

## Funding - where are we?



Janet Fröhlich - expertise in community involvement

## New CAPRISA appointments

**Ezra Susser**, MD, MPH, Dr PH, professor of Clinical Psychiatry and Public Health and the Chair of the Department of Epidemiology at the Joseph L. Mailman School of Public Health of Columbia University in New York. He is an expert on cohort follow-up, particularly of difficult-to-reach populations, for example the homeless and the mentally ill.

**Janet Fröhlich**, PhD, who has extensive expertise in community involvement in research and is currently a Fellow of the South African Fogarty AIDS Training Programme. In 1997 she was invited by the Department of Health to manage the first South African HIV/AIDS review. Her career roles include being a member of the UNAIDS international task team to develop best practices for community mobilization, a director of the Hospice Association of Southern Africa and a board member of the Cotlands Baby Sanctuary and AIDS Hospice.

The allocation of funding is one thing, but turning the transactions into an easily accessible reality is another, as the CAPRISA administrative organisers discovered this month. News that the NIH treasury cheque had arrived in the University of Natal's bank account was understandably greeted with excitement, as the sooner the money is ready and available, the sooner the two main CAPRISA projects can forge ahead.

It appears that cheque transactions between the United States and beneficiary countries are quite a complicated affair requiring extensive clearances procedures.

When the South African bankers requested clearance of the cheque, it was pointed out that amounts exceeding 750 000 dollars could not be authorised by way of a cheque. CAPRISA's financial consultant, Desmond Sykes, said that alternate electronic ways are being looked at to access the funds.

"It is a bit frustrating," he admits "But unfortunately these situations are predictable when transferring such large amounts of money from one country to another."

**Director: Salim S. Abdool Karim**

**Executive Committee: Carolyn Williamson, Clive Gray, Ezra Susser, Gavin Churchyard, Janet Fröhlich, Maila John Matjila, Lynn Morris, Marian Swart, Quarraisha Abdool Karim, Sharon Cassol, Umesh Laloo, Winston Hide**



# Adult Aids Clinical Trial Group

**Earlier** this year the University of Natal's medical school applied with Columbia University for funds to set up an International Clinical Trials Unit (ICTU) in KwaZulu-Natal as part of the Adult Aids Clinical Trial Group (AACTG) programme.

The major aim of the AACTG is to promote clinical trial sites, outside of their country and to initiate clinical trials of anti-retrovirals and promote pathogenesis studies of HIV at specially designated sites.

The AACTG has already been established in Brazil and the Far East. Now it is the turn of sub-Saharan Africa to benefit from these research opportunities. Said Professor Umesh Laloo, the principal investigator in the new site: "The setting up of such a facility is an exciting milestone which without doubt will give us a commanding position in this region in the field of HIV therapeutics research. It is long overdue particularly as this is the most affected region in the world."

## **Family clinic**

Granting of an ICTU status will mean that the KZN research facility, to be incorporated into the family clinic at King Edward V111 Hospital, will be regarded as a preferred site for any adult AIDS trials conducted in the region. In so doing it recognises the expertise in that site and the international quality of the programmes undertaken.

Once granted the site will receive seed funding for the first two years. These initial funds will be used to set up the site so that it is competent to undertake clinical trials.

The basic staffing structure will

comprise:-

- \* Principal investigator - Professor Umesh Laloo
- \* Clinical investigator Dr Farida Amod - specialist in infectious diseases
- \* Clinical trial co-ordinator - Fawzia Williamson

In addition the site requires a community advisory board, data manager and pharmaceutical/drug manager as well as other personnel.

A proviso from the NIH funders will be that the site adhere to the AACTG's prescribed formula covering every aspect of clinical trial management.

Standards operating procedures



Professor Umesh Laloo

will, however, be modified to suit the specific site characteristics, disease patterns etc.

"While certain procedures could be adapted to suit our requirements," said Professor Laloo "there will be no compromise on quality."

Protocols, he explained, are joint efforts between the University and the AACTG members which allows participants to develop site protocols and logistic support to suit their own needs.

Affiliation with a US-based site

is also a proviso. In this case the partner is Columbia University which has demonstrated its expertise over the years and has had a historical support link with the University of Natal academic staff.

The leader of the Columbia University's programme is Dr Scott Hammer, well known for his pioneering studies in establishing that highly active anti-retroviral treatment (HAART) is an effective strategy for the treatment of AIDS.

## **Synergy**

Said Professor Laloo: "The entire research team involved with the ICTU is also part of the CAPRISA family so it will enhance the synergy between the two groups enormously."

The programme will be funded by the NIH to the tune of approximately R2,5 for the first two years and provided high standards are maintained, funding should continue for some time into the future.

Professor Laloo said that AACTG makes provision for creating satellite units, but this will only be considered once the local site has been set up and is running efficiently. It was felt that with limited capacity and resources and the stringent quality requirements it will be difficult to set up satellite sites *ab initio*.

A second AACTG site, secured under a separate bid, will also be established at Wits University. The challenge as put by Dr Scott Hammer is that we should be proud to have received one of the highest ratings for our application, but this means that we have a reputation to uphold.

# Training - a key role in CAPRISA

**Professor John Matjila, who heads CAPRISA's new training core, talks about some exciting research opportunities**

**T**HE allocation by NIH of a further R1, 5 million for training purposes will enable CAPRISA to expand and sustain its commitment to the enhancement of scientific skills.

Prof John Matjila Deputy Dean of the University's Nelson Mandela School of Medicine and head of CAPRISA's training core explains how the initial funding process will be translated into action.

"Shortly we will be calling for core heads within CAPRISA to identify their priority training needs in specific fields," he said. "We must look particularly at areas where training would assist in attaining scientific research goals in both the HIV/AIDS acute infection and TB/ARV projects."

Those in charge of the various core projects should, he said, look at the critical roles played by members of their research units and identify what skills are required for optimum results.

"These funds will enable us to make a real difference to our training component," he said. "The benefits of being able to participate and gain knowledge from cutting edge research worldwide will take us into a new era of scientific study."



## **Professor John Matjila: Looking at core training needs**

He believes that one of the most significant spin offs from this type of solid funding was the opportunities it gave to young researchers to extend their knowledge base.

### **Young Researchers**

"It is important, therefore, that core heads ensure that young researchers are encouraged and given training opportunities" he said.

Also of importance was the inclusion in the training loop those from previously disadvantaged backgrounds, particularly young African researchers.

The new training projects would come into effect next year when the NIH funding has been processed.

Meanwhile five researchers have benefited this year from Fogarty grants which have enabled them to expand their knowledge in a number of fields, including virology and molecular sciences. Courses in specific methodologies, ranging from a few weeks to several months have, or are in the course of being conducted, in South Africa, Britain and the United States. These newly attained skills will also be of benefit to the CAPRISA initiative.

However as part of CAPRISA's evolving training process, core heads will be encouraged to look at a broader range of training issues in order to accelerate and standardise the quality of ongoing HIV/AIDS research.

# Opening up communication channels

**CAPRISA's principal investigator Professor Salim Abdul Karim will be meeting with all the US/UK CAPRISA partners and their South African counterparts either by teleconference or face-to-face from this week until approximately 24 October. Discussions will clarify some of the finer points of the CAPRISA core research projects and will provide a joint vision for the way forward. These are the people who will be sharing their views**

Guido Ferrari from Duke University, US

Philip Goulder from Oxford University, UK

David Montefiori from Duke University, US

James Mullins from the University of Washington, US

Ron Swanstrom from the University of North Carolina, US

Julie McElrath from Fred Hutchinson Cancer Research Center

Gerald Friedland from Yale University, US

Scott Hammer from Columbia University, US

Waffa El-Sadr from Columbia University, US

Ezra Susser from Columbia University, US

Marita Murrman from Columbia University, US

Bruce Walker from Harvard Medical School, US

David Hoos from Columbia University, US

Francine McCutchan from the Henry M Jackson Foundation, US

Zena Stein from Columbia University, US

Mervyn Susser from Columbia University, US

Bruce Levin from Columbia University, US

Ron Bayer from Columbia University, US

---

## The set point - a key marker

**The viral set point, being the best available indicator of how the HIV infection progresses to clinical disease and death, is a subject that will be dealt with in depth in CAPRISA's acute infection project.**

ONE of the aims will be to observe the impact of early clinical events on the magnitude and time taken to reach viral set point in HIV subtype C infection, on which there is very little data

The two hypotheses are:-

\* the time taken to establish a set point correlates with the magnitude of the set point.

\* the severity of the patient's clinical presentation of acute retroviral disease is correlated with the peak viral load during acute infection and that, the peak viral load,

in turn, is correlated with the set-point

Because of the sparseness of current information we don't yet know if the set point in the southern African context differs from the situation elsewhere due to quality of the immune response. We have to look at HLA alleles, co-receptor polymorphisms, inter-current infections, or possibly unique features of subtype C viruses.

The next aim is to investigate the impact of viral diversity in HIV subtype C infections on the viral set-point, finding out whether, after transmission, the number of regions under selection is correlated with viral set-point. Also under investigation is whether dual HIV-1 infection leads to a higher viral set point.

(The Acute Infection Project is under the leadership of Carolyn Williamson)

---

CAPRISA is supported by the Comprehensive International programme of Research on AIDS, (CIPRA) grant no 1 U19 AI51794, funded by the National Institute of Allergies and Infectious Diseases (NIAID) of the National Institutes of Health (NIH)

---

## CONTACTS

**Marian Swart**  
**CAPRISA Administrative Manager**  
**Fogarty AIDS Training Programme Administrator**  
**Postal address:**  
**University of Natal**  
**King George V Avenue**  
**Durban 4041**  
**South Africa**

**Physical address:**  
**Pod 4, 2nd Floor, Intuthuko Junction**  
**750 Francois Road**  
**Cato Manor, Durban**  
**South Africa**  
**Tel: +27-31-2731500**  
**Fax: +27-31-2603093**  
**Cell: +27-82-4180883**