

A call for all HIV research community advocates to review and provide feedback with regards to HIV research priorities compiled by Community Partners

Community Partners is composed of elected community representatives from the US Division of AIDS (DAIDS) networks community groups, and network support staff. Community Partners include representatives from the AIDS Clinical Trials Group (ACTG), the HIV Prevention Trials Network (HPTN), the HIV Vaccine Trials Network (HVTN), the International Maternal Pediatric Adolescent AIDS Clinical Trials Group (IMPAACT), the International Network for Strategic Initiatives in Global HIV Trials (INSIGHT), and the Microbicide Trials Network (MTN).

Why and how the list was compiled Community Partners established a Research Priorities Working Group to respond to a specific request from DAIDS to provide it a list of top community research priorities. The Working Group began its task by requesting a list of community research priorities from community advocates in each of the DAIDS networks. The Working Group did not place specific requirements on either the form of the network lists or the process that the network would undergo to compile the list. The Working Group was cognizant of the fact that several of the networks had been compiling community research priority lists for many years, while for other networks this would be the first time such a list would be compiled. Following receipt of those research priorities the Community Partner Working Group compiled a master list of the priorities. The next step was to work with the master list to ensure that listed priorities were indeed research questions addressable by the DAIDS and to categorize similar priorities to reduce the overall number of priorities for voting purposes. The Working Group reduced the original master list to 59 research priorities. It was from this list that the Working Group members ranked what it believed to be the most important research priorities. The result is the list of below submitted to DAIDS and the Network Leadership on October 13, 2010. The Working Group excluded some items on the networks lists, which were in reality calls for further resources, such as additional funds for anti-HIV medicines. The Working Group does not wish for their exclusion to be considered a negation of their importance: they are valid requests and must be addressed in other venues. The following four priorities were not included in the master list of 59 research priorities used to rank the priorities. These priorities would certainly have been at the top of most people's lists, but were not considered specific enough to be useful to include in the Top Priorities list:

- Develop a cure for HIV infection.
- Develop an effective and safe HIV preventative vaccine.
- Develop effective and safe pre- and post- HIV exposure prophylaxis, including microbicides.
- Develop ethical prevention strategies for those who choose not to, or cannot, be vaccinated.

Top eleven community research priorities or questions

- 1 What can be done to effectively clear HIV from the body through flushing HIV reservoirs?
- 2 What are safe, effective, acceptable and accessible options for pre-exposure prophylaxis (PrEP)?
- 3 What are the best ARVs for 1st regimen/subsequent optimal ARV sequencing? What are the best ARVs for different populations?
- 4 What are innovative and effective strategies to get more people tested?
- 5 What are the long term effects of HAART Treatment toxicities with regards to: learning disabilities; metabolic disorders/body habitus changes; cardiac health; reproductive health; bone density deterioration; and how to treat neurocognitive and neurological disorders across all disease stages?
- 6 What are possible resistance issues involving ART based HIV microbicides both on an individual and a community level?
- 7 When to start HAART treatment?
- 8 What influences adherence? How can we optimize adherence? What are effective strategies for disguising ARV taste for children?
- 9 Do different vulnerable groups, e.g. men, women, racial/ethnic groups, have different treatment complications and outcomes?
- 10 What can be done to reduce inflammation/immune activation in the body and especially the central nervous system?
- 11 What is the impact of common co-infections on HIV and vice versa, e.g. TB, malaria, hepatitis, Dengue fever?

Please share your thoughts on the Community Partners Research Priorities by clicking on the following HANC blog link: <http://blog.hanc.info/>