Application: Halani_PrEP for Women

Sheliza Halani - sheliza.halani@mail.utoronto.ca
CTN+ Seed Funding Competition

Summary

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Seed Funding Full Submission Form

Completed - Mar 20 2026

Seed Funding Full Submission Form



Please read the CTN+ Seed Competition Guidance document prior to completing your submission.

Please use the form below to submit your project as a CTN+ Seed Funding study to receive support from your CTN+ Regional Team. Your application will be reviewed by the CTN+ review committee panel before receiving final adjudication at the next CTN+ Steering Committee meeting. In the case of incomplete information, you may be contacted by a CTN+ administrator with a request to provide additional details or documents.

If you have any questions or concerns about this process, please send an email to submissions@hivnet.ubc.ca.

Principal Applicant

First and Last Name

Sheliza Halani

Email Address

sheliza.halani@mail.utoronto.ca

Institutional Affiliation

Unity Health Toronto, University of Toronto

Is the Principal Applicant a CTN+ Researcher?

Please note that only applications from CTN+ Researchers and CTN+ Postdoctoral Fellows are eligible to receive Seed Funding.

Principal Applicant is a Postdoctoral Fellow (please provide the name of the CTN+ Researcher who is your supervisor): Dr. Darrell Tan and Dr. Mona Loutfy

Submitter

Leave blank if this form is being submitted by the Principal Applicant.

First and Last Name

(No response)

Email Address

(No response)

Study Overview

Study Title

WISE-PREP: A Women-Informed Support tool and Educational resource with PRovider Education on PrEP

Name of Study Lead

Dr. Sheliza Halani

Please list all study team members.

Format: First and last name, Affiliation, Role within the study

Sheliza Halani, Unity Health Toronto, Principal Applicant
Darrell Tan, Unity Health Toronto, Co-Applicant
Katherine Griffin, Unity Health Toronto, Co-Applicant
Mona Loutfy, Women's College Hospital Research Institute, Co-Applicant
Mark Yudin, Unity Health Toronto, Co-Applicant
Amy Ly, Women's College Hospital Research Institute, Co-Applicant
Alison Armstrong, Women's College Hospital Research Institute, Co-Applicant
Cara Spence, University of Saskatchewan, Co-Applicant
Christine McDougall, Saskatchewan Infectious Disease Care Network, Co-Applicant
Courtney Dalton, University of Saskatchewan, Co-Applicant

Which CTN+ Region is this study most closely aligned with?

Ontario

Which CTN+ Think Tank is this study most closely aligned with?

Prevention & Testing

Type of Study

Select all that apply

Responses Selected:

Other: Development of an educational resource with a decision tool

Study Details

Research Question

Please summarize in one sentence.

Can the use of an educational resource, with an embedded decision-making tool, promote patient and provider understanding of HIV PrEP and ultimate uptake of PrEP among women?

Lay Language Description

(250 words maximum)

Recently in Canada, there has been a clear increase in the proportion of new HIV diagnoses that are among women. In 2021, persons of female sex accounted for 28% of new HIV diagnoses, while in 2024 females accounted for 34% of new HIV diagnoses. (PHAC, 2026; Orser, 2025, Womens Health) Options for HIV pre-exposure prophylaxis (PrEP) for cisgender women (CGW) are now included in the Canadian PrEP and PEP (post-exposure prophylaxis) guidelines (2025), a result of several recent scientific advancements. There is in fact an expanding array of available for options for HIV prevention for cisgender women (CGW) including oral daily PrEP and injectable cabotegravir every two months. However, HIV prevention counseling and uptake of PrEP has been limited among women. In 2022, persons of female sex constituted only 2% of PrEP prescriptions. (PHAC, 2022) Based on literature as well as a qualitative study of providers that we are currently conducting, reasons for limited uptake PrEP among women include patient and provider-related factors including womens' low self-perceived risk of HIV acquisition, lack of available providers who feel comfortable prescribing PrEP, low public and provider awareness of PrEP options for women, and lack of knowledge regarding side effects and options in pregnancy and breastfeeding/chestfeeding. We propose development of the WISE-PrEP educational resource with an embedded decision-tool, for providers and patients on HIV PrEP for women. The proposed project is one step in our plan to eventually develop an implementation study to promote PrEP uptake among women in Ontario.

Number of Study Participants

(Total N, and N per Arm if applicable)

No formal participants, but see below regarding research advisory board members.

Please list the participating sites.

(Use 1 row per site. Leave any unused rows blank.)

	Site Name	Participating Research Team
Site 1	Unity Health Toronto	Sheliza Halani, Darrell Tan, Katherine Griffin, Mark Yudin
Site 2	Women's College Hospital Research Institute	Mona Loutfy, Amy Ly, Alison Armstrong
Site 3	University of Saskatchewan	Cara Spence, Courtney Dalton
Site 4	Saskatchewan Infectious Disease Care Network	Christine McDougall
Site 5		*Please note I am not sure if all the team members are populating in the section above, so I have included them here (10 total study team members).
Site 6		
Site 7		
Site 8		
Site 9		

Please provide the rationale for the need for seed funding for this study, the feasibility of completing the study in one year, and how this study will support/inform future planning of a larger study, interventions or grant application.

(750 words maximum)

The rationale for requesting CTN+ seed funding is to use the funds towards development of an educational resource on HIV PrEP for women, with an embedded decision-tool, which can be accessed by providers (allied health care providers including nurse, nurse practitioners, pharmacists, and physicians) and by women. The aim is to use the CTN+ seed funding towards recruitment and development of a research advisory board, and development of an initial prototype of the educational resource. There will be a series of meetings and consultations with the research advisory board to identify the optimal format and design of the educational resource. Potential options for the educational resource include an online brochure, interactive module or video, a website, or an app. The resource will be able to be accessed on a laptop, computer desktop, or mobile phone.

We recognize that there will be additional steps and funding required to finalize the educational resource. However, in the one year timeline of this project, we believe it would be feasible to identify the content, format, and initial design of the resource, as well as develop an initial prototype. We have a multidisciplinary research team with research experience and connections to help facilitate this project. Dr. Loutfy, working alongside collaborators including myself, is currently leading the W-PREV (Women-Centred Prevention) study. Further, led by myself, our team has been working on a qualitative study interviewing providers across Canada on educational needs, facilitators and barriers on HIV PrEP for women. Through this, we have identified providers who would be interested in our ongoing work. Dr. Cara Spence and Courtney Dalton who are co-applicants on our research team are engaged in work in pharmacy-based PrEP delivery in Saskatchewan. Thus through these projects that are research team is involved in, we have identified specific candidate individuals, representing a diverse range of specialties, who have an explicit interest in HIV prevention in women. We would be able to reach out to these candidate individuals for development of the research advisory board. We will not need research ethics approval for this component of our work. The research advisory board we develop will be similar to a community advisory board, but will involve community members and care providers from our professional networks and research to assess feasibility and acceptability of the developed resource and decision tool.

A subsequent grant application (to the CTN+ or other funding organizations) would be required for the larger study which is to finalize and pilot the educational resource and tool in a reproductive care and family planning clinic in Ontario. The rationale regarding a reproductive care/family planning clinic is that many women, including adolescent girls and young women, attend such clinics for contraception, abortions, or understanding their reproductive options (informed by a scoping review we recently completed). The larger intervention will multi-faceted and in addition to the rolling out the resource and decision tool, we would incorporate provider education (educational session for providers in the clinic) and patient-facing information in clinic spaces. The exact clinic to pilot the intervention has yet to be determined, but one of our milestones below is to identify the pilot clinic. The outcomes of the pilot study would be to assess provider and patient knowledge of PrEP pre- and post- intervention, and whether there was an increase of counseling and prescription of PrEP pre- and post- intervention. We would use the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) implementation science framework to assess the outcome measures.

Additional Study Details

Please provide additional details about the following aspects:
(2,000 words maximum)

1. Primary objective
2. Secondary objective(s)
3. Study population (including inclusion/exclusions criteria if applicable)
4. Exposure or intervention (if applicable)
5. Primary outcome/measures
6. Secondary outcomes/measures
7. Analysis plan (including sample size justification, with power calculation if appropriate)
8. Detailed recruitment plan
9. Expected results/implications and plan for using results

1. Primary objective
- The primary objective of this project is to develop the WISE-PrEP educational resource, which incorporates a decision tool, to promote providers' and women's understanding and counseling on HIV PrEP and prevention.

2. Secondary objective(s)
- To gather preliminary feedback from community members and providers on the WISE-PrEP resource
- To obtain information on the feasibility and acceptability of the WISE-PrEP decision tool from community members
- To gather preliminary feedback from care providers on the WISE-PrEP decision tool

3. Study population (including inclusion/exclusions criteria if applicable)
The population for our project will be the members of our research advisory board, who we will ask for feedback on the WISE-PrEP resource. The research advisory board will include:
(a) Five community members
(b) Six care providers which will include:
- One harm-reduction worker (either Addictions Medicine physician or nurse/nurse practitioner who works in harm reduction)
- One obstetrician-gynecologist
- One family physician
- One pharmacist
- One specialist physician (endocrinologist, internal medicine, or other)
- One additional nurse practitioner or nurse

The rationale for the provider types detailed above is this aligns with the provider types that participated in our qualitative study on provider educational needs to prescribing PrEP to women (results to be presented at CAHR 2026).

4. Exposure or intervention (if applicable)

Not applicable

5. Primary outcome/measures

The primary outcome, and measure of completion, is development of an initial prototype of the WISE-PrEP resource with an embedded decision tool, for future use in our planned implementation study. Decision aids can help facilitate conversations on selecting an option or making a medical choice that best fits an individual's values and preferences. We would develop the tool in accordance with the recommendations and framework from International Patient Decision Aid Standards Collaboration. (IPDAS Collaboration, 2025 https://decisionaid.ohri.ca/IPDAS/what.html)

6. Secondary outcomes/measures

(A) For acceptability of the WISE-PrEP resource, outcome measures include:

- Appropriateness of language used
- Person-centredness and inclusivity of the content
- Understandability and level of the content

(B) For feasibility of the WISE-PrEP resource, outcome measures include:

- Time spent in minute using the decision tool (by community members in our research advisory board)
- Completion rate of decision tool completed the tool (completion rate)
- Accessibility of the WISE-PrEP resource (using Microsoft accessibility checker or similar)
- Usability of tool with the system usability scale (Lewis & Sauro, JUS, 2018)

7. Analysis plan (including sample size justification, with power calculation if appropriate)

In this section, I have outlined methods rather than analysis given our project plan. One of our first steps will be to engage and draw on the expertise of consultants from the Knowledge Translation Program at Unity Health Toronto (https://knowledgetranslation.net/) who will support us with the WISE-PrEP resource development. The second step will be, as a research team, to have group deliberations and meetings to identify the key ingredients of the WISE-PrEP resource (review content, discuss format and design). We will use the "think-aloud" method in development of the decision tool. (McDonald, IEEE Transactions on Professional Communication, 2012) We will be congruently recruiting for the research advisory board (see below). The third step will be to have five meetings once our research advisory board has been developed. The five meetings will inform revisions to the WISE-PrEP resource and we will draw on the expertise of the Knowledge Translation Program consultants throughout. The five meetings will be as follows:

- Meeting 1: Review background on HIV PrEP for women and share the resource for review
- Meeting 2: Discuss initial feedback on the acceptability and feasibility of the WISE-PrEP resource draft
- Meeting 3: Brainstorm and share ideas for the future rollout/implementation study
- Meeting 4: Revisit acceptability and feasibility once changes have been made from feedback in step (2)
- Meeting 5: Finalize next steps for resource development and implementation

8. Detailed recruitment plan

For community members on the research advisory board, we will recruit using a flyer that will be advertised in the clinical spaces that our research teams work in. We will also recruit community members through clinics that we collaborate with (such as Women's Health in Women's Hands, Hasslefree Clinic, among others). We will seek the necessary approvals from our institutions' communications teams for posting recruitment flyers.

For care providers on the research advisory board, we will recruit from the professional networks of our research team and will also

advertise through the CTN+ network. We will also reach out to potential candidates who expressed interest in HIV prevention for women during our qualitative study described above.

9. Expected results/implications and plan for using results

The direct implications of our project is that the WISE-PrEP resource will be implemented as one part of a multi-faceted intervention in a larger scale study in a reproductive care/family planning clinic as outlined above. The outcomes of the larger-scale study would be to assess provider and patient knowledge of PrEP pre- and post- intervention, and whether there was an increase of counseling and prescription of PrEP pre- and post- intervention, using the RE-AIM framework.

Another direct implication is incorporation of the WISE-PrEP resource more broadly by our collaborators in other projects they are involved in, to increase PrEP uptake among women.

The intent of the Seed Funding Competition is to provide the sole source of funds for the study. However, resources provided by your supervisor (if applicable) or institution may be used. If you are receiving this type of support, please provide a list of resources you are receiving here.

(200 words maximum)

My current supervisor, Dr. Darrell Tan, and co-applicant will contribute $10,000 in-kind for research coordinator time and towards the project.

Budget

The maximum amount that can be requested depends on how many Seed Funding projects have been selected for your Region in this application cycle, but will generally be no higher than $25,000 CAD (for Regions with two Seed Funding submissions) or $50,000 CAD (for Regions with a single Seed Funding submission), with the exception of the Ontario Region, which may award three Seed Funding projects at $20,000 each. Please confer with your Regional Team if you are unsure.

Funds: The study budget must include an itemized line for all requested funds (for example: for supplies, include quantity and unit cost; for participant reimbursement, include the number of visits and dollar value of reimbursement per visit; for staff time, include the hourly rate and number of hours that will be worked; for supplies and travel, include estimated costs).

1. Research coordinator (0.05 FTE x $97,000) = $4,850
2. Knowledge translation program consultation fees = $3,700
3. Resource prototype design = $14,900
4. Research advisory board (honoraria) = $50 per meeting x 11 members x 5 meetings = $2,750
5. Publications = $2,300 per paper x 1 paper = $2,300
6. Knowledge Translation Events = $250 x 2 events = $500
7. Conferences = $1000 per abstract x 1 abstract = $1000

TOTAL = $30,000
SUPERVISOR IN-KIND CONTRIBUTIONS = $10,000
TOTAL REQUESTED FROM CTN+ SEED FUNDING = $20,000

Regional or National Centre In-Kind Services Requests

Please check any in-kind services requested from your CTN+ Region or National Centre to support your study.

Responses Selected:

Knowledge Mobilization

Please provide the study milestones.

This must include the estimated start date and the duration of the study, maximum allowed is one year.
(500 words maximum)

The estimated start date of our project is July 2026 and the duration is one year. Throughout we will have team meetings. The milestones of our project are as follows:

1. July 2026: Develop recruitment materials for research advisory board and begin recruitment of research advisory board.
2. July 2026: Meet Knowledge Translation Program (KTP) member from Unity Health Toronto
3. August 2026 – June 2027: Monthly research team meetings regarding WISE-PrEP resource development
4. September 2026: Start reaching out to clinics to potential clinics to pilot WISE-PrEP resource (for the larger-scale study)
5. By October 2026: Have research advisory board assembled
6. November 2026: Research advisory board meeting #1
7. December 2026: Research team to have established format of WISE-PrEP resource and initial content
8. January 2027: Research advisory board meeting #2 to discuss initial thoughts on feasibility/acceptability
9. February 2027: Research advisory board meeting #3
10. March 2027: Research advisory board meeting #4 to review updates to draft WISE-PrEP content and design
11. May 2027: Final research advisory board meeting #5
12. June 2027: Begin research ethics process for the next step (implementation study)
13. June 2027: Initial prototype ready for WISE-PrEP resource ready

Please provide a list of barriers or potential risks that could impede the study and include mitigation strategies.

(500 words maximum)

One potential barrier that we considered was whether there would be delays with recruiting the research advisory board. Given that we are recruiting from partner organizations/clinics and professional networks, recruitment should proceed smoothly. Should challenges arise, we will reach out to the CTN+ for further suggestions on recruitment for the research advisory board. We also considered safety/privacy concerns that may arise with a decision tool when it is being tested and for future use. We will work with the experts from the Knowledge Translation Program to figure out how to address these and inadvertent information disclosure to the site/tool.

Please provide your publication plans.

(250 words maximum)

We would aim to submit a publication on the development of the WISE-PrEP resource to a relevant journal, such as CMAJ, Sexually Transmitted Infections, or JAIDS. We would also submit an abstract to the Canadian Conference on HIV/AIDS Research (CAHR 2027) to present our work.

Please provide an overview of community engagement for the development of this project.

(250 words maximum)

We will be including five community members for the research advisory board. The community members will be recruited through our respective clinical sites and partner organizations and clinics that we interact with (CTN+, Women's Health in Women's Hands, Hasslefree Clinic, Call Auntie Clinic, among others). Our team will share the outcomes of the project with partner clinics and organizations through knowledge translation events.

How does your study demonstrate a core commitment to Equity, Diversity, Inclusion, Accessibility, and Justice (EDIAJ)?

(250 words maximum)

Our project demonstrates a commitment to EDIAJ by focusing this work on cisgender women, a population by which HIV prevention strategies have been underutilized. We know specifically from data published by colleagues on the evolving HIV epidemic in Ontario (Kroch, 2025, Can J Public Health) that women who have recently immigrated to Canada, and specifically women who are Black or of other races, compared to those who are Canadian-born, are most impacted by new diagnoses of HIV. Through our research advisory board and community members, we hope to obtain diverse opinions and perspectives to be able to address the gaps in PrEP uptake for women. Our eventual goal is to implement this in a reproductive care/family planning clinic and to promote counseling of HIV prevention among adolescent girls and young women. One of our secondary objectives is to assess the acceptability/feasibility of our WISE-PrEP resource. We will assess the accessibility of the resource using the Microsoft accessibility checker or a similar resource. Finally, although this work is currently focused on cisgender women, one potential avenue in the future is to expand this work to include transgender women.