

Secure the Future at the XIV International AIDS Conference, Barcelona

The main goal of the Barcelona Conference was to ensure tangible benefits from knowledge gained from scientific AIDS research.

The Barcelona Framework highlighted the following objectives:

- To integrate science and action.
- To highlight prevention science.
- To highlight the burden of intravenous drug use in the pandemic.
- To facilitate participation from around the world, particularly the most affected areas such as sub-Saharan Africa, South and Southeast Asia, Eastern Europe and Latin America.

A number of the Bristol-Myers Squibb's HIV/AIDS Research Unit grants presented papers during "meet the expert" sessions at the conference:

Gabriel Uyirwoth

Study to increase partner compliance in STD-diagnosed patients.

Shabir Madhi

The burden of disease caused by respiratory viruses and *Pneumocystis carinii* Pneumonia in African HIV-infected children.

Ric Marlink

Building laboratory and clinical management capacity in Botswana.

Robin Wood

HAART and TB incidence in South Africa.

Lesley Scott

CD4 T-cell enumeration in South Africa: Modifications for affordable and accessible testing.

Poloko Kebaabetswe

Male involvement in Mother to Child HIV prevention.

Candice Pillay

Drug resistance in PMTCT.

Marguerite Daniel

Orphans in Botswana – the impact of AIDS.

Glenda Gray

Role of PEP in PMTCT.

Nancy Kline

The HIV Nursing Curriculum: from design to implementation and dissemination.

The conference took place from July 7 – 12 2002 in Barcelona, Spain.

Online resources

AIDS – THE FACTS

AIDS Education Global Information System (AEGIS)

www.aegis.org

The largest HIV/AIDS website in the world updated hourly.

National Institute for Health, US

www.nih.gov

Extensive documentation on link between HIV and AIDS.

The Body (An AIDS & HIV Information Resource)

www.thebody.com

National Institute of Allergy and Infectious Diseases (USA)

www.niaid.nih.gov

Red Ribbon

www.redribbon.co.za

AIDS Consortium

www.aidsconsortium.org.za

South African AIDS Information Dissemination Service

www.saf aids.org

AIDS Foundation of South Africa

www.aids.org.za

Contains general information about AIDS in South Africa.

SA Healthinfo HIV/AIDS module

<http://www.sahealthinfo.org>

iclinic's AIDS page

<http://www.iclinic.co.za/topics/aids/aids.htm>

Information on HIV/AIDS in South Africa & Africa.

DOH

<<http://www.doh.gov.za/aids/index.html>>

AIDS toll-free Helpline

0800 012 322

HIV/AIDS – A Resource for Journalists

THE IMPACT OF HIV/AIDS

Health Systems Trust

www.hst.org.za

Joint United Nations Programme on HIV/AIDS

www.unaids.org

Love Life

www.lovelife.org.za

Health Economics and HIV/AIDS Research Division (HEARD)

www.und.ac.za/und/heard

MOTHER-TO-CHILD TRANSMISSION

Medscape

<http://hiv.medscape.com/>



DID YOU ENJOY THIS NEWSLETTER?

For Research grant application forms or further information about the medical research program in Africa, please contact: Archie Smuts – HIV Research Project Manager, Bristol-Myers Squibb – Secure the Future, 47 Van Buuren Road, Bedfordview, 2008, South Africa. Tel: (27 11) 456-6459 Fax: (27 11) 456-6589 E-mail archie.smuts@bms.com

This is the first grantee newsletter of the Secure the Future HIV/AIDS Research Unit. Its purpose is to continue the learning and sharing process, to recognise individuals and grantees who have made outstanding contributions in the battle against the pandemic, and to extend partnerships. If you have any ideas for contributions or improvements, please fax Leonard Solai on (+27 21) 421-2450 or e-mail: leonards@stws.adcorp.co.za. We look forward to your input/comments/contribution.



Visit the "SECURE THE FUTURE" website at www.securethefuture.com

September 2002 Volume 1

THREE YEARS ON

In 1999, Secure the Future launched its program in five southern African countries to support women and children infected and affected by HIV/AIDS. Three years later, many of the projects supported by grants from Secure the Future have yielded results that are in line with the objectives of the initiative.

Dr Ashraf Grimwood, out-going Director of the HIV/AIDS Research Institute speaks about the program.

1. Are there set outcomes or objectives for the HIV/AIDS Research Institute?

Essentially, all projects funded by Secure the Future should be able to support and assist governments in the development of Public Health policies – as pertaining to the management of the HIV epidemic especially at primary health care level. Another area of focus is skills transfer and development of partnerships – this drives institutional capacity across the region. The possible outcome is the improvement of the quality of services provided by these institutions.

However, sustainable development of these institutions is also important. Public-private partnerships help greatly to maintain this sustainability and act as catalysts in this process.

Examples of effective partnerships are numerous. One such example is the Botswana HIV Reference Laboratory. Secure the Future partnered with the Botswana government and the Harvard AIDS Institute to create a technologically advanced laboratory in the grounds of the country's biggest hospital, Princess Marina. Projects underway at the laboratory include vaccine research, a large scale research study of antiretroviral therapy to treat AIDS and HIV infections, and skills transfer and capacity development.

2. What do you believe to be major achievements for the HIV/AIDS Research Institute?

On a macro level, during the past three years many successful public-private partnerships have occurred. Significantly, these partnerships span across industry, government, academia and communities. They support the principles for funding as put out by government – strengthening of public and private relationships against this epidemic.

Locally, several researchers have received international accolades for work done. Research papers have been published in reputable scientific and medical publications and a number of projects were presented at the XIV International AIDS Conference in Barcelona in July 2002.

3. What has been the financial commitment thus far?

The HIV/AIDS Research Institute has awarded \$44 million to fund 51 projects. We estimate that at the end of the five-year period of the initiative \$85 million will have been awarded for scientific and medical work alone – a significant portion of the \$100 million commitment by Secure the Future. This program has acted as a trailblazer and has paved the way for other private sector institutions to enter this array and replicate the activities of Secure the Future in relation to public-private partnerships in the battle against HIV.

4. Have your activities or support forged a way to a stronger comprehensive attack against the virus?

Yes. The nature of projects and their outcomes clearly show this. The MRC's Rapid AIDS Mortality Surveillance study conducted by Dr Debbie Bradshaw reflects the current situation and future trends in HIV mortality. Interest in the study was affirmed by some 20 000 hits on their website. Dr Debbie Glencross's work on CD4

continued on page 2



Doctor Sebastian Richard Wanless was appointed as Director of Secure the Future's HIV/AIDS Research Institute, effective from 1 July 2002. Dr Wanless is currently the Vice-President of Global Standards and Bioethics at Bristol-Myers Squibb's Pharmaceutical Research Institute in New Jersey, USA.

IN THIS ISSUE:

- 1 Three years on
- 2 Good Clinical Practice
- 3 The Burden of Pneumonia Infections in HIV-exposed Children
- 4 Secure the Future at Barcelona
- 4 Online resources

continued from page 1

cell enumeration was lauded both locally and internationally, being adopted by the WHO in principle. Dr Glenda Gray's work on post exposure prophylaxis in mother-to-child transmission at the Chris Hani Baragwanath Hospital in Gauteng has also received international interest. These are but a few of the many excellent studies that are being undertaken in the countries where Secure the Future's HIV/AIDS Research Institute assists and supports doctors and scientists.

5. The way forward?

Secure the Future is a five-year program. However, after Year five, projects will continue until completed. Importantly, patients on trial treatments will continue to receive them as long as those treatments remain clinically effective.

At present, a legacy project is being developed to ensure that the principles established by STF and the objectives set continue to be met.



Sumen Govender attended a Good Clinical Practice workshop in Durban.

"It's been very informative. It shed light on how to carry out clinical trials and we also debated ethical issues that need to be looked at when going into a research trial."



Makhabiso Ramphoma, President of the Nurses Association in Lesotho, attended the Good Clinical Practice workshop in Pretoria.

"This workshop highlighted the things we did not do correctly. We know the right people to ask to help us to do it properly."

"As President of the Nurses Association I am a representative. Coming here gives me ways of contacting other people so that we can spread the information to a larger group. Being a representative means I take back the information to other nurses, so that they know what I was doing, how I benefited and how it will benefit all the Lesotho nurses."



Good Clinical Practice training in Cape Town.

GOOD CLINICAL PRACTICE

An area of key focus for Secure the Future over the next two years will be to work with practitioners to stimulate research proposals at the primary care level, especially in the under-resourced areas of southern Africa.

At present, medical personnel are stretched to the limit by increasingly heavy workloads and the burden of research is an added concern. Clearly health care workers need to be given the space to develop and produce good quality research studies that fit government strategy and the needs of the communities they serve.

Critical to any research involving human subjects is Good Clinical Practice (GCP). GCP is the international standard for the design, conduct, performance, monitoring, auditing, recording,

analysis, and reporting of clinical trials. Compliance with this standard assures that the data and reported results are credible and accurate and that the rights, safety, and well-being of trial subjects are protected.

Teaching researchers about GCP as part of Secure the Future's core objective of capacity building, ensures that the quality of work and the outcomes of studies funded by Secure the Future are compliant with the ICH (International Conference on Harmonisation) standard.

To date 239 participants have attended the workshops held in Botswana, Swaziland and South Africa. Feedback thus far has shown that these workshops have significantly benefited all participants.



GRANTEE NEWS

The Burden of Pneumonia Infections in HIV-exposed Children

Pneumonia is one of the main causes of death in HIV-infected children both in southern Africa and overseas.

While the *Pneumocystis carinii* (*P. carinii*) strain of pneumonia is recognised as the commonest opportunistic infection in HIV-1 infected children in developed countries, its importance among African HIV-1 infected children has only recently been investigated in a study funded by Bristol-Myers Squibb's Secure The Future program.

"Because the cause of pneumonia in children in Africa was not known before the study, appropriate diagnosis and management of acute severe pneumonia in (HIV-1) infected children in Africa's endemic areas was a daily clinical dilemma," says Dr Shabir Madhi, Director of the Paediatric Infectious Diseases Research Unit at the University of the Witwatersrand.

Dr Madhi and his team at the Chris Hani Baragwanath Hospital in Soweto set out to establish the main cause of pneumonia in HIV-infected children in Africa. The secondary aim was to determine the efficacy of drug regimes currently recommended for the treatment of pneumonia infections in children.

The participants in the study were children living in the greater Soweto area who were suspected of having been HIV-1 exposed and those who were hospitalized for severe pneumonia.

The criteria used for suspecting possible HIV-1 exposure were; previous HIV-1 exposure where the mother was known to be HIV-1 infected; or the child had three or more features of an HIV-1 infection.

The participants ranged in age from six weeks to three and a half years of age, and in line with prevailing local standards of care, neither mothers nor their children routinely received anti-retroviral drugs for the treatment of HIV-1 infection.

The results showed the presence of the *P. carinii* strain in forty-five percent (45%) of the pneumonia infections. Of these, forty percent (40%) were found to have concurrent

respiratory virus infections and thirty-five percent (35%) had concurrent bacteraemic infections.

P. carinii was identified in forty percent (40%) of the children who died from pneumonia, indicating that it is one of the major causes of death in pneumonia infections. The concurrent presence of respiratory viruses – in particular respiratory syncytial virus (RSV) and influenza – increased the morbidity rate two to three-fold.

The recommended prophylaxis for PCP in HIV-infected children is trimethoprim-sulfamethoxazole (TMP-SMX) administered within six weeks of birth. The results of the study demonstrated that TMP-SMX is not effective (36%) in preventing pneumonia infections but is effective in preventing morbidity in pneumonia-infected HIV-positive children. Initial research indicates that this may be due to problems with compliance and the dispensing of medicines within the first six weeks of the child's life as opposed to lack of efficacy. Different methods of administration of the drugs are being investigated with the aim of improving the efficacy.

The possibility of resistant strains of *P. carinii* having emerged in the community is also being investigated.



Dr Shabir Madhi, Director of the Paediatric Infectious Diseases Research Unit at the University of the Witwatersrand.