

MINISTRY OF HEALTH
NATIONAL CONFERENCE ON HIV/AIDS MONITORING AND
EVALUATION

Results from the 2006 Integrated Biological and Behavioral Survey (IBBS) in Vietnam



Integrated Biological and Behavioral Survey- Vietnam 2005- 2006

Presentation

- Objectives
- Methods
- HIV, STI, and risk behavior results by population group
- Evidence of Intervention coverage
- Conclusions and recommendations
- Caveats and limitations
- Dissemination plans



Objectives

- Measure estimates of the following among IDU, FSW, and MSM populations
 - HIV prevalence
 - Prevalence of classical STIs
 - Risk and preventative behaviors
 - Intervention exposure
- Provide key information for advocacy and policy making, including UNGASS indicators
- Use information for national estimates and projections



Organizational involvement

- National Institute of Hygiene and Epidemiology- AIDS Department
- Provincial Center for AIDS Control, Provincial AIDS Committee, Provincial Center for Preventive Medicine of Ha Noi, Quang Ninh, Hai Phong, Da Nang, Can Tho, HCMC, An Giang and Can Tho
- Technical assistance by FHI, CDC, and USAID
- Funding by USAID/PEPFAR



Methods

- Study populations and inclusion criteria:
 - Men Who have Sex with Men (MSMs): Men aged 15 or older who reported having any kind of sex with other males in the past 12 months prior the survey
 - Male injecting drug users (IDUs): Men aged 18 or older who reported injecting drugs in the past month prior to the survey
 - Female Sex Workers (FSWs) – Women aged 18 or older who reported having sex for money in the past month based in establishments such as Karaoke (KSW) or on the street (SSW)



Methods: Sampling strategies

- Three major community-based sampling methods were used:
 - *Cluster sampling*: Mappings of community locations and size estimates were generated, with sampling conducted probability-proportionate-to-size (PPS) in the first stage (selection of clusters) and randomly sampled in second stage (selection of individuals)
 - *Respondent-driven sampling (RDS)*: Seeds in the target population were selected who then referred other community members into the survey
 - *Take-all*: Mappings of community locations were generated, with then all target population members present at a given time requested to participate in the survey



Methods: Sampling strategies

	IDUs	SSWs	KSWs	MSMs
Ha Noi	X	X	X	X
Hai Phong	X	X	X	
Quang Ninh	X	X	X	
Da Nang	X	X	X	
HCMC	X	X	X	X
Can Tho	X	X	X	
An Giang	X	X	X	

	Respondent Driven Sampling (RDS)
	Cluster sampling
	Take- all method



Methods: Sample sizes

Cities/Provinces	IDUs	SSWs	KSWs	MSM
Ha Noi	296	275	224	397
Hai Phong	301	279	274	
Quang Ninh	266	161	185	
Da Nang	274	175	313	
HCMC	296	298	302	393
Can Tho	299	162	300	
An Giang	300	238	361	
Total	2,032	1,588	1,959	790



Sampling strategies: specific sites

- Ha Noi- Dong Da, Hai Ba Trung, Thanh Xuan, Cau Giay
- Hai Phong- Le Chan, Hong Bang, Ngo Quyen, Hai An
- Quang Ninh- Bai Chay, Hon Gai, Cam Pha
- Da Nang- Hai Chau, Thanh Khe, Lien Chieu
- HCMC- District 1, 3, 8 and Binh Thanh
- Can Tho- Ninh Kieu, Cai Rang, Binh Thuy
- An Giang- Long Xuyen, Chau Doc



Methods: Biological Testing

- HIV Testing
 - Screened by: ELISA Genscreen HIV 1/2 V2 (Bio-Rad).
 - Confirmed by Determine HIV-1/2.
- Syphilis Testing
 - Screened by RPR (Rapid Plasma Reagin): Qualitative and Quantitative
 - Confirmed by TPHA
- Gonorrhea And Chlamydia Testing
 - Polymerase Chain Reaction (PCR)



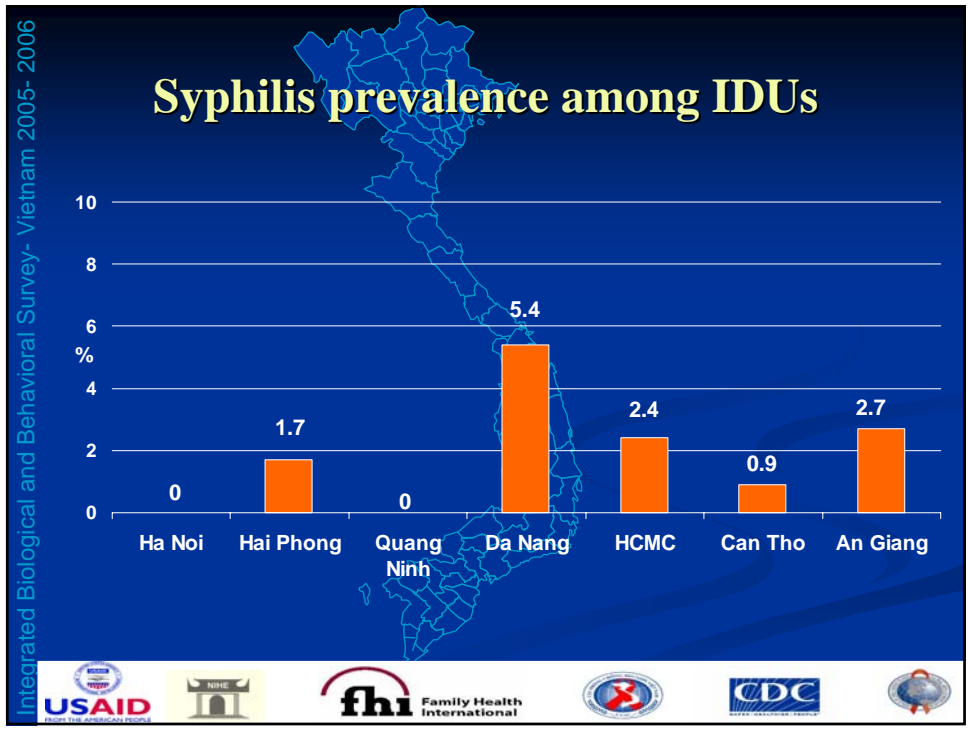
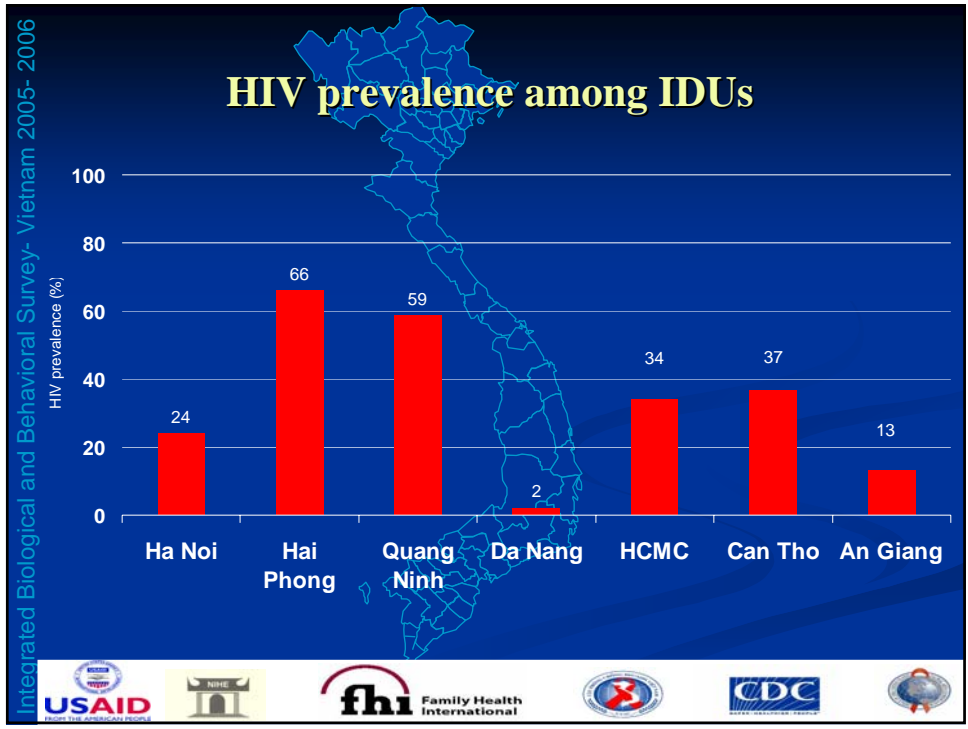
Method: Data analysis

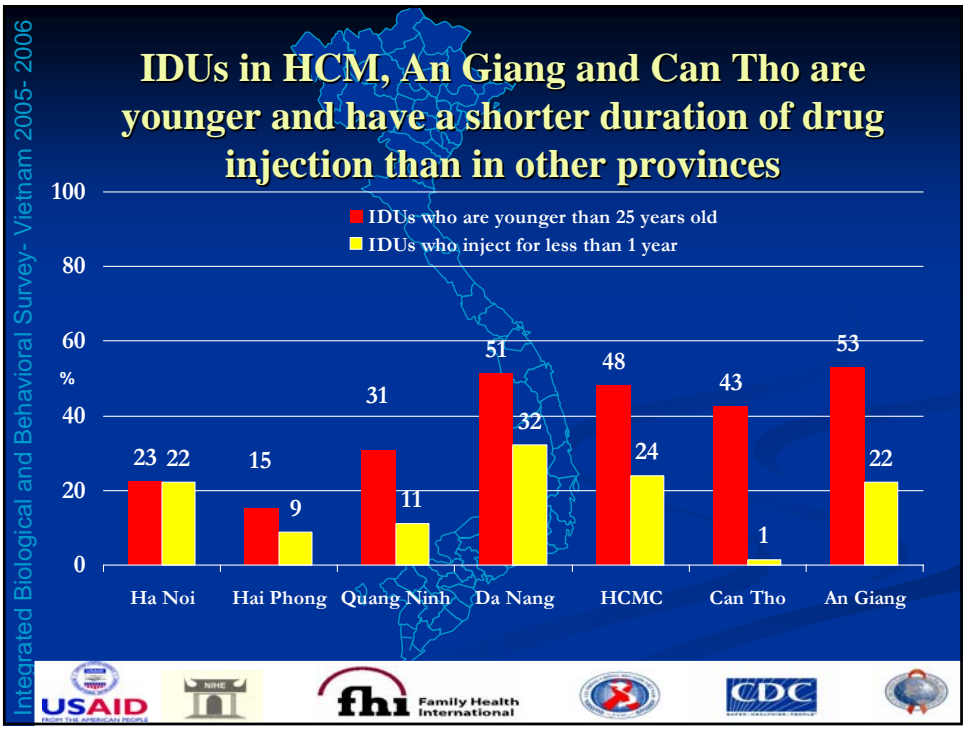
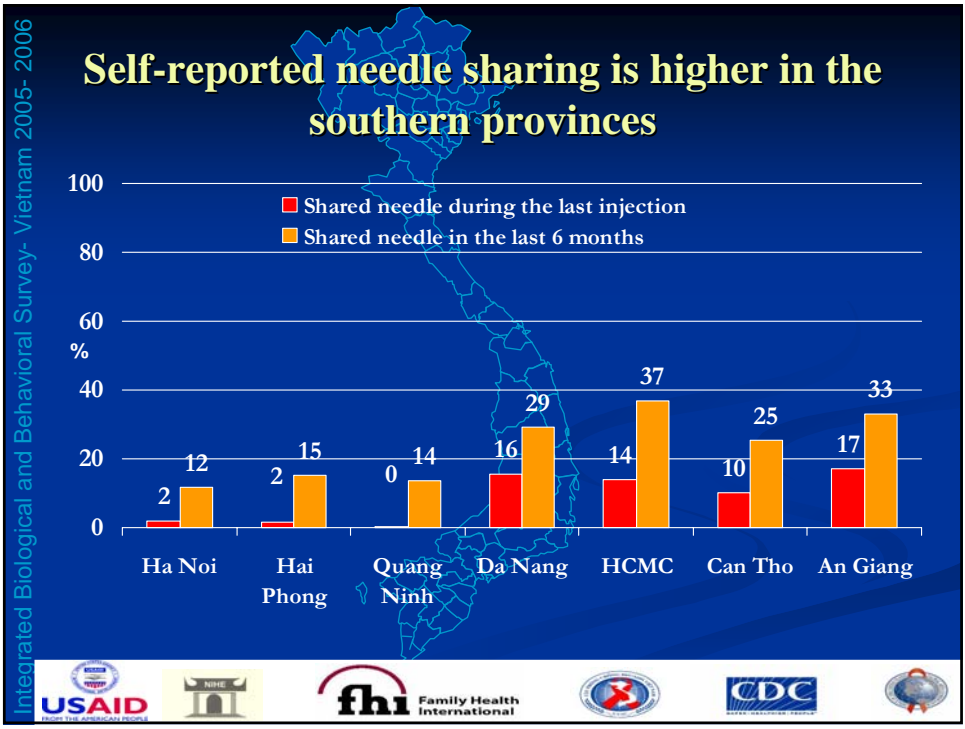
- Data entry: Double- data entry was performed using Epi- info version 6.04
- Data analysis:
 - For cluster and take-all samples: STATA version 8.
 - For RDS:
 - Data prepared by STATA
 - Analyzed using RDSAT



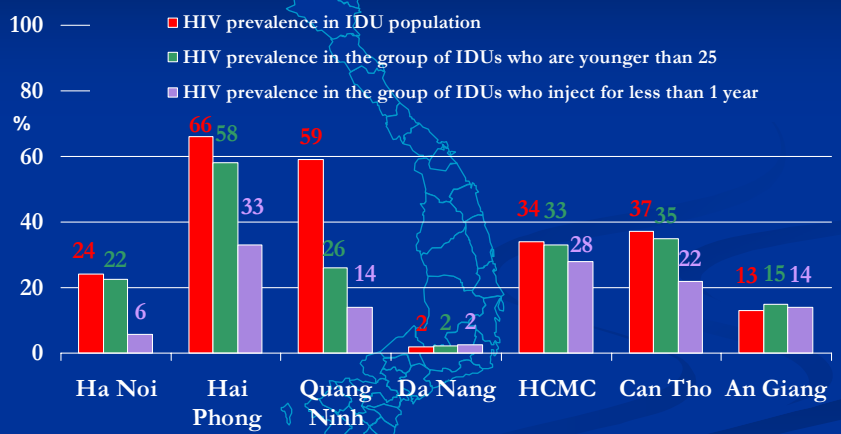
Injection drug users



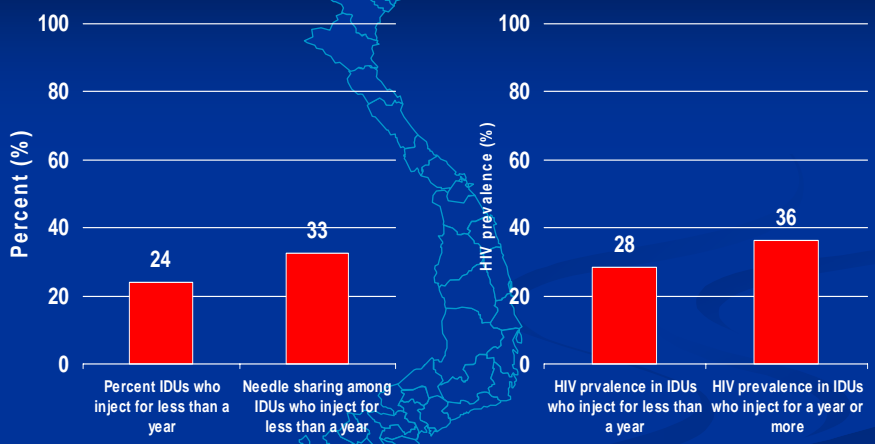


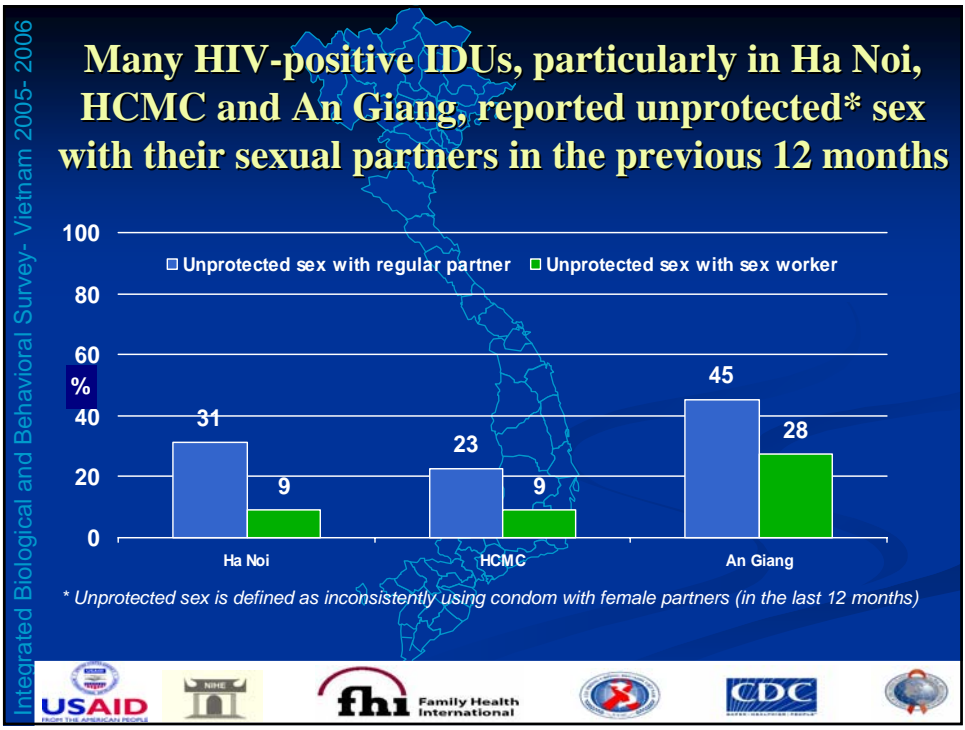
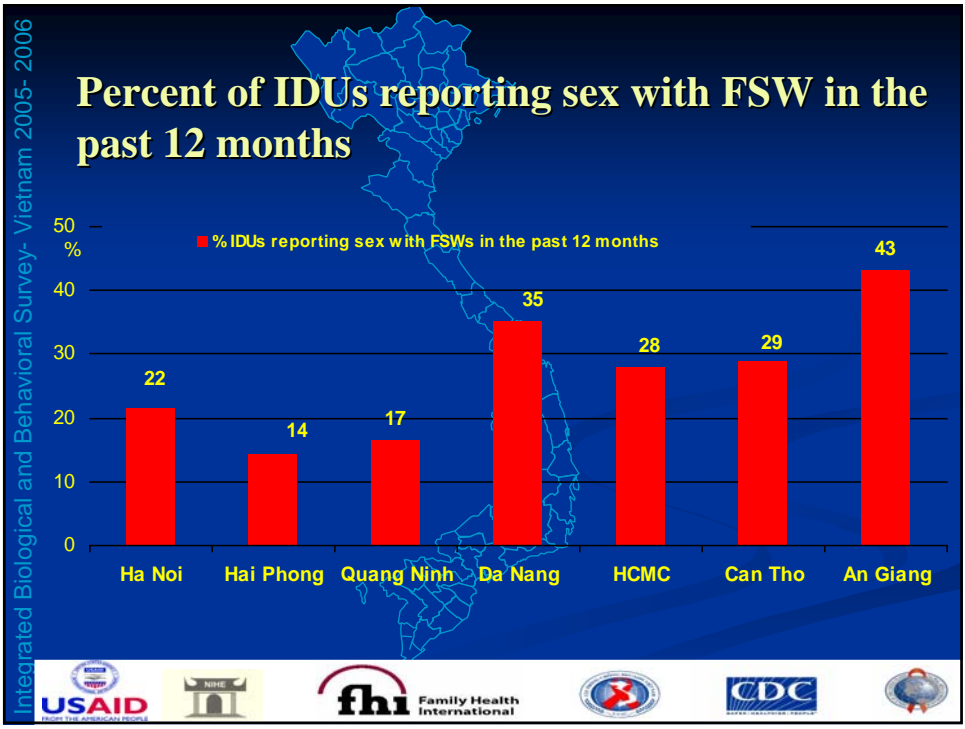


HIV prevalence is very high among young and new injectors, signaling that HIV travels fast after drug initiation



New injectors in HCMC: high levels of needle sharing will lead to higher HIV prevalence





Summary of findings for IDUs

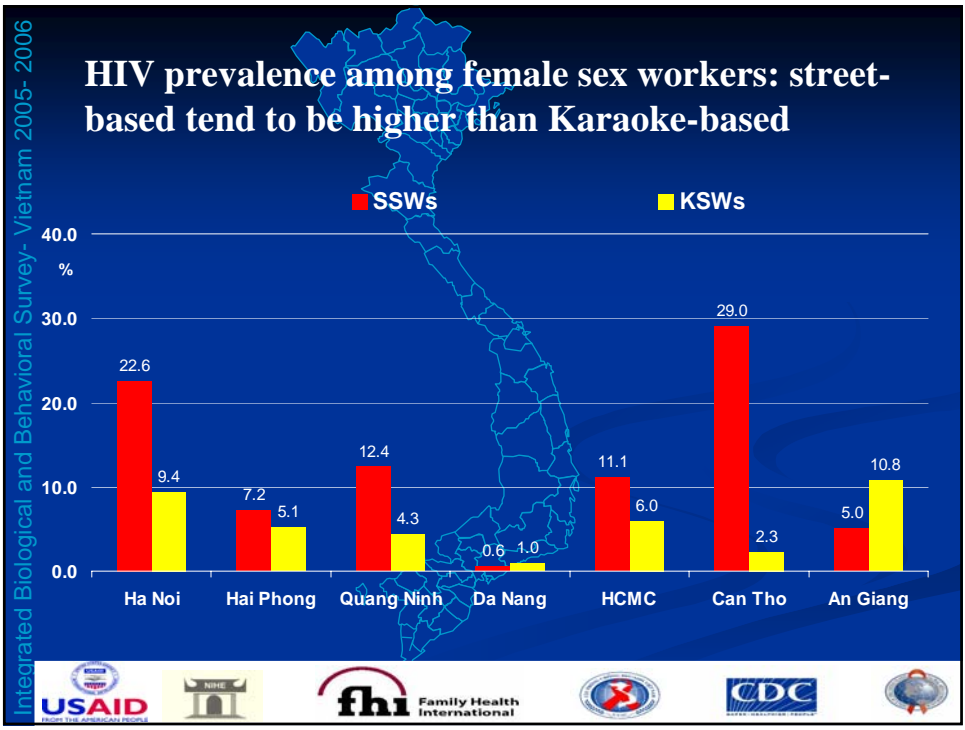
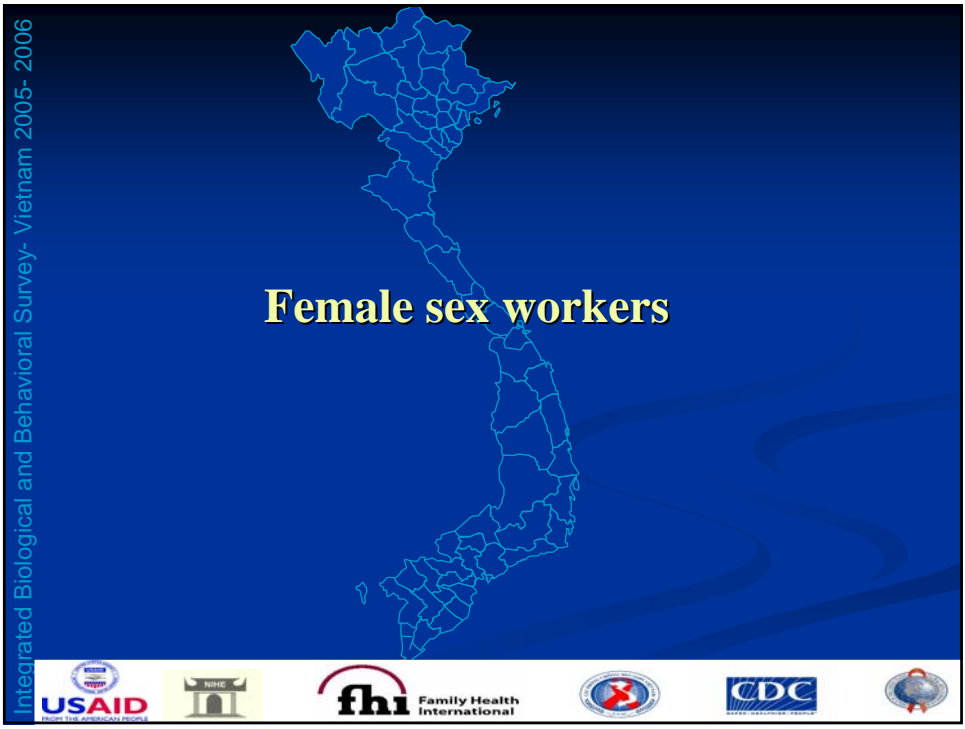
- HIV prevalence among IDUs is very high in all provinces except Da Nang, particularly in the north
 - This may be partially due to decreased mortality among IDU on ART but high HIV prevalence among younger and new users suggests that high levels of HIV transmission are still occurring
- Needle sharing remains high, particularly among IDUs in the Southern provinces
 - Reporting bias could be affecting self-reports in intervention areas
 - Without stronger interventions, HIV prevalence will likely increase in these populations

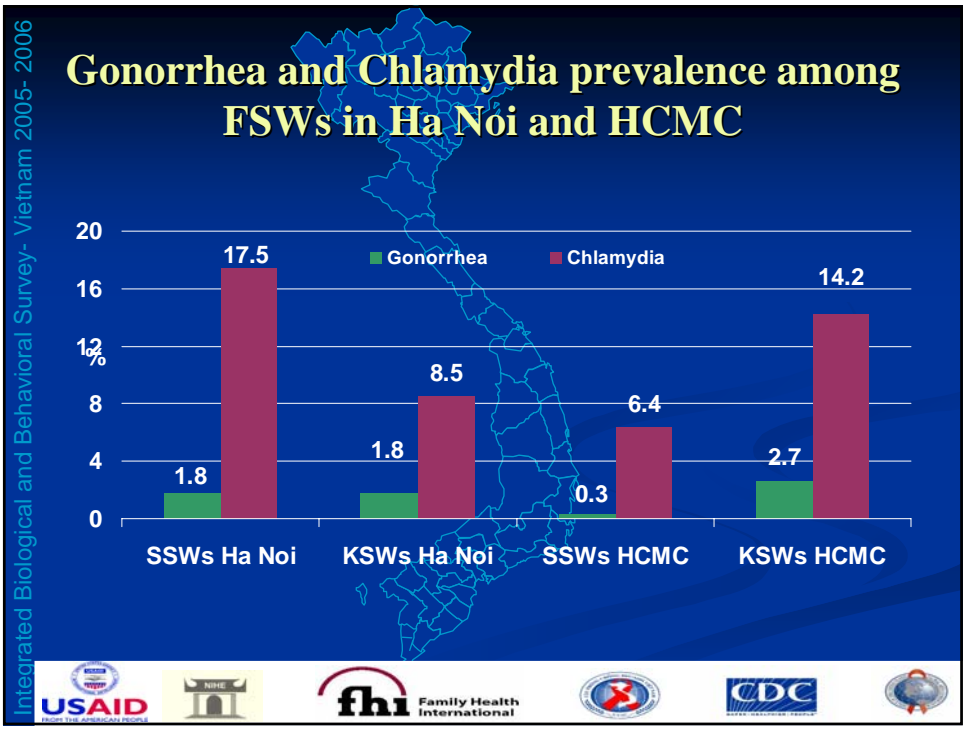
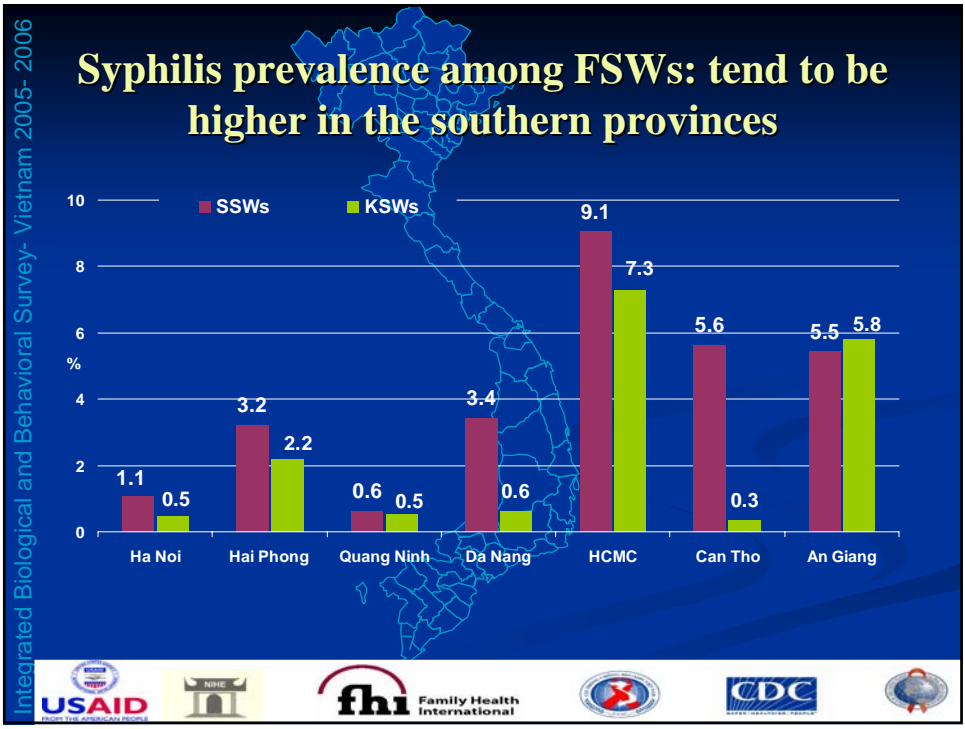


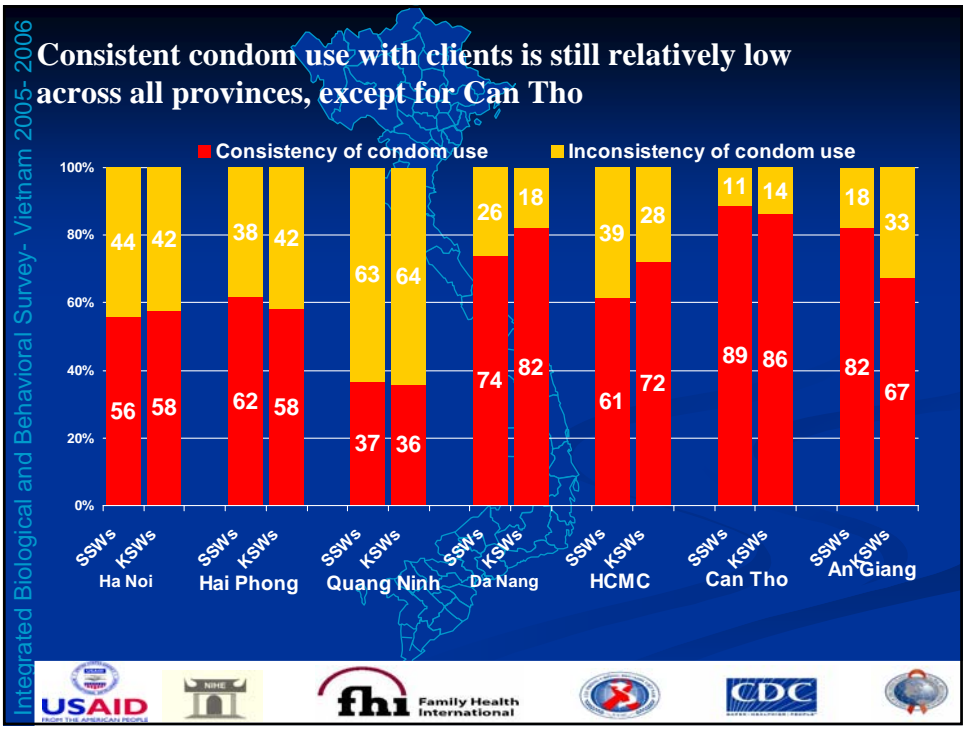
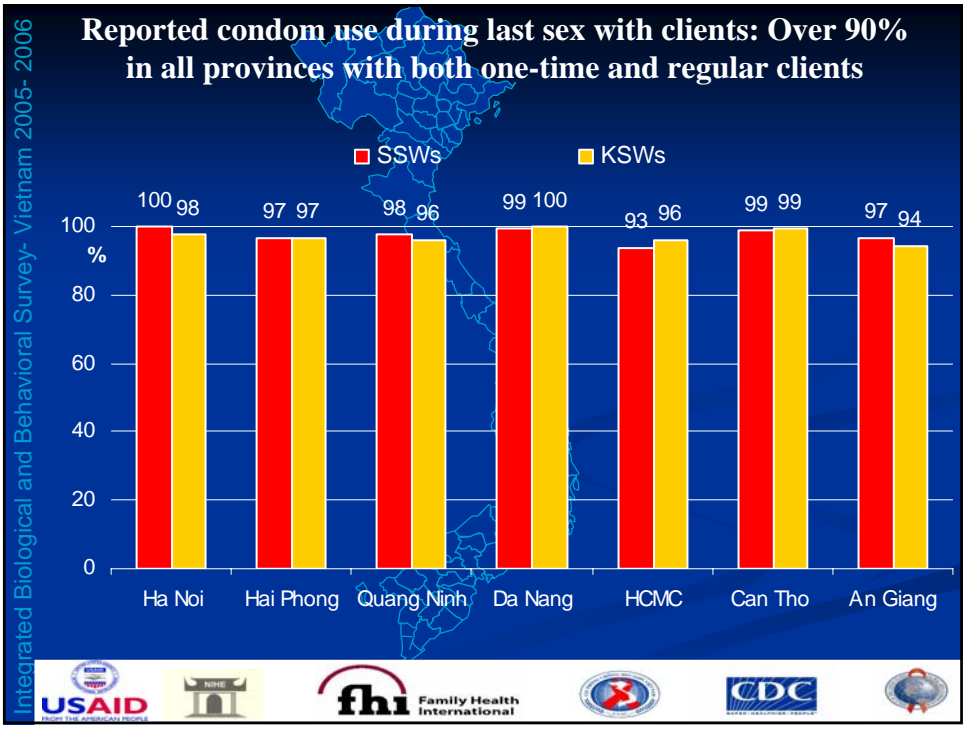
Summary of findings for IDUs (continued)

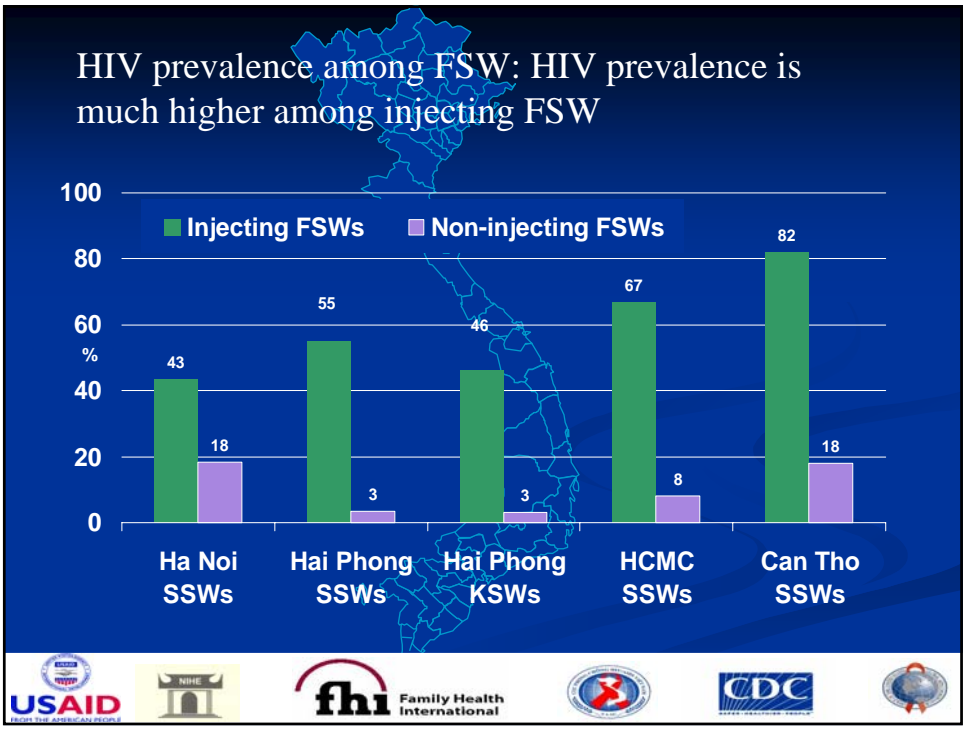
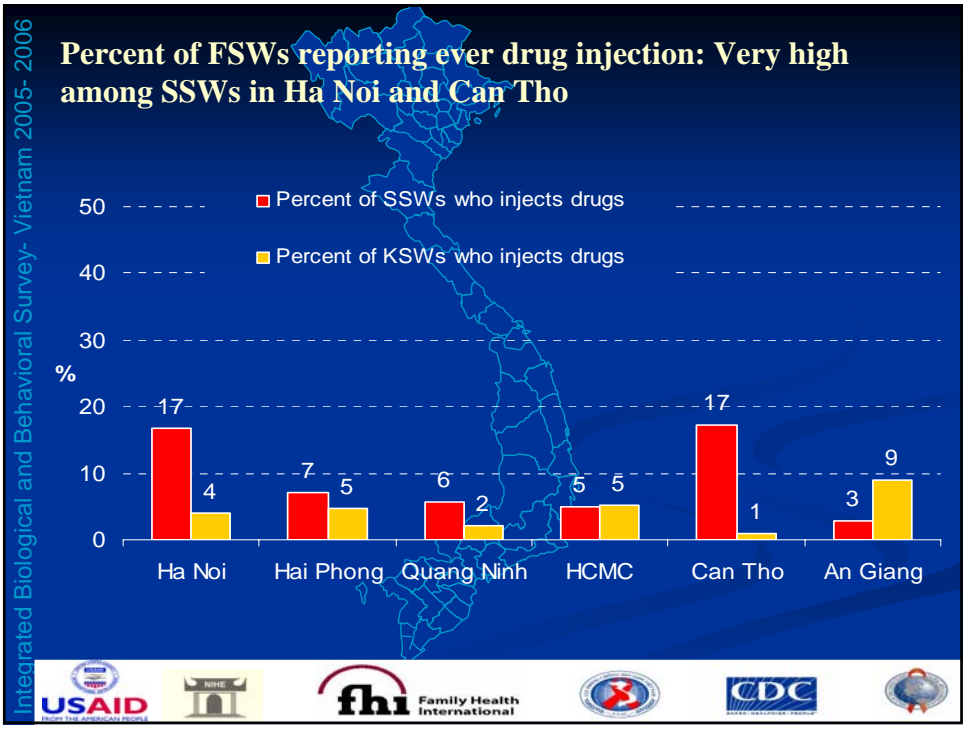
- New injectors are sharing needles and becoming HIV-infected at alarmingly high rates
 - Interventions need to be reviewed and strengthened for their coverage and quality
- Unprotected commercial sex among male IDU is high in many provinces, suggesting significant cross infection between IDU and FSW
- HIV prevalence among IDU in this community sample was not significantly different than the sentinel surveillance community-based sample

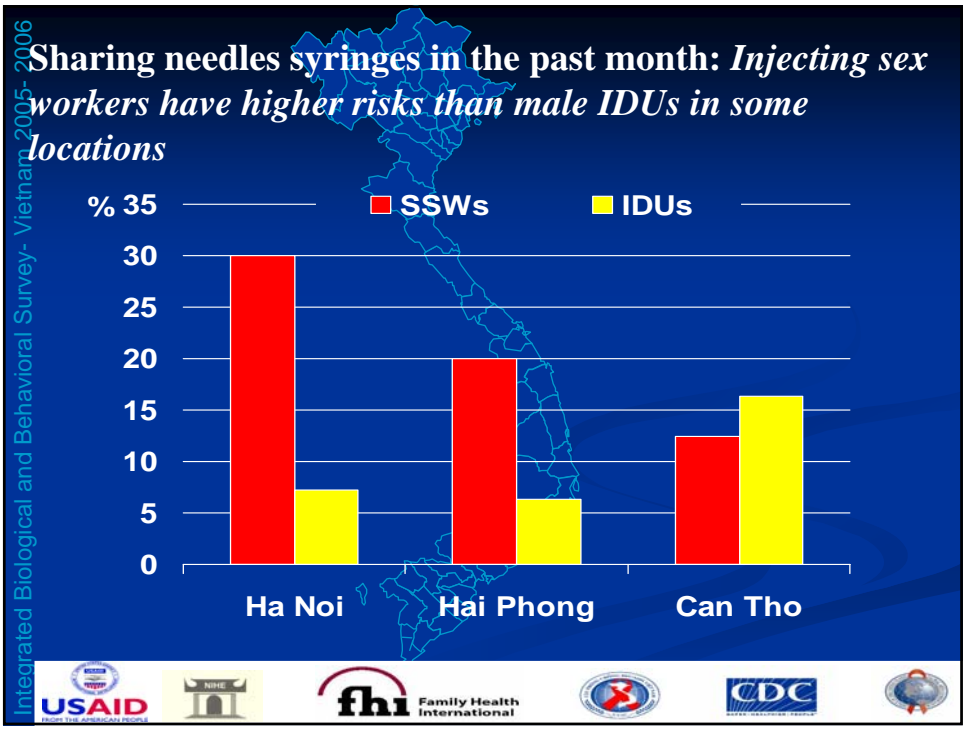
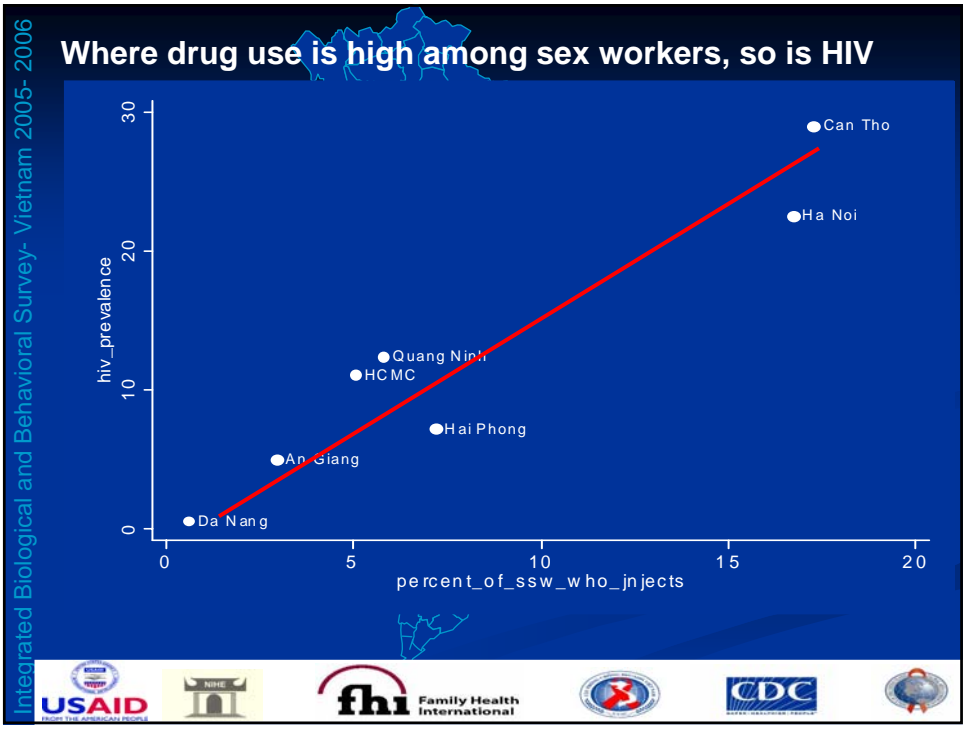












Summary of findings for FSW

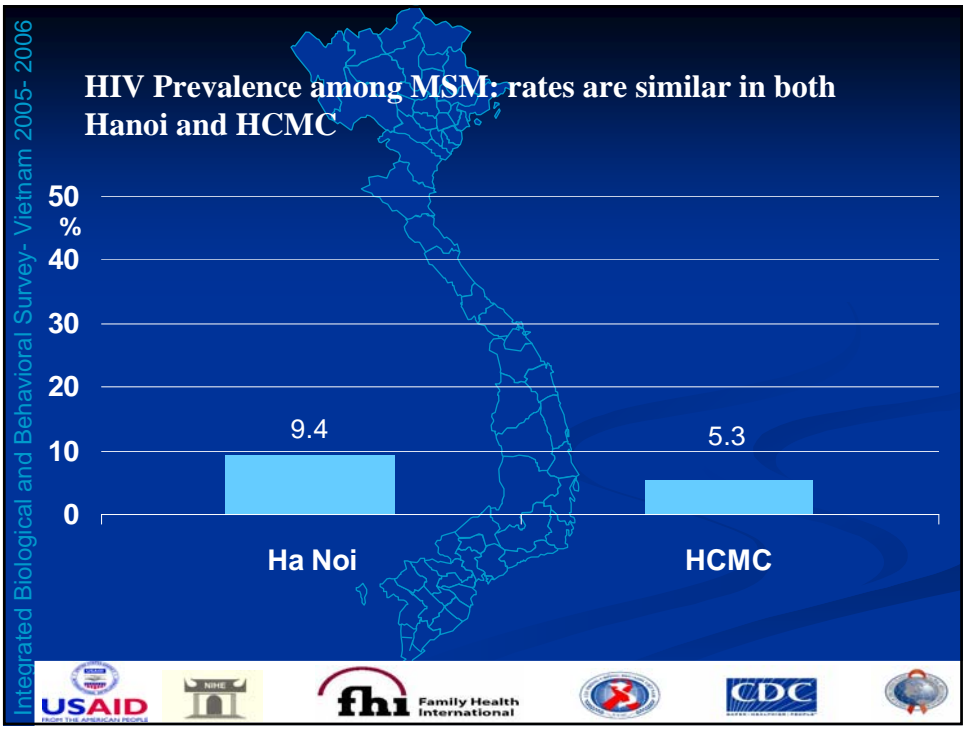
- HIV prevalence in SSW is particularly high in Hanoi and Can Tho
 - Injection drug use appears to still be the driving force of HIV infection among sex workers
- STI prevalence is high in several settings, meriting selective intervention strategies
 - Syndromic management is not sufficient for STI control among FSW
 - Syphilis screening in VCT and drop-in center sites
 - Periodic presumptive treatment for CT/GC in selected settings may be warranted

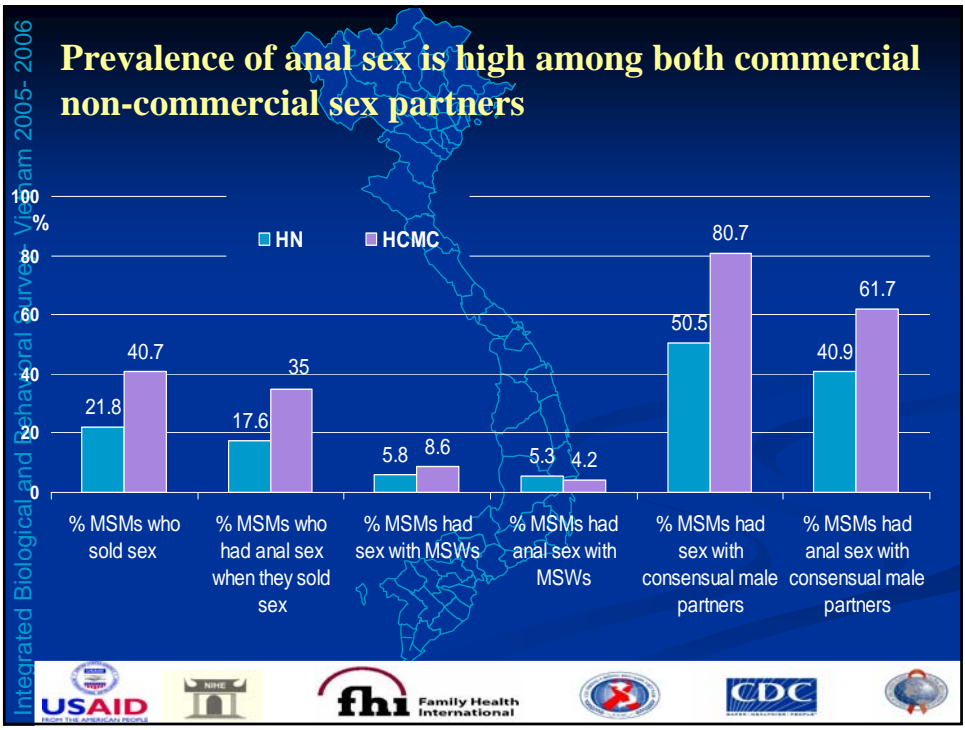
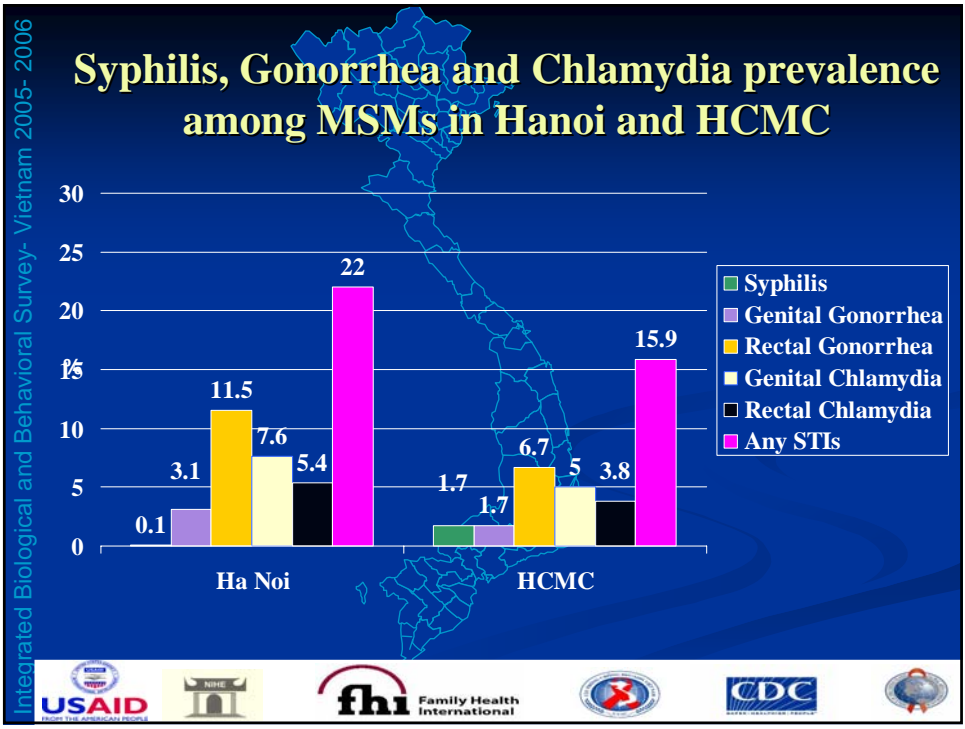


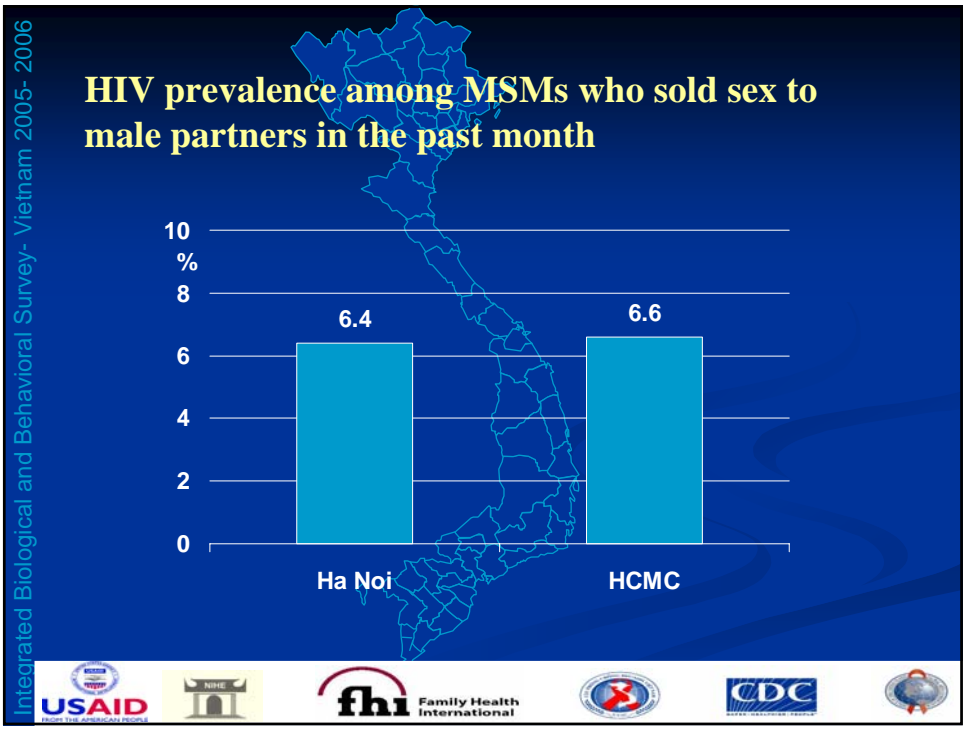
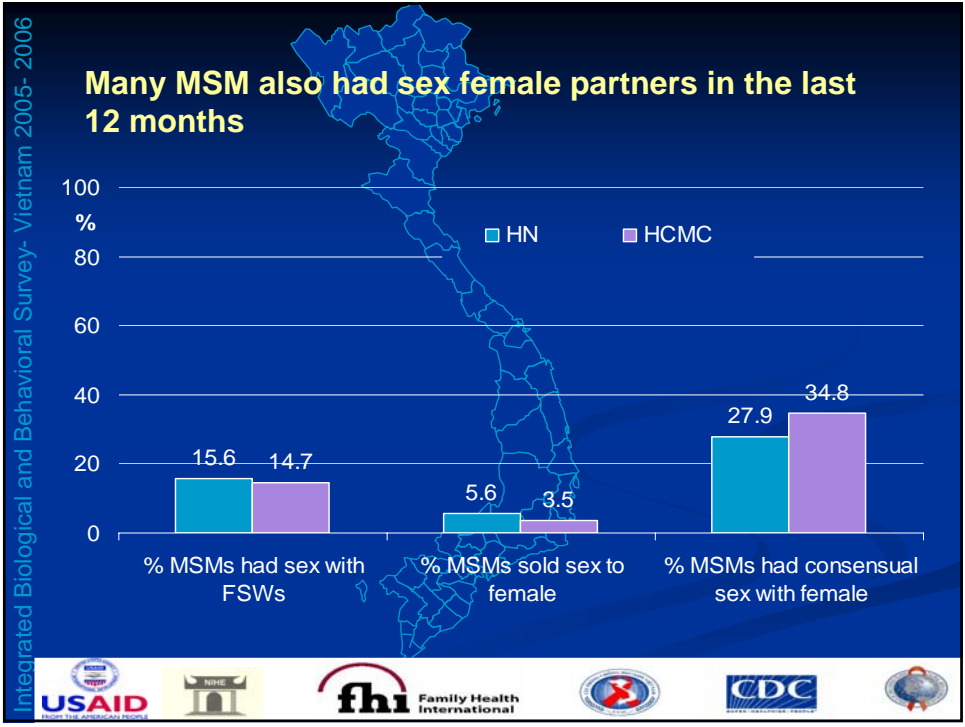
Summary of findings for FSW

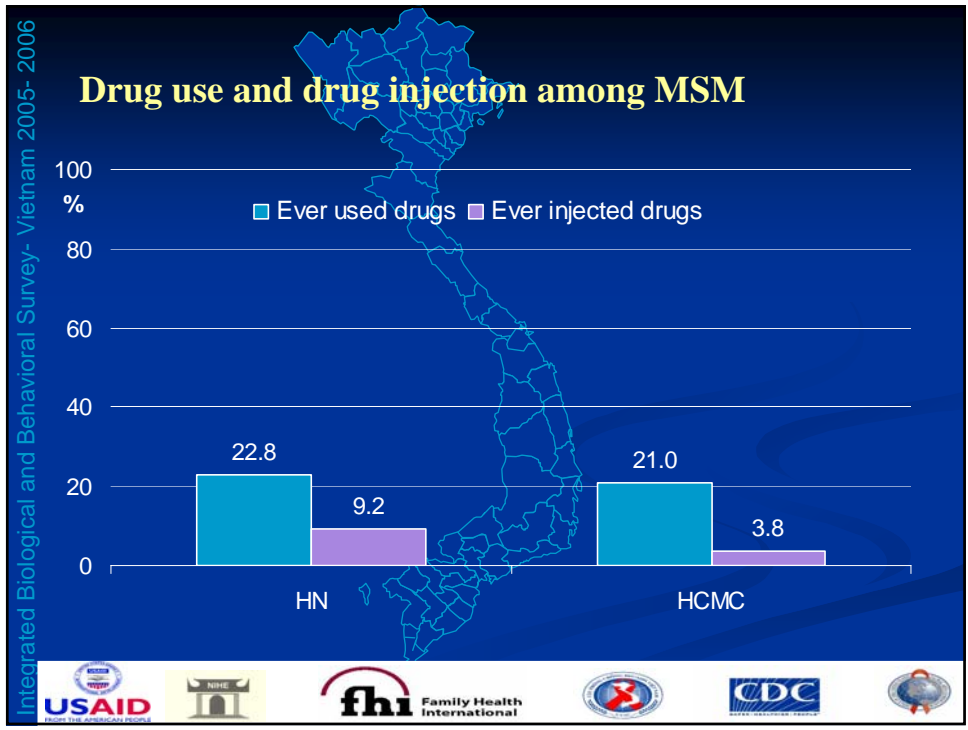
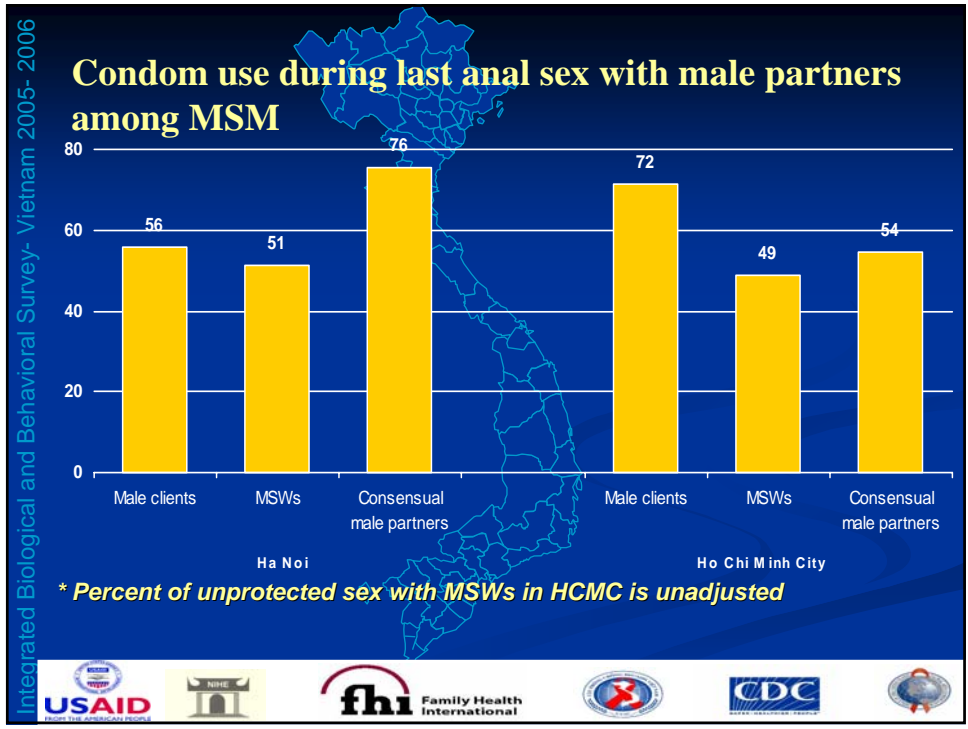
- While reported last time condom use is high (and potentially biased), consistent condom use is much lower
 - Triangulation of existing qualitative, quantitative data and condom sales suggests that increases have occurred
 - Consistent condom use, particularly in commercial sex settings, needs to be strengthened

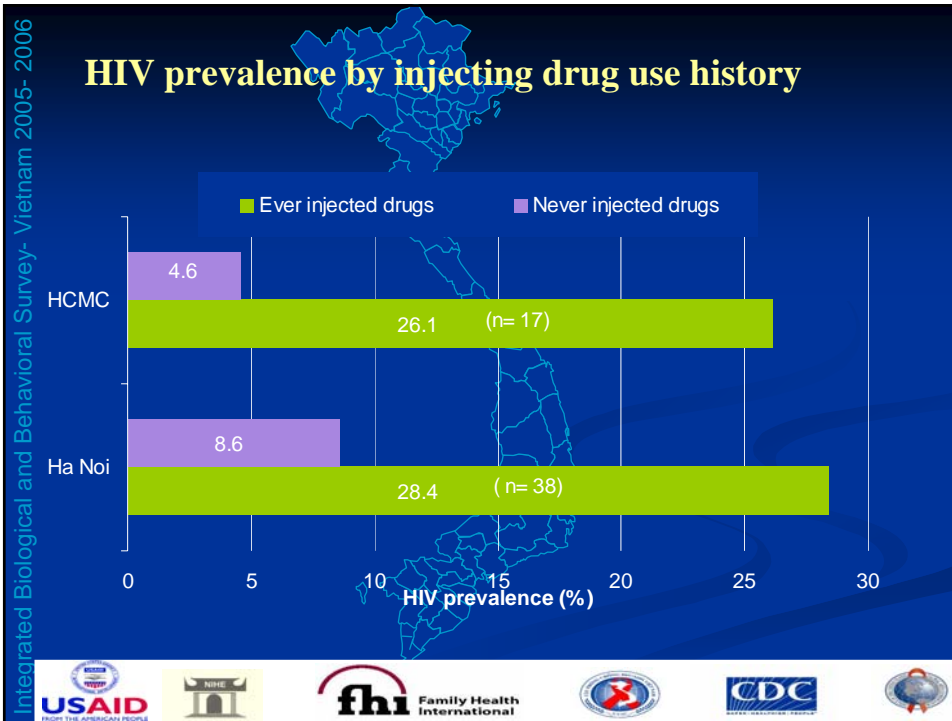




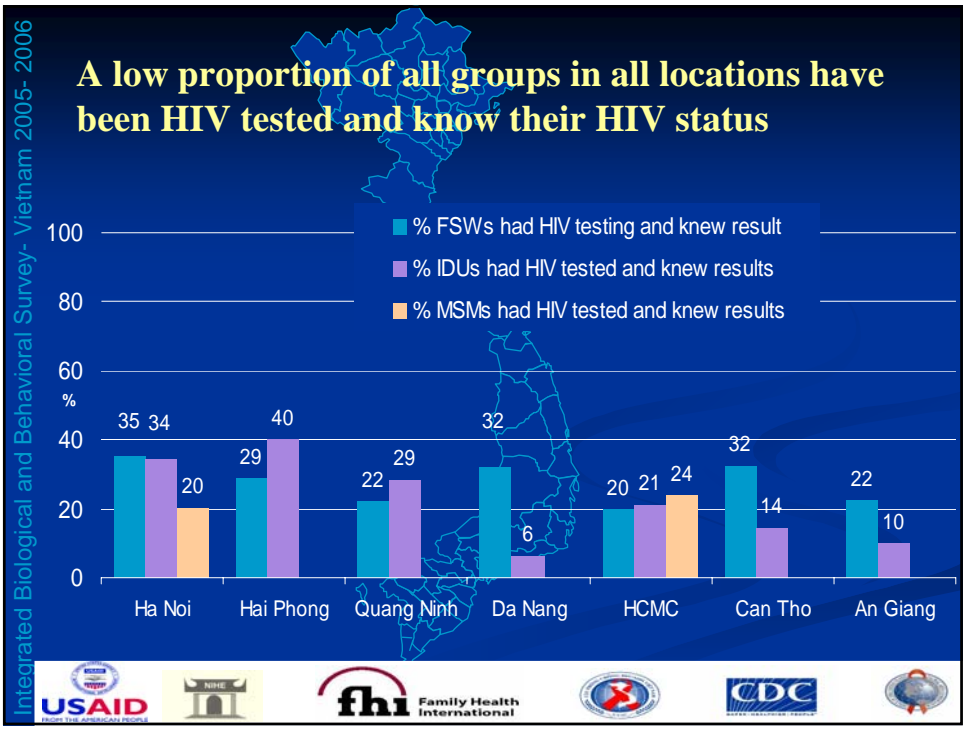


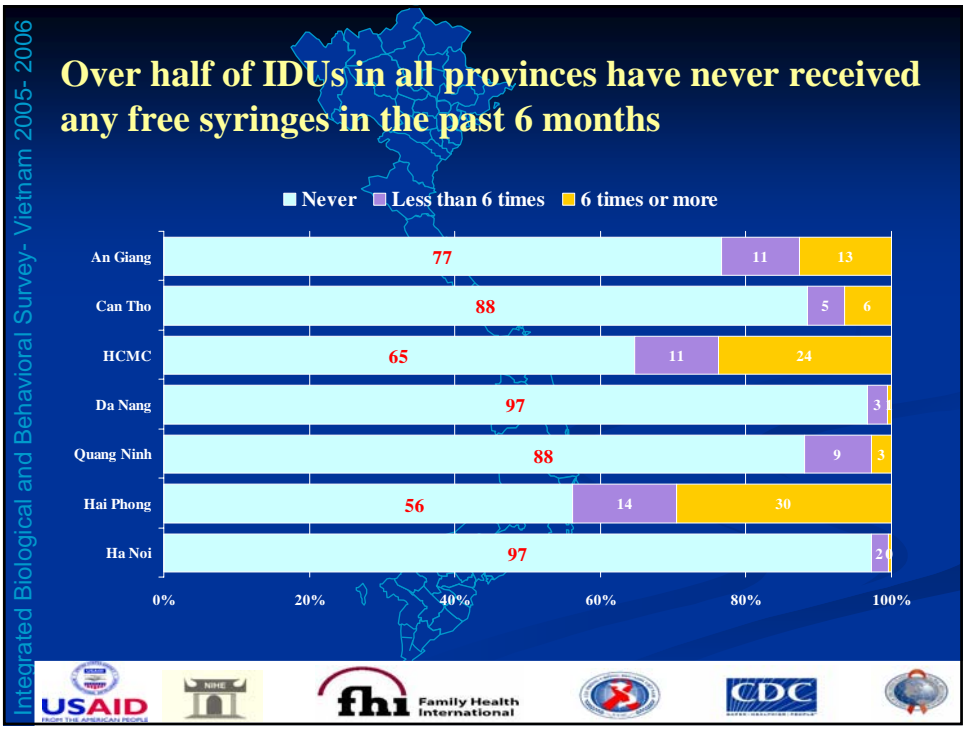
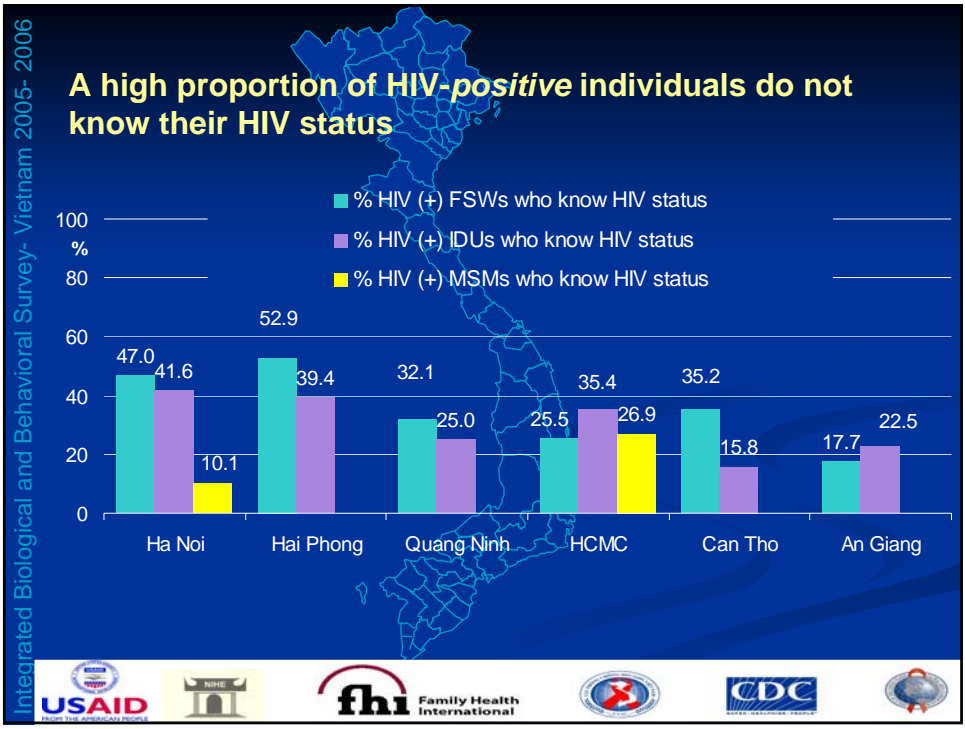


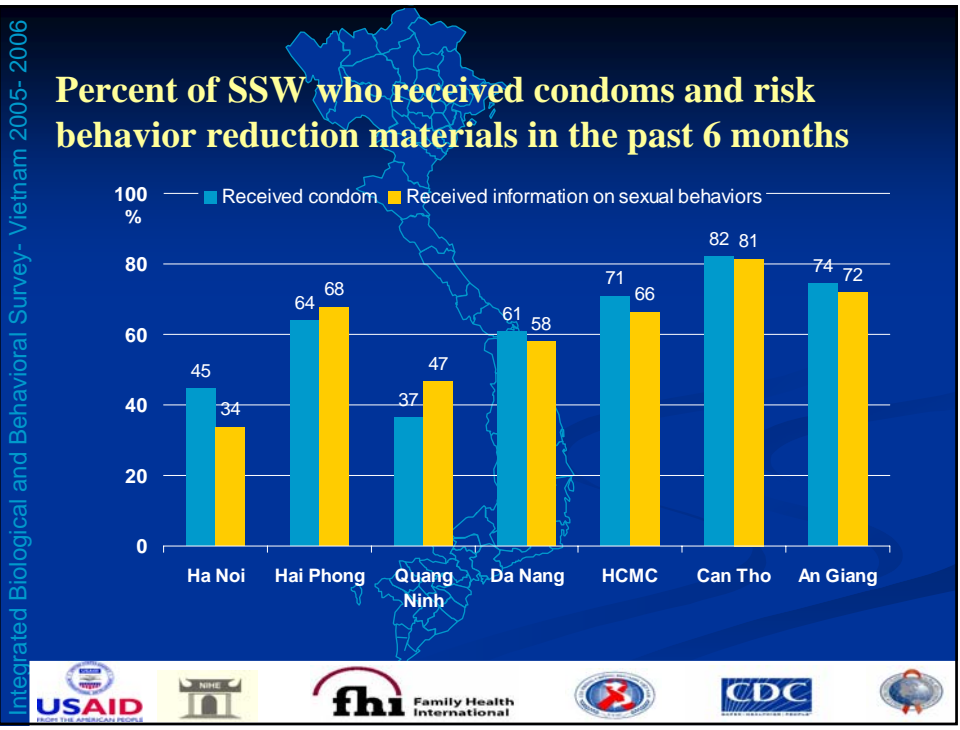
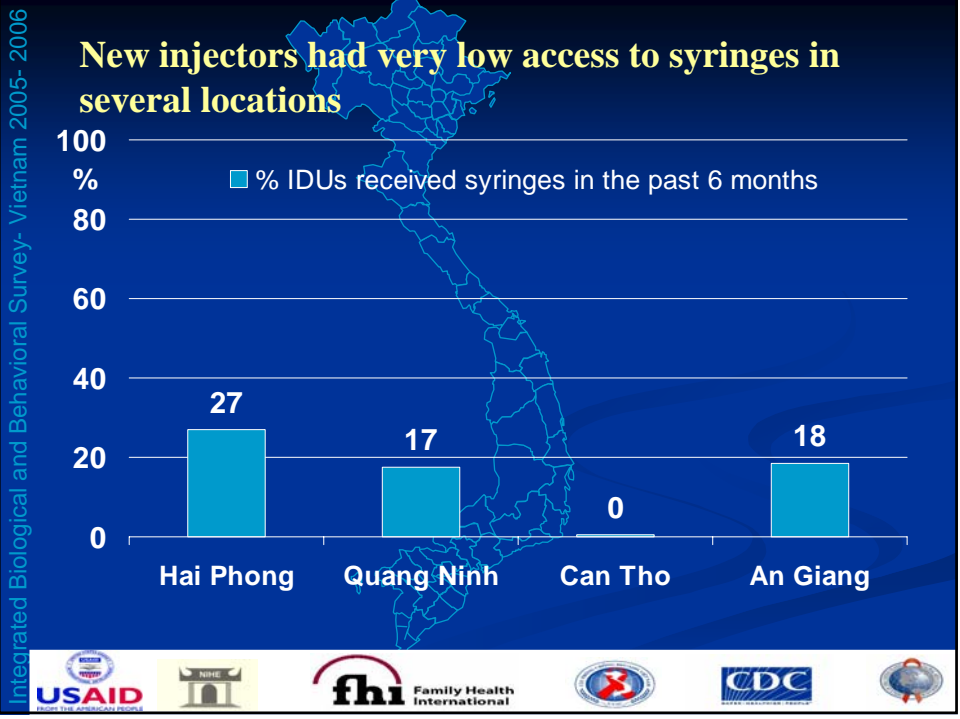


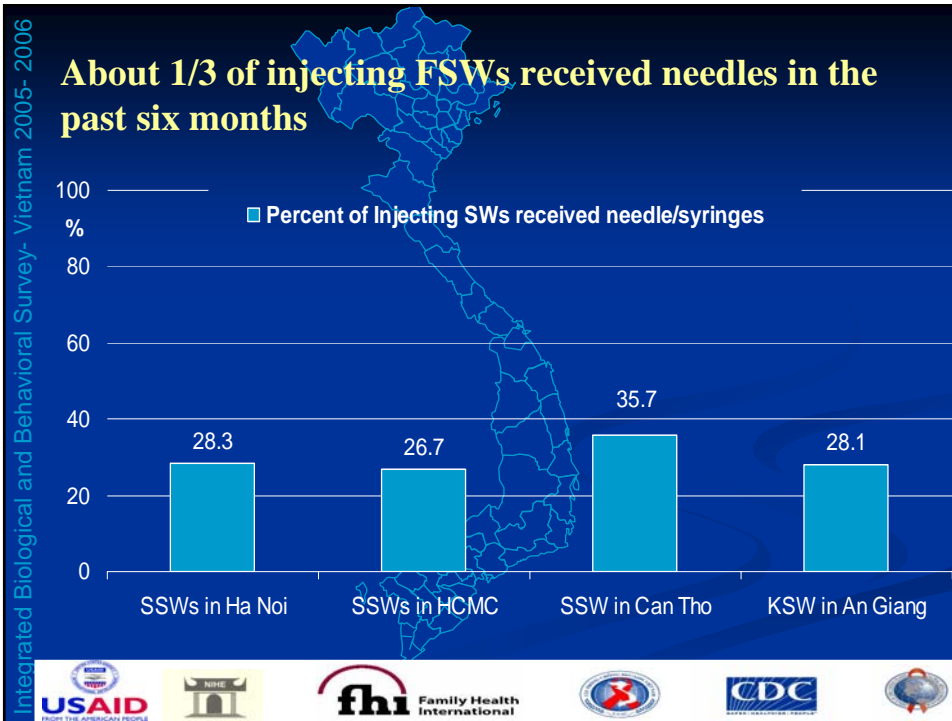


- Integrated Biological and Behavioral Survey- Vietnam 2005- 2006
- ### Summary of findings for MSMs
- HIV prevalence among MSMs in Hanoi and HCMC is indicative of potentially fast rising epidemic; Observed prevalence in HCMC is similar to previous measurements
 - Selective STIs are high
 - Relatively high rectal gonorrhea prevalence suggests that presumptive treatment may be warranted
 - Reported condom use is low, particularly in male-male commercial sex encounters
 - Condom and lubricant promotion needs to be strengthened
 - Injection drug use is not uncommon among MSM
 - MSM interventions need to include IDU components
- USAID NINHE fhi Family Health International CDC









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Caveats and limitations

- Sample representativeness
 - Individuals who had never been exposed to interventions likely refused survey participation at higher rates; This may have led to under-estimates of HIV and risks
 - Choice of seeds in RDS method may have led to unknown biased samples
- Self-reports of some risk and preventive behaviors are likely biased
 - On-going triangulation with other data sources is needed

Logos: USAID, NIPH, fhi Family Health International, Hanoi, CDC, and a globe icon.

Overall conclusions

- Injection drug use remains a significant risk factor for HIV infection, even among FSW and MSM
 - Interventions to FSW and MSM must strengthen their drug injection risk reduction components
 - Results reaffirm the importance of drug treatment (e.g. methadone) to reduce drug injection
- VCT must be strengthened to encourage high-risk populations to seek HIV testing
 - Risk behavior data shows significant interaction between high and low risk groups, suggesting cost-efficient focus on MARPs will break chain of infection to general population



Overall conclusions (continued)

- High selected STI merit presumptive treatment interventions among FSW and MSM
- IBBS with similar design should be repeated to obtain needed trends in HIV, STI, and risk behaviors
 - Vietnam lacks any trend data for evaluation, estimates, and projection

