WHO Collaborating Centre for Capacity Building in HIV Surveillance

Report
The World Health Organisation, the headquarters and the Regional Office for Europe, have worked with the Andrija Stampar School of Public Health since 2004 on the establishment of the “Knowledge Hub for HIV surveillance”. Since 2008 the centre is accredited as WHO Collaborating Centre for Capacity Building in HIV/AIDS Surveillance. WHO acknowledges the significant contribution to improvements and strengthening of surveillance in Europe and other parts of the world and is looking forward to a continuing collaboration and cooperation in this field with the Andrija Stampar School of Public Health.

World Health Organization
Report for the period 2004-2009

WHO Collaborating Centre for Capacity Building in HIV Surveillance

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February 2009.

Mission statement:
To contribute to increasing capacities in the implementation of effective, sustainable and context-specific surveillance systems for HIV/AIDS which enable evidence-based development of HIV prevention, care and treatment.
It is a pleasure to be able to report on the strong development of the WHO Collaborating Centre for Capacity Building in HIV Surveillance in the period from 2004 to 2009. The continued growth of the Centre and its successes present a source of pride to the Andrija Stampar School of Public Health and the Zagreb School of Medicine.

This report outlines the remarkable scope of the Centre's achievements in training, technical assistance and research worldwide as well as its active involvement in collaboration with a number of high-profile and prestigious academic institutions.

In the last several years, the Centre has substantially expanded its teaching programme, technical assistance activities and fundraising endeavours. It offers a unique range of expertise provided by staff drawn from academic and public health institutions in Croatia and abroad. It has also developed strong partnerships with researchers, policymakers and professionals worldwide.

We continue to be committed to knowledge transfer by providing innovative teaching programme, publishing research and fostering collaboration with the academic and governmental institutions and the UN agencies. Such partnerships have enriched our work activities and provided us with opportunities to engage in new HIV programme areas, by adapting quickly to new challenges and opportunities.

We are grateful to the GTZ, the European Commission, WHO Headquarters and WHO Regional Offices for Europe and the Eastern Mediterranean for providing support and funding for our work. In addition, we are particularly grateful to the members of the International Advisory Board that have provided strategic advice on our work.

This report outlines the impressive breadth and depth of the Centre achievements in training and support to more effective HIV prevention worldwide, and I hope it will inspire you to join us.

Professor Stjepan Oreskovic, PhD
Director
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The World Health Organization Collaborating Centre for Capacity Building in HIV Surveillance is a unique centre that brings together an interdisciplinary group of scientists and policy makers across the University of Zagreb and institutions of excellence in HIV surveillance from all over the world.

The Centre is based at the Andrija Stampar School of Public Health, School of Medicine, University of Zagreb. It was founded in 2003 through support provided by the World Health Organization - Regional Office for Europe and the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ). As of 2007, the Centre carries the prestigious designation of a World Health Organization Collaborating Centre in HIV Surveillance.

The Centre’s International Advisory Board provides strategic advice on its work. At annual meetings held since 2007, the Advisory Board has expressed confidence in the Centre’s management and academic standards and has provided recommendations for long-term development.

The mission of the WHO Collaborative Centre for Capacity Building in HIV surveillance is to disseminate knowledge and best practice tools that will raise the capacity of countries to identify the scale and the distribution of HIV epidemics in populations at risk, as well as to determine whether existing programmes for HIV prevention and control are effective. The Centre is committed to helping countries to develop strategic information to guide more effective HIV/AIDS responses by providing innovative training programmes and technical assistance, as well as through developing partnerships and collaborative networks that bring together a wide range of experts in the field.

It is now five years since the Centre launched its first training course in 2004. The training programme continues to grow. Over 600 professionals from 56 countries from Europe, Central Asia, Africa and the Middle East attended the courses in various topics related to HIV surveillance. Starting with four courses in 2005, the Centre has until January 2009 developed an additional 12 training courses, bringing the total number of courses on offer to 17.

This illustrates the hard and successful work of the Centre’s staff in fulfilling the teaching element of its mission. So far, the Centre was delighted to welcome 47 students from resource-constrained countries to the courses who received scholarships.

In parallel, the Centre’s staff provided technical assistance to 13 countries: Bosnia and Herzegovina, Lithuania, Azerbaijan, Georgia, FYR Macedonia, Iran, Montenegro, Pakistan, Serbia,
Somalia, Sudan, Syria and Yemen. The Centre also continues to be successful in research. It has participated in a number of HIV surveillance and research activities in Croatia and abroad.

Major sources of funding include scholarship fees, WHO Headquarters, European Commission, GTZ and WHO Regional Offices for Europe and the Eastern Mediterranean. Among new initiatives, we would like to underline the development of the training programme in Russian, the support to establishing a training capacity in HIV surveillance in Iran and the development of a training programme in HIV surveillance for the Caribbean, for the WHO Regional Office for the Americas.
Since 2004, the WHO Collaborating Centre for Capacity Building in HIV Surveillance has developed a total of 17 different training courses. Overall, since 2004 35 training courses were implemented, 24 in Croatia and 11 abroad. All of these courses aim to present specific areas of HIV/AIDS surveillance by putting the emphasis on acquisition of practical skills and multi-disciplinary approach to surveillance systems development. Course topics range from broader introductory courses to very specific and specialized courses addressing recent developments in HIV surveillance.

The courses organized both in Croatia and abroad were so far attended by over 600 participants from 56 countries in Europe, North and Central Africa, Central Asia and the Middle East. Each course is extensively evaluated and participants' comments are highly appreciated and their suggestions are included in further development of the courses.

All courses are created using current knowledge in HIV surveillance and adapted to suit specific needs of participants. Training is delivered through intensive five-day workshop sessions and in-country support visits. Courses are very interactive and 50% of the time is spent on practical exercises. The core of almost all of the courses is creation of protocols for surveillance surveys. Participants are encouraged to reflect upon and apply their knowledge to their own country settings and develop a protocol that they will be able to use later on.

The teaching staff comes from a number of international academic institutions and UN agencies, such as the Andrija Štampar School of Public Health in Croatia; University of California, San Francisco; University College London, UK; Harvard Medical School, USA; London School of Hygiene and Tropical Medicine, UK; Health Protection Agency, UK; Centers for Disease Control and Prevention, USA; Faculty of Humanities and Social Sciences, Croatia; WHO; UNAIDS; Teaching Hospital for Infectious Diseases „Dr. Fran Mihaljevic“, Croatia; Institute for Public Health, Croatia.

CURRENTLY OFFERED COURSES

Introduction to HIV/AIDS Surveillance

The aim of this introductory course is to provide an overview of HIV/AIDS epidemics, both globally and in different regions, as well as to introduce definitions and main concepts of public health surveillance, with emphasis on the principles and concepts of HIV/AIDS surveillance. This course describes the steps and components necessary to design and establish an HIV/AIDS surveillance system, as well as principles of data collection, analysis and dissemination.
Behavioral Surveillance
Behavioral surveillance is a surveillance tool designed to track trends in HIV-related knowledge, attitudes and behaviors in populations at risk of HIV and sexually transmitted infections (STIs). This course offers participants an overview of tools used for conducting studies of sexual and drug-related risk behaviours. The participants learn how to initiate and improve HIV prevention programmes using behavioural surveillance data.

Biological HIV Surveillance
Biological surveillance is used to assess the prevalence and incidence of HIV in different populations at higher risk, and monitor trends in HIV prevalence and incidence over time. The course addresses different tests used in surveillance (ELISA, Western Blot, rapid tests, etc) and explains validity and utilization of different types of tests in various epidemics contexts. Biological surveillance enables to identify groups with the highest needs for public health and clinical interventions, and evaluate public health measures aimed at prevention and control of HIV infection.

HIV Surveillance in Hard to Reach Populations
Hard to reach populations such as injecting drug users (IDUs), men who have sex with men (MSM), and sex workers (SWs) are at the highest risk of HIV infection due to their specific social and behavioral characteristics. Because of stigma, discrimination and often illicit nature of their behaviors, they are difficult to reach with standard research methods. High-quality surveillance in these groups and its links with the system of monitoring and evaluation enables programmatic responses to be cost-effective and well-targeted. This course teaches how to develop efficient surveillance systems emphasizing implementation of well-designed sampling methods and paying particular attention to vulnerabilities of these populations.

Surveillance of Sexually Transmitted Infections
This course aims to provide an understanding of the structure and functioning of surveillance of STIs and strategies for planning and implementing STI surveillance programmes in diverse settings. Participants are introduced to components of STI surveillance (sentinel-based, laboratory-based and monitoring of gonococcal antimicrobial resistance) and strategies for their implementation. The course also provides an overview of current health care arrangements for the diagnosis, treatment and care of STIs.

HIV/AIDS Surveillance among Tuberculosis Patients
Tuberculosis is the leading cause of morbidity and mortality in HIV-infected patients, and prevention and treatment of TB in HIV-infected patients is considered a global priority by WHO and other international health organizations. The training course in HIV surveillance among TB patients aims to develop the necessary skills to plan, implement and evaluate HIV surveillance among TB patients through surveys and routine data collection from clinical settings.

Monitoring and Evaluation of National HIV/AIDS Response
The aim of this course is to provide participants with practical guidance on how to develop a national system of monitoring and evaluation of HIV programmes. The module is structured around five key themes – introduction to monitoring and evaluation (M&E), measuring impact, measuring coverage, using M&E data and setting up a national M&E system.

Surveillance in Low-Level and Concentrated HIV Epidemics
This course addresses a wide range of HIV surveillance related-issues in low-level and concentrated epidemics where the focus is on surveillance of high-risk groups and the bridging populations. The course illustrates components and implementation of both
clinic and institution-based surveillance and community-based surveillance.

**HIV surveillance for Programme Managers**
This module is intended primarily for HIV programme managers and those who wish to obtain the broader knowledge in principles of HIV surveillance. Participants will acquire skills in planning, organisation and budgeting of national or regional HIV surveillance systems and learn how to use data for programme planning and evaluation. The course puts the emphasis on the need to promote and implement surveillance that enables evidence-based development of HIV prevention programmes, and use resources cost-effectively.

**Designing Protocols for Population-Based and Clinic-Based HIV Surveillance Surveys**
This course provides an intensive training in writing-up surveillance protocols and aims to increase practical knowledge in designing and planning surveillance activities. A protocol is an essential starting point for high quality HIV surveillance and all HIV surveillance surveys must be protocol-based. The protocol provides structure and organization to the study, detailing the numerous procedures required to meet a given study’s objectives and goals, and the resources needed to conduct the study. The training course is structured to address concrete steps and ten key parts of any protocol, starting from aims, objectives and methods, to data analysis and dissemination of survey results.

**The National AIDS Spending Assessment**
This course aims to strengthen country capacities in financial needs and resource tracking analysis by enabling key country experts and policy makers to facilitate and support this process. The National AIDS Spending Assessment approach to resource tracking is a comprehensive and systematic methodology used to determine the flow of resources used in the national response to HIV.

**Data Triangulation**
The aim of the course is to introduce participants to the concepts, principles and methods of triangulation analysis. Triangulation is broadly defined as synthesis and integration of data from multiple sources through collection, examination, comparison, and interpretation. It is used to answer different question, ranging from explaining the trends and the levels of HIV epidemic to assessing the population impact of HIV prevention and treatment. It is done mainly by using quantitative analysis and interpretation of data coming both from HIV and other surveillance and programme-based sources and vital statistics registries.

**Time – Location Sampling**
This course aims to provide participants with practical skills and knowledge to implement a population-based bio-behavioural HIV survey using time-location sampling (TLS). TLS is a widely used method to sample populations that are “floating” (i.e. are less likely to be found by researchers at the fixed place of residence), such as IDUs at shooting galleries, truck drivers at bus stop, SWs at street corners etc. TLS is a venue-based sampling that is based on clusters, and can achieve a high degree of sample representativeness.
Respondent-Driven Sampling

Respondent-driven sampling (RDS) is a recently developed method used to sample hidden and hard to reach populations. As a variant of a chain-referral sampling, it does not require the development of a sampling frame. Once data are obtained, they are analysed with RDS Analysis Tool (RDSAT), specially designed software that accounts for the snowball-like initial selection of respondents and uses a weighting system in order for an RDS-obtained sample to be considered fairly representative of the social network the sample was recruited from. This course teaches participants how to successfully implement an RDS study.

Analysis and Interpretation of Data from Respondent-Driven Sampling using RDSAT

The course addresses all steps in RDS data management and analysis, including bivariate and multivariate analysis. The course addresses export of individualized weights to conduct regression analyses and interpretation of RDS data, particularly the external validity.

HIV Drug Resistance Prevention and Assessment

The aim of this course is to increase understanding of the determinants of HIV drug resistance (HIVDR) and the identification of ways to minimize its spread. HIV drug resistance surveillance is a critical adjunct to all country-level ARV programmes, as it helps to detect the circulation of resistance strains in the early stages of the implementation of the ARV programmes and to prevent transmission of HIVDR.

Designing Clinical Research: Course for Post-doctoral Researchers

This summer course provides training in the methods of clinical investigation to physicians and other health professionals. The objectives are for course participants to acquire the skills for designing and interpreting clinical research and produce a complete concise draft of a research protocol. This course follows the text Designing Clinical Research (by Stephen B. Hulley, MD, MPH et al) to provide instruction in developing a research question and creating a protocol that includes a literature review, study design, subject recruitment and sampling plan, instruments and other measurement approaches, sample size, consent form, budget and timetable. Each trainee produces a five-page protocol for a planned study. The course is co-organised by University of California, San Francisco.
The professional profile of participants includes epidemiologists, HIV and STI programme managers, public health specialists, clinicians and NGO staff. Most of participants are actively involved in HIV surveillance programs in their countries and use the knowledge gained to develop and advance them at planning, implementation and evaluation levels.

Since 2004, 396 professionals attended training courses organized in Croatia and 202 people were trained outside Croatia. Overall, 608 participants attended the training courses.
Participation per module

As seen in Figure 1, the highest attendance was achieved for the course on HIV Surveillance in Hard to Reach Populations, followed by Respondent Driven Sampling, Surveillance of Sexually Transmitted Infections and Monitoring and Evaluation of National HIV/AIDS Response.

Figure 1. Participation per module
Participation per regions

As seen in Figure 2, most participants came from Eastern Europe, followed by North Africa and the Middle East.

Figure 2. Participation per regions

Courses held outside Croatia

Following courses were held outside Croatia:

<table>
<thead>
<tr>
<th>Country</th>
<th>Title of the course</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>Regional course in HIV surveillance in low-level and concentrated epidemics</td>
<td>2005</td>
</tr>
<tr>
<td>FYR Macedonia</td>
<td>Introduction to HIV surveillance</td>
<td>2005</td>
</tr>
<tr>
<td>Pakistan</td>
<td>STI surveillance</td>
<td>2005</td>
</tr>
<tr>
<td>Iran</td>
<td>HIV surveillance in hard to reach populations</td>
<td>2005</td>
</tr>
<tr>
<td>Sudan</td>
<td>HIV surveillance in hard to reach populations</td>
<td>2006</td>
</tr>
<tr>
<td>Bosna and Herzegovina</td>
<td>Respondent-driven sampling (two times)</td>
<td>2007</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Pre-surveillance assessment and respondent-driven sampling</td>
<td>2007</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>STI surveillance</td>
<td>2007</td>
</tr>
<tr>
<td>Yemen</td>
<td>Pre-surveillance assessment and respondent-driven sampling (two times)</td>
<td>2007 and 2008</td>
</tr>
</tbody>
</table>
Scholarship programme

Since 2004, 47 participants received scholarships based on their professional experience and financial need. Because of the need for education of professionals from resource-constrained countries, the Centre aims to put significant efforts into development of a strong scholarship programme through a specifically designed Scholarship Fund. The Fund would allow for a significant number of scholarships to be distributed annually to professionals working in some of the poorest countries of the world, which are particularly vulnerable to the HIV epidemic.

Evaluation of the courses

All courses are evaluated after their implementation and the results are used to improve course content and organization. Evaluation of individual courses has demonstrated that participants are satisfied with the lectures and that they find useful the current concept of the courses, and particularly the emphasis on practical work and protocol development. Participants are also asked to list any potential training needs that are not currently covered by the Centre’s courses, which then serve as the basis to further develop new educational activities.

Another larger evaluation was conducted in November 2008 when questionnaires were sent to all previous participants asking them which courses that the Centre offers they would like to attend, which courses (or topics of the courses) that the Centre does not offer that participants would like to attend, whether participants have enough access to adequate funding for training in HIV surveillance and how much they have been able to implement the knowledge gained during the courses. This evaluation showed that participants felt a strong need to attend more trainings offered by the Centre. They also proposed new topics of trainings, some of which have already been taken into consideration. Only a small number of participants reported having enough access to funding for training courses, while the large majority reported a serious lack of such funding. More than 90% of the respondents said they were very able to implement the knowledge they gained in the courses to their work.

Here are some of the thoughts given by our partner institutions and the participants regarding the training courses:

Over the last few years, the Zagreb WHO Collaborating Centre has become a vital partner to UNAIDS, in particular in our work in Eastern Europe and Central Asia. The Center has become one of the leading institutions for capacity building in HIV surveillance in the region and beyond. With over 600 HIV professionals trained in HIV surveillance, it has made a strong impact on the quality of HIV programmes in many countries. UNAIDS is looking forward to continuing and further expanding this fruitful collaboration.

Anja Nitzsche-Bell
Director a.i. EXO
UNAIDS

I have participated in three training courses conducted by WHO Collaborating Centre for Capacity Building in HIV/AIDS Surveillance: Monitoring and Evaluation of the National AIDS Response, HIV Surveillance in Hard to Reach Populations and RDS Data Analysis using RDSAT 6.0.1 All three trainings were extremely helpful in my professional life and contributed tremendously to my professional growth in the area of M&E. Besides that, WHO Office in Russia had a chance to support the participation at training courses in Zagreb of several national experts. Thanks to the trainings, we managed
to pilot bio-behavioral surveys in several regions of Russia using RDS and TLS. With the help of the national experts trained in Zagreb we have developed national recommendations to conduct bio-behavioral studies in most-at-risk population. And now we would be extremely interested in bringing these training courses to the country and making them available to all Russian-speaking interested specialists.

Dr. Marina Kornilova  
M&E Program Officer  
WHO Office in the Russian Federation

The training was extremely beneficial for our project. Drawing from the experiences shared, we believe we will be able to avoid potential problems with our upcoming studies. Offering scholarships for participants from low-income countries would be a great way to extend this very practical training to researchers who could greatly benefit.

Dr. Sibghatullah Abdu, Project Manager in HIV Surveillance, Johns Hopkins University Afghanistan

HIV surveillance trainings delivered by the Centre in the last two years and attended by our HIV surveillance officers were a real additional technical experience to our national capacity. It substantially contributed in covering the technical gap our staff face. The WHO Collaborating Centre at the Andrija Stampar School introduced the globally adopted new approaches for surveillance of HIV/AIDS among hard to reach populations. The Centre is on the top of the list of institutes we encourage our partners to attend and benefit from its outstanding experience.

Ahmed Elamin, HIV Surveillance Officer, National AIDS Programme Sudan

I have participated in various courses starting with more general HIV Surveillance in Hard to Reach Populations, then more practical as Bio-Behavioral Surveys in Most-At-Risk Populations using Respondent-Driven Sampling and finishing with more specific Analysis and Interpretation of Data from RDS using RDSAT 6.0.1. This experience was extremely helpful to me to synthesise different knowledge. Thanks to the training, we have changed HIV surveillance system in Ukraine, from using snowball as sampling strategy to reach vulnerable populations to more advanced RDS and TLS. I was not the only participant from Ukraine, as more than 10 colleagues participated at different courses funded from the GFATM programme implemented by HIV Alliance in Ukraine. By attending courses, we have built a good team of qualified specialists speaking the same scientific language and thinking in the same direction.

Tetiana Salyuk, Programme Officer: Research & Field Analysis, International HIV/AIDS Alliance, Ukraine
Technical assistance

The Centre provides technical assistance in the following areas:

- Assessment of the quality of existing HIV surveillance systems
- Identification of priority groups and areas where HIV surveillance needs to be established
- Assistance in identification and implementation of operational research and pre-surveillance assessment
- Development of HIV surveillance strategy, workplans and budgets for HIV surveillance
- Assessment and analysis of the national AIDS programmes
- Strategic and operational planning of national HIV/AIDS and STI programmes
- Assistance in implementation of surveillance surveys, including clinic-(facility) based serosurveillance, and community-based surveys among high risk groups
- Selection of HIV and STI tests and testing algorithms
- Preparation of surveillance and research protocols
- Training of surveillance professionals and field staff who work on survey implementation
- Analysis and interpretation of data, and report writing
- Writing up of proposals to the GFATM

Since 2003, technical assistance has been provided to 13 countries (Bosnia and Herzegovina, Lithuania, Azerbaijan, Georgia, FYR Macedonia, Iran, Montenegro, Pakistan, Serbia, Somalia, Syria, Sudan and Yemen).

**Bosnia and Herzegovina**
Technical assistance was provided to the Country Co-ordination Mechanism for setting up a Monitoring and Evaluation system and to UNICEF Bosnia and Herzegovina for the implementation of respondent-driven sampling surveys among IDUs in three cities.

**Lithuania**
One of the Knowledge Hub consultants joined a UNDP team and carried out a mid-term review of the Lithuanian National AIDS programme. Work included a comprehensive analysis of programme achievements and shortfalls.

**Azerbaijan**
The work in Azerbaijan included a training workshop on pre-surveillance assessment and respondent-driven sampling, and development of protocols on respondent-driven sampling surveys in FSW and IDUs.
**Former Yugoslav Republic of Macedonia**
The mission included provision of the training course *Introduction to HIV/AIDS Surveillance* for the staff who work on HIV surveillance at the national level, with an emphasis on surveillance data analysis.

**Serbia**
Technical assistance was provided to Serbia for development of the 6th and 8th round of the GFATM proposals.

**Montenegro**
Technical assistance was provided to Montenegro for the development of the 5th and 9th round of the GFATM proposal and development of the monitoring and evaluation guidelines and manuals.

**Georgia**
The team of the Centre is assisting the NGO Curatio International Foundation to implement two respondent-driven sampling surveys in two regions in Georgia among IDUs.

**Pakistan**
Our accomplishments here included assessment of the current system for STIs and writing-up a strategy for the development of a surveillance system for STIs that is consistent with international best practices, and leading a training workshop for trainers on the surveillance system for STIs.

**Iran**
The terms of reference for this mission in December 2005 were to hold a training workshop on HIV surveillance for disease control managers and epidemiologists, and to assist in the development of HIV surveillance for implementation at the district level. Technical assistance was provided to Iran also during 2006 for the development of a four-years work plan for HIV surveillance, and work plans and the budget for implementing two WHO-funded HIV surveys, among prisoners and non-injecting drug users.

**Sudan**
The mission to Sudan was carried out in 2007 in Khartoum. It included the training workshop on HIV surveillance in hard to reach populations for the staff of the Sudanese National AIDS Control Programme during which participants were also drafting the protocols for surveys among eight high risk groups (MSM, SW, tea sellers, truck drivers, prisoners, young people, internally displaced people and street children).

**Yemen**
The Centre staff assisted the National AIDS Programme in Yemen to successfully implement an RDS bio-behavioural survey among FSWs in Aden. The work included two training
workshops for the field staff, design of the survey and protocol writing, design of all survey forms and the questionnaire, supervision of the survey implementation, data analysis and report writing.

**Somalia**
The assistance is provided to the Regional Office of IOM in Kenya to implement a bio-behavioural respondent-driven sampling surveys among FSWs in Berbera and Hargeisa in Somalia. The work includes assistance with the survey protocol and supervision of the survey implementation.

**Syria**
The assistance to the National AIDS Programme in Syria included the work on assessment of HIV surveillance system and provision of recommendations for its improvement, and the assessment of the national response to HIV.

**WHO Regional Office for Europe, Copenhagen (EURO)**
The Centre carried out the assessment of HIV epidemics and policy responses among MSM in 27 countries in eastern Europe. The project was undertaken by contacting in-country consultants in 27 countries and reviewing literature written in local languages and in English. The final report describes available data on HIV and STI epidemiology, policy responses and the extent of stigma and discrimination, and provides recommendations and country summaries.

**WHO Regional Office for the Eastern Mediterranean (WHO EMRO)**
The Centre adapted the US Center for Disease Control and Prevention training manual on respondent-driven sampling for WHO EMRO. The Centre staff will assist WHO EMRO to support the similar Centre in Iran in order to become another valuable national and regional resource on HIV surveillance. Also, in 2009, the Centre will assist three Knowledge Hubs in EMRO to write up the regional proposal to the GFATM.

**WHO Regional Office for the Americas (PAHO)**
In 2009, the Centre will provide a training workshop for the countries of the Caribbean in HIV surveillance in high risk groups.
One of the key work areas of the Centre includes synthesizing findings from surveillance practice into guidelines, development of tools and data collection instruments and carrying out research linked to HIV surveillance and evaluation of public health programmes. Before carrying out each HIV survey, we developed research protocols and other surveillance tools and operation manuals.

One of the important product of the Centre is the Guidelines for implementation of HIV/AIDS surveillance in low level and concentrated epidemics which will be published by WHO EMRO in 2009. Guidelines have been developed to assist surveillance officers and programme managers in WHO EMRO in the planning and implementation of various components of HIV surveillance in low level and concentrated HIV epidemics.

The research interest of the staff includes:

- epidemiologic studies to better determine the incidence and prevalence of HIV in selected populations
- methodological challenges in HIV/AIDS surveillance
- using surveillance and programme-based data to assess impact of prevention and HIV treatment
- estimating effectiveness of HIV prevention
- impact of migration on HIV epidemic
- role of STIs in enhancing the spread of HIV
- incidence-based HIV surveillance
- ability of health care systems to provide care, especially to identify and treat HIV infection early in the disease course.

The following research studies were carried out:

1. Cluster-based household survey on sexual behaviours, knowledge and attitudes among young people in Croatia in 2005
2. Time-location survey among truck drivers in Croatia in 2005
3. Survey based on convenience sampling among sailors in Croatia in 2005
4. RDS survey among MSM in Zagreb, Croatia in 2006
5. RDS surveys among IDUs in three cities in Bosnia and Herzegovina in 2007 (commissioned by UNICEF)
6. RDS and pre-surveillance assessment among FSW in Yemen, 2007-2008 (commissioned by WHO EMRO)
7. Assistance with RDS among FSW in Somalia (commissioned by IOM, Kenya)
8. Review of HIV epidemics and policy responses among MSM in 27 countries of eastern Europe (commissioned by WHO EURO)
Management and staff

STAFF:
- Professor Stjepan Orešković, PhD (Director)
- Dr Ivana Božičević, MSc, DrPH (Executive Director)
- Dr Luka Vončina, MSc (Development Officer)
- Lucija Žigrović, BSc (Research fellow)
- Danijela Lešo (Administrative officer)
- Support in administrative and financial management was provided by the UNDP staff Iva Jovović, BSc
- Luka Orešković, student, intern

Staff members speak English, Russian and French.

Short biographies of staff

Professor Stjepan Orešković, PhD
As the Director of the WHO Collaborating Centre, his role is to ensure coherence and quality in the activities, and overall leadership in terms of organisation and accountability for performance of the work plan. His role is to shape the direction and management of the organisation with particular reference to identifying opportunities for development. Professor Orešković has a PhD in behavioural sciences and was one of the first researchers on epidemiology of HIV and hepatitis in Croatia.
E-mail: soreskov@snz.hr

Dr Ivana Božičević, MSc (LSHTM), DrPH (LSHTM)
Her responsibilities include surveillance-related research, training courses development and provision of technical assistance. Ivana holds an MSc in Public Health and a Doctorate in Public Health from the London School of Hygiene and Tropical Medicine, where she is currently an honorary research fellow. She has done country-level work on HIV surveillance in Croatia (including a general population-based survey on sexual behaviours and attitudes in youth and a bio-behavioural survey using respondent-driven sampling); and has worked as a WHO, UNDP and UNFPA consultant in Bosnia and Herzegovina, Egypt, Pakistan, Iran, Sudan, Somalia, Syria and Yemen. She also wrote Guidelines for HIV/AIDS Surveillance in Low-Level and Concentrated Epidemics that will be published by WHO EMRO in 2009.
E-mail: Ivana.Bozicevic23@gmail.com
Ivana.Bozicevic@lshtm.ac.uk

Dr Luka Vončina, MSc (LSE)
His responsibilities include work on the Centre’s development through fundraising, developing new programmes, products and partnerships, training and provision of technical assistance. Luka holds an MSc in International Health Policy from the London School of Economics and is currently doing a PhD at the University of
Maastricht, the Netherlands. He has worked as a WHO, UNDP and UNFPA consultant in Bosnia and Herzegovina, Serbia, Montenegro, Egypt and Syria. Other tasks included his work on the review of HIV epidemics and policy responses among MSM in 27 countries of Eastern Europe commissioned by WHO EURO in 2008.

Lucija Žigrović, BSc
Lucija Žigrović has a degree in psychology and works at the Centre as a research fellow. Lucija assists in research and training activities. Her main interests are in development of questionnaires for assessing HIV-related behaviours among vulnerable groups and in designs of surveillance surveys. She teaches topics in research methods and designs and data collection, analysis, interpretation and dissemination. As a speaker of Russian, she also handles translation and communication with Russian speaking partners and is actively involved in the development of several new courses to be taught completely in Russian during 2009. In February 2009 she will provide technical assistance in data analysis and interpretation for a respondent driven sampling study of female sex workers in Tbilisi, Georgia. Lucija.Zigrovic@gmail.com

Iva Jovović, BSc
Iva Jovović holds a degree in Social Work and has been participating in numerous international trainings and conferences on HIV. Her responsibilities at the Centre include project management on behalf of UNDP Croatia. Iva now holds a position of a National HIV/AIDS Advisor or UNAIDS Focal Point for Croatia and is studying for an advanced degree in Social Policy at the University of Zagreb. She has extensive knowledge of HIV and AIDS issues and related political, economical and social consequences in the country and the region. Iva joined UN in early 2003. In 2002, Iva founded and presently is the Executive Director of an NGO called Life Quality Improvement Organisation LET that strives to improve quality of life of vulnerable groups. E-mail: iva.jovovic@undp.org

Danijela Lešo
The primary responsibility of Danijela Lešo is to organise the Centre’s work. She is responsible for co-ordinating and preparing teaching and meeting materials, writing reports, and for communication with participants. Danijela also manages financial reporting. She is also working on the development of The Association of Schools of Public Health in the European Region’s new training curricula for postgraduate studies in public health. Danijela is also the co-ordinator of the summer scientific programme “Designing Clinical Research – a Course for New Post-Doctoral Researchers” which is funded by the Institute for Global Health, University of California, San Francisco and organised by the Andrija Stampar School of Public Health and the University Hospital for Infectious Diseases. E-mail: dleso@snz.hr

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- Dr Branko Kolarić, Croatian Institute for Public Health
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The members of the Advisory Board are:

- Professor George Rutherford, MD, Director, Institute for Global Health, University of San Francisco (Head of the Advisory Committee)
- Dr Srdjan Matić, Head, Communicable Diseases Unit, WHO EURO
- Dr Jesus Maria Garcia Calleja, Department of HIV/AIDS, WHO HQ
- Roman Gailevich, UNAIDS Office, Russian Federation
- Shombi Sharp, UNDP Office, Russia
- Dr Tatyana Smolskaya, Head, North-Western Regional AIDS Centre of the Russian Federation
- Tetiana Salyuk, Ukrainian Center for AIDS prevention

The countries where participants of the training courses have come from
Our future successes will depend on a combination of good management and ability to raise funds, flexibility and technical competence to respond to requests and needs in HIV surveillance and an ability to establish productive and lasting national and international collaborative projects.

Our plans for the future are ambitious. They include six training courses in English scheduled to be held in 2009, as well as development of two new courses. In addition, the Centre plans to broaden the geographic scope of its work through initiating collaboration with WHO Regional Office for the Americas (PAHO) and through further developing its collaboration with WHO EURO and EMRO. Finally, in 2009, the Centre plans to hold two training courses in Russian and has been invited to provide assistance to the Kerman University in Iran to raise its capacity in training in HIV surveillance.

We would like to thank all the participants and colleagues who have worked with us and attended our training courses since 2004, all our guest lecturers and Advisory Board members and finally our funders, in particular WHO Regional Offices for EURO and EMRO, WHO Headquarters, the European Commission and GTZ who have made this work possible.