Introduction:
Since 2007, passive HIV case reporting in the Philippines showed an increasing number of cases from younger age-groups (20-29 years). Anecdotal reports also indicated that substantial proportions of most-at-risk populations (MARP) were adolescents. It was critical to understand patterns of sexual behavior and drug-use among Filipino most-at-risk adolescents (MARA) to establish an effective prevention program and deliver needed services. Since the National Integrated HIV Behavioral and Serologic Surveillance (IHBS) was limited to adult populations of injecting drug users (IDU), female sex workers (FSW) and males having sex with males (MSM), there was no official data on MARA for better targeted programming.

The strategic value of a separate MARA study as compared with MARA data gathering as part of the IHBS was discussed. Considerations included cost-effectiveness, time limitations of implementers, and sustainability. In 2009, the Department of Health included 15-17 year old MARA for the first time in the IHBS for FDU, FSW and MSM.

Process of including MARA:
Figure 1: Process of including MARA in IHBS

Key findings:
In some surveillance sites, up to 34% of the most-at-risk populations sampled were 15-17 year olds. This age-group’s knowledge about HIV prevention was low; they practiced high risk behavior, were vulnerable to STI and HIV but had limited access to services. Also, the median age of initiation to sex and drug use among the most-at-risk populations was 14-19 years. Selected initial findings are listed below:

Figure 2: Key findings for 2009 IHBS among MARA

Conclusions:
• Integration of MARA in IHBS is possible. Reports from implementers and observers indicate that MARA were included in the 2009 IHBS according to protocol. MARA will be regularly included in the IHBS, done every two years, to provide critical behavioral and serologic trends for HIV strategic planning in the Philippines.
• Integration of MARA in IHBS is relevant. The strategic information for MARA from IHBS will be used to contribute to MARA population size estimates, monitor MARA behavioral trends, and strengthen MARA policies, programmatic strategies and advocacy.
• Integration of MARA in IHBS is effective: Including MARA in the IHBS as compared to a separate MARA study raised the risk and vulnerability profile of MARA among key stakeholders involved in the national HIV response. It was cost-effective and not time consuming since the content of the questionnaire, the implementers involved in surveillance and the geographic surveillance sites were largely the same for younger and older MARP.

Literature cited:
• Save the Children. Southeast Asia and Pacific Region. 2004. How to research the physical and emotional well-being of children.
• CRC (forthcoming). Policy on adolescents’ access to health services. (draft)

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