

SOUTH AFRICAN BIO-BEHAVIORAL SURVEY AND POPULATION SIZE ESTIMATION AMONG PEOPLE WHO INJECT DRUGS, 2023

INTRODUCTION

This bio-behavioral survey and population size estimation among people who inject drugs (PWID) was conducted between May and September 2023 in eThekweni, Ehlanzeni (in two sites: Mashishing, formerly known as Lydenburg, and Mbombela), and Tshwane to estimate the status of South Africa's progress toward the Joint United Nations Program on HIV/AIDS 95-95-95 (1) HIV targets among PWID and the number of PWID in each survey site. The surveys sampled 1,259 PWID using respondent-driven sampling (RDS): 468 in eThekweni, 190 in Mashishing, 276 in Mbombela, and 325 in Tshwane. All sites reached convergence and all data were weighted in RDS-Analyst using self-reported network size and Gile's Sequential Sampling Estimator. The privacy and security of personally identifiable data was aligned to the Protection of Personal Information Act and TB HIV Care's Personal Information Privacy Policy. The survey was conducted by TB HIV Care (THC) with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and technical assistance provided by the U.S. Centers for Disease Control and Prevention (CDC, NU2GGH002363).

SURVEY AIM & OBJECTIVES

Primary Objectives

- To estimate the prevalence of HIV infection among PWID
- To assess progress towards the UNAIDS 95-95-95 goals
- To estimate the proportion of PWID living with HIV on antiretroviral therapy (ART)
- To estimate the proportion of viral load (VL) <1,000 copies/mL among PWID living with HIV
- To estimate the PWID population size in three districts.

Secondary Objectives

- To examine HIV service uptake (prevention, treatment) and serostatus knowledge among PWID
- To estimate incidence of HIV infection among PWID
- To estimate the prevalence of hepatitis B virus (HBV) infection, hepatitis C virus (HCV) infection, syphilis, and tuberculosis (TB) among PWID
- To identify risk factors associated with HIV infection
- To examine intersectionality between injecting drug use with behavioral, social, and structural factors.

INCLUSION CRITERIA

- Any sex
- Aged ≥ 16 years
- Injected drugs for a non-medical purpose in the past 6 months
- Resided in the survey location(s) for ≥ 6 months
- Consented to participate
- Able to communicate in English, isiZulu, Sesotho, Setswana, Sepedi, or Siswati

TESTING METHODS

HIV testing was conducted using a serological rapid diagnostic testing algorithm (2) with laboratory confirmation of seropositive samples using Western Blot. Testing for hepatitis B surface antigen, hepatitis C antibody, and syphilis were conducted using Abbott Determine HBsAg 2, Abbott Bioline HCV, and *Determine Syphilis TP Test*, respectively. Plasma VL of HIV-infected participants were measured using the Roche COBAS® AmpliPrep/COBAS® TaqMan® HIV-1 Test, v2.0 platform with internal quality controls used as per the manufacturer's instructions.

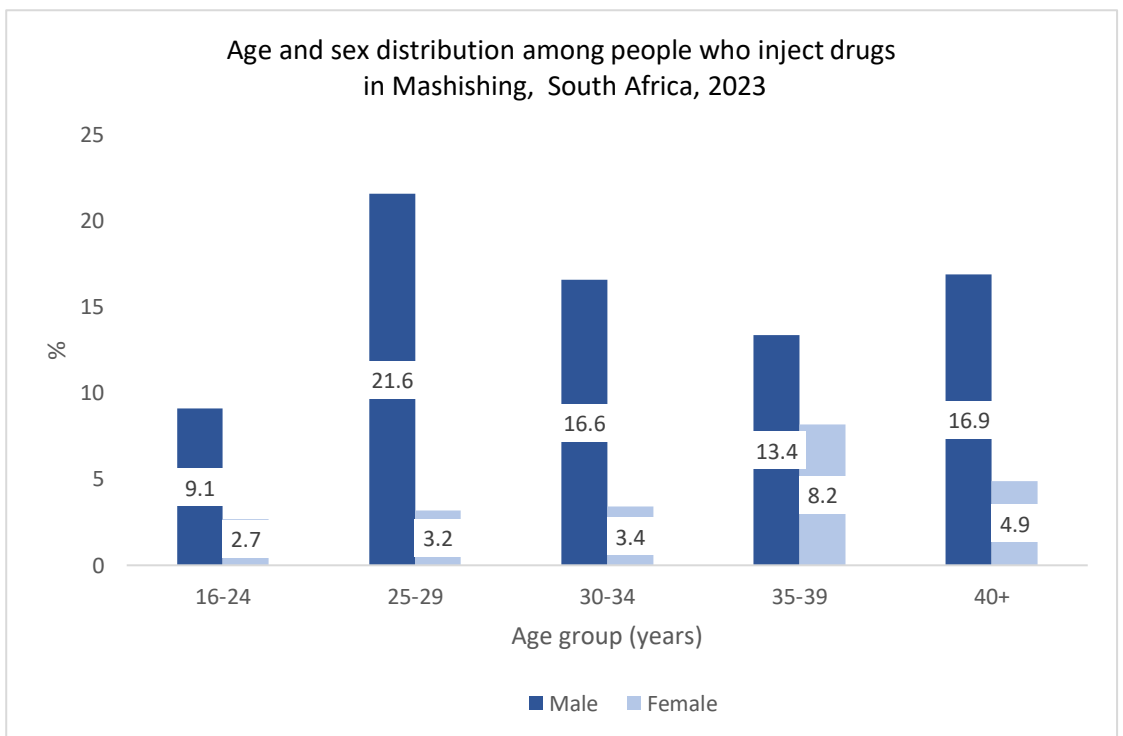
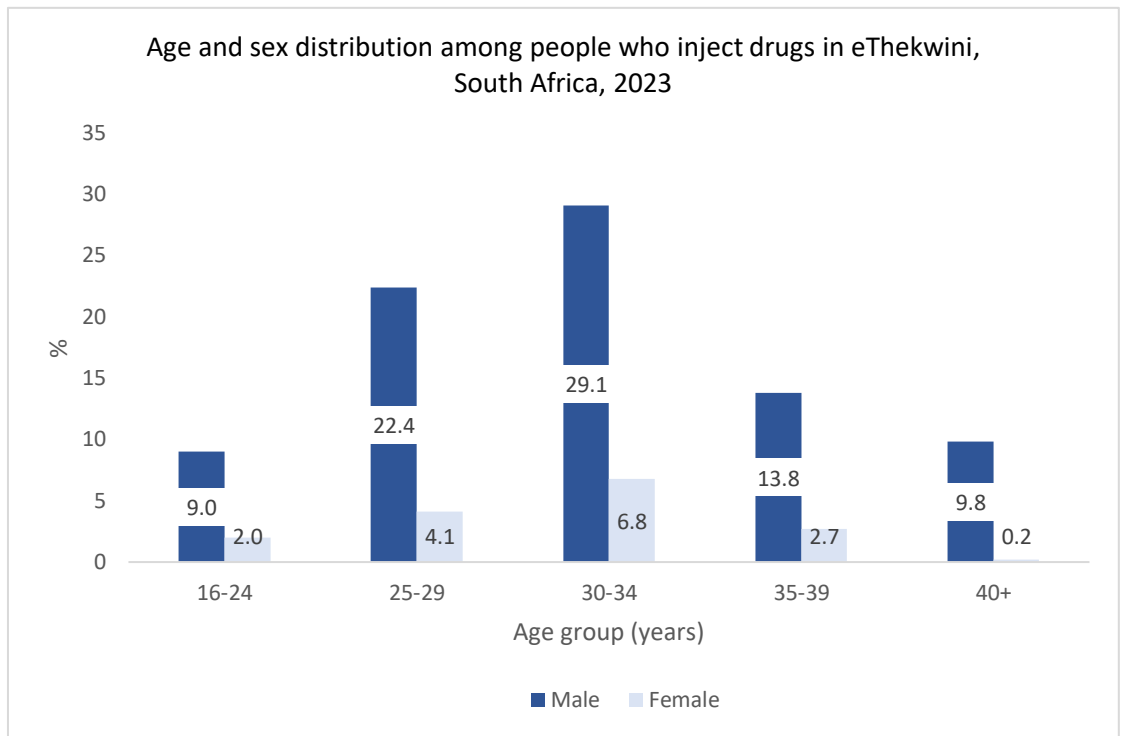
DEMOGRAPHICS AND SOCIAL CHARACTERISTICS OF PWID, SOUTH AFRICA, 2023

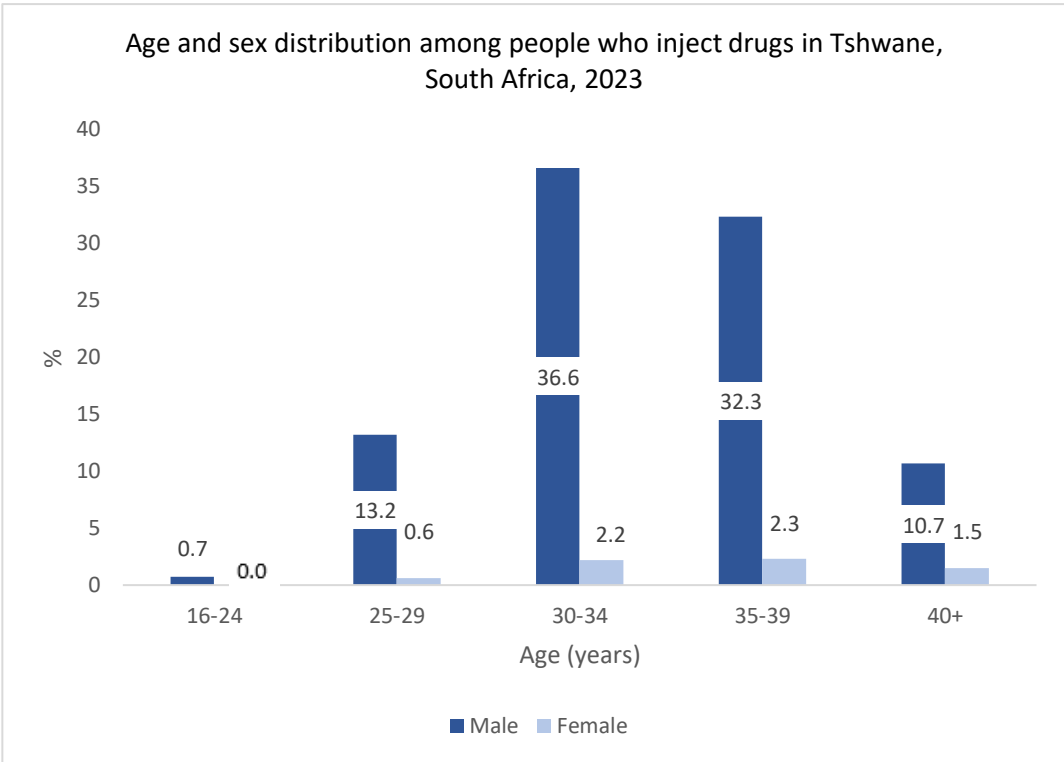
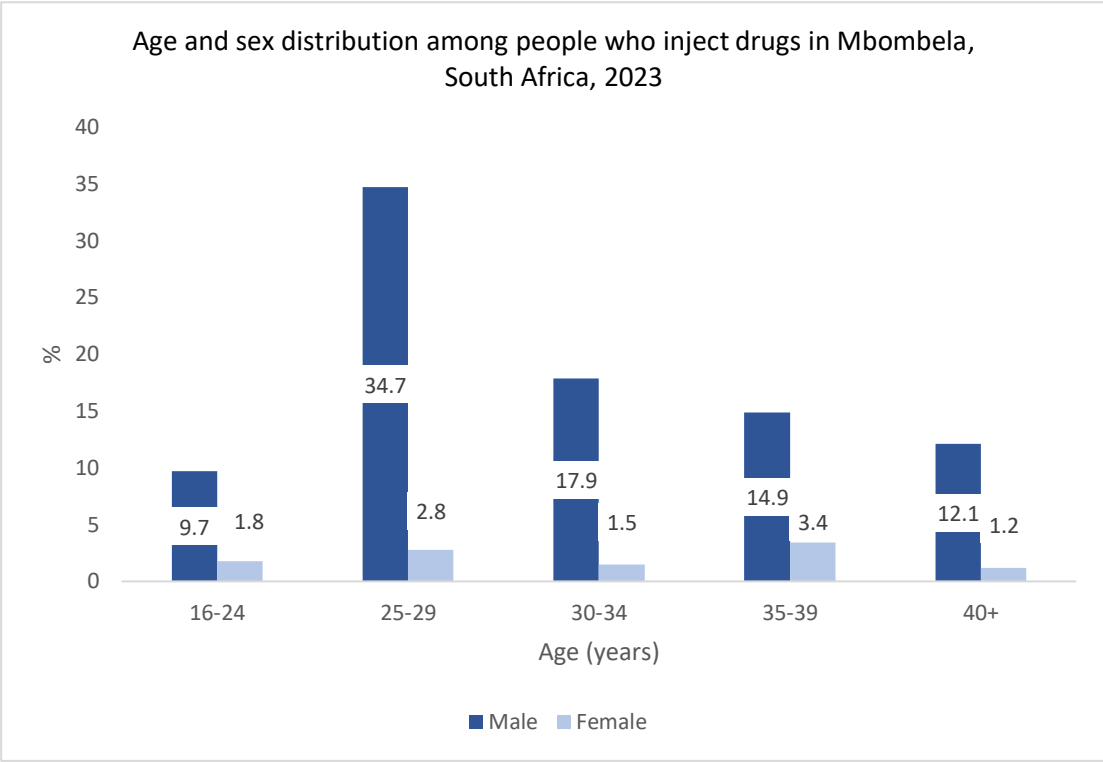
	eThekweni (n=468)		Mashishing (n=190)		Mbombela (n= 276)		Tshwane (n=325)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age (years)								
18-24	11.1	7.5 - 14.6	11.7	8.0-15.6	11.5	7.9-14.9	0.7	0-1.5
25-29	26.5	21.9 - 31.1	24.6	16.6-33.1	37.3	30.2-44.6	13.8	9.7-17.9
30-34	35.9	30.6 - 41.1	19.9	14.3-25.6	19.8	15-24.5	38.7	31.9-45.4
35-39	16.5	12.7 - 20.5	22.1	11.0-32.2	18.2	11.8-24.5	34.6	28.6-40.6
40-44	7.9	4.6-11.2	10.6	5.8-15.7	12.3	5.1-19.7	9.1	5.3-13
45-49	1.4	0.0-2.8	7.6	2.2-12.9	0.8	0-1.7	2.6	0.8-4.4
50+	0.7	0.0-1.5	3.5	1.0-5.9	0.0	0.0-0.0	0.5	0-1.4
Median age (IQR)	31 (28-35)		33 (27-39)		30 (26-36)		34 (31-38)	
Race								
Black African	81.6	72.5-90.8	63.3	53.8-73.6	90.1	82.8-97.3	93.2	87.8-98.6
White	5.4	0.5-10.2	33.5	23.3-43.1	9.6	2.4-16.8	4.7	0-9.6
Coloured	6.7	3.3-10	3.2	1.6-4.7	0.4	0-0.8	2.1	0.2-3.9
Indian / Asian	5.9	1.7-10	0.0	0.0-0.0	0.0	0.0-0.0	0.0	0.0-0.0
Other	0.5	0.0-1.2	0.0	0.0-0.0	0.0	0.0-0.0	0.0	0.0-0.0
Citizenship								
South Africa	99.8	98.8-100	98.4	96.2-99.7	94.7	89.9-99.5	99.8	98.3-99.9
Lesotho	0.0	0.0-0.0	0.4	0-0.9	0.0	0.0-0.0	0.2	0-0.5
Mozambique	0.0	0.0-0.0	0.0	0.0-0.0	0.0	0.0-0.0	0.0	0.0-0.0
Zimbabwe	0.2	0.0-0.4	1.3	0-3.8	5.3	0.5-10.1	0.0	0.0-0.0
Marital status								
Married	1.2	0.3-2.1	4.6	2.1-7.3	0.0	0.0-0.0	0.5	0-1.4
Cohabiting/living together	24.9	19.6-30.4	27.8	16.2-39	2.3	0.2-4.4	1.2	0.1-2.3
Divorced	0.0	0.0-0.0	1.8	0-3.5	1.4	0.4-2.4	1.1	0.1-2
Single	70.7	65.2-76.1	60.4	50-71.4	94.3	91.4-97.2	97.2	95.6-98.9
Widow/widower	0.0	0.0-0.0	0.0	0.0-0.0	1.0	0-2	0.0	0.0-0.0
Other	3.2	1.4-4.9	4.6	1.6-7.7	0.7	0-1.5	0.0	0.0-0.0
Highest education level completed								
Never attended school	0.9	0.2-1.7	0.3	0.0-0.7	2.3	0.0-4.8	0.7	0.0-1.6
Attended school but ever completed any level	0.1	0.0-0.2	4.4	0.0-10.1	2.5	0.8-4.2	0.4	0.0-0.9
Primary school	24.7	20.2-29.3	83.2	76.2-90	21.6	14.9-27.8	15.0	10.4-19.6
Secondary school	71.4	66.7-76	12.1	7.2-16.9	65.2	57-74.1	81.9	77.0-86.9
Tertiary level	2.9	1.6-4.2	0.0	0.0-0.0	8.4	1.8-15	2.0	0.0-4.2

	eThekweni N = 468		Mashishing = 190		Mbombela = 276		Tshwane N = 325	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Main income								
No Income	4.0	1.7-6.1	16.3	11.7-21.1	40.0	33.1-47.2	46.9	40.2-53.8
Formal employment/job	2.1	0.4-3.7	0.9	0.4-1.4	1.0	0-2.1	0.2	0.0-0.6
Part time job	10.4	7.0-13.8	9.5	4.2-14.4	5.4	2.5-8.1	2.7	0.9-4.6
Car guarding	2.8	1.2-4.5	3.0	0-5.8	1.2	0.2-2.1	1.3	0.1-2.4
Sex work	2.1	0.4-3.7	10.9	0-22.3	0.4	0-0.7	0.1	0.0-0.3
Petty crime	76.0	71.6-80.5	1.5	0.1-3	1.5	0.4-2.7	2.2	0.4-4.1
Hustling	1.9	0.4-3.4	51.1	40.8-61.3	49.7	41.7-57.6	45.9	38.9-52.7
Selling drugs	0.7	0.0-1.4	0.2	0.0-0.1	0.4	0.0-1.0	0.4	0.0-1.1
Support from family	0.0	0.0-0.0	2.6	0.2-4.8	0.5	0.0-1.0	0.1	0.0-0.3
Government grant	0.0	0.0-0.0	4.0	0.2-7.9	0.0	0.0-0.0	0.2	0.0-0.4
Housing status								
On the street	70.1	65.1-75	22.1	14.9-29.4	71.6	64.1-78.8	75.0	69.2-80.7
Under a bridge/park	8.4	5.4-11.6	0.0	0.0-0.0	6.3	2.1-10.7	15.5	11-20.2
In a shelter	12.7	9.6-15.8	3.4	1.6-5.1	3.9	1.4-6.5	5.2	1.5-8.7
In a shack in an informal settlement	3.4	1.6-5.3	8.1	1.7-14.5	8.3	4.2-12.4	2.7	1-4.5
In stable, formal housing	5.4	2.3-8.4	62.9	54-71.6	8.9	5.3-12.5	1.5	0-3.2
Other	0.0	0.0-0.0	3.5	0.4-6.7	0.0	0.0-0.0	0.0	0.0-0.0

AGE AND SEX DISTRIBUTION PER SURVEY SITE

In eThekweni, the median age of PWID was 31 years and the interquartile range (IQR) 28-35 years, while in Mashishing the median was 33 years and the IQR 27-39 years. In Mbombela, the median age was 30 and the IQR 26-36 years. In Tshwane, the median age was 34 and IQR 31-38 years. Most PWID were between the ages of 25 and 34 years except for in Tshwane where most were 30-39 years.





HIV PREVALENCE AND POPULATION SIZE ESTIMATE BY SURVEY SITE AMONG PWID, SOUTH AFRICA, 2023

The estimated HIV prevalence among PWID in eThekwini was 49.3%, 45.4% in Mashishing, 30.3% in Mbombela, and 72.1% in Tshwane.

Population size estimates (PSE) for each survey site are shown in the table below. These estimates were derived using the multiplier method and were validated through a consultative process with multiple stakeholders.

Survey Site	HIV Prevalence % (95% CI)*	Population Size Estimate n (95% CI)*	PSE as % of population 15-59 years of age of general population ¹ % (95% CI)
eThekwini	49.3 (44.6-54.0)	3,100 (2,900-3,200)	0.1 (0.1-0.1)
Mashishing	45.4 (36.7-53.5)	450 (400-500)	1.9 (1.7-2.1)
Mbombela	30.3 (23.5-37.0)	1,500 (1,200-1,700)	0.4 (0.3-0.5)
Tshwane	72.1 (67.5-76.6)	5,500 (5,000- 6,200)	0.3 (0.3-0.3)

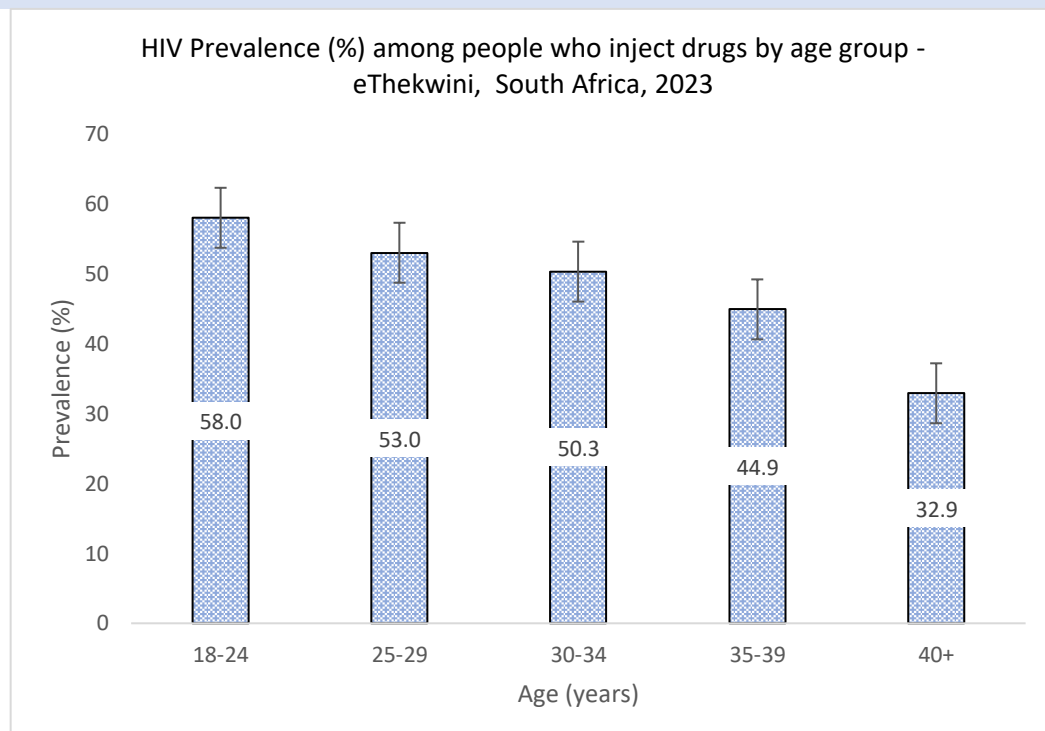
Notes:

* CI: Confidence Interval (except for population size estimate: Credible Interval)

HIV PREVALENCE BY AGE AND SURVEY SITE AMONG PWID, SOUTH AFRICA, 2023

ETHEKWINI

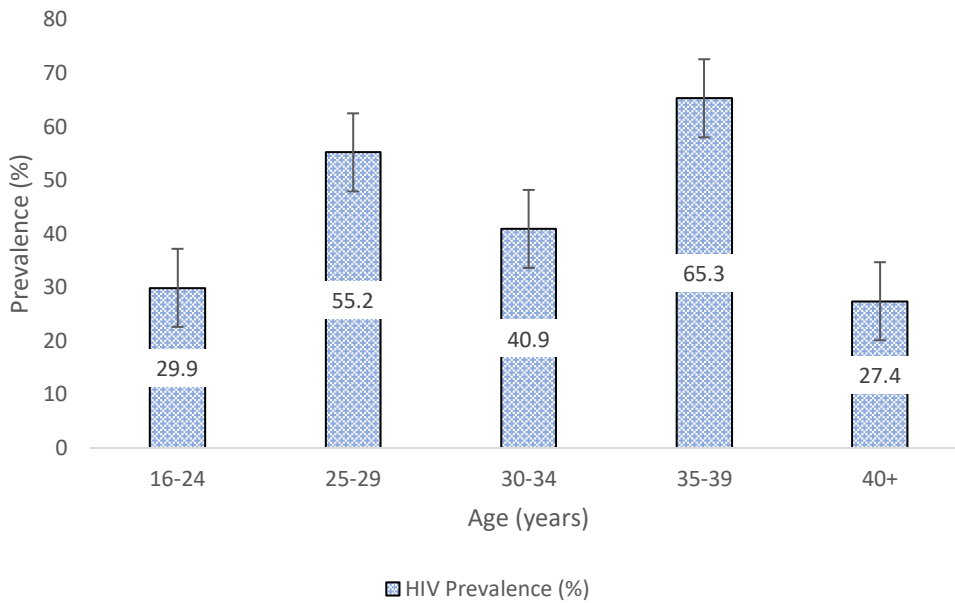
eThekwini had an overall HIV prevalence of 49.3% among PWID. Prevalence of HIV was highest among the youngest age group and decreased with age – this result is different from findings in other survey sites that showed higher HIV prevalence among older PWID.



¹ Census 2011: Population 15-59: eThekwini: 2 313 267, Mashishing: 23 920, Mbombela: 376 180, Tshwane: 2 025 468 (3)

MASHISHING

HIV Prevalence (%) among people who inject drugs by age group - Mashishing, South Africa, 2023

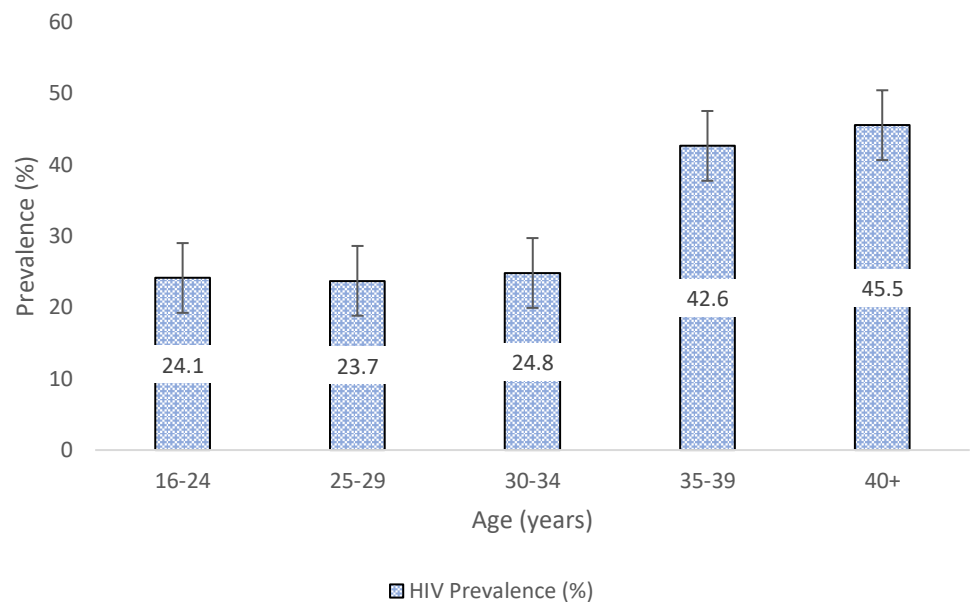


Mashishing had an overall HIV prevalence of 45.4% among PWID. Prevalence of HIV was highest among PWID aged 35-39 years at 65.3% and second highest for in the 25-29 age range. PWID older than 40 years had the lowest HIV prevalence.

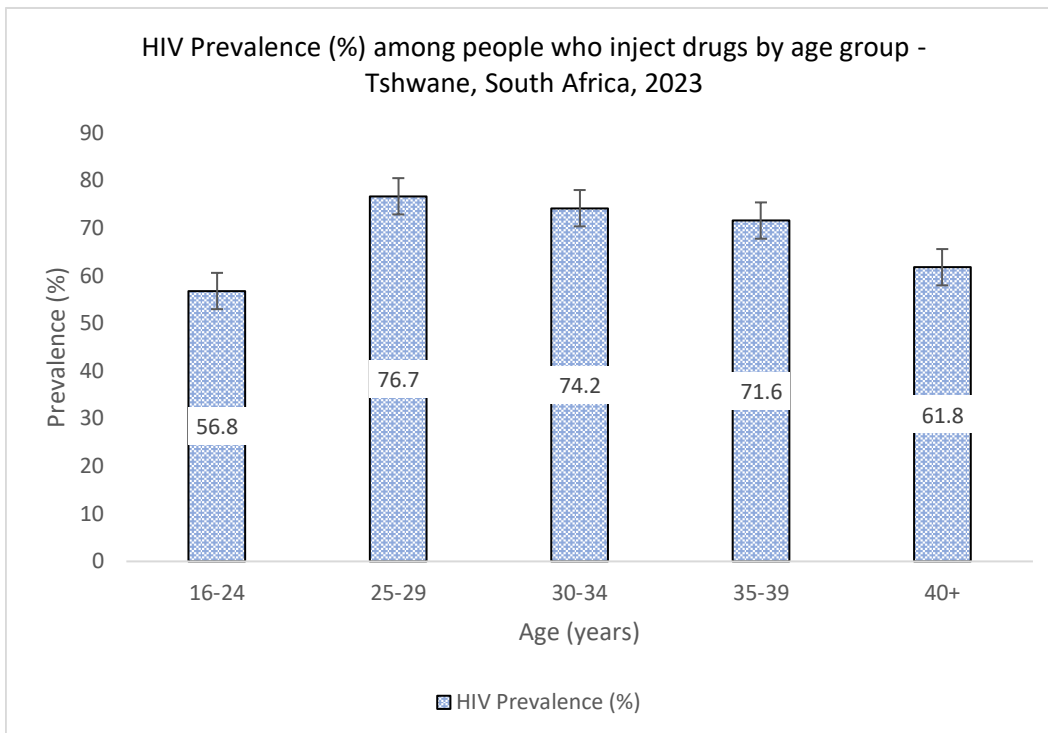
MBOMBELA

Mbombela has an overall HIV prevalence of 30.3% among PWID. Prevalence of HIV is highest (45.5%) among PWID older than 40 years, and much lower among the the younger age groups.

HIV Prevalence (%) among people who inject drugs by age group - Mbombela, South Africa, 2023



TSHWANE



Tshwane had an overall HIV prevalence of 72.1% among PWID. Prevalence of HIV is highest among PWID in 25-29 age group and is very high across all age groups.

PROGRESS TOWARD THE 95-95-95 TARGETS BY SURVEY SITE AMONG PWID, SOUTH AFRICA, 2023

95-95-95 UNAIDS Target Definition: By 2030, 95% of all people living with HIV will know their HIV status; 95% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and 95% of all people receiving ART will be virally suppressed.

1ST 95 – AWARENESS OF HIV-POSITIVE STATUS

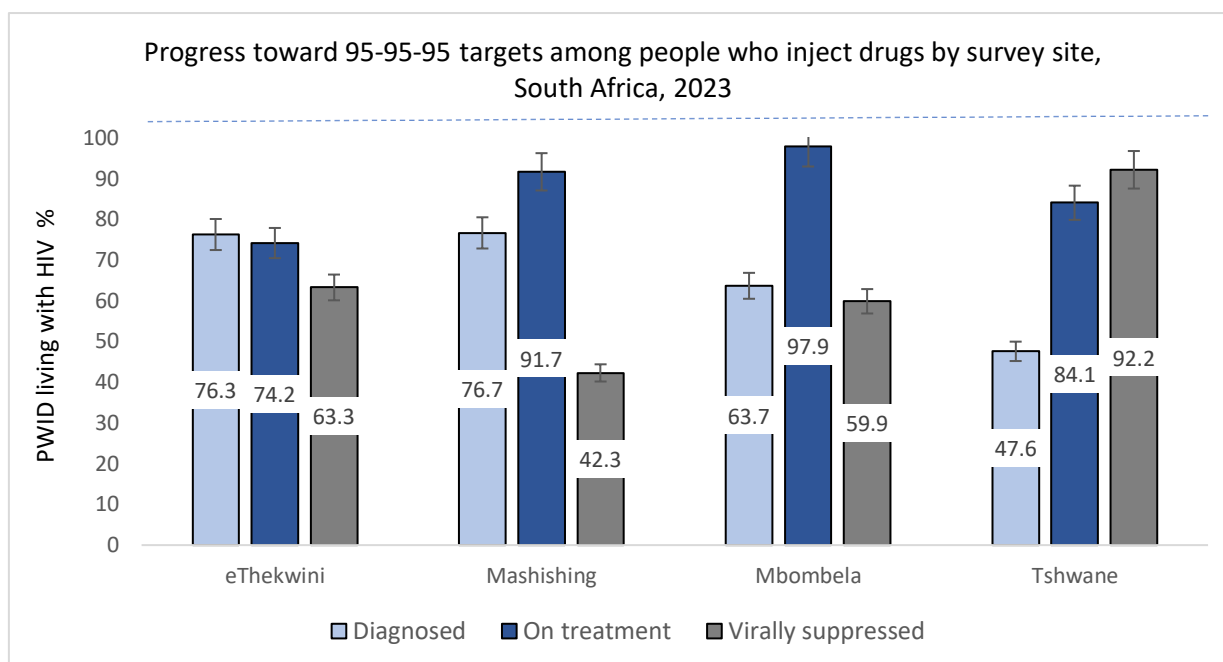
Awareness is defined as people living with HIV who disclosed a prior HIV diagnosis and/or had suppressed viral load. In eThekweni, 76.3% of PWID living with HIV were aware of their HIV status. In Mashishing, 76.7% of PWID living with HIV were aware of their status. In Mbombela, 63.7% of PWID were aware of their status. In Tshwane, 47.6% of PWID living with HIV were aware of their HIV status.

2ND 95 – AWARE OF HIV-POSITIVE STATUS AND ON ART

Being on ART is defined as those who disclosed current use of ART and/or had suppressed viral load. In eThekweni, 74.2% of PWID living with HIV who knew their HIV status were on ART. In Mashishing, 91.7% of PWID living with HIV who knew their HIV status were on ART and 97.9% in Mbombela. In Tshwane, 84.1% of PWID living with HIV who knew their HIV status were on ART.

3RD 95 – AWARE OF HIV-POSITIVE STATUS AND ON ART AND VIRALLY SUPPRESSED

Viral suppression is defined as a viral load count of <1 000 copies/mL. In eThekweni, 63.3% of PWID living with HIV who knew their HIV status and who were on ART were virally suppressed. In Mashishing, 42.3% of PWID living with HIV who knew their HIV status and who were on ART were virally suppressed and 59.9% in Mbombela. In Tshwane, 92.2% of PWID living with HIV who knew their HIV status and who were on ART were virally suppressed.



BIOMARKERS BY SURVEY SITE AMONG PWID, SOUTH AFRICA 2023

	Drug susceptible TB prevalence % (95% CI)	HBsAg prevalence % (95% CI)	Anti-HCV prevalence % (95% CI)	HIV-HBsAg co-infection prevalence % (95% CI)	HIV-anti-HCV co-infection prevalence % (95% CI)	Anti-syphilis Antibody prevalence % (95%CI)
eThekweni	7.2 (2.6-12.0)	5.8 (3.1-8.4)	75.2 (70.1-80.3)	5.6 (2.1-9.1)	43.2 (37.9-48.4)	3.9 (1.7-6.2)
Mashishing	0.3 (0.0-0.6)	0.9 (0.2-1.6)	40.8 (32.1-49.3)	1.1 (0.0-2.1)*	26.7 (16.5-35.7)	0.4 (0.0-0.9)
Mbombela	0.2 (0.1-0.3)	1.6 (0.3-2.9)	90.5 (86.3-94.6)	1.4 (0.0-3.2)	28.1 (21.1-35)	0.2 (0.0-0.4)
Tshwane	2.0 (0.1-4.5)	2.8 (0.0-9.9)	89.1 (84.5-93.6)	7 (0.0-15.7)**	69.2 (63.6-75)	4.4 (0.0-11.7)

* This estimate is higher than the mono-infection estimate due to different denominators resulting from missing data (n=1) on HIV ELISA confirmation

** This estimate is higher than the mono-infection estimate due to different denominators resulting from missing data (n=4) on HIV ELISA confirmation

PREVALENCE OF DRUG SUSCEPTIBLE TB BY SURVEY SITE

Prevalence of drug susceptible TB among PWID in eThekweni is 7.2 %. It is 0.3% in Mashishing, 0.2% in Mbombela and 2.0% in Tshwane.

PREVALENCE OF HBSAG BY SURVEY SITE

Prevalence of HBsAg positivity among PWID in eThekweni is 5.8%. It is 0.9% in Mashishing, 1.6% in Mbombela and 2.8% in Tshwane.

PREVALENCE OF ANTI-HCV BY SURVEY SITE

Prevalence of anti-HCV positivity among PWID in eThekweni is 75.2%. It is 40.8% in Mashishing, 90.5% in Mbombela and 89.1% in Tshwane.

PREVALENCE OF HIV AND HBSAG CO-INFECTION BY SURVEY SITE

HIV and HBsAg co-infection for PWID is 5.8% in eThekweni. It is 0.9% in Mashishing, 1.6% in Mbombela and 2.8% in Tshwane.

PREVALENCE OF HIV AND ANTI-HCV CO-INFECTION BY SURVEY SITE

HIV infection and anti-HCV positivity for PWID is 43.2% in eThekweni. It is 26.7% in Mashishing, 28.1% in Mbombela and 69.2% in Tshwane.

PREVALENCE OF SYPHILIS BY SURVEY SITE

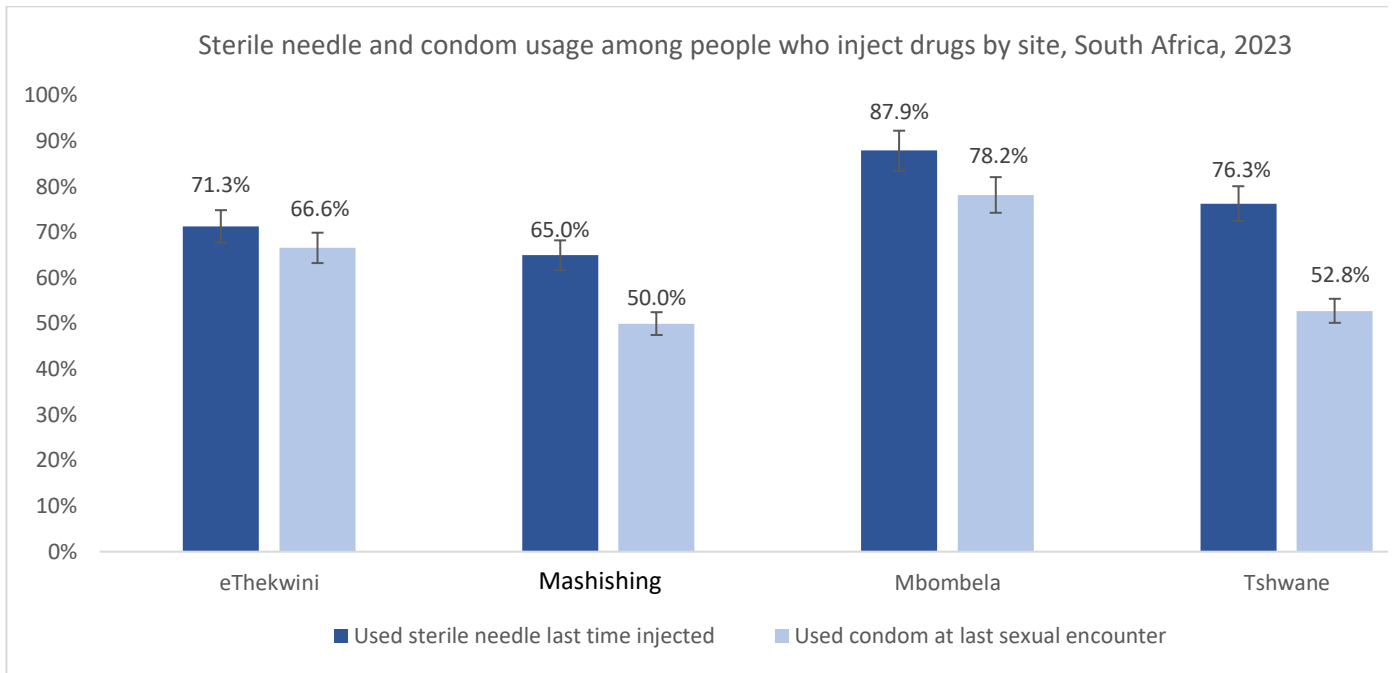
Anti-Treponema pallidum antibody prevalence for PWID in eThekweni is 3.9%. It is 0.4% in Mashishing, 0.2% in Mbombela and 4.4% in Tshwane.

KP PREVENTION INDICATORS

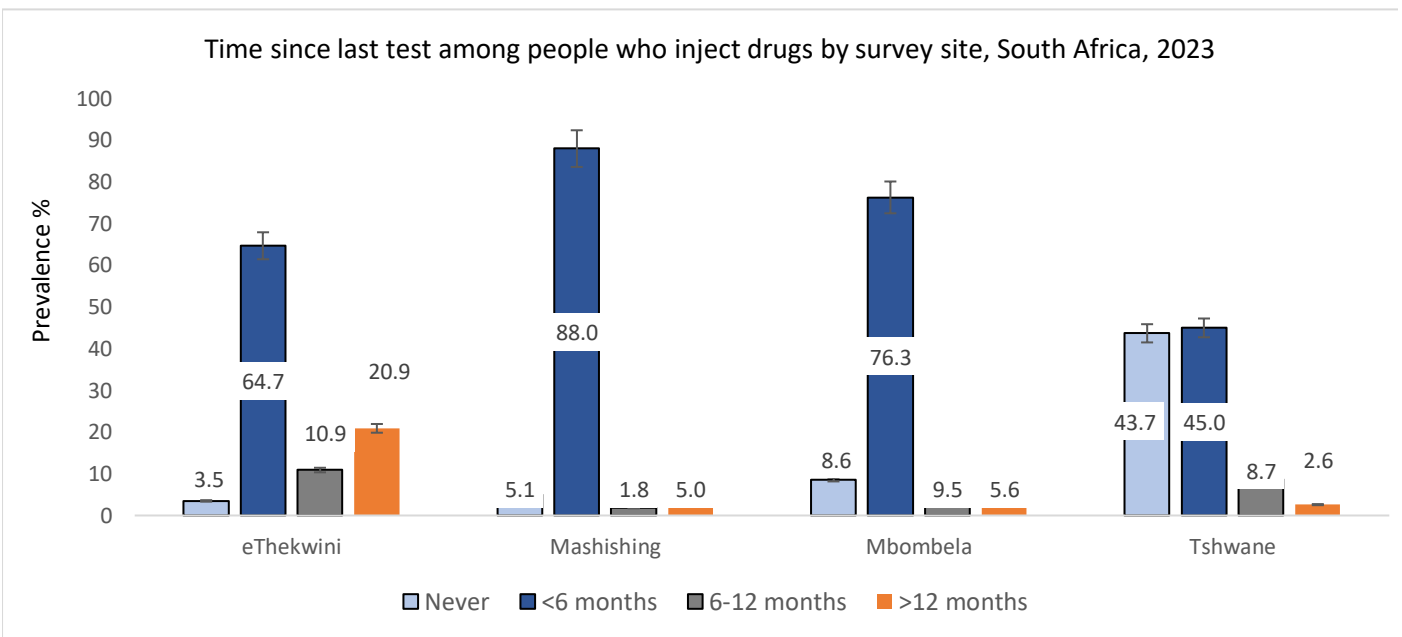
STERILE NEEDLE AND CONDOM USE²

In eThekweni, 71.3% of PWID used a sterile needle the last time they injected drugs and 66.6% used a condom the last time they had sex – the main reasons for not using a condom were PWID *not feeling at risk* as they were in a monogamous relationship (31.6%) and *not having a condom at the time* (26.2%). In Mashishing 65.0% of PWID used a sterile needle the last time they injected and 50.0% had used a condom the last time they had sex – the main reasons for not using a condom were PWID *not feeling at risk* as they were in a monogamous relationship (30%), *not having a condom at the time* (21.0%) and their *partner objecting* (20.0%). In Mbombela, 87.9% of PWID used a sterile needle the last time they injected and 78.2% used a condom the last time they had sex – the main reasons for not using a condom were *not having a condom at the time* (63.2%) and their *partner objecting* (29%). In Tshwane, 76.3% of PWID used a sterile needle the last time they injected and 52.8% used a condom the last time they had sex – the main reasons for not using a condom were *not having a condom at the time* (59.5%) and *not thinking of it at the time* (19.0%).

² **GAM indicator 1.8:** Safe injecting practices among people who inject drugs (Percentage of people who inject drugs reporting using sterile injecting equipment the last time)



TIME SINCE LAST HIV TEST BY SURVEY SITE



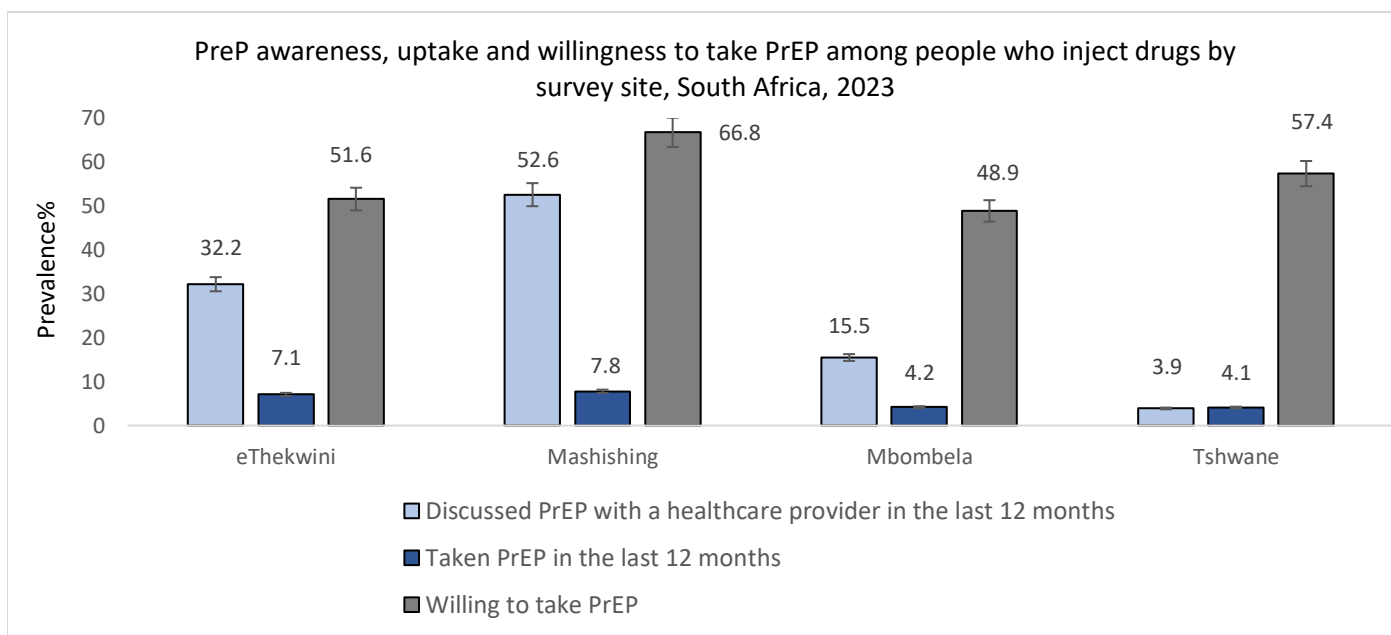
In eThekweni, 96.5% of PWID have been tested for HIV at least once in their lifetime and 64.7% had a test in the last 6 months. Of the 3.5% who have never been tested for HIV, reasons for not testing include *fear of positive result* (32.1%) and *no time to get tested* (27.6%).

In Mashishing, 94.9% of PWID have been tested for HIV at least once in their lifetime; 88% of PWID have had a test in the 6 last months. Of the 5.1% who have never been tested for HIV, reasons for not testing include 37.1% for *no time to get tested* and 30.7% for *fear of positive result*.

In Mbombela, 91.4% of PWID have been tested for HIV at least once in their lifetime. 76.3% of PWID have had a test in the last 6 months while 8.6% have never tested. Reasons for not testing included 45.4% for *no time to get tested* and 28.1% for *fear of positive result*.

In Tshwane, 56.3% of PWID have been tested for HIV at least once in their lifetime. 45% of PWID have had a test in the 6 last months. Of the 43.7% who have never been tested for HIV, reasons for not testing included 66.4% for *no time to get tested* and 10.2% for *stigma by healthcare workers* and 9.4% for *no money to get tested*.

PRE-EXPOSURE PROPHYLAXIS (PrEP) UPTAKE BY SURVEY SITE



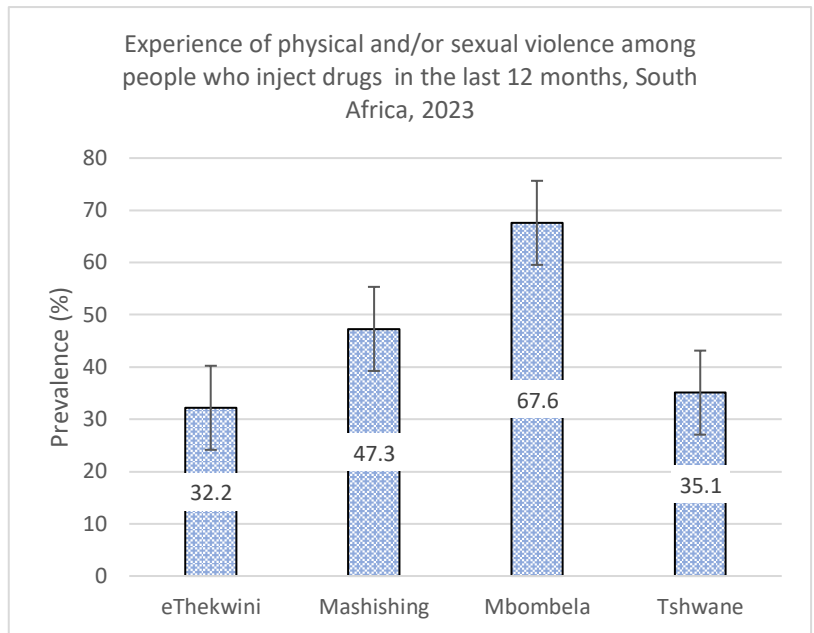
In eThekweni among HIV-negative PWID, 32.2% have discussed PrEP with a healthcare provider in the last 12 months, 7.1% have taken PrEP in the last 12 months, and 51.6% indicated they would be willing to take PrEP. In Mashishing among all HIV-negative PWID, 52.6% of have discussed PrEP with a healthcare provider in the last 12 months, 7.8% have taken PrEP in the last 12 months, and 66.8% indicated they would be willing to take PrEP. In Mbombela among all HIV-negative PWID, 15.5% of HIV-negative PWID have discussed PrEP with a healthcare provider in the last 12 months, 4.2% have taken PrEP in the last 12 months and 48.9% indicated they would be willing to take PrEP. In Tshwane of all HIV-negative PWID, 3.9% of HIV negative PWID have discussed PrEP with a healthcare provider in the last 12 months, 4.1% have taken PrEP in the last 12 months, and 57.4% indicated they would be willing to take PrEP.

SOCIAL ENABLERS: STIGMA AND ABUSE (10-10-10 TARGETS) AMONG PWID, SOUTH AFRICA, 2023

The 2023 Global AIDS Monitoring (GAM) report includes indicators and questions designed for use by national AIDS programs and partners to assess the state of a country's HIV and AIDS response and to measure progress towards achieving national HIV targets. The UNAIDS 10-10-10 targets aim to remove social and legal impediments to accessing or using HIV services. Specifically, the 10-10-10 targets for societal enablers measurable with BBS are to reduce by 2025 the proportion of key populations who report experiencing stigma and discrimination and who experience physical or sexual violence to less than 10%. (4)

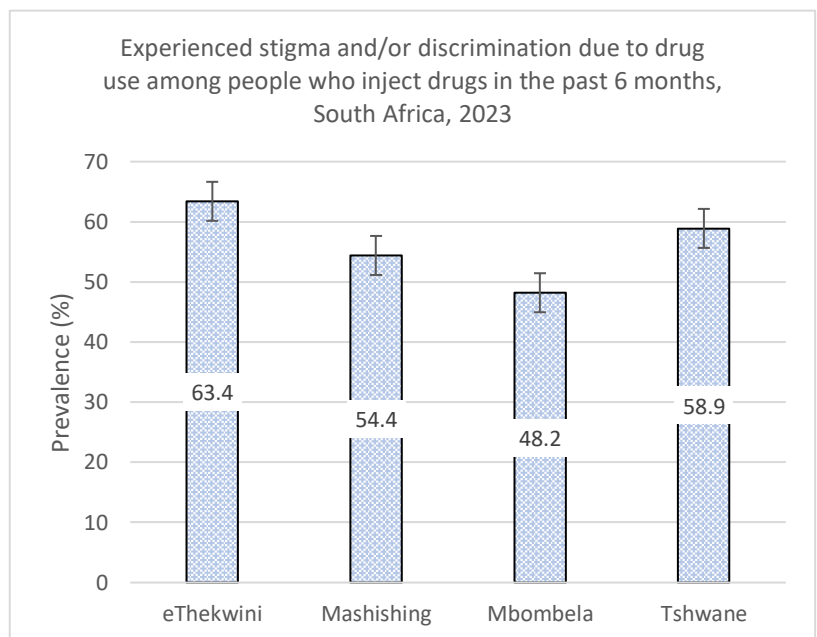
EXPERIENCED PHYSICAL AND/OR SEXUAL VIOLENCE IN THE LAST 12 MONTHS³

Experiences of physical and/or sexual violence in the last 12 months vary by survey site. In eThekweni, 32.2% of PWID have experienced physical and/or sexual violence in the last 12 months. In Mashishing, 47.3% of PWID have experienced physical and/or sexual violence and 67.6% in Mbombela compared to 35.1% in Tshwane.



EXPERIENCED STIGMA AND/OR DISCRIMINATION DUE TO DRUG USE IN THE PAST 6 MONTHS⁴

Experiences of stigma and/or discrimination due to drug use in the past 6 months vary by survey site. PWID in eThekweni experienced the highest stigma and/or discrimination with 63.4%, 54.4% in Mashishing, 48.2% in Mbombela and 58.8% in Tshwane.

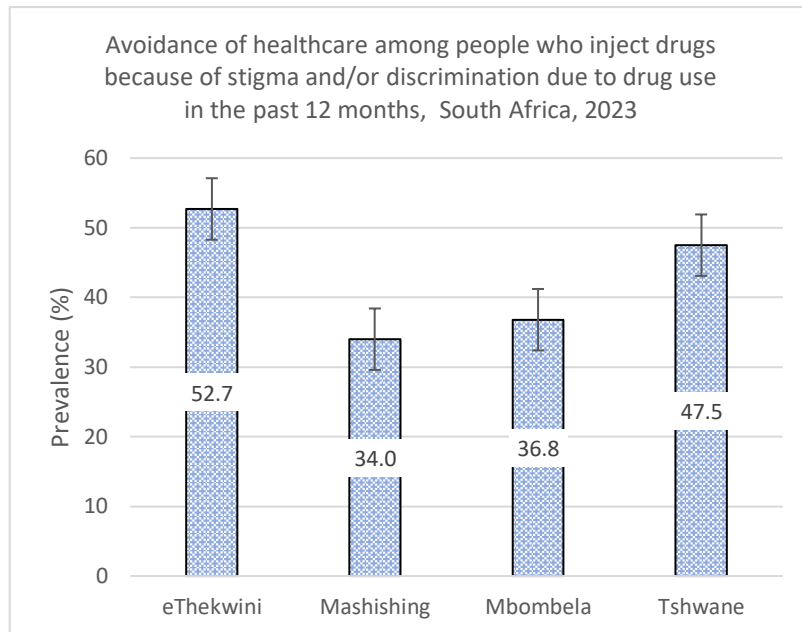


³ GAM indicator 4.1: physically hurt, such as hit or choked or threatened with a knife or other weapon; tricked, lied, or forced sex

⁴ GAM indicator 6.5: felt excluded from family activities because inject drugs, scolded because inject drugs, blackmailed because inject drugs.

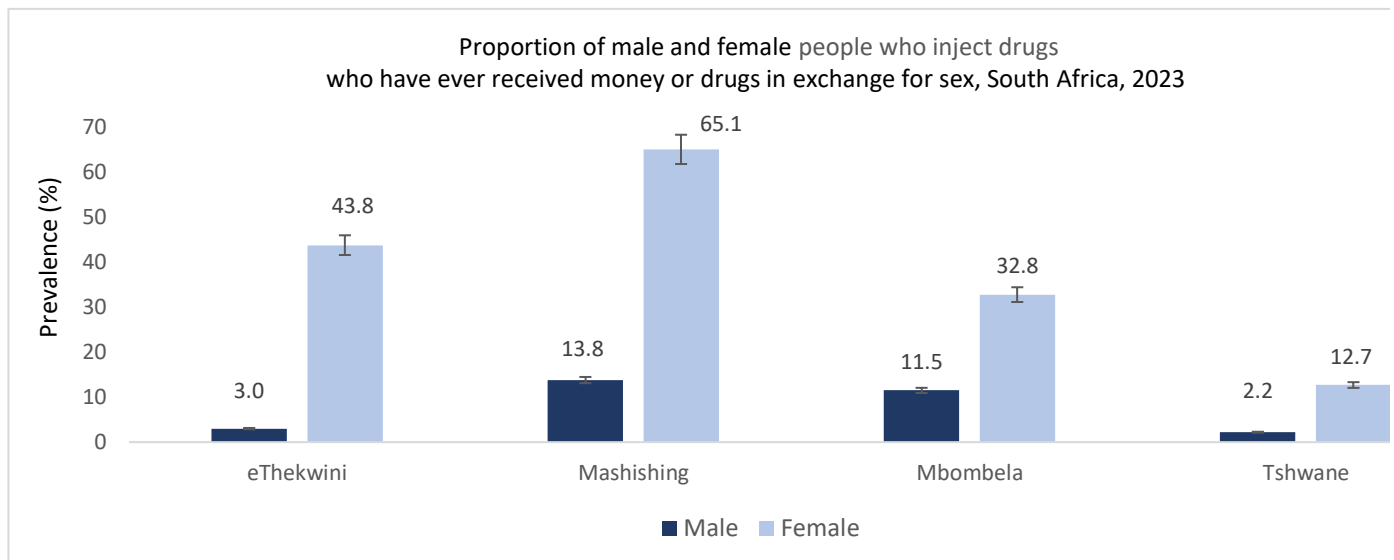
AVOIDED HEALTHCARE BECAUSE OF STIGMA AND/OR DISCRIMINATION DUE TO DRUG USE IN THE PAST 12 MONTHS⁵

In eThekweni, 52.7% of PWID avoided healthcare in the past 12 months due to stigma and/or discrimination because of drug use compared to 34% in Mashishing, 36.8% in Mbombela and 47.5% in Tshwane.



EVER RECEIVED MONEY OR DRUGS IN EXCHANGE FOR SEX WITH ANOTHER PERSON

The proportion of females who have exchanged sex for money or drugs is substantially higher than males across all survey sites and is highest in Mashishing with 65.1% having done so.

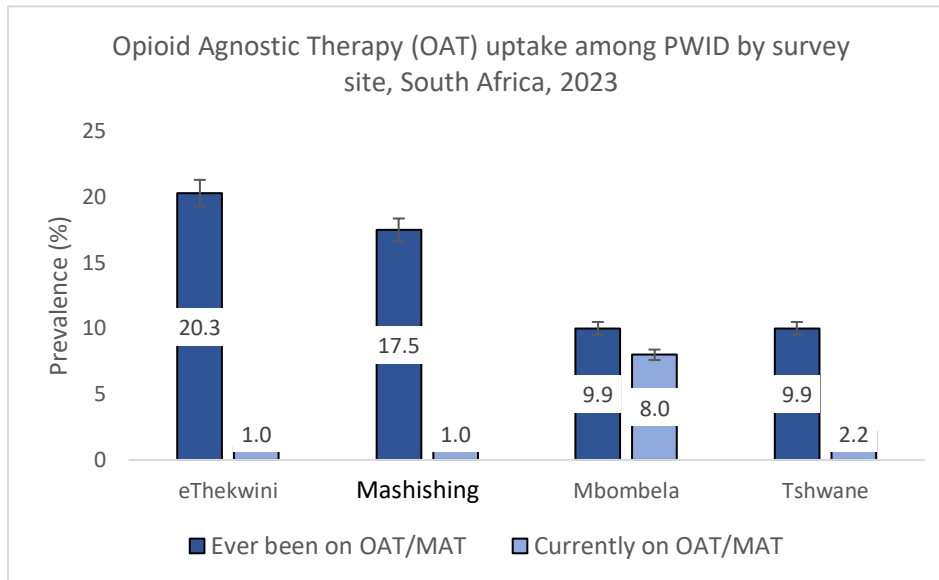


⁵ GAM indicator 6.6: afraid to seek health services, treated unfairly or denied health care, avoided seeking HIV services.

KP TREATMENT INDICATORS AMONG PWID, SOUTH AFRICA, 2023

OPIOID AGONIST THERAPY (OAT) UPTAKE

In eThekweni 20.3% of PWID have been on opioid agonist therapy (OAT) with 1.0% currently on OAT. In Mashishing, 17.5% of PWID have ever been on OAT and 1.0% were on OAT. In Mbombela, 10.0% of PWID have ever been on OAT and 8.0% were on OAT. In Tshwane, 10.0% of PWID have ever been on OAT and 2.2% were currently on OAT.



CONCLUSION

HIV prevalence among PWID across all sites was high with 49.3% in eThekweni, 45.4% in Mashishing, 30.3% in Mbombela and 72.1% in Tshwane. The population size estimate (PSE) for PWID for eThekweni was 3,100, 450 for Mashishing, 1,500 for Mbombela and 5,600 for Tshwane. Substantial increases occurred in Tshwane from 2017 when the PSE was 4,514 and HIV prevalence 58.4% (5).

Respective to UNAIDS 95-95-95 targets, all sites still have significant ground to cover in terms of reaching the first 95% target. Tshwane had a low percentage (47.6%) of PWID who have been diagnosed with HIV. Mashishing and Mbombela had high percentages of diagnosed PWID on treatment, 91.7% and 97.9% respectively. eThekweni had the lowest percentage of PWID on treatment. Although a small proportion (84.1%) of PWID were on treatment in Tshwane, 92% of these PWID were virally suppressed – illustrating that it is possible for PWID to achieve high levels of viral load suppression. The other sites could make significant strides in terms of improving viral load suppression.

Prevalence for drug-susceptible TB was high in eThekweni (7.2%) and Tshwane (2%) with Mashishing and Mbombela less than 1%. This is the first data on TB prevalence among PWID in South Africa and points to a notable burden and need for intensified TB diagnostics and treatment.

The high prevalence of anti-HCV antibody positivity suggests high-risk injecting practices. Anti-HCV prevalence was highest in Mbombela (90.5%) followed by Tshwane (89.0%), eThekweni (75.2%) and Mashishing (40.8%). HIV-positive with HCV exposure was also high, especially in Tshwane at 69.5%. These findings highlight the need for increased HCV testing and treatment with direct-acting antivirals (DAA).

Relatively high levels of sterile needle and syringe use at last injecting were noted. In light of the high HIV and anti-HCV prevalence, intensification of – and uninterrupted supply of – needle and syringe services remain critical to prevent exposure and new HIV and HCV infections in PWID.

Levels of OAT coverage were poor, with lifetime access to OAT ranging from 9.9% – 20.3%. OAT coverage needs to increase significantly to reach the WHO recommended coverage target of 50% coverage by 2026.

Across all sites, 48.2% or more PWID indicated that they had experienced stigma and/or discrimination due to drug use during the past 6 months. For all sites prevalence of physical and/or sexual violence in the last 12 months was more than 30%. This percentage is very high and PEPFAR teams should ensure post-violence care is available. A third (34.0%) or more of PWID across sites indicated that they have avoided healthcare during the past 12 months due to stigma and/or discrimination; specific data on where this was experienced was not collected (i.e., PEPFAR-funded key populations drop-in centers or Department of Health (DoH) facilities). Sensitization across implementing partners and for DoH staff may assist in addressing these high levels, thereby improving health-seeking behavior by PWID.

PrEP awareness varied across sites, with the highest percentage of PWID in Mashishing who had discussed PrEP with a healthcare provider in the last 12 months (52.6%), followed by eThekweni (32.2%), Mbombela (15.5%) and Tshwane (3.9%). Across all sites approximately 50.0% of PWID indicated that they would be willing to take PrEP. The high prevalence of PWID willing to take PrEP should be seen as a prevention opportunity and included as part of comprehensive services for PWID.

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This activity was reviewed by CDC, deemed not research, and was conducted consistent with applicable federal law and CDC policy⁶

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⁶ See e.g., 45 C.F.R. part 46, 21 C.F.R. part 56; 42 U.S.C. §241(d); 5 U.S.C. §552a; 44 U.S.C. §3501 et seq.