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Collaborative Initiative for Paediatric HIV Education and Research (CIPHER)

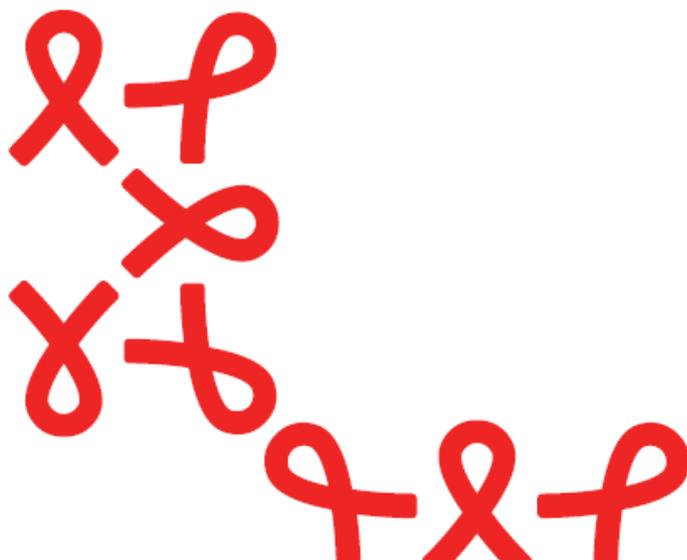
# Paediatric Research Grant Programme

## 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 HIV research and to fill critical knowledge gaps that impede paediatric HIV diagnosis, prevention, 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 both clinical and operational research.

The purpose of the CIPHER Grant Programme is to fund research projects with the potential to address critical questions related to emerging issues of growing up with HIV infection, or to address consequences of HIV or antiretroviral (ARV) perinatal exposure in HIV-uninfected children. In addition, the programme aims to build capacity by fostering the next generation of investigators in paediatric HIV. It is intended to attract early-stage investigators from inside and outside the field of HIV to paediatric 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 gaps (see [Annex I](#)), e.g., sub-studies or generation of important preliminary data that can help secure more substantial research funding for paediatric 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, prevention, treatment and care for infants, children and adolescents

affected by HIV in resource-limited settings by responding to identified research gaps (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 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](mailto: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
<b>Call for Letter of Intent (LOI)</b>	September 2016
<b>Online LOI application system open</b>	3 October 2016
<b>Letter of Intent deadline</b>	28 October 2016, 18:00 CET
<b>Invitation for Full Proposal (only short-listed applicants)</b>	Mid-December 2016
<b>Full Proposal deadline</b>	27 January 2017, 18:00 CET
<b>Notification of awardees</b>	End of April 2017
<b>Research starting date</b>	Between July and November 2017

## V. Instructions for the submission of the Letter of Intent

**Letters of Intent must be submitted no later than 28 October 2016, 18:00 CET.**

Applicants will be asked to provide a [Letter of Intent](#) that briefly outline 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.

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 HIV diagnosis, prevention, 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 2016 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, prevention, 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.

### Clinical Research

- a) Pharmacokinetic, pharmacodynamic and pharmacogenomic studies of paediatric antiretrovirals and of drugs for co-morbid conditions (particularly for TB, and malnutrition), with a focus on pre-term infants and neonates;
- b) Studies to evaluate the short- and long-term complications of HIV and of antiretroviral therapy and the pathogenesis of such complications, as well as management of HIV, including interventions to treat HIV co-infections (especially TB) and co-morbidities (including malnutrition), as HIV-infected children age through adolescence and young adulthood;
- c) Studies to evaluate the effect of antiretroviral therapy during pregnancy on maternal pregnancy complications, pregnancy outcomes (e.g., prematurity, low birth weight) and neonatal outcomes (morbidity and mortality) in HIV- and antiretroviral-exposed uninfected and HIV-infected neonates, including studies to evaluate potential pathogenesis of adverse effects;
- d) Studies to evaluate the long-term effects of *in utero* exposure to maternal antiretroviral therapy in HIV-exposed uninfected children and adolescents, including effects on metabolism, bone mineral density and growth, other laboratory/biologic markers, and physical and cognitive development;
- e) Studies evaluating and/or validating diagnostic assays to assess neurocognitive and physical development among HIV-infected and HIV-exposed uninfected infants and children in resource-limited settings.

### Operational Research and Implementation Science

- f) Evaluations of optimal and innovative strategies for the delivery and implementation of HIV diagnostics (especially for older children), including impact assessment of clinical platforms, point of care technologies, early infant diagnosis and linkage to care;
- g) Studies evaluating interventions and optimal models for integrating paediatric HIV services with maternal, new-born and child health and other health services;
- h) Studies evaluating interventions and optimal models for promoting early post-natal and long-term programme retention and reducing loss to follow up;
- i) Studies evaluating optimal interventions to support childhood and adolescent disclosure and adherence (including for high-risk adolescents and young key populations);
- j) Studies evaluating the most effective service delivery approaches to support retention in care and transition to adult ART programmes, access to psychosocial and sexual and reproductive health services and delivery of biomedical HIV and STI prevention interventions for adolescents, with emphasis on integrated comprehensive packages of 'adolescent-friendly' strategies and services (including for high-risk adolescents and young key populations).