

Mapping of HIV/STI Behavioural Surveillance in Europe



A study on behalf of the European Centre for Disease Prevention and Control (ECDC)

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13th European Commission HIV/AIDS Think Tank Meeting

Luxembourg, 16-17 December, 2009

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Behavioural surveillance

- Behavioural surveillance is the systematic and ongoing collection of data about risk and health-related behaviours.
- Behavioural data provides a way of monitoring change in the short-term.
- It allows for anticipation of change in disease patterns.
- Trends in behaviour may be correlated with changes in disease incidence over time.



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Objectives of the study



- Analysis of the current state of the art regarding behavioural surveillance programmes related to HIV and STI in EU / EFTA countries
- Broad and in-depth analysis of behavioural surveillance
- Establish a framework for the implementation of a key set of behavioural indicators related to HIV and STI in EU countries

Thank you



- Marita van de Laar (ECDC, Stockholm)
- The EU Member States and EFTA countries who completed and returned questionnaires



Project team

- Françoise Dubois-Arber, IUMSP team leader (and youth)
- Brenda Spencer, IUMSP general population
- André Jeannin, IUMSP survey on behavioural surveillance in MS
- Bertrand Graz, IUMSP literature review (and youth)
- Vivian Hope, LSHTM IDU
- Jonathan Elford, City University MSM
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- Helen Ward, Imperial College SW
- Nicola Low, IMSP, Bern STI clinic attendees
- Mary Haour-Knipe, consultant migrants and ethnic minorities
- Jean-Pierre Gervasoni IUMSP organisation
- Marita van de Laar, Surveillance Unit, ECDC

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Eight population groups

- general population
- young people
- men who have sex with men (MSM)
- injecting drug users (IDU)
- people living with HIV (PWLHA)
- sex workers
- people attending STI clinics
- migrants and ethnic minorities

Methods (1)

- Questionnaires were sent to all EU Member States and EFTA countries in August 2008 (n=31)
- Existence of national behavioural surveillance and second generation surveillance?
- A set of 9 separate questionnaires
 - One on organisational aspects of the system
 - One on each of the 8 population groups
- Expert Meetings (Montreux; Geneva)

Methods (2)

- Questions on
 - **existence and definition** of a national or regional **behavioural*** surveillance system (BSS); populations included
 - **functioning** of the **second generation** surveillance system at national or regional level
 - behavioural **surveys / data collection** conducted in the different populations since 1985, with information on the **methodology used and topics covered**
 - **agreed national key behavioural indicators** (and the definitions /parameters used for these)

* No question on bio-behavioural surveys

Results

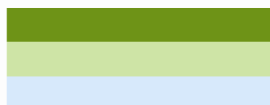


1. Coverage

- 28/31 countries surveyed (90%) returned the questionnaire, 3 NR (*Bulgaria**, *Romania*, *Portugal*)
- 15/28 have established HIV/STI behavioural surveillance system (*Belgium, Cyprus, Denmark, Estonia, Finland, France, Germany, Latvia, Lithuania, Poland, Slovenia, Spain, Sweden, Switzerland, United Kingdom*), + 1 (*the Netherlands*) no formal organisation
- In most countries without a BSS, data collection on behaviour reported for one or more populations
- Populations most regularly surveyed :Gen Pop, youth, MSM, IDU > sex workers, patients of STI clinics and PLWHA > migrants / ethnic minorities.

* *Provided information later*

Country	Epi	BSS	Start	GenPop	Youth	MSM	IDU	SW	STIp	PLWHA	Migr	Other
Austria	C	No		No	No	No	No	No	No	No	No	
Belgium	C	Yes		Yes	Yes	Yes	Yes	Yes	Yes	No	No	Prison
Bulgaria	LL											
Cyprus	C	Yes	1988	Yes	Yes	No	No	No	No	No	No	
Czech R	LL	No		No	No	No	Yes	No	No	No	No	
Denmark	C	Yes		No	No	Yes	No	No	No	No	No	
Estonia	C	Yes	2004	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Prison
Finland	C	Yes	1995	No	Yes	No	Yes	No	Yes	No	No	
France	C	Yes	1985	Yes	No	Yes	Yes	No	Yes	Yes	No	
Germany	C	Yes	1987	Yes	Yes	Yes	No	No	Yes	Yes	No	
Greece	C			Yes	No	No	Yes		No		No	
Hungary	LL	No		No	No	No	No	No	No	No	No	
Iceland	C	No		No	No	No	Yes	No	No	Yes	No	
Ireland	C	No		No	No	Yes	Yes	No	No	No	No	Prison
Italy	C	No		No	No	No	No	No	Yes	No	No	
Latvia	C	Yes	1997	No	No	No	Yes	No	No	No	No	
Liechtenstein	C	No		No	No	No	No	No	No	No	No	
Lithuania	C	Yes		No	Yes	Yes	Yes	Yes	Yes	Yes	No	
Luxembourg	C	No		No	Yes	No	Yes	Yes	No	No	No	
Malta	C	No		No	No	No	No	No	No	No	No	
Netherlands	C	Y/N	80s	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	
Norway	C	No		Yes	No	Yes		No	No	Yes	No	
Poland	C	Yes	2000	Yes	Yes	No	Yes	No	No	No	No	
Portugal	C											
Romania	LL											
Slovakia	LL	No		No	No	No	No	No	No	No	No	
Slovenia	LL	Yes	1996	No	No	Yes	Yes	No	No	No	No	
Spain	C	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Prison
Sweden	C	Yes	1987	Yes	Yes	Yes	No	No	No	No	No	
Switzerland	C	Yes	1987	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Condom
UK	C	Yes	1990	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	



established surveillance: 3 and more surveys

beginning of surveillance: 2 surveys or one and the next planned

Methods used	General Pop	Youth	MSM	IDU	SW	STI patients	PLWHA	Migrant
Representative designs								
General health surveys	6	14			2			2
Specific KABP	8	10						
Comprehensive sexuality/reproductive health surveys	8	6						1
Addiction focused surveys	2	5						
Non representative designs								
Service based data collection				11	5	9	3	1
Internet surveys		1	14				2	
Gay press			5					
Venue-based / community based surveys			14	8	4		3	3
Cohort							2	
Surveys using respondent driven sampling			2	2	1			



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3. Classification of BSS

- **Early national comprehensive systems:**
since late 80s /early 90s: *France, Germany, the Netherlands, Switzerland, UK*; generally in 4 or more populations, mostly GP, youth, MSM and IDU.
- **Recent comprehensive systems:**
smaller scale surveys in 2-4 populations, countries with recent concentrated epidemics, mainly in IDUs (*Estonia, Lithuania, Poland*).
- **Less organised, mixed, systems:**
since the 90s, combine national and regional/local surveillance and/or a small number of populations: (*Belgium, Cyprus, Denmark, Finland, Latvia, Slovenia, Spain, Sweden*).

4. BSS organisation and functioning : diversity



- BSS often constructed progressively
- Formalisation of systems (n=16): uneven
- 8/16 countries have formal documents
- Organisation /coordination : MOH, specific agency, university, informal coordination by a network
- Funding : mainly Government + research + international
- Sustainability: 12/16 assured or probably assured

5. Second generation surveillance (SGS)



- 6 countries report a formalised system*:
Estonia, France, Lithuania, Slovenia, Spain, Switzerland
- 2 report SGS in one population:
Latvia: IDUs , Sweden: General Population
- 5 report no formally organized SGS:
Germany, the Netherlands, UK, Cyprus, Poland
- 3 report no SGS:
Belgium, Denmark, Finland

* + Bulgaria: bio-behavioural surveys

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6. Use of behavioural surveillance



- Frequently used
 - interpreting trends in HIV incidence and prevalence
 - identifying the drivers of the epidemic
 - measuring indicators of progress in programme development

- Less frequently used
 - programme planning and programme evaluation
 - advocacy

Conclusions



- Wide experience of BS in European countries
However...
 - Many with data collection on behaviour, several with BS in specific populations, a few with comprehensive BSS
 - Many countries still without behavioural data on MSM or IDUs; practically all lack BS in SW and migrants
 - Insufficient use of service based BS (STI clients, PWHLA)

- Indicators: agreement on main topics, need for a harmonisation process



Next steps

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Harmonisation of indicators



- Within countries (across populations)
- Between countries

- Core
- Population specific or secondary

- Use of, or compatibility with, existing international indicators (e.g. EMCDDA, UNGASS)

Suggestions : six core indicators



1. Partners (*UNGASS 6*)

Number of sexual partners in the last 12 months

2. Use of condom (*UNGASS 17-20*)

- a) Use of condom at last intercourse (in the last 12 months)
- b) With identification of the type of partner: stable / casual / paid

3. HIV test (*UNGASS 7-8*)

- a) Ever and date of the last test or whether tested in the last 12 months
- b) Result of the test (reported or measured)

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4. Sex work

- a) Having paid for sex in the last 12 months
- b) Use of condom at last paid intercourse (in the last 12 months)

5. Contextual indicators

- a) Level of education (ISCED classification)
- b) Nationality/ethnic origin*
- c) Sexual orientation (Kinsey modified classification)

6. Knowledge (*UNGASS 13-14*)

UNGASS indicator: being able both to correctly identify ways of preventing the sexual transmission of HIV and to reject major misconceptions about HIV transmission

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Other suggestions: secondary and/or population specific indicators



Some are proposed for use in several populations, others are very specific and may be used in only one or just a few populations

- Ongoing consensus development on core MSM indicators
- Existing common set of indicators proposed by EMCDDA for IDUs
- Topics where common indicators are needed, and no satisfactory existing indicator



more research needed

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Systems : suggestions



1. Assessment and development /extension of BS and SGS in EU/EFTA countries
2. Development of a framework for HIV /STI behavioural surveillance at country level and at central level (ECDC)
3. Implementation of BS and improvement of BS in specific populations

1. Assessment and development /extension of BS and SGS



- **Countries:** set up or further development of formal BS and SGS following UNAIDS/WHO existing guidelines with special attention to:
 - Adequacy and sustainability of systems, i.e selection of the populations to be surveyed and maintenance of the system over time, considering issues such as choice of methods, cost
 - Organisation, streamlining processes, harmonisation of indicators
- **ECDC:** encourage and provide support
 - Toolkit (indicators, methods)
 - Pilot projects (on needs assessment, on partnering between countries)
 - Regular meetings on BS and SGS (exchange of experiences, discussion of methodological issues, etc.)
 -

2. Framework: examples of suggested measures

- Integration of BS into the routine functioning of HIV/STI surveillance (formalisation)
 - Special meetings
 - Including the reporting on BS in the regularly issued ECDC reports
 - Use proactively Eurosurveillance as a forum for the presentation of results of behavioural surveillance
 - Adjustments to fully integrate STI specific needs in BS
 - Network of country respondents for BS /SGS

- Increased collaboration with international partners
 - On indicator harmonisation, on training, etc.

3. Improvement of BS in specific populations



- Integration of core and agreed specific indicators in research and routine data collection
- Continuation of consensus development on secondary and population specific indicators
- Development of thinking and projects in specific populations where BS is not well developed
 - Migrants (reflection on the types of migrant groups to be integrated in BS, indicators/variables to identify these groups, common pilot surveys)
 - Sex work (reflection on the types of sex workers to be integrated in BS, common surveys)
 - PLWHAs (increased use of service/cohort based data)

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**Thankyou for
your attention**

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