Dear HIV/AIDS Cochrane Group contributors

This letter serves to update you on the status and plans for the Cochrane HIV/AIDS portfolio of reviews. The Cochrane Infectious Diseases Group (CIDG) took over management of the HIV/AIDS editorial process in February 2015.

Management of existing portfolio

As you are aware, the CIDG has an established set of editorial processes and our editorial team is quite clear about what we expect to deliver to our readers. Since 2012, standards across Cochrane as a whole have been upgraded with the approval of the mandatory MECIR standards. We have therefore undertaken an appraisal process for the HIV reviews eligible for updating and for published protocols. This appraisal process is currently ongoing and to date:

- A number of the reviews and protocols have been identified as high priority topics but have required major changes. Author teams have shown great resilience and effort in bringing these reviews up to standard.
- Some reviews and protocols address questions that are no longer current and authors have been advised to discontinue their efforts with an option to publish these reviews or updates elsewhere.
- Other reviews and protocols have fundamental problems with the research question, application of inclusion criteria or structure. These authors have been given the option of writing a new protocol, or discontinuing their efforts, and with an option if they wish to submit for publishing elsewhere.

As the appraisal of the HIV portfolio proceeds the rationale for the updating decisions we make will be published within the Cochrane updating classification framework (http://community.cochrane.org/editorial-and-publishing-policy-resource/cochrane-review-management/updating-classification-system-cochrane-reviews).

Please note:

- For authors of existing registered titles and published protocols: If you have a title registered before February 2015, or a protocol published before February 2015, please get in touch with us before progressing the work.
- For authors of existing published reviews: If you are an author on an existing review and considering updating, please get in touch with us before starting the process so we can appraise the topic and the existing review and advise you.

Training

It is unusual for CIDG to accept reviews where the first or lead author is completely inexperienced in carrying out evidence synthesis, so our existing author base is important. We have been strengthening the existing author and editor base over the last 18 months with a Community of Learning Practice, called LIXA (Learning Initiative for eXperienced Authors) with monthly webinars each semester; and have a three day face to face course in Cape Town at the end of September. We intend to progress this over the coming years. If you would like to join the LIXA webinars please contact Phil Hinds (Philomena.hinds@lstmed.ac.uk).
Editorial management

The CIDG co-ordination of HIV/AIDS review priority setting, appraisal of the existing portfolio, and management of review teams is being co-managed by the Liverpool School of Tropical Medicine and Stellenbosch University in Cape Town. This process will continue over the coming years, with a commitment to shifting the locus of control to Cape Town as a trained and experienced team develops.

Next three years

At the end of September, editors, authors, and experienced researchers are meeting in Cape Town to contribute to the CIDG strategic plan that has a focus on HIV/AIDS development. Out of this will be a clearer list of priority reviews over the next three to five years, including reviews in need of updating. The strategic plan should be complete by December 2016, and we will send links to this strategic plan once it is complete.

Current information on CIDG can be obtained from: http://cidg.cochrane.org/background

We currently have a post in Liverpool for people with right to work in the UK: http://www.lstmed.ac.uk/clinical-research-associate-hiv-aids-evidence-synthesis-179-16

We will be seeking author teams to work on new and updated reviews in the coming months. Please note that we will be aiming for between 5 and 10 new/updated reviews a year in selected, high priority topics where Cochrane reviews can add value and help in decision making.

If you have any queries, please don’t hesitate to contact us.

With best wishes

Ingrid Eshun-Wilsonova, Anne Marie Stephani, Taryn Young, Phil Hinds, Paul Garner on behalf of the CIDG editorial team