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Center for Interdisciplinary Research on AIDS
at Yale University

CIRA International Visiting Fellow 2024 Seminar



Lucy Chimoyi, PhD
The Aurum Institute, South
Africa
International Visiting Fellow



Iryna Zaviriukha, MD
European Institute of Public
Health Policy, Ukraine
International Visiting Fellow



Luke Davis, MD, MAS
Yale School of Public Health
Moderator

Join us in a seminar featuring CIRA international visiting fellows to hear about their respective work in South Africa and Ukraine and participate in an interactive discussion and Q&A.

This is a hybrid event, in-person at CIRA and virtually via Zoom. Lunch and networking will follow the seminar for in-person attendees.

**In-person venue: CIRA Conference Room, 135 College St, Suite 200,
2nd floor, New Haven, CT 06510.**



**Tuesday, April 23, 2024
12:00 pm – 1:00 pm ET**



**RSVP to attend in-person
by Tuesday, April 17th.
[Click here](#)**

**Register to attend virtually
via Zoom.
[Click here](#)**

Contact dini.harsono@yale.edu questions about this event.

This panel is organized by the Center for Interdisciplinary Research on AIDS (CIRA) at Yale University (P30MH062294, PI: Trace Kershaw, PhD).

OVERVIEW

CIRA is hosting a seminar featuring presentations by two CIRA international visiting fellows on their respective HIV research in South Africa and Ukraine. Join us to learn about the fellows' research and participate in an interactive discussion and Q&A.

The primary purpose of the [International Visiting Fellow Program](#) is to support CIRA investigators engaged in HIV research in an international setting to bring an established or prospective research partner to CIRA and Yale for a short visit to work on collaborative HIV research endeavors, present on their research plans, and network with CIRA's research community. The program prioritizes visiting fellows from a country in regions with the highest burden of HIV/AIDS.

AGENDA

Presenter 1: Lucy Chimoyi, PhD, The Aurum Institute, South Africa

Yale hosts: Sheela Shenoj, MD, MPH, Yale School of Medicine and Luke Davis, MD, MAS, Yale School of Public Health

Presenter 2: Iryna Zaviriukha, MD, European Institute of Public Health Policy, Ukraine

Yale host: Julia Rozanova, PhD, Yale School of Medicine

MODERATOR BIO

Luke Davis, MD, MAS

Associate Professor of Epidemiology (Microbial Diseases) and of Medicine (Pulmonary)

Yale School of Public Health

Dr. Luke Davis is a pulmonary/critical care physician and epidemiologist using translational research and implementation science to improve diagnostic evaluation and case finding for tuberculosis (TB), the leading cause of infectious death worldwide. Dr. Davis teaches a graduate course on implementation science and mentors students at the Yale School of Public Health, and is involved in several international research training programs focused on implementation science. He is also a Yale Medicine physician, and attends in the Medical Intensive Care Unit and the Winchester TB Clinic at Yale-New Haven Hospital, caring for patients and their families and teaching medical students, residents, and fellows.

PRESENTER BIOS AND ABSTRACTS

Lucy Chimoyi, PhD

Scientist

The Aurum Institute

South Africa

Dr. Lucy Chimoyi is an epidemiologist working as a Scientist at The Aurum Institute, South Africa. She has over ten years of public health research experience conducting mixed-methods research on HIV/TB in correctional facilities, mining and general communities, and public healthcare settings in Africa. She has authored and co-authored over 25 publications in peer-reviewed journals. Lucy is an honorary lecturer in the School of Public Health at the University of the Witwatersrand. She is currently involved in the implementation and oversight of a multi-site, multi-country study investigating tuberculosis preventive treatment initiation, delivery and uptake in among PLHIV in settings.

“Generating Evidence-Based Solutions for Optimal Delivery of Tuberculosis Preventive Treatment among PLHIV Attending Routine Settings in Sub-Saharan Africa”

High TB burden countries defined as reporting >10,000 TB cases, and 1,000 TB/HIV cases per year are now introducing and scaling up a new short-term TB preventive treatment (TPT) regimen that combines isoniazid (H) and rifapentine (P), taken once a week for three months (3HP). The regimen has potential advantages over isoniazid preventive therapy (IPT), including shorter course, once weekly dosing and equal or less frequent associated adverse events, which are associated with improved patient adherence and treatment completion. However, without improved health service delivery of TPT, patients will not receive this new regimen. The hope of successful scale-up of 3HP among people living with HIV (PLHIV) in low-income countries depends on a detailed understanding of the barriers and facilitators of TPT implementation. To effectively introduce and scale up new TPT regimens, it is critical to identify the determinants of effective implementation of TPT, including factors specific to TPT. This study had the overarching goal of generating critical knowledge to improve TPT uptake (3HP and IPT), implementation, and outcomes among PLHIV in three sub-Saharan countries.

PRESENTER BIOS AND ABSTRACTS (Continued)

Iryna Zaviriukha, MD

Researcher

European Institute of Public Health Policy

Ukraine

In 2001, Iryna graduated from Vinnytsia National Medical University and received the degree of Doctor of Medical Sciences. He has a medical practice as an anesthesiologist-reanimatologist in the department of thoracic surgery, the department of reproductive health, and the department of intensive treatment of infections. In the period from 2012 to 2015, she participated in clinical research as a clinical researcher in neurology, psychiatry and oncology. Since 2015, Iryna, a researcher at the Ukrainian Institute of Public Health, has engaged in conducting research in the field of public health: treatment and prevention of HIV infection among people who inject drugs, and review and improvement of the mechanisms for providing HIV services for target population groups. Since 2017, together with colleagues from Yale University, she has engaged in the creation of the current program of HIV and aging research in Ukraine.

“Resilience of Peer Navigation among HIV-Positive Older People (50+) in Multi-Crisis During the War in Ukraine”

Background: We explored how older people with HIV (OPWH, defined as ≥ 50 years) may learn and practice Peer Navigation in Ukraine during a multi-crisis. We evaluated how supervision may support Peer Navigators (PNs) in this context.

Methods: For OPWH, we developed a peer navigation program consisting of a team of 6 PNs running June-December 2023 in Kyiv city. PN eligibility criteria included being an OPWH with virologic suppression for at least 12 months, and, crucially, wishing to help other OPWH. Clients' eligibility criteria were out-of-care OPWH, including both recently diagnosed and long-term 'lost to follow up'. PNs were trained including Motivational Interviewing techniques, by a supervising practicing psychologist.

Results: Over the 7 months, the supervisor conducted 10 group consultations and 30 individual consultations for each PN. We learned that one of the major obstacles for PN was how to draw appropriate boundaries between themselves and their client. PNs preferred in person group discussion of cases than online meetings. Though PNs were initially were hesitant to share their own experience as an OPWH, through facilitated guidance from the PN supervisor, PNs practice evolved to disclose their own experience with HIV and ART to help their clients. A commune of people was formed who are able to cooperate and be friends.

Conclusions: PNs working with OPWH require both social and professional support to cope with their personal challenges. Flexible supervision following OPWH's needs was vital for PNs' survival and maintaining their mental health under the multi-crisis conditions during the war in Ukraine.