MODULE SPECIFICATION

Academic Year (student cohort covered by specification)	2023-24
Module Code	3174
Module Title	HIV
Module Organiser(s)	Dr David Lawrence and Cesc Bertran Cobo
Faculty	Infectious & Tropical Diseases
FHEQ Level	Level 7
Credit Value	**CATS:** 15 **ECTS:** 7.5
HECoS Code	100265:101317 (1:1)
Term of Delivery	Term 3
Mode of Delivery	For 2023-24 this module will be delivered by predominantly face-to-face teaching modes. Where specific teaching methods (lectures, seminars, discussion groups) are noted in this module specification these will be delivered by predominantly face-to-face sessions. There will be a combination of live and interactive activities (synchronous learning) as well as recorded or self-directed study (asynchronous learning).
Mode of Study	Full-time
Language of Study	English
Pre-Requisites	None
Accreditation by Professional Statutory and Regulatory Body	None
Module Cap (Indicative number of students)	40 (numbers may be capped due to limitations in facilities or staffing)
Target Audience	This module is intended for students with some level of scientific background who wish to broaden their perspective of the various subject areas of HIV/AIDS. Students who wish to concentrate on biomedical aspects of HIV/AIDS should consider taking the Clinical Virology (3187) module.
Module Description	Almost 40 years on since the first cases were reported, HIV has spread rapidly throughout the world. Today, the epidemic is markedly heterogeneous, with very low prevalence in some countries, while in some African

	countries still more than 25% of the adult population are living with HIV. Though in the last decades scale-up of antiretroviral have significantly improved life expectancy and quality of life of affected populations, HIV is still one of the leading causes of death globally. There is no question that the HIV/AIDS epidemic is one of the most important global public health priorities at the beginning of the new millennium. In this module, you will discover that a full understanding of the HIV epidemic and its control can only be achieved by a multidisciplinary and intersectoral approach that requires careful attention to political, social, economic and cultural issues, and the active involvement of a wide range of stakeholders. To cover and address this, the module combines aspects of virology, immunology, clinical medicine, epidemiology and social sciences, this module aims to give you a broad understanding of the HIV epidemic, and to equip you to be able to analyse the appropriateness of alternative therapeutic and preventive intervention strategies in different settings. The module has been carefully prepared to be accessible to students with different backgrounds – some of the students taking this module are clinicians, others laboratory scientists, others social scientists.
Duration	5 weeks at 2.5 days per week
Timetabling slot	Slot E.
Last Revised (e.g. year changes approved)	August 2021

Programme(s) This module is linked to the following programme(s)	**Status**
MSc Control of Infectious Diseases	Recommended Option
MSc Demography & Health	Recommended Option
MSc Immunology of Infectious Diseases	Recommended Option
MSc Reproductive & Sexual Health Research	Recommended Option
MSc Tropical Medicine & International Health	Recommended Option

Module Aim and Intended Learning Outcomes

Overall aim of the module
The overall module aim is to: • cover a comprehensive range of topics on the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS), and intended to be applicable in a wide variety of settings.

Module Intended Learning Outcomes
Upon successful completion of the module a student will be able to: 1. Demonstrate knowledge and understanding of key issues relating to basic science, clinical medicine, epidemiology, social science and prevention of HIV/AIDS; 2. Identify the routes of transmission of HIV; 3. Compare global patterns of transmission and identify consequences for prevention and treatment; 4. Explain the nature and course of HIV infection, including HIV disease and AIDS; 5. Explain the use of laboratory investigations used for diagnosis and treatment of HIV infection and HIV disease; 6. Describe the main groups of opportunistic infections, including viral, bacterial, fungal and parasitic infections, and their management; 7. Explore and assess a range of different interventions and programmes for prevention of HIV; 8. Understand societal and structural issues that facilitate the HIV pandemic.

Indicative Syllabus

Session Content
The module is expected to cover the following topics: • The biology of the human immunodeficiency virus (HIV) how this effects the immune system; • Clinical features of HIV infection including diagnosis and treatment; • Epidemiology of HIV infection; • Routes of transmission and the impact of HIV/AIDS prevention and control strategies; • Social determinants that are relevant to the spread and control of HIV; • Issues related to HIV programming, counselling and ethical issues; • An in-depth debate.

Teaching and Learning

Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	45	30
Directed self-study	30	20
Self-directed learning	52.5	35
Assessment, review and revision	22.5	15
Total	**150**	**100**

Student contact time refers to the tutor-mediated time allocated to teaching, provision of guidance and feedback to students. This time includes activities that take place in face-to-face contexts such as lectures, seminars, demonstrations, tutorials, supervised laboratory workshops, practical classes, project supervision as well as where tutors are available for one-to-one discussions and interaction by email. Student contact time also includes tutor-mediated activities that take place in online environments, which may be synchronous (using real-time digital tools such as Zoom or Blackboard Collaborate Ultra) or asynchronous (using digital tools such as tutor-moderated discussion forums or blogs often delivered through the School's virtual learning environment, Moodle).

The division of notional learning hours listed above is indicative and is designed to inform students as to the relative split between interactive (online or on-campus) and self-directed study.

Teaching and Learning Strategy
The main teaching methods used will be lectures, group work and seminars followed by presentations and discussions, interactive sessions using film material providing a historical perspective of the politics of the response to HIV, Q&A with advocates and patients and discussions with media experts. There will be some (relatively few) sessions for private study and sessions for the assignment of group work.

Assessment

Assessment Strategy
The assessment for this module has been designed to measure student learning against the module intended learning outcomes (ILOs) as listed above. Formative assessment methods may be used to measure students' progress. The grade for summative assessment(s) only will go towards the overall award GPA. The assessment for this module will be online.

Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Coursework	Individual one-page proposal to reduce HIV burden in a given country	70	1-8
Group Work	Two-page country profile analysis	30	1-8

Resitting assessment
Resits will accord with the LSHTM's Resits Policy The tasks will be to redo one-page proposal summary using original group work as the basis.

Resources

Indicative reading list

1 Bekker, L. G. *et al.* Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society-Lancet Commission. *Lancet (London, England)* **392**, 312-358, doi:10.1016/s0140-6736(18)31070-5 (2018).

2 Calmy, A., Ford, N. & Meintjes, G. The Persistent Challenge of Advanced HIV Disease and AIDS in the Era of Antiretroviral Therapy. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America* **66**, S103-ss105, doi:10.1093/cid/cix1138 (2018).

3 Ford, N. *et al.* The WHO public health approach to HIV treatment and care: looking back and looking ahead. *The Lancet. Infectious diseases* **18**, e76-e86, doi:10.1016/s1473-3099(17)30482-6 (2018).

4 Foster, C. & Fidler, S. Optimizing HIV transition services for young adults. *Current opinion in infectious diseases* **31**, 33-38, doi:10.1097/qco.0000000000000424 (2018).

5 Havlir, D. *et al.* What do the Universal Test and Treat trials tell us about the path to HIV epidemic control? *Journal of the International AIDS Society* **23**, e25455, doi:10.1002/jia2.25455 (2020).

6 Hayes, R. J. *et al.* Effect of Universal Testing and Treatment on HIV Incidence - HPTN 071 (PopART). *The New England journal of medicine* **381**, 207-218, doi:10.1056/NEJMoa1814556 (2019).
7 Hermans, L. E. *et al.* Effect of HIV-1 low-level viraemia during antiretroviral therapy on treatment outcomes in WHO-guided South African treatment programmes: a multicentre cohort study. *The Lancet. Infectious diseases* **18**, 188-197, doi:10.1016/s1473-3099(17)30681-3 (2018).
8 Horter, S. *et al.* "I don't want them to know": how stigma creates dilemmas for engagement with Treat-all HIV care for people living with HIV in Eswatini. *African journal of AIDS research : AJAR* **18**, 27-37, doi:10.2989/16085906.2018.1552163 (2019).
9 Justman, J. E., Mugurungi, O. & El-Sadr, W. M. HIV Population Surveys - Bringing Precision to the Global Response. *The New England journal of medicine* **378**, 1859-1861, doi:10.1056/NEJMp1801934 (2018).
10 Makhema, J. *et al.* Universal Testing, Expanded Treatment, and Incidence of HIV Infection in Botswana. *The New England journal of medicine* **381**, 230-242, doi:10.1056/NEJMoa1812281 (2019).
11 Sabapathy, K. *et al.* The cascade of care following community-based detection of HIV in sub-Saharan Africa - A systematic review with 90-90-90 targets in sight. *PloS one* **13**, e0200737, doi:10.1371/journal.pone.0200737 (2018).
12 Tucker, J. D., Wei, C., Pendse, R. & Lo, Y. R. HIV self-testing among key populations: an implementation science approach to evaluating self-testing. *Journal of virus eradication* **1**, 38-42 (2015).
13 Tun, W. *et al.* Uptake of HIV self-testing and linkage to treatment among men who have sex with men (MSM) in Nigeria: A pilot programme using key opinion leaders to reach MSM. *Journal of the International AIDS Society* **21 Suppl 5**, e25124, doi:10.1002/jia2.25124 (2018).
14 Woodgate, R. L. *et al.* "People try and label me as someone I'm not": The social ecology of Indigenous people living with HIV, stigma, and discrimination in Manitoba, Canada. *Social science & medicine (1982)* **194**, 17-24, doi:10.1016/j.socscimed.2017.10.002 (2017).
15 Zicari, S. *et al.* Immune Activation, Inflammation, and Non-AIDS Co-Morbidities in HIV-Infected Patients under Long-Term ART. *Viruses* **11**, doi:10.3390/v11030200 (2019).

Teaching for Disabilities and Learning Differences

The module-specific site on Moodle gives students access to lecture notes and copies of the slides used during the lecture. Where appropriate, lectures are recorded and made available on Moodle. All materials posted on Moodle, including computer-based sessions, have been made accessible where possible.

LSHTM Moodle is accessible to the widest possible audience, regardless of specific needs or disabilities. More detail can be found in the Moodle Accessibility Statement which can also be found within the footer of the Moodle pages. All students have access to "SensusAccess" software which allows conversion of files into alternative formats.

Student Support Services can arrange learning or assessment adjustments for students where needed. Details and how to request support can be found on the LSHTM Disability Support pages.