First Edition: 2026

HIV CUREiculum

Facilitator Guide



African Alliance
Altahaluf al'Afriqiu
التحالف الأفريقي

AHCC
AFRICA HIV CURE CONSORTIUM

INTERNAL
USE ONLY

Contributors

This resource has been compiled by the African Alliance, in partnership with the members of the African HIV Cure Consortium and with financial support from the University of Georgetown, ViiV Healthcare, Gates Foundation and Aidsfonds.

African Alliance team: Tian Johnson, Anna Matendawafa, Barrack Owino, Framcesca Alice, Elizabeth Nhopi, Khadija Richards,Tinashe Moses and Moses Kas.

Early iterations of the HIV CUREiculum were reviewed by the Technical Working Group of the African HIV Cure Consortium (AHCC). The following AHCC member organisations contributed to its development and review:

- Centre for Infectious Diseases Research in Zambia
- Sub-Saharan Network for TB/HIV Research Excellence
- AVAC
- HIV Cure Africa Acceleration Partnership

We would also like to acknowledge the historical work of the Treatment Action Group (TAG) who have consistently worked to ensure that the HIV CURE research agenda remains on the global agenda, and who have been early proponents of the HIV CUREiculum on a global scale for over a decade.

Special recognition goes to Dr Izukanji Zuzu Sikazwe, longtime Director of CIDRZ and inaugural Director of the African HIV Cure Consortium, whose solidarity and leadership advanced the development of this critical resource.

Foundational piloting, facilitated by African Alliance and Drocas Khasowa, was conducted in Nairobi, Kenya from 20-22 November 2024. We appreciate the insights that the following participants offered during this period.

Anastasia Wamaitha Community Health Promoter	Winnie Kagema Case Worker	Jennifer Wairimu Mugachia Nyumba Kumi Initiative
Jane Wanjiru Mungai Care Giver	Jordan(surname unclear) Care Giver	Diana Ndichu Advocate/
Kevin Nguruku Thuku INERELA+Kenya	Mary Muchoki INERELA+Kenya	Lucy Wanjiru Wamuru Community Health Promoter
John Wanjohi Karugu Kiamumbi Disability Group	Lucas Katui Youth Advocate	Nancy Wanjiru Youth Advocate
Charles Mugo Youth Leader	Mary Akiny iAkuom Women Representative	Maribel Ndungwa Kiamumbi Location
Julta Mercy Njeri Kiamumbi Location	Lucas Mwangi Muiruri Nyumba Kumi Initiative	Lashan Sokobe Community Advocate
James Ndung'u NEPHAK	Skinner Were Youth Advocate	George Ndung'u Community Elder
Martin Ndung'u Murithi Catholic Justice and Peace Mission		

The final, full version of the CUREiculum was pilot tested in Lusaka, Zambia, with support from CIDRZ and Albert Machinda, Head of Secretariat at the AHCC from 26 June 2025; with the following participants offering invaluable insights that shaped this final revision:

Kunyima Lifumbela Banda Tides24 Foundation Zambia	Samuel Nyoni Youth Movement for HIV/TB/SRHR Advocacy in Zambia	James Owen Mulenga Treatment Advocacy and Literacy Campaign
Kennedy Mutale Decisive Minds	Julius Kachidza Network of ARV Users	Rhoda Msiska Copper Rose, Zambia
John Mwansa Zambia Network of Young People Living with HIV	Lango Sinkamba Zambian Disability Network	Idah Mulala Nonde Ascend Futures Foundation
Lorraine Mwanza Media Science Cafe Network	Esnart Sikazindu Community Based TB/HIV/AIDS Organisation, Zambia (CBTO)	Mwenya Chiti Phakama Africa
Mutinta Sikapande Ascend Futures Foundation	Fred Chungu Network of Zambian People Living with HIV and AIDS	Kangwa Musonda Ascend Futures Foundation
Jane Theu Edutainment Health Foundation	Lenganji Nanyangwe SRHR Africa Trust - SAT Zambia	David Choombe Transbantu Association, Zambia

INTERNAL USE ONLY

Contents

Part 1: Introduction 6

Introduction to this Guide 8

Why a CUREiculum, now? 9
Implementation Roadmap: The CUREiculum 10
What is the purpose of this Guide to Training and Facilitation? 10
The AA CUREiculum: A Social Epistemology of Learning 11
Our Approach to Learning 11
How the HIV CUREiculum was co-created 12
Our vision for the CUREiculum 13

Planning to deploy the HIV CUREiculum 14

Initial Key Decision Points to Support Participants in the CUREiculum 15
CUREiculum modalities 15
Recommended field strategies that worked for us 16
Just Before the Workshop 17
Workshop Facilitation Style 18
Module Structure 18
Activity Props 19
Activity Props Checklist 20
Daily Interactives 21
Night/early morning before, set up the room 21
On-the-Day Checklist 22
Additional Activities Checklist 23
Hosts Framing 24

Part 2: Modules 26

Module 1: Introduction to and Rationale for an HIV Cure 28

Opening Session 30
Preliminaries 30
Core Content Session 1 31
Preamble to HIV Cure Research 31
Core Content Session 2 33
Pathways to an HIV Cure 33
Closing Session 35
Module round-up 35

INTERNAL USE ONLY

Module 2: Ethics & Leadership in HIV Cure 36

Opening Session 38
Preliminaries 38
Core Content Session 1 39
Preamble to HIV Cure Research Ethics 39
Core Content Session 2 40
Ethical Guidelines for Biomedical Research 40
Closing Session 41
Module Round-up 41

Module 3: HIV Persistence and HIV Cure Strategies. 42

Opening Session 44
Preliminaries 44
Core Content Session 45
HIV Cure Strategies 45
Closing Session 48
Module Round-up 48

Module 4: HIV Cure Trials: History and Future 50

Opening session 52
Preliminaries 52
Core Content Session 53
HIV Cure Trials 53
Closing Session 54
Module Round-up 54

Module 5: The role of Communities, Stakeholders and Patients in HIV Cure Strategies 56

Opening Session 58
Preliminaries 58
Core Content Session 60
Communities Leading From the Front 60
Closing Session 62
Module round-up 62

INTERNAL USE ONLY

Part 3: Toolbox 64

Toolbox for Training & Facilitation 66

Preparation Checklist 66
Note to Hosts, Convenors and Facilitators 68
Skeleton of the HIV CUREiculum Planning Workshop 69
Decision-Support Tool for contextually-appropriate modality 70
Simple Budget Template 71
Printing List Template 73
Stationery List Template 74
Sample of registration flyer/WhatsApp Banner 75
Registration of Interest Form: African Alliance CUREiculum 76
HIV101 Knowledge Assessment 77
Confirmation of pre-qualification 78
Invitation to take HIV101 79
Pre-Workshop Briefing Notes 80
Rationale 80
Pedagogy 80
Module Structure 80
Tips for Improved Learning 81
Top 10 Things that interrupt learning 82
Community Building 83
Map for the materials 83
In-person Attendance Register 84
Photo consent 85
Digest of Secular/Agnostic Spiritual Pauses 88
Meditation Exercises & Reflection Rituals 88
Host's short history of HIV Cure – bulleted list and long form 89
Digest of Ice-breakers 90
Workshop Icebreakers to Settle and Connect 90
Digest of Energisers 91
Workshop Energisers to Re-Engage Learners 91
Group Commitments Guidance. 92
Here are some more examples of 'ground rules' or 'group agreements'. 92
HIV CUREiculum Group Agreements 93
Pre-and Post-Knowledge Assessments (printed) 94
Module 1: Pre- and Post- Knowledge Assessment 95
Module 2: Ethics and Leadership in HIV Cure Research 96
Module 3: HIV Persistence and HIV Cure Strategies 97
Module 4: HIV Cure Trials – History and Future 98
Module 5: The Role of Communities, Stakeholders and Patients in HIV Cure Strategies 99
Change log 100
Sample Certificate of Attendance 101

INTERNAL USE ONLY

Dedication

A DEDICATION TO PARENTS, CHILDREN, NEIGHBOURS, RELATIVES, LOVERS, COMRADES, FRIENDS, LEADERS AND FOLLOWERS LIVING WITH HIV

Stranger in the Mirror of My Life

by Senator Ihenyen,[1] Nigerian Poet and Author

Before me is a mirror
A mirror beside my bed
Away from the sun burning brightly
Outside the window's blinds in my darksome room

For a moment
Before the mirror
I stand to see the face of the victim
Whose result returned a death sentence
After a test
And another test and yet another
But they kept coming back
One and the same
Like the torrent of tears that keep returning to your eyes
When the heart remains wet with worries

Wavering worries of one's life walking away from the door,
As the wall clock ticks unrestrained,
Untouched, unconcerned,
Like the footsteps of the world around you moving on,
Unaffected, unmoved, unstirred.
I know this face hiding in the mirror isn't me –
It couldn't be me!
I look straight into her eyes,
It was then she looked back at me –

Petrified, she crept back into the closet of her life.
I walk slowly and gently towards her,
Suddenly the stranger steps closer and closer towards me.
And when my feet froze on the floor
Upon the freezing fear that gripped me,
The stranger in the mirror startles –
Faint-hearted, intimidated

This stranger is not me
No, not me!
She is just a shadow –
The shadow of someone too locked-up in her closet to open up to me.
She is a stranger too steeped in shame to stand up to herself
And say:

"I'm Hannah,
I'm HIV positive –
How beautiful life could be
When I open the window's blinds in my heart
And let the rays of the sun
Overshadow the stranger in the mirror of my life."



INTERNAL USE ONLY

1. https://senatorihenyen.wordpress.com/3296-2/

PART 1

Introduction

INTERNAL USE ONLY


INTERNAL
USE ONLY

Introduction to this Guide

This guide lays out the thinking behind the CUREiculum and is essential reading for partners contributing to the surge towards an HIV Cure. It is especially important that

African partners assume the leadership of an HIV Cure pursuit as an important decolonising imperative.

African and community leadership must ensure that political agency and public health autonomy are returned to African people.

INTERNAL USE ONLY



This module shares why the Africa HIV Cure Consortium (AHCC) decided to develop a training programme on an HIV Cure.

In developing the CUREiculum, the authors have included people living with HIV directly in creating the content.

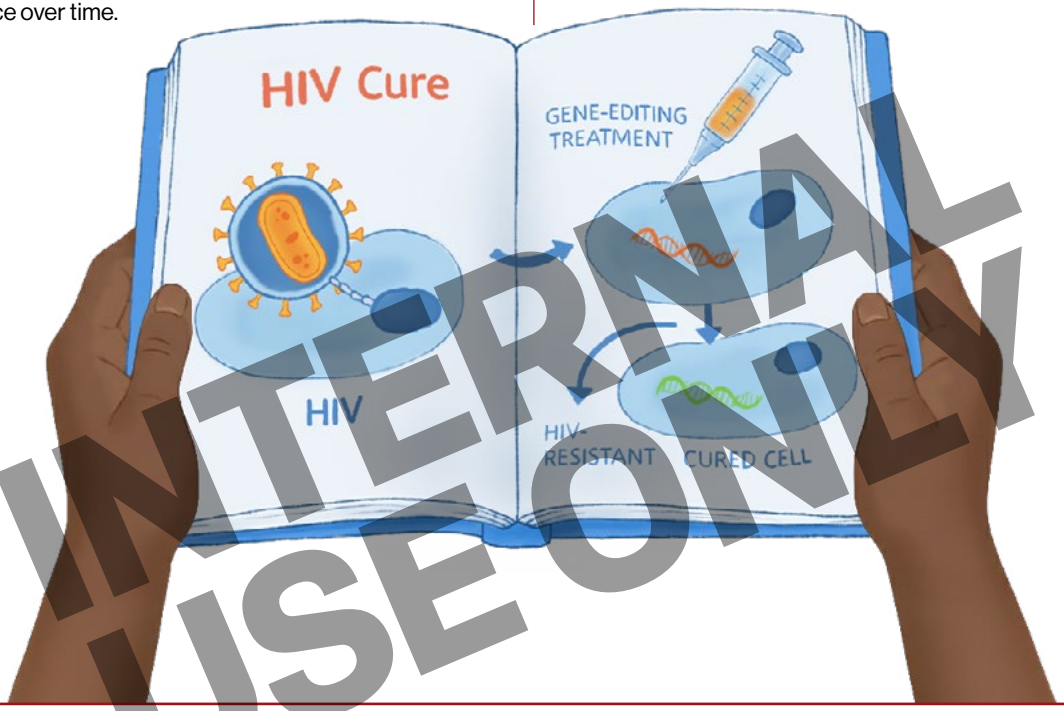
We have also engaged clinical specialists and experienced organisations which have been advocating for an HIV Cure for over 20 years.

Why a CUREiculum, now?

While there is significant coverage of Anti-retroviral Therapy/Treatment (ART) and many African countries are singularly focused on the 95-95-95 targets, African civil society remains committed to pursuing an HIV Cure.

We acknowledge that sustained and wall-to-wall access to Pre-exposure Prophylaxis (PrEP) and ART cannot be guaranteed or assured until HIV is eliminated as a public health threat. Universal ART and PrEP coverage is beleaguered by social and health systems barriers to access, inconsistent supply, and concerns about drug resistance over time.

After 20+ years of ART and PrEP advocacy and uptake, it seems increasingly clear that treatment and prevention alone cannot eliminate HIV as a public health threat.[2][3][4]



INTERNAL USE ONLY

As this realisation has become more evident from surveillance and other research, once again an HIV Cure has been mooted as a key strategy for epidemic control. Over the last ten years of PrEP scale-up, HIV Cure scientists have been focused on refining their strategies to pursue an HIV Cure, which is now emerging as the last piece in the puzzle to overcome the HIV pandemic.

The next five to 10 years will be groundbreaking for the pursuit of an HIV cure. New developments in broadly neutralising antibodies, gene therapy, immunotherapy and messenger RNA technology – similar to what was used for the COVID-19 vaccines – show potential for as many as three HIV cure candidates before 2030.

Contemporary HIV Cure strategies can be overwhelmingly complex and detailed for community audiences. This CUREiculum, unique in its deliberate design to activate community agency, offers prudent lessons from 35 years of human rights advocacy by and for people living with HIV (PLHIV).

This CUREiculum embodies the fortitude of PLHIV who are poised to lead the final push in the battle against HIV and its associated social harms. We believe this CUREiculum will contribute to the many efforts aimed at increasing awareness and education about a future HIV Cure.

2. UNAIDS. (2021). End Inequalities. End AIDS. Global AIDS Strategy 2021-2026.
3. PEPFAR. (2023). 2023 Annual Report to Congress.
4. World Health Organization. (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring.

What is the purpose of this Guide to Training and Facilitation?

In keeping with a focus on good process, the authors of the CUREiculum strongly encourage partners and implementers to thoughtfully plan the delivery of the CUREiculum to get the most out of it.

Delivering the CUREiculum without preparation can have unintended consequences for training participants, which could result in ethical concerns.

Crucially, this guide is a foundational requirement for effective pre-training inception and planning.

Ideally, it should be used in the training inception and Planning Workshop in the toolbox at the end of this Facilitation Guide, which takes approximately three to five hours to conclude successfully, including completing all the preparation documents.

The team that is implementing training includes all five role-players in the training team, and accountable leaders from African Alliance and the host organisation, including host/country leads from community-based partners whose programme participants will be in the training.

The Planning Workshop can nominate a smaller cluster, steering committee or advisory board for coordination. Preferably, this would include the African Alliance lead, a partner representative and the Host Assistant, and occasional guidance as availability allows from the AHCC Technical Working Group for the HIV CUREiculum.

Institutionally and from a governance perspective, the training is co-hosted by a NGO or civil society organisation, and other partners who have a stake in the CUREiculum in-country, such as the MoH or a global fund.

INTERNAL USE ONLY

Implementation Roadmap: The CUREiculum

01. The Golden Rule of Delivery

Delivering without preparation can have unintended consequences for participants, resulting in ethical concerns. Thoughtful planning is a foundational requirement.

02. Planning Workshop

Target Duration
3 to 5 Hours

Used for training inception. Concludes successfully only when **all preparation documents** are completed.

Action Checklist

- ☑ Review Skeleton Agenda
- ☑ Include 5 Training Role-Players
- ☑ Nominate Coordination Cluster

03. The Partnership Compact

African Alliance
Strategic lead and curriculum stewards.

Host-Country NGO
CSOs ensuring local community participants.

Subject Partners
MoH, AHCC, or Global Fund stakeholders.

04. Governance Structure

Nominated Coordination Cluster:

- African Alliance Lead
- Partner Representative
- Host Assistant

Technical Oversight

"Occasional guidance as availability allows from the AHCC Technical Working Group for the HIV CUREiculum."

Our Approach to Learning

The African Alliance uses a constructivist, pragmatic social epistemology in its work. This approach defers to lived experience, context, and patterns of power. We centre the participant, consider historical legacies, celebrate indigenous knowledge, and amplify the contribution of shared perspectives.

This CUREiculum recognises that learning content and learning process are equally important contributors to deepening knowledge and skills. Therefore, the design of this curriculum is premised on participants-as-experts,[5] who contribute texture and depth from their local context and lived experience. In developing and evaluating the CUREiculum, we employed a Socratic-style experiential learning pedagogy.[6][7]

Furthermore, a graphic and instructional designer facilitated daily module reflections on artwork that would aid the learning process.

The original draft version was compiled with structured participant feedback for continuous improvement. Such feedback included clarifying previous knowledge and surfacing new resonance on central HIV Cure themes.

The structured feedback also includes specific and detailed inputs on graphic design, allegory, nomenclature, and visual aids that scaffold learning. These inputs have been further shaped by peer-reviewed evidence on participatory training,[8] and good practice in socio-behavioural communication[9].

5. Claridge, T., 2004. Designing social capital sensitive participation methodologies. Report, Social Capital Research, Brisbane, Australia.
6. Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. Prentice Hall.
7. Hauck, N. (2016). Socratic Method. In The Encyclopaedia of Educational Philosophy and Theory.
8. Effectiveness of participatory training for community health workers in improving health outcomes" by Lewin et al. (2010)
9. Designing training programs for community health workers" by the World Health Organisation (WHO) Community Health Worker Training Manual" by UNICEF

INTERNAL USE ONLY

The AA CUREiculum: A Social Epistemology of Learning

We defer to lived experience, context, and patterns of power

01. Our Four Pillars of Knowledge

Participant Centered
The individual is at the heart of the process.

Indigenous Knowledge
Celebrating local wisdom and traditional insights.

Historical Legacies
Recognising the past to navigate the future.

Shared Perspectives
Amplifying the power of collective voices.

02. The Pedagogy

Content + Process = **Deep Knowledge**



Participants-as-Experts

Socratic Experiential Learning

Art-Led Reflection

How the HIV CUREiculum was co-created

This first edition of the CUREiculum was crafted during November 2024, based on an earlier version produced by the HIV Cure African Acceleration Partnership (HCAAP) and the AIDS Vaccine Advocacy Coalition (AVAC). It was further reviewed by the Technical Working Group of the African HIV Cure Consortium (AHCC) from March to May 2025.

The revised edition was evaluated with a cohort of twenty Zambian HIV Cure advocates over five intensive days from 2 to 6 June 2025 in Lusaka, at the CIDRZ conference centre.

The June 2025 testing week produced a carefully balanced module structure including relevant and levelled content, adequate depth, and a learning rhythm for both emerging and mid-career advocates. Visual and narrative hooks that aid learning and pace were also solicited from participants and included in this edition. The testing week surfaced training activities that work for the content and the context.

In our first offering of this CUREiculum, our contributors include Dr Albert Machinda, Head of the Secretariat of AHCC, who offered helpful language for scientific terms and processes.

Dr Nomathemba Chandiwana[10], an HIV clinician, and Siyabonga Thabethe[11], a bioethics specialist, engaged with approximately 30 advocates in a Community of Practice (CoP) Sprint over five weeks in November 2025.

This CoP interrogated how to address training for multilingual and diverse African community audiences.

This initial edition will be rolled out in 2026 in six African countries, namely Botswana, Cameroon, Kenya, South Africa, Uganda, and Zambia.

During this first edition implementation, the African Alliance training team will collect more inputs and data in order to publish a second edition in 2027. This initial roll-out is intended to confirm the most effective method and frequency for updating the CUREiculum routinely for as long as it remains useful for HIV Cure advocates and people living with HIV (PLHIV).

As is good practice for learning, a 10-question Multiple Choice Question (MCQ) pre-and post-baseline assessment is conducted on each day.

In addition to this, participants review the topics, learning the outcomes, diagrams, infographics, illustration and activities. These are captured on a flipchart and translated into a database for reporting and for small adjustments. Where large adjustments are proposed, these are banked for the next edition.

INTERVAL USE ONLY

10. https://www.linkedin.com/in/nomathemba-chandiwana-58199071
11. https://www.linkedin.com/in/siyabonga-thabethe-ba0728355/

Our vision for the CUREiculum

Although we have a clear vision for how this CUREiculum is implemented, we appreciate that circumstances vary between countries, organisations and local communities. We celebrate these differences, firmly believing in pluralism as an antidote to the narrow, brittle perspectives that constrain learning and growth.

Differences make our efforts more robust, more responsive, more persistent. In this vein we encourage partners to adapt the CUREiculum to their circumstances, and we welcome the many ways in which it can be varied to be more applicable to local conditions.

We would be most grateful if these adaptations could be documented in a Change Log – with recorded experiences and proposed adaptations carefully attributed to their originators, who will have the option of being cited in the revised editions.

INTERNAL USE ONLY

Planning to deploy the HIV CUREiculum



This section lays out all the steps that can be taken to deploy the HIV CUREiculum in different settings.

These are mostly recommendations for a good roll-out; however, this does not mean that all the suggestions are required or must be implemented.

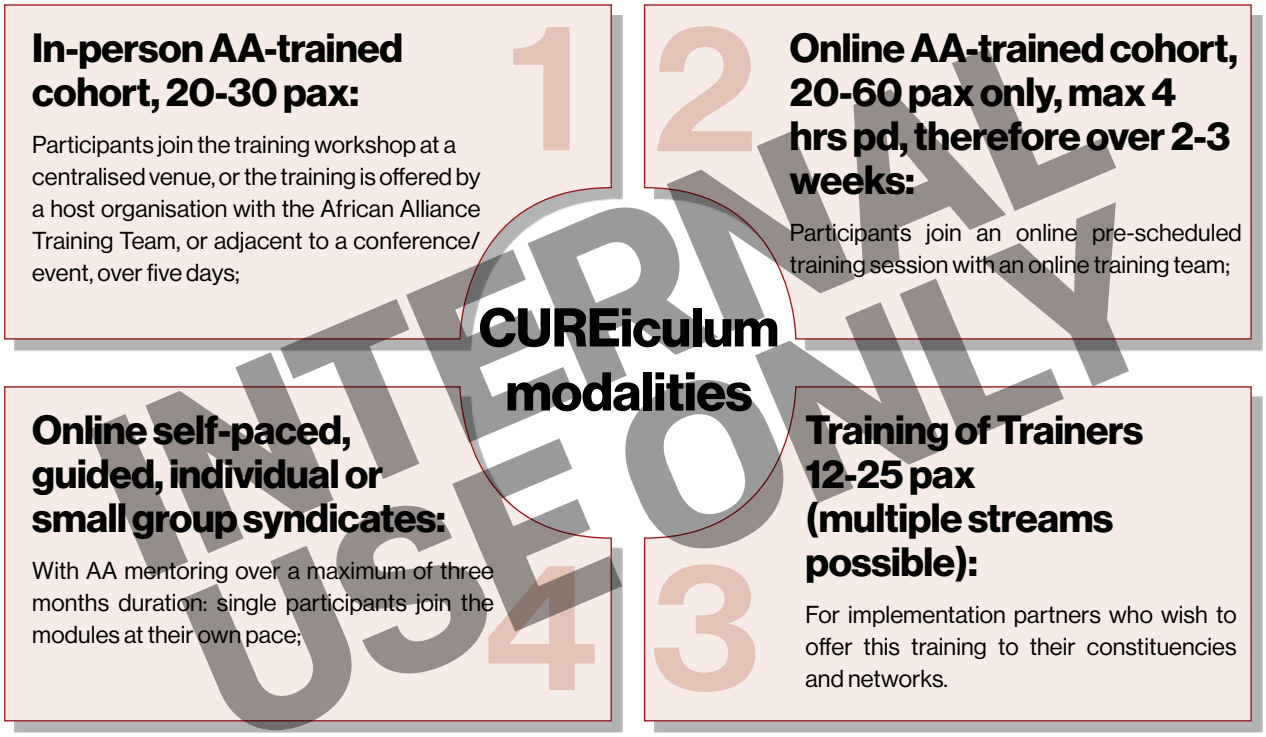
INTERNAL USE ONLY

Please make suggestions to the authors for following editions using cure@africanalliance.org.za

Initial Key Decision Points to Support Participants in the CUREiculum

Before the CUREiculum is deployed, host/convening parties would be well-served by thinking through the best way to deliver the training for their context and audience.

There are currently (in 2025/6) four possible modalities for delivering the CUREiculum:



INTERNAL USE ONLY

The following recommendations strengthen participation in the CUREiculum:

1. CUREiculum participants are selected by completion of a baseline knowledge questionnaire that covers basic HIV knowledge and community engagement experience. Participants who are yet to meet this baseline can do the HIV 101 Course in the African Alliance Toolkit to proceed into the CUREiculum, combined with some community engagement experience or mentoring/support from an organisation or professional;
2. CUREiculum participants should be at least 80% available for the whole training;
3. If an emergency prevents a registered participant from full attendance, certification may be based on completed online modules that were missed in person, determined on a case-by-case basis by the partnership compact.
4. Host representatives are generally available daily at start and finish, and 100% contactable during the day while the training is taking place;
5. CUREiculum participants should have consistent and reliable access to a smartphone;
6. CUREiculum venues work best with high-connectivity Wi-Fi such as Fibre or LTE that can host up to thirty additional connections at one time;
7. CUREiculum participants can engage in English, and/or hosts/partners will translate materials and/or offer interpreters.

Each of the proposed modalities has strengths and constraints that inform their selection. Each modality also requires slightly different techniques and tactics. We have included a SWOT analysis to help convenors decide which modality suits their context best.

Recommended field strategies that worked for us

While every training context will vary, it is important to have adequate team capacity on the ground so that training is meaningful and fidelity is strong.

African Alliance suggests the following personnel and infrastructure:

1

Two Co-facilitators/ Scribes/Rapporteurs:

to alternate or divide the roles of facilitation, and of process support, such as public capturing, nurturing group work, documenting changes, etc.

2

A MEL (Monitoring, Evaluation and Learning) Point Person:

to ensure the MEL inputs meet MEL Standards, and that there are sufficient and supported inputs for the MEL requirements – especially data collection, analysis and reporting. This person can be an online guide.

3

A Host Representative:

to represent the host organisation, as convener/training leader, and to ensure all standards are met and processes are rolled out effectively, including removing obstacles and problem-solving (this person may not have to be on site all the time, but it would be preferable. Alternatively, this person could be off-site but must be readily available and easily contactable).

4

A Host Assistant:

to address minutiae and logistical considerations such as onsite printing, travel arrangements, stationery top-ups, meals, etc. or to address online issues such as access to materials, live links, Q&A, connectivity, slide navigation, marshalling returns to and from breaks, etc.

INTERNAL USE ONLY

Important

Local contexts and organisations in Africa can vary dramatically. It is accepted that underserved contexts may not be able to fulfil all the proposed recommendations below about personnel and infrastructure.

It is also the case that community-based organisations have creative strategies to mobilise what they need to make things work.

If your team has alternative ideas to the **suggested personnel and infrastructure** below for rolling out training, please reach out to African Alliance[1], so that remote support can guide brainstorming ideas to adapt the training approach.

Where adaptation has offered lessons or strengthened advocacy, we'd love to include these details in future editions. We are particularly keen to adapt the CUREiculum for implementation in underserved communities. Please reach out to us at cure@africanalliance.org.za

1. https://africanalliance.org.za

Hosting, Set-up and Preparation Include:

1. **Distribution of the information flyer,** defining the purpose, time, location, approach and design of the training course, incl. prerequisite resources and commitments;
2. **Initial registration** takes place to document interest, then formal registration.
3. **Formally Registered Participants** receive briefing notes, calendar invitations and a Bio-form to submit to confirm registration.

Just Before the Workshop

Preparing the few days before ensures that any last minute issues can be addressed. Below we offer a checklist to support readiness by participants, guests and facilitators on the day.

- [ ] Close registration and set up WhatsApp Group:
  - Welcome!
  - Short summary of group purpose and norms – in a greeting video if possible
  - Start building momentum (but be mindful not to spam):
    - Add briefing notes (also email)
    - Make a call for music for a training playlist – share with all permissions, so everyone can add and listen
    - Acknowledge those who must travel
    - Invite to meet and greet (if day before)
    - Share pictures of set-up and final actions
  - If workshop time is tight and people are travelling on the same day or the night before, encourage online whatsapp videos (20seconds) for participants to introduce themselves
  - Develop a run-up collage of different videos shared as people begin travelling and the team prepares (make one short reel)

- [ ] Participants familiarise themselves with the HIV CUREiculum briefing notes;

- [ ] Training team adapts materials for nuances in setting, approach, modalities and audience: Consider local examples, languages and references; prepare flipcharts, printed handouts (key terms, case studies, quizzes), game cards, assessment sheets and MEL tools;

- [ ] Host assistant prints materials: daily agendas, module timelines and participant feedback forms;

- [ ] Host assistant ensures venue set-up supports interactive learning: ventilated space, ample seating, group training provisions such as stationery, group tables, water access and minimal distractions;

- [ ] The host assistant conducts a tech check before the session, preferably the previous day or an hour before the session starts;

- [ ] Facilitators adapt the Change Log for specific sessions to note session dynamics, questions and participant feedback;

- [ ] Assistant ensures room is set up with grouped tables to facilitate quick hand-off for group work (participants are rotated randomly through the day)

- [ ] The host assistant organises the registration station and participant flow.

INTERNAL USE ONLY

Workshop Facilitation Style

The style and posture of the co-facilitators should contribute to:

- Building consensus on group norms and commitments up front, refreshed daily by the host;
- Creating an inclusive, mutually respectful and engaging learning space;
- Guiding participants through grounding, interactive learning, reflection and group discussions;
- Adapting to participant needs while ensuring curriculum fidelity;
- Prompting reflection on knowledge gaps, values and lived experience;
- Capturing and reporting feedback on curriculum clarity, engagement level and instructional design resonance.

Module Structure

Each module includes two or more sessions, structured using the following framework:

Opening Session

	5 mins	**Spiritual Pause to open proceedings**
	5 mins	**Welcome by the Host Representative**
	30 mins	**Introduction**
	5 mins	**Recap from the previous day**
	5 mins	**Baseline knowledge Assessment** Baseline knowledge on the MEL Google document or printed Multiple Choice Questions (MCQ);
	5 mins	**Module Introduction and Learning Objectives** Co-facilitators summarise the module learning objectives, key topics and general structure of the session;
	5 mins	**Grounding** Co-facilitator prompts learners to reflect on personal knowledge or lived experience;

INTERNAL USE ONLY

Core Content Sessions

	3 hours	**Session Content: (2-3 hours per session) interspersed with associated activity** Co-facilitator presents topic content to and interacts with participants on essential talking points, key ideas, visual aids and data for the session. This content reflects the translation of selected scientific material on the topic, reframed for a community/advocacy audience and referenced at the end of the toolkit. There are 2 content sessions per day.
	45 mins	**Learning Activities: (30-45 minutes per activity) interspersed with associated session content** Co-facilitator uses talking points, interactive discussions, case studies, videos, games and mapping to reinforce learning;

Closing Session

45 mins	**Teach-back** Four or five 60-second elevator pitches, or a 5-minute summary, by randomly selected participants, to underline key points in each topic with feedback from the group, including additional points deemed important that are raised from the floor;
15 mins	**Reflection** Co-facilitators ask: What did you learn? What can be done differently? Do you have artistic resources to share? Do you have activities to share? These are captured on sticky notes and attached to the provided flipcharts, which are categorised, grouped and interpreted in a table. Co-Facilitators update key feedback12 into the change log.
5 mins	**Post-Module Knowledge Assessment** MEL Point Person captures baseline knowledge on the MEL Google document or printed Multiple Choice Questions (MCQ) before the session ends.
5 mins	**Homework Assignment to augment Learning**
5 mins	**Closing with speaking notes**
5 mins	**Spiritual Pause before departure**

The following additional sessions should be added to testing/review settings. This should be included in each implementation, and the data should be banked for future reviews and subsequent editions:

15 mins	Photo session To acknowledge and document co-creation, co-facilitators should schedule a convenient group and headshot photo session, with use permission forms for pictures and future publications;
15 mins	Design/learning methods reflection Deployment of Artistry Checklist with daily reviews by participants to update or refine instructional design;
30 mins	MEL Learning Check-in MEL Point Person explores feedback on learning outcomes, new developments, clarity of materials, and considers/reflects on levels of engagement.

INTERNAL USE ONLY



Activity Props

On the next page is a wide-ranging list of all the props that could support the training. This is the gold standard and and will strengthen the impact of the training, but by no means should it restrict training going forward – it's aspirational!

If resources and organisation are available, feel free to prepare the props mentioned below. We have found that preparing flipcharts and instructions, etc. in advance significantly increases time availability and improves flow/momentum during the workshop.

Lamination is not required; however, where lamination is possible, it allows the props to be reused multiple times. Only consider this if it is feasible.

12. https://senatorihenyen.wordpress.com/3296-2/

Activity Props Checklist

1. General

- [ ] Speaker to play the Training Playlist co-created between hosts, facilitators and participants
- [ ] Storage boxes to order props for the day
- [ ] Prizes for winners
- [ ] Titled Ziplocs for each activity prop
- [ ] Safety box for props and stationery

2. Module 1:

- [ ] Laminated role cards for Large Group Role-Play Activity overleaf role-play instructions
- [ ] Laminated glossary cards for Each-One-Teach-One overleaf activity instructions, or
- [ ] Poster/Flipchart for Each-One-Teach-One activity instructions
- [ ] Laminated discussion cards for plenary presentation on each cure pathway, with different questions for each pair
- [ ] Cure pathway flipcharts prepared for plenary presentation of 14 cure cases
- [ ] Poster/flipchart for teach-back questions
- [ ] Module 1: Homework Assignment

INTERNAL USE ONLY

3. Module 2:

- [ ] Laminated separated term and definition cards for Match-the-Definition
- [ ] Poster/flipchart for Match-the-Definition activity instructions
- [ ] Flipcharts prepared for Ethics Case Studies plenary presentation
- [ ] Flipcharts prepared for Ethics Guidelines discussion questions
- [ ] Module 2: Homework Assignment

4. Module 3

- [ ] Laminated HIV Cure Case Study write-up with plenary questions overleaf
- [ ] Module 3: Homework Assignment

5. Module 4

- [ ] Module 4: Homework Assignment

6. Module 5

- [ ] Optional essay to register interest in training communities and stakeholders in HIV Cure

Daily Interactives

Night/early morning before, set up the room

- [ ] **Registration** desk with attendance register;
- [ ] Pack and stack **participant pack** (stationery including sticky notes for feedback, meal vouchers, programme, participant profiles, reading materials, pack of handouts);
- [ ] Directional signage, if needed;
- [ ] **Check sound, aircon, recording set-up** (if applicable), dry run for hybrid participants;
- [ ] **Set up table/chair clusters** in five groups of 4-5 people each (you may need to number chairs and tables depending on the rotation method you use);
- [ ] Stick **numbers randomly behind and different numbers under each chair** to help with small group rotation;
- [ ] **Seven flipcharts** for reflection, titled:

    1. **What new ideas or words** did you learn today?
    2. What ideas or words do you **need more help** with?
    3. What was **done well** by the facilitators/venue/hosting team?
    4. What could be **done differently?** Specify what and how.
    5. Do you have **artistic guidance to share or resources** to suggest?
    6. Do you have **learning activities** to share?
    7. Any **other** comments;

- [ ] 2-3 Flipcharts for the **Parking Lot** (review daily and cross off items addressed, negotiate resolution of remaining items);
- [ ] 1-2 Flipcharts for **Daily Reminders** split into 6 sections denoting today, subsequent days and after the workshop (these are completed as reminders emerge in the training);
- [ ] Flipchart for **Meeting Commitments** (ground rules);
- [ ] Flipchart for **Ice-breaker Instructions** (update own or choose from Guide, additional material);
- [ ] Flipchart for **Group Rotation** instructions
- [ ] **Pack daily boxes** with activity props and required stationery;
- [ ] **Title flipcharts** for teach-backs and plenary presentations;
- [ ] Flipchart for **25 Participant Duties** and Responsibilities (timekeeping, energisers, spiritual pauses), example below:

	Morning Spiritual Pause	Daily Timekeeper	Post-Lunch Energiser	Post-Tea Energiser	Closing Spiritual Pause
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					

INTERNAL USE ONLY

On-the-Day Checklist

The following steps must occur routinely each day:

- [ ] On the first day, co-facilitators coordinate introductions, purpose, objectives, etc.
- [ ] Host/convenor welcomes participants daily, addresses logistical changes and/or developments, makes applicable announcements, refreshes process commitments;
- [ ] Co-facilitators conduct a baseline knowledge assessment before the first grounding in the module;
- [ ] During discussions, co-facilitator publicly writes key points or highlights on flipcharts so all participants can engage with them in real time;
- [ ] After a session or activity, co-facilitators gather the group to summarise insights aloud and record these responses on a shared board;
- [ ] Co-facilitators conduct a baseline knowledge assessment at the end of the day before closing:
- [ ] Whole team debriefs daily on (Google form in planning file)[13]:
- [ ] Clarifying questions on process, content or detours;
    - What went well?
    - What can be improved in subsequent days, and likely future developments?
    - What needs to be further explored for materials development, adaptations, revisions or adjustments, or discussed with peers/authorities/specialists?
    - Where any of the above represent a change to be recorded, they must be documented in the Change Log;
- [ ] Take a debrief selfie daily, counting the days;
- [ ] The team prepares a simple recap of the day for the Host, who will present it the following morning, together with speaking notes on yesterday, a reminder of commitments, a welcome to new participants and a sharing of the approach for today;
- [ ] In a testing environment, additional resources such as the MEL Point Person and Instructional Designer incorporate feedback into the proposed new edition.
- [ ] The following additional sessions are to be added to testing/review settings. It is the view of the testing team that these should be included in each implementation, and the data should be banked for future reviews and subsequent editions:
- [ ] MEL Point Person (30 minutes) engages plenary or pairs/groups to surface revisions to learning outcomes and associated indicators;
- [ ] Design/Learning Methods Reflection (15 minutes): Deployment of Artistry Checklist with daily reviews by participants to update or refine instructional design.

INTERNAL USE ONLY

13. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

Additional Activities Checklist

- [ ] Additional Activities that make a Training Workshop go from Good to Great!
- [ ] Organising and delivering training can be laborious and time-consuming! Below is a list of fun things to add to your training that will make the experience unforgettable for your participants.
- [ ] Develop a playlist on Spotify/iTunes that includes music that relates thematically to your context or the specific training. If you do this, please tap African Alliance to add it to the HIV CUREiculum Playlist.
- [ ] Ask participants the night before to pick a song that matches the theme of HIV Cure or something in their context, and use this as an ice-breaker/energiser accompaniment.
- [ ] Facilitate participants to create a call-to-action declaration hashtag that can be posted on Social Media and materials.
- [ ] Making Group Art:
    - On a large canvas/flipchart: handwritten text with permanent marker, each word written by a different participant;
    - Using bright acrylic paint, curate 'hand stamps' from participants, named and dated, including (or otherwise) declarations or word clouds from previous ideas;
    - Transfer a tree image to a canvas/board and make the fruits a picture of each participant with a personal note, signature, date/time stamp.
- [ ] Compile a short social media sprint that has many participants sharing specific agreed content/media from the workshop to build coverage momentum.
- [ ] Add the training cohort to the African Alliance's HIV CURE WhatsApp community.

INTERNAL USE ONLY

Notes

Hosts Framing

5 mins Suggested framing by the host on the first day

1. Welcoming Remarks
2. Acknowledge the historical past and future, the descendants of the land, the socio-political context, and take a moment for any war-torn communities or those affected by natural and human-made disasters.
3. A short history of the CUREiculum and building a cohort of advocates for HIV Cure (patch together personal notes from sections in the preliminaries on each agenda and add this context to the history).
4. Note important housekeeping, explain the general flow of the whole CUREiculum and the specific day.
5. Announcements:
    - Bathroom location;
    - Reminder to register if applicable – check all materials are distributed;
    - Date and time of group and/or individual photos;
    - Relevant information about accommodation/travel/transport;
    - Relevant information about consistent supply of energy and water, expected disruptions, construction, country-specific observances (public holidays, religious/cultural/political celebrations, prayer times, any other context-specific observances that are applicable);
    - Social Media Policy and Privacy Standards:
        - Official social media posts for this training are made by African Alliance or the Host;
        - By participating in training, it is assumed that all participants have given their consent for images that may include them to be used in official materials unless they have signed the section on the attendance register where consent is withheld;
        - Participants are reminded that any social media posts they make regarding the event are in their personal capacity;
        - Participants must be asked not to display the African Alliance logo, branding or any identifiable trademarks in their posts without prior written permission from the organisation;
    - Please sign consent or withhold consent on the attendance register;
    - Ask if there are any exciting life events occurring during the training week(s) -birthdays, anniversaries, graduations, births, etc. Plot these on the daily tracker of 'Things to Remember'.

INTERNAL USE ONLY

5 mins Hosts framing on Subsequent Days

1. Welcoming remarks on yesterday's notable thoughts.
2. Reminder/Announcements:
    - Bathroom location and location for meals, business space, etc.
    - Reminder to register if applicable, check all materials are distributed;
    - Date and time of group and/or individual photos;
    - Relevant information about accommodation/travel/transport;
    - Relevant information about consistent supply of energy, water, expected disruptions, construction, country-specific observances (public holidays, religious/cultural/political celebrations, prayer times, any other context-specific observances that are applicable);
    - Reminder about Social Media Policy, consent and Privacy Standards.

INTERNAL USE ONLY

PART 2

Modules

INTERNAL USE ONLY

INTERNAL
USE ONLY

Module 1

Introduction to and Rationale for an HIV Cure

- Why is HIV Cure Research needed?
- Key Terms used in HIV Research
- Who leads HIV Cure Research?
- What is an HIV Cure?
- Fourteen cases towards a HIV Cure
- Where is science towards a cure?

INTERNAL USE ONLY



This eight-hour timeframe is a general training guideline, and the actual duration may vary depending on contextual norms, participant engagement and the complexity of the material or discussions.

Module Sessions (8hrs)		Learning Activity & Materials
OPENING SESSION: PRELIMINARIES | 60 MINS		
Spiritual Pause to open proceedings	**5 mins**	Depending on cultural norms in the context, take a quiet moment, sing a hymn, offer a prayer or meditation. If norms allow, do something new every day to promote inclusion.
Welcome by the Host Representative	**5 mins**	Compiled by the Host with guidance
Participant introductions	**30 mins**	Each person states name, hometown/country, role, expectation from this training, chosen totem (using adjective/adverb+animal, e.g. 'roaring lion', 'creepy crawlie', 'silent snake'
Pre-module Assessment	**5 mins**	Online/printed Knowledge Assessment
Introductory Framing and Learning Outcomes	**5 mins**	Plenary Discussion
Grounding Exercise	**5 mins**	Plenary Discussion
CORE CONTENT SESSION 1: PREAMBLE TO HIV CURE | 2HRS 30 MINS		
Topic 1.1: Why is HIV Cure Research needed?	**75 mins**	1. Plenary conversation on the rationale for an HIV Cure 2. Role-play community meeting with reflective discussion
Proposed 15-minute break / body break / working teatime followed by a short energizer		
Topic 1.2: Key Terms used in HIV Research	**60 mins**	Game: Each-one-teach-one
CORE CONTENT SESSION 2: PATHWAYS TO AN HIV CURE | 3HRS 50 MINS		
Topic 1.3: What is an HIV Cure?	**75 mins**	Presentation of session content with questions for a plenary focused discussion
Proposed 60-minute break / body break / working lunchtime followed by a short energizer		
Topic 1.4: Fourteen cases of HIV Cure, Post-Treatment, Elite, and Exceptional-Elite Controllers	**50 mins**	Small group Case Studies
Topic 1.5: Where is science towards a cure?	**30 mins**	Runway, focused discussion from probing questions
Proposed 15-minute break / body break / working teatime followed by a short energizer		
CLOSING SESSION: MODULE ROUND-UP | 40 MINS		
Topic Reflection and feedback from Participants	**20 mins**	**Flipchart Sticky Notes:** What stood out? What was unclear? What resonated? Graphic Design Ideas? Instructional design Ideas/ Learning Examples?
Post-Module Assessment	**5 mins**	Online/printed Knowledge Assessment
Homework Assignment to augment Learning	**5 mins**	Flipchart Concept Map for Gallery Wall
Host Closes with speaking notes	**5 mins**	**Speaking notes:** Thank you for joining in "our house", reflect on today's learning
Spiritual Pause before departure	**5 mins**	Depending on prevalent cultural norms, take a quiet moment, sing a hymn, offer a prayer or meditation

INTERNAL USE ONLY

Opening Session

60 mins PRELIMINARIES

	5 mins	**SPIRITUAL PAUSE TO OPEN PROCEEDINGS**
	5 mins	**WELCOME BY THE HOST REPRESENTATIVE**
	30 mins	**INTRODUCTIONS** 1. Participant Introductions with Ice-Breaker 2. Meeting Commitments/Ground Rules, Key highlights this week (Duties and Responsibilities) 3. Emphasize 100% Participation: • The agenda is tight, allowing for two 15-minute breaks and a one-hour lunch for participants to decompress • Encourage participants to take advantage of this for work and family check-ins, as disruptions and uneven participation can inhibit robust learning • During sessions, phones and laptops are closed/flipped over, and silent (not vibrating!) • Discuss emergencies with facilitators to manage interruptions carefully **Key highlights for today** Todays sessions' set the foundation for the week, looking at language, history, describing what we mean by "a cure" and the different pathways towards a Cure
	5 mins	**PRE-MODULE ASSESSMENT** Conduct online[14]. Encourage participants to note concerns, ideas, confusion, resonance etc. in real-time on individual sticky notes, and stick these to the applicable flipchart category when invited to do so at the end of the module.
	5 mins	**BASELINE KNOWLEDGE ASSESSMENT** Baseline knowledge on the MEL Google document or printed Multiple Choice Questions (MCQ);
	5 mins	**MODEL FRAMING AND LEARNING OUTCOMES** Explain the structure of the first module and introduce training participants to: • Foundational ideas that contextualise and rationalise HIV Cure Research; • The main language used in HIV Cure networks and constituencies; • Cure Advocacy leadership considerations; • HIV Cure Strategies; and • The current status of HIV Cure research efforts. After this session, training participants will be able to: • Provide the foundational reasons why an HIV Cure is worth investing in; • Explain key terms used in HIV Cure networks and constituencies; • Advocate for community-led HIV Cure Initiatives; • Describe the current pathways to an HIV Cure; • Describe HIV Cure milestones already achieved, and what lies ahead for a future HIV Cure.
	5 mins	**GROUNDING** Probe questions: • When you think about an HIV Cure, why do you think it's important? • If you don't believe it is important, why not? • What do you already know about an HIV Cure or clinical research?

INTERNAL USE ONLY

14. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

Core Content Session 1

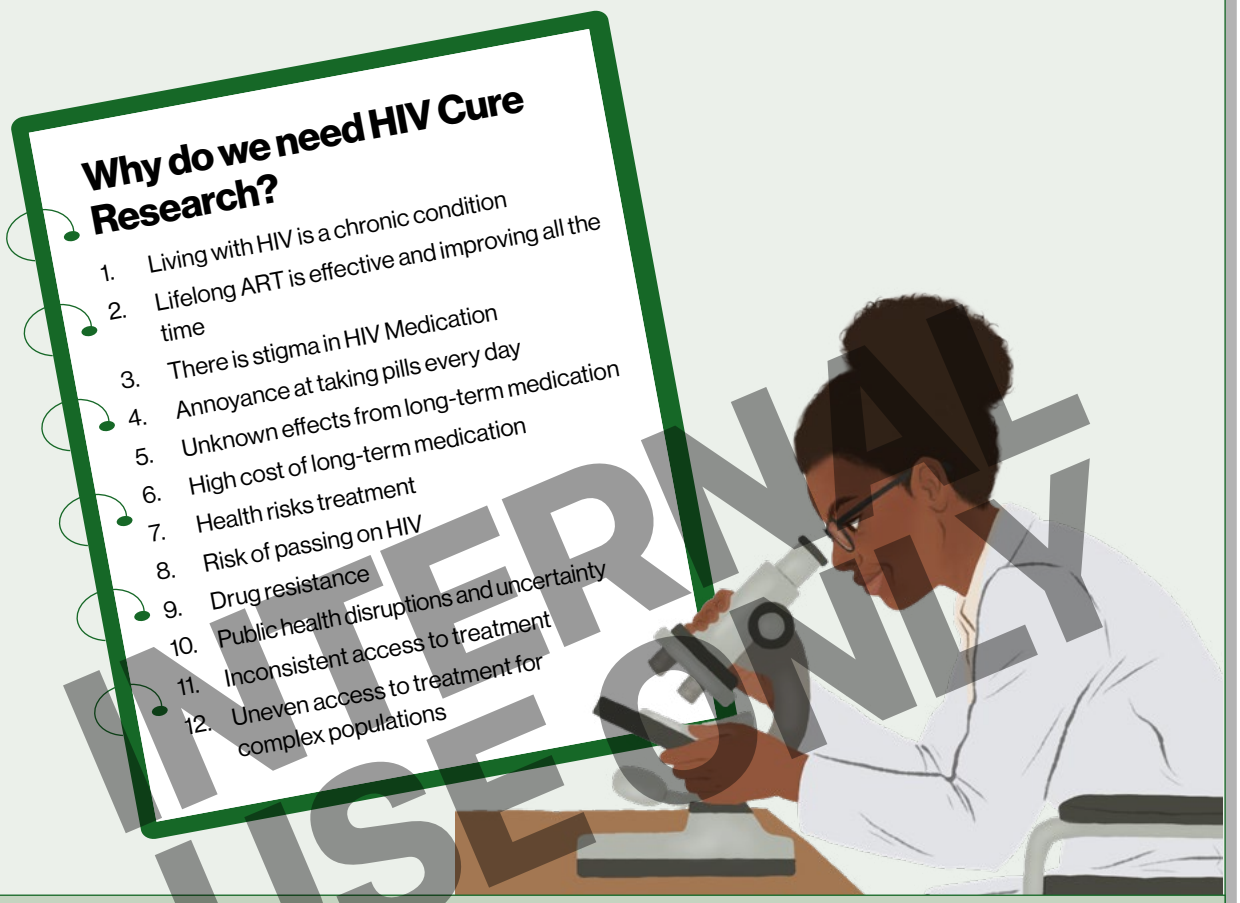
PREAMBLE TO HIV CURE RESEARCH

2½ hrs

Topic 1.1: Why do we need HIV Cure Research?

75 mins

Starting with an invitation to discuss the journey from an HIV diagnosis onwards, probe and steer discussion to cover the key messages listed in the Participant Guide Toolbox.



INTERNAL USE ONLY

Facilitate impromptu role-play.

The beauty of this exercise is that none of the groups knows what the others are doing, so it's nuanced and spontaneous.

We are now going to do an impromptu role-play of a community meeting where a new HIV Cure trial is being introduced to community role-players. Each role spends 5 minutes getting into character, then the activity runs for 30 minutes, ensuring every role is referenced.

Group 01
Local Leaders

Convene a community meeting to discuss an **HIV Cure Awareness Campaign.**

Group 02
Youth Activists

Advocate for local leaders to have a **research literacy programme** for an HIV Cure.

Group 03
Band of Detractors

Try to dissuade local leaders; they believe the community **does not have an 'HIV Problem'**.

Group 04
Health Workers

Question necessity; all **PLHIV in the community are stable on ART**.

Group 05
PLHIV Community

Perspective A
Eager for progress; wants to know about cure breakthroughs.

Perspective B
Fearful of increased stigma for themselves and families.

Debrief the role-play to extract key themes and how they relate to the rationale for an HIV Cure.

15 mins

SUGGESTED 15-MINUTE BODY BREAK HERE

FOR THE RECAP TOMORROW

Two randomly selected pairs will teach-back the following in a 7-minute stand-up, using a flipchart as slides, as the first item in the closing session at the end of the day.

1. Why we need an HIV Cure
2. The language used that advocates for a Cure
3. What a cure looks like as a product (TPP) and a process (current possibilities)
4. 14 cure cases
5. Where is science regarding a cure for everybody that is logistically feasible for low- and middle-income countries?

60 mins

Topic 1.2: Key Terms in HIV Cure Research

SMALL GROUP ACTIVITY: KEY TERMS USED IN HIV CURE RESEARCH
Refer to the Module 1 Key Terms in HIV Research, and split the group into small groups of three or four participants:

HANDOUT: MODULE 1: KEY TERMS IN HIV RESEARCH

Game Instructions for Each-one-teach-one

- Each group uses a numbered selection of the key terms to study for 10 minutes
- The group members then explain their key terms in conversational language to each other in the small group, using anecdotes from their community or experience, for 10 minutes
- Team members support each other by giving and receiving feedback to improve understanding
- All participants reconvene in the plenary and take turns teaching their peers what selected terms mean, using anecdotes from their community or experience
- After 15 minutes, give a 5-minute call
- After 20 minutes, co-facilitators reconvene groups in plenary and allocate 3-5 minutes per group to teach their terms to the plenary in conversational language

FLIPCHART/POSTER: GAME INSTRUCTIONS FOR EACH-ONE-TEACH-ONE (PREPARE BEFORE IF POSSIBLE)

INTERNAL USE ONLY

Core Content Session 2

3h 50 mins PATHWAYS TO AN HIV CURE

75 mins Topic 1.3: What is an HIV Cure?

GROUNDING

Probe questions:

- What would an ideal HIV Cure look like?
- Focus on the 3 A's of post-trial access: Accessibility for all, including special access for underserved populations; Affordability for PLHIV, health system and Governments; Acceptability to PLHIV and their support networks

Session Content: What is an HIV Cure?

Frame session

- To understand what a cure is, we need to know how HIV interacts with the body and Antiretroviral (ART) drugs. This helps us understand why a cure is needed and what it looks like.

HANDOUT HIV INFECTION LIFE-CYCLE HANDOUT WITH ANNOTATIONS ON OPPORTUNITIES FOR THE CURE PATHWAYS

ACTIVITY

Model the HIV life cycle using play dough or by drawing each of the components.
Use the 9 steps in the annotated illustration of the HIV life cycle in the Participant's Guide.

60 mins **SUGGESTED 60-MINUTE LUNCH BREAK HERE**

INTERNAL USE ONLY



Topic 1.4: 14 Cases of HIV Cure, Post-, Elite, and Exceptional-Elite Controllers

50 mins

GROUNDING

Probe existing knowledge

- What do you know about people who have been cured of HIV?

In response to answers from the previous problem, frame the content for the session.

Scientists and researchers have presented two main pathways to an HIV Cure:

a. **'Complete' or 'classic' cure** = complete elimination of the virus from the body, so no more virus remains anywhere – 7 patients, mostly cured by transplants to treat cancer

b. **ART-free durable suppression** (or control) = the ability to control HIV growth in the body without HIV treatments such as ART – these are called post-treatment and/or elite controllers, meaning that they have genetic mutations that prevent HIV replicating:
   - A cluster of patients in France, USA and Germany who received very early ART before HIV replicated widely
   - Clusters of children in the USA and South Africa whose PMTCT-naïve early ART prevented transmission
   - A panel of other patients whose genetic make-up seemingly prevents HIV from replication, such as the Buenos Aires and Barcelona patients
   - And a number of other patients who have genetic mutations that control HIV

c. **In total** there are 14 different types of cases that have show HIV can be cured.

ACTIVITY IN 8-10 PAIRS: 14 CASES TOWARDS AN HIV CURE

Refer to the handout '14 Cases towards an HIV Cure'. Split the group into pairs. Assign groups to review the following four categories of evidence of HIV Cure to date:

1. Classic Cure (5-6 Pairs)
2. Post-Treatment Controllers (1-2 Pairs)
3. Elite Controllers (1-2 Pairs)

HANDOUT: Case studies of 14 Cases of HIV Cure, Post-treatment and Elite-Controllers

FLIPCHART: PAIR QUESTIONS TO ANALYZE 14 CASES TOWARDS AN HIV CURE

PLENARY FEEDBACK

Each pair dissects their category of cure and prepares a plenary feedback answering these questions in five minutes:

1. Short description of the case
2. Describe the curative/control mechanism
3. How does this mechanism work to cure or control HIV?
4. Name one benefit of the mechanism
5. Name one drawback of this mechanism

INTERNAL USE ONLY

30 mins Topic 1.5: Where is Science regarding an HIV Cure?

GROUNDING

Probe questions:

- What do you know about different products that are being developed to prevent, treat and cure HIV?

SESSION CONTENT & PLENARY DISCUSSION

Video: Current and Future Landscape for HIV

Point participants to the HIV landscape diagram and discuss:

- Does anyone here know what any of these interventions do?
- What is the current status of these interventions in your country?
- What can we expect in the future from new products and technologies?

We have added a short write-up on this pipeline from ART to HIV Cure. Please bear in mind that the science is constantly changing, and may evolve beyond the lifetime of this edition of the CUREiculum.

15 mins **SUGGESTED 15-MINUTE BODY BREAK HERE**

Closing Session

40 mins MODULE ROUND-UP

TOPIC REFLECTION AND FEEDBACK FROM PARTICIPANTS

20 mins **Seven flipcharts** for reflection, titled:

1. **What new ideas or words** did you learn today?
2. What ideas or words do you **need more help** with?
3. What was **done well** by the facilitators/venue/hosting team?
4. What could be **done differently?** Specify what and how.
5. Do you have **artistic guidance to share or resources** to suggest?
6. Do you have **learning activities** to share?
7. Any **other** comments;

5 mins **POST-MODULE ASSESSMENT**

Conduct Knowledge Assessment

HOMEWORK ASSIGNMENT TO AUGMENT LEARNING

5 mins Design a Flipchart Concept Map for Gallery Wall

- Place HIV Cure in the middle and add bubbles of different concepts and sub-concepts learnt during this module
- Add concept map to gallery wall for Day 2 Recap

5 mins **CLOSING WITH SPEAKING NOTES**

5 mins **SPIRITUAL PAUSE**

INTERNAL USE ONLY

Module 2

Ethics & Leadership in HIV Cure



- What is 'Ethics'
- Key Terms used in Research Ethics
- The last 100 years of Ethics in Biomedical Research
- Overview of Ethical Guidelines

INTERNAL USE ONLY

This eight-hour timeframe is a general training guideline, and the actual duration may vary depending on contextual norms, participant engagement and the complexity of the material or discussions.

Module Sessions (8hrs)		Learning Activity & Materials
OPENING SESSION: PRELIMINARIES (1HR)		
Spiritual Pause to open proceedings	5 mins	Depending on cultural norms in the context, take a quiet moment, sing a hymn, offer a prayer or meditation. If norms allow, do something new every day to promote inclusion
Welcome	30 mins	**Speaking Notes:** Restate welcome. Recap main learning outcomes from previous day and notable incidents (the funny or meaningful ones), and address any specific logistical factors that may influence the experience today or on future days
Pre-module Assessment	10 mins	Online/printed Knowledge Assessment
Introductory Framing and Learning Outcomes	10 mins	Plenary Discussion
Grounding Exercise	5 mins	Plenary discussion
CORE CONTENT SESSION 1: PREAMBLE TO HIV CURE RESEARCH ETHICS | 3HRS		
'Topic 2.1: What is 'Ethics'	55 mins	Presentation of session content with questions for a plenary focused discussion
Proposed 15-minute break / body break / working teatime followed by a short energizer		
Topic 2.2: Key Terms used in Research Ethics	50 mins	Game: Match-the-Definition of key terms using loose cards of terms and their definitions
Topic 2.3: The last 100 years of Ethics in Biomedical Research	60 mins	Pre-read in small groups: Focused discussion and feedback to plenary
CORE CONTENT SESSION 2: ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH | 2HRS 15MINS		
Topic 2.4: Overview of Ethical Guidelines	75 mins	Presentation of summarised ethical guidelines: working groups on recommended improvements
Proposed 60-minute break / body break / working lunchtime followed by a short energizer		
CLOSING SESSION: MODULE ROUND-UP | 1 HR 45 MINS		
Teach-back by participants	50 mins	Use different ways to randomly select 3-5 participants; then participants selected on the current day get teatime to prepare a 60-second elevator pitch on one session to their peers
Topic Reflection and feedback from Participants	20 mins	**Flipchart Sticky Notes:** What stood out? What was unclear? What resonated? Graphic design Ideas? Instructional design Ideas/ Learning examples?
Post-Module Assessment	5 mins	Online/printed Knowledge Assessment
Proposed 15-minute break / body break / working teatime followed by a short energizer		
Homework Assignment to augment Learning	5 mins	Ethics Reading: Preparation for Quiz
Host Closes with speaking notes	5 mins	**Speaking notes:** Thank you for joining in 'our house', reflect on today's learning
Spiritual Pause before departure	5 mins	Depending on cultural norms in the setting take a quiet moment, sing a hymn, offer a prayer or meditation

INTERNAL USE ONLY

Opening Session

60 mins PRELIMINARIES

5 mins — SPIRITUAL PAUSE TO OPEN PROCEEDINGS

30 mins — WELCOME

Restate welcome. Recap main learning outcomes from previous day and notable incidents (the funny or meaningful ones), and address any specific logistical factors that will influence the experience today or on future days.

INTRODUCTION

1. Participant Introductions using ice-breaker from toolbox
2. Refresh Commitments/Ground Rules, Key highlights this week (Duties and Responsibilities)
3. Emphasise 100% Participation, refresh:
   - The agenda is tight, allowing for two 15-minute breaks and a one-hour lunch for participants to decompress
   - Encourage participants to take advantage of this for work and family check-ins, as disruptions and uneven participation can inhibit robust learning
   - During sessions, phones and laptops are closed/flipped over, and silent (not vibrating!)
   - Discuss emergencies with facilitators to manage interruptions carefully

Key highlights for today

Today's sessions explore one of the most important topics in any clinical science, and that is ethics. We will look at all the key words used in ethical discussions, as well as the history of ethical milestones and the guidance that came from them.

10 mins — PRE-MODULE ASSESSMENT

Conduct Online[15] or Manual Assessment

Share Guidance for participant feedback throughout the session (capturing flipcharts)

Encourage participants to note concerns, ideas, confusion, resonance etc. in real time, on individual sticky notes, and stick these to the applicable flipchart category when invited to do so at the end of the module.

10 mins — INTRODUCTORY FRAMING AND LEARNING OUTCOMES

Explain the structure of the second module and introduce training participants to:

- The principle of "Do No Harm" (by omission or commission)
- How ethics apply to research
- The history of research in which ethics were compromised
- How these ethical considerations have informed the guidance we use today

After this session, training participants will be able to:

- Explain the concept and importance of research ethics
- Engage with research ethics terminology
- Describe the history and development of ethical guidelines
- Apply ethical consideration to their own context and future research

5 mins — GROUNDING

Probe questions:

- What do you think of when you hear the word 'ethics'?
- What do you think of when you hear the word 'morals'?
- What do you know about biomedical research ethics in HIV cure or prevention?

INTERNAL USE ONLY

15. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

Core Content Session 1

PREAMBLE TO HIV CURE RESEARCH ETHICS

3 hrs

Topic 2.1: What is 'ethics'?

55 mins

KEY MESSAGES ON ETHICAL RESEARCH
Starting with an invitation to discuss ethical complexity, probe and steer discussion to cover points in the key messages portion in the participant guide:

QUESTIONS FOR A FOCUSED DISCUSSION
1. Is there anything unclear in the key messages or that needs more explanation?
2. How do you understand 'morals' as different from ethics?
3. Can you share a story of when morals conflict with ethics?

15 mins

SUGGESTED 15-MINUTE BODY BREAK HERE

Topic 2.2: Key Terms used in Research Ethics

50 mins

LARGE GROUP ACTIVITY
Match the definition competition. Refer to Module 2 Key Terms used in Research Ethics

HANDOUT: MODULE 2: KEY TERMS IN RESEARCH ETHICS

COMPETITION: GAME INSTRUCTIONS FOR MATCH-THE-DEFINITION (PREPARE BEFORE IF POSSIBLE)
- Paste the list of terms vertically on an open wall (preferably in advance)
- Distribute individual shuffled definitions to all participants in equal numbers
- The participants will each get 10 seconds to matching their definitions to the terms on the wall, in alpha order
- The first individual to complete their deck correctly is the winner (and gets a prize, with entry into the draw for the mega prize)

SELF-REFLECTION
- Take 3 quiet minutes to reflect on your experience of the game you played
- What new ideas did you learn from the game about HIV Cure research ethics? Post-it new ideas on the 'What I Learnt' flipchart
- What are you still unclear about? Post-it new ideas on the 'What I Learnt' flipchart

Mini round-up session: Explain that all these terms and their definitions are available in the toolbox.

60 mins

SUGGESTED 60-MINUTE LUNCH HERE

INTERNAL USE ONLY

Topic 2.3: The Last 100 years of Ethics in Biomedical Research

60 mins

HANDOUT: RESEARCH ETHICS CASE STUDIES

FLIPCHART/POSTER: ETHICS CASE STUDY PRESENTATIONS WITH GROUP QUESTIONS

GROUP ACTIVITY

- Split plenary into five groups using the rotation numbers
- Hand out one of five Case Studies to each group to deep-read (aloud)
- Each group will identify a scribe, a discussion facilitator and a presenter(s)
- After deep-reading aloud to group members, each group will prepare the case-study presentation of three flipcharts (40mins):
  1. Description: What happened, When, Who was involved, Where did it happen, and Why did it influence ethics?
  2. Main ethical lessons for research
  3. Implications or Impact on research
- Each group will present back to plenary (3 minutes per group)
- Other groups can ask questions for 5 more minutes

Core Content Session 2

ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH

2¾ hrs

INTERNAL USE ONLY

Topic 2.4: Overview of Ethical Guidelines

75 mins

Conduct a 10-minute presentation covering key points from the introduction and summaries of the three guidelines (also in the Participant Guide).

Introduce the topic: There are a number of ethics guidelines that influence clinical trials protection. These include standalone guidelines, trial network guidelines and IRB/Regulatory conditions. In this module, we highlight three key guidelines but acknowledge that these will be used in addition to country-level guidelines and regulatory conditions or standards.

FLIPCHART/POSTER: ETHICS GUIDELINES DISCUSSION QUESTIONS

HANDOUT: SCIOMS, GPP & ALLEA GUIDELINE SUMMARIES AND LINK TO FULL PDF

SMALL GROUP ACTIVITY

Lead a 30-minute focused discussion using some (given time) or all of these probing questions:

Each of the standalone guidelines addresses specific concerns about ethics.

1. How different are they from each other?
2. What is missing from the guidelines to ensure ethical research?
3. What could be the reason we use global guidelines for ethical research in Africa?
4. How can African and/or country-specific guidelines support the global guidelines?

60 mins

SUGGESTED 60-MINUTE BODY BREAK HERE

Closing Session

1¾ hrs MODULE ROUND-UP

	20 mins	**TOPIC REFLECTION AND FEEDBACK FROM PARTICIPANTS** Organise the notes on the flipcharts in the following categories: • What did you learn? • What can be done differently? • Do you have artistic guidance to share or resources to suggest? • Do you have learning activities to share? • Any other comments?
	5 mins	**POST-MODULE ASSESSMENT** Online[16]/printed Knowledge Assessment
	15 mins	**SUGGESTED 15-MINUTE BODY BREAK HERE**
	50 mins	**TEACH-BACK** All participants to take 30 minutes to develop a 45-second elevator pitch to a pharmaceutical company director covering three important points: 1. Why is maximum ethical coverage needed in our trial? 2. How will we do it? 3. What's the next step? The idea is that the director is so convinced by your pitch, they authorise the next step.
	5 mins	**CLOSING WITH SPEAKING NOTES**
	5 mins	**SPIRITUAL PAUSE**

INTERNAL USE ONLY

16. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

Module 3

HIV Persistence and HIV Cure Strategies

- What Is HIV Persistence
- Key Terms in HIV Persistence & Cure Pathway
- What are scientists considering for an HIV Cure?
- Four Emerging Cure Strategies: A deep dive

INTERNAL USE ONLY



This eight-hour timeframe is a general training guideline, and the actual duration may vary depending on participant engagement and the complexity of the material or discussions.

Module Sessions (8hrs)		Learning Activity & Materials
OPENING SESSION: PRELIMINARIES (1HR)		
Spiritual Pause to open proceedings	**5 mins**	Depending on cultural norms in the context, take a quiet moment, sing a hymn, offer a prayer, or meditate. If norms allow, do something new every day to promote inclusion.
Welcome	**10 mins**	Speaking Notes: Welcome to 'our house' (if applicable, on whose land we stand), acknowledge where we have come from and where we are going with this module
Recap from Day 2: Ethics	**30 mins**	Game Night in the morning: 20 questions from overnight reading
Pre-module Assessment	**5 mins**	Online/printed Knowledge Assessment
Introductory Framing and Learning Outcomes	**5 mins**	Plenary discussion
Grounding Exercise	**5 mins**	Plenary discussion
CORE CONTENT SESSION: HIV CURE STRATEGIES (5HRS 15MINS)		
Topic 3.1: What Is HIV Persistence	**15 mins**	Question-focused discussion
Topic 3.2: Key Terms in HIV Persistence & Cure Pathways	**30 Mins**	Game: Each-one-teach-one
Proposed 30-minute break / body break / working teatime followed by a short energizer		
Topic 3.3 Four Emerging Cure Strategies: A deep dive	**180 min**	Watch and discuss five short videos: HIV infection, AHD, BnAbs, Immunotherapy and Gene Therapy. Use these in preparation to teach-back to the team later
Proposed 60-minute break / body break / working lunchtime followed by a short energizer		
CLOSING SESSION: MODULE ROUND-UP (1HR 45MINS)		
Teach-back by participants	**60 mins**	All five groups prepare a 5-minute presentation on their randomly-assigned video
Topic Reflection and feedback from Participants	**10 mins**	Flipchart Sticky Notes: What stood out? What was unclear? What resonated? Graphic design Ideas? Instructional design ideas/ Learning examples?
Post-Module Assessment	**5 mins**	Online/printed Knowledge Assessment
Proposed 15-minute break / body break / working teatime followed by a short energizer		
Homework Assignment to augment Learning	**5 mins**	Review today's notes and create an action list for your context/ setting that identifies how to introduce HIV Cure Strategies to your constituency. Use the plan template in the learning Toolbox
Host Closes with speaking notes	**5 mins**	Speaking notes: Thank you for joining in 'our house', reflect on today's learning
Spiritual Pause before departure	**5 mins**	Depending on cultural norms in the setting take a quiet moment, sing a hymn, offer a prayer or meditation

INTERNAL USE ONLY

Opening Session

PRELIMINARIES (60 mins)

5 mins	**SPIRITUAL PAUSE TO OPEN PROCEEDINGS**
10 mins	**WELCOME** Restate welcome. Recap main learning outcomes from previous day and notable incidents (the funny or meaningful ones), and address any specific logistical factors that may influence the experience today or on future days.
30 mins	**RECAP FROM DAY 2** Game Night in the morning: 20 questions from overnight reading
	INTRODUCTION 1. To break the ice, split group into two teams for Homework Quiz – best team wins a prize 2. Refresh Commitments/Ground Rules, Key highlights this week (Duties and Responsibilities) 3. Emphasise 100% participation, refresh: • The agenda is tight, allowing for two 15-minute breaks and a one-hour lunch for participants to decompress • Encourage participants to take advantage of this for work and family check-ins, as disruptions and uneven participation can inhibit robust learning • During sessions, phones and laptops are closed/flipped over, and silent (not vibrating!) • Discuss emergencies with facilitators to manage interruptions carefully Key highlights for today Today's sessions consider a core idea in HIV Cure research, which is the idea that HIV persists despite ART. We will look at all the key words used in HIV persistence and focus on what the current research in HIV Cure is going to present in the future as Cure Pathways.
5 mins	**PRE-MODULE ASSESSMENT** Conduct Online[17] Or Manual Completion Share Guidance for participant feedback throughout the session (capturing flipcharts) Encourage participants to note concerns, ideas, confusion, resonance etc. in real time, on individual sticky notes, and stick these to the applicable flipchart category when invited to do so at the end of the module.
5 mins	**INTRODUCTORY FRAMING AND LEARNING OUTCOMES** Explain the structure of the third module and introduce training participants to:: HIV Persistence Current HIV Cure research Four emerging cure strategies What is still unknown After this session, training participants will be able to: Describe HIV Persistence List how current scientific research translates into four cure pathways Describe what can be expected from HIV Cure research in the future
5 mins	**GROUNDING** Probe questions: What does it mean to 'persist'? Think of different diseases that persist? Think about why diseases might persist?

INTERNAL USE ONLY

17. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

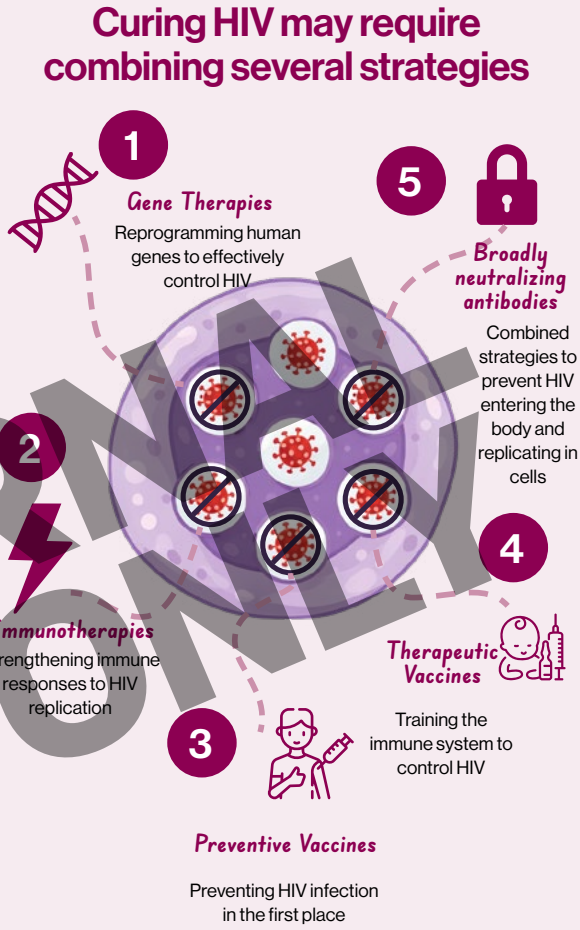
Core Content Session

HIV CURE STRATEGIES

Topic 3.1: What is HIV Persistence?

Starting with an invitation to discuss the challenges of securing an HIV Cure, probe and steer discussion to cover the points below (expanded on in the Participant Guide, including inforgraphic showing infection & persistence process.):

- HIV is hard to cure.
- HIV infects only a few cells in people on ART.
- HIV persists in the body, meaning it doesn't leave after infection.
- HIV takes advantage of how the immune system 'remembers' past infections or vaccines.
- HIV can stay dormant or inactive in cells without replicating (making more viruses).
- HIV attacks CD4 cells, the immune system's helpers, weakening the body, even when treated.
- Treatment controls HIV but doesn't cure it.
- Stopping treatment allows the virus to resurface.
- The virus 'mutates' or changes often.
- HIV that persists despite ART is referred to as the 'HIV reservoir'.
- Finding a cure for a persistent disease is a big challenge.
- The research process is lengthy.
- HIV Cure research involves combination approaches.
- Curing HIV may require combining several strategies:
  - Latency reversal
  - Gene therapy
  - Vaccines / Immunotherapies
  - The 'block and lock' approach
  - 'Shock and kill' strategy



INTERNAL USE ONLY

FOLLOW UP PROBING DISCUSSION WITH QUESTIONS BELOW

What did you understand about the persistence of HIV research strategies?

- Was there anything that wasn't clear?
- How would you explain a combination approach? Try to describe which strategies may work together.
- Do you think the research progress is advancing or stagnating?

Topic 3.2: Key Terms used in HIV Persistence & Cure Pathways

30 mins

Refer to the Module 3 Key Terms in HIV Persistence and Cure Pathways, and split the group into small groups of three or four participants:

HANDOUT: MODULE 1: KEY TERMS IN HIV PERSISTENCE AND CURE PATHWAYS

Game Instructions for Each-one-teach-one

- Each group uses a numbered selection of the key terms to study for 10 minutes
- The group members then explain their key terms in conversational language to each other in the small group, using anecdotes from their community or experience for 10 minutes
- Team members support each other by giving and receiving feedback to improve understanding
- All participants reconvene in the plenary and take turns teaching their peers what selected terms mean, using anecdotes from their community or experience
- After 15 minutes, give a 5-minute call
- After 20 minutes, co-facilitators reconvene groups in plenary and allocate 3-5 minutes per group to teach their terms to the plenary in conversational language

FLIPCHART/POSTER: GAME INSTRUCTIONS FOR EACH-ONE-TEACH-ONE (PERPARE BEFORE, IF POSSIBLE)

SELF-REFLECTION

Co-facilitators should encourage participants to think quietly about the following questions, journal their answers, and prepare for rapid-fire questions after 10 minutes:

1. Take 3 quiet minutes to reflect on your experience of the game you played, rapid-fire to randomly selected participants:
2. What new ideas did you learn from the game about HIV Persistence?
3. What are you still unsure about?
4. How can you continue to strengthen your understanding of HIV Persistence?

30 mins

SUGGESTED 30-MINUTE BODY BREAK HERE

INTERNAL USE ONLY

Topic 3.3: Four Emerging Cure Strategies: A Deep Dive

3 hrs

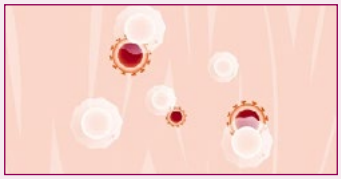
Video: HIV infection & AHD



Video: BnAbs



Video: Immunotherapy



Video: Gene Therapy



FLIPCHART: TEACH-BACK QUESTIONS – PREPARE BEFORE FOR EACH GROUP

SMALL GROUP ACTIVITY

Split participants in four different groups each with one recording of a Cure Strategy/Pathway. Offer a different setting to each group, explaining in which context they will be teaching back from (or let them propose their own). Below are a selection of contexts/settings, if groups need ideas:

1. A clinical trial participant education seminar room at a clinical research site
2. A PLHIV adherence support group in a clinic or community library
3. A traditional leaders community court
4. An Opioid Substitution and needle exchange site near an inner-city brothel
5. A Community Advisory Board meeting reviewing a protocol for a clinical trial
6. A picket line demanding scientist explain their 'witchery'
7. A town hall meeting of a local politician addressing the increasing incidence of HIV in the community
8. A grandmother's church club in a village
9. A soccer fanclub meeting
10. A youth ball (matric dance, debutantes, confirmation)
11. A funeral or memorial service
12. A Friday prayer at a mosque
13. A leadership camp for adolescents in school
14. A teenage mothers skills training programme
15. An outreach campaign to sexworkers and truck drivers at a border truck stop

After reviewing their recording, each group will make flipchart slides of the Cure Strategy they are studying and prepare their 10-minute teach-back (after lunch), covering the following questions:

- Role-play the setting for 30-60 seconds (to establish context)
- What is your strategy/pathway? (also explain the title if necessary)
- How did scientists discover this pathway?
- Annotate and present back a diagram of the mechanism in the Cure Strategy/Pathway
- Highlight where in the HIV Cure Journey this pathway is located, and therefore what further basic science is needed for the pathway to translate into a strategy or even a product
- Explain the opportunities and challenges of this strategy/pathway
- What are you asking your community (in your setting) to do?

60 mins

SUGGESTED 60-MINUTE LUNCH BREAK HERE

INTERNAL USE ONLY

Closing Session

MODULE ROUND-UP

1¾ hrs

60 mins	**TEACH-BACK** During the break, sequence the groups according to the easiest way to transition the room into the settings. Initiate the teach-back after the post-break energiser. Where possible and fun to do, reset the room for each teach-back to represent different settings. Each presenting group must be outside before they enter, while the facilitators explain the setting and briefly suggest how the audience could probe from their point of view in the setting (identifying knowledge, myths, misconceptions, population characteristics, behaviours, beliefs and expectations of people in the setting). During both the teach-back and the Q&A setting, the audience will evaluate the teach-back, focusing on: 1. Degree of learning – is the mechanism understandable? 2. Did the group address the specific needs of the setting population? 3. Will this setting population support this strategy/pathway?? Why/why not? 4. What does this teach-back reveal about how to conduct research literacy, for both the strategy and the population? After each 10-minute teach-back, open the floor for 5 minutes of questioning from the audience in their role-play mode (setting participants). Once the in-role Q&A is finished, the co-facilitators have a 10-minute discussion of the audience evaluation.
10 mins	**TOPIC REFLECTION AND FEEDBACK FROM PARTICIPANTS** Organise the notes on the flipcharts in the following categories: • What did you learn? • What can be done differently? • Do you have artistic guidance to share or resources to suggest? • Do you have learning activities to share? • Any other comments
5 mins	**POST-MODULE ASSESSMENT** Online[18]/printed Knowledge Assessment
15 mins	**SUGGESTED 15-MINUTE BODY BREAK HERE**
5 mins	**HANDOUT: MODULE 3 HOMEWORK ASSIGNMENT**
5 mins	**CLOSING WITH SPEAKING NOTES**
5 mins	**SPIRITUAL PAUSE**

INTERNAL USE ONLY

18. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0



FINAL
INTERNAL

Module 4

HIV Cure Trials: History and Future



- The history of Cure Trials
- Anticipated Cure trials by 2030
- Analytical Treatment Interruption

INTERNAL USE ONLY

This eight-hour timeframe is a general training guideline, and the actual duration may vary depending on participant engagement and the complexity of the material or discussions.

Module Sessions (8hrs)		Learning Activity & Materials
OPENING SESSION: PRELIMINARIES (1HR)		
Spiritual Pause to open proceedings	5 mins	Depending on cultural norms in the context, either take a quiet moment, sing a hymn, offer a prayer or meditation. If norms allow, do something new every day to promote inclusion.
Welcome	10 mins	Speaking Notes: Welcome to 'our house' (if applicable on whose land we stand), acknowledge where we came from and are going with this module
Recap of module 3: HIV Persistence & Cure Strategies	30 mins	Gallery Walkabout of strategies to introduce HIV Cure research into different sessions (co-facilitators probe key points)
Pre-module Assessment	5 mins	Online/printed Knowledge Assessment
Introductory Framing and Learning Outcomes	5 mins	Plenary discussion
Grounding Exercise	5 mins	Plenary discussion
CORE CONTENT SESSION: HIV CURE TRIALS (5HRS)		
Topic 4.1 The history of Cure Trials	75 mins	Analysis in pairs to form the caterpillar timeline
Proposed 15-minute break / body break / working teatime followed by a short energizer		
Topic 4.2 Anticipated Cure trials by 2030	75 min	Timeline with small group discussion by cure strategy
Topic 4.3 Analytical Treatment Interruption	75 min	Mock CAB: Small groups prepare community stakeholders for an ATI CAB
Proposed 60-minute break / body break / working lunchtime followed by a short energizer		
CLOSING SESSION: MODULE ROUND-UP (2HRS)		
Teach-back by participants	60 mins	All five groups prepare a coherent 5 minute presentation on their randomly assign Cure Strategy
Topic Reflection and feedback from Participants	30 mins	Flipchart Sticky Notes: What stood out? What was unclear? What resonated? Graphic design ideas? Instructional design ideas/ Learning examples?
Post-Module Assessment	5 mins	Online/printed Knowledge Assessment
Proposed 15-minute break / body break / working teatime followed by a short energizer		
Host Closes with speaking notes	5 mins	Speaking notes: Thank you for joining in 'our house', reflect on today's learning
Spiritual Pause before departure	5 mins	Depending on cultural norms in the setting take a quiet moment, sing a hymn, offer a prayer or meditation

INTERNAL USE ONLY

Opening session

PRELIMINARIES (60 mins)

	5 mins	**SPIRITUAL PAUSE TO OPEN PROCEEDINGS**
	5 mins	**WELCOME** Restate welcome. Recap main learning outcomes from previous day and notable incidents (the funny or meaningful ones), and address any specific logistical factors that influence the experience today or on future days.
	30 mins	**RECAP FROM DAY 3** Gallery Walkabout of strategies to introduce HIV Cure research into different sessions (co-facilitators probe key points)
		INTRODUCTION 1. To break the ice, give all participants three red dot stickers to pick their top three plans to introduce HIV Cure generally into their setting 2. Refresh Commitments/Ground Rules, Key highlights this week (Duties and Responsibilities) 3. Emphasise 100% participation, and refresh: • The agenda is tight, allowing for two 15-minute breaks and a one-hour lunch for participants to decompress • Encourage participants to take advantage of this for work and family check-ins, as disruptions and uneven participation can inhibit robust learning • During sessions, phones and laptops are closed/flipped over, and silent (not vibrating!) • Discuss emergencies with facilitators to manage interruptions carefully Key highlights for today Today's sessions will look at the past and current research in HIV Cure and predict how HIV Cure research leadership and community engagement may potentially be defined in the future.
	5 mins	**PRE-MODULE ASSESSMENT** • Conduct online[19] or manual completion • Share guidance for participant feedback throughout the session (capturing flipcharts) • Encourage participants to note concerns, ideas, confusion, resonance etc. in real time on individual sticky notes and stick these to the applicable flipchart category when invited to do so at the end of the module.
	5 mins	**INTRODUCTORY FRAMING AND LEARNING OUTCOMES** Explain the structure of the forth module and introduce training participants to:: • The History of HIV Cure trials, and progress and lessons for the 20 years up to 2024 • New thinking and HIV Cure research leadership in the future • Expectations for the next round of HIV Cure researc After this session, training participants will be able to: • Recount the history of HIV Cure research • Describe what we can expect from HIV Cure research in the next decade • Reflect on HIV Cure trial leadership now and in the future
	5 mins	**GROUNDING:** Probe questions: • Thinking back on the week so far, what do we know about HIV Cure research? • Why would HIV Cure research post-2025 be similar or different to cure research to date? • How should community leaders and advocates be placed in the response to finding an HIV Cure?

INTERNAL USE ONLY

19. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

Core Content Session

5 hrs HIV CURE TRIALS

75 mins Topic 4.1: The History and future of HIV Cure Trials

SPLIT THE GROUP INTO NEW PAIRS FOR TWO PAIRED ACTIVITIES

For the first paired activity...
...half the pairs will form a caterpillar timeline with each milestone written on a card and explained to the other half of the group (can also be done in singles if the group has shrunk or is small).

The pair will illustrate a card...
...using the timeline 'Understanding the History of HIV Treatment: From AZT to Cure Research'.

After 30 minute...
... the presenting members of the pairs stand with their backs to their peers and turn around one by one, while their partner explains each segment of the pillar to show the history.

15 mins SUGGESTED 15-MINUTE BODY BREAK HERE

Topic 4.2: Anticipated Cure Trials by 2030

75 mins

Initiate: Presentation: What's New in 2025?

How will we reach a Cure Product that we can vouch for as safe and effective (describe both)? Steer conversation for the necessity of interrupting treatment.

1. What did you understand about ATIs? Was there anything that wasn't clear?
2. What are the benefits of ATI?
3. What are the risks of ATI?
4. Do you think scientists should find another way of testing that doesn't interrupt treatment?
5. Invite groups of 3 to read aloud the extended notes on ATIs in the Toolbox. Each group defines 3-5 issues of concern that the community would have. These are captured on sticky notes and aligned with each aspect of ATIs on the flipchart wall (pre-prepared)
   - For the second paired activity the pairs will follow the same instructions, but describing the future of HIV Cure trials using the 'HIV Cure developments from 1987-2024'
   - The same pairs will swop roles and repeat the above timeline.

FILM GROUP VIDEO ON HIV CURE

After the break, each pair will stand back to back and the whole caterpillar will unfold into a butterfly (revealing an HIV Cure, roleplayed by the co-facilitators), This will be a core feature of the social media communication about this course.

INTERNAL USE ONLY

Topic 4.3: What is an Analytical Treatment Interruption?

75 mins

Use questions below to prime audience:

- What is an analysis?
- What does it mean to interrupt something?
- What reasons can you think of for interrupting treatment?
- What do you think will happen if HIV treatment is interrupted?
- Steer the discussion to cover the key messages

LARGE GROUP ACTIVITY ROLEPLAY: AN ATI IN THE COMMUNITY ADVISORY BOARD

Split the group into three groups, namely:

1. Clinical Team lead by the Principal Investigator
2. Community Advisory Board of 4 members (pastor, school teacher, church Gogo and LGBTQIA+ representative, also a sex worker)
3. The rest are community members from the different constituencies

For 15 minutes the three groups retreat to devise their research literacy workshop on ATIs, as the site has been selected for an ATI study.

- The clinical team prepares a speech (this is the only preparation)
- The Community Advisory Board asks impromptu questions
- The community asks both parties different questions

PREPARATION FOR TEACH-BACK AFTER LUNCH

Each participant to provide one tip for communicating ATIs in HIV Cure Research

60 mins

SUGGESTED 60-MINUTE BODY BREAK HERE

INTERNAL USE ONLY

Closing Session

MODULE ROUND-UP

2 hrs

TEACH-BACK

Ask each person for their tip, and organise them into a line with an A3 coloured page and black marker:

1. Arrange the tips in a logical sequence
2. Remove or combine duplicates
3. Probe tips that are missing
4. When complete and comfortable with the tip list, each person writes their tip clearly in English in the top half of their page, and in their home or second language in the bottom half
5. Dry run: all face the back with their coloured paper tip clearly displayed from neck to hips
6. Starting from the beginning each person turns round to the left and clearly states their tip in English
7. A second round repeats this but they state their tip in their second language
8. After as much practice as necessary, both skits are video recorded for communication

60 mins

TOPIC REFLECTION AND FEEDBACK FROM PARTICIPANTS

Organize the notes on the flipcharts in the following categories:

- What did you learn?
- What could be done differently?
- Do you have artistic guidance to share or resources to suggest?
- Do you have learning activities to share?
- Any other comments

30 mins

	5 mins	**POST-MODULE ASSESSMENT** Online[20]/printed Knowledge Assessment
	15 mins	**SUGGESTED 15-MINUTE BODY BREAK HERE**
	5 mins	**CLOSING WITH SPEAKING NOTES**
	5 mins	**SPIRITUAL PAUSE**

20. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

INTERNAL USE ONLY



- What is an analysis?
- What does it mean tointerrupt something?
- What reasons can you think of for interrupting treatment?
- What do you think will happen if HIV treatment is interrupted?

Module 5

The role of Communities, Stakeholders and Patients in HIV Cure Strategies

INTERNAL USE ONLY

- What is 'leadership' in Clinical Trials?
- People-led Partnerships
- Bringing Community & Leadership together



This eight-hour timeframe is a general training guideline, and the actual duration may vary depending on participant engagement and the complexity of the material or discussions.

Module Sessions (8hrs)		Learning Activity & Materials
OPENING SESSION: PRELIMINARIES (1HR)		
Spiritual Pause to open proceedings	5 mins	Depending on cultural norms in the context, either take a quiet moment, sing a hymn, offer a prayer or meditation. If norms allow, do something new every day to promote interfaith tolerance.
Welcome	10 mins	Speaking Notes: Welcome to 'our house' (if applicable on whose land we stand), list what we learnt yesterday, and what is hoped for today
Recap from Day 4: HIV Cure Trials	30 mins	Gallery walk-through: HIV Cure Trial Posters
Pre-module Assessment	5 mins	Online/printed Knowledge Assessment
Introductory Framing and Learning Outcomes	5 mins	Plenary discussion
Grounding Exercise	5 mins	Plenary discussion
CORE CONTENT SESSION: COMMUNITIES LEADING FROM THE FRONT (4HRS 45MINS)		
Topic 5.1: What is 'leadership' in Clinical Trials?	60 mins	Presentation of session content with questions for a plenary focused discussion
Proposed 15-minute break / body break / working teatime followed by a short energizer		
Topic 5.2 People-led Partnerships	60 min	Use the Leadership structure input to discuss what your cure trial could include important community voices
Topic 5.3 Bringing Community & Leadership together	90 min	Using your Cure trial from yesterday, populate it with key points for community involvement. Prepare teach back on HIV Cure Strategies using the Trial Poster annotated with Community and Leadership Features
Proposed 60-minute break / body break / working lunchtime followed by a short energizer		
CLOSING SESSION: MODULE ROUND-UP (2HRS 15 MINS)		
Teach-back by participants	30 mins	All five groups prepare a coherent 3-minute presentation on their Posters
Topic Reflection and feedback from Participants	25 mins	Flipchart Sticky Notes: What stood out? What was unclear? What resonated? Graphic Design Ideas? Instructional design Ideas/ Learning Examples?
Post-Module Assessment	5 mins	Online/printed Knowledge Assessment
Engagement on next steps	5 mins	Participant methods to remain connected to the CUREiculum and Homework
Host Closes with speaking notes	5 mins	Speaking notes: Thank you for joining in 'our house', reflect on today's learning
Spiritual Pause before departure	5 mins	Depending on cultural norms in the setting, take a quiet moment, sing a hymn, offer a prayer or meditation
CELEBRATORY TEA AND CAKE (60 MINS)		

INTERNAL USE ONLY

Opening Session

60 mins PRELIMINARIES

5 mins — SPIRITUAL PAUSE TO OPEN PROCEEDINGS

10 mins — WELCOME

Restate welcome. Recap main learning outcomes from previous day, and notable incidents (the funny or meaningful ones), and address any specific logistical factors that may influence the experience today.

30 mins — RECAP AND ICE-BREAKER

1. Gallery Walkabout of strategies to introduce HIV Cure research into different sessions (co-facilitators probe key points)
2. To break the ice in the morning, organise the week's content feedback (from the flipcharts) into working groups with leading questions or issues raised in the feedback (on a new flipchart). Allow participants to choose one working group that they would like to contribute to moving forward; get them to meet and discuss:
   - Who would be a placeholder convenor?
   - Who else could be invited?
   - How they would like their working group to meet (frequency, platform);
   - Three things they would like their working group to achieve in the next year
   - (these are not set in stone; they are just conversation starters for the inception meeting)
3. Refresh Commitments/Ground Rules, Key highlights this week (Duties and Responsibilities)
4. Emphasise 100% Participation, refresh:
   - The agenda is tight, allowing for two 15-minute breaks and a one-hour lunch for participants to decompress
   - Encourage participants to take advantage of this for work and family check-ins, as disruptions and uneven participation can inhibit robust learning
   - During sessions, phones and laptops are closed/flipped over, and silent (not vibrating!)
   - Discuss emergencies with facilitators to manage interruptions carefully

Key highlights for today
Today's session closes the training by interrogating the role of community and African leadership in HIV Cure. It provides important insights for African advocates to pick up and run with as they return to their context/setting.

5 mins — PRE-MODULE ASSESSMENT

1. Conduct Online[21] or Manual Completion
2. Share Guidance for participant feedback throughout the session (capturing flipcharts)
3. Encourage participants to note concerns, ideas, confusion, resonance etc. in real time, on individual sticky notes, and stick these to the applicable flipchart category when invited to do so at the end of the module.

INTERNAL USE ONLY

21. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

INTRODUCTORY FRAMING AND LEARNING OUTCOMES

5 mins

Explain the structure of the fifth module and introduce training participants to::

- Fundamentals of community leadership in HIV Cure Trials
- Aspects of stakeholder engagement
- Considerations for meaningful community engagement

After this session, training participants will be able to:

- Recount the history of HIV Cure research
- Describe what we can expect from HIV Cure research in the next decade
- Reflect on HIV Cure trial leadership now and in the future

GROUNDING

5 mins

Probe questions:

- Thinking back on the week so far, what do we know about HIV Cure research?
- Why would HIV Cure research post-2025 be similar or different to cure research to date?
- How should community leaders and advocates be placed in the response to finding an HIV Cure?



INTERNAL USE ONLY

Core Content Session

4¾ hrs COMMUNITIES LEADING FROM THE FRONT

Topic 5.1: What is 'Leadership' in Clinical Trials

60 mins

Leadership Structures
Leadership structures in clinical trials play a critical role in ensuring diverse and equitable participation. DEI-focused leadership ensures that trials include underrepresented populations, address historical disparities in healthcare research, and improve the applicability of findings. There are some models that prevail in the current landscape.

BUT:

- Who is 'the community'?
- What does 'community engagement' look like?
- What does 'consent' mean?
- Focused discussion to define meaningful engagement

Define: meaningful, patient, community and access

15 mins

SUGGESTED 15-MINUTE BODY BREAK HERE

Topic 5.2: People-led partnerships

60 mins

SMALL GROUP WORK

Read aloud: "Trials Must Meet Us Where We Are"
When a clinical trial begins, the research often assumes a perfect patient, someone stable, documented, easy to reach and easy to retain. But in the real world, many of the people most impacted by HIV, such as transgender sex workers and undocumented migrants, live lives that do not fit neatly into those tickboxes.

Take Naledi, a transgender sex worker living in a city where her identity is criminalised. She has heard whispers about a new HIV cure trial, but no one from the research team has come to her clinic.
She wants to know: will I be respected? Will my hormones be considered? Will I be safe?

Or consider Emmanuel, a migrant worker without papers. He lives in a crowded shelter, speaks little of the local language, and has no fixed address. He wants to join a trial to help others like him. But no one has translated the consent forms. No one explains what happens if he moves. No one asks what he needs to participate safely.

These are not side stories. They are the centre of what must change.
Meaningful engagement means researchers sitting down with these communities from day one, not just to explain the trial but to design it together. It means adapting protocols to include hormone therapies, creating mobile follow-up systems and ensuring compensation does not risk someone's immigration status. It means not asking people to fit the trial, but reshaping the trial to fit the people.

Access is not just about letting someone into a study. It is about removing the structural, linguistic, and social barriers that make full participation possible. It is about seeing each person not as a risk, but as a resource, holding knowledge that no protocol alone can access. If trials are to serve everyone, they must be built with everyone. Especially those who, for too long, have been told their lives are too complicated, too political, or too inconvenient for the science that claims to care.

DISCUSS
Whose interest is at the centre of HIV Cure clinical trials? Explain your answer.
How many HIV prevention options are enough? Explain your answer.
Who decides what an HIV Cure looks like? Explain your answer.

INTERNAL USE ONLY

Topic 5.3: Bringing Community & Leadership together

90 mins

Evolving community engagement literature proposes that community engagement should move beyond performative activities and elevate the community subsystem to leadership. Two case studies – the Brilliant Consortium, and the PNP Community Partnership Roadmap – are a marked departure from traditional community liaison. Read the two passages in Annexure.

60 mins

SUGGESTED 60-MINUTE BODY BREAK HERE



INTERNAL USE ONLY

Closing Session

60 mins MODULE ROUND-UP

TEACH-BACK

During the break, sequence the groups according to the easiest way to transition the room into the settings.

Initiate the teach-back after the post-break energiser.
Where possible and fun to do, reset the room for each teach-back to represent different settings. Each presenting group must be outside before they enter, while the facilitators explain the setting and briefly suggest how the audience could probe from their point of view in the setting (identifying knowledge, myths, misconceptions, population characteristics, behaviours, beliefs and expectations of people in the setting).

30 mins

During both the teach-back and the Q&A setting, the audience will evaluate the teach-back, focusing on:

1. Degree of learning – is the mechanism understandable?
2. Did the group address the specific needs of the setting population?
3. Will this setting population support this strategy/pathway? Why/why not?
4. What does this teach-back reveal about how to conduct research literacy for both the strategy and the population?

After each 10-minute teach-back, open the floor for 5 (5 minutes) questions from the audience in their roleplay mode (setting participants). Once the in-role Q&A is finished, the co-facilitators have a 10-minute discussion on the audience evaluation.

TOPIC REFLECTION

25 mins

Co-facilitators, Organise the notes on the flipcharts in the following categories:

- What did you learn?
- What could be done differently?
- Do you have artistic guidance to share or resources to suggest?
- Do you have learning activities to share?
- Any other comments

POST-MODULE ASSESSMENT

5 mins

Online[22]/printed Knowledge Assessment

INTERNAL USE ONLY

22. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0



5 mins

ENGAGEMENT ON NEXT STEPS

Probe how participants want to remain connected in future and offer assigment

TRAINING ASSESSMENT: 2,000-WORD ESSAY

As a retention strategy, and part of the collateral of the CoP, participant essays will build out important elements that future training can emphasize.

The essay will be moderated and supported by the facilitators and be included in evaluating the impact of the course. The essay is due within a week of completing the training.

While the essay is not compulsory, there will be opportunities for future training in HIV Cure; this essay is one of the assessment tools.

As the core evaluative exercise for learning during all these modules, your assessment essay can make an argument using all the materials in each module. See the tips below for finding a topic:

5 mins

What is the most compelling idea you learnt in this curriculum?

- Set up a motivational argument or critique for this idea, posing a question as the title
- Decide how key ideas in each of the modules contribute to your argument or critique
- Write an abstract of 200 words in the following form:
- Introduction and rationale – explain what argument or motivation you are presenting, in 500 words
- Key data – detailed historical facts and insights to support your critique or motivate, in 500 words
- Discussion – show how your argument or motivation is supported by your evidence, 800 words
- Conclude with a summary of your piece and propose recommendations, 200 words
- Present the abstract to the group/mentor for input, and improve
- Complete the essay over a week; try to write 500 words a day, and take one day to clean up your text and 1 day to structure the report, with a cover page, titled paragraphs and references.

5 mins

ACKNOWLEDGEMENTS & CLOSE

5 mins

SPIRITUAL PAUSE

INTERNAL USE ONLY

PART 3

Toolbox

INTERNAL USE ONLY


INTERNAL
USE ONLY

Toolbox for Training & Facilitation

Preparation Checklist

The checklist below helps keep convenors/hosts of the CUREiculum on top of all the recommended tasks that make up the CUREiculum. It's most useful to first go through this checklist action by action, and determine whether that action is relevant for the context, setting and arrangements. It's also important to adjust the dates to coincide with applicable timelines. Line items in bold indicate critical steps to take before moving forward. Most notable is the value of a planning or steering committee that meets regularly to support organisers make decisions and problem-solve. These are emphasised in bold italic below.

Action	dd/m/yy	Progress	Dd/m/yy	Still to do
General conversation with African Alliance to discuss settings, context, innovation, adaption, set up planning/steering committee etc.	**>20 weeks**			
Select the planning/steering committee, invite, and secure availability for the whole duration of the process	**>18 weeks**			
Planning Meeting 0: Convene pre-selected steering/ planning committee, where applicable provide overview of purpose, discuss roles and schedule future meetings every four weeks and two in the last fortnight	**>16 weeks**			
Planning Meeting #1: brainstorm need, ideas, format, role-players, planning meeting schedules, agenda etc.	**>16 weeks**			
Adjust Preparation Checklist	>16 weeks			
Draft 1: Identify venue(s), invitation mock-ups, agenda and adapted materials for the Planning Workshop	>16 weeks			
Planning Meeting #2: confirm dates, complete DST approach, co-create invitation, participant list, draft budget	**>12 weeks**			
Complete/update the Decision Support Tool for selecting the best approach for the identified need	>12 weeks			
Completed/Approve Budget (using tool)	>12 weeks			
Completed/Approve Printing List	>12 weeks			
Completed/Approve Stationery List	>12 weeks			
Approve Sample of registration invitation / SM flyer / WhatsApp Banner	>12 weeks			
Registration Form adapted	>12 weeks			
Participant List Confirmed	>12 weeks			

INTERNAL USE ONLY

Action	dd/m/yy	Progress	Dd/m/yy	Still to do
Secure venue and platform	>12 weeks			
Secure delivery requirements, e.g. audio-visual, catering, transport and accommodation, as applicable	>12 weeks			
Planning Meeting #3: Progress, decisions and problem-solving	**>10 weeks**			
Set up Save-the-date, WhatsApp group in AA community, Invitation and HIV 101 Knowledge Assessment	**>10 weeks**			
Monitor HIV 101 Knowledge assessment and prompt participants to complete; so if needed, there's enough time to complete HIV 101	> 10 - 4 weeks			
Monitor HIV 101 Knowledge assessment and prompt participants to complete; highlight deadline of 4 weeks to qualify	> 10 - 4 weeks			
Monitor HIV 101 to determine new qualifiers	>9-3 weeks			
Distribute the pre-qualification letter and invitation to formally register on the course	>9-3 weeks			
Confirmation of pre-qualification for HIV101 and invitation to take HIV101, then formally register on the course	>9-3 weeks			
Planning Meeting #4: Progress, decisions and problem-solving	**>6 weeks**			
Adapt and circulate Pre-Workshop Briefing Notes, including all details and pre-reading list/pack	>6-3 weeks			
Monitor registrations and circulate PWBN as required	>6-2 weeks			
Planning Meeting #5: Progress, decisions and problem-solving	**>14 days**			
Close registration	>14-3 days			
Monitor logistical arrangements	>14-3 days			
Countdown last 7 days	>7-1 day(s)			
Welcoming video day before	>1 day			
Set up registration station, print materials, compile packs, finalise flow, address signage, conduct soundcheck, conduct dry runs	>1 day			
Final Planning Meeting #6: Progress, decisions and problem-solving	**>1 day**			

INTERNAL USE ONLY

Note to Hosts, Convenors and Facilitators

Dear Host/Convenor/Facilitator(s) 31 August 2025

African Alliance is pleased that you have elected to go on your HIV Cure Journey with the materials we have developed together with the HIV Cure Community. This journey of development has traversed several years from 2019-2025, culminating in this first edition of the CUREiculum, dated 31 August 2025.

The CUREiculum is intended to be a living document. As such, we are hopeful that during its roll-out we will have more opportunities to strengthen its content and deepen its impact. In order to do this, there are three requests we put to current and future users:

- We'd like to document experiences with users outside of the African Alliance family. To ensure this is done systematically and methodically, we request that you liaise with us through cure@africanalliance.org.za so we are fully aware of and support your implementation of this CUREiculum as much as you want us to, or not, as the case may be.

- We would love to keep the materials alive by including adaptations, new ideas about process and design, and new scientific developments! We would appreciate the documentation of any changes, adaptations, queries etc. to be captured in the Change Log. The Change log is itself a living record of cohorts across the continent who have queries or suggestions. Changes that are immediate or urgent, such as new scientific developments, can trigger an erratum or note. Alternatively, we intend to capture all the changes annually in a single new edition per year.

- We would welcome you to present a session or an update in the HIV CUREiculum Community of Practice reflecting on your experience of using the CUREiculum. The African Alliance CUREiculum Community of Practice meets monthly, with a specific focus that the curriculum demands. It's a 90-minute session that zeroes in on a pre-defined consideration and generates debate/discussion among developers, interested stakeholders, users and users-to-be that influences the content or process of the CUREiculum. Please join our CoP here.

Best wishes on your HIV Cure Journey,

INTERNAL USE ONLY



Skeleton of the HIV CUREiculum Planning Workshop

In the agenda below we have identified critical elements that we learnt were important when we rolled out the testing version of the CUREiculum in 2025. Please note that the ideal time is up to 6 hours/a whole day. This can be adapted where less time is needed or available.

	Inception & Planning Workshop Sessions	Output
30 mins	Rationale, Background, Approach, including the roles and composition of the steering/planning committee	Shared understanding in the implementation team
30 mins	Identify the number and source of participants, especially considering the recommendations for effective training.	Working participant profile and pre-requisites
30 mins	Review the SWOT for the training delivery option and discuss variables	Opportunity, risk, and resources assessed for proposed modality
1 hr	Using country-level norms, consider budget items and out-of-pocket costs that need to be reimbursed, contrasted with available funds and tweaked accordingly.	Complete Budget Sheet: Resource planning (connectivity, transport, accommodation, venue, meals, printing, workshop stationery)
1 hr	Compile the Draft Training Programme according to the selected Modality	Draft programme for circulation, commentary and sign-off
1 hr	Revise briefing notes for participants, set training dates, and finalise content for training invitation.	Revised Briefing Notes Training invitation
30 mins	Define remaining considerations and frequency of planning meetings and feedback to partners/participants.	Scheduled Planning Meetings and Adapted Checklist

Table 1: CUREiculum Draft Inception & Planning Workshop Programme

INTERNAL USE ONLY

Decision-Support Tool for contextually-appropriate modality

Modality	Potential Strength	Potential Constraint	Estimated Budget categories
In-person AA-trained Cohort 20-30 pax	• Facilitators can reinforce and monitor learning and involvement • Connections made are stronger, which supports future advocacy • Concluded in ten days (with downtime)	• Approximately R___ per participant: • Absence from daily work and possibly home • Intensive: 7-10 hours per day	Materials: Trainers: Travel-in: Reimbursement: Stay overnight:
Online AA-trained Cohort 40-60 pax only, max 4 hrs pd, therefore over 2-3 weeks:	• Cost @ R___ pax • Screen time is 3-5 hours per day, allowing for other work	• Concluded in three weeks • Approximately R___ per participant • Risk of screen fatigue • Requires a longer commitment of 2-3 weeks • Requires connectivity	Materials: Trainers: Reimbursement: Connectivity:
Online self-paced, guided, individual or small group syndicates with AA mentoring over a maximum of three months' duration	• Requires a robust data connection • Approximately R___ per participant • Screen time self-managed	• Requires schedules of syndicate members and AA mentors to align for the 5 syndicate and mentoring sessions • Concluded over three months • Timed assessments	Materials: Connectivity:
Training of Trainers 12-18 pax who deliver the training themselves to a constituency (only offered from 2027)	• Facilitators can reinforce learning and monitor grasp and involvement • Connections made are stronger, which supports future advocacy • Concluded in 8 days (Day 6-10 = facilitation techniques, adaptations setting) • Certification • Access to Technical Assistance platforms and mentoring	• Approximately R___ per participant: • Absence from daily work and possibly home • Intensive: 10 hours per day	Materials: Trainers: Travel-in: Reimbursement: Stay overnight:

Table 2: Potential strengths, constraints, and estimated cost of the proposed CUREiculum modalities

INTERNAL USE ONLY

Simple Budget Template

This is a basic template for a training budget. Our inputs into this budget are examples and will vary from context to context; however we have used references that are typical in community settings. Download an Excel version of this budget23 or translate/align these fields to the budget tool used in your organisation:

Personnel	Project Coordinator(s)	X-month contract				
	Volunteer Stipends	Month to month				
	Speaker/Host Honoraria	Once-off Honorarium				
	Participant Reimbursements	Per submission				
	Participation Incentives/per diem	Per Policy and schedule				
	Consultants' Fees	Per quote/invoice				
Project Management	Planning meetings	Transport/Travel				
		Venue /Virtual Platform				
		Catering				
		Honorarium				
		Printing				
		Technology				
Consumables	Subscriptions	Digital Platform				
		Software				
		Project Management				
		Ethics Fees				
		Publication Fees				
		Visa Fees				
	Base Office Costs	Rent				
		Data				
		Wi-Fi				

INTERNAL USE ONLY

Activity/Task	Sub-activity/Task	Cost Item Category	Cost Item description	Unit cost	Total Units	Cost
Consumables	Base Office Costs	Petrol/local travel				
		Base Camp groceries				
	Stationery	Organiser Stationery				
		Design work				
		Participant Stationery				
		Facilitator Stationery				
	Printing	Posters				
		Participant Packs & Reg				
		Banners				
		Social Media Kit				
		Signage				
Participant Travel & Accommodation	Travel	Flights				
		Self-drive				
		Bus/Train				
		Public Transport				
	Accommodation	Accommodation				
		Training Venue Hire				
		Conference Packages				
Participant Materials	Registration Pack	Lanyard				
		Name Tag				
		Folders				
	Goodie Bag	Tote Bag				
		Collateral				
		QR Code Flyer for CoP				
		Gifts				

INTERNAL USE ONLY

Printing List Template

Module	Handout title	Printing Spec	Page	Completed/Notes
0				
0	Attendance Register			
1	Impromptu Role Play Groups	Print 5 cards in different colours, laminate		

Stationery List Template

#	Item	Purpose	Completed/Notes

INTERNAL USE ONLY

Sample of registration flyer/ WhatsApp Banner



Registration of Interest Form: African Alliance CUREiculum

INTERNAL USE ONLY

This application form documents protected biographical data of interested participants in the CUREiculum, and can be used for other African Alliance initiatives. The application form below can be printed for individual participants to complete, or be completed online.[24]

Biographical Information: The purpose of collecting your biographical information is to ensure smooth communication between African Alliance and participants in the HIV CUREiculum. African Alliance is also building up a secure database of people and organisations who participate in their work so that they can share more participation opportunities with their stakeholders.

For you to proceed further in registering your interest in the CUREiculum, please circle 'Yes' in the first box to allow African Alliance to collect your biographical data for training communication. If you agree that African Alliance can use your biodata for other invitations and information, please also circle the 'Yes' fields that permit African Alliance to use your data for other communication. You can change these preferences at any time, by emailing HIVCure@africanalliance.org.za

African Alliance will never share your data with any other party without your informed and express consent. Please report any other parties who have obtained your biodata from African Alliance without your consent. Please circle the block you agree with and cross out the block that does not apply

Use my data for the CUREiculum only.	Yes / No	Use my biodata for other HIV Cure activities, e.g. Community of Practice, HIV Cure Advocacy	Yes / No	Use my biodata for HIV Cure and other public health activities, e.g. newsletters, announcements.	Yes / No	African Alliance may use my biodata for any information they wish to share with their stakeholders.	Yes / No

Date		**Surname**		**Name**			**Title**
Organisation		**URL**		**Email**			**Phone**

How did you hear about the CUREiculum (circle fields that apply)?

Word of mouth	African Alliance website/materials	Social media	Events	Other, please elaborate:	

Please share your/your organisation's preferred social media handles?

	X/Twitter	TikTok	Instagram	Facebook	LinkedIn	WhatsApp #	YouTube
Yours							
Organisation							

How did you become interested in the HIV CUREiculum?	

What previous experience do you have with HIV CURE?	HIV Cure is my daily work	I know quite a lot about HIV Prevention and Treatment	I know the basics about HIV	I know very little about HIV

24. In South Africa: POPIA Act, 2013

HIV101 Knowledge Assessment

African Alliance evaluates the baseline knowledge of all prospective CUREiculum participants so that the training is scaffolded on pre-existing knowledge about HIV.

Kindly complete the questionnaire below or use this Google Form[25]. Should you already have sufficient baseline knowledge to enter the CUREiculum, you will receive an invitation to register for it.

If your baseline knowledge can be strengthened so you can comfortably continue with the CUREiculum, you will be invited to complete HIV101, a self-paced online course that improves baseline knowledge about HIV.
FOR FACILITATORS: The correct answers are in Bold. Before administering this in printed form, ensure the answers are no longer in Bold.

1. Why is it difficult to cure HIV completely with current treatment?
   a. HIV only hides in the skin and can't be removed
   b. HIV settles into our DNA, forming hidden pockets of HIV that ART cannot find and eliminate
   c. HIV mutates once every year, making ART ineffective
   d. ART cannot reduce HIV in the blood at all
2. What is the main function of CD4 T-cells in the immune system, which HIV targets?
   a. They kill HIV directly
   b. They produce antibodies against HIV
   c. They coordinate immune responses by signalling other immune cells
   d. They prevent HIV from attaching to other cells
3. Which best explains viral suppression in someone on ART?
   a. HIV is completely removed from the body
   b. HIV remains in the body but at such low levels that it cannot be detected by standard tests, or transmitted sexually
   c. The person no longer needs ART after suppression is achieved
   d. HIV mutates into a harmless form
4. Which of the following situations increases the risk of HIV drug resistance?
   a. A. Taking ART every single day
   b. B. Skipping doses of ART on the weekend
   c. C. Using condoms during sex
   d. D. Taking ART while HIV-negative
5. Which combination of factors is MOST effective in preventing mother-to-child transmission of HIV?
   a. A. Exclusive breastfeeding and prayer
   b. B. ART for the mother during pregnancy, safe delivery practices, and ART for the newborn
   c. C. Avoiding vaccination of the baby
   d. D. Only avoiding breastfeeding
6. Which of the following prevention methods works at the biomedical level rather than the behavioural level?
   a. A. Reducing multiple sexual partners
   b. B. Using condoms
   c. C. Pre-Exposure Prophylaxis (PrEP)
   d. D. Delaying sexual debut
7. What is the difference between HIV incidence and HIV prevalence?
   a. A. Incidence is the total number of people living with HIV; prevalence is the number of new infections per year
   b. B. Incidence is new HIV infections over time; prevalence is the total number of people living with HIV at a given time
   c. C. Both mean the same thing
   d. D. Incidence measures people on ART; prevalence measures those not on ART
8. Why does HIV remain a global public health threat, despite widespread ART access?
   a. A. ART is too expensive and rarely works
   b. B. Structural barriers, unequal access, stigma and ongoing new infections mean treatment alone cannot end the epidemic
   c. C. ART increases HIV transmission risk
   d. D. ART stops working after 2 years in all patients
9. Which statement about HIV Cure research is correct?
   a. A. 'Functional cure' means HIV is fully eliminated from the body
   b. B. 'Sterilising cure' means controlling HIV without treatment, while HIV still remains in reservoirs
   c. C. 'Functional cure' means the virus is controlled without ongoing ART, while 'sterilising cure' means HIV is completely eliminated
   d. D. All HIV cure trials so far have permanently eliminated HIV in participants
10. In the UNAIDS 95-95-95 targets, what does the third '95' measure specifically?
    a. A. 95% of people know how HIV is transmitted
    b. B. 95% of people on ART achieve viral suppression
    c. C. 95% of countries have reduced HIV transmission
    d. D. 95% of HIV-positive people are cured

INTERNAL USE ONLY

25. https://drive.google.com/drive/folders/1_gK3adTCqRD_yoquVeWsyQF7xkoFsVQ0

Confirmation of pre-qualification

Dear (Participant Preferred Name) (full date)

Thank you for your interest in participating in the CUREiculum training that is hosted by (organisation/person) (online/in person) at (online link/in-person address).

Based on the knowledge assessment, you are ready to register for the CUREiculum training session. Please do so here (online link) or using the manual registration form below:

BY REGISTERING FOR THE CUREICULUM BELOW, I ACKNOWLEDGE:

- That my biodata can be used to communicate about the HIV CUREiculum
- That I will be added to and/or receive and accept an invitation to a training-specific WhatsApp Group
- That I will attend no less than 80% of the CUREiculum sessions and may be able to bridge any gaps by attending an online session to trigger certification
- That I will conform to the stated ground rules established by the group
- That I will complete all assessments before certification
- If online, that stable Wi-Fi/data and connectivity are available for the entire duration of the training workshop

Surname	
Name	
Organisation	
Cellphone	
WhatsApp if different	
Email	
Location & Time Zone	
Signed	
Date & Location	

INTERNAL USE ONLY

Invitation to take HIV101

Dear (Participant Preferred Name) (full date)

Thank you for your interest in participating in the CUREiculum training that is hosted by (organisation/person) (online/in person) at (online link/inperson address).

Based on the knowledge assessment, you are ready to register for the HIV101 course offered separately by African Alliance. Please complete this course (online link) by (date). Please ensure that you complete the last section in the course, which will automatically trigger us to review the course you have completed and send you a registration link for the CUREiculum.

If you do not receive the registration link within (x) hours, kindly email HIV cure@africanalliance.org.za and someone will respond manually to your email.

INTERNAL USE ONLY

Pre-Workshop Briefing Notes

RATIONALE

Headline:
The Journey to an HIV Cure

KEY POINTS:

- **Progress made:** ART & PrEP save lives, but access for all isn't guaranteed.
- **Bigger vision:** A cure is the only way to end HIV as a public health threat.
- **The challenge:** Cure research can feel complex and overwhelming.
- **The solution:** The CUREiculum makes it simple, empowering communities with 35 years of advocacy lessons.

PEDAGOGY

Headline:
How the CUREiculum Teaches & Learns

Key Points:
Our foundation: We use a constructivist, pragmatic social epistemology – meaning learning is built from real experiences, context, and shared knowledge.
Respecting history & culture: We honour indigenous knowledge and collective wisdom.
Participants at the centre: Learners are experts too – bringing insight from their lived realities.
Balanced approach: Both what we learn and how we learn matter equally.
Learning by doing: We use dialogue and hands-on, Socratic-style learning to deepen understanding.



Constructivist, pragmatic social epistemology" simply means we learn best by connecting real-life experience, context, and shared knowledge.

INTERNAL USE ONLY

MODULE STRUCTURE

5-DAY HIV CURE TRAINING

Every day includes reflection, energisers, and participants-as-teachers.

DAY 1

Intro to HIV Cure
Why cure research is needed
Key terms made simple
Stories & case studies of progress

DAY 2

Ethics & Leadership
What ethics means in research
Lessons from history
Guidelines & leadership for fair trials

DAY 3

Cure Strategies
Why HIV 'hides' in the body
New ideas for a cure
Exploring 4 promising strategies

DAY 4

Cure Trials – Past & Future
History of cure trials
What's coming by 2030
Practise asking key community questions

DAY 5

Communities & Cure
Role of community in trials
Science + community leadership
Designing people-centred trials

TIPS FOR IMPROVED LEARNING

Long tips

Active Engagement

- Participate fully: Ask questions, engage in discussions, and challenge assumptions. Passive listening rarely leads to deep understanding.
- Teach-back method: Try explaining complex concepts to peers in your own words; teaching reinforces learning.
- Problem-solving exercises: Apply theory to case studies or real-life scenarios in HIV cure research.

Chunking & Spaced Repetition

- Break content into segments: Focus on one topic or module at a time to avoid cognitive overload.
- Review daily: At the end of each day, summarise key points from memory.
- Use spaced repetition: Revisit difficult concepts across the 5 days and after the training to consolidate retention.

Multi-Modal Learning

- Visual aids: Diagrams of viral mechanisms, immune responses and cure strategies help internalise complex processes.
- Hands-on practice: Laboratory or simulation exercises solidify technical procedures.
- Audio and notes: Record key points or use mind maps and flowcharts.

Connect to Prior Knowledge

- Relate new information to your existing knowledge in immunology, virology or pharmacology.
- Identify patterns, similarities and differences between current HIV cure strategies and previous experiences or trainings.

Reflection & Meta-Learning

- End-of-day reflection: Ask yourself: "What did I learn? What do I still not understand?"
- Keep a learning journal to track insights, questions and personal observations.
- Consider the implications for your own research or clinical practice.

Collaboration & Networking

- Discuss concepts with peers, form small study groups.
- Sharing different perspectives can clarify misunderstandings and highlight new angles.

Self-Care & Cognitive Readiness

- Ensure adequate sleep, nutrition and short breaks; fatigue impairs technical learning.
- Use focused periods (e.g. 50 minutes of study, 10 minutes break) to maximise retention.

Use Memory Aids

- Acronyms and mnemonics for processes such as viral latency or gene editing strategies.
- Visual memory cues for molecular pathways or drug mechanisms.

Apply Immediately

- Whenever possible, try applying concepts in your workplace or research. Active application is one of the fastest ways to internalise technical content.

Short Tips

Daily Review: Spend 15-20 minutes revisiting prior days' notes.	Active Recall: Test yourself on definitions, mechanisms and key concepts.	Mind Maps & Flowcharts: Visualise HIV pathways, cure strategies and trial designs.
Journalling: Capture successes, confusion and strategies to improve.	Sleep & Nutrition: Optimise cognitive performance for highly technical learning.	

INTERNAL USE ONLY

TOP 10 THINGS THAT INTERRUPT LEARNING

Passive Learning

- ✖ Just listening – don't engage actively.
  - Ask questions, participate in exercises, and join discussions.

Fixed Mindset

- ✖ Thinking "I can't do this."
  - Embrace mistakes as learning opportunities; believe skills improve with effort.

Multitasking

- ✖ Checking phones or emails during sessions.
  - Focus fully on the training and practice tasks without distractions.

Skipping Practice

- ✖ Ignoring hands-on exercises.
  - Apply new skills immediately; practice makes mastery.

Neglecting Preparation

- ✖ Not reviewing pre-course materials or prerequisites.
  - Familiarise yourself with foundational concepts before sessions.

Overloading on Information

- ✖ Trying to memorise everything at once.
  - Focus on understanding core concepts, then expand to details.

Negative Self-Talk

- ✖ Comparing yourself with peers or self-doubt.
  - Celebrate small wins and focus on personal progress.

Passive Notetaking

- ✖ Copying everything mechanically.
  - Summarise, diagram and write in your own words for better retention.

Ignoring Peer Learning

- ✖ Avoiding group activities or discussions.
  - Collaborate and learn from others' experiences and perspectives.

Skipping Reflection

- ✖ Moving on without reviewing what you learned.
  - Reflect daily; connect new knowledge to real-life applications.

INTERNAL USE ONLY

Community Building

One of the goals of the CUREiculum is to build a strong foundation for the emergence of an HIV Cure Advocacy Community that centres people living with HIV, and their voices, needs and interests, and dismantles stale power structures that keep their voices silent. One way to continue this organic momentum is to subscribe to our WhatsApp community and our online HIV Cure Community of Practice. Please select either or both on the banners below

Join our HIV CURE Resources WhatsApp Community	Join our HIV CURE Community of Practice
Add structure/photo of community	Add structure/photo of community agenda (tiles)
Add QR Code	Add QR Code
Add Quote of support	Add Quote of support

MAP FOR THE MATERIALS



INTERNAL USE ONLY

In-person Attendance Register

(copy/paste this table on to organisational letterhead)

	Date:	Location:	Host Name:	Co-facilitator:	Co-facilitator:	Assistant:	Initial Days attended				
#	Name	Surname	Organisation	Email Address	Cellphone	WhatsApp (if different)	1	2	3	4	5
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

INTERNAL USE ONLY

Photo consent

African Alliance uses the following consent language in all their activities. This can be adjusted for different contexts. Please defer to your country's consent and protection of personal information regulations.

Social Media postings and the use of photos and video material

All official social media posts related to events, activities or excursions organised by African Alliance shall be made exclusively by the designated representatives of the organisation. Any photos, videos or materials captured by African Alliance during these events may be used by African Alliance at its discretion for promotional or reporting purposes. By participating in these events, it is assumed that all participants have given their consent for images that may include them to be used in official materials.

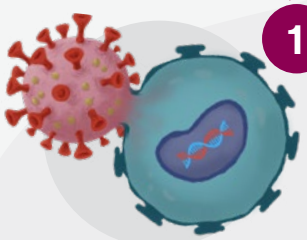
Participants are reminded that any social media posts they make regarding the event are in their personal capacity. They may not use or display the African Alliance logo, branding or any identifiable trademarks in their posts without prior written permission from the organisation. When posting photos or videos featuring fellow travellers, participants are required to obtain explicit consent from those portrayed in the content. This applies to any material in which individuals are identifiable, ensuring the privacy and comfort of all participants.

INTERNAL USE ONLY

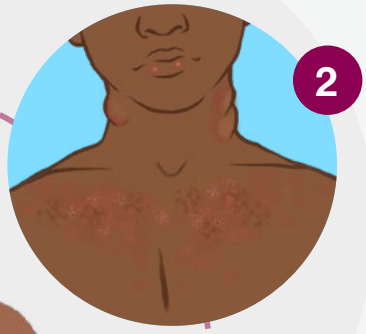
The process of HIV infection & persistence

Facilitators can use this to restate the process of HIV infection and persistence

When HIV enters the human body, its goal is to hijack healthy immune cells and use their genetic blueprint to make more virus. HIV carries its genetic information in an acid called RNA (ribonucleic acid). Because human cells use another acid called DNA (deoxyribonucleic acid) as their genetic blueprint, HIV must first convert its RNA into DNA. When HIV enters a CD4 immune cell, it uses an enzyme it carries called reverse transcriptase to make this new DNA. The viral DNA then becomes part of the host cell's DNA, causing the cell to unknowingly produce new HIV that can infect other cells.

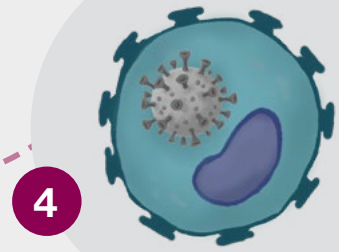


Two weeks after the HIV first enters the body, many viral cells have been copied and symptoms start showing as mout hulcers, swollen glands and rashes - the are signs that the immune system is fighting the virus and its goal to rapidly make copies of itself.

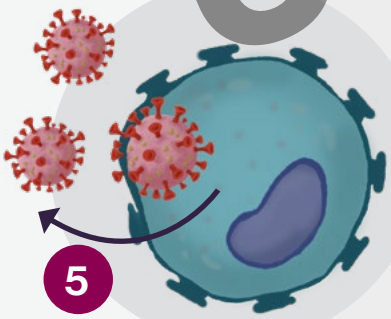




ART stops HIV enter, hijacking and replication



Stopping ART lets the virus re-enter, resume hijacking and replication

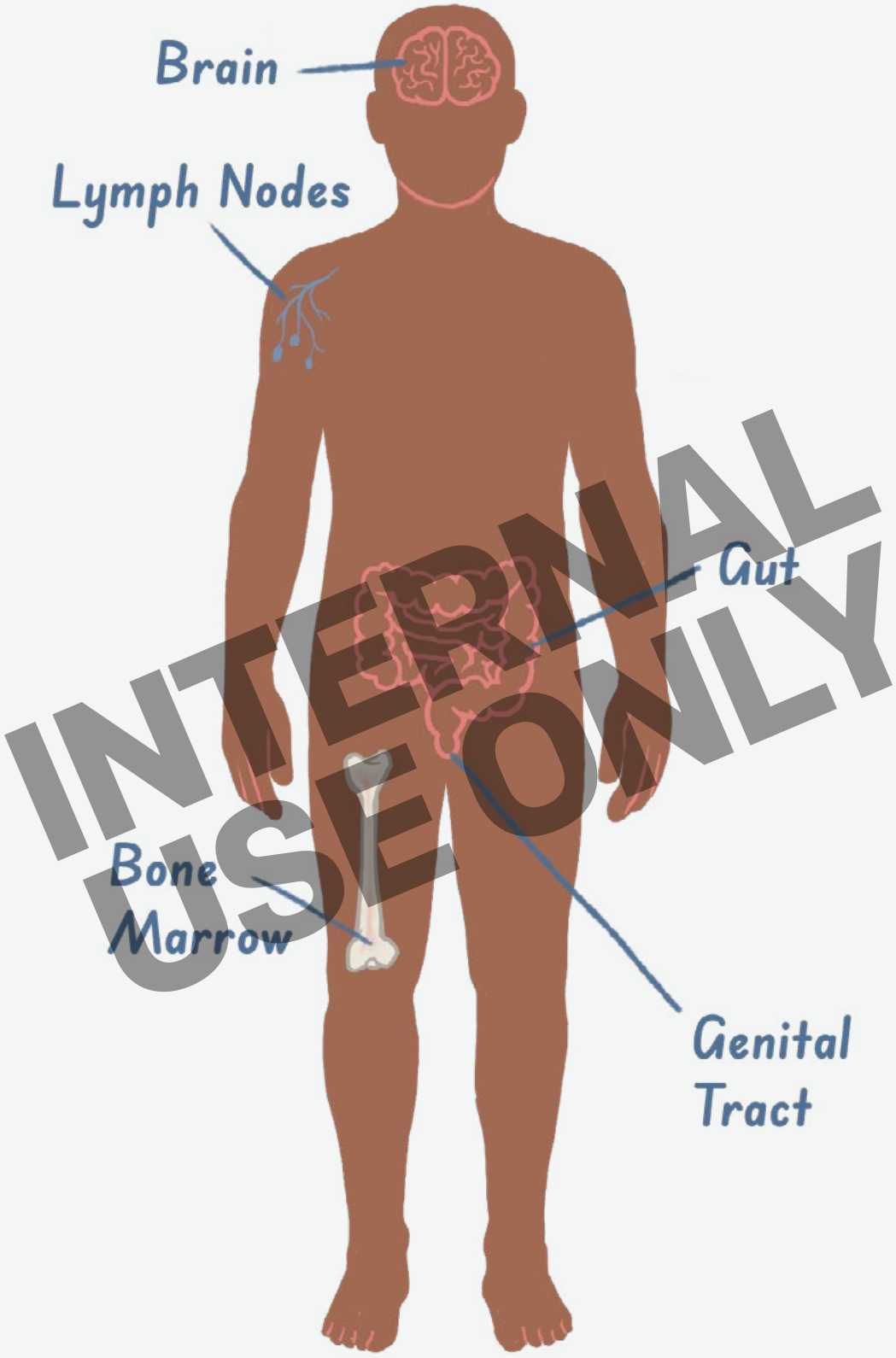


To evade detection, HIV can remain hidden inside some infected immune cells in a "sleeping" (dormant) state. In this state, the viral DNA stays inside the cell's DNA without making new virus. Because antiretroviral therapy (ART) only stops HIV from making new copies of itself, these sleeping infected cells can remain in the body. If ART stops or the resting cells become active again, the virus can "wake up," start making new copies of itself, and infect other cells.

INTERNAL USE ONLY

HIV reservoir

Facilitators can use this to re-explain the HIV Reservoir



INTERNAL USE ONLY

Digest of Secular/Agnostic Spiritual Pauses

Meditation Exercises & Reflection Rituals

1. Centring Breath (2-3 minutes)
   - Invite participants to close their eyes or soften their gaze.
   - Guide them to take three slow, deep breaths, noticing the inhale, the exhale, and the pause in between.
   - Suggest silently letting go of distractions with each exhale.
   - Transition back by inviting them to notice how their body feels before resuming.

2. One-Word Check-In
   - Ask participants: "Choose one word that captures how you feel in this moment."
   - They can say it aloud, write it on a sticky note, or just hold it silently.
   - This fosters awareness and presence without lengthy sharing.

3. Gratitude Pause
   - Invite participants to reflect on one thing they've learned so far that they're grateful for.
   - They can jot it in a notebook or share with a neighbour if appropriate.
   - A subtle but powerful way to anchor positivity.

4. Silent Walking Reflection (5 minutes)
   - Guide participants to walk slowly and silently (indoors or outdoors if possible).
   - Encourage them to notice their steps, breath, or surrounding environment.
   - Return to the group with a sense of refreshed energy.

5. Candle or Object Focal Point
   - Place a candle, stone, or other neutral symbolic object at the centre of the room.
   - Invite participants to focus on it for a minute in silence, as a marker of transition or reflection.
   - Works well at the end of a learning block to signify closure before moving on.

6. Mindful Journalling (5 minutes)
   - Prompt: "What's one insight or question that stands out for you right now?"
   - Encourage free writing without judgment or editing.
   - Allows learners to integrate knowledge and emotions privately.

7. Shared Silence (1-2 minutes)
   - Simply invite the group to sit together in silence.
   - You can frame it as: "Let's pause together to let what we've learned settle."
   - Short, inclusive, and powerful in its simplicity.

8. Visualisation Reset (3 minutes)
   - Guide participants to imagine placing everything they've learned so far into a 'container' (a box, a folder, a jar).
   - Tell them they can open it again later when they're ready.
   - This helps manage information overload, while offering closure.

INTERNAL USE ONLY

Host's short history of HIV Cure – bulleted list and long form

1. **OPENING HOOK**
   - **1990s mindset:** Cure seen as fantasy, only management possible.
   - **Today's reality:** Not if, but how soon, for all.

2. **MILESTONES IN HIV CURE**
   - **2006 – Berlin Patient (Timothy Ray Brown):** First cured via CCR5 stem cell transplant.
   - **2019 – London Patient (Adam Castillejo):** Second cure, transplant for lymphoma.
   - **2013/2023 – Düsseldorf Patient (Marc Franke):** Transplant in 2013, declared cured a decade later.
   - **2022 – New York Patient:** First woman cured; haplo-cord transplant.
   - **2022 – City of Hope Patient (Paul Edmonds):** Oldest cured, HIV-positive for 31 years.

3. **OTHER REMARKABLE CASES**
   - **Buenos Aires Patient:** Off ART since 2007, undetectable >12 years.
   - **Barcelona Patient:** 15+ years control after early ART + immune drugs.
   - **Exceptional Controllers:** Loreen Willenberg (US) & Esperanza Patient (Argentina) – no intact HIV detectable.

4. **CHILDREN & EARLY ART**
   - **Mississippi Baby (2013):** Early ART, remission for 27 months before rebound.
   - **Texas Child (2020 report):** Treated at birth, off ART at 13 months, still undetectable.
   - **South African Infant Study (2022):** Five boys showed post-treatment control; early therapy critical.

5. **POST-TREATMENT CONTROLLERS**
   - **VISCONTI Cohort (France):** 10 people started ART within weeks, stopped, remained undetectable for years.

6. **CLOSING TAKEAWAY**
   - **By 2025:** Cure is proven possible.

INTERNAL USE ONLY

OR,

Thirty years ago, an HIV cure was spoken of in whispers — a dream, a fantasy, a hope reserved for science fiction. Today, it is no longer a question of whether HIV can be cured, but how soon we can make it available for everyone. In the early 1990s, an HIV cure felt unimaginable. Treatments were limited, outcomes were grim, and the prevailing belief was that HIV could only be managed, never eradicated. Yet small hints — unusual immune responses in a handful of people — kept the spark of possibility alive. That possibility turned into proof in 2006, when Timothy Ray Brown, the 'Berlin Patient', became the first person cured of HIV, through a stem cell transplant with a rare CCR5 mutation. His story redefined the field.

Since then, more cases have emerged. The London Patient, Adam Castillejo, was reported in 2019, followed by the Düsseldorf Patient, Marc Franke, declared cured in 2023. The New York Patient, the first woman cured, and the City of Hope Patient, Paul Edmonds, the oldest cured at 63, showed that cure is possible across different ages, sexes and backgrounds.

Other extraordinary cases have pushed the boundaries further: the Buenos Aires Patient, HIV undetectable for over a decade after stopping treatment; the Barcelona Patient, in long-term control after early therapy plus immune-modulating drugs; and exceptional individuals such as Loreen Willenberg and the Esperanza Patient, whose immune systems appear to have eliminated HIV altogether.

Children have also shown the power of early intervention. The Mississippi baby, a Texas child, and a South African infant study demonstrated that starting ART almost immediately after birth can sometimes prevent the virus from gaining a foothold. And beyond cures, we now see post-treatment controllers, such as the VISCONTI cohort in France, who started ART within weeks of infection, stopped later, and still remained undetectable for years.

"So here we are in 2025. We no longer ask, 'Can HIV be cured?' – we know it can. The question before us now is, 'How do we transform rare, extraordinary cases into everyday reality?' Because the story of HIV cure is no longer about possibility – it's about access, scale, and urgency."

Digest of Ice-breakers

Workshop Icebreakers to Settle and Connect

ONE WORD TO ARRIVE/MINDFUL ARRIVAL

- Ask participants to share one word that describes how they're arriving today (e.g. 'curious', 'tired', 'ready').
- Quick, low-pressure, sets the tone for presence.

PAIR & SHARE

- Participants pair up with someone they don't know.
- Each takes 2 minutes to share their name, role, and one thing they hope to get out of the workshop.
- Builds connections quickly and lowers barriers.

Common Ground

- In small groups, learners list three things everyone in the group has in common (not related to work).
- Encourages laughter and bonding over unexpected similarities.

SILENT LINE-UP

- Without speaking, ask participants to arrange themselves in a line by:
- Birthday (month/day), or
- Distance travelled to the workshop.
- Adds gentle movement and non-verbal collaboration.

HUMAN BINGO (SIMPLIFIED)

- Hand out a grid with prompts like:
- 'Has travelled to more than three countries.'
- 'Enjoys cooking.'
- 'Speaks more than one language.'
- Participants mingle to find people who match the prompts.

TWO TRUTHS AND A WISH

- Instead of 'two truths and a lie', which can feel awkward, invite participants to share:
- Two true things about themselves.
- One aspiration or 'wish' (personal or professional).

OBJECT STORY

- Provide small everyday objects (key, stone, pen, coin).
- Each participant picks one and introduces themselves using the object as a metaphor (e.g. 'I chose the key because I like unlocking solutions').

SPEED NETWORKING

- Set up 3-minute conversations in pairs.
- Rotate twice or three times so participants briefly meet several new people.
- Creates comfort and reduces unfamiliarity.

SHARED VALUES WALL

- Put sticky notes or cards on the wall with prompts such as:
- 'What value do you bring to group learning?'
- 'What do you need from others to learn well?'
- Participants place their notes and read others', fostering mutual respect.

INTERNAL USE ONLY

Digest of Energisers

Workshop Energisers to Re-Engage Learners

STRETCH & SHAKE (2-3 MIN)

- Invite everyone to stand, stretch arms overhead, roll shoulders, and gently shake out arms/legs.
- Quick way to bring back blood flow and alertness.

QUICK-FIRE QUESTIONS (5 MIN)

- Pose fun, low-stakes questions:
- 'What's your favourite snack?'
- 'What's the best movie you've seen recently?'
- Go around quickly, keeping energy light.

STAND IF... (5 MIN)

- Facilitator calls out statements:
- 'Stand if you've had coffee today.'
- 'Stand if you love working with data.'
- Creates laughter, movement, and shared connections.

POWER POSE RESET (2 MIN)

- Invite everyone to stand tall, feet wide, hands on hips (like a superhero).
- Hold for 30 seconds, then release with a big breath.
- Boosts energy and confidence.

MOVEMENT CHAIN (5 MIN)

- One person does a simple movement (clap, step, wave).
- The next repeats it and adds another.
- Continue around the room building a fun 'movement chain'.

ENERGISER CLAP (3 MIN)

- Everyone stands in a circle.
- One person starts with a clap, facing someone; that person claps immediately and passes it on.
- Speed up until the group is laughing and focused.

BRAIN TEASERS (5-7 MIN)

- Quick puzzles or riddles to stimulate thinking.
- Example: 'I'm light as a feather, yet the strongest person can't hold me for long. What am I?' (Answer: Breath).

WORD-AT-A-TIME STORY (5-10 MIN)

- In small groups, create a story by each person adding one word at a time.
- Encourages creativity and laughter.

FOUR CORNERS (10 MIN)

- Label corners of the room with categories (e.g. favourite season: Summer/Winter/Autumn/Spring).
- Participants move to their choice and share why with others in the corner.
- Builds movement + quick conversations.

BREATHING RESET WITH MOVEMENT (3 MIN)

- 3 deep breaths.
- On each exhale, invite a different stretch (arms up, arms wide, gentle twist).
- Calms and energises at the same time.

INTERNAL USE ONLY

Group Commitments Guidance

There are numerous methods and documented good practices to set the tone for training that is safe and effective. Below, we share the step-by-step method that works for African Alliance, with some examples afterwards of group agreements we have used.

1. **Open with Intention**
   'We are not just here to learn – we are here to care for each other while doing hard work. Ground rules are not about control; they're a collective agreement for how we move, speak, and protect one another in this space.'

2. **Facilitator Sets the Tone**
   Offer 2-3 non-negotiable rules grounded in ethics, safety, or legal frameworks (e.g. no hate speech, confidentiality). Frame these as protecting the most vulnerable in the room.

3. **Invite Contributions**
   Ask participants:
   'What do you need to feel safe, heard and respected in this space?'
   'What values should guide how we engage on HIV, especially given stigma, trauma and diverse identities?' You can gather responses via:
   – Open discussion.
   – Small group brainstorm + report-back.
   – Post-it notes on a flipchart labelled 'Our Agreements'.

4. **Group Consolidation**
   Facilitator summarises and clusters the inputs into a clear, visible list (6-10 max). Ask the group:
   'Are there any you'd like to add or challenge?'
   'Can we all live with these?'

5. **Visible Documentation**
   Write the final list on a poster, slide, or flipchart titled: 'Our Workshop Covenant' or 'Isivumelwano Setu / Mkataba Wetu / Our Agreement'

INTERNAL USE ONLY

Here are some more examples of 'ground rules' or 'group agreements'.

EXAMPLE GROUND RULES FOR AN HIV WORKSHOP

- Confidentiality.
- 'What's shared here stays here. What's learned here leaves here.'
- No HIV status assumptions.
- Don't assume anyone's status, treatment, or identity – including facilitators.
- Respect for language and pronouns
- Use people's correct names and pronouns. Respect cultural and personal expressions around gender and identity.
- Speak From the 'I'.
- Share your own experience. Don't generalise or speak for others' lives or communities.
- Ubuntu in Action.
- We care for one another. If someone is hurting, we notice. If someone is quiet, we make space.
- No expert hierarchies.
- Lived experience and scientific knowledge are both valid. Everyone is a teacher here.
- Call In, Not Out.
- If harm happens, we address it with care – not cancellation. We are accountable and kind.
- Phones on Silent, Minds on Loud.
- Respect the space with presence. Step out if you need to.
- English Is Not the Only Language Here: Use local languages when needed, translation is welcome.
- Celebrating Truth, Even When It's Hard
- Silence around HIV has killed us. Truth is a form of healing.

Or:

HIV CUREiculum Group Agreements



INTERNAL USE ONLY

Pre-and Post-Knowledge Assessments (printed)

Find Google Form here
This assessment contains 60 multiple-choice questions (10 per module). Use this version for trainers/facilitators only.
The correct answer choice is in bold.

INTERNAL USE ONLY

Module 1:
Pre- and Post- Knowledge Assessment

1. Which of the following best explains why HIV reservoirs are a barrier to cure?
   a. They produce high levels of HIV detectable in standard tests
   b. They allow HIV to remain dormant and undetectable by ART
   c. They hide HIV DNA in long-lived cells, resisting elimination
   d. They prevent HIV transmission

2. What does 'pill fatigue' primarily refer to?
   a. Side effects from ART
   b. Decreased motivation to adhere to daily ART despite feeling healthy
   c. Development of ART resistance
   d. Cost of ART

3. Whic1h case demonstrated cure through stem cell transplant using a donor with CCR5 mutation?
   a. Mississippi Baby
   b. Lorraine Willenburg
   c. Timothy Brown (Berlin Patient)
   d. iPrEx Trial

4. Which of the following is NOT a preferred characteristic of an HIV cure from a PLHIV advocacy perspective?
   a. Affordable and scalable
   b. Simple and tolerable
   c. Dependent on monthly injections
   d. Durable and long-lasting

5. ART achieves viral suppression by:
   a. Eliminating all HIV DNA from reservoirs
   b. Blocking HIV replication to reduce viral load
   c. Preventing immune memory formation
   d. Killing all HIV-infected cells

6. Which of the following best distinguishes a 'classic cure' from 'durable suppression'?
   a. Both eliminate HIV
   b. Both require continuous ART
   c. Classic cure = complete elimination; durable suppression = long-term control without ART
   d. Classic cure = early ART; durable suppression = late ART

7. The FRESH study focused primarily on:
   a. Vaccine development
   b. Early treatment interventions in young women
   c. Long-acting ART trials
   d. Stem-cell therapies

8. What role should communities play in HIV Cure research?
   a. Provide participants only
   b. Co-lead and ensure accessibility, trust, and relevance
   c. Fundraise for trials
   d. Monitor only ART adherence

9. Why is stigma around ART relevant to HIV cure research?
   a. It increases funding for ART
   b. It makes ART cheaper
   c. It reduces adherence, highlighting the need for long-term alternatives
   d. It prevents resistance

10. Which scientific method is an example of a 'shock and kill' approach?
    a. Gene therapy to delete CCR5
    b. Activating latent HIV then eliminating infected cells
    c. Enhancing immune memory cells
    d. Preventing viral entry

INTERNAL USE ONLY



Module 2:
Ethics and Leadership in HIV Cure Research

1. Which principle is most closely aligned with 'Do No Harm'?
   a. Justice
   b. Autonomy
   c. Beneficence
   d. Confidentiality

2. What ethical violation is most strongly associated with the Tuskegee Study?
   a. Overuse of informed consent forms
   b. Withholding treatment without consent
   c. Excessive use of children in trials
   d. Lack of data sharing

3. Which guideline specifically ensures community involvement in HIV trials?
   a. Declaration of Helsinki
   b. UNAIDS/AVAC Good Participatory Practice (GPP) Guidelines
   c. Belmont Report
   d. CIOMS Guidelines

4. The Belmont Report outlines three core principles:
   a. Transparency, justice, safety
   b. Respect for people, beneficence, justice
   c. Fairness, equity, community participation
   d. Autonomy, honesty, dignity

5. The Nuremberg Code was created in response to:
   a. Tuskegee Study
   b. Thalidomide tragedy
   c. Nazi human experiments during WWII
   d. Tenofovir PrEP Trials

6. The European Code of Conduct for Research Integrity includes:
   a. Clinical trial approval only
   b. Reliability, honesty, respect, accountability
   c. Beneficence, autonomy, confidentiality
   d. Data reporting only

7. Which ethical failure occurred in Tenofovir PrEP trials?
   a. Unethical use of children
   b. Lack of adequate community consultation and post-trial access
   c. Overpayment of participants
   d. Unreported trial results

8. CIOMS Guidelines are important because:
   a. They are legally binding worldwide
   b. They serve as global benchmarks adopted into national frameworks
   c. They apply only in Europe
   d. They replace the Helsinki Declaration

9. Informed consent in HIV cure research is unique because:
   a. It must be verbal only
   b. It cannot be withdrawn
   c. It must allow ongoing withdrawal and ensure comprehension
   d. It only protects sponsors

10. Which event emphasized clinical trial transparency and registration?
    a. Tuskegee Syphilis Study
    b. Thalidomide tragedy
    c. 2000s scandals (Vioxx, SSRIs)
    d. HIV vaccine failure trials

INTERNAL USE ONLY



Module 3:
HIV Persistence and HIV Cure Strategies

1. HIV persistence primarily refers to:
   a. ART resistance
   b. HIV hiding in reservoirs and memory cells
   c. Poor ART adherence
   d. Long ART treatment duration

2. Which type of cell often harbours latent HIV reservoirs?
   a. Red blood cells
   b. CD4 memory T cells
   c. Platelets
   d. B cells

3. Why are 'latently infected cells' problematic for cure?
   a. They replicate uncontrollably
   b. They are resistant to ART
   c. They remain invisible while harbouring replication-competent proviruses
   d. They spread HIV directly

4. The 'shock and kill' strategy aims to:
   a. Increase ART adherence
   b. Activate latent HIV, then eliminate it
   c. Eliminate CD8 cells
   d. Use ART only during pregnancy

5. Why are cure trials especially concerned with viral reservoirs in the brain?
   a. Brain reservoirs increase stigma
   b. The blood-brain barrier limits ART effectiveness
   c. They only occur in older patients
   d. They cannot be measured

6. Which approach involves using broadly neutralising antibodies?
   a. Gene editing
   b. Immunotherapy
   c. Stem-cell transplantation
   d. Vaccine prevention

7. Combination approaches are pursued because:
   a. ART alone is curative
   b. One strategy is always sufficient
   c. HIV persistence requires multi-pronged strategies
   d. To reduce ART funding

8. Which of the following is a limitation of bone marrow transplant cures?
   a. It is scalable
   b. It eliminates CCR5
   c. It is risky, expensive, and not generalisable
   d. It prevents transmission

9. Which cure strategy best describes 'block and lock'?
   a. Excising HIV DNA
   b. Reactivating latent HIV
   c. Silencing HIV permanently
   d. Using ART at higher doses

10. What differentiates ART-free durable suppression from 'shock and kill'?
    a. ART-free suppression eliminates HIV
    b. ART-free suppression maintains viral control; 'shock and kill' seeks clearance
    c. 'Shock and kill' uses antibodies
    d. Both are the same

INTERNAL USE ONLY



Module 4:
HIV Cure Trials – History and Future

1. The first documented case of an HIV cure was achieved through:
   a. Long-acting injectable ART
   b. A community-led PrEP trial
   c. Stem cell transplantation with a CCR5-Δ32 donor (Berlin Patient)
   d. A vaccine-only intervention

2. Why was the Mississippi Baby case significant in the history of cure trials?
   a. It showed that vaccines could eradicate HIV
   b. It suggested early ART could delay rebound, though not permanently
   c. It eliminated the need for ATI
   d. It proved gene therapy works in infants

3. Which of the following is a limitation of bone marrow transplants as a cure strategy?
   a. They are scalable for all LMICs
   b. They guarantee lifelong immunity
   c. They are risky, costly, and not generalisable beyond exceptional cases
   d. They eliminate the need for ART development

4. By 2030, which strategy is considered most promising for a globally scalable cure?
   a. Bone marrow transplant
   b. Gene editing in high-cost private clinics
   c. Long-acting immune-based or combination therapies
   d. ART intensification

5. Why are broadly neutralising antibodies (bNAbs) included in future cure trial designs?
   a. They permanently integrate into human DNA
   b. They can suppress viral rebound and boost immune control post-ART
   c. They replace ART adherence counselling
   d. They eliminate the need for viral load monitoring

6. What is the primary goal of Analytical Treatment Interruption (ATI) in cure research?
   a. To reduce ART drug costs
   b. To evaluate whether interventions maintain viral control without ART
   c. To increase participant adherence
   d. To measure long-term stigma reduction

7. Which of the following is a key ethical concern about ATI trials?
   a. Participants are overpaid
   b. Risk of viral rebound and potential transmission during interruption
   c. ATI requires only verbal consent
   d. ATI cannot be monitored with viral load tests

8. During ATI-related Community Advisory Board (CAsimulations, participants are expected to:
   a. Approve trial budgets
   b. Recruit trial participants
   c. Raise questions about risks, ethics, and community safety
   d. Design ART supply chains

9. The Curative Design Checklist is used to:
   a. Train clinicians in ART regimens
   b. Evaluate trial sponsors' financial capacity
   c. Strengthen the visual, functional, and ethical design of cure trial packages
   d. Shorten trial duration

10. What did early ATI studies teach about viral rebound?
    a. It never occurs
    b. It occurs only in children
    c. It occurs quickly after ART cessation in most participants
    d. It proves ART is curative

INTERNAL USE ONLY



Module 5:
The Role of Communities, Stakeholders and Patients in HIV Cure Strategies

1. The Denver Principles were foundational because they:
   a. Introduced gene therapy
   b. Established PLHIV rights and responsibilities in care
   c. Reduced ART prices
   d. Ended Tuskegee

2. Which describes 'meaningful engagement' in HIV cure research?
   a. Token representation of PLHIV
   b. Consultation after protocols are complete
   c. Active participation in design, implementation, dissemination
   d. Only recruiting participants

3. What is a major critique of traditional engagement?
   a. Over-inclusion of PLHIV
   b. Excessive funding for CABs
   c. Limited, tokenistic involvement of communities
   d. Too much transparency

4. Deeper informed consent includes:
   a. Just signing a form
   b. Removing choice from participants
   c. Ensuring comprehension, ongoing dialogue, and withdrawal rights
   d. Making it shorter

5. Which case showed failures in community partnership in PrEP trials?
   a. Berlin Patient
   b. Tenofovir PrEP controversies
   c. Mississippi Baby
   d. FRESH Study

6. Which tool is used to structure stakeholder engagement?
   a. IRB approval only
   b. Community Advisory Boards (CABs)
   c. ART supply chains
   d. Cost-sharing agreements

7. What is community-led monitoring (CLM)?
   a. Surveillance by governments
   b. Communities collecting and using data to hold duty bearers accountable
   c. A donor-only reporting system
   d. Viral load testing by labs

8. Why are people-led partnerships important?
   a. They replace funders
   b. They reduce ART doses
   c. They ensure equity, trust, and sustainability in trials
   d. They limit ethical oversight

9. Which emerging technology may shift engagement practices?
   a. Placebo design
   b. Closed lab trials
   c. Digital platforms enabling broader participation
   d. Higher ART doses

10. Which principle should guide advocacy strategies in cure research?
    a. Speed over safety
    b. Science before community
    c. Equity, transparency, and PLHIV leadership
    d. Donor-driven decision-making

INTERNAL USE ONLY

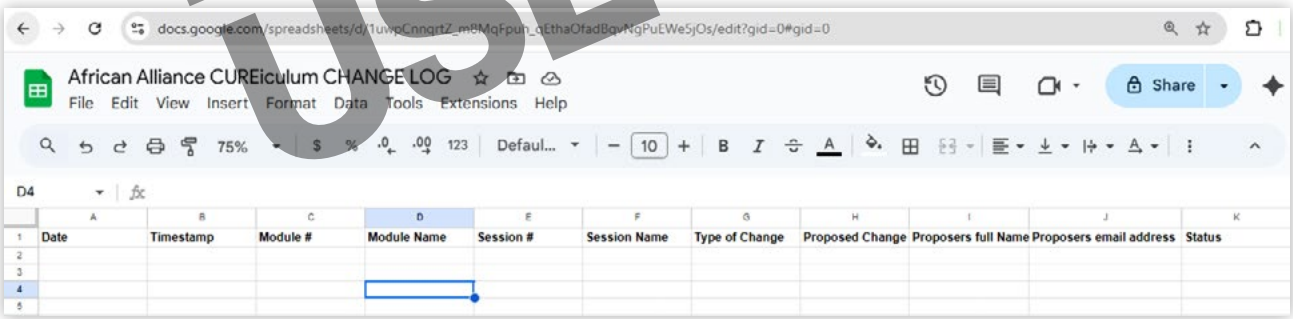


Change log

The HIV CUREiculum is updated methodically using a Change Log[26]. This is a Google sheet that allows any participants or facilitators to propose a change to the CUREiculum. The sheet is a simple Excel table that allows users to update the following fields:

Date	The date the change is recorded so the authors can cross-reference the training session
Timestamp	The time the change is recorded so the authors can cross-reference the training session
Module #	The relevant module number from the user's manual
Module Name	The relevant Module name from the user's manual
Session #	The relevant session number from the user's manual
Session Name	The relevant session name from the user's manual
Type of Change	Selection of the type of change from the drop-down list
Proposed Change	A short sentence on the proposed change and the reason for the proposal
Proposer's full Name	The proposer's full name so they can be referenced
Proposer's email address	The proposer's email address so the authors can cross-reference any changes that are made
Status	The status of the change – an immediate erratum or note, or queued for the next edition

INTERNAL USE ONLY



26. https://docs.google.com/spreadsheets/d/1uwpCnnqrtZ_m8MqFpuh_qEthaOfadBqvNgPuEWe5jOs/edit?gid=0#gid=0

Sample Certificate of Attendance



HIV CUREiculum

African Alliance

AHCC

Certificate of Completion

HIV CUREiculum Training of Trainers (ToT)

This is to certify that

Caren Jane Wamuyu Kamau

has successfully completed the **HIV CUREiculum Training of Trainers held in Kigali, Rwanda, from 16–27 March 2026.**

During this programme, the participant completed training across all five core modules of the HIV CUREiculum:

1. Introduction to and Rationale for an HIV Cure
2. Ethics and Leadership in HIV Cure.
3. HIV Persistence and HIV Cure Strategies
4. HIV Cure Trials: History and Future
5. The Role of Communities, Stakeholders and Patients in HIV Cure Strategies.

Completion of this training constitutes eligibility for participation in national-level cascade training implementation under the HIV CUREiculum programme."

KIGALI
Friday, March, 27th 2026
RWANDA

Please scan the QR code to verify the authenticity of this certificate.

G3FW-7Y9H-L1

Barrack Owino
Lead Faciliator
African Alliance

Khadija Richards
Lead Faciliator
African Alliance

Albert Machinda
Leader
Africa HIV Cure Consortium (AHCC)

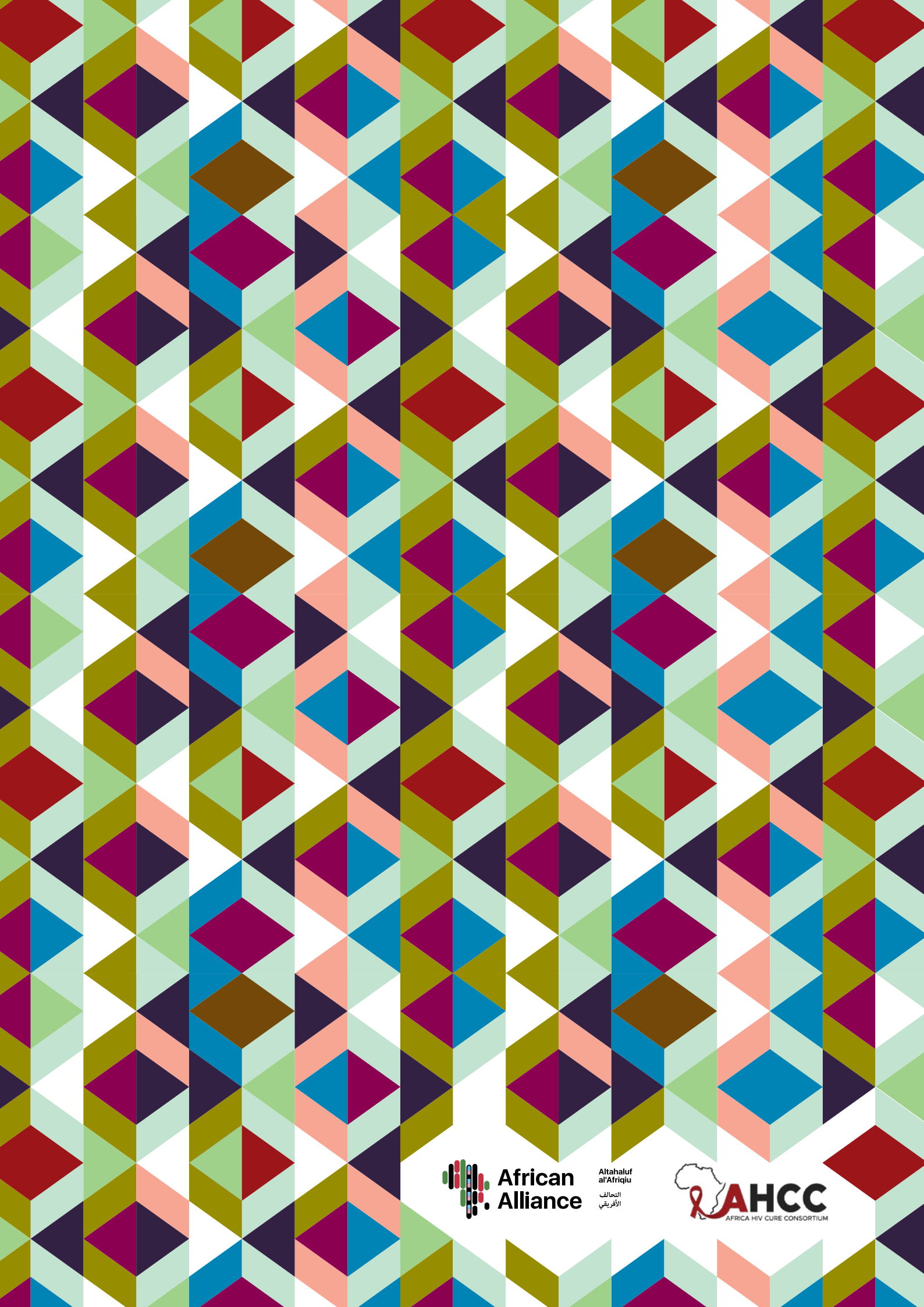
INTERNAL USE ONLY


INTERNAL
USE ONLY


INTERNAL
USE ONLY

INTERNAL
USE ONLY

INTERNAL
USE ONLY


African Alliance
Altahaluf al'Afriqiu
التحالف الأفريقي
AHCC
AFRICA HIV CURE CONSORTIUM