

A **MATRIX** *Minute* with Alexandra Minnis



About Ali

Alexandra Minnis, Ph.D., better known as Ali, is a social epidemiologist who has spent the past 25 years conducting research on the prevention of HIV, sexually transmitted infections (STIs) and unintended pregnancy in the United States and sub-Saharan Africa with a core focus on adolescents and women. Much of her work is designed to understand and address social and structural factors that affect the adoption and use of biomedical prevention. Currently, she is the director of the [Women's Global Health Imperative](#), a program of RTI International where she has worked since 2008. In the 10 years prior, she worked as a researcher at the [University of California, San Francisco](#) (UCSF) in the Department of Obstetrics, Gynecology and Reproductive Sciences. From 2007 to 2022 she held an adjunct faculty position in the Epidemiology Division of the School of Public Health at the [University of California, Berkeley](#) (UC Berkeley). Within MATRIX, she is co-chair, with Dr. Leila Mansoor, of the Design to Delivery (D2D) Activity Hub, Pillar 2: [Social and Behavioral Research in Clinical Trials](#).

Why did you choose to work in the field of HIV prevention?

I knew that I wanted to work in women's reproductive health well before I found HIV prevention. My interest in women's health was shaped formatively by my experience growing up where I was steeped in global health through my father's public health work in sub-Saharan Africa. This brought the opportunity for me to meet many dynamic practitioners and leaders in the fields of maternal and child health who came to my hometown of Santa Cruz, California, for training and made me keenly aware of gender-based disparities in health and wellbeing and framed my interest in wanting to pursue work that could meaningfully address them. I was introduced to HIV prevention research in the mid-1990s through a post-undergraduate fellowship I had with the HIV Epidemiology Program of the Los Angeles County Department of Health Services. I worked on an HIV prevention study to inform prevention in what was recognized as a new wave of HIV infection among young gay and bisexual men in the U.S., and I was deeply affected by the urgency – along with the disparities – evident through this work. The methods and multi-disciplinary approach that epidemiology afforded resonated with me, and I set off to graduate school to pursue research to address the underlying reality that adverse reproductive health consequences of sex, such as HIV or STI infection, are not distributed equally nor are the opportunities for women to have agency in preventing them.

What is your favorite part about working with MATRIX?

I really have two favorite parts about working with MATRIX, the first being the people. I have cherished the opportunity to deepen existing relationships and build new ones with a tremendous group of leaders who have come together to collaborate on MATRIX. This opportunity has really strengthened and extended a professional network of individuals working in HIV prevention across disciplines, institutions, and areas of expertise. These connections will advance our shared MATRIX efforts and extend beyond to advance other prevention activities we continue to develop collaboratively in the future. My other favorite part about working with MATRIX is the mission and model. I find it tremendously energizing to be doing this work at a time when we are realizing the long-sought goal of choice in biomedical HIV prevention options for women. Recognizing the gaps that the products supported through the MATRIX pipeline can fill and the opportunity to contribute to their advancement in the dynamic endeavor that is MATRIX is quite exciting.

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For MATRIX, your focus is on integration of social and behavioral research in clinical trials – what does that mean and why is it important?

The role of D2D Pillar 2 is to understand the critical questions product developers have that will inform their product development activities – including refining product design decisions – and to identify key aspects of acceptability and use that will shape future clinical trials of these products (and, we hope, future implementation of products found to be effective in preventing HIV or the dual indications of HIV+pregnancy). We are pursuing questions about women’s experiences with different aspects of product use and how using a MATRIX product – in active or placebo form, depending on the trial – fits into women’s lives. Importantly, we are learning from women who have an opportunity to actually try the product or a placebo version of the delivery form. In some studies, we also interview sexual partners to understand their views. Through this work we engage women as co-designers, investigating questions early when there are opportunities to make changes in the product and/or in how it is delivered in clinical trials - to identify what aspects of a product are liked and, critically important, what needs modification to ensure the products and the supporting implementation materials (e.g., instructional documents, counseling) are acceptable and feasible for women. This work is centrally integrated with MATRIX’s Clinical Trials Hub. Our D2D scope complements the end-user research conducted by D2D Pillar 1, so one of my MATRIX responsibilities is ensuring synergy across both scopes of D2D research to support the MATRIX goals.

What advice would you give to someone considering this line of work?

Working in the field of HIV prevention is dynamic and offers connection to a community of passionate and driven individuals working from diverse disciplines and perspectives. I, personally, have benefitted so much from engaging with mentors throughout my career – sometimes for brief exchanges and other times through extended and formal relationships. I highly encourage those looking to get involved to find people doing work that interests and inspires them, to learn more about the work and the people championing the efforts, and to pursue opportunities to contribute. I love working in this area because no two projects are ever alike – unexpected things always occur – and the partnerships necessary to successfully design and carry out a research study bring enriching exchange, professionally and personally.

What career path would you have taken if HIV didn’t exist?

I grew up in a beach-side town in California and have a deep love for the ocean. I find myself drawn, always, to the coast. One of my childhood life goals was to be a marine biologist and I had a short stint believing myself to be a sea otter champion, as they were endangered in our area. However, as much as I love coastal environments, I really did find myself pulled always to looking for the ways to address gender-based inequities in human health and ultimately discovered an avenue to pursue my interest in reproductive health through HIV prevention research.

What do you like to do in your free time?

Living now in Vancouver, Canada, I enjoy exploring the mountains and coast in all seasons. Right out my front door, we created a small garden during COVID and I enjoy experimenting with new plants and vegetables. I love spending time with my family, especially my two teenage sons, and sharing adventures and good laughs with them. I also enjoy reading – historical fiction, first and foremost, but fiction, generally. Personally, I find that art - photography in particular – fuels my creative side and I love wandering through art exhibits and small neighborhood galleries when I can, both locally and when I travel.

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MATRIX

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