



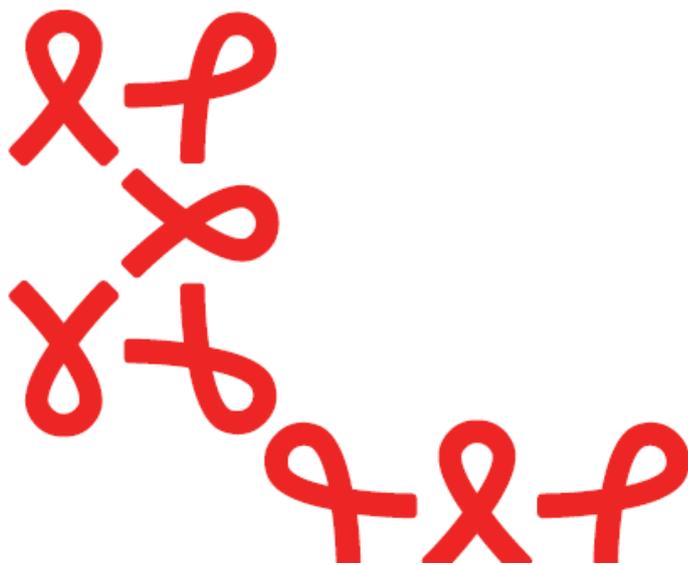
Collaborative Initiative for Paediatric HIV Education and Research (CIPHER)

Paediatric and Adolescent HIV Research Grant Programme

Call for Letter of Intent

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I. GRANT INFORMATION

The Collaborative Initiative for Paediatric HIV Education and Research ([CIPHER](#)) Grant Programme is designed for mentored early-stage investigators to advance paediatric and adolescent HIV research and to fill critical knowledge gaps that impede paediatric and adolescent HIV diagnosis, treatment and care in resource-limited settings. It does this by promoting and encouraging HIV research related to infants, children and adolescents, thereby contributing to scientific progress in the field. Scientific areas of interest include testing, treatment and service delivery.

The purpose of the CIPHER Grant Programme is to fund research projects with the potential to address the many research questions that remain unanswered in the global response in order to inform policy change and ensure better outcomes in infants, children and adolescents. In addition, the programme aims to build capacity by fostering the next generation of investigators in paediatric and adolescent HIV. It is intended to attract early-stage investigators from inside and outside the field of HIV to paediatric and adolescent HIV research. This will help encourage innovative ideas and lead to the design of evidence-based approaches and interventions to overcome major obstacles in the field.

The CIPHER Grant Programme is intended to support research that can contribute to broader scientific efforts by answering parts of larger questions within the identified research priorities (see [Annex I](#)), e.g., sub-studies or generation of important preliminary data that can help secure more substantial research funding for paediatric and adolescent HIV research.

II. ELIGIBILITY CRITERIA

Any individual with the skills, formal education and access to resources necessary to carry out the proposed research is welcome to submit an application to the CIPHER Grant Programme. The applicant must be the principal investigator (PI) of the proposed project. The PI should work with a mentor, his/her institutional colleagues and partners to develop the research plan.

Eligibility criteria and mandatory supporting documents:

- The PI must be an early-stage investigator, i.e., an individual who obtained her/his terminal research degree (e.g., PhD, MD followed by research training or MBBS) less than 10 years before the application deadline.
- The PI must serve for the first time as primary PI. Primary PIs who previously received a non-training research grant exceeding US\$ 30,000 are not eligible.
- The PI must fulfil one of the following criteria prior to the submission deadline for the Letter of Intent:
 - He/she is a clinical/research trainee (e.g., fellow, senior resident) at an academic institute or an institute whose primary mission is research.
 - He/she has a faculty or comparable position (e.g., assistant professor, lecturer) at an academic institute or an institute whose primary mission is research.
 - He/she has an established position at an organization with adequate research infrastructure to undertake the proposed research activities.
- The research project should demonstrate the potential to contribute to the optimization of HIV diagnosis, treatment and care for infants, children and adolescents affected by HIV in resource-limited settings by responding to identified research priorities (see [Annex I](#)).
- Applications are encouraged from any country, but preference, approximately 80%, will be given to applicants from low- and middle-income countries ([LMICs](#)) according to the World Bank classification.
- The PI must choose a mentor with relevant expertise in paediatric and/or adolescent HIV research (mentor's contact details and a letter of commitment will be requested from all applicants; a mentorship plan will be requested only from shortlisted applicants who are invited to submit a Full Proposal).

- The budget should reflect that at least 80% of the direct grant expenses will be spent in [LMICs](#).
- A letter of support from the applicant's institution is required, as well as a copy of the applicant's terminal research degree diploma.

For questions regarding the eligibility criteria, applicants are encouraged to read the [frequently asked questions](#) on the CIPHER website. For other questions, contact the programme administrator at cipher@iasociety.org.

III. FUNDING INFORMATION

The nature and scope of the proposed research will vary from application to application, and therefore, it is anticipated that the size and duration of each award will also vary. Awards will be funded for up to two years and for up to US\$ 75,000 each per year (including direct research costs and applicable indirect costs). Second-year funding is contingent upon demonstration of satisfactory progress during year one. The CIPHER Grant Programme encourages collaborations between different study sites and institutions; at least 80% of the direct grant expenses have to be spent in [LMICs](#).

Additional support will be provided for grantees to attend the IAS Conference on HIV Science and International AIDS Conferences for the duration of their grant period (generally this represents three consecutive years).

The applicant must be the PI who will be solely responsible for planning, directing and executing the proposed project. The grant may be used for salaries, technical support, laboratory supplies, equipment or other research-related costs. The institution of the applicant is requested to provide the research infrastructure necessary to carry out the proposed research project. Requested support for additional equipment and technology must be fully explained in the budget justification (only requested from short-listed applicants) with clear relevance to the scientific aspects of the project, and not merely for general use. An institution's indirect cost is limited to a maximum of 10%.

IV. OVERVIEW AND TIMELINE

Application to the CIPHER Grant Programme is a two-stage process. All components of the application must be completed by the PI.

Activity	Key dates
Call for Letter of Intent (LOI)	September 2017
Online LOI application system open	9 October 2017
Letter of Intent deadline	27 October 2017, 18:00 CET
Invitation for Full Proposal (only short-listed applicants)	Mid-December 2017
Full Proposal deadline	26 January 2018, 18:00 CET
Notification of awardees	End of April 2018
Research starting date	Between July and November 2018

V. INSTRUCTIONS FOR THE SUBMISSION OF THE LETTER OF INTENT

Letters of Intent must be submitted no later than **27 October 2017, 18:00 CET**.

Applicants will be asked to provide a [Letter of Intent](#) that briefly outlines their proposed projects, including background, specific aims, preliminary data (if any) and research methodology. The research project must respond to one of the identified research priorities (see [Annex I](#)).

The Letter of Intent can only be submitted through the online submission system and in the format provided. Applications not submitted through the online system will not be accepted. Only applications in English will be considered. Please note that, as you complete your letter of intent online, you will be able to save your modifications and go back to the updated version of your form later in time. When you are finished, save the form and press the Submit button on the last page.

Eligible Letters of Intent will be reviewed by the CIPHER Scientific Committee. Applications will be prioritized based on their ability to demonstrate maximum impact on the optimization of paediatric and adolescent HIV diagnosis, treatment and care in resource-limited settings, as well as on collective capacity building in the grantee's home country and/or research performance sites. Short-listed candidates will be notified in mid-December 2017 and will be invited to submit a Full Proposal. Candidates will have approximately 7 weeks to prepare and submit the Full Proposal. Details and instructions for the preparation of the Full Proposal will be provided upon notification.

ANNEX I: ELIGIBLE RESEARCH PRIORITIES

The research funded by the CIPHER Grant Programme must address crucial gaps in paediatric HIV research that impede optimal HIV diagnosis, treatment and care for infants, children and adolescents affected by HIV in resource-limited settings. Eligible research projects include original research that falls within defined priority clinical and operational research questions. Meta-analyses and systematic reviews will also be considered if they make unique contributions to the outlined questions.

PAEDIATRIC HIV

Testing

- Optimal placement and timing of novel diagnostic tools for point-of-care use;
- Interventions to ensure timely linkage between HIV diagnosis, treatment and care;
- Interventions or strategies to improve access to and uptake of HIV testing services for infants and children, particularly community-based approaches;
- Factors that enable or hinder linkage to care and timely initiation of ART;
- Effective, feasible and acceptable testing strategies (including routine testing at birth) at entry points other than antenatal care for identifying undiagnosed HIV-positive infants and children in different epidemic settings.

Treatment

- Safety, efficacy, acceptability, pharmacokinetics and optimal dosing of existing and new antiretroviral drugs and formulations, particularly with novel drug delivery systems;
- Strategies or interventions to improve adherence, and factors that impact their success;
- Optimal prevention and clinical management of co-infections, particularly tuberculosis;
- Impact of HIV infection and ART on short- and long-term outcomes, in particular non-communicable disease;
- Short- and long-term virologic and immunologic outcomes of starting very early treatment in infants living with HIV (impact on functional cure).

Service Delivery

- Strategies or interventions to improve access to, uptake of and retention in care, and factors that impact their success;
- Service delivery models to improve individual and programmatic outcomes along the HIV cascade, including integration of comprehensive HIV treatment and care into the maternal and child health platform;
- Psychosocial and family support strategies or interventions to improve individual and programmatic outcomes;
- Strategies or interventions to improve and support parents, caregivers and healthcare providers to facilitate HIV disclosure to children, as well as factors that impact their success;
- Strategies or interventions to reduce stigma and discrimination experienced by children and their caregivers.

ADOLESCENT HIV

Testing

- Strategies and interventions to improve access to and uptake of HIV testing services, and factors that impact their success;
- Strategies and interventions to improve linkage of newly diagnosed adolescents to HIV treatment, and factors that impact their success;
- Safe and acceptable strategies or interventions to improve access to and uptake of HIV testing services for adolescents from key populations;
- Consent policies and practices to facilitate access to and uptake of HIV testing services in adolescents;

- Safety, acceptability, feasibility and effectiveness of self-testing.

Treatment

- Effective monitoring approaches and strategies to improve adherence among adolescents and factors that impact their success;
- Safety, efficacy and acceptability of novel drug delivery systems;
- Prevention and clinical management of co-infections, particularly tuberculosis;
- Optimal sequencing of ART in adolescents;
- Impact of HIV infection and ART on short- and long-term outcomes of adolescents, in particular non-communicable diseases.

Service Delivery

- Interventions to improve retention in care and factors that affect their success;
- Strategies or interventions to improve sexual and reproductive health outcomes in adolescents living with HIV;
- Strategies or interventions to support pregnant adolescents living with HIV and improve both maternal and child health outcomes;
- Service delivery models to improve outcomes along the HIV cascade, including peer interventions and differentiated service delivery models;
- Psychosocial support strategies or interventions to improve individual and programmatic outcomes.