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Third Report of the Surveillance Working Group Federal Commission for Sexual Health

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In collaboration with

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1 Introduction

1.1 Report on the Working Group's activities 2014

The following table provides an overview on the topics of the Surveillance Working Group's activities in 2014.

Date	Event	Participants
1.2014	**Proposal for National Research Programme "Sex.21"**	FCSH Surveillance Working Group
22.5.2014 Bern	**Workshop "Advancing the measurement of the effectiveness of HIV prevention"** • International experiences • Swiss experience • Policy-makers perspectives	Surveillance Working Group Participants: researchers and policy-makers (in total 19).
06./07.2014	**Midterm Check of the NPHS 2011-2016**	Federal Office of Public Health Daniel Kübler, Nicola Low & Kathrin Frey represented the Surveillance Working Group
11.9.2014 Bern	**Workshop "Data Triangulation HIV/STI 2014"** • General population • Migrant population coming from high prevalence countries	Surveillance Working Group/ Institut universitaire de médecine sociale et préventive, Université de Lausanne Participants: researchers and policy-makers (in total 24).
11./12.9.2014 Bern	**Meeting of the Surveillance Working Group** • Recent trends and developments in the field of HIV/STI surveillance • Preparedness for STI outbreaks • Innovation: advancement of the measurement of effectiveness of HIV prevention	Surveillance Working Group: Herbert Brunold, Jonathan Elford, Kathrin Frey (Secretariat), Gwenda Hughes, Daniel Kübler (Co-Chair), Nicola Low (Co-Chair), Rolf Rosenbrock. Guests: Roger Staub, Sabine Walser, Pietro Vernazza

1.2 Contents of the third Report of the Surveillance Working Group

The present report is the result of the Working Group's discussions at its meeting in September 2014. The Working Group identified several new challenges for STI and HIV surveillance, stimulated by developments in international and Swiss epidemiology. The report summarises developments in biological (section 2) and behavioural surveillance (section 3), and the Working Group's discussions on data triangulation, accessibility and dissemination (section 4). The Working Group also gives an update on the progress in measuring the effectiveness of HIV prevention (section 5). The report closes with a summary and the prospective activities of the Working Group (section 6).

2 Biological surveillance

The Working Group appreciates the work of the Federal Office of Public Health (FOPH) to improve biological surveillance for STI by implementing specific recommendations from previous reports. The Working Group focused on the following topics: syphilis and gonorrhoea notification, HIV surveillance among migrants coming from high prevalence countries, preparedness for outbreaks and chlamydia screening.

2.1 Notification forms for syphilis and gonorrhoea

The Working Group reviewed the progress in revising and simplifying the notification forms for syphilis and gonorrhoea with Sabine Walser, FOPH (see recommendations 1 and 5, second report of the Working Group 2013). The Working Group raised concerns about the decision to document only primary, secondary and early latent syphilis cases and not to record tertiary and late latent cases. The Working Group also noted the epidemiological importance of concurrent HIV infection in STI transmission. At present, it appears that HIV status of a notified case cannot be reported because the notification form records the name of the case. The only information that can be collected is whether the case has been tested for HIV.

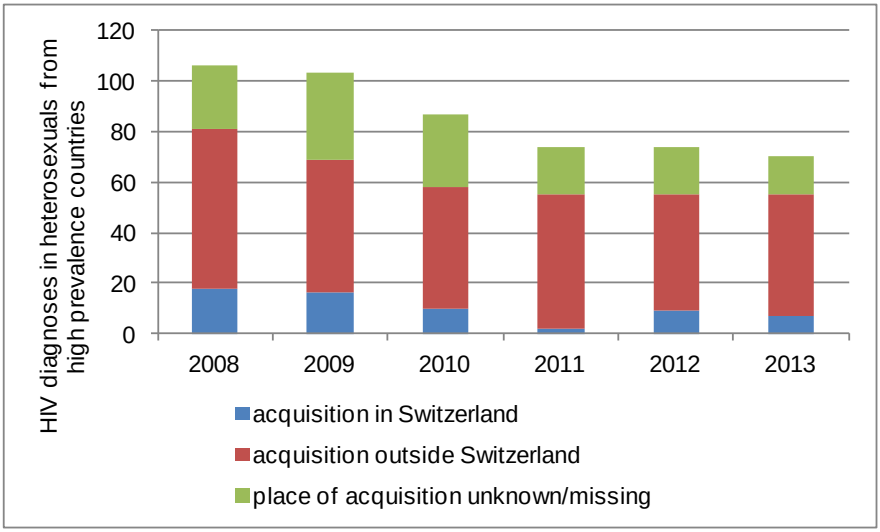
2.2 HIV surveillance among migrants from high prevalence countries

The Working Group's discussion on HIV surveillance in migrants from high prevalence countries followed the presentations on this topic at the HIV/STI 2014 data triangulation workshop (see below). The Working Group agreed that HIV policies that affect migrants from high prevalence countries need to be informed by evidence.

The proportion of infections acquired in and outside of Switzerland is particularly relevant for monitoring and formulating preventive strategies. The distribution of countries in which HIV infection has seen changes over time, in line with changing patterns of migration (Rice et al. 2012).

Current information on the probable country of infection is recorded in the supplementary HIV notification form filled out by clinicians. The reliability of this information is limited because the data item is often missing and because it relies on patients' report about when and where they think that they have acquired HIV. The following figure 1 presents the available data: It shows that the majority of HIV infected heterosexual migrants from high prevalence countries reported that they have acquired HIV outside Switzerland.

Figure 1: HIV diagnoses in heterosexuals from high prevalence countries by year of diagnoses and probable place of infection, 2008 - 2013



Source: FOPH 2014. The graph is based on statistical estimates, extrapolation of the data obtained by the supplementary notification to produce the laboratory notification total (supplementary notification is missing for 15 to 20 percent of HIV laboratory notifications). Data on the place/country of infection is collected since 2008.

In the UK, where a high proportion of heterosexuals with HIV infection are from sub Saharan African countries with generalised HIV epidemics, surveillance experts published a method for ascertaining the likely country of HIV infection (Rice et al. 2012). The method is based on CD4 cell count at diagnosis and information on the date of entry. UK estimates indicate that clinical reports are likely to overestimate the proportion of HIV infections acquired in the migrants' home countries and show that an important proportion of newly diagnosed HIV infections was probably acquired in the UK following migration.

The Working Group recommends that the FOPH assesses this method to see whether it can be adopted in Switzerland. The new method requires information about the date of entry to Switzerland.

Recommendation 1
The FOPH should assess the feasibility of collecting more objective information about the probable country of HIV infection in migrants from high prevalence countries to improve the targeting of prevention activities.

2.3 Preparedness for outbreaks

Outbreaks of infections acquired through sexual intercourse present an ongoing challenge for communicable disease surveillance. Outbreaks of gastrointestinal pathogens, such as *Shigella spp*., in men who have sex with men (MSM) have re-emerged as sexually acquired infections in the UK, USA and Australia. The Working Group shares the opinion that the potential for outbreaks of sexually transmissible pathogens calls for increased vigilance and monitoring. The Working Group recommends assessing the capacity of the Swiss infectious disease surveillance systems for detecting such outbreaks and developing plans for control measures to respond to outbreaks when they occur. Any assessment will need to involve surveillance systems for gastrointestinal infections as well as STI.

Gwenda Hughes (Public Health England) presented data to the Working Group showing how outbreaks of *Shigella flexneri 3a* and *lymphogranuloma venereum* in MSM and *Neisseria gonorrhoeae* in young heterosexual adults were identified and investigated in England (Hughes et al. 2013; Borg et al. 2012). For the shigella outbreak, qualitative methods showed that high risk sexual practices, recreational drug use and use of apps for meeting partners were common in infected MSM, particularly those with HIV infection. The UK experiences show that "seroadaptive behaviours among highly active sexual networks of HIV-positive MSM are likely leading to greater transmission of STIs and other sexually transmissible infections." (Hughes et al. 2013: 547).

In Switzerland, reported HIV risk exposure among MSM and in particular among HIV-positive MSM has increased (Lociciro et al. 2013: 39, 80; Lociciro/Dubois-Arber 2014). Seroadaptive behaviours are also highly prevalent among MSM who reported unprotected anal intercourse with casual partners and increased from 37.4 to 45.5 percent between 2007 and 2012 (Lociciro et al. 2013: 45; Dubois-Arber et al. 2012). More detailed analyses of these data, e.g. analysis on HIV status and risk reduction practices, should be used to inform any outbreak plan. The limitations of current STI notification forms for collecting information about HIV status have been noted (paragraph 2.1).

Recommendation 2
The preparedness of Swiss infectious disease surveillance systems for detecting outbreaks of sexually transmissible infections should be reviewed and assessed in the context of emerging evidence on changing risk behaviours and, if necessary, revised.

2.4 Chlamydia screening

The Working Group briefly discussed chlamydia screening in Switzerland and identified the need for more detailed discussion in 2015.

Frank Bally (Spital Wallis) and Adeline Quach (Fondation Profa) presented the findings of a pilot study offering opportunistic chlamydia screening to attenders at selected health care settings in the cantons of Vaud and Valais at the HVI/STI 2014 data triangulation workshop. The Working Group wants to emphasise that screening is a population-based intervention. Providing chlamydia screening is not just a question of funding for the provision of tests. There are internationally recognised criteria for appraising the appropriateness of a screening programme, for determining whether the benefits outweigh the harms and for deciding whether the benefits can be achieved at a reasonable cost (Wilson and Jungner 1968). Discussions and decisions about screening programmes should be held at a national level. Individual cantons should not implement screening programmes without a full appraisal of all the criteria according to accepted international standards.

The FCSH and the FOPH have key roles to play in guiding cantonal activities, in appraising the evidence and in national decision making.

Recommendation 3
The Working Group recommends that decisions about chlamydia screening should be taken at a national level.

3 Behavioural surveillance

The Working Group focused on two new behavioural surveillance data sources: The Swiss Health Survey 2012 and the ANSWER African Net Survey WE Respond. The Working Group appreciated the data analyses presented by the team of the Institut universitaire de médecine sociale et préventive, Lausanne (IUMSP) at the HIV/STI 2014 data triangulation workshop (Lociciro et al. 2014, Simonson 2014).

3.1 Surveillance of sexual health among the general population

The Working Group recognizes that the Swiss Health Survey, a national survey on the population's state of health, health behaviours and the use of health services, first incorporated questions from the Surveys on AIDS Prevention in Switzerland (SAPS) in 2007 and that the SHS replaced the SAPS as the source of sexual health behavioural surveillance in 2012.

The Working Group emphasizes the necessity for HIV/STI policy of collecting regular data about sexual behaviour and HIV testing.

Stéphanie Lociciro presented recent trends in sexual behaviour of the general population at the HVI/STI 2014 data triangulation workshop (Lociciro et al. 2014). The presentation included data from twelve surveys conducted from 1989 to 2012. From 1989 to 2007, the data were collected with the SAPS. The FOPH commissioned the University of Lausanne to conduct these surveys as part of the behavioural surveillance strategy in the field of HIV/AIDS (Jeannin et al. 2010; Lociciro et al. 2014). In 2007 and 2012, the core questions of the former survey were integrated in the Swiss Health Survey (SHS) conducted by the Federal Statistical Office (FSO) every five years. Marco Storni, FSO, presented the experiences of the FSO with the module on sexual health integrated in the SHS 2007 and 2012. He concluded that the integration was successful and that it is possible to ask questions on sexual health in a population health survey. Further, he provided an outlook on the time plan for the SHS 2017.

The SAPS and SHS data are of great value as it allows investigation of behaviour trends over twenty-two years as well as comparisons with other population groups or with other countries. It is important to monitor sexual and HIV testing behaviour within the general population for the purpose of HIV/STI surveillance. Observations on behaviour change serve as early warnings to inform changes in HIV/STI policy. It is important that the data on sexual health of the general population covers major policy relevant aspects.

The Working Group identified three major topics that the current SHS does not cover:

Questions on paying for sex

The Working Group recommends that the SHS includes core questions about paying for sex in the sexual health module for the following reasons:

- Sex workers and their clients are a target group for HIV/STI prevention in the NPHS 2011-2017 (FOPH 2010: 84, 100).
- Swiss policy-makers and data analysts in the field of HIV/STI have previously asked for data about the clients of sex workers (data triangulation workshops 2012 and 2014, Bern, recommendation 13, second report of the Working Group 2013).
- The CH-X study (Eidgenössische Jugendbefragung / Federal Youth Survey)[1] collected data from young men about payment for sex in 2010/2011. The survey found that 14,6 and 15,2 percent of young men in 2010 and 2011, respectively, reported having paid for sex in their life. This proportion was considerably lower in previous surveys (SAPS 1997: 2,4%, 2000: 4,8%, 2007: 4,2; Jeannin et al. 2013).

There are established and well tested survey questions to monitor behaviours related to prostitution. The SAPS included questions on paid sex as do many surveys internationally. The indicator "percentage of men who report having paid for sex in the last 12 months" belongs to the six core indicators that the ECDC proposes to collect routinely for HIV/STI behavioural surveillance (ECDC 2009: 16).[2] The British National Surveys of Sexual Attitudes and Lifestyles (Natsal), which are among the largest scientific studies of sexual behaviour, include several questions on paying for sex (Mitchell et al. 2013).[3]

The Working Group recommends integrating the following two questions into the core sexual health module of the SHS: "Have you paid for sex in the last 12 months? (Yes/No)" and if yes "Have you used a condom at last paid sex? (Yes/ No/ I don't remember)" (Lociciro et al. 2014).

Questions on sexual identity and information on transgender

The Working Group recommends that the SHS collects data about sexual identity and information on transgender in the sexual health module of the SHS for the following reasons:

- MSM are a key target group for HIV/STI prevention in axis 2 of the NPHS 2011-2017 (FOPH 2010: 84, 100). "Men who have sex with men" is a description of sexual behaviours. Sexual identification as gay or bisexual provides important information that complements behavioural data.
- A question about sexual identity will allow estimation of the size of lesbian, gay or bisexual populations in Switzerland. The question would help to better understand these population groups or communities; e.g. particular health needs, risks related to HIV/STI transmissions. Such information could inform any efforts against discrimination and stigmatization on the basis of sexual orientation and gender identity.

[1] www.chx.ch
[2] http://www.ecdc.europa.eu/en/activities/diseaseprogrammes/hash/hiv_behavior_toolkit/indicators/Pages/core_indicators.aspx
[3] http://www.natsal.ac.uk/

- Many international studies reveal a high level of vulnerability in the health of the transgender community, especially to HIV/STI (Bize et al. 2013, FOPH 2013). The NPHS recognizes trans people as a vulnerable group (FOPH 2013). Data to inform public action for this vulnerable group is very rare (Bize et al. 2013). While the FOPH has lately included trans people and people with variations of sexual development (intersex) in its supplementary forms for notifiable sexually transmitted infections (FOPH 2013), such information is not yet gathered in population based surveys such as the SHS. The question on gender/sex of the survey participants should be adapted in order to obtain information on transgender people.
- Policy-makers and data analysts in the field of HIV/STI asked for data on sexual identity and transgender (workshop data triangulation 2014, Bern; Schweizer HIV&STI-Forum 2013; Bize et al. 2013).

The British Office for National Statistics (ONS) has introduced a standard question on sexual identity in all ONS social surveys (Haseldon/Joloza 2009) which has been rigorously tested for acceptability in order to provide high quality data. The Working Group recommends integrating a question on the sexual identity into the core sexual health module of the SHS. More precisely, it recommends adopting a standard question that is already used internationally, i.e. the standard question of the ONS: "Which of the following options best describes how you think of yourself? Heterosexual or Straight / Gay or Lesbian / Bisexual / Other / Prefer not to say". The information on trans men and women should be collected as part of questions on gender/sex. The Working Group recommends adapting these questions based on international experiences (e.g. recommendations for inclusive data collection of trans people in HIV prevention, Center of Excellence for Transgender Health, University of California).[4]

Questions on sexual violence (non-volitional sex)

The Working Group recommends that the SHS includes core questions about sexual violence (non-volitional sex) in the sexual health module of future SHS for the following reasons:

- The recognition of sexual violence as a public health issues has grown during the past two decades (Macdowall et al. 2013, WHO 2013). Sexual violence encompasses a range of acts, from verbal harassment to forced penetration, and different degrees of coercion. Health effects are multiple and can impair physical, sexual and reproductive and mental health.
- National probability sample surveys conducted in other western countries (e.g. USA, France, UK) show high levels of reporting. According to the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), conducted between 2010 and 2012 in the UK, one in ten women and one in 71 men report experiencing completed non-volitional sex since age 13 years.
- Information about the prevalence of sexual violence and its consequences for health in the population is scarce.

Recommendation 4
The forthcoming Swiss Health Surveys need to continue the module on sexual health. Questions about paying for sex, sexual identity and transgender, and sexual violence should be collected in future SHS.

The Working Group recommends considering the survey methods used for the questions on sexual behaviour, identity and HIV testing and to fully exploit the advantages of different methods used within the SHS (phone/pen-and-paper questionnaire) for sensitive questions.

Further, the Working Group shares the opinion that additional, more detailed population-based data should be collected periodically with greater time intervals, e.g. every ten to fifteen years. As the last

[4] http://transhealth.ucsf.edu/trans?page=lib-data-collection

SAPS (Jeannin et al. 2010) was conducted in 2007, the Working Group recommends that the FOPH should together with the FSO consider conducting an additional population survey on sexual health outside the SHS. Such a survey would provide information for an additional point in time and for greater detail on the general population's sexual health.

Recommendation 5
The behavioural data on the general population should be strengthened. The FOPH should together with the FSO consider conducting an additional population survey.

3.2 Surveillance of sexual health among migrants from Sub-Saharan Africa

The Working Group congratulates the IUMSP on the successful recruitment of ANSWER survey participants and recognises that ANSWER is a milestone for HIV/STI behaviour surveillance among migrants from Sub-Saharan Africa. The survey provides powerful quantitative data on HIV/STI relevant behaviours of this population group.

The Working Group suggested two themes for further analysis:

- Comparisons with other population groups; in particular the level of HIV testing.
- Triangulation with data on the migrations flow (statistical data on the sizes of migrant populations from Sub-Saharan African countries) and estimates for HIV prevalence based on biological surveillance data or data from the Swiss HIV Cohort Study.

4 Data triangulation, accessibility and dissemination of evidence

The Working Group is convinced that the annual workshops on data triangulation HIV/STI are important and have encouraged and supported the exchange among data analysts and policy-makers. The Working Group will continue to organize this workshop.

Moreover, the Working Group shares the opinion that efforts to better utilize available evidence (data sources and analyses) should be intensified. On the one hand, policy-oriented data analyses and triangulation should further be encouraged; on the other hand existing evidence is not sufficiently received by potential users. Partially, there are language and publication barriers (e.g. non-user friendly formats, restricted visibility). This assessment is consistent with the recommendation of the Midterm-Check of the NPHS.

Both data analysts and policy-makers should contribute to an increased exploitation of available data sources and analyses. The purpose of these efforts is to jointly contribute to an evidence informed HIV/STI policy.

In the following, key activities and responsibilities are outlined:

Improve policy-relevant data triangulation

- The data triangulation workshops should encourage better integration and triangulation of available data sources. The Working Group should improve the preparation of future workshops by specifying core analyses to be presented. The Working Group will consider meeting with data analysts and presenters so that core analyses use consistent age groups and time periods.
- Reporting on biological surveillance should include and present information on the recency of HIV infections and provide time trends (e.g. since the availability of the information on the recency of an HIV infection, 2008) as well as analyses for particular target populations. Information on the sizes of target populations should also be considered as core information.

- Behavioural surveillance should routinely include and present analyses across different population groups (e.g. migrants, MSM on the testing coverage or access to treatment).

Improve accessibility, visibility and dissemination of HIV/STI policy relevant evidence

- The accessibility, visibility and dissemination of HIV/STI policy relevant surveillance data should be increased. This could include user friendly overviews of existing data sources, abstracts etc. These activities should be informed by a concept that defines core indicators for the key areas of the NPHS (e.g. three axes with the defined target populations). These activities should be addressed by the FOPH and the FCSH/Surveillance Working Group.
- Analyses of surveillance data and evaluations should be published in formats that are visible and reaching a wider scientific public (i.e. peer-reviewed journals). The FOPH could encourage such publications with incentives.

Recommendation 6
Data triangulation should be more systematic and disseminated more widely.

5 Innovation in HIV/STI surveillance and evaluation

The Working Group furthered its discussion on the advancement of the measurement of effectiveness of HIV prevention and briefly reviewed developments about HIV/STI research promotion in Switzerland.

5.1 Advancing the measurement of effectiveness of HIV prevention

The discussion of the Working Group was informed by the results of a literature review[5] on the measurements of the effectiveness of HIV prevention targeting MSM as well as a workshop organized by the Working Group in May 2014. Researchers with different disciplinary backgrounds (including health economists) and policy-makers (prevention specialists working for public administration and NGOs) participated in the workshop to reflect and advance the measurement of effectiveness of HIV prevention.

The workshop and Working Group's discussion focused on "Break the Chains" (BTC) targeting MSM. BTC is a community campaign that was rolled out in Switzerland in 2012 and has since then been repeated each spring, with some adaptation. BTC was chosen because MSM are the group most affected by HIV in Switzerland and BTC is the core intervention implemented by the FOPH and its partners since 2012. The primary goal of BTC is to interrupt HIV transmission chains in MSM and reduce the community viral load.

The Working Group appreciated the results of the May Workshop and agreed on the following core aspects of the measurement of the effectiveness of BTC 2015:

- The study design should include a pre- and post-measurement. The Working Group agreed that a randomized controlled trial would not be feasible and that alternative, pragmatic approaches to evaluation can generate evidence of effectiveness.
- The assessment should take into account underlying assumptions about how BTC should work (presented as a conceptual “chain of effects of BTC”). It should assess intermediary effects of the intervention at the individual and community level. In particular, indicators of self-reported behaviours, cognitive (knowledge) and psychological aspects (e.g. attachment to the gay community) should be measured. These intermediary effects are hypothesised to contrib-

[5] The review was conducted by the scientific secretary of the Surveillance Working Group (2014) and disseminated to the participants of the workshop "advancing the measurement of the effectiveness of HIV prevention" held in Bern, May 2014.

ute to a reduction in HIV transmissions. It needs to be clarified how the study will consider biological data (e.g. HIV incidence, proportion of recent HIV infections).

- It should be analyzed how the FOPH and its partners conducted the campaign at the national and local level. The degree to which the BTC campaign was implemented as conceptualized should be investigated (implementation success/failure).
- The resources spent for BTC should also be measured to enable an economic analysis. The Working Group agreed that the main components of the input of BTC are financial resources, manpower and voluntary work.

In accordance with these core aspects of the measurement of the effectiveness of BTC, the Working Group suggests to develop and implement a study design that consists of three research modules:

A) Pre- and post-survey among MSM;

B) Monitoring of the resources spent for BTC 2015;

C) Investigation of the implementation of BTC 2015.

The Working Group will support the study with its expertise and coordinate the overall study. The Working Group is convinced that this project to measure the cost and the effectiveness of a key HIV prevention intervention targeting MSM will advance the idea of "third generation surveillance". It will improve the evidence on HIV prevention interventions and provide evidence that can be used for a modelling study, e.g. to update the existing mathematical model (Van Sighem et al. 2012), and an economic evaluation. However, the focus of the study is narrowed to one particular prevention intervention.

Recommendation 7
The FOPH should commission a study on the effectiveness of Break the Chains 2015. The study should include a pre-/post-survey (i.e. measurement of key intermediary effects), a monitoring of the resources spent for the intervention and an investigation of the implementation.

5.2 HIV/STI research

In its previous reports (2012, 2013), the Working Group has suggested a general population prevalence survey. In order to advance this idea, it has encouraged and contributed to a proposal for a national research programme on "Sex.21". The State Secretariat for Education, Research and Innovation (SERI) decided not pursue this research topic any further. The Working Group recognized that the SERI short listed a proposal "research on health services". The Working Group would welcome such a national research programme and strongly encourages that HIV/STI services are investigated within such a research programme.

6 Summary and prospects

The Working Group formulated the present report on the bases of the presentations and discussions at its September meetings as well as at the Workshops held in May and September 2014 on advancing the measurements of effectiveness of HIV prevention and data triangulation HIV/STI. Further, the Working Group received background information provided by its scientific secretariat (Frey 2014). The present report concentrates on key issues concerning HIV/STI surveillance that were emphasized at the May and September workshops. Further, the Working Group picked up one new issue, preparedness for STI outbreaks, due to international developments.

In general, the Working Group aimed to provide insights and recommendations on how the Swiss surveillance systems could be enhanced by additional or more sensitive information for the general population (recommendation 4 and 5) and the migrants population from high prevalence countries (recommendation 1). Further, the Working Group was concerned by outbreaks of STI (in particular sexually transmitted gastrointestinal infections) witnessed in other European countries. It therefore recommends that Switzerland should assess its preparedness for such outbreaks (recommendation 2). The Working Group briefly discussed chlamydia screening in Switzerland and identified the need for more detailed discussion in 2015 (recommendation 3).

The Working Group shares the opinion that the improvement of data triangulation, accessibility and dissemination should enjoy high priority. It has formulated some suggestions for improvement and will contribute to these activities, e.g. by improving the preparation of the workshop data triangulation (recommendation 6).

Finally, the Working Group has specified how to advance the measurement of the effectiveness of HIV prevention and suggests performing a study on the effectiveness of Break the Chains 2015 (recommendation 7).

Overview: Recommendations

Biological surveillance

1. The FOPH should assess the feasibility of collecting more objective information about the probable country of HIV infection in migrants from high prevalence countries to improve the targeting of prevention activities.
2. The preparedness of Swiss infectious disease surveillance systems for detecting outbreaks of sexually transmissible infections should be reviewed and assessed in the context of emerging evidence on changing risk behaviours and, if necessary, revised.
3. The Working Group recommends that decisions about chlamydia screening should be taken at a national level.

Behavioural surveillance

4. The forthcoming Swiss Health Surveys need to continue the module on sexual health. Questions about paying for sex, sexual identity and transgender, and sexual violence should be collected in future SHS.
5. The behavioural data on the general population should be strengthened. The FOPH should together with the FSO consider conducting an additional population survey.

Data triangulation, accessibility and dissemination

6. Data triangulation should be more systematic and disseminated more widely.

Advancing the measurement of effectiveness of HIV prevention

7. The FOPH should commission a study on the effectiveness of Break the Chains 2015. The study should include a pre-/post-survey (i.e. measurement of key intermediary effects), a monitoring of the resources spent for the intervention and an investigation of the implementation.

The Working Group plans its 2015 meeting again directly after the workshop data triangulation HIV/STI in autumn 2015 (22/23rd October). The Working Group sets two priorities for its activities in 2015: A) Better conceptualizing and encouraging data triangulation to be presented at the yearly workshop, B) Support the study on the effectiveness of Break the Chains 2015.

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