Integrating Most-at-Risk Adolescents into the National Integrated HIV Behavioural and Serologic Surveillance (IHBSS) in the Philippines



UNITE FOR CHILDREN UNITE AGAINST AIDS

Authors : G.M. Samonte¹, N. Palaypayon¹, A. Segarra¹, E. Tayag¹, G. Nadoll² Institute(s) : ¹National Epidemiology Center, Department of Health, Manila, Philippines, ²UNICEF, Makati, Philippines

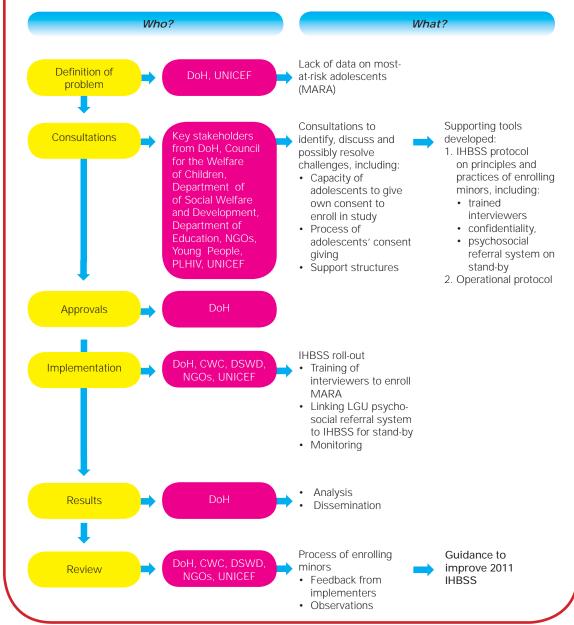
Introduction:

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 (IHBSS) 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 IHBSS 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 IHBSS for IDU, FSW and MSM.

Process of including MARA:

Figure 1: Process of including MARA in IHBSS



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 IHBSS among MARA

MSM MARA analysis (15-17 year olds): 65% of total MSM sampled (N=4,372) were 15-24 years

of age. Among the 15-24 year olds,

21% were between 15-17 years of age (n=596).

UNGASS Knowledge Score 24% all correct (compared with 36% all correct among 18+)

Ever tested for HIV: 0.5% have ever been tested for HIV (compared with 10% among 18+)

Relationship with first male partner: 36% no relation/casual/ acquaintance 35% friend 13% boyfriend

11% paying sex partner

Anal sex without a condom in past 12months: 58% (compared with 53% among 18+)

FSW MARA analysis (15-17 year olds):

62% of total FSW sampled

(N=9,316) were 15-24 years

Among the 15-24 year olds,

UNGASS Knowledge Score

with 31% all correct among

18% all correct (compared

6% were between 15-17

years of age (n=357).

Ever tested for HIV:

among18+)

month:

5% (compared with 24%

Number of partners in a

Accessed Social Hygiene

Hygiene Clinic (compared

10% (compared with 21%

Mean = 7/month

Clinic in past month.

27% accessed Social

with 58% among 18+)

Brings a condom:

among 18+)

of age

18+)

(IDU MARA analysis (15-17 year olds):

55% of total sample (N=959) were 15-24 years of age.

Among the 15-24 year olds, 12% were between 15-17 years of age (n=62)

UNGASS Knowledge Score 24% all correct (compared with 46% all correct among 18+)

Ever tested for HIV: None have ever been tested for HIV (compared with 3% among 18+)

Injecting frequency: Mean = 0.77 per day

Last injection shared: 66%

Used condom during last sex: 31%

Accepts payment for sex 52%

Used condom with last

Literature cited:

- WHO/UNAIDS Surveillance Working Group. 2004. Ethical issues to be considered in second generation surveillance. Commissioned by the WHO/UNAIDS Surveillance Working Group to complement the discussions that take place with country staff in the course of training on second generation surveillance. WHO/UNAIDS, Geneva, April 28, 2004. Guidance point 4.
- Save the Children, Southeast, East Asia and Pacific Region. 2004. How to research the physical and emotional punishment of children.
- Philippine National AIDS Council, 1998. The Philippine AIDS Prevention and Control Act of 1998 and Implementing Rules and Regulations.
- CWC (forthcoming). Policy on adolescents' access to health services. (draft)



Conclusions:

- **Integration of MARA in IHBSS is possible.** Reports from implementers and observers indicate that MARA were included in the 2009 IHBSS according to protocol. MARA will be regularly included in the IHBSS, done every two years, to provide critical behavioral and serologic trends for HIV strategic planning in the Philippines.
- **Integration of MARA in IHBSS is relevant.** The strategic information for MARA from IHBSS 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 IHBSS is effective:** Including MARA in the IHBSS 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.

Contact details:

Dr. Genesis May Samonte Medical Specialist, Epidemiologist HIV Unit, National Epidemiology Center, Department of Health, Philippines genesis.samonte@gmail.com

Gudrun Nadoll HIV Specialist UNICEF Philippines gnadoll@unicef.org



