSM VI was conducted in all nine provinces among participants of all ages from January 2022 to April 2023. The survey collected information on key HIV indicators, social and behavioural factors, and access to medical interventions in South Africa. This summary report presents key findings.

Variable	Females			Males			Total		
HIV Prevalence*									
Age (years)	N	%	95% CI²	N	%	95% CI	N	%	95% CI
0–14	6 432	2.2	1.4–3.3	6 219	2.6	1.8–3.7	12 651	2.4	1.9–3.2
15–24	4 920	6.9	5.9–8.2	4 007	3.5	2.6–4.7	8 927	5.2	4.5–6.0
25–49	9 814	28.0	26.1–30.1	6 310	14.7	13.2–16.4	16 124	22.1	20.7–23.5
15–49	14 734	22.3	20.8–23.8	10 317	11.0	10.0–12.2	25 051	17.0	16.0–18.0
15+	21 135	20.3	19.0–21.7	13 746	11.5	10.5–12.5	34 881	16.3	15.4–17.2
Race (15 years and older)**									
Black African	19 199	25.0	23.5–26.4	12 384	13.7	12.6–14.9	31 583	19.8	18.9–20.8
White	464	1.1	0.4–2.6	371	1.6	0.4–6.5	835	1.3	0.5–3.2
Coloured	1 290	5.9	4.2–8.3	855	4.1	2.6–6.4	2 145	5.1	3.7–6.9
Indian/Asian	163	0	–	119	2.6	0.8–7.8	282	1.2	0.4–3.7
Viral load suppression (VLS)***									
15–24	455	68.2	59.9–75.5	159	73.5	61.5–82.8	614	70.1	63.2–76.1
25–49	3 449	82.8	78.4–86.5	1 170	74.9	69.9–79.4	4 619	80.5	76.6–83.9
15–49	3 904	81.6	77.5–85.1	1 329	74.8	70.1–78.9	5 233	79.5	75.9–82.7
15+	5 110	82.9	79.8–85.7	1 926	77.6	73.9–80.8	7 036	81.2	78.5–83.6

*HIV status is based on laboratory testing results; **The sums may differ by variable due to missing data;

***VLS is defined as HIV RNA <1000 copies per milliliter among all persons who tested HIV positive; N represent denominators.



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¹Originally, the survey was titled the South African HIV Behavioural, Sero-status and Media Impact Survey, hence the abbreviation SABSSM.

²95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time from repeated surveys with the same design and based on the same sampling frame. The 95% CIs presented in this report are weighted.

The overall national estimate for HIV prevalence for all ages (0+ years) was 12.7% (95% CI: 12.0–13.4), translating to an estimate 7.8 million (95% CI: 7.2–8.4) people living with HIV in South Africa in 2022.

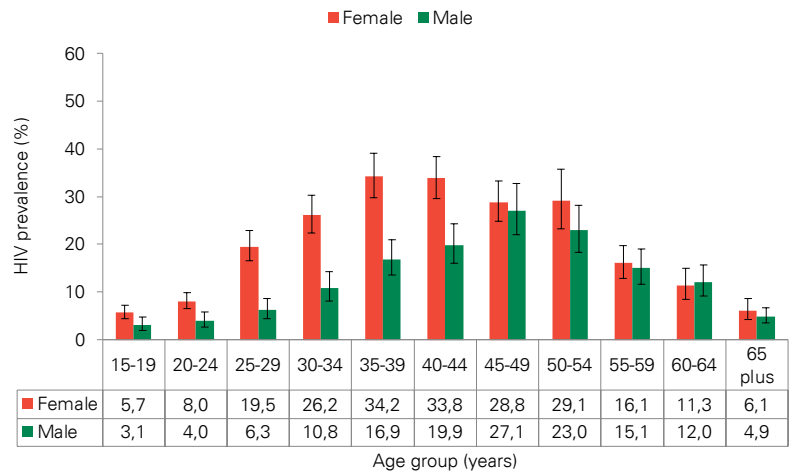
The national HIV prevalence was 16.3% among adults aged 15 years and older, translating to an estimated 7.4 million adults aged 15+ years living with HIV.

Among adults aged 15+ years, HIV prevalence was nearly twice as high among females (20.3%) as compared to males (11.5%). By race, HIV prevalence was highest among Black Africans (19.8%), followed by Coloured (5.1%), White (1.3%), and Indian/Asian (1.2%).

Viral load suppression (VLS) (defined as <1 000 copies/mL) among people living with HIV (PLHIV) aged 15+ years was 81.2% overall, 82.9% among females and 77.6% among males. VLS was lower among younger populations aged 15–24 years at 70.1%.

HIV PREVALENCE, BY AGE AND SEX

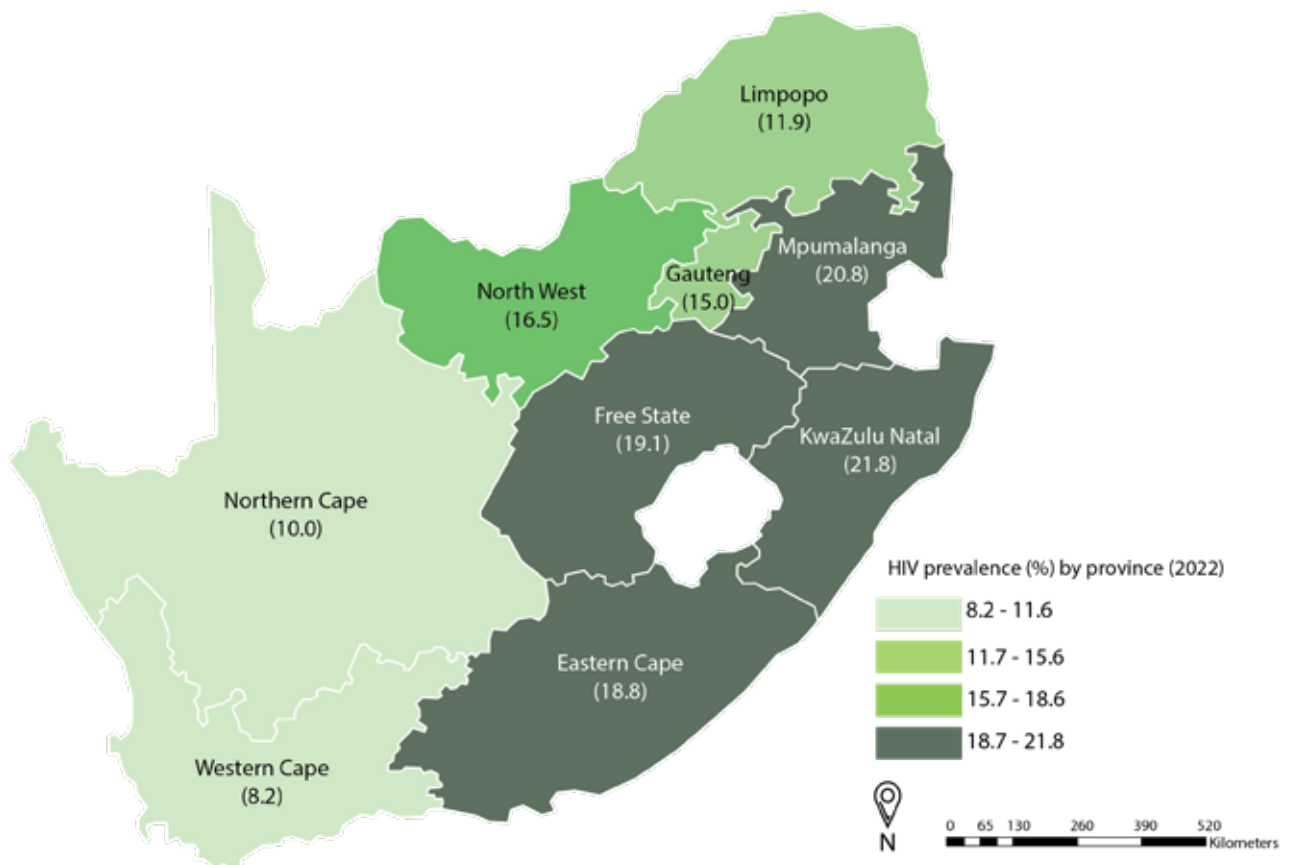
Among females, HIV prevalence was highest in ages 35–39 years at 34.2%, whereas among males, HIV prevalence was highest in ages 45–49 years at 27.1%. Pronounced differences in HIV prevalence by sex were seen among younger populations. Compared to males, HIV prevalence was approximately 2-fold higher in females aged 15–19 (5.7% vs. 3.1%), and 20–24 years (8.0% vs. 4.0%), and 3-fold higher in females aged 25–29 years (19.5% vs 6.3%).

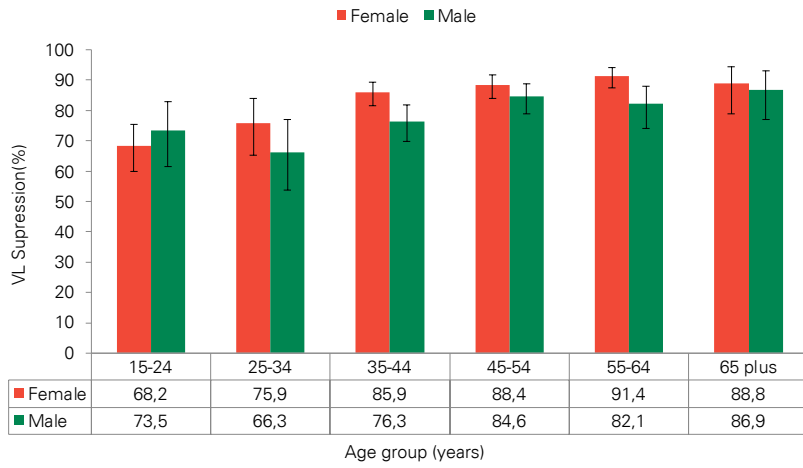


*Error bars represent 95% CIs.

HIV PREVALENCE AMONG ADULTS AGED 15+ YEARS, BY PROVINCE

Among adults aged 15 years and older, HIV prevalence varied geographically, ranging from 8.2% in the Western Cape to 21.8% in KwaZulu-Natal.





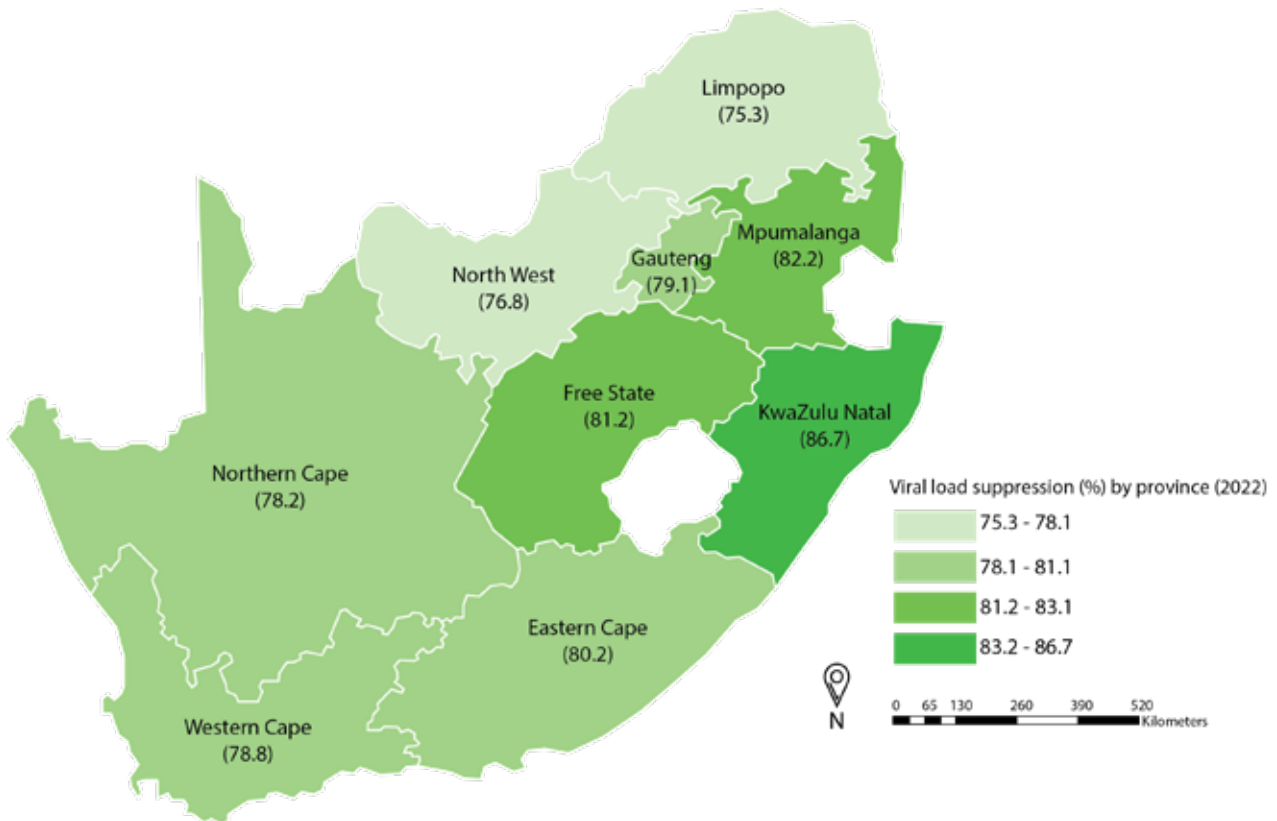
VIRAL LOAD SUPPRESSION (VLS) AMONG ADULTS AGED 15+ YEARS LIVING WITH HIV, BY AGE AND SEX

Population VLS among adult PLHIV was highest in females (91.4%) aged 55–64 years and 86.9% among males aged 65 years and older. VLS was lower among younger adults, with the lowest population VLS among female PLHIV aged 15–24 years (68.2%) and male PLHIV aged 25–34 years (66.3%).

*Error bars represent 95% CIs.

VLS AMONG ADULTS AGED 15+ YEARS LIVING WITH HIV, BY PROVINCE

Population VLS among PLHIV aged 15 years and older also varied geographically with the lowest VLS prevalence at 75.3% in Limpopo and the highest VLS prevalence at 86.7% in KwaZulu-Natal.



ATTAINMENT OF THE 95-95-95 TARGETS AMONG ADULTS (15+ years), BY SEX

95–95–95: South Africa’s National Strategic Plan for HIV, TB and STIs³³ set targets that by 2025, 95% of all PLHIV will know their HIV-positive status; 95% of all people diagnosed with HIV will receive sustained antiretroviral therapy (ART); and 95% of all people receiving ART will have VLS.

DIAGNOSED⁴⁴

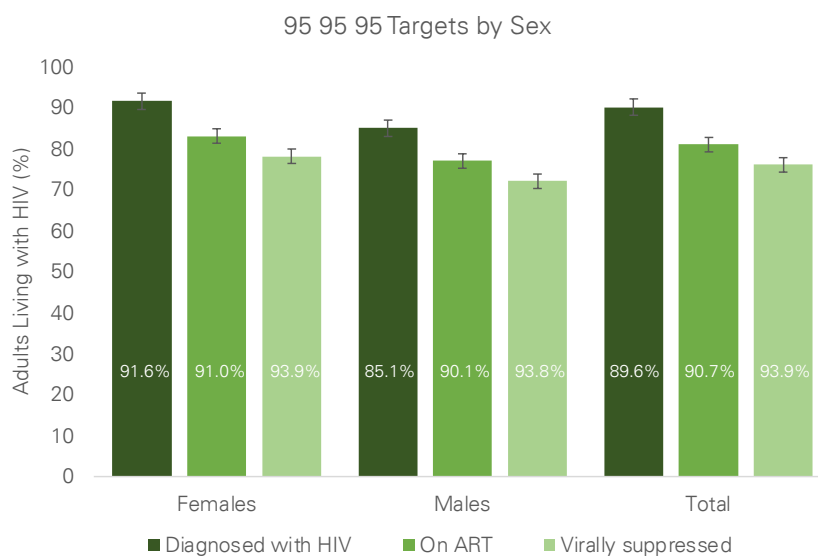
In South Africa, 90% of PLHIV aged 15 years and older knew their HIV status: slightly higher among females (92%) than among males (85%). Individuals were classified as being diagnosed or knowing their HIV status if they self-reported being HIV positive and/or on ART, or if they had a detectable antiretroviral (ARV) in their blood.

ON HIV TREATMENT

Among PLHIV aged 15 years and older who knew their HIV status, 91% were on ART, and this was similar between females (91%) and males (90%).⁵⁵ Use of ART was defined as having detectable ARV, or self-reported use of ART.

VIRALLY SUPPRESSED

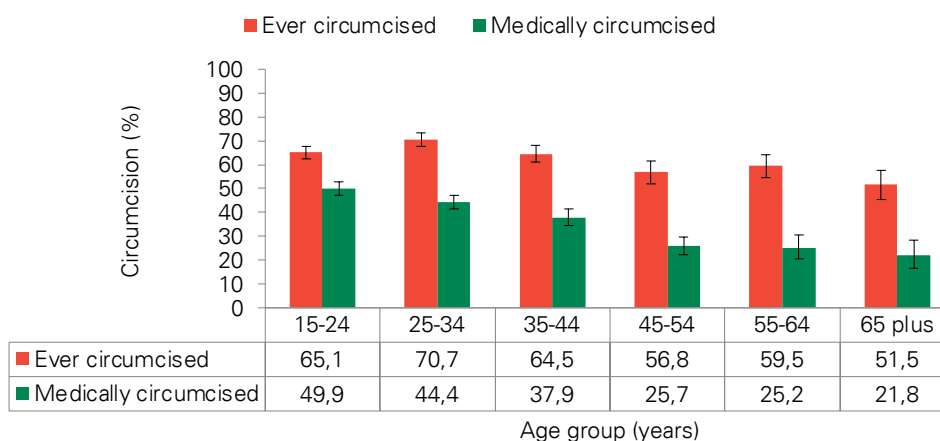
Overall, 94% of PLHIV aged 15 years and older who were on ART were virally suppressed.



Percentages shown in the figure refer to the conditional 95–95–95 targets described in the text above. The heights of the bars represent the unconditional (overall) percentages for each indicator among all PLHIV. Error bars represent 95% CIs.

MALE CIRCUMCISION⁶⁶ PREVALENCE BY AGE

Among males aged 15–24 years, 49.9% were medically circumcised. Males aged 65+ had the lowest prevalence of medical circumcision at 21.8%.



*Error bars represent 95% CIs.

³ SANAC. National Strategic Plan on HIV, TB and STIs 2023-2028. 2023; <https://sanac.org.za/wp-content/uploads/2023/05/SANAC-NSP-2023-2028-Web-Version.pdf>

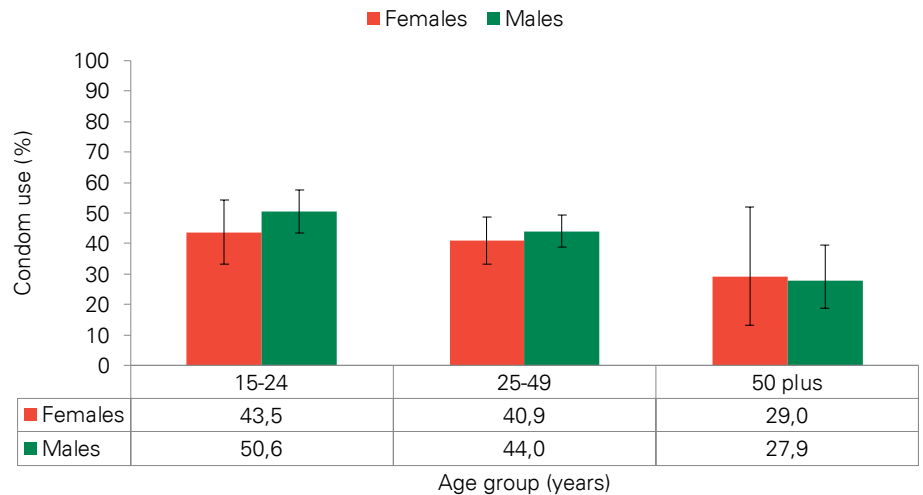
⁴ Diagnosed is defined in this report as individuals self-reporting HIV-positive status and/or individuals with detectable ARVs among all PLHIV (antibody test).

⁵ On ART is defined in this report as having laboratory detected ARV metabolites and includes self-reporting ART use for those who tested HIV positive in the survey.

⁶ Ever circumcised is self-reported history of any type of circumcision and medically circumcised is self-reported medical circumcision.

CONDOM USE AT LAST SEX, AMONG THOSE WITH MORE THAN ONE PARTNER IN THE LAST YEAR

Self-reported condom use at last sex among individuals aged 15 years and older with two or more sexual partners in the last year was moderate for both sexes among those aged 15–24 years, males (50.6%) and females (43.5%). Among older adults aged 50 years and older, self-reported condom use was 27.9% among males and 29.0% among females.



*Error bars represent 95% CIs.

CONCLUSIONS

- HIV prevalence has decreased since the SABSSM V survey conducted in 2017; in 2022 HIV prevalence was 1.3% lower among those 0+ years, and 2.4% lower among adults aged 15+ years than in 2017.
- The HIV epidemic continues to disproportionately affect different geographical regions and demographic groups, especially Black Africans, women, and youth.
- South Africa is closer to achieving the 95–95–95 treatment targets. Findings estimate that in 2022, 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.
- 50% of all males aged 15–24 years had been circumcised by a medical professional.
- Although South Africa has made strides in controlling the HIV epidemic, increased and sustained investment in advocacy and behaviour change interventions are still needed to improve condom use, reduce risky sexual behaviour, and increase demand for medical male circumcision.

RESPONSE RATES AND HIV TESTING METHODS

Of 27 005 valid households, 80.0% completed a household interview. 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.

Two fourth-generation HIV-1 enzyme immunoassays (EIAs), (A1 + A2) were used for HIV serology testing. All samples were tested using the first screening EIA Roche Elecys HIV Ag/Ab assay (EIA 1) (Roche Diagnostics, Mannheim, Germany, and reactive samples were retested using the second confirmatory EIA Genescreen Ultra HIV Ag/Ab assay (EIA 2) (Bio-Rad Laboratories, California, USA). In addition, 10% of the samples that tested HIV negative using the screening EIA were retested for QA purposes on the confirmatory EIA. Specimens with discrepant results were retested and if the result remained unchanged, Western blotting or Geenius Assay was performed to confirm HIV status.

High-performance Liquid Chromatography (HPLC) coupled with Tandem Mass spectrophotometry was used to detect the presence of ARVs in HIV-positive dried blood spot samples. The qualitative detection of nevirapine (NVP), efavirenz (EFV), lopinavir (LPV), atazanavir (ATV), and dolutegravir (DTG) was performed using in-house validated methods.

ACKNOWLEDGEMENTS AND DISCLAIMERS

The survey is supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC) under the terms of cooperative agreement #NU2GGH002302. The findings and conclusions are those of the authors and do not necessarily represent the official position of the funding agencies. The results presented here should be considered preliminary and are subject to change.



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