

Collaborative Initiative for Paediatric HIV Education and
Research (CIPHER)

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 funds projects with the potential to address critical research questions that remain unanswered in the global response. The intention is to support research that can inform policy change and ensure better outcomes for infants, children and adolescents living with and affected by HIV in resource-limited settings. Designed for early-stage investigators, a key aim of the programme is to build research capacity within these settings by fostering the next generation of investigators in paediatric and adolescent HIV. By attracting young investigators from inside and outside the field of HIV, it encourages innovative ideas and leads to the design of evidence-based approaches and interventions to overcome major obstacles in the field.

CIPHER has partnered with the World Health Organization to develop global research agendas on HIV testing, treatment and service delivery for [paediatric](#) and [adolescent](#) populations. Projects funded by the CIPHER Grant Programme should primarily prioritize implementation-focused research in paediatric and adolescent HIV and address the targeted priorities outlined in the global research agendas.

Eligible projects include original research that can contribute to broader scientific efforts by answering parts of larger questions within the identified research priorities, for example, sub-studies or generation of important preliminary data that can help secure more substantial research funding for paediatric and adolescent HIV research (see [Annex I](#)).

II. Eligibility criteria

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

Eligibility criteria and mandatory supporting documents:

- The PI must be an early-stage investigator, that is, an individual who obtained their terminal research degree (for example, PhD, MD, MBBS or equivalent) less than 10 years before the application deadline.
- The investigator must serve for the first time as PI. PIs who have 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:
 - They are a clinical/research trainee (such as fellow, senior resident) at an academic institute or institute whose primary mission is research.
 - They have a faculty or comparable position (assistant professor, lecturer) at an academic institute or an institute whose primary mission is research.
 - They have 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](#)).

- Available funds in any given year will be awarded to applicants from low- and middle-income countries (the applicant should hold a passport or national identity document from one of those countries) according to the [World Bank classification](#).
- The PI must choose a mentor with relevant expertise in paediatric and/or adolescent HIV research (the 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 low- and middle-income countries.
- A letter of support from the applicant's institution is required, as well as a copy of their terminal research degree or diploma.

Applicants from western and central Africa and Asia are highly encouraged to apply.

If you have questions about eligibility criteria, please consult the [frequently asked questions](#) on the CIPHER [page](#) on the IAS – the International AIDS Society. 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, we anticipate that the size and duration of each award will vary. Awards will be funded for up to USD 150,000 for up to two years (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 must be spent in low- and middle-income countries.

Additional support will be provided for grantees to attend the IAS Conference on HIV Science and International AIDS Conference during 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 project. Requested support for additional equipment and technology must be fully explained in the budget justification (only requested from shortlisted 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
Online LOI application system open	2 October 2023
Letter of intent deadline	31 October 2023, 18:00 CET
Invitation for full proposal (only shortlisted applicants)	Mid-December 2023
Full proposal deadline	31 January 2024, 18:00 CET
Notification of awardees	End of April 2024
Research starting date	Between July and November 2024

V. Instructions for submitting the letter of intent

Letters of intent must be submitted no later than 31 October 2023, 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 methodology. The project must respond to one of the identified research priorities (see Annex I).

The letter of intent can be submitted only through the online submission system and in the format provided. Applications not submitted through the online system will not be accepted. Only applications in French or 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.

The CIPHER Scientific Committee will review eligible letters of intent. Applications will be prioritized based on their ability to demonstrate maximum impact on the optimization of paediatric and adolescent HIV diagnosis, treatment and care and on their potential to inform policy and programmes in resource-limited settings, as well as on collective capacity building in the grantee's home country and/or research performance sites. Shortlisted candidates will be notified in mid-December 2023 and will be invited to submit a full proposal, as well as given details and instructions on how to prepare this proposal. Candidates will have about six weeks to prepare and submit their full proposal. Applications can be submitted in English or French. Please note that at least one application submitted in French for a research project based in western and central Africa will be selected.

Annex I: Eligible research priorities

Eligible projects include original research that falls within defined priority research questions. Meta-analyses and systematic reviews will also be considered if they make unique contributions to the outlined questions.

PAEDIATRIC HIV (infants and children 0-10 years old, including the perinatal and in-utero period, studies on mother-baby pairs, and children exposed to 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 infants and children living with HIV 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 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 (from 10 to 19 years old)

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 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