

**International Conference
The Transformation of Research in the South:
Policies and outcomes
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**Promotion of transnational research in the South: scientific and political
lessons from research on AIDS in Africa (Cameroon, Senegal)**

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IRD – CEPED - IFRIS

2 examples, 2 stories, 1 objective

Cameroon

- Rate of HIV prevalence : 4.8%
- National AIDS Committee : since 1987
- 1st HIV cases: 1984

Senegal

- Rate of HIV prevalence: 0.7%
- National AIDS Council : since 1984
- 1st HIV cases: 1985

From economical limits to free ARVs : the case of Senegal

- **1998, International situation**

- Negative international consensus about using ARV drugs in Southern countries
- Implementation of several pilot projects (under the auspices of UNAIDS or independent government initiatives, as in Senegal with the support of ANRS)
- Uncertainties: feasibility, effectiveness, acceptability and treatment adherence

- **2000, Senegal**

- Support and evaluation of the Senegalese government ARV access program provided by IRD and ANRS in partnership with the National AIDs Council and Ministry of Health

The stapes of the Free ARVs Access in Senegal

- **2000, Senegal**

Multi-disciplinary translational research (IRD/CNLS/MoH)

- Medical sciences (virology, clinical science)
- Epidemiology and public health
- Anthropology, sociology and economics of health

- **2001, Senegal**

Initial results demonstrated:

- Short-term effectiveness of ARV treatments
- Very good patient treatment adherence
- The negative impact of medical payments on adherence

The stapes of Free ARVs Access in Senegal

- **2001, Senegal, studies focused on:**
 - How payments effect adherence
 - Assessing treatment costs covered by patients
 - Description of patients' socioeconomic situation
 - Assessing the limitations of family solidarity
 - Assessing the capacity of social protection schemes to contribute to treatment
 - Study on how much patient payments contribute to financing the national program
 - Study on financing the national program
- > “Evidence-based” arguments demonstrating the need and feasibility of free treatment**

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From research results to the public health decision: Advocacy in favor of free access to ARV treatment (2001–2003)

- National advocacy:
 - Convincing national leaders of the decision’s merits
 - In a general context of payment for drugs and care (legacy of the Bamako Initiative)

- International advocacy:
 - Bringing the debate outside of the country
 - Inscribing the local problem into more global reflection
 - Providing “external” political support to national leaders (UNAIDS, WHO endorsement)

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From research results to the public health decision

➤ Local impact:

- Starting in 2002: “De facto” free access to ARVs in Senegal
- 8 December 2003, the President of the Republic announces free access to ARVs in Senegal



➤ International impact:

- “Free by 5” Declaration: **Economists’, public health experts’ and policy makers’ declaration on free treatment for HIV/AIDS** [IRD, MSF, U. KwaZulu-Natal]
- 600 signatures across the globe in early 2005 -> WHO
- December 2005, WHO recommendation for complete free access

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- After 2004
 - Reflection on financing mechanisms
 - “The struggle for universal health coverage” Lancet 2012
- 2013
 - Proposal to integrate HIV into UHC schemes

Universal health coverage and HIV in resource-constrained countries: a critical juncture for research and action

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AIDS 2013, **27**:2173–2175

The stapes of Free ARVs Access in Senegal

Conclusion:

– A body of research guided by initial observations that do not correspond to any prior research directions

– Research guided by the social, economic and health context

-> Translational research provides scientific evidence to guide health policy decisions

“Decentralization of HIV care in Cameroon: Lessons for resource allocation”

Background: A scientific answer to the challenges of Public Health

- Context
 - 1999: \$700–1000/patient/month
 - 2001: 300–600 patients under ART
 - 2005: \$2.5/patient/month: 15 000 patients on ARVs
 - 1 May 2007, Free Access to ART
 - December 2009: 76 228 patients treated
 - Marche 2013 : 131 531 patients treated
- An objective:
Evaluate the decentralization of ART: Lessons from the Cameroon program

The IRD & Partners research program in Cameroon included 4 projects

- Impact of the Cameroonian “access to ARV program” on the treatment and living conditions of the HIV infected population (EVAL)
- Decentralization of ARV access in Africa: Evaluation of the treatment of patients on ARV in district hospitals using a streamlined follow-up approach (Esther Trial/STRATALL)
- The problem of access to ART in Cameroon. Issues, advances, limits and perspectives of health care decentralization (POLART)
- Scale-up and procurement of drugs and biological monitoring tools

Main results

- A relatively high quality of healthcare in decentralized treatment centers
 - Average increase in CD4 count for patients treated for at least 6 months not different from that found at a national level: 12.5 cells / μ L/ month
 - Significantly higher adherence for those patients treated at district treatment centers: 61.2% of patients have a high adherence score versus 44.5% in centralized treatment centers
 - Physical Quality of Life comparable to that found at central service level and a better Mental Quality of Life
- FEASIBILITY DEMONSTRATED FOR DECENTRALISING ART TREATMENT

Politics of ART: Elements of analysis

- Decentralization can come in a variety of forms: deconcentration, devolution and privatization
- Decentralization of access to ARVs in Cameroon corresponds in a general way to a process of deconcentration
- The involvement of external actors in certain provinces or health facilities leads to other types of decentralization that are not exclusive from each other

The Cameroonian program's contribution to international issues

- Long-term and financial sustainability of free access to medicines?
- Optimal degree of decentralization to enable scale-up?
- New distribution of tasks between healthcare providers (“task shifting”) to find solutions to the human resources crisis?
- Impact of AIDS programs on the fight against other diseases (tuberculosis, malaria) and on the overall strengthening of the health care system?

Publications



AIDS

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Learning and Doing: Operational Research and Access to HIV Treatment in Africa

Editors: David Katzenstein
Marie Laga
Jean-Paul Moatti
Sinata Koulla-Shiro

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From Scaling Up to Governance Issues

Contemporary Issues in Political Science and HIV

“Governance and AIDS in Africa
A Comparative Study of the CCM’s (Senegal, Côte
d’Ivoire, Cameroon)” (Work in progress)

This project deals with a sociopolitical analysis of the Country Coordinating Mechanism (CCM) implemented by the Global Fund against AIDS, Tuberculosis and Malaria (GFATM). The project is based on a comparative approach examining Senegal, Cote d’Ivoire and Cameroon.

Conclusion (rough ideas, brainstorming)

- From fundamental research to translational research: Maintaining a scientific and ethical stance
- Promote multi-disciplinary approaches; medical sciences and social sciences
- Collaborative research: Goals, priorities and choices for scientific programming are decided upon collaboratively between national and foreign researchers and institutions
- Support and guidance for national and international public health decisions + contributions to international scientific research
- Promoting community participation in the research process

Thank you for your attention

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