



Knowledge Translation for Practical Use of HIV Care

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Dear Editor,

HIV is a member of the retrovirus family, which primarily attacks CD4+ T-lymphocyte helper cells. Consequently, the continuous loss of these immune cells leads to a severe weakening of the immune system. In this disease, clinical manifestations gradually occur, and eventually, untreated HIV progresses to AIDS. In the AIDS stage, the immune system loses its ability to fight infections, resulting in death due to opportunistic infections. In this regard, it should be noted that clinical education and the emphasis on an undetectable viral load are important and fundamental elements in HIV treatment, which are beneficial for the health of the patient and their partners (1, 2).

In 2023, the number of HIV cases was 39.9 million [36.1 million - 44.6 million], and the number of HIV cases in Iran was estimated to be about 43,000 people (range 30,000 to 77,000). Of this number, only about 24,000 people have been diagnosed and registered, and about 19,000 people are undiagnosed and neglected by the health system. Also, the estimated number of deaths from AIDS in 2023 is approximately 1,900, which is relatively high (2, 3).

Given the statistics discussed, we need to explore knowledge translation strategies that can convince policymakers to address the complexities and challenges and conduct effective research in this area. First, we need to emphasize the importance of clear messaging, planning, and budgeting to ensure accurate information transfer. We also need to recognize that

collaboration and engagement with multiple stakeholders, including people living with HIV (PLWH), are essential for effective and appropriate decision-making. It should be noted that leadership by council chairpersons and committee leaders to meet the diverse expectations of HIV care and treatment services, especially in eligible urban areas that utilize participatory governance, will be a priority (4).

In this regard, it should be noted that removing legal barriers and addressing issues such as sex work and drug use, reducing inequalities, especially in gender and economic issues, and changing harmful social norms through community-based interventions and education will be other important and fundamental priorities (4).

It is important to note that the proper use of knowledge can enhance evidence-based decision-making and also contribute to improving the situation in affected countries. It is also possible to play an effective role in increasing the use of evidence in decision-making by relying on a collection of information and transforming it into understandable concepts (5). There is evidence that HIV can cause a wider range of diseases, so we need to expand our research with full awareness of priorities and use this information to better understand the full role of HIV in the development of many clinical diseases (6).

Given the high number of PLWH, the impact it has on their personal and social lives, and the high likelihood of becoming a precursor to other diseases, it is

necessary to address the gaps in knowledge translation. To do this, we should provide the necessary grounds for information transfer, not neglect the role of society, and eliminate harmful social norms.

Footnotes

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References

1. Swinkels HM, Nguyen AD, Gulick PG. *HIV and AIDS*. Treasure Island (FL): StatPearls Publishing; 2024.
2. Joint United Nations Programme on HIV/AIDS. *Global HIV Statistics*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS; 2024. Available from: https://www.unaids.org/en/resources/documents/2025/UNAIDS_Fact_Sheet.
3. SeyedAlinaghi S, Roozbahani MM, Farhoudi B, Manshadi SAD, Jahanfar S. HIV Infection in Iran: An Update on Epidemiology, Testing and Gaps. *Acta Medica Iranica*. 2024;**62**(4):173-81. <https://doi.org/10.18502/acta.v62i4.17430>.
4. Agbodzakey JK. Leadership in Collaborative Governance: The Case of HIV/AIDS Health Services Planning Council in South Florida. *Int J Public Admin*. 2020;**44**(13):1051-64. <https://doi.org/10.1080/01900692.2020.1759627>.
5. Stangl AL, Pliakas T, Izazola-Licea JA, Ayala G, Beattie TS, Ferguson L, et al. Removing the societal and legal impediments to the HIV response: An evidence-based framework for 2025 and beyond. *PLoS One*. 2022;**17**(2). e0264249. [PubMed ID: 35192663]. [PubMed Central ID: PMC8863250]. <https://doi.org/10.1371/journal.pone.0264249>.
6. Doughman D, Kantengwa K, Hakizinka I. Using knowledge brokerage to strengthen African voices in global decision-making on HIV and AIDS. In: Georgalakis J, Jessani N, Oronje R, Ramalingam B, editors. *The Social Realities of Knowledge for Development: Sharing Lessons of Improving Development Processes with Evidence*. Brighton, United Kingdom: Institute of Development Studies; 2017. 170 p.