

LAASER-HIV/AIDS Program

(Linking African and Asian Societies for an Enhanced Reponse to HIV/AIDS)

Annual Report 2007

PharmAccess
FOUNDATION

Therapeutics Research • Education • AIDS Training
TREATASIA

International Civil Society Support



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A. Summary report

1. Aim of LAASER program

The Aids Fonds received a 5-year grant (2006 – 2010) by the Dutch Ministry of Foreign Affairs to implement a multi-centre program titled “Linking African and Asian Societies for an enhanced response to HIV/AIDS (LAASER-HIV/AIDS)”. The LAASER-HIV/AIDS program aims to build a clinical and laboratory network of HIV drug resistance monitoring and surveillance sites in Africa and Asia. Thus, capacity is built for an early warning system for the emergence of HAART resistance in a large number of resource-poor countries both in Asia and Africa. With the aim of linking this program to international groups and networks focused on scaling up access to quality HIV treatment and care, the program further includes a networking and learning forum for civil society organisations.

2. Strategy

As the principal recipient of the grant, it is the responsibility of the Aids Fonds to coordinate, monitor and evaluate the LAASER program. PharmAccess Foundation is implementing the HIV drug resistance monitoring and surveillance studies in Africa (PASER). TREAT Asia, supported by the American Foundation for AIDS Research (AmFAR), is performing the work in parallel across Asia and the Pacific Region (TASER). Bridging the gap to policy makers, the International Civil Society Support (ICSS) is responsible for coordinating roundtable discussions that serve to provide opportunities for systematic learning and cooperation for civil society organisations that are active in the field of access to HIV/AIDS care and treatment (Roundtable process).

The LAASER program is the first and largest international collaborative South-South (Africa/Asia) HIV drug resistance monitoring and surveillance effort in the world, and is supported by the World Health Organisation (WHO). By providing unique information on HIV drug resistance patterns in developing countries, it will serve to benefit the quality of HIV treatment programs and will create leverage for the availability of second-line treatment where it is not yet available.

Thereby, the LAASER program directly links and contributes to the Aids Fonds strategic priorities through innovative approaches to enhance the quality of HIV/treatment and care, by generating knowledge and learning around issues relevant to scaling up access to treatment, and by actively involving people living with HIV/AIDS in the networking and learning forum of the program.

3. Rationale

The LAASER program has contracted the three implementing partners for the full 5-year program period (2006-2010) to implement the three projects PASER, TASER and the Roundtable Process. While the projects as such have remained the same, operational adaptations needed to be introduced by the partners within their projects in order to address the partner and country context. These adaptations include among others the decision to exclude countries in francophone Africa, a reduction of the number of clinical sites, as well as a revision of the governance structure of the Roundtable process

These adaptations include among others the decision to exclude countries in francophone Africa, and to reduce the number of clinical sites. The original plan proposed to recruit PharmAccess clinical sites in a maximum of 15 sub-Saharan African countries including francophone Africa. After careful evaluation, this plan would have entailed major challenges in terms of project coordination, logistics and separate ethical approval procedures. The revised attainable goal is to work with clinical sites that are situated in 7 to 10 countries, mainly situated in the regions of Southern and East Africa, where the HIV burden is highest. Thus, a sufficient level of geographical spread is ensured and capacity is built in those countries where it is needed most.

With respect to the hitherto challenging and ineffective partner-driven approach to the Roundtable process, ICSS has decided to revise the governance structure of the Roundtable process, which will entail a more active role of the steering group

4. Main results

Program coordination

The introduction of a comprehensive monitoring and evaluation (M&E) process, which was initiated by the Aids Fonds and implemented during the course of 2007, led to significant improvements in the planning, reporting and steering of the LAASER program both at the Aids Fonds, as well as at the partner level. The M&E system includes regular joint team building and planning workshops, more diversified means of communication between the partners, regular written updates and milestone reporting to the Steering Committee, as well as risk and problem analyses. To assist this monitoring and planning process, a comprehensive logical framework was developed for the overall program.

It became clear, that although significant progress had been accomplished since the start of the program in 2006, the program's overall progress was not as envisioned. This affected such areas as the scale of patient and clinics enrolment, operational and administrative procedures at the partner level, as well as the implementation of the roundtable process. In order to identify the root source of these challenges, as well as to facilitate realistic planning and appropriate corrective measures, all partners were asked to prepare in-depth problem analysis reports. These reports, together with the respective adjustments of the work plans were submitted to the Steering Committee, as well as to the Scientific Advisory Committee.

In order to facilitate the timely and quality implementation of the program, the partners plan to adjust investments into capacity building and human resources at the country level (e.g recruitment and training of local staff). Moreover, the adjustments entailed a significant scale-down of the target patient enrolment figures for 2007 by both Treat Asia and PharmAccess. Specifically, the enrolment target for the monitoring arm in 2007 was scaled down for PASER-M from 2000 to 450 patients, and from 2600 to 400 patients for TASER-M. The 2007 enrolment target for the surveillance arm was scaled down from 1275 to zero patients for PASER-S, and from 1040 to 320 patients for TASER-S.

Although the number of participating clinical centers was reduced both in Africa and in Asia, the estimated enrolment rate over the complete program period for the monitoring arm of the program was only slightly reduced. Thus, the endpoint patient enrolment figures were estimated at 3120 (versus the original target of 3600) patients for PASER-M, 510 (versus 2550) patients for PASER-S, 3000 (versus 3600) patients for TASER-M, and 1680 (versus 6000) patients for TASER-S.

The respective change requests were subsequently approved by the Steering Committee and endorsed by the Ministry of Foreign Affairs. The scientific implications of the changes are currently being reviewed by the Scientific Advisory Committee.

Resistance studies

At the end of 2007, the HIV drug resistance monitoring protocol of the LAASER program saw the enrolment of more than 400 patients in Africa, thereby reaching the revised 2007 enrolment targets for PASER-M. However, the Asian arm still needs to significantly scale-up enrolment to meet the revised targets both for the monitoring as well as for the surveillance protocol (only 80 patients enrolled in TASER-M, and zero in TASER-S at the end of 2007).

Both partner organisations intend to start enrolling patients in the surveillance arm of the program in 2008. The patient databases at both partner organisations are functional and running, including the necessary data quality control mechanisms.

Roundtable Process

The first Roundtable Meeting was convened in March 2007, bringing together a vast variety of civil society stakeholders. Three priority themes were identified (Procurement; Stigma & Gender Dynamics;

Financing), and leadership roles were allocated to different partner organizations respectively. It became clear, that the overall governance structure of the Roundtable Process needs to be revised in order to enable a more effective way of implementing the action plans for the identified priority policy areas.

A second Roundtable Meeting focusing on Stigma took place in December 2007. This Meeting focused on intersections between HIV treatment, testing and criminalization. The recommendations of the workshop will be translated into an action plan by GNP+ and ICW.

Communications

In order to enhance both internal as well as external knowledge sharing and learning, the Aids Fonds together with the partners, completed the development of the LAASER website, which was launched at the end of the year 2007. The website aims to provide a comprehensive and widely accessible overview of the LAASER program including its objectives, activities and results.

Policy and advocacy

At the policy level, the collaboration with the WHO HIV Resistance Network (HIVResNet) has been further strengthened, e.g. through WHO participation at the Treat Asia Network meeting in September 2007, and the participation of both TASER and PASER staff in regional HIVResNet meetings (Beijing and Namibia respectively). Furthermore, all LAASER partners are now being regularly invited to participate in the working groups of the WHO HIV Resistance Network.

V. Analysis LAASER budget 2007

This is an overall comment on the financial report 2007. More details and specifically budget variances can be found in the individual partner reports. The total expenditure of the project in 2007 was €2.4 million, which is €400.000 less than the budgeted amount of €2.8.

In 2007 all the partners have made a strong effort in making up for the delay that was made in the first year. The plans were adjusted in order to facilitate the timely and quality implementation of the program. The partners made a lot of progress. Nevertheless in 2007 there were still bottlenecks which made that not all targets were reached.

1. Round Table Process

The expenditure of the Round Table process in 2007 was conform the budget. On a cumulative basis the Round Table process is still behind budget, because not all delay has been caught up in 2007.

2. 3. 4. Treat Asia

The budget for 2007 was €1.285.170, the actual expenditure was €817.687 and the variance therefore was €467.483.

The actual expenditure is lower than the budgeted amount due to the fact that the enrolment of patients is staying behind.

5. 6. 7. PharmAccess

The budget for 2007 was €1.141.114, the actual expenditure was €1.197.804 and the variance therefore was €56.690.

The number of enrolled patients is higher than was planned. Extra investments in data entry which have increased the costs must lead to a higher quality of the collected data.

8. Project management

The expenditure of the project management in 2007 was a bit above the budget. On a cumulative basis the project management is still behind budget, because of a delayed start in 2006.

VI. LAASER financial overview

The audited annual report is attached at the end of the Aids Fonds LAASER report.

A. Aids Fonds LAASER annual report

I. Introduction

Broad-scale rollout of antiretroviral therapy (ART) is a global health priority. In this context, treatment switch is often based on clinical not virological failure, due to insufficient means of virological treatment monitoring, with the potential for patients to develop extensive resistance while on a failing regimen. Failing to limit HIV drug resistance in resource poor settings will undermine the huge investments made in the development of HIV medications and the expansion of HIV treatment programs, as well as potentially reverse the gains made in the fight against HIV. Countries in Africa and Asia that are now rapidly scaling-up HIV treatment programs illustrate the need for capacity building around HIV drug resistance monitoring and surveillance. To address this challenge, the Aids Fonds received a 5-year grant (2006 – 2010) by the Ministry of Foreign Affairs (BUZA) to implement a multi-centre program titled "Building Civil Society's Capacity to Improve Access to Treatment in Resource Poor Settings". The Aids Fonds as the principal recipient of the grant of this program has tasked TREAT Asia, PharmAccess and the International Civil Society Support (ICSS) unit at the Aids Fonds with the implementation of the program. PharmAccess and Treat Asia implement a comprehensive program to evaluate HIV drug resistance in Asia and Africa and build capacity for HIV drug resistance testing including HIV drug-resistance surveillance of transmitted drug resistant HIV, drug resistance monitoring supported by a clinical observational database, and a laboratory quality assurance program. The ICSS unit is responsible for developing and implementing a comprehensive Civil Society HIV/AIDS agenda that is owned and driven by Civil Society stakeholders and that supports Civil Society to strengthen their own response as well as the response of national governments and international institutions in the Global fight against HIV/AIDS. The program builds on the comparative advantages and strengths of these organizations that work in partnership.

II. Program governance

The specific role of the Aids Fonds in the LAASER program is:

1. The oversight (coordination, monitoring and evaluation) of the appropriate implementation of the program;
2. The sound financial management and accountability to the Ministry of Foreign Affairs

The operational responsibility of the project lies with the three implementing partners, while the development and implementation of the program is being steered by a Steering Committee which is chaired by the director of the Aids Fonds and coordinated by a project manager at the Aids Fonds.

III. Management and coordination of project implementation

Activities:

In 2007 a comprehensive monitoring and evaluation (M&E) process was developed and implemented together with the partners. The Aids Fonds convened two M&E workshops which were attended by all partner organizations. During these workshops a logical framework was developed as a basis for the planning and the M&E of the program. Further, the Aids Fonds developed a matrix for a communication plan, and various reporting tools (such as monthly reports, teleconferences, milestone reports, problem analysis reports, change requests). In order to support and strengthen the planning and coordination of the overall program the Aids Fonds facilitated the review and approval process of the respective documents involving the Steering Committee and the Scientific Advisory Committee. The Aids Fonds reviewed and analysed the revised financial plans/budgets of the partners and submitted these together with the change requests to the Ministry of Foreign Affairs for endorsement.

Results

All partners have confirmed that their planning and monitoring processes have significantly improved following the implementation of the Monitoring and Evaluation (M&E) process. This has led to improved information and communication between the partners and the Steering Committee, and also among the partners themselves. Decision-making processes within the Steering Committee have thereby been made more transparent and effective.

Following the information yielded from the monitoring and evaluation process regarding the implementational delays of the LAASER program, all partners prepared in-depth problem analysis reports to address their operational challenges. During the Steering Committee meeting in October, the reports were discussed and analysed. The subsequent change requests were then approved by the Steering Committee and endorsed by the Ministry of Foreign Affairs.

IV. Coordination of the Steering Committee

Activities:

The program secretariat at the Aids Fonds supported the Steering Committee by convening monthly teleconferences, as well as two Steering Committee meetings in March and October 2007. The monitoring and steering role of the Steering Committee was further strengthened through the introduction of 3-monthly project reports, biannual milestone reporting based on the newly developed program planning logframe, and a comprehensive binding communication plan.

Results

The improvements in program management have led to a more effective and transparent communication and decision-making process within the Steering Committee.

V. Coordination of the Scientific Advisory Committee (SAC)

Activities:

The Aids Fonds convened the first SAC meeting in March 2007, which was attended by the chair of the SAC, and two of the four other SAC members. During the course of the year one scientific manuscript was submitted to the SAC for reviewing. The chair of the SAC reviewed and commented on the problem analysis reports of Treat Asia and PharmAccess.

Results

During the SAC meeting the SAC issued very specific recommendations regarding the strengthening of the steering, and the monitoring and evaluation of the LAASER program. Moreover, both the Steering Committee as well as the SAC emphasized role of the SAC in the scientific oversight of the program, with less input on the operational side. Further SAC meetings are envisioned on a yearly basis, dependent on the scientific output and progress of the program.

The specific comments of the chair of the SAC highlighted a number of unresolved critical areas, such as planning deficits, implementational delays, and challenges to the scientific output of the program. These issues have been taken up by the Steering Committee and will be discussed extensively together with the SAC in order to identify possibilities for further learning and improving with the ultimate aim of achieving the program targets.

VI. Reporting to the Ministry of Foreign Affairs

Activities:

During the course of the year, several meetings were held between the Aids Fonds and the Ministry of Foreign Affairs (BUZA) to update on the implementational progress of the program, and to ensure that the viewpoint and input of the major donor of the program is sufficiently addressed and integrated into the implementational process of the program. In the context of the second Steering Committee Meeting the partners presented their problem analysis reports and change requests to BUZA.

Results

The following reports were submitted to BUZA: annual report 2006, integrated budget 2007-2008, revised activity plan 2007, activity plan 2008, liquidity prognosis 2008, budget 2008. All reports have been endorsed by BUZA.

VII. External communication

Activities

In order to enhance both internal as well as external communication, the Aids Fonds developed a website for the LAASER program. The program flyer was widely distributed during the National Aids conference in Amsterdam, December 2007. In the same month, the LAASER program was featured in a widely read Dutch magazine (TopSante). Moreover, the Aids Fonds was invited to present the program to the WHO HIV Resistance Network during the annual Conference on Retroviruses and Opportunistic Infections conference in February 2007.

Results

The Aids Fonds together with the partners, completed the development of the LAASER website, which was launched successfully in December 2007. The website aims to provide a comprehensive and widely accessible overview of the LAASER program including its objectives, activities and results. Furthermore, the website includes a protected site to share relevant documents and information among the partners.

The LAASER program was presented at the CROI meeting by Treat Asia, thereby facilitating and enhancing the synchronization of the program with international efforts in the area of HIV drug resistance monitoring and surveillance. The program was also presented and discussed during the two regional WHO HIV Res Net meetings (Namibia, Beijing).

VIII. Support for fund raising

Activities

The LAASER program has been featured in the fundraising campaign of the Aids Fonds, thereby recruiting substantial support from core Aids Fonds donors. The Aids Fonds further facilitated the selection of the LAASER program as the key fundraising program for the Amsterdam Dinner 2008.

Results

It is to be expected that the fundraising effort for the LAASER program during the Amsterdam Diner 2008 will raise a high amount of financial support, which will be used to (partly) cover the current co-funding deficit of the program.

IX. Operational risks

Two of the previously identified risks (communication, and measuring success) have been adequately addressed during the course of the year. However, there still remains a significant delay in implementation, which the partners plan to compensate during the following year(s). Strict monitoring and evaluation processes need to be implemented continuously to enable timely action by the Steering Committee to adapt the planning, budgeting and forecasting accordingly.

X. Conclusion

Significant progress has been made, but major implementational delays still remain. The partners will need to review and evaluate their revised plans during the course of the following year in order to re-assess the planning for the coming years.

XI. Financial overview

Total Aids Fonds Management Costs		
Budget: €147.000	Expenses: €151.712	Balance: - 4.712