



WHO Collaborating Centre
for HIV Strategic Information



University of California
San Francisco

**WHO COLLABORATING CENTRE FOR HIV STRATEGIC INFORMATION
ANDRIJA ŠTAMPAR SCHOOL OF PUBLIC HEALTH, SCHOOL OF MEDICINE
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In collaboration with

GLOBAL HEALTH SCIENCES, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Training workshop

[Reaching the 90-90-90 targets in key and priority populations: Cascade-driven programmes to improve engagement in HIV prevention and care](#)

15-19 October 2018, Zagreb, Croatia

Learning Objectives

Globally, new infections among key populations (KPs) and their sexual partners account for 36% of all new HIV infections. The HIV response for KPs, including men who have sex with men (MSM), female sex workers (FSW), people who inject drugs (PWID), prisoners and transgender individuals, will play a central role in ending the AIDS epidemic by 2030. However, there remains suboptimal alignment of surveillance and programmatic data, as well as routinely collected medical records to facilitate the reporting of the 90-90-90 indicators for HIV among KPs.

The course will outline key strategies that should be utilized to reach 90-90-90 targets in key and priority populations including:

- Understanding the epidemic - knowing where and how many KP members to reach
- Implementation of evidence-based interventions
- Conducting HIV care cascade analysis and other methods of programme evaluation

Introductory presentations will outline how to construct HIV care cascades in KPs using survey and/or programmatic data. The course will address opportunities for improving the value of integrated bio-behavioral surveys (IBBS) for programme improvement, such as characterizing those reached by the survey, but missed by programmes; using the Internet for recruitment of survey participants, measuring gaps in service delivery, and measuring indicators of the cascade of HIV prevention and care.

Methods of population size estimation, including programmatic mapping will be described as well, as they provide critical information that helps programme planners to understand the location, typologies and operational dynamics of a target population.

The next part of the course will summarize packages of HIV interventions for KPs, focusing on those that enable achieving the epidemic control – pre-exposure prophylaxis (PrEP), novel approaches to HIV testing (including HIV self-testing, partner notification), proactive enrolment into HIV care and interventions that support early ART initiation, retention and viral load suppression (for example, application of eHealth to improve linkage to and retention in HIV clinical care, peer-delivered linkage case management and same day ART initiation, differentiated care models for KPs, etc).

Presentations will also outline components of programmes that aim to engage heterosexual men since in many settings men are more likely to present late to HIV care, and have worse adherence and viral load outcomes.

The third part of the course will present methods of evaluation of HIV programmes, from cross-sectional surveys to randomized trials and other experimental designs. The issues to be addressed include the selection of the study population for evaluation studies, sampling, statistical inference and measuring outcomes and impact.

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

- **Option A** – construct an HIV cascade for a KP (FSW, MSM, PWID, etc.) using most recent data that participants will bring from their countries; and recommend interventions to close the gaps in the cascade
- **Option B** – develop a proposal for an intervention/programme in order to improve specific outcomes in the continuum of HIV care (HIV testing, linkage to care, ART initiation, retention)
- **Option c** – develop an evaluation plan for a programme/intervention (HIV testing, linkage to care, ART initiation, retention, viral load suppression, etc)

Participants will present the results of this work on the final day of the course.

Course objectives:

- Illustrate approaches for constructing and interpreting findings from the cascade analysis
- Learn how to use cascade data to target performance improvement and provide recommendations for the most effective and feasible interventions
- Outline components of comprehensive HIV programmes for MSM, PWID and FSW, including evidence on effectiveness of novel interventions specific for each KP (*proactive enrollment in HIV prevention and treatment using peer-driven linkage, e-health interventions, home-based and community interventions, etc*) and cross-cutting interventions (PrEP and PEP)
- Illustrate different service delivery (DSD) methods – stand-alone clinics, clinics within DICs, mobile/outreach services, private clinics
- Describe methods used to evaluate interventions (programme data, cross-sectional studies, cohort studies, randomized control trials, stepped wedge designs, preference trials and randomized consent designs, pre-post intervention designs, etc.) in KPs

Teaching Methods

The course consists of lectures, exercises and case studies. It is designed to provide participants with practical skills and knowledge in development, implementation and evaluation (including cascade analysis) of HIV interventions in KPs.

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, 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

Course organizers

Lucija Sikic and Jelena Mihaljevic, WHO Collaborating Centre for HIV Strategic Information; training@snz.hr

The course fee is 1000 USD and includes lunches and coffee breaks during the course and course materials. The fee should be paid by October 1st, 2018.

Programme Reaching the 90-90-90 Targets in Key and Priority Populations: Cascade-driven Programmes to Improve Engagement in HIV Prevention and Care	
15 October 2018	
9.00-9.30	Welcome and Introductions
9.30-10.10	Tracking progress towards the 90-90-90 target in key and vulnerable populations
10.10-11.00	Data requirements for construction of HIV care cascades in key populations
11.00-11.20	<i>Break</i>
11.20-12.30	Estimating the number of key populations living with HIV using the ECDC HIV modelling tool
12.30-13.30	<i>Lunch</i>
13.30-14.45	Population size estimation methods (1): multiplier, capture-recapture and network-scale up
14.45 -15.30	<i>Exercise (1): Constructing an HIV care cascade in key populations</i>
15.30-15.50	<i>Break</i>
15.50-16.45	Country presentations (participants)
16 October 2018	
9.00-10.00	Population size estimation methods (2): Programmatic mapping for planning service delivery
10.00-10.50	Improving the value of integrated bio-behavioural surveys for programme improvement
10.50-11.10	<i>Break</i>
11.10-12.00	<i>Exercise (2): Assessing reasons for HIV service gaps across the HIV care cascade in key populations</i>
12.00-12.50	Overview of comprehensive HIV programmes in PWID (1): Examples of topics: Integration of HIV care and addiction treatment; peer-led community-based approaches to increase HIV testing and treatment services; peer navigation/case management services; prevention and treatment services in correctional settings
12.50-13.50	<i>Lunch</i>
13.50-14.40	Overview of comprehensive HIV programmes in PWID (2):
14.40-15.15	Introduction to group/individual work (either on the cascade analysis, development of an intervention for KPs, or intervention/ programme evaluation)
15.15-15.30	<i>Break</i>
15.30-16.30	Group/ individual work

17 October 2018	
9.00-10.00	Overview of comprehensive HIV programmes in MSM – (1): Examples of topics: PrEP; stigma reduction in health care settings; using social networking sites, web-based videos and text messaging to increase testing and retention in care; case-based strengths management to increase ART initiation and retention
10.00-10.50	Overview of comprehensive HIV programmes in MSM – (2):
10.50-11.10	<i>Break</i>
11.10-12.00	<i>Exercise</i>
12.00-12.50	Overview of comprehensive HIV programmes in FSW – (1): Examples of topics: community mobilization and empowerment; violence prevention; PrEP; peer outreach to increase HIV testing; community groups and peer navigators to support linkage to care, ART retention; follow-up appointments
12.50-13.50	<i>Lunch</i>
13.50-14.50	Overview of comprehensive HIV programmes in FSW – (2):
14.50-15.40	Increasing male involvement in the HIV response in countries with substantial epidemics in heterosexual men
15.40-16.45	Group/ individual work
16.00	<i>Break</i>
18 October 2018	
9.00-9.50	<i>Introduction to HIV programme evaluation</i> <i>Using observational study design in evaluation: cross-sectional studies</i>
9.50-10.40	Using observational study design in evaluation: cohort studies
10.40-11.00	<i>Break</i>
11.00-12.00	Using experimental study design in evaluation
12.00-12.50	HIV data synthesis as a programme evaluation tool: examples from generalised and concentrated HIV epidemics
12.50-13.50	<i>Lunch</i>
13.50-16.30	Group/ individual work
15.15	<i>Break</i>
19 October 2018	
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>