

# Behavioural surveillance related to HIV and STI in Europe



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

**Sexual Health Forum, European Commission, Brussels, 13<sup>th</sup> March 2009**

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# Background



- Epidemiological situation: HIV /STI on increase in Europe
- Second generation surveillance (biological and behavioural) of utmost importance to inform prevention policies and monitoring their outcomes
- Diversity of national experience in behavioural surveillance
- Insufficient knowledge about systems in place
  - **ECDC-supported EU/EFTA survey**

# Objectives of ECDC Behavioural Surveillance 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 in different populations**
- Establish a framework for the **implementation of a key set of behavioural indicators** related to HIV and STI in EU countries

# Methods



- Literature review of behavioural surveillance and surveys
- Survey (Jun-Sept 2008) on existence of surveillance system and surveillance conducted (topics covered, indicators) in EU / EFTA countries (n=31)
  - Target populations: **general population, young people**, men having sex with other men (MSM) injecting drug users (IDU), sex industry, STI clinic clients, individuals living with HIV/AIDS (PLWHA), ethnic minorities and migrants.
- Draft **Mapping report** presented to Expert Workshop (Feb 2009)
- **Protocol** for behavioural surveillance related to HIV and STI with a **toolkit for implementation**
- Meeting with key stakeholders to disseminate the results

# Reporting of surveillance in youth



- System reported in place: 13  
Belgium, Cyprus, Estonia, Finland, Germany, Lithuania, Luxembourg, the Netherlands, Poland, Spain, Sweden, Switzerland and the United Kingdom
- NR: 3  

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Bulgaria, Portugal, Roumania
- No system reported in place: 15, of which
  - 10 no survey indicated
  - 5 reported one or more surveys

France 5; Latvia 8; Iceland 5; Ireland 2; Greece 1

# Surveillance strategy, sampling, and recruitment



- Great diversity in surveillance strategies
- 11 countries combine two or more sources of information
- Main strategies /contexts
  - Sexuality module in a general health survey among the general population
  - Specific KABP survey in a random sample of school classes
  - Sexuality module in a general health survey among a sample of school classes
  - Multi-thematic survey (youth barometer)
  - Sexuality study in adolescents
  - Programme evaluation

## Topics covered (>9/16)

- Knowledge about HIV/STI
- Awareness of prevention activities
- Types of partners/relationships, (regular, casual,...)
- Sexual activity (partners, sexual contacts)
- Contraception
- Condom use (at first / at last intercourse, with different types of partners)
- HIV testing
- Drugs consumed
- Use of psycho-active substances (including alcohol) and intercourse
- Access to sex education

# Recommended UNGASS-related indicators



	UNGASS
1) HIV test past 12m +/- "and know their result"	7
2) Age first intercourse % intercourse <15	15
3) Number of partners past 12m	16
4) Condom use last sexual intercourse with penetration	17
5) HIV Knowledge	13/14

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# Additional recommended indicators



- 5) Type of partner at last sexual intercourse  
stable/ casual/ (paid)
- 6) Condom use first intercourse
- 7) **If country-relevant only:** ever-injecting drug use

# Not forgetting...



- Personal and sociodemographic characteristics
  - Education
  - Employment
  - Nationality/ethnic origin
  - Sexual preference

# Discussion



- Clear need and scope for consensus on minimum set of indicators
  - facilitate inclusion whatever the focus of the survey
  - permit comparison
  - bring clarity to definition of “indicators”
- But questions remain...
  - Sustainability and cost
  - Which part of this population has to be the object of the surveillance?
  - With which intensity?
  - What is the best method or mix of methods?
  - Overriding public health policy issues: focus of surveys?

# 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, London School of Hygiene and Tropical Medicine - IDU
- Jonathan Elford, City University London - MSM
- France Lert, Inserm Unit U687 "Public Health and Epidemiology of Professional and Social Determinants of Health" France - PLWHA
- Helen Ward, STI Prevention and Control Research Group, Department of Infectious Disease Epidemiology, Imperial College London - CSW
- Nicola Low, Sexual and Reproductive Health Research Group, Institute for Social and Preventive Medicine, Bern, Switzerland – 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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