

## SUMMARY OF KEY ISSUES FROM THE CONFERENCE

*Dr. Timothy Brown of the University of Hawai'i summarized the key issues from the conference.*<sup>67</sup>

The context of the conference was an era of expanding resources and an era of increased demands on surveillance systems. These demands include better estimates and projections, better assessment of countries' needs, better evaluations of the impact of programs and better responses. Specifically, the system needs to be modified to address the impact of widespread ART.

In reviewing the conference, he compared the consensus reached in Addis Ababa with the consensus on treatment reached at the Durban international AIDS conference. This consensus includes offering populations under surveillance the prevention and care programs and services that are their right, collecting the data needed to guide and direct programs intelligently, analyzing the data that we do collect and forming links to prevention and care programs. Moreover, budgetary constraints that interfere with these obligations are unacceptable and unethical. Expanded budgets will be needed if this job is to be done correctly, but the budget will pay off in improved prevention and care. Capacity for improved and integrated surveillance, however, is the real rate-limiting step, including capacity at national, international and regional levels, capacity to provide prevention and care services and capacity in data collection, data use, data analysis and data advocacy. Finally, he observed that surveillance has had a huge impact on how the HIV epidemic has been managed. It has kept the epidemic in the spotlight and led to the mobilization of massive resources. However, to do the job better than we have done in the past will require demands for resources and the resolution that every piece of data collected will contribute to reducing new infections and helping people with HIV obtain the support and services they need.

Dr. Brown's presentation was followed by a series of concluding remarks by representatives of the organizations that sponsored the conference. Dr. Novak said that the present surveillance system is incomplete and needs to be improved, but that resources are finite and the challenge is to make surveillance adequate for the job. He stressed that a series of interim medium-term steps were needed to work up to standards and that guidance was needed on the most appropriate interim steps to be able to measure Millennium Development Goals, the UNGASS, 3x5 and PEPFAR goals.

Dr. Stefan Wiktor of CDC GAP reflected that the goals of the conference had been broad – to update, to provide future directions for research and guidelines and to produce a series of peer-reviewed journal articles on the state-of-the-art in HIV surveillance. The issues that he saw emerging from the conference were the use of programmatic data and the narrowing gulf between surveillance and programmatic data, new approaches to surveillance and major initiatives on measuring the impact of multilateral and bilateral initiatives.

Dr. Ghys summarized that the purpose of surveillance is to target programs and to monitor progress. The old surveillance strategies are still valid but can be improved, but the new reality is how surveillance will effect prevention programs. A better job needs to be done analyzing and using surveillance data and linking them with monitoring and evaluation and with health economics and financial flow information. With surveillance comes a responsibility for dissemination and communication, and policy advocacy is one of the best uses of surveillance data. UNAIDS will continue to work with partners to develop its surveillance tools further, it will conduct training and it will continue its Working Group on Global Surveillance for HIV and STIs to provide guidance.

Dr. Sutherland reiterated the context of the 3x5 initiative, moving the number of persons on ARVs from 400,000 to 3 million by 2005, which is approximately half of what is really needed. He saw their being agreement among WHO, USAID and the United States government on connecting surveillance with the monitoring process, and he closed his remarks by commenting on the impressive capacity at the national level.

H.E. Dr. Kebede Tadesse, the Minister of Health of Ethiopia, closed the conference with a call for “evidence-based resource allocation”.

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## **LIST OF CONFERENCE PARTICIPANTS**

Dr. Shabbir Ismail Abbas  
Surveillance Medical Epidemiologist  
CDC-Ethiopia

Dr. Almaz Abebe  
Overall Focal Person for ECPAS/EHNRI Project  
EHNRI-Ethiopia

Mr. John Aberle-Grasse  
Epidemiologist  
CDC-Malawi

Mr. Getachew Aberra  
Dean & Teacher  
AAU-Ethiopia

Dr. Yodit Abraham  
Dean of College of Health Sciences Defence University  
Defence College of Health Sciences

Mr. Tsedale Addissu  
Head of Hospital Laboratory & Surveillance Focal Person  
BGRHB-Ethiopia

Ms. Emebet Admassu  
Programme Officer  
UNAIDS-Ethiopia

Mr. Alex Owiredu Adu  
First Secretary  
Ghana Embassy

Mrs. Perpetua Agbi  
Scientific Officer/Epidemiologist  
FMOH-Nigeria

Mr. Jelaludin Ahmed  
Statistician  
CDC-Ethiopia

Dr. Priscilla Akwara  
M & E Specialist  
Macro International Inc.-USA

Mr. Mengist Alebachew  
Laboratory Head  
Federal Police-Ethiopia

Dr. Achamyeleh Alebachew  
AARHB-Ethiopia

Dr. Ahmed Ali  
University Instructor  
AAU-Ethiopia

Dr. Mohammed Ali Mahdi  
Technical Officer  
CDC-Ethiopia

Dr. Amha Aseffa  
General Manager  
Global Diagnostic Laboratory

Dr. Yigeremu Asemere  
Consultant  
CDC

Dr. Jeffrey Ashley  
Director, Regional Office of HIV/AIDS  
USAID REDSO-Kenya

Mr. Aklilu Asrat  
Information Technology Specialist  
CDC-Ethiopia

Dr. Sahilu Assegid  
HIV/AIDS Focal Person  
GRHB-Ethiopia

Dr. Enias Baganizi  
Medical Epidemiologist  
NCHSTP/GAP, USA

Dr. Seifu Bahiru  
Federal Police Hospital-Ethiopia

Dra. Itza Barahona  
Jefa del Dept. de Vigilancia Epidemiologica  
MOH-Panama

Dr. Draurio Barreira  
Head of Epidemiology Unit of Brazilian AIDS Program  
MOH-Brazil

Prof. Ronald Bayer  
Columbia University-USA

Dr. Abeba Bekele  
Officer  
CDC-Ethiopia

Dr. Lulu Bekena  
HIV/AIDS Unit Expert  
HRHB-Ethiopia

Dr. Mahdi Bekri  
Training Officer  
EPHA-CDC-Ethiopia

Mr. Asefa Belaineh  
R/Lab Head  
Harar R.Lab

Mr. George A.F. Bello  
Epidemiologist  
MOH & Population-Malawi

Dr. Frehiwot Berhane  
EPHA-CDC-Ethiopia

Mr. Achallu Beyene  
Program Assistant  
CDC-Ethiopia

Dr. Madhulekha Bhattacharya  
Professor & Hod Deptt of Cha & Epidemiology  
National Institute of Health & Family Welfare

Mr. George Bicego  
Senior Demographer  
CDC-ATL-USA

Mr. Ties Boerma  
Director  
WHO Switzerland

Dr. Ivana Bozicevic  
LSHTM-UK

Dr. Bernard Branson  
Chief, Lab. Determinants & Diagnostics  
CDC-ATL-USA

Dr. Timothy Brown  
Senior Fellow  
East-West Center-USA

Ms. Stephanie Broyles  
Epidemiologist  
NASTAD-USA

Dr. Bates Buckner  
Research Associate  
UNC-USA

Dr. Txema Calleja  
WHO Switzerland

Dr. Cesar Carcamo  
Cayetano Heredia University

Dr. Jeanne M. Courval  
Epidemiologist  
NHRC/DOD/CDC/RTI

Mr. Peter Crippen  
Public Health Advisor  
CDC-ATL-USA

Dr. Paloma Cuchi  
Regional Adviser HIV  
UNAIDS/PAHO-USA

Dr. Celestin Ehui Damoh  
Director of Monitoring & Evaluation of AIDS  
Ministry of AIDS

Dr. Margaret Davis  
Director  
CDC-GAP-Malawi

Dr. Kevin DeCock  
CDC-Kenya

Dr. Fernando del Castillo  
Epidemiologist  
CDC-Angola

Ms. Beatriz Delgado  
Responsable Vigilancia Epid. VIH/SIDA  
MOH-Nicaragua

Mr. Donald Demana  
M & E Specialist  
CDC-South Africa

Dr. Ouman Dembele  
Chef, Unite Surveillance Epidemiologique  
MOH-Mali PNLIS

Dr. Austin Demby  
Team Leader-Lab Support  
CDC-ATL-USA

Capt. Berkie Deremo  
Senior Lab. Technician  
Armed Forces General Hospital

Dr. Theresa Diaz  
Team Leader, Surveillance  
CDC-ATL-USA

Mr. Tesfaye Dinku  
Lab. Technologist  
GRHB-Ethiopia

Dr. Jean Marc Djoman  
MOH-Cote d'Ivoire

Dr. Timothy Dondero  
Medical Epidemiologist  
CDC-ATL-USA

Dr. Kunombo A. Ekra  
Team Leader Surveillance  
CDC-Cote d'Ivoire

Dr. Endale Engida  
ARHB-Ethiopia

Dr. Ginamarie Foglia  
US-Army HIV/AIDS Prog.-Kenya

Mr. Timothy Fowler  
Chief, Health Studies Branch  
International Programs Center

Dra. Maria Lucia Furtado  
NACP-Angola

Mr. Nesreddin Futwi  
Immunology Expert  
THB-Ethiopia

Dr. Mekonnen G/Selassie  
Head, Regional Laboratory  
AARHB-Ethiopia

Dr. Tesfai Gabre-Kidan  
ITECH Senior Consultant to CDC  
ITECH-UW-USA

Mr. Alemayehu Gebre  
Health and Nutrition Statistics Senior Expert  
CSA-Ethiopia

Dr. Guy-Michel Gershy-Damet  
Regional Adviser  
WHO-Zimbabwe

Dr. Abera Geyid  
Director & Senior Microbiologist Researcher  
EHNRI-Ethiopia

Dr. Peter Ghys  
Manager, Epidemic & Impact Monitoring  
UNAIDS-Switzerland

Dr. Asaminew Girma  
Focal Person for ECPAST-STI Research Team  
EHNRI-Ethiopia

Mr. Woldemariam Girma  
Head, Epidemiology & Bio-Statistics  
EHNRI-Ethiopia

Mr. Amaha Girma  
Medical Laboratory Technologist  
DDHB-Ethiopia

Mr. Habtamu Girma  
Program Assistant  
CDC-Ethiopia

Mr. Elmi Godana  
Control Team Member  
Dire Dawa Administrative Council

Dr. Tewodros Haile  
Internist  
TRHB-Ethiopia

Dr. Jeffrey Hanson  
Deputy Director  
CDC/GAP Rwanda

Dr. Daniel Helperin  
Technical Advisor  
USAID-USA

Dr. Sopheab Heng  
Surveillance Officer  
N.C. HIV/AIDS-Cambodia

Mrs. Maria Fernanda Hilton  
Technical Advisor  
NAP-MOH-Brazil

Mr. Wolfgang Hladik  
Med. Epidemiologist  
CDC-ATL-USA

Ms. Hiari Imara  
Deputy Director  
CDC-Ethiopia

Ms. Sheila Jain  
Prevention Specialist  
S.F. Dept. of Public Health-USA

Mr. Ezra Jones  
CDC-ATL-USA

Mr. Patrice Joseph  
Program Specialist  
CDC-Haiti

Ms. Adeline Kabeja  
Associate Surveillance Officer  
TRAC, FHI/IMPACT-Rwanda

Mr. Lovemore Kaetano  
Lab. Scientist  
TDRC-Zambia

Dr. Frank Kaharuza  
Director of Epidemiology  
CDC-Uganda

Mr. Crispus Kamanga  
Project Management Specialist  
USAID-Kenya

Mr. Aragie Kassa  
Expert  
MOH-Ethiopia

Dr. Afework Kassa  
Team Leader  
MOH-Ethiopia

Dr. Eugénie Kayirangwa  
Chargee de la surveillance  
TRAC, FHI/IMPACT-Rwanda

Dr. Richard Keenlyside  
Associate Director, Public Health Practice  
CDC-ATL-USA

Dr. Carl Kendall  
Professor and Chair  
Tulane-USA

Dr. Lali Khotenashvili  
Medical Officer  
WHO-Euro

Ms. Mary Patricia Kieffer  
Regional PMTCT Advisor  
USAID REDSO-Kenya

Ms. Andrea Kim  
Epidemiologist  
UCSF-USA

Dr. Wilford Kirungi  
Epidemiologist  
MOH-Uganda

Mr. Yuriy Kruglov  
Ukrainian AIDS Center

Ms. Erica Kufa  
Data Manager  
WHO-Zimbabwe

Mr. Berhanu Legesse  
Research and Dissemination Officer  
EPHA-CDC-Ethiopia

Dr. Girma Legesse  
HIV/AIDS/STI Focal Person  
ORHB-Ethiopia

Dr. Eshetu Lemma  
Department Head  
EHNRI-Ethiopia

Dr. Wuleta Lemma  
M & E Surveillance Adviser  
HAPCO-Ethiopia

Mr. George Loth  
Medical Officer  
WHO-Switzerland

Mr. Fan Lu  
Deputy Director  
CDC-China

Mr. Belayneh Lulseged  
HIV/AIDS Focal  
DDHB-Ethiopia

Dr. Kidmealem Lulseged  
USAID

Prof. Sileshi Lulseged  
CDC-Ethiopia

Mr. Carlos Magis  
Research Director  
CENSIDA-Mexico

Mr. Bunmi Makinwa  
Country Coordinator  
UNAIDS

Dr. Faustin Malele Bazola  
Surveillance Program Manager  
CDC-Congo- Kinshasa

Dr. Rebecca Mammo  
Institute for Global Health Fellow  
UCSF-USA

Ms. Kimberly Marsh  
Epidemiologist  
CDC-ATL-USA

Dr. Robert Martin  
Director, Division of Laboratory Systems  
CDC-USA

Dr. Lawrence Marum  
Medical Epidemiologist  
CDC-Kenya

Dr. Kereng Masupu  
Public Health Consultant (Epidemiology)  
NACA-Botswana

Mr. Bob Mayes  
Chief Health Informatics  
CDC-Zimbabwe

Dr. Rubén Mayorga  
Director, Advocacy  
OASIS-Guatemala

Dr. Steve McDougal  
Chief  
CDC-ATL-USA

Dr. William McFarland  
Director, HIV/AIDS Stat. + Epid.  
San Francisco Dept. of Public Health

Dr. A. D. McNaghten  
Epidemiologist  
CDC-Zimbabwe

Dr. Zenebe Melaku  
Assistant Prog. of Medicine  
AAU-Ethiopia

Mr. Gashaw Mengistu  
Coordinator  
AIDS Resource Center-Ethiopia

Dr. Yohannes Mengistu  
Laboratory Technical Officer  
CDC-Ethiopia

Dr. Tsehaynesh Messele  
Programm Manager, ENARP  
EHNRI-Ethiopia

Dr. Edgar Monterroso  
Director  
GAP for Central America and Panama

Dr. Meade Morgan  
Informatics Team  
CDC-ATL, USA

Dr. Guy Morineau  
Senior Surveillance & Evaluation Officer  
FHI-Cambodia

Dr. Owen Mugurungi  
Coordinator AIDS/TB Programme  
MOH & Child Welfare-Zimbabwe

Dr. Mukhtar Muhammed  
Medical Officer  
Federal MOH-Nigeria

Ms. Chanda Mulenga  
Research Scientist  
TDRC-Zambia

Dr. Louis Munyakazi  
Director AIDS Research  
TRAC/MOH-Rwanda

Mr. James N. Muttunga  
Principal Research Officer  
Kenya Medical Research Institute

Dr. Dan Mwesigwa-Kayonga  
Director, ECDOH Regional Training Center  
University of Transkei-South Africa

Mr. Belatchew Nadew  
Senior Consultant  
CDC-Ethiopia

Dr. Denis Nash  
Epidemiologist  
NYAM

Dr. Joyce Neal  
Epidemiologist  
CDC-Cambodia

Dr. Hailu Negassa  
Assistant Director for Program  
CDC-Ethiopia

Dr. Ndeye Seune Niang  
STI Surveillance Specialist  
FHI-Senegal

Dr. Joseph Nnorom  
Medical Epidemiologist  
CDC-Nigeria

Mr. Okey Nwanyanwu  
Director  
CDC-South Africa

Ms. Million Oljira  
Health Officer  
BRHB-Ethiopia (BGRHB)

Mr. Jean Orelie  
Senior Statistician Tech. Mgr.  
Constella Health Science-USA

Prof. Arvind Pandey  
Director  
IRMS (ICMR)-India

Dr. Bharat Parekh  
Chief, HIV Serology Laboratory  
CDC-ATL-USA

Ms. Sadhna Patel  
Epidemiologist  
CDC-ATL-USA

Dr. Cyril Pervilhac  
Scientist  
WHO Switzerland

Mr. Wedner Pierre  
Assistant Director  
MOH-Haiti

Mr. Timothy Piland  
Business Officer  
UCSF-USA

Dr. Christopher Pilcher  
Assistant Professor of Medicine  
UNC-USA

Ms. Elizabeth Pisani  
Senior Technical Officer, Surveillance  
FHI-Indonesia

Mr. David Plate  
PHPS Fellow  
CDC-ATL-USA

Dr. Tanarak Plipat  
Medical Doctor  
MOPH-Thailand

Dr. Monica Pun-Chinarro  
National Coordinator Surveillance STI/HIV/AIDS  
MOH-Peru

Dr. Adrian Jordaan Puren  
Deputy Director  
NICD-South Africa

Dr. Mark Rayfield  
Assistant Dir. Global Science  
CDC-ATL-USA

Dr. Thierry Roels  
Associate Director of GAP, Botswana Project  
CDC-Botswana

Mr. Pierre Rugimbanya  
LNR-FHI/IMPACT-Rwanda

Dr. George Rutherford  
Director  
UCSF-USA

Dr. Keith Sabin  
Epidemiologist  
CDC-ATL-USA

Dr. Tobi Saidel  
Technical Advisor  
FHI-USA

Ms. Maribel Salazar  
Vigilancia Epidemiológica Programa de VIH/SIDA  
MOH-El Salvador

Ms. Valdiléa Santos  
Associate Researcher  
FIOCWZ

Dr. Sandy Schwarcz  
Director HIV/AIDS Statistics + Epidemiology  
UCSF-USA

Mr. Yibarek Sebah  
Computer Analyst  
CDC-Ethiopia

Dr. Nicole Seguy  
EISO  
CDC-ATL-USA

Dr. Ducelina Serrano  
MOH-Angola

Dr. Mohammed Shaukat  
Joint Director  
NACO-Ministry of Health

Prof. Mark Shields  
Epidemiologist  
CDC-Zambia

Mr. Bukhari Shiik  
CDC Team Leader  
SRHB-Ethiopia

Ms. Maureen Sinclair  
Public Health Advisor  
CDC-ATL-USA

Dr. Taweessap Siraprapasiri  
Adjunct Director  
MOPH US CDC Collaboration-Thailand

Ms. Emma Slaymaker  
Research Fellow  
Center for Pop. Studies, LSHTM-UK

Mrs. Tatiana Smolskaya  
Head  
MOH-Russia

Dr. Geoffrey Somi  
Head, Epidemiology Unit  
NACP

Ms. Otilia St. Charles  
Monitoring & Evaluation Specialist  
CDC-Haiti

Dr. Michael St. Louis  
Associate Director for Science  
CDC-ATL, USA

Ms. Karen Stanecki  
Senior Advisor on Demography  
UNAIDS-Switzerland

Dr. Donald Sutherland  
Coordinator Surv.  
WHO Switzerland

Mr. Eneyew Tadesse  
Head, Amhara Reg. Health Research Hab.  
ANRHB-Ethiopia

Mr. Yohannes Tadesse  
Head, Health Services and Training Department  
FMOH-Ethiopia

Ms. Tiruwork Tafesse  
Team Leader, IDSR  
MOH-Ethiopia

Mr. Zergu Tafesse  
Disease Prevention & Control Dept. Head  
GRHB-Ethiopia

Mr. Leulseged Takele  
Lab. Technologist  
SNNPR-RHB-Ethiopia

Ms. Suvimon Tanpradech  
Medical Officer  
CDC-Thailand

Dr. Awoke Tasew  
HIV/AIDS/STI Team Leader  
ARHB-Ethiopia

Dr. Allan Taylor  
Epidemic Intelligence Service Officer  
CDC-ATL-USA

Dr. Achara Teeraratkul  
Medical Scientist  
CDC-Thailand

Mrs. Tsige Teferi  
Deputy Director  
FHI-Ethiopia

Mr. Addis Tesfaye  
M & E Officer  
FHI-Ethiopia

Dr. Christopher Tetteh  
Epidemiologist Resident Advisor  
CDC-Kenya

Dr. Nguyen Thi Thanh Thuy  
Medical Officer-Epidemiologist  
WHO-WPRO-Philippines

Dr. Anne Thomas  
Technical Support Manager  
Dept. of Def., HIV Prevention Prog.-USA

Dr. Gudeta Tibesso  
Head of Laboratory Team  
ORHB-Ethiopia

Mr. Hailegiorgis Tilahun  
Program Assistant  
CDC-Ethiopia

Mr. Tesfaye Tolera  
HIV/AIDS & Other STI Prevention & Control Program Focal Person  
SRHB-Ethiopia

Mr. Mark Urassa  
Research Scientist  
NIMR-Tanzania

Mr. Neff Walker  
UNICEF-USA

Dr. Ann Way  
ORC-Macro-USA

Mr. Amenu Wesen  
Regional HIV  
A.A. Health Bureau-Ethiopia

Dr. Suzanne Westman  
Deputy Director GAP-Brazil  
CDC-Brazil

Dr. James Whitworth  
Professor of International Public Health  
LSHTM-UK

Dr. Stefan Wiktor  
Chief, Surveillance Branch  
CDC-ATL-USA

Dr. Dawit Wolday  
Laboratory Manager  
EHNRI-Ethiopia

Dr. Tesfaye Wolde  
Federal Police Hospital - Ethiopia

Mr. Tilahun Woldemichael  
D. Directr  
EHNRI-Ethiopia

Dr. Asegid Woldu  
HIV/AIDS Surveillance Officer  
MOH-Ethiopia

Dr. Solomon Worku  
Head, Disease Prevention & Control Harari Health Bureau  
HRHB-Ethiopia

Dr. Tadesse Wuhib  
Country Director  
CDC-Ethiopia

Ms. Basia Zaba  
Demographer  
LSHTM-UK

Dr. Ata Ngitungu Zandu  
Responsable National de la Surveillance Epidemiologique HIV/SIDA Et IST  
National AIDS Control Prog.-Congo-Kinshasa

Dra. Delmy Walska Zecena  
Epidemiologa Programma VIH/SIDA  
MOH-Guatemala

# **New strategies for HIV/AIDS Surveillance in Resource Constrained Countries**

Addis Ababa, Ethiopia  
UN Conference Center  
January 26<sup>th</sup>- 29<sup>th</sup>, 2004

## **BACKGROUND:**

HIV and AIDS surveillance in developing countries has traditionally involved anonymous serosurveillance of antenatal clinic attendees (ANC), HIV or AIDS case reporting or HIV serosurveillance of high risk populations. Second generation surveillance not only encourages the continuation of these surveillance strategies but expansion of these activities, dependent on the type (low, concentrated, generalized) and stage of the HIV epidemic in a particular country, in order to obtain a more complete picture of the epidemic. Newer HIV surveillance strategies have been recently developed that can improve the representativeness and quality of information collected. For example, general population based surveys in countries with a high prevalence of HIV can provide a more accurate determination of the true HIV prevalence and distribution of infection throughout a country. Increased experience in monitoring risk behaviors and changes in these behaviors over time has improved the quality of data gathered through behavioral surveillance. New laboratory methods to measure incident infection can be used on cross sectional samples to assess which persons are newly infected. Also, other new laboratory methods, such as rapid HIV testing, can be used to decrease reliance on the cold chain and thus assist countries in expanding ANC surveillance to rural areas.

Additionally, methods to prevent and treat HIV and AIDS have improved over time. Better sampling methods to access hard to reach populations for prevention activities can result in improved representativeness of these groups and are thus also useful for HIV surveillance. HIV testing and prevention of mother to child transmission programs are other possible data sources that can be used for HIV surveillance. Increased availability of antiretroviral (ARV) therapies necessitates changes in surveillance such as increased AIDS reporting, the need to monitor ARV resistance, and to track mortality.

Considering these new advances in HIV surveillance, monitoring, prevention, and treatment, a conference to update public health HIV/AIDS surveillance workers on the newest strategies for surveillance, develop a consensus on the best new methods, and determine what further research is needed to improve HIV surveillance activities is urgently needed. We propose to have such an international conference as a collaborative effort of four agencies who work extensively on HIV surveillance: the Global AIDS Program (GAP) at the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United States Agency for International Development (USAID).

## **PURPOSE:**

To bring together public health HIV/AIDS surveillance staff from throughout the world to:

- Provide updates on emerging strategies for HIV and AIDS surveillance in update sessions
- Present and discuss the issues for six consensus/future research topics for new strategies in HIV/AIDS surveillance
- Develop ideas presented at the plenary sessions to determine what further research, resources and technical assistance are needed to improve HIV and AIDS surveillance activities during expert workgroups to be held after the conference
- Write a summary document and journal supplement to update persons on emerging best practices by which to conduct surveillance for HIV and AIDS in resource constrained settings

## **LOCATION AND DATE:**

Addis Ababa, Ethiopia  
UN Conference Center  
January 26-29th, 2004

## **ONLINE REGISTRATION:**

<http://www.ethioconference.com/surveillance>

## **PARTICIPANTS:**

We will encourage the participation of all persons responsible for HIV/AIDS surveillance at the national and regional levels in all countries in the world. Additionally, persons who work for international organizations that do surveillance will be encouraged to attend.

## **OVERALL COORDINATION:**

### **Conference Chairpersons:**

Theresa Diaz – CDC  
Ties Boerma – WHO  
Peter Ghys – UNAIDS

### **Overall Coordinator:**

Sadhna Patel– CDC

### **Logistics Coordinator:**

Shebelle Ethiopia Conference Services– Addis Ababa, Ethiopia

### **Local Contact Person:**

Shabbir Ismail– GAP-CDC Ethiopia.

## AGENDA

<p><b>DAY 1: Monday, January 26</b>  <b>Moderator: John Novak, USAID</b></p>	
<p><b>8:30AM – 9:20AM</b></p> <p style="text-align: right;">8:30-8:40</p> <p style="text-align: right;">8:40-8:50</p> <p style="text-align: right;">8:50-9:00</p> <p style="text-align: right;">9:00-9:10</p> <p style="text-align: right;">9:10-9:20</p>	<p><b>OPENING CEREMONY</b>  Master of Ceremonies: Tadesse Wuhib, Chief of Party CDC-GAP Ethiopia</p> <ul style="list-style-type: none"> <li>• Introduction of Dignitaries -Tadesse Wuhib, CDC-GAP</li> <li>• Welcome address- H.E. Ato Arkebe Equbay, Mayor of Addis Ababa</li> <li>• Remarks-Aurelia E. Brazeal, Ambassador, US Embassy  Bjorn Ljungquist, UN Theme Group Chair  H.E. Dr. Kebede Tadesse, Minister of Health of Federal Democratic Republic of Ethiopia</li> </ul>
<p><b>9:20AM- 10:00AM</b></p> <p style="text-align: right;">9:20-9:25</p> <p style="text-align: right;">9:25-9:30</p> <p style="text-align: right;">9:35-9:40</p> <p style="text-align: right;">9:40-9:45</p> <p style="text-align: right;">9:45-10:00</p>	<p><b>OPENING SESSION</b></p> <ul style="list-style-type: none"> <li>• Remarks: Mike St. Louis, CDC  Ties Boerma , WHO  Peter Ghys, UNAIDS  John Novak, USAID</li> <li>• Overview of Conference –Theresa Diaz, CDC</li> </ul>
<p><b>10:00 AM- 10:30AM</b></p>	<p><b>Break</b></p>
<p><b>10:30AM – 12:00PM</b></p> <p style="text-align: right;">10:30-11:00</p> <p style="text-align: right;">11:00-11:20</p> <p style="text-align: right;">11:20-11:30</p> <p style="text-align: right;">11:30-12:00</p>	<p><b>Update I: Overview of history, current status and new approaches for HIV/AIDS surveillance in resource constrained countries</b>  Session leader: Don Sutherland, WHO</p> <ul style="list-style-type: none"> <li>• Generalized epidemics-<i>Kevin DeCock , CDC</i></li> <li>• Low-level/Concentrated epidemics- <i>Tim Brown, East-West Center</i></li> <li>• Overview of the HIV/AIDS epidemic in Ethiopia—<i>Aseged Woldu, Ethiopia MOH</i></li> <li>• Discussion</li> </ul>



4:00-4:20	<ul style="list-style-type: none"> <li>HIV RNA screening for real-time monitoring of HIV incidence- <i>Christopher D. Pilcher, UNC-MEASURE</i></li> </ul>
4:20-4:40	<ul style="list-style-type: none"> <li>Potential uses of measuring recent infections in Africa- <i>Guy Gershy-Damet, WHO-AFRO</i></li> </ul>
4:40-5:00	<ul style="list-style-type: none"> <li>Discussion</li> </ul>
<b>6:30PM – 9:00PM</b>	<b>Reception (Crown Hotel)</b>

<b>Day 2: Tuesday January 27</b>	
<b>Moderator: Theresa Diaz, CDC</b>	
<b>UPDATES</b>	
<b>8:30AM –10:00AM</b>	<p><b>Update III: Quality assurance with HIV testing technologies</b> Session Leader: Robert Martin, CDC</p> <p>Description of quality assurance systems and HIV testing technologies for surveillance.</p> <ul style="list-style-type: none"> <li>8:30-8:45 • An overview of testing in the field, what are key components, planning, evaluation, QA, and other technologies that may have surveillance applications in the future- <i>Robert Martin, CDC</i></li> <li>8:45-9:05 • Rapid test technologies – <i>Mark Rayfield, CDC</i></li> <li>9:05-9:20 • Laboratory quality assurance issues in Thailand- <i>Teeraratkul Achara, Thailand</i></li> <li>9:20-9:35 • Système de contrôle de qualité dans la serosurveillance du VIH: Experience du Rwanda-<i>Eugenie Kayirangwa, TRAC/MOH and Pierre Rugimbanya, National Reference Laboratory</i></li> <li>9:35-10:00 • Discussion</li> </ul>
<b>10:00AM – 11:00 AM</b>	<p><b>Update IV: Informatics</b> Session Leaders: Meade Morgan, Kimberly Marsh, CDC</p> <p>Session will provide background on current informatics activities as they relate to HIV Sentinel Surveillance. In addition, an overview of the CDC module for Electronic Data Processing, Analysis and Reporting for HIV Sentinel Surveys using Epi Info will be presented.</p>

<p>10:00-10:30</p> <p>10:30-10:40</p> <p>10:40-11:00</p>	<p>Discussion on how to scale up and support the course in different venues will be welcome.</p> <ul style="list-style-type: none"> <li>• Update on informatics activities-<i>Meade Morgan and Kimberly Marsh, CDC</i></li> <li>• Review of pilot training of Electronic Data Processing, Analysis and Reporting for HIV Surveillance course in Ethiopia-<i>Shabbir Ismail, CDC-Ethiopia</i></li> <li>• Discussion</li> </ul>
<p><b>11:00AM – 11:30AM</b></p>	<p><b>Break</b></p>
<p><b>CONSENSUS/FUTURE RESEARCH SESSIONS</b></p>	
<p><b>11:30AM – 1:00PM</b></p> <p>11:30-11:50</p> <p>11:50-12:10</p> <p>12:10-12:30</p> <p>12:30-12:50</p> <p>12:50-1:10</p>	<p><b>Session II: General population based surveys</b> Session Leader: Txema Calleja, WHO</p> <p>Description of the different sampling issues, non-response issues, ethical issues, and HIV testing and linking of questionnaire data to HIV test results used in large population based surveys.</p> <ul style="list-style-type: none"> <li>• Non-response issues in population based surveys – <i>Ann Way , Macro Int. USA</i></li> <li>• Field issues of population based surveys in Zambia - <i>Lovemore Kaetano, Tropical Diseases Research Centre, Ndola, Zambia</i></li> <li>• Field issues of population based surveys in Kenya- <i>James Muttunga (Kenya Medical Research Institute) and Larry Marum (CDC-Kenya)</i></li> <li>• The National Household-based General Population Survey of Risk Behavior and Sexually Transmitted Disease (STD) Prevalence in Peru-<i>Cesar Carcamo, Peru</i></li> <li>• Discussion</li> </ul>
<p><b>1:10PM – 2:30PM</b></p>	<p><b>Lunch</b></p>
<p><b>2:30PM – 3:30PM</b></p>	<p><b>Session III: Linking Behavioral and HIV Surveillance</b></p> <p>Session Leader: Ties Boerma, WHO</p> <p>Goal of the session is to assess the benefits and costs of linking</p>

	<p>behavioural and biological (HIV) trends. This will include issues related to: measurement (can we accurately measure trends in behaviour, and how accurate are trends in antenatal women for population trends, operational costs (how feasible is it to link antenatal clinic based surveillance to behavioural monitoring,), empirical data (what are the results of linking biology and behaviour in the same research population or in specific risk populations, what are the results of linking trends at subnational or national levels).</p> <ul style="list-style-type: none"> <li>• 2:30-2:45 Measurement of sexual behaviour and HIV trends: methodological issues and practical experiences – <i>Basia Zaba, London School of Hygiene and Tropical Medicine</i></li> <li>• 2:45-3:00 Trends in HIV prevalence, incidence and sexual behaviour in a community cohort study in rural Tanzania – <i>Mark Urassa, National Institute for Medical Research, Mwanza, Tanzania</i></li> <li>• 3:00- 3:15 Operational issues related to linking of behavioural and HIV surveillance – <i>Txema Calleja, WHO Geneva</i></li> <li>• 3:15-3:30 Assessment of results of behavioural and biological surveillance in Tanzania, Nigeria, Burkina Faso from the second generation surveillance project – <i>Emma Slaymaker, London School of Hygiene and Tropical Medicine</i></li> </ul>
<b>3:30PM – 4:00PM</b>	<b>Break</b>
	<p><b>Session III: Continued</b></p> <ul style="list-style-type: none"> <li>• 4:00-4:15 General population trends in sexual behaviour and HIV: the ABC study - <i>Priscilla Akwara, MEASURE Evaluation, ORC Marco, Calverton, Maryland</i></li> <li>• 4:15-4:30 Behavioural and biological trends in the general and risk populations in Cambodia - <i>Heng Sopheab, National Center for HIV/AIDS, Dermatology and STDs, Cambodia</i></li> <li>• 4:30-5:00 Discussion</li> </ul>

**DAY 3: Wednesday, January 28****Moderator: Ties Boerma, WHO****UPDATES****8:30AM – 9:30AM****Update V: State-of-the-art sampling for hidden populations: Time-Location and Respondent Driven Sampling**

Session Leader: Keith Sabin, CDC

Description of available methods used, pluses and minuses, description of respondent driven sampling and time location sampling and examples of use of some of these sampling methodology.

8:30-8:35

- Introduction- *Keith Sabin, CDC*

8:35-9:10

- State-of-the-art sampling for hidden populations: Time-Location and Respondent Driven Sampling-Tobi Saidel, *Bob Magnani, Family Health International*

9:10-9:30

- Discussion

**9:30 AM- 10:30AM****Session IV: Use of VCT and PMTCT Data for Surveillance**

Session Leader: Wolfgang Hladik, CDC

This session focuses on the potential utility of VCT and PMTCT program data for surveillance and the biases these may introduce. Presentations include work and experiences from Uganda, Thailand, Botswana, and Kenya.

9:30-9:35

- Introduction- *Wolfgang Hladik, CDC*

9:35-9:50

- Using VCT data for surveillance. An example from Uganda- *Frank Kaharuza, CDC-Uganda*

9:50-10:00

- Discussion

10:00-10:15

- A comparison of antenatal HIV prevalence determined from annual sentinel surveillance and a perinatal HIV implementation monitoring system (PHIMS)-*Plipat Tanarak, Ministry of Public Health, Thailand*

10:15-10:35

- Discussion

<b>10:30AM –11:00AM</b>	<b>Break</b>
<b>CONSENSUS/FUTURE RESEARCH SESSIONS</b>	
<b>11:00AM-12:00 PM</b>	<p><b>Session IV: Continued</b></p> <p>11:00-11:15</p> <ul style="list-style-type: none"> <li>• An Alternative to Annual HIV Sentinel Surveys Among Pregnant Women: Botswana's Experience with Prevention Of Mother-To-Child Transmission (PMTCT) Program Data- <i>K. Masupu, National AIDS Coordinating Agency, Botswana</i></li> </ul> <p>11:15-11:25</p> <ul style="list-style-type: none"> <li>• Discussion</li> </ul> <p>11:25-11:40</p> <ul style="list-style-type: none"> <li>• Assessing the utility of PMTCT data for HIV surveillance in Kenya-<i>Nicole Seguy, CDC</i></li> </ul> <p>11:40-12:00</p> <ul style="list-style-type: none"> <li>• Discussion</li> </ul>
<b>12:00PM-1:30PM</b>	<b>Lunch</b>
<b>1:30 PM- 3:30PM</b>	<p><b>Session V: AIDS Reporting and Monitoring the Impact of ARV Therapy in the Context of Care and Treatment</b>  Session Leader: George Loth, WHO</p> <p>Description of current strategies for HIV/AIDS/mortality reporting, how these reporting systems can be used to monitor the impact of ARV treatment, and suggested recommendations for improvements of these systems.</p> <p>1:30-1:45</p> <ul style="list-style-type: none"> <li>• An overview of HIV Mortality and Morbidity Surveillance- <i>Theresa Diaz, CDC</i></li> </ul> <p>1:45-2:00</p> <ul style="list-style-type: none"> <li>• How to improve AIDS case definition and clinical staging – <i>James Whitworth, LSHTM</i></li> </ul> <p>2:00-2:15</p> <ul style="list-style-type: none"> <li>• Measuring impact of ARV using mortality data in resource poor countries- <i>Lyndwe Makub, South Africa MOH</i></li> </ul> <p>2:15-2:30</p> <ul style="list-style-type: none"> <li>• Monitoring of ARV, Brazil experience- <i>Valdilea Veloso, FIOCRUZ/MOH, Brazil</i></li> </ul> <p>2:30-2:45</p> <ul style="list-style-type: none"> <li>• ARV resistance surveillance - <i>Dianne Bennett, CDC</i></li> </ul>

2:45-3:15	<ul style="list-style-type: none"> <li>• Discussion</li> </ul>
<b>3:15PM- 3:45PM</b>	<b>Break</b>
<b>3:45PM- 5:00PM</b>	<p><b>Update VI: Estimation and Projections Tools</b> Session Leader: Peter Ghys, UNAIDS</p>
3:45-3:55	<ul style="list-style-type: none"> <li>• EPP: recent developments and future changes- <i>Tim Brown, East-West Center</i></li> </ul>
3:55-4:05	<ul style="list-style-type: none"> <li>• Workbook and Spectrum: recent developments and proposed future changes- <i>Karen Stanecki, UNAIDS</i></li> </ul>
4:05-4:15	<ul style="list-style-type: none"> <li>• Ranges of uncertainty in estimates- <i>Neff Walker, UNICEF</i></li> </ul>
4:15-4:30	<ul style="list-style-type: none"> <li>• Comparing sentinel surveillance based estimates to survey based estimates-<i>Peter Ghys (UNAIDS) or Ties Boerma (WHO)</i></li> </ul>
4:30-5:00	<ul style="list-style-type: none"> <li>• Discussion</li> </ul>

<p><b>Day 4: Thursday, January 29</b> <i>Moderator: Peter Ghys, UNAIDS</i></p>	
<b>8:30AM-10:30AM</b>	<p><b>Session VI: Experiences in HIV surveillance data use</b> Session Leaders: Peter Ghys, UNAIDS/ Cyril Pervilhac, WHO</p> <p>Description of the uses of surveillance data and strategies to communicate findings from surveillance data.</p>
8:30-8:40	<ul style="list-style-type: none"> <li>• The wrong thing at the wrong time? Using surveillance data to re-evaluate HIV programming at a local level- <i>Elizabeth Pisani, Family Health International-Indonesia</i></li> </ul>
8:40-8:50	<ul style="list-style-type: none"> <li>• Impact of improved estimates process on surveillance activities in China- <i>Lu Fan, CDC/NCAIDS, China</i></li> </ul>
8:50-9:00	<ul style="list-style-type: none"> <li>• Linking behavioural and biological surveillance for improved use of data in India- <i>Mohammad Shaukat, NACO-India</i></li> </ul>

9:00-9:10	<ul style="list-style-type: none"> <li>Communicating an artefact: lower HIV prevalence in Zimbabwe in 2003-<i>Owen Mugurungi, Ministry of Health (Zimbabwe)</i></li> </ul>
9:10-9:20	<ul style="list-style-type: none"> <li>Contrasting surveillance data with data on resource flows in the Latin and Central America region: <i>Ruben Mayorga, OASIS (Organizacion de Apoyo a Una Sexualidad Integral Frente al SIDA), Guatemala</i></li> </ul>
9:20-9:30	<ul style="list-style-type: none"> <li>The use of surveillance data for policy and program decision-making: experiences from Africa: <i>John Stover, The Futures Group International (US)</i></li> </ul>
9:30-9:40	<ul style="list-style-type: none"> <li>Integrated Analysis of HIV/AIDS epidemics-<i>Tim Brown, East-West Center/Thai Red Cross Collaboration(Thailand)</i></li> </ul>
9:40-10:00	<ul style="list-style-type: none"> <li>Discussion</li> </ul>
<b>10:00AM-10:30AM</b>	<b>Break</b>
<b>10:30AM-11:00AM</b>	<b>Closing Session</b>
10:30-10:45	<ul style="list-style-type: none"> <li>Summary of key issues from conference—<i>Tim Brown, East-West Center</i></li> </ul>
10:45-10:50	<ul style="list-style-type: none"> <li>John Novak ,USAID</li> </ul>
10:50-10:55	<ul style="list-style-type: none"> <li>Stefan Wiktor , CDC</li> </ul>
10:55-11:00	<ul style="list-style-type: none"> <li>Peter Ghys, UNAIDS</li> </ul>
11:00-11:05	<ul style="list-style-type: none"> <li>Donald Sutherland, WHO</li> </ul>
11:05-11:15	<ul style="list-style-type: none"> <li>H.E. Dr. Kebede Tadesse, Minister of Health of Federal Democratic Republic of Ethiopia</li> </ul>
<b>11:15PM-12:30PM</b>	<b>Lunch</b>