28 July 2009
SANAC PIC meeting

Co-convenor: SANAC Research, Monitoring and Evaluation TTL
Director: Social Aspects of HIV/AIDS and Health (SAHA)
Geoffrey Setswa DRPH, MPH

A turning tide among teenagers?
Prevalence, Incidence, Behaviour
South African National HIV
Overview

- Objectives of the Report
- Methods
- Ethics
- Results
- Conclusions
- Recommendations
management

South African HIV & AIDS epidemic and its

To propose indicators to be used to monitor the

communication programmes

To assess exposure to major national HIV

incidence, and risk behaviour in SA 2002-2008

To describe trends in HIV prevalence, HIV

2007-2011

To present data for mid-term review of SA NSP

Objectives of the report
Method

- Mapped the Enumeration Areas (EAs)
- Stratified sampling approach, 1000/86,000
- Sampling: a multi-stage disproportionate
- Population survey
- Study design: Cross-sectional national
Sampling Participants

Select primary sampling unit (EA)
Select secondary sampling units
(15 VP/s/households in each sampled EA)
Select ultimate sampling units
(at most 4 individuals from each sampled VP, 1 from each age group)

Children
2-14 years
Children aged
under 2 years

Youth aged
16-24 years

Adults aged
25+
1. Visiting Point Questionnaire

2. Questionnaire for Parent/Guardian of children aged under 2 years

3. Questionnaire for Parent/Guardian of children aged 2-11 years

4. Questionnaire for children aged 12-14 years

5. Youth Questionnaire for persons aged 15-24 years

6. Adult Questionnaire for persons aged 25 years
Data collection

- 14 HSRC provincial coordinators
- 40 field editors
- 192 nurse fieldworkers
- The survey
- 23,369 eligible individuals participated in
• Detected ARVs (also not reported in this presentation)

• Used BED for incidence (not reported in this study)

• Confirm 10% of negatives

• Confirm all positives

• Tested for HIV antibodies – prevalence

• DBS specimens taken

Blood specimens
• Linked anonymous HIV testing
• Informed consent and child assent
• Global AIDS Programme
• CDC's Institutional Review Board (IRB)
  (REC 2/23/10/07)
• HSRC's Research Ethics Committee
• Ethics approval

Ethics
Results

• Communication
• Knowledge
• Behaviour
• Prevalence and Incidence (15-20 Year olds)
<table>
<thead>
<tr>
<th>HIV Prevalence Trend</th>
<th>HIV Prevalence %</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.0-11.9</td>
<td>10.9</td>
<td>2008</td>
</tr>
<tr>
<td>9.9-11.8</td>
<td>10.8</td>
<td>2005</td>
</tr>
<tr>
<td>10.0-12.7</td>
<td>11.4</td>
<td>2002</td>
</tr>
<tr>
<td>95% CI</td>
<td>HIV Prevalence %</td>
<td>Year</td>
</tr>
</tbody>
</table>

**Results**

**HIV Prevalence and Incidence**
South Africa, 2008
HIV prevalence, by sex and age,
Trends in HIV prevalence (%) by age, 2002-2008
HIV prevalence by province, South Africa 2002-2008
<table>
<thead>
<tr>
<th>Age (years)</th>
<th>HIV Prevalence (%)</th>
<th>95% CI</th>
<th>Population, South Africa 2008</th>
<th>NAPlastic Anodispitilces</th>
<th>Persons Who Use Drugs For Recreational Purposes</th>
<th>People Who Are High-Risk Drinkers</th>
<th>Men Who Have Sex With Men</th>
<th>Males 50 Years And Older</th>
<th>African Males 25 - 49</th>
<th>African Females 20 - 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.9-19.6</td>
<td>14.7</td>
<td>458</td>
<td>People With Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7.2-15.8</td>
<td>10.8</td>
<td>490</td>
<td></td>
<td></td>
<td>Persons Who Use Drugs For Recreational Purposes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.4-18.2</td>
<td>13.9</td>
<td>965</td>
<td>People Who Are High-Risk Drinkers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6-20.2</td>
<td>6.9</td>
<td>86</td>
<td>Men Who Have Sex With Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4-8.1</td>
<td>0.0</td>
<td>946</td>
<td>Males 50 Years And Older</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.1-27.7</td>
<td>23.7</td>
<td>444</td>
<td>African Males 25 - 49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.7-36.0</td>
<td>32.7</td>
<td>1395</td>
<td>African Females 20 - 34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HIV Prevalence Among The Most-Aet-Risk Populations, South Africa 2008
Year olds, South Africa 2002, 2005 and 2008

Comparison of HIV incidence among 15 - 20
Behavioural Results
Sexual debut by sex among 15-24 year olds.
<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner is 5+</td>
<td>14.5</td>
<td>85.1</td>
<td></td>
</tr>
<tr>
<td>Within 5 years</td>
<td>27.6</td>
<td>72.4</td>
<td></td>
</tr>
<tr>
<td>Of own age (%)</td>
<td>0.7</td>
<td>98.5</td>
<td></td>
</tr>
</tbody>
</table>

South Africa 2005 and 2008
Intergenerational sex among 15-19 year olds,
2002, 2005 and 2008
Multiple sexual partners, South Africa
<table>
<thead>
<tr>
<th>Province</th>
<th>2002 (%)</th>
<th>2005 (%)</th>
<th>National</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Gauteng</th>
<th>North West</th>
<th>KwaZulu-Natal</th>
<th>Free State</th>
<th>Northern Cape</th>
<th>Eastern Cape</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.6</td>
<td>10.6</td>
<td>9.8</td>
<td>9.4</td>
<td>6.9</td>
<td>7.2</td>
<td>10.5</td>
<td>6.6</td>
<td>11.3</td>
<td>11.4</td>
<td>7.5</td>
<td>12.1</td>
<td>10.9</td>
</tr>
<tr>
<td>9.4</td>
<td>9.5</td>
<td>6.9</td>
<td>5.6</td>
<td>5.7</td>
<td>7.5</td>
<td>10.6</td>
<td>9.3</td>
<td>14.6</td>
<td>14.4</td>
<td>5.4</td>
<td>13.1</td>
<td>11.3</td>
</tr>
<tr>
<td>8.6</td>
<td>8.8</td>
<td>7.5</td>
<td>5.4</td>
<td>5.4</td>
<td>7.5</td>
<td>13.1</td>
<td>8.1</td>
<td>11.1</td>
<td>11.1</td>
<td>5.3</td>
<td>12.1</td>
<td>10.9</td>
</tr>
<tr>
<td>7.9</td>
<td>12.9</td>
<td>11.4</td>
<td>10.7</td>
<td>10.7</td>
<td>10.2</td>
<td>11.2</td>
<td>10.3</td>
<td>5.3</td>
<td>5.3</td>
<td>9.9</td>
<td>13.1</td>
<td>11.3</td>
</tr>
</tbody>
</table>

2008

Olds by province, South Africa, 2002, 2005 and
Multiple sexual partners among 15-49 year
Most-at-risk population with multiple sexual partners, South Africa 2002, 2005 and 2008

Condom use by age group and sex,

Condom use at last sex, by province,
<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>23.4</td>
<td>23.4</td>
<td>23.4</td>
</tr>
<tr>
<td>2005</td>
<td>21.4</td>
<td>21.4</td>
<td>21.4</td>
</tr>
<tr>
<td>2008</td>
<td>21.4</td>
<td>21.4</td>
<td>21.4</td>
</tr>
</tbody>
</table>

South Africa 2005 and 2008
HIV knowledge by sex and age group,
Programmes
Exposure to HIV Communication
<table>
<thead>
<tr>
<th>Age</th>
<th>2008 (%)</th>
<th>2005 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>74.0</td>
<td>74.0</td>
</tr>
<tr>
<td>Adults (250+ years)</td>
<td>62.2</td>
<td>47.2</td>
</tr>
<tr>
<td>Adults (25-49 years)</td>
<td>83.6</td>
<td>77.8</td>
</tr>
<tr>
<td>Youth (15-24 years)</td>
<td>90.2</td>
<td>86.3</td>
</tr>
</tbody>
</table>

and 2008
Programme and age, South Africa 2005
Reach of HIV/AIDS communication by

Khomani
Soul City
Soul Buddyz
Lovelife


Percent Reached

2005
2008
Programmes

- Increase in the population reached by communication
- All other age groups
- Substantial increase of condom use among youth and
- Increased awareness of HIV sero-status
- Slight reduction of HIV in the youth
- Aged 15 to 19 years
- Reduction in the new infections among teenagers
- Reduction in HIV prevalence among children

Conclusions: successes
Conclusions: Challenges

- Khomani campaign has a low reach compared to the other programmes
- Sexual partners
- HIV prevention knowledge has declined - Multiple
- Kwazulu-Natal and Eastern Cape
- Continued rise in HIV prevalence among adults in

...
Recommendations

1. Need for targeted interventions programmes, particularly in KZN, Mpumalanga and Eastern Cape

2. Need for programmes to help people to have pregnancy without risking HIV

3. Implement anti-multiple and intergenerational sexual partnerships like community driven anti-smoking campaigns

4. Address high sexual partner turnover and intergenerational sex by changing community norms
Recommendations

6. Implement provider-initiated routine HIV testing in all health care facilities

7. Increase communication programme

8. Define country specific indicators

Including MARPS
Diseases (NIDCD)
National Institute for Communicable
and Evaluation (CADRE)
Centre for AIDS Development, Research
Medical Research Council (MRC)
Human Sciences Research Council

Research consortium
Disease Control and Prevention (CDC) Relief (PEPFAR) through US Centers for President's Emergency Program for AIDS Funding by
To: Hanlie Rossinger
cc: Yolande Shean
Subject: Prof. Setswe’s presentation to SANAC PIC meeting

Follow Up:

Hanlie, I attach Prof. Setswe’s for the above mentioned meeting.

Regards,

Nico Jacobs

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