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INDIAN COUNCIL OF MEDICAL RESEARCH
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Call for Proposals for Extramural Ad-hoc studies on Sexually Transmitted Infections

Indian Council of Medical Research invites applications for research proposals on Sexually Transmitted Infections (STIs). The concept proposal of 3-4 pages is to be submitted as per the details given below.

Background

Sexually transmitted infections (STIs) are a variety of clinical syndromes caused by pathogens that can be acquired and transmitted through sexual contact and remain a major public health problem at the global level. STIs are among the most common communicable diseases globally and are associated with significant morbidity and mortality worldwide. Point-of-care tests have immense potential to revolutionize the prevention and control of STIs by enabling rapid diagnosis and early treatment of infections, thus interrupting transmission and preventing the sequelae of untreated infections. The development of POC tests might play a vital role in settings where there is an urgent need for diagnostic tests and might lack extensive laboratory infrastructure.

The burden of STIs varies from area to area in the world particularly higher in low-income countries including India. Evidence have indicated a significant increase in the number of sexual partners among high-risk groups (HRGs) as well as a decline in the use of protective prevention measures. The high-risk groups such as IDU, MSM, PLHIV and FSW are more vulnerable to STIs with several biological as well as socio-behavioral factors attributable to the changing scenario of the spectrum of STI burden in India. Therefore, understanding the current status of STI burden and its changing prevalence with time and region-wise dynamics will be essential to comprehend the underlying causes of such shifts.

Pre-Exposure Prophylaxis (PrEP) is the use of an antiretroviral drug to block the acquisition of HIV infection by uninfected people. The focus of PrEP trials conducted in the last decade has been to assess the effectiveness of PrEP among IDUs, heterosexual women, high-risk MSMs or those couples where one is infected with STI and the other is uninfected. Although, the utility of PrEP among HRGs is high, the present literature evidences are not sufficient for the estimation of the effectiveness and acceptability of PrEP use among this community. Thus, this key area needs to be explored more for accessing the acceptability of this preventive mechanism for STIs. It would be interesting to see how it is changing the current dynamics of STIs. In addition, it would be important to see the feasibility of PrEP among IDUs.

HRGs in India experience a disproportionate burden of HIV and bacterial STIs. The screening levels among these HRGs remain inadequate owing to barriers such as stigma, privacy and confidentiality

concerns, transportation issues of samples, insufficient clinic time, and limited access to healthcare. Self-collection of specimens at home and their return by mail for HIV and bacterial STI testing, as well as PrEP adherence monitoring, could be a resource-efficient option that might mitigate some of the personal and logistical barriers to regular testing. Many studies have been conducted to demonstrate their stability in areas with temperate climatic conditions (Sharma et al., 2019; Iniesta et al., 2021) However, India experiences tropical climates throughout the year and the stability of samples in such climates may need to be examined and validated. Additionally, the performance characteristics of urine samples need to be validated against the swabs in both males and females for various STIs.

Healthcare providers play a crucial role in reducing the burden of STI by providing effective STI prevention and case management. Identification of the perceived barriers among healthcare workers is important to improve the care for patients infected with STIs. A better understanding of healthcare providers' views on challenges faced by them in the management of STIs is a vital area of research to inform current policies and programmes in India. People infected with STIs and their families often experience social boycott and rejection by the surrounding communities. Fear of isolation and prejudices in the society cause the infected individuals to keep their disease status undisclosed resulting in delays in seeking care and complications. It is essential to conduct studies to identify the challenges faced by infected people in accessing healthcare facilities so that policies can be modified to encourage more people to participate in counselling, testing and treatment.

Health-seeking behaviour is influenced by several factors classified according to cultural and socio-demographic influences, economic conditions, physical and financial accessibility and healthcare services. Additionally, STI and RTIs are diseases that are often associated with sociocultural stigma and taboo. Thus, most often, STI infected people may seek advice on treatment from quacks or traditional healers for non-severe symptoms which may be often overlooked. However, research lacunae still exist on understanding the perceptions of people towards varied health-seeking behavior in rural as well as urban settings. These aspects need to be explored and attended to establish proper healthcare services for tending to STIs/RTIs.

Behavioral, biological and social factors contribute to the likelihood of contracting an STI. There is a need to identify the social and behavioural practices among high-risk population groups vulnerable to STIs, as prevention of STIs is difficult without addressing social issues which have a tremendous influence on the transmission of STIs. Additionally, the association between the identified socio-behavioural factors and STI may be useful in tracking the problems of STI infected individuals and mitigating possible solutions. In this regard, a community based sexual behaviour and attitudes and practices study with a focus on high-risk behaviour groups may be conceptualized. Furthermore, apart from bacterial and viral STIs, the extra-genital infections could also be studied in this aspect.

One challenge to education on sexual and reproductive health is its limited reach to out-of-school youth especially girls and young women and other groups of marginalized young people. Few existing programs utilize approaches like partnering with youth leaders, consultation and involvement of younger age group people in building alliances, young people's capacity building and networking to involve dropouts in sexual and reproductive health education initiatives. However, the research is not comprehensively inclusive concerning the age groups, socio-demographic strata and population groups. It is essential to develop research-based evidence and approaches to healers' reach out to school dropouts for effective sexual and reproductive health education initiatives. Thus, community-based studies to assess the feasibility to reach out to "school dropout adolescents regarding SRH shall include assessing the service-related barriers which are not geared to addressing adolescent SRH activities. This will help in focusing on the health system strengthening component as well. Additionally,

comprehensive modules shall be prepared and provided to the schools in local languages. Special camps in slums and villages by Asha workers may also be beneficial in community outreach.

Details of the proposal theme

Proposals should be submitted under the following titles. If more than one proposal is to be submitted, PIs should submit the individual proposals for each title.

Key Area I:

1. Development and validation of the Point-of-Care (POC) diagnostic tool for the rapid detection of Sexually Transmitted Infections (specific or array/battery/multiple)

Key Area II:

1. The estimation of the spectrum and burden of STI morbidity among identified high-risk groups (HRGs) such as IDU, PLHIV, MSM, and FSW.

2. Epidemiological study on the current prevalence of Chancroid, Donovanosis and Lymphogranuloma venereum in India.

3. Feasibility of implementation of PrEP among IDUs and other high risk groups in the predominant regions i.e. the North-Eastern States of India, Punjab and Andhra Pradesh.

4. Assessment on the effect of PrEP on current STI/HIV dynamics in High-risk Groups including IDU MSM, TG and FSW.

Key Area III:

1. Feasibility and validation on the self-collection, storage and transportation of swab/urine samples for the detection of Sexually Transmitted Infections in a specific sub-group

Key Area IV:

1. Identifying the challenges/barriers in extending/ availing /providing STI management services faced by:

    a. The healthcare providers at various levels of STI healthcare delivery.

    b. STI infected people (beneficiaries of services) in accessing healthcare services.

    c. Sexuality and STI care: Understanding the inequality and inequity in accessing health services

2. Treatment seeking behavior among STI infected people towards traditional healers v/s STI/RTI clinics.

3. To understand sexual and socio-behavioral practices influencing the vulnerability to STIs.

4. Development and validation of a model or strategy(ies) to reach out to school dropout children/adolescents for sexual and reproductive health education activities.

Who can submit project proposals?

The project proposal can be submitted for financial support through ONLINE MODE ONLY by scientists/ professionals who are a regular faculty in Medical Colleges/ Research Institutes/ Universities/ recognized Research & Development laboratories/ Government and semi-government organizations and NGOs (documentary evidence of their recognition including DSIR/SIRO certificate would be required with the application).

Review Process:

Once the call is closed, the eligible concept proposals will be subjected to evaluation on the basis of the available literatures, novelty, methodology, and translational value, strength of the principal investigator, public health importance, and optimum use of resources, feasibility, achievable milestones, timelines, budget adequacy and potential for impact. Based on these criteria concept proposals will be shortlisted and applicants \will then be asked to submit full proposals.

References:

- Sharma, A., Stephenson, R., Sallabank, G., Merrill, L., Sullivan, S. and Gandhi, M., 2019. Acceptability and feasibility of self-collecting biological specimens for HIV, sexually transmitted infection, and adherence testing among high-risk populations (Project Caboodle!): protocol for an exploratory mixed-methods study. JMIR Research Protocols, 8(5), p.e13647.

- Iniesta, C., Coll, P., Barbera, M.J., García Deltoro, M., Camino, X., Fagúndez, G., Díaz, A., Polo, R. and Spanish Working Group for PrEP, 2021. Implementation of pre-exposure prophylaxis programme in Spain. Feasibility of four different delivery models. PLoS one, 16(2), p.e0246129.

How to Apply:

Interested investigators/scientists/clinical researchers working in recognized R & D Institutions can submit the concept proposals in 3-4 pages containing, background, novelty, aim and objectives, methodology and expected outcome through online mode only latest by **21st May, 2022, 05.00 PM**. No submission after this time will be permitted and no queries in this regard will be entertained. For any queries, please send an email to aggarwal.sumit@gov.nic.in.

Steps to be followed for online submission:

1. Open the ICMR Electronics Project Management System (ePMS) portal https://epms.icmr.org.in

2. Project proposal submission is a three-step process in e-PMS.

Step1: PI Registration/Login

Step 2: Verify Email Id and Complete/Update PI Profile

Step 3: Apply for Grant through submission of concept proposal

3. Click on "LOGIN" and select “Register” for new registration OR else if already registered provide details to login and enter into e-PMS portal.

4. After registration in the portal, login in the portal. Verify your registered email and complete the PI profile. PI profile includes Personal detail such as Salute, Name, DOB as per 10th certificate, Details of 10th (Board name, roll number, Year of passing), Attachment (10th certificate/mark sheet), Gender (Male/Female), Category (GEN, OBC, SC, ST), State, District, Institute Name (if name doesn't exist in the drop down list then there is an option to add the new institute also), Designation, Nature of Employment, Department, Broad Area of Research, Subject Area.

5. After completing the mandatory section of PI Profile, click on "Submit Concept Proposal" under the "Proposal Submission" menu. Click on "Apply" at the action column.

6. The user manual of e-PMS (under Guidelines-> e-PMS menu) is available at https://epms.icmr.org.in Before proceeding to submit the proposal, it is suggested to read user manual and guidelines; and make ready all relevant information, documents and research plan.

7. Format for submitting Concept Proposal is available at https://epms.icmr.org.in/adhoc

8. For query you can contact:

Query type	**Submission or online portal**	**Technical**
Name of program officer	Dr. Lokesh Kumar Sharma, Scientist E & Program Officer (e-PMS), Division of Biomedical Informatics, Indian Council of Medical Research, Ansari Nagar, New Delhi-110029 Email: po.epms@icmr.gov.in	Dr Sumit Aggarwal, Scientist D & Program Officer, Division of ECD, Indian Council of Medical Research, Ansari Nagar, New Delhi-110029 Email: aggarwal.sumit@icmr.gov.in