

## FOREWORD

One of the greatest health challenges threatening the human race in our time is the HIV and AIDS pandemic. The UNAIDS, estimates that in 2008 there were 5,3 million South Africans infected with the virus, of which 3 million were women above 15 years and 220 000 were children. The impact of deaths due to AIDS-related illnesses is a tragic reality experienced by families, communities and the nation at large. It is for this reason that government has prioritized strengthening HIV prevention interventions to curb incidence and morbidity and is committed to providing universal access to treatment for all those affected, in order to reduce premature deaths due to AIDS.

South Africa with so many millions of people living with the HI virus, face both institutional and human resource capacity challenges to provide treatment, care and support. This is compounded by the simultaneous resurgence of the TB epidemic and Drug Resistant pathogens. There is however, a high level of political commitment and will to ensure that we realize the implementation of the National Comprehensive HIV and AIDS Care, Management and Treatment Plan (2003), but this will require additional public health technical capacity to address the capacity shortfall that continues to hamper acceleration of the public sector efforts to mitigate the HIV and AIDS epidemic.

The antenatal HIV and syphilis prevalence survey is one of the epidemiological tools used by the Department of Health to monitor the epidemic trend. This survey has been conducted annually in South Africa since 1990. It is one of most robust HIV surveillance methods that target the 15 to 49 year old antenatal women who come for a first booking at an antenatal care facility in the public health sector.

The findings from the 2008 survey supports observations that the HIV prevalence is stabilizing in the general adult population when comparing the South African profile to other countries considered to have a generalized epidemic. This survey, further provides evidence that South African women are at highest risk of contracting the HI virus, for a number of reasons, including gender inequality, high geographic mobility and extensive migrant labour. These require further epidemiological in-depth investigation, but can easily be shown when one looks at the location of the HIV epi-centres and the distribution of HIV by health districts (provided in this report).

Furthermore, the results show that there is wide variation in HIV prevalences between provinces, in the age groups over 19 years, from 16.1 % in the Western Cape to 38.7% in KwaZulu-Natal. There is significant variation in HIV prevalences by district over the past 3 year period. For the first time HIV prevalence trends have been reported down to the district level in South Africa. District HIV prevalence results show heterogeneity with respect to the spread of the epidemic, with prevalences ranging from 2.2% in Namakwa (NC) to 45.7% in uMgungundlovu (KZN).

This 2008 report is recommended for use in monitoring progress towards achieving the Health related MDG Goals and providing data for policy planning for strategic HIV and AIDS intervention programmes. National and international stakeholders can use the 2008 antenatal survey data in developing relevant strategies based on evidence provided herein. We acknowledge the complex responsibility of continuing to provide this important data as we strive to improve our efficiency in providing appropriate interventions, strategies for HIV prevention, management and control of AIDS related morbidity and prevention of premature AIDS related deaths in our country.



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