# MAXIMISING YOUTH-LED & YOUTH-SERVING

# CIVIL-SOCIETY PARTICIPATION IN THE IAS 2019 COVID-19 PREVENTION CONFERENCE 2ND FEBRUARY 2021.


African Alliance

VACCINE ADVOCACY RESOURCE GROUP

GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

READY RESILIENT & EMPOWERED ADOLESCENTS & YOUNG PEOPLE


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# OVERVIEW

The COVID-19 pandemic represents an unprecedented global emergency that has now infected more than 3 million people worldwide and is already the most lethal new pandemic since the emergence of AIDS nearly 40 years ago.

In recognition of the urgent need to analyse research, review policy and exchange frontline experiences related to the COVID-19 pandemic, the International AIDS Society hosted a virtual COVID-19 Conference on 10 - 11 July 2020, shining a spotlight on the latest science, policy and practice of the pandemic.
The virtual COVID-19 Conference took place online on the last day of AIDS 2020: Virtual. It featured a free-of-charge, stand-alone programme of plenary, invited-speaker and abstract-driven sessions exclusively dedicated to the COVID-19 pandemic.

Many global experts who participated in AIDS 2020: Virtual are leading voices in SARS-CoV-2 virology, immunology, vaccines, clinical care and therapeutic guidelines, and trials. The virtual conference will provide a unique opportunity to help shape the evolving global response to COVID-19.

***"We convened this conference to tackle the many urgent questions related to COVID-19 epidemiology, prevention, treatment and care," IAS President Anton Pozniak said. "The studies presented at this gathering underwent rigorous scientific vetting and capture critical insights from the front lines in hard-hit communities worldwide."***

Amidst global efforts to develop a vaccine, this conference examined all aspects of SARS CoV-2 infection prevention, including non-pharmaceutical interventions, active and passive immunisation and related science. The committee chairs of the conference were six leading global scientists:

- Linda-Gail Bekker, IAS Past President, University of Cape Town
- Susan Buchbinder, IAS Governing Council member, University of California
- Beatriz Grinsztejn, IAS Governing Council member, Fundação Oswaldo Cruz
- Adeeba Kamarulzaman, IAS President, University of Malaya
- Jennifer Kates, IAS Treasurer, Kaiser Family Foundation
- Sharon Lewin, IAS President-Elect, University of Melbourne

The African Alliance & Vaccine Advocacy Resource Group noted with concern that the IAS COVID-19 Prevention Conference chairs comprised an all scientist panel. The need for engaging community leaders and civil society was highlighted to the IAS leadership by the African Alliance's Founder, Tian Johnson. As a result of this, an engagement between IAS and the African Alliance took place to explore opportunities to strengthen community and civil society engagement with and participation in the conference and beyond. It was agreed that the African Alliance would conceptualise and seek partnerships to undertake a range of activities detailed in this report.

As a result of this interaction and aware of the critical need to ensure that communities and civil society also shape, inform and engage in this platform, the African Alliance, the Vaccine Advocacy Resource Group and the Global Network of Young People Living with HIV (Y+ Global) and the READY+ Movement facilitated a series of skills-building sessions for civil society and community leaders across the globe in the run-up to and in preparation for the conference to maximise engagement and to ensure that community voices - who have been working on the front lines of the COVID-19 response - were able to engage and formed part of the conference deliberations.

**Some key announcements made during the conference included:**

**Promising data on sofosbuvir and daclatasvir as a potential treatment for COVID-19**

Andrew Hill of Liverpool University presented promising results from a study of sofosbuvir and daclatasvir - a drug combination currently used for hepatitis C - as a treatment for moderate or severe COVID-19. This open-label trial included 66 adults with COVID-19 admitted to four Iranian University hospitals. Patients were randomised to standard care (hydroxychloroquine ± lopinavir/ritonavir, drugs that were standard at the time of the study but are now thought to have no benefit for COVID-19) either with or without sofosbuvir and daclatasvir.

The study team found that the group of patients receiving sofosbuvir and daclatasvir had better 14-day clinical recovery rates and shorter hospital stays. The study concludes that larger confirmatory trials are needed to support worldwide regulatory approval of sofosbuvir and daclatasvir to treat COVID-19.

**Study identifies characteristics associated with clinical improvement and mortality in patients with severe COVID-19 treated with remdesivir**

Kristen Marks of Weill Cornell Medicine presented a study that examined characteristics associated with clinical improvement and mortality in patients with severe COVID-19 who were treated with remdesivir. Remdesivir has demonstrated potent in vitro and in vivo activity against SARS-CoV-2 and favourable clinical efficacy and good tolerability in patients with COVID-19 treated through compassionate use. In this open-label, phase 3 trial, hospitalised COVID-19 patients were randomised to receive either five or ten days of intravenous remdesivir once daily. Of the 397 study patients, 31% were on high-grade oxygen support at baseline. Through median follow up of 10 days, 256 patients had clinical improvement in oxygen support (2 or more points of improvement on a 7-point scale), and 44 had died.

The study team found that the following were associated with higher rates of clinical improvement: lower-grade respiratory support, age under 65, location outside of Italy, no concomitant biologic medication and - perhaps most notably - Black race. The characteristics associated with all-cause mortality were high-grade oxygen support, a medical history of chronic obstructive pulmonary disease (COPD) and age over 65.

**Strong evidence that in utero vertical transmission of SARS-CoV-2 is possible**

Claudio Fenizia of the University of Milan presented results of a study that investigated whether vertical transmission of SARS-CoV-2 is possible and whether this results in foetal involvement. The study also analysed the role of the antibody and the inflammatory responses in placenta and plasma from SARS-CoV-2-positive pregnant women and foetuses. The study enrolled 31 pregnant women, all of whom had SARS-CoV-2. The virus was found in an at-term placenta and in the umbilical cord blood, in the vagina of a pregnant woman and in milk. Furthermore, the study found specific anti-SARS-CoV-2 IgM and IgG antibodies in the umbilical cord blood of pregnant women, as well as in milk specimens. Finally, a specific inflammatory response was triggered by SARS-CoV-2 infection in pregnant women at the systemic and placental levels and in umbilical cord blood plasma.

According to the researchers, the study provides strong evidence that in utero vertical transmission is possible in women who have SARS-CoV-2.

**New insights from a large COVID-19 testing campaign in the US**

Carina Marquez of the University of California, San Francisco, presented new findings from a mass testing campaign that offered SARS-CoV-2 PCR and antibody tests to all residents older than four years – regardless of symptoms – in a census tract in the Mission District of San Francisco. Six weeks into San Francisco's shelter-in-place policy, the study tested nearly 4,000 people over four days, making it the largest mass testing campaign performed in a single district in the United States. In May, the study released initial results showing that 95% of those who tested PCR positive for SARS-CoV-2 in the district were Latinx individuals, most of whom had been unable to shelter in place for financial reasons. The study shared three new findings. First, the rate of asymptomatic infection with SARS-CoV-2 can only be defined by mass testing a whole community regardless of symptoms and following them over time. The study found that 53% of patients were asymptomatic at the time of testing, and 42% remained so. Second, the study found that viral loads of SARS-CoV-2 in nasopharyngeal swabs as estimated by PCR were as high among those who were asymptomatic early on in infection as among symptomatic individuals. Third, based on phylogenetic analysis, the study found multiple SARS-CoV-2 strains in the census district, suggestive of multiple introductions over time acquired from across the city.

## PROPOSED ACTIVITIES

### SKILLS BUILDING SESSIONS - CIVIL SOCIETY & COMMUNITY LEADERSHIP

Curate, package and deliver a series of high-quality webinars based on the four conference categories of basic science; vaccines, non-pharmaceutical prevention and global access and policy in a format and using content that is relatable, relevant and targeted for community leaders and advocates across the globe. This activity will ensure that civil society and community leadership are able to not only strengthen their skills but be equipped to engage with the conference content meaningfully.

### SKILLS BUILDING SESSIONS - COMMUNITY MEDIA PRACTITIONERS

Curate, package, and deliver a series of community media focused dialogues via Whatsapp to build collective skills and knowledge on community media practitioners' role in reporting on COVID-19. This intervention aims to facilitate a space for community media practitioners to develop their technical skills in reporting on critical issues related to the four conference categories.

### ABSTRACT SUPPORT - COMMUNITY FOCUS

Support the Conferences call for abstracts as well as support the review of abstracts. This will include monitoring to ensure that community work around COVID-19 is given space and visibility in the final selection of abstracts.

### COVID-19 CONVERSATIONS - CIVIL SOCIETY ENGAGEMENTS LECTURE SERIES ON THE 4 CONFERENCE CATEGORIES

Deliver five special editions of "COVID-19 Conversations - The Webinar Series" focused on the conference, with one being held every month starting in November and the last webinar held after the conference in March 2021. The last webinar will serve two purposes - to validate the community report and to share reflections on the engagement process in the run-up to, during and post the conference as well as spotlight select community focused abstracts and activities. These conversations bring together subject experts and civil society leaders into dialogue with a critical mass of civil society.

### COMMUNITY ENGAGEMENT IN THE IAS COVID-19 CONFERENCE: PREVENTION

Develop a Community Engagement Report after the conference to highlight the work, reach and depth of community-based research, advocacy, movement building and mobilisation featured in the conference.

### GLOBAL SECTOR STATEMENT ON COMMUNITY ENGAGEMENT AND COVID-19

Develop and, on the day of the conference, adopt a collective statement that will drive increased attention to resources, funding, services and policy needed to prioritise global responses and international research initiatives through the lens of community engagement in the COVID-19 response.

## FUNDED ACTIVITIES

**The African Alliance then partnered with Y+ Global and the READY + Consortium to implement a selection of these activities to support civil society involvement in the run-up to the IAS COVID-19 Prevention Conference held in February 2021. Due to limited funding available, it was decided to carry out the following activities:**

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## DELIVERABLE 1: COVID-19 CONVERSATIONS - Civil Society Engagements Lecture Series on the Four Conference Categories

***"Curate, package, and deliver a series of high-quality webinars based on the four conference categories of basic science; vaccines; non-pharmaceutical prevention, and global access and policy in a format and using relatable content, relevant, and targeted for community leaders and advocates across the globe. This activity will ensure that civil society and community leaders can strengthen their skills and be equipped to engage with the conference content meaningfully."***

The technical skills-building sessions provided community and civil society leaders with critical technical skills on all four of the conference themes delivered by leading international health experts over two days of lectures tailor-made and designed for global representation of this community delegation. The lecture series took place on 28 and 29 January 2021.


**The objectives of the lecture series were as follows:**

- To prepare global community leaders and activists for the IAS COVID-19: Prevention and to ensure they are able to participate fully and engage during the conference
- To impart knowledge on the four themes of the conference and for global health experts to break down the complex science of each thematic area
- To provide a platform for dialogue, deliberation and planning between global community leaders and activists ahead of the conference

## GUEST SPEAKERS

Guest speakers were selected based on their level of expertise and ability to explain and break down complex scientific information in an accurate yet accessible manner for a non-scientific audience - communities and civil society members. Guest speakers were also selected based on their qualifications and experience in health and science literacy skills-building and experience and comfort speaking to global audiences. All guest speakers were offered an honorarium as a token of appreciation for their time.

The aim was to have all speakers as Black women health experts from the Global South, which was achieved. The following is the information about each guest speaker and the theme on which they presented.

***All session recordings and slide sets can be found at https://africanalliance.org.za/ias/***

### BASIC SCIENCE - DR SAMUKELISO DUBE

Dr Samukeliso Dube's 20 years of experience in health care has included several senior roles in delivering and financing health care, the latest of which was at Philips Healthcare as a Medical Counsel for Africa and Business Development Manager for Southern Africa. Dr Dube worked at ArK as head of Healthcare Investments, before which she was Africa Director at PATH.

## VACCINES - DR NYARADZO CHIGORIMBO-TSIKIWA

Dr Nyaradzo Chigorimbo-Tsikiwa is a senior researcher in the department of Medical Virology at the University of Cape Town. She heads a small research group investigating the interaction of viruses with the human body, specifically looking at ways to prevent infection. Prior to that, she was an early career research fellow at UCT and the Desmond Tutu HIV Foundation. Dr Chigorimbo-Tsikiwa currently uses multidisciplinary biomedical approaches to understanding and finding solutions to prevent HIV infection. She works with several internation-al collaborators and has presented her work internationally to scientific conferences and forums and the public


## GLOBAL ACCESS AND POLICY - DR JENNIFFER MABUKA-MAROA

Dr Jenniffer Mabuka-Maroa heads the genetics program Human Heredity and Health In Africa (H3Africa) and the African Human Clinical Trials portfolio of The African Academy of Sciences (The AAS). Prior to joining The AAS, Maroa spent 16 years doing HIV-1 clinical research. She investigated host immune responses in moth-er-to-child transmission of HIV-1 with a focus on breast-milk transmission. She explored antibody evolution in natural HIV-1 infection to inform antibody-based vaccine design. Dr Maroa holds a PhD from the University of Washington's Department of Global Health and is currently a Clinical Associate Professor at the University of Washington in Seattle and a 2018 Aspen New Voices Fellow.d the public..

## NON-PHARMACEUTICAL PREVENTION - DR SIBUSISO MKWANANZI

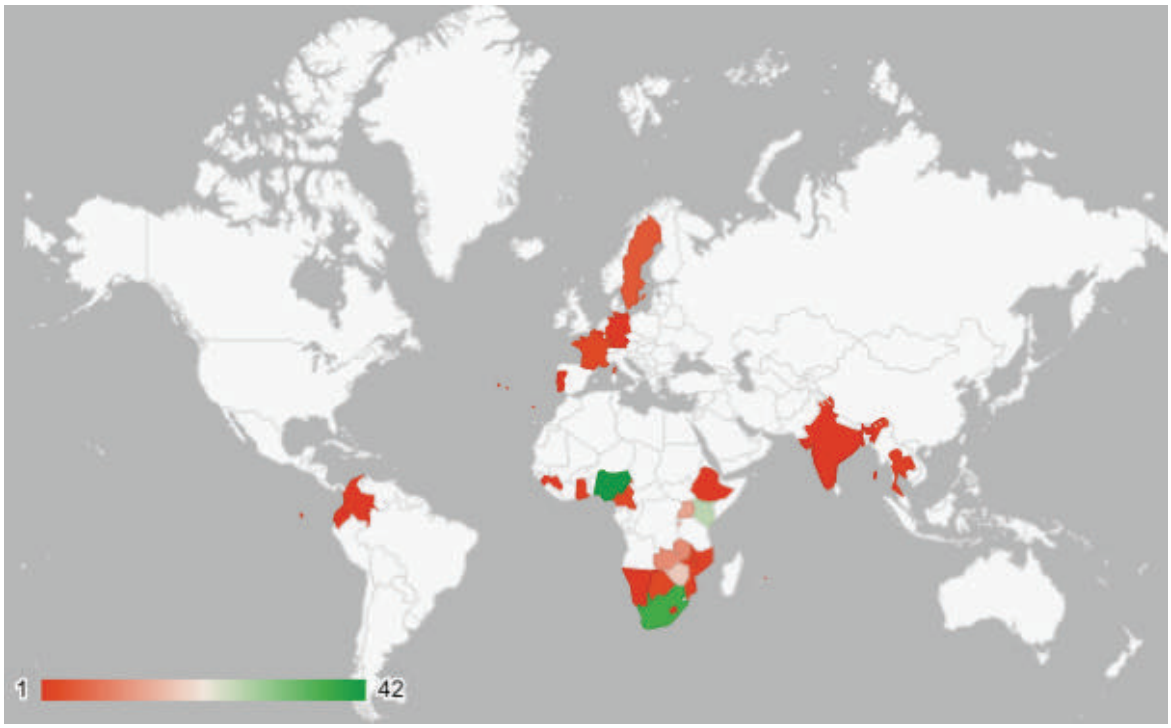
Dr Sibusiso Mkwananzi is a Demographer and Senior Researcher at the Centre for Social Development in Africa (CSDA) at the University of Johannesburg. She holds a PhD in Demography, Masters in Epidemiology & Biostatistics.

## ATTENDANCE

The lecture series was attended by civil society members and community leaders from over 34 countries, with the majority being from African countries. There was an average of 350 registrants and about 335 attendees over the two days.

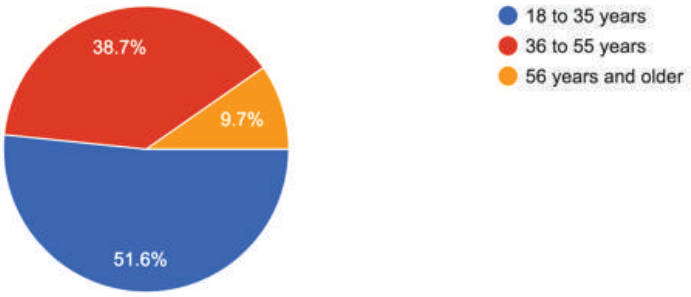
| | Number of Registrants | Number of Attendees |
|---|---|---|
| Day 1 | 326 | 282 |
| Day 2 | 374 | 387 |

The map below represents the countries where attendees connected from.




**Participant Age Group**

**93 RESPONSES**

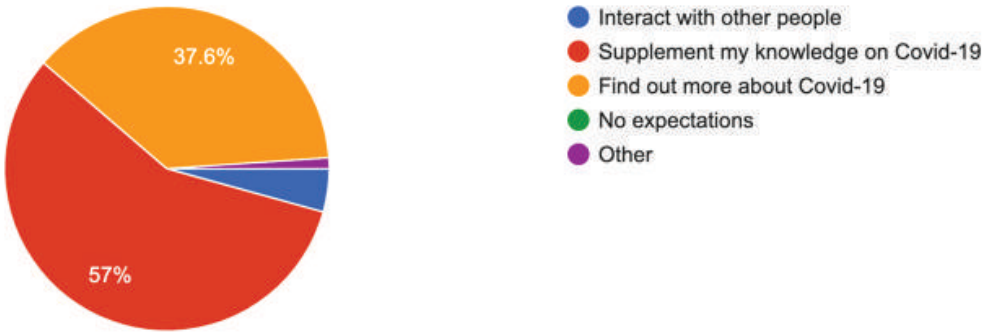


## PRE-LECTURE SURVEY

Participants were asked to fill in a survey before the lecture series started to gather data to inform the sessions and measure the participants' knowledge. Furthermore, this helped guest speakers to customise and deliver the content. There were 93 respondents to the survey.

**1. What do you hope to get out of this lecture series?**

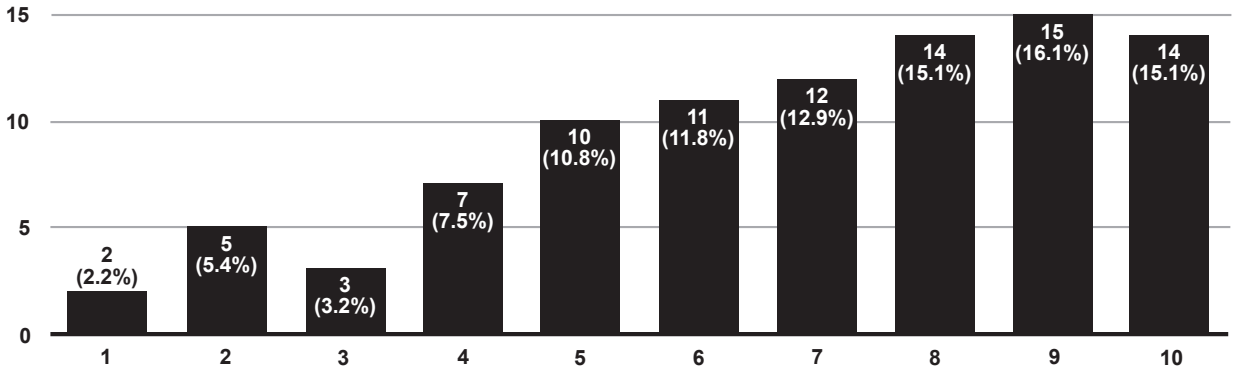
**93 RESPONSES**




**2. Please rate your degree of knowledge for the following, with 10 being very knowledgable.**

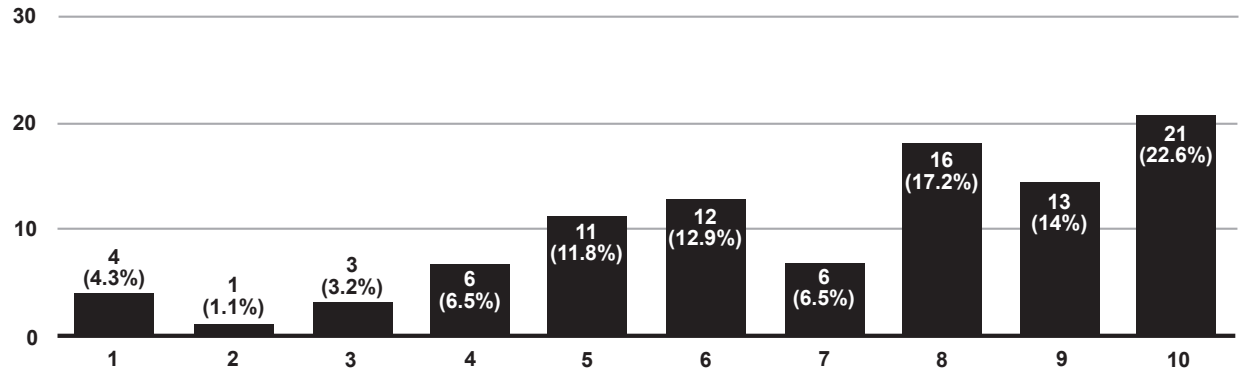
**2.1 How SARS - CoV-2 is transmitted**

**93 RESPONSES**



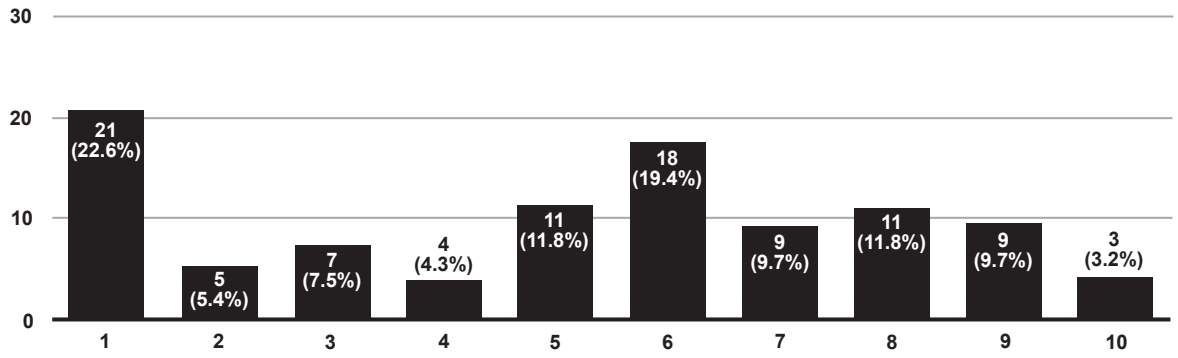

**2.1 How SARS - CoV-2 is transmission is prevented**

**93 RESPONSES**



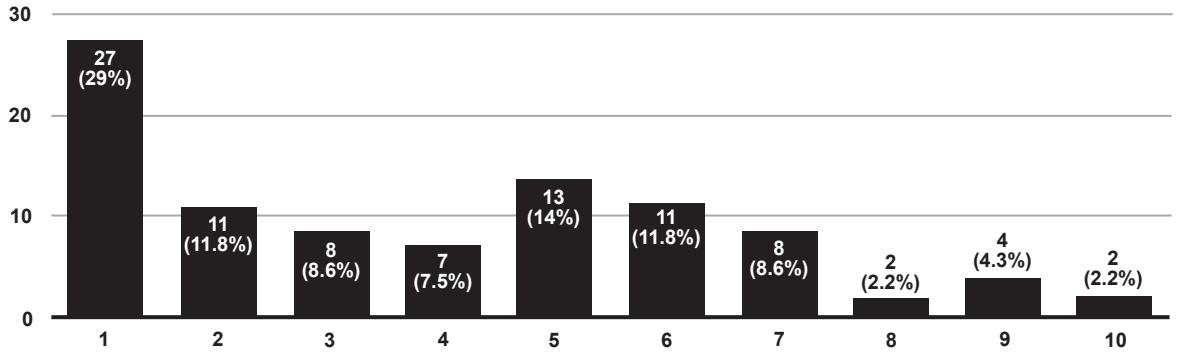
**2.3 How COVID-19 vaccines work in the human body**

**93 RESPONSES**



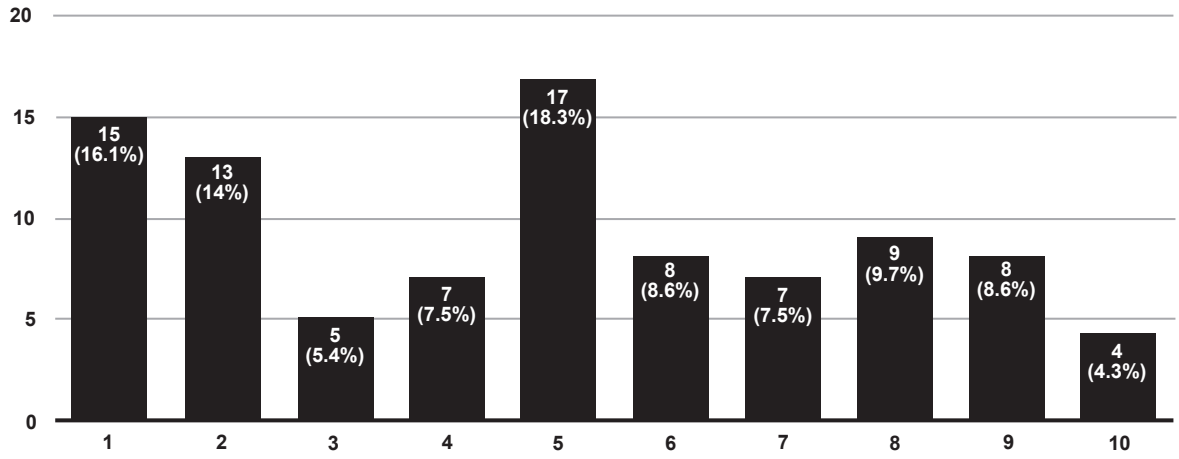

**2.4 The process of developing a COVID-19 vaccination**

**93 RESPONSES**




**2.1 The basic science behind the novel Coronavirus**

**93 RESPONSES**



**Why this matters - Vaccines**

Civil society advocates and leaders in the lecture received information on the basics of vaccines. The lecture was essential for participants to understand what was to be covered in the IAS COVID-19 Prevention Conference around vaccines. Understanding vaccine production to distribution is vital for people working in civil society spaces to build further the understanding of communities where they operate. As civil society leaders who are also community role models in their areas of operation, it was vital to learn about the types of vaccines and their efficacy, as they would impart this information in their communities. Having factual information on vaccines can address vaccine misinformation and hesitancy within communities when leaders share this information.

**Session Summary**

Dr Nyaradzo Chigorimbo-Tsikiwa gave a detailed and precise description of vaccines and why that matter should be of interest to civil society. Firstly, she gave an overview of the vaccine clinical trial process, from pre-clinical trial to the vaccine's approval stage. She explained that it is critical to understand that vaccines go through these stages to test for safety and efficacy in animals and human beings. Dr Nyaradzo then moved on to the SARS-CoV2 vaccine landscape from vaccine development, the various vaccines in all their different clinical trial processes globally. Attendees were also provided with easy to understand and comprehend information as they did not have any scientific backgrounds. Participants engaged quite well during the lecture. It was important for attendees to know about the types of vaccines to differentiate the different compositions of vaccines.

Dr Chigorimbo-Tsikiwa discussed the global SARS-CoV2 vaccine landscape, the basics of immunology and biology, herd Immunity and virus variants. Her talk was interactive, and attendees asked questions and comments captured below:

**Q & A**

- I would like to know what effect the vaccine would have on people whose immunity is suppressed due to HIV and those with underlying conditions like CKD and CKD.
- What are the parameters will they need to look at before giving such ones the vaccine?
- How long does it take to monitor those small animals and initial human subjects before being approved for humans?
- How many documented strains of COVID-19 is there, and how does immunity to them work?
- I would like to know why some of these vaccines have had fatal effects on older populations. Were they not tested among our more senior people?
- Does the vaccine have any particular side effects in patients with blood disorders like Thalassemia and sickle cell disease?
- I am not sure whether this was asked before since I joined the meeting a bit late. I am not sure about the side effects of the vaccines versus the benefits.
- Did we have ample time of assessing this to guarantee the safety of humans
- Kindly clarify on rumours that the vaccines lead to impotence in men.
- I am interested in the resistance rate among the African community. Do we have any resistance?
- Any documented cases of effectiveness and safety of vaccines to people with disabilities?

- Sorry did you talk about the approaches such as BnABs (Broadly neutralising antibodies)
- Was the Moderna one discontinued?
- Thank you very much for the informative presentation. Currently, there is a call to start clinical trials involving Ivermectin to treat the COVID-19. Have you managed to get the data or indicate whether it can be effective against COVID-19?
- AstraZeneca vaccine from the late-stage trials is 70% in protecting against symptomatic disease. It's, however, stable at higher temperatures compared to the others. With the reduction in efficacy, my question will have a negative effect if used during the pandemic, especially in Africa countries where people might think because they've been vaccinated, they might not follow the protocols that are already poorly adhered to?
- Can people with Hashimoto's disease be vaccinated?
- To make sure that the persons receiving vaccines are not infected already, are they going to be tested first if they are negative they get the vaccine, or what?
- Should we trust vaccines that are developed especially from African countries
- Does everyone have to be tested on every type of vaccine? If so, how long does it to get a second vaccine after other children below six years are they part of this exercise, or is there any expected COVID-19 vaccine side effect when given to an HIV positive client?
- Kindly if you can revisit the page where you defined herd immunity. I am not comfortable with that explanation
- Will the vaccine be affordable for all people in SADC?
- Thanks for the beautiful presentation. Will this be shared with us?
- Please, I want to ask if pregnant women do take the vaccine?
- How much did it cost the scientists to produce the vaccines?
- Is it true that if the vaccines do not respond well to your body, this can lead to death?
- Apart from COVID-19, does the vaccine cure any other diseases in the body?
- Will the funded countries be in debt with the USA, or will it be a donation for all countries?
- What are the preventive measures that are ground to stop people that might like to produce fake vaccines in other to make money?
- Many countries claim they are coming up with a vaccine. Which measures are put in place to get the best vaccine?
- How long should it take from the first shot to the second one?
- Congratulations on a rich and fantastic presentation. When should we realistically anticipate having access to any of these vaccines in some of our African countries?
- Secondly, are there any concerns around shelf-life when the vaccines reach the central medical stores in-country?

Dr Jenniffer Mabuka-Maroa's lecture discussed the ethical implications of the global distribution and equitable access to COVID-19 vaccines, high costs of developing drugs, diagnostics and vaccines, and funding and infrastructure to establish COVID-19 tools.

**Why this matters - Global Access and Policy**

Civil society as non-governmental actors creates and participate in formal gatherings and informal movements to unify and deepen their beliefs and policy interests. Their understanding of global access to vaccines and policy enables them to be meaningful, engage, and participate in spaces that encourage and advocate for their communities' fair allocation of vaccines during the rollout process. Understanding the various dynamics and politics linked to global access of vaccine puts civil society advocates at a better position to hold those in authority accountable for unfair distribution and corruption which comes with vaccine rollout in their countries and spheres of influence.

**Session Summary**

Dr Jennifer gave a detailed lecture on vaccines and vaccinations' ethical goals, including reducing morbidity and mortality, minimising the impact of the disease on the existing social infrastructure and economy, and bridging health inequalities - whereby the disadvantaged groups or developing countries would not be left behind. For global access to COVID-19 vaccines to be practical and realist, issues such as cost, distribution, delivery and community uptake should be addressed not to hinder access to vaccines. Global access to COVID-19 vaccines is not a recent phenomenon as we have learnt from past experiences of access to ART for HIV patience's in Africa. Dr Jennifer also explained the dynamics that lead to vaccines being expensive, such as the time taken to develop the vaccines and the cost needed for research infrastructure and human resource. Additionally, this lecture also covered vaccine distribution, transportation and storage. For countries to receive vaccines, they also need to be prepared in transportation to regional centres; the storage units need to have specific temperatures depending on the vaccine's storage temperature specifications and human resource to be trained on vaccination protocols.

**Q & A**

- Will the vaccines we have now work on the SARS-COV2 variant (i.e. mutation) that we are now seeing in a few countries, including SA, the UK and Brazil? Will we need vaccine boosters to deal with these emerging strains?
- How do we tackle myths and misconceptions about the vaccine?
- What is the durability of the vaccines?
- Do you think that there is a role for the African Continental Free Trade Agreement to boost Africa's vaccine research and development?
- Is there a need for us to advocate for our African countries to fund some mechanism to support scientists such as yourself?

**Why this matters - Non-pharmaceutical prevention**

The most effective strategy to mitigate the impact of a pandemic is to reduce contacts between infected and uninfected persons, thereby reducing the spread of infection, the peak demand for hospital beds, and the total number of illnesses, hospitalisations and deaths. From the lecture given by Dr Sibusiso, it was clear that non-pharmaceutical interventions prevent the spread of COVID-19 but are determined by people's attitude. It is also the responsibility of civil society leaders within their communities to educate people on the advantages of non-pharmaceutical interventions to reduce the virus's spread. Most non-pharmaceutical interventions mean wearing masks, but that also includes the correct wearing of masks and the type of mask to be worn.

**Session Summary**

Dr Sibusiso's lecture covered non-pharmaceutical prevention and what that means in the context of COVID-19. She also referenced Karim and Karim on the ten lessons from HIV for the COVI-19 response. These lessons resonate with the attendees as most of them came from civil society organisations that have been involved in HIV response work in their diverse communities. Dr Sibusiso explained the essential prevention toolbox that can be used to reduce the spread of COVID-19. The tool kit included the benefits of social distancing, hand hygiene practices(hand washing/sanitising, cloth masks, testing, isolation, quarantine and contact tracing, the appropriate use of PPE, lockdown and symptom screening.

Dr Sibusiso Mkwananzi's lecture tackled Non-Pharmaceutical Interventions of COVID-19, including the health, socio-economic implications of hand hygiene, mask-wearing, social distancing, social, behavioural changes, self-isolation and quarantine. She also discussed the limitations of Non-Pharmaceutical Interventions, particularly in the Global South.

**Q & A**

- Any guidance for drugs users and COVID-19 vaccines?
- Thank you for a powerful presentation Dr Mkwananzi. Eloquently delivered and very accessible. Why the 14 days quarantine-period? Now that we have other SARS-COV2 variants, will the quarantine-period timeframe increase?
- Could leverage on TB infection control measures in congregated settings (i.e. opening windows) help as an NPI for COVID-19?
- Do you recommend that we stock up on our own 'oxygen' supplies privately for our homes, especially seen as shortages of oxygen in the hospitals?
- What is the role of traditional herbal medicines such as umhlonyane, lengana (i.e.artemisia afra) in preventing COVID-19? Many families are taking these herbal medicines as a precautionary measure.
- How can governments across borders, especially Beitbridge, respond to the super spreaders-border jumpers?
- I've had COVID-19, and now I suffer from lung issues. I am on an inhaler. I know that there is increasing evidence showing post-COVID-19 people suffering from all kinds of crazy post-side effects. Is late-onset asthma one of these?
- Thank you for a fantastic lecture!

**Why this matters - Basic Sciemce**

Dr Samukeliso's lecture was vital as it provided participants with fundamental teachings on science to lay the groundwork for the conference and future engagements around how science responds to public health emergencies like COVID-19. This knowledge on what the virus is and viral classification allowed participants to appreciate and contextualise the rapidly evolving landscape and a broad scope of the data on different viruses and their origins and management.

**Session Summary**

Dr Samukeliso Dube's session focused on the basic science of COVID-19 and how the virus behaves. She touched on epidemiology, basics of virology, viral nomenclature, the virus's structure, testing, the life cycle of the virus, and the disease's natural history. She supplemented some of the knowledge that Dr Chigorimbo-Tsikiwa presented and linked back to all the lectures. She concluded the series with a lively discussion.

**Q & A**

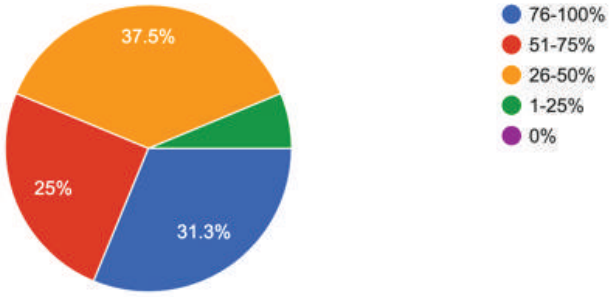
- Is it possible for someone with strong immunity to contracting COVID-19?
- The COVID-19 has the capabilities of mutating... Should we anticipate weakness in terms of the vaccine strength?
- What happens to the people that asymptomatic always, but when tested, they are positive?
- Thank you, Dr, for your presentation; I can see that you understand virology very well; I would like to know what makes the Coronavirus different from HIV and why there is a vaccine to fight one virus and not the other, since both attack cells responsible for our immunity?
- Does it entail that a person must have a robust immune system to fight something?
- To what extent is our political leadership well-versed in this detail as they are involved in decision making to open and close borders to combat the disease's spread?
- Did they use CRISPR technology to develop SARS-COV2 vaccines?
- Great presentation

## POST-LECTURE SURVEY

Although we received various positive feedback through the Q&A and chat during the sessions, a post-lecture survey was critical to assess what worked and what did not. Furthermore, it gave a valuable insight into the lecture series program from the participants' perspective. Unfortunately, the response rate for the survey was shallow, with only 16 respondents.

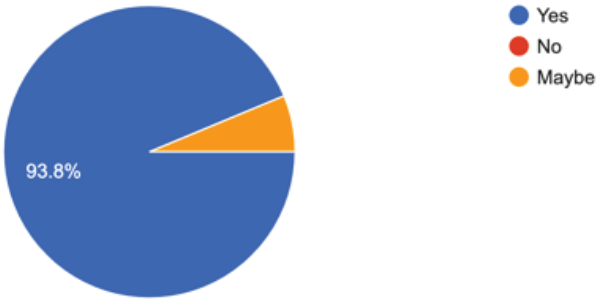
**1. What percentage of the information was new to you?**

**16 RESPONSES**



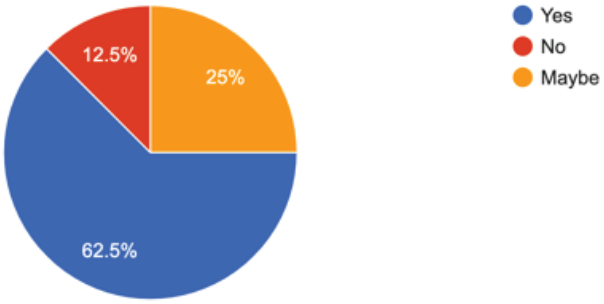

**2. I can use the information from the lectures to better engage at the IAS COVID-19 Prevention Conference**

**16 RESPONSES**




**3. Would you like to learn more about the four themes discussed in the lectures?**

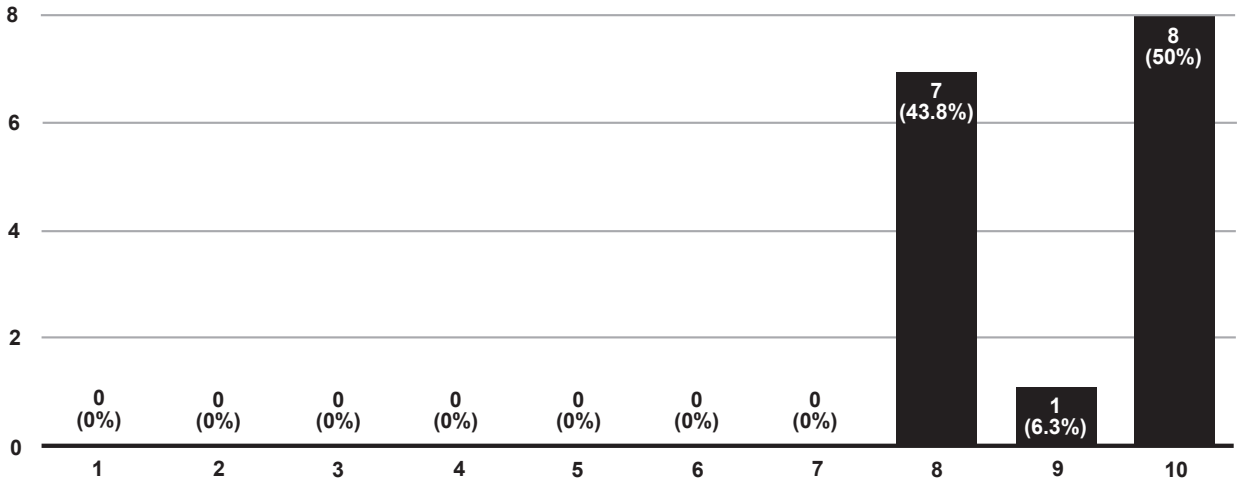
**16 RESPONSES**



**4. Please rate each speaker's knowledge of the topic, with 10 being very knowledgeable.**

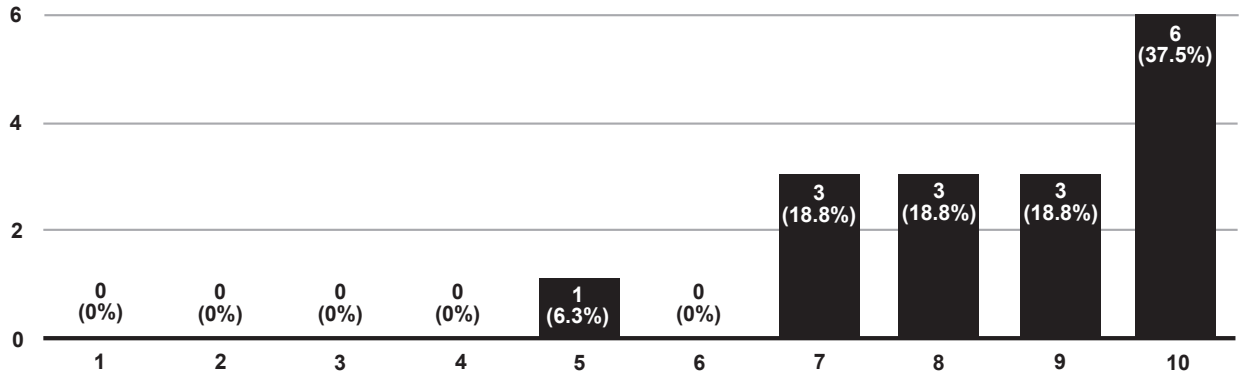
**4.1 Dr Nyaradzo Chigorimbo-Tsikiwa (Vaccines)**

**16 RESPONSES**



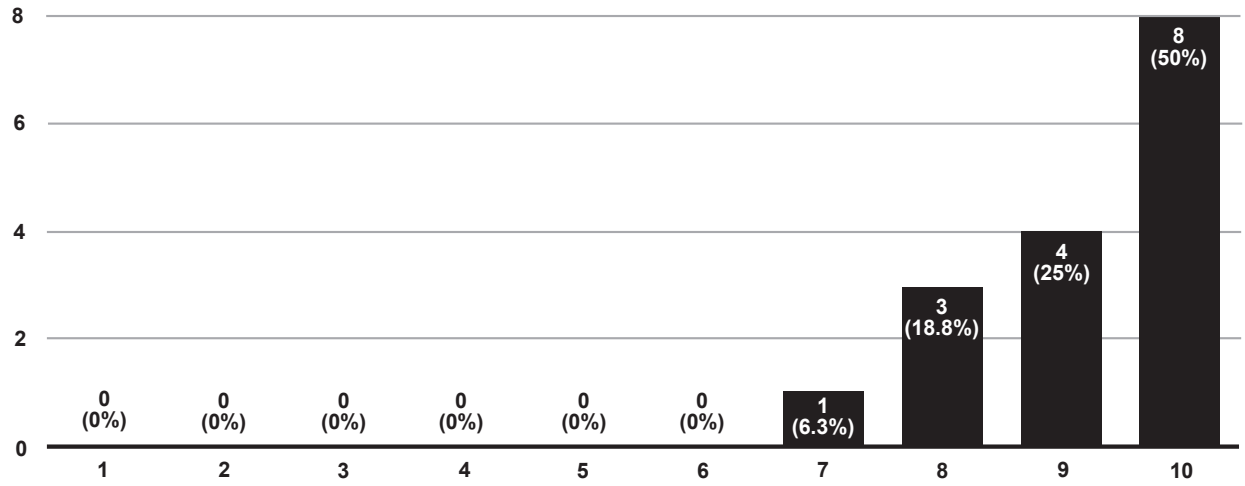

**4.2 Dr Jeniffer Mabuka-Maroa (Global Access and Policy)**

**16 RESPONSES**



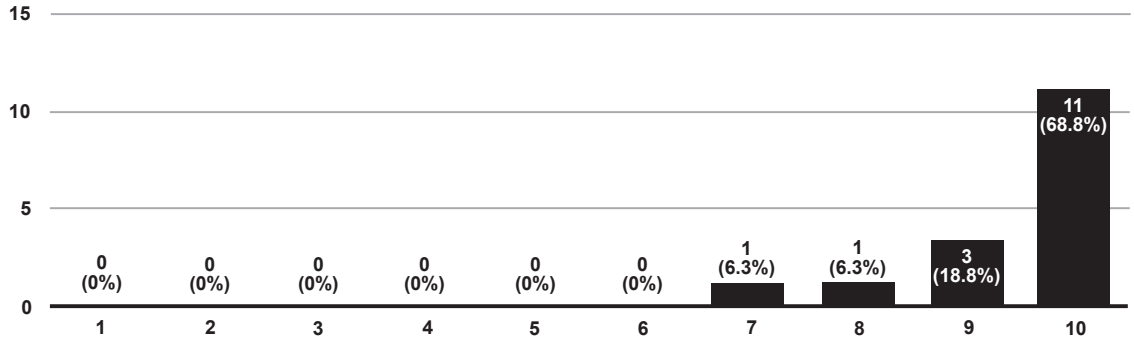

**4.3 Dr Sibusiso Mkwananzi (Non-Pharmaceutical Interventions)**

**16 RESPONSES**



4.4 Dr Samukeliso Dube (Basic Science)

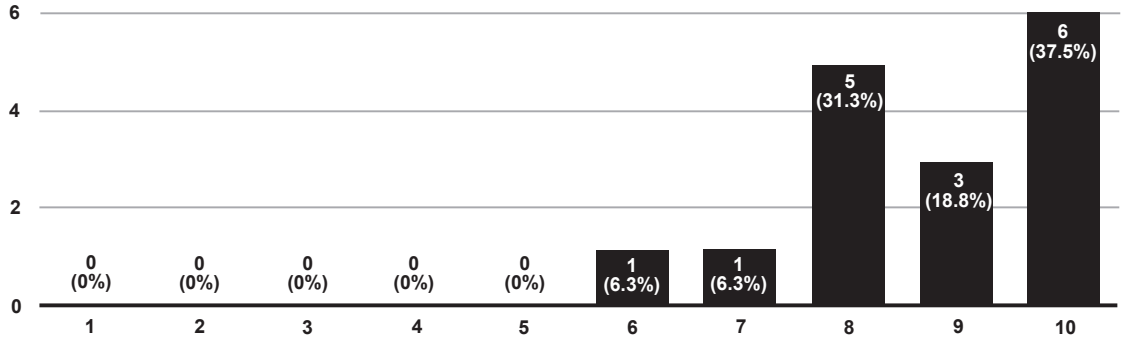
16 RESPONSES




5. Please rate each speaker's presentation skills, with 10 being excellent knowledge

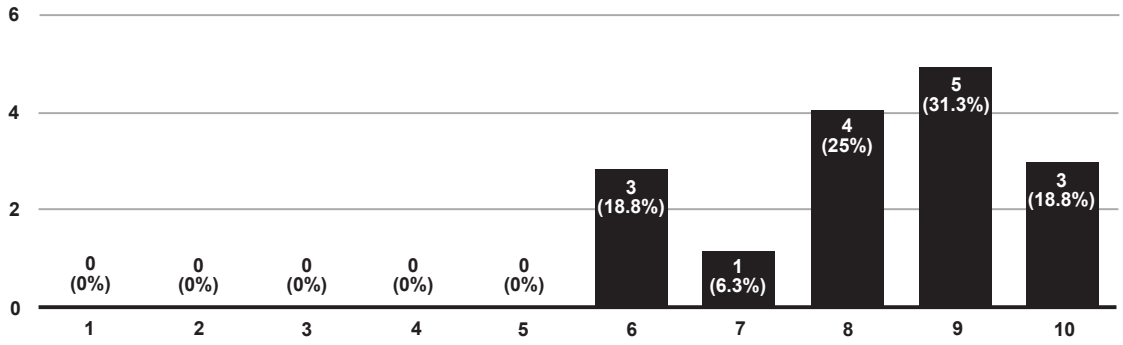
5.1 Dr Nyaradzo Chigorimbo-Tsikiwa (Vaccines)

16 RESPONSES



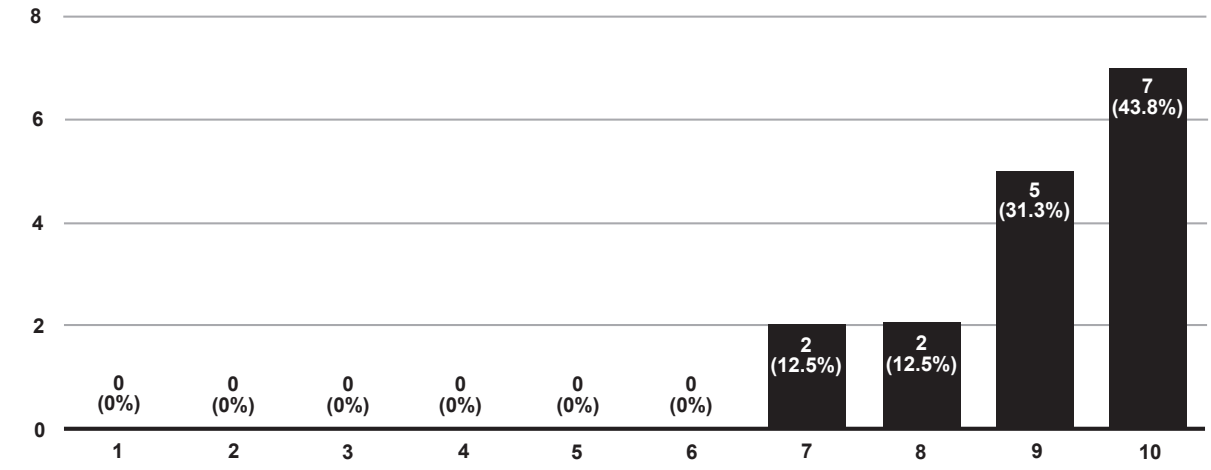

5.2 Dr Jeniffer Mabuka-Maroa (Global Access and Policy)

16 RESPONSES



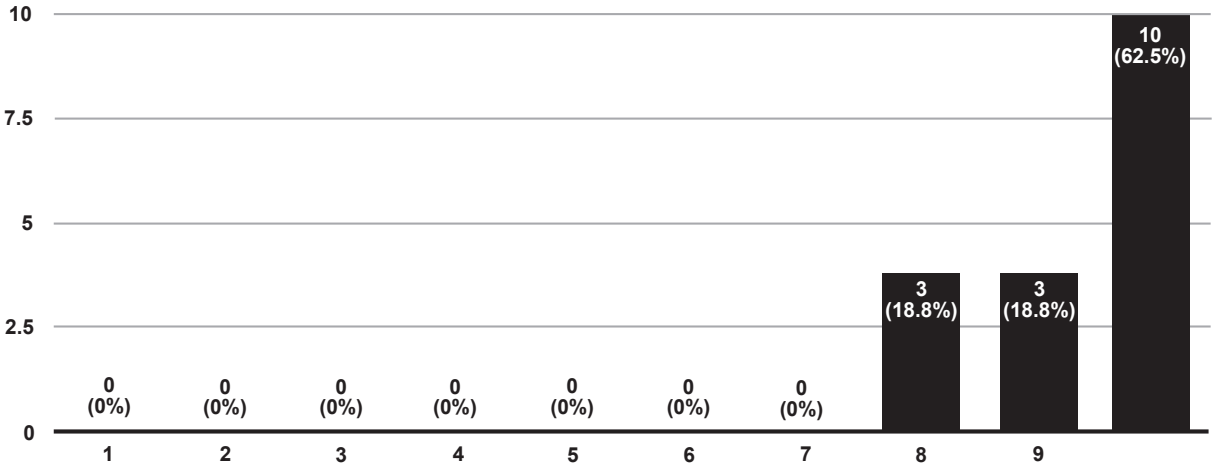
### 5.3 Dr Sibusiso Mkwananzi (Non-Pharmaceutical Interventions)

16 RESPONSES



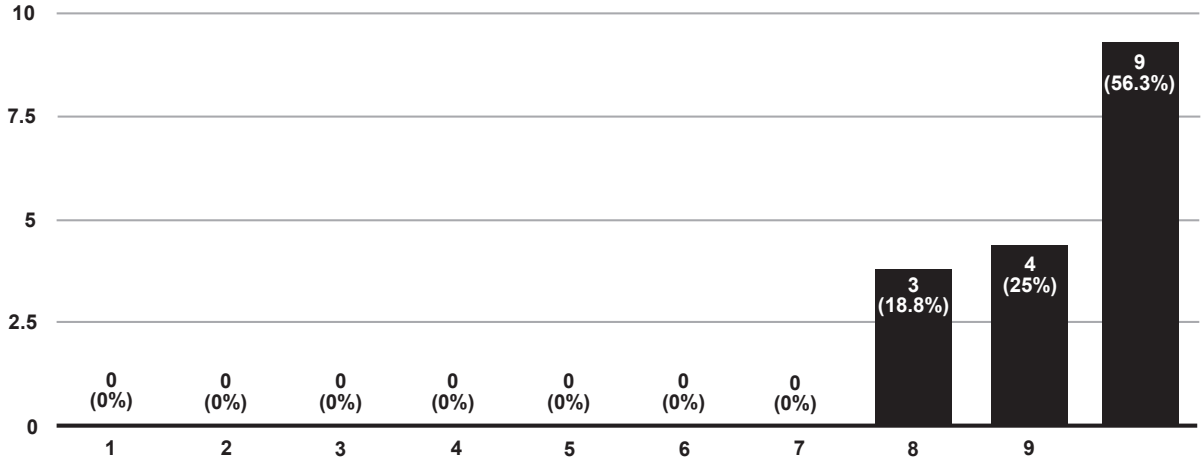

### 5.4 Dr Samukeliso Dube (Basic Science)

16 RESPONSES



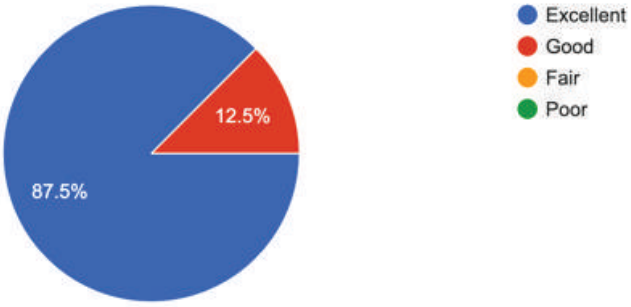

### 6. Please rate the overall content in the slides

16 RESPONSES



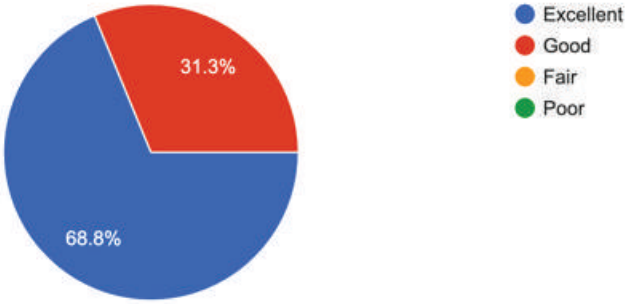
7. How accurate were the lecture series' description?

16 RESPONSES



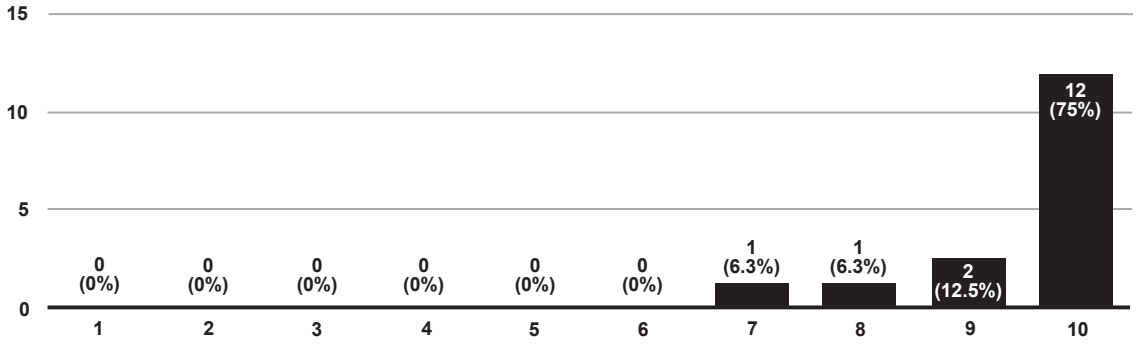

8. How did the lecture series compare to your expectations?

16 RESPONSES



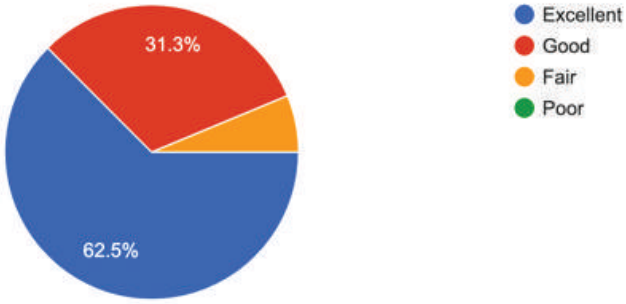

9. How likely are you to recommend a lecture series similar to this one to a colleague? (with 10 being most likely)

16 RESPONSES




10. Please rate your overall experience

16 RESPONSES



**ADDITIONAL COMMENTS**

- I loved the lectures
- I feel it was very beneficial, and it should be continued
- Include possible funding nets to respond to COVID-19
- I am 50% comfortable answering some of the questions about COVID-19, and I am satisfied to help the communities I am in because we are outstanding
- More of COVID-19 Pandemic information is very useful, and how it's elaborated
- I have learned a lot and am well equipped
- You should consider hosting these kinds of webinars more frequently
- Dr Dube is a wizard, and we should get such speakers more often
- Just an idea: to have a few 'infographics' that we can use to share these messages in our advocacy
- The presentations were well organised concerning COVID-19 and Vaccine
- Excellent simplified information and demystification of science at its best
- I liked the way the speakers responded to the questions and the fact that all the questions I made were answered clearly.

It was evident from the number of registrations that civil society leaders were eager to build on their understanding of the science and context around COVID-19. Additionally, the levels of engagement during the calls showed how critical it is to continue creating such platforms for civil society around vaccine development, global dynamics on vaccine access, and clinical trials on COVID-19 vaccines. As we have noted from the past year since the onset of the pandemic, information on COVID-19 is continuously evolving. Therefore the need to have scientists and researchers empower civil society leaders with the current status of vaccines or any information that can effectively convey relevant and factual information within their communities is essential.

The IAS offered ten passes to the conference to participants who had attended all four lectures and meaningfully engaged. The following is some feedback received and points to the necessity to continue working on challenging access restrictions to international conferences focused on public health issues.

**The participants and allies who received conference passes are:**

1. Emmanuel Bamwiine
2. Maximina Jokonya
3. Jose Tembe
4. Gabriel Seubboon Chaiyasit
5. Samukeliso Dube
6. Sizwe Nombasa Gxuluwe
7. Gil Harper
8. Ghali Chauluka
9. Olubukola Oyeyinka Ayinde
10. Moses Semwayo

*"The conference was a great tool to build capacity for the Civil Society to be abreast with various aspects of COVID-19. The knowledge will be of great value in developing an informed and evidence-based Advocacy strategy and approach."*

*"One of the things I learnt from the IAS Conference was that a pregnant woman with HIV is encouraged to take a COVID-19 vaccine."*

*"As we wait for the Ugandan government to roll out a COVID-19 vaccine for everyone, the IAS Conference provided me with valuable information on the role of regulators and partners such as WHO, UN and AU to ensure that the vaccines are safe and effective."*

*"I found the opportunity to attend the conference a valuable one that afforded me a platform to engage with my HIV partners and researchers on how they have adapted their work to meet the challenges presented by the COVID-19 pandemic.*
*The African Alliance's work to facilitate this space in partnership with IAS is of enormous value."*

## DELIVERABLE 2: ABSTRACT SUPPORT - Community Focus

***"Support the Conferences call for abstracts as well as support the review of abstracts. This will include monitoring to ensure that community work around COVID-19 is given space and visibility in the final selection of abstracts. Support the Conferences call for abstracts as well as support the review of abstracts. This will include monitoring to ensure that community work around COVID-19 is given space and visibility in the final selection of abstracts. Technical Support is provided by an award-winning journalist in partnership with an A-rated researcher to 6 youth organisations - ensuring global coverage- preparing and submitting high-quality abstract papers to the conference. Due to timing, should abstracts not be presented before the deadline, they will be published post-conference."***

In early 2021, the African Alliance led a programme to mentor six people between the ages of 18 and 35 in developing and submitting an abstract to the 2021 International AIDS Society (IAS) Conference; these six people were identified through outreach which took place around the IAS COVID-19 Prevention Conference. The call for applications was circulated to the networks of The Global Network of Young People living with HIV and the READY+ Movement.

**Responses were received from:**

1. Youth Peer Afghanistan Organization
2. Eswatini Network of Young Positives
3. Associação Coalizão da Juventude Moçambicana
4. I'm Emmanuel Foundation
5. Africaid Zvandiri
6. Swaziland Network of Young Positives
7. SAfAIDs
8. Bantwana Initiative
9. Mosepele Foundation Development Forum
10. Friendly Service Delivery for Adolescent and Youth
11. Y Peer Trainer
12. Her Voice Fund
13. UNAIDS Zimbabwe
14. ZNNP+ Matebelaland South Youth
15. Myanmar Youth Stars Network
16. Eswatini Network of Young Positives (ENYP+)
17. Women Fighting AIDS in Kenya (WOFAK)
18. Autamaimasa Health Foundation
19. Gift Center Community
20. Uganda Network of Young people living with HIV /AIDs
21. Alfalah Medical Lab

**In the following countries:**

1. Eswatini
2. Afghanistan
3. Zimbabwe
4. Nigeria
5. Lesotho
6. Uganda
7. Myanmar
8. Kenya
9. Mozambique
10. Tanzania

The programme aimed to promote young people's perspectives within the global HIV community - in some cases in the context of COVID-19 - and thus, the project also aimed to introduce participants to opinion writing as a value-added activity. All abstracts were developed with support from the African Alliance and with oversight being provided by Garret Barnwell, a PhD candidate at Nelson Mandela University and a Bongani Mayosi Medical Research Council Scholar. This, in part, was due to the limited availability of A-rated researchers who were focused on leading the national COVID-19 response.

**ABSTRACTS PRODUCED**

1. A feasibility assessment of using Facebook-based HIV-related knowledge, attitude and behaviour surveys with men who have sex with men.
   **Presenter: Min Thet Phyo San**
2. A mixed-method cross-sectional survey on HIV-related knowledge and attitudes among people aged 18-35 years in Temeke District, Dar Es Salaam, Tanzania.
   **Presenter: Hortencia Nuhu Mbalahami**
3. An exploratory case study on risk factors for child marriage during the COVID-19 outbreak in Nampula province, Mozambique.
   **Presenter: Márcia Jeiambe**
4. Action-based research on overcoming young people living with HIV's treatment barriers during COVID-19 lockdown in Uganda.
   **Presenter: Michael Senyonga**
5. Experiences of stigma among caregivers of HIV-positive children in Nketa, Bulawayo, Zimbabwe.
   **Presenter: Phakamani Moyo**
6. Evaluation of awareness, knowledge and use of HIV self-testing among men who have sex with men in Southeastern Nigeria.
   **Presenter: E. I. Onwe**

**Findings and Lessons Learned**

The project began in January 2021, roughly around the same time as the official International AIDS Society abstract mentoring project. Although the initial language in the Google application form was aimed at researchers, this was changed to entice a broader audience. Also worth noting, the application form clearly stated that only people who had completed research at the time of application should apply for the programme.

The programme received 20 applications, although several applicants submitted their applications several times, which may indicate that Google Forms was not as user-friendly as we had hoped.

**Programme Drop Out**

Successful applicants were informed of their selection on 2nd February 2021. At this point, participants were provided with a detailed question and answer worksheet based on IAS educational materials designed to help participants think through their research and, if needed, provide answers to allow the African Alliance to draft an initial version of an abstract for applicants.

On 8th February, one applicant had to drop out of the programme after it came to light that she had proposed research that she had facilitated but did not lead and thus did not have permission from the lead researcher to submit the research to IAS.

On 9th February, and after the African Alliance raised questions on a draft abstract, another participant had to drop out of the programme after she admitted that she had not completed her research - this had been stated as a pre-requisite for applicants in the application form.

Subsequently, two additional participants had to be selected to participate in the programme about six days before the abstract deadline.

In many ways, these dropouts reflected a more significant issue with the project's audience target, which was likely too broad. This is discussed in the section below.

Wide variations in research knowledge created gaps that were beyond the project's scope. Most participants did not have to complete the abstract worksheet to submit abstracts and had a general sense of an abstract format. However, there was wide variability in the quality of research profiled, and this came to light as participants went through several rounds of feedback and questions from the abstract writer and research reviewer.

It should be stressed that each participant investigated valuable areas of interest to the broader HIV community and that each had a unique and valuable community-rooted perspective to share. Still, only about a third of participants had conducted properly designed research. The research reviewer's main concerns were a lack of or poorly designed methodology, and gaps here may make it unrealistic to expect abstracts to be accepted by IAS for this highly-rated conference. For example, in one instance, requests for more information from a participant resulted in feedback that may have been plagiarised from another study.

**Conclusion**

Ultimately, the project did provide an additional avenue for young researchers to receive mentoring to enable them to submit an abstract to IAS. However, the programme overall attracted participants with a too wide range of research knowledge. Those with little research background suffered from deficits in the experience outside the scope of this project.

Although most participants probably did not have the research background to enable successful abstract submissions to a conference such as IAS, all participants had valuable inputs to make to global conversations around HIV in the context of COVID-19. These perspectives deserve to be heard but likely need designated spaces outside formal conference programmes for this to happen realistically.

**Recommendations for Future Projects**

Future projects to support young people's participation in International HIV/COVID-19 conferences should be aimed at young researchers with existing knowledge of research methods.

However, partners could make designated space within international conferences to include grassroots perspectives from activism and project work that, while not meeting rigorous research requirements, nevertheless have important implications for HIV work. These spaces would be best held within Global Villages or as side events as most of the work featured will likely not meet conferences' rigorous research standards. Essentially, sponsored, dedicated spaces within conferences should profile community perspectives that otherwise will not make it into many conferences' formal programmes.

Additionally, partners may consider offering short courses in research literacy for young activists, including engaging with research and a broad overview of how research is designed and regulated and how to understand and question results.

As a value-added activity, all six partners will be provided with an hour-long training on opinion piece writing. This will consist of a lecture, and participants will also be provided with supported reading. Following that, the participants will have one month to write and turn in an op-ed about the work profiled in the abstract. Those who are successful in their abstract need to wait to publish until after the abstract work has been presented. The African Alliance will work with participants to get their opinion pieces to publication-ready quality and guidance given to them as to how to pitch in country.

The following are the submitted abstracts. The African Alliance is in discussions with IAS to include all of these abstracts in a special conference newsletter addition (both those that are and are not selected by the abstract review team).

**SUBMITTED ABSTRACTS**

## *A feasibility assessment of using Facebook-based HIV-related knowledge, attitude and behaviour surveys with men who have sex with men.*

**Presenter:** Min Thet Phyo San
**Authors:** Min Thet Phyo San, Mon Mon, Wah Wah Myint, Aung Phyu Htut, Kyaw Min Htun
**Organisation:** Myanmar Youth Stars Network, Myanmar
**Key and Vulnerable Populations:** Men who have sex with men

**Background:** HIV prevalence rates among men who have sex with men (MSM) are more than eight times Myanmar's national average. Despite high HIV infection rates among this group, less than one in three MSM know their HIV status, and among those who do, less than half are on antiretroviral treatment. There is an urgent need to find new strategies to reach MSM. There is an increased use of social media platforms for health surveys to reach key populations. However, little has been written on their feasibility or strategies employed. Thus, this study aimed to assess the feasibility of using Facebook to conduct online surveys about HIV-related knowledge, attitudes, risk behaviours with MSM in Myanmar.

**Methods:** A cross-sectional online quantitative survey was developed to collect information on individual demographics, sexual behaviours and syndemic conditions among MSM aged 15 -24. The survey was piloted among 16 young MSMs (YMSM) in two focus groups. Focus group participants were recruited from organisations working with MSM and helped identify appropriate online platforms for the survey's distribution. The survey was ultimately distributed via Facebook (FB), including closed groups, Facebook Messenger groups, and pages managed by 'influencers', LGBTIQA+ organisations, or HIV service providers. Researchers also organised additional focus group discussions to promote the survey. Data collection took place between June and July 2019.

**Findings:** A total of 1032 respondents meeting the study criteria took part in the study, and the majority (81%) answered all the survey questions. Distributing the survey via peer-to-peer posts was more effective in reaching the target audience when compared to methods such as paid-for boosting of posts that required demographic targeting because most YMSM had not disclosed their sexual orientation. Overall the study found that online promotion, such as post updates and offline engagements, such as SMS reminders and peer-to-peer technical assistance, increased survey participation, but further research is needed to understand engagement and dropout.

**Conclusion:** Online survey data collection coupled with online and offline promotion and strategies is an efficient approach to carry out HIV research with YMSM.

### *A mixed-method cross-sectional survey on HIV-related knowledge and attitudes among people aged 18-35 years in Temeke District, Dar Es Salaam, Tanzania*

**Presenter:** Hortencia Nuhu Mbalahami
**Authors:** Hortencia Nuhu Mbalahami, Emmanuel Mduma
**Organisation:** Youth Of United Nations Association Tanzania

**Background:** Almost five per cent of people aged 15 to 49 live with HIV in Tanzania, and HIV prevalence rates; however, HIV prevalence rates in the Dar Es Salaam are almost twice the national average. This study aimed to ascertain knowledge and attitudes among people aged 18 to 35 in Dar Es Salaam's Temeke District.

**Methods:** A mixed-method cross-sectional survey was used to collect data on HIV-related knowledge and attitudes among young people in Temeke District. Researchers administered the survey in Kiswahili to a total of 144 participants (85 female; 59 male) between the ages of 18 and 35 years of age. Data collection took place in October and November 2020.

**Findings:** Among those surveyed, nearly half had secondary education. The majority were either married or widowed and reported being self-employed. Nearly 60% said that they had never spoken to their parents about condom use; however, almost three-quarters had also spoken to their parents about HIV. Among the 144 participants, nearly 73% reported that they always used condoms with new sexual partners, but most said they did not use condoms consistently with regular sexual partners. Almost a quarter of the sample reported having casual sexual relationships. Generally, most participants recognised that they were at risk of HIV infection and could accurately identify at least one form of HIV prevention.

**Discussion:** Although the sample was not representative, this study found high levels of HIV knowledge and awareness, which researchers posit is a product of national awareness campaigns. Accurate knowledge of HIV was correlated to educational attainment. This study supports the continued emphasis on HIV behaviour change communication.

## *An exploratory case study on risk factors for child marriage during the COVID-19 outbreak in Nampula province, Mozambique*

**Presenter:** Márcia Jeiambe

**Authors:** Márcia Jeiambe; Margarida Como

**Organisation:** Rapariga Biz M&A Officer-Associação Coalizão da Juventude Moçambicana, Mozambique
Rapariga Biz Technical Assistant- Associação Coalizão da Juventude Moçambicana, Mozambique

**Background:** Almost half of the Mozambican women 20 to 24 years old are married before the age of 18, reducing their access to education and sexual and reproductive health and rights (SHRH) while putting them at risk of HIV infection. Household poverty can increase a girl's likelihood of early marriage to ensure the family's financial security. In Mozambique, health actors became concerned that COVID-19 could increase poverty and make girls more vulnerable to marriage. Thus, it was imperative to understand and identify new risks for child marriage during the COVID-19 outbreak in the country.

**Methods:** The study utilised an exploratory qualitative case study methodology. Data collection took place in July 2020. Researchers in Portuguese conducted interviews. Adolescent girls and young women (AGWY) between the ages of 10-24 (n = 20) were interviewed with semi-structured interview guides. These interviews were conducted in person and via the phone. Additionally, two focus groups with eight girls (ages 10-19) and eight young women and girls as mentors (ages 15-24) were conducted in Nampula province, one of the country's highest child marriage rates. A total of 36 people were interviewed as part of the study. Thematic analysis was performed on the data.

**Results:** Participants reported that the COVID-19 outbreak and the national state of emergency increased worry and psychological distress. Mobile health brigades and community radio programmes were said to improve COVID-19 general knowledge. Participants also stated that regulations to control the virus's spread, i.e. restricting public gatherings, increased financial insecurity and unemployment. Additionally, participants reported girls were increasingly exposed to gender-based violence, subject to forced unions and unwanted pregnancies. Several interventions were said to mitigate these vulnerabilities, including the increased mentorship-based programmes focusing on SHRH and child marriage.

**Conclusion:** The exploratory study suggests girls are at increased risk of child marriage, gender-based violence, HIV infection and SRHR issues during the COVID-19 pandemic. Community-based mentorship programs involving local leadership should be increased during this and other outbreaks.

**Acknowledgements:** The researchers would like to acknowledge the study participants and the Swedish and Canadian embassies for financial support.

### *Action-based research on overcoming young people living with HIV's treatment barriers during COVID-19 lockdown in Uganda*

**Presenter:** Michael Senyonga
**Authors:** Michael Senyonga

**Background:** The COVID-19 outbreak and regulations created extraordinary treatment adherence barriers for young people living with HIV (YPLHIV) in Uganda. In the first few weeks of the epidemic, youth leaders raised concerns about the possible impacts of travel restrictions and stay-at-home orders on HIV treatment adherence. Furthermore, there were concerns about the possible social isolation of rural youth. For the approximately 170,000 Uganda YPLHIV, it was essential to understand how they were coping with the COVID-19 outbreak and regulations and the treatment adherence barriers they faced to improve their conditions.

**Methods:** The action-based research methodology was used to explore the treatment adherence barriers associated with COVID-19 regulations in Uganda to raise awareness about the issue to improve conditions for YPLHIV. The study took place from March to May 2020. The first phase involved qualitative mapping, which consisted of semi-structured interviews with focal points for youth services at five health facilities and interviewing 70 YPLHIV. Phase two involved consolidating findings and discussions and developing a targeted advocacy strategy to lobby authorities to raise awareness and address socio-economic barriers.

**Results:** The study found that most YPLHIV had difficulties accessing treatment from March to April 2020, which exposed them to additional risks. Participants primarily described social determinants that impacted negatively on treatment adherence. For instance, public communications that framed COVID-19 as fatal for people living with HIV led to increased anguish, despair and hopelessness. Furthermore, the youth struggled to reach clinics owing to restrictions and did not have access to personal protective equipment. Participants also described job losses and financial insecurity. These challenges exposed YPLHIV to more violence and risky behaviour, as more significant risks, were taken to survive during the lockdown. The findings from this process were consolidated, and targeted lobbying was directed at authorities, which led to increased awareness and food parcels distribution.

**Conclusion:** Responsive action-based research presents researchers' opportunities to map treatment barriers and contribute to raising awareness and overcoming social drivers through community-informed advocacy strategies.

### *Experiences of stigma among caregivers of HIV-positive children in Nketa, Bulawayo, Zimbabwe*

**Presenter:** Phakamani Moyo
**Authors:** Phakamani Moyo, Tilda Muzimba
**Organisation:** United Bulawayo Hospital OI Clinic, Zimbabwe

**Background:** Caring for children living with chronic illness can be meaningful yet demanding work that can place extra socio-economic, physical and psychological stressors on caregivers. Social stigma can contribute to additional psychosocial stressors. In Zimbabwe, HIV stigma is directed towards people living with HIV and the caregivers of HIV-positive children. Stigma does not only stem from the broader community but is internalised within families and directed at primary caregivers. Thus, the study sought to explore caregivers' experiences of stigma to address the problem.

**Methods:** This qualitative study explored and described caregivers' experiences of stigma and discrimination related to the HIV statuses of the children in their care. Ten households in the Nketa suburb of Bulawayo, Zimbabwe, participated in the study as part of individual, semi-structured interviews. Researchers conducted the interviews in Ndebele, and data was collected in 2019. Thematic analysis was used to analyse the findings. All participants were anonymised.

**Findings:** The study found that primary caregivers experienced considerable stigma and discrimination. Family stigma had a negative impact on caregivers' ability to access support. For instance, participants still faced barriers to disclosing HIV statutes to the children in their care HIV status and experienced financial insecurity and food shortages. Stigma also contributed to psychological distress, including anxiety, feelings of neglect and social isolation. Psychological distress was attributed to social stigma and had socio-economic implications. Participants explained that these dynamics were disempowering and created challenges for their caregiving duties. Participants also reported that extended family members, NGOs, community members and the state were seen as possible support systems available for carers. Participants identified that targeted interventions focused on caregiver's socio-economic empowerment and that helped to alleviate family stigma could be helpful.

**Conclusion:** Internal family social stigma is a hidden driver of psychological distress for the caregivers of children living with HIV. Interventions that prioritise socio-economic empowerment and address internal family social stigma may help to reduce the burden on caregivers.

## *Evaluation of awareness, knowledge and use of HIV self-testing among men who have sex with men in Southeastern Nigeria*

**Presenter:** E. I. Onwe

**Authors:** E. I. Onwe, E.F. Chukwurah, K. Omosigho

**Organisation:** Foundation for Better Health and Human Rights (FBHR), Abakaliki, Nigeria,
Ebonyi State University, Abakaliki, Nigeria,
University of Ibadan, Ibadan, Nigeria

**Background:** Gaps in HIV testing persist among key populations, which negatively affect the ability to reach UNAIDS' 95-95-95 targets. HIV self-testing (HIVST) has the potential to reduce gaps in HIV testing among hard-to-reach populations, including men who have sex with men (MSM) who may be reluctant to access conventional testing because of concerns regarding privacy, stigma and discrimination. This study aims to understand the knowledge, availability and uptake of HIVST to maximise testing and especially the use of HIVST among MSM in Southeastern Nigeria.

**Methods:** The study was conducted between March and September 2019 among 400 MSM in the five states (Abia, Anambra, Ebonyi, Enugu and Imo State) that make up Nigeria's Southeastern region. Participants were selected through respondent-driven sampling and were interviewed using a standard questionnaire about knowledge and use of HIVST. Data were analysed using SPSS 23.0. Descriptive statistics were calculated and presented as frequencies and percentages.

**Results:** Of 400 study participants, 90% had no knowledge of HIVST. Of the 10% who knew what HIVST was, only 6% have seen and used the HIVST kit. Participants received information about HIVST from friends (30%), local NGOs (23%) and social media (47%). In terms of willingness to use HIVST, most participants (86%) were willing because they perceived it as more straightforward and easier to use than conventional testing. The remaining 14% would not use it owing to beliefs that the test might deliver false results, or they would not be able to emotionally handle a positive result without the aid of a trained testing counsellor.

**Conclusion:** MSM communities in Southeastern Nigeria are not well informed about HIVST and should therefore be the focus of increased awareness to the minority populations. During the study, participants expressed concerns about the need for support at the time of testing. It is essential that HIVST interventions find ways to provide support to participants who test for HIV, given their concerns about learning their results alone.

# ANNEXE: ABSTRACT MENTORING SHEET

**What do I put in an abstract?**

This worksheet will take you through the basics of collecting the information you'll need to write your abstract.

1. Your name as you would like it to appear on the abstract:
2. Who else worked on this research? Note to be listed here, this person should have made substantial inputs into how you thought of your research, conducted the research or interpreted it or contributed in writing. Please include first and last names. (Please note that you'll have to get all of these people to approve your abstract draft before submitting)

**Background: What did your study want to explore?**

1. One to two sentences to frame the context of your research.
2. What was the specific problem that motivated you to do this research?
3. What did you want to explore or investigate in your research (central research question)?
4. Why did you do the work you did in this research?
5. Who did you target in your research?

**How you did it (methodology)**

1. How did you collect your information? For instance, did you have focus group discussions, did you make questionnaires?
2. If you did desk-based research, how did you select what your data included or didn't include?
3. If applicable, how many people did you talk to?
4. If applicable, who did you talk to, and how did you find them?
5. Between what dates did you collect the information?

**What did you find?**

1. What did your research find?
2. What were the challenges or limitations you encountered in conducting your research?
3. Do you see any trends related to gender or age? If so, please describe
4. What is new about your research? Is this, for instance, the first kind of research in your country? Or in this population group?
5. Why do you think your research results matter?
6. What does your research help you solve the problem that you set out to explore or investigate?

**Come up with a Title**

Now, reviewing what you've written about and in 30 words or less, come up with an abstract title that clearly describes what you researched, among which population and where.

# ANNEXE: APPLICATION FORM

**YOUTH ABSTRACT & OPINION PIECE MENTORING PROGRAMME**

The African Alliance, The Vaccine Advocacy Resource Group, the Global Network of Young People Living with HIV (Y+ Global), and the READY Movement are looking to select six young people between the ages of 18 and 35 to participate in a mentoring programme to promote young people's perspectives within the global HIV community.

Successful applicants will work with a veteran health editor and an A-rated scientist to publish an opinion piece and fine-tune an abstract for submission to the 2021 virtual International AIDS Society Conference.

Successful applicants will have done some form of research looking at HIV and COVID-19 within their communities. This work should already be complete by the time you apply to enable you to meet fast-approaching abstract deadlines.

To be considered, applicants must demonstrate that they have completed strong quantitative or qualitative research within the field of HIV and COVID-19 in the last year. This work can include but is not limited to operational research. Data collection and preliminary analysis regarding this research should be completed at the time of application due to timelines.

**Application deadline: 28th January 2021.**
**Applicants will be notified of the outcome of their applications by 29th January.**
**Applicants that do not hear back by this date should consider their applications unsuccessful.**

*** Required**

1. Email address *
2. Organisation *
3. Email *
4. Phone *
5. Country of work *
6. **Tell us about your research:** In two paragraphs or less, describe your research. Be sure to include when it was conducted, how it was carried, what you found and why it matters to the larger field of COVID-19. *
7. **Let's hear your op-ed ideas:** List three ideas for an opinion piece you'd like to write. Describe each idea in three sentences or less. Be sure to be as specific as you can when you choose a topic. Be sure that you are not describing a theme. What's the difference? This is an example of a theme: Arrests of people who don't wear masks. This is an example of a topic: How arrests of people in Johannesburg who don't wear masks in public increases the risk of them contracting and spreading COVID-19 in detention. *
8. **Short Bio:** In 300 words or less, tell us a bit about yourself and why you're the best person to write on not only the research you proposed but also the opinion piece ideas. *

# MAXIMISING YOUTH-LED & YOUTH-SERVING

# CIVIL-SOCIETY PARTICIPATION IN THE IAS 2019 COVID-19 PREVENTION CONFERENCE 2ND FEBRUARY 2021.

IAS COVID-19 2 FEBRUARY 2021

THE IAS COVID-19 CONFERENCE: PREVENTION

African Alliance

VACCINE ADVOCACY RESOURCE GROUP

GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

READY RESILIENT & EMPOWERED ADOLESCENTS & YOUNG PEOPLE