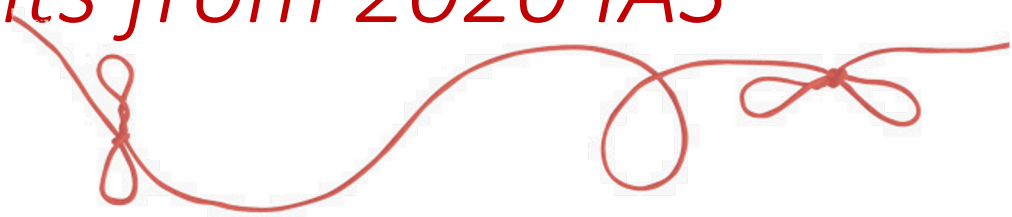


Why faith groups should build abstract submission capacity, and “winning” elements from 2020 IAS-accepted faith abstracts



**Faith and Community Initiative
New Foundations of Hope Webinar**

Francesca Merico, 21 April 2021



WHY CONFERENCES ARE IMPORTANT also for FBOs?



- Conferences are important **opportunities** for learning, sharing and capacity building
- Networking - with researchers, policy makers, advocates, scientists, programme developers and implementers, and other FBOs representatives from all over the world – is a key element of both in person and virtual Conferences
- They offer the opportunity to **showcase our work** and **our specific contribution as FBOs** - being part of the response.

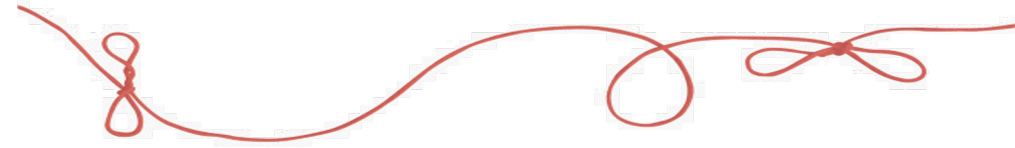


WHAT IS A CONFERENCE ABSTRACT?

- A quality abstract is a powerful tool to convince Conference organizers that **you have something important and valuable to add** to:
 - The Conference;
 - The ongoing dialogue and work done in the field; and
 - The global HIV response.
- The purpose of a Conference abstract is to **summarize the main points of your research and to showcase your work.**
- The abstract is an opportunity to make others – **outside of your usual network** – know about your organization



ABSTRACTS MUST -



- A Conference abstract includes all important details and data from your research study
- Serve as a stand-alone summary of your work
- It must be focused and clear
- It must follow the instructions on how to be formatted
 - Respect the words count
 - Fit the call for papers
 - Correct syntax and spelling
 - Keep deadline for submission
 - Use the right terminology accepted in the HIV field (client vs patient) –
Check: UNAIDS editorial style guide & terminology guide; CDC guide to avoid stigmatizing language



WHAT ARE THE KEY ELEMENTS OF AN ABSTRACT?



Title: Headline of study with keywords

Introduction OR Background & Description: Description of issue, knowledge gap and aim

Methods: Methodology used or approach taken

Results OR Lessons Learned: Findings and data from study

Conclusions: Main outcomes and implications



TITLE

WHAT IS THE STUDY ABOUT?



WHO IS THE SUBJECT OF THE STUDY?

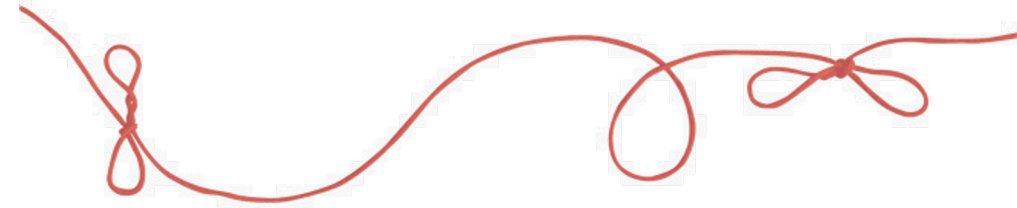
RESULT?

Engagement of faith leaders in targeted HIV self-testing increased case identification and new linkages to treatment in Nairobi, Kenya

WHERE WAS THE STUDY CONDUCTED?

HOW THE STUDY WAS CONDUCTED?

IDEAL TITLE – IAS



WHAT IS THE ISSUE? WHAT IS THE STUDY ABOUT?

WHO IS THE SUBJECT OF THE STUDY?

Prevalence of HIV and other sexually transmitted infections among female sex workers in Moscow, Russia: Results from a community based, cross sectional study using respondent driven sampling methodology

WHERE WAS THE STUDY CONDUCTED?

HOW THE STUDY WAS CONDUCTED?

HOW TO WRITE THE INTRODUCTION SECTION



1. What is the **topic** of the abstract?
2. Why was the study done? What is the **issue**?
3. What was the **aim** of the study?



- 1. Abstract body
- 2. Authors
- 3. Affirmation
- 4. Submit



This submission is complete.
You can submit it now.

Submit

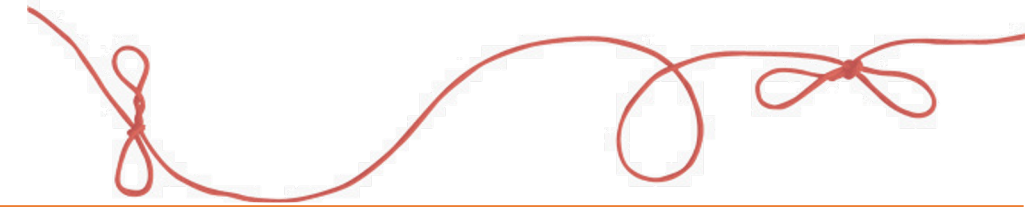
| | |
|-------------------------------|---|
| Reference: | A-AIDS2020-06216 |
| Title: | Engagement of faith leaders in targeted HIV self-testing increased case identification and new linkages to treatment in Nairobi, Kenya |
| Type: | Lessons learned |
| Authors: | R. Bauer ¹ , C. ... ¹ , A. Njoroge ¹ , H. Weyenga ² , J. Mwangi ² , S. Anangwe ³ , V. Ojiambo ⁴ , J. Barker ² , M. ... ² , S. Hillis ⁶ ¹ Eastern Deanery AIDS Relief Program, Nairobi, Kenya, ² CDC, Nairobi, Kenya, ³ DOD/HIE, Nairobi, Kenya, ⁴ US ... ⁵ PEPFAR Coordination Office, United States |
| Country of research: * | Kenya |
| Key and population | People living with HIV, women |
| Abstract | <p>Background: Gaps in HIV testing uptake and antiretroviral coverage, particularly for men, are evidence of significant barriers to health services. To increase HIV case-finding and linkage into care for persons living with HIV (PLHIV), particularly men, the faith based Eastern Deanery AIDS Relief Program (EDARP) engaged faith leaders in both community and clinical settings to introduce HIV self-testing (HIVST) in Nairobi Kenya.</p> <p>Description: EDARP, a Faith-Based Organization providing holistic care for 26,000 PLHIV, links clinical and community care in 14 sites in Nairobi slums. In collaboration with the Ministry of Health, 1332 staff and Community Health Workers (CHWs) who were leaders from local faith communities, were trained in use of HIVSTs. In May 2019, EDARP implemented targeted dissemination of HIVSTs at home or in facilities, with patient-centered partner notification services.</p> |

WHAT IS THE TOPIC OF THE ABSTRACT?

WHY WAS THE STUDY DONE? WHAT IS THE ISSUE?

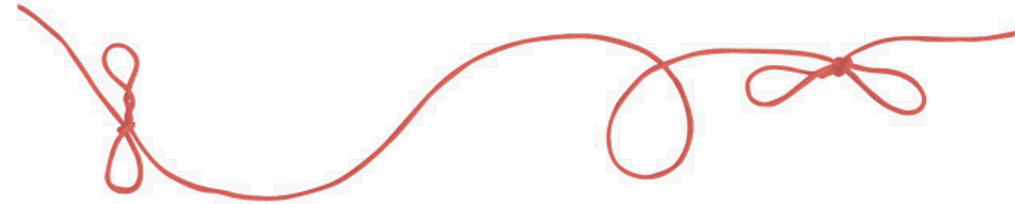
WHAT WAS THE AIM OF THE STUDY?

HOW TO WRITE THE METHOD SECTION



| | QUESTION | EXAMPLE |
|---------------|--|---|
| WHO? | Who was the subject of the study? Who was targetted by the programme? | Men |
| HOW? | How was the study designed? How was the outcome of interest measured? How was the data collected and analysed? | In collaboration with the Ministry of Health, 1332 staff and Community Health Workers (CHWs) who were leaders from local faith communities, were trained in use of HIVSTs. In May 2019, EDARP implemented targeted dissemination of HIVSTs at home or in facilities, with patient-centered partner notification services. ----- ----- |
| WHERE? | Where did the study take place? Where was the project implemented? | Nairobi slums |
| WHAT? | What was measured? What were the factor of interest? | New HIV diagnosis increase and increase in numbers newly linked into treatment. Testing yield for men and for women - with fewer diagnostic tests. |
| WHEN? | When did the study take place? When was the programme implemented? | From November 2018–April 2019 to May 2019–October 2019 |

HOW TO WRITE THE RESULTS SECTION



WHAT FINDINGS DID YOUR STUDY GENERATE?

The results section includes:

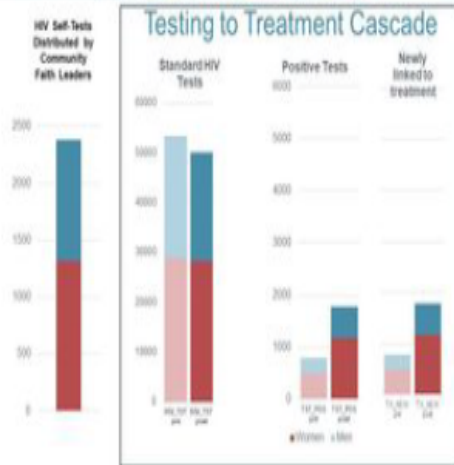
- The key findings of the study: not all data need to be presented – present only the data that are RELEVANT;
- Statistical analyses;
- A visual representation of your data using figures, tables and graphs: do not represent the same data twice; Choose between a table or a figure to represent your data



Description: EDARP, a Faith-Based Organization providing holistic care for 26,000 PLHIV, links clinical and community care in 14 sites in Nairobi slums. In collaboration with the Ministry of Health, 1332 staff and Community Health Workers (CHWs) who were leaders from local faith communities, were trained in use of HIVSTs. In May 2019, EDARP implemented targeted dissemination of HIVSTs at home or in facilities, with patient-centered partner notification services.

Lessons: From November 2018–April 2019 to May 2019–October 2019, new HIV diagnoses increased 117% and 134% for men and women, respectively, with similar increases in numbers newly linked into treatment. Testing yield for men increased from 1.2% (294/22,429) to 2.8% (604/21,703, $p < 0.00001$), and for women, from 1.7% (491/28,952) to 4.1% (1169/28,321, $p < 0.00001$), with fewer diagnostic tests (Figure).

Increases in HIV-Positive Tests and New Linkages to Treatment (Disaggregated by Sex) Before and After the Distribution of HIV Self-Tests by Faith Leaders in Nairobi, Kenya (November 2018–October 2019)



Successful practices included seamless clinical-community

RESULTS

integration, training for CHW/staff addressing:-skills-building for improved partner elicitation, for clients with new diagnoses or detectable viral loads welcoming environments for all (especially for key populations), responsibility of all staff to advance case-finding and linkage, emotional and spiritual support for staff, 24-hour hotline for HIVST-users, weekly data reviews to identify successes and challenges and celebration of top performing staff and sites.

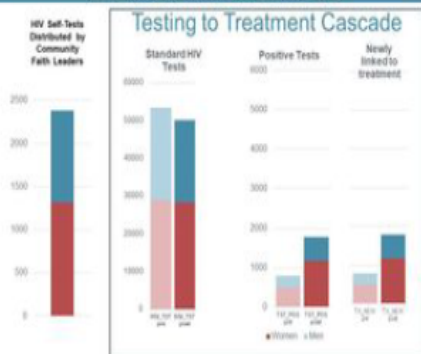
Conclusions: Distribution of HIVSTs by faith leaders can substantially increase case-finding and linkage to care for both men and women. Expanding this model in and beyond Kenya may help advance epidemic control.

HOW TO WRITE THE CONCLUSIONS SECTION

Description: EDARP, a Faith-Based Organization providing holistic care for 26,000 PLHIV, links clinical and community care in 14 sites in Nairobi slums. In collaboration with the Ministry of Health, 1332 staff and Community Health Workers (CHWs) who were leaders from local faith communities, were trained in use of HIVSTs. In May 2019, EDARP implemented targeted dissemination of HIVSTs at home or in facilities, with patient-centered partner notification services.

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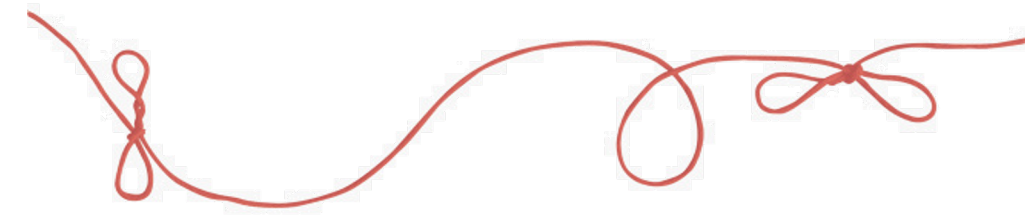
Increase in HIV-Positive Tests and New Linkages to Treatment (Disaggregated by Sex) Before and After the Distribution of HIV Self-Tests by Faith Leaders in Nairobi, Kenya (November 2018–October 2019)



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Conclusions: Distribution of HIVSTs by faith leaders can substantially increase case-finding and linkage to care for both men and women. Expanding this model in and beyond Kenya may help advance epidemic control.



- Key Take Home Message
- More General – wider implication of findings
- Recommendations (or future research)



Authors: R. Bauer, C. Simbiri, J. Motoku, A. Njoroge, H. Weyenga, J. Mwangi, S. Anangwe, V. Ojiambo, J. Barker, M. Maxwell, A. Katana, S. Hillis
Affiliation: Eastern Deanery AIDS Relief Program, Nairobi, Kenya, CDC, Nairobi, Kenya, DOD/HJF, Nairobi, Kenya, USAID, Nairobi, Kenya, PEPFAR Coordination Office, Nairobi, Kenya, U.S. Office of Global AIDS Coordinator, Washington, DC, United States Kenya



BACKGROUND

Gaps in HIV testing uptake and antiretroviral coverage, particularly for men, are evidence of significant barriers to health services. To increase HIV case-finding and linkage into care for persons living with HIV (PLHIV), particularly men, the faith based Eastern Deanery AIDS Relief Program (EDARP) engaged faith leaders in both community and clinical settings to introduce HIV self-testing (HIVST) in Nairobi Kenya.

Distribution of HIVSTs by faith leaders can substantially increase case-finding and linkage to care for both men and women



RESULTS

- 1332 staff and CHW's trained.
- HIV diagnosis and linkage among men increased by 117%
- HIV diagnosis and linkage among women increased by 134%
- HIV testing yield increased from 1.2% (294/22,429) to 2.8% (604/21,703 p<00001) among men
- HIV testing yield increased from 1.7% (491/28,952) to 4.1% (1169/28,321 p<00001) among women.

DESCRIPTION





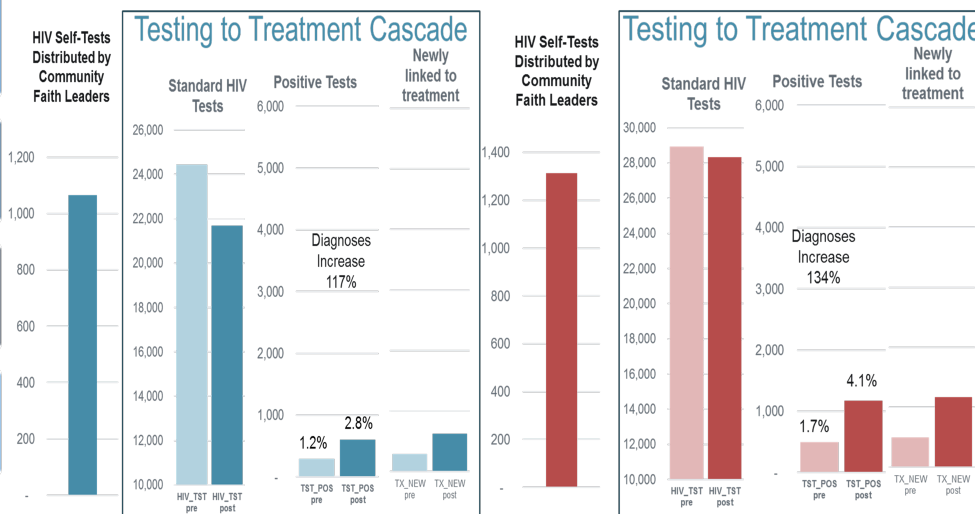
-  Retrospective - cohort survey in routine HIV testing services at 14 Eastern Deanery AIDS Relief Program (EDARP) facilities
-  Training of staff and community health workers (CHW) on use of HIVST
-  Eligible individuals tested for HIV through assisted and unassisted HIV self testing using Oraquick® HIV self-test kit
-  Demographic, training and HIV self testing data abstracted from training logs and HIV testing records in EDARP electronic medical records

TABLE: Increase in HIV positive test, linkages and testing yield among men and women in Nairobi, Kenya



LESSONS LEARNT

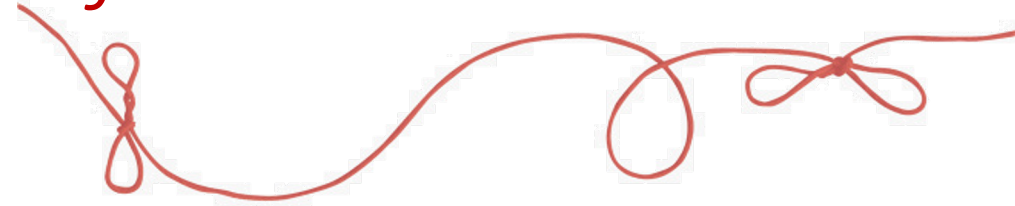
- Seamless community- clinical integration
- Skills building for improved partner elicitation
- Welcoming environment (especially for Key populations)
- Staff emotional and spiritual support
- 24 hr hotline for HIVST users
- Call back card utilization (Referral card)
- Weekly progress review and celebration of top performing sites and staff

CONCLUSIONS

- Distribution of HIVSTs by faith leaders can substantially increase case-finding and linkage to care for both men and women
- Expanding this model in and beyond Kenya may help advance epidemic control.

Fr Rick Bauer, MM, BCC, LCSW
Director of Psychosocial and Spiritual Support
rbauer@edarp.org

Why faith groups should build abstract submission capacity, and “winning” elements from 2020 IAS-accepted faith abstracts



- 1) Novel Studies;
- 2) Key innovation – Engagement of Faith Leaders; Values (RECIPE);
- 3) Incredible and appealing Results;
- 4) Specificity of Faith Contribution – impacts the Programme & Results;
- 5) Solid study and data.





FAITH AND COMMUNITY INITIATIVE COMMUNICATION PROTOTYPES

On November 28, 2018, the United States government announced the investment of \$100 million, through PEPFAR, to address key gaps toward achieving HIV epidemic control and ensuring justice for children, including by leveraging the unique capacities and compassion of faith-based organizations and communities.

The Faith and Community Initiative seeks to:

1. **Engage communities of faith to reach men and children with testing and services, understand the epidemic, and raise community awareness** through:

- Faith community structures; and
- Existing and additional FBO partners.

2. **Strengthen justice for children** through:

- Community leaders (e.g., faith, traditional, school, civic);
- Faith & traditional organizations/structures; and
- Justice sector, and those who work with the justice sector.

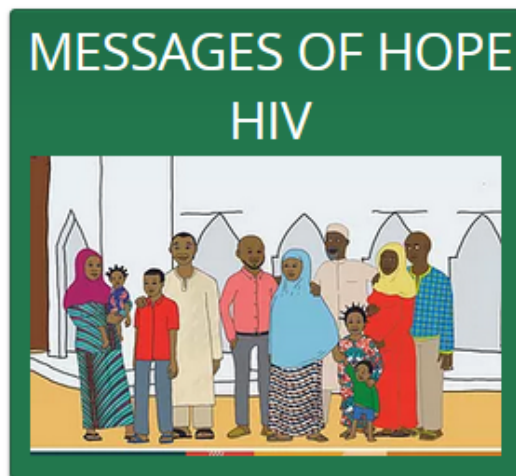
New Foundations of
Hope Webinars



AIDS2020 Faith
Models



To maintain the gains for HIV prevention and control, global faith leaders also developed Messages of Hope for COVID-19. While these messages were developed with the aim of serving populations affected by HIV/AIDS, they are generic and can be adapted for use in other settings.





Scientific tracks

IAS 2021 – the 11th IAS Conference on HIV Science – welcomes abstracts for original contributions to the field in the following scientific tracks:

- **Track A:** Basic science
- **Track B:** Clinical science
- **Track C:** Prevention science
- **Track D:** Social, behavioural and implementation science

Each scientific track is divided into a number of track categories. All abstract authors are asked to choose one scientific track and one track category during the submission process.



Late-breaker abstracts

A small number of late-breaker abstracts will be accepted for oral or poster presentation at the conference.

The late-breaker abstract submission will be open from 20 April to 10 May 2021. Late-breaker submissions must introduce data of unquestioned significance that meet a high threshold of scientific merit.

During abstract submission, authors will have to justify why their abstract should be considered as a late breaker. The same submission rules apply for late-breaker abstracts as for regular abstracts, but each presenting author may present only one late-breaker abstract at the conference.

The percentage of abstracts selected for late breakers will depend on the number of submissions, but selection will be far more rigorous than for regular abstracts.

Questions?

For technical questions regarding the abstract submission system, please contact the Abstract Support team at abstracts@ias2021.org.

For general questions regarding abstracts, please see the [FAQ](#).

[Policies for Abstract Submissions](#)



Thank you !

