SCIENTIFIC WRITING:
Get ready for AIDS 2020!

WEBINAR

Journal of the International AIDS Society
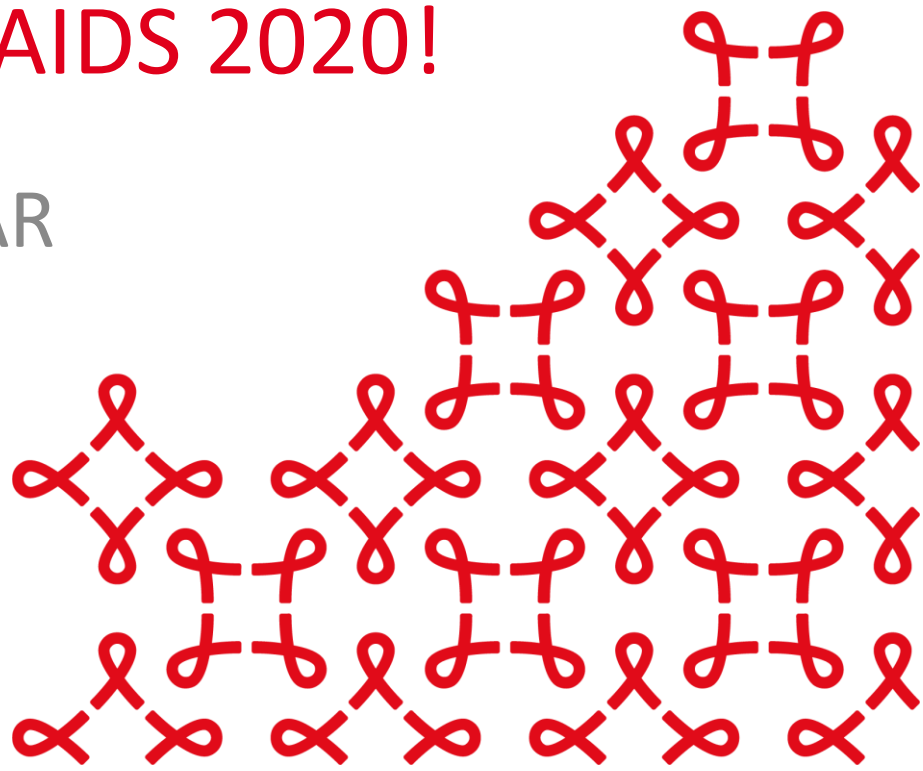
> Our aim is to provide a platform for the dissemination of essential HIV research, to encourage submissions from low- and middle-income countries and to provide capacity building opportunities for less-experienced authors.

- Online
- Peer-reviewed
- Open access
- Impact factor: 5.192
- Indexed
- Multidisciplinary
- Skills building

The power of partners: Experiences from implementing and scaling-up HIV partner notification and index testing services

Guest Editors: David A Katz, Vincent J Wong, Amy M Medley, Rachel C Baggaley
Supplement Editors: Marlène Bras, Elisa de Castro Alvarez

Volume 22, Supplement 3, July 2019 — WILEY

Understanding and addressing the HIV and STI syndemics

Guest Editors: Kenneth H Mayer, Henry JC de Vries
Supplement Editor: Marlène Bras

Volume 22, Supplement 6, August 2019 — WILEY

Agenda

Introduction

Get ready for AIDS 2020!

Abstract structure

Writing each abstract section

Abstract submission

Review and selection

HIV terminology

Q&A

23RD INTERNATIONAL AIDS CONFERENCE

RESILIENCE

SAN FRANCISCO & OAKLAND
UNITED STATES · 6-10 JULY 2020

REGISTRATION NOW OPEN

REGISTER NOW

Rep. Barbara Lee: Returning the HIV Spotlight to the Bay Area

In this episode, Andrew Schwartz interviews

To end AIDS, we must address the forces driving it

Recently, the CDC released data showing that declines in HIV rates have stalled in the U.S.

An open letter from your AIDS 2020 Conference Coordinating Committee

We are proud of the communities we are – people living with HIV;

23RD INTERNATIONAL AIDS CONFERENCE

RESILIENCE

SAN FRANCISCO & OAKLAND
UNITED STATES · 6-10 JULY 2020

JIAS
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INTERNATIONAL AIDS SOCIETY

ABOUT ⌄   PROGRAMME ⌄   THE LATEST ⌄   REGISTRATION ⌄   SCHOLARSHIPS   FAQS   GET INVOLVED ⌄

Abstract Mentor Programme

Sign up to become a mentor

From 15 October to 10 December 2019

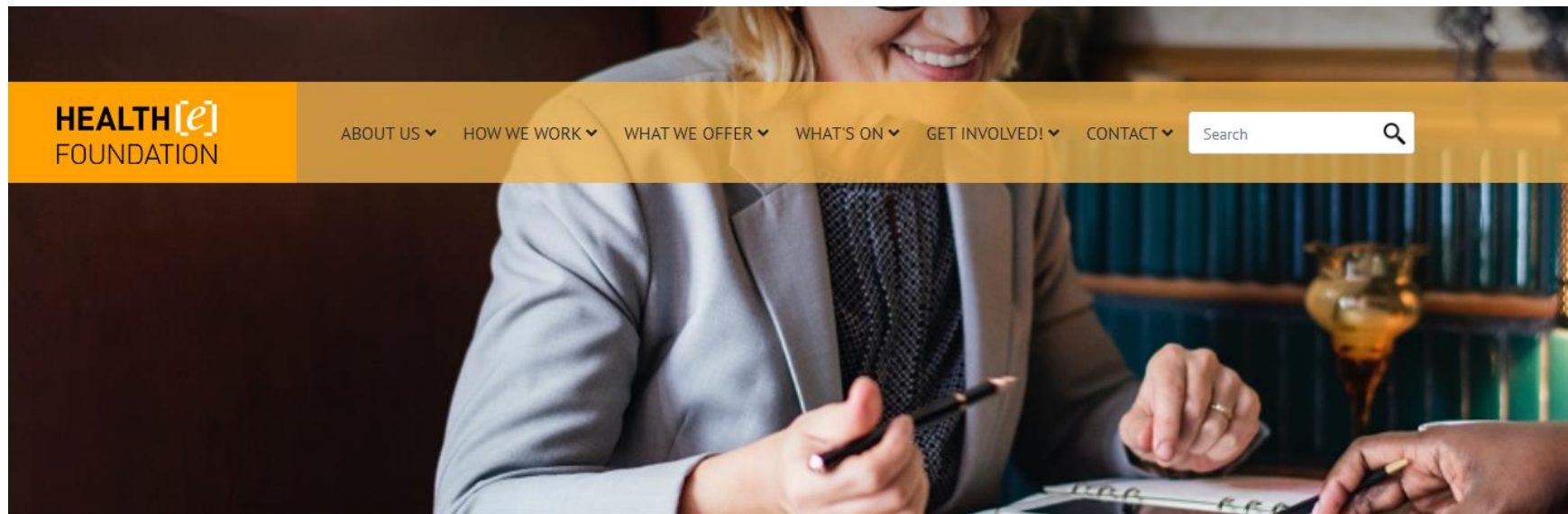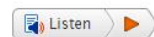**Submit your abstract for mentoring**

4 November to 19 December 2019

Abstract writing online course

www.healthefoundation.eu


Project details /

IAS Scientific Writing[e]Education

About this project

To promote and support scientific contributions to the International AIDS Society (IAS) Conferences on HIV Science and the International AIDS Conferences, the IAS, the Journal of the IAS (JIAS) and Health[e]Foundation offer a course – IAS Scientific Writing[e]Education – each year. The course was written by editors of the Journal of the IAS, an open-access platform for the publication of essential and innovative HIV/AIDS research.

Subject	Abstract and manuscript writing and submitting
Period	2011 - (ongoing)
Target group	Everyone who would like to write and submit an abstract

How to write a conference abstract
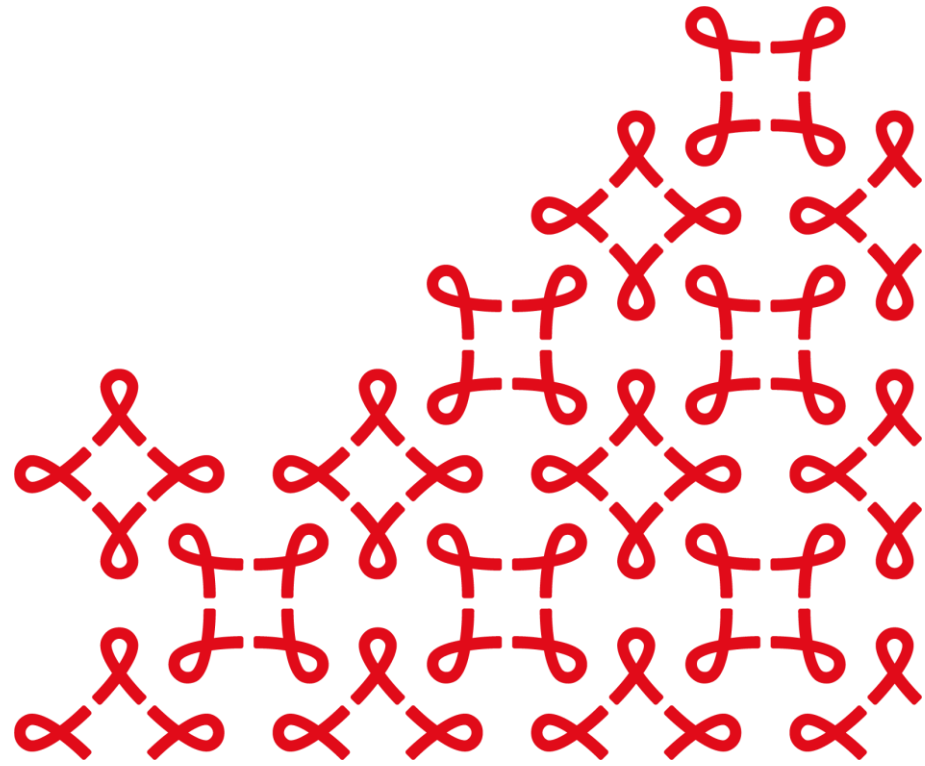
What is an abstract?

A conference abstract includes all the important details and data from your research study so that it can serve as a stand-alone summary of the work.

Title: Headline of study with keywords.

Introduction: Description of issue, knowledge gap and aim.

Methods: Methodology used or approach taken.

Results: Findings and data from study.

Conclusions: Main outcomes and implications.

Title

The part most often read
Often the only part read

- Summarize your study in 30 words

- Your title should be:
    - short, specific, representative, informative

- The title is your mini-advertisement

- You don't need to present your lessons learned or recommendations in the title

Title

Abstract
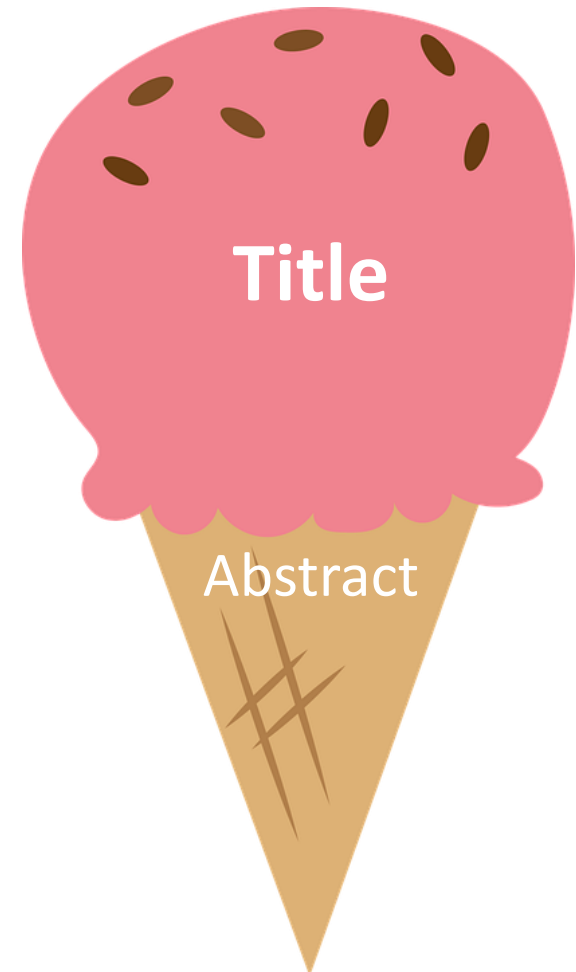
Is this a good title? What different types of information does this title contain?

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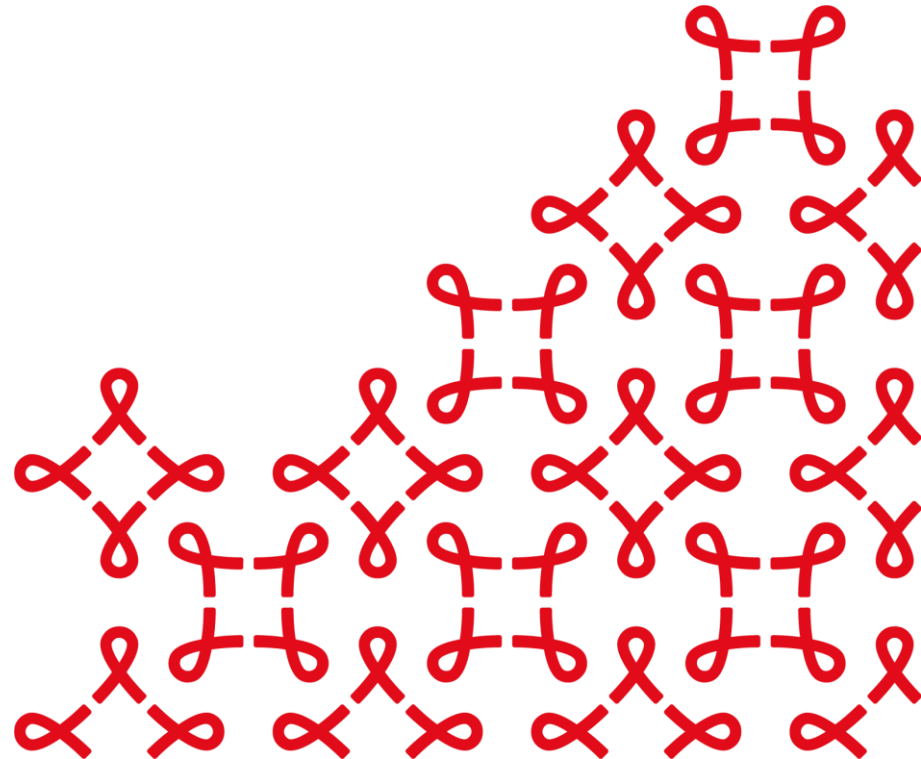
Title

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

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How to write the
INTRODUCTION section

Introduction

- **What is the TOPIC of the abstract?**
  - Injecting drug users in Eastern Europe
  - Prevalence of HIV and other sexually transmitted infections among female sex workers

- **Why was the study done? What is the ISSUE?**
  - Low condom use among MSM
  - Data on HIV/STIs prevalence in FSW are scarce in Russia

- **What was the AIM of the study?**
  - Estimate the proportion of pregnant and breastfeeding women receiving routine HIV care in maternal and child health (MCH) clinics in the Kinshasa
  - Estimate HIV and other STIs prevalence among FSW in Moscow

Introduction

In Russia, it is estimated by the Ministry of health that 0,8 million people are living with HIV, and that 85.800 new infections occurred in 2017. Despite female sex workers (FSW) being known as a key population for HIV and other sexually transmitted infections (STI), data on HIV/STIs prevalence in this group are scarce in Russia. The objective of this study was to estimate HIV and other STIs prevalence among FSW in city of Moscow and Moscow region.

Introduction

TOPIC

In Russia, it is estimated by the Ministry of health that 0,8 million people are living with HIV, and that 85.800 new infections occurred in 2017. Despite female sex workers (FSW) being known as a key population for HIV and other sexually transmitted infections (STI), data on HIV/STIs prevalence in this group are scarce in Russia. The objective of this study was to estimate HIV and other STIs prevalence among FSW in city of Moscow and Moscow region.
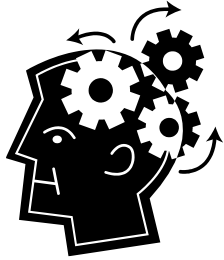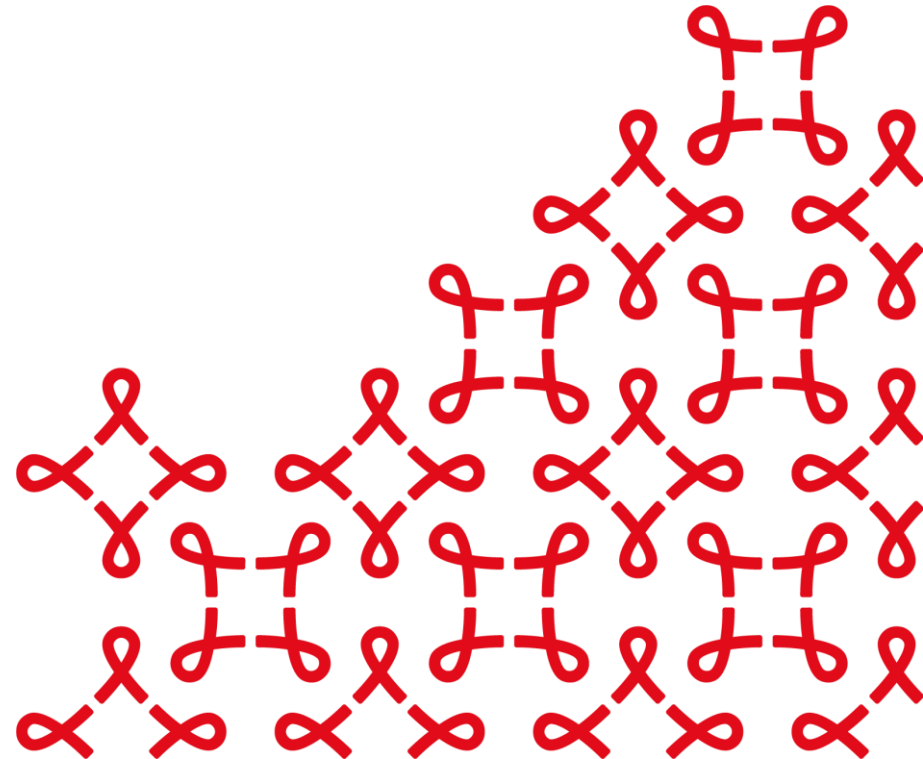
ISSUE

AIM

How to write the
METHODS section

Methods

	QUESTION	EXAMPLES
WHO?	Who was the subject of the study? Who was targeted by the program?	"wild-type mice" "men who have sex with men"
HOW?	How was the study designed? How was the outcome of interest measured? How was the data collected and analysed?	"a retrospective clinical chart review was performed" "in-depth open-ended qualitative interview were conducted" "a fisher's exact test was used "
WHERE?	Where did the study take place? Where was the project implemented?	"University College Hospital in Lagos, Nigeria"
WHAT?	What was measured? What were the factors of interest?	"survival rate over five years" "barriers to implementation"
WHEN?	When did the study take place? When was the programme implemented?	"between March 2015 and June 2017"

Sufficient details   Word limit of abstract

Methods

A cross-sectional study was implemented by an international non-governmental organization (NGO), a Russian NGO and a Russian research institute using the respondent driven sampling methodology. The recruitment took place between October 2017 and July 2018. Data collection included a face-to-face questionnaire, HIV and syphilis rapid tests, throat swab and self-collected vaginal and anal swabs for the detection of 4 other STIs (Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis and Mycoplasma genitalium). Statistical analysis was conducted using weights based on the RDS-II estimator. Factors associated with HIV infection were identified using a weighted multivariate logistic regression

When? Where? What? Who? How?

Methods

How?

When?

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Who?

What?

Where?

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Methods

This cross-sectional study was conducted as part of a baseline assessment for the CQI-PMTCT study: an ongoing cluster randomized trial to evaluate the effect of continuous quality interventions (CQI) on long-term ART outcomes among pregnant and breastfeeding women (NCT03048669). From November 2016 to June 2018, in each of the 35 Kinshasa provincial health zones (HZ), study teams visited the three busiest maternal and child health clinics, enrolled all HIV-positive pregnant or breastfeeding women (≤1 year post-delivery) receiving ART, and performed viral load testing. Log binomial models with generalized estimating equations to account for clustering at the HZ level, were used to estimate prevalence ratios comparing participants with undetected (<40 copies/mL) or suppressed (<1000 copies/mL) viral load across levels of individual and site characteristics.

When? Where? What? Who? How?

Yotebieng, et al. 2019

Methods

How?

When?

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Where?
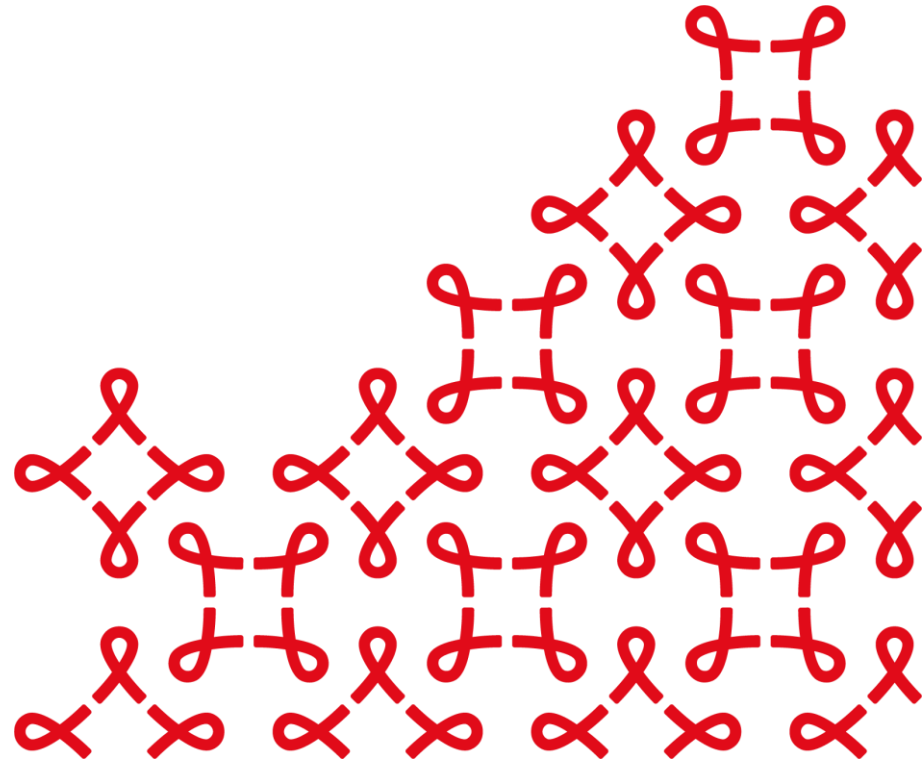
Who?

What?

Yotebieng, et al. 2019

How to write the
RESULTS section

Results:
What findings did your question generate?
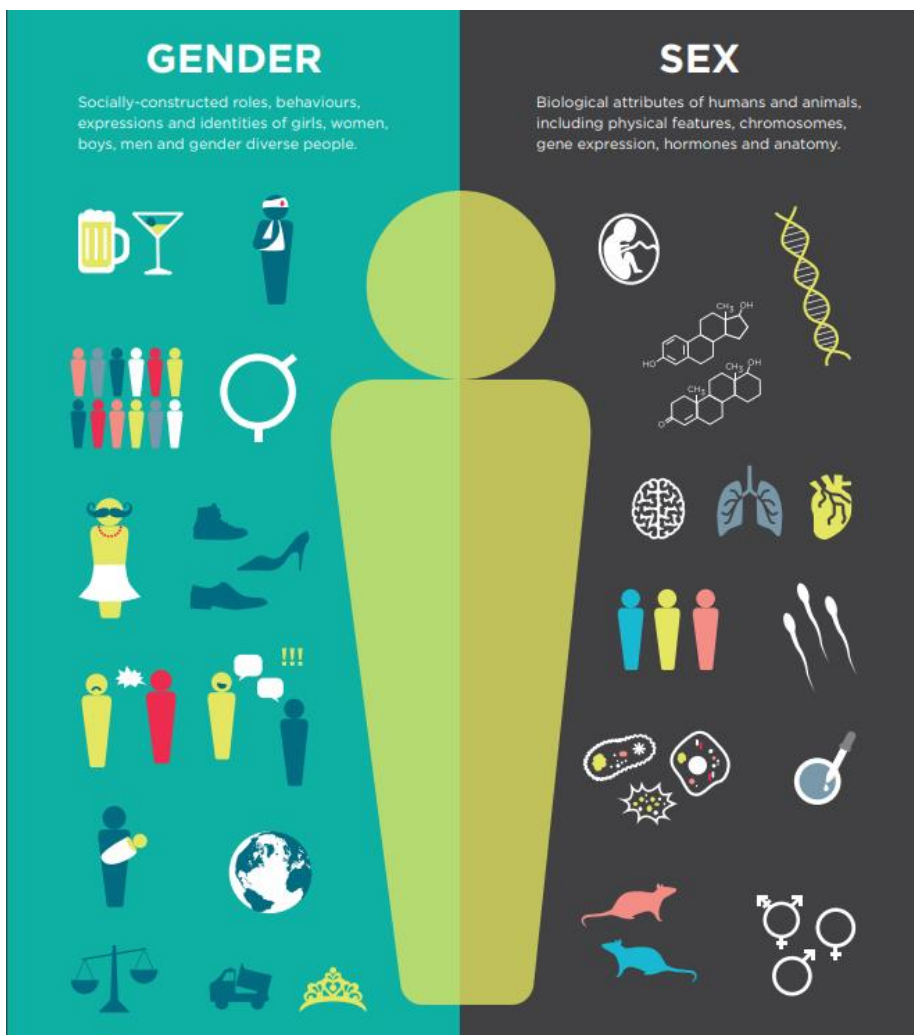
The results section includes:

- Key findings of your study
  - Not all your data need to be presented, present only the results that are RELEVANT to your question

- Statistical analyses that represent the significance
  - Careful with the word 'significant' and vague terms (some - many - few)

- A visual representation of your data using figures, tables, and graphs whenever possible.
  - Do not represent the same data twice
  - Choose between a table or a figure to represent your data

- **Do not discuss! Do not repeat the methods! And be precise (avoid speculation)!**

Results

In total, 385 participants were included in the analysis, including 18 seeds. Among them, 53.5% worked as indoor FSW and 46.5% as outdoor FSW. The median age was 30.0 years. Regarding ethnic origin, 73.2% were Russian, 19.5% came from Former Soviet Union States and 5.7% were African. The median age of sex work debut was 23 years and the median weekly number of clients was 8. In the previous 30 days, 36.9% declared unsystematic condom use with clients. Weighted **HIV prevalence** was **3.1% (95% CI: 1.5%-7.0%)**. Other **STI prevalence** was comprised between **4.1% (2.2%-8.0%) (Neisseria gonorrhoea) and 14.9% (10.5%-21.0%) (Mycoplasma genitalium)**. Factors associated with HIV infection were: being **25 years and less (OR = 0.06; 95% CI: 0.00 to 0.77, p = 0.03)**; coming from Former Soviet Union States **(4.55 (1.12 to 28.50), p = 0.03)** or Sub-Saharan Africa **(24.76 (2.51 to 143.81), p = 0.006)**; and having taken drugs in the previous 6 months **(7.84 (1.42 to 23.20), p = 0.01)**.

- **Specific data**: dates, numbers, percentages, confidence intervals

- **Logical flow**: study population then details

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Results: Sex and gender analysis

GENGER
Socially-constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender diverse people.

SEX
Biological attributes of humans and animals, including physical features, chromosomes, gene expression, hormones and anatomy.

Canadian Institutes of Health Research: http://www.cihr-irsc.gc.ca/e/50833.html

Sex and gender should be integrated into research design, methods and analyses where appropriate

- Study participants
  - ✓ Sex/Gender numbers
  - ✓ Single-sex study, …why?

- Sex-disaggregated data
  - ✓ Reporting results of sub-populations

- Gender analysis
  - ✓ Effect of…, associated with…?

- SAGER guidelines
  - ✓ Sex and Gender Equity in Research

Figures and Tables

Remember: People like pictures!

- Choose type based on the kind of data you have
- Avoid overlap with text
- Should be understandable without text
  - Informative titles and additional details in legend
  - Label all axes, columns and rows
- Careful with colours (colour blindness and black/white printing)

Figures and Tables

Socio-demographic characteristics	Percent of participants
Male	49%
Female	51%
Europe	21%
Asia	18%
America	22%
Africa	20%
Australia	19%

Workshop participants were gender-balanced and geographically representative

Figures and Tables

Occupation	Percentage
Researcher	39%
Lawyer	2%
Advocate	7%
Policymaker	13%
Student	8%
Health worker	31% (of which 19% Doctors, 11% Nurses, 1% Counsellors)
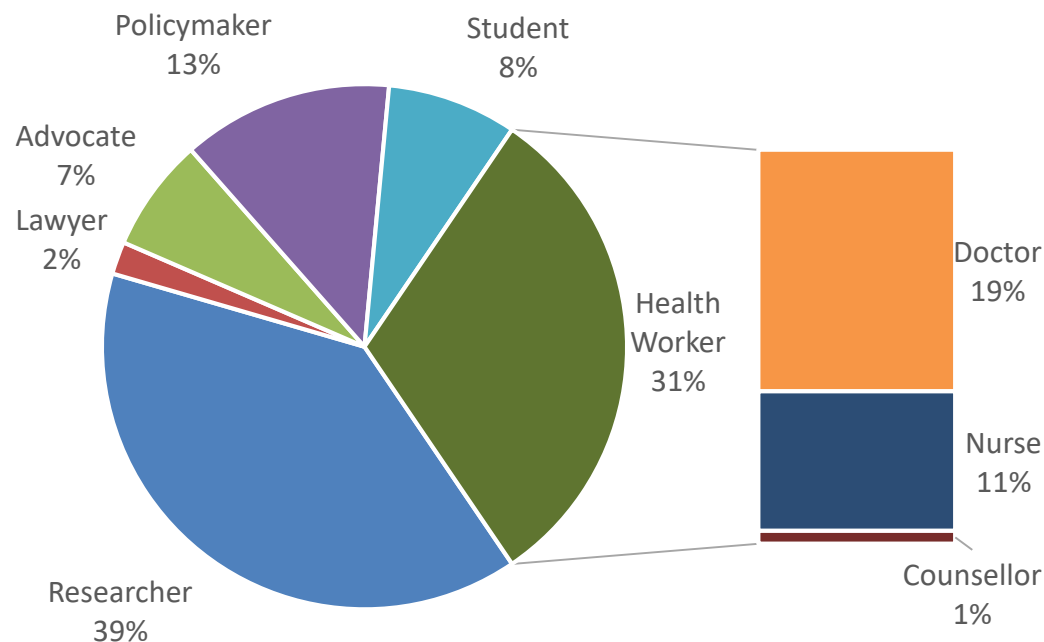
Conclusions

- Key take-home message

- More general: wider implications of findings

- Recommendations: future research

- AVOID
  - Obvious statements
  - Repetition of results
  - Over-generalizations!

Conclusions

These results show high HIV/STIs prevalence among FSW in Moscow region, highlighting the need for better access to SW-friendly prevention and care services in Russia.

Take home message

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Language

Do use	Don't use
People living with and affected by HIV	Infected with HIV, HIV or AIDS sufferer, HIV or AIDS patient, HIV or AIDS carrier, positives (a person is not HIV), at risk, high-risk people/population/group
Client, clients	Patient, patients, except in the context of a clinical setting (for example, "doctor-patient relationship")
Sex work, sex worker	Commercial sex work, commercial sex worker, prostitute, prostitution
Orphans and vulnerable children affected by HIV	AIDS orphans
Persons or people living with disabilities	Disabled
Low- and middle-income countries, resource-limited countries	Developing countries
People who inject drugs	Intravenous drug user, drug addicts, drug abusers
Condomless sex, sex without a condom	Risky sex, unprotected sex
Most vulnerable to HIV acquisition	Most at risk, high-risk people/population/group
End the epidemic; end the HIV or AIDS epidemic	End/eliminate/eradicate HIV or AIDS
The HIV response	Fight, battle, struggle against AIDS or HIV
Young people	Youth

Language

- Refer to the UNAIDS Editorial Style Guide: https://www.unaids.org/en/resources/documents/2016/editorial_style_guide

- Abbreviations and acronyms: Write out in full at first mention; insert acronym or abbreviation in brackets after first mention

- Use UNAIDS terminology guide: https://www.unaids.org/en/resources/documents/2015/2015_terminology_guidelines

- The CDC also offers an easy-to-use guide on non-stigmatizing language. https://www.cdc.gov/actagainstaids/pdf/.../cdc-hiv-togetherstigmalanguageguide.pdf

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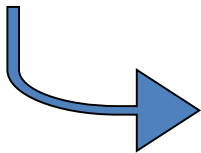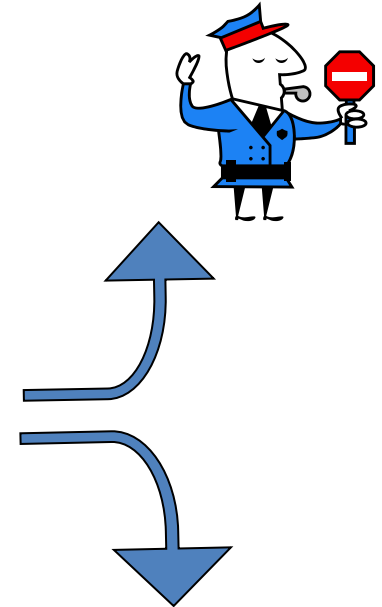
## GOOD PRACTICE

- Watch the word count

- Keep your audience and reviewers in mind (international)

- Be clear and concise - only include essential information

- Check spelling and grammar, ask a colleague for feedback

- Comply with the submission guidelines

COMMON MISTAKES

- Reason and aims for study not clear

- Methods section incomplete

- The most important results not concisely presented

- Conclusions are over-generalized

- Implications not highlighted

Reasons for rejection
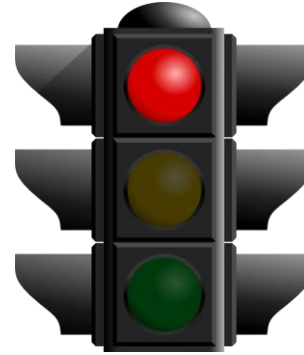
- Poor scientific content

- Fraud (e.g. plagiarism)

- Abstracts submitted in the wrong track (or conference)

- Abstracts poorly constructed / written

- Data presented are too preliminary

- Lack of novelty, already published or not sufficient contribution to the field

Plagiarism

Original: "Social stigma is severe social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms"

From Wikipedia, available at [http://en.wikipedia.org/wiki/Social_stigma]

Often social stigma is defined as social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms.

Plagiarism

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From Wikipedia, available at [http://en.wikipedia.org/wiki/Social_stigma]

Often social stigma is defined as social disapproval of personal characteristics or beliefs that are perceived to be against cultural norms.

PLAGIARISM!

Correct: The term stigma is used when a person experiences social rejection based on prejudice and discrimination due to personal characteristics or convictions.

Reviewer criteria

Scoring

  – Are purpose, objectives, issues clearly presented?

  – Are the methodology, study design appropriate?

  – Are the results clearly presented?

  – Are the conclusions supported by the results?

  – Does the abstract contribute significant new knowledge to the field?

Thank you!

This JIAS -IAS Educational Fund Scientific writing workshop was made possible through an independent educational grant from the Swiss Agency for Development and Cooperation

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

Useful resources

- AIDS 2020 Abstract Mentoring Programme
  http://www.aids2020.org/abstract-mentor-programme

- Health[e]Foundation – E-course on how to write a conference abstract at www.healthefoundation.eu.

- Committee on Publication Ethics at www.publicationethics.org.

- European Association of Science Editors – Guidelines for authors at www.ease.org.uk.