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*SUPPORT TO HIV  
SURVEILLANCE IN  
COUNTRIES OF  
CENTRAL AND  
EASTERN  
EUROPE, THE  
NEWLY  
INDEPENDENT  
STATES AND THE  
RUSSIAN  
FEDERATION*

## TARGET 5

### REDUCING COMMUNICABLE DISEASE

*By the year 2000, there should be no indigenous cases of poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella in the Region and there should be a sustained and continuing reduction in the incidence and adverse consequences of other communicable diseases, notably HIV infection.*

## TARGET 35

### HEALTH INFORMATION SUPPORT

*By the year 2000, health information systems in all Member States should actively support the formulation, implementation, monitoring and evaluation of health for all policies.*

## ABSTRACT

The aim of the WHO/GPA Special Project was to help different countries of central and eastern Europe (CCEE), newly independent states (NIS) and the Russian Federation design an appropriate and cost-efficient surveillance system for HIV infection according to WHO/GPA recommendations and according to their countries' specific needs. Two intercountry workshops on surveillance of HIV with the specific objectives of reviewing the basic epidemiological principles underlying HIV surveillance and developing draft protocols for HIV surveillance or revising or further developing existing protocols for HIV surveillance were held during 1995. Participants from Albania, Croatia, the Czech Republic, Poland, Romania, Slovakia, Slovenia and The Former Yugoslav Republic of Macedonia attended the first in Bratislava and participants from Belarus, Estonia, Latvia, Lithuania, the Republic of Moldova, the Russian Federation and Ukraine attended the second in Minsk. Representatives from all invited countries accepted WHO/GPA recommendations for HIV surveillance and felt confident of being able to implement proposed surveillance systems in their countries, although not all of them considered immediate widespread implementation feasible.

Support for the further development and strengthening of methodologically sound and effective surveillance systems for HIV and integration with the surveillance systems for sexually transmitted diseases should be one of the priorities for WHO and UNAIDS.

## Keywords

ACQUIRED IMMUNODEFICIENCY SYNDROME – prevention and control

ACQUIRED IMMUNODEFICIENCY SYNDROME – epidemiology

HIV INFECTIONS – prevention and control

HIV INFECTIONS – epidemiology

POPULATION SURVEILLANCE

CCEE

NIS

RUSSIAN FEDERATION

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**Support to HIV surveillance in countries of central and  
eastern Europe, the Newly Independent States and  
the Russian Federation**

**WHO Global Programme on AIDS Special Project**

**Report**

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## **TARGET 5**

### **REDUCING THE COMMUNICABLE DISEASES**

**By the year 2000, there should be no indigenous cases of poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella in the Region and there should be a sustained and continuing reduction in the incidence and adverse consequences of other communicable diseases, notably HIV infection.**

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**By the year 2000, health information systems in all Member States should actively support the formulation, implementation, monitoring and evaluation of health for all policies.**

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## **ABSTRACT**

The aim of the WHO/GPA Special Project was to help different countries of central and eastern Europe (CCEE), the Newly Independent States (NIS) and the Russian Federation design an appropriate and cost efficient surveillance system for HIV infection according to WHO/GPA recommendations and according to their countries' specific needs. Two intercountry workshops on surveillance of HIV with specific objectives to review basic epidemiological principles underlying HIV surveillance, and to develop draft protocols for HIV surveillance or revise or further develop the existing protocols for HIV surveillance were implemented during 1995. Participants from Albania, Croatia, the Czech Republic, Poland, Romania, the Slovak Republic, Slovenia, and the Former Yugoslav Republic of Macedonia attended the first one in Bratislava and participants from Belarus, Estonia, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, and Ukraine attended the second one in Minsk. Representatives from all invited countries accepted WHO/GPA recommendations for HIV surveillance and felt confident to be able to implement proposed surveillance systems in their countries, however, not all considered immediate widespread implementation feasible.

Support to further development and strengthening of methodologically sound and effective surveillance systems for HIV and integration with the surveillance systems for sexually transmitted diseases should be one of the priorities for WHO and UNAIDS.

## **KEYWORDS**

HIV INFECTION  
SURVEILLANCE  
EUROPE

## CONTENTS

	Page
<b>1. Background</b>	<b>5</b>
1.1. Introduction	5
1.2. WHO/GPA recommendations for HIV surveillance	5
1.3. WHO/GPA activities to support HIV surveillance before 1995	5
1.4. Large-scale HIV testing in many CCEE countries, NIS and the Russian Federation	6
1.5. Special WHO/GPA Project to follow-up Riga initiative to support surveillance of HIV	6
<b>2. Objectives</b>	<b>7</b>
<b>3. Proceedings</b>	<b>8</b>
<b>4. Outcome</b>	<b>8</b>
4.1. Objectives achievement	8
4.2. Participants' evaluation results	9
<b>5. Discussion</b>	<b>9</b>
<b>6. Follow-up</b>	<b>10</b>
<b>7. Recommendations</b>	<b>11</b>
<b>8. Acknowledgments</b>	<b>12</b>
<b>9. References</b>	<b>13</b>
<b>Annex I</b>	<b>Scope and purpose</b>
<b>Annex II</b>	<b>List of participants</b>
<b>Annex III</b>	<b>List of documents used</b>
<b>Annex IV</b>	<b>Evaluation results</b>

## **1. Background**

### **1.1. Introduction**

The surveillance of AIDS cases and of HIV seroprevalence is a critically important public health tool both for monitoring the course of the HIV epidemic and for planning appropriate public health responses (1). AIDS case reporting reflects the transmission patterns of infection approximately 10 years in the past, as well as the current burden of HIV-related morbidity. A carefully designed and properly functioning HIV serosurveillance programme provides data on current trends in the epidemic and on patterns of spread to new areas and populations (1). This information is essential for targeting preventive efforts (1).

### **1.2. WHO/GPA recommendations for HIV surveillance**

As the principal method of data collection for detecting the presence of HIV infection and monitoring its geographic, demographic and temporal spread the Global Programme on AIDS (GPA) of the World Health Organization (WHO) recommends systematic cross-sectional surveying of the prevalence of HIV antibodies in selected (sentinel) populations repeated at intervals (2). To minimize participation bias GPA/WHO recommends unlinked anonymous testing (2).

A training module has been developed by GPA to support the implementation of workshops on HIV sentinel surveillance. Versions in English and Russian are available on request to the GPA unit, WHO Regional Office for Europe.

### **1.3. WHO/GPA activities to support HIV surveillance before 1995**

To promote development of methodologically appropriate and effective surveillance for HIV infection and to assist some countries to make more effective use of resources, by refocusing HIV testing policies in some countries away from mass screening towards access to voluntary confidential testing, GPA implemented two intercountry workshops on surveillance of HIV infection before 1995. The first was held in Ljubljana, Slovenia, 15 - 21 April 1991. Participants from Bulgaria, Czechoslovakia, Hungary, Poland, Romania, Turkey, USSR, and former Yugoslavia attended. The second was held in Kiev, Ukraine, 17 - 21 May 1993. Participants from Armenia, Azerbaijan, Belarus, Estonia, Kazakhstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan attended. In addition, GPA supported two national workshops on HIV surveillance in Hungary and Bulgaria in 1994.

According to available information few CCEE countries and no countries from NIS and the Russian Federation developed surveillance for HIV infection based on

WHO/GPA recommendations after the above mentioned workshops. According to the information in the European HIV seroprevalence database updated in May 1994 systematic cross-sectional surveying of the prevalence of HIV antibodies in selected populations repeated at intervals, with unlinked anonymous testing was conducted only in hospitalized patients in Bulgaria and in prisoners in Slovak Republic (3). Unlinked anonymous testing of patients with sexually transmitted diseases and pregnant women for HIV for surveillance purposes has been conducted in Slovenia since 1993 (4).

#### **1.4. Large-Scale HIV testing in many CCEE countries, NIS, and the Russian Federation**

Many countries of central and eastern Europe (CCEE), the newly independent states (NIS) and the Russian Federation introduced large-scale screening for HIV infection during the eighties. Several objectives, including: the diagnosing symptomatic and asymptomatic HIV infection (identification of "carriers"); the provision of safe blood, blood products, donated tissues, and organs; and epidemiological surveillance, were attempted to be achieved with these testing activities. In former USSR 17 different population groups were identified for mandatory testing (Goliusov, personal communication, 1995). During recent years, many of these countries have managed to decrease significantly the number of annually performed HIV tests. In Estonia, for example, the number of tests for HIV performed yearly reached its peak in 1990, with 277411 tests and then gradually decreased with each year to 141087 in 1994 (Martin, personal communication, 1995). Similarly, there was a decrease in the number of tests performed in Ukraine from approximately 8000000 in 1992 to 4008031 in 1994 (Sherbinskaya, personal communication, 1995) and in Russian Federation from approximately 25000000 in 1993 to approximately 21000000 in 1994 (Goliusov, personal communication, 1995), to mention only some. As the prevalence of HIV infection in most mandatory tested populations is very low, this large-scale testing resulted in ineffective use of available resources. Cost per identified case of HIV infection was extremely high. For example, direct cost of only testing kits used per one diagnosed HIV infection in 1994 was estimated to be 120000 \$ in one country (in Sherbinskaya, personal communication, 1995).

#### **1.5. Special WHO/GPA Project to follow-up Riga initiative to support surveillance of HIV**

GPA considered the support to development of effective surveillance systems or revision of existing ones in CCEE, NIS, and Russian Federation a priority. Also in view of existing massive testing approaches to surveillance of HIV in several CCEE, NIS, and Russian Federation, assistance to these countries to refocus testing policies away from mass screening and towards access to voluntary testing and more effective use of available resources was considered a high priority.

One of the Riga initiatives on HIV/AIDS prevention for the countries of central and eastern Europe was to further support the development of effective surveillance systems (5) and the countries of central and eastern Europe agreed "to establish systems of serosurveillance to monitor the HIV epidemic" with the Riga Statement on HIV/AIDS in 1993 (6).

On the basis of Agreement between the World Health Organization and the Government of Switzerland represented by the Swiss Cooperation Office for Eastern Europe, resources were provided for Global Programme on AIDS Special Project: Implementation of Riga Initiative. One of the activities planned was organization of intercountry workshops on surveillance of HIV infection for several CCEE, NIS and Russian Federation.

## **2. Objectives**

The overall aim of the WHO/GPA Special Project with regard to surveillance of HIV infection was to help different CCEE, NIS and Russian Federation design appropriate and cost efficient surveillance system for HIV infection according to WHO/GPA recommendations or appropriately revise or further develop the already existing HIV surveillance systems based on country specific needs. Scope and purpose outlines for both workshops are available in Annex I.

Specific objectives for the two intercountry workshops held in 1995 were: to review basic epidemiological principles underlying HIV surveillance, and to develop draft protocols for HIV surveillance or revise or further develop the existing protocols for HIV surveillance for all participating countries.

Additional objective was to train facilitators speaking Russian and English to be available for the second of the two intercountry workshops, which was conducted in Russian, and for the additional two national workshops planned for Georgia and Russian Federation, and also to increase the pool of potential trainers for HIV/AIDS surveillance, to be available to provide technical assistance to NIS and Russian Federation, where Russian may be the preferred working language.

### **3. Proceedings**

Both intercountry workshops on HIV surveillance were planned in close collaboration with the Surveillance Evaluation and Forecasting Unit team of the Division of Technical Cooperation, WHO, Headquarters. Dr. Paul Sato was the course director for both.

The first workshop was conducted in Bratislava, Slovak Republic, from 1 to 8 March 1995. Participants from Albania, Croatia, the Czech Republic, Poland, Romania, the Slovak Republic, Slovenia, and the Former Yugoslav Republic of Macedonia were invited. The working language was English. The second workshop was conducted in Minsk, Belarus, from 29 March to 5 April 1995. Participants from Belarus, Estonia, Latvia, Lithuania, Moldova, Russian Federation, and Ukraine were invited. The working language was Russian.

The two invited participants from each participating country were expected to be: first the public health professional/epidemiologist responsible for development, implementation and monitoring AIDS/HIV surveillance at national level and secondly the individual with administrative responsibility for the national AIDS programme or the senior person responsible for HIV laboratory testing at the national level. List of participants for both workshops are available in Annex III.

Both workshops were preceded by 2 days pre-meeting for facilitators, for the purpose of briefing them on WHO/GPA recommendations on surveillance of HIV infection duties of facilitators, and gaining in depth knowledge of the training module as well as background reading materials.

The GPA/WHO training module developed at WHO Headquarters was used for both intercountry workshops. The list of all documents including the background materials that were used is available in Annex IV. Already available Russian translation of the training module was updated and some additional background reading materials were translated into Russian to be used for the second.

### **4. Outcome**

#### **4.1. Objectives achievement**

All objectives have been achieved with both intercountry workshops. Representatives from all invited countries participated and drafted protocols for surveillance of HIV infection according to their countries specific needs, except for representatives from Slovenia, where sentinel HIV surveillance with unlinked anonymous testing has already been implemented since 1993. All participants accepted WHO/GPA

recommendations for HIV surveillance, although not all considered immediate and widespread implementation to be feasible.

Several facilitators speaking Russian and English have been successfully trained (see the lists of temporary advisers for both intercountry workshops in Annex III).

For longer term evaluation of achievements of both intercountry workshops on surveillance of HIV infection we will have to wait for the implementation of proposed sentinel surveillance systems and the use of results for decision making in national AIDS Programmes.

#### **4.2. Participants' evaluation results**

Both intercountry workshops were assessed with anonymous questionnaire completed by participants. Detailed results are available in Annex 5. The response was 77% for the workshop in Bratislava and 93% for the workshop in Minsk. All participants who responded, except for one, felt that the objectives of the workshop applied to their actual responsibilities. All thought that it was useful to draft the protocols for HIV surveillance for their countries. All felt confident to be able to potentially apply the proposed surveillance systems for HIV in their countries. Many participants stated that the workshops were a good opportunity to meet colleagues from other countries working in the same field and sharing the knowledge, experiences, and ideas how to improve their work. The existing policies for mandatory testing of large population groups in many countries were most often cited as the potential barrier for the implementation of the proposed HIV surveillance.

### **5. Discussion**

Recent political, social and economical changes have resulted in a sharp increase in mobility, e.g. tourism, trade and external migration in central and eastern Europe. The injecting drug use and male and female prostitution is increasing. All this may provide for more rapid spread of HIV infection in many populations at higher risk. The approaches for surveillance of HIV infection developed years ago have to be reviewed for appropriateness and cost efficiency and revised as needed. Testing activities for the purpose of surveillance may have to be disentangled from those for the purpose of case identification, as joining both objectives in one testing activity may hamper the needed accuracy of information for surveillance purposes. Also, for cost efficiency purposes, surveillance activities should be targeted to the populations at higher risk and for the purpose of minimizing the participation bias the unlinked anonymous testing method, where blood samples taken for other diagnostic purposes are tested for HIV only after unlinking all identifying information, is recommended. In parallel, easy access to voluntary confidential and anonymous testing should be provided. Also the need for most

of the available resources to be allocated for activities that prevent new infections should be recognize.

In view of still extensive testing for HIV in some of CCEE, all NIS, and Russian Federation, and the existing supporting structures, the efforts for more effective use of available resources and to refocus testing policies away from mass screening and towards development of effective surveillance systems and access to voluntary testing will require time, strategy planning, and further support from WHO/GPA..

Large-scale testing for HIV infection of many different populations in many CCEE, NIS, and the Russian Federation, may not have resulted in most accurate reflection of the HIV epidemic, since it is likely that persons with high risk behavior evaded testing. Also, massive testing by itself can not prevent new infections and may detract resources from efficient prevention interventions, create false sense of security in the population at large, and increase distrust and fear among groups most vulnerable to HIV infection.

The fact of presently low prevalence of HIV infection in most of the tested populations in many CCEE, NIS, and Russian federation seems to have generated some doubts about the efficiency of low sample sizes of surveyed sentinel populations promoted by WHO/GPA recommendations for HIV surveillance. However, the proposed sample sizes of up to 400, enable rapid and cost efficient assessment in several sentinel populations and sites and give relatively high precision of estimates also in very low prevalence situations.

The adoption of the Federal Law on the Prevention of the Spread in the Russian Federation of Disease Caused by the Human Immunodeficiency Virus (HIV-Infection) in April 1995 provides basis for voluntary confidential and anonymous testing with informed consent and keeps mandatory testing only for some groups of professionals to be defined by the government in addition to mandatory testing of donors of blood, biological fluids, organs, and tissues. The new law provides basis for regulations on HIV surveillance which is expected to be endorsed by the Russian Federation government by 1 August 1995, which may provide grounds for the development of more effective surveillance of HIV infection.

## **6. Follow-up**

In support of the implementation of some pilot sentinel HIV surveillance surveys in eastern and central Europe, the SEF Unit of the Division of Technical Cooperation, GPA, WHO, Headquarters, proposed to several countries to provide core funding under a WHO Agreement for Performance of Work (APW) contract. The preliminary, draft, protocols for implementing or strengthening sentinel HIV surveillance prepared by participants from these countries during the workshop will however have to be finalized and approved by national authorities. Among other criteria to be fulfilled for proposed

APW contracts are also the choice of no more than two sentinel populations, no more than 5 separate clinics or health facilities during any one cross-sectional survey and the use of unlinked anonymous testing for HIV antibodies of blood originally collected for other purposes.

The SEF Unit of the Division of Technical Cooperation, GPA, WHO, Headquarters, will also support further updating of the Russian version of the training module for the workshops on surveillance of HIV infection.

Technical support will be provided by GPA for national workshops on HIV surveillance which are planned in 1995 in Albania, Georgia, Russian Federation, and Ukraine. During the workshops in Albania and Ukraine further development and finalization of the protocols for surveillance of HIV drafted during the intercountry workshops is anticipated. With both workshops additional national professionals will be briefed on sentinel surveillance for HIV infection and also partly trained before actual implementation. For the national workshop in Russian Federation, that has been planned to be implemented in Saratov, it is expected that larger teams from those regions or territories where the pilot sentinel HIV surveillance projects are expected to be implemented first will attend. These would probably include teams from Moscow, St Petersburg, and Murmansk. Thus, the protocols for pilot projects could be finalized during this workshop and implemented in the nearest future. Further, professionals with practical experience from pilot projects could later be available as trainers.

Further support will be provided by GPA to all CCEE, NIS, and Russian Federation in their efforts to appropriately change the legislation and policies relevant to HIV surveillance. Support has already been offered to the government of Russian Federation in the formulation of new regulations concerning surveillance of HIV infection.

## **7. Recommendations**

Legislation on HIV testing should generally aim to provide the conceptual basis for sentinel HIV surveillance, in order to allow greater flexibility. In this way, surveillance in different states and territories may be better tailored to their specific conditions, which may furthermore change over time. In consequence, and particularly at this stage of the epidemic, it may be counterproductive in many circumstances to attempt detailed legislation, specifying for example population to be tested, or specific areas to be targeted, as this may hamper the flexibility of sentinel surveillance to respond to changing needs.

Support to further development and strengthening of methodologically sound and effective surveillance systems for HIV and integration with the surveillance systems for sexually transmitted diseases should be one of the priorities for the future UNAIDS Programme.

For longer term follow-up of the impact of the two intercountry workshops on surveillance of HIV implemented under the Special WHO/GPA Project, it is proposed that GPA, or successor programme, organizes a follow-up in 1996 for the representatives of relevant countries to share the results, identify possible barriers for further development of the HIV surveillance systems, and develop plans of action to straighten and implement HIV sentinel surveillance.

A systematic overview of the existing surveillance systems for HIV in CCEE, NIS, and Russian Federation would facilitate planning the strategy for further support activities.

Further capacity building in AIDS/HIV relevant epidemiology in these countries, such as improving data management, data interpretation, constructing country estimates for HIV prevalence, forecasting future burden of the HIV epidemic, strengthening STD surveillance, establishing the monitoring of priority preventive indicators, and strengthening AIDS and STD relevant behavioural research should be encouraged.

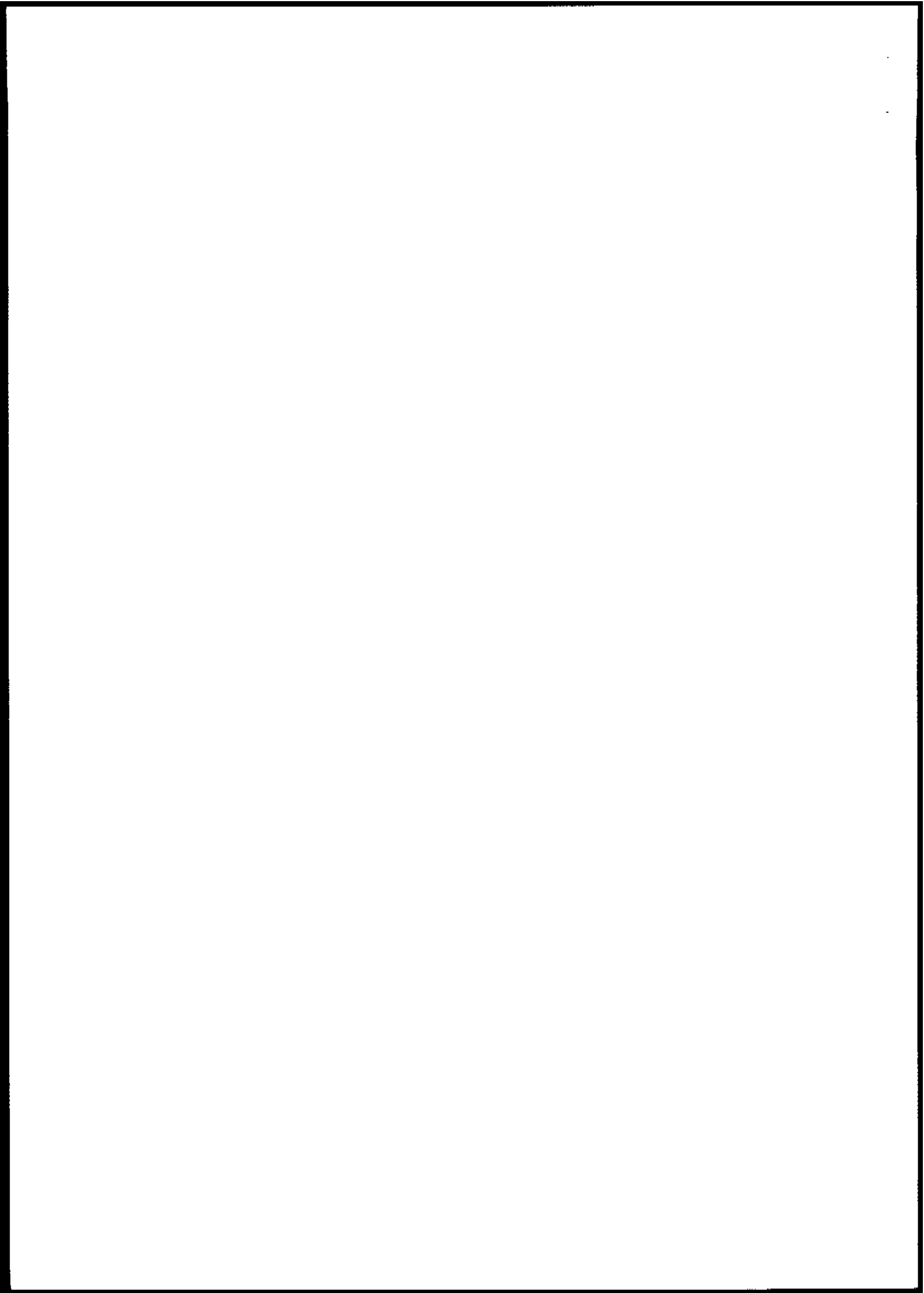
## **8. Acknowledgments**

WHO/GPA would like to thank the Government of Switzerland represented by the Swiss Cooperation Office for Eastern Europe for the resources provided for Global Programme on AIDS Special Project: Implementation of Riga Initiative. Through this support GPA/EURO was able to organize the two intercountry workshops on surveillance of HIV infection for several CCEE, NIS and Russian Federation.

The GPA Unit WHO Office for Europe wishes to thank the Surveillance Evaluation and Forecasting Unit team of the Division of Technical Cooperation, WHO, Headquarters and especially Dr. Paul Sato, the course director for both workshops for excellent collaboration in planning and implementation, which was essential for the successful outcome of both intercountry workshops. We would also like to thank all temporary advisers for their important contribution that made implementation of both workshops possible.

## 9. References

- (1) Guidelines for HIV/AIDS surveillance and AIDS case definitions in adults. The report of a WHO Consultation to Review the Priorities for Surveillance of HIV/AIDS and AIDS Surveillance Case Definitions. Geneva, WHO, Headquarters, 1992 (document ERF/RES/GPA/8.3.93).
- (2) Unlinked Anonymous Screening for the Public Health Surveillance of HIV Infections. Proposed International Guidelines. Geneva, WHO, 1989 (document GPA/SFI/98.3).
- (3) European HIV Prevalence Database. Updated Version May 1994. Paris, European Centre for the Epidemiological Monitoring of AIDS, WHO-EC Collaborating Centre on AIDS, 1994.
- (4) Klavs I, Kristancic L, Piskur Kosmac D. Unlinked anonymous HIV prevalence monitoring of pregnant women and STD patients in Slovenia: Results for 1993. *Zdrav Vestn* 1994; 63: 659-63.
- (5) The Riga Initiative: A call for Action. Global Programme on AIDS Special project. Initiative on HIV/AIDS Prevention for the countries of central and eastern Europe 1993-1996. Copenhagen, WHO, Office for Europe, 1993 (document number ICP/GPA 297/6).
- (6) Investment in Health. A Meeting of Ministers of Health and Finance on the Prevention of HIV/AIDS in the countries of central and eastern Europe. Riga, Latvia, 1-2 April 1993. Copenhagen, WHO, Office for Europe, 1993 (document ICP/GPA 297/5).



Intercountry Workshop on  
Surveillance of HIV Infection

ICP/GPA 245W

### PROVISIONAL SCOPE AND PURPOSE

The surveillance of AIDS cases and of HIV seroprevalence is a critically important public health tool both for monitoring the course of the HIV epidemic and for planning appropriate public health responses. While AIDS case reporting reflects the transmission patterns of infection approximately 10 years in the past, as well as the current burden of HIV-related morbidity, a carefully designed and properly functioning HIV serosurveillance programme provides data on current trends in the epidemic and on patterns of spread to new areas and populations. This information is essential for targeting preventive efforts.

Recognizing this, the countries of central and eastern Europe agreed "to establish systems of serosurveillance to monitor the HIV epidemic" with the Riga Statement on HIV/AIDS in 1993.

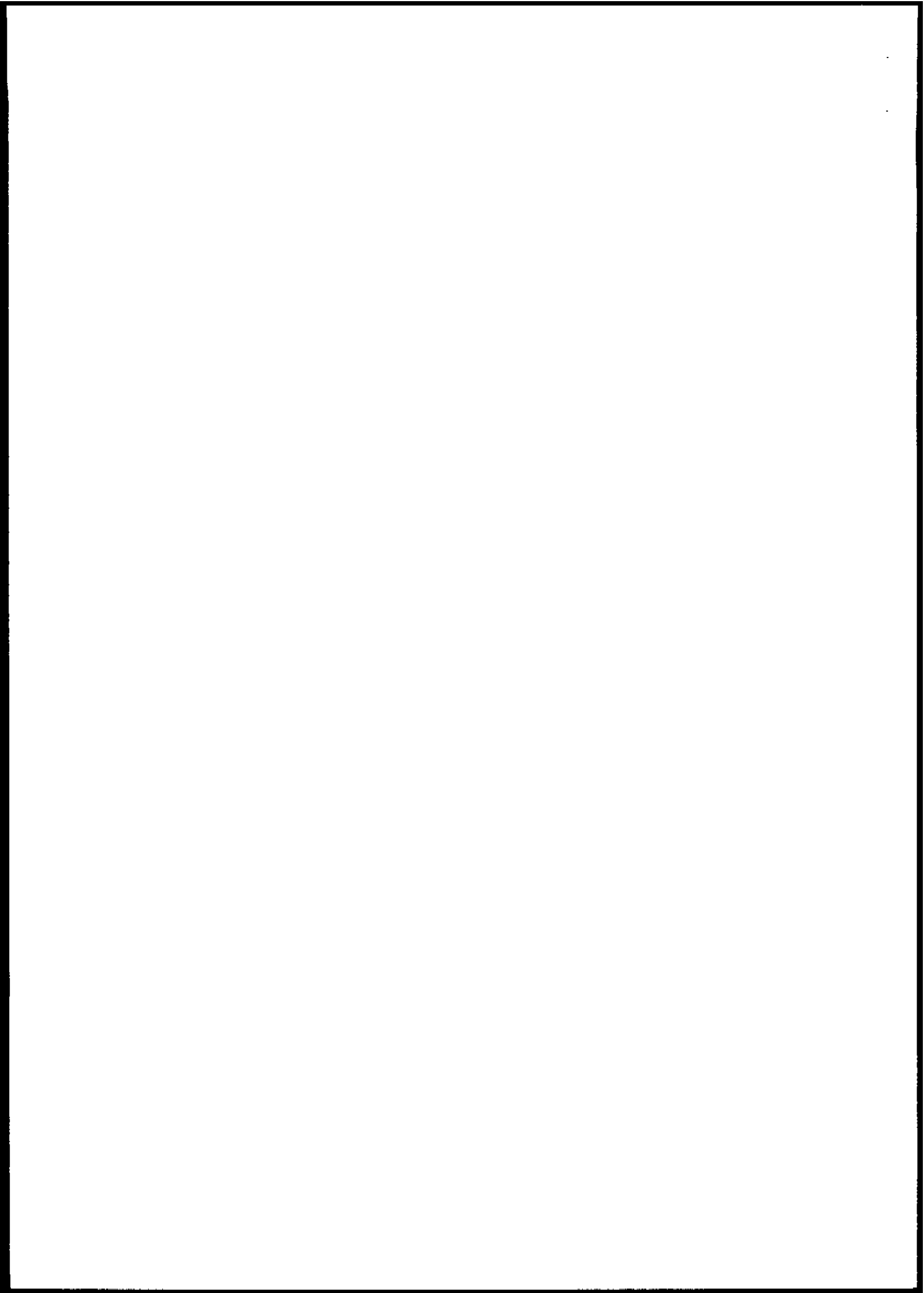
As the principal method of data collection for detecting the presence of HIV infection and monitoring its geographic, demographic and temporal spread the Global Programme on AIDS (GPA) of the World Health Organization (WHO) recommends systematic cross-sectional surveying of the prevalence of HIV antibodies in selected (sentinel) populations repeated at intervals. To minimize participation bias GPA/WHO recommends unlinked anonymous testing.

The overall aim of the workshop will be to help participants to design an appropriate surveillance system for HIV infection or appropriately revise or further develop the already existing one based on their country specific needs.

**The objectives of the workshop will be as follows:**

- **to review basic epidemiological principles underlying HIV surveillance, and**
- **to develop draft protocols for HIV surveillance or revise or further develop the existing protocols for HIV surveillance for all participating countries.**

The two invited participants from each participating country are expected to be: first the public health professional/epidemiologist responsible for development, implementation and monitoring AIDS/HIV surveillance at national level and secondly the individual with administrative responsibility for the national AIDS programme or the senior person responsible for HIV laboratory testing at the national level.



Intercountry Workshop on  
Surveillance of HIV Infection  
Bratislava, the Slovak Republic, 1-8 March 1995

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Surveillance of HIV Infection  
Minsk, Belarus 29 March - 5 April 1995

ICP/GPA 245W  
ENGLISH ONLY

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**Intercountry workshop on surveillance of HIV infection  
List of working papers and background materials**

FG - A guide to discussions: Pre-workshop facilitator's meeting: Intercountry Workshops on HIV Surveillance. Geneva, World Health Organization, 1991 (Draft)

**I. Training Module: The surveillance of HIV Infection: Geneva, World Health Organization, 1993 (Draft) ( in Russian 1992 version )**

1. Section 1: Key epidemiologic concepts
2. Section 2: Choosing the best HIV surveillance method
3. Section 3: Designing the protocol for sentinel HIV surveillance in A-land
4. Answers to exercises
5. Annex A: Method for calculation of the predictive value of laboratory tests for detecting HIV infection
6. Annex B: Sampling strategies for HIV surveillance
7. Annex C: Recommended outline for a protocol and plan of action for HIV surveillance
8. Annex D: Example: Calendar plan of action for implementing sentinel HIV surveillance
9. Annex E: Example: Job description for health workers participating in sentinel HIV surveillance

**II. Sato P. AIDE - MEMOIRE: Sentinel HIV surveillance (version 1.0, August 1994)**

**III. Field guidelines for sentinel HIV surveillance: A manual for national AIDS prevention and control programmes. Geneva, World Health Organization, 1991 (Draft)**

Appendix I: Worksheet: Points for consideration in the elaboration of a protocol for sentinel HIV surveillance

**IV. Background reading material:**

Unlinked anonymous screening for the public health surveillance of HIV infections: proposed international guidelines. Geneva, World Health Organization, 1989 (GPA/SFI/89.3)

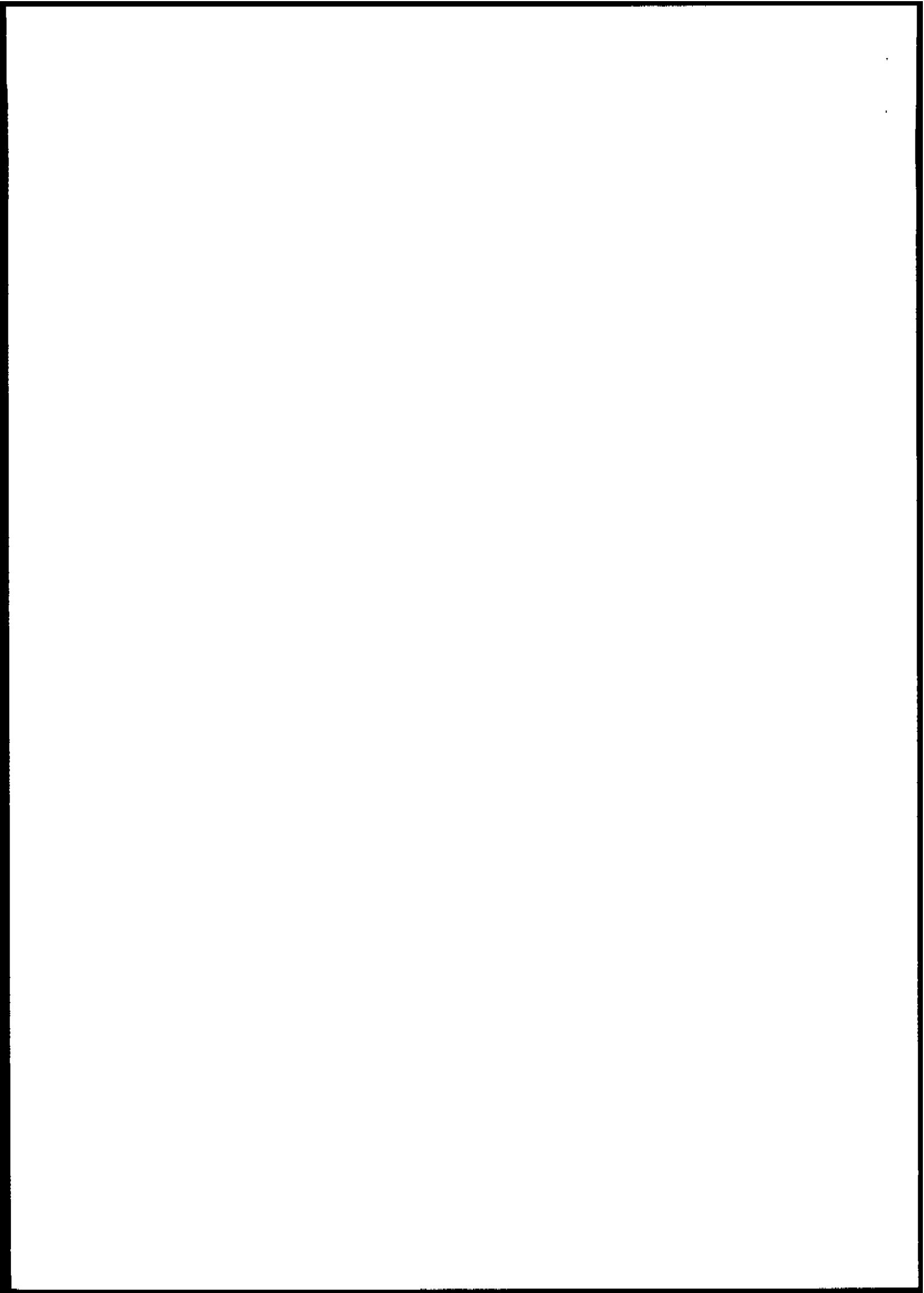
Sato PA, Maskill WJ, Tamashiro H, Heyman DL. Strategies for laboratory HIV testing: an examination of alternative approaches not requiring Western blot.

Global Programme on AIDS: Report of the meeting on HIV sentinell surveillance - Dakar, Senegal 14-18 December 1991 Geneva, World Health Organization, 1992 (GPA/CNP/EVA/92.2)

Statement from the consultation on testing and counselling for HIV infection. Geneva, World Health Organization, 1993 (WHO/GPA/INF/93.2)

Riga statement on HIV/AIDS in the countries of central and eastern Europe (ICP/GPA 297/5)

Global Programme on AIDS: The HIV/AIDS pandemic: 1994 overview. Geneva, World Health Organization, 1994 (WHO/GPA/TCO/SEF/94.4)



## EVALUATION RESULTS

## Intercountry workshops on surveillance of HIV infection

	Bratislava Slovak Republic 1 - 8 March 1995		Minsk, Belarus 29 March-5 April 1995	
	Participants:	15	Participants:	23
	Observers:	7	Observers:	5
	Total:	22	Total:	28
	Response:	17 (77%)	Response:	26 (93 %)
Scoring:	Strongly agree:	4		
	Agree:	3		
	Disagree:	2		
	Strongly disagree:	1		
	Mean	Standard deviation	Mean	Standard deviation
Overall the workshop was well organized	3.5	0.6	3.6	0.6
My interest was kept by:				
plenary sessions	3.4	0.5	3.4	0.5
group work/discussions	3.4	0.5	3.6	0.5
reporting on group work/discussions	3.3	0.5	3.4	0.6
protocol sessions	3.4	0.5	3.4	0.5
Enough time was given for:				
plenary sessions	3.4	0.6	3.3	0.7
group work/discussions	3.5	0.5	3.5	0.5
reporting on group work/discussions	3.4	0.5	3.5	0.5
protocol sessions	3.2	0.6	3.5	0.5
individual work	3.1	0.7	3.3	0.7
The facilitators				
explained well the presented concepts	3.3	0.9	3.8	0.4
used language that could be understood	3.3	0.6	3.6	0.5
were available to answer questions	3.4	0.6	3.7	0.5
helped drafting the protocol	3.2	0.8	3.7	0.5
Following parts of the training module were useful				
Section 1: Key epidemiologic concepts	3.6	0.5	3.3	0.5
Section 2: Choosing the best HIV surveillance method	3.5	0.5	3.4	0.6
Section 3: Designing a protocol for sentinel HIV surveillance in A-land	3.4	0.5	3.4	0.5

Bratislava  
Slovak Republic  
1 - 8 March 1995

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Participants:  
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Participants: 23  
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Response: 26 (93 %)

Scoring: Strongly agree: 4  
Agree: 3  
Disagree: 2  
Strongly disagree: 1

	Mean	Standard deviation	Mean	Standard deviation
It was useful to draft the protocol for HIV surveillance for my country	3.5	0.5	3.4	0.5
The length of the workshop was:				
just about right	3.0	1.1	3.5	0.6
too short	2.1	0.7	1.5	0.5
too long	3.3	0.9	2.6	1.1
The workshops objectives apply to my actual responsibilities	3.8	0.4	3.5	0.6
I feel confident to be able to apply the concepts and skills I have learned	3.8	0.4	3.5	0.5
I feel confident we will be able to apply the drafted protocol for HIV surveillance	3.6	0.6	3.4	0.5

**Major barriers identified for not feeling confident to be able to apply the drafted protocol for HIV serosurveillance in a country:**

- 5 existing legal policy
- 4 existing system of mandatory testing
- 1 new approach to the epidemiological surveillance
- 2 difficulties in reorienting medical staff
- 1 financial problems
- 1 low HIV prevalence

**One good thing about the workshop:**

- 4 communication with colleagues from various countries
- 2 communication with WHO staff
- 3 high level of professionalism of the course facilitators
- 3 meticulous following of the workshop programme
- 5 high methodological level
- 3 good discussions in working groups
- 3 new approach to the epidemiological surveillance
- 1 drafting the protocol enables to start immediately after return
- 3 highly effective methods of training
- 2 good management of the workshop

**One thing that was not good about the workshop:**

- 7 the workshop was too long
- 1 too few examples on the sentinel surveillance in different countries
- 1 not enough lectures
- 1 unsatisfactory simultaneous translation during the first day
- 4 no failures
- 2 examples in the module are for the countries with high HIV prevalence level
- 2 would be useful to have Russian and English glossary
- 2 there was no day off

**Suggestions for improving future workshops:**

- 2 not to repeat in plenary sessions the material discussed within groups
- 1 consider the educational background of the participants
- 1 recognize the necessity to stage introduction of the new methods for the epidemiological surveillance
- 1 staging the workshop in consideration of participants background
- 2 develop a module applicable to the countries with a low HIV prevalence
- 1 the module should be shorter and tailored to the particular professionals
- 2 materials should be available to the participants before the workshop
- 1 improve the translation from English
- 1 Baltic countries should have a separate workshop
- 1 to repeat the workshop after 6 to 9 months when the participants will gain practical experience
- 1 improve workshop management