



The NIH Office of AIDS Research (OAR) published a Request for Information, inviting organizations and individuals to submit comments in response to their proposed 2026-2030 Strategic Plan goals. ANAC convened a group of ANAC members who contributed to the response. The responses were limited to 200 words. The following was submitted to NIH OAR in March 2024 and shared with the Federal AIDS Policy Partnership (FAPP) Research Working Group, as requested.

## **Goal 1: Enhance discovery and advance HIV science through fundamental research.**

### **ANAC response: (200/200)**

Despite advances such as injectables, U=U & PrEP, the necessity for alternative prevention and treatment persists. However, concern over disparities in access to these advances remain and prioritization of the most affected communities must occur. Research into vaccine development and cure research continues to be a priority and all research in these areas must be considered through a health equity lens. Effective vaccines are critical in the global South. Cure research must include evaluation of strategies for equitable access.

Research has already shown that racial, sexual orientation and gender inequities exist and that multiple SDOH impact health outcomes. Resources must now be directed to effective mitigation and corrections. Collecting data on the experience & prevalence of damaging SDOH MUST include comparative research on solutions that work, including solutions to intersecting factors & co-morbidities. Fundamental research on addressing racial disparities in harm reduction in cardiovascular disease and substance use, including cigarette smoking is needed.

Research must address the unique needs of people with HIV across the lifespan, including those born with HIV, who now age with the virus. The biological mechanisms of aging with HIV and its impact on multiple body systems and effective approaches to mitigation must be better understood.

## **Goal 2: Advance the development and assessment of novel interventions for HIV prevention, treatment, and cure.**

### **ANAC response: (170/200)**

We have effective tools for HIV prevention and treatment, but they are not being accessed by all. Novel and innovative strategies to address HIV prevention and treatment to best assist those individuals who have the most complex medical or social needs is needed. Regressive or restricted health policies & laws may limit effective approaches here. Respected implementation research that provides data on the harm of these restrictions or evidence of effectiveness of progressive interventions is needed to move forward health policy that contributes to optimal outcomes.

Examples include the expanded roles of RNs in HIV prevention and treatment; the value of care provided by APRNs; impact of nurse led care coordination for those most in need; the impact of HIV criminalization on HIV testing; the benefits of HIV & SDOH education in professional schools; outcomes of harm reduction programs; the impact of anti-LGBTQ laws on HIV outcomes; the impact of housing as a medical intervention/service; and the value of alternative prevention and treatment service delivery models ( places, times, providers).

### **Goal 3: Optimize public health impact of HIV discoveries through translation, dissemination, and implementation of research findings.**

#### **ANAC response (197/200)**

Adaptation, uptake and scale-up must be informed by the lived experiences of those who will benefit and their providers. The launch and subsequent failures in uptake & scale-up of PrEP is a disappointing example of how necessary this is. Ten+ years later we are attempting to retro-fit education, dissemination & approaches to uptake& scale-up re: PrEP for communities who would most benefit.

All research protocols should include a required, detailed, multi-level description for planned result dissemination, with monitoring and funding tied to this plan, including strategies to inform clinical practice outside of the HIV research silos.

Meaningful engagement in development of protocols along every step of development must be intentional and include people with lived experience (or their proxies) from diverse experiences (e.g. rural, women with children, front-line non-research staff) with intentional on-going training and support. Each protocol should have a budget requirement including allowable costs that promote gender and community equity (e.g., childcare, non-traditional hours and sites, etc.).

Partnerships with trusted professional provider organizational (e.g. ANAC or NMA-National Medical Association) outside of NIH networks can lead to improved dissemination. The unique audiences and reach of these entities should be tapped & OAR conference funding support provided.

### **Goal 4: Build research workforce and infrastructure capacity to enhance sustainability of HIV scientific discovery.**

#### **ANAC response: (200/200)**

The research workforce extends beyond the investigators and successful studies include study coordinators, study nurses, outreach and engagement specialists, data managers and others that reflect and engage with the communities of interest/investigation. Supporting the recruitment, training and retention of this workforce (and facilitating their career paths) from communities of color is critical.

Educational support for nurses committed to HIV research and translation to care through expanded training and early career grants will help the future workforce in addressing the complex needs and challenges faced by persons with HIV including stigma and gaps in engagement/retention in care.

Intentional actions toward equity in the funding of studies/researchers must involve support for investigators at smaller or under-resourced institutions to diversify funded research beyond the big name, larger institutions with greater resources.

Smaller institutions, including Historically Black Colleges and Universities (HBCUs) have significant teaching time requirements for early-mid career researchers, therefore, NIH should provide teaching load relief as an allowable budget line to allow those investigators to succeed. Additionally, internships or other support tracks for new investigators at smaller, under-resourced or HBCUs that include salary support & full institutional indirect rates should be established. This will help to develop the pipeline of diverse investigators.