PEPFAR Scientific Advisory Board Meeting

St. Gregory Hotel
Washington, DC

January 6 & 7, 2011

Executive Summary
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January 6, 2011 - Day 1

Paul Bouey opened the meeting at 9:00 AM on January 6, explained the procedure and format of the meeting, and invited participants to introduce themselves.

Ambassador Eric Goosby explained that the intent of the Scientific Advisory Board (SAB) is to inform PEPFAR on future research directions. He challenged the Board to come up with the key research questions which PEPFAR is in a unique position to address, that support PEPFAR programs rationally and responsibly, and that examine solutions to maximize effectiveness and impact given limited resources.

Nancy Padian reviewed the process by which board members were selected and approved. The role of the Board is to inform the science and guidance that drive PEPFAR, to identify evidence gaps and new opportunities, and to monitor the quality and relevance of scientific and technical goals of PEPFAR, beginning with defining research priorities and outstanding research questions. (For additional information on the structure of the Board, see Operating Structure of the PEPFAR Scientific Advisory Board.)

Presentations included the following:

Paul Bouey summarized PEPFAR-funded evaluations, including the history, current portfolio, and future directions for FY11. Following early support for Targeted Evaluations, since 2008 PEPFAR has focused on public health evaluations (PHEs) with more emphasis on global and country-driven research and a more stringent review process. These studies have addressed country-driven as well as globally significant priorities. Discussion resulting from the presentation centered on the importance of disseminating research results and using these results to inform policy and practice, the need for collaboration, scientific rigor, and a more streamlined process.

Nancy Padian defined implementation science as methods to improve the uptake, implementation, and translation of research findings into routine and common practices, with a focus on how to deliver, transfer, adapt, and make informed evidence-based choices, and choosing interventions strategically for what will yield maximum benefit. For PEPFAR, this means having a single framework for the spectrum of programs and evaluations, and a strategy for collecting and using information that permits evaluations at every level. Steps to build capacity will involve identifying existing programs and opportunities for training in research and evaluation, and working with country partners to offer capacity building assistance where needed.

Charles Holmes presented an overview of funding, program results, and issues in care, treatment, and PMTCT programs within PEPFAR. Programmatic developments in ART coverage, co-infections, drug resistance, loss to follow-up, and orphans and vulnerable children were
highlighted. Other PEPFAR priorities including moving toward country ownership, integration with other health programs serving targeted populations, and accelerating efficiency and impact were reviewed.

Stefan Wiktor continued the discussion of PEPFAR-funded evaluations and presented an overview of the Care and Treatment and PMTCT PHE studies, including results from prior studies. PEPFAR evaluation activities include PHE studies on HIV/TB, ART outcomes, adherence, retention, costing, clinical monitoring, and drug resistance. Strengths and challenges of the PHE program were also presented.

Nancy Padian facilitated discussion of the day’s presentations. Some of the key discussion points included the need for a stronger top-down model, while respectful of the continuing country-driven effort, and a focus on treatment optimization and service delivery (e.g. how PEPFAR can get the most value for its treatment dollars, and make the best use of antiretroviral drugs to slow the spread of the epidemic and maximize prevention). Efficient service delivery models need to be studied, as well as the intersection between treatment and prevention, and losses during the implementation cascade. The Board also discussed improving the way data is collected and shared for research across programs. Other discussion items included examination of all steps in the care continuum, identifying the more effective linkages to care, bridging the care and prevention dichotomy, exploring test and treat models, and giving full consideration to ethical issues.

Paul Bouey invited members of the public to speak then closed day 1 of the meeting.

January 7, 2011- Day 2

Caroline Ryan opened the day with an overview of PEPFAR’s prevention efforts: Know your epidemic, Know your response, Know your portfolio: Scaling up what works. Current behavioral, biomedical, and structural prevention interventions were presented, as well as opportunities for expanding evidence-based HIV prevention for most-at-risk populations (MARPs). Critical questions for enhancing public health impact of ART for prevention and test to treat were discussed. Initiatives on male circumcision, gender programs, and the condom gap (stock-outs) were also highlighted.

Benny Kottiri summarized PEPFAR’s PHEs on prevention, counseling and testing. These evaluation activities include PHE studies on: effective behavior change communication; concurrent partnerships; discordant couples; HIV testing and counseling; male circumcision scale-up; ARV-based prevention; risk-reduction; condoms; sexually transmitted infections; community and economic empowerment; and combination prevention in populations which include MARPs, youth and orphans and vulnerable children, women and girls, and prevention with positives. Strengths and challenges of the PHE program were presented.

Nancy Padian facilitated a discussion of the day’s presentations. Interventions that work include
PMTCT, male circumcision, and family planning (as part of PMTCT); however, uptake of these interventions is highly variable despite good evidence. The age of stand-alone projects is over. Treatment as prevention is important and could be game-changing. Essential evaluation questions underpinning the success of ARV-based prevention modalities reflect lack of knowledge about the long-term adherence of HIV-negative individuals to preventive treatment and their overall effectiveness at a community level. Outstanding questions in prevention where there is conflicting information regarding risks and benefits include the effect of contraception on disease progression for HIV+ women, and the effects of hormonal contraceptives on the risk of HIV acquisition in HIV-negative women. There is a need to understand interventions that sustain demand for prevention interventions, including economic incentives. Recommendations were put forward to do more to mine existing data, and to make that data open and accessible (e.g. DHS).

Other discussion items included the use of incentives to influence demand and retention patterns focused on individuals and providers, use of incidence assay/biological markers for impact measurement, examination of obstacles to HIV testing, focus on adolescents and school-based programs, eradication/elimination of MTCT, use and effectiveness of biomedical prophylaxis (e.g. microbicides, male circumcision, PrEP, etc), optimization of antiretroviral regimens, efficacy of new technologies and approaches, efficiency of delivery systems, and utility of serosorting (in MSMs and serodiscordant couples) in studies.

Paul Bouey reviewed PEPFAR’s efforts to strengthen health systems and human resources for health, which support service delivery by the host government at all levels. Current examples are the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI), both formed to strengthen education and training and linked with evaluation programs.

Kevin DeCock reviewed the U.S. government’s Global Health Initiative (GHI). GHI’s specific targets for HIV/AIDS, under-5 mortality, maternal mortality, TB, malaria, neglected tropical diseases (NTD), preventing unintended pregnancy, and reducing child malnutrition all dovetail with other government initiatives. A GHI Research Committee has been created and activities include surveys, identifying research gaps and providing guidance to countries, and enhancing interagency collaboration around research. The Committee’s agenda is under development, but includes articulating a rationale for the focus on implementation-oriented, condition-specific, and trans-nationally significant work.

Paul Bouey invited public input on the Day 2 proceedings.

Summary Recommendations:

At the end of these two days of discussion, the Board recommended a variety of care, treatment and prevention research priorities to Ambassador Goosby in addition to recommendations related to streamlining funding and sharing data. These recommendations will inform the basis for
setting PEPFAR’s priority research agenda (see *PEPFAR Scientific Advisory Board Meeting Summary Recommendations*).

Ambassador Goosby concurred with the SAB’s focus and thanked everyone for their time, effort, and ideas. Dr. Padian closed the meeting and noted several possibilities for continuing activity, some of which will be conducted in working groups. The next PEPFAR SAB meeting will be convened in approximately 6 months.

Below is a list of presentations given during the meeting as well as the summary recommendations.

- **PEPFAR-Funded Evaluations**
  - Paul Bouey
- **Implementation Science and Capacity Building**
  - Nancy Padian
- **PEPFAR Care, Treatment and PMTCT Programs: Results, Directions, Gaps & Opportunities**
  - Charles Holmes
- **PEPFAR-Funded Evaluations: Overview of Care and Treatment and PMCT Evaluations**
  - Stefan Wiktor
- **Overview of PEPFAR Prevention**
  - Caroline Ryan
- **PEPFAR-Funded Evaluations: Overview of Prevention and Counseling and Testing Evaluations**
  - Benny Kottiri
- **Health Systems Strengthening and Human Resources for Health**
  - Paul Bouey
- **Research Priorities as recommended by SAB**
  - PEPFAR Scientific Advisory Board