

# Swiss behavioural surveillance system 1986-2008

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## Introduction .

- 1986: Switzerland is the country with the highest rate of new HIV and AIDS cases in Europe
- Epidemic of a concentrated type, mainly among MSM and IDU
- Good HIV biological reporting system (new HIV and AIDS cases)
- Later, a significant part of cases in heterosexuals among persons from countries with a generalised epidemic (mainly sub-saharan Africa)



## MSM: Proportion of inconsistent use of condoms with casual partners during the last 12 months, among persons who report anal intercourse

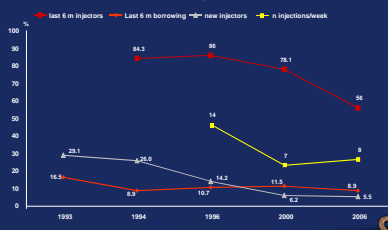


## Behavioural surveillance system

- Introduced in 1987, in the context of the continuous evaluation of Aids prevention policy
- Operated by one institution and including progressively
  - Monitoring of condom sales (1986-)
  - General population aged 17-30 / 17-45: national CATI surveys (1987- , 11 waves)
  - MSM: national surveys, recruitment combining newspaper/gay organisations and internet (1987- , 8 waves)
  - (ever) IDU: national surveys, recruitment in all low threshold facilities distributing injection material, with or without consumption rooms (time place sampling) (1993 - , 5 waves)
  - Monitoring of syringe distribution in low threshold facilities (1993 - ) and pharmacies



## IDUs: evolution of injection practices, low threshold facilities, with/without drug consumption rooms, Switzerland, 1993-2006



## Characteristics of the system

- Continuity : monitoring of selected indicators (sexual activity and sexual practices, risk behaviour, protection, reported testing and test result) in 3 populations
- Flexibility : New questions on emerging issues (treatment related representations, risk reduction, discrimination, etc.)
- Use : diverse stakeholders can propose indicators and use results

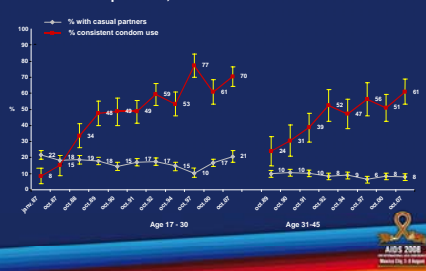


## Other populations?

- Migrants from sub-saharan Africa
  - Experts panel (NGOs, health professionals) to obtain information on behaviours
    - insufficient knowledge
  - Pilot survey in a university outpatient obstetric/ gynaecology clinic
    - promising but large samples needed
- Sex workers
  - Experts panel (NGOs, police) to obtain information on behaviours → identification of (small and scattered?) sub-groups at risk
  - Biological surveillance as alert (increase in new cases among heterosexual men mentioning commercial sex as a probable source of infection)
    - ad hoc survey if necessary



## Proportions (with 95% CI) of people with casual partners in the last 6 months and of consistent condom use with these partners, Switzerland 1987-2007

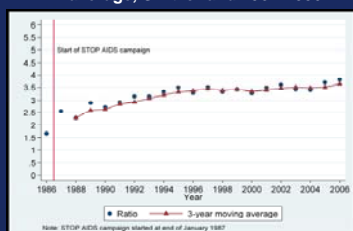


## Sustainability of the system: not easy

- Decrease in new cases and funding
  - decisions made
    - General population: sexuality module in the Swiss health Survey (every 5 years)
    - MSM: maintained unchanged, 2-4 years interval
    - IDUs: maintained, five years interval
    - Migrants: decrease in new cases among sub-saharan Africans, no repeat at the moment
- Indicators
  - Many changes in the definition of indicators internationally over time



## Condom sales: ratio of condoms to general population aged 15-65, with 3-year moving average, Switzerland 1987-2006"



## Conclusion

- It has been possible to maintain a coherent behavioural surveillance system on a long-term basis, allowing for
  - monitoring of HIV prevention policy outcome
  - reassurance in the early days of prevention
  - foreseeing the development and distribution of new HIV cases in the population (MSM)
- Critical
  - One system, one responsibility, continuity
  - Sustainable political will and funding

