



WHO Collaborating Centre  
for HIV Strategic Information



University of California  
San Francisco

**WHO COLLABORATING CENTRE FOR HIV STRATEGIC INFORMATION**  
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In collaboration with  
**Institute for Global Health Sciences, University of California, San Francisco**

## **Training workshop**

# **HIV Epidemic Control: Measuring Progress Toward 2020 and 2030**

**17 – 21 June 2019, Zagreb, Croatia**

### **Learning Objectives**

This training workshop will focus on HIV epidemic control and outline what specific programme activities are necessary to achieve it, and which surveillance components should be in place in order that it can be measured. The workshop will also present current country experiences towards achieving epidemic control.

HIV epidemic control is defined as the point at which new HIV infections have decreased and have fallen below the total number of deaths among HIV-infected individuals. Reaching the End of AIDS, as defined by low levels of HIV incidence and HIV-related mortality, has already been achieved in some settings. However, gains in epidemic control have been slower among men and young people, highlighting that existing interventions and programmes are not equally effective across demographic groups. There have also been consistent increases in HIV infections and HIV-related deaths in Eastern Europe and Central Asia since 2000, which is in contrast to generally stable or declining rates of HIV infections and HIV-related deaths in other regions globally.

To achieve HIV epidemic control, there are several key interventions that need to be prioritized and scaled-up with fidelity, depending on the epidemic context. These include customized HIV testing such as index testing, partner notification and HIV self-testing, pre-exposure prophylaxis, managed linkage from testing to HIV care and treatment, including same-day linkage, and intensified efforts to find those that are missing clinical appointments and/or are lost from HIV treatment. Optimized targeted case finding is critical to identify and link hard to reach populations into HIV treatment.

Specific surveillance activities relevant for epidemic control include HIV case finding and the use of testing for recent infection in newly diagnosed PLHIV in order to early detect

transmission networks. To monitor HIV epidemic control, HIV case surveillance should become an active public health surveillance system capable of identifying new outbreaks and accurately tracking quality of care and subpopulation morbidity and mortality indicators.

### **Course objectives are to:**

- Describe a concept of HIV epidemic control and its programmatic elements
- Illustrate innovative and effective approaches for HIV testing, including index testing and partner notification, social network testing and HIV self-testing, and the use of various approaches to evaluate effectiveness of testing services (cross-sectional surveys, programme data, HIV index testing cascade, etc.)
- Review the use of PrEP for at-risk persons found to be HIV-uninfected in testing programmes
- Describe best practices for incorporating testing for recent HIV infection in case-based surveillance and case finding interventions
- Highlight best practices for assuring and measuring linkage between prevention and treatment services
- Outline interventions to find and engage men in services across the HIV continuum of care cascade
- Describe strategies to identify individuals with newly diagnosed HIV infection and those previously diagnosed with HIV who have either failed to engage in care or who have disengaged from care and treatment and link them to ART clinical services
- Highlight importance of the use of granular data to intensify HIV control efforts
- Provide overview of effective linkage to ART strategies and interventions to optimize retention, such as case management, patient navigators and the use of social media

The key part of the course is group/individual work. Participants may choose among the following options:

- **Option A** – Develop a national or sub-national plan for achieving HIV epidemic control
- **Option B** – Analyze current HIV testing approaches and data, and develop a proposal for more effective HIV testing services, including index partner and sexual network investigations, same-day ART initiation and PrEP
- **Option C** – Develop a plan and an evaluation to either link newly diagnosed patients to care services or to re-engage those who have started and subsequently stopped ART

Participants are encouraged to work on plans/ proposals which they can later on use in their countries. Participants will present the results of this work on the final day of the course.

### **Teaching Methods**

The course consists of lectures, exercises and case studies.

Participants will have opportunities to share their own country-specific experiences and challenges.

### **Target Audience**

Professionals working in HIV surveillance and in planning, implementation and evaluation of HIV prevention and treatment interventions.

## **Lecturers**

Professor George W. Rutherford, MD, Institute for Global Health Sciences, University of California, San Francisco, USA

Associate professor Ivana Bozicevic, MD, DrPH, WHO Collaborating Centre for HIV Strategic Information, School of Medicine, University of Zagreb, Croatia

Zoran Dominkovic, WHO Collaborating Centre for HIV Strategic Information, School of Medicine, University of Zagreb, Croatia

## **Applications**

Please apply via <http://www.whohub-zagreb.org> or send an e-mail to [training@snz.hr](mailto:training@snz.hr)

The tuition fee is 1000 USD and includes training materials, lunches and coffee breaks during the course.

## **The course will be held at:**

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University of Zagreb School of Medicine  
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<b>17 June 2019</b>	
9.00-9.30	Welcome and Introductions
9.30-10.10	<b>Definitions of and metrics for defining the HIV epidemic control</b>
10.10-11.00	<b>Essential programmatic elements for sustainable epidemic control</b> <b>Indicators for sustained epidemic control</b>
11.00-11.20	<i>Break</i>
11.20-12.20	<b>Overview of present country experiences and plans in achieving HIV epidemic control</b>
12.20-13.00	Country presentations
13.00-14.00	<i>Lunch</i>
14.00 -14.50	<b>Conducting reviews of HIV testing strategy and data in the countries to identify gaps in testing services in terms of geography, age groups and gender</b>
14.50-15.10	Country presentations
15.10-15.30	<i>Break</i>
15.30-16.30	<i>Exercise: Analysis of HIV testing data to identify gaps in services</i>
<b>18 June 2019</b>	
9.00-9.50	<b>Selecting a strategic mix of HIV testing modalities to improve testing coverage and yield</b>  <b>Implementation and scale-up of index testing and partner notification services</b>
9.50-10.50	<b>Evaluation of index testing, partner notification and sexual network investigation</b> <b>Index testing cascade</b> <b>Yield of previously undiagnosed individuals by notification approaches</b>
10.50-11.10	<i>Break</i>
11.10-12.00	<i>Exercise: Evaluation of index testing and partner notification services</i>
12.00-13.00	<b>Models of implementation and evaluation of HIV self-testing</b>

13.00-14.00	<i>Lunch</i>
14.00-14.50	<b>Pre-exposure prophylaxis (PrEP): Implementation and evaluation indicators</b>
14.50-15.30	<b>Measuring linkage rates between HIV prevention and treatment services</b>
15.30-15.50	<i>Break</i>
15.50-16.40	<i>Exercise: Measuring linkage rates between prevention and treatment services</i>
<b>19 June 2019</b>	
9.00-10.00	<b>Incorporating HIV recency testing in routine HIV testing services for all newly diagnosed with HIV</b>
10.00-10.50	<b>Interventions to improve linkage from diagnosis to treatment</b>
10.50-11.10	<i>Break</i>
11.10-12.00	<b>Interventions to re-engage patients in ART care</b>
12.00-13.00	<i>Exercise: Evaluation of linkage to HIV care interventions</i>
13.00-14.00	<i>Lunch</i>
14.00-14.20	<b>Introduction to group/individual work</b>
14.20-15.20	Group/individual work
15.20-15.40	<i>Break</i>
15.40-16.30	Group/individual work

<b>20 June 2019</b>	
9.00-9.50	<b>Finding and engaging men in services across the HIV continuum of care cascade</b>
9.50-10.40	<b>Mapping the gaps in HIV care continuum through use of granular data analysis</b>
10.40-11.00	<i>Break</i>
11.00-12.00	<b>Mapping the gaps in HIV care continuum through use of granular data analysis - case examples</b>
12.00-12.50	Group/ individual work
12.50-13.50	<i>Lunch</i>
13.50-16.30	Group/ individual work
15.15	<i>Break</i>
<b>21 June 2019</b>	
9.00-10.20	Presentations of group/ individual work
10.20-10.40	<i>Break</i>
10.40-12.30	Presentations of group/ individual work
12.30-13.00	Evaluations and closure
13.00-14.00	<i>Lunch</i>