

# **Regional Review of Strategic Information on Young Key Populations at Higher Risk of HIV**

**Experts Meeting on Methodologies for Obtaining Strategic  
Information on Young People at Higher Risk of HIV Exposure  
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**Dr Amala Reddy  
Regional Programme Advisor Strategic Information  
UNAIDS Regional Support Team for Asia-Pacific**



# Outline

- Why are we here?
- How do we collect strategic information (SI) on young (10-24 years) key populations at higher risk of HIV infection (YKAPs) in Asia-Pacific?
- What is special about survey of YKAPs?
- What is the status of surveys in the region?
- What do we know and what can we learn from the surveys done?
- DATA GAPS

# 95%

“The analysis carried out by the Commission shows that *over 95% of all new HIV infections among young people occur among most-at-risk adolescents.*”

Report of the Commission on AIDS in Asia. Redefining AIDS in Asia: Crafting an Effective Response (2008), p. 146.

# What do we need to know to prioritize populations for the AIDS response?

- HIV-related risk in populations
  - Sexual risk: levels and frequency of unprotected vaginal and anal sex
  - Injection risk: sharing of needles
- HIV and STI prevalence of sub-populations
- Sizes of higher risk and vulnerable sub-populations
- Geographic location of risk populations

# Main data collection components of HIV/STI surveillance systems

- Size estimates of key affected populations
- Reported HIV and AIDS cases
- HSS - HIV sentinel surveillance (facility-based)
- BSS/IBBS - Bio-behavioral surveys in key populations (or general population)
- STI Surveillance

## Additional strategic information sources:

- Mapping of sub-populations
- Special surveys
- Program M&E, other...

# What is different about surveying young key populations at higher risk (YKAPs)?

The ethical considerations needed to include minors in studies that ask questions that relate to their sexual behavior, use of drugs and other risk behaviors

# Only 9 out of 47 studies reviewed described ethical procedures specific for minors\*

- **Ethical review and approval:**

- Weigh community benefit
- Ethics approval granted for a person of any age to participate
- Surveillance deemed as non-research activity by the Ethics Committee
- Surveillance does not require Ethics Committee Review

- **Parental consent requirements:**

- Parent/ guardian consent required
- Parent/ guardian consent waived
- Consent from Dept. of Education or school principal sufficient

- **Special adjustments for minors:**

- Protection of respondents built into design and questionnaires
- Sensitive sexuality questions removed for very young students
- Strategies to ensure consent secured without coercion
- Referral to appropriate services.

\* Afghanistan, Cambodia, Indonesia, Lao PDR, Maldives, Pakistan, PNG, Thailand, Vanuatu

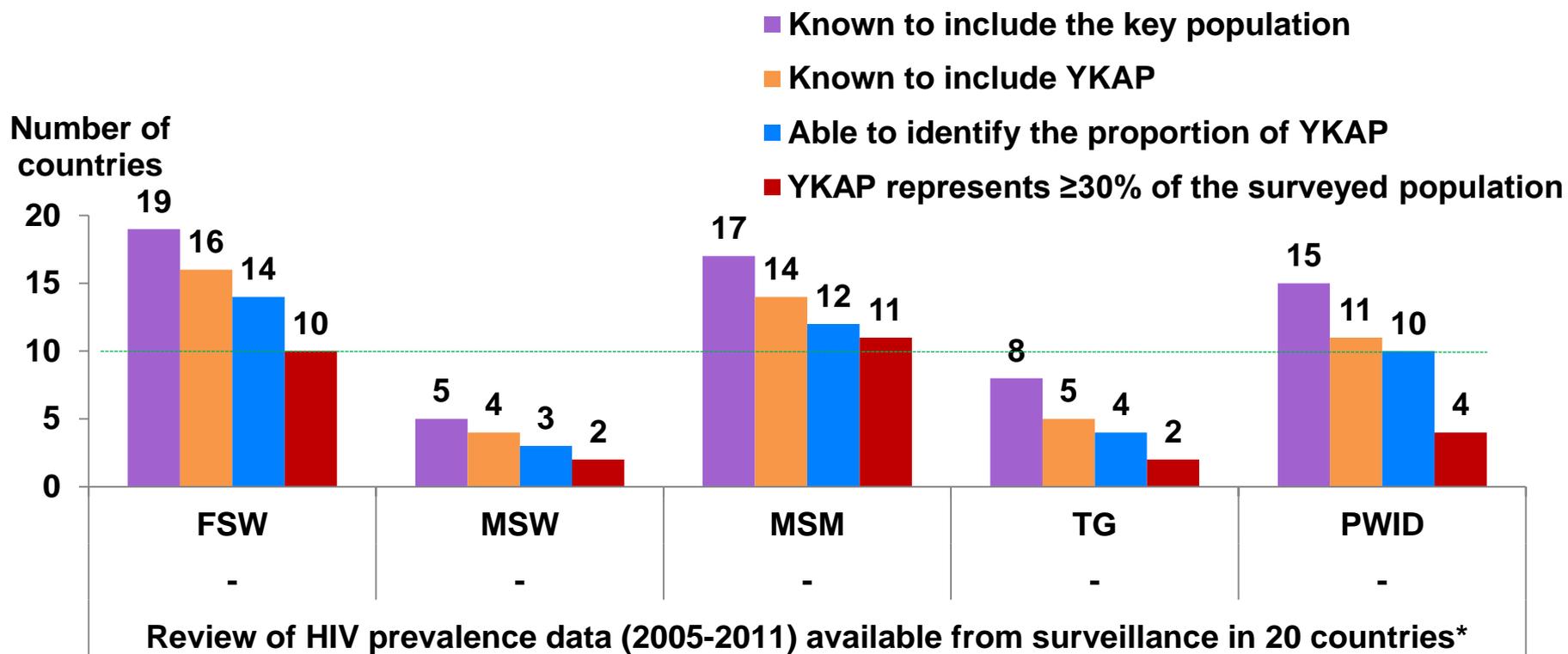
# To understand how HIV affects young key populations...

- Surveys have to include enough of them to yield meaningful results
- Reports of surveys have to include the age disaggregated data and results

# Available information on Size Estimates of YKAPs is extremely limited!

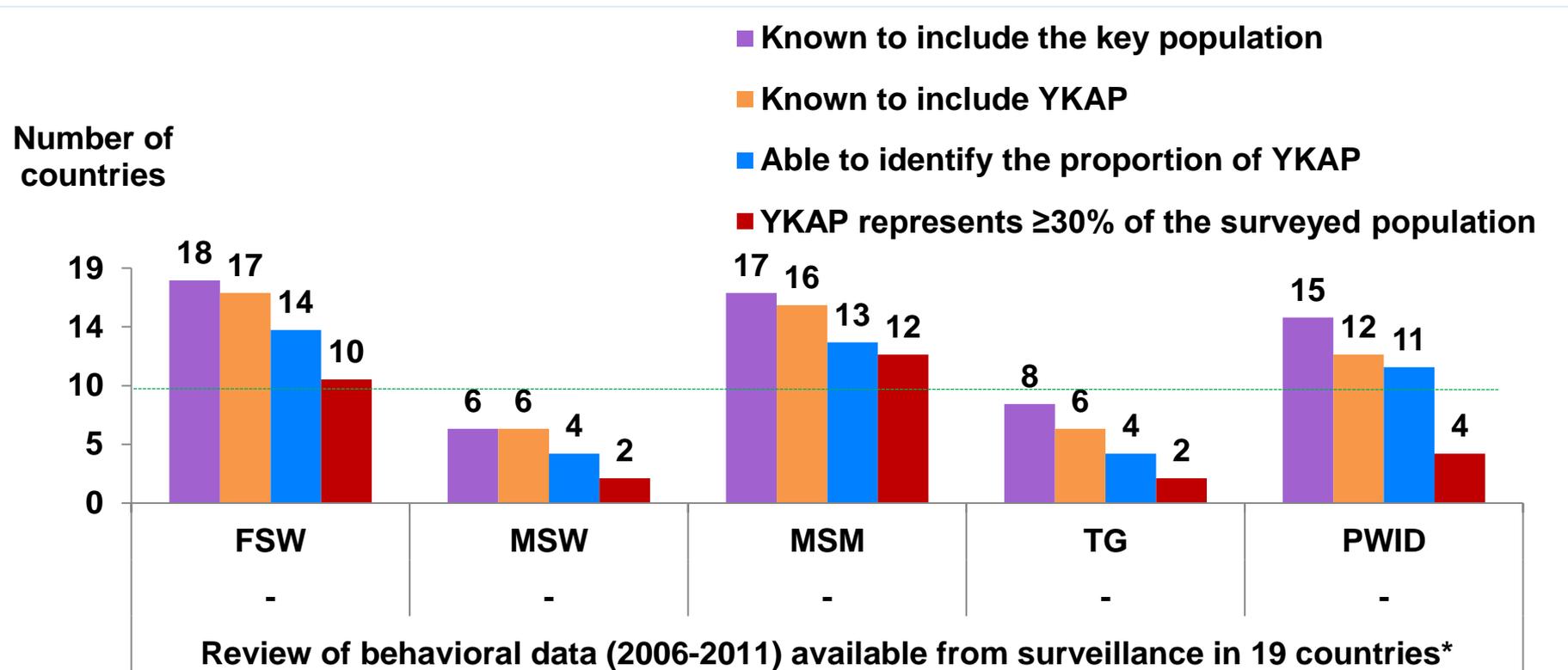
	Bangladesh (2011)	Pakistan (2007)
Age range	10-24 years	10-19 years
Surveyed populations	FSW, PWID, MSM, TG, EVA	MARA buying & selling sex, injecting drugs, street children, EVA
Methodology	20 Districts mapping sites/ locations/hot spots where YKAPs concentrated; Delphi-type method w/KIs and multiplier	7 Districts mapping locations where the study populations found; Delphi type method with KIs
Data collection tools	Observation, structured interviews, in-depth interviews, multiplier	Key Informant interviews
Limitations	<ul style="list-style-type: none"> <li>Nationally representative? (Rural areas excluded )</li> <li>Seasonal variation and external factors (e.g. police)</li> <li>Age directly from respondents and KI, without any official proof of age documentation</li> </ul>	<ul style="list-style-type: none"> <li>Nationally representative? (7 districts)</li> <li>Adolescents shy to answer sexual behavior questions</li> <li>Employers unwilling to provide information or permission to talk with adolescents</li> </ul>

# Only 20 of 31 country HIV surveillance systems include key populations – half or less have a reasonable proportion YKAPs represented



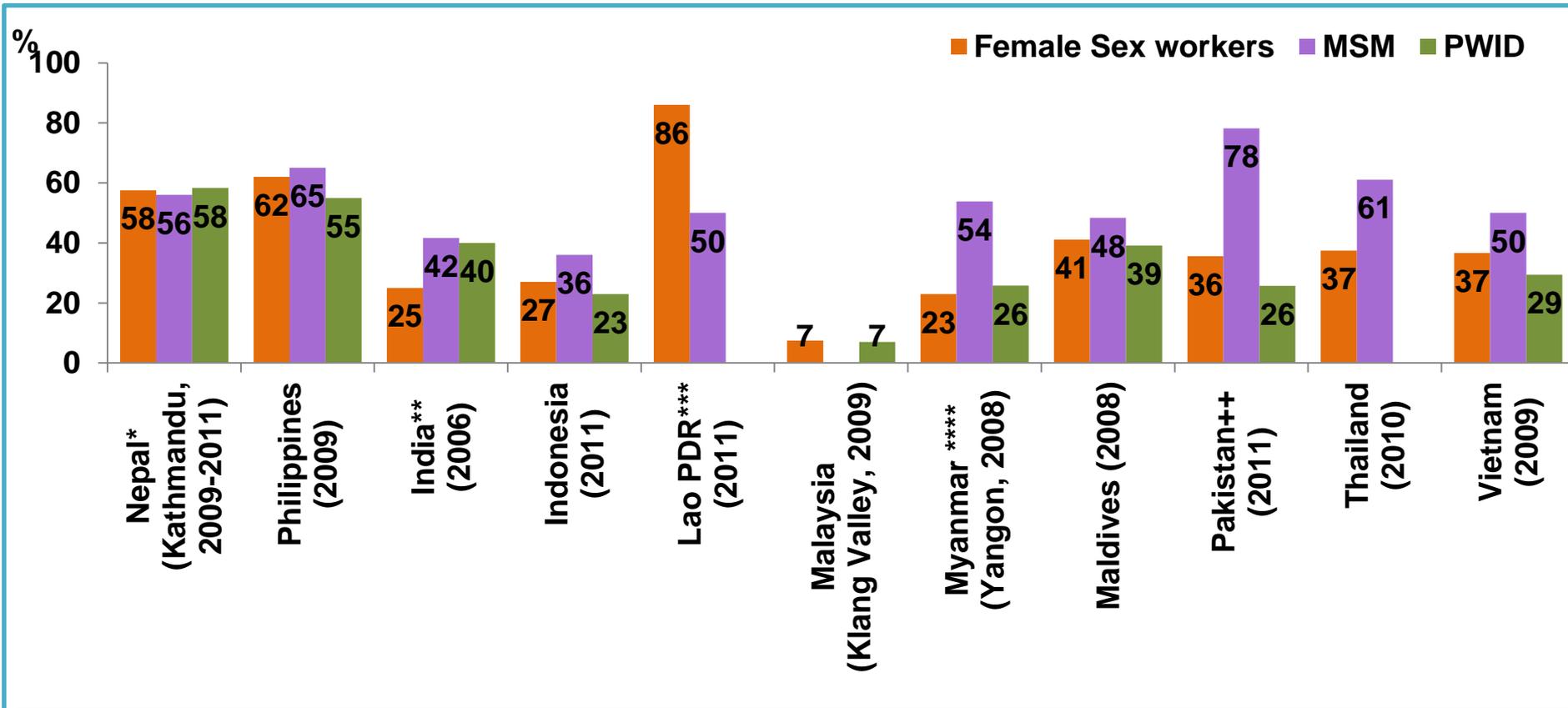
\* Afghanistan, Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, PNG, Sri Lanka, Thailand, Timor Leste & Viet Nam

# The same is true for behavioral surveillance



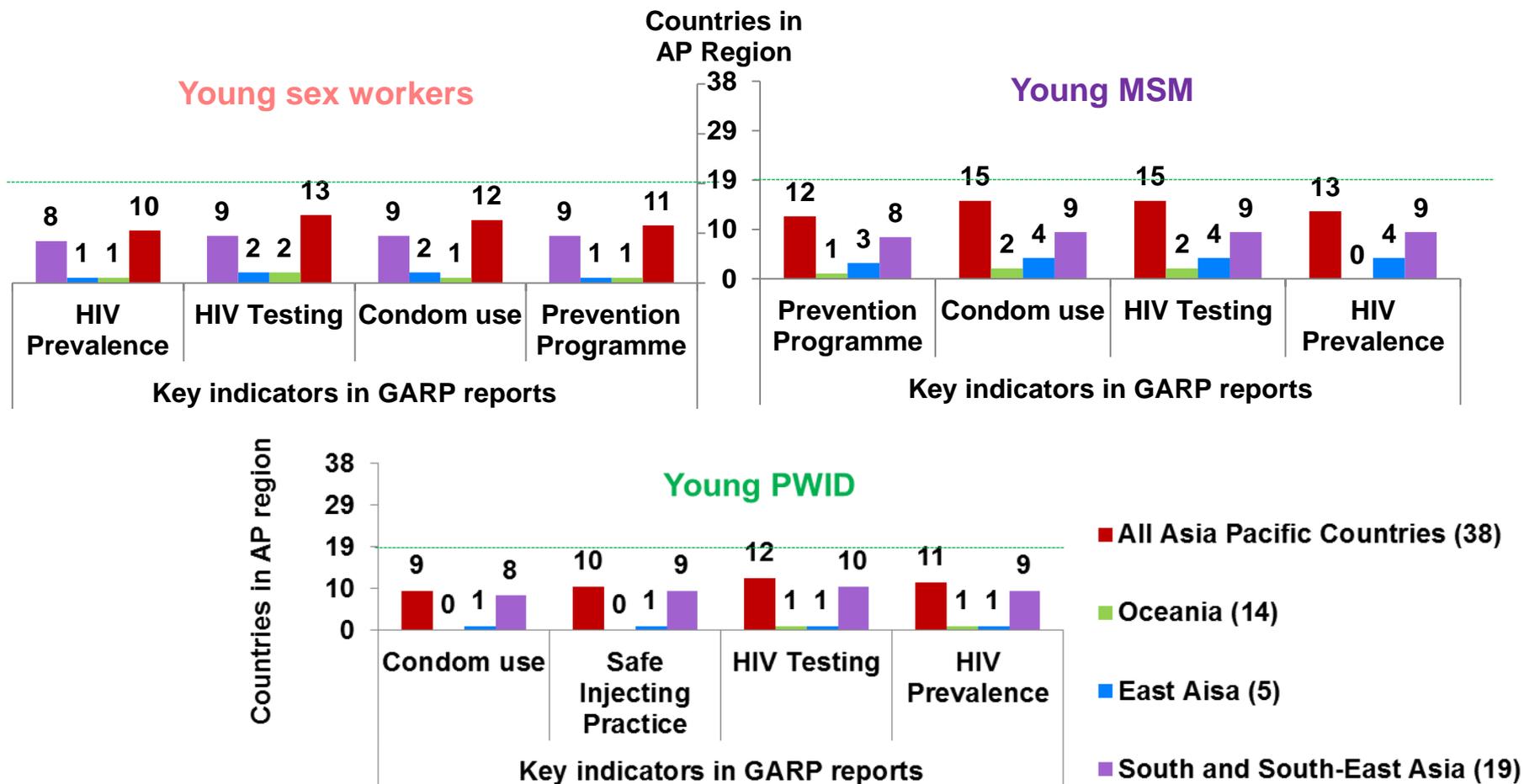
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# Proportion of surveyed SW, MSM and PWID <25 years in countries with available age-disaggregated BSS/IBBS data



\* FSWs (<20 yr); \*\*PWID and MSM = <20-25 years old, calculated median value; \*\*\* MSM (< 20 yr) 2009 data ; \*\*\*\* MSM (Yangon and Mandalay); ++ Male Sex Workers (13-24yr)

# Less than half of all countries in Asia-Pacific region reported key indicators for young key populations in GARP 2012 reports



# Age of inclusion of YKAPs in surveys of key populations

- HIV prevalence surveys

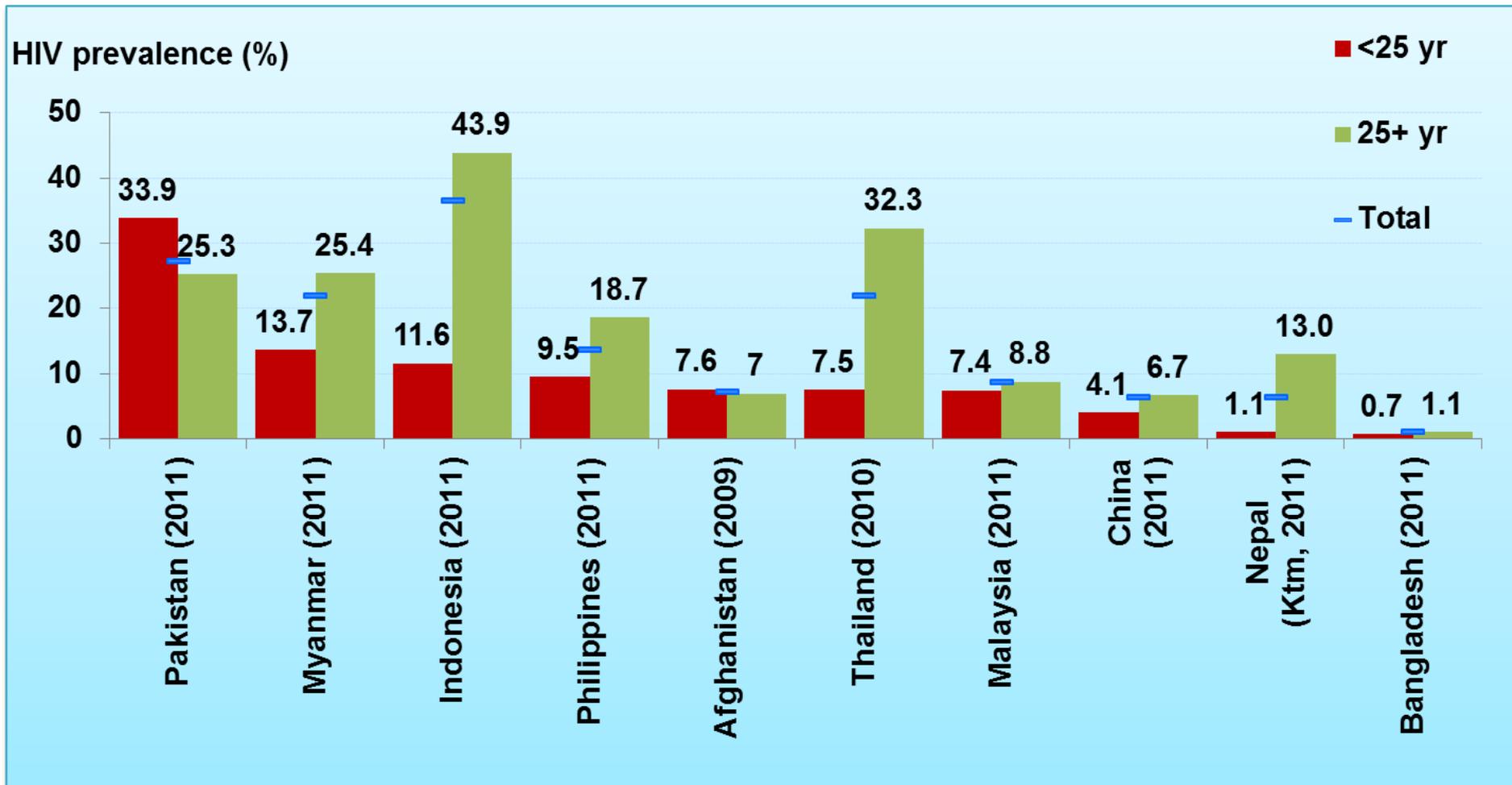
- **9-14yrs** : Maldives (FSW 13, MSM 10); Pakistan (MSW 13); PNG (FSW 14, MSW 9)
- **15+yrs** : Cambodia (FSW 15, MSM 18); Lao (MSM, TG 15); Maldives (PWID 17); Myanmar (FSW, MSM, PWID 15); Nepal (FSW, MSM, PWID 16); Pakistan (FSW, Hijra 15); Viet Nam (FSW, MSM, PWID 16)
- **18+yrs** : Afghanistan (FSW, PWID 18); India (FSW, MSM, TG, PWID 18); Pakistan (PWID 18); Malaysia (FSW, MSM, TG 18, PWID 20)

- Behavioral surveys

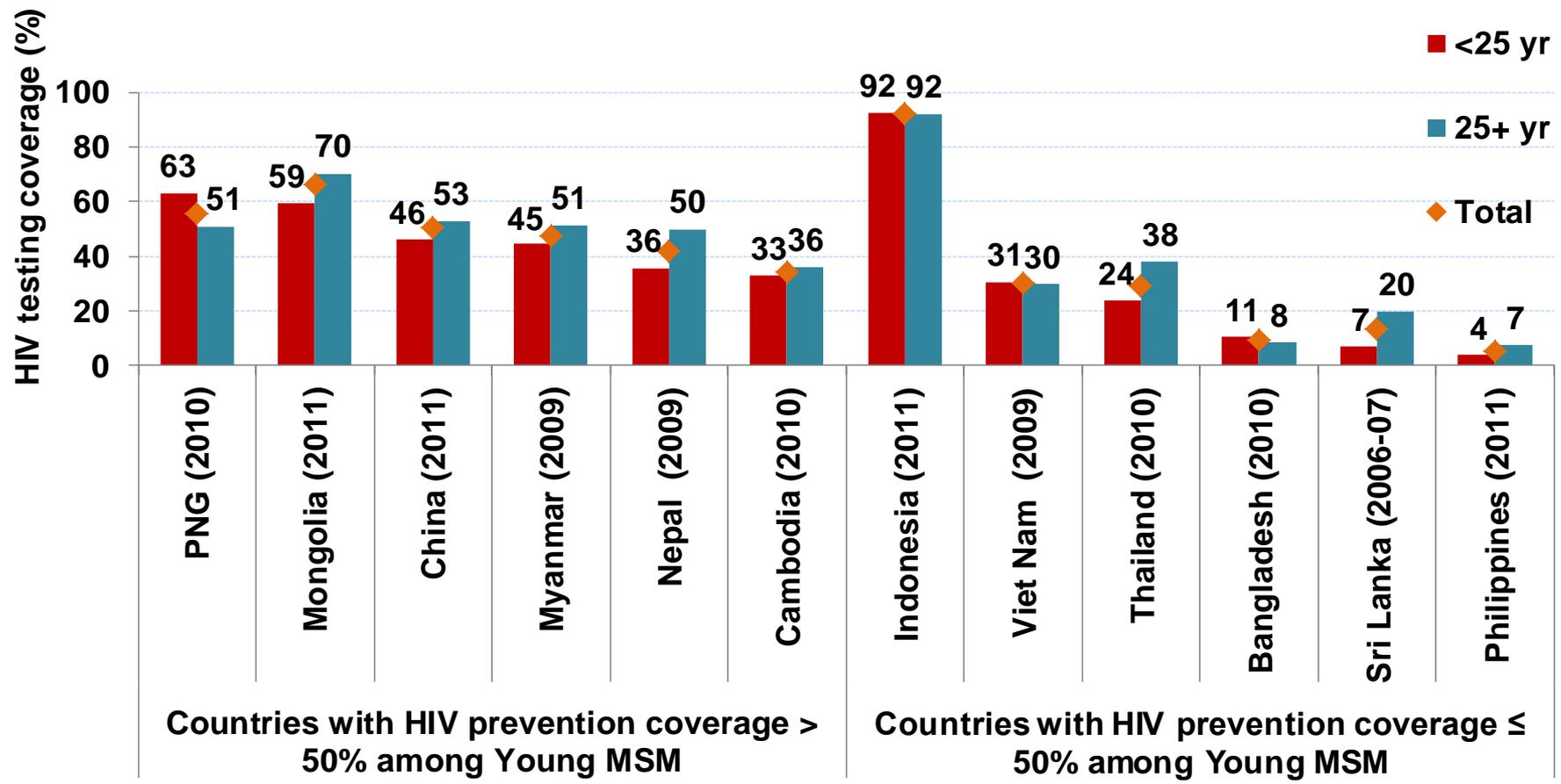
- **9-14yrs** : Maldives (FSW 13, MSM 10); Pakistan (MSW 13); PNG (FSW 14, MSW 9 )
- **15+yrs** : Bangladesh (FSW, MSW, MSM, TG, PWID 15); Cambodia (FSW 15, MSM 18); Lao (FSW, MSM, TG 15); Maldives (PWID 17); Myanmar (FSW, PWID 15); Nepal (FSW, MSM, PWID 16); Pakistan (FSW, Hijra 15); Sri Lanka (FSW, MSM 16, PWID 17); Timor Leste (FSW, MSM 16)
- **18+yrs** : Afghanistan (FSW, PWID 18); India (FSW, MSM, TG, PWID 18); Pakistan (PWID 18); Malaysia (FSW, MSM, TG 18, PWID 20)

**What can we learn about young  
key populations from the  
data we have?**

# Young PWID continue to get infected... progress in some countries? (2009-2011)

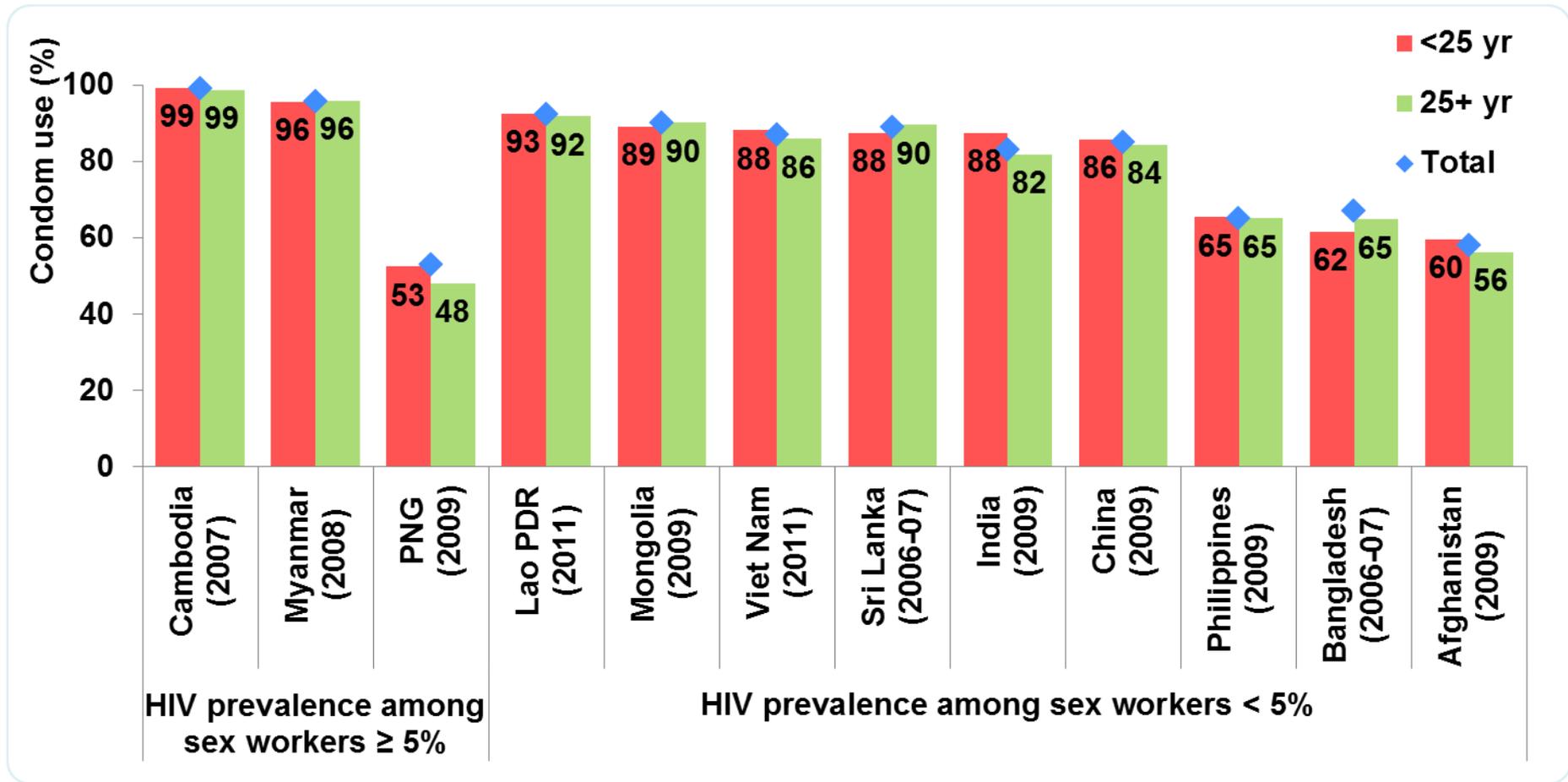


# Less young MSM are being reached by prevention programmes to access HIV testing (2006-2011)



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Response Progress Reports- Country Reports (2012) ; UNGASS Progress Reports (2010).

# High proportions of young and older FSWs (in interventions?) reported condom use with last client (2006-2011)



# Age of entry into risk behaviors...

**6-21%** of PWID in **India** started injecting at **17-18 years**

**23-34%** of PWID in **India** started injecting at **22-25 years**

Hijras and MSWs in **Pakistan** entered sex work at mean age of **16 years**

Mean age PWID started injecting drugs in **Myanmar** and **Pakistan** is **20-26 years**

**10 – 14 years**

**15 – 19 years**

**20 – 24 years**

**> 25 yr**

**17%** of FSWs surveyed in **India** entered sex work at **<15 years**

FSWs entered sex work in **Maldives and PNG** at a median age of **17-19 years**

FSWs entered sex work in **Cambodia, Malaysia and Pakistan** at the mean age of **22-24 years**

**47-63%** of FSW in **Myanmar** entered sex work between **14 -24 years**

# Same-same but different? Strategic Information from 6 YKAP targeted surveys\*

- **Methodology:** About the same as for older cohorts
  - Mapping (BD, PKT) , qualitative (BHT,CAM,LAO), quantitative (BHT,CAM,PKT), desk-review and secondary data analysis (BD,PKT, INDO)
- **Inclusion and participation:** Direct approach instead of through secondary and tertiary key informants. Age of inclusion as young as 10 years.
- **Location:** Hotspots/sites/locations where YKAPs and EVA concentrated

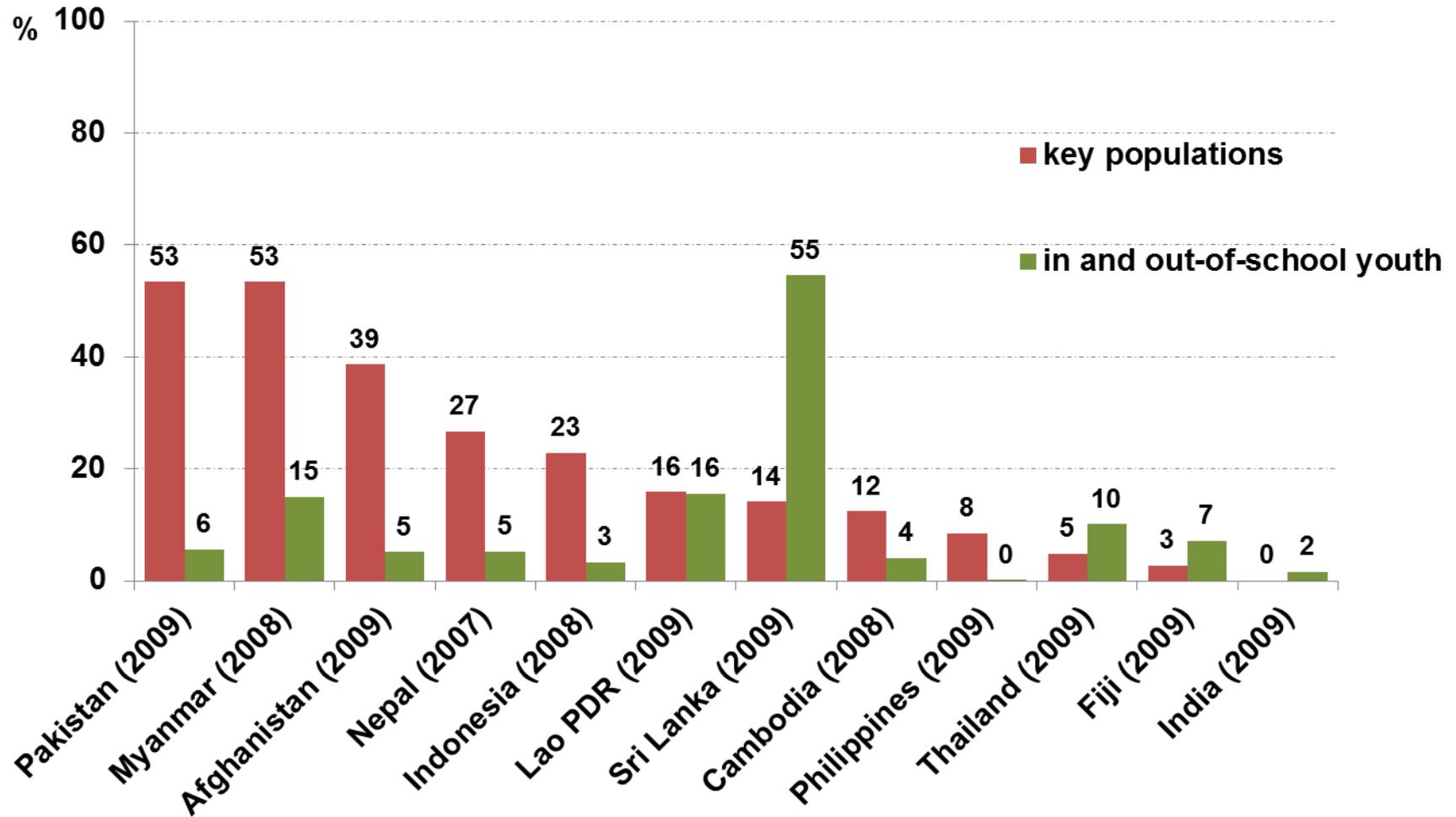
\* Bangladesh, Bhutan, Cambodia, Indonesia, Lao PDR, Pakistan

# Same-same but different? Strategic Information from 6 YKAP targeted surveys\*

- **Information collected:**
  - **Vulnerability and risk indicators** similar to behavioral surveillance - sexual and risk behaviors, knowledge, HIV testing
  - **Age specific indicators/information** such as
    - Influencing factors in setting life values and peer pressure (Qualitative)
    - Health seeking behavior, availability of youth-friendly health services
    - Barriers to access (External barriers- age, stigma, confidentiality; Internal barriers- shyness, embarrassment, self-censorship)
    - Perspective on condom availability/accessibility/use
    - Other reproductive health related issues such as teen pregnancy

\* **Bangladesh, Bhutan, Cambodia, Indonesia, Lao PDR, Pakistan**

# Prevention spending on in and out-of-school youth and on key populations of all ages



# Data gaps on young key populations at higher risk of HIV in Asia-Pacific...

- Size estimation of young key populations
- Disaggregated data analysis from routine national surveillance systems and surveys

- Some countries do include young key populations in national surveys, at significant proportions, but **few report age-disaggregated results**, except for GARP (UNGASS) reporting

# Key Questions???

- Do we do make sure we include young key populations at higher risk in routine national surveillance systems (case reporting, HSS, BSS, IBBS)?
- Do we do more targeted surveys of young key populations at higher risk?
- Others...?
- HOW exactly?

# Thank you!

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