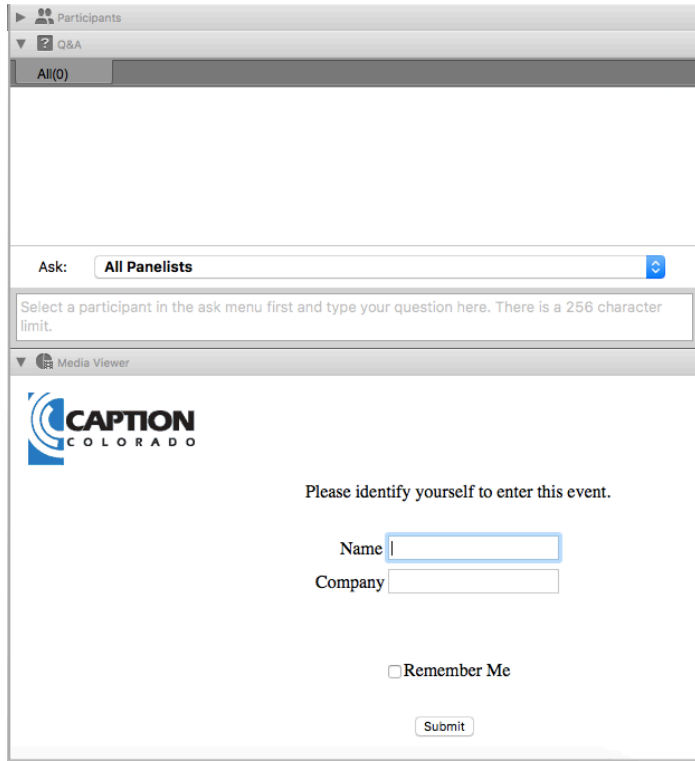


# Behavioral Research Program

Webinar on Funding for Tobacco and HIV Research in Low and Middle Income Countries (LMICs)

# Using WebEx and Webinar Logistics



The screenshot displays the WebEx interface with two main panels. The top panel is the Q&A section, which includes a 'Participants' tab, a 'Q&A' tab, and a 'Media Viewer' tab. The 'Q&A' tab is active, showing a list of participants (All(0)) and a question input area. The question input area has a dropdown menu for 'Ask:' set to 'All Panelists' and a text box for the question. Below the text box is a note: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.' The bottom panel is the Media Viewer, which displays the 'CAPTION COLORADO' logo and a form for identification. The form includes fields for 'Name' and 'Company', a 'Remember Me' checkbox, and a 'Submit' button.

- Submit questions at any time during the presentation. Type into the Q&A feature on the right of the interface and press “submit”
- Closed captioning is available by selecting the Media Viewer Panel on the right hand side of your screen
- To connect to the live audio, we recommend having the system call you. Enter your telephone number (include area code) and select “Call Me” OR dial in to the session at:
  - **Conference #:** 1-855-244-8681
  - **Access Code:** 734 846 807

# Webinar Format



## Agenda

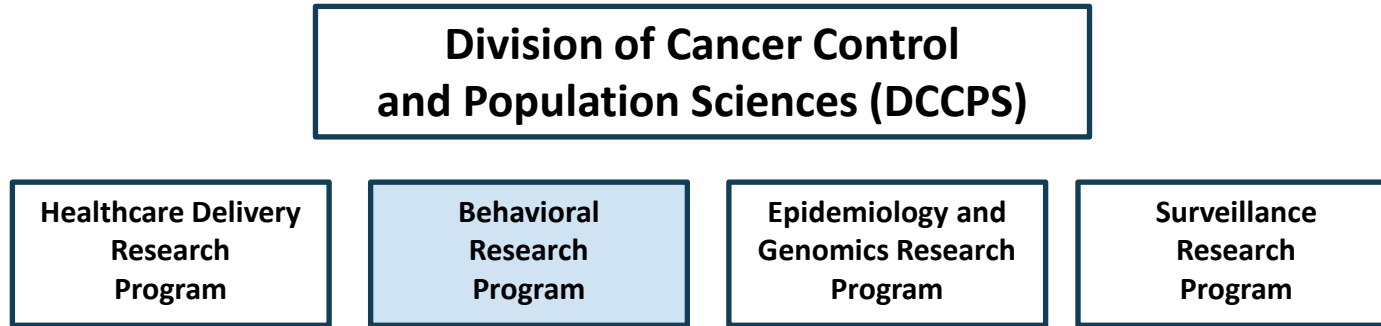
- Background
- FOA Details
- Resources
- Questions
  - Questions about specific aims or grant application details will not be addressed

Mark Parascandola, PhD, MPH  
Tobacco Control Research Branch  
National Cancer Institute

# Background

*Tobacco and HIV in Low and Middle Income Countries (LMICs)*

# NCI DCCPS Organizational Structure



The **Behavioral Research Program (BRP)** initiates, supports, and evaluates a comprehensive program of research including basic behavioral and psychological science as well as the development, testing, and dissemination of interventions in cancer control areas such as tobacco use, diet and energy balance, and sun protection.

# How We Fund Grants

- Although most of our portfolio consists of investigator-initiated (unsolicited) grants, BRP also supports grant applications in specific areas of interest
  - Requests for Applications (RFA)
    - Identifies the specific receipt date(s), the estimated amount of funds earmarked for the initiative, the number of awards likely to be funded, and any specific criteria for scientific peer review; applications received in response to a particular RFA are reviewed by an Institute's Scientific Review Group
  - Program Announcements (PA)
    - Most PA applications are submitted with a standing receipt date and are reviewed with all other applications received at that time using standard peer-review processes
  - Program Announcement (PAR)
    - Program announcements with special receipt, referral, and/or review considerations

# Grant Mechanisms – R01 and R21

<b>NIH Research Project Grant (R01)</b>	<b>NIH Exploratory/Developmental Grant (R21)</b>
<ul style="list-style-type: none"><li>▪ Used to support a discrete, specified, and circumscribed research project</li><li>▪ NIH's most commonly used grant program</li><li>▪ No specific dollar limit unless specified in Funding Opportunity Announcement (FOA)</li><li>▪ Advance permission required for \$500K or more (direct costs) in any year</li><li>▪ Generally awarded for 3-5 years</li></ul>	<ul style="list-style-type: none"><li>▪ Encourages new, exploratory, and developmental research projects by providing support for early stages of project development</li><li>▪ Sometimes used for pilot and feasibility studies</li><li>▪ Limited to up to two years of funding</li><li>▪ Combined budget for direct costs for the two-year project period usually may not exceed \$275,000</li><li>▪ No preliminary studies are required</li></ul>

# FOA Details

*Tobacco and HIV in Low and Middle Income Countries (LMICs)*



# Funding Announcements

## ***Tobacco Use and HIV in Low and Middle Income Countries (LMICs)***

PAR-17-087 [R01]

<https://grants.nih.gov/grants/guide/pa-files/PAR-17-087.html>

PAR-17-086 [R21]

<https://grants.nih.gov/grants/guide/pa-files/PAR-17-086.html>

***National Institute on Drug Abuse*** (NIDA) is participating with NCI

- Grants can be submitted to either NIDA or NCI, and either Institute can be named as a secondary assignment

# Goals of Funding Announcement

Encourage research focused on tobacco use and HIV/AIDS in low and middle income countries (LMICs). In particular, applications are encouraged that focus on the development and evaluation of tobacco cessation interventions tailored to HIV positive populations, including those with co-morbidities such as tuberculosis (TB), in low-resource settings.

- Novel, transdisciplinary nature of addressing tobacco use in context of HIV in LMICs
- Bring together investigators from diverse disciplines and research foci to pool their efforts on this syndemic
- Encourage sharing of research strategies and data across disciplines and geographic regions
- Dedicated review group with experience in LMICs and both tobacco and HIV
  - PAR = no set aside funding

## Background: Tobacco and HIV/AIDS

- Smoking prevalence higher among people living with HIV (PLHIV) compared with general population
- PLHIV who smoke tobacco suffer greater morbidity and mortality than non-smoking counterparts
- PLHIV who smoke have higher risk of infection, greater progression from HIV to AIDS, and weaker response to anti-retroviral therapy (ART)
- Introduction of ART has led to decline in AIDS mortality and increased life expectancy for PLHIV, increasing risk for NCDs and related behavioral risk factors

# The “Syndemic” of Tobacco, HIV and TB

- 37 million people living with HIV, including 15.8 million on ART
  - 70% of HIV infections in Sub-Saharan Africa
- Tobacco use declining in HICs, but burden shifting to LMICs
  - 84% of world’s 1.3 billion smokers live in LMICs
- Both tobacco use and HIV contribute to TB
  - One third of PLHIV are infected with latent TB
  - Tobacco use estimated to account for 25% of global TB mortality
- Existing HIV and TB prevention and treatment guidelines do not include a focus on tobacco use

## Many Questions and Local Concerns

- Links among smoking and HIV acquisition, morbidity and mortality are poorly understood
- Many important variables vary by country or culture
  - Acceptability of tobacco use
  - Patterns of use
- Policies related to tobacco vary widely by country
  - Regulation of tobacco products
  - Funding and infrastructure for smoking cessation and prevention
  - Integration among different health care services related to HIV, TB & tobacco use

# Opportunities and Challenges

- HIV and TB treatment context provides opportunity to intervene around tobacco use
  - Existing infrastructure for community interventions
  - Diagnosis of HIV/AIDS or TB provides teachable moment
- However, smoking cessation interventions for PLHIV present additional challenges
  - Lower cessation rates
  - Complications with other substance abuse, mental illness, socio-economic status
- Bulk of the evidence base for tobacco cessation comes from HICs
  - LMICs may have limited access to pharmacologic treatments, fewer trained health professionals, weaker tobacco control policies
  - Need for tailored interventions in LMIC context

# Sample of Example Research Questions

- What types of tobacco cessation interventions are most effective in persons with HIV, with or without TB co-infection, to achieve improved tobacco abstinence as well as disease treatment outcomes in low-resource environments?
- What are the barriers to integrating tobacco control interventions into the existing HIV and TB prevention and treatment context in LMICs?
- What is the cost-effectiveness of integrating smoking cessation within HIV and TB treatment? What interventions can be effectively introduced to low-resource settings in LMICs?
- How does the social and behavioral context of tobacco use in PLHIV in LMICs, including the use and abuse of other substances, influence tobacco use behavior and cessation outcomes?
- What policy interventions could be embedded in HIV and TB control programs that would serve to improve the outcomes of cessation or prevention efforts at both a clinical and population level?

# Evaluation Criteria

## Standard Review Criteria:

- Significance, Investigator(s), Innovation, Approach, Environment

## Specific to this FOA:

- Is the study or intervention appropriate for LMIC settings?
- Can the intervention be scaled up and implemented in the setting in which it is being studied?
- Does the project provide a well-developed plan for dissemination of research results to the LMIC countries where the research is taking place?



## Other Important Information

- Applications will be evaluated by reviewers with relevant expertise in HIV/AIDS, tobacco control, and global health
- R01s are 3-5 year grants, which require preliminary studies
- R21s are 2-year grants, which are considered exploratory and do not require preliminary studies
- Non-domestic (non-U.S.) Entities (Foreign Institutions) **are** eligible to apply.
- Grants with direct costs  $\geq$  \$500,000 in any year require Program approval for submission
  - Submit materials to Program Director at least 8 weeks prior to receipt

# Resources

*Tobacco and HIV in Low and Middle Income Countries (LMICs)*

# Read the FOAs Very Carefully!

- Open Date (Earliest Submission Date): March 4, 2017
- Application Due Dates: April 4, 2017; November 1, 2017; April 4, 2018; November 1, 2018; April 4, 2019, November 1, 2019
- **AIDS Application Due Dates: May 7, 2017; January 7, 2018; May 7, 2018; January 7, 2019; May 7, 2019**
- Letter of Intent Due Date: 30 days prior to the application due date
- Earliest Start Date: October 2017; May 2018; October 2018; May 2019; October 2019; May 2020
- Expiration Date: January 8, 2020
- Start the process early! Allow time for registration in the System for Award Management, eRA Commons, and Grants.gov

# Program Contacts

## National Cancer Institute

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## National Institute on Drug Abuse

- Richard Jenkins, Ph.D.  
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Email: jenkinsri@mail.nih.gov

# Resources for New Funding Announcements

- Today's webinar and list of FAQs (both leading up to and following the webinar) will be posted online:
  - <http://cancercontrol.cancer.gov/funding-foa-applicants.html>
  - There, you can also find links to FOAs and Program Director contact information
- Connect with any BRP staff member via contact information listed on:
  - <http://staffprofiles.cancer.gov/brp/>
  - Email questions to BRP anytime at [ncidccpsbrpadvances@mail.nih.gov](mailto:ncidccpsbrpadvances@mail.nih.gov)
  - Subscribe or unsubscribe from NCI/BRP email updates at <http://cancercontrol.cancer.gov/brp/e-newsletter/subscribe.html>

# Questions

*Tobacco and HIV in Low and Middle Income Countries (LMICs)*

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