The results of the Antibody Mediated Prevention (AMP) Studies
Welcome to the latest edition of the HIV Vaccine Trials Network (HVTN) Community Compass.

In this issue, we provide an update on the status of the AMP Studies, a perspective on the intersection of faith and HIV, and share some of the profiles of members of the HVTN around the world. While our efforts in the COVID-19 space continue, many of the phase 3 trials we were actively involved in supporting and coordinating have completed enrollment. The next phase 3 COVID-19 vaccine trial, the Sanofi trial, has launched and is nearly fully enrolled in the United States.

While these efforts continue, our HIV efforts remain a key priority for the Network and our communities. Many people continue to wonder about the timeline for an HIV vaccine. There are many trials underway, most of which are early phase studies that are primarily looking at safety in smaller numbers of people; however, we do have two large scale HIV vaccine trials in the field also, Mosaico (www.mosaicostudy.org) and Imbokodo (https://imbokodo.org.za/). Both of these studies use a mosaic-based platform, which supports the evaluation of the vaccine across various types of HIV found around the world. While the Imbokodo study has fully enrolled, the Mosaico study remains open for enrollment. COVID-19 restrictions are shifting, and many communities around the world are starting to open back up. While this is occurring, conversations about the important lessons learned during the COVID-19 pandemic that can be applied to HIV continue.

Thank you for your continued support of the HVTN wherever you are in the world, for the work that you do in whatever role you have in the HVTN community, and for the impact we have been able to make in our collective history and communities, together. Though we have come very far in response to the HIV epidemic, we have so much further to go to achieve a globally effective HIV vaccine. The HVTN Community Compass team wants to be everywhere you are, so please share with us what’s happening at your research sites, institutions, and in your communities, so that we can share it with the world.

Be well,

Stephaun E. Wallace
Stephaun E. Wallace, Ph.D.
Editor-in-Chief, HVTN Community Compass
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Our vision is an informed HVTN community that is aware of current events and activities relating to the HVTN network and its sites, advances in the field of HIV prevention and vaccination, as well as community priorities. We work to accomplish this by providing relevant information and updates to promote awareness, understanding, and support for HIV prevention and HIV vaccines, reaching global communities invested in the response to the HIV epidemic.

We welcome submissions of articles on any topic for publication that is relevant to the HVTN community. Submissions must be exclusive to us, and not appear in any other publication. Submissions must be 500 words or less to comply with our layout and design requirements. Due to space limitations, we may need to hold publishing your article for a future issue.

To submit articles for Community Compass, please go to the HVTN Members Site homepage, click on “About”, then click “Community Compass”, then click on “Submit to Community Compass”.

Meet the COMMUNITY COMPASS Team

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Questions and answers about the results of the Antibody Mediated Prevention (AMP) Studies: HVTN 703/HPTN 081 and HVTN 704/HPTN 085

By: Gail Broder, Dr. Shelly Karuna, and the AMP Protocol Teams

The AMP Studies have been completed, and the participants are now being unblinded to learn whether they got the antibody at a lower or higher dose, or the placebo. The first analysis of the efficacy results was presented by study co-chairs Larry Corey of the HVTN and Mike Cohen of the HPTN at the HIVR4P conference at the end of January, 2021, and were published in the New England Journal of Medicine in March, 2021. The results are complex, and much more analysis will continue to take place over the coming months, but here is an initial summary of what has been learned.
What are the AMP studies?

AMP stands for Antibody Mediated Prevention. Scientists did the AMP studies to see if a broadly neutralizing antibody against HIV called VRC01 could prevent people from getting HIV. The AMP studies were the first studies to test whether this antibody could prevent people from getting HIV. These studies tested two amounts of VRC01, a smaller amount (10mg/kg) or a larger amount (30 mg/kg), or a placebo (saline/salt water).

The HIV Vaccine Trials Network (HVTN) and HIV Prevention Trials Network (HPTN) did the AMP studies to try to answer the following research questions:

- Is the VRC01 antibody safe to give to people?
- Are people able to get the antibody without becoming too uncomfortable?
- Does the antibody lower people’s chances of getting HIV?
- If the antibody does lower people’s chances of getting HIV, how much of it is needed?
- If someone gets HIV, how does VRC01 make a difference in their infection?

Who joined the two AMP studies?

The AMP studies both enrolled people who were 18 to 50 years old and who were at risk for getting HIV. All participants were in good general health. What makes the two AMP studies different from one another is where they were done and who was enrolled. HVTN 703/HPTN 081 enrolled women who have sex with men. Participants were in Botswana, Kenya, Malawi, Mozambique, South Africa, Tanzania, and Zimbabwe.

HVTN 704/HPTN 085 enrolled men and transgender people who have sex with men and transgender people. The participants were in Brazil, Peru, Switzerland, and the United States.

How many people enrolled in these studies and what product(s) did they receive?

HVTN 703/HPTN 081 enrolled 1,924 women between May 2016 and September 2018. 98.9% were Black; 0.6% reported being “Other” race, 0.5% were Asian, and 0.1% were multi-racial. They ranged in age from 17-45, with an average age of 28 years. Of these participants, 642 received the smaller amount of VRC01, 645 received the larger amount of VRC01, and 637 received the placebo. Overall, 16,805 infusions were given in the study. The retention in the study was 96% prior to the restrictions of the COVID-19 pandemic, and dropped to 78% after March 15, 2020. About 87% of the participants remained in the study through the final study visit.

HVTN 704/HPTN 085 enrolled 2,699 men and transgender people. 99% were assigned male sex at birth, and 1% were assigned female sex at birth. About 90% identified as male, 5% as transgender female, about 2% as female, and about 1% each as gender queer, gender non-conforming, or transgender male. 31.5% were White, 15.2% were Black/African American, 3.3% were multi-racial, 2.6% were Asian, 0.6% were American Indian/Alaska Native, and 0.3% were Native Hawaiian/Pacific Islander. 46.6% described their race as “Other”, which varied by country: 36.4% of the participants in Brazil, 94.9% of the participants in Peru, 8.3% of the participants in Switzerland, and 9.3% of the participants in the US. They were enrolled between April 2016 and October 2018. Of these participants, 899 received the smaller amount of VRC01, 897 received the larger amount of VRC01, and 903 received the placebo. Overall, 23,860 infusions were given in the study. The retention in the study was 95% prior to the restrictions of the COVID-19 pandemic, and dropped to 44% after March 15, 2020. About 78% of the participants remained in the study through the final study visit.

What have we learned about VRC01’s safety from the studies?

Even though safety is still being analyzed, we have learned that people were able to take VRC01 with little or no discomfort. When participants had side effects, they were usually mild to moderate and they lasted a few hours to a few days after the IV infusion. Participants had headaches, tiredness or feeling unwell, body aches, nausea, fever, chills, and pain or tenderness where they got the infusion. Less than 1% of participants had symptoms that were severe enough to interfere with their normal daily activities. 3.5% of participants had a reaction like itching, a rash, or shortness of breath during or immediately after the infusion. These immediate reactions to the infusion did not last long and the participants who had them recovered without ongoing problems. Study doctors often see these side effects in monoclonal antibody and vaccine studies, and with other monoclonal antibodies and vaccines that have been approved to treat or prevent other diseases.

Continued on the next page...
Questions and answers about the results of the Antibody Mediated Prevention (AMP) Studies

What have we learned about whether broadly neutralizing monoclonal antibodies like VRC01 can prevent HIV?

There are several strains of HIV found around the world. Through the AMP studies, we have learned that VRC01 can prevent some strains of HIV, but not others. In the AMP studies, people who got VRC01 were less likely to get HIV if they were exposed to what scientists call “sensitive” strains that were vulnerable to VRC01 and could be neutralized. But people who got VRC01 were not protected from getting HIV if they were exposed to what scientists call “resistant” HIV strains that VRC01 was not able to neutralize. The resistant HIV strains were able to avoid VRC01 and cause people to get HIV. Scientists call this a “breakthrough” infection.

We have learned that we probably need more than one antibody to fight the many different strains of HIV. This is similar to medicines that people take to treat HIV. Some people living with HIV need to take 2 or more medicines to keep them healthy. We have also learned about the doses of antibody that may be needed to protect people against the many strains of HIV around the world.

How do the results from the AMP studies fit into the bigger picture of HIV prevention?

The AMP studies showed that a broadly neutralizing monoclonal antibody can prevent people from getting HIV. They also taught us that we need other antibodies that can block more HIV strains. We also need antibodies that are powerful, even when given in small doses. Like medicines to treat people with HIV, we will probably need more than just one antibody to fully prevent HIV over a long period of time. The good news is that we are already doing research studies testing other antibodies that may be able to do these things, alone and in combinations.

The AMP studies also showed us that by studying an antibody in a laboratory, we can predict how well it will prevent HIV. We can also use what we learn in a lab to predict how much antibody will be needed. Through AMP, our laboratory and data scientists have found a test that can tell which antibodies may prevent HIV, even before we give them to people. This helps us do studies more efficiently. This is very important because it means we may be able to use antibodies to prevent HIV sooner. We are always looking for tools to add to the HIV prevention toolbox!

Will there be any future testing of VRC01 by the HVTN and HPTN?

When the AMP studies began in 2016, laboratory and animal studies suggested that VRC01 could prevent HIV in people. At that time, VRC01 was the only antibody ready for testing this question in people. Through the AMP studies, VRC01 proved that such an antibody can prevent some HIV, but it did not protect enough people, especially those that were exposed to “resistant” strains. Because of this, there are no plans to test this antibody for HIV prevention in the future.

But since the AMP studies started, scientists have found other antibodies that prevent more HIV strains, even “resistant” ones. Scientists have also found antibodies that are powerful in small doses to prevent HIV in animals. Scientists have also been able to manufacture new versions of these antibodies that last longer in the human body, meaning that they can be given less often. The HVTN and HPTN are testing these other antibodies in people.

Will VRC01 affect participants’ HIV test results in the future?

The study antibody should not affect HIV test results now or in the future. The study antibody was last given to participants in April, 2020. We do not expect any of the antibody to still be in participants’ bodies now, over a year later.

With new PrEP medications, vaginal rings, and long-acting injectables for HIV prevention all moving forward, how would a broadly neutralizing monoclonal antibody against HIV be used for HIV prevention?

We think that monoclonal antibodies could work in several ways that are unique compared to these other prevention tools. Specifically, they may be able to be used to:

- Cover a period of risk for newborns (during & right after birth, and during breastfeeding);
- Cover the “tail” of a long-acting PrEP injection;
- Cover the ramp-up period of an HIV vaccine regimen that is given in several doses over a period of time;
- Combine with other antibodies in a prevention “cocktail.”

The goal is to have as many different HIV prevention options as possible, so that people around the world can choose the best option to suit their individual preferences and needs.

Thank you to all of the AMP Study participants around the world! They have made a major contribution to moving new HIV prevention options forward.
We’re Looking For:

- Cisgender men who have sex with cisgender men
- Trans men and trans women who have sex with cisgender men and/or transgender people
- 18 – 60 years old
- HIV-negative

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The Full Picture: Accurately Framing COVID-19 Vaccine ‘Hesitancy’ among Black Americans

Allysha C. Maragh-Bass, Scientist, Global Health and Population Research, FHI 360
Louis B. Shackelford, External Relations Project Manager, CoVPN

Editors Note: This article was first published in FHI360s blog April 2021 at: https://degrees.fhi360.org/2021/04/the-full-picture-accurately-framing-covid-19-vaccine-hesitancy-among-black-americans/
It has been reprinted with permission from the authors and FHI360.
As Black American public health professionals, we know that one pervasive question for Black Americans today is, "So, are you getting the COVID vaccine?"

There is not an easy answer. Black Americans are more likely to get COVID-19 than other races and are dying at nearly twice the rate of White Americans. They are also less likely to participate in COVID-19 vaccine clinical trials and are less willing to get the vaccine. All the same, these numbers portray problems in our society, not problems with Black people.

We should look through the lens of lessons learned when Black Americans are left behind in public health preparedness. For instance, many parallels exist between HIV and COVID-19: Black Americans are also more likely to get HIV, less likely to participate in HIV clinical research and less likely to benefit from HIV prevention medications than other communities. While other communities mounted a response to the COVID-19 pandemic, many Black Americans navigated intersectional COVID-19, HIV, racial discrimination and poverty.

What have we learned from both cases?

- **Words, images, and perceptions matter.** We are inundated daily with headlines about COVID-19 vaccine ‘distrust’ or ‘hesitancy’ among Black Americans. But what is the difference, and does it matter? In short, yes.

Vaccine hesitancy is broadly defined as a continuum from vaccine refusal to acceptance. The headlines using this phrase imply personal preferences and views. However, there is plenty of literature that shows our individual decision-making to get vaccinated may be reduced because of seeing these very images telling us that Black Americans are not getting vaccinated. Very few of these headlines identify trustworthy sources for Black Americans to go for information about the vaccines. Even fewer headlines discuss the role of clinicians and researchers in working to overcome distrust and negative perceptions of the vaccine and in encouraging trust in vaccinations.

- **Trust is central to uptake.** Whether we portray it as hesitancy, mistrust, distrust or any other term, every Black American needs access to information about the vaccine and side effects. They need to know why some groups are eligible to be vaccinated before other groups and why high rates of vaccination are needed for everyone to be protected (community, or herd, immunity). Black Americans are rightly distrustful of the short timeline to COVID-19 vaccine approval and production. There is not a single community in which we, the authors, have worked, whether on COVID-19 or HIV, where the legacy of ethical violations such as the Tuskegee study or Henrietta Lack is not mentioned. If public health practitioners are not appropriately equipped to help Black Americans overcome these valid concerns, how can trust be built and vaccine acceptance be promoted successfully? Acknowledging these very real concerns, as the U.S. Surgeon General did, is a start in trust building, but we must continue to provide education about the process through which the vaccine was tested and produced.

- **Address the issue of access.** Across the media, we see portrayals of vaccine hesitancy in Black American communities, often with little to no effort to balance reporting on vaccine scarcity due to lack of access. Stories abound of Black American communities where low vaccine stock is to blame for low rates of vaccination, not hesitancy. Additionally, structural racism has guaranteed Black Americans a poorer quality of care than others, even when they are willing to seek care. Even before vaccine availability, there were disparities in access to COVID-19 testing.

Public health practitioners must take cues from people already leading these efforts so as not to dilute or duplicate; many of these leaders have worked in HIV prevention and know the pitfalls of repeating the errors of the past. Media outlets should also ensure accurate and balanced reporting that frames the whole community, not just one narrative of hesitancy. Partnering with Black churches and having Black researchers and clinicians in leadership roles in entities like the COVID-19 Prevention Network, the National COVID-19 Resiliency Network and the Black Coalition Against COVID can prioritize engagement in Black American communities and go a long way toward building on assets and promoting vaccinations.

So, are we getting the COVID-19 vaccine? One of us already has and one of us will, to protect ourselves and our community. How about you?

Dr. Maragh-Bass is a former HIV Prevention Trials Network (HPTN) Domestic Scholar and a current FHI 360 Scientist. Mr. Louis B. Shackelford is a Project Manager in External Relations with the COVID-19 Prevention Network (CoVPN) and HIV Vaccine Trials Network (HVTN).
Pew Research estimates that 84% of the world’s population identifies with a faith community, and the World Health Organization (WHO) estimates that 40% of health care services in low- and middle-income countries are provided by faith-based institutions. More specifically, faith-based institutions deliver 40% of HIV and AIDS services in sub-Saharan Africa and as much as 60% of HIV related services in other parts of the world. It’s evident that faith is interwoven into the fabric of the human experience, with health and wellness as a core value across all faiths. It’s also true, however, that different faith traditions and belief systems have acted as barriers in the HIV and AIDS response, offering judgement for people living with HIV, and earning the faith community a legacy of perpetuating stigma and discrimination against vulnerable key populations.

At the height of the epidemic in the late 1980s and early 90s, houses of worship were often the final resting place for people who had died from HIV related illness, a place to dignify the dead where they were not always dignified in life. In a 1994 New York Times article titled, “Ritualizing Grief, Love and Politics; AIDS Memorial Services Evolve Into a Distinctive Gay Rite,” Tom Viola of Broadway Cares/Equity Fights AIDS was quoted saying to a priest, “I’m tired of being welcome in the Catholic Church dead. Until they welcome...”
us alive, it would be ridiculous for them to have the last word at memorial services.” HIV was a death sentence then, and the faith community had gotten good at welcoming people dying with HIV.

However, the advent of highly active antiretroviral therapy (HAART) changed the course of the pandemic such that death no longer had the last word. Neither did faith communities that found purpose in HIV death but struggled to identify its role among people living with HIV thanks to science and medicine – as if God required something more of us than to extend compassion, grace, dignity, and love to our neighbor. Professor Barbara Brown Taylor writes, “When my religion tries to come between me and my neighbor, I will choose my neighbor. Jesus never commanded me to love my religion.”

The good news is that just as the HIV epidemic experienced a biomedical renaissance that shifted the course, more and more people of faith and goodwill have come to share Professor Taylor’s sentiments, understanding that HIV is no longer just about viral load and T-cells. HIV/AIDS is a social justice imperative about poverty, systemic racism, LGBTQIA discrimination, gender inequality, substance use disorders, mass incarceration, political propaganda, and stigma, and these ills can’t be cured in a laboratory or hospital. They can, however, be cured in places of worship, family households, the workplace, and in community. Today, HIV and AIDS are as much a moral mandate as they are a medical one, and no people are better suited to respond to the moral and medical mandate to end HIV than people of faith.

Faith communities around the world are actively building bridges of collaboration with each other, and with government, civil society, academia, and marginalized populations, to combat HIV. And with collaboration comes the perception that faith and religious communities are only a part of the problem and not the solution. Over the years, initiatives like the Interfaith Health Platform (https://www.interfaith-health-platform.org/) have emerged as a multi-religious collaborative space for capacity building, awareness raising, and joint advocacy among faith groups, organizations and communities engaged in HIV and AIDS. It offers access to best practices and resources developed by faith groups, and documents and shares the impact of faith models for a more effective HIV response, including under the challenges posed by the COVID-19 pandemic.

Other global commitments to action by faith communities include the 13 MILLION CAMPAIGN (https://www.unaids.org/en/resources/presscentre/featurestories/2020/10/20201006_faith-communities-hiv-response) that is engaging faith leaders, individuals, and communities to promote access to health services to the 13 million children, women and men living with HIV who are not yet on antiretroviral treatment. Within the United States, Christians and other faith partners have coalesced to form the U.S. HIV Faith Coalition (https://www.ucc.org/what-we-do/justice-local-church-ministries/justice/health-and-wholeness-advocacy-ministries/ucan/uscafaith/) and establish National Faith HIV/AIDS Awareness Day (https://www.hiv.gov/events/awareness-days/faith) that encourage faith communities to work together on HIV and AIDS education, prevention, treatment, care and support, and to reduce and eliminate stigma and discrimination. Most recently, faith communities at the forefront of HIV advocacy have been key in the implementation and execution of community engagement strategies as it relates to COVID-19 and vaccine education in vulnerable populations.

Perhaps the most important role of faith positive communities in the HIV response has been the reconciling of sacred-spaces for healing through storytelling that centers the lived experiences of people most impacted by the epidemic who once-upon-a-time could not share in those spaces and feel safe. Whereas the statistics of science inform, stories have the ability to transform; it’s this transition from the transactional to the transformational that can really serve as a balm in Gilead. Stories increase awareness, awareness builds empathy, and empathy is the tie that binds us together.

If the way out of the COVID-19 pandemic has been to stay apart, the way out of the HIV pandemic is to stay together. The intersectionality of this disease means that we can curb HIV illness by fighting all manner of social ills, if we can just manage to do it together. We have all the science and medicine we need to end the HIV epidemic as a public health crisis. What we need now, more than ever, is to treat people and not just disease — and there are no group of people better poised to lead the charge in humanizing the next iteration of the response than the faithful.
Taking on COVID Vaccine Hesitancy in American Communities of Color

Dr. Michele Andrasik coauthored a manuscript in the New England Journal of Medicine describing the background of vaccine hesitancy in Black, Indigenous, and People of Color (BIPOC) communities, and important considerations to be addressed. This publication provides important steps necessary to take in order to build and maintain trust, partnership, and reciprocity.


HVTN Responds – Denouncement of Anti-Asian Violence and Hate

The HVTN put out a statement denouncing anti-Asian violence and hate in the wake of recent murders in Atlanta and the noted rise in violence towards Asian communities in response to COVID-19 conspiracy theories.


AMP Studies Manuscript Documents Initial Efficacy Results of Proof-of-Concept Trials

The primary manuscript detailing the efficacy results from the global monoclonal antibody studies for HIV prevention was published. The study antibody (VRC01) was found to be very effective at preventing someone from getting strains of HIV that are sensitive to the antibody, but not so effective against strains of HIV that are resistant to the antibody. These proof-of-concept studies support the path forward looking at combinations of antibodies to prevent HIV.

You can access the published manuscript at https://www.nejm.org/doi/full/10.1056/NEJMoa2031738.

HVTN 702 Manuscript in New England Journal of Medicine

Professor Glenda Gray and colleagues led the development of a manuscript focused on the efficacy results of HVTN 702 which was published in the New England Journal of Medicine.

You can access the published manuscript at https://www.nejm.org/doi/full/10.1056/NEJMoa2031499.
This year the HVTN accepted 7 scholars for 2021-2022 RAMP Cohort 11. This program is focused on African American/Black and Latinx medical students interested in HIV vaccine research. The HIV Vaccine Trials Network, in collaboration with the National Institute of Allergy and Infectious Diseases of the National Institutes of Health, is investing in a young generation of HIV prevention researchers by providing African-American and Latinx medical students with opportunities to conduct independent research while receiving mentoring, project and salary funding, training, and professional development opportunities. Scholars will be working on 1 long term project and 6 short projects, conducting work remotely.

**Long-term Project (9-12 months):**

Scholar: India Perez Urbano – University of California San Francisco School of Medicine in San Francisco

Mentor: Dr. Annah Pitsi, Sesthaba Research Center - Soshanguve

Project Title: Patterns of daily pre-exposure HIV prophylaxis use, and barriers and facilitators to its access and use in men who have sex with men and in transgender men and transgender women

**Short-term Projects (8-10 weeks):**

Scholar: Samuel Owusu, Morehouse School of Medicine

Mentor: Dr. Katanekwa Njekwa, Lusaka-Matero, Zambia

Project Title: Clinical profile of COVID-19 in people living with HIV (PLHIV) in Lusaka – A retrospective observational study.

Scholar: Jasmine Robinson, Case Western Reserve University School of Medicine

Mentor: Dr. Portia Hunidzarira, Harare- Seke South

Project Title: Mobile health (mHealth) interventions for improving HIV prevention knowledge and clinical research literacy among youth communities in Zimbabwe.

Scholar: Eshiemomoh Osilama, Geisinger Commonwealth School of Medicine

Mentors: Dr. Magda Sobieszczyk and Dr. Jason Zucker, New York Physicians and Surgeons

Project Title: Get2PrEP3.0: An Initiative to Reduce Missed Opportunities for the Provision of HIV Prevention Services for Patients Testing Positive for STIs

Scholar: Lily Bonadonna, Wayne State University School of Medicine

Mentors: Dr. Magda Sobieszczyk and Dr. Jason Zucker, New York Physicians and Surgeons

Project Title: Stick2PrEP 3.0 – Understanding Engagement in PrEP Care Among Individuals Receiving Sexual Health Services Before, During, and After the COVID-19 Pandemic

Scholar: Ruth St. Fort, Wright State University Boonshoft School of Medicine

Mentor: Dr. Portia Hunidzarira, Harare- Seke South

Project Title: Mobile health (mHealth) interventions for improving HIV prevention knowledge and clinical research literacy among youth communities in Zimbabwe.
HVTN WELCOMES

ANNA ALTAVAS

Anna Altavas has joined the HVTN/CoVPN and her first day was May 12th, 2021. As HVTN/CoVPN Communications Manager, Anna is the newest member of the External Relations Unit in the HVTN Leadership and Operations Center (Core) at Fred Hutchinson Cancer Research Center in Seattle, WA. As the HVTN/CoVPN Communications Manager, Anna’s primary role will be supporting media relations, partner communications, crisis communications and content development, and plan and prepare for media events, and identify optimal media placements for network and study-related news. In her role, Anna will partner and collaborate with the HVTN/CoVPN Marketing team and with Fred Hutch Communications team.

An alumnus of Seattle Pacific University, Anna began her PR career as an intern at a small boutique agency before landing her first PR Coordinator gig in the world of tech. She solidified her love for communications, media relations and content development, and eventually pursued a different side of storytelling; helping connect the dots in healthcare, working for several years in marketing and communications at Seattle Children’s, first as a PR Coordinator then eventually rising to Senior PR Specialist. Anna is very excited to join the External Relations Unit, and HVTN/CoVPN/Fred Hutch broadly, and we are excited to have her on board.

Anna can be reached via email at: aaltavas@fredhutch.org

For more information about the HVTN/CoVPN External Relations Unit’s efforts, please reach out to Dr. Stephaun Wallace via email: sewallac@fredhutch.org.

TERRELL JACKSON

Terrell Jackson (He/Him/They/Them) has joined the COVID-19 Prevention Network and HIV Vaccine Trials Network and his first day was Monday, February 1st, 2021. As the External Relations Project Manager, Terrell’s primary focus will be implementing stakeholder engagement strategies domestically. These strategies create opportunities for consultation with key stakeholders and communities to inform the design and implementation of Network studies. Consultations optimize the inclusion and participation of populations and communities who bear the greatest burden of HIV.

Terrell grew up in the nation’s oldest city of Saint Augustine, FL. They received their bachelor’s degree in biological sciences from Florida Atlantic University (FAU), a Translational Research Certificate in Behavioral Health from the University of South Florida, and is finishing up their Masters of Healthcare Administration from New York University (NYU). They have had professional opportunities in programming, coordination, and health policy through their work lobbying for LGBTQ+ biomedical rights at the Florida State Capital, community engagement experience piloting and expanding preventative programs at social and clinical organizations in North Florida, and through their research conducted with the top behavioral health clinic in the United States. On off days you can find them playing with their dachshund/chihuahua mix puppy (Luna), indulging in French pastries, or making their own natural body products like soap, lotions, and oils.

Terrell can be reached via email at: tjackso2@fredhutch.org

For more information about the HVTN/CoVPN External Relations Unit’s efforts, please reach out to Dr. Stephaun Wallace via email: sewallac@fredhutch.org.
UPCOMING MEETINGS/CONFERENCES/AWARENESS DAYS

11TH CONFERENCE ON HIV SCIENCE
Berlin, Germany, 18-21 July, 2021 www.ias2021.org

FAST-TRACK CITIES 2021 CONFERENCE

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING
Denver, CO, USA and Virtual, 24-27 October, 2021 https://www.apha.org/annualmeeting

18TH EUROPEAN AIDS CONFERENCE

2021 US CONFERENCE ON HIV/AIDS
Washington DC, USA, 29-31 October, 2021 https://uscha.life

ADHERENCE 2021
Orlando, FL, USA 7-9 November 2021 https://www.iapac.org/conferences/adherence-2021

U.S. NATIONAL BLACK HIV/AIDS AWARENESS DAY
7 February

2022 CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI)
Denver, CO, USA 13-16 February, 2022 https://www.croiconference.org/future-croi/

U.S. NATIONAL WOMEN & GIRLS HIV/AIDS AWARENESS DAY
10 March

U.S. NATIONAL NATIVE HIV/AIDS AWARENESS DAY
21 March
The CoVPN Remembers Marco Castro-Bojorquez

Marco Castro-Bojorquez, a human rights advocate, filmmaker and member of the COVID-19 Prevention Network’s (CoVPN) Community Working Group, has passed away.

Marco advocated for the human rights of LGBTQ+ people and people living with HIV/AIDS as co-chair of HIV Racial Justice Now, a national coalition of activists of color and allies advancing a racial justice and human rights agenda for the HIV movement. He was also a convener for Venas Abiertas, a network of Latinx immigrant people living with HIV/AIDS in the U.S.; a vice-chair for the steering committee member of The U.S. People Living with HIV Caucus; a board member for The Avielle Foundation (an organization working on preventing violence and building compassion through brain health); and was a lead organizer with the coalition of Californians for HIV Criminalization Reform, resulting in the passing of SB 239, and the repeal of outdated HIV criminalization laws in 2018. He was also a senior advisor for Familia: Trans Queer Liberation Movement, MAVEN and Somos Familia, and Corazón Abierto, organizations that work with queer youth and their families in the United States and Mexico.

His film work focused on marginalized communities, elevating the experiences of immigrant people (especially those who are undocumented), LGBTQ+ people (with emphasis on transgender women of color), people living with HIV/AIDS, POC communities, youth and young adults, women, sex workers, people with mental health challenges, people who use substances, and those with non-traditional abilities.

Marco became an advocate for people living with HIV after he tested positive for the virus in 2000.

As part of the CoVPN Community Working Group, Marco was a guiding voice in the development, implementation, and results dissemination of COVID-19 vaccine and monoclonal antibody research studies.

“We are deeply saddened to hear about Marco’s passing,” said Stephaun Wallace, PhD, Director of External Relations for the CoVPN. “Our thoughts and prayers go out to his family, friends and colleagues. His legacy will forever be remembered through his steadfast advocacy and commitment to the LGBTQ+ community and people living with HIV/AIDS.”

How has COVID-19 impacted my professional and personal life?

It's hard to start a new day without asking, “Is this real or has it all been a dream?” I inhale, exhale, I locate myself in time and space. My answer is Yes, this pandemic is real, this confinement that began in that distant (and yet close) March 2020 remains as effective today as it was a year ago, and has upset my life in many respects.

Professionally, this time has left me great lessons and reflections: the importance of public health, understanding that health is integral, the fragility and fragmentation of the Mexican health system, the painful impact that structural inequality has on the communities most affected by the pandemic. However, despite how hard it has been, I have also seen the resilience and dignity of our communities who continue supporting us.

Personally, it has made me really appreciate the time I spend with the people I love; enjoy the open spaces, parks and forests; appreciate how narrow and warm a hug is; but above all, I have realized the beautiful support network that I am a part of, and that it is what has kept me afloat during these months.

What are my expectations about HIV vaccine research?

Of course my expectation is first, to be able to participate in the development of a safe and effective HIV preventive vaccine. However, when I think deeply about this question, I recall one of the initial reflections we had during the first face-to-face session in Lima, and which now makes a lot of sense. Whether or not this vaccine candidate is effective, we have the opportunity to share information on HIV prevention to key populations.

Yes, hopefully, we will find an effective and safe vaccine that will help us prevent new cases of HIV. But I also hope it will help me continue to motivate conversations about access to health services for key populations, to navigate more people onto the path of peer prevention, to change the narratives about HIV and STIs, to understand, engage and work more thoroughly with trans people. And above all, to continue support networks. Because that’s how we’re going to end this pandemic and get communities at the center of the response.
How has COVID-19 impacted my professional and personal life?
As a trans-sex worker in Mexico City, the pandemic has had negative impacts on my work, as my income has been reduced by more than 70% by the low presence of customers on the street. I was diagnosed with COVID-19 in January this year, and that has had consequences on my lung health and mental health. Anxiety, stress and depression are present on a daily basis. My community work on Mosaico and as an activist put me at risk of contagion, so I’ve reduced my face-to-face activities so I can recover from the diagnosis.

What are my expectations about HIV vaccine research?
This vaccine candidate can help generate greater life tools for transwomen sex workers in the world. Combined prevention and research will help Latin American transwomen exceed the 35-year life expectancy that the Inter-American Commission on Human Rights noted in its report. We need to provide better cross-cutting sexual health care for transwomen in Latin America.

How has COVID-19 impacted my professional and personal life?
COVID-19 has impacted my personal life because I have felt isolated from the world. I have felt that my friends and I have distanced ourselves a little, and have constantly gone through tensions in my family that made me leave my home. Also, carrying out my romantic relationships normally has been very complicated as a heterosexual trans woman, as many men use the pandemic to deceive their cisgender girlfriends with me, while cheating on me.

However, being at home because of COVID restrictions has led me to advance my transition process without the social anxiety of changing in front of everyone. It has freed me from more fear than people think. While being alone I began to value myself, my thoughts, and my convictions more.

What are my expectations about HIV vaccine research?
I am excited, as I have met many friends who have been doubly discriminated against for living HIV and having diverse gender identities, coming from both inside and outside the community.

At the same time, they are afraid to get tested quickly after having unsafe relationships. I think with an HIV vaccine in the future it may be that other sexually transmitted infections increase. However, this is a discovery that will change the way you look socially by being a sexually active person. I think it will change many things related to how the world is afraid to talk about sex. Maybe I’m being very optimistic, but I think such historical discoveries will have a very big influence on the world.
Ilse Carmona
Pharmacist, Iztapalapa, Ciudad de Mexico, Mexico

How has COVID-19 impacted my professional and personal life?
Undoubtedly the pandemic has come to affect the lives of all people in the world in immeasurable ways. While I can consider myself fortunate for not suffering any serious havoc from the pandemic such as sickness, loss of people close to me, or loss of employment, my professional growth was halted for some time due to the initial circumstances that affected the country. However, thanks to the MOSAICO project I have been able to continue my professional career during this difficult time.

On the personal side, this period has been very hard and complicated, facing situations that we were not prepared for, so it has been a time of great introspection and meditation about life, as well as gratitude and appreciation. I hope that everything we have learned during the COVID-19 pandemic will help us to improve as people, as a society and as countries. We must learn to be more human, empathetic, and aware that we are all interconnected beings and our actions have repercussions on the people around us.

What are my expectations about HIV vaccine research?
Within the MOSAICO protocol I am very pleased to be contributing to find a new way to prevent the virus. Whatever the outcome of the research, it will be one more step toward reaching that long-awaited world with HIV eradicated. What wasn’t for me, that will be for the others.

Danny Ehuan
Community Educator, UNAMIS, Merida, Yucatan México

How has COVID-19 impacted my professional and personal life?
COVID-19 comes into everyone’s lives and changes our contexts. Personally, it made me challenge myself and improve in every aspect of my life. I lost a job, and I have been locked at my parents’ house in a conservative space.

However, thanks to the pandemic, I met in virtual civil associations, and met people who helped me cope with those bad times. Of course, the Mosaico protocol started and it helped me to stand up.

What are my expectations about HIV vaccine research?
Within the Mosaico protocol I am very pleased to be contributing to find a new way to prevent the virus. Whatever the outcome of the research, it will be one more step toward reaching that long-awaited world with HIV eradicated.
How has COVID-19 impacted my professional and personal life?

Professionally, COVID-19 impacted how we communicate. Of course, everything was moved to a virtual platform and I had to and currently still am working remotely. The biggest challenge with working remotely was the inability have in-person meetings. A large portion of my work required meeting with community educators and Community Advisory Board (CAB) members to review and discuss protocols. Although we were unable to meet in person, we held virtual community consultations. Praises to all community educators!!! COVID-19 also made me look at community engagement from an even more creative lens, and I want to say on the record that community educators and recruiters really put in a lot of work to enroll and retain participants amidst a global pandemic.

I’ve lost friends, high school classmates, and most recently my aunt to COVID-19. That by far has been the hardest thing to deal with, along with feeling very isolated at the start of the pandemic because of the stay-at-home orders. COVID-19 really showed the need to address health disparities from a social justice lens and the importance of community involvement in research.

What are my expectations about HIV vaccine research?

I am most looking forward to the completion of the Mosaico study. I think the results from the Mosaic study will be groundbreaking and will get us one step closer to an HIV vaccine. People are paying closer attention to vaccine research and asking questions about a vaccine for HIV now that we have vaccines to prevent COVID-19. We are long overdue for an HIV vaccine.

Abraham Johnson, MPH
HIV Community Engagement Officer
Treatment Action Group

How has COVID-19 impacted my professional and personal life?

Last year with the emergence of SARS-CoV-2, came the year of greatest professional challenge that I have faced so far, with exhausting work shifts, not only physically but also emotionally. I am grateful to be part of a hospital with a COVID-19 Unit because thanks to this, I have worked with excellent colleagues and I have learned about the control of emerging diseases. COVID-19 also had a positive impact on my training as it gave me the opportunity to put into practice the most humane aspects of my profession: taking care of so many seriously ill people who were isolated from their families during hospitalization, as well as seeing so many people lose the battle against this infection. As for my personal life, it has been difficult not being able to see my family in person but we have found a way to continue in close contact and I am grateful that I have not lost any family members to COVID-19.

What are my expectations about HIV vaccine research?

The development of a vaccine against HIV is one of the most difficult challenges that medicine has faced. I hope this protocol [Mosaico] represents a great advance in the prevention against HIV infection, and that with the results obtained from this great project the at-risk populations can benefit. If successful, this study could achieve our best hope toward ending the global spread of HIV.

Adriana Valle Rodríguez
Sub-Investigator, Hospital Civil de Guadalajara “Fray Antonio Alcalde,” Guadalajara, Jaiisco, México.
How has COVID-19 impacted my professional and personal life?

COVID-19 exacerbated the fear, the anxiety, the insecurity, the discouragement and the distress we feel. The fear of what was to come frightened us more and more each day. Our dreams and our plans needed to be reviewed and rethought. It was necessary to reinvent ourselves in our personal lives and also at work, to look with more affection and love for others. We must always put ourselves in the place of others, and perceive the needs of others, because the pain of others is also important to us. We must try every day to find the balance of knowing the possible ways for dealing with the ups and downs that life imposes to us. Wondering what will happen tomorrow or a few months from now only brings anguish and frustration. We need to slow down and live one day at a time! Believe in science, in life, and never give up hope! Vaccines yes!

What are my expectations about HIV vaccine research?

The Mosaico Study brings us a hope that we have been expecting for many years. This study comes at the right time, where science has been criticized by some governments because of COVID-19, but it is one more reason to show that there is hope and there is trust in science.

The greatest impacts in eradicating or controlling infectious diseases in the history of public health have been achieved through vaccination, which is why a vaccine is a goal worth continuing to invest in and push for in science as a whole.

We as Community Educators are working in the fight against HIV stigma and prejudice, and we are confident and happy to be part of this historic event in many people’s lives. Long live life! Long Live Science!

Alberto Valdivia Mendoza
Recruiter, CITBM, San Marcos, Lima, Perú

How has COVID-19 impacted my professional and personal life?

The situation of this pandemic has changed the routines and lifestyles of a large part of the world’s population. Not only professional life, but also social and family interactions were affected. In the professional field, the ability to adapt was my best ally to be able to fit into the new social normality, and technology, my best work tool not only to perform my work functions, also helped me to maintain contact with my family, friends, and co-workers. As a psychologist, I had to devise new strategies to continue caring for patients and not let them drift, generate striking alternatives for the continuity of therapies, and continue with my work of psychological support using virtual modalities. It was not easy at the beginning, however, over time I have gained acceptance of these new methodologies with the patients and have made the technology adapt to the changes in our daily lives. The new normal affected us all as COVID-19 took family, friends, acquaintances, co-workers, health personnel and the armed forces, but it has also left us a teaching that humanity, within its capacity to adapt and persevere, can face any adversity and prevent the extinction of the species.

What are my expectations about HIV vaccine research?

I consider the studies and clinical trials related to the HIV vaccine of great importance, not only because it would be a great advance for medical technology and for world health, but also because it would be a great hope for improving the quality of life with an immune shield that prevents the spread of this disease.
How has COVID-19 impacted my professional and personal life?

Pandemics are characterized by social chaos and behavioral changes, and in COVID-19 it is no different. We humans are known as social beings. But we have had to adopt severe restrictions such as the use of masks, hand hygiene etiquette, and social isolation as a collective exercise in protecting life. The changes brought by COVID-19 directly affect our personal lives. The restrictions have caused not only a social, but also an emotional distance. With isolation, we have had to rethink the ways we connect with friends and family and redefine our personal relationships. In this sense, the internet and social media have been great allies in reducing the distance between the people we live with. The physical separation imposed by the pandemic cannot mean an emotional distancing. This period will pass and it will leave several lessons for our generation.

In the professional field, the pandemic has brought a “new normal” that makes us reflect that nothing will be as before. The home office, for example, is no longer a distant reality, but has become a reality in many activities. This has initiated a new phase and a lot of learning. I think in professional aspects these new changes were very profitable, because they managed to expand my field of action.

What are my expectations about HIV vaccine research?

Over the years, we have been driven by the desire to expand the methods of HIV prevention, and today we hope we are a few steps away from having our first HIV vaccine. This is a great reason to celebrate the advance of science and clinical research, which are great allies in the fight against the virus and in favor of life. Vaccines over the years have proven effective in controlling and preventing various diseases and infections, and the Mosaico Study comes to strengthen the struggle against HIV infection.

Another positive aspect of Mosaico is the enthusiasm with which the community has received the study. The participants play a very important role in the conduct of the study, and in this exchange between the participants and community education, I have had great and valuable experiences.

Lucas Emanuel Braz
Community Education Coordinator, Faculdade de Medicina da Universidade Federal de Minas Gerais UFMG, Belo Horizonte, Minas Gerais, Brazil

How has COVID-19 impacted my professional and personal life?

Unfortunately I lost a close aunt, a doctor friend, and many of my neighbors have passed away. I never thought that this virus could do so much damage. It has changed our lives, but I recognize that it gave me the strength to reinvent myself and look for options to continue fighting for my mother. I can say that on the professional side I worked more, but all the sacrifices that have been made in the studies to get the COVID vaccines have been worth it.

What are my expectations about HIV vaccine research?

I would love to find a cure. Life led me to work on HIV prevention and research issues. I have had friends who have lost friends, partners, and family to HIV. Having a preventive vaccine, which could be another alternative to PREP, would be a great relief to prevent HIV from continuing to advance worldwide.

Diego Torres Nolasco
Patient Advocate, CITBM, San Marcos, Lima, Perú
I was approached by other CAB members who were then volunteers at the Bara Site for HIV Research, because of my work experience with communities as I work in a non-governmental organization which is running several programs in the Soweto community. My acceptance of their invitation to join the CAB was because at the time there was a lot of stigma and ignorance about HIV. Having suffered a lot of stigma and discrimination myself because of having a condition called hemophilia, and losing a brother to HIV, I was very eager to learn about HIV research.

I have been active in empowerment of our community about TB and health related matters such as sexually transmitted diseases, substance abuse, water conservation, and matters relating to healthy environment. I started as a volunteer at my workplace, studied for two years to be an Auxiliary Social Worker, and I finished my degree in Social Sciences in 2019. It has been a very difficult process because I come from a previously underprivileged family, and studying when you are a single parent is very difficult, but I persevered and succeeded!!

How has COVID-19 impacted my professional and personal life?

COVID-19 has had a very difficult impact in my personal life because I lost my son in June 2020, and in November I lost my brother, sister, and brother-in-law. Professionally it was very stressful to work with communities as we were clueless of what was happening we were informed only by the media but we hung in to assist wherever we could.

What are my expectations about HIV vaccine research?

I am still looking forward to the future regarding. HIV research as I believe that researchers are getting closer to finding the vaccine for HIV and I have learned a lot from HVTN network even though as a CAB/CP I engage with all the networks. I had participated in the AMP 615 STUDY PROTOCOL where I experienced a feeling of what goes into a single study.

I have also been Chairperson for the Prevention CAB, where my other role is being in the Events committee and also the Disciplinary committee for the past five years, but in all these I enjoy mostly community engagement.
How has COVID-19 impacted my professional and personal life?

The impact was significant professionally, since the situation prompted me to adapt and evolve, looking for an ideal environment in which to work. We managed to open new paths with new challenges in scientific research organizations such as CITBM. Personally, aside from a loss of a valued loved one that emotionally affected me, it also strengthened family ties that, as time went by, were not used optimally. Now they have become solid, based on the union of family and friends which surrounds me, feeling happier and valuing those little details that life (in some instances) does not allow us to appreciate due to the fluctuations of the times. Currently I am convinced that there is nothing more rewarding than my professional work, and I can contribute to helping people.

What are my expectations about HIV vaccine research?

The expectations that I have about the Mosaico research that seeks a vaccine against this disease are encouraging, since it not only seeks to prevent the disease, but also to combat it by supporting the people individually against this global public health problem.

Although it is true that HIV is manageable today, this achievement [having a vaccine] will contribute with greater emphasis in history since it is known that prevention is less expensive than treatment. In this way, it safeguards the lives of many people who are affected by risky behaviors and little sexual education, which are the basic pillars to counteract this virus.

Finally, this achievement would contribute to satisfying the population's requirements for efficient prevention by using the simple administration of a vaccine to get long-lasting protection. For this reason, my expectations regarding the Mosaico research are encouraging, as it would be a great advance in medicine and research if proven effective.

Anthony Malasquez Villa
Recruiter, CITBM, San Marcos, Lima, Perú

How has COVID-19 impacted my professional and personal life?

When COVID-19 arrived in our country, the most difficult thing that I could have ever experienced also came to my life. I lost the person I loved the most in the world: my mother. I think that today, as never before, it is necessary that we share our experiences and get involved in research. Currently the biggest reason I have to be part of the team that day by day works to find a vaccine is that wonderful being who gave me life, María Carlota Besares Lopez, my mother. She is the engine that I have to continue working in research. She taught me to be persistent, and I do that in honor of her because not only do I remember what she taught me, but I still love her very much and miss her.

What are my expectations about HIV vaccine research?

Many years ago I had a great opportunity in my life to work for the community to which I belong and to be part of clinical research in our country. I entered this whole world for a man I admired a lot and whom I consider capable of solving any problem. Upon meeting him, I knew that one day we would be working to find hope in the face of HIV. Currently, together with Dr. Jorge Sánchez and a great team of people in my country and in various cities around the world, we are working together to find new ways of prevention. I am sure that in the future we will also find a total cure for HIV.

Carlos Romero
Host, CITBM, San Marcos, Lima, Perú
How has COVID-19 impacted my professional and personal life?

Social isolation has forced me to adapt to a digital environment to work and educate myself, and looking for new ways of doing my work, and trying to always get the same good results I have already demonstrated. This new reality has also impacted on my economy and mental health. It has also impacted relatives who were separated from their jobs because of their age, or due to an immunosuppressive disease that has led me to assume new responsibilities in my home, which I do with pleasure, to try to protect them against the threat. I have always considered myself a strong fighter type of person; I do not express my feelings. At the beginning I took the necessary actions, but in the course of this year seeing the modified reality, losing family and dear friends, it has made me value life much more. I’m not going to lie that sometimes, when I’m alone, I also feel very vulnerable in this uncertainty of not knowing what might happen.

What are my expectations about HIV vaccine research?

This COVID-19 pandemic has made research work in general more valued on all fronts, and working in that line to find an HIV vaccine has given a double meaning to my life, filling me with hope and satisfaction. In the not too distant future, new generations including my nephews, cousins and their children, will be safer and happier living in a world without HIV.
How has COVID-19 impacted my professional and personal life?
COVID-19 came into my life in an unexpected way. It was the first time that I had to be “locked up” for many months, with great fear, and with uncertainty of what could happen. In my professional life it was hard to adapt to many changes, and face my fears in the workplace because part of my job is to attend to the participants in the studies. Facing these fears was very difficult because this was something that I could not show to the participants, and I needed to always show good spirits, and yet for the well-being of the clinic and all of them I adapted.

What are my expectations about HIV vaccine research?
My expectations are very high and optimistic. Working at CITBM I can see that we have the opportunity to have a vaccine against HIV after so many years of searching for it. I lost a good friend to HIV, and from that moment I have worked not to see more young people suffering or dying from it. Having an HIV vaccine is a great opportunity for them and for everyone.

Jonathan Esmith Zamora Meza
Patient Advocate, CITBM, San Marcos, Lima, Perú

How has COVID-19 impacted my professional and personal life?
COVID-19 came into my life at a time when my dental office was taking root and my parents, with whom I live, were entering the elderly stage of life, and everything was really difficult. It was reinventing myself, like many others have done, and reorganizing shopping and housework in its entirety. It was also something new for me, struggling with my parents due to the deprivation of being able to visit relatives; they did not understand the importance of having to stay at home.

What are my expectations about HIV vaccine research?
I have had the opportunity to participate in two HIV vaccine studies. I definitely hope that an HIV vaccine can be found soon. Too many people have left this world, including people who are very dear to me. I hope not to lose more to this virus.

Rocio Mora
Retention, CITBM, San Marcos, Lima, Perú
How has COVID-19 impacted my professional and personal life?

The first quarantine of the year 2020 was presented to me as an anecdote: I began working at CITBM, and while I was doing the corresponding trainings, after 2 weeks they sent us all home. I had to start working from home. A new situation was set in the workplace: meeting teammates and study staff through online networks rather than in person. We had to determine and discern the times of public and private life from home.

At the same time, the academic activities were configured in the same way. The classes became, like the work meetings, sessions through online platforms with which we began to become familiar on a day-to-day basis (Zoom, GlobalMeet, etc.), and in which we could be attentive to the material while attending to a request from a relative or to play with the cat for a moment. The home desk has become an extension of the work desk or the classroom desk.

This adaptation is modified every month, since the government measures are different in relation to the impact that COVID-19 has in each place. In my case, it has given me the opportunity to organize myself better, compared to the dizzying pace of work we had before the pandemic.

What are my expectations about HIV vaccine research?

I always hope for the best:

a) the number of volunteers, those who want to take part in research studies, are greater than those who manage to enroll;

b) obtaining significant advances in the research of which the volunteers are part;

c) enough human resources, during the years in which the vaccine studies are carried out - many health professionals and community personnel have been involved in this area, so their expertise is valuable for current and future studies;

d) time - the years invested in research allow us to compare the implementation of the studies and seek an improvement each time a new protocol is started.

e) all this, added to the efforts made by the networks, governments, and the private and public institutions associated in the search for increasingly safe and effective methods of HIV prevention and treatment.

Julio Ortiz Guevara
Recruitment and Retention Coordinator, CITBM, Lima, Perú
How has COVID-19 impacted my professional and personal life?

The situation of this pandemic has changed the routine and lifestyle of a large part of the world’s population, and social and family interactions were affected. In my case, my best work tool, contact with people in the field, was terribly impacted. It was very difficult for me to stop relating to people directly, not only because I was unable to perform my job duties, but also having to distance myself from contact with my family, friends, and co-workers. However, as a peer educator I had to find new strategies and alternatives and I started using social networks. COVID-19 took family, friends, acquaintances, co-workers, health personnel, but it has also left us a teaching that humanity, with its adaptability and perseverance, can face any adversity and avoid the extinction of the species.

What are my expectations about HIV vaccine research?

I consider the studies and clinical trials regarding the HIV vaccine of great importance, not only because they are a great advance for medical technology and for global health, but also because they are a great hope of improving the quality of life for the LGBT community and the whole world. A preventive vaccine could help many people not to contract HIV and this will lead us to have a world without stigma and discrimination.

Thais Martínez
Recruiter, CITBM, San Marcos, Lima, Perú

How has COVID-19 impacted my professional and personal life?

Professionally, COVID-19 has challenged me to expand my medical and public health knowledge to meet with the evolving story of a real-time pandemic. It has also reminded me to use my voice as a public health official and physician to disseminate accurate scientific information to combat the mounds of misinformation floating on social media.

On a personal level, it has impacted me in many ways: First, I have witnessed friends and colleagues become ill and die from its complications. Second, it has reminded me how important my friends and family are to me. Third, it has made me stop and take inventory of the passion I have for the work I do, and explore how I can best move forward and do this work by creating new systems and networks instead of relying on the status quo.

What are my expectations about HIV vaccine research?

I am excited about the current state of both HIV treatment and pre-exposure prophylaxis (PrEP), particularly around evolving delivery systems such as long-acting injectables, implants, patches, and microbicides. I’m also looking forward to the evolving cure and vaccine research that involves mRNA technology, bnAbs, and other advances that could lead us to eradicating HIV once and for all. Finally, as a physician and social scientist, every day I witness the continued scourge of HIV stigma and how it affects people, particularly in our Black and Brown communities. I am hopeful for a day when the vaccine research can lead us to not only eradicating the virus itself, but also the social stigma it has leveled on those who are living with it.

David Malebranche, MD, MPH
AIDS Healthcare Foundation, Atlanta, Georgia, United States
How has COVID-19 impacted my professional and personal life?

Even though COVID-19 has been challenging overall for many people and for varying capacities/reasons, the pandemic has impacted my life professionally and personally mostly in a positive, productive and/or growth manner. During the pandemic my patience, survival instinct, resourcefulness, creativity, and humanity have been strengthened. It refueled my passion for community service, healthcare and social justice issues! I’ve become a better advocate. Most importantly, the pandemic has further showed me the importance of living life to the fullest and cherishing your loved ones.

What are my expectations about HIV vaccine research?

I am looking forward to a vaccine that stimulates a person’s immune system against many HIV variants and mutations. Generally, I want it to be effective and cost effective so as many people as possible will have access to the vaccine.

J. Donté Prayer
Community Educator, North Carolina AIDS Action Network, R.O.L.E (Reach, Organize, Learn, and Empower) Models, Charlotte, NC, United States

How has COVID-19 impacted my professional and personal life?

With a degree in Social Work, I am a member of the Community Education/Recruitment team since 2017. I met INI/Fiocruz in Rio de Janeiro, Brazil as a volunteer in 2015 through the Preparada Study. This study was aimed at transgender women, focusing on HIV prevention. I had the opportunity to meet and deal with this aspect of health linked to prevention. Through this innovative experience I found a new role within health, and I came from a volunteer to become a Community Education team member, where I could glimpse a new place as a trans woman and a member of a team that aimed to preserve health through prevention. In 2020 we had to adapt to the COVID-19 pandemic and its extremely challenging circumstances, not only in our work but also in our personal relationships and daily life. We had to reinvent ourselves in terms of dealing with our volunteers and with our work routine, which now transcended the limits of the site and began to give space for empathic speech and listening. The relationship and ties with the participants became more solid in the face of the new reality, where it has often been necessary to deal not only with nuances in the pandemic but also with the specific and timely needs of the participants.

What are my expectations about HIV vaccine research?

In the middle of all this, the Mosaico study has brought a new perspective for HIV prevention. Having the vaccine is a thread of hope toward prevention, giving a new direction through the woes of COVID-19 and its consequences in the work routine that had to be revised and reinvented for everyone. Mosaico brings a new look within a chaotic scenario, and brings novelty for prevention, since it appears in a scenario of great uncertainty and limitations because of the COVID-19 pandemic. Mosaico has assumed the role of bringing hope and innovation, which resulted in a new opportunity to deal with participants, where we began to talk not only of the woes, but now of hope through this project.

Cléo Oliveira
Community Educator/Recruiter, INI/Fiocruz, Rio de Janeiro, Brazil
How has COVID-19 impacted my professional and personal life?

I have coordinated the transgender community engagement program at Fiocruz-Brazil for 7 years. I am a community educator leader of the HIV Clinical Trials Unit at Fiocruz. I was a pioneer community educator of the epidemiological study of respondent-driven sampling for transgender women in Rio de Janeiro, Brazil, which reported the 31.2% prevalence of transgender women living with HIV, demonstrating the enormous vulnerability of this population. During the COVID-19 pandemic period, the vulnerabilities of transgender people have worsened even more. Given the current political panorama, which has not provided any kind of support for transgender communities in our country, our community has been increasingly exposed, both to the risks of acquiring HIV as well as COVID-19. Considering this scenario, we have taken a series of measures to support the trans community due to the lack of public policies. They have been left in the wilderness, depending solely and exclusively on themselves to maintain their survival, and making us understand as community educators that their activities have never stopped, even with all the restrictions of social isolation. We decided to adopt inclusive approaches in order to avoid the further distancing and segregation of the trans community during this period. We created a WhatsApp group to hold weekly workshops that have taken place since the beginning of the pandemic through a collective called TRANSCRIÇÕES. We created partnerships with markets and soccer teams to purchase basic food baskets and meal cards during this period. We created a mechanism to visit the homes of our participants who live in extreme social vulnerability, taking them food and medications. We also conducted weekly visits to the prostitution areas, taking personal protective equipment and HIV and COVID-19 prevention toolkits. We maintained the routine of the site, though very restricted, and all the care with our transgender participants, mainly helping with transportation to their study appointments.

What are my expectations about HIV vaccine research?

It is very important to point out that vulnerable groups have become even more vulnerable and assistance at this time has been crucial. The Mosaico study is facing a very difficult time for clinical research in terms of retention and recruitment, but it brings hope that we will have one more HIV prevention tool, and with that, to assist populations that are in great health vulnerability. I believe that talking about COVID vaccines during this period has helped our work to approach HIV vaccine clinical research.
How has COVID-19 impacted my professional and personal life?

I have been working as a Community Education for 13 years at INI/Fiocruz in several projects for HIV/AIDS and STI prevention clinical trials. This work has as its mission to ensure that a highly vulnerable community can access knowledge about clinical research studies, and I can be the link, the “icebreaker” between the gay population, MSM, and travesti (transgender women) and the scientific world. It is a constant challenge. The COVID-19 pandemic caught the world unaware. Our work consists of recruitment and retention, face to face, And with the pandemic, we and the world were forced to deal with what is considered “the new normal”. As I am part of this at-risk group, I discovered the value of life and the importance of awareness of preventive measures. How important it is to have safe and reliable information in the time of “Fake News”, and in this sense we doubled our attention to the volunteers. We had to deal with the virtual world and its amazing tools, and in this time of isolation I learned how vital it was, and the sense of empathy and the possibilities of helping others that were possible. With the volunteers, needs for much broader assistance emerged, and this routine took us from morning until night as the ties between us were more solidified, making the role of community educator very amplified.

What are my expectations about HIV vaccine research?

The Mosaico Study brings the challenge of informing about something so expected by our community, the possibility of a preventive vaccine against HIV/AIDS, with something as unknown as this COVID virus that is devastating the world. The safety measures and possibilities for maintaining the delivery of information was crucial to the work of recruitment and retention. What, in fact, was possible to do? The community education team had strategies for how the field work would be possible with strict security measures, with the care of the team and of the potential participants, with measures of information, physical distance, use of masks, hand sanitizer, with distribution of prevention toolkits. We are working through social media and phone calls, so that this link with people becomes stronger. And the most important thing is to communicate precisely with the population, so that the participants can be assisted in a very safe way. They understand they are part of the study that can become a gain for all.
**How has COVID-19 impacted my professional and personal life?**

The COVID-19 pandemic has affected all areas of my life. Personally speaking, it had an impact on points such as adequate hygiene, the constant use of hand washing and/or sanitizing gel, the proper use of a mask, and thinking primarily about what is really necessary when leaving the house.

Professionally, the impact has been having to use skills and strategies to avoid contagion with our participants and relatives, and avoiding new infections. I realized that in the face of such adversity, we can all help each other, and we all contribute important information. We can reach a solution, and although there may be rumors and invalid information, we have to use good clinical judgment to be able to do things properly to help others.

**What are my expectations about HIV vaccine research?**

I think that making a vaccine in order to avoid more infections with a disease that has marked the history of medicine is a very important feat. Looking back, 40 years have passed since the appearance of the first reported cases. Technologies have been advancing along with scientific knowledge, and years of research have brought about new drugs to enable life with HIV, allowing people to have a full life. I feel that research with HIV vaccines is leading us toward the eradication of the disease, and with it a great reduction in mortality. It is not always easy, but little by little an effort has been made to change people’s mentality so as not to cause stigmatization, and also to make changes in lifestyles and have good health habits.

For me it is an honor to be able to contribute to something so great that is happening, and that will undoubtedly revolutionize the world of medicine.

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**Eduardo Rafael Vazquez Chavez**  
Study coordinator, Hospital Civil de Guadalajara “Fray Antonio Alcalde,” Guadalajara, Jalisco, Mexico

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**Monserrat Alvarez Zavala**  
Study Coordinator, Hospital Civil de Guadalajara, “Fray Antonio Alcalde,” Guadalajara, Jalisco, México

**How has COVID-19 impacted my professional and personal life?**

Professionally, COVID-19 has complicated the logistics in the health sector, from the feasibility of having safe spaces for patients who do not have COVID-19 infection, to the trouble obtaining supplies that are commonly used. There is a scarcity of supplies that are in high demand for the diagnosis of COVID-19.

Personally, I have learned a great deal in terms of health care, and the timely completion of our hygiene habits and customs, to which we must continually pay attention. For me the most complicated thing has been the social distance that has been imposed. However, despite of being far away from my close circle of friends, I appreciate, day by day, to be healthy.

**What are my expectations about HIV vaccine research?**

Without a doubt Mosaico is the project that has caused hope in terms of HIV prevention. Even though progress in treatment strategies has enabled the development of drug innovations, the deterioration of the person living with HIV is a factor that, despite having decreased, remains present. The only way to change the course of this pandemic is to develop an effective vaccine, and I hope that the Mosaico vaccine will be the one we have long been waiting for.
How has COVID-19 impacted my professional and personal life?

For me, the COVID-19 pandemic stopped time, to tell you the truth. From the beginning I couldn’t visualize what was coming.

Now, I value the day-to-day life, my family and people close to me. I wait for them telling me “we’re fine.” I infinitely value health. I have put in practice the sense of individual and social responsibility. I have empathized by recognizing that we all have different needs, pains and interests.

At a professional level, this has been a challenge, a huge responsibility and a time of learning, of tolerance, of a lot of work, of tiredness, but also of infinite personal satisfaction.

What are my expectations about HIV vaccine research?

To talk about vaccines is to talk about prevention, one of the most effective strategies to avoid acquisition of diseases through the stimulation of the immune system. In HIV, it is not yet a viable alternative. However, this Mosaico vaccine is very promising, and it is a great hope for the world. I think this vaccine has great potential to change the history of HIV prevention.
How has COVID-19 impacted my professional and personal life?

The SARS-CoV-2 pandemic has been one of the most difficult infectious diseases that our generation has ever had to deal with. I like to think positively, so, I believe COVID-19 showed us that humanity can be kind, organized, and responsible. The medical community, nurses, technicians, laboratory, and cleaning staff have all worked together to give better health care to our patients.

As head of the HIV Unit service, I had to organize the care for patients living with HIV. Most of the time we had to work with less staff (Physicians, nurses, etc.), due to their work in COVID-19 areas, so we had to divide our activities and take on more work, but we have never given up.

My passion is the immunology, so I started reading the papers with all the information about the development of preventive vaccines against COVID-19, so for me it was really the best and most interesting time. Nowadays, to know that the majority of the vaccines against SARS CoV-2 achieve more than 90% protection is phenomenal!

What are my expectations about HIV vaccine research?

Finding an HIV vaccine has already taken us several decades of intensive study and effort. But now, thanks to all that effort and the great dedication of scientists, the knowledge obtained from clinical trials with HIV vaccines has served to create pillars of knowledge that allow the development of powerful vaccines against SARS CoV-2.

On the other hand, if the MOSAICO vaccine proves to be successful, it will have a significant impact around the world, making it a better world, with greater opportunities and equity, especially in marginalized populations.

I am delighted, and it is an honor for me to be part of this wonderful project.

Luz Alicia González Hernández
Principal Investigator, Hospital Civil de Guadalajara “Fray Antonio Alcalde,” Guadalajara, Jalisco, Mexico

How has COVID-19 impacted my professional and personal life?

COVID-19 has definitely changed the way we live together with people in our workplaces, with our families, and socially. We place more value on health and the quality of the time we dedicate to them.

What are my expectations about HIV vaccine research?

I find this vaccine research exciting, since it could provide protection against the HIV virus that has been causing deaths and severe damage to health for many years. It would be of great help to humanity worldwide.

María del Carmen González Hernández
Study Coordinator, Hospital Civil de Guadalajara, “Fray Antonio Alcalde,” Guadalajara, Jalisco, México
How has COVID-19 impacted my professional and personal life?
COVID-19 has certainly marked us. It reminded us of the importance of valuing each of the things we do in our daily lives, as well as appreciating simple things such as a handshake. It’s been hard to be away from our family members because of the fear of infecting them because we, as healthcare workers, spend most of our time in a hospital, despite the strengthening of preventive measures with the use of protective equipment.

I have mixed emotions, since not everyone will be at the table; we have lost family, friends, neighbors, and co-workers. The people we lost have left a hole in our heart, and we were not able to say goodbye. As health professionals we must urge our community not to let their guard down and to continue to take care of themselves and their families.

What are my expectations about HIV vaccine research?
First, I’m very happy to be part of this great team. It is amazing how over the years drugs have been developed, and how they have improved the quality of life of people living with HIV. Now with this Mosaico vaccine study, I hope that the results will be very favorable in order to lower the rate of infections, and at the end of this project we can make the vaccine easily accessible to high-risk populations. With the vaccine we will be able to achieve more effective HIV prevention.

María del Carmen Rivera García
Study coordinator, Hospital Civil de Guadalajara “Fray Antonio Alcalde,” Guadalajara, Jalisco, Mexico

Nathaly María Elena Carrillo Iñíguez
Study Coordinator, Hospital Civil de Guadalajara “Fray Antonio Alcalde,” Guadalajara, Jalisco, Mexico
How has COVID-19 impacted my professional and personal life? COVID-19 has had a lot of impact on my short- and long-term projects. I had to postpone a few things. Similarly, I’ve had to stop seeing a lot of my family members. However, I have valued the few moments when I have been able to visit them.

In addition, I had the opportunity to support my city by providing diagnostic care at the community level, which gives me great satisfaction. I was able to confirm that my skills are useful in combating this disease.

What are my expectations about HIV vaccine research? I think this vaccine is going to be a big milestone in this disease. The data obtained from this research will be very useful not only for researchers, but for the population and politicians, so that we can create better HIV prevention projects.

If the vaccine proves its effectiveness, this will transform decision-making in this area. In addition, COVID-19 has shown us the logistical problems involved in having a vaccine with limited access. In this way, the challenges and experiences we have learnt from COVID vaccination will greatly improve the process of production and distribution of this HIV vaccine.

Rodolfo Ismael Cabrera Silva
Pharmacist, Hospital Civil de Guadalajara “Fray Antonio Alcalde,” Guadalajara, Jalisco, Mexico

How has COVID-19 impacted my professional and personal life? The past year of 2020 has been crucial for the world, medicine, and science, and therefore it was a revolutionary year for me, full of contrasts. On one hand there were too many human losses due to the COVID19 pandemic, and on the other, I have been impressed by the great advance of knowledge, especially in the area of infectious diseases and vaccines.

What are my expectations about HIV vaccine research? From my training in the Faculty of Medicine, when I was studying Internal Medicine, I decided that I wanted to focus on infectious diseases and especially in the world of HIV. I was 100% sure, and I was reinforced in every step I took in my training. Within my training I had a foundation in Internal Medicine, then a year of a high specialty course in HIV. I think it is one of the most complete specialties, because it requires being a good internist, with an interest in clinical cases with a touch of mystery, and I also find it truly comforting to be able to participate in the favorable outcomes of patients, including in many cases complete cure of their disease. Currently I have been working for 5 years in a public institution which is a referral center in Western México for the care of people living with HIV. This has allowed me to be next to the patients, raising awareness and recognizing the size of the problem of the HIV pandemic. Thus, it is a great satisfaction to be able to participate in a worldwide project focused on HIV prevention, such as the Mosaico trial. It fills me with pride to be part of such a large project, and we have high expectations. Regardless of the results that are going to be achieved, I am sure that these are already giant steps towards the elimination of HIV.

Infectious diseases (HIV and COVID-19) continue to fill me with great learning at a personal and professional level. It has been challenging to be an Infectious Disease specialist in the time of a pandemic, however, I have always tried to see the glass half full and find the positive side among adversity. Therefore, I work non-stop, and emphasize providing information that is of quality and supported by evidence. I confirm daily how fascinating it is to practice my profession.

Vida Verónica Ruiz Herrera
Sub-Investigator, Hospital Civil de Guadalajara “Fray Antonio Alcalde,” Guadalajara, Jalisco, Mexico
How has COVID-19 impacted my professional and personal life?

During this COVID-19 pandemic, the impact that we are all having is reflected in our daily activities. In a personal way, restricting ourselves from seeing even our parents is something that leaves us very nostalgic. The very fact of not being able to be with our friends or being able to give them a hand and a hug are things that perhaps we never imagined would happen, and in a world where social distancing was already taking place, this blow was the end in a sense.

In the professional field there are also many changes, some of which I see in a positive way, such as being able to carry out academic activities from the comfort of our home, and seeing an accelerated development in the creation of platforms that facilitate more access to digital media for knowledge and education. These changes are very good, but on the other hand, being away from people is never and will never be something that as humans we can tolerate for a long time.

What are my expectations about HIV vaccine research?

Regarding the Mosaico vaccine, I am very excited to be able to participate in this study, which I am sure will change the history of that other pandemic, HIV, that we have been experiencing for more than 30 years. Through slow steps it has reached this stage where we have hope focused on possible prevention. Even despite the COVID-19 pandemic, we have been enthusiastic working and bringing information to that part of our community that is much more affected in our society, the LGBT+ community, where in spite of everything we firmly believe that the community responds accordingly. It is a very humane way to do this type of research, where the results will change the future of many people for the good of our entire community.

Raúl Soria Rodríguez
Community Liaison, Hospital Civil de Guadalajara, Unidad de VIH, Guadalajara, Jalisco, México

How has COVID-19 impacted my professional and personal life?

COVID-19 has impacted our professional lives to be more responsible, to be careful with the use of mouth covers, to correctly apply health measures and to be skillful in identifying a patient suspected of having COVID-19. As for the personal, it has made an impact by distancing ourselves from our relatives and learning to live with the new restrictions.

What are my expectations about HIV vaccine research?

My expectation about HIV vaccine research is that a vaccine can work properly so that I can avoid getting HIV, and lower infection rates globally.

Vicente Thonatihu Becerra Topete
Study Coordinator, Hospital Civil de Guadalajara, “Fray Antonio Alcalde,” Guadalajara, Jalisco, México
Initially after graduating from college, Hala was interested in Medical Technology as a profession. This was influenced by her older brother’s medical school years and visiting labs with him. Later in her work as a Medical Technologist and her lab years in Microbiology, she became interested in Hospital Infection Control. This led her to pursuing a Master’s degree in Public Health (MPH), with an emphasis in epidemiology and health care organization. She later also received a Master’s degree in Business Administration (MBA).

In the early 1980’s as HIV was first identified, the hospital where she worked received their first patient with the new illness of acquired immunodeficiency disease syndrome (AIDS). This first patient had hemophilia, and as time went on more patients were admitted with this new disease, many of whom were Gay. As an infection control practitioner (ICP), it fell upon her and her fellow ICPs to educate and implement infection prevention precautions. Through her involvement and interest in the support groups developed to help manage this new disease, she came to know both those living with AIDS and their families and significant others. The ostracism, isolation, and fear by others that these people encountered went against her beliefs as an individual and a healthcare worker. This prompted the beginning of her personal HIV journey those many years ago.

Hala became more involved in support groups and served on the boards of different groups, and soon left Infection Control to become more involved professionally in HIV-related projects. Ultimately, this led her to HIV prevention research which she pursued for almost 20 years as a study coordinator for various HIV prevention networks. Retiring in 2009, she stayed involved by becoming a CAB member in the UAB Prevention CAB, and from there volunteered to be considered as a CAB representative at the HVTN Network level, and was subsequently chosen to be the CAB representative to the Network Evaluation Committee (NEC).

How has COVID-19 impacted my professional and personal life?

The COVID-19 pandemic has been heartbreaking on too many levels: the loss of life and health, loss of livelihood, income, hunger and so much more. Hala remains so thankful for and grateful to all the healthcare and other essential workers, and all who have contributed to life going on even with truly overwhelming barriers. Hala says that she is humbled. Personally, as an individual living alone in a higher risk age group, the isolation and separation have been the hardest, but she knows she has fared much, much better than many.

What are my expectations about HIV vaccine research?

Hala has seen so much scientific progress in the prevention and management of HIV with the advent pre-exposure and post-exposure prophylaxis (PrEP and PEP) as well as the multi-drug therapies for treatment. Most recently, positive research outcomes for infusion of HIV drugs for treatment have been exciting. With all these advancements, she is more hopeful than ever that an HIV vaccine is an achievable expectation!
How has COVID-19 impacted my professional and personal life?

COVID-19 has had a progressive impact. At first here in Peru, the government told us to keep quarantine for 15 days, and little by little it was lengthening. Starting to work from home, and changing face-to-face meetings to virtual ones was complicated for me, but I adapted. Combining home activities with work created inconveniences in my personal life, but with practice and organization I was able to adapt.

This pandemic is difficult, complicated, and for many people very sad because they have lost relatives and people close to them. It has taught me to value my health, my job, my family and to appreciate more the moments that I can share with my beloved ones. At IMPACTA, at the Community Involvement Unit, we are not just co-workers, but a family of friends who support each other at all times. That support and companionship has been present in this pandemic year, both at work and personally. That has been very valuable to me.

What are my expectations about HIV vaccine research?

I hope that HIV vaccine trials will be effective, as many people around the world would benefit from this new HIV prevention strategy. I also hope that when a vaccine shows effectiveness it will be quickly disseminated and be accessible to all communities vulnerable to HIV.

Dayhan Contreras Caichigua
Registered Nurse, member of the Community Engagement Unit at the site, Community Educator/Recruitment and Retention Coordinator for COVID-19 trials, Impacta San Miguel CRS, Lima, Peru

How has COVID-19 impacted my professional and personal life?

COVID-19 has had a very strong impact on our lives since the quarantine began in Peru. Every day I have to join forces with my colleagues to reinforce prevention measures among our participants and relatives. We are going through a very complicated stage. Emotionally we are exhausted, anxious and beaten by the loss of many family members due to this disease. Personally, my life will never be the same after COVID-19.

In each of the clinical trials that we conduct at Impacta San Miguel CRS, security measures have been increased during visits since the first contact we have with participants. An exhaustive COVID-19 survey is carried out before they arrive at the site, safe transportation is provided, and we seek to minimize interaction with other people. Before, during, and after their visits, social distancing measures are prioritized.

What are my expectations about HIV vaccine research?

As a professional I hope to contribute to the development of a new vaccine, and we have high expectations that the Mosaico study vaccine will work. I hope it succeeds and an effective vaccine for HIV is finally achieved, to benefit the vulnerable populations who have been waiting for decades for this vaccine.

Diana Rojas
CoVPN 5001 site Coordinator. Site’s Coordinator for HIV and TB treatment trials, Impacta San Miguel CRS, Lima, Peru
How has COVID-19 impacted my professional and personal life?

Professionally, it has been a constant challenge of learning and updating (almost daily !!!) as it is an unknown infection and there is a need to contact participants for observational studies and vaccine trials against COVID-19. I faced hard times as some of the people who we contacted for these trials died as a result of COVID-19. Emotionally, it has a great impact when you deal with the questions of heartbroken relatives, to whom I could not give an answer that would ease their pain.

As a mother, it has led me to spend much less time with my little son (my greatest love), since I am aware of the danger that my job could represent. I prevented myself from spending time with him and stayed away as far as possible to avoid an always dreaded contagion. However, I have had the opportunity to be creative to teach him the essential cleaning and social distancing care that a child did not learn before.

What are my expectations about HIV vaccine research?

The HIV vaccine research will represent an excellent alternative for the care and well-being of our communities. The experience accumulated both at Impacta, as well as from my previous experience attending college students studying counseling and psychology, leads me to strongly identify with people and the preventive measures they may have in the face of a pandemic such as HIV.

As a woman, it makes me feel a great frustration when witnessing the number of women, many of them mothers or pregnant women, who are surprised by a positive HIV diagnosis. Their possibilities for adequate HIV prevention are very limited in Peru. My hope is that an HIV preventive vaccine will be accessible, not only for LGBTIQ+ communities (the most affected in our country), but for the entire population.

Diana Evelin Zumaran Mendoza
Registered Nurse, member of the Community Engagement Unit at the site, Community Educator/Recruitment and Retention Coordinator for COVID-19 trials, Impacta Barranco CRS, Lima Peru

Translation of sign in photo: With your participation you help us improve your health and that of others. Thank you.

How has COVID-19 impacted my professional and personal life?

Thinking about the high exposure to SARS-CoV-2 that can occur every day during our work as a clinical research site staff leads to putting together a greater effort for the healthcare of our participants, coworkers and family members. We know that we must overcome fear and hardship to allow quality research to continue at our site to contribute to solving health problems (such as HIV and TB) that were here before COVID-19 and will still remain with us.

What are my expectations about HIV vaccine research?

Having a vaccine for the prevention of HIV that is effective, safe, accepted and above all accessible to the majority of communities is a priority. That is what we are looking for with the HVTN trial (Mosaico) we are conducting at Impacta San Miguel CRS. An end to HIV is possible only by adding this important strategy.

Javier Valencia Huamani
Impacta San Miguel CRS site leader; PI of Mosaico trial at Impacta Barranco CRS, Lima, Peru
How has COVID-19 impacted my professional and personal life?

The COVID-19 pandemic has made us vulnerable, in different contexts: jobs, education, interpersonally. It has also shown us inequalities in health to face this disease. On the other hand, it represents a great opportunity to raise awareness and education about the disease, to teach/learn, to speak to communities with essential information about the importance of COVID-19 vaccine clinical trials. All these will allow us in the future to meet each other again, face to face.

During this pandemic, communities have turned their attention to advances in clinical trials. Our commitment will continue with the same impetus and interest in education, creating a culture of participation in clinical trials.

What are my expectations about HIV vaccine research?

In my experience as a psychologist and activist for rights of people living with HIV/AIDS, as a volunteer coach, as well as in the Impacta Community Involvement team, I have been able to interact with different vulnerable populations affected by HIV. I also have witnessed the sociocultural effects that stigma and discrimination can generate in communities.

For this reason, I consider the great importance that HIV vaccine research and its results can provide in order to reduce the impact of this epidemic on the population, including the reduction of stigma. It is necessary that people have as great a number of tools as they can to prevent HIV, and these tools must adjust to their lifestyles, so that they have a life where discrimination disappears.

Franklin Amasifuen
Associate Pharmacist, Vía Libre CRS, Lima, Perú.

I am from Lima, and I am 39 years old. I studied Pharmacy and Biochemistry, where I have found paths and opportunities for personal and professional growth in the service of health care. Currently I have a Master’s Degree in Administration and I am studying for a Master’s Degree in Monitoring and Management in Clinical Trials. That will allow me to continue learning and be focused on the different aspects of clinical research.

How has COVID-19 impacted my professional and personal life?

During the pandemic, COVID-19 has impacted my lifestyle, on a personal level with my family, socially, and on a work level. These changes made us feel more in solidarity with our neighbors, and we have all taken better care of our own health. In difficult times, the most difficult thing was to access health care, and to develop our professional activities differently, such as the virtual type (Work at home) and connecting with others remotely to avoid crowds and contagion.

What are my expectations about HIV vaccine research?

It is extremely important to carry out clinical research in the treatment and prevention of these types of diseases. My expectation in the current study [Mosaic] of the vaccine for the prevention of HIV is that it will give hope to the groups who are vulnerable to this disease. Also, I hope it will be of great help to the health systems of many countries around the world.
SARS-Cov-2 is the name of the new coronavirus that causes the coronavirus disease of 2019 (COVID-19). This virus mainly affects the respiratory system and is transmitted from one person to another.

I am a teacher by profession; therefore, I will discuss how COVID-19 has impacted my life, professionally and personally.

As much as COVID-19 has impacted my life as a teacher it has also affected other teachers in other areas. Teachers have lost their lives, and this has disturbed the normal teaching workloads because the remaining teachers are overloaded. They have taken over teaching some of the other subjects. There also those who were taken sick, so they had to cover for them. This resulted in the work-day being overloaded, rendering the teaching and learning processes ineffective due to fatigue.

The advent of COVID-19 led to the closure of schools prematurely, and the re-opening was deferred. This disrupted the school calendar, and all my plans for work and planned work had to be shredded away.

When the schools re-opened under the “new normal”, the government directed that pupils should observe social distance in classes. To accommodate this arrangement, due to lack of desks and space, the classes were split to report at different times.

The challenge I have is that my class of about 80 pupils was split into two classes of roughly 40 pupils per class. The normal learning time for class before COVID-19 is 5 hours. The current arrangement gives 2 hours of learning time per class, one class coming after the other. This negatively impacts on pupils’ learning progress because of less contact time. I also get fatigued by moving from one class to the other, covering 8 hours. Due to the deferred re-opening of school, school holidays have been reduced from 4 weeks to 2 weeks, resulting in less time to rest.

COVID-19 has also affected school budgets as they are constrained by reduced government funding and non-payment of user fees by pupils whose parents have lost their employment, or who have been sent on forced leave from work because of the pandemic. The reduced income for the school has had the following effects, among others:

- inadequate resources for purchase of teaching and learning materials;
- inability to fund educational workshops; and
- non-payment of academic monthly allowances as teacher motivating emoluments.

Behind the face masks, students and I struggle to communicate, resulting into poor delivery of concepts and student performance. Even for those pupils without a disability, the ability to understand speech from behind an opaque mask is a challenge.

In conclusion, the government and all citizens should not relax, but must continue to enforce the five golden rules to mitigate the impact of COVID-19:

1. Always mask up.
3. Stay at home if possible.
4. Wash your hands thoroughly as many times as possible.
5. Do not gather in groups.

The provision of vaccines should also be quick so that life can come back to normal.
How has COVID-19 impacted my professional and personal life?

It has been like a 180 degree turn in my life. Nobody was expecting something like this and our lives were not prepared for a new global pandemic, which has probably changed a lot of things in our world already. Professionally our community resources have experienced an evolution of the programs, new ways of delivering services and new challenges are being used in the current vulnerable situation that our communities are experiencing.

We were quite close to the community’s needs before COVID-19, and we already used social networks and technologies to connect with them. Just before the lockdown we had organized the strategic operations plan for 2021 which helped us to be more focused and react quickly to this new reality. But there have been months of overload of work, attending to all the usual issues but also new ones related to COVID-19, including HIV care management with a hospital and health care system affected by the pandemic, addressing fears and acknowledge, and a lot of emotional impact on our clients’ lives and also among us as professionals. Sexual health and rights don’t stop even with a huge new pandemic! We have to care for people and we also take care of ourselves, but it has been a long year of assuming new responsibilities, adapting, attending to new needs, and planning for a new pandemic that flows parallel to the HIV pandemic, and based on our experience, will have a huge impact on society in the future.

What are my expectations about HIV vaccine research?

I’m expecting a new innovation in the HIV response that changes everything. The HIV pipeline of treatment is evolving year by year but there is nothing effective apart from PrEP yet to avoid HIV , which is just the latest innovation in HIV prevention. The Mosaico trial, and all the science around it, supposes a new opportunity for ending HIV. It’s evident that COVID-19 has also changed the implementation of this trial and I hope that it doesn’t pose a huge barrier to achieve the study goals. I hope this innovation lights the way to ending HIV.

Jorge Garrido
Madrid, Fundación Jimenez Diaz and Cordoba, Hospital reina Sofia, Madrid, Spain, Community Educator for the MOSAICO study

How has COVID-19 impacted my professional and personal life?

It is almost easier to list the ways in which COVID-19 has not impacted my life personally and professionally. In general, this pandemic has validated my ideas and feelings about the fragility of life and my passion for health justice. The issues that I was already aware of in terms of health care access and racial disparities have been spotlighted during this pandemic and led me to my current position at the Black AIDS Institute. I could no longer sit still and not be a part of the solution. On another personal level, COVID-19 has forced my entire family to work from home which has allowed both my husband and me to not miss a moment of our 18-month-old daughter’s life. It has been beautiful, painfully stressful, full of tantrums, and it has also forced us all to grow and develop a deep understanding of living in community.

What are my expectations about HIV vaccine research?

I am, of course, most excited about an HIV vaccine that is effective in a diverse population. But more recently, I was thrilled to read the results of the AMP trials and how bnAbs are being explored as prevention options. Vaccines are historically an incredibly effective way to protect populations from infectious diseases. I cannot wait to see how this, in combination with community-led work to eliminate stigma and facilitate information dissemination, can eradicate HIV/AIDS in Black America.

Myriam Johnstone
Biomedical Research Training and Education Program Manager, Black AIDS Institute, Los Angeles, CA, USA
How has COVID-19 impacted my professional and personal life?

Personally it has been a hard year, as it has been for so many of us. One of the hardest moments happened a few weeks ago when an amazing friend of mine died from COVID-19, a cruel twist as vaccines are finally ramping up. I’ve just gotten my second Moderna shot. I am grateful for that, but that feeling of increased protection also amplifies my sadness about those who have not made it, particularly the needless deaths occurring right now.

Professionally, I’ve never felt so driven and so exhausted all at once. I’ve been fortunate that my experience as a community advocate on infectious disease has given me a voice and opportunities to channel my fears and my anger into action. Partnering with CoVPN and the Black AIDS Institute has been such a rewarding experience as we collaborate on educating and elevating community voices. I’ve also had the good fortune to help facilitate an amazing group of New York-based advocates as part of the COVID-19 Working Group and raise concerns about community leadership, racial equity, stigma, and the impact of the pandemic on chronic health conditions.

What are my expectations about HIV vaccine research?

It’s exciting to have some major clinical trials moving forward right now, and like many advocates in this space I can’t wait to hear more from Mosaico, Imbokodo, and PrEPVacc (www.prepvacc.org) in the next few years. I think it will also be interesting to see how advances in vaccine research that have come about due to COVID-19 might better inform and motivate additional research for HIV.

I’m also eager to learn more about how innovative trial designs are working as they’re being implemented; obviously, it’s been a bit challenging to navigate the ethical and practical considerations of prevention research in a post-PrEP world. Understanding what enrollment and subsequent PrEP uptake has been like in Mosaico, additional findings on TDF/FTC compared to F/TAF in PrEPVacc, and how, these approaches are complicating efforts to determine vaccine efficacy, if at all, will help inform how we conduct prevention trials in the future.

In terms of my work at TAG, I am excited to help facilitate the direct participation and leadership of Black, Brown, and transgender prevention research advocates in conversations about current and future vaccine and prevention trials. If there is anything that we must learn from COVID-19, it’s that we need leadership from these communities in all research and public health spaces if we have any hope of lessening health disparities compared to White and cisgender communities. By partnering with Black AIDS Institute and HVTN to develop an educational curriculum and train the first ever We The People Research Cohort- a group of 30 advocates coming mainly from BAI’s Black Treatment Advocates Network- we hope to support more leadership from underrepresented communities in HIV vaccine discussions.
How has COVID-19 impacted my professional and personal life?

Over a year ago, life was “normal” and suddenly everything changed both personally and professionally. In March 2020, I had just returned to New York City from two work trips to Washington, DC and Albany, NY. On March 12, I was told to stay home and work remotely until further notice. Little did I know this situation would last this long.

Switching to remote work was challenging, and the uncertainty of what was to come made it harder to adapt. COVID-19 was disproportionately affecting minority communities, especially the Black and Latino communities. At the Commission, our main mission is working to improve the health of the Latino community, therefore we needed to address this new health disparity and create awareness among our communities, promoting safety measures to avoid the spread of this virus. As the Director of Community Mobilization, I was given the responsibility to coordinate educational webinars both in English and Spanish to provide accurate information about the COVID-19 vaccine trials in collaboration with the COVID-19 Prevention Network. This collaboration continues to this day and has provided me with great satisfaction in my professional life, allowing me to participate in the efforts to bring current and constantly-changing information about COVID-19, access to care, and vaccines to our communities. COVID-19 became an important part of my everyday work.

On a personal level, I have also been affected. I have lost several relatives to this novel virus, members of my extended family have died and many others, and in my native Peru relatives and friends have spent time hospitalized in the ICU. Sadness and stress have been a constant part of my life during this past year. So many things planned and scheduled for 2020 needed to be cancelled, and having to spend most of the time at home definitely affected my emotional and mental health.

What are my expectations about HIV vaccine research?

It has been 40 years since the HIV epidemic began. In 40 years science has made incredible advances in the area of treatment and prevention for HIV/AIDS. I have witnessed first-hand the devastating effects of HIV in our community, while working as the Director of a housing program for homeless individuals living with HIV in Queens, NY. I have lost friends and a partner to HIV, so many lives that could have been spared.

Now at the Latino Commission on AIDS we work tirelessly to create awareness in our community about HIV, advocating for better services and access to these services, and implementing programs that follow the platform to end the HIV epidemic in New York, and in the USA.

HIV vaccine research has been something on my mind since the 1980’s when I was at medical school in Peru, hoping that a vaccine could be produced against this virus. The time has passed and despite all the advances made, a vaccine has not yet been found. But recently I found out about the HVTN and the work they are doing with worldwide studies such as Mosaico, and the hope returned to me that a vaccine soon will be available to prevent new infections. I look forward to see the results of the HIV vaccine trials, and being able to educate our communities about them, and to continue to work to end this epidemic in the world.
How has COVID-19 impacted my professional and personal life?

Since I started working in Clinical Research in 2018, I discovered my career vocation as a nurse. I got addicted to the work, and I spent day and night wanting to retain all possible information about everything around me. I see myself, and I see my colleagues (in Manaus or elsewhere), as decisive points in capturing very important data about technologies and instruments that can revolutionize public health. With the arrival of the pandemic, especially in Manaus at its peak when everyone was isolated, our team was in the eye of the hurricane to collect data to generate information for other health professionals and the population. It was impactful to see and hear all the madness that our city was going through. It seemed like there was no end to it. We had to keep going, walk, and produce for those who couldn’t. The world started to see science and research with new eyes. The urgency motivated and stimulated thousands of researchers to try to find the solution to the pandemic. We had to get used to remote monitoring, remote protocol visits, and remote recruitment. It turned out that COVID-19 was not the only situation that needed solving.

My personal life became the professional, after all, my desire as a nurse was my desire as a citizen: life and health. With the arrival of the vaccines it seemed that I could breathe again, and rest to start all over again. I learned about clinical research again. I got addicted to work even more. I spent day and night, and still do, searching for all possible information to update me on how to keep clinical research generating data safely for the team and for the participants. Then, we can continue to meet the needs of those who need science.

What are my expectations about HIV vaccine research?

My expectations for HIV vaccine research are as high as they should be when reading something like this. Advancing the discovery of an effective method of prevention through HIV vaccines sounds like such a dream, no matter who you ask, and the answer will always be something like this because it is a universal desire. Because that’s how everyone feels. No matter what your beliefs or ideology, we will always hold onto the bridge of hope, and this research is a bridge of hope. To be able to offer a long term form of prevention for the population, to make control of this epidemic something as tangible as a public health policy, and even more, to be able to be a part in any way of a phase of this revolution in the prevention of this infection, is the dream of any health professional.
How has COVID-19 impacted my professional and personal life?

The COVID-19 crisis has had a massive impact on my work as a person working in global health on another pandemic (HIV). This crisis has been an explosion into my working world, causing a rapid response that drew upon all my skills and abilities because this was not my first pandemic. And there are so many parallels between COVID-19 as a pandemic and the ongoing AIDS crisis. Unfortunately, one of the tragic situations was that some of the hard-fought lessons we had learned from HIV were not a part of our initial response to COVID-19, not in the significant systemic ways that could’ve helped turn the tide on the COVID-19 pandemic faster.

I have friends all over the world and in this country that have experienced varying levels of the pandemic. It has been a hard time, week after week; my people’s pain and trauma are seen and echoed across the globe. Friends and family of mine have tested positive and going through different layers of symptoms, and some friends and family have passed away. I watched the effects of lockdowns hurt various people in my life. Given my background, I was an educator, liaison, and translator for dozens of people in my circle. The ongoing trauma that this event has created will leave another enduring scar.

What are my expectations about HIV vaccine research?

I think what I’m most looking forward to in HIV vaccine research is the same thing that I said 11 years ago when I recorded a clip saying that a vaccine would be the breakthrough of a lifetime. It will give people an opportunity for a prevention option that they had never imagined before. And the current COVID-19 crisis has shown us the power of vaccines and how they can help bring an epidemic to heel. But right before the pandemic, we had started to see the next wave of HIV prevention interventions become available. The results of years of research are coming to fruition and breaking new ground, including new options that meet the needs of people where they are and can take us forward if those interventions are adequately scaled up, deployed, and integrated within communities. The future of what the science can bring us, what is possible for research, and pushing the boundaries of what 20 years ago we thought was not a thing, are now within our grasp. We can see the path forward that helps us reach an AIDS-free generation.

Matthew Rose
Health GAP- Brooklyn, NY

How has COVID-19 impacted my professional and personal life?

I have been working at Via Libre since November 2018. My job is to find and invite volunteers for different clinical trials. Dedication and perseverance are required.

It’s my first job on HIV and STI prevention issues. It is a daily challenge to interact with different people and present the information in a simple and attractive way.

What are my expectations about HIV vaccine research?

I hope that HIV vaccine research will provide an effective compliment for prevention. It is time to stop the progress of this epidemic.

Leonardo Fernandez Espinoza
Recruiter/Retentor, Vía Libre CRS, Lima, Perú.
In late 1999 I wanted to buy a house and one of the conditions was that I needed a life insurance policy. To get the policy you had to do an HIV test. After two weeks I received my results and I was informed that I am HIV+. After the diagnosis, I went to my boss to explain my new condition. My coworkers started distancing themselves from me and, eventually, my employer asked me to leave.

News spread in the community that I have contracted HIV and my friends started to run away. I didn’t have support from my family. I was chased away from my two children. I had to start another life. I lived alone, without friends.

In the early 2000s there were huge community programs on HIV and I became part of the movement. Through treatment literacy programs, I learned about the life cycle of the virus, how the virus operates in your system, and how to control it. I participated and mobilised others for the introduction of ART rollout in South Africa. Later on I heard about HIV prevention trials at MeCRU, and I was very interested. I joined the CAB to become part of movement to destigmatise HIV prevention research, and I have never looked back. Now the fight rages on against COVID-19.

COVID-19 has impacted our community programs negatively and has exposed the inequalities in our communities. Due to lockdowns most community sessions are held online, and many people do not have access to the internet, computers or smart phones. The high cost of data for the internet and lack of wi-fi facilities did not help. Under these challenges community work has continued and my organization has continued to be on the ground partnering with the local government and other non-profit organizations. “Forward we go and backward never!” I am also looking forward to contributing in my new role as a CAB rep on the Social & Behavioral Working Group.

Pleasure B. Ndlovu
CAB Chair, MeCRU research unit, HVTN Social & Behavioral Working Group CAB rep, Medunsa, Tshwane, SA

How has COVID-19 impacted my professional and personal life?
Professionally, COVID-19 was an opportunity to learn new skills that allowed me to adapt and adopt new strategies. This allowed me to continue doing impactful work during a difficult time. Although I did not lose my job, the nature of daily activities changed drastically, including shifting to a 100% virtual space, which in itself presented new challenges. Stress and anxiety over the uncertainty of the future were a constant threat to my mental health and well-being. I did witness many of my friends struggling as well, and that added to the pressure.

What are my expectations about HIV vaccine research?
I’m looking forward to learning how to share the research with the community and lawmakers to make the right decisions regarding policy and policy changes. We have an opportunity to reshape the narrative when it comes to HIV vaccines.

Alejandro Acosta
Director of Public Policy and Advocacy Southern AIDS Coalition, Florida, USA
Rafael Gonzalez is the Community Programs Manager at Bridge HIV within the San Francisco Department of Public Health, where he oversees community engagement, education and study recruitment. In 2019, Rafael was selected by the National Alliance of State and Territorial AIDS Directors to participate in the Minority Leadership Program. He is a passionate individual. Rafael has a strong interest in addressing the sociocultural and structural barriers that prevent certain communities from accessing health services. In 2021, he was recognized by the HVTN with the HVTN Service Award, honoring those who have met a particular challenge in their work, and whose creative response has strengthened the Network.

As a new HVTN CER co-chair, I am excited to collaborate with colleagues at HVTN Core, with my fellow co-chairs Francisco Tenorio and Mduduzi Ngubane, as well as with HVTN sites around the world! I am looking forward to being a student and teacher as there are areas of expertise, we all possess. I hope to inspire Community Educators and Recruiters to comfortably share concerns and ideas on how to better serve our local and global communities.

The COVID-19 pandemic has been a complete roller coaster. On a personal level, all of the tragedy the world has experienced, such as confusion, financial hardships, unemployment, sickness, isolation and death, have affected me. As a result, I have deepened my relationships with loved ones by checking in more frequently, being available for my friends and family, and letting them be there for me.

On a professional level, I would be lying if I said that the past year has not come with amazing opportunities. Getting to be part of the very first workforce of this pandemic has been a surreal honor. In addition to working on COVID-19 clinical trials with my fantastic team at Bridge HIV in San Francisco, I have become part of another family called Unidos en Salud (UeS). UeS is a grass roots coalition that provides free COVID-19 vaccinations, rapid tests, and response services to members of the Mission District community of San Francisco, which is the neighborhood I grew up in. Getting to serve my community in this capacity has been an overwhelmingly beautiful experience.

I think that the future of HIV vaccine research is a bright future! We have already made tremendous progress in the field, which greatly informed the development of COVID-19 vaccines. With the additional resources that were available to find COVID-19 vaccines we have learned new information, which can now be applied back to HIV. In addition, this past year has become a vaccine crash course for most of the world. I’m hopeful that we can leverage that our communities have learned so much during this past year and apply it to how we educate about HIV vaccines. Finally, I am looking forward to getting back out there, engaging more with community in physical spaces and cutting back on Zoom meetings!
How has COVID-19 impacted my professional and personal life?

COVID-19 brought about a level of fear and uncertainty unlike anything I’d previously experienced. Personally, I experienced months of dread in worrying that I wouldn’t be able to protect myself, my children, and the people I love most from a deadly virus. It also brought up so many feelings about racism and injustice, as we had to daily acknowledge the systemic drivers of inequity that resulted in Black and Brown people being so susceptible to the virus in the worst ways. Professionally, I felt a mixture of determination and helplessness. Determined to support and fight for the communities that we served, while also feeling like we were trying to mop up the ocean—could we make a difference? From where we stand now, although we are still battling COVID-19 (and its impact is far from over), we have seen once again our communities rally and support one another in powerful ways. While there have been many who have politicized public health during this pandemic, there have been so many champions for the greater good. We can’t forget that—the structures that were for the people and those who demonstrated a horrendous lack of care. We must use the lessons of COVID-19 to advocate for improvements to all systems that impact our lives (from healthcare to public education to technology access). We are forever changed.

What are my expectations about HIV vaccine research?

I am looking forward to HIV vaccine research taking into account the full range of the community’s experiences. COVID-19 has created new conversations around vaccines in general, forcing to the forefront the impact of racist practices in medicine and research. I am looking forward to us having the hard conversations, so that vaccine research can thrive with accountability and demonstrated respect for the communities that will benefit from its historic breakthroughs!

Dafina Ward
Executive Director,
Southern AIDS Coalition,
South Carolina, USA

How has COVID-19 impacted my professional and personal life?

The pandemic of COVID-19 has an impact that crosses all boundaries between personal and professional life. In personal life, there has been the impact of not being with family and friends, the fear of being the next victim of the virus, the anxiety and anguish of uncertainty for the future, the fear of not having a future. In professional life, there has been the challenge of being able to maintain a routine that allows one to continue with work and to keep the commitments with the study and the study participants. Working with studies that involve dealing with health and with people requires from us not to be indifferent to our environment. This pandemic crossed once again the border between personal and professional, blurring the boundary between these two fields of life, each person could be one of us, a family member or friend, each stranger had a familiar resemblance.

What are my expectations about HIV vaccine research?

After decades of fighting against HIV infection, having a vaccine that has reached this stage is not only a great hope, but also a sign of encouragement appearing on the horizon. The expectations for HIV vaccine research are optimistic. I think in the near future we will be able to present this great novelty to our community, taking away the burden from the next generations of an infection that still victimizes so many people around the world with new infections and many deaths every year. Furthermore it will removed the stigma, discrimination, loss of affection, and other associated violence that HIV infection causes socially.

Edmilson Alves de Medeiros
Community Education Program Coordinator, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil
I am the GCAB representative of the Perinatal HIV Research Unit (PHRU) site in Soweto, Gauteng Province, in South Africa. I am a Social Worker for the South African Police Service in a unit called Employee Health and Wellness. I started to have interest in clinical trials in 2009. Since then I was the International GCAB co-chair in 2015 and I am currently one of the GCAB representatives on the Scientific Governance Committee.

**How has COVID-19 impacted my professional and personal life?**

COVID-19 has had a negative impact on me personally and professionally. I have lost relatives, friends, colleagues, and church members. In March 2020 we recorded our first COVID-19 case, and on March 26, 2020 South Africa went into a hard lockdown. I had to leave my two sons, 15 and 12 years old, all by themselves at home as both my husband and I are essential workers. Our helper was unable to come due to the lockdown. Thank God they were safe under the circumstances. Then we started experiencing COVID-19 in the workplace where our colleagues started to test positive for COVID-19. It was hard, but we had to continue working. The first wave was hard because it was still new to us and people were afraid, and we started losing loved ones and colleagues. On June 16, 2020 I personally tested positive for COVID-19 and had to leave my house for 14 days to stay in an Isolation Centre as I did not want to infect my family. Thank God it was not bad and I did not need hospitalisation. After 14 days I managed to go back to work. In late September we started seeing a decline in new infections. In November the new variant was identified in South Africa, and we were in a second wave which hit us hard. We lost family members and colleagues in numbers. By late December the lockdown restrictions were adjusted. We started to experience a decline of new cases in February 2021. We are currently seeing fewer new cases across the county and less than 50 people die with COVID-19 related illness daily. We hope with COVID-19 vaccines we can have herd immunity so that we do not go to a third wave.

**What are my expectations about HIV vaccine research?**

I am looking forward to having an HIV vaccine that will add onto other tools that we already have to prevent HIV. As I am living in sub-Saharan Africa, HIV/AIDS is still an issue, because we still have new cases of HIV infections. It is still a problem, and we would like to see an HIV-free generation. Having an HIV vaccine will help a lot in the future of our children. We are also happy with the other tools that we have, but it is just not enough for our region. We appreciate the work done by HVTN in trying hard to find an HIV vaccine. We hope that one day we will be able to find one. We will be pleased if it can be found in our lifetime.
I am a pharmaceutical chemist by profession, and graduated from the National University of San Cristóbal de Huamanga. I chose this career because I had a lot of family influence, especially because of my aunt Lidia Maldonado who is a pharmacy assistant. I remember that she took care of me and my cousins when we got sick. She has had a strong influence on me, and is like a second mother.

**How has COVID-19 impacted my professional and personal life?**

The COVID-19 pandemic has changed the way of life of all people in the world. Personally, it has taught me that health professionals must be highly trained and prepared to face all kinds of challenges. As a pharmaceutical chemist, this pandemic has taught me that I must continue in constant training on new pharmaceutical technologies. The field of research has stood out, demonstrating the need to continue investing in research and the need for trained and qualified professionals.

**What are my expectations about HIV vaccine research?**

It is extremely important to carry out clinical research in the treatment and prevention of these types of diseases. My expectation in the current study [Mosaico] of the vaccine for the prevention of HIV is that it will give hope to the groups who are vulnerable to this disease. Also, I hope it will be of great help to the health systems of many countries around the world.

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**Spotlight on the People of the HVTN**

César Flores Maldonado  
Associate Pharmacist, Vía Libre CRS, Lima, Peru

From a very young age, my interest in the area of health was of great importance. I focused my effort to graduate in a medical career. Over the years, I had the opportunity to start my journey in clinical trials focused on HIV prevention. Today, I am working in conjunction with the HVTN to continue to make new advances and be able to contribute to the benefit of the community. Without a doubt this has been a very rewarding and enriching experience.

**How has COVID-19 impacted my professional and personal life?**

Today, with the difficult situation we live in due to the COVID-19 pandemic, we must make many changes in our lives, living with fears and concerns for family members, social isolation, economic problems, and increased use of digital tools. However even with this reality that we are facing, we should continue fighting for everything we want to achieve, always taking care of our health and that of our loved ones.

**What are my expectations about HIV vaccine research?**

After many years of research looking for an effective preventive HIV vaccine, I wish that the Mosaico study becomes a great achievement for health sciences, something that the world’s population has long been waiting for after years of research, effort and knowledge. Thanks to the thousands of volunteers who have contributed to this great project.
I am from Chimbote, in Ancash, a city 9 hours away from Lima. Even though I have lived in Lima for about 5 years now, my parents and most of my family still live there.

**How has COVID-19 impacted my professional and personal life?**

When the COVID-19 lockdown happened we were just about to celebrate a big reunion, but as we saw the days go by and things didn’t get any better we stopped all of our planning. Digital communication has made it easier, but not seeing your loved ones gets hard with time. I believe that's the biggest impact on my personal life: not being able to take care of them closely. Professionally, as a pharmacist, COVID-19 has made the importance of health care professionals in every aspect of life stronger, emphasizing health education at home all the way to investigational assessments in hospitals and clinical practice.

**What are my expectations about HIV vaccine research?**

Investigational studies for HIV prevention have improved and made an impact on government social programs. With the lessons learned that COVID-19 has taught, I strongly believe that investigators are going to get closer to finding an HIV vaccine.
How has COVID-19 impacted my professional and personal life?

People’s lives have been drastically impacted by the COVID-19 pandemic. In practice, nothing that I am doing now is the same as before, and there is no hope of when things will be back “as before”.

My medical work is conditioned and limited, although it has continued to be permanently face-to-face. Contact with patients is brief, distant, and with protective equipment. Restricted areas prevent one from approaching patients many times. There are no longer face-to-face case discussion meetings or academic activities, just virtually.

In Via Libre, the rules of permanence, the use of common areas, and the working hours have all been modified. There are people you barely see. There’s no face-to-face meetings either. Despite this, progress has been maintained in research activities.

Many colleagues have fallen ill, several very close to me. The uncertainty of the future has greatly affected us emotionally.

Personally, the impact is harder. I’ve seen and lived closely with my parents’ illness, older people who, happily, survived. But just as hard is to see the impact on the lives of my daughters, who have seen their school graduation activities and college life truncated, and in general the lives of young people, totally constrained by lockdowns and lack of contact with their friends.

The risk of getting sick is something you live not only at work, but also when you have to go out daily in a city like Lima, with so much informality and a culture of little respect for prevention standards.

The final word is optimism, with the hope that in the not-so-distant future we will be able to overcome this global crisis.

What are my expectations about HIV vaccine research?

Achieving an HIV vaccine is one of the most important scientific yearnings of our time. There has been a lot of progress in recent years and we could be close to a breaking point on this issue.

The COVID-19 pandemic has diminished public attention to the HIV research. Despite this unfavorable circumstance, in Peru we have managed to move forward with the development of the Mosaico study as planned. Certainly, we aim to maintain the enrollment rhythm with the effort of our team and the participation of the volunteers, who have been interested and accepting of the challenge that being in the study brings.

Our expectation from a scientific point of view, of course, is to prove that it is possible to prevent HIV with the use of vaccines. In addition, the Mosaico study will allow us to develop future studies to achieve new advances with simpler and even more effective vaccine schemes. In particular, the use of the viral vector Ad26 and the identification of antigens combined, allows a broad and powerful response at the immune level, and with a high degree of safety.

For this, HIV prevention research must continue from different perspectives and levels. It is an extraordinarily interesting and complex process, involving many people and institutions. My expectation is that the results of the Mosaico study will be very good and that they [the results] will soon be available to people.

José Hidalgo
Investigator, Via Libre CRS, Lima, Peru
In the 90s, in the middle of my university and youth age, I remember that I was part of a circle of friends who were very close, diverse, and living in the center of Lima. We used to visit different places of socialization where we gathered and shared moments that will hardly erase from my memory.

Also part of that decade, I was a witness to the exceptionally strong impact of the AIDS pandemic. I gradually lost many of my friends from my very close environment. They were very painful years because helplessness consumed us, and we were not able to do much to control this terrible disease which became a way of being and caused a lot of sadness in the LGBTI community of the planet.

In 2002, I arrived at Via Libre seeking help. Via Libre was one of the few organizations that carried out HIV prevention campaigns. I entered the volunteer program, and that’s where I learned everything I know about HIV and AIDS. Over time I was called to be part of the interventions around political advocacy, prevention, emotional support, and other issues related to the infection. This work fills me with great satisfaction because I feel that I can help my friends to have access to prevention and treatment information and strategies. It’s like a debt I have to the dozens of friends I lost.

How has COVID-19 impacted my professional and personal life?

This new pandemic reminds me a lot of the ‘90s that I lived in. COVID-19 is killing thousands of people. There is no family or person who does not have a close relative with this disease. It has reached us all, and every day we learn about death or infection of someone we know. This disease has also touched ourselves.

But, with the previous work we have done, we can be part of that group of people who contribute to strengthen the prevention strategies that we must implement at all times, and we are agents of information, spreading out the recommendations issued by the Ministry of Health.

Without a doubt, this new virus has changed our lifestyles. We take care of ourselves, we are alert to what is happening in our environment, and we know that “normality” is coming soon. It’s up to us to face reality with a lot of responsibility.

What are my expectations about HIV vaccine research?

A lot. I’ve been waiting many years for science to finally find the long-awaited HIV vaccine. I’m sure that time will come soon. A lot of research has been done for years. I hope that this historic day when we can finally have a vaccine, not only for prevention, but also for healing. It will be a relief for millions of people around the world and their families.
I am a pharmaceutical chemist, and graduated from the San Marcos Mayor National University (UNMSM).

My profession has allowed me to be close to primary healthcare, and when I started working at Via Libre it allowed me to have the experience of working with vulnerable populations.

**How has COVID-19 impacted my professional and personal life?**

The COVID-19 pandemic has brought fear, uncertainty, and confusion, putting the entire health system in check. Society expects effective responses from health professionals like us and therefore we must be prepared to face current challenges.

On a personal level, what has affected me the most is the loss of family, friends, and parents of friends, and seeing how social inequalities are deepening. In times of crisis, our priorities and values are inevitably reorganized, both professionally and personally.

In the field of research where I currently work, it seems to me that it is crucial to expand our knowledge about the effects of COVID-19 on HIV infection at the local, regional, and global levels. We are aware that we must keep up to date with the continuous information generated on COVID-19, in terms of recognizing the symptoms, immediate reports of epidemiological surveillance, and possible interactions between drugs to treat COVID-19 and the drugs used to treat HIV infection.

**What are my expectations about HIV vaccine research?**

In this regard, I am excited about the current research on long-acting injectable medicines to prevent HIV. My expectation is that this new long-acting approach can better meet the needs of vulnerable groups and that further research can continue to find more effective methods of HIV prevention.
Trained in universities and schools in Mexico, Spain and Chile, he has developed his career linked to culture throughout fifteen years of exploration and creation. His artistic work is a permanent questioning of the status quo that is imposed upon us, questioning himself and his convictions. Through his art he explores his roots, emphasizing topics such as miscegenation, gender, and masculinities.

Victor has collaborated on projects to prevent HIV, diversity, inclusion and social transformation in non-profit organizations in Yucatan, Mexico City, and Santiago de Chile. He currently runs the cultural platform Casa Baaanal A.C. and is a member of UNAMIS Sexual Diversity.

As a queer person moving in different cultural, social, and political fields, and in the face of the COVID-19 pandemic that exposed serious problems in the health sector around the world, and which has deepened and exacerbated social inequalities, Victor is committed to strengthening knowledge and making community at the UNAMIS Community Action Centre in Yucatan and the Mosaico Protocol. For Victor it is important to be part of a project that begins to give hope for future alternatives for HIV prevention.

Eduardo has been curious since he was very young, and one of the things he analyzed as a problem in his teens was the large number of people who had diseases that were clearly preventable and that affected his quality of life.

Due to this he decided to focus on studying Nutrition at the Faculty of Medicine of the Autonomous University of Yucatan. From the beginning he realized that just learning what was taught in the classroom would not be sufficient. Eduardo decided to be involved as a volunteer at the University serving vulnerable people within the State of Yucatan.

Upon graduating he realized that working individually he could not solve the problem that was occurring at the national level, so he decided to study for a Master’s Degree in Government and Public Policy. In the search for better answers, he studied two specializations, one in Mainstream Gender Perspectives, and the other in University teaching.

After completing his Master’s degree he decided to study and complete a Doctorate in Economics, Poverty and Social Development. He is a university professor, columnist of the newspaper “Milenio” in the “Power of the Pen”, and Coordinator of Nutrition of the Bai Open Arms Foundation for the care of people living with HIV. The foundation’s lines of work are Human Rights, Originating Peoples, Sexual Diversity, Gender Equity, Nutrition and HIV.

Eduardo continues to ask questions and look for solutions so that the people around him have a better quality of life and a more promising future.
HIV Resources:
HIV Prevention Efficacy Trial Designs of the Future

The “HIV Prevention Efficacy Trial Designs of the Future” workshop, organized by the Global HIV Vaccine Enterprise in partnership with the HIV Vaccine Trials Network (HVTN), the HIV Prevention Trials Network (HPTN) and the Forum for Collaborative Research, completed the series of talks and education sessions with significant attendance and engagement in the important discussions about the future of HIV clinical trials.

On behalf of the Organizing Committee: Roger Tatoud, Holly Janes, Deborah Donnell, Veronica Miller, Stepahun Wallace, and Linda-Gail Bekker, thank you to all who participated and engaged, and we hope you find the discussions helpful.

For more information about the series, including past session recordings, go to: https://vaccineenterprise.org/hiv-prevention-clinical-trial-design-of-the-future

HIV in the USA

HIV is an epidemic that continues to impact communities around the world, burdening some communities disproportionately, especially during COVID-19. Check out this open-access series of published works by leading experts in community engagement, epidemiology, and healthcare https://tinyurl.com/4dp2hfzx.

Partner Organization Resources:
Asian and Pacific Islander American Health Forum Resources

The Asian and Pacific Islander American Health Forum compiled and produced many resources focused on engaging Asian and Pacific Islander communities. Check out the resources at https://www.apiaihf.org/

Association of Nurses in AIDS Care

The Association of Nurses in AIDS Care compiled and produced many resources focused on engaging nurses, healthcare providers, and communities. Check out the resources at www.nursesinaidscare.org.

Black AIDS Institute Resources

The Black AIDS Institute has compiled and produced many resources focused on engaging Black communities. Check out the resources at https://blackaids.org.

Latino Commission on AIDS COVID-19 Resources

The Latino Commission on AIDS has compiled and produced many resources focused on engaging Hispanic/Latino communities. Check out the resources at https://latinoaids.org.

National Medical Association/W. Cobb Institute

The National Medical Association (NMA) is the largest and oldest U.S.-based organization representing African American/Black physicians and patients. They have compiled and produced many resources focused on engaging Black healthcare providers and communities. Check out the NMA resources at https://www.nmanet.org.

W. Cobb Institute is a national consortium of scholars that engages in innovative research and knowledge dissemination for the reduction and elimination of racial and ethnic health disparities and racism in medicine. Check out the Cobb Institute resources at www.thecobbinstitute.org.

Treatment Action Group
COVID-19 Resources

Treatment Action Group has compiled and produced resources focused on engaging diverse communities, including persons living with HIV. Check out the resources at https://www.treatmentactiongroup.org.

Urban Indian Health Institute Resources

The Urban Indian Health Institute produced many resources focused on engaging American Indian and Alaska Native communities. Check out the resources at www.uihi.org.

COVID-19 Prevention Network Virtual Community Sessions

You can watch past recordings of our community education and engagement discussions COVID in Black, PANDEmia, and Imam and COVID-19 on the CoVPN YouTube Page at tinyurl.com/54wzuf3w.
The year 2020 was an awakening for many who had not previously grasped the significant toll of health disparities on Black, Indigenous, and people of color (BIPOC) communities. With this awareness, there were statements and calls for solidarity to fight against bigotry, racism, and discrimination in demanding equality, humanity, and respect for all. For BIPOC communities, the brutal attacks on individuals of Asian descent and witnessing the senseless murders of Black/African American children, men, women, and nonbinary people due to police brutality was not new. In the same manner, BIPOC communities were appalled—yet unsurprised—with the disproportionate impact of COVID-19.

Structural racism, discrimination, and medical distrust are well-documented as root causes of health disparities. Less acknowledged, however, are these very same factors in the underrepresentation of our communities in clinical research. BIPOC communities are often overrepresented in morbidity and mortality yet underrepresented in clinical research. The Legacy Project works nationally to increase awareness of and build support for HIV clinical research by addressing factors that influence the participation of historically underrepresented communities. The primary mission of the Legacy Project is to increase the representation and engagement of Black, Indigenous, Latinx, and other people of color, as well as women and transgender people in HIV clinical research in the United States.

We are calling on the leadership of the Division of AIDS (DAIDS) and its research Networks to join us in the fight for justice, equality, humanity, and respect for all in the HIV/AIDS clinical research enterprise. Specifically, we are asking for—and offering to assist with—specific and measurable plans for the enrollment of each of the following populations in all DAIDS-funded research conducted in the United States:

- Black communities
- Indigenous communities
- Latinx communities
- Transgender communities
- Women (cisgender and transgender) – particularly inclusive of BIPOC communities

The NIH Policy on Inclusion of Women & Minorities in Clinical Research was first mandated by Congress in 1993 and has since been revised and reauthorized through to the present day. It stipulates that:

- Women and minorities must be included in all clinical research studies.
- Women and minorities must be included in Phase III clinical trials in numbers adequate for valid analysis.
- Cost is not allowed as an acceptable reason for exclusion.
- NIH must support outreach efforts to recruit and retain women, minorities, and their subpopulations in clinical studies.

As we have just initiated the new seven-year cycle of the National Institute of Allergies and Infectious diseases (NIAID)-sponsored Infectious Disease and HIV/AIDS Clinical Trials Networks, this is an opportune time to review these Congressionally-mandated requirements and consider how we can all work together to ensure that they are met. Additional guidance is outlined in the Food and Drug Administration document, Enhancing the Diversity of Clinical Trial Populations — Eligibility Criteria, Enrollment Practices, and Trial Designs Guidance for Industry.

We are calling on DAIDS and Network Leadership to consider implementing the following in the near term:

1. Set specific and measurable goals for the enrollment of the aforementioned underrepresented populations

Continued on the next page...
in all research conducted by the NIAID-sponsored research networks in the United States. Symbolic statements about the importance of diversity in clinical trials are important, but without tangible implementation, they are ineffective. The HPTN 083 study exemplifies the astounding impact of setting specific and measurable enrollment goals and providing the necessary resources to accomplish them, with enrollment exceeding the targets of ≥50% enrollment of Black cisgender men who have sex with men in the US and ≥10% enrollment of transgender women overall. We urge all studies to implement specific and measurable enrollment goals in this way, as appropriate, given the nature of each study. We recommend that enrollment goals are given the same priority, resources, and funding as the protocol procedures, laboratory practices, and other required processes that are stated in the notice of awards. Enrollment goals specified before study initiation help with the communication and education required to engage underrepresented populations.

2. Carefully monitor enrollment demographics and slow or cease the enrollment of overrepresented populations to achieve a more representative study sample and a higher degree of generalizability. Typically, white cisgender male participants are enrolled at a faster pace than underrepresented populations. Monitoring enrollment demographics and, when necessary, halting or slowing the enrollment of white cisgender male volunteers, is an effective strategy for achieving a more representative study sample. This strategy has been implemented in a variety of studies, including the COVID-19 vaccine studies conducted through the CoVPN.

3. Design and fund more population-specific studies. In an ideal world, every research study would enroll an equitable and representative sample of research participants. In reality, most research studies overrepresent white cisgender male participants and underrepresent Black, Indigenous, Latinx, transgender, and female participants. Therefore, population-specific studies designed specifically and exclusively for underrepresented populations are warranted and needed. Examples of recent studies that utilize this strategy include:
   a. ACTG A5366, the first HIV cure-related study in the network designed specifically and exclusively for cisgender women, who are severely underrepresented in the HIV cure research literature
   b. HPTN 091, the first study in the HPTN designed specifically and exclusively for transgender women, who are severely underrepresented in all research
   c. The Get It Right study, a concept that has been in development for several years and would be the first study in the ACTG network designed specifically and exclusively for transgender women, who are severely underrepresented in all research

4. Enhance engagement with underrepresented populations through the formation of and/or engagement with existing expert panels from underrepresented communities. Consider stimulating greater research collaborations with tribal entities, community-based organizations, and nontraditional community partners to improve access to—as well as participation in—HIV research. The COVID-19 Prevention Network has implemented this strategy.

We are calling on DAIDS and Network Leadership to consider implementing the following in the long-term:

1. Continuation of networks funding for the various minority scholarship and fellowship programs to improve minority representation among investigators through the current grant period.

2. Set specific and measurable standards and goals for hiring of research staff who represent the communities that are underrepresented in research: Black, Indigenous, Latinx, transgender and women. The long-term success of the near-term objectives will depend in large part on research implemented by people more representative of the epidemics at all levels of trial design, implementation, and conduct.

3. Monitor and report annually on the demographics (e.g., race, ethnicity, gender identity, age) of the network investigators, site investigators, and site staff.

The Representative Studies Rubric: A Tool to Enhance Representation in Clinical Research
Since 2009, the HANC Legacy Project has worked nationally to increase awareness of and build support for HIV clinical research by addressing factors that influence the participation of historically underrepresented communities. Cisgender women, transgender people, people with the potential to become pregnant and breastfeed, and communities of color—particularly Black, Indigenous, and Latinx communities—remain underrepresented in clinical research. Labeling underrepresented populations “hard-to-reach” and “mistrustful”, the clinical research enterprise often lays blame on these same populations. In reality, the underrepresentation of these populations stems from a legacy of patriarchal, colonial, and racist policies and practices that have been institutionalized across the clinical research enterprise. Consider that the NIH-funded HIV/AIDS clinical trials networks did not begin consistently collecting transgender-inclusive data until after 2015 (https://www.hanc.info/content/dam/hanc/documents/community/Guidance-on-the-Use-of-Gender-Inclusive-HIV-Research-Practices-March-2020.pdf).

The Legacy Project has a strong history of working collaboratively with Community Partners, the Women’s HIV Research Collaborative, the DAIDS Cross-Network Transgender Working Group, the HPTN Black Caucus, and many additional partners to produce numerous trainings, guidance documents, statements, and calls to action to enhance representation in research conducted by the NIH-funded HIV/AIDS clinical trials networks. While many of these interventions have been implemented to some extent across the networks, they have not been fully optimized, and network research continues to exclude and underrepresent the aforementioned populations. To this end, the Legacy Project has designed a tool, the Representative Studies Rubric (RSR), to guide enhanced representation in DAIDS-funded studies. The RSR is a tool that can be used to assess each individual study for the extent to which it is designed to include or exclude historically underrepresented populations. Click here to access the RSR (https://docs.google.com/document/d/1K8-QQz1ZJir8yMtOeaZLUCZ9mDqOe1gLDShw/HQ7A/edit) and we invite you to provide comments and/or feedback.

We must all utilize our power, privilege, and influence to stand against bias, racism, and oppression. The Legacy Project will continue to advocate, educate, and work to dismantle racism and all systems of oppression. As we continue to respond to the reality that HIV/AIDS and COVID-19 disproportionately impact BIPOC communities—and that we have barely begun to understand their impact on transgender communities—we are committed to working with our many partners. We look forward to continuing our work together to help end disparities related to HIV, COVID-19, health, and race.

Russell Campbell is the Deputy Director of the Office of HIV/AIDS Network Coordination (HANC).
The HIV Vaccine Trials Network is an international multi-disciplinary collaboration. Support for the HVTN comes from the National Institute of Allergy and Infectious Diseases (NIAID) of the U.S. National Institutes of Health, an agency of the U.S. Department of Health and Human Services. The Network and NIAID have a close, cooperative working relationship, with shared attention to intellectual and scientific issues.

ABOUT COMMUNITY COMPASS
The Community Compass aims to keep the HVTN community informed about the Network’s research, site activities, and advances in the field of HIV prevention and vaccination. We encourage community members to submit news and event reports to this magazine and make this a true community sharing platform.

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