



South African National HIV Prevalence, Incidence and Behaviour Survey, 2012

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Launch of the 2012 South African National HIV Prevalence, Incidence and Behaviour Survey Report

On the 1 April the HSRC launched the fourth South African National HIV Prevalence, Incidence and Behaviour Survey Report. The report was presented to and officially accepted by both Ministers of Science and Technology, Mr Derek Hanekom, and Dr Aaron Motsoaledi. The event took place at the HSRC offices in Pretoria, and was broadcast by video conference to the Durban and Cape Town offices. The launch of the survey was chaired by the Nelson Mandela Foundation Chief Executive Officer, Mr Sello Hatang.

The Nelson Mandela Foundation first commissioned the HSRC in 2002 to undertake South Africa's first national household prevalence survey of HIV/AIDS. The 2012 survey, is the fourth in the series of national HIV household surveys conducted by a consortium of scientists led by the HSRC, including the Medical Research Council, South Africa's statutory research agencies. The first conducted in 2002 was followed by surveys in 2005 and 2008. These surveys collected data on not only the HIV status of individuals, but also information on socio-demographic and behavioural factors that greatly enhanced the analysis and interpretation of the observed trends in HIV prevalence (the proportion of people living with HIV in the country) and HIV incidence (new HIV infections in a given year). The inclusion of novel laboratory methodologies in the 2012 survey protocol enabled direct estimates of HIV incidence and exposure to antiretroviral treatment (ART). The data from the 2012 survey will serve as critical benchmark figures for the evaluation of the current National Strategic Plan (NSP) 2012-2016.





In this survey over 38 000 people were interviewed and almost 29 000 agreed to be tested for HIV. The estimated overall prevalence of HIV increased from 10.6% in 2008 to 12.2% in 2012. According to the Survey, the increased prevalence of HIV in 2012 is largely due to the combined effects of new infections and a successfully expanded antiretroviral treatment (ART) programme. The availability and use of ART has increased survival among HIV-infected individuals. HIV prevalence in the 15-49 year age group was 18.8%, but was significantly higher in females (23.2%) than in males (14.5%).





A noteworthy observation was the slight decline of HIV prevalence among youth aged 15-24 years from 8.7% in 2008 to 7.3% in 2012. As a result of the country's successful Prevention of Mother to Child Transmission (PMTCT) programme, HIV infection levels also further decreased in infants 12 months and younger, from 2.0% in 2008 to 1.3% in 2012. Another key finding of the 2012 Survey was that over 2 million people were on ART by mid-2012, suggesting that the country is on its way towards universal access to treatment. This significant increase of ART exposure in the country has had a major impact on the survival of people living with HIV.





The HIV incidence rates among women are of particular concern. The HIV incidence rate among female youth aged 15-24 years was over 4 times higher than for males in this age group (2.5% vs. 0.6%). With a HIV incidence rate of 4.5%, black African females aged 20-34 years had the highest incidence of HIV among the analysed population groups.

Compared with 2008 data, there were trends for a decline in condom use in all age groups, except for the 50 years and older group and an increase in multiple sexual partnerships among sexually active people aged 15 years and older in 2012. Another concerning finding is that the majority of the respondents aged 15 years and older (76.5%) believed that they were at low risk of acquiring HIV infection. Unfortunately, approximately one in ten who believed they were at low risk for acquiring HIV infection was already infected but didn't know it. Furthermore, the overall knowledge about how HIV is transmitted and prevented also declined from 30.3% in 2008 compared to 26.8% in 2012.

Attitudes of South Africans towards Persons Living with HIV (PLHIV) however, have improved considerably since 2008. This could partly be the result of the wider availability of ART in the country, as well as the fact that many people have been tested and know their HIV status.





Professor Demetre Labadarios, Executive Director of the Population Health, Health Systems and Innovation programme, HSRC, and also one of the four Principal Investigators of the study, commented, "This finding shows a very positive development in our national response to HIV/AIDS and must be strongly commended as it contributes towards normalizing HIV/AIDS as a disease."



Finally, among males aged ≥ 15 years the uptake of voluntary medical male circumcision (VMMC) increased from 14.6% in 2008 to 18.6% in 2012, while traditional male circumcisions have remained fairly stable (25.2% in 2008 and 26.1% in 2012). What is most encouraging is that the majority (51.6%) of youth aged 15-24 years were circumcised medically, especially in KwaZulu-Natal, Gauteng and the Northern Cape.

In summary, the findings of the report underscores that while the country is on the right track with the provision of ART, national HIV counselling and testing (HCT) efforts, and greater access of PMTCT, more other biomedical, behavioural, social, and structural prevention interventions are needed to reduce the high rates of new HIV infections.

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The launch of the survey and the key findings were extensively covered by the media: print, radio, television, on line as well as through social media.

