CIRA Talk: Conducting International HIV/AIDS Research during the COVID-19 Pandemic
Wednesday, August 19, 2020, 8:00 am – 9:00 am ET

Transcript, Poll Results, Chat, and Additional Comments

Moderator: Luke Davis, Associate Professor, Yale Schools of Public Health and Medicine
Organizer: Dini Harsono, Assistant Director, Clinical and Health Services Research Core, CIRA

CIRA International Visiting Fellow Panelists:
1. Iskandar Azwa, Associate Professor, University of Malaya, Malaysia
2. Thomas Guadamuz, Associate Professor, Mahidol University, Thailand
3. Yifei Hu, Associate Professor, Capital Medical University, China
4. Lisa McDaid, Professor, University of Queensland, Australia
5. Marina Njelekela, Chief of Party, USAID Boresha Afya Program, Deloitte Consulting Limited, Tanzania
6. Reena Rajasuriar, Pharmacy Lecturer, University of Malaya, Malaysia

Yale Faculty Panelists:
1. Frederick Altice, Professor, Yale Schools of Public Health and Medicine
2. Cindy Crusto, Associate Professor, Yale School of Medicine
3. Kaveh Khoshnood, Associate Professor, Yale School of Public Health
4. Julia Rozanova, Associate Research Scientist, Yale School of Medicine
5. Sheela Shenoi, Assistant Professor, Yale School of Medicine
6. Donna Spiegelman, Professor, Yale School of Public Health
7. Sten Vermund, Professor, Yale Schools of Public Health and Medicine

TRANSCRIPT

Dini Harsono
So we're going to start in a couple of minutes just to let people more people to join in and it's still 8 o'clock on my computer right now. So we're just going to give a couple of minutes for people to come in. Thank you. It's so good to see the familiar faces on Zoom.

Okay, so we're going to get started now, since it's 8:02 on my clock. I'm delighted to see that we're joined by a number of attendees, including our distinguished panelists. So before we go ahead and get started, I just wanted to review a couple of housekeeping items. So the first thing is today's talk is being recorded and the recording will be made available sometime after the talk at CIRA website. So before we go ahead and get started, the second item is the all the attendees are muted by default, as you can see here, and we will call upon panelists during the discussion so they can unmute their audio and share their comments. And then the third item is we will have a Q&A session towards the end of this discussion. So please type your questions at any point into the Chat button here on your Zoom control that is shown on the slide at the moment. You may also use the feedback icons to communicate with the host and other participants.

So moving on to today's agenda. In a moment I will introduce our panelists. I will then share with you a very brief poll and I'd like to invite everyone to respond to the poll and following that, I will turn the program over to Dr. Luke Davis, who's going to facilitate today's discussion. So introducing our fantastic panelists. In the interest of time, I will briefly introduce our amazing panelists that include the seven CIRA International Visiting Fellows who are in the first row of pictures shown on the slide. So you can see the faces, names, appointments, institutional affiliations, and also the year when they visited CIRA and Yale as visiting fellows. So to date, since 2016, we've had four cohorts of 13 visiting fellows who collaborate with Yale faculty researchers. They represent diverse international settings and countries and multidisciplinary areas of research expertise related to HIV/AIDS. So, and the second row shows the seven Yale faculty researchers who have participated in the visiting fellow program. So the Yale faculty researchers nominated the visiting fellows, hosted the fellows during their visit, and worked on collaborative HIV research activities throughout the fellowship. To date, we had 11 Yale faculty members from the Yale Schools of Public Health, Medicine, and

Nursing took part in the program. And last but not least, today's discussion will be moderated by Dr. Luke Davis, who took the role as the faculty lead of CIRA international research program in the spring last year. And myself, I coordinate the international research activities at CIRA, including the visiting fellow program.

So this is my last slide. As I mentioned earlier, I would like to invite all attendees and panelists to participate in this very brief poll. You can see the three questions shown on the slide right now and I will launch the poll now and give you about a minute to respond before I close the poll and share the results. About 60% responded. So that's great. We have 35, 35 people on Zoom right now so that's fantastic. Thank you so much for taking the time to participate this morning, afternoon and evening.

All right. I'm going to share the results. So you are now viewing the poll results. So 14 out of the 25 people who responded are PI (principal investigators). And the rest are investigators, research assistant, and then there's also somebody who's not involved in international HIV/AIDS research. Actually the first one, the attendees can select one, more than one option. And so most of the participants have, many of the participants have been conducting international HIV/AIDS research between zero to five years and six to 10 years and yeah, and we have quite a number of early career researchers. So, thank you. And with that, I'm going to stop sharing and will give the floor to Dr. Davis to start the discussion. Luke.

J. Lucian (Luke) Davis
Thank you so much Dini and a warm welcome to our international visiting fellows and Yale faculty researchers. I know it's a busy time for all of you and I'll just speak for myself to say it's really a special treat to take a little bit of a break from all the [inaudible] around the world to think about how these challenges and opportunities that are rising with COVID-19 have been impacting you and your HIV research and care delivery and hopefully you'll get some inspiration and ideas about how we might work together to address these. While I expect that this will be an open and free willing discussion and really encourage you to use the tools that Dini went over within Zoom to share your thoughts and questions and we will have an open area for discussion towards the end, I thought that we might start with the first of the three questions that Dini shared and ask about the kinds of challenges that you've been facing specifically how has COVID-19 impacted your HIV/AIDS research activities.

Thinking also about the early days of the pandemic up to today, it's ever been changing. And I know that the impacts have sometimes been surprising. A little bit later, hopefully we can discuss and shift in discussing strategies that you may have adopted to deal with these threats. In terms of best practices and creative approaches and I hope that we'll also have a chance to even talk about some unexpected opportunities that have arisen because of the COVID-19 pandemic. And I hope we'll have time to hear from really all the different perspectives around the world.

I thought that it might be appropriate, though. Just to maybe ask Yifei, if you could just talk a little bit since you and your colleagues in China have been dealing with COVID longer than anyone. Maybe just to get us started. Could you just talk a little bit about this question of how COVID-19 has impacted your HIV/AIDS research activities and how that sort of changed over time, if you don't mind. Oh, Yifei, I think you're still on mute.

Yifei Hu
Thank you for asking. Yeah. Yes, we suffered a lot, the longest time, even until now we're still suffering from the strict social distancing now. So it's hard for us to conduct to the field work research, but we have, will always try to adopt, adapt from the traditional way to the new way as we can. Like last month, Dr. Vermund and me, we just published a paper. We used the people, especially the CBO staff when they give drugs to the patients and we organized some survey among them. But it's hard to conduct some deeper research, especially on the intervention. Because we are suffering from a very serious, strict social distancing. Even now, when we go to the shopping mall, no case around us but we're still asked to no social activities and not allowed to enter other people's neighborhood. You have to wear masks everywhere. Even this coming September, the college is opening, will reopen, but we have to wear masks and all we have to do the nucleic acid testing. So here you can imagine that that is hard for us to do some real serious field work. That's the biggest challenge. So it's hard for us to get our hands in to change the situation. In other way, yes we are involved in kinds of

policy development and do the guidelines from the ministry level, to the state level. But government still thinks reopening is a kind of political risk. Even all these kinds of the routines, the HIV intervention and the testing, it's all just kind of stopped. Just stopped. That's the story here. (Additional comment: Later I consulted CBO staff, the testing services have been recovered.)

J. Lucian (Luke) Davis
That's really interesting. I mean, I think that, you know, with me and some of the colleagues that I work in Africa and to some degree colleagues working here in the US that it's been very difficult to estimate the risk. And I think that a lot of things are just stopped kind of cold at the beginning of the epidemic and a lot of decisions sort of made not necessarily including the perspective of infectious diseases epidemiologist certainly. We had a lot of great modeling, but I think it took a little bit of time in some of the areas where I've been working to look to people say within the HIV community that may have things to contribute. I don't know if that resonates with people who are working in other parts of the world. What, what kind of, what kind of challenges and impacts that people had in terms of HIV/AIDS research activities kind of during the course of the pandemic?

Marina, I wonder if you could maybe speak to a little bit how some things may have been happening in Tanzania and in Africa in general how, how the response has been, just given the scale of HIV/AIDS research and care delivery enterprise in Tanzania and elsewhere on the continent.

Marina Njelekela
Yeah, thank you. For me being working in HIV/AIDS care and treatment program with some of their research activities embedded, when COVID-19 reached Tanzania, the national message was transmitted and we have that national research ethics committee, so that it, it also came up with a guideline that we are not allowed to conduct any research that involves meeting with people. Taking data, collecting data from people. So all that was stopped. Some, you know, all the universities were closed. So if, even the labs were closed. And so initially it was kind of what do we do? You know, you are not prepared because it came very suddenly. It was very challenging. Because you have some activities going on in some country major clinics across the six regions, for example, for me, which I was working on. So our main issue was to make sure the clients are going to first, are receiving their treatment. Maybe by not going to the facility. But how do we convey that information quickly that please stay at home, we are making arrangements for you to collect your medication. So initially, it was very, very difficult. There was a state of panic. Everything went into a standstill, but with time quickly we started coming up with ways to address to continue at a distance through virtual interventions. So initially it was tough because of the guideline or the policy that was released by the national research committee for Tanzania.

Donna Spiegelman
Marina, could you say a little bit more about what is happening in terms of care in the face of COVID? Like you said arrangements were being made but actually, how are people getting their medications, and how are their viral loads being monitored, and how are when people have clinical issues? How are they, are the clinics open at this point? And how are, how are healthcare providers staying safe and so forth? Even beyond research. I'm just wondering about the continuity of care in the face of all of this.

Marina Njelekela
So initially, it was a directed that HIV/AIDS patients who really need, have the need to go to the facility, they were going to the facility with all preventions in place. For example, they should not enter facility without a mask. So all our clients were wearing a mask and our, our staff were wearing masks. But for all other clients who have no need to go on a monthly basis to the facility, so we move them into the multi-month dispensing. So we have a six months dispensing for stable patients and also three months dispensing. So we encouraged a lot of our patients through messaging, because we usually that we have telephone numbers of many of our clients, but we have community health workers who are working in villages, so all these messages were transmitted very fast that when your medication is out, you're out of medication, you just go for a pickup, and you will be given an extended prescription for three or six months. So care continued for those who were in need to go, but also care continued for those who were not in need through three and six months prescriptions.

So for the viral order, it was almost the same. For those who were to have their viral load taken, they will just quickly go with all preventive measures taken just for their viral load because they know that my time for viral load will be X date so they just go there quickly, they take their viral load, and go out. In terms of collection of samples because we have a hospital, I mean, the small dispensary that we're collecting the samples that transportation of samples continued. It did not stop. Yes. So in a way, service delivery continued with a modified way. Yeah.

Donna Spiegelman
Do you have any, um, do you have any sense that um HIV patients are at higher risk of getting COVID or dying more quickly or experiencing more adverse events than the general population? I saw a presentation yesterday that suggested that the answer to that question in the US, at least in the VA administration is no. You agree. Yeah, that seems to what people are saying.

Marina Njelekela
Yeah, I entirely agree because sincerely speaking, we didn't have many any reports of our patients. We have a quite a bit more than 100,000 patients currently on treatment, but we didn't have any of their patients really prone to suffering from COVID, so.

Donna Spiegelman
Do you think it's zero out of the several hundred thousands, it's zero as far as you know?

Marina Njelekela
Yeah.

Donna Spiegelman
That's fantastic. Congratulations.

Marina Njelekela
But for an area of research, I think when we discuss what opportunities. We can take on that because that was against our expectations, but we think maybe the immunity was higher.

Donna Spiegelman
Yeah. Maybe they're getting higher immunity.

Marina Njelekela
The treatment itself, maybe it was protective. We don't know, but it was really surprising.

Donna Spiegelman
Yeah. I mean just for people at Yale, Amy Justice presented very similar results yesterday from an extensive analysis, you know, with multivariate control for everything and found the same thing.

Yifei Hu
Here I can share some information from China, especially from the early epicenter Wuhan. Because I recently published a paper on coinfection of HIV and COVID-19, JAIDS invited me to review a similar paper, they reported official data from Wuhan CDC (Center for Disease Control and Prevention). They reported cases of co-infections. Two cases died, and both were the same as we reported and over 50 years old. According to the research, they matched their records in the notifiable infectious disease system, and identified the thirty-five cases from the whole Wuhan city. As you know that Wuhan, the total numbers of HIV cases were around 5000 or something. There are only 35 coinfections. The cases are few. Let me check how many of them died, the same cases as we reported, two were dead. But both of our papers, we reached agreement that we don't think that the people who are on treatment, ARV treatment, that the COVID-19 could increase the mortality risk than the general populations who only getting better with SARS-CoV-2. This was our basic ideas. Sorry for the interruption, just for sharing this information.

J. Lucian (Luke) Davis
That's, that struck me as interesting. The kind of question that I think it is so challenging with the varying epidemiology and varying available testing really to understand accurately, of course, sort of what the risk factors are but it's certainly seems like HIV doesn't seem to be a major risk factor. I think this group would be noticing that. I'm just curious how, how some of those fears might be affecting your patients? And I know many of you are doing clinic-based research, many of you doing community-based research.

What kind of best practices or creative approaches have you adopted to be able to reach out and work remotely? You know, you could talk about how that's impacted your, your interactions with patients, or also with your staff and collaborators. It really is a very rapid change in the way we interact with each other and I'm curious about how people have adapted that in different contexts. I know that we talked quite a bit I think in some of the previous webinars. I know a number of you are quite active in in using social media to interact with, with your patients. Particularly, some of the colleagues, I know that are working in Asia where the social media platforms are quite developed for some of the target populations. I am not sure if anyone could sort of speak about whether that's been an opportunity or how that's influenced your research.

Marina Njelekela
So, for example, for, for Tanzania, we need to understand that our country didn't close. It's one of the countries which did not have a closure for, for COVID-19 so we continued the business almost as usual with a lot of precautions that we should practice, practice all preventive measures for COVID-19. So for a program like mine, we designed a "no go or go" policy that the staff should assess the situation to the facility, if they want to work. And so that was one of the tools which we quickly developed to help the program and our staff to decide whether they will visit a facility or not.

But we quickly switched to virtual platforms for monitoring of activities in the facilities. We use WhatsApp, we created various, every region where we work there was a WhatsApp group of health facilities' representatives. But we conducted the Zoom meetings, teams' phone calls, so quickly we migrated to a virtual kind of our communication. So one issue which we did was to improve communication. We had to, we had to spend a lot on, on internet bandwidth for staff as well as for our health facilities. But also we had to upgrade some of their laptops and or whatever so that they can accept in there, they can be able to work on Zoom. Even payment, for example, when we had to pay, we resorted to an electronic mode of payments. So this was very quick because it was like a standstill and we couldn't move forward. So we had to move quickly to virtual operations.

J. Lucian (Luke) Davis
I'd like to hear a little bit maybe from some of the colleagues in Southeast Asia. How has the epidemic been in Malaysia and Thailand? Have you been impacted in your work?

Iskandar Azwa
If I could. Hi, I'm Iskandar here. I'm an infectious disease physician, largely in hospital-based and probably I can just mention a bit about Malaysia. Malaysia doesn't often get very much coverage globally, which is unfortunate, and especially given the fact that it's done pretty well considering. We've had about 9000 cases so far since the beginning of the epidemic. And it's, it's down to about maybe two digits on a daily basis, very much controlled at the moment with very, very little community transmission.

So, maybe just if I could speak a bit from a hospital perspective. Because when we, we, unlike Tanzania, we went into lockdown in March, and it was a fairly rapid lockdown after it was initially announced and of course with that brought a lot of changes. Now, in terms of, there were two services, and if you want to talk about disruption of services, there were inpatient clinical services, outpatient care services, and research services. I'd probably mention what, what is more relevant here and that is an outpatient clinical services and research services.

So with respect to outpatient clinical services, we were instructed by the management to defer all clinic visits and from two weeks of the initial announcement for a period of three months, without any backup for telehealth or suggestions of telehealth at that time. We initially tried to do a bit of and it was largely dependent on the

initial units of contacting individual patients and giving the option of conducting outpatient visits over the phone. But management just went straight into sort of over-gear. So a lot of it was over reactive rather than under reactive but I think that was, that was partly probably better. I think it's always good to overreact rather than underreact, for very little preparations we made for patients, otherwise.

From a research perspective and if I could just talk about that. So, and move from being participating in a multicenter clinical trial which in itself had a lot of challenges. It's a D²EFT study, it's a second-line study evaluating a new ARV regiment, three different regiments, in resource-limited settings in collaboration with Kirby. And so I think a good protocol steering committee who was dedicated and met very often had to revise the protocol that was essential. I think an over-reactive rather than under-active approach.

I think it's important also to understand that during that time a lot of infectious disease physicians were deployed to COVID. I guess I was fortunate or unfortunate enough to volunteer that I would look after all the non COVID-related issues. And I think that's very important because everybody else went COVID crazy, both in research and clinical areas and understandably so, there was a huge need and demand for that. But it's also important to gain perspective and say, you know, the rest of the service needs to be covered, even though all services were deferred. So some of the approaches that we took was we looked at study visits on the, on the protocol and see they were necessary. And so for example, a three month visit whether that was really necessary, and I think in agreement we removed that study visit and extended study visits. We provided drugs for a longer period of time, from three months to about six months, and offered patients to defer clinic visits to on either over the phone or telehealth and for that, for that period of time, it worked.

Now, three months, three to four months on from our perspective, things have sort of you know the lockdown was incredibly successful. You know in Southeast Asia we're very, very, I think we're being told to do things we do, we're generally very obedient. And mask wearing was very good, and social distancing was very good. But a lot of things have returned very much to t the norm, but with SOP in place in terms of mask-wearing and social distancing. But, but for us, it's really has gone back almost to what it was pre-COVID, with SOP is in place. So research activities never were suspended from my perspective, from our perspective in UMMC (University Malaya Medical Centre), but patients were given the option of not to come in person and things are slowly, you know, getting back to normal.

J. Lucian (Luke) Davis
Thanks, Iskandar.

Dini Harsono
I think Thomas raised his hand. Sorry, Luke. Just wanted to give an opportunity for Thomas to respond.

J. Lucian (Luke) Davis
Hi Thomas, how are things in Thailand?

Thomas Guadamuz
Hi. Um yeah you know in terms of COVID, I think the country's been handling pretty well. We're at day 85 of not having in-country transmission and the country went into lockdown really quickly and a curfew was enacted. And so things were, were pretty good. So I think it was, it was tough, for I think around April. I think, April was probably the toughest month. And so, um, a lot of our young MSM that we collected data from, that we're still keeping in contact with, have told us that you know, they're not able to access their antiretroviral meds, and. However, I think around month, around May and June, the hospitals and clinics got smart and they started mailing them. Mailing the meds to their homes and so that worked out for people who are in Bangkok and in the big cities.

But then you know what happens with COVID is that during the lockdown, you're not allowed to move across you know from Bangkok to other provinces and vice versa. And so some people have decided to just go back home to the provinces, people in Bangkok, and then that becomes a problem because the hospitals where they're getting their meds are in Bangkok. And so they just completely go without meds then. So the, the local

hospitals then say, well, if you pay now, you can pay us cash at the provincial hospitals. But then, you know, the National Health Insurance will pay you back which sounds reasonable and pretty easy, but in reality, a lot of people can afford that. So, so that was a that's, that's sort of the problem that we're seeing.

I was able to, in terms of adaptation, I was able to get some university funding to supplement the young MSM HIV positive cohort that I've had, and I think it was the project I presented when I was at CIRA at the end of last year, to continue the cohort for one more year especially in times of COVID to collect data to really understand what's going on with accessing meds, adherence issues, and even other barriers that young MSM might face. These are positive young MSM and so the data is being collected now. And I think in, and we're doing this every three months, so we'll hopefully we have some good longitudinal data to report in soon.

J. Lucian (Luke) Davis
It just really strikes me with this group that's gathered that in the countries that are represented probably many of the response measures maybe were more dramatic than the actual number of cases. And I just wonder if people could speak to whether there have been any silver linings in terms of unexpected opportunities or how you think the experience that has come out of this in terms of some of the things that have been described, in terms of remote distribution of medications, or differentiated service delivery. How, how do you think that's going to impact research and care going forward and especially would love to hear interesting stories or unexpected opportunities that people been able to take advantage of to do more in this area.

Frederick Altice
If no one else is going to speak, I might talk a little bit about some of the, the unintended positive consequences, although we could also talk about the negative ones. We have, I mean, you know, I know Iskandar mentioned that things were, you know, as status quo in Malaysia, but actually the prisons area was one area where research was stopped for some period of time. But in Ukraine, similarly, our implementation research in the prisons was pretty much sort of shut down, and we focused on sort of training and coping measures with staff.

But a place where we did see I think some move that, you know, can be lessons learned from the you know the COVID experience is in our work on implementing and scaling up opioid agonist therapies for people who inject drugs and this is a country wide sort of experience. And one of the things that I think happened was that the sort of the bandwidth of the internet became a very real thing for communication between providers and patients. And one of the things that sort of emerged with the idea of sort of reducing the restrictions on you know taking medication, which was essentially people take it every day is that they opened up the barrier so that clinicians could decide on a per case basis whether folks could have up to 10 days of take home medication. And you know, the, there were a lot of we've, we assessed this and there was a huge amount of anxiety both by patients and providers in doing this in a number of different ways. There were fears on the parts of patients with regard to you know the anxiety of physically having to come into crowded settings in order to get their medications. And you know, unlike HIV, with opioid addiction treatment, even in the US, I mean, the maximum that people can get for take homes is one month. It's not like you know 90 days or 180 days that you can give for an HIV therapy, just because of government regulations, but just opening up the dosing to every 10 days sort of reduced the number of clinical encounters. If you were to amortize it over a year to about 3 million clinical encounters for the 16,000 patients on opioid agonist therapy. And what it did was it opened up a lot of time for the clinicians in, you know, to be able to devote other time. And one of the things that we learned early on was that there were stressors, not only for patients and providers, but it allowed them to begin to think about ways to sort of address what I would call more trauma-informed care, which they were doing routinely since they were not interacting with them on a day by day basis, but to be able to do that using telehealth. You know, the, health, you know, provided through videos is not really strong enough within the communities within Ukraine. But they were able to pick up the phone and sort of inquired about patients and the ones that they were concerned about. So I think it created a differentiated model of care.

And, you know, one of the things that people do worry about is are we going to go back to the same old thing? We've, we've actually been monitoring for overdose and death, which was some of the concerns by providers. There's been no signal with regard to, you know, any of that. People have been relieved to not have to come in

each day, and providers have been sort of relieved to not have to have encounters with 2 or 300 people per day, you know, as they're coming in with the clinics. So I would say that the, the opportunity has been extraordinary and that people have been able to differentiate the way that they deliver care. They've moved more towards a mobile health or a telehealth if you will, sort of model to sort of calm and take care of patients who might need some extra services and it's reduced their sort of in-clinic workloads, so that they can actually sort of reinvigorate their other activities which was really important.

And I will say that the other thing that has been sort of a learning point is we have done a fair amount of our implementation facilitation, in the past, you know, through, you know, phone calls. And one of the things that has happened is that these providers in these settings have quickly moved towards the computer like we're doing now. And so some of the learning things have been done in person. We can share screens, we can do video conferences, and I have to tell you just bringing them up to date with real science and evidence when they feel as though they're not getting the information that they need has been, you know, very helpful. But it's also allowed us to continue to conduct some research and you know emblematic of this is, what Dini just did at the very beginning, we can do assessments and we can record them and we can you know we can, we can analyze the data from these calls who's doing what. We can do nominal group technique. We can deploy research methods that we had previously not done before because we had, you know, we had different meanings of doing that, but it really sort of transformed the way that we can actually do research. So I would say that I could list all of the negatives and stuff like that. But there have been some positives, not only with regard to research, but even with our implementation we've scaled up even more quickly and made it easier for clinicians to sort of change their service delivery so that they can do that. So in some ways, COVID has helped HIV prevention. We've got a lot more patients on treatment and they're much happier with the way that they're getting it and they're afraid of going back to that. And it's also sort of improved the infrastructure and the way that people communicate.

J. Lucian (Luke) Davis
Yeah. Thanks, Rick, those are a number of really, I think, nice opportunities, you've been able to take advantage of and interesting insights. I don't know if others have different ones or also, I think, that definitely in the US, there's been a lot of reporting about the vulnerabilities and sort of the unseen disparities that COVID has kind of laid bare and I imagine that there might also be some insights, the social isolation of our patients or other just forms of inequities that they've been exposed. I don't know if anybody has any good examples that they've been able to sort of draw more attention to, or potentially try to address.

Lisa McDaid
Hi Luke, it's Lisa McDaid here in Australia. Reflecting a little bit in relation to that to some research that I'm involved in that's actually going on in Scotland where I'm still involved in various projects. I was based in Glasgow when I visited CIRA on my fellowship back in 2017 I think a few years ago now. When I, when I visited CIRA, my research and my focus on HIV was kind of taken a slight shift towards more of a kind of an introduction of understanding mental health, and particularly the connections between HIV and mental health with some of the communities that we were working with, within the Scottish context.

So one of the things that we've been focusing on recently is about the potential consequences of the experience of COVID and the lockdown in particular on the mental health of and the communities they're working with so primarily young LGBT people within Scotland and also within Australia. You know, real kind of concern around the mental health impacts them of being isolated from their, from their peers, from their support networks, what that might mean for them. Thinking as well about young people who may still be kind of coming to terms with their sense of identity and may find themselves in situations where they have more support and possibly within family situations where they're not accepted and real concerns about the impact of that on them.

And then also thinking about the benefits, and I think this relates to some of the things that Rick were saying about, you know, the digital media that we can use to stay connected and how organizations are really very quickly adapt to how they deliver services so that they've continued to engage with the young people that they had been working with in face to face situations and know delivering those through digital media as well. So,

you know, really conscious that there are lots of potential unintended consequences that are negative, but there are some positives there as well in terms of how services have quite quickly adapted and trying to engage with those to understand what the impact that has on, on the young people who are working with them.

J. Lucian (Luke) Davis
Thank you, Lisa. That's, that's really helpful. We know we're an international group of researchers and I think many of us are fortunate to see each other often at conferences and for those involved in collaboration to visit each other on site and I know that that also often leads to kind of new ideas and productivity and obviously that hasn't been possible. This year, and may not be possible for some period of time, and I just wonder what people have found about that, how they how they've managed to work around that. What do they think some of the consequences or potentially benefits are of that?

Reena Rajasuriar
Maybe I can add something about that with regards to training and attending conferences. I think, I think there's been lots of positive to that. And I find that I'm, I'm more than ever engaging in different webinars and which otherwise I wouldn't probably have the opportunity to, to attend and there's so many now that are free that that you know you don't have to travel in order to attend these and I'm actually finding lots of benefits with regards to attending different types of trainings, which I otherwise may not have had the opportunity to.

I just wanted to add one other aspect with regards to research. So the other thing that I do apart from clinical research is run a lab and with regards to how COVID has impacted that, so while a lot of clinical studies, when it hit in Malaysia, there was this instruction that all labs that are not doing any COVID-related research had to stop. So that does actually that did actually impact the progress of some of the work that we're doing, I was doing, particularly when there's collaborations with different labs all over the world. There are some projects where I collaborate with Singapore, with Hong Kong, with Australia, and each of us do a little part of the particular project. And as a global research group at different times, people had to shut down their labs. And so that was that really had put a dent in terms of how we could progress because we just couldn't work together as we otherwise would have. So, though, in terms of lab-based research, I think there's probably been greater impact, particularly when you're working with different labs all over the world because labs shut down with different waves of the pandemic, and it doesn't all happen together.

But I guess different funding groups have managed that differently. Some of the, some of the funders that we work with, have been pretty flexible with regards to the timeline and some may not. In some, some have said that you know with regards to we, we may not be able to cover salaries for the period that you know there's no work going on. So that's been quite a bit of adjustments that we've had to go through. But I guess on the whole, you know, these are things that you just have to work around and do the best you can.

J. Lucian (Luke) Davis
Thanks, we are getting towards the end of this session that I think it might be nice to just open up the floor to some general questions. And I think maybe Dini, I'll ask you to help me keep an eye on the chat. So we have two eyes. But I do see one question from Kaveh, which is how has COVID affected HIV testing rates. Could we hear some comments from the group that are working in HIV testing? I know Marina, you had talked a lot about that when you were here, some innovative strategies that you guys were doing and how that was a major PEPFAR target, how, how has that affected HIV testing in Tanzania?

Marina Njelekela
So because of the, of the initial, like everybody was scared so we have a drop. For example, in my program, we had a very slight which is insignificant drop of testing. Especially for those clients who were coming to the, to the facilities, and even community testing was not so much done because of the risk. So we suffered the slight drop, but it does, if you put it in a quarter, it is negligible. And I don't know if it's because Tanzania didn't shut down completely, that's why it's still available. But for us, we literally, as I said, we didn't shut down the country. So some of the effects may not, may be very slight and insignificant.

J. Lucian (Luke) Davis
Oh, Yifei, I think you broke a little bit, at least from where I'm standing. I think you were starting to see something about HIV testing?

Yifei Hu
Yeah. Generally, yeah. Can I proceed?

J. Lucian (Luke) Davis
Yes, please.

Yifei Hu
Okay, so in China, it seems it was not affected too much, but frankly speaking, the most the reduction of the HIV testing rate is many due to the less of the demand because the people during the social distancing they became less sexually active, especially among men who have sex with men. But in China, we are not out of self-testing and ARV treatment services. The internet and B-2-B commerce is very convenient and prosperous which means that people always can get from internet to do the testing kits. From internet, very cheap. Even from the NGO, there's free test paid for the shipment, that's the thing. (Additional comment: CBOs also undertake ARV drug delivery to the HIV patients.)

And I want to also to address Kaveh's question that for web-based recruitment of people who use drugs or even to conduct research with people living with HIV, we have some experience that with the facilitation of the local CBO, we can use like WeChat, the Chinese social media like this and also some app, especially with the social media or physician-themed app, it is very convenient to organize some online recruitment for the survey. It really depends on your research questions. So you can do so, definitely. You know we can save a lot of staffing and also save some money, save transportation, a very efficient way to organize this kind of research, especially during the early stage of the social distancing, people stay at home, and they were ready and no incentive, to attend this kind of survey. As long as you are trusted by the some opinion leaders like the for examples, the MSM and also the CBOs' leaders. So this is quite efficient. For different kinds of recruitment, it depends your research interest because we have some themed app and some social media app. Very easy for us to do that.

J. Lucian (Luke) Davis
Yeah there's a number of questions about social media, which I'd like to come to in a second. But there's also a little bit of chatter while we're talking about testing about the saliva test. I think some people may be familiar that our colleagues Nate Grubaugh and Anne Wyllie in the School of Public Health recently had emergency use approval for a saliva test for, not for HIV, but for COVID. And our dean Sten Vermund is just suggesting that if there's interest, we would be able to organize a webinar to kind of talk a little bit about it. It's an interesting test and that it's not a commercial test, it's a, it's a protocol. It's meant to be made in a way that people could adopt it, really anywhere where they're able to follow the protocol. So if there's interest in that, please just make a note in the chat, and we'll follow up.

But there were a couple questions, I think Fernando was asking, have any of you used social media or tools such as Zoom to reach out and conduct research and people living with HIV. And I know that Shan-Estelle Brown she's doing some work related to recruiting participants through Facebook groups. Are there other areas that people are using social media, in particular in this moment?

Cindy Crusto
So in Africa, in South Africa, we are, we're implementing text message support groups. So not exactly the same, but text message support groups. And this is, you know, ongoing work for several years. And they're actually going to start some groups in Zambia for HIV-positive pregnant women and new moms. So we're hoping that just being able to reach people remotely as another way of providing care which we've been doing, but hopefully we can expand that work even more.

J. Lucian (Luke) Davis
Thanks, Cindy. Kaveh is asking about ethical challenges that has specifically risen out of the COVID-19 pandemic. Certainly stigma, I think comes up a lot, with both COVID and HIV, but are there specific ethical challenges that people have encountered? I could speak to one that's come up in our work in Uganda is that just the availability of PPE, I think initially we had heard that local production had been rapidly ramped up and there was a wide feeling that there would be enough but distribution has been a challenge because of the movement restrictions, and we've ended up in a number of scenarios where research staff showed up having more PPE than the people that they're working with. So that's one example I think of an ethical dilemma that arises, you know, even when you're doing work alongside local implementers.

Marina Njelekela
There is one question.

J. Lucian (Luke) Davis
Oh, yes. I am sorry, go ahead.

Marina Njelekela
There is one question on how, I see a question on how if one can comment on how they've partnered with NGOs, CBOs during the disruption in services. For example for us, we have about 60 NGOs which we are working with, and during this disruption of services we quickly created a group of WhatsApp group and we were sending instructions or improvement which they can do because these are the ones who have the community health care workers who will reach our clients. So we like we train them virtually on how the community health workers should behave amid COVID-19. What should they have, how should they protect themselves, the importance of having a mask as well as sanitizers when they visit the families. And so the NGOs and CBOs really helped us a lot to quickly reach our clients during this COVID-19.

J. Lucian (Luke) Davis
Thanks, Marina. I think that, you know, is an important question. Thanks to Evelyn for sort of raising that. There's also quite a bit of, I think, good discussion here related to thinking about not just high-tech platforms like Zoom or other analogous forms that require video but Cindy had some good examples of using kind of lower fidelity approaches such as SMS support groups. And I think Sheila had and Julia had talked about interviews with older adults with HIV, doing those by phone which I think is also a very important thing that are moved, rapid move to the digital doesn't exacerbated differences.

Donna is just bringing up the question of how with PEPFAR playing such a role in international HIV care and policy with Dr. Burke's involved in the US COVID response, which has been, I think people are aware, a very large undertaking. How have things changed in PEPFAR? I don't know if any of the PEPFAR partners could, could talk a little bit about that.

Donna Spiegelman
I mean, just to clarify what I'm asking is since Dr. Burke's has gone off to lead with Dr. Fauci the US COVID response. It seems that she, I guess I'm not sure if she actually resigned from or took a leave of absence from leading PEPFAR and I'm wondering, I just looked online, there seems to be a deputy chief but I've never seen her name in the media or in any article, and I'm wondering who's leading PEPFAR and if there's been changes in PEPFAR policy formally or informally since Dr. Burke has been gone. Marina, you must have something to say about this if nobody else.

Marina Njelekela
Really, really not so much but I think what we are, we are missing from the programmatic point of view. The fastness of issues, or directives or guidelines which were coming from PEPFAR. I think there is a slow down at PEPFAR, so we also don't know what is going on. But I remember it was like she's going to do the COVID but still, she will manage PEPFAR.So really, I can't comment much but we are feeling that she's not there, kind of.

Donna Spiegelman
Mm hmm. So you haven't really gotten PEPFAR directed policies and procedures related to COVID and HIV. So everything you…

Marina Njelekela
No, no, no, we have. We have, we are getting every week. Every week. Yeah, every week, there is a guideline from PEPFAR to all implementing partners across the world. We receive every Friday. Yeah.

Donna Spiegelman
You don't know where that's coming from because we don't think it's coming from Dr. Burke.

Marina Njelekela
Of course it is our team that's because, because we have webinars every month. And we have every week some new information from PEPFAR on COVID-19 and HIV. So, she's still active, maybe, yeah.

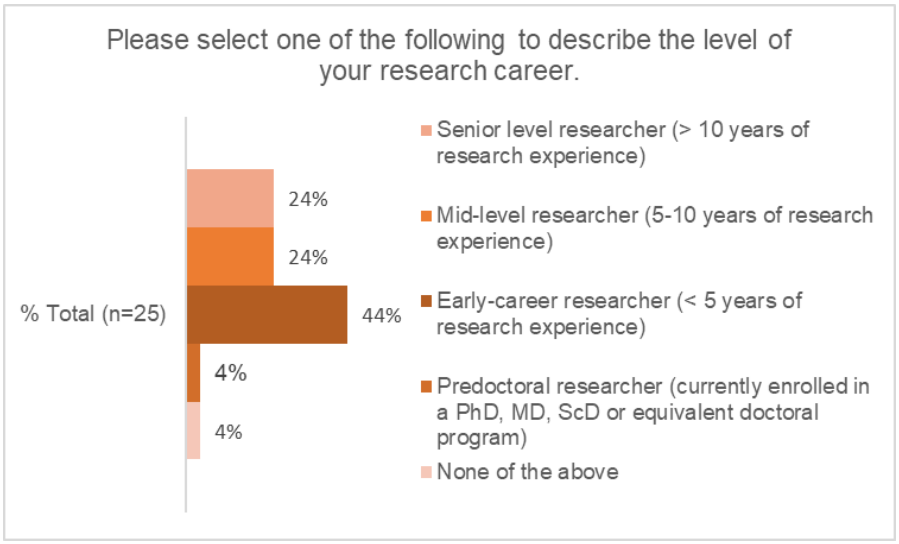
J. Lucian (Luke) Davis
Well, I just want to say thank you very much to all the presenters. Unfortunately, we've gone through a very quick hour. I really want to appreciate all the good ideas that were shared. I think we've learned a lot and feel a little bit closer look forward to doing. If you'd like to see more content on this type of thing, related to COVID or other opportunities we can take advantage of, please let me or Dini know and we look forward to staying in touch with all of you. Please stay safe, stay healthy and we look forward to a better time around the world as we hopefully bring COVID under control. Thanks so much, everyone.

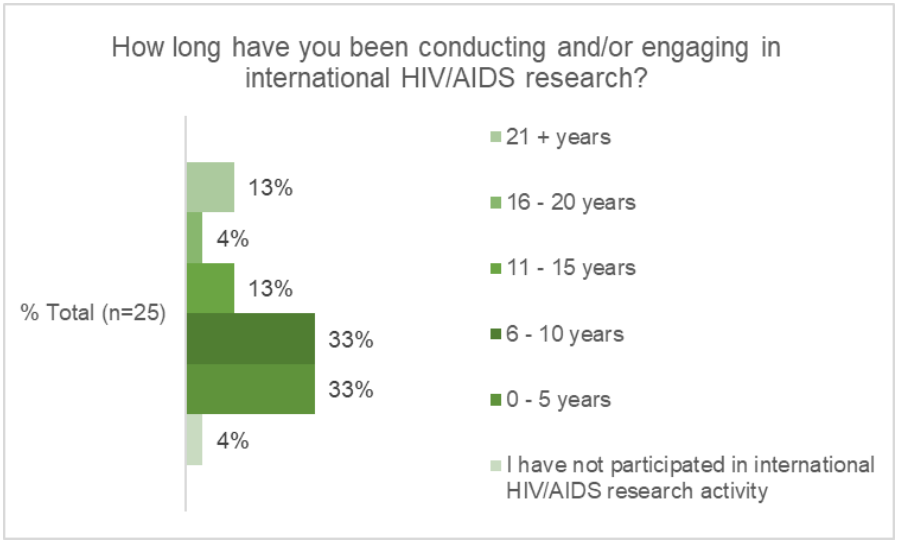
Dini Harsono
Thank you so much, everyone.

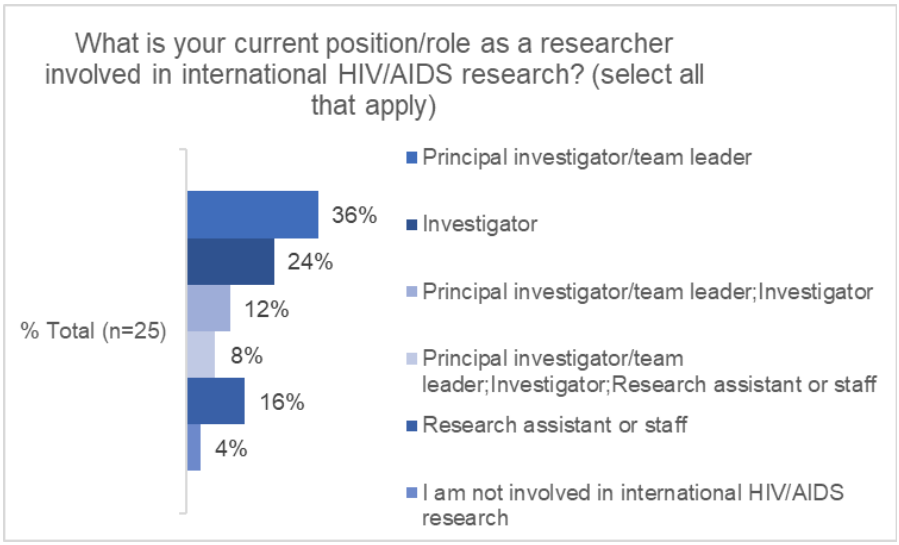
Marina Njelekela
Thank you. And it was a pleasure to meet all of you and see you online.

Dini Harsono
Yes, yeah. So good to see everybody.

POLL RESULTS







CHAT

Dini Harsono
We are towards the end of the session. Please submit your questions or comments now if you have any and we will discuss shortly.

Kaveh Khoshnood
how has COVID affected HIV testing rates?

Fernando
Have any of you use social media or tools such as Zoom to reach out and conduct research with people living with HIV?

Kaveh Khoshnood
and COVID related ethical challenges in your HIV/AIDS research? ideas for web-based recruitment of people who use drugs?

Sten Vermund
If people are curious about the Saliva Direct of Nathan Grubaugh and Anne Wyllie, perhaps we could do a special call for all Yale global friends to learn about the protocol and how it might be promulgated overseas.

Sheela Shenoi
I would be interested in hearing more about possibilities with the saliva test, internationally

Shan-Estelle Brown
@Fernando - I'm doing a project now where we're recruiting participants through Facebook groups and conducting the interviews "face-to-face" through Zoom - but they don't have HIV

Gerald Friedland
One of the neglected areas of great concern is COVID in areas of conflict and forced migration. Have any documented and dealt with this in their own countries or areas?

Sheela Shenoi
I worked with Julia Rozanova on a study in Ukraine to interview PLH about the impact of covid - all remote interviews using phone

Marina Njelekela
I am interested Sten in hearing more on the saliva test

Archana Krishnan
COVID-19 has accelerated adoption of mHealth/telehealth, but how do we accommodate patients on the 'have-not' side of the digital divide - those who don't have access to technology or don't possess technology self-efficacy?

Julia Rozanova
Yes, in our interviews with older adults with HIV in Ukraine we had them recruited from clinics by trusted clinicians by phone, and then interviewers phoned them to interview them. We had excellent response rate -- older adults really eager to participate

Evelyn Hsieh
can others also comment on how they have partnered with ngos/cbos to address disruptions in services or dissemination of knowledge related to COVID-19

Sheela Shenoi
but using higher tech platforms was not possible - completely agree with Archana's point. This is an issue with clinical care here in the US as well

Cindy Crusto
With respect to opportunities, colleagues in Africa are launching SMS (text message) support groups in Zambia with HIV positive pregnant women and new mothers. This builds on existing work that I was a part of in South Africa with HIV positive adolescents.

Donna Spiegelman
With Dr. Birx leading the US COVID response, how have things changed at PEPFAR?

Evelyn Hsieh
thank you!

Fernando
@Shan-Estelle Brown and @Cindy Crusto, thank you for your answers! And thank you all for this interesting talk!

Dini Harsono
Thank you so much for these great questions and comments

ADDITIONAL COMMENTS

Yifei Hu
- Zoom based research: It is feasible to organize and maintain a multi-center collaboration research using Zoom like software. It can address the questions for local sites regularly and ensure the quality of implementation. Dr Vermund and Dr Aksoy recently support Turkish colleagues and me to develop a team and a proposal.
- Cohort study is a bit challenge, costly. If targeting key population, like MSM or drug users, we have to rely on CBO and they need funds to maintain their running.
- Multicenter survey is efficient and possible, but need an in-depth design and find a novel research question. Simple survey on mental status/discrimination is not really attractive both from the participants and journal editors.