

**CIHR IRSC**  
Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada

## **CIHR HIV/AIDS Research Initiative: STRATEGIC PLAN 2015-2020**



Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada

Canada

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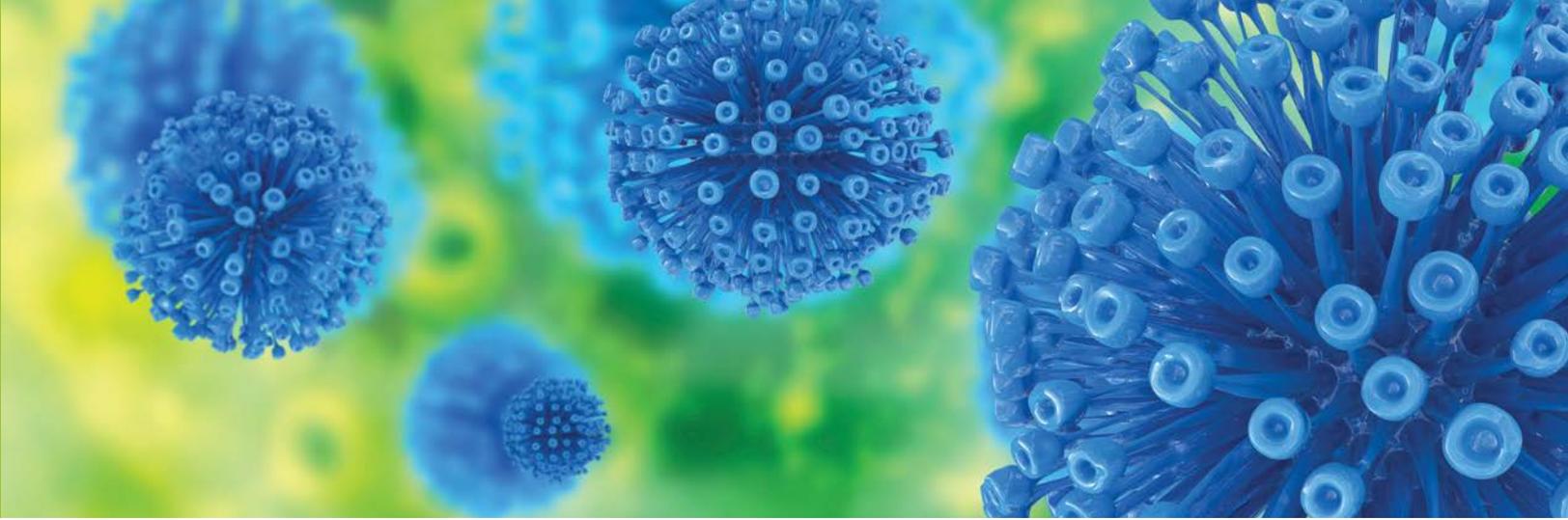
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## Scientific Director's Message

We are living in promising times. After more than 30 years of combatting the HIV/AIDS epidemic throughout the world, UNAIDS has set a target of ending the epidemic by 2030. This is an ambitious, visionary goal. That we are working toward it is exciting – but also a bit intimidating.

We would not have reached this stage without key research advances. Thanks to these advances, we know ways to prevent, diagnose and treat HIV/AIDS that we couldn't have dreamt of just a decade ago. Canadian researchers have played key roles in this research, whether in the development of the anti-retroviral drugs that have turned HIV infection from a death sentence into a chronic disease; research into the role of male circumcision in slowing the spread of HIV (named scientific breakthrough of the year in 2007 by *Time Magazine*); or the concept of treatment as prevention (also named scientific breakthrough of the year, this time in 2011 and by *Science* magazine).

Nonetheless, our task is not finished and significant challenges to ending the epidemic remain. Prevention is still a priority, particularly among the key populations in whom the HIV/AIDS epidemic is concentrated: gay men and other men who have sex with men, Aboriginal people, people from countries where HIV is endemic and injection drug users among them. We need to ensure these populations are not left behind and that they are part of finding solutions. We must also remember that even when we do succeed in eliminating HIV transmission, the millions of people who remain living with HIV throughout the world will still need our skills, our creativity and our commitment. The transformation of HIV/AIDS into a chronic disease means we need to ensure that people with HIV don't just lead long lives, but that they lead healthy lives.

Let us also not lose sight of the fact that the impact of investing in HIV/AIDS research is felt in fields well beyond our own, in cancer, aging, vaccine development and the nervous system, as well as the social factors underlying healthy behaviours and access to services. Many discoveries, technologies and new avenues for treatment in all of these areas, such as fighting cancer through our own immune systems, have come about, and will continue to come about, thanks to HIV research.

CIHR provides some 75 per cent of all funding for HIV/AIDS research in Canada. Strikingly, more than half of our funding is awarded through open grants and awards competitions, demonstrating that HIV/AIDS researchers can compete with Canada's best in all fields. We celebrate this strength, but we also recognize that the open funding approach leaves gaps. That is where the CIHR HIV/AIDS Research Initiative comes in. We work in collaboration with our partners to identify and address priorities for research funding.



The strength of partnerships has always been a defining feature of the HIV/AIDS research community and our Initiative. We could not identify priorities and gaps the way we do without the participation of our partners and the community across Canada. The HIV research community is strengthened by the diversity of the perspectives it incorporates. HIV/AIDS was the first field to benefit from the active involvement of the patient community as full partners in the research process. It led the way on a commitment to patient engagement that is now considered an essential element in both research and service delivery. Canada's strength in HIV research has been further bolstered by the involvement and collaboration of a wide range of research disciplines.

The continued full engagement of our partners in the HIV/AIDS community and a multi-disciplinary approach is becoming even more critical as we strengthen our focus on mobilizing research evidence in this strategic plan. We have heard strongly and repeatedly that research alone is not enough and, indeed, that research findings are only the first step in making a difference. The application of these findings is essential to reducing or eliminating HIV transmission and improving the life and health of those already infected. With this strategic plan, we are taking that message to heart.

I would like to thank all of our community members for their input and involvement in the creation of this strategic plan for 2015-2020 and the staff of the HIV/AIDS Research Initiative for leading its development. Its strengths belong to us all. I look forward to a continuation of this collaborative spirit as we move forward to implement the plan and to a future without HIV/AIDS.

A handwritten signature in black ink, appearing to read 'MOuellette', located to the left of the portrait.

Marc Ouellette  
Scientific Director // CIHR Institute of Infection and Immunity



## Executive Summary

The **mandate** of the Canadian Institutes of Health Research (CIHR) HIV/AIDS Research Initiative is to: identify priorities for and administer HIV/AIDS research support in fulfillment of CIHR's partnership responsibilities within the *Federal Initiative to Address HIV/AIDS in Canada*.

Within the context of CIHR's overall mandate, the CIHR HIV/AIDS Research Initiative's **mission** is to: provide national leadership in the support and facilitation of HIV/AIDS research, research capacity building, partnerships and knowledge translation that contribute to reducing the transmission and progression of HIV, improving the lives of people living with or susceptible to HIV/AIDS and finding a cure.

The Initiative's **vision** is that in 2020, Canadian-led research is having its most significant impact to date on alleviating the burden of the HIV/AIDS epidemic in Canada and globally.

The **values** that guide the CIHR HIV/AIDS Research Initiative's decisions, strategies and actions are: **collaboration; excellence; inclusiveness; innovation; and transparency and accountability.**

The 2015-2020 Strategic Plan sets three strategic directions for HIV/AIDS-related research, capacity building and knowledge translation, as well as priority objectives for each direction:

### 1. Enable discovery research

- 1a. Develop new biomedical, behavioural and systems approaches to reduce HIV transmission
- 1b. Improve understanding of HIV to slow its progression and mitigate its impact on the health and well-being of people living with HIV
- 1c. Train and support a strong and diverse community of researchers

### 2. Mobilize research evidence

- 2a. Strengthen the prevention of HIV and other sexually transmitted and blood-borne infections (STBBIs) in key populations by funding the development, uptake and evaluation of evidence-informed initiatives, programs and practices
- 2b. Improve health outcomes for people living with HIV by supporting the development, uptake and evaluation of models of care
- 2c. Strengthen the capacity of researchers, decision makers, front-line workers and organizations to apply research evidence

### 3. Promote leadership in stakeholder engagement and accountability in HIV research

- 3a. Understand and address the perspectives and priorities of key populations
- 3b. Continue to enhance the Initiative's leadership in national and international partnerships
- 3c. Refresh the Initiative's performance measurement and accountability framework in support of the strategic plan

The plan will be implemented over the coming five years in the spirit of collaboration and partnership that has characterized the CIHR HIV/AIDS Research Initiative since its beginnings.



## Background: The CIHR HIV/AIDS Research Initiative

The CIHR HIV/AIDS Research Initiative (the Initiative) works with its partners throughout Canada and internationally to support the efforts of Canadian researchers in responding to the HIV/AIDS epidemic both here at home and abroad.

The Initiative is managed by the Canadian Institutes of Health Research (CIHR) under the scientific leadership of the Scientific Director of CIHR's Institute of Infection and Immunity. As the research arms of two major federal initiatives – the Federal Initiative to Address HIV/AIDS in Canada and the Canadian HIV Vaccine Initiative – it is responsible for investing \$21 million each year to support research, capacity building and knowledge translation activities in five key areas:

- Biomedical and clinical research
- Health services and population health research
- The Community-Based Research Program (CBR)
- The CIHR Canadian HIV Trials Network (CTN)
- The Canadian HIV Vaccine Initiative (CHVI)

The Initiative is guided by the CIHR HIV/AIDS Research Advisory Committee (CHARAC), which comprises members representing multiple CIHR Institutes, various areas of HIV/AIDS research, government and HIV/AIDS community organizations. Among its other responsibilities, CHARAC has led the development of this strategic plan and will act as its champion as it unfolds. (See Appendix 1 for further description of the process used in developing this plan.)

### AN INTEGRAL PART OF CIHR

As a part of CIHR, the CIHR HIV/AIDS Research Initiative is aligned with the larger organization's priorities as expressed in its strategic plan, *Health Research Roadmap II: Capturing Innovation to Produce Better Health and Health Care for Canadians*.

The Initiative exemplifies the spirit of *Roadmap II* in the way it works across Institutes and research disciplines to bring multiple perspectives and strengths to bear on a complex issue, in this case, preventing, treating and, ultimately, eradicating HIV/AIDS. *Roadmap II* sets as priorities the health and wellness of Aboriginal people, as well as the prevention of disease and improving the quality of life of those living with chronic conditions. The CIHR HIV/AIDS Research Initiative is clearly linked to, and will contribute to advances in, all of these priorities. In its emphasis on partnership and collaboration, the Initiative is also clearly aligned with *Roadmap II's* emphasis on strategic alliances.

The Initiative also provides a model for the inter-Institute collaboration that will characterize much of CIHR's strategic research activity going forward. To date, it has worked directly with many of CIHR's 13 Institutes, including the Institute of Aboriginal Peoples' Health; Institute of Aging; Institute of Gender and Health; Institute of Health Services and Policy Research; Institute of Infection and Immunity; Institute of Neurosciences, Mental Health and Addiction; and Institute of Population and Public Health. It has also participated in several of CIHR's Signature Initiatives including Community-Based

Primary Health Care and Personalized Medicine, and has been an active partner in one of the first multi-Institute horizontal research priorities, the Global Health Research Initiative.

In the coming years, the Initiative will continue to foster rich relationships with CIHR's 13 Institutes to produce better value for the Initiative's research, capacity-building and knowledge translation investments.

## AN INTEGRAL PART OF THE GOVERNMENT OF CANADA'S RESPONSE TO HIV/AIDS

The Government of Canada has established two major initiatives in response to the HIV epidemic – the Federal Initiative to Address HIV/AIDS in Canada and the Canadian HIV Vaccine Initiative. CIHR, as a partner in these initiatives, strategically supports the creation of knowledge, development of research capacity and mobilization of research evidence in line with the overall priorities of the initiatives.

CIHR is one of four partners in the multi-department Federal Initiative to Address HIV/AIDS in Canada, alongside the Public Health Agency of Canada, Health Canada and Correctional Service Canada. The Federal Initiative works horizontally through these partners to achieve its goals of:

- Preventing the acquisition and transmission of new infections
- Slowing disease progression and improving quality of life
- Reducing the social and economic impact of HIV/AIDS and related conditions
- Contributing to the global effort to reduce the spread of HIV.

The research funded by the CIHR Initiative is critical in achieving the Federal Initiative's vision of a future with no new HIV infections in Canada and where people living with HIV/AIDS have access to quality care to maintain their health. This research is acknowledged as one of the strengths of the Federal Initiative.

CIHR has also been a partner in the Canadian HIV Vaccine Initiative (CHVI). It and four other federal departments – Department of Foreign Affairs, Trade and Development, Public Health Agency of Canada, Industry Canada and Health Canada – have been working with the Bill & Melinda Gates Foundation since 2007 on the global effort to develop a safe, effective, affordable and globally accessible HIV vaccine. CIHR has played a leadership role in the CHVI goal of advancing the basic science of HIV vaccine discovery and social research in both Canada and low-and-middle-income countries, and will contribute to future HIV vaccine initiatives.

This Strategic Plan recognizes the value of the horizontal approach of the Federal Initiative and CHVI. It offers opportunities to strengthen linkages with partners in these Initiatives, align priorities and ensure a coordinated approach to addressing the epidemic.



## Context: HIV/AIDS in Canada and Abroad

A growing number of people in Canada are living with HIV, in part because new infections continue to occur and in part because AIDS-related deaths have declined, largely due to the widespread use of antiretroviral drugs. Overall, Canada's HIV prevalence is relatively low, estimated at 0.2% in 2013, with some 71,000 people living with HIV infection or AIDS.<sup>1</sup> However, HIV infection tends to be concentrated in key populations, including gay men and other men having sex with men, Aboriginal peoples, people from countries where HIV/AIDS is endemic and injection drug users. A 2011 comparison of HIV incidence rates (reflecting the number of new infections in that year) found that there were 11.0 new infections per 100,000 people aged 15 and over. In comparison, the rates for men having sex with men (aged 15 and older) was 443 per 100,000; 431 per 100,000 for injection drug users (also aged 15 and over); 63.9 per 100,000 for those of all ages born in an HIV-endemic country and 27.1 per 100,000 for Aboriginal people of all ages.<sup>2</sup> Within and across these key populations, the epidemic is driven by different risk factors and conditions; understanding these differences and developing solutions tailored to the different populations has been, and continues to be, an important element in the response to the epidemic in Canada.

Globally, low- and middle-income countries continue to bear the greatest burden of the HIV/AIDS epidemic, with 95% of HIV infections located in the developing world, particularly sub-Saharan Africa. Progress is being made, but gaps still remain. According to UNAIDS, 2013 saw the lowest level of new infections – but that low level still means that 2.1 million people were newly infected that year. There was also good news on the treatment front, with 2.3 million people beginning treatment in 2013, bringing the total receiving treatment to almost 13 million. Nonetheless, challenges remain, particularly in the 15 countries that together accounted for more than three-quarters of all new infections in 2013. And 19 million people, more than half of the 35 million people living with HIV throughout the world, do not know they are HIV positive, meaning they cannot seek out treatment.<sup>3</sup>

Both in Canada and internationally, there is a greater emphasis on, and need to address, HIV within the populations that are most affected. This requires in-depth understanding of the epidemic not just at national levels but also at more local levels to understand the drivers of the epidemic and appropriate solutions. This approach also offers the opportunity to tackle other sexually transmitted or blood-borne infections, such as Hepatitis C, in conjunction with HIV/AIDS. An integrated approach, particularly in the context of prevention, is recognized as valuable and important both in Canada and globally.

The CIHR HIV/AIDS Research Initiative has a strong focus on the Canadian epidemic and ensuring that research benefits those most affected. Through its partnerships and the work of Canadian investigators and their networks, it also contributes toward solutions to containing and reversing the global epidemic.

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<sup>1</sup> CPHO report on the state of public health in Canada, 2015

<sup>2</sup> Yang, Q., et al. *Comparison of HIV Incidence Rates Among Key Populations in Canada, 2011*. Poster number MOPE108, 20<sup>th</sup> International AIDS Conference, Melbourne, Australia, July 20-25, 2014.

<sup>3</sup> *UNAIDS report shows that 19 million of the 35 million people living with HIV today do not know that they have the virus.* [www.unaids.org/en/resources/presscentre/pressreleasesandstatementsarchive/2014/july/20140716prgareport](http://www.unaids.org/en/resources/presscentre/pressreleasesandstatementsarchive/2014/july/20140716prgareport). Accessed 27 March, 2015.

## Building on the Past for Future Impact

Under its previous strategic plan, the Initiative made a strong commitment to building and supporting diverse research infrastructure dedicated to addressing strategic problems, building research capacity and overall strengthening the HIV research and knowledge translation enterprise in Canada. Its efforts saw growth in, and strengthening of, community-based research, excellent research conducted across a broad spectrum and strong investments in key priority areas such as comorbidities for people living with HIV, HIV vaccine development and, more recently, HIV cure research.

The Initiative also embraced its value of collaboration and expanded the strength and depth of its partnerships. The Initiative’s commitment to this principle is evident in its wide range of partners. These partnerships extend beyond those within the federal government and CIHR to include national HIV/AIDS non-governmental organizations such as the Canadian AIDS Society, the Canadian Foundation for AIDS Research (CANFAR) and the Canadian Association for HIV Research (CAHR); the Ontario HIV Treatment Network; the Bill and Melinda Gates Foundation; and the International AIDS Society.

The result of these efforts, and others, is a strong and vibrant HIV research community in Canada. Over the past 10 years, CIHR’s investment in HIV/AIDS research has grown from \$35 million in 2004-05 to almost \$50 million in 2013-14 (Figure 1). The range of research funded has also expanded in that period, to include a greater emphasis on health services and policy research and population and public health research (Figure 2).

Figure 1 // CIHR Investments in HIV/AIDS Research – 2004-05 to 2013-14

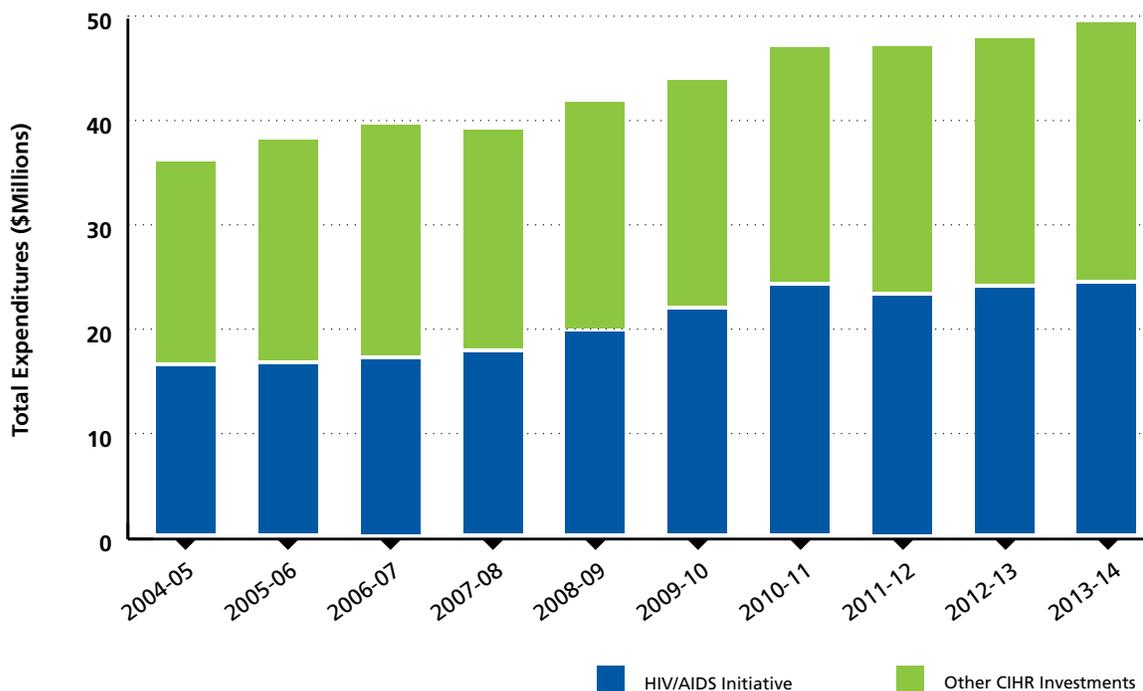
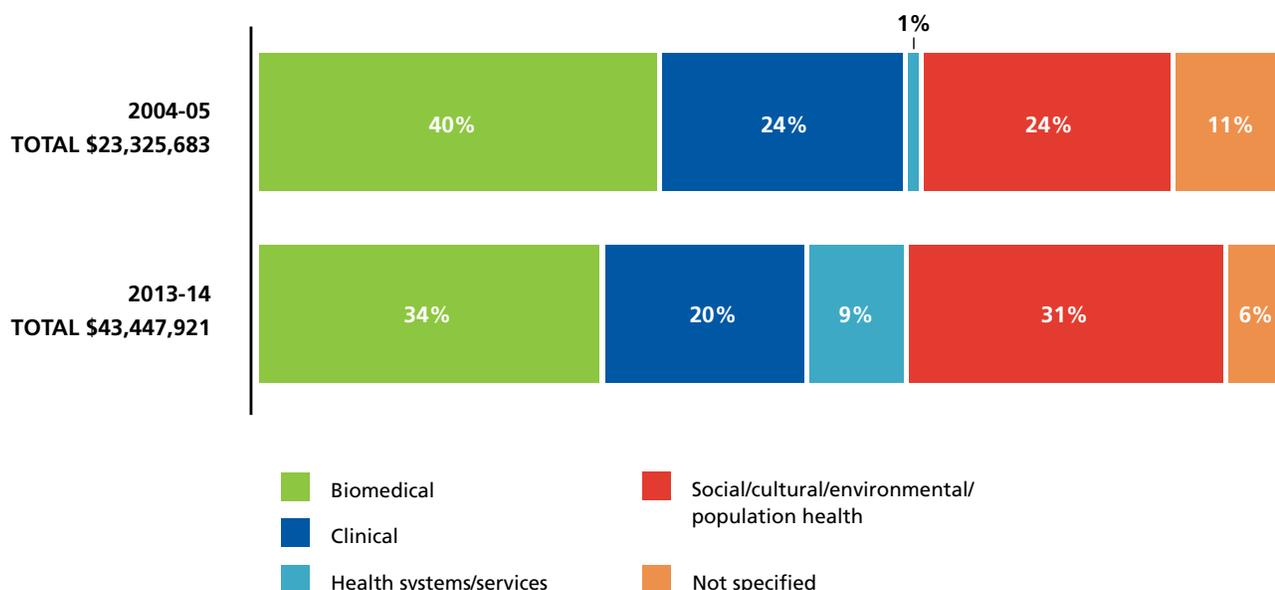




Figure 2 // CIHR Investments in HIV/AIDS Research by Research Theme – 2004-05 and 2013-14



The 2015-2020 Strategic Plan builds on the strong foundation that has been laid. It ensures that the Initiative is strategic about how it invests funds to fill gaps not being met through open competitions and meet the needs of the HIV/AIDS community. The plan sets three strategic directions for HIV/AIDS-related research, capacity building and knowledge translation. Each of these directions has its own priority objectives. Their complementary nature, however, means that progress in any one will have an impact on the other two. These strategic directions are to:

- 1. Enable discovery research:** Discovery research is at the core of the CIHR HIV/AIDS Research Initiative's work. It brings the innovation and creativity of Canadian researchers to bear on the most significant questions about HIV and enables the development of means to prevent, diagnose, treat and, ultimately, cure HIV/AIDS and to support people living with HIV.
- 2. Mobilize research evidence:** Canadian researchers have made important discoveries and developed important research evidence regarding HIV/AIDS. The challenge lies in translating those discoveries into evidence-based methods to prevent, diagnose and treat HIV/AIDS and support people living with HIV in ways that respond to local situations and needs.
- 3. Promote leadership in stakeholder engagement and accountability in HIV research:** Partnership has been central to the achievements of the Initiative to date and will continue to underpin efforts in Strategic Directions 1 and 2. A strong community role in research and knowledge translation helps to ensure accountability and that these activities respond to community needs.

The plan will be implemented over the coming five years in the spirit of collaboration and partnership that has characterized the CIHR HIV/AIDS Research Initiative since its beginnings.

## Vision, Mission, Mandate and Values

### VISION 2020

The CIHR HIV/AIDS Research Initiative's **vision** is:

In 2020, Canadian-led research is having its most significant impact to date on alleviating the burden of the HIV/AIDS epidemic in Canada and globally.

### MISSION

Within the context of CIHR's overall mandate and strategic priorities, the CIHR HIV/AIDS Research Initiative's **mission** is to:

Provide national leadership in the support and facilitation of HIV/AIDS research, research capacity building, partnerships and knowledge translation that contribute to reducing the transmission and progression of HIV, improving the lives of people living with or susceptible to HIV/AIDS and finding a cure.

### MANDATE

The **mandate** of the CIHR HIV/AIDS Research Initiative is to identify priorities for and administer HIV/AIDS research support in fulfillment of CIHR's partnership responsibilities within the Federal Initiative to Address HIV/AIDS in Canada.

### VALUES

The **values** that guide the CIHR HIV/AIDS Research Initiative's decisions, strategies and actions are:

**Collaboration:** Demonstrate positive, responsible, ethical and mutually respectful relationships with partner organizations, researchers, trainees, stakeholder communities and people living with and vulnerable to HIV/AIDS.

**Excellence:** Support excellence in scientific research and knowledge translation.

**Inclusiveness:** Engage individuals, groups and organizations with a stake in HIV/AIDS research, and ensure the meaningful inclusion of those living with, and at risk of, HIV.

**Innovation:** Promote and facilitate the introduction of new ideas, approaches, and practices.

**Transparency and accountability:** Ensure that decision-making processes are fair, open and grounded in sound ethical principles; that conflicts of interest are disclosed and managed appropriately; and that straightforward approaches to accountability and performance measurement are implemented for all activities.



## Strategic Direction 1: Enable discovery research

Much remains to be learned about HIV, including how the body, individuals and communities respond to and are protected from infection and its consequences. Strategic Direction 1 emphasizes innovation and creativity in original research with the potential to address critical knowledge gaps. The Priority Objectives will require and support diverse approaches, from biomedical to community-based research.

Through this Strategic Direction, the Initiative will further promote and support multi-disciplinary research and international collaborations, both of which are vitally important to addressing the complex questions to be answered and finding the required solutions. Strategic Direction 1 positions the Initiative to build on its significant strategic partnerships and investments, such as the Canadian Initiative for HIV Cure Research, Canadian HIV Vaccine Initiative and CIHR Comorbidity Research Agenda, and will promote the use of existing and emerging research platforms (e.g., cohorts, biological repositories) in order to have the greatest impact with our strategic investments.

This Strategic Direction addresses the long-term requirements of HIV research and ensures that the required capacity exists to meet future challenges. This need for capacity exists not just within the academic sector but also within community organizations and affected populations so that they may meaningfully contribute to a range of research activities. This is an enormous strength within HIV research and something the Initiative is committed to continuing to support and develop across its Strategic Directions.

### PRIORITY OBJECTIVES:

#### 1a. Develop new biomedical, behavioural and systems approaches to reduce HIV transmission

New prevention strategies continue to be essential in achieving significant declines in infection rates in Canada and globally. Biomedical, behavioural and systems-oriented strategies are all required, and need to consider both the transmission and acquisition of HIV. While specific areas of focus will continue to be identified through the implementation of Strategic Direction 3 (Promote leadership in stakeholder engagement and accountability in HIV research), areas of emphasis will include:

- basic research such as the biology of early HIV infection, pathogenesis and immunology relevant to the identification of new immunogens, correlates of protection and other aspects of HIV prevention;
- development and testing of preventive vaccines; and
- research to increase understanding of HIV transmission dynamics, risk and prevention behaviours, including the impact of social determinants of health; stigma and discrimination; and health systems and policy changes.

### **1b. Improve understanding of HIV to slow its progression and mitigate its impact on the health and well-being of people living with HIV**

For those living with HIV, current treatments are effective in improving health and prolonging life. However, these treatments require rigorous adherence to daily treatment regimens, often with significant side effects, and are not a cure. The complex interactions arising from aging, co-infections and co-morbid health conditions also need to be better understood. And for people living with HIV, there remains a need to further address access to care and determinants of health. Key areas of focus under this priority are:

- host and viral factors influencing HIV persistence (including viral latency) and viral reservoirs; creating models (cellular and animal) of HIV latency and assays to measure persistent HIV infection; and developing and testing HIV cure strategies;
- virological, biological and social aspects of aging and co-morbid conditions (e.g., substance use, chronic diseases and co-infections) for people living with HIV; and
- developing and testing strategies to reduce stigma associated with HIV infection and related issues/syndemics in affected populations and enhancing engagement in the HIV treatment cascade.

### **1c. Train and support a strong and diverse community of researchers**

The Initiative will take a targeted, multi-disciplinary approach to ensure Canada continues to have strong capacity to conduct and apply HIV research. Capacity building will be targeted towards the academic sector and will also involve affected communities and others critical to conducting strategic HIV research. As part of strategies to train and retain the next generation of researchers, the Initiative will:

- support workshops and other tools (e.g., on-line resources) that develop and enhance research-related knowledge and skills; enhance the capacity of community members to fully participate in and contribute to research; and build the capacity of researchers to meaningfully engage with community members and decision makers;
- integrate multi-disciplinary training as a core requirement within research programs supported by the Initiative; and
- support programs that have a specific emphasis on research capacity building.



## Strategic Direction 2: Mobilize research evidence

This strategic direction aims to reduce the burden of HIV through translating and applying research evidence. It is focused on creating evidence around practical applications in ‘real-world’ settings and facilitating the movement of existing evidence and new discoveries into practice. The Initiative, in collaboration with key partners, will support programmatic and implementation research embedded in national, provincial/territorial and local programs to provide solutions across the HIV prevention and care continuum. It will build the capacity of researchers, community members and decision makers to work together in new ways to mobilize research evidence.

### PRIORITY OBJECTIVES

#### **2a. Strengthen the prevention of HIV and other sexually transmitted and blood-borne infections (STBBIs) in key populations by funding the development, uptake and evaluation of evidence-informed initiatives, programs and practices**

A wide array of front-line programs and services are being developed and delivered, thereby increasing awareness and reducing STBBI risks for individuals and communities. New biomedical approaches to HIV prevention have also recently been developed, including anti-retroviral therapy as pre-exposure prophylaxis and treatment of those infected to reduce HIV transmission. However, there remain significant gaps in the translation of existing evidence into programs and policies, the evaluation of prevention programs and the appropriate adaptation and equitable scale-up of effective programs in different settings and populations. Under this priority, the Initiative will:

- develop research funding programs that support the full engagement of communities and decision makers in the assessment of community needs and the development and evaluation of multi-faceted prevention programs; and
- strengthen investments in implementation science focused on the culturally appropriate adaptation and equitable scale-up of effective programs for the prevention of HIV and other STBBIs.

#### **2b. Improve health outcomes for people living with HIV by supporting the development, uptake and evaluation of models of care**

There is a significant opportunity to improve the health and well-being of those infected with HIV by addressing barriers to access and uptake of STBBI testing, and enhancing engagement and retention in quality care. Improvements can also be made by engaging individuals and communities in developing and testing appropriate health-care models to meet their needs. This priority enables the Initiative to:

- support implementation science across the HIV treatment cascade that addresses gaps, maintains engagement and enhances access, particularly for those most affected; and
- support integrated research and knowledge translation projects on different models of care that are tailored to the needs of specific populations; consider the full range and complexity of the needs of people living with HIV over their lives; and consider issues of sustainability and cost-effectiveness.

### 2c. Strengthen the capacity of researchers, decision makers, front-line workers and organizations to apply research evidence

Further capacity is required across sectors to enhance knowledge translation and the systematic translation of research evidence into policy and practice. In addition to supporting research that is integrated within HIV programs and services, the Initiative will work in collaboration with a range of partners and stakeholders to:

- support the synthesis and sharing of existing knowledge to inform planning and decision making;
- develop and support capacity-building tools (e.g., on-line resources, training materials) that inspire innovative and effective approaches to knowledge translation and increased access to research findings;
- advance the development and management of harmonized data platforms through participation in national discussions and encouraging the engagement of the research community in these efforts; and
- ensure strategic investments focused on training researchers emphasize the development of knowledge translation skills.

## Strategic Direction 3: Promote leadership in stakeholder engagement and accountability in HIV research

Strategic Direction 3 underpins the success of Strategic Directions 1 and 2 and is closely aligned with the values of the CIHR HIV/AIDS Research Initiative. This direction challenges all members of the HIV research community to become more effective and collaborative leaders while building on the historical strength of HIV research in Canada: the engagement of people living with HIV, those at high risk and a myriad of other partners and stakeholders. It also focuses on enhancing partnerships and ensuring the transparency and accountability of the Initiative.

### PRIORITY OBJECTIVES

#### 3a. Understand and address the perspectives and priorities of key populations

The HIV epidemic in Canada affects some populations more than others. Addressing the epidemic and improving the health and well-being of those affected requires their meaningful engagement. To address the priorities of key populations, the Initiative will:

- work closely with Federal Initiative partners to ensure research programs are guided by the best epidemiological evidence available;
- involve people living with HIV, populations at risk and community organizations in the governance of the Initiative;



- engage the people most affected in identifying research priorities and ensure their involvement throughout the research process; and
- enable different sectors to come together to discuss priorities and evidence and to develop collaborative approaches.

### **3b. Continue to enhance the Initiative's leadership in national and international partnerships**

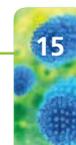
The Initiative stands out from other health research initiatives in the strengths of its linkages with its valuable and diverse partners. It will continue to engage partners and establish new linkages in order to meet its goals and maximize its impact. Partnerships will enhance the efficiency and effectiveness of capacity-building efforts as well as the creation and sharing of information to address the HIV epidemic nationally and internationally. Through its partnership work, the Initiative will:

- enhance collaborations with Federal Initiative partners in order to better align research investments with investments in HIV programs and services;
- more actively engage with other jurisdictions (e.g., provinces/territories and local governments) in identifying and addressing shared priorities;
- continue to work with strong and diverse domestic and international partners on capacity-building and research-funding initiatives; and
- seek partnerships with new organizations.

### **3c. Refresh the Initiative's performance measurement and accountability framework in support of the strategic plan**

It is critical that the Initiative continue to monitor and report on its progress and outcomes. This fosters strong accountability for public funds as well as informed decision making on future activities and investments. To fulfill this priority, the Initiative will:

- implement a performance measurement and evaluation plan aligned with the priority objectives of the strategic plan and accountability requirements of the Federal Initiative and CIHR; and
- report regularly to stakeholders on both progress in implementing the strategic plan and outcomes related to the Initiative's investments.







## Appendix 1: Process for Development of the Strategic Plan

The development of this strategic plan was led by the CIHR HIV/AIDS Research Committee (CHARAC). CHARAC is a voice for CIHR researchers within CIHR and encourages communication among stakeholders interested in HIV/AIDS research.

In keeping with the CIHR HIV/AIDS Research Initiative's approach to research activities and governance of the initiative more generally, CHARAC spearheaded a broad consultative approach to the development of the Initiative's Strategic Plan for 2015-2020. Consultation activities took place both before the plan was drafted and then on the draft of the plan, including its strategic directions and priority objectives.

Prior to the development of the plan, consultation activities took place from May to June 2014, involving more than 500 members of the Canadian HIV/AIDS research community. Researchers, community members, people living with HIV/AIDS, policy makers and others took advantage of the opportunity to have their voices heard.

The consultations held before the initial drafting of the strategic plan included:

- an online survey, to which 473 individuals and organizations responded;
- two focus groups, held at the 2014 conference of the Canadian Association for HIV Research (CAHR), St. John's, NL;
- a plenary presentation and discussion at the CAHR conference; and
- in-person and telephone interviews to learn more about the perspectives of both Canadian and international organizations.

The results of these consultations provided a starting point for CHARAC to develop the actual strategic plan. A workshop in October 2014 led to the development of draft strategic directions and priority objectives.

These strategic directions were then used for additional consultations and discussions. Externally, the draft strategic directions were posted online and input sought through a survey. Internally, key staff at CIHR reviewed and provided input to the strategic directions. Following revisions based on these consultations, the final plan was approved by senior leadership at CIHR.

The final Strategic Plan was launched at the CAHR annual conference in May 2015.