

NIH Centers for AIDS Research

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CFARs as One Avenue for NIH Involvement in NHAS

HHS Twelve Cities Project

– NIH Role: Collaborate with local Departments of Health (DoHs) to build and expand the bridge between the public health programs for testing, linkage to care, treatment and the local research community for the ECHPP/12 Cities project

CFARs and ECHPP: A New Collaboration

- 2010 Annual CFAR Meeting Dr. Carl Dieffenbach, Division Director DAIDS at NIAID, encouraged the CFARs to participate
 - CFARs can work directly with local DOH
 - Work collectively with CDC
 - Collaborate with other NIH co-funding Institutes
 - NIMH AIDS Prevention Centers
- DC D-CFAR was asked to lead this effort



The Start of CFAR ECHPP Working Group (CEWG)

- FY11: funding provided supports technical assistance to jumpstart and build collaborations
- FY12: funding to examine research questions around the treatment cascade and to fund this conference to bring all parties together



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What is CFAR?

 Established in 1988 as one mechanism to address the HIV/AIDS epidemic

 It is a grant to institutions with significant NIH AIDS research funding to provide shared infrastructure support (i.e., fills gaps not covered by traditional research mechanisms)



CFARs are a Trans-NIH Program

Co-funded by seven NIH Institutes:

National Institute of Allergy and Infectious Diseases (NIAID)

National Cancer Institute (NCI)

National Institute of Child Health and Human Development (NICHD)

National Heart, Lung and Blood Institute (NHLBI)

National Institute on Drug Abuse (NIDA)

National Institute on Mental Health (NIMH)

National Institute on Aging (NIA)

Collaborative scientific oversight by the NIH Institutes above, and by:

Office of AIDS Research (OAR)

Fogarty International Center (FIC)



CFAR Objective

To support a multidisciplinary, collaborative environment that promotes basic, clinical, behavioral, and translational research in the prevention, detection, and treatment of HIV infection and AIDS



Overarching Themes

- Local control
- Multidisciplinary
- Scientifically and fiscally versatile



Summary

- Synergy: across HHS, 9 CFARs, CFARs and local DoHs
- Added value: for CFARs and local DoHs
 - DoHs can leverage CFAR resources
 - CFARs have new opportunities to collaborate with local DoHs, especially to engage in ECHPP/12 Cities