Co-Directors’ Corner

As I have discussed previously, one of the wonderful things about the CFAR program is that NIH makes extra funding opportunities available as competitive supplements just to CFAR investigators. These supplements are very targeted in terms of the area of research (with the topics changing each year), and they are typically directed to early-stage investigators. A newer set of supplements now appear each year directed at Ending the HIV Epidemic (EHE) activity that are open to all investigators. The announcements for the supplements typically are released in the Spring with a 20-minute turnaround time for submissions (not true but it is a challenge). We in the Admin. Core solicit applicants and try to match area with investigator. Sometimes we are limited to a single application per topic and we have to make choices on what we think will be the most competitive proposal to move forward. In the past there have been restrictions on being able to apply for supplements around the time of the competitive renewal, but this last year we were allowed to submit. The short turnaround time puts a lot of pressure on the applicants to generate a grant-quality document and a lot of stress on the Admin. Core to coordinate the submission of multiple applications, often involving multiple institutions.

This Spring we submitted 8 applications: 5 covering the yearly CFAR supplements, 1 CFAR equipment supplement, and 2 EHE supplements. We were pleasantly surprised to learn that 6 of our supplements have been funded, especially considering the quality of science that goes on at all of the CFARs. A big Congratulations to all involved! In a future newsletter we will describe all of the supplements in greater detail as a scientific coming out party for the projects and/or the investigators. However, as these projects are just now getting started it seems like a good time to provide the basics. Below is a list of the 6 funded supplements and their PIs. Join me in wishing them well as they get started with the hope that these will turn into long term, productive studies.

You may notice the title of “Co-Directors’ Corner” which of course acknowledges Dr. Ada Adimora who has been Co-Director with me for the last year. Ada and I will be taking turns in writing this article. One of Ada’s favorite sayings as we strategize in our Admin. Core meetings after I suggest a course of action is, “Ron, I’m not like you.” We will all enjoy her new voice sharing her view of our CFAR from the inside.

Ron Swanstrom
UNC CFAR Co-Director
The UNC-CFAR is proud to Announce
Six Supplemental Awardees!

CFAR ESI Supplements

Joan Price - OB/Gyn, UNC - “Evaluation Of Vaginal Microbial And Inflammatory Dynamics To Predict HIV-Attributable Preterm Birth In Zambia”

Lena Rosengren-Hovee – ID, UNC- “Novel Provider Training Intervention To Eliminate Provider-Driven Intersectional Stigma”

Anne-Marie Turner - HIV Cure Center, UNC - “Mapping Uninduced, Intact HIV Proviruses In ART-Suppressed Donors”

CFAR Equipment Supplement

Julie Nelson - CFAR HSL Core, UNC – “International, Pharmacology and HIV/STD Laboratory Cores Equipment”

CFAR EHE Supplements

Katryna McCoy – School of Nursing, UNC-Charlotte- “Enhancing Strategies To Engage Providers in Efforts to Eliminate HIV: Project EnSTEP”

Felicia Browne - RTI - “Developing Strategies To Improve Engagement In HIV Prevention And Treatment Among People Who Use Drugs In The Charlotte Transitional Grant Area”

23RD ANNUAL WORLD AIDS DAY SYMPOSIUM
December 3rd, 2021 9:15AM-12:35PM

AGENDA:
9:15-9:20 AM..............................Welcome and Introduction
Ben Chi, MD.
9:20-9:50AM......................................HIV and Aging
Michelle Fiors Moore, MD
9:50-10:20AM.....I Don’t Look Like What I’ve Been Through
Esther Ross, MSW
10:20-10:50AM.....Long Acting Injectable for Treatment
David Wohl, MD
10:50-11:00AM..................................................BREAK
11:00-11:30AM..........................HIV and COVID Vaccines
Monica Gandhi, MD
11:30-12:00PM...........COVID Prevention–Beyond Vaccines
William Fischer, MD
12:00-12:30PM...............Antiviral Pipeline for SARS-CoV-2
Tim Sheahan, PhD
12:30-12:35PM..............................................Closing Remarks
Ada Adimora, MD, MPH

Join us on December 3rd using the following Zoom link:
https://zoom.us/j/6908728006?pwd=y1JXWGJ4ZmF6d3c1LUxOY1h4WjZrZQ
HIV Research Collaborations through Faith & Spirituality

The Gilead COMPASS Faith Coordinating Center in the School of Divinity at Wake Forest University works to transform the story about HIV stigma by engaging faith leaders across 12 deep south states through direct funding, capacity building, and storytelling. Our most recent cohort of funded partners include 17 nonprofit and faith-based organizations with a network of faith communities that span 12 Southern states (AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX). The Center is led by Dr. Allison Mathews (Executive Director, WFU), who is an alum of UNC Chapel Hill and co-founder of HIV Cure Research Day, which was founded based on her postdoctoral work while a member of the UNC Center for AIDS Research Community Collaboration Board. The Center is also led by Dr. Shonda Jones (PI, WFU), who has expertise in divinity and theological studies and has worked on various HIV/AIDS initiatives and boards for twenty years. In collaboration with the UNC Center for AIDS Research, the Faith Coordinating Center is working to join national efforts with the Inter-CFAR Faith and Spirituality Research Collaborative to expand scholarship on the intersections of HIV and faith. Currently, their team is creating a national, searchable database of faith communities across the United States who have been trained in faith-based HIV engagement, to be hosted on AIDSVu.org as a resource for people seeking data on the location of faith-based organizations in relation to HIV services and prevalence data. Dr Mathews states, “We are excited about the possibilities for engaging faith communities to challenge harmful theologies that have perpetuating HIV-related stigma. In the 40th anniversary of the HIV epidemic, now is the time to reengage all sectors of our community to end the HIV epidemic.”

Upcoming Events:

November 17: TechEngage Networking ReBoot! 6PM-7PM REGISTER HERE

December 1: World AIDS Day

December 3: UNC CFAR/IGHID World AIDS Day Symposium JOIN HERE

January 2022: Transgender Health Inter-CFAR Working Group Meeting
The first inaugural Inter CFAR Transgender Health Scientific Working Group took place on October 21, 2021. The working group uses a shared leadership model to work together across CFARs. The leadership team consists of Tonia Poteat (UNC), Will Beckham (Hopkins), Laramie Smith (UCSD), Andrea Wirtz (Hopkins). The team initially met to brainstorm on priorities for the Inter CFAR Transgender Health Working Group and what they hoped to accomplish as a group. They aimed to capitalize on the benefits of working across the different CFARs. They discussed three main pillars for the working group:

1. Advancing the science
   • addressing gaps in data in trans health and HIV
   • addressing community priorities within those gaps with the goal of advancing the health of trans communities
2. Community empowerment and collaboration
   • meaningful engagement with communities in equitable partnerships
3. Networking development and strengthening
   • building a network of trans health researchers and community members to collaborate and strengthen relationships across the CFARs

The group also discussed communication strategies that would effectively disseminate research findings in ways that are useful and accessible to communities. JD Davids of Brooklyn New York and one of the co-authors of No Data No More-Manifesto to Align HIV Prevention Research with Trans and Gender-Diverse Realities, presented highlights from the document. The manifesto is a call to action for advocates, researchers, implementers, funders. Trans and gender diverse people are highly underserved and the data show that trans women are up to 49 times and trans men are up to 8 times as likely to be living with HIV compared with cisgender adults. There too few data on non-binary people to make an estimate of HIV burden. Trans and gender diverse populations have been overlooked in research. Trans women have been incorrectly categorized as cis MSM and trans men have been invisible. Given the stigma, violence, and marginalization faced by trans and gender diverse populations, they are less likely to receive HIV testing, start or adhere to PrEP, or maintain viral load suppression compared with cisgender people. The manifesto lists 22 recommendations that reflects a vision for trans-led HIV prevention research with true ownership in trans and gender diverse communities.

The full manifesto can be found on the AVAC website www.avac.org/no-data-no-more