



NIH Collaborations With the U.S. President's Emergency Plan for AIDS Relief

The National Institutes of Health (NIH) support a number of programs in collaboration with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to enhance research and clinical capacity. Primary support is provided by the Office of the U.S. Global AIDS Coordinator (OGAC), U.S. Department of State.

Medical Education Partnership Initiative (MEPI)

- Launched in 2010, this program is designed to build human capacity for health in Africa by strengthening the medical education system in an environment that values and nurtures research. This program provides direct support to African grantees for transformative models of medical education systems in sub-Saharan Africa.
- Provides support for grants to African institutions in a dozen countries, forming a network including about 30 regional partners, country health and education ministries, and more than 20 U.S. collaborators.
- Focuses on the development of expertise in topics such as maternal and child health, cardiovascular diseases, cancer, mental health, surgery, emergency medicine, and infectious diseases in the context of HIV.
- Additional support is provided by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

Initiative on Research and Innovation Management

Building on the MEPI network, this initiative supports networks to facilitate building research management capacity in sub-Saharan Africa through training and enhanced infrastructure.

Implementation Science Initiative

- Launched in 2010, this initiative provides support for operational research in sub-Saharan Africa to translate biomedical research advances into community practice in the following areas:
 - Epidemiology
 - Prevention interventions (including adolescent and young women)
 - HIV Treatment and Care (including but not limited to health care delivery and outcomes for pediatric populations)
 - Integrative Treatment of HIV-related comorbidities, such as malignancies, tuberculosis, and malaria



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Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART): A cluster-randomized trial of the impact of a combination prevention package on population-level HIV incidence in Zambia and South Africa

This cooperative HIV/AIDS prevention research initiative was established in 2003 between the National Institute of Allergy and Infectious Diseases (NIAID), with funding from PEPFAR. Additional funding is provided through the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the International Initiative for Impact Evaluation (3ie) with support from the Bill & Melinda Gates Foundation. The study's aim is to determine the impact of two community-level combination prevention packages, both of which include universal HIV testing and intensified provision of HIV antiretroviral therapy (ART) and care, on population-level HIV incidence.

Sustainable East Africa Research of Community Health (SEARCH) – Uganda and Kenya

This initiative was established in 2010 as a collaboration among the NIH; PEPFAR; the University of California, San Francisco; Makerere University; Kenya Medical Research Institute; Infectious Diseases Research Collaboration; University of California, Berkeley; Kenya Ministry of Health; Uganda Ministry of Health; World Health Organization; World Bank; Gilead; and UNAIDS to evaluate health and economic outcomes of bold community-based health interventions for communicable and non-communicable diseases (NCD). The first proposed initiative of the SEARCH collaboration is a community cluster randomized trial in Uganda and Kenya of widespread early community-wide antiretroviral therapy (ART), where primary endpoints will include both community health and community economic status. This study is designed to inform the current debates on global health investments precipitated by (1) mathematical models predicting the HIV epidemic can be halted with widespread ART, and (2) the reality of diminishing resources and growing costs of existing programs.