

HATiP

HIV & AIDS Treatment in Practice

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International HIV/AIDS Alliance in Ukraine announcement

Tender for provision of technical assistance to the clinical component implementers in planning, implementation and monitoring of treatment programmes

Under the project "Overcoming HIV/AIDS epidemic in Ukraine" supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria through the International HIV/AIDS Alliance (UK)

About the Alliance

International HIV/AIDS Alliance in Ukraine is an international charitable foundation specialising in supporting communities and community action to play valuable and effective role in the global response to the HIV/AIDS epidemic.

The foundation sees its main priority in supporting civic initiatives aimed at reducing HIV morbidity in the most vulnerable to the infection groups of population, development of the societal support to HIV positive people and those close to them, reducing stigma and improving services for HIV+ people and populations vulnerable to HIV, identifying and sharing best practices of the most effective community responses to the epidemic.

Background information

There is ample worldwide evidence that the spread of HIV/AIDS causes reduction of a life expectancy, increase in the volume of consumed medical care, aggravation of the problems of poverty, social inequality, and orphanhood.

Estimated HIV prevalence among the adult population in Ukraine is one of the highest in European region (c. 1%), which along with the highest rate of the epidemic progression in the region creates a significant danger to the development of Ukraine. Therefore, one of the main objectives of the Government of Ukraine and the Global Fund to Fight AIDS, TB and malaria that supports the National Programme to Ensure HIV Prevention, Support and Treatment for People Living with HIV/AIDS for 2004-2008 is to overcome and control the spread of HIV/AIDS in Ukraine through ensuring sustainable, quality, comprehensive medical and social care, support and treatment for people with HIV/AIDS free of charge and in full.

In April 2004 the Ministry of Health approved a plan of scaling-up treatment for people with HIV/AIDS based on the national clinical antiretroviral treatment (ART) protocol.

Currently the overall number of registered HIV cases that require clinical monitoring and constitute a target population for the treatment programmes amount to 45 000 people while the number of patients on ART in the country amounts to just over 100.

According to the treatment scale-up plan it is expected to put 2,000 new patients on treatment by October 2004 and 4,000 patients by April 2005. Such rapid treatment scale up will impose an utmost load on the Ukrainian healthcare system.

Comprehensive AIDS healthcare requires a multidisciplinary approach and involvement of many players, which is a novel concept to be introduced in the country. A new effective model of healthcare delivery needs to be developed and put into practice in order to meet the overall objective of the project and halt the epidemic. In

order to do so, implementers of the clinical component, namely the Ukrainian AIDS Centre and its partners in the regions, will require extensive technical assistance from experts and agencies that possess expertise in this area.

Objective

To ensure sustainable and effective functioning of treatment programmes through introduction of the world's best practices of treatment in resource constrained conditions, setting up appropriate case management and treatment monitoring systems in collaboration with MoH, government treatment facilities and NGOs.

Activities

- To develop and introduce a replicable case management model compatible with existing healthcare delivery format.
- To introduce and adapt a unified data management system allowing proper clinical monitoring of HIV patients compatible with the national epidemiological surveillance database.
- To help establish a system/procedures to monitor quality of treatment.

The required Technical Assistance (TA) package may include other activities based on the needs of the TA recipients.

Selection criteria to be applied to potential TA providers:

- Extensive experience in treatment implementation (including treatment in resource constrained settings).
- Experience in TA provision, building partnerships and organization of treatment in other countries.
- Available comprehensive training programme, which can be adapted to Ukrainian context.
- Functional comprehensive disease management and adaptable data management systems to serve as a basis for the required Ukrainian model.
- Will to contribute to the programme implementation.

Applicants are allowed to enter into consortia with other organisations in order to satisfy the above criteria.

The proposals should demonstrate due attention to ensuring sustainability of technical assistance provision to Ukrainian healthcare professionals working on AIDS and clear vision for the development and use of local technical assistance capacities.

Responsiveness to the national needs and understanding of respective roles of various sectors (including non-governmental and community based organisations) in the provision of care for HIV positive people should be one of the key principles of the proposed approach.

In the course of the proposal preparation applicants are expected:

- To demonstrate understanding of how Ukrainian healthcare system functions and gain reasonable level of awareness of the TA needs to be met.
- To estimate available resources (material, human, methodical, etc.) and necessary contribution from all parties involved.
- To submit a letter of intent describing the applying agency or consortium, its capacities, experience, and a scope of the proposed activities by 10th of May 2004.

Letters of intent should be submitted to:

Dr Mandeep Dhaliwal

Queensberry House
104-106 Queens Road

Brighton
BN1 3XF
United Kingdom
MDhaliwal@aidsalliance.org

Successful candidates will be asked to develop a detailed proposal upon consideration.

Note that the National clinical ART protocol provides for the multidisciplinary approach to the treatment provision. This means that patients will be managed by teams of professionals consisting of a physician, a nurse, and a case manager aided by additional staff such as social workers, lay counsellors that ensure treatment adherence support and psychological support.

By rough estimates, each team will serve up to 100 patients and each treatment facility will have no less than 2 such care teams to ensure uninterrupted quality care for patients on ARV. Number of additional social workers and counsellors will vary depending on the needs of specific treatment sites.

For the first phase of the treatment scale-up the 2 000 patients will be selected and treated at 7 priority sites in 6 regions of Ukraine with intention to expand treatment programmes to the rest of the country in the future. The priority treatment sites are: Kiev City AIDS Center, clinic of the National Institute of epidemiology and infectious diseases (known as Lavra Clinic, Kiev), AIDS centres in Donetsk, Dnipropetrovsk, Odessa, Nikolayev regions and AR Crimea.

Project implementation period: 10 months.

Budget of the TA project must be reasonable. In-kind, HR and other kinds of gratuitous contributions are welcomed and is a plus.

Tender for clinical training

International HIV/AIDS Alliance in Ukraine announces a tender for carrying out comprehensive training programme for HIV/AIDS healthcare professionals

Under the project "Overcoming HIV/AIDS epidemic in Ukraine" supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria through the International HIV/AIDS Alliance (UK)

The goal of this assignment is to strengthen the capacity of AIDS healthcare system in Ukraine through a comprehensive unified professional training programme.

Objectives

- To develop and conduct a unified specialised training programme tailored for the needs of Ukrainian AIDS treatment facilities.
- To integrate the training programme into continuum of existing and planned HIV/AIDS care, medical and social education.
- To establish appropriate training quality assurance and certification procedures.

Activities

Jointly with the Ministry of Health of Ukraine and with support from the World Health Organization, based on the National Treatment Plan and national clinical ART protocols to develop and conduct series of quality trainings on:

- HAART for adults and adolescents including ART in resource constrained settings;
- PMTCT and ART for women;
- HIV infection in children and paediatric ART;
- OI prophylaxis and management;
- HIV and TB co-infection;

- Laboratory HIV and treatment monitoring;
- Palliative care;
- Post-exposure prophylaxis (PEP);
- Organisation of treatment, multidisciplinary approach to AIDS healthcare provision, treatment adherence support;
- Provision of ART and care to IDUs.

To set up a continuous professional preceptorship and ongoing consultative support programmes for relevant professionals; **to set up professional information exchange system and create a repository of relevant information resources.

Selection criteria to be applied to potential training providers:

- Extensive experience in public health and education, preferably in Ukraine and/or the region.
- Experience in HIV/AIDS.
- Extensive partnership liaisons with various relevant agencies (national and international, governmental and non-governmental) and academic sector.
- Sufficient capacity and available infrastructure that allows carrying out a comprehensive professional training.
- Ability and right to certify trained specialists.

Applicants are allowed to enter in consortia with other organisations in order to satisfy the above criteria. The proposals should demonstrate due attention to ensuring sustainability of proper training provision to Ukrainian healthcare professionals working on AIDS and clear vision for the development and use of local educational capacities. Responsiveness to the national needs and understanding of respective roles of various sectors (including non-governmental and community based organisations) in the provision of care for HIV positive people should be one of the key principles of proposed approach.

In the course of the proposal preparation applicants are expected:

- To gain reasonable level of awareness of training needs to be met.
- To estimate available resources (material, human, methodical, etc.) and necessary contribution from all parties involved.
- To submit a letter of intent describing the applying agency or consortium, its capacities, experience, and scope of the proposed activities by 10th of May 2004.

Letters of intent should be submitted to:

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BN1 3XF
United Kingdom
MDhaliwal@aidsalliance.org

Successful candidates will be asked to develop a detailed proposal.

Budget of the TA project must be reasonable and can include only expenses directly related to the project activities and those that contribute to reaching objectives of the project.

News Headlines

A selection of news stories which have appeared since March 26th 2004 at <http://www.aidsmap.com>.

First case of potential PI cross-resistance reported after lopinavir failure

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2675>

Doctors in South Africa have reported the first case of Kaletra (lopinavir/ritonavir) failure in a protease inhibitor-naïve individual to be associated with a pattern of protease resistance mutations that confer cross-resistance to other protease inhibitors, despite apparently excellent adherence. The case is reported in a letter featured in the latest issue of the journal AIDS.

Protease inhibitors associated with plaques in the carotid arteries

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2676>

HIV-positive individuals treated with a protease inhibitor are significantly more likely to develop lesions in their carotid arteries than HIV-positive patients treated with non-nucleoside analogues (NNRTIs), who are naïve to HAART (or who are taking dual nucleoside analogue treatment), according to a study published in the April 30th edition of AIDS.

Dementia, and neuropathy common in Ugandan HIV-positive patients

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2681>

Dementia and sensory neuropathy are common among untreated HIV-positive individuals in sub-Saharan Africa, according to research presented this week at the American Academy of Neurology 56th Annual Meeting in San Francisco. Half of all HIV-positive patients presenting at an infectious disease clinic in Uganda had sensory neuropathy.

Russia's hard line on drug use making HIV prevention difficult

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2679>

Russia's worsening HIV crisis is being exacerbated by government policy, police harassment, and prejudice, according to a report released today by Human Rights Watch.

Untreated HIV infection progresses to AIDS quicker in Thailand

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2680>

The progression from HIV infection to AIDS and death from AIDS is more rapid in untreated young men infected with HIV-1 subtype E living in Thailand than in HIV-positive individuals with HIV-1 subtype B infection living in the United States and Europe, according to researchers from the Johns Hopkins Bloomberg School of Public Health, the Armed Forces Research Institute of Medical Sciences and Chiang Mai University in Thailand.

International standards on fixed dose combinations for HIV published

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2678>

Representatives of drug regulatory authorities from southern Africa, Canada, Switzerland, Ghana, Tanzania, India, Indonesia, USA and Thailand have reached agreement on standards for approval of fixed dose antiretroviral combinations following a two day meeting in Gaborone, Botswana on March 29th and 30th.

Khayelitsha ARV programme publishes detailed results

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2674>

Researchers from South Africa have published the first detailed journal report of clinical outcomes from the pioneering antiretroviral treatment programme delivered through primary care clinics in the Western Cape township of Khayelitsha. The findings appear in the April 9th edition of the journal AIDS.

No evidence that breastfeeding makes maternal HIV worse

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2670>

Breastfeeding is not detrimental to the health of HIV-positive mothers, according to a study published in the April 30th edition of AIDS.

HAART alone not enough to stop spread of HIV in South Africa

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2667>

Less than 10% of HIV-positive individuals in South Africa will be eligible to receive antiretroviral therapy if World Health Organisation guidelines which mandate the use of anti-HIV therapy in patients with a CD4 cell count below 200 cells/mm³ are followed, according to a French-funded study published in the May 1st edition of the Journal of Acquired Immune Deficiency Syndromes.

Low weight males have higher trough levels of lopinavir

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2669>

Trough levels of the protease inhibitor Kaletra (lopinavir boosted by ritonavir) are significantly higher in men with low body weight, according to a poster presentation at the Tenth Anniversary Conference of the British HIV Association (BHIVA) in Cardiff last week. The investigators, from Liverpool University Therapeutic Drug Monitoring Service, have called for further research to establish the clinical significance of their findings.

Migrants not responsible for spread of TB in UK

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2664>

Migrants are not responsible for the increasing incidence of tuberculosis (TB) in the UK, according to research presented to the April meeting of the Society of General Microbiology. This finding stands in stark contrast to sensationalist media reporting which has blamed a recent increase in the incidence of TB in the UK on asylum seekers, particularly those infected with HIV.

Tenofovir no more likely to cause kidney problems in London patients than other antiretrovirals

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2668>

Patients taking the nucleotide analogue, tenofovir, are no more likely to experience kidney problems than individuals taking other antiretrovirals, according to a poster presentation to the Tenth Anniversary Conference of the British HIV Association (BHIVA), in Cardiff last week.

Vitamin A supplementation does not lower shedding of HSV in HIV-positive women

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2666>

Vitamin A supplementation does not reduce the genital shedding of herpes simplex virus-2 (HSV-2) in HIV-positive women, according to the results of a randomised placebo controlled trial published in the April 15th edition of the Journal of Infectious Diseases. The investigators also found genital shedding of HSV was strongly associated with the secretion of HIV in the genitals and recommend that aciclovir therapy should be provided as a way of preventing the transmission of both HSV and HIV.

Researchers claim definitive evidence that HIV-AIDS is not from oral polio vaccine

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2665>

HIV-AIDS did not come from oral polio vaccine contaminated with chimpanzee virus, according to findings from an expedition designed to test the hypothesis by one of its key sympathisers. The findings are published online in the April 22nd edition of Nature.

Appeal for free ARV treatment for survivors of the Rwandan genocide

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2661>

Advocates for survivors of genocide in Rwanda today called for antiretroviral treatment to be made available free to women who were infected with HIV during the systematic rape of tens of thousands in 1994. The Survivors Fund has launched an online petition calling on the British government to do more to pressurise pharmaceutical companies to make antiretroviral treatment affordable in Rwanda. International donors are also being urged to do more to help Rwandan women.

2NN study full results: nevirapine inferior to efavirenz?

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2659>

Final results of a major international comparative study of nevirapine or efavirenz-based triple antiretroviral therapy suggest that nevirapine-based HAART may have proved inferior to efavirenz-based therapy over 48 weeks of follow-up, contrary to initial headline findings presented at the Tenth Conference on Retroviruses and Opportunistic Infections in Boston in 2003. The full results are published in the April 17th edition of The Lancet.

Reduction in number of sexual partners key to halting spread of HIV, says BMJ article

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2656>

HIV prevention work is neglecting to inform individuals about the role partner reduction can play in stemming the spread of HIV, according to an article in the April 10th edition of the British Medical Journal. The authors, who represent international development agencies, the US government, and US universities, argue that the importance of partner reduction to slowing the spread of HIV is not being recognised amidst ideologically driven discussions which focus on either abstinence or condom use as the best way to prevent HIV. The authors' position is supported by an editorial in the same edition of the BMJ, and is applauded for highlighting the "simple truth" that partner reduction is of key importance to HIV prevention.

Clinton, World Bank, Global Fund, UNICEF strike deal to expand access to cheap ARVs and tests

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2652>

A consortium of international agencies and the Clinton Foundation have developed a joint plan to purchase and distribute generic anti-HIV drugs and key HIV diagnostic tests to poorer countries hard-hit by HIV.

Yellow fever vaccine safe and effective in HIV-positive individuals with CD4 count above 200

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2645>

The yellow fever vaccine is effective and safe in HIV-positive individuals with a CD4 cell count above 200 cells/mm³, according to a retrospective French study published in the March 25th edition of AIDS.

Four year follow-up shows Kaletra to be safe, effective, durable

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2651>

Lopinavir/ritonavir (KaletraTM) has a potent and durable anti-HIV effect when used in combination with d4T and 3TC, and a good side-effect profile, according to a long-term safety study published in the March 25th edition of AIDS. The study investigators conclude that these results support the use of Kaletra in first-line HAART regimens.

HIV-positive women less likely to become pregnant and more likely to miscarry even if asymptomatic

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2648>

HIV-positive women are less likely to get pregnant and more likely to have a miscarriage, according to a study conducted in Uganda and published in the March 26th edition of AIDS.

HIV-specific immune responses key to speed of disease progression

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2641>

HIV-specific immune responses act to slow HIV disease progression, according to articles published in recent editions of the Journals of Infectious Diseases, Journal of Immunology, and The Lancet. The studies could have important implications for future HIV vaccine research.

Microbicides 2004 marks new wave of HIV prevention trials

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2642>

The Microbicides 2004 meeting, which took place this week at London's Hilton Metropole hotel, drew 800 participants from 53 countries for four days of intensive discussion.

Microbicides pose new challenges for design of research studies

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2643>

As reported here on aidsmap, the big news at the Microbicides 2004 Conference in London was the imminent start of five large efficacy trials of six different candidate microbicides. These could produce significant results by 2007, if the trials are successful in retaining the vast majority of volunteers (no mean feat given the degree of commitment these long studies imply for women who participate).

ARV-based HIV microbicides advanced by ground-breaking partnership

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2637>

The International Partnership for Microbicides (IPM) has made a far-reaching agreement with Tibotec Pharmaceuticals, a Belgian subsidiary of Johnson & Johnson, to develop an antiretroviral drug as a microbicide to prevent HIV. The agreement was warmly welcomed by UK International Development Secretary Hilary Benn, speaking on Monday at the Microbicides 2004 conference in London.

HIV infection changes the genes that affect development of tuberculosis

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2634>

The human leukocyte antigen (HLA) genes affect the development of tuberculosis (TB) differently in people with and without HIV-1 infection, according to research published in the March 15th edition of the Journal of Infectious Diseases.

Rectal HIV microbicides still a distant prospect

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2635>

A seminar held last Sunday in London ahead of the Microbicides 2004 meeting reviewed progress towards rectal microbicides, products to prevent HIV transmission through anal sex. The meeting was organised by the University of California, Los Angeles AIDS Institute, with participants from Europe, North America and South Africa, some of whose findings were also presented at the main meeting.

Resistant HIV strains persist after at least five years on suppressive HAART

<http://www.aidsmap.com/news/newsdisplay2.asp?newsId=2627>

Drug-resistant strains of HIV can remain archived in the reservoir of latently infected cells for five years or more after a successfully suppressive HAART regime, according to research published in the April 15th issue of the Journal of Acquired Immune Deficiency Syndrome. This confirms previous findings that drug-resistant strains prior to suppressive HAART can re-emerge when HAART is stopped, and has important clinical implications, particularly for highly treatment-experienced people on salvage therapy.

about HATiP

A regular electronic newsletter for health care workers and community-based organisations on HIV treatment in resource-limited settings.

The newsletter is edited by Theo Smart (Cape Town) and Keith Alcorn, NAM's Senior Editor (London).

For further information please visit the HATIP section of [aidsmap.com](http://www.aidsmap.com)