



WHO Collaborating Centre
for HIV Strategic Information



WHO COLLABORATING CENTRE FOR HIV STRATEGIC INFORMATION
Andrija Stampar School of Public Health, School of Medicine University of Zagreb
Rockefellerova 4, 10 000 Zagreb, Croatia
Phone: + 385 1 45 90 142/ 45 90 100; Fax: +385 1 46 84 212
www.hivevaluation.org

Simplified bio-behavioural surveys (BBS-Lite) and HIV data use

5-9 May 2025

Description

Reliable and timely available HIV data are crucial for tracking of the epidemic, program management and program evaluation activities.

The aim of the course is to provide participants with practical guidance on how to design bio-behavioural survey “lite” (BBS-Lite), which is a programme-based survey method recently recommended by WHO and UNAIDS for collecting a limited amount of data in key populations.¹ The course will also address HIV data use more broadly, and give examples of how different programmatic data sources can be used to improve service delivery.

A simplified bio-behavioural survey (BBS-Lite) does not replace BBS based on probabilistic sampling, that is surveys based on respondent-driven sampling (RDS) and time-location sampling (TLS) but rather supplements BBS. This method is less demanding in terms of implementation and data analysis, less costly than BBS and enables more timely data availability. It is recommended that this method is implemented more routinely, in-between rounds of BBS based on probabilistic methods. Participants in BBS-Lite are sampled through consecutive recruitment of eligible people accessing services (including facility-based, mobile and outreach services) and through snowball recruitment, which allows for sampling of both clients and non-clients of services. Presentations and exercises during the course will address a number of issues relevant for the appropriate design and implementation of BBS-Lite, data analysis and interpretation. The key advantage of this method is that it provides faster local-level results to assess the current situation, enabling community-based organisations to more effectively deliver their services.

The second part of the course will address data use through examples. These will include BBS data collected via RDS and TLS, and programmatic data sources that can be used to identify service delivery gaps. Programme-based systems that collect individual level data generated when a person receives health services can provide rich granular information to strengthen and monitor programme performance. Unique identifiers in programmatic sources enable to conduct longitudinal studies of patient and programme outcomes.

¹ The BBS-lite: A methodology for monitoring programmes providing HIV, viral hepatitis and sexual health services to people from key populations. Geneva: WHO and UNAIDS, 2024.

Lectures will be followed by discussions about case studies to enable interactive exchange of knowledge and experiences.

The wealth of information from routine programming should be used to generate context-specific knowledge on a continuous basis to maximize population-level impact.

The workshop will be held at the School of Public Health, Rockefeller str. no 4, Zagreb, Croatia.

Key topics of the course are:

- Sampling frame in BBS-Lite and selection of recruitment sites
- Recruitment strategies in BBS-Lite
- Questionnaire development and biomarker data collection
- Data quality challenges and data interpretation in studies based on BBS-Lite
- Use of survey data to assess service delivery gaps and HIV prevention needs
- Using routinely collected HIV testing data to measure HIV incidence
- Use of routinely collected PrEP data to measure adherence to PrEP and HIV incidence
- Use of HIV phylogenetic analysis to support public health programmes

Participants will be given opportunities to share their own country-specific experiences and challenges in implementing surveys in KPs and using data.

Key aspects of the course is a group/individual work on development of protocols/ proposals. Participants can choose between these options:

- A. To develop a protocol for a BBS-Lite or a BBS study
- B. To develop a protocol/proposal for a study to analyse routinely collected programmatic data (alternatively, participants can bring their own data and do the analysis during the course)

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

Teaching Methods

The course consists of lectures, presentation of case studies, active discussions, exercises and group work. The course is designed to provide participants with practical skills and knowledge on how to design surveillance surveys and more effectively use data.

Target Audience

Epidemiologists, public health professionals, social scientists

Course fee

Course fee is 800 USD and includes lunch and coffee breaks during the course and course materials.

Lecturers

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

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

Programme

5 May 2025	
9.00-9.30	Welcome and Introductions
9.30-10.00	Survey-based data collection methods in HIV surveillance in KPs (BBS, HIV sentinel surveillance and pooling both surveys, etc)
10.00-10.30	Principles of simplified programme-based survey methodology (BBS-Lite)
10.30-10.50	<i>Break</i>
10.50-11.45	<i>Country presentations</i>
11.45-12.30	Situational assessment before BBS-Lite and pre-survey planning Eligibility criteria
12.30-13.30	<i>Lunch</i>
13.30-14.15	Sampling frame and sampling stratification in BBS-Lite Selecting recruitment sites
14.15-15.30	<i>Exercise</i>
15.30-15.45	<i>Break</i>
15.45-16.30	Measurement and interpretation of HIV prevention cascade from survey data
6 May 2025	
9.00-9.45	Recruitment strategy in BBS-Lite
9.45-10.30	Questionnaire development and specimen collection for testing for biomarkers in BBS-Lite
10.30-10.50	<i>Break</i>
10.50-11.30	<i>Discussion: Methodological issues in surveys in key populations</i>
11.30-12.30	BBS-Lite implementation and staffing Involvement of key populations
12.30-13.30	<i>Lunch</i>
13.30-14.30	Examples of data collection forms in BBS-lite
14.30-14.50	<i>Break</i>
14.50-15.30	Data analysis (examples of already implemented surveys) Indicators that can be obtained via BBS-Lite
15.30-16.00	Summary: advantages and disadvantages of BBS-Lite
16.00-16.45	<i>Exercise</i>

7 May 2025	
9.00-9.45	Monitoring and evaluation of HIV prevention programs
9.45-10.30	Moving from aggregate to individual-level data: unique identifiers for person-centered monitoring
10.30-10.50	<i>Break</i>
10.50-11.30	Analysis of routinely collected HIV testing data (index client, self-testing, outreach, etc.) – 1. part
11.30-12.15	<i>Exercise</i>
12.15-13.00	Analysis of routinely collected HIV testing data (index client, self-testing, outreach, etc.) – 2. part
13.00–14.00	<i>Lunch</i>
14.00-15.00	Longitudinal assessment of HIV incidence through large-scale HIV prevention programs
14.30-14.50	Introduction to protocol/ proposal development exercise
14.50-16.30	<i>Protocol/proposal development exercise - 1:</i> <i>Break</i>
8 May 2025	
9.00-10.00	Analysis and use of PrEP programme data: measuring PrEP coverage, adherence on PrEP and HIV seroconversion
10.00-10.45	<i>Exercise</i>
10.45-11.00	<i>Break</i>
11.00-11.45	Monitoring lost-to-follow up and HIV treatment interruptions
11.45-12.30	Use of HIV phylogenetic analysis to support public health programmes
12.30-13.30	<i>Lunch</i>
13.30-15.15	<i>Protocol/ proposal development exercise 2:</i>
15.15-15.30	<i>Break</i>
15.30-16.30	<i>Protocol/ proposal development exercise 3:</i>

9 May 2025	
9.00-10.00	Presentations of protocols/ proposals
10.00-10.15	<i>Break</i>
10.15-12.30	Presentations of protocols/ proposals
12.30-13.00	Closure
13.00-14.00	<i>Lunch</i>