

Global Fund evaluation identifies difficulties at the country level

The Global Fund has laid the foundation for continued, successful scale-up says the Technical Evaluation Reference Group (TERG) charged with reviewing the Fund's first 5 years. However, it notes that not all of its original expectations have been realised and concerted effort is going to be required to continue the Fund's principles, systems, and practices in order to increase funding for scale-up, especially in light of the current financial environment. The key findings were:

Finding 1: The Global Fund, together with major partners, has mobilised impressive resources to support the fight against AIDS, TB, and malaria.

Finding 2: Collective efforts have resulted in increases in service availability and better coverage, which will ultimately reduce disease burden.

Finding 3: Health systems in most developing countries will need to be greatly strengthened if current levels of services are to be significantly expanded.

Finding 4: The Global Fund has modelled equity in its guiding principles and organisational structure. However, much more needs to be done to reflect those efforts in grant performance.

Finding 5: The performance-based funding system has contributed to a focus on results. However, it continues to face considerable limitations at the country and Secretariat levels.

Finding 6: The Global Fund partnership model has opened spaces for the participation of a broad range of stakeholders. This progress notwithstanding, existing partnerships are largely based on goodwill and shared impact-level objectives rather than negotiated commitments or clearly articulated roles and responsibilities, and do not yet comprise a well-functioning system for the delivery of global public goods.

Finding 7: As the core partnership mechanism at the country level, CCMs (Country Coordinating Mechanisms) have been successful in mobilising partners for the submission of proposals. However, in the countries studied, their grant oversight, monitoring, and technical assistance mobilisation roles remain unclear and substantially unexecuted. The CCMs' future role in these areas and in promoting country owner-

ship is in need of review.

Finding 8: The lack of a robust risk management strategy during its first 5 years has lessened the Fund's organisational efficiencies and weakened certain conditions for the effectiveness of its investment model. The recent work to develop a comprehensive, corporate-wide risk management strategy is a necessary step for the Fund's future.

Finding 9: The governance processes of the Global Fund have developed slowly and less strategically than required to guide its intended partnership model. The evaluators said that the Global Fund's approach more accurately reflects a 'friendship model' than a genuine 'partnership model'. Finally, the evaluators said that, in operational terms, the Fund has become a largely stand-alone entity whose staff growth trajectory appears to be a consequence of the unwillingness of partners – or the unwillingness of the Fund – to seriously pursue the stated partnership objectives.

In discussing other findings, the evaluators noted the current reliance of countries on external support and raised concerns about long-term sustainability of programmes with the risk of external funding replacing domestic investments. It also queried the possible effect of the large-scale infusion of international resources on the cost-effectiveness and maintenance of programmes. It also noted that performance-based financing, a key tenet of the Fund's guiding principles, has evolved into a complex and burdensome system that has thus far focused more on project inputs and outputs than on development outcomes. The TERG noted that there remain inadequate information systems and monitoring and evaluation capacities in countries, critically limiting the feasibility of the performance-based funding approach.

The biggest problem concerns CCMs in each country. They are still largely perceived as Fund entities rather than as mechanisms for promoting country ownership; whilst issues surrounding their governance and monitoring processes has led the Fund HQ to take on ever-increasing numbers of staff at the global level to maintain effective financial oversight in countries. This disjoint needs to be urgently addressed.



Africa without river blindness

Approximately 140 million people in Africa are at risk from onchocerciasis (river blindness), a disease caused by the bite of the black fly that breeds in fast-flowing rivers. For a long time experts believed that river blindness could be successfully kept under control, but not totally eliminated, through taking a yearly dose of Mectizan®.

However, new evidence suggests that this method means it is possible to actually get rid of the disease for good and break its transmission, therefore reducing the need for continued treatment. Elimination of transmission will take time and effort, but if successful will result in the number of people blinded by the disease being dramatically reduced.

The charity Sightsavers and its partners will be at the forefront of this fight in the coming years. Last year they supported the training of 20 137 community volunteers to distribute the drug, and over 22 million people were successfully treated. Efforts were stepped up in Togo in 2008, where the first ever cross-border meeting with Ghana took place to discuss synchronising the distribution of Mectizan® along the borders of the two countries, in order to achieve a better coverage in light of the population movement in these areas. In Benin, the first in-depth review took place between stakeholders such as Sightsavers, who were able to swap experience and expertise.

UN denounces Guinea 'drug labs'

The authorities in Conakry alerted the UN after they found large amounts of toxic chemicals in the capital. The UN says the chemicals give the 'best evidence yet' of drug factories, and the organisation is concerned such labs could be widespread in Guinea. The UN's office on drugs and crime (UNODC) said in a statement it was the first such discovery in West Africa.

Experts analyse parasites to find schistosomiasis drugs

Scientists have mapped out the genomes of two parasites that cause schistosomiasis, a disease that afflicts 210 million rural people worldwide and for which there is still no vaccine.

Only one drug currently exists to fight the disease. Experts hope that by laying out the genetic structure of the parasites, new drugs can be designed to fight them.

'We have used state-of-the-art genetic and computational approaches to decipher the genome of this pathogen and to facilitate drug discovery,' wrote Najib El-Sayed, Associate Professor at the University of Maryland College of Chemical and Life Sciences. El-Sayed led the team that sequenced the *Schistosoma mansoni*, one of the two major parasites that cause snail fever. 'Many promising leads for drug development targets have emerged,' he said in a statement.

The *Schistosoma mansoni* is found in sub-Saharan Africa, parts of the Middle East, Brazil, Venezuela, and some Caribbean islands. Some 280 000 people die from snail fever in Africa alone each year.

Another team of experts led by Zhu Chen at the Chinese National Human

Genome Center in Shanghai, sequenced the other parasite *Schistosoma japonicum*, which thrives in southern China, parts of Indonesia, and the Philippines. Both teams published their findings in the journal *Nature*.

Schistosoma leaves people so weak they are unable to work. Victims suffer fever, abdominal pain, cough, diarrhoea, fatigue and distended bellies in advanced stages of the illness. People and cattle are ideal hosts of these parasites and those who are infected shed the parasites in their stools, which in turn infect freshwater snails in paddy fields and lakes. The snails then shed larvae, called cercariae, which are well-adapted to infecting mammals – by tunnelling through the tiny pores on their skin.

In China, a million people suffer from the disease, which causes the liver and spleen to malfunction so that victims are unable to expel waste, thereby causing the stomach to bloat up.

Although there is one effective drug, praziquantel, it does not stop reinfection and people get infected repeatedly because they are constantly exposed to the parasite, which thrives in paddy fields, freshwater lakes, and rivers.



GSK investing \$97 million in AIDS drugs for Africa

GlaxoSmithKline plans to invest up to £60 million (US\$97 million) over 10 years to improve research, development, and access to AIDS drugs in Africa, the world's second-biggest drugmaker said recently. It has also agreed a new free voluntary licensing agreement for AIDS drug abacavir, or Ziagen, with South African generic drugmaker Aspen Pharmacare, in which it has a 16% stake. Aspen will manufacture a cheaper generic version of the drug. The latest steps, announced by Glaxo Chief Executive Andrew Witty on a visit to Kenya, follow pressure from campaigners and some governments for drug companies to do more to get life-saving medicines to the poor, particularly in sub-Saharan Africa.

Glaxo took a lead in February by promising to place many of its patents on drugs for tropical diseases into a free 'pool', but it stopped short of offering patents on medicines for HIV/AIDS, which it does not consider to be a neglected disease.

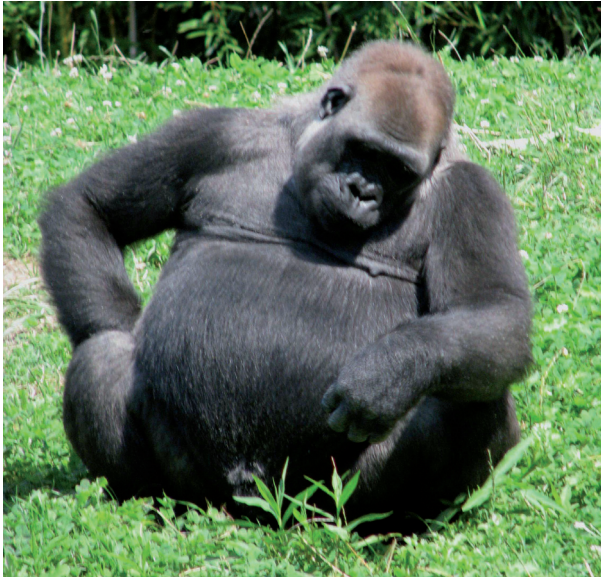
'Up until now I've not really seen the articulation of how a patent pool in this particular area (HIV/AIDS) would change things dramatically,' Witty told reporters in conference call. 'The patent pool on neglected diseases was because there was really no research going on in that area – HIV is not a neglected disease.'

So far, Glaxo is the only big drug company to have committed to pool some of its drug patents, although it was joined in the initiative last week by US biotech company Alnylam Pharmaceuticals. Glaxo hopes others will follow suit. Its new investments will see up to 50 million pounds channelled into a fund to support non-governmental organizations working with pregnant women to prevent mother-to-child transmission of HIV.

A further £10 million in seed funding will go to support public-private partnership work in developing AIDS medicines specifically for children.



Scientists find new strain of HIV



Gorillas have been found, for the first time, to be a source of HIV.

Previous research had shown that the HIV-1 strain, the main source of human infections, with 33 million cases worldwide, originated from a virus in chimpanzees. But researchers have now discovered an HIV infection in a Cameroonian woman which is clearly linked to a gorilla strain, the journal *Nature Medicine* reports.

HIV originated from a similar virus in chimpanzees called Simian Immunodeficiency Virus (SIV), which has been reported in other primates, including gorillas.

French doctors treating the 62-year-old Cameroonian woman who was living in Paris said they initially spotted some discrepancies in routine viral load tests. Further analysis of the HIV strain she was infected with showed it was more closely related to SIV from gorillas than HIV from humans. She is the only person known to be infected with the new strain, but the researchers expect to find other cases. Before moving to Paris, she had lived in a semi-urban area of Cameroon and had no contact with gorillas or bush meat, suggesting she caught the virus from someone else who was carrying the gorilla strain.

Analysis of the virus in the laboratory has confirmed that it can replicate

in human cells.

Co-author Dr David Robertson, from the University of Manchester, said it was the first definitive transfer of HIV seen from a source other than a chimpanzee, and highlighted the need to monitor for the emergence of new strains.

'This demonstrates that HIV evolution is an ongoing process,' he said. 'The virus can jump from species to species, from primate to primate, and that includes us;

pathogens have been with us for millions of years and routinely switch host species.'

'The fact that the patient had been diagnosed in France showed how human mobility can rapidly transfer a virus from one area of the world to another,' he said.

Dr Robertson said there was no reason to believe that existing drugs would not work on the new virus. 'If some day we do manage to develop a vaccine, there's no reason to believe it wouldn't work,' he said. 'There's no reason to believe this virus will present any new problems, as it were, that we don't already face.'

Professor Paul Sharp, from the University of Edinburgh, said the virus probably initially transferred from chimpanzees to gorillas. He said the latest finding was interesting but perhaps not surprising. 'The medical implication is that, because this virus is not very closely related to the other three HIV-1 groups, it is not detected by conventional tests. So the virus could be cryptically spreading in the population.' However, he said that he would guess it would not spread widely and become a major problem. 'Although the patient with this virus was not ill, there is no reason to believe that it will not lead to AIDS,' he added.

Children acutely malnourished in Central African Republic



The UN Children's Fund says thousands of children in the Central African Republic are acutely malnourished. UNICEF is urgently appealing for US\$1.5 million to provide life-saving therapeutic foods, drugs, and other supplies to these vulnerable children during the next 6 months. The Central African Republic is one of the world's poorest countries, with one of the highest infant mortality rates. A recent UN study found that nearly 81 infants out of 1000 die; this compared to 2.9 children out of 1000 in Iceland.

World Atlas of BCG Policies and Practices

The authors of the *World Atlas of BCG Policies and Practices* have endeavoured to collect data on each country's current and past Bacille Calmette-Guérin (BCG) vaccination policies and practices. Currently, the atlas includes information for over 140 countries from around the world.

Variations in BCG vaccination practices impact the interpretation of TB diagnostics, such as the widely used tuberculin skin test (TST). The *World Atlas of BCG Policies and Practices* will help clinicians in your country and around the world make better diagnostic decisions concerning TB infection. The data are available for use in a searchable online tool for physicians and researchers alike.

If information for your country is missing, the authors encourage you to complete a very short <<http://www.bcgatlas.org/question.php>> questionnaire (should take only about 5 minutes to complete) concerning your country's BCG vaccination policy.

They ask that you take the time to complete the questionnaire and contribute to the creation of a valuable resource for physicians and patients around the world. The paucity of government held data has led the organisers to issue this unique call for help from frontline health professionals.

DART trial finds HIV therapy could be given safely without routine laboratory tests

The largest clinical trial of anti-retroviral therapy (ART) for people with HIV infection ever run in Africa has found that regular laboratory tests offer little additional clinical benefit to populations when compared to careful clinical monitoring.

The results suggest that many more people with HIV in Africa could be treated for the same amount of money as is currently spent if lab tests are not routinely used to monitor the effects of ART.

The evidence from the Development of Anti-Retroviral Therapy in Africa (DART) clinical trial will be of value to low-income or resource-poor countries that are prioritising ART access over investment in expensive laboratory facilities.

The DART trial aimed to find out whether the lab-based strategies used to deliver ART to people with HIV infection in resource-rich countries were essential in Africa, where around 4 million people still need ART urgently and resources are limited.

The DART team believes governments and policymakers, as well as people living with HIV/AIDS, can now be confident that ART can be delivered safely and effectively by trained and supervised health workers in remote communities where routine laboratory services are not available.

In all, 3316 people who had not previously had ART took part in the DART trial. All had severe or advanced HIV infection and had been assessed for ART eligibility using clinical staging and laboratory tests including CD4 cell count. The trial began 6 years ago when treatment for people with HIV was just starting to become more widely available in Uganda and Zimbabwe.

DART participants were randomly allocated to one of two groups. People in the first group received ART and their doctor was given the results of blood tests done every 3 months to check for drug side-effects and measure their CD4 cell count. People in the

second group had the same ART and the same blood tests done, but their doctors did not see CD4 count results and only saw the results of safety tests if they were seriously abnormal. People in both groups received free medical care and free diagnostic tests for episodes of illness throughout the trial.

The results show that 90% of people in the first group were still alive after 5 years compared to 87% of people in the second group, a difference of only 3 percentage points. Over the 5 years data were collected, 78% of people in the first group survived and had developed no new AIDS-related illnesses, compared with 72% in the second group. These differences only became apparent from the third year of ART. The research team believes this may be a result of the participants in the lab-monitoring group switching to a different combination of ART earlier than those in the second group. No difference in the occurrence of side-effects caused by ART was found between the two groups.

Irrespective of group, the survival rate in the DART trial is amongst the best reported from any trial, ART programme, or study in Africa. Historical comparisons, based on data from follow-up of similar patients in Uganda who did not have access to ART make it clear that few of the DART trial participants would have been alive after 5 years without ART.

DART co-principal investigator Professor Peter Mugenyi of the Joint Clinical Research Centre in Uganda said, 'It is estimated that two-thirds of people who need treatment for HIV in Africa currently don't have access to antiretroviral therapy. Thanks to DART, governments now have evidence that expensive blood tests aren't needed routinely for HIV treatment to be successful and safe. It also means that treatment could be delivered locally as long as healthcare workers have the right training, support and supervision. This could make a huge difference to people who live in remote areas.'

LSTM to strengthen health research in Africa



Researchers at the Liverpool School of Tropical Medicine (LSTM) and the University of Liverpool will work with universities across Africa as part of a £30 million initiative to strengthen research into science and health on the continent.

The Wellcome Trust initiative will see the formation of seven new international consortiums that will focus on developing and sustaining high-quality research into the health and wellbeing of African people. More than 50 institutions from 18 African countries will participate in the programme and lead on partnerships with scientists from Europe, the US, and Australia.

Africa is affected by some of the world's deadliest diseases, including HIV, malaria, and tuberculosis. Many African universities need help to drive forward research into these conditions and nurture young researchers at the beginning of their careers.

LSTM and the University work with universities in South Africa, Botswana, Zambia, Malawi, and Zimbabwe as part of the SACORE consortium which aims to support African medical schools in creating a vibrant research environment for students and research leaders. The collaboration will also help create postgraduate scholarships to allow students to research health-related issues in their home country.

Professor Peter Winstanley, from Liverpool's Wellcome Trust Tropical Centre, said, 'This initiative is built on 20 years of University and LSTM collaboration and shows the major impact that such global networks can have. Within the SACORE consortium we will create a joint Malawi-Liverpool PhD programme as part of our contribution to the training of biomedical researchers in a region that needs excellent science to underpin developments in healthcare. The most pressing problems in Africa right now are infectious diseases. Falciparum malaria remains one of the highest priorities in children. In adults HIV-related pathogens, such as TB and salmonellae, demand the most attention. This new initiative will improve the capacity of African medical schools to develop research careers and secure essential funding for long-term commitment to studies in health sciences.'