



GUIDELINES FOR WRITING & SUBMISSION OF ABSTRACTS

Abstract submission for the 6th Maisha HIV and AIDS Conference 2021 is currently open. Abstract submissions will be done via e-mail to abstracts@nacc.or.ke

The abstracts should be submitted under any of following formats:

OPTION 1

This option is most suited for scientific research. Abstracts presented under the first option should contain concise statements of:

Background: indicate the purpose and objective of the research, the hypothesis that was tested or a description of the problem being analyzed or evaluated.

Methods: describe the setting/location for the study, study design, study population, data collection and methods of analysis used.

Results: present as clearly and as detailed as possible the findings/outcomes of the study, with specific results in summarized form. Inclusion of gender breakdown of data is strongly encouraged.

Conclusions: briefly discuss the data and main outcome of the study. Emphasize the significance for HIV prevention, treatment, care and/or support, and future implications of the results.

OPTION 2

This option is most suited for presenting best practices that are important for understanding and responding to the HIV epidemic and its future implications. It is suited for information that was gained through systematic forms of knowledge production/management, by means other than scientific research or evaluation. This process must include some evidence provided through some data obtained. Abstracts presented under the second option should contain concise statements of:

Issues: a summary of the issue(s)/best practice addressed by the abstract.

Description: a description of the best practice in form of intervention, project, experience, service and/or advocacy.

Lessons learned: Explanation of what worked well, how and through what innovative approaches.

Conclusions and implications of the intervention or project. Indicate data and evidence that supports the lessons learned

Next steps: Possible next steps for implementation, or recommendations.

SUBMISSION FORMAT

Soft copies (MS Word) or convertibles:

Line Spacing: 1.5;

Margins: 1.5; Points for all Margins;

Alignment: Justified;

Font type: Times New Roman size 12

Reference: APA. Provide Authors full contact and institutional affiliation.

Word Limits

The abstract text body is limited to 300 words. Titles are limited to 50 words. Tables and graphs may be included: a graph (image in JPG, GIF or PNG) counts as 50 words and a table counts as 10 words per row.

Include a separate document containing the Author's brief profile; and submit to abstracts@nacc.or.ke

The deadline for Abstract submission is **May 21, 2021**

Notifications for accepted Abstracts will be from **May 28, 2021**.

ANNEX 1: ABSTRACT TRACKS

Track A: HIV Vaccine Science, Immunopathology and Pharmacology

Sub-themes:

- a. HIV vaccine research and development, and local manufacturing: current situation and future projections
- b. Novel diagnostic, prevention, treatment and monitoring strategies
- c. Clinical pharmacology in children and adults
- d. HIV co-infection with SARS COV-2: morbidity, mortality and vaccine/immune response

Track B: Existing and Emerging Prevention Issues

Sub-themes:

- a. Acceptability and adherence to scientific breakthroughs, products and services e.g. MPTs, U=U, PrEP
- b. Novel combination prevention strategies in the HIV response
- c. Attaining the 95-95-95 UNAIDS goals particularly in key, priority and vulnerable populations - progress, gaps and opportunities in promoting uptake and adherence to prevention services
- d. Interventions to address mental ill health, including substance abuse, in HIV prevention
- e. Prevention and management of sexually transmitted infections

Track C: HIV Treatment and Care

Sub-themes:

- a. Attaining the 95-95-95 UNAIDS goals particularly in key, priority and vulnerable populations - progress, gaps and opportunities in promoting uptake and adherence to ART and care services
- b. Interventions to address mental ill health, including substance abuse, in HIV care
- c. Commodity security: gaps and opportunities

Track D: Structural, Translation and Implementation Research

Sub-themes:

- a. Innovations and progress in differentiated system delivery; including digitalization of HIV services, cross-programme delivery of services and the implications of COVID-19 social and physical restrictions
- b. Scale up and optimization of HIV services: successes and challenges
- c. Health systems strengthening: changes in policy and practice
- d. Research to policy: strategies to accelerate uptake of research findings and promote data driven decision making
- e. Universal health coverage and implications on HIV management
- f. Community health systems in emerging infections: preparedness, feasibility and acceptability

- g. Integration of HIV treatment and care with non-communicable disease programmes, sexual reproductive health services and socio-economic empowerment programmes

Track E: Multi-Sectoral Involvement in the HIV Response: Service Provision and Advocacy

Sub-themes:

- a. Community led initiatives in the HIV response: successes, gaps and opportunities e.g. in stigma awareness and reduction
- b. Institutional and industry sector involvement- including of the public sector and private sectors- in the HIV response: successes, gaps and opportunities e.g. in stigma awareness and reduction
- c. HIV, human rights and the law

Track F: HIV Financing and Governance

Sub-themes:

- a. Innovations for sustainable HIV financing and funding in a changing economic global landscape
- b. Devolution of the HIV response to the county level

Track G: Interdisciplinary and Cross-Programmatic Issues

Sub-themes:

- a. Covid-19 vaccine hesitancy and lessons for HIV vaccine preparedness
- b. HIV and technology: Opportunities for research, information sharing and service delivery
- c. Power, Social status and HIV: Influence of marginalization by age, gender, culture/tribe, disability and socioeconomic status on HIV acquisition and uptake of care and prevention services
- d. HIV and ageing: emerging issues and needs, and implications on uptake, access and delivery of appropriate health services