Final Report

July 2006 – June 2011

Contents

Acronyms and abbreviations

ABBA	Addressing the Balance of Burden in HIV / AIDS
ACM	Annual Consortium Meeting
ANC	Antenatal Clinic
ARROW	Anti-retroviral research for Watoto
ART	Antiretroviral Therapy
ARV	Antiretroviral (drugs)
B2C	Back to Care programme
BHIVA	British HIV Association
BMGF	Bill and Melinda Gates Foundation
CAG	Consortium Advisory Group
CAPRISA	Centre for the AIDS Programme of Research in South Africa
CBO	Community Based Organisation
CHAPAS	Children with HIV in Africa Pharmocokinetics and Adherence of Simple Antiretroviral Regimens
CDC	Centre for Disease Control
CIDRZ	Centre for Infectious Disease Research in Zambia
CIFF	Children's Investment Fund Foundation
COMDIS	Communicable disease: vulnerability, risk and poverty RPC
CROI	Conference on Retroviruses and Opportunistic Infections
CTX	Cotrimoxazole
DART	Development of Anti Retroviral Therapy in Africa
DNA-PCR	Deoxyribonucleaic acid polymerase chain reaction
DFID	Department for International Development
EDS	Electronic data system
EfA	Evidence for Action
ESRC	Economic and Social Research Council
EU	European Union
FDC	Fixed dose combination
FHI	Family Health International
FSW	Female sex workers
GFATM	Global Fund to Fight AIDS, TB and Malaria
GIS	Geographic Information System
GPC	General Population Cohort
GRIPP	Getting Research into Policy and Practice
GROP	Getting Research out of Practice
GSACS	Goa State AIDS Control Society
HAART	Highly-active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistants
IHAA	International HIV/AIDS Alliance
IPT	Isoniazid Preventive Therapy

LSHTM	London School of Hygiene and Tropical Medicine
LTFU	Loss to follow-up
MAAS	Maharashtra Association of Anthropological Sciences
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MRC	Medical Research Council
MRC CTU	Medical Research Council Clinical Trials Unit
MRC/UVRI	Medical Research Council Uganda Virus Research Institute
MSF	Medicins Sans Frontiers
NAC	National AIDS Commission
NACO	National AIDS Control Organisation, India
NARI	National AIDS Research Institute, India
NGO	Non-Governmental Organisation
NIMR	National Institute for Medical Research, Mwanza, Tanzania
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV / AIDS
PMC	Programme Management Committee
PMTCT	Prevention of Mother-to-Child Transmission
PPAI	Perinatal Prevention of AIDS Initiative
R4D	Research for Development
RPC	Research Programme Consortium
SADC	Southern African Development Community
SIDA	Swedish International Development Cooperation Agency
SIG	Small Initiative Grant
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TARGETS	Team for Applied Research to Generate Effective Tools and Strategies
TASO	The AIDS Support Organisation
TB	Tuberculosis
TDR	Special Programme for Research and Training in Tropical Diseases
UCL	University College London
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation
ZAMBART	Zambia AIDS related TB project
ZAMSTAR	Zambia-South Africa TB and AIDS Reduction
ZANARA	Zambia National Response to HIV/AIDS

1. Background Information

Title of Research Programme	Evidence for Action on HIV treatment and care systems
Reference number	HD11
Period covered by this report	July 2006 – June 2007
Name of lead institution and Director	London School of Hygiene and Tropical Medicine Prof. David Ross
Key partners:	International HIV/AIDS Alliance Lighthouse Trust, Malawi MRC Clinical Trials Unit & University College London MRC Uganda Virus Research Institute NARI, India ZAMBART, Zambia
Countries covered by research	Primary countries: India Malawi Uganda Zambia
	Secondary countries: Tanzania Kenya Malaysia South Africa Ukraine Zimbabwe

	Planned	Actual
Start date	1st July 2006	1st July 2006
End date	30th June 2011	30th June 2011
Total cost	£3.75m	

2. Summary

Introduction

This Final Report covers the work of the Evidence for Action Research Programme Consortium (RPC) from July 2006 to June 2011.

The **purpose** of the RPC was that *Policy makers and programme managers have started applying RPC-generated knowledge in HIV treatment and care services by the end of the RPC.* This purpose was to be achieved through three inter-related outputs:

1. Generation of high quality, policy-relevant research findings
2. Evidence-based influence on policy & practice related to HIV treatment and care in low and middle income countries
3. Increased capacity of partner institutions in:
    a. doing research
    b. its effective communication to key stakeholders

The activities intended to achieve these outputs were:

1. High quality, policy-relevant research around four themes:
    I. What 'package' of treatment and care services should be provided in different settings?
    II. How should HIV treatment and care services be delivered?
    III. How should HIV treatment and care be integrated into existing health and social systems?
    IV. How best can new evidence from research be rapidly translated into new policies and actions?
2. Activities to promote the uptake of our research findings: Designing and updating a research uptake strategy for the programme as a whole, and each partner organisation; Implementing this strategy to engage with policy makers and other research users; and transforming research findings into appropriate research products for specific audiences
3. Capacity strengthening of partner organisations

Achievements of the programme

RPC partners have been involved in 36 Evidence for Action-generated and 42 Evidence for Action-related research projects over the last five years. This has resulted in 301 publications and other outputs. Many of these projects have involved collaboration between several RPC partners. Some of the main areas of research we have carried out are highlighted below. Further details can be found in section 4.

Research theme 1: What 'package' of treatment and care services should be provided in different settings?

Evidence for Action research has looked beyond the basic clinical questions such as which specific antiretroviral or other drug combinations should be used to treat HIV-positive children and adults. It asks higher, system-level questions, such as "How can specific age and other sub-groups best be given access to HIV care?"; "Should screening and treatment for mental disorders be part of the

basic HIV treatment and care package?"; and "Which indicators best predict treatment outcomes?". Research on the special needs of different sub-groups of the population has revealed key ways to strengthen HIV treatment and care for them.

- Children: Tablets are more acceptable to children and carers than syrups, as well as being cheaper, easier to transport and store, and if scored, easier to give children the correct dose. Specific fixed-dose combination tablets for children can make this even simpler.
- Adolescents are neither big children nor little adults but have specific needs, and adolescents living with HIV need customised psychosocial support and access to sexual and reproductive health information, health services and commodities. They face many barriers to accessing these services, so service providers should be trained in the provision of 'youth-friendly' HIV services.
- Pregnant women: Opt-out programmes for the prevention of mother-to-child transmission of HIV have had considerable success in substantially increasing the uptake of HIV testing among pregnant women. However the opportunity to get these women onto ART for their own health is frequently being missed. Attention is needed to address the barriers these women face, which include complex patient pathways, and lack of coordination and monitoring between services providing antenatal and maternity care and those providing HIV treatment and care.
- Older people living with HIV who are on ART reported better quality of life than older people who are not HIV-positive in a study in Uganda. This illustrates the value of ART and other support that people living with HIV receive.
- Refugees and internally-displaced people face additional challenges to adhering to ART. Research in Malaysia has shown that refugees have good but slightly lower adherence to ART than host populations attending the same clinic, which would support a policy of offering ART to refugees. However, they may need specially-tailored adherence support.

The mental health needs of people living with HIV in low-income countries are not well understood. Research in India, Uganda and Zambia has helped to highlight the high burden of mental disorders among people living with HIV, the impact this has on testing completion, and has validated simple screening tools that can be used by lay workers and non-specialists to screen HIV and TB patients for common mental disorders such as depression and excessive alcohol use.

Good data from programme information systems is vital for monitoring patient welfare and rationalising resource use. The wide scope of HIV care monitoring has resulted in a plethora of guidelines, recommendations and reporting requirements related to the monitoring of HIV programmes in low-income countries. Yet the validity and predictive value of current HIV treatment outcome indicators have never been evaluated. A situation assessment in four low and middle-income countries has documented this, and an evaluation of current indicators is urgently needed to provide recommendations for how programmes can ensure that reported facility-level outcome data accurately reflect the welfare of the treated population, and comparisons of performance between and within programmes are meaningful.

Research theme 2: How should HIV treatment and care services be delivered?

The issue of how to deliver HIV treatment and care services is crucial to expanding access. Our work in this area has included asking whether and how to decentralise treatment programmes in low and

middle-income contexts, and the potential roles of different groups such as formal healthcare workers, home-based carers and networks of people living with HIV in delivering these services.

Decentralising HIV treatment

Our studies in sub-Saharan Africa have shown that:

- Peripheral health centres can safely and effectively deliver ART to patients. This means patients have less transport costs, travel time and waiting time to access treatment.
- Trained lay workers can safely and effectively deliver ART to patients in their homes. This not only reduced the costs to the patients, but also to the health system.
- Routine laboratory testing is not needed for monitoring patients on ART, as long as good clinical monitoring takes place. As the lack of laboratories and laboratory technicians is a constraint in many low-income countries, these results are very encouraging, and further studies are underway to test how best to ensure good clinical monitoring as 'lablite' programmes are scaled up.

Groups involved in providing care

Our studies have shown that:

- Half of health workers in Lusaka District, Zambia, felt burnt out, most with numerous symptoms of burn-out, and nearly a quarter reported feeling too burnt out to go to work at least once a week. In order to reduce attrition of health workers, efforts are needed to reduce workplace stress, and improve access, acceptability and confidentiality of health services for clinical providers.
- The scale-up of ART provision has changed and expanded the roles of lay health workers, both within clinical and community settings. For example, home-based caregivers encourage clients to test for HIV, to seek formal care, and to screen for other infections. They accompany clients to the clinics, and provide adherence support for clients on ART. However, lay caregivers face important challenges, including lack of training in how to support clients on ART, lack of formal recognition, and unrealistic expectations of clients.
- Networks of people living with HIV can improve the relationship between people living with HIV and their families. They provide valuable psychosocial support and act as a key source of information about HIV and treatment. These networks are a valuable mechanism for improving the quality of life for people living with HIV.

Research theme 3: How should HIV treatment and care be integrated into existing health and social systems?

HIV programmes were often introduced as vertical programmes, which allowed them to scale-up HIV treatment rapidly. There are increasing calls for these programmes to be better integrated into the wider health system. Our research in Zambia found that priority areas for further integration include increasing the efficiency of information systems, harmonising incentives for health workers, coordinating training, and improving linkages between HIV and other services.

TB is the leading cause of morbidity and mortality among people with HIV in most parts of the world. This makes coordination of TB and HIV services vital. A systematic review identified a range of models for how this is being done, as well as a number of barriers. However few studies have compared outcomes between different models of care, so it has been difficult to know which model works "best". The review showed that this may vary with HIV prevalence among TB patients and

proposed a new, practical way of classifying approaches to HIV and TB integration. Providing HIV testing on site for all TB patients, and regular screening for TB among all HIV patients, seem likely to benefit patients in all settings.

Research theme 4: How best can new evidence from research be rapidly translated into new policies and actions?

We carried out research on how evidence about cotrimoxazole prophylaxis has been translated into policy in Malawi, Uganda and Zambia, and why there were important differences in the speed with which this happened in the three countries. Both the type of evidence available and the ways in which its significance was interpreted by clinicians and policy makers were important in influencing how quickly it was translated to policy. The economic and political context had a specific impact on the perception of the usefulness of the research results for the needs of the population. All three countries revealed the importance of having 'champions' to facilitate the evidence-to-policy processes.

We also participated in research on where national policymakers get their information from. African policymakers emphasised the importance of the World Health Organisation, and especially their published guidelines, in influencing policy and sharing information. International donors were also seen as providing evidence and influencing some policies. Asian policymakers reported in-country research and surveillance as particularly important. This research also helped to inform the programme's strategies to promote the uptake of our own research findings.

Evidence-based influence on policy & practice related to HIV treatment and care in low and middle income countries

Throughout the course of the programme, Evidence for Action partners have been engaging closely with key stakeholders, including national policymakers and practitioners. A wide range of tools and strategies have been used to influence policy and practice based on our research. Examples of this include face-to-face meetings, seminars and workshops; policy briefings; peer-reviewed journal articles; conference presentations, posters, exhibitions and satellite sessions; case studies; preparation of training materials and toolkits; reports; newsletters; email; websites; videos; knowledge intermediaries; radio programmes; news media coverage; written submissions to reviews and enquiries; leaflets; CD-Roms; and other events (eg. marches for World AIDS Day).

Many of our studies have influenced policy and practice in both the countries where the research was conducted, and globally. A list of examples of where our work has already influenced policy and practice can be found in section 4. This includes:

- Evidence for Action researchers writing or research findings feeding into international guidelines, recommendations and policy documents, such as
    - *WHO Priority Intervention for HIV/AIDS Prevention, Treatment and Care for the Health Sector*
    - *UNAIDS Programme Coordinating Board recommendations for linking TB and HIV*
    - *WHO Guidelines on preventive therapy and case-finding for TB in people living with HIV*
- Evidence for Action researchers writing or research findings feeding into national policies and guidelines in countries including Malawi, Uganda, India and South Sudan
- Evidence for Action Research recommendations influencing practice around community and volunteer-based social support programmes, monitoring and evaluating PMTCT

programmes, using peripheral health centres to deliver ART, streamlining the patient pathways for HIV-positive pregnant women, integrating TB and HIV activities, and training healthcare workers about stigma.

This influence will be even greater over the next few years as further analysis is carried out, along with continued engagement with stakeholders to help increase research uptake.

Increased capacity of partner institutions in doing research and its effective communication

Considerable attention has been paid to strengthening partners' capacity to do policy-relevant research and communicate it effectively. The full list of capacity strengthening activities carried out over the five years of the programme can be found in Annex 6. The types of capacity strengthening activities undertaken include: cross partner workshops; exchange visits between partners; PhD, MSc and short courses (both traditional and distance learning); individual partner workshops; communities of practice; mentoring and twinning of researchers.

The capacity of partners to carry out policy-relevant research has increased considerably over the past five years through the capacity strengthening activities of the programme. For example, the area of policy research was a new one to most Evidence for Action partners. This was identified as a priority for capacity strengthening, and a cross-partner workshop was held in 2007. Since that time partners have been involved in policy research projects such as the Cotrimoxazole GRIPP project.

The increased capacity of Southern partners to take a leading role in research is demonstrated by the increase in proportion of successful small initiative grants that are led by Southern partners. In the first two years of the programme, two out of eight (25%) of successful SIG applications were led by Southern partners. In the last two years of the programme, four out of eight (50%) of successful SIG applications were led by southern partners.

Beneficiaries of these outputs

The outputs of the programme have had several different groups of beneficiaries: **research participants**: for example, participants in the Wakiso study benefited from having ART available closer to home. **Organisations and agencies whose work is informed by our research:** for example the Malawi Ministry of Health is benefiting from improved monitoring and evaluation of PMTCT services because of Lighthouse's work developing new registers. **People who benefit from the work of organisations and agencies whose work has been informed by our research:** for example, HIV-positive women at Gilgil District Hospital no longer face the inconvenience and cost of having to attend the High Risk Pregnancies clinic, rather than standard ANC services. **Evidence for Action partner organisations and researchers** whose capacity has increased because of the programme. **Other researchers** who will benefit from capacity strengthening outputs such as the Qualitative Research Methods Manual produced by Evidence for Action.

During the programme the southern partner organizations consulted the relevant DFID country and regional health advisors to ensure that their work within the programme was and remained highly relevant to DFID's strategies and priorities.

3. Highlights of the research

This section discusses a few of the highlights of Evidence for Action research, and the impact of that research. Details on the wide range of research projects can be found in section 4. Further examples of impact can be found in section 4.

Building strong partnerships

Over the last five years Evidence for Action has been successful in developing strong partnerships between the partner organisations. Annual Consortium Meetings and other cross-partner workshops have provided opportunities for partners to get together and share research priorities and experiences. Projects that involved collaboration between Evidence for Action partners were prioritised by the programme management committee. This has led to the development of 22 projects that involve collaboration between two or more of the Evidence for Action partner organisations. Mechanisms such as the Mental Health Community of Practice have allowed for researchers from different partner organisations who are working on the same topics to share experiences, draw lessons from across countries, and collaborate on research and communications activities.

Working on projects and producing outputs

Evidence for Action partners have been engaged in 36 Evidence for Action-generated and 42 Evidence for Action-related research projects, spread across the four research themes. This has resulted, to date, in more than 300 outputs, including:

- 114 peer reviewed journal articles
- 23 policy briefs
- 13 reports
- 11 case studies
- 3 videos
- 83 events
- 43 other materials and publications

Theme 1: What 'package' of treatment and care services should be provided in different settings?

Mental health needs of people living with HIV

In high income settings, research has shown that people living with HIV are more likely to have mental health problems than the general population. Those with HIV and mental health problems tend to progress more quickly from HIV to AIDS and are more likely to die from the disease than those with good mental health. Most studies suggest that having a mental disorder makes it more difficult for people to have good adherence to antiretroviral therapy. Although some recent research suggests that people living with HIV in areas badly affected by the disease tend to have high levels mental disorder, the role of mental health in the lives of people living with HIV in low and middle income settings is not well understood. As antiretroviral therapy continues to become more

available, it becomes increasingly important to understand remaining barriers to achieving good health.

Evidence for Action has conducted studies in India, Zambia and Uganda looking at the mental health needs of people living with HIV.

The Umeed study measured the mental health and cognitive functioning of 1,934 people coming for HIV testing in Goa, India, and explored the effect of depression, anxiety and alcohol problems on re-attending the clinic to receive HIV-test results. The Umeed study is the first large study to measure mental health among people at this early stage on the pathway to care for HIV. We found high levels of alcohol use among study participants: few women drank, but 27 percent of men had problematic drinking. Although the level of major depression/anxiety was comparable to that found among the general population, those with mental health problems were only half as likely to return to the clinic for their test results. Adults with depression/anxiety, alcohol problems or impaired cognitive functioning were also more likely to test positive for HIV. These study findings highlight the potential importance of mental health problems in HIV-related outcomes.

MRC/UVRI and MRC CTU carried out a study in Uganda which documented the burden of mental health problems among people living with HIV, and validated screening tools for common mental disorders among people living with HIV, which can be used by non-mental health specialists. Preliminary results from this study indicate that 9% of the respondents had at least one mental health disorder. 8% had major depressive disorder, and 8% had suicidality (defined as ever having attempted suicide or having significant suicidal thoughts). The majority of participants (64%) had neurocognitive impairment. There is a need to integrate mental health services into all levels of HIV care in sub-Saharan Africa. To address what seems to be a heavy burden of neurocognitive impairment, there is a need to review treatment guidelines and to support health systems to be able to initiate ART much earlier.

The Zambian Ministry of Health is also facing the challenge of integrating mental health services into the ART programme. This has been complicated by the fact that there is a critical shortage of health workers in primary health care facilities; let alone those trained in the diagnosis and treatment of mental health disorders. A validation study conducted in Zambia by ZAMBART found that screening tools for mental health disorders among HIV-infected individuals can be used by trained lay workers with good diagnostic accuracy. Simple mental health screening tools should be introduced into routine HIV care services. This will allow for early identification and treatment of mental health disorders in HIV within primary care, with, where necessary, referral for specialist care.

Together this work fills in important gaps in knowledge in this area, and provides a compelling case for HIV services to address mental disorders. Our researchers have been active in raising awareness among key stakeholders of the importance of mental health to HIV services.

Monitoring and evaluating HIV treatment and care services

The increased life-expectancy of patients receiving ART means that, with appropriate disease management, HIV should now be managed as a chronic disease. Good disease management and appropriate care are based on tracking a client's status throughout their time in care. It relies on accurate information systems to provide access to key data. Aggregated data from these information systems are key to health managers and governments for monitoring client welfare and rationalising resource use.

The wide scope of HIV care monitoring has resulted in a plethora of guidelines, recommendations, reporting requirements, glossaries, tools and frameworks on how best to monitor HIV programmes in low income countries. In an attempt to consolidate HIV care monitoring, in 2008, the UNAIDS Monitoring and Evaluation Reference Group published 24 Core and Recommended Indicators. MRC CTU, Lighthouse, MRC/UVRI, Africa Centre and PPAI conducted a study in 2008 in Uganda, Malawi, South Africa and Ukraine that found wide variation in the Ministry of Health monitoring reports. No paediatric specific outcome indicators existed and age-bands used in reports varied widely. Furthermore, the validity and predictive value of current indicators have never been evaluated. Although the burden on facility staff compiling routine monitoring reports is vast, there is uncertainty as to which indicators best monitor patient progress. This burden will grow as increasing numbers of life-cohorts are created for monitoring purposes, leading to data inaccuracies and compromising the internal validity of reported indicators. A number of fundamental indicators, including survival and retention, may not capture the construct they intend to measure, compromising the ability of programme managers to obtain reliable estimates regarding the welfare of their population in care. The results of this study were presented at the XVII International AIDS Conference in Mexico.

It is not known which indicators can best predict longer-term outcomes among patients, and as such, can enable managers to respond to predictors of failure early. An evaluation of current indicators is urgently needed to ensure that reported facility-level data accurately reflect the welfare of the treated population and comparisons of programme performance are meaningful. MRC CTU have led the development of a proposal to address these issues, in consultation with key stakeholders involved in developing indicator guidelines. This proposal has the support of key stakeholders in Ministries of Health, WHO, UNAIDS, UNICEF and GFATM, but despite this funding for this operational research has been hard to find.

Theme 2: How should HIV treatment and care services be delivered?

Delivering ART through peripheral health centres

Many people living with HIV in rural areas in Africa have problems accessing ART, as the clinics where it is available may be far away, and transport is often poor and expensive. One potential strategy to increasing access to HIV treatment is to decentralise ART delivery to lower level health centres. However, these peripheral health centres often suffer from poor staffing and infrastructure. The Wakiso project, carried out by MRC/UVRI, investigated whether health centres (which serve a radius of around 5km) in Wakiso district, Uganda, can feasibly and effectively deliver ART. The study compared patients who received HIV treatment and care from the district hospital with those who were treated by local health centres. Both qualitative and quantitative data were used to evaluate this strategy. The study found that with training and regular support supervision, the peripheral health centres are able to deliver ART at a level comparable to the hospital. Importantly, 80% of the patients are happy with the services they receive at the health centres. This study was conducted in partnership with the Ministry of Health in Uganda, answering questions of great importance to the national programme. The positive results of the study could potentially help to make treatment more easily accessible for many people. The health centres involved in the study have continued to provide ART since the end of the study, meaning treatment has continued to be available closer to patients' homes, reducing travel time and costs.

Prevention of mother to child transmission

Prevention of Mother to Child Transmission of HIV (PMTCT) programmes have been scaled up substantially in recent years. These programmes have had considerable success at identifying women who are HIV-positive. However, the opportunity to link these women to HIV treatment and care services for their own health is often being missed. LSHTM have carried out research projects in Kenya and Tanzania looking into this issue. At a hospital in Kenya only 36% of women who tested HIV positive in antenatal clinics (ANC) or delivery services registered at the adult HIV care and treatment services within six months of diagnosis. Only 45% of these women were assessed for their eligibility for treatment within six months of registering at the HIV clinic, and only 41% of those who were assessed to need treatment (according to national guidelines) had started ART six months after being deemed eligible for treatment. In Tanzania only 51% of HIV positive pregnant women were referred to the care and treatment centre before delivery, and only 18% of women identified as HIV positive through PMTCT who needed treatment (according to national guidelines) had started treatment within 4 months after delivery.

Qualitative research in Kenya and Tanzania has suggested that reasons for these missed opportunities include patient pathways being too complex; lack of coordination between ANC and HIV treatment clinics; quality of care; lack of a way of monitoring whether women who are referred take up that referral; personal factors (eg. cost of transportation, denial, competing priorities); and societal factors such as stigma. These issues need to be addressed to ensure that women who are already in contact with the health system and are known to be HIV-positive do not miss opportunities to receive the treatment they need.

The results of this work in Kenya led to a change in Naivasha District Hospital, meaning women diagnosed with HIV were allowed to continue to attend normal antenatal care services, rather than the high risk pregnancy clinic they were previously being referred to. This simplifies women's hospital trajectories as they only have to deal with antenatal clinic and HIV clinic, rather than the high-risk clinic which is an entirely separate department. This saves women money, time, reduces stigmatisation, and improves tracking of women.

Theme 3: How should HIV treatment and care be integrated into existing health and social systems?

TB is the leading cause of morbidity and mortality among people with HIV in most parts of the world. The need for collaboration between TB and HIV services is recognised internationally. Patients with both HIV and TB often have to navigate two separate health care programmes, which can lead to additional time and transport costs. Effective coordination of TB and HIV services is vital to ensure that patients access the care they need from both services to ensure the best health outcomes.

LSHTM carried out a systematic review of how TB and HIV services have been integrated in practice, which suggests five models of integration of HIV and TB services: TB service refers for HIV testing and treatment; TB service tests for HIV and refers for treatment; HIV service refers for TB screening and treatment; HIV service screens for TB and refers for treatment; TB and HIV services provided at a single facility. Models based on referral require minimal extra resources, but are dependent on a robust referral system. When TB services provide HIV testing, and HIV services screen for TB and then refer for treatment, some additional staff training and infrastructure may be needed. This level of integration is likely to benefit patients in most settings. Single facility models reduce the transport costs and patient time needed to access both services, and should save staff time, but may require

significant investment. The review also identified a number of barriers to integrating TB and HIV services. This review was a background paper for the WHO-organised First Global Symposium on Health Systems Research.

Lighthouse and LSHTM have also completed a case study of the integration of TB and HIV services at the Martin Preuss Centre in Malawi. Coordinated leadership, joint staff training and meetings, and data systems that prompt coordinated care help to integrate treatment for the two diseases. There has been considerable success with some aspects of integrated care from the start of the centre. For example, 96% of TB patients had documented HIV status in 2009. Encouraging uptake of ART among HIV-positive TB patients has been more challenging. The Centre has had good TB treatment outcomes among both HIV-positive and HIV-negative patients, with more than 85% cured or completed treatment. The Martin Preuss Centre shows that high quality integrated HIV and TB services can be provided in resource limited settings. The Malawi National ART and National TB Programmes are now planning to integrate the services in all TB/ART management sites across the country.

Theme 4: How best can new evidence from research be rapidly translated into new policies and actions?

Concerns have been raised about the lack of scale up of cotrimoxazole preventive therapy for HIV related illness in resource poor settings, despite a substantial research base demonstrating its efficacy and cost effectiveness for both adults and children. To understand what had influenced the uptake of evidence into national policy, LSHTM, MRC CTU, ZAMBART, MRC/UVRI, and Lighthouse conducted research across three African countries (Zambia, Malawi and Uganda). The countries provided insightful case studies: each of the countries hosted high profile research projects on the efficacy of cotrimoxazole preventive therapy (thus providing a local evidence base) but had very different trajectories in terms of their policy process. The research examined the way in which the available evidence (including research and international policy), national context and links between researchers and policy makers influenced the take-up of evidence into national policy in these three countries. This study has helped increase understanding of how research can influence policy in these settings, informing our research uptake work.

Strengthening the capacity of partners to carry out research and communicate it effectively

The capacity of partners to carry out policy-relevant research has increased considerably over the past five years through the capacity strengthening activities of the programme. For example, the area of policy research was a new one to most Evidence for Action partners. This was identified as a priority for capacity strengthening, and a cross-partner workshop was held in 2007. Since that time partners have been involved in policy research projects such as the Cotrimoxazole GRIPP project. We have also organised workshops that have significantly increased partners' capacity in the areas of social science research, communications, media interviews and proposal development.

The increased capacity of Southern partners to take a leading role in research is demonstrated by the increase in proportion of successful small initiative grants that are led by Southern partners. In the first two years of the programme, two out of eight (25%) of successful SIG applications were led by Southern partners. In the last two years of the programme, four out of eight (50%) of successful SIG applications were led by southern partners.

The capacity of individual researchers has been strengthened through their work on PhDs, MScs and short-courses supported by Evidence for Action, as well as their participation in other capacity strengthening activities as part of the programme.

4. Achievements: Research Outputs and Purpose

What are the research outputs?

Output 1. Generation of high quality, policy relevant research findings

A list of abbreviations used in this report can be found on p.4. Throughout this report we will use the following terminology to identify how research projects relate to the DFID-funded programme:

- **Evidence for Action-generated:** Directly arising from or generated by the programme. These projects were funded entirely by the programme, or co-funded by the programme and other sources.
- **Evidence for Action-related:** Projects involving programme staff within consortium partner institutions who may or may not have received salary support from the programme and that are related to at least one of the programme's research themes or other objectives, but have not been directly generated by the programme.

Overall, 36 Evidence for Action-generated and 42 Evidence for Action-related research projects have been carried out over the past five years. 28% of projects involved collaboration between two or more core partners, and 44% were led by Southern partners. These research projects have resulted in 114 peer-reviewed journal articles published, with another 11 currently in press (31% of which had staff of Southern partner organizations as lead authors), and 176 other products and events.

Theme 1: What 'package' of treatment and care services should be provided in different settings?

Seventeen Evidence for Action-generated and twenty six Evidence for Action-related research projects on Theme 1 have been carried out over the past five years. Some of the key messages from Theme 1 can be found below.

What services are currently being provided?

Particularly in the initial stages of the programme, Evidence for Action undertook several descriptive research projects looking at the HIV treatment and care services currently being provided in different settings. In the first year of the programme all the partners were involved in conducting a situation assessment of HIV treatment and care services in India, Malawi, Uganda, Ukraine and Zambia. This brought to light the wide variation in the organisation of services between countries.

NARI have undertaken projects mapping the HIV care and treatment systems in Goa and North Karnataka, India. This project identified the pathways of care that patients take. It identified that patients face a number of barriers to accessing treatment and care services in these settings:

- Migrants can find it hard to access services because they lack identification documents, and lack a stable address, or do not take up referrals because they move to a new area
- Private and traditional practitioners may be reluctant to lose patients by referring them to government HIV services
- Cultural gender norms make it difficult for women to access services

- The need to go to different services for different aspects of HIV treatment and care causes confusion, exhaustion and dropout of patients
- The busyness of clinics can lead to patients being told to come back on another day
- Patients are sometimes concerned that services may not be confidential

The study identified that family involvement in treatment, and NGO support can be facilitators to patients accessing treatment and care.

Lighthouse have worked with the Malawi Ministry of Health to produce the Annual National Review on the Health Sector HIV Response in Malawi. This work has documented the massive progress Malawi has made in expanding access to treatment over recent years, as well as shown where more work remains to be done.

The general package of HIV treatment and care in the health sector

The IHAA and LSHTM played a leading role in developing the WHO guidelines *Priority Interventions for HIV/AIDS Prevention, Treatment and Care for the Health Sector.* This is a major resource, providing recommendations and practical guidance on which interventions health sectors should prioritise, and how to implement them. As this toolkit is a WHO resource, it has had a wide reach and influence across the world.

The needs of different subgroups of the population

Children

It is estimated that 1.3million children under 15 years old in low and middle-income countries need antiretroviral therapy, only 28% of whom are receiving treatment. Infants and children have different needs from adults in terms of drug formulations. Children are often given treatment in the form of syrups, which are bulky, difficult to transport and store, complex to administer and expensive compared to tablets. Yet key findings from the ARROW trial show that carers and children prefer tablets to syrups. Tablets can be crushed or dissolved to make it easier for children to swallow, and scored tablets make it easier to give children the correct dose depending on their weight. The CHAPAS 1 Trial has found that the fixed dose combination tablets Triomune Baby and Junior are appropriate for children, and dosing is straightforward, based on simple weight-band tables.

Currently, Malawian national guidelines recommend split adult tablets of a fixed dose combination (FDC) of d4T/3TC/NVP for use in children. However, WHO advises the use of split adult tablets in children only if no other treatment option is available. Recently, the Clinton Foundation has offered to provide Malawi with recently-developed generic paediatric FDC tablets of d4T/3TC/NVP (Triomune Baby and Triomune Junior). These formulations have been shown to be safe and effective. However, Malawi's ART programme follows a public health approach, and a single, free, easy-to-use and administer first line regimen has been a cornerstone of its success. Introduction of new paediatric formulations will add an additional layer of complexity to the national ART roll out and decentralization of services. Hence, there must be a strong justification for such a policy change. Lighthouse and Baylor Centre of Excellence are therefore conducting a randomised clinical study to compare the clinical, immunological and virological effectiveness of two generic paediatric highly active antiretroviral therapy (HAART) regimens using split tablets of an adult FDC of d4T/3TC/NVP or a paediatric FDC of d4T/3TC/NVP (Triomune Baby tablets) to treat HIV-infected Malawian children in

"real life" HIV clinics. Results of this trial are expected at the end of 2011 and will be highly influential for national HIV drug policy.

In an Evidence for Action-related project, MRC CTU and collaborators analysed the cost-effectiveness of cotrimoxazole prophylaxis in children. Cotrimoxazole is a cheap, broad-spectrum antibiotic. The research found that cotrimoxazole prophylaxis was effective at reducing mortality and morbidity among children living with HIV, and highly cost-effective. This project was funded by Irish Aid and DFID. Evidence for Action produced a policy brief based on these results and other evidence on the effectiveness of cotrimoxazole prophylaxis.

LSHTM and the Aurum Institute have carried out qualitative research exploring the barriers to children accessing HIV care in South Africa. The main facility-related barriers reported were long queues, negative staff attitudes, missed testing opportunities at healthcare facilities and provider difficulties with paediatric counselling and venesection. Caregivers reported lack of money for transport, food and treatments for opportunistic infections, poor access to welfare grants and lack of coordination amongst multiple caregivers. Misperceptions about HIV, maternal guilt and fear of negative repercussions from disclosure were common. Reported facilitators included measures implemented by clinics to help with transport, support from family and day-care centres / orphanages, and seeing children's health improve on treatment. Participants felt that better public knowledge about HIV would facilitate uptake. Poverty and the implications of children's HIV infection for their families underlie many of these factors. Some staff-related and practical issues may be addressed by improved training and simple measures employed at clinics. However, changing caregiver attitudes may require interventions at both individual and societal levels. Healthcare providers should actively promote HIV testing and care-seeking for children.

Monitoring and evaluation of paediatric treatment programmes is important for assessing progress, identifying gaps and justifying resource allocation. Evidence for Action convened a workshop of policy makers, paediatricians and researchers from Uganda, Malawi, UK, Zambia and Zimbabwe to discuss these issues. It found the WHO recommended indicators for paediatric HIV programmes do not focus sufficiently on HIV-infected children after infancy. Programmes face challenges related to data quality, harmonisation of indicators between countries, and measuring the impact of treatment programmes. Any efforts to address these challenges need to take into account the pressure on health workers due to the shortage of human resources. This workshop resulted in the production of a policy brief that has been circulated to staff of international agencies including WHO and UNICEF, as well as members of the international technical working group responsible for providing guidance on monitoring and evaluating paediatric HIV care and treatment.

Adolescents

Young people (age 10-24) living with HIV are an increasingly important, yet often neglected, group in HIV responses. In 2007, it was estimated that nearly half of new HIV transmissions among people aged 15 and older occurred within the 15-24 age group. Increasing numbers of perinatally-infected children with access to ART are now reaching adolescence. Adolescence (age 10-19) is characterised by profound physiological, social and behavioural changes, including sexual maturation, increasing independence, and evolving legal capacity. Living with HIV amplifies the need for effective support and guidance in navigating this developmental phase, as highlighted in two pieces of Evidence for Action work; a literature review carried out by IHAA, and a study conducted in Zambia by IHAA and Alliance Zambia.

The literature review found that the needs of adolescents living with HIV are not usually addressed in a systematic or concerted manner by national HIV and sexual and reproductive health (SRH) programmes in sub-Saharan Africa. The services provided by governments, civil society and private sector providers are often *ad hoc*. There are gaps in services in relation to:

- Youth-friendly service provision
- HIV services targeted to specific developmental stages
- Mental health, SRH and psychosocial support integrated into HIV care for adolescents living with HIV (eg. high-quality counselling, group therapy and peer support groups, SRH information, services and commodities)

The findings of the literature review were presented at the XVIII International AIDS Conference in Vienna in 2010, and this topic is gaining increasing international awareness. Through this work, connections were made with USAID AIDStar-One, who are writing a technical brief in this area, and our findings are influencing the resulting brief.

A qualitative research project was carried out in Zambia, by IHAA, Alliance Zambia, Southern Africa AIDS Trust, and the Network of Zambian People Living with HIV. This looked at the needs, challenges and opportunities of adolescents living with HIV in Zambia. This research highlighted some important considerations for the design of HIV programmes involving young people:

- Services for young people should be refined to ensure that young people do not receive generic, adult-oriented interventions that are unsuitable for them
- Adolescents living within fractured family structures need specific support
- Adolescents need cohesive and empowering information that matches the transitional nature of their life-world
- Strategies that address the particular needs of adolescents are needed within ART clinics, including strategic referrals on to non-clinical psychosocial support.

The results of this study were communicated at a dissemination meeting in Lusaka in March 2011, involving a range of stakeholders including CBOs, NGOs and government, and this event received widespread press coverage within Zambia. Policy briefs were distributed at the meeting. The findings have also been shared with USAID's global HIV programme (AIDStar-One).

Pregnant women

Prevention of Mother to Child Transmission (PMTCT) programmes in many countries have had considerable success identifying a high proportion of pregnant women who are HIV positive. They offer an opportunity for women to access treatment services for their own health as well as to prevent transmission to their babies. MRC/UVRI carried out a pilot study to inform the design of a larger cohort study to improve the uptake, adherence and effectiveness of PMTCT in rural Uganda. Preliminary results of this work were presented at a conference in Uganda in 2009, and the results of the larger cohort study will provide information to improve policies for PMTCT provision in rural Uganda.

Evidence for Action research in Kenya and Tanzania has found that the opportunities PMTCT presents for women to access treatment services for their own health are often being missed. This research is discussed further on pp.28-29.

Older people

Older people (eg. those aged 60 years and above) are directly and indirectly affected by HIV. Older people living with HIV infection are more likely to have rapid disease progression than younger adults and may also have a higher risk of psychiatric disorders. They often have other co-existing medical conditions. The effects of antiretroviral therapy (ART) in older people are still poorly documented. They may face increased risks of side effects of treatment. In addition, many older people are indirectly affected by HIV because they have to take care of orphans, because they have close relatives who are sick and need care, or because of AIDS deaths in the family.

MRC/UVRI carried out a pilot study to inform the design of a larger cross-sectional study to determine the effect of HIV on older people (both infected and affected individuals). This study found that although older people had many health problems, the most important were related to HIV. Other health problems included backache, painful legs, depression/worries, venereal diseases, hearing and sight problems, paralysis, asthma, jigger infestation and poor hygiene. Many older people had a combination of illnesses which greatly reduced their physical strength. A number of older people reported that they were very lonely and grieved the loss of loved ones. Women tended to join social groups and a few men took to drinking in order to deal with their problems. Most of the older persons depended on one meal a day, while some had to make do with one meal every two or more days. Some older people perceived old age as a blessing, but others looked at it as bringing them closer to death, and so did not care much about the future. Preliminary results of this study were presented at a Help Age International Meeting in 2009. A journal publication has been prepared.

Marginalised populations

The IHAA have carried out research among female sex workers in India, to explore the dynamics of anal sex among Female Sex Workers (FSW) in Andhra Pradesh, India specifically to identify the prevalence and associated factors of anal sex practices in order to inform programming focused on prevention of HIV infections amongst FSWs. Engaging in anal sex was self reported by 22% of sex workers, though demand from clients was reported to be much higher (40%). Of the cohort indulging in the anal sex practice, 81% had had a request for anal sex in the past one month, with 40% clients having demanded only anal sex. 90% of these requests had been fulfilled; 75% reported having had anal sex in past one month, with an average of 1.77 encounters per month. A third of these sex workers also reported at least one anal sex encounter in the past week. The reasons for anal sex practices included more money (61%), clout/influence of the client (45%), risk of losing client (27%), and forced sex (1.2%). Factors associated with anal sex were higher number of clients, higher duration of sex work, higher income, and older age group. Approximately 20% of all respondents were not aware that HIV can be transmitted through anal sex and only 33.9% perceived anal sex to have the highest risk of HIV transmission. Even though 53.2% of FSW believed anal sex to be more dangerous than vaginal sex, they associated the dangers mostly with bleeding and physical trauma (98%) while only 27.5% perceived higher risk of HIV transmission. Reported condom and lubricant use was about 88% and 39% respectively. The results have been debated in several forums. NACO and other key civil society actors involved in prevention programme have shown interest in findings and recommendations.

Living with long-term HIV treatment

Antiretroviral therapy is a long-term commitment for both the health sector providing it, and the patients who have to take drugs every day for the rest of their lives. MRC/UVRI have been carrying out a qualitative study looking at how people living with HIV manage ART over a long period of time, and what the consequences of accessing ART are in relation to their personal experiences, relationships, social networks and livelihoods. This work was carried out in Wakiso District, Uganda. Data collection has been completed, and analysis is underway. Initial results show that with ART, participants eventually developed a positive attitude to life, and believed they would live much longer. Therefore those who successfully negotiated the first period on ART tended then to eat well, practised safe sex or abstained, took their drugs consistently and reduced or stopped taking alcohol.

Adherence to treatment

Good adherence to treatment is essential in order to prevent resistance to ART drugs developing. Many Evidence for Action-generated and related projects have included an assessment of the impact of different factors on adherence.

ZAMBART have evaluated the impact of a household counselling intervention on adherence, mental health and virological outcomes among adults in the ZAMSTAR Secondary Outcome Cohort in Zambia. Data collection for this work is complete, and results should be available later in 2011.

Lighthouse have been doing operational research looking at whether community-based support for ART improves adherence and appropriate referral in Malawi. Lighthouse implemented a volunteer-based social support program known as Ndife Amodzi, meaning “all together”. Ndife Amodzi volunteers provide community-based social support to Lighthouse clinic patients, support ART adherence and make appropriate and timely referral of patients to clinics. A major challenge in implementation of the programme has been the low level of literacy among the volunteers. Nevertheless, the programme has proved successful in providing psycho-social support, which is one of main factors influencing ART adherence. The Ndife Amodzi programme has also been adopted by other community-based organisations such as the Catholic Lilongwe Diocese Home Based Care Programme.

Refugees have unique challenges in adhering to ART. The extent to which refugees manage the challenges of displacement in order to achieve good clinical outcomes is unclear. Few studies have investigated adherence to ART and clinical outcomes in displaced persons. These have reported high adherence rates (92-99% missing less than 5% of their pills), and moderate mortality rates (3-8% per hundred person-years). To date, no studies of adherence to ART have focused on refugees’s adherence in comparison to their local host communities’ adherence. To address this gap LSHTM are doing two detailed studies of ART programmes in clinics where refugees and local host communities share HIV services in collaboration with UNHCR. Research has been carried out among urban refugees in Kuala Lumpur, Malaysia, and, recently, in Kakuma refugee camp in Kenya. In Sungai Buloh Hospital, Kuala Lumpur, a cross-sectional survey was conducted with a sample of 154 refugee and 148 Malaysian adults. 73% of refugees and 78% of the host community had suppressed viral load, and 92% of refugees and 96% of the host community self-reported being optimally adherent. Although both measures showed ART adherence was likely to be slightly lower in the refugees, neither difference was statistically significant, which would support a policy of offering ART to refugees, at least in urban settings like Kuala Lumpur. However, adherence support that is specifically tailored to the needs of refugees may be required. Qualitative research has also been carried out to understand the challenges and factors that may facilitate ART adherence among

refugees and the host population in both settings. This will generate evidence-based recommendations to improve adherence, clinical outcomes, and equity among both refugees and host populations.

LSHTM were involved in an Evidence for Action-related randomised controlled trial of brief motivational counselling to promote adherence to HAART in South Africa. This work was funded by the Doris Duke Charitable Foundation. The study found the intervention had no effect, in part because treatment outcomes were already very good in that setting. The results of the trial will be published soon.

Mental health needs of people living with HIV

In high-income settings, research has shown that people living with HIV are more likely to have mental health problems than the general population. Those with HIV and mental health problems tend to progress more quickly from HIV to AIDS and are more likely to die from the disease than those with good mental health. Most studies suggest that having a mental disorder makes it more difficult for people to have good adherence to antiretroviral therapy. Although some recent research suggests that people living with HIV in areas badly affected by the disease tend to have high levels mental disorder, the role of mental health in the lives of people living with HIV in low and middle income settings is not well understood. As antiretroviral therapy continues to become more available, it becomes increasingly important to understand remaining barriers to achieving good health.

Evidence for Action has conducted studies in India, Zambia and Uganda looking at the mental health needs of people living with HIV. This work fills in important gaps in knowledge in this area, and provides a compelling case for HIV services to address mental disorders.

The Umeed study measured the mental health and cognitive functioning of 1,934 people coming for HIV testing in Goa, India, and explored the effect of depression, anxiety and alcohol problems on re-attending the clinic to receive HIV-test results. The Umeed study is the first large study to measure mental health among people at this early stage on the pathway to care for HIV. We found high levels of alcohol use among study participants: few women drank, but 27 percent of men had problematic drinking. Although the level of major depression/anxiety was comparable to that found among the general population, those with mental health problems were only half as likely to return to the clinic for their test results. Adults with depression/anxiety, alcohol problems or impaired cognitive functioning were also more likely to test positive for HIV. These study findings highlight the potential importance of mental health problems in HIV-related outcomes.

While progress has been made in high-income countries to address the burden of mental health problems in people living with HIV, mainly through the integration of mental health care into general HIV care and early initiation of treatment (to prevent the development of severe neurocognitive impairment), little has been done in sub-Saharan Africa. Addressing the mental health needs of people living with HIV in sub-Saharan Africa is beset by many problems including the absence of reliable data on the actual extent of the problem, and the lack of capacity of general HIV health care workers to recognise and screen for these problems. For neurocognitive impairment, the late initiation of antiretroviral therapy is also a problem.

To address some of these barriers, MRC/UVRI and MRC CTU carried out a study in Uganda which documented the burden of mental health problems among people living with HIV, and validated screening tools for common mental disorders among people living with HIV, which can be used by

non-mental health specialists. Preliminary results from this study indicate that 9% of the respondents had at least one mental health disorder. 8% had major depressive disorder, and 8% had suicidality (defined as ever having attempted suicide or having significant suicidal thoughts). The majority of participants (64%) had neurocognitive impairment. There is a need to integrate mental health services into all levels of HIV care in sub-Saharan Africa. To address what seems to be a heavy burden of neurocognitive impairment, there is a need to review treatment guidelines and to support health systems to be able to initiate ART much earlier.

The Zambian Ministry of Health is also facing the challenge of integrating mental health services into the ART programme. This has been complicated by the fact that there is a critical shortage of health workers in primary health care facilities; let alone those trained in the diagnosis and treatment of mental health disorders. A validation study conducted in Zambia by ZAMBART found that screening tools for mental health disorders among HIV-infected individuals can be used by trained lay workers with good diagnostic accuracy. Simple mental health screening tools should be introduced into routine HIV care services. This will allow for early identification and treatment of mental health disorders in HIV within primary care, with, where necessary, referral for specialist care.

Monitoring and Evaluating HIV treatment and care services

The increased life-expectancy of patients receiving ART means that, with appropriate disease management, HIV should now be managed as a chronic disease. Good disease management and appropriate care are based on tracking a client's status throughout their time in care. It relies on accurate information systems to provide access to key data. Aggregated data from these information systems are key to health managers and governments for monitoring client welfare and rationalising resource use.

The wide scope of HIV care monitoring has resulted in a plethora of guidelines, recommendations, reporting requirements, glossaries, tools and frameworks on how best to monitor HIV programmes in low income countries. In an attempt to consolidate HIV care monitoring, in 2008, the UNAIDS Monitoring and Evaluation Reference Group published 24 Core and Recommended Indicators. MRC CTU, Lighthouse, MRC/UVRI, Africa Centre and PPAI conducted a study in 2008 in Uganda, Malawi, South Africa and Ukraine that found wide variation in the Ministry of Health monitoring reports. No paediatric specific outcome indicators existed and age-bands used in reports varied widely. Furthermore, the validity and predictive value of current indicators have never been evaluated. Although the burden on facility staff compiling routine monitoring reports is vast, there is uncertainty as to which indicators best monitor patient progress. This burden will grow as increasing numbers of life-cohorts are created for monitoring purposes, leading to data inaccuracies and compromising the internal validity of reported indicators. A number of fundamental indicators, including survival and retention, may not capture the construct they intend to measure, compromising the ability of programme managers to obtain reliable estimates regarding the welfare of their population in care. The results of this study were presented at the XVII International AIDS Conference in Mexico. Recently this work has been repeated to compare the monitoring tools used in Uganda, Malawi, Tanzania and Ukraine in 2011 with those in use in 2008.

It is not known which indicators can best predict longer-term outcomes among patients, and as such, can enable managers to respond to predictors of failure early. An evaluation of current indicators is urgently needed to ensure that reported facility-level data accurately reflect the welfare of the treated population and comparisons of programme performance are meaningful. MRC CTU have led the development of a proposal to address these issues, in consultation with key stakeholders

involved in developing indicator guidelines. This proposal has the support of key stakeholders in Ministries of Health, WHO, UNAIDS, UNICEF and GFATM, but despite this funding for this operational research has been hard to find.

Lighthouse, UCL and MRC CTU have recently conducted a study evaluating methods for routine patient monitoring in Malawi. The study compared the national guidelines for monitoring TB symptoms and ART adherence during routine follow-up appointments with the methods actually being used in clinical practice, through a series of structured clinic observations. This work has been done in close collaboration with the Ministry of Health, who are looking forward to hearing the findings during dissemination meetings planned for later this year.

In another project, Lighthouse have been carrying out operational research to develop standard PMTCT monitoring and evaluation tools to facilitate the identification of HIV-positive women and their exposed infants in Malawi. A woman's health book, and antenatal (ANC) and maternity registers were pilot tested in 7 hospitals across the country. Based on the successful results from the pilot, the tools have been rolled out nationally.

Lighthouse are also involved in the national-level supervision of HIV treatment and care services. Lighthouse clinical officers support the Ministry of Health's HIV unit in quarterly supervision visits that are conducted nationally. During clinic visits, the supervisory team assesses data quality, and collects data on HIV care services besides mentoring the clinic staff.

Lighthouse have also been conducting a pilot study of a novel monitoring system for a community-based ART support group in Malawi.

Other theme 1 Evidence for Action-related research projects

- NARI have been carrying out a study exploring the criteria clinicians use for advising HIV testing of TB patients in Pune District, India. The study found that the majority of physicians were aware of the association between HIV and TB, but that further training was needed to encourage them to refer TB patients for HIV testing. The data from this study will help to inform the national plan for scaling up TB-HIV collaboration activities in India.
- MRC/UVRI have completed work on the MRC-funded CRYPTOPRO Trial. This was a randomised placebo-controlled trial that showed that primary prophylaxis with Fluconazole, an antifungal that can be taken orally, prevents cryptococcal disease, which is an important cause of meningitis and mortality in people with HIV.
- LSHTM and the Aurum Institute have carried out a cohort study of adults starting ART to identify baseline factors that are predictive of poor outcomes at 6 months in South Africa. The study found that the predictors were very different in two different clinics, so a 'universal predictor tool' may not be achievable.
- MRC/UVRI are carrying out a randomised controlled trial to evaluate whether long-term primary and secondary prophylaxis with cotrimoxazole can be safely discontinued among African adults who are stable on ART. If cotrimoxazole discontinuation is feasible without compromising patients' safety, this could result in significant cost savings for the health system, and may contribute to improving adherence by reducing patients' pill burden. The study has been well received by the communities, and screening and enrolling of patients has started.
- Lighthouse and Dignitas International conducted a pilot study in Malawi to determine at program level if a policy change that encouraged earlier initiation of ART in HIV-TB co-

infected patients receiving TB treatment increased uptake and continuation of ART. Before the policy change, 16% of patients initiated ART by 3 months; whereas this was 24% after the policy change, p<0.001. Earlier initiation of ART did not increase the occurrence of side effects and did not reduce adherence to TB treatment. Furthermore, earlier initiation of ART improved uptake and continuation of ART. The results of this study contributed to a change in the Malawi ART guidelines in 2011 from recommending postponing the initiation of ART in HIV-TB -co-infected patients till they had been on TB treatment for 2 months to starting ART as soon as possible after starting TB treatment.

- An evaluation of the WHO criteria for treatment failure conducted in South Africa by LSHTM and Aurum Institute found that the criteria were neither sensitive nor specific. The results have been fed into WHO ART guideline revision.
- A qualitative study on the impact of traditional medicines given alongside ART that was carried out in South Africa by LSHTM and Aurum Institute found that traditional medicine is perceived by clients to be complementary to ART. Counselling must therefore take account of this.
- LSHTM and Aurum Institute have assessed the predictors of clinical disease progression on first line ART, and determinants of outcome on second line ART in South Africa. Preliminary results indicate that adherence is a key determinant of outcomes on second line treatment. This work was funded by Wellcome Trust.
- LSHTM and NIMR carried out qualitative research assessing how the introduction of ART has affected HIV-related stigma in Tanzania. The introduction of ART has reduced some forms of stigma, such as self stigma and burden-related stigma. However, other forms of stigma have increased, as communities fear that the improved health of people living with HIV will lead to an increase in their likelihood of transmitting the virus through increased sexual activity. A policy brief has been developed based on this research.
- NARI have been working on a cross-sectional study of TB chemoprophylaxis in the household contacts of AFB sputum positive cases in Pune district, India. The study found that non-allopathic physicians were more likely not to screen contacts of sputum positive cases in rural area. It was also found that there is a gap in the knowledge of prescribing the correct medication among allopathic and other practitioners of alternative systems of medicine from both the areas. Training is needed for both allopathic and alternative practitioners on this issue.

Theme 2: How should HIV treatment and care services be delivered?

Ten Evidence for Action-generated and twelve Evidence for Action-related research projects on theme 2 have been carried out over the past five years.

Access to treatment and care, and the roll-out of ART

Delivering ART through peripheral health centres

Many people living with HIV in rural areas of Africa have problems accessing ART, as the clinics where it is available may be far from where they live, and transport is often poor and expensive. One potential strategy to increasing access to HIV treatment is to decentralise ART delivery to lower-level health facilities. However, these peripheral health centres often suffer from poor staffing and infrastructure. The Wakiso project, carried out by MRC/UVRI, investigated whether health centres (which serve a radius of around 5km) in Wakiso district, Uganda, could feasibly and effectively

deliver ART. This study was funded by DFID and MRC. The study compared patients who received HIV treatment and care from the district hospital with those who were treated by local health centres. 535 patients participated. Patients were initiated on treatment at the district hospital before being referred to their local health centre. All HIV treatment, care and prevention services were provided by the government health services. Both qualitative and quantitative data were used to evaluate this strategy. The study found that with training and regular support and supervision, the peripheral health centres are able to deliver ART at a level comparable to the hospital. Importantly, 80% of the patients were happy with the services they received at the health centres.

This study was conducted in partnership with the Ministry of Health in Uganda, answering questions of great importance to the national programme. The positive results of the study could potentially help to make treatment more easily accessible for many people. The health centres involved in the study have continued to provide ART since the end of the study, meaning treatment has continued to be available closer to patients' homes, reducing travel time and costs.

A sub-study within the Wakiso project investigated peripheral health centres initiating patients on ART, and its results will be available soon.

Delivering ART through home-based care

In Africa, health services face a very severe shortage of clinically-qualified health workers. Clinics are often overcrowded and waiting times excessive. For patients, getting transport to clinical centres is often difficult and prohibitively expensive. Thus, accessing ART services is either not possible or is challenging for the vast majority of Africans living with HIV.

One strategy to address this is the use of trained lay health workers to deliver ART directly to patients' homes, using motorbikes. MRC/UVRI and LSHTM carried out the Evidence for Action-related Jinja trial, a cluster randomised trial conducted in south east Uganda, to test this against standard facility-based care. The trial was the largest of its kind, comprising 1453 subjects on ART followed for approximately 3 years. It found similar mortality, and virological and clinical outcomes between the home and facility-care arms of the trial. Visits to the health facility were 4-fold fewer in the home-based arm than in the facility-arm. Importantly, home care was marginally cheaper for the health service and resulted in large savings for patients in transport and other costs. Community-based strategies like this could enable increased and more equitable access to HIV treatment, especially where patients' access to clinic-based care is poor.

Delivering ART with minimal laboratory back-up

One barrier to ART roll-out in resource-constrained settings is the perception that all patients on treatment need routine laboratory tests to maximise the effectiveness and minimise the side-effects of the antiretroviral therapy. This is a major obstacle, particularly in rural areas, because these laboratory tests need substantial infrastructure and trained personnel, which can be very costly to set up and then maintain.

The Evidence for Action-related Development of AntiRetroviral Therapy in Africa (DART) Trial, carried out by several organisations including MRC CTU and MRC/UVRI, investigated whether it is safe and effective to deliver ART without the use of routine laboratory blood tests. In a parallel economic analysis, the costs and benefits of delivering ART with and without routine laboratory blood tests were compared from a public healthcare provider perspective. Participants in the intervention arm of the trial did have some laboratory tests: they were assessed for eligibility to start ART using CD4 testing; and laboratory tests were used for diagnosis if they fell ill, including with possible drug side-

effects. The results of the trial showed that doing laboratory tests routinely (every 3 months) to monitor ART toxicity and side-effects made no difference to patients' health and survival over an average of 5 years; and was very costly. Providing regular, routine CD4 testing to patients on ART to monitor the ongoing effectiveness of first-line ART led to no clinical benefit during the first 2 years on ART. After the second year, 3-monthly CD4 tests resulted in a small (3%) but significant reduction in the death rate, but were also costly. Analysis showed that use of routine laboratory monitoring was not cost-effective. The LabLite project, which involves MRC CTU, MRC/UVRI and other organisations, is now looking at how these recommendations can best be implemented in standard health care facilities in resource-limited settings. This work has the potential to free up resources to expand ART coverage, and use laboratory services where they will have the most benefit.

Task-shifting

The shortage of trained doctors, clinical officers and nurses is a major problem in many sub-Saharan African countries, and particularly in Malawi. This can be a major barrier to further rolling-out ART. Task-shifting, where lower cadres of health workers are given more responsibility, is one strategy to address this problem. Lighthouse tested a new ART service provision strategy by evaluating the safety and effectiveness of Health Surveillance Assistants (HSAs) trained as 'ART Assistants' in one of the largest HIV/ART clinics in Malawi. HSAs are community health workers with an additional 10-week public health training. Five HSAs were recruited and given intensive training in HIV and ART. A standard checklist was designed to identify uncomplicated patients on ART who might be managed exclusively by HSAs, and a random selection of such HIV patients presenting at the clinic were assessed by the trained HSAs. Safety and effectiveness were measured by comparing the HSAs' assessment with the independent assessment of an experienced ART clinician. The project found that HSAs would have not been effective in that setting because the majority of patients would have undergone an unnecessary review only to be referred to a clinician. HSAs were lacking the clinical skills required to triage patients safely. This study made the Malawi Ministry of Health rethink its strategy of using HSAs to dispense ART.

Missed opportunities for the health system to identify people living with HIV, and enrol them on HIV treatment and care

Prevention of mother-to-child transmission

Prevention of mother-to-child transmission of HIV (PMTCT) programmes have been scaled-up substantially in recent years. Especially since they started using opt-out strategies, these programmes have had considerable success in identifying women who are HIV-positive. However, the opportunity to link these women to HIV treatment and care services for their own health is often being missed. LSHTM have carried out research projects in Kenya and Tanzania looking into this issue. At a hospital in Kenya, only 36% of women who tested HIV positive in antenatal clinics (ANC) or delivery services registered at the adult HIV care and treatment services within six months of diagnosis. Only 45% of these women had been assessed for their eligibility for treatment within six months of registering at the HIV clinic, and only 41% of those who were assessed to need treatment (according to national guidelines) had started ART six months after being assessed as being in need of treatment. In Mwanza, Tanzania, only 51% of HIV-positive pregnant women were referred to the care and treatment centre before delivery, and only 18% of women identified as HIV-positive through PMTCT who were assessed by CD4 count and found to need treatment (according to national guidelines) had started treatment within 4 months after delivery.

Qualitative research in Kenya and Tanzania has suggested that reasons for these missed opportunities include patient pathways being too complex; lack of coordination between ANC and HIV treatment clinics; poor quality of care (especially poor counselling); lack of a way of monitoring whether women who are referred take up that referral; personal factors (eg. cost of transportation, denial, competing priorities); and societal factors such as stigma. These issues need to be addressed to ensure that women who are already in contact with the health system and are known to be HIV-positive do not miss opportunities to receive the treatment they need. Without this, PMTCT programmes will be saving infants from HIV infection, only for their mothers to die of HIV.

Other missed opportunities

LSHTM have been conducting a literature review looking at what is known about missed opportunities to diagnose and enrol in treatment and care HIV-positive people who come into contact with the health system through inpatient services, STI clinics and outpatient services. As with the PMTCT programmes studied, this has shown that many opportunities are being missed for HIV testing and linkage to care within these other clinical services. A journal article and policy brief on the findings from this review are in preparation.

Groups involved in delivering HIV treatment and care

Healthcare workers

The shortage of health workers in many countries is limiting the expansion of HIV treatment and care programmes. It is particularly severe in Africa, for example in Malawi there are only 2 physicians and 28 nurses/midwives per 100,000 population. Approaches to tackling this problem include task-shifting, recruiting lay health workers, and increased use of information and communication technology. To date there has been little focus on maintaining the well-being of existing health workers. HIV-related illness and death has led to absenteeism and loss of trained health workers.

A qualitative and quantitative study carried out by ZAMBART in Lusaka District, Zambia, found that concern about confidentiality and stigma put health workers off having an HIV test. Burnout of health workers is also a major problem. The study found that symptoms of burnout among health workers included:

- feeling over-worked, stressed or tired
- having low energy
- being irritable and rude to patients
- providing poor treatment and being more prone to make mistakes
- getting sick

Around half of health workers in Lusaka District felt burnt out, most with numerous symptoms, and nearly a quarter reported feeling too burnt out to go to work at least once a week.

Efforts are needed to reduce workplace stress for health workers, and especially for those working in HIV treatment and care, in order to increase their effectiveness and reduce absenteeism and attrition. Access, acceptability and confidentiality of HIV testing, treatment and care services also needs to be improved for clinical providers.

Private sector

The IHAA conducted a case study in Myanmar on the potential role of partnerships between community-based organisations and private practitioners in the delivery of TB and HIV care. The

study found that these partnerships can provide a sustainable approach and reduce the overload on public hospitals. Following the dissemination of the project results, the case study partnership received funding from the Global Fund to scale-up operations for 2011-2015.

Home-based caregivers

Home-based care programmes for people living with HIV in Sub-Saharan Africa have evolved in response to the increasing availability of ART. As many people living with HIV regain physical health and strength, and resume normal levels of social and productive activity, the effectiveness of HIV care is increasingly defined by the demands on HIV-positive people of starting and adhering to ART. In this context, the roles of home-based caregivers are evolving.

A study conducted in Zambia by IHAA, ZAMBART and LSHTM explored how shifts in the nature of home-based care are affecting experiences of treatment and care for both home-based caregivers and for people living with HIV enrolled in home-based care programmes. It was conducted over the course of one year in collaboration with three community-based organizations. The study used key informant interviews with clinic and programme staff, as well as in-depth interviews and observations with home-based caregivers and clients to document the day-to-day working lives of caregivers.

The study found that the roles of Zambian home-based caregivers in HIV treatment and care has been evolving, yet this had raised a number of challenges that need to be considered by such programmes:

- Home-based caregivers differ widely in training, skills, and legitimacy with regards to their formal links to the health system.
- In many programmes, the training for home-based caregivers has not evolved adequately to equip them with the skills required to support clients' initiation and follow-up on ART.
- Clients of home-based care programmes continue to place expectations for psycho-social and physical care, as well as food and material assistance, on caregivers. This is challenging for caregivers, who themselves are usually also from low-income backgrounds, generally volunteers with minimal compensation, and in many cases living with HIV themselves.
- Caregivers feel that their increased responsibilities and accountability to the health system are not formally recognised or compensated.
- Caregivers' accounts suggest that they are making a difference to the health of people living with HIV in Zambia, however programmes have yet to systematically evaluate the extent and impact of their interventions on patient outcomes.

The results of this study have been widely communicated in Zambia and UK. Key results and recommendations from this study were included in the home-based care national guidelines for the Ministry of Health of South Sudan, where IHAA was invited to lead the writing of the national home-based care and support guidelines in 2010.

Networks of people living with HIV

Uganda has seen rapid growth in networks of groups supporting people living with HIV, which play a vital role in increasing access to treatment and care, and in advocacy. A qualitative study, conducted by IHAA and completed at the end of 2010, provided insights into how networks of people living with HIV form, their role in the prevention of HIV and improving access to care and treatment, and the impact on members and people directly and indirectly linked to them. Data were collected in

semi-structured interviews with eighty people living with HIV and key informants, focus groups with a total of fifty participants, and narrative analysis. Key messages included:

- People living with HIV join networks for a variety of reasons, including for material or psycho-social support, or for access to treatment and care
- The general community, and people living with HIV, see networks as an important support mechanism for people living with HIV, especially those finding treatment adherence difficult
- Networks improve the relationship between people living with HIV and their families, providing a valuable source of information about HIV and treatment to both groups
- Networks collaborate with other community groups, so increasing the overall coordination of care for people living with HIV and other vulnerable community members
- Networks play a vital role in supporting people living with HIV who disclose their status, by facilitating integration with the broader community and enhancing their contribution as role models for other people living with HIV

Family members

NARI have carried out qualitative research to understand the role of family members and health care providers in HIV care in Belgaum, India. This study found that married men and women living with HIV were cared for by their spouses, while those who were widowed were cared for by other family members. This care included taking care of the basic needs, meals, periodic blood tests, medication, advice to rest, and giving medicines on time. Wives of HIV-positive men did not press their husbands for the source of their infections. They provided timely nutritious food, and ensured their surroundings were clean. Structural reforms to increase male involvement in care for people living with HIV may help to prevent burnout of family care providers.

Community support

The IHAA carried out a literature review of studies on community involvement in HIV prevention, treatment and care in low-income countries. This review found that advocacy groups proliferated during the pre-ART era and after access to ART was widened in the past decade. Patient-led access campaigns have been instrumental in increasing access to HIV prevention, care and treatment in low-income countries. The results of this review have been communicated through a dissemination meeting in Uganda, and policy briefs.

The IHAA carried out Evidence for Action-related intervention and operations research in Zambia into community support for ART and HIV prevention (the ACER study). This study found that community-based support for ART adherence has been a critical component of scaled-up ART programmes, and community-based organisations have played an important role in providing adherence-support at the community level. Wide dissemination of the findings resulted in the ACER approach being promoted within community health programmes amongst the organisations that are part of the International HIV/AIDS Alliance.

Influence of Global Health Initiatives on HIV treatment delivery

By 2008, Global Health Initiatives such as the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, were providing two-thirds of all external funding for HIV programmes globally. In Zambia and South Africa over the past five years, PEPFAR and the Global Fund have provided significant funding for the public sector provision of antiretroviral treatment.

Qualitative research carried out by LSHTM and ZAMBART in Zambia and South Africa confirmed that the processes and mechanisms by which funding is provided influences the delivery of services and health systems' of recipient countries. For example, the Global Fund worked solely through principal recipients in countries and relied on the public health system to provide its support. As a result the organisation was seen as 'embedded', provided more direct funding to governments, but was also much more susceptible to be influenced by the politics within the recipient country. This contrasts with PEPFAR, which operated largely through US affiliated non-governmental organizations that supported treatment roll-out in many cases by creating parallel systems, rather than investing in the public health system.

LSHTM and ZAMBART also carried out a case study looking into the effect that the changes in the World Bank's Africa strategy on HIV/AIDS had affected responses in Zambia. This found that the changes had not been communicated clearly at sub-national level, creating confusion and uncertainty. This emphasises the need for funders to carefully consider their exit strategies, and to ensure that changes are communicated clearly to all levels of the health sector.

Other Evidence for Action-related theme 2 research

- Since 2006 Lighthouse been developing and evaluating a real-time, touch-screen electronic data system (EDS) to support HIV treatment. The system uses touch-screen computer technology, enabling registration, weight/height, clinic review visits, and dispensing records to be easily maintained for all ART patients. Label scanners and printers linked to this system facilitate easier monitoring and supervision for blood samples and drug dispensing. Within the Lighthouse clinic, data entry for ART patients is now entirely based on the EDS, resulting in near completeness of patient-level data from 2006 onward. The Malawi Ministry of Health adopted the touch-screen ART patient management system as the model for a national electronic data system. A roll-out plan is being implemented, with over 11 sites currently using the system.
- Despite successful scale-up of access to ART, challenges in patient retention on life-long treatment remain. To address this challenge, Lighthouse implemented a Back-To-Care (B2C) programme, whereby patients who miss clinic appointments by more than 3 weeks and therefore would have run out of antiretroviral drugs were identified and traced at their homes or workplace. Reasons for the missed appointments were documented and further follow-up appointments made. The B2C programme has improved long-term retention within the ART programme. Through B2C, over 50% of patients that had been lost-to-follow-up have been successfully returned to care.
- Monitoring the effect of treatment interruptions on virological outcomes and developing strategies in case of treatment failure remain a challenge. The B2C programme identified patients with documented treatment interruptions who restarted 1st line antiretroviral therapy (ART) according to the Malawian Treatment Guidelines. Lighthouse, in collaboration with the University of Heidelburg, in a study whereby these patients' viral load was analyzed at least two months after re-initiation of ART. In patients with a viral load higher than 1000 copies/ml drug, resistance was determined genotypically. Preliminary results indicate that treatment interruption correlated with virological failure after re-initiated therapy in almost one third of the patients and was often accompanied with resistance-associated HIV viral mutations. For preventing poor clinical outcomes and a spread of drug resistance mutations, a switch to the available protease inhibitor-based second line therapy is required. Viral load

monitoring and standardized algorithms are needed for managing patients with treatment interruptions in resource-constrained settings.

- Lighthouse, the Malawi Ministry of Health, Malawi Defence Force, CDC and MSF conducted three national surveys to determine survival on ART among HIV-positive healthcare workers, teachers, and the army. Treatment outcomes were quite good in all three groups. The probabilities of survival on ART at 6 months, 12 months and 18 months were 85%, 81% and 78%, respectively, among healthcare workers on treatment; 84%, 79% and 73%, respectively, among teachers; and 90%, 83% and 79%, respectively, among army personnel. Lighthouse have been carrying out a pilot study on the use of SMS messages to increase adherence and attendance at appointments.

Theme 3: How should HIV treatment and care be integrated into existing health and social systems?

Five Evidence for Action-generated and four Evidence for Action-related research projects on Theme 3 have been carried out over the past five years.

Integrating HIV treatment and care with the health system

Vertical ART programmes were established in many countries to enable rapid scale-up of ART delivery. This was partly driven by the growth of disease-specific funding. These vertical programmes have been successful in dramatically increasing the number of people on ART in low and middle income countries. However, the sustainability of this structure has been questioned, and there is consensus that ART needs to be more integrated into the wider health system.

Research in Zambia carried out by LSHTM and ZAMBART has found that the ART programme has eased the workload in outpatient and inpatient clinics that were previously overwhelmed, through the reduction in HIV morbidity. However, the vertical ART programme has also highlighted weaknesses in the health system that must be addressed if these gains are to be sustained and consolidated. Priority areas for further integration include health information systems, the health workforce and key aspects of health service delivery.

Integrating HIV services with existing social systems

The home-based care project and the literature review discussed on pages 12-13 both cover aspects of how HIV services are integrated with existing social systems. The study discussed on page 13 of the role of networks of people living with HIV in positive and secondary prevention, impact on disclosure and visibility of people living with HIV in Uganda, was also linked to this topic.

Integrating HIV and TB services

TB is the leading cause of morbidity and mortality among people with HIV in most parts of the world. The need for collaboration between TB and HIV services is recognised internationally, but patients with both HIV and TB often have to navigate two separate health care programmes, which can considerably increase the time and transport costs associated with receiving care. Effective coordination of TB and HIV services is vital to ensure that patients access the care they need from both services in a coordinated manner to ensure the best health outcomes.

LSHTM carried out a systematic review of how TB and HIV services have been integrated in practice. This suggested five models of integration of HIV and TB services: (1) the TB service refers the client for HIV testing and treatment; (2) the TB service tests the client for HIV but refers them to the HIV service for treatment; (3) the HIV service refers the client to the TB service for TB screening and

treatment; (4) the HIV service screens the client for TB but refers them to the TB service for treatment; (5) the TB and HIV services both are provided as a single, integrated service within a health facility. Models based on referral require minimal extra resources, but are dependent on a robust referral system – something that is rarely achieved, and usually result in the client needing to make visits to the health facility on separate days for HIV and for TB treatment. When TB services provide HIV testing, and HIV services screen for TB and then refer for treatment, some additional staff training and infrastructure may be needed. This level of integration is likely to provide some benefits to patients in most settings, relative to referral to the other service even for screening. Single, integrated service models reduce the transport costs and patient time needed to access both services, and should save staff time, but may require significant investment. This is to provide linked rooms for the two clinics while minimizing the chances of cross-infection of other clients, but also to ensure adequate staff training. This review was a background paper for the WHO-organised First Global Symposium on Health Systems Research.

Lighthouse and LSHTM have also completed a case study of the integration of TB and HIV services at the Martin Preuss Centre in Malawi, which follows the fully-integrated TB-HIV model. Coordinated leadership, joint staff training and meetings, and data systems that prompt coordinated care help to integrate treatment for the two diseases. There has been considerable success with some aspects of integrated care from the start of the Centre. For example, 96% of TB patients had documented HIV status in 2009. The Centre has had good TB treatment outcomes among both HIV-positive and HIV-negative patients, with more than 85% cured or completed treatment. However, encouraging uptake of ART among HIV-positive TB patients has been more challenging. The Martin Preuss Centre has shown that high-quality, integrated HIV and TB services can be provided in resource-limited settings. As a result, the Malawi National ART and National TB Programmes are now planning to integrate their services in all TB/ART management sites across the country.

IHAA undertook a survey of Alliance linking organisations to document the degree and models of integration of HIV and TB services within community organisations. Various models of integration of TB into HIV programmes were described, and a range of levels of integration were found. Following the survey, the IHAA drafted and is now implementing a TB strategy that aims to increase integration of TB/HIV activities. The results of this work will be presented at the International Union against TB and Lung Disease meeting in October 2011.

NARI have also carried out a cross-sectional study to explore the criteria for advising HIV testing for TB patients. This has found that many clinicians in India are still not advising TB patients to test for HIV, meaning many opportunities are being missed to ensure patients access the HIV services they need.

NARI, together with LSHTM and MAAS, have been working on a qualitative study of the challenges and opportunities for integrating TB and HIV services for co-infected patients. Data collection is complete, and interviews are currently being translated. Once completed, it will help to inform how TB and HIV services are integrated.

LSHTM and the Aurum Institute carried out an Evidence for Action-related retrospective and prospective evaluation of practices in screening for active TB in a community HAART programme in South Africa. The retrospective study suggested that TB symptoms were common among the HIV-infected adults in the ART programme, but very few symptomatic people were appropriately referred for TB investigation. The prospective study showed that there was a very high prevalence of undiagnosed TB among people with HIV presenting for ART.

Isoniazid Preventive Therapy (IPT) has been shown to be effective for preventing TB among people living with HIV. LSHTM and the Aurum Institute have been working on an Evidence for Action-related qualitative study into the barriers to the implementation of IPT in South Africa, where co-infection is common. The study identified major clinician-related barriers to implementing IPT in this setting, such as lack of knowledge and experience, being unaware of the benefits of IPT, and unclear about the guidelines.

Integrating HIV treatment and prevention

Over the past 3 years, staff of LSHTM, ZAMBART, and MRC-UVRI have been collaborating with colleagues in Imperial College and elsewhere in attempts to secure funding for a 3-year feasibility study called PopART. This study would be to explore the likely feasibility of a proposed trial of the impact of active promotion of population-wide, frequent HIV testing and immediate ART treatment of all adults found to be HIV-positive (irrespective of CD4 count or clinical stage of HIV), on HIV incidence within the population. Unfortunately, attempts to secure funding from the Wellcome Trust and/or MRC have not been successful, but a further attempt has been made recently to secure US Government funding through the HIV Prevention Trials Network. We hope to hear the result of this attempt within the next 3-6 months.

Theme 4: How best can new evidence from research be rapidly translated into new policies and actions?

Four Evidence for Action-generated research projects on Theme 4 have been carried out over the past five years. Some of the key messages from theme 4 can be found below.

From research to policy

Researchers often conceptualise health policy-making as an evidence-based process in which evidence regarding cost and efficacy or effectiveness are weighed up and rational decisions made either in favour or against scaling-up an intervention. Yet policy processes often stall even when there is ample, well-disseminated evidence, while in other cases evidence is taken up quickly and programmes are swiftly implemented.

Concerns have been raised about the lack of scale-up of cotrimoxazole preventive therapy for HIV-related illness in resource-poor settings, despite a substantial research base demonstrating its efficacy and cost-effectiveness for both adults and children. To understand what had influenced the uptake of evidence into national policy, LSHTM, MRC CTU, ZAMBART, MRC/UVRI, and Lighthouse conducted research across three African countries (Zambia, Malawi and Uganda), within the first phase of the Cotrimoxazole GRIPP Project. The countries provided insightful case studies: each of the countries hosted high profile research projects on the efficacy of cotrimoxazole preventive therapy (thus providing a local evidence base) but had very different trajectories in terms of their process by which the evidence influenced policy and programmes. The research examined the way in which the available evidence (including research and international policy), national context and links between researchers and policy makers influenced the take-up of evidence into national policy in these three countries. It concluded that a favourable healthcare context is central to the adoption of research into policy: even when a sound evidence base upon which policy can be constructed is in existence, an unfavourable policy context makes it difficult for policy to develop. There appears to be a critical point in policy development when research evidence is contested but a powerfully placed individual, supported by researchers and policy makers can play a particularly important role to drive policy

forward. This appears to have been most effective (i.e. policy change occurred most quickly) when this powerful individual was positioned within the government.

The Sources of Information project was carried out in collaboration with the TARGETS and COMDIS RPCs. This project examined the most important sources of information that communicable disease programme managers in China, Nepal, Bangladesh, Malawi, Uganda and Zambia said that they used when making policy decisions. LSHTM staff have taken the lead on this study, with input from Lighthouse, MRC/UVRI and ZAMBART, as well as the Malaria Consortium and Leeds University. The results showed that the most important sources of information for programme managers were internal (such as surveillance programmes), or from international agencies such as WHO. Among other things, these findings helped to inform the communications work of the three research programmes.

LSHTM, Lighthouse and MRC/UVRI are working on analysis and tools for improving the uptake of research findings. This research will map out the ways in which research evidence makes its way into policy in Uganda and Malawi. This will consist of identifying both the official institutions and processes by which evidence is meant to get into policy, and the unofficial or *ad hoc* mechanisms that often take place. The field work for this project is still in progress, and will end in June 2011.

From policy to practice

MRC CTU are leading the second phase of the Cotrimoxazole GRIPP project. The primary aim was to examine how national policies relating to cotrimoxazole preventive therapy (CPT) had been implemented on the ground. The objectives were to qualify and quantify current practice relating to access to CPT and the length of time ART patients receive CPT before stopping, in Malawi, Uganda and Tanzania. The study involved a pilot visit to each country to assess monitoring systems used to capture data on access to CPT. The study demonstrated that there were wide variations in the monitoring tools used both across and within countries. This was true for both primary data-collection tools used at the patient level, and monitoring tools used to report on access across the population. The data-collection for the full study has been completed in Malawi, and is scheduled to be completed in Uganda and Tanzania by end of June 2011. Analysis of the full study data will happen thereafter.

Output 2: Evidence-based influence on policy and practice related to HIV treatment and care in low and middle income countries

Research uptake strategy

Ensuring that the results of our research have the potential to influence policy and practice has been a major focus of Evidence for Action's work. The research uptake strategy was developed through cross-partner workshops, and has been updated over the course of the programme. The strategy clearly identified target audiences, objectives, tools, and timelines for specific activities to try to create the environment whereby our research could influence policy and practice in each partner country. This strategy has been implemented by all the partner organisations. The strategy can be found in Annex 4.

Contact with key target audiences

Key target audiences have been contacted about research plans, findings and recommendations in a wide variety of ways, dependent on the particular target audience and the specific message. These methods have included:

- Peer-reviewed journal articles
- Policy briefings
- Conference presentations, posters, exhibitions and satellite sessions
- Face-to-face meetings, seminars and workshops
- Training materials
- Toolkits
- Case studies
- Reports
- Newsletters
- Email
- Websites
- Knowledge intermediaries eg. R4D, Eldis, AIDS Portal, Zunia
- Radio programmes
- News media coverage
- Written submissions to reviews and enquiries
- Leaflets
- CD-Roms
- Other events (eg. marches for World AIDS Day)

Our strategy has been to engage with key stakeholders from the very initial stages of planning a research study; to keep them informed of progress and preliminary findings during the research itself; and then to ensure that they receive specially-tailored information on the results of the research with their active engagement in discussion of the implications of the results for policy and programmes.

A full list of communications materials and activities can be found in Annex 5. Electronic copies of communications materials from the programme can be found on the Evidence for Action website, and on the publications CD that accompanies the Key Messages Report on the Programme.

Changes in policy and practice

Some changes in policy and practice that reflect Evidence for Action recommendations have already taken place. Examples of these are listed on pp.44-46. We expect more policy changes to occur related to our findings over the next five years, as policies are reviewed and more of our findings are published and disseminated in other ways.

Guidelines

Our research findings have already started to be included in national policy papers and guidelines, including Malawi, India, Uganda and South Sudan. Examples of this can be found on pp.44-46.

We have also influenced international technical agencies' and donors' policy papers and guidelines, including WHO, USAID, DFID, UNAIDS, EU and BHIVA. Examples of this can be found on p.44.

Again, we expect inclusion of our findings in national and international guidelines and policy papers to increase over the next five years, as more of these documents are revised.

Output 3: Increased capacity of partners to carry out research and communicate it effectively

Activities

Considerable attention has been paid to strengthening partners' capacity to do policy-relevant research and to communicate it effectively. The full list of capacity strengthening activities carried out over the five years of the programme can be found in Annex 6. The types of capacity strengthening activities undertaken include:

- Cross-partner workshops
- Exchange visits between partners
- PhD, MSc and short courses (both traditional and distance learning)
- Individual partner workshops
- Communities of practice
- Mentoring and twinning of researchers

Evidence of increased capacity to carry out research

The capacity of partners to carry out policy-relevant research has increased considerably over the past five years through the capacity strengthening activities of the programme. For example, the area of policy research was a new one to most Evidence for Action partners. This was identified as a priority for capacity strengthening, and a cross-partner workshop was held in 2007. Since that time partners have been involved in policy research projects, such as the Cotrimoxazole GRIPP project.

The increased capacity of Southern partners to take a leading role in research is demonstrated by the increase in proportion of successful small initiative grants that are led by Southern partners. In the first two years of the programme, two out of eight (25%) of successful SIG applications were led by Southern partners. In the last two years of the programme, four out of eight (50%) of successful SIG applications were led by southern partners.

The capacity of individual researchers has been strengthened through their work on PhDs, MScs and short-courses, as well as their participation in other capacity strengthening activities as part of the programme. Box 1, which was written by Maurice Musheke, a researcher for ZAMBART, gives an example of how work on a specific Evidence for Action-generated project has increased his capacity to carry out research.

Box 1: ZAMBART Researcher Maurice Musheke's experience

The twinning partnership provided me with invaluable experiences and benefits. First, having never worked in the HIV/AIDS sub-sector, the collaboration provided me with timely introduction to the HIV/AIDS sub-sector in Zambia; to understand existing policies and programmes, sector players and their roles, and the interface that subsist between policy makers, programme implementer and sector donors. Second, in line with the EFA goal which is "to contribute to knowledge on how best to design, manage, and deliver HIV care and treatment in different setting", the twining partnership enabled me to identify and develop contacts and network relationships with national and international policy makers, and programme implementers. Knowing "who is who" in the sector helped identifying (new) target audiences for advocacy work to help shape and influence HIV policies and programmes. I was directly involved in the dissemination of research findings to the local and international audiences through workshops and publication of research findings. Third, the partnership provided a useful cost-effective platform for capacity building through acquisition of new skills and sharpening research skills already acquired. The collaboration enabled me to gain insight in the field of health policy analysis, particularly how sector plays interface in policy making and implementation. Meeting and learning from, Prof. Gil Walt and Prof. Lucy Gilson-distinguished and experienced researchers in the field of Health policy proved a master stroke in shaping my knowledge and research skills. Lastly, the benefits of the twinning partnership went beyond the research work jointly undertaken. The experience served as a spring board for my current PhD research, and provision of input into other EFA and ZAMBART research activities.

Since the start of the programme southern partners have been heavily involved in the leadership of the programme, with each partner organisation participating in the Programme Management Committee, which made strategic decisions about the programme. The Capacity Strengthening sub-committee, which makes decisions about the allocation of capacity strengthening funds, has been led by southern partners. Many of the small initiative grants have been developed collaboratively by partners, and the Annual Consortium Meetings have been an excellent forum for this.

34 out of 78 projects are led by southern partners, and 39 out of 125 peer reviewed journal articles had southern partners as the lead author.

Evidence of increased capacity to effectively communicate research

The communication of research is another topic on which a lot of capacity strengthening activities have taken place. Three cross-partner communication workshops have been held, in addition to several media training workshops, and the Communications Community of Practice. These have resulted in partner organisations being able to produce research uptake strategies, improve their skills at dealing with the media, and learnt and strengthened skills to plan and use various other

communications tools (eg. policy briefs and the web). The outputs listed in Annex 5 show the wide range of approaches partners have used to communicate their research.

Beneficiaries of these outputs

The outputs of the programme have had several different types of beneficiaries:

1. Research participants: for example, participants in the Wakiso study benefited from having ART available closer to home.
2. Organisations and agencies whose work is informed by our research: for example the Malawi Ministry of Health is benefiting from improved monitoring and evaluation of PMTCT services because of Lighthouse's work developing new registers.
3. People who benefit from the work of organisations and agencies whose work is informed by our research: For example, HIV-positive women at Gilgil District Hospital no longer face the inconvenience and cost of having to attend the High Risk Pregnancies clinic, rather than standard ANC services.
4. Evidence for Action partner organisations and researchers whose capacity has increased because of the programme.
5. Other researchers who will benefit from capacity strengthening outputs such as the Qualitative Research Methods Manual produced by Evidence for Action .

Outputs	OVIs	Progress	Recommendations / Comments
1. Generation of high quality, policy-relevant research findings	1.1 Research outputs published both in academically prestigious sources and in sources that are widely-read by policy makers	▪ 114 Evidence for Action-generated publications published in peer-reviewed journals, and 11 in press ▪ 93 Evidence for Action-generated publications in other formats (eg. policy briefs, reports, case studies, articles)	Further publications are in the process of being written up, and will be published after the close of the programme.
	1.2 Research outputs make recommendations that provide concrete and implementable policy advice	▪ Research outputs have made recommendations that provide concrete and implementable policy advice.	Evidence for Action projects are designed (often in consultation with policymakers) to provide concrete and implementable policy advice. Evidence for Action policy briefs and other communications tools are designed to emphasise these concrete and implementable recommendations
2. Evidence-based influence on policy & practice related to HIV treatment & care in low & middle income countries	2.1 A programme research uptake strategy has been developed, updated in the light of changing priorities as necessary, and implemented	▪ Each partner developed research uptake strategies at the end of 2007. These strategies have been revised in the light of experience and changing priorities. They have been implemented by partners, supported by the Communications Community of Practice.	The use of a cross-partner workshop to develop research uptake strategies was very effective at developing strategies and increasing capacity in this area.
	2.2 Clear objectives have been set on what to communicate, to whom, and when	▪ The strategy included clear objectives, target audiences and timelines.	

Outputs	OVIs	Progress	Recommendations / Comments
	2.3 Key target audiences for programme research findings & recommendations contacted using appropriate communication media 2.4 Policy changes in DFID target countries that reflect Evidence for Action recommendations 2.5 Inclusion of Evidence for Action recommendations or findings in technical agency (eg. WHO, UNAIDS) and national government policy papers and programme guidelines	▪ Key target audiences have been contacted about the programme, research findings and recommendations. Examples of communication mediums employed include face-to-face meetings, emails, phone calls, presentations, and advisory groups. Details can be found in Annex 5. ▪ National policy and practice has been influenced by Evidence for Action research in Malawi, Uganda, India and South Sudan. See pp.39-41. ▪ Evidence for Action research findings have fed into technical agency and national government policy papers and programme guidelines. Agencies influenced include WHO, USAID, DFID, UNAIDS, EU and BHIVA. See pp.39-41.	Further policy changes and influence on guidelines at national and international level is expected over coming years, as further Evidence for Action research results are published, and more policies and guidelines are revised and updated.
3. Increased capacity of partner institutions in:	3.1 Research outputs published both in academically prestigious sources	▪ 114 Evidence for Action-generated publications published in peer-reviewed journals, and 11 in press	▪ See Annex 5 for more details.

Outputs	OVIs	Progress	Recommendations / Comments
a. doing research b. its effective communication	and in sources that are widely-read by policy makers	▪ 93 Evidence for Action-generated publications in other formats ▪ 83 Dissemination events have been held.	
	3.2 Southern partner institutions playing major role in key steps in the research process (not just implementation)	▪ Southern partners are playing an important role in the research process. ▪ 34 (44%) of Evidence for Action research projects are led by Southern Partners ▪ 39 out of 125 (31%) papers were had Southern partners as lead authors	• There has been a steady increase in the proportion of Evidence for Action-generated research projects led by Southern Partners.
	3.3 All partner institutions' communications work has been increasingly systematically planned and implemented during the life of the programme	▪ Partner institutions' communications work has become more systematically planned and implemented during the life of the programme, with increased attention paid from the beginning of research projects to developing and implementing strategies to increase research uptake	
	3.4 By the end of the	▪ Partners feel that they have	

Outputs	OVIs	Progress	Recommendations / Comments
	programme partners feel that they have increased their capacity for doing research and effectively communicating it	increased their capacity for doing research and effectively communicating it.	Some of that increased capacity may be threatened if partners are not able to find new funds to continue operations research in this area, as they may not be able to retain key staff.

Research impacts

Achievement of the programme's purpose

The purpose of the programme was "Policy makers and programme managers have started applying RPC-generated knowledge in HIV treatment and care services by the end of the RPC". The achievement of this purpose is demonstrated by:

Impact on international guidelines

- IHAA and LSHTM played a lead role in developing the *WHO Priority Intervention for HIV/AIDS Prevention, Treatment and Care for the Health Sector.* This is a major resource, providing recommendations and practical guidance for the health sector in all countries. As this is a WHO resource, it has had a wide reach and influence.
- The literature review and qualitative study on the needs of adolescents living with HIV are feeding into the USAID AIDStar One technical briefing on this topic.
- The evaluation of WHO criteria for treatment failure carried out by LSHTM and Aurum Institute fed into the WHO ART guideline revision.
- The systematic review on integration of TB and HIV services was a background paper for the highly influential WHO First Global Symposium on Health Systems Research.
- Evidence for Action submitted responses to the WHO Global Health Sector Strategy consultation.
- The study of how evidence on cotrimoxazole prophylaxis influenced policy and practice fed into guidance for DFID country offices on the barriers to cotrimoxazole provision for adults and children living with HIV.
- ZAMBART's work on linking TB and HIV contributed to the UNAIDS Programme Coordinating Board recommendations for linking TB and HIV, issued in 2008.
- The IHAA fed into the European Union's World AIDS Day Statement on Keeping the Promise to Stop HIV/AIDS, which was issued in 2007.
- LSHTM contributed to the WHO consultation on a meta-analysis concerning screening for tuberculosis among HIV-infected people, Geneva, June 2009. This fed into the 2010 WHO Guidelines on preventive therapy and case finding for TB in people living with HIV.
- A researcher from LSHTM chaired subgroups on the tuberculin skin test (TST) and immunosuppression at the WHO guidelines meeting on preventive therapy and case finding for TB in people living with HIV, Geneva, January 2010.
- An Evidence for Action researcher from LSHTM was part of the British HIV Association writing committee for guidelines on opportunistic infections, 2008-10.

Impact on national policies and guidelines

- The MRC CTU project on the use of cotrimoxazole prophylaxis in children contributed evidence that helped to influenced policy and practice in many countries, including Malawi, Uganda and Zambia. The Cotrimoxazole Policy project has provided insight into how and how quickly the available evidence influenced policy.
- The Lighthouse and Dignitas International study into whether earlier initiation of ART in co-infected patients receiving TB treatment will increase uptake and continuation of ART led to the ART guidelines in Malawi being changed from initiating ART after 2 months to as soon as possible after starting anti-TB treatment.

- The Lighthouse evaluation showing that health surveillance assistants should not dispense ART made the Malawi Ministry of Health rethink its strategy in this area.
- Key results from the study of home-based care in Zambia, carried out by IHAA, LSHTM, ZAMBART and Alliance Zambia, were included in the home-based care national guidelines for the Ministry of Health in South Sudan.
- The Ministry of Health of Malawi have adopted the touch-screen based ART patient management system as a model for a national electronic data system, as a result of Lighthouse's operational research in this area. A roll-out plan is in place, with more than 11 sites already using the system.
- The Malawi National ART and TB Programmes are now planning to integrate the services provided by the two programmes in all TB/ART management sites across the country, based on the operational research Lighthouse have been carrying out at the Martin Preuss Centre.
- A MRC/UVRI researcher is working in partnership with a Ugandan MP to produce a briefing for the parliament on mental health and HIV.
- Evidence for Action researchers from Lighthouse were on the writing committee for the 2008 Guidelines for the Use of ART in Malawi.
- Evidence for Action researchers from Lighthouse contributed to the 2008 Prevention of Mother to Child Transmission of HIV and Paediatric HIV Care Guidelines in Malawi.
- Evidence for Action researchers from NARI contributed to the Indian ART Guidelines for HIV-infected adults and adolescents including post-exposure prophylaxis.
- MRC/UVRI staff contributed to the Uganda National HIV/AIDS Strategic Plan 2007/8-2011/12.

Impact on practice

- The Ndife Amodzi volunteer-based social support programme, developed by Lighthouse, has now been adopted by other community based organisations in Malawi, including the Catholic Lilongwe Diocese Home Based Care Programme.
- The woman's health books, antenatal and maternity registers developed and pilot tested by Lighthouse have now been rolled out nationally in Malawi.
- The peripheral health centres involved in the Wakiso study in Uganda have continued to provide ART since the close of the study, meaning treatment has continued to be available closer to patients' homes than would otherwise have been the case.
- The results of the study into missed opportunities for women testing HIV positive in PMTCT programmes in Naivasha District Hospital in Kenya led to a change in policy so that women diagnosed with HIV were allowed to continue to attend normal antenatal care services, rather than the high risk pregnancy clinic they were previously being referred to. This simplified women's hospital attendances as the high-risk clinic was in a separate building and had restricted opening hours. This change has saved women money, time, reduces stigmatisation, and improves tracking of women.
- Following the case study of partnerships between community based organisations and private practitioners in delivering TB and HIV care in Myanmar, carried out by IHAA, the partnership received funding from GFATM to scale-up operations for 2011-2015.
- The wide dissemination of findings from the ACER study into community support for ART and HIV prevention in Zambia resulted in the ACER approach being promoted within community health programmes among the Alliance linking organisations worldwide.

- Following the IHAA survey documenting the integration of HIV and TB services within community organisations, the IHAA has developed and is implementing a strategy to increase integration of TB/HIV activities.
- Based on ZAMBART's research into stigma for healthcare workers, ZAMBART and IHAA have developed a training module about HIV stigma for health workers. This module is already being used in several countries.
- An article from the study of the impact of Global HIV/AIDS Initiatives on ART roll-out in Zambia, carried out by LSHTM and ZAMBART, is part of the syllabus for the Johns Hopkins University School of Advanced International Studies course *Introduction to Public Health for Development Practitioners.*

We are confident that there will be substantial further impact on national and international policy and practice over the coming years, as the results of more Evidence for Action research projects become available and are actively disseminated.

Impact on poverty

The programme's impact on poverty is likely to be substantial and widespread, as people in low and middle-income countries living with HIV benefit from better health as a result of an improved package of HIV treatment and care, that is delivered better, and is better integrated into existing health and social systems as a result of evidence generated by the programme. Improved health will help them to sustain their livelihoods, reducing poverty.

The programme is also likely to have an additional direct effect on reducing poverty among people living with HIV within specific populations who were either participants in our research projects or in the populations from which they were drawn. Examples of where this may already be happening include:

- Patients who receive their ART through peripheral health centres in Wakiso district, Uganda rather than having to travel to the District hospital. These people have reduced direct transport costs and indirect costs of travel time which could be spent in productive labour.
- Pregnant women living with HIV at Naivasha District Hospital no longer have to attend the 'high risk pregnancy clinic', which women have to pay to attend, and involves visiting a separate department to receive PMTCT drugs. They can now attend normal ANC services, which do not incur additional costs.

Impact on the wider environment at national and international levels

The programme's impact so far on national and international policy and practice can be found on pp.44-46. The programme has also had an impact on the wider academic environment. For example, Evidence for Action have been, together with ABBA, SRH & HIV and Realising Rights RPC, leading thinking around the research-to-policy interface. Examples of this work include the Cotrimoxazole Evidence for Policy and Practice Project, the cross-RPC workshop on the research-to-policy interface, and the special issue of Health Research Policy and Systems journal that is to be published in June 2011. The cross-RPC work on this topic reached the final short-list of four from 127 nominations for the British Medical Journal Getting Research into Policy Practice Award in 2010. Evidence for Action researchers have also coined the term 'GROP' – getting research out of practice, a philosophy which is demonstrated by many Evidence for Action research projects. An article on this concept was published in the Lancet, and generated much online discussion. We hope that because of this more

researchers will start by looking at the research questions linked to what is actually already happening in practice when deciding their research priorities.

The effectiveness of the delivery of the communication strategy

The implementation of the communications strategy has been crucial to achieving the programme's purpose and outputs. The impact of having close working relationships with the Ministry of Health can be seen in the many examples of national policy and practice impact in Malawi and Uganda, for example. The communications tools developed by Evidence for Action have received considerable praise from users. For example, we received the following unsolicited feedback from a key target audience on the challenges of monitoring and evaluating paediatric HIV care*: "This is a wonderful briefing note!".* A survey of users of the Evidence for Action newsletter revealed that all respondents were very satisfied with the format, presentation and content of the newsletter, and 75% were very satisfied with the documents that the newsletter links to. 60% said the newsletter was very useful to them, and the other 40% said it was a bit useful. The *Countdown to 2015* conference that Evidence for Action organised with SRH & HIV, ABBA and Realising Rights RPCs was successful in attracting a good range of target audiences from UK and international civil society, donors and technical agencies. Participants rated the event highly. For example, a participant from a national Ministry of Health said *"The information will assist in designing the next health program of work and current standards."* A participant from a major international donor commented *"Very useful content and many interesting perspectives for our work."*

Awareness among policy makers and other stakeholders of our research findings and evidence that this has led to changed attitudes and practice

Policymakers and stakeholders such as the Ministries of Health of partner countries are aware of the research findings of the programme, and this has already led to changes in attitudes and practice, as described in pp.44-46. In many cases the Ministry of Health and other key stakeholders have been important partners in the research, helping to define the research question, implement the research and actively looking forward to the results in order to inform their policy and practice. This has been the case in projects such as the Wakiso project in Uganda, much of Lighthouse's work in Malawi, the outcome indicators project in Uganda, Tanzania, Ukraine and Malawi, and the ZAMSTAR trial on strategies for HIV-TB service delivery, while programme staff of NARI are actively involved in most key Government of India committees related to HIV treatment and care, and their programme collaborators have actively involved key government departments related to HIV and mental health in Goa State. The Ministry of Health of Malawi now always look at Lighthouse's research findings while revising national HIV care guidelines and programme staff within Lighthouse have been asked to directly input into these. In Zambia, the Ministry of Health have been very interested in the mental health project, and are actively seeking our advice as they discuss how to incorporate our findings into policy and programmes. LSHTM and Aurum Institute's work on Isoniazid Preventive Therapy (IPT) has influenced the South African government to set bold targets for IPT implementation. . Evidence for Action researchers in Malawi, Uganda, Zambia and India are actively included in national policy-making and implementation groups, and have contributed to the development of national guidelines and strategies related to a wide range of systems issues in HIV treatment and care.

International policymakers and stakeholders also have a close awareness of many of our projects, through involvement as partners (as in the case with UNHCR in the study of adherence to ART

among refugees and host populations), face-to-face briefings and seminars (eg. seminars held on the missed opportunities in PMTCT studies at WHO, UNICEF, USAID, the Gates Foundation and the GFATM, and face-to-face meetings with WHO and GFATM on the outcome indicators project), or distribution of communications materials (such as the challenges of monitoring and evaluating paediatric HIV care policy brief that was distributed to stakeholders in WHO, UNAIDS, UNICEF and other international organisations). Evidence for Action researchers are involved in international technical agency working groups, and our work has influenced various WHO guidelines.

Capacity development

The consortium has also been highly successful at increasing the internal capacity of the primary partner organisations to carry out policy-relevant research, and to promote its uptake. We have also made a substantial impact on secondary programme partners such as Ministries of Health and NGOs in India, Malawi, Uganda and Zambia. Evidence to support this, and details of how this has been achieved can be found on pp. 37-39, and in Annex 6.

Table 3 Research impacts			
Purpose	**OVIs**	**Progress**	**Recommendations / Comments**
Policy makers and programme managers have started applying RPC-generated knowledge in HIV treatment and care services by end of the RPC.	1. Policy changes in DFID target countries that reflect Evidence for Action recommendations	Changes in policy and practice which can be directly attributed to Evidence for Action-related and generated research have already occurred in countries including Kenya, Malawi, Myanmar, South Sudan, Uganda and Zambia.	We expect to see more policy changes influenced by Evidence for Action recommendations over the next few years.
	2. Inclusion of EfA recommendations or findings in technical agency (eg. WHO, UNAIDS) and national government policy papers and programme guidelines	Evidence for Action recommendations and findings have been included in various national and international government and technical agencies guidelines and strategies. Evidence for Action partners have actively contributed to consultations on various national and international strategies.	We expect to further EfA findings and recommendations included in technical agency and national government policy papers and guidelines over the next few years.

5. Lessons Learnt

Working with partners

- Having a mix of partners (eg. research institutions and implementing organisations, government institutions and civil society) has allowed partners to learn from each other's strengths (eg. Alliance Zambia learning proposal writing skills from ZAMBART, and IHAA sharing communications expertise with other partners).
- It takes time to develop strong relationships between partners who have not previously worked together, however once these relationships have been developed they can be very fruitful. For example, Alliance Uganda is now increasingly interacting with MRC/UVRI to set up new research, capacity building and communications activities.
- Early consultation with local implementing partners and representatives from Ministries of Health is pivotal when planning research projects. An example of this in action would be the MRC/CTU and Lighthouse work on evaluating indicators, which has involved the Ministry of Health as a partner from early on in the process. Another example of this would be several studies that demonstrate 'Getting research out of practice' in Uganda, including the Wakiso project and Jinja trial, which were requested by the Ministry of Health. MRC/UVRI are also currently working with the Ministry of Health and Uganda AIDS Commission to develop a cotrimoxazole cessation study. Ongoing close collaboration with key stakeholders is also essential. Participation in technical advisory committees (eg. ZAMBART, NARI, LSHTM) is a good way of doing this.
- It has been necessary to make efforts to streamline the interests and priorities of different partners. Organisations which are supported by different international donors face the challenge of streamlining the different interests and priorities in research work.
- Working with different partners may delay progress in research work especially when there are different levels of commitment and power differences. It is therefore important to pay attention to the process of involving partners in a project such as clearly outlining partners' roles and power differences. This proved to be the case in the development and evaluation of the ANC and Maternity registers that Lighthouse led on. In the future, whenever possible, only partners who indicate great commitment and similar research priorities will be included in research work.
- MRC/UVRI have been working with the Ministry of Health of Uganda (MoH), Uganda AIDS Commission (UAC), Evidence for Action consortium partners, other NGOs such as TASO and AIDS Information Center and the media. A number of MRC/UVRI staff also sit on committees of international organisations such as WHO, Global Fund etc. Working with and through these partners has given MRC/UVRI a platform to use its research findings as an evidence base to influence both national and international policies and guidelines. MRC/UVRI will continue to work closely with partners in all its activities.
- Early consultation with local implementing partners and representatives from ministries of health has been pivotal to all MRC CTU/UCL activities. We will continue to engage in dialogues with key stakeholders.

Good practice / innovation

- The research Communities of Practice (TB/HIV, Mental Health, Human Resources and Missed Opportunties) have been a good mechanism for taking forward work in particular areas, and synthesising what has already been done. For example, the Mental Health Community of Practice has been working well through teleconferences, emails and face-to-face workshops. They do however require some investment of time, particularly of the Community of Practice facilitator. The relationships developed through the Communities of Practice will hopefully continue long after the initial 5-year funding for Evidence for Action finishes.
- The Communications Community of Practice, which all partners are involved in, is an example of good practice in promoting research uptake and increasing partner capacity.
- MRC/UVRI have joined the innovative scientist-parliamentarian programme in Uganda. This programme pairs a scientist with a member of parliament. The two are expected to identify a common research topic (that is relevant to the communities), and carry out research. The findings of the study are then presented to the parliament for action (including policy development).
- MRC/UVRI is supporting a small NGO that is engaging local communities to communicate science in the local languages. The meetings take place at local drinking joints and in churches. A number of MRC/UVRI staff have been asked by this NGO to communicate their research activities and other health related topics in the local language to the communities. This innovative grassroots strategy has never been used anywhere in Africa before now.
- An example of Lighthouse's innovative work is focused on reducing loss to follow-up (LTFU). The Back-To-Care (B2C) project was designed to improve long-term retention in ART treatment through active follow-up of patients. From this work, Lighthouse learnt that early active follow-up of LTFU patients results in marked improvement in known patient outcomes and improved retention in the ART treatment program. The next steps are to extend the B2C project to other ART groups such as eligible pregnant women and exposed infants with positive PCR.

Project / Programme Management

- Project management Evidence for Action and MRC/UVRI is consultative and done within the set rules and regulations. Key issues are discussed in informal meetings, monthly science meetings, written memos, PMC etc before decisions are taken. Within Evidence for Action, members' voices are always given a listening ear. The open way in which Evidence for Action handles discussions and considerations on small initiative grants, PMC meetings and ACM have been exemplary. It has strengthened not only the collaboration but also the belief that we are one in this consortium.
- Annual Consortium Meetings in partner countries have been highly effective at identifying research priorities that are of relevance across partner organisations and countries, and in developing projects to address these. They have also helped to share lessons and experiences across the partners.
- The Capacity Strengthening Sub-Committee has been a good mechanism for allocating capacity strengthening grants in line with the priorities of Southern partners.

Research uptake

- MRC/UVRI have found that communication of our activities is important to provide information to key stakeholders in order to: make them aware of the unit's research activities; make them use our findings to make decisions; involve them in identifying key research topics; obtain funding; and develop partnership in research. For effective communication, we need to develop partnership with key stakeholders right from time of identifying research topics, and involving the partners in research activities. A good number of the research topics should come from the existing policies and practices.
- The importance of local dissemination of research findings was highlighted to us during study design consultation phases. We will continue to plan for local dissemination meetings as well as manuscripts in high-impact journals.
- Maintaining ongoing communication throughout the research activity among all research partners help to quickly address both anticipated and unanticipated research challenges.
- Non-traditional research outputs, such as the training module on health care worker HIV stigma, developed by ZAMBART and IHAA, can be an effective way of increasing research uptake.
- Working with other RPCs to communicate results to stakeholders involves significant investment of time. However it can help messages reach a wider audience than communicating separately would.
- Engaging with stakeholders can lead to opportunities for collaboration or funding. For example, WHO offered to fund the systematic review of TB/HIV integration when they heard what we were doing.

Multiplier funding

The following Evidence for Action-generated projects have received a total of £3,042,432 of multiplier funding:

- IHAA: *Needs, challenges and opportunities: Adolescents growing up with HIV in Southern Africa,* $50,000 from SIDA, $500,000 from SADC
- IHAA: *Network of PLHIV: private/public thresholds in Uganda,* $35,000 from USAID and SIDA
- LSHTM: *Linking women who test HIV positive in maternal and child health services to HIV treatment and care services in Kenya: Missed Opportunities,* £3,000 from Parkes Foundation, £50,000 from ESRC/MRC Fellowship, and some support from the London University Central Research Fund
- LSHTM: *Adherence to ARVs by HIV-infected refugees and internally displaced adults,* $34,000 from UNHCR
- MRC/UVRI: *Wakiso Project*, £150,000 from DFID/MRC
- ZAMBART: *Effect of household counselling intervention on ART adherence, mental health, virological outcomes and phylogenetic relationships of HIV-1 circulating among adults in the ZAMSTAR secondary outcome cohort,* £15,400 from Bill and Melinda Gates Foundation
- LSHTM: *Systematic review of TB/HIV integration at the facility level,* $36,418 from WHO
- MRC/UVRI: *Effects of HIV on health and wellbeing of older people,* $190,000 from WHO and €23,000 from Cordaid
- IHAA: *WHO Health Sector Essential Package of Treatment, Care and Support,* $57,000 from WHO
- ZAMBART: *Study of Health Care Workforce in Lusaka District ART Clinics,* £5,000 from CIDRZ
- MRC CTU: *LabLite:* £1,896,304 from DFID

All the EfA-related projects are funded from external sources, and so qualify as multiplier-funding.

7. Long-term sustainability of the research

Research uptake of Evidence for Action findings will continue to be promoted after the research programme funding ends through:

- The Evidence for Action website will be maintained online for at least 9 years after the end of the funding
- Programme research products will continue to be available on R4D, Zunia, and AIDS Portal websites, as well as partner organisation websites
- Partner organisations will continue to engage with stakeholders and promote Evidence for Action research findings and products after the research programme funding ends
- Results from Evidence for Action research projects will be presented at conferences and meetings following the end of programme funding (eg. International AIDS Society Conference in July 2011)

No follow-on research programmes have been agreed involving all Evidence for Action partners. However, the Lablite project involves MRC CTU, MRC/UVRI and several other key individuals from other Evidence for Action partner organisations. This project has been awarded £1,896,304 funding from DFID. We are continuing to pursue funding for a study to evaluate the validity and predictive value of monitoring indicators used in ART programmes. Lighthouse and LSHTM are planning collaboration around the evaluation of their back to care programme.

Strong, productive, relationships between the Evidence for Action partner organisations, and between Evidence for Action researchers, have been developed over the last five years. Partners will continue to look for opportunities to maintain and strengthen these relationships.

Annex 1. Logical framework

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions / Risks
Goal: The production and uptake of technologies and policies that will contribute to poverty reduction and the achievement of the MDGs			
Purpose: Policy makers and programme managers have started applying RPC-generated knowledge in HIV treatment and care services by end of the RPC.	1. Policy changes in DFID target countries that reflect Evidence for Action recommendations 2. Inclusion of EfA recommendations or findings in technical agency (eg. WHO, UNAIDS) and national government policy papers and programme guidelines	Review of policy and programme design documents Review of technical agency and national government policy papers and programme guidelines	▪ Funds continue to be forthcoming for HIV treatment and care ▪ Stability in Evidence for Action partner countries and institutions ▪ Policy makers are motivated to adopt policies that will reduce poverty & improve equity ▪ Policy makers remain in post long enough to implement policy changes

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions / Risks
			▪ Target groups for the research results respect the research and advice of the individuals and institutions involved in the programme
Outputs: 1. Generation of high quality, policy-relevant research findings	1.1 Research outputs published both in academically prestigious sources and in sources that are widely-read by policy makers 1.2 Research outputs make recommendations that provide concrete and implementable policy advice	Review of list of programme's publications and other communications in annual & final reports	▪ Programme able to recruit & retain high quality staff ▪ Multiplier funding is obtained for research projects
2. Evidence-based influence on policy & practice related to HIV treatment & care in low & middle income countries	2.1 A programme communications strategy has been developed, updated in the light of changing priorities as	➢ Review of current programme communications strategy ➢ Review of communications section of annual	

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions / Risks
	necessary, and implemented 2.2 Clear objectives have been set on what to communicate, to whom, and when 2.3 Key target audiences for programme research findings & recommendations contacted using appropriate communication media 2.4 Policy changes in DFID target countries that reflect Evidence for Action recommendations 2.5 Inclusion of Evidence for Action recommendations or findings in technical agency	report ➢ Review of current programme communications strategy ➢ Review of communications section of annual and final reports ➢ Review of communications section of annual & final reports ➢ Stakeholder interviews within the mid-term & final programme review ➢ Review of policy and programme design documents, compared to Evidence for Action recommendations ➢ Review of technical agency and national government policy papers and programme guidelines compared to Evidence for	

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions / Risks
	(eg. WHO, UNAIDS) and national government policy papers and programme guidelines	Action recommendations	
3. Increased capacity of partner institutions in: a. doing research b. its effective communication	3.1 Research outputs published both in academically prestigious sources and in sources that are widely-read by policy makers 3.2 Southern partner institutions playing major role in key steps in the research process (not just implementation) 3.3 All partner institutions' communications	➢ Review of list of programme's publications and other communications in annual & final reports, compared to sources identified in Sources of Information project ➢ Citation of Evidence for Action publications in other journal articles or policy documents ➢ Stakeholder interviews within the mid-term & final programme review ➢ Review of programme's annual & final reports	Key staff who benefit from capacity strengthening activities continue to work for partners.

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions / Risks
	work has been increasingly systematically planned and implemented during the life of the programme 3.4 By the end of the programme partners feel that they have increased capacity in doing research and effectively communicating it	➢ Review of communications section of annual & final reports ➢ Country-level communications strategies are developed and refined 3.4 Comparing initial perceived strengths and weaknesses, and needs assessments of partners with perceived strengths and weaknesses at the end of the programme	
Activities: **1. High quality, policy-relevant research** 1.1 Generation of at least 3 proposals for research projects per year 1.2 Generation of at least 2 research projects in each of the 4 research themes during the programme	1.1 & 1.2 ➢ Research and proposals reported in the annual and final reports and activity plans	➢ Annual reports ➢ Records of additional research grants generated by the programme ➢ Reports of individual research projects ➢ Mid-term and final reviews of programme	➢ Research generates findings that are of interest and relevance to policy makers ➢ Research personnel stay in post for sufficient time to

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions / Risks
			complete research projects ➢ Budgeting adequate ➢ Multiplier funding for research is available
2. Communications for policy influence 2.1 Design & update communications strategy for programme as a whole, and for each partner institution 2.2 Implement this to engage with policy makers and other research users 2.3 Transform research findings into appropriate research products for specific audiences	2.1 Overall and country-level communications strategies are in place, and regularly reviewed 2.2 Communications activities take place 2.3 Communications products (such as policy briefs, working papers, website, meetings, presentations, posters etc.) are produced and distributed	➢ Annual reports ➢ Review of communications products ➢ Mid-term and final reviews of programme ➢ Communications products	➢ Partners are committed to communication of research ➢ Programme has or accesses skills in communication ➢ Research generates findings that are of interest and relevance to policy makers
3. Capacity strengthening 3.1 Finalise capacity building plans (including	3.1-3.3 ➢ Southern partners capacity	➢ Annual reports and activity plans ➢ Mid-term and	➢ Individual staff whose capacity is

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions / Risks
indicators) 3.2 Implement capacity strengthening plans 3.3 If necessary, modify the plan in the light of experience and changing needs	strengthening needs assessments ➢ PMC prioritises and allocate capacity strengthening funds Capacity strengthening activities take place	final reviews of programme ➢ PMC minutes and financial reports	strengthened by the programme stay involved in the programme ➢ Ability to raise additional scholarships or fellowships (eg. for Masters or Research degrees) if required

Annex 4. Research Uptake Strategy

1. Objectives

Communications is a central part of the Evidence for Action Consortium's activities. The overall goal of the programme is *the production and uptake of technologies and policies that will contribute to poverty reduction and the achievement of the MDGs.* The purpose of the consortium is for *policy makers and programme managers have started applying RPC-generated knowledge in HIV treatment and care systems by the end of the RPC.* Neither of these can be achieved without good communication: policy-makers and programme managers need to know about our findings, trust our research and be motivated to use the knowledge before any of this will be achieved. Our overall communications objective is therefore to ***communicate strategically to ensure that policy makers and programme managers are aware of and apply EfA-generated knowledge in HIV treatment and care systems throughout the programme.***

In order to achieve this overall objective, lower level communications objectives will be developed as part of the country-level communications strategies.

We have also agreed several 'approach' objectives, which we feel will be necessary to achieve the overall objective in line with our values and principles outlined in section 2. The approach objectives are:

- To conduct the research programme in a close consultation with policy makers in partner countries to maximise the chances of findings being taken up, ensuring two-way communication happens from the planning of projects onwards.
- To position ourselves in an advisory function in preparation for results becoming available, being part of the relevant advisory bodies and networks.
- To ensure that research focuses on issues which are of interest to our target audience, and that it produces clear, implementable recommendations.
- To ensure research findings reach policy makers and programme managers in a usable and understandable format.
- To develop and maintain mechanisms which allow partners to learn from one another's interaction with policy makers and ways of reporting research findings.

2. Values and Principles

1. Our communications work is an integral part of Evidence for Action's work, along with research, capacity development and monitoring and evaluation.
2. Strategic, demand-led communication is vital to ensuring that research products and findings can be used and are sustainable after the project/programme ends.
3. The Communications Strategy will seek to maximise the positive impact on health outcomes of research findings via different channels, and communication with research users will be an ongoing dialogue from the start.
4. Communication of research throughout the research programme will be an iterative, interactive and multi-directional process.
5. A wide range of stakeholders will be involved from planning, through to design, implementation and monitoring and evaluation.

6. The Communications Strategy will ensure that programme research is useful, accessible, actively disseminated, incorporated into policy and programmes, and communicated in a way that enables potential users to engage and make use of the research information in their own work, providing opportunities for collaboration and mutual learning.
7. Attention will be paid to the context and environment in which knowledge and information is generated and used and the factors that influence this. The fourth theme of the research programme will help to generate evidence around this point.
8. We will work through existing national and international channels where possible to reach as wide an audience as possible and reduce duplication.
9. We will seek to be continually learning from our own experience and those of other programmes. As such, this document is not set in stone, and will be revised as lessons are learnt and the strategy is revised and refined.

3. Process and Management

3a. Structure within Evidence for Action

Programme Director: The Programme Director is ultimately responsible for ensuring that the programme achieves its purpose, and therefore has an important role to play in ensuring that all RPC partners are committed to communication, and overseeing the work of the Communications Manager and PMC. As a well-respected researcher, the Programme Director also has an important role to play in communicating about Evidence for Action at an international level through membership of advisory groups and participation in international meetings and conferences.

Programme Management Committee: The PMC consists of institutional leaders (and deputies) from each of the partner organisations, together with the Programme Administration and Communications Manager, and the Programme Director. The PMC is responsible for making strategic decisions about the programme, and monitoring progress towards the achievement of the programme purpose.

Communications Manager: The Communications Manager is responsible for coordinating and leading the communications activities of the RPC, reporting to the Consortium Director on a regular basis, and updating the PMC as part of their quarterly meetings. The Communications Manager is responsible for advising and supporting consortium partners on communications; developing and monitoring a strategy for international communication of the programme's research outputs; carrying out communications activities together with partners; liaising with communications experts from other RPCs and organisations; and building capacity for communications within the consortium. The Communications Manager also acts as the Communications Community of Practice facilitator.

International HIV AIDS Alliance: As the International HIV AIDS Alliance have much experience in this area, with expertise in many different aspects of communications, they play an important advisory role to the Communications Manager. Examples of where they have already provided support to the consortium include providing guidance on setting up Communities of Practice, and providing training at the Communications Workshop.

Communications Community of Practice: The communications community of practice provides

a forum through which partners can share their experiences of communication, and lessons can be learnt across the consortium.

Communications Representatives: Each partner organisation has nominated one member of staff to be their communications representative, who is responsible for coordinating the development of country / project specific communications strategy, and monitoring and reporting on communications activities.

Researchers: Most of the organisations who are partners of Evidence for Action do not have specific communications staff. Researchers play a key role in communicating with target audiences, as they have the knowledge of the subject area, and often already have links with key stakeholders that will prove vital for the communications strategies. Each key researcher has committed to spend at least 10% of the time that they have allocated on communications.

3b. Communications Strategies

The overall and country-level communications strategies will be reviewed on a regular basis, with new projects being taken into account as appropriate, along with lessons learnt, as identified through the Community of Practice and the annual reporting cycle.

3c. Internal Communications

Good internal communications are vital to ensuring that the 'added value' of working in a consortium is realised. Meetings and workshops where partners are able to meet face-to-face are very useful for this, however this can only happen a few times a year, and do not include all the people working on the programme. Key tools for ensuring that internal dialogue does take place are regular teleconferences on issues of management, strategy, communications and capacity strengthening, and the Communities of Practice on specific themes.

4. Evidence for Action Identity

4a. Branding

Branding guidelines and logos were developed in the first year of Evidence for Action, and are used to guide the appearance of Evidence for Action materials, to create a strong visual identity for the programme. However, where appropriate, alternative branding is sometimes used, for example when Evidence for Action work is done in conjunction with other projects, programmes or organisations.

4b. Evidence for Action Website

The Evidence for Action website (www.evidence4action.org) was launched in July 2007. It contains information on the partners, the themes and questions we are researching, publications we have produced, news, links to other related websites, and contact details. It also has a password protected Partners' Zone, which contains details of meetings and workshops,

resources and reports, research proposals being developed, and a discussion board. The Communities of Practice also have an area in the Partners' Zone.

5. Assessment of policy, communications and research environments

5a. International policy, communications and research environments

The international policy, communications and research environment for HIV Treatment and Care Systems is complex, with many actors involved. Key policy players include the WHO and UNAIDS, whilst major funders such as GFATM, PEPFAR, World Bank, and other bilateral development organisations can have considerable influence over policy in many countries. At an international policy level, policy is on the whole well informed by evidence in technical organisations such as WHO, through their advisory committees and technical working groups. However, bilateral donors' policies may be less informed by evidence, due to lack of expertise and staff time, and political pressure in some instances.

The international HIV communications environment has many actors, however there are also several well-established information providers. These include web-based information mediators such as the AIDS Portal, Eldis, ID21, AIDSMap and Development Gateway. There are also many influential advocacy organisations and networks operating at the international levels, such as Evidence for Action partner the International HIV AIDS Alliance, and the International AIDS Society. Where possible, Evidence for Action will work through these existing networks and organisations in order to communicate with as wide an audience as possible, and influence these groups.

There is much research into HIV treatment and care happening across the world. However, there are few funders willing to fund operational research into treatment and care systems, which affects the amount of research being done on this particular area.

6. Audience

In general, because Evidence for Action is focusing on treatment and care systems, the primary audience is that of national governments and ministries of health, as it is these that create and manage the systems. Secondary audiences include those who influence the ministries of health, such as donors, international organisations, NGOs, academia, professional associations, PLWHA groups and the media. Each country strategy identifies the specific key audiences for Evidence for Action in that country. As part of the development process for the country strategies, an exercise was carried out mapping stakeholders in terms of interest, alignment and influence, and the priority stakeholders determined from this. See the relevant country strategies for more details on audiences identified.

7. Messages

Key messages are developed on the basis of research recommendations and findings, and targeted at the appropriate stakeholders.

8. Tools and Activities

The country strategies give details on the specific tools and activities that will be used to communicate to our target audiences. In general, we recognise the importance of existing personal links between members of Evidence for Action and the target audiences, and the effectiveness of face-to-face meetings, both formal and informal. We acknowledge that there are already in many cases structures, channels and tools in place for communicating with our target audiences, and will seek to utilise these where suitable. However, we also accept that in some cases it is not appropriate to do this, and will in these circumstances develop new ways of reaching stakeholders with our messages.

Tools that we are using include policy briefs, case studies, reports, meetings, press briefs, presentations, articles, leaflets, website, and emails. Planned activities are detailed in the relevant country strategies.

9. Resources

9a Communications budget

Each partner has a communications line within their Evidence for Action budget, to cover country-specific communications activities. There is also a budget line within the central budget for communications. This central communications budget covers communications expenses that relate to Evidence for Action as a whole, including the Communications Manager, website, Evidence for Action publications such as the leaflet and policy briefs, support for communications work within the consortium (such as the communications workshops), major events and other overall communications activities.

9b Communications staff

Evidence for Action employ a Programme Administration and Communications Manager, half of whose time is devoted to overseeing the communications work of the consortium. There are no other staff employed by the programme specifically for communications, however each partner organisation has a dedicated communications representative, and each key researcher has committed to spend at least 10% of the time that they have allocated on communications. This is not reflected in the consortium budget, as the costs of this come under the personnel budget line.

10. Timescales

The country level communications grids show the planned timescale for activities over the next year.

11. Monitoring, Evaluation and Learning

Monitoring, evaluation and learning is important to ensure the effectiveness of the Communications strategy. A variety of tools and measures will be used to ensure that lessons are learnt from activities. This includes:

- The indicators detailed in the country level communications strategies
- Journals of activities, including any problems encountered or lessons learnt
- Debriefing sessions at Annual Consortium Meeting
- Communications Community of Practice to share experiences and lessons learnt

12. Post-programme dissemination

Evidence for Action has funding for five years, but it is important that the results of the research are still widely available after the programme is finished. There are a number of ways that we will be using to ensure this is the case.

- Relationships established between researchers and policy makers will continue – we hope that the relationships built or strengthened during the course of this programme between researchers and research users will continue after the programme is finished, and that researchers will continue to act as advisors to Ministries of Health and international organisations
- The Evidence for Action website will be maintained for at least 9 years
- Web portals – as part of our communications strategy involves making use of communication channels including web portals such as AIDS portal, Development Gateway, Eldis, Research 4 Development and Source, our publications will continue to be available through these sites

UK and International Communications Strategy

Objectives

The overall communications objective for Evidence for Action RPC is to ensure that policy makers and programme managers are aware of and apply EfA-generated knowledge in HIV treatment and care systems throughout the programme. The UK and International communications objectives are:

- To develop relationships with key departments and individuals in DFID, WHO and GFATM to ensure that they are aware of Evidence for Action and anticipate key results and recommendations, and use Evidence for Action as a knowledge resource
- Communicate key research findings from consortium organisations (in relevant form) to stakeholders
- Influence policy and practice using our own and other's evidence
- Internal communications mechanisms are developed whereby partners regularly share and update other members with their current and planned activities and research findings

Primary audiences:

- DFID
- WHO
- UNAIDS
- GFATM
- Civil society organisations, including:
    - IHAA
    - UK Consortium on AIDS and International Development
    - GNP+

Secondary audiences:

- World Bank
- USAID & PEPFAR
- EU
- INGOs (including Action Aid, Oxfam, Save the Children, Tearfund, Christian Aid, World Vision)
- Global networks and advocacy groups
- UNICEF

- Other UK government departments
- Bill and Melinda Gates Foundation
- Academia
- National Governments (policy makers)
- Media

This strategy does not focus on these stakeholders, as they were not identified as the highest priority in terms of achieving the overall communications objective, or the UK and International level is not the best level at which to reach them (as is the case with national governments). This does not mean that these groups will not be included in Evidence for Action communications activities, however much of the communications with these stakeholders will be opportunistic or viral.

Knowledge Intermediaries

- **IHAA newsletter**
- **AIDS Portal: (**www.aidsportal.org) An internet platform which provides tools to support global collaboration and knowledge sharing among new and existing networks of people responding to the AIDS epidemic. The AIDS Portal audience includes governments, NGOs, FBOs, research and academic organisations and individuals, and the private sector.
- **R4D:** (www.research4development.info): A free on-line database containing information about research programmes supported by DFID.
- **Eldis and ID21:** (www.eldis.org) (www.id21.org) Eldis aims to share the best in development, policy, practice and research through full-text documents, resource guides, newsletter and country profiles. The audience for Eldis is researchers, development practitioners and policy formers at national and international level. ID21 communicates the latest UK-sourced international development research to policy makers and practitioners worldwide.
- **SciDev.net:** (www.scidev.net) Aims to provide reliable and authoritative information about science and technology for the developing world.
- **AIDS Map:** (www.aidsmap.com) AIDS Map is a website run by NAM, a CBO delivering accurate and reliable HIV information across the world to HIV positive people and the professionals who treat, support and care for them.
- **Development Gateway:** (www.developmentgateway.org) A portal for development information and knowledge-sharing worldwide.

Messages

Messages will be related to the EfA projects & publications identified in the communications grid. Key areas for overall communications are:

1. HIV treatment & care for children and adolescents

2. PMTCT
3. Integration of TB and HIV treatment services
4. Missed opportunities for HIV testing and treatment among clinical patients
5. Mental health of people living with HIV
6. Role of lay health workers (including community health workers) in HIV treatment and care
7. Integration of HIV treatment and care into health services (including community care services)

Tools and Activities

The comms grid contains information about specific publications and activities that will be taking place at the UK & International level over the next 18 months. This includes publications, events & meetings. These are timed to fit with key internal and external events and milestones (also outlined in the grid).

Research findings will be packaged in a variety of ways for different audiences, including:

- Policy briefs
- Working papers
- Case studies
- Media releases
- Project info sheets
- Videos

Ongoing activities include updating the website, sharing Evidence for Action publications with knowledge intermediaries, presenting results at meetings with key stakeholders, and working with partners in partner countries.

Timescales

See comms grid.

Monitoring and learning

Indicators that will be used to evaluate and learn from our communications activities will be chosen from the following list, as appropriate.

Reach – primary distribution:

1. Number of copies of a product initially distributed to existing lists

Reach – secondary distribution:

2. Number of file downloads in a time period

3. Number of people reached by media coverage of the material or generated by it

Reach – Referrals:

4. Number of instances that products are indexed or archived in bibliographic databases (?)

Usefulness – user satisfaction:

5. Number / percentage of users who report knowledge gained from a product or service

Usefulness – product or service quality:

6. Number and quality assessment of reviews of a product in periodicals
7. Number and significance of awards given to a product or service
8. Number of citations of a journal article or other information product

Use

9. Number / percentage of users using an information product or service to inform policy and advocacy or to enhance programs, training, education, or research
10. Number / percentage of users using an information product or service to improve their own practice or performance

Collaboration

11. Number or instances of products or services developed or disseminated with partners
12. Number of instances of South-to-South or South-to-North information sharing

Capacity Building

13. Number and type of capacity-building efforts

UK & International Communications Grid

	Jun – Sep 09	Oct – Dec 09	Jan – Mar 10	Apr – Jun 10	Jul – Sep 10	Oct – Dec 10
External events	19-22 Jul: IAS pathogenesis conference, Cape Town 12th Aug: International Youth Day 22nd Sept: Sahara AIDS Impact	1st Oct: International Day of Older Persons 10th Oct: World Mental Health Day 15th Oct: International Day of Rural Women 17th Oct: International Day for Eradication of Poverty 20th Nov: Universal Children's Day 1st December; World AIDS Day Yale panel on caregiving	8th Mar: International Women's Day	7th Apr: World Health Day 15th May: International Day of Families	18-23rd July: World AIDS Conference, Vienna	1st Oct: International Day of Older Persons 10th Oct: World Mental Health Day 15th Oct: International Day of Rural Women 17th Oct: International Day for Eradication of Poverty 20th Nov: Universal Children's Day 1st December; World AIDS Day X Glasgow conference IU Lung Health & TB 30th Nov: Sahara
EfA & project milestones	EfA Annual Report TB Screening data Jinja trial results Integration policy brief 215 start: Zambia CTX implementation; Malawi CTX study; Uganda MHS	IHAA adolescent reviews	CTX Zambia implementation data MCS	EfA Activity plan EfA ACM	EfA Annual Report Malawi CTX data Mental health baseline data	

EfA generated and related publications	HBC publication AJPH citizen Barriers to adolescent care Fast track care Early mortality SA IPT safety	Indicator papers * 2 UNFPA research			Synthesis policy papers ARP – adolescent research: gaps in services	
EfA comms activities	Meeting with EVIPNET & WHO TDR Integration policy brief finalised & released internationally ELDIS issue on delivering care	WAD – events & focus on media work SoI brief distributed Case studies in EfA format produced	EfA folders mailed to key individuals in DFID, WHO, UNAIDS & GFATM Meeting with WHO re. Jinja trial ELDIS on HBC study	Cross-RPC conference in London Workshop with EVIPNET partners?	Missed opportunities Adolescents / children Event at World AIDS Conference	World AIDS Day events Policy brief on scaling up stigma

Uganda Communications Strategy

Objective: To have regular meetings				
Organize meetings with key people in the MoH and UAC	Meetings organized	Minutes and reports	Biannually	Director, EfA Communications person
Organize meetings with the health journalists	Meetings organized	Minutes and reports	Annually	Director, EfA Communications person
Organize press briefs	Press briefs organized	Press reports, News paper articles		Press officer
Organize Monthly Scientific meetings for the research leaders in MRC/UVRI	Scientific meetings organized	Minutes and reports	Monthly	Director MRC/UVRI
Attend stakeholders' meetings, seminars, conferences and workshops organized by the MoH and UAC, and other organisations	Meetings, seminars and workshops attended	Meeting/seminar/workshop reports	-	Director MRC/UVRI, Uganda research Unit on AIDS
Objective: Update stakeholders such as MoH, UAC, the media, and the funders				
Write and submit activity reports	Activity reports written and submitted	Availability of reports, acknowledgement of receipt.	Quarterly	Director MRC/UVRI, various research leaders
Produce and disseminate annual reports	Annual report produced	Annual report available	Annually	Director
Objective: Disseminate research findings				
Produce peer reviewed journals articles	Journals produced and appeared in renowned journals	Articles available in the journals	—	Director, Research Leaders
Make presentations in seminars,	Presentations made	Reports		Director, Research Leaders

workshops and conferences			___	
Write reports to the various stakeholders	Reports written	Stakeholders have the reports, acknowledgement receipt	__	Director and the research leaders

Communications Grid for Uganda

	Jun – Sep 09	**Oct – Dec 09**	**Jan – Mar 10**	**Apr – Jun 10**	**Jul – Sep 10**	**Oct – Dec 10**
External events	1. 28th Conference of the European Academy of Allergy and Immunology – Warsaw Poland 06/06/09. Unit to be represented by one person from EMABS. 2. Uganda society for Health Scientists 10th annual scientific conference –Kampala 11 /06/09 Unit to be represented by two persons from EMABS. 3. 18th ISSTDR International Society for STD Research in London 28-31 June 09. 2 staff will represent the Unit from Good Health For Women project. 4. Mwanza Scientific symposium in Tanzania 14-16 July 09. 3 staff will attend.	1. 5th EDCTP Forum in Arusha, Tanzania 12-14 October 09. 1 staff is an invited speaker. Seven Abstracts have been submitted or are to be submitted. 2. AIDS Vaccine 2009 Conference in Paris, France 19-22 October 09. 2 Abstracts have been submitted. 3. 11th IUSTI World Congress on STDs in Cape Town due			1. 18-23rd July: World AIDS Conference, Vienna	1. 1st December; World AIDS Day

	5. 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Cape Town, 19-22 July 09. Eight posters. 6. IUSSP Conference in Marrakesh , Morocco ,27-30 Sept 09. 3 oral presentations and 2 posters. 7. 18th International Workshop on HIV Drug resistance in Fort Myers Florida June 9-13,09. Unit to be represented by one staff. A poster was accepted. 8. 15Th International Bioinformatics Workshop on virus evolution and molecular epidemiology in Rotterdam, Netherland due Sept 7-12,09. Unit will be represented by two staff.	November 9-12,09. 4 staff to attend. 4. The 5th African Vaccine Forum 15th to 19th December will take place at the Serena Hotel-Kampala 5. 5th Sahara Conference on the Social Aspects of HIV and AIDS 30/11/2009 – 3/12/2009. Midrand, South Africa. 3 people to attend. 6. 1st December; World AIDS Day				

EfA & project milestones	EfA Annual Report Quarterly progress reports submitted to Ministry of Health, Uganda AIDS Commissions, EfA, funding agencies and other partners	Quarterly progress reports submitted to Ministry of Health, Uganda AIDS Commissions, EfA, funding agencies and other partners	Quarterly progress reports submitted to Ministry of Health, Uganda AIDS Commissions, EfA, funding agencies and other partners	EfA Activity plan Quarterly progress reports submitted to Ministry of Health, Uganda AIDS Commissions, EfA, funding agencies and other partners	EfA Annual Report Quarterly progress reports submitted to Ministry of Health, Uganda AIDS Commissions, EfA, funding agencies and other partners	Quarterly progress reports submitted to Ministry of Health, Uganda AIDS Commissions, EfA, funding agencies and other partners
EfA generated and related publications				Likely publications on: 1. Wakiso project. 2. health and wellbeing of the elderly	Likely publications on: 1. Wakiso project. 2. health and wellbeing of the elderly	Likely publications on: 1. Wakiso project. 2. health and wellbeing of the elderly
EfA comms activities	Monthly science meeting for MRC/UVRI project leaders Regular meetings with officials from the Ministry of Health and Uganda AIDS Commission	Monthly science meeting for MRC/UVRI project leaders	20th anniversary of MRC/UVRI	Cross-RPC conference in London EFA Annual Consortium meeting	Monthly science meeting for MRC/UVRI project leaders	Monthly science meeting for MRC/UVRI project leaders

Zambia Communications Strategy

1.0 Background

ZAMBART (Zambia AIDS Related TB) Project is a Zambian NGO formed in 2004 from a collaboration between the School of Medicine of the University of Zambia and the London School of Hygiene and Tropical Medicine, that spans more than 15 years. The ZAMBART Project now collaborates closely with government, non-governmental and academic institutions within Zambia, Africa and the rest of the world. ZAMBART staff form an interdisciplinary team with a range of expertise including epidemiology, clinical science, social science, laboratory, operations research, health systems and services research, health policy analysis, health economics and counselling.

ZAMBART focuses on the overlap between HIV and TB in order to improve the quality of life of people affected by the dual epidemic. Conducting research within a limited resource setting, ZAMBART is committed to:

- Bridging research and action through operational research and through forging effective collaboration with local stakeholders;
- Providing evidence-based and high quality research;
- Addressing relevant and priority questions.
- Capacity building - managerial, technical and scientific - is inherent in ZAMBART's approach.

ZAMBART is currently part of the Department for International Development (DFID) funded 5-year research consortium called Evidence for Action on HIV Treatment and Care Systems (EfA) whose goal to "to contribute to knowledge on how best to design, manage and deliver comprehensive HIV treatment and care programmes in resource poor settings."

The EfA consortium works in three areas:

1. Research
2. Capacity Strengthening and;
3. Communication

Research: The research focuses on four themes namely:

1. What "packages" of HIV treatment and care services should be provided in different settings?
2. What delivery systems should be used in different contexts?
3. How best should HIV treatment be integrated into existing health and social systems?
4. How best can new evidence from research be rapidly translated into new policies and actions?

Since the start of the EfA research project, ZAMBART has conducted or participated in a number of research studies. Some of the studies are on-going while other studies have been concluded. The studies that have been concluded include:

a) The Role of Global health Initiatives in the implementation of the ART roll-out in Zambia;
b) Home-based care for people living with HIV in era of antiretroviral therapy in Zambia;
c) Integrating HIV services in Zambia: Effectiveness, Efficiency and Equity?

d) Knowledge, Policy and practice in the use of cotrimoxazole prophylaxis in adults and children in Zambia; and
e) The impact of the changes in World Bank strategies on AIDS at local level: Lessons from the end of the ZANARA project.

The studies that have been conceived/about to be conducted include:

- HIV-1 viral loads and measures of adherence to ART in patients on treatment: a study nested in a community randomised trial in Zambia and South Africa
- Improving equity of access to HIV treatment and care;
- Common mental disorders among TB and HIV-positive patients accessing treatment at primary health care facilities in Zambia.

The completion of many studies has given impetus on the need to review and update the ZAMBART EfA communication strategy to ensure increased uptake of research findings in policy formulation and programme implementation.

1.1 ZAMBART COMMUNICATION PLAN

ZAMBART is currently implementing its 2008-09 communication plan. The purpose of the plan is "to use proactive media relations and stakeholder relations as tactics to increase awareness of, and support for, ZAMBART and its work within the scientific community, in donor countries, and in countries where ZAMBART and its CREATE partners conduct research efforts."

The objectives of the overall ZAMBART communications plan are:

- **Objective 1**: Increase awareness of, and build support for, research that identifies the most effective strategies to diagnose, treat, and prevent TB in resource-poor settings where HIV and AIDS are highly prevalent;
- **Objective 2**: Ensure strong local and international support for ZAMBART's research programme;
- **Objective 3**: Prepare for the rapid adoption and introduction of new strategies to diagnose, treat, and prevent TB in Zambia and across the developing world.

2.0 ZAMBART EfA COMMUNICATION STRATEGY

The EfA communication strategy, while tailored towards achieving the EfA goal, is aligned within the overall ZAMBART communication plan 08-09.

Goal of the Communication Strategy: To influence policies on HIV treatment and care at national and international levels through generation and provision of applied research on HIV treatment and care.

The EfA specific objectives are:

1. To foster strong working relationship with Government and non-governmental agencies to facilitate uptake of research findings in the formulation of policies and programmes on HIV treatment and care;
2. To establish strong collaboration with the media to ensure wide dissemination of research findings;
3. Disseminate research findings to the wider audience.

3.0 Audience

The communication strategy will primarily focus on influencing policy makers within Government and bilateral and multilateral donor agencies that provide technical and financial support to the health sector in general and the HIV sub-sector in particular in Zambia. For instance, the Ministry of Health has various working groups on HIV Treatment and Care while the National AIDS Council has put in place thematic working groups, which include the working Group on HIV Treatment, Care and Support. These working groups draw their membership from the ministry of health, civil society organisations and donor support agencies. Oxfam is also leading and coordinating a Civil Society Health Forum which is aimed at promoting policy dialogue and sharing of information between the Government through the Ministry of health and civil society organisations. The stakeholders comprise of civil society organisation involved in research, advocacy and implementation of different public health programmes, and Ministry of health.

ZAMBART plans to take advantage of its membership of these working groups and forum to provide and share its various research findings to inform and influence policy making and programmes on HIV treatment and care. While these working groups are informal structures, they are nonetheless pivotal in the formulation of HIV treatment and care policies, plans and programmes.

The primary and secondary audiences will therefore comprise of:

- **Primary Audience**
    - Ministry of Health and National AIDS Council
    - Bilateral agencies supporting the health sector in Zambia such as DFID, USAID, JICA, SIDA, CIDA and multi-lateral organisations such as WHO, UNAIDS, UNICEF and the World Bank who are supporting the health sector in Zambia.
- **Secondary Audience**
    - Civil Society organisations that focus on HIV and AIDS
    - Media organisations (print and electronic)

4.0 Communication Tools.

To successfully implement the communications strategy, the following tools will be employed:

1. **Policy briefs** to give insight into the research findings and their policy and programme relevance;
2. **Face-to-face meetings** with stakeholders
3. **Dissemination meetings** to galvanise support and provide insight about research findings
4. **Interviews with media organisations** (both print and radio) in order to reach the wider audience
5. **E-forums (Health Development Network, EfA and ZAMBART website).** The EfA website: www.evidence4action.org and ZAMBART website: www.zambart.org (currently being developed). The EfA website has podcasts of activities and publications posted on them while the ZAMBART website once fully developed will also have podcasts of activities and publications.

5.0 Activities

1. Distribute research materials to policy makers
2. Hold face-to-face meetings with stakeholders
3. Host dissemination meetings

4. Participate in stakeholder meetings such as HIV working groups; NGO forum meetings; District and HIV Task force meetings
5. Interviews with media organisations (print and radio)
6. Publishing research findings on e-forums (such as Health Development Network, ZAMBART website, EfA website)
7. Presenting findings at international conferences

LOGICAL FRAMEWORK OF COMMUNICATION STRATEGY

Objective 1: To foster strong working relationship with Government and non-governmental agencies to facilitate uptake of research findings in the formulation of policies and programmes on HIV treatment and care				
Activities/inputs	**Outputs**	**Indicators**	**Time**	**Responsible person**
Identify the different Government and donor agencies supporting the health service delivery in Zambia	Relevant agencies identified Focal persons from relevant agencies identified	List of agencies involved in design of HIV policies and programmes	End of December 2009	EfA communications person/EfA Project Manager/PAC Manager
Host/attending research dissemination meetings	Dissemination reports ; Dissemination presentations	Number of dissemination meetings hosted Number of stakeholder meetings attended	On-going (July2009-June 2010)	ZAMBART Project Coordinator/EfA Project Manager EfA Social Scientist
Attend TB/HIV working group meetings	Meeting reports	Number of TB/HIV working group meetings attended	On-going (June 2009-June 2010)	ZAMBART Project Coordinator/Managers
Hold bilateral meetings with MoH, NAC and donor agencies supporting the health sector in Zambia	Meeting reports	Number of meetings held	On-going June2009-June 2010)	ZAMBART Project Coordinator/EfA Project Manager EfA Social Scientist
Objective 2: To establish strong collaboration with the media to ensure wider dissemination of research findings				
Identify key media organisations to collaborate with	Key media organisations identified	List of media organisations reporting HIV research	End of December 2009	EfA communications person

		findings		
Identify journalists interested in reporting HIV research findings	Journalists interested in reporting HIV research findings identified	Inventory of journalists reporting on HIV research	End of December 2010	EfA Project Manager/ Social Scientist/PAC Manager
Produce press releases	Press releases	Number of press briefs produced	On-going July 2009-June 2010	EfA Project Manager/ Social Scientist/PAC Manager
Facilitate publication of research findings in the print media	Media articles	Number of research findings published in the print media	On-going July 2009-June 2010	Project Coordinator/EfA Project Manager/ PAC Manager/EfA Social Scientist
Appear on radio to discuss research findings	Radio interview recordings	Number of appearances on radio	On-going July 2009-June 2010	Lead Investigators Social Scientist, EfA Project Manager
Objective 3: Dissemination research findings to the wider international audience				
Write articles for publication in international journals	Published articles	Number of research articles written; Number of peer-reviewed articles published	On-going (July 2009-June 2010)	Leader investigators
Attend local and international workshops and presentations	Workshop/conference materials Workshop/conference presentations	Number of workshops, conferences attended Presentations made	On-going (July 2009-June 2010)	Project Coordinator/ EfA Project Manager/ Social Scientist
Develop policy briefs for dissemination	Copies of Policy briefs	Number of policy briefs produced	On-going (July 2009-June 2010)	Lead Investigators
Distribute policy briefs/research	Distribution list of stakeholders;	Number of policy	On-going (July	EfA Project Manager

reports to stakeholders		briefs/research reports sent out; Number of recipients of policy briefs and research reports	2009-June 2010)	EfA Social Scientist PAC Manager
Participate in HIV/TB Commemoration Activities	Commemoration activity reports; Publicity materials	Number of HIV/TB commemoration activities involved in	On-going July 2009-June 2010	EfA Project Manager EfA Social Scientist PAC Manager

Malawi Communications Strategy

Primary Audiences

- HIV Unit in Ministry of Health
- District Health Office Lilongwe
- Kamuzu Central Hospital
- National AIDS Commission and other donor;
- (CDC, CAFOD, Rose Project, CIM, EFA, ART-Linc, GTZ,
- National TB Control Programme

Secondary Audiences

- Nurses and Midwife Council
- Medical Council
- Community
- ART providers
- Medical school

Objectives

1, Increase collaboration with HIV Unit

2, Increase collaboration with District Health offices

3, Increase collaboration with Kamuzu Central Hospital

4, Increase collaboration with National TB Control Programme

5, Increase collaboration with Donors and other partners in the primary audiences above.

Messages

Home testing

Back to Care , Reason of coming back to the clinic

Facilitation Skills development

Linkages of TB to ART and PMTCT to ART

Tools and Activities

- Policy briefs
- Presentations at local dissemination conferences
- Attend various technical working groups
- Promote Lighthouse website

Time Scale

See communications strategy

Monitoring and Learning

The following indicators will be used:

- Number of copies of a product initially distributed to existing list
- Percentage of those receiving a product or service that read or browsed it
- Percentage of users who are satisfied with a product or service
- Number/ percentage of users who report that a product or service changed their views
- Number and type of capacity- building efforts.
- Feedback from stakeholders.

Malawi Communications Grid

	Jun – Sep 09	Oct – Dec 09	Jan – Mar 10	Apr – Jun 10	Jul – Sep 10	Oct – Dec 10
External events	19-22 Jul: IAS pathogenesis conference, Cape Town 12th Aug: International Youth Day Implementers meeting,National AIDS dissemination conference, College of Medicine dissemination conference, Presenting abstracts	1st Oct: International Day of Older Persons 10th Oct: World Mental Health Day 15th Oct: International Day of Rural Women 17th Oct: International Day for Eradication of Poverty 20th Nov: Universal Children's Day 1st December; World AIDS Day	8th Mar: International Women's Day World AIDS day, Lighthouse Services briefs.	7th Apr: World Health Day 15th May: International Day of Families,	18-23rd July: World AIDS Conference, Vienna Abstracts for HTC for PMTCT in health centres, Paediatric Nurse Review results, Paediatric service mapping, Facilitation Skills development, Early Vs late start of ART	1st Oct: International Day of Older Persons 10th Oct: World Mental Health Day 15th Oct: International Day of Rural Women 17th Oct: International Day for Eradication of Poverty 20th Nov: Universal Children's Day 1st December; World AIDS Day
EfA & project milestones	EfA Annual Report IAS Home Testing, Back to care viral load study, Ndife Amodzi and Training abstracts.			EfA Activity plan National dissemination conference- TB/ART integration, ART toxicity, Early Vs Late start of ART in TB	EfA Annual Report Preliminary results- Trio-ped study, Paediatric Nurse review, TB/ART	

				patients	integration, ART toxicity, lactic acidosis, Lypodistrophy	
EfA generated and related publications	Report on paediatric workshop (EFA)	Back to Care paper, Defaulter paper		Results on facilitation skill development within Lilongwe District Health Office, Back to care viral load study	Paediatric service mapping (EFA), Policy briefs on Paediatric ART Nurse review, Results on Trio.ped	
EfA comms activities		Lighthouse Trainee Evaluation report	Lilongwe District Health Office Facilitation Skills development	Cross-RPC conference in London, TB/ ART integration		

India Communications Strategy

Objectives:

- To strengthen relationships with key stakeholders and engage them in dialogues
- To brainstorm on research priorities in consultation with key stakeholders
- Disseminate the identified research priorities
- To generate awareness among key stakeholders on important potentially sensitive issues
- To involve relevant Central & State Programme Officers while initiating the project
- To disseminate research findings to the key stakeholders
- To sensitise key stakeholders on the emerging research to policy implications
- To evaluate the communication strategy, its implementation and evaluation annually

Audiences:

- NACO
- Relevant central and state ministries
- ICMR
- International agencies- WHO, UNAIDS, IUATLD, UNICEF, UNFPA, USAID, UNDP, DFID, CDC
- International NGOs: HIV/ AIDS Alliance, PCI, Clinton Foundation
- SACS
- Directorate of Health Services
- Tuberculosis Research Centre, Chennai
- National Tuberculosis Institute, Bangalore
- NICED, Kolkata
- J. J. Hospital, Mumbai
- Professional Associations such as API, IMA, IAP, FOGSI, Chest society, TB control society
- Key NGOs – MAAS, FRCH, VHAI, YRG Care, ARCON,
- PLHAs- INP+, GIPA, NMP+

Following an Alignment-Interest and Influence mapping exercise, the following stakeholders were identified as priorities:

- Central Health Ministry
- DGCI
- ICHR
- Media
- International Organisations
- NGOs

Messages:

Messages will be developed as the research projects progress. Initial messages will focus on:

- Inform the key stakeholders about existence of Evidence for Action as network who work on important care, treatment and support issues pertaining to HIV/ AIDS

The content of subsequent messages will depend upon the research progress and findings

Tools and Activities:

Stakeholder	Tool	Activity	Timeline	External Event
NACO, ICMR	Meeting Project report Publications Web Posting	Hold meetings Write project report & send to NACO Write article & send to NACO	Prior to initiation, initiation and completion of project On completion of any project	Use every opportunity to sensitize about Evidence for Action/ finding National and international Conferences related to the study
Relevant central and state ministries	Meeting Project report Publications	Hold meetings Write project report & send to relevant ministry/ ies Write article & send to ministry/ ies	Prior to initiation, initiation and completion of project On completion of any project Interim or at completion	Use every opportunity to sensitize about Evidence for Action/ finding National and international Conferences related to the study
International agencies- WHO, UNAIDS, IUATLD, UNICEF, UNFPA, USAID, UNDP, DFID, CDC	Meeting Project report Publications	Hold meetings Write project report & send to relevant agency/ ies Write article & send to agency/ ies	Prior to initiation, initiation and completion of project On completion of any project Interim or at completion	Use every opportunity to sensitize about Evidence for Action/ finding Meetings organised by the relevant agency

Stakeholder	Tool	Activity	Timeline	External Event
International NGOs: HIV/ AIDS Alliance, PCI, Clinton Foundation	Meeting Project report Publications Web Posting	Hold meetings Write project report & send to NGOs Write article & send to NGOs	Prior to initiation, initiation and completion of project On completion of any project	Use every opportunity to sensitize about Evidence for Action/ finding Satellite meetings if any at the national and international Conferences related to the study Dissemination workshop
State AIDS Control Society (SACS)/ Directorate of Health Services	Meeting Project report Publications	Hold meetings Write project report & send to relevant SACS Write article & send to SACS	Prior to initiation, initiation and completion of project On completion of any project Interim or at completion	Use every opportunity to sensitize about Evidence for Action/ finding Any program review meetings
Other institutes: Tuberculosis Research Centre, Chennai **National Tuberculosis Institute, Bangalore** **NICED, Kolkata** **J. J. Hospital, Mumbai**	Meeting Project report Publications	Hold meetings Write project report & send to relevant institute Write article & send to institute	Prior to initiation, initiation and completion of project On completion of any project Interim or at completion	Use every opportunity to sensitize about Evidence for Action/ finding Meetings organised by institute

Stakeholder	Tool	Activity	Timeline	External Event
Professional Associations such as API, IMA, IAP, FOGSI, Chest society, TB control society	Project report Publications	Write project report & send to associations Write article & send to associations	Prior to initiation, initiation and completion of project On completion of any project	Use every opportunity to sensitize about Evidence for Action/ finding Conferences organised by professional
Key NGOs – MAAS, FRCH, VHAI, YRG **Care, ARCON**	Project report Publications	Write project report & send to relevant NGOs Write article & send to the NGOs	On completion of any project Interim or at completion	Use every opportunity to sensitize about Evidence for Action/ finding Dissemination workshop
PLHAs- INP+, GIPA, NMP+	Meeting Policy briefs/ leaflets	Sensitisation workshop Summarising important findings and their implications	Prior to initiation, initiation and completion of project On completion of any project	Use every opportunity to sensitize about Evidence for Action/ finding Dissemination workshop

Evaluation and learning:

The following indicators will be used to evaluate and learn from communications activities:

- Frequency of activities annually
- Number of external opportunities utilised
- Number of policy briefs that are being considered for changing policy/ practice

- Opportunities for new cooperation and collaboration that can be attributed to the communication strategy
- Document successes and failures in communication strategy and suggest remedial action

Annex 5. Products and Publications

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
1	Contrasting predictors of poor antiretroviral therapy outcomes in two South African HIV programmes: a cohort study.	BMC Public Health 2010;10:430.	Dahab M, Charalambous S, Karstedt A, Hamilton RO, Fielding KL, LaGrange L, Churchyard GJ, Grant AD.		Researchers, international & national policymakers, implementers	Yes
1	Antiviral drug resistance testing	Journal of Post graduate medicine	Sen S, Tripathy SP, Paranjape RS	July 2006	Medical Practitioners	Yes
1	Barriers to accessing antiretroviral therapy in Kisesa, Tanzania: a qualitative study of early rural referrals to the national programme.	AIDS Patient Care STDS.;20(9):649-57	Mshana G, Wamoyi J, Busza J, Zaba B, Urassa M.	Sep 2006	Researchers and health policy makers	Not open access
1	Determinants of Survival without Antiretroviral Therapy after Infancy in HIV-1 Infected African Children in the CHAP Trial,	*Journal of Acquired Immune Deficiency Syndromes* 2006;42:637-645	Walker AS, Mulenga V, Sinyinza F, Lishimpi K, Nunn A, Chintu C, Gibb DM and the CHAP Trial Team.	2006	Researchers	Yes
1	Effect of Cotrimoxizole on Causes of Death, Hospital admissions and antibiotic use in HIV-infected children in the CHAP trial	*AIDS 2006* 21:77 -84	Mulenga V, Ford D, Walker AS, Mwenya D, Mwansa J, Sinyinza F, Lishimpi K, Nunn A, Gillespie S, Zumla A, Chintu C, Gibb DM and the CHAP Trial Team	2006	Researchers	Not open access
1	Feasibility and effectiveness of cotrimoxazole prophylaxis for HIV-1- infected adults	J AIDS 2006; 42(3): 373-8.	Watera C, Whitworth JAG, Muwonge R, Todd J, Nakiyingi J, Brink A, Miiro	2006	Policy makers, International and local health	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	attending an HIV/AIDS clinic in Uganda		G, Antvelink L, Kamali A, French N and Mermin J.		partners and academicians	
1	Interactions between HIV and malaria in non-pregnant adults: evidence and implications	Editorial review. AIDS 2006; 20: 1993-2004	Hewitt K, Steketee R, Mwapasa V, Whitworth J, French N	2006	Policy makers, International and local health partners and academicians	Yes
1	Predictive value of absolute CD4 cell count for disease progression in untreated HIV-1 infected children.	*AIDS, 2006 20:1289-1294*	Dunn DT, Gibb DM, Duong T for the HIV Paediatric Prognostic Markers Collaborative Study (HPPMCS)	2006	Academics	Not open access
1	*Schistosoma mansoni,* nematode infections and progression to active tuberculosis among HIV-1-infected Ugandans.	American Journal of Tropical Medicine and Hygiene, 2006, 74:819-25	Brown M, Miiro G, Nkurunziza P, Watera C, Quigley MA, Dunne DW, Whitworth JAG, Elliott AM.	2006	Policy makers, International and local health partners and academicians	Yes
1	A national survey of the impact of rapid scale-up of antiretroviral therapy on health-care workers in Malawi: effects on human resources and survival	WHO Bulletin, Vol 85, No. 11	Makombe S, Jahn A, Tweya H *et al.*	Nov 2007	Implementers, Policy makers	Yes
1	Concerns and experiences of women participating in short term AZT intervention feasibility study for PMTCT	Culture, health and sexuality	Mawar N. Joshi PL, Sahay S, Bagul RD, Paranjape R	March – april 2007	HIV researchers and policy makers	Not open access
1	Correlates of Anxiety and depression among HIV test-seekers at a VCTC facility in	Quality of life research	Sahay S, Phadke M, Brahme R,, Paralikar V, Joshi V, Suvarne S, Risbud	Feb 2007	Researchers	Yes

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	Pune, India		A, Mate S, Mehendale S			
1	Evaluation of a Workplace HIV Treatment Programme in South Africa	*AIDS* 21(suppl 3):S73-S78	Charalambous S, Innes C, Muirhead D, Kumaranayake L, Fielding K, Pemba L, Hamilton R, Grant A, Churchyard GJ.	2007	Clinicians, policy makers	Not open access
1	Hepatotoxicity in an African antiretroviral therapy cohort: the effect of tuberculosis and hepatitis B	*AIDS* 21:1301-1308	Hoffmann C, Charalambous S, Thio CL, Martin DJ, Pemba L, Fielding KL, Churchyard GJ, Chaisson RE, Grant AD	2007	Clinicians, policy makers	Not open access
1	TB preventive therapy in the era of HIV infection: Overview and research priorities	*J Infect Dis* 196 (suppl 1):S52-S62	Churchyard GJ, Scano F, Grant AD, Chaisson RE	2007	Clinicians, researchers, policy makers	Yes
1	Understanding the community correlates of standard of care for conducting vaginal microbicide clinical trial in India	AIDS and Behaviour	Seema Sahay[1], Yasmeen Shaikh[1], Mrudula Phadke[1], Kathleeen MacQueen[2], Neelam Joglekar[1], Robert C Bollinger[3], Sanjay Mehendale[1]	2007	Researchers, international & national policymakers, implementers	Not open access
1	"That is why I stopped the ART": perspectives on barriers and enablers of adherence from patients and health providers in South Africa	*BMC Public Health* 8:63	Dahab M, Charalambous S, Hamilton R, Fielding K, Kielmann K, Churchyard GJ, Grant AD	2008	Clinicians, counsellors, programme managers	Yes
1	12 month outcomes in a workplace-based antiretroviral therapy programme in South Africa	*BMC Infectious Diseases*	Fielding KL, Charalambous S, Stenson A, Pemba L, Martin D, Wood R, Churchyard GJ, Grant AD	2008	Researchers, international & national policymakers, implementers	

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
1	24 week safety and tolerability of Nevirapine versus Abacavir in combination with Zidovudine/Lamivudine as first-line antiretroviral therapy: A randomised double-blind trial (NORA)	*TMIH* 13: 6-16	DART trial Team	2008	International and local health partners and academicians	Yes
1	A South African experience with combination antiretroviral therapy using zidovudine, lamivudine, and efavirenz: tolerability and adverse events.	*AIDS* 22:67-74	Hoffman CJ, Fielding KL, Charalambous S, Sulkowski MS, Innes C, Thio CL, Chaisson RE, Churchyard GJ, Grant AD	2008	Clinicians, policy makers	Yes
1	Contribution of reinfection to recurrent tuberculosis in South African gold miners	*Int J Tuberc Lung Dis*	Charalambous S, Grant AD, Moloi V, Warren R, Day JH, van Helden P, Hayes RJ, Fielding KL, De Cock KM, Chaisson RE, Churchyard GJ	2008	Researchers, international & national policymakers, implementers	
1	Early predictors of mortality from *Pneumocystis jirovecii* pneumonia in HIV-infected patients	*Clin Infect Dis* 46:625-633	Walzer PD, Evans HER, Copas AJ, Edwards SG, Grant AD, Miller RF	2008	Clinicians	Yes
1	Evaluation of the World Health Organization criteria for antiretroviral treatment failure among adults in South Africa	*AIDS*	Mee P, Fielding KL, Charalambous S, Churchyard GJ, Grant AD	2008	Researchers, international & national policymakers, implementers	Yes
1	Fixed duration interruptions are inferior to continuous treatment in African adults starting therapy with CD<200	*AIDS* 22: 237-47	DART Trial Team	2008	International and local health partners and academicians	Yes

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	cells/mm^3					
1	Guidelines for Use of Antiretroviral Therapy for HIV infected Individuals in India (ART Guidelines 2008).	J Assoc Physicians India 56:339-72.	Sanjay Pujari, Atul Patel, Shashank Joshi, Raman Gangakhedkar, N Kumarasamy and SB Gupta	2008	Researchers	Yes
1	Impact of cotrimoxazole prophylaxis on antimicrobial resistance in carriage isolates of Streptococcus pneumoniae among HIV-infected mineworkers in South Africa	*J Infect* 56:171-178	Pemba L, Charalambous S, von Gottberg A, Magadla B, Moloi V, Seabi O, Wasas A, Klugman K, Chaisson RE, Fielding KL, Churchyard GJ, Grant AD	2008	Clinicians, policy makers	Not open access
1	Neutralizing antibody responses in recent seroconverters with HIV1 subtype C infections in India.	AIDS Res Hum Retroviruses 24:1159-66	Kulkarni S, Tripathy S, Gangakhedkar R, Jadhav S, Agnihotri K, Sane S, Bollinger R, Paranjape	2008	Researchers	Not open access
1	Profile of Primary Resistance in Human Immunodeficiency Virus Type 1 (HIV-1)-Infected Treatment-Naive Individuals from Western India.	AIDS Research and Human retroviruses.24 (7): 987-990	Mahima Lall, R M Gupta, Sourav Sen, Ketoki Kapila, S P Tripathy and R S Paranjape.	July 2008	Researchers	Not open access
1	Risk factors for lactic acidosis and severe hyperlactataemia in HIV-infected adults exposed to anti-retroviral therapy: An international case-control study	*AIDS* 21:2455–2464	Arenas Pinto A, Grant AD, Dunn D, Carr A, Reiss P, Edwards S, Lundgren J, Overton T, Martinez E, Copas A, Chan P, Weber R, Bhaskaran K, Weller I, on behalf of the Lactic Acidosis International Study Group	2008	Clinicians, policy makers	Not open access
1	Severe renal dysfunction and risk factors associated with	*Clin Infect Dis* 46: 1271- 1281	Reid AJ, Stohr W, Walker AS, Williams IG, Kityo C,	2008	International and local health	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	renal impairment in adults with HIV infection in Africa initiating Antiretroviral Therapy		Hughes P, Kambugu A, Gilks CF, Mugyenyi P, Munderi P, Hakim J, Gibb DM, (on behalf of the DART team):		partners and academicians	
1	The Indian Pediatric HIV Epidemic.	Curr HIV Res 6:419-32.	Harjot Kaur Singh, Amita Gupta, George Kelly Siberry, Nikhil Gupte, Jayagowri Sastry, Arti Kinikar, Ira Shah, Raman R. Gangakhedkar, Robert C Bollinger, Vinay Kulkarni R.	2008	Researchers	Not open access
1	Use of WHO clinical stage for assessing patient eligibility to antiretroviral therapy in a routine health service setting in Jinja, Uganda	*AIDS Research and Therapy* 5: doi:10.1186/1742-6405-5-4	Jaffar S, Birungi J, Grosskurth H, Amuron B, Namara G, Nabiryo C, Coutinho A:	2008	International and local health partners and academicians	Yes
1	Managing HIV therapy literacy in resource limited setting. HIV therapy ;	Vol 3 (4)2009; IBN 1758 – 4310	Sahay S, Ghate M, Mehendale SM.	2009	Clinicians, researchers, policy makers	Not open access
1	Suitability of simple human immunodeficiency virus rapid tests in clinical trials in community-based clinic settings	*J Clin Micro* 2009;47:1058-1062	Everett DB, Baisley K, Changalucha J, Vallely A, Watson-Jones D, Cook C, Knight L, Ross DA, Mugeye K, McCormack S, Lacey CJ, Jentsch U, Hayes RJ	2009	Researchers, programme managers	Yes
1	Adverse events with isoniazid preventive therapy: experience from a large trial.	AIDS 2010;24(suppl 5):S29-S36.	Grant AD, Mngadi KT, van Halsema CL, Luttig MM, Fielding KL, Churchyard GJ.	2010	Researchers, international & national policymakers,	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
					implementers	
1	An appraisal of indicators used to monitor the treated population in antiretroviral programmes in low-income countries	AIDS 2010, 24:2603–2607	Hoskins S, Weller A, Jahn A, Kaleebu P, Malyuta R, Kirungi W, Fakoya A, Porter K	2010	Researchers, international & national policymakers, implementers	Not open access
1	Antiretroviral therapy initiation with a protease inhibitor versus a non-nucleoside reverse transcriptase inhibitor combination and switch at higher versus low viral load in HIV-infected children: an open randomised controlled phase 2/3 trial.	Lancet Infectious Diseases.Published online 1st February 2011. DOI:10.1016/S1473-3099(10)70313-3.	The PENPACT-1 (PENTA 9 / PACTG 390) Study Team.	2010	Researchers, international & national policymakers, implementers	Not open access
1	Association of isoniazid preventive therapy with lower early mortality in individuals on antiretroviral therapy in a workplace programme in South Africa.	AIDS 2010;24(suppl 5):S5-S13.	Charalambous S, Grant AD, Innes C, Hoffmann CJ, Dowdeswell R, Pienaar J, Fielding KL, Churchyard GJ.	2010	Researchers, international & national policymakers, implementers	Not open access
1	Contrasting predictors of poor antiretroviral therapy outcomes in two South African HIV programmes: a cohort study.	BMC Public Health 2010;10:430.	Dahab M, Charalambous S, Karstedt A, Hamilton RO, Fielding KL, LaGrange L, Churchyard GJ, Grant AD.	2010	Researchers, international & national policymakers, implementers	Yes
1	Drug resistance in human immunodeficiency virus type-1 infected Zambian children	Pediatr Infect Dis J 2010 29(8): p. e57-62.	Gupta, R.K., D. Ford, V. Mulenga, A.S. Walker, D. Kabamba, M. Kalumbi, P.R.	2010	Researchers, international & national	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	using adult fixed dose combination stavudine, lamivudine, and nevirapine.		Grant, A. Ferrier, D. Pillay, D.M. Gibb, and C. Chintu,		policymakers, implementers	
1	Evolution of drug resistance during 48 weeks of zidovudine /lamivudine/ tenofovir in the absence of real-time viral load monitoring.	J Acquir Immune Defic Syndr. 2010 Oct 1;55(2):277-83.	Lyagoba F, Dunn D, Pillay D, Kityo C, Robertson V, Tugame S, Hakim J, Munderi P, Ndembi N, Gilks C, Yirrell D, Burke A, Kaleebu P, (on behalf of the DART Virology and Trial Team):	2010	Researchers, international & national policymakers, implementers	Not open access
1	Impact of cotrimoxazole on carriage and antibiotic resistance of Streptococcus pneumoniae and Haemophilus influenzae in HIV-infected children in Zambia.	Antimicrob Agents Chemother.2010: 54(9): p. 3756-62. (sept)	Mwenya, D.M., B.M. Charalambous, P.P. Phillips, J.C. Mwansa, S.L. Batt, A.J. Nunn, S. Walker, D.M. Gibb, and S.H. Gillespie,	2010	Researchers, international & national policymakers, implementers	Yes
1	Impact of daily cotrimoxazole prophylaxis in severely immunosuppressed HIV-infected adults in Africa started on combination antiretroviral therapy; an observational analysis of the DART trial cohort	The Lancet, Volume 375, Issue 9722, Pages 1278 - 1286, 10 April 2010	Walker AS, Ford D, Gilks CF, Munderi P, Ssali F, Reid A, Katabira E, Grosskurth H, Mugyenyi P, Hakim J, Darbyshire JH, Gibb DM, Babiker AG	November 2010	Researchers, international & national policymakers, implementers	Not open access
1	Opinion piece: Why has isoniazid preventive therapy among people with HIV infection not demonstrated an	AIDS 2010;24 (suppl 5):15-S19.	Grant AD, Fielding KD, Charalambous S, Chaisson RE, Churchyard GJ.	November 2010	Researchers, international & national policymakers,	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	effect on mortality?				implementers	
1	Limited sampling models to predict the pharmacokinetics of nevirapine, stavudine and lamivudine in African HIV-infected children treated with pediatric fixed-dose combination tablets.	Therapeutic Drug Monitoring 2010;32:369–372.	Burger D, Ewings F, Kabamba D, L'homme R, Mulenga V, Kankasa C, Thomason M, Gibb DM, Chintu C, Walker AS.	2010	Researchers, international & national policymakers, implementers	Not open access
1	Nevirapine/Zidovudine/Lamivudine has superior immunological and virological responses but poorer clinical outcomes in a randomised comparison with Abacavir/ Zidovudine/ Lamivudine through 48 weeks in HIV-infected Ugandan adults with low CD4 counts.	HIV Medicine Volume 11, Issue 5, pages 334–344, May 2010	Munderi P, Walker AS, Kityo C, Babiker AG, Ssali F, Reid A, Darbyshire JH, Grosskurth H, Mugyenyi P, Gibbs DM, Gilks CF, (on behalf of the DART/NORA trial team)	2010	Researchers, international & national policymakers, implementers	Not open access
1	Pharmacokinetics and acceptability of once- versus twice-daily lamivudine and abacavir in HIV type-1-infected Ugandan children in the ARROW Trial.	Antivir Ther. 2010;15(8):1115-24.	Musiime V, Kendall L, Bakeera-Kitaka S, Snowden WB, Odongo F, Thomason M, Musoke P, Adkison K, Burger D, Mugyenyi P, Kekitiinwa A, Gibb DM, Walker AS; ARROW Trial team.	2010	Researchers, international & national policymakers, implementers	Not open access
1	Pharmacokinetics of Lopinavir/Ritonavir with and without non-nucleoside reverse transcriptase inhibitors in Uganda HIV-	Antimicrob Agents Chemother 2010: 54(7): 2965-2973.	Kityo C, Walker AS, Dickinson L, Lutwama F, Kayiwa J, Ssali F, Nalumenya R, Tumukunde D, Munderi P, Reid A, Gilks	November 2010	Researchers, international & national policymakers, implementers	Yes

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	infected adults.		CF, Gibb DM, Khoo S, (on behalf of the DART Trial team)			
1	Reducing mortality with co-trimoxazole preventive therapy at initiation of antiretroviral therapy in South Africa.	AIDS 2010;24:1709-1716	Hoffmann CJ, Fielding KL, Charalambous S, Innes C, Chaisson RE, Grant AD, Churchyard GJ.	2010	Researchers, international & national policymakers, implementers	Not open access
1	Risk factors for mortality in adult patients accessing antiretroviral treatment in a community based programme in South Africa.	BMC Public Health 2010;10:433.	Russell E, Charalambous S, Churchyard GJ, Grant AD, Fielding KL.	2010	Researchers, international & national policymakers, implementers	Yes
1	Routine versus clinically driven laboratory monitoring of HIV antiretroviral therapy in Africa (DART): a randomized non-inferiority trial.	Lancet 2010;375(9709):123-31.	Mugyenyi P, Walker AS, Hakim J, Munderi P, (DART trial team)	2010	Researchers, international & national policymakers, implementers	Not open access
1	Strategies for nevirapine initiation in HIV-infected children taking paediatric fixed-dose combination 'baby pills' in Zambia: a randomised controlled trial.	Clinical Infectious Diseases 2010; 51(9):1081-1089	Mulenga V, Cook A, Walker AS, Kabamba D, Chijoka C, Ferrier A, Kalengo C, Kityo C, Kankasa C, Burger D, Thomason M, Chintu C, Gibb DM.	2010	Researchers, international & national policymakers, implementers	Not open access
1	Survey of children accessing HIV services in a high prevalence setting: time for adolescents to count?	Bull World Health Organ. 2010 Jun;88(6):428-34.	Ferrand R, Lowe S, Whande B, Munaiwa L, Langhaug L, Cowan F, Mugurungi O, Gibb D, Munyati S, Williams BG, Corbett EL.	2010	Researchers, international & national policymakers, implementers	Yes
1	Undiagnosed HIV Infection	Clin Infect Dis. 2010	Ferrand RA, Munaiwa L,	August 2010	Researchers,	Not open

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	among Adolescents Seeking Primary Health Care in Zimbabwe.	Aug 30.	Matsekete J, Bandason T, Nathoo K, Ndhlovu CE, Munyati S, Cowan FM, Gibb DM, Corbett EL.		international & national policymakers, implementers	access
1	Viral rebound and emergence of drug resistance in the absence of viral load testing: a randomised comparison between zidovudine-lamivudine plus Nevirapine and Combivir/Nevirapine and zidovudine-lamivudine plus Abacavir.	J Infect Dis. 2010; 201(1): 106-13.	Ndembi N, Goodall RL, Dunn DT, McCormick A, Burke A, Lyagoba F, Munderi P, Katundu P, Kityo C, Robertson V, Yirrell DL, Walker AS, Gibb DM, Gilks CF, Kaleebu P, Pillay D (on behalf of the DART Virology Group and Trial Team)	2010	Researchers, international & national policymakers, implementers	Not open access
1	Isoniazid preventive therapy for HIV-infected people: evidence to support implementation.	AIDS 2010;24(suppl 5):S1-S3.	Eldred LJ, Churchyard GJ, Durovni B, Godfrey-Faussett P, Grant AD, Getahun H, Chaisson RE.	November 2010	Researchers, international & national policymakers, implementers	Not open access
1	Hospitalisation for severe malnutrition amongst HIV-infected children starting antiretroviral therapy in the ARROW trial.	AIDS. 2011 Feb 22. [Epub ahead of print]	Prendergast A, Bwakura-Dangarembizi M, Cook A, Bakeera-Kitaka S, Natukunda E, Nahirya P, Nathoo K, Karungi C, Lutaakome J, Kekitiinwa A, Gibb DM.	2011	Researchers, international & national policymakers, implementers	Not open access
1	Improved growth and anaemia in HIV-infected African children taking cotrimoxazole prophylaxis	Clin Infect Dis. 2011 Apr 1;52(7):953-6.	Prendergast A, Walker As, Mulenga V, Chintu C, Gibb DM.	2011	Researchers, international & national policymakers, implementers	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
1	Low Incidence of Abacavir Hypersensitivity Reaction Among African Children Initiating Antiretroviral Therapy	Pediatr Infect Dis J. 2011 Jun;30(6):535-537.	Nahirya-Ntege P, Musiime V, Naidoo B, Bakeera-Kitaka S, Nathoo K, Munderi P, Mugyenyi P, Kekitiinwa A, Bwakura-Dangarembizi MF, Crawley J; on Behalf of the ARROW Trial Team.	2011	Researchers, international & national policymakers, implementers	Not open access
1	Monitoring of highly active antiretroviral therapy in HIV infection.	Clinical Opinions in Infectious Diseases. Curr Opin Infect Dis. 2011 Feb;24(1):27-33.	Walker AS, Gibb DM.	2011	Researchers, international & national policymakers, implementers	Not open access
1	The Impact of Cotrimoxazole Prophylaxis and Antiretroviral therapy on mortality and hospital admissions in HIV-infected Zambian children	Clinical Infectious Diseases, *HIV/AIDS CID, 2007:44*	Walker AS, Mulenga V, Ford D, Kabamba K, Sinyinza F, Kankasa C, Chintu C, Gibb DM and the CHAP Team	15th May 2007	Academics	Not open access
2	Communication between private practitioners and their patients around HIV testing in Pune, India: gaps in policy and practice	Health Policy and Planning 21(5): 343-352	Datye, V., K.Kielmann, K. Sheikh, D. Deshmukh, S. Deshpande, J. Porter and S.Rangan	2006	Academics, practitioners	Not open access
2	Considerations in the design of randomized controlled trials evaluating the optimal time to initiate antiretroviral therapy in previously untreated HIV-1 infected patients	*Current Opinion in HIV and AIDS Vol 1, No 6, 488-494*	Babiker AG and Gibb DM	*November 2006*	Academics, practitioners	Not open access
2	Public private partnerships for equity of access to care for TB	Transactions of the Royal Society of	Sheikh, K., Porter, J., Kielmann,K. and S. Rangan	2006	Academics,	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	and HIV/AIDS: lessons from Pune, India	Tropical Medicine and Hygiene 100(4): 312-320				
2	Treatment interruption in children with HIV infection	*Current Opinion in HIV and AIDS, 2007: 2:62-68*	Green H & Gibb DM	October 2006	Academics, practitioners	Not open access
2	Attitudes to directly observed antiretroviral treatment amongst miners in South Africa	*Sex Transm Infect* 83;383-386.	Page-Shipp LS, Charalambous S, Roux S, Dias B, Sefuthi SC, Churchyard GJ, Grant AD	2007	Clinicians, policy makers	Not open access
2	Establishing a workplace antiretroviral therapy programme in South Africa.	*AIDS Care* 2007;19:34-41.	Charalambous S, Grant AD, Day JH, Pemba L, Chaisson RE, Kruger P, Martin D, Wood R, Brink B, Churchyard GJ.	2007	Programme managers, clinicians, researchers	Not open access
2	Increasing antiretroviral drug access for children with HIV infection	*PMID: 17403860*	Haven PL, Gibb DM	April 2007	Academics, practioners	Not open access
2	The use of data from HIV counselling and testing services for HIV surveillance in Africa.	Lancet; 369:612-613	Mwaluko G, Wringe A, Todd J, Glynn J, Crampin M, Jaffar S, Kalluvya S, Zaba B.	Feb 2007	Researchers and users of medical research	Not open access
2	Undiagnosed tuberculosis in a community with high HIV-prevalence: implications for TB control.	*Am J Resp Crit Care Med* 2007;175:87-93.	Wood R, Middelkoop K, Myer L, Grant AD, Whitelaw A, Lawn SD, Kaplan G, Huebner R, McIntyre J, Bekker L-G.	2007	Programme managers, clinicians, researchers	Yes
2	Use of traditional medicine by HIV-infected individuals in South Africa in the era of antiretroviral therapy.	*Psychology, Health and Medicine* 2007;12:314-320.	Babb DA, Pemba L, Seatlanyane P, Charalambous S, Churchyard GJ, Grant AD.	2007	Programme managers, clinicians, researchers	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
2	Patterns of individual and population- level adherence to ART and risk factors for poor adherence in the first year of the DART trial in Uganda and Zimbabwe	J Acquir Immune Defic Syndr. 2008 Aug 1;48(4):468-75.	Muyingo S, Todd J, Walker S, Reid A, Levin J, Munderi P, et al.	2008	Researchers, international & national policymakers, implementers	Yes
2	Scaling up stigma? The effects of antiretroviral roll-out on stigma and HIV testing. Early evidence from rural Tanzania.	Sex Transm Infect. 2009 Aug;85(4):308-12. Epub 2008 Nov 26.	Roura M, Urassa M, Busza J, Mbata D, Wringe A, Zaba B.	November 2008	Researchers, policy makers	Yes
2	"Just like fever": a qualitative study on the impact of antiretroviral provision on the normalisation of HIV in rural Tanzania and its implications for prevention.	BMC Int Health Hum Rights. 2009 Sep 9;9:22.	Roura M, Wringe A, Busza J, Nhandi B, Mbata D, Zaba B, Urassa M	September 2009	Academics, policy makers	Yes
2	Verbal autopsy can consistently measure AIDS mortality: validation study in Tanzania and Zimbabwe.	J Epidemiol Community Health. 2010 Apr;64(4):330-4. Epub 2009 Oct 23.	Lopman B, Cook A, Smith J, Chawira G, Urassa M, Kumogola Y, Isingo R, Ihekweazu C, Ruwende J, Ndege M, Gregson S, Zaba B, Boerma TJ	October 2009	Researchers	Yes
2	Antiretroviral program associated with reduction in untreated prevalent tuberculosis in a South African township.	Am Rev Respir Crit Care Med 2010;182:1080-1085.	Middelkoop K, Bekker L-G, Myer L, Whitelaw A, Grant A, Kaplan G, McIntyre J, Wood R	2010	Researchers, international & national policymakers, implementers	Not open access
2	Barriers to implementation of isoniazid preventive therapy in HIV clinics: a qualitative study.	AIDS 2010;24(suppl 5):S45-S48.	Lester R, Hamilton R, Charalambous S, Dwadwa T, Chandler C, Churchyard	2010	Researchers, international & national	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
			GJ, Grant AD.		policymakers, implementers	
2	Delivering comprehensive home-based care programmes for HIV in low- and middle-income countries: A review of lessons learned and challenges ahead	Journal of Health Policy and Planning, London	Wringe, A., Cataldo F., Fakoya A., Stevenson N.	2010	Policy makers, progamme implementers	Not open access
2	Managing ethical issues around barriers to anti retro viral treatment adherence in Maharashtra, India	IJME 2010: 7 (4), P. 291	Joglekar N, Paranjape R, Jain R, Rahane G, Potdar R, Sahay S	2010	All	Yes
2	Tracking the rise of the "expert patient" in evolving paradigms of HIV care.	AIDS Care. 2010;22 Suppl 1:21-8.	Kielmann K, Cataldo F	2010	Researchers, international & national policymakers, implementers	Not open access
2	Contrasting reasons for discontinuation of antiretroviral therapy in workplace and public-sector HIV programs in South	AIDS Patient Care STDS Africa. 2011;25:53-9.	Dahab M, Kielmann K, Charalambous S, Karstedt AS, Hamilton RO, LaGrange L, Fielding KL, Churchyard GJ, Grant AD.	2011	Researchers, international & national policymakers, implementers	Not open access
3	Clinical assessment of children. Management of clinical conditions in children. Integration of palliative care with ART in children. 3 chapters in: Gwyther L, Merriman A, Seburiya L, Schietinger H (editors): A clinical guide to supportive	Foundation for Hospices in Sub-Saharan Africa, 2006 edition.	Roux P, Adams V, Barigye H.	2006	Policy makers, International and local health partners and academicians	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	and palliative care for HIV/AIDS in Sub-Saharan Africa.					
3	Integrating research into routine service delivery in an antiretroviral treatment programme: lessons learnt from a cluster randomised trial comparing different strategies of HIV care in Jinja, Uganda.	Trop Med Int Health. 2008 Jun;13(6):795-800. Epub 2008 Mar 18.	Jaffar S, Amuron B, Birungi J, Namara G, Nabiryo C, Coutinho A, Grosskurth H:	March 2008	International and local health partners and academicians	Yes
3	New Forms of Citizenship and Socio-political Inclusion: Accessing Antiretroviral Treatment in a favela	Sociology of Health & Illness, Volume 30, Number 6, September 2008 , pp. 900-912(13).	F. Cataldo	October 2008	Policy makers, academia	Not open access
1, 2	A study comparing sexually transmitted infections and HIV among ex-red-light district and non-red-light district sex workers after the demolition of Baina red-light district	Journal of Aquired Immune Deficiency Syndrome	Maryam Shamanesh, Sonali Wayal, Andrew Copas et al	June 2009 (epub)	Researchers	Not open access
3	Community and Health systems; mice and elephants?	Health Service Review	Ade Fakoya, Lee Abdefadil	June 2009	Policy Makers, Health Service Managers	
1,2	Effect of provider-initiated testing and counselling and integration of ART services on access to HIV diagnosis and treatment	BMC Pediatrics 2009, 9:80 doi:10.1186/1471-2431-9-80	R Weigel et al	2009	Clinicians, researchers, policy makers	Yes

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	for children in Lilongwe, Malawi: a pre- post comparison					
1,2	Empowering Women through Advances in HIV Prevention: The Role of Microbicides.	Reproductive Health Management pp.302-341, (2009).	Sahay S.	2009	Clinicians, researchers, policy makers	Not open access
1,2	HIV infection does not affect active case finding of tuberculosis in South African gold miners.	*Am Rev Respir Crit Care Med* 2009;180:1271-8.	Lewis J, Charalambous S, Day JH, Fielding KL, Grant AD, Hayes RJ, Corbett EL. Churchyard GJ.	2009	policy makers, clinicians, academics	Yes
1, 2	Suicidal behaviour among female sex workers in Goa, India: the silent epidemic	American Journal of Public Health 2009, Vol 99, no 7	Maryam Shahmanesh, Sonali Wayal, Frances Cowan et al	July 2009	Policy makers, health organisations	Not open access
1,2	Supporting children to adhere to anti-retroviral therapy in urban Malawi: multi method insights	BMC Pediatrics 2009, 9:45 doi:10.1186/1471-2431-9-45	R Weigel et al	2009	Clinicians, researchers policy makers	Yes
1, 2	The “Seeded” Focus Group: A strategy to recruit HIV+ community members into treatment research	Sex Transm Infect 2009; 85 212-215	Busza J, Zaba B, Urassa M	2009	Researchers	Not open access
1,2	Viremia, resuppression, and accumulation of resistance in HIV subtype C during first-line antiretroviral therapy in South Africa.	*Clin Infect Dis* 2009;49:1928-35.	Hoffmann CJ, Charalambous S, Sim J, Ledwaba J, Schwikkard G, Chaisson RE, Fielding K, Churchyard G, Morris L, Grant AD.	2009	policy makers, clinicians, academics	Not open access
3	Barriers and outcomes: TB patients co-infected with HIV accessing antiretroviral therapy in rural Zambia.	AIDS Care.	Mutale Chileshe; Virginia Anne Bond.	(August 2010)	Researchers, international & national policymakers,	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
					implementers	
1,2	Early active follow-up of patients on antiretroviral therapy (ART) who are lost to follow-up: the 'Back-to-Care' project in Lilongwe, Malawi	Tropical Medicine and International Health, volume 15 suppl. 1 pp 82–89 June 2010	H Tweya et al	2010	Clinicians, researchers, policy makers	Not open access
1, 2	Exploring gender issues and needs of family care. providers of PLHAs: Case study from Pune, India	IJME 2010: 7 (4), P 277	Kohli, Karve L, Purohit V, Bhalerao V, Kharvande S, Rangan S, Sahay S	2010	All	Yes
1, 2	Factors influencing children's uptake of HIV care and treatment in South Africa – a qualitative study of caregivers and clinic staff.	AIDS Care 2010;22:1101-1107.	Yeap A, Hamilton R, Charalambous S, Geissler W, Grant AD.	2010	Target: clinicians, policy makers, programme managers.	Not open access
1,2	Impact of aciclovir on ulcer healing, lesional, genital and plasma HIV-1 RNA among patients with genital ulcer disease in Malawi	Sex Transm Infect published online doi: 10.1136/sti.2009.041814	S Phiri et al	2010	Clinicians, researchers, policy makers	Not open access
3	It is not an easy decision on HIV, especially in Zambia: opting for silence, limited disclosure and implicit understanding to retain a wider identity.	AIDS Care.	Virginia Anne Bond.	(August 2010)	Researchers, international & national policymakers, implementers	Not open access
3	Symptom and chest radiographic screening for	AIDS 2010;24(suppl 5):S29-S36.	Churchyard GJ, Fielding KL, Lewis JJ, Chihota VN,	2010	Researchers, international &	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	infectious tuberculosis prior to starting isoniazid preventive therapy: yield and proportion missed at screening.		Hanifa Y, Grant AD.		national policymakers, implementers	
1,2	Tracking the model 'citizen' in evolving conceptions of the patient	AIDS CARE	Kielmann K., Cataldo F.	2010	Academics, policy makers, programme implementers	Not open access
1,2	Tuberculosis outcomes and drug susceptibility in individuals exposed to isoniazid preventive therapy in a high HIV prevalence settings.	*AIDS* 2010; 24:1051-5.	van Halsema CL, Fielding KL, Chihota VN, Russell EC, Lewis JJC, Churchyard GJ, Grant AD	2010	*policy makers, clinicians, academics*	Not open access
1, 2.	12- versus 6-monthly radiological screening for the active case-finding of tuberculosis: a randomised controlled trial.	Thorax 2011;66:134-9.	Churchyard GJ, Fielding K, Roux S, Corbett EL, Chaisson RE, De Cock KM, Hayes RJ, Grant AD.	April 2011	Target: clinicians, policy makers, programme managers.	Not open access
1,2	The burden and determinants of HIV and sexually transmitted infections in a population-based sample of female sex workers in Goa, India	Sexually Transmitted Infections 2009, 85; 50-59	Maryam Shamanesh, Frances Cowan, Sonali Wayal et al	6th August 2008	Researchers	Not open access
3	What impact do Global health initiatives have on human resources for anti-retroviral treatment roll-out? A qualitative policy analysis of implementation processes in Zambia	Human Resources for Health	Johanna Hanefeld Maurice Musheke	10th Feb 2009	Policy makers, ART implementers, local and international health organisations,	Yes

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
					academics and students	
4	Improving communication of research findings: identifying the sources of information most important to national disease control officers in low- and middle-income countries	Tropical Medicine and International Health	Justin Parkhurst, Alexandra Hyde, Annabelle South, Lara Brehmer, Alexandra Miller and James N. Newell	October 2010	Researchers, communications officers, knowledge brokers	Not open access
4	National policy development for cotrimoxazole prophylaxis in Malawi, Uganda and Zambia: the relationship between Context, Evidence and Links.	Health Research Policy and Systems 2011, 9(Suppl 1):S6	Hutchinson E, Parkhurst, J, Droti B, Gibb DM, Chishinga N, Phiri S, Hoskins S, ,	2011	Researchers and policy-makers.	Yes
4	Getting research into policy, or out of practice, in HIV?	The Lancet, 374, 1414-1415	Parkhurst A, Weller I, Kemp J	24th April 2010	Researchers, programme managers	Yes
4	Translating evidence into policy in low-income countries: lessons from cotrimoxazole preventive therapy	Bulletin of the World Health Organization 2011;89: 312-316. doi: 10.2471/BLT.10.077743	Hutchinson, E, Droti,B, Gibb DM, Chishinga, N, Hoskins, S Phiri,S and Parkhurst, J.	28 February 2011	Medics, researchers and Policy-makers	Yes
2, 3	Patient-reported barriers and drivers of adherence to antiretrovirals in sub-Saharan Africa: a meta-ethnography	Tropical Medicine & International Health. volume 15 suppl. 1 pp 1–18 April 2010	Sonja Merten, Elise Kenter, Oran McKenzie, Maurice Musheke, Harriet Ntalasha and Adriane Martin-Hilber	April 2010	HIV policy makers, donors, HIV programme implementers	Not open access
2, 3	The impact of Global Health Initiatives at national and sub-	AIDS Care.	Hanefeld, J.	2010	Researchers, international &	Not open access

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open Access?
	national level -a policy analysis of their role in implementation processes of antiretroviral treatment (ART) roll-out in Zambia and South Africa.				national policymakers, implementers	
2, 3	Validation of brief screening tools for depressive and alcohol use disorders among TB and HIV patients in primary care in Zambia	BMC Psychiatry 2011, 11:75	Nathaniel Chishinga, Eugene Kinyanda, Helen A Weiss, Vikram Patel, Helen Ayles and Soraya Seedat	May 2011	Clinicians in primary care and Policy makers	Yes
1,2,3	Alternatives to randomisation in the evaluation of public-health interventions: design challenges and solutions	*J Epidemiol Community Health* 2009;0:doi:10.1136/jech.2008.082602	Bonell CP, Hargreaves JR, Cousens SN, Ross DA, Hayes RJ, Petticrew M, Kirkwood B	2009	Researchers	Not open access
4	Designing and implementing a communications strategy: lessons learnt from HIV and Sexual and Reproductive Health Research Programme Consortia	*Health Research Policy & systems*, 2011, **9**(Suppl 1):S15 Doi: 10.1186/1478-4505-9-S1-S15	Annabelle South	2011	Researchers	Yes

Peer-reviewed publication in press or submitted

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open access?
1	Acute kwashiorkor in HIV-infected African children starting antiretroviral therapy in the ARROW	Clinical Infectious Diseases (in press)	Prendergast A, Bwakura-Dangarembizi M, Cook A, Kitaka S, Natukunda E, Nahirya P, Nathoo K,		Researchers, international & national policymakers,	

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open access?
	trial.		Karungi C, Lutaakome J, Kekitiinwa A, Gibb DM.		implementers	
1, 2.	Changing predictors of mortality over time from cART start in Africa: implications for care	JAIDS	Hoffmann CJ, Fielding KL, Johnston V, Charalambous S, Innes C, Moore RD, Chaisson RE, Grant AD, Churchyard GJ.	(submitted to JAIDS).	Target: clinicians, policy makers, programme managers.	not open access
1, 2.	Cytomegalovirus viremia as a risk factor for mortality prior to antiretroviral therapy among HIV-infected gold miners in South Africa.	PLoS One	Fielding KL, Koba A, Grant AD, Charalambous S, Day JH, Spak C, Wald A, Huang M-L, Corey L, Churchyard GJ.	(submitted to PLoS One)	Target: clinicians, policy makers, programme managers.	open access
1, 2.	High prevalence of distal sensory polyneuropathy in antiretroviral-treated and -untreated people with HIV in Tanzania	TMIH	Mullin S, Temu A, Kalluvya S, Grant A, Manji H.	(submitted to TMIH)	Target: clinicians, policy makers, programme managers.	not open access
1, 2.	Integrated tuberculosis and HIV care in a resource-limited setting: experience from the Martin Preuss Centre, Malawi.	Tropical Medicine International Health	Phiri S, Khan P, Grant AD, Gareta D, Tweya H, Kalulu M, Chaweza T, Mbetewa L, Kanyerere H, Weigel R, Feldacker C.	(submitted to Tropical Medicine International Health)	Target: clinicians, policy makers, programme managers.	not open access
3	Referral of TB patients for HIV testing: practice and implications for national programme	Internal review	Tripathy S, Sharma R, Gangakhedkar R, Paranjape R	-	Policy Makers	Yes
3	TB chemoprophylaxis for	Internal review	Sharma R, Tripathy S,	-	Policy Makers	Yes

Theme	Title of article	Title of journal, volume and number	Authors	Date of publication	Target Audience	Open access?
	the household contacts of TB patient's current practices and gaps.		Paranjape R, Gangakhedkar R			
4	The development of health policy in Malawi: The influence of context, evidence and links in the creation of a national policy for cotrimoxazole prophylaxis	Malawi Medical Journal	Eleanor Hutchinson, Justin Parkhurst, Sam Phiri, Susan Hoskins.	Submitted	Researchers and policy makers in Malawi	Yes
4	The impact of context, evidence and networks in health policy processes: the case of cotrimoxazole prophylaxis in Zambia	Health Policy and Planning	Eleanor Hutchinson, Justin Parkhurst, Nathaniel Chishinga, Diana Gibb and Susan Hoskins	Re-submitted with corrections	Researchers and policy makers.	No
2	Exploring issues of the family care providers of HIV infected individuals: Responses from Urban area of Pune	Internal review	Rewa Kohli, Vidula Purohit, Latika Karve, Vinod Bhale Rao, Shilpa Kharvande, Sheela Rangan, Ramesh Paranjape, Seema Sahay	-	Policy Makers	No
3	Barriers to anti retroviral treatment adherence among national art roll out program in Maharashtra, India	Under Revision with Indian Journal of Medcal Research, 2011	Joglekar N, Paranjape R, Jain R, Rahane G, Potdar R, Reddy KS, Sahay S		All	No

Books or book chapters

Theme	Title of chapter	Title of publication	Target Audience	Date of publication	Authors
1		Priority interventions: Prevention, treatment and care in the Health sector	Progamme implementers, Policy makers	01/09	The World Health Organisation : A Fakoya, D Rajaraman, M Dhaliwal, C Green (contributing authors)
1	Clinical assessment of children. Management of clinical conditions in children. Integration of palliative care with ART in children.	A clinical guide to supportive and palliative care for HIV/AIDS in Sub-Saharan Africa. Foundation for Hospices in Sub-Saharan Africa, 2006 edition.		2006	Barigye H, Roux P, Adams V
1	HIV in the developing world	Oxford Textbook of Medicine	Clinicians	2008	Alison Grant, Kevin De Cock
1, 2	In: Hill D et al (eds). Hunter's Tropical Medicine. 9th edition.	HIV and tuberculosis, malaria and pneumococcal disease.	clinicians and medical students	2011 (in press).	Grant AD.
1, 2	In: Warrell DA, Cox TM, Firth JD (eds). Oxford Textbook of Medicine. 5th edition. Oxford: Oxford University Press, 2010.	HIV in the developing world.	Target audience: clinicians and medical students	2010	Grant AD, De Cock KM.
3	New Forms of Citizenship and Socio-political Inclusion: Accessing Antiretroviral Treatment in a favela	Pharmaceuticals and Society: Critical Discourses & Debates (Williams, Gabe, Davis, Eds.), *Sociology of Health and Illness Monograph,*	Academia, policy makers	02/09	F. Cataldo

Theme	Title of chapter	Title of publication	Target Audience	Date of publication	Authors
		Blackwell London.			
1	Surveillance studies and interpretation	TB handbook (volume 3)	Clinicians, Public Health Practitioners, Academics	2006	Helen Ayles Peter Godfrey-Faussett, Nolda Beyers, Don Emerson Editor: Stefan Kaufmann
3	Understanding delays in accessing HIV care and treatment among HIV-positive adults in rural Tanzania. .	Conference abstracts, AIDS Impact conference, Marseilles, France	Researchers and users of medical research	July 2007	Wringe A, Roura M, Mbata D, Nhandi B, Nsigaye R, Busza J Zaba B, Urassa M.

Policy Briefs

Theme	Title of brief	Date	Target audience
3	"HIV/AIDS, communities and health systems" Submission to the DFID health strategy consultation	07/06	DFID
2	"How the G8 can keep the promise of Universal Access by 2010" (produced by the Stop AIDS Campaign of the UK Consortium on AIDS and International Development, with the Alliance being a contributor to the document)	02/07	G8
3	"Policy Briefing: Strengthening Health Services to Achieve Universal Access by 2010" (produced by the Stop AIDS Campaign of the UK Consortium on AIDS and International Development, with the Alliance being a contributor to the document)	01/07	DFID/G8
1	Alliance Policy Position on Individual Testing	11/06	IHAA
4	Cost-effective prevention of HIV related opportunistic infections,	July 2008	Country Ministry of Health officials
1	'Galvanizing Evidence for HIV Management' Sub-optimal Response to ART, HIV and Tuberculosis, and HIV and HPV	Published in NARI-Bulletin April 2011. Detailed Technical	Policy makers, programme implementers, scientists, academicians.

Theme	Title of brief	Date	Target audience
		report planned to be published in June 2011	
4	Getting research into Policy: the case of CTX preventive therapy in Zambia	October 2009	Zambian Ministry of health and other stakeholders
4	Impact beyond Intent: The impact and role of Global health initiatives in the policy implementation of antiretroviral treatment in Zambia and South Africa	August 2008	ART policy makers and implementers, academia
1	Increasing uptake of ARV treatment: barriers in rural Tanzania http://www.id21.org/health/h5ghm1g1.html	Health policy makers & other DfID-funded projects (ID21 policy brief)	March 2007
3	Information Sheet – Home Based care in Zambia	03/09	Policy makers and programme implementers
2	Integrating HIV services into existing health systems	October 2009	Zambian Ministry of health and other stake holders
4	Mainstreaming towards Universal Access; What international policy-makers can do to increase and improve AIDS mainstreaming, A report based on research in Burkina Faso, Cambodia, India and Zambia	2008	Policy makers, international organisations, and programme managers
1,2,3,4	MRC/UVRI and Evidence for Action: Partner Focus	May 2010	Ugandan stakeholders
3	Role of Global health initiatives in policy implementation process in Zambia and South Africa	March 2009	Policy makers and ART implementers at international, national and sub-national levels
1	Challenges on monitoring and evaluating paediatric HIV care	July 2010	National & international policymakers & programme managers
3	Emerging networks of people living with HIV in Uganda: Prevention, visibility and disclosure	July 2009	National & international policymakers & programme managers & civil society organisations
3	Integrating TB and HIV services	December 2010	National & international policymakers & programme managers & civil society organisations
1	Needs, Challenges and Opportunities: Adolescents and Young	2011	National & international policymakers &

Theme	Title of brief	Date	Target audience
	People Living with HIV in Zambia		programme managers & civil society organisations
2	New challenges faced by home-based caregivers in sub-Saharan Africa	October 2010	National & international policymakers & programme managers, civil society organisations
1	Reducing early mortality on ART	January 2011	National & international policymakers & programme managers
3	Stigma in the balance: Ensuring the roll-out of ART decreases stigma	April 2011	National policymakers & practitioners
2	Missed opportunities to enrol women testing HIV-positive in antenatal and delivery services into long-term HIV care and treatment	May 2011	National & international policymakers & programme managers
1	Screening for the mental health needs of people living with HIV	May 2011	National & international policymakers & programme managers

Website

Website Name	Themes	Description	Target Audience
Evidence for Action intranet (www.evidence4action.org/partnerzone)	All	Internal reports, documents, details of meetings and events, and discussion forums.	Evidence for Action collaborators
Evidence for Action website (www.evidence4action.org)	All	Details of the programme, partners, research and publications.	Policy makers, potential partners, programme managers.
DART: http://www.ctu.mrc.ac.uk/dart/default.asp	All	Randomised controlled trail of ARVs in Africa	

Website Links

Website Name	Link to	Themes	Target audience
Evidence for Action (IHAA Global Intranet)	https://intranet.aidsalliance.org/sites/uk/care/EfA/default.aspx (restricted access)	1,2,3,4	Global Alliance Staff and Linking IHAA organisations
http://www.tazamaproject.org/ (TAZAMA project – Kisesa cohort)	GFATM, NIMR, TANESA, LSHTM, Alpha network, Indepth network	Information about all research activities undertaken by TAZAMA	HIV researchers, Tanzanians, health research funding agencies

Evidence for Action (intranet for Alliance Global partners)	N/A (accessible to Alliance staff and Alliance linking organisations)	Description and updates for EFA at the Alliance	IHAA Staff and linking organisations
Lighthouse Trust	www.mwlighthouse.org	ART delivery TB/ART integration pMTCT/ART integration HTC and CHBC	Service delivery Policy makers Researchers
WHO EVIPNet website	Evidence for Action website	All themes	EVIPNet partners – national policy makers
Evidence for Action website	Reciprocal links to all partner websites	All themes	General
Research and Evaluation Web Page	http://www.aidsalliance.org/Pagedetails.aspx?id=255	All themes	New Intranet website: Research and Evaluation and the link between Alliance and EFA
International HIV/AIDs Alliance	http://blog.aidsalliance.org/category/nathaniel-chishinga/	Evidence for action: a Zambian perspective of a DFID funded Research Project	General
Zambia AIDS Related TB (ZAMBART) Project	http://www.zambart.org/	About ZAMBART and Research	General

Research Programme Reports

Theme	Title	Authors	Date	Target Audience
1	Report on Evidence for Action Paediatric Workshop, Lusaka, 22-23 April 2007	Susan Allan	June 2007	Evidence for Action partners
1, 2	Report to Global Fund for AIDS TB and Malaria on year 1 TAZAMA project activities. (covers all themes)	Mark Urassa and Basia Zaba	Oct 2006	GFATM international and national project funding and monitoring staff
2	Wakiso project progress reports	Benson Droti	July-Sept 2008; Oct-Dec 2008; January-March	Ministry of Health, Uganda AIDS Commission, DFID, Wakiso District health

Theme	Title	Authors	Date	Target Audience
			2009	services, In charges of health units participating in Wakiso project.
2, 3	New challenges for home-based care providers in the context of ART rollout in Zambia	Cataldo F., Kielmann K., Musheke M.	Jan 2010	Programme implementers, policy makers
1	Emerging Networks of People Living with HIV in Uganda: Prevention, Visibility and Disclosure	International HIV AIDS ALLIANCE	31 March 2011	HIV Implementers and service providers and Ministry of health, Zambia.
1	Needs, Challenges and Opportunities: Adolescents living with HIV in Zambia	International HIV AIDS ALLIANCE	31 March 2011	HIV service providers, Advocacy groups, Academics and policy makers for HIV service delivery in Uganda.
1,2,3,4	Countdown to 2015 Challenging orthodoxies related to SRH and HIV	Evidence for Action	2010	Donors, international technical agencies, UK civil society, researchers
4	Getting Research into Policy and Practice	SHHEP Group,	2009	Researchers
3	Integrating tuberculosis and HIV services in low- and middle- income countries: a systematic review	First Global Symposium on health systems research 16-19 November 2010 • Montreux, Switzerland	2010	International agencies, national policymakers
1,2,3	Report of a Country-Wide Survey of HIV / AIDS services in Malawi for the year 2006	HIV Unit, Department of Clinical Services, MOH, National TB Control Program, Lighthouse Trust, Lilongwe, Centers for Disease Control and Prevention (CDC)	July 2009	National policymakers
1,2,3	Situation Assessment 2007: India, Malawi, Uganda, Ukraine and Zambia	Evidence for Action	2009	Researchers
3	The role of Global HIV/AIDS Initiatives in policy implementation of antiretroviral treatment roll-out in Zambia and South Africa	Evidence for Action	2008	Donors, national policymakers
1, 2, 3,	Evidence for Action on HIV treatment and	Evidence for Action	2011	Donors, international

Theme	Title	Authors	Date	Target Audience
4	care systems: Key Message from 5 years of research in Africa and Asia			technical agencies, UK civil society, researchers, national policymakers & implementers

Dissemination Events

Theme	Title	Description	Date	Target Audience
1, 2	Stakeholder workshop Pune	Setting the research agenda	22nd of December 2006	Academics, policy makers, NGOs, PLHIV groups
1, 2	Stakeholder workshop Goa	Setting the research agenda	29th December 2006	Academics, policy makers, NGOs, PLHIV groups
1, 3	TB workshop Pune	Setting the TB and HIV research agenda	Feb 2007	Academics, policy makers, NGOs, PLHIV groups
1, 2, 3	Meeting policy makers Delhi	Meeting donors and policy makers	November 2007	Donors
2, 3	Participation in the pre-Bamako meeting, Copenhagen	Presentation of a poster at the pre-Bamako meeting for the Global Ministerial Forum on Research for Health	04/08	Policy makers and government representatives
1	Evaluating outcome indicators used to assess the performance of HIV programmes of treatment and care in resource-limited countries	Abstract accepted for oral presentation at International AIDS conference, Mexico	Susan H, Kholoud P, Andreas J, Ruslan M on behalf of EfA Outcomes Indicators group	To be presented 4th August 08
1	Consultation meetings: Evaluating outcome indicators used to assess the performance of HIV programmes of treatment and care in resource-limited countries	Meetings in Geneva with key personnel at UNICEF, WHO, UNAIDS, Global Fund to inform about and obtain input from each perspective into the study in development. (Susan Hoskins, Kholoud Porter, MRC CTU)	5-6th June 2008	UNICEF, WHO, UNAIDS, Global Fund

Theme	Title	Description	Date	Target Audience
		Meetings in Uganda with Ministry of Health representatives to obtain input into the study (Susan Hoskins, MRC CTU) Meetings in Ukraine with Regional level Head clinicians to obtain input into study (Susan Hoskins, MRC CTU)	13th May 2008 22/23rd May 2008	Ministry of Health, Uganda Regional level ART rollout decision makers
1, 2	1.1 NAC Annual Research dissemination Conference 1.2 HIV/AIDS Implementers' meeting	A 3 day national dissemination conference organised by National AIDS Commission and MOH (4 Oral presentations made) A 5 day International dissemination conference organised by a group of donors including: PEPFAR, Global Fund, UNICEF, World Bank etc (2 Oral presentations made)	(25th – 27th June 2008) 3rd – 7th June 2008	Implementers (service providers) researchers, policy makers academics and civil society Implementers (service providers) researchers, policy makers academics and civil society
2	1.3 Human Resources for Health Conference	A 4 day international conference organized by the Global Alliance for Human Resources for Health (2 poster presentations)	2nd-6th March 2008	Health service organizations able to influence use of Human Resources
1	Is HIV still important?	Seminar, LSHTM (A. Fakoya)	09/08	Academia
1	Evaluating outcome indicators used to assess the performance of HIV programmes of treatment and care in resource-limited countries Presented by Susan Hoskins S. Hoskins, K. Porter, A. Jahn, R. Malyuta, S. Phiri, I. Weller, on behalf of Evidence for Action (EfA), Outcome Indicators Group	Oral Presentation at International AIDS conference, Mexico	August 2008	organisations/agencies, local ministries of health responsible for devising Indicators, M&E staff
1	HIV issues affecting the elderly in	Consultation with Help the Aged	June 2009	Civil society (INGO)

Theme	Title	Description	Date	Target Audience
	developing countries			
2	Stakeholders workshop – Home Based Care study: feed back, consultation and dissemination	Consultation with key stakeholders about the results of the EFA study on Home based care, held in Kabwe, Zambia	05/09	Policy makers and programme implementers
2	New challenges for home-based care providers in the context of ART rollout in Zambia	International AIDS conference, Mexico (F. Cataldo)	08/08	Policy makers, programme implementers, academics, donors, activists
2	Home-base care in Zambia; report from ongoing study	Research in Progress seminar LEAF, Alliance Global (F. Cataldo, K. Kielmann)	09/08	Programme implementers and policy makers
2	Setting Up clinical Services for Most at Risk Populations in Rural Andhra Pradesh	International AIDS conference (A. Fakoya)	08/08	Policy makers, programme implementers, academics, donors, activists
2	Community support to health systems delivery of ARV in Zambia- results of a community engagement project	International AIDS conference (A. Fakoya)	08/08	Policy makers, programme implementers, academics, donors, activists
2	Condoms and Syphilis- increase in protective behaviours and reductions in STI prevalence in MSM in Ecuador	International AIDS conference	08/08	Policy makers, programme implementers, academics, donors, activists
2	TAZAMA project retreat and planning meeting	Mwanza, Tanzania	April 2009	Researchers
2	TACAIDS visit to the Kisesa cohort study site	Mwanza, Tanzania	July 2009	Tanzanian policy makers
2	Meeting with DFID technical advisors about census data processing	Mwanza, Tanzania	June 2009	DFID Tanzania
2	LSHTM celebration of Gates award	1 Evidence for Action-generated and 1 Evidence for Action-related posters displayed at this event	June 2009	UK stakeholders
3	New Forms of Citizenship and	Oral presentation – International AIDS	08/08	Policy makers, programme

Theme	Title	Description	Date	Target Audience
	Socio-Political Inclusion: Universal Access to ART in the shanty towns of Rio de Janeiro-	Conference – Mexico (F. Cataldo)		implementers, academics, donors, activists
3	Challenging the future: the changing needs of adolescents growing up with HIV	Oral presentation – International AIDS Conference – Mexico (F. Cataldo)	08/08	Policy makers, programme implementers, academics, donors, activists
3	Access to ART and notion of citizenship in Brazil	Oral presentation – American Association of Anthropologists (F. Cataldo)	09/08	Academia
3	Tracking the model public health citizen in evolving conceptions of PLHIV	Oral presentation – University of East Anglia (K. Kielmann- F. Cataldo)	05/09	Academia, policy makers
3	Nacrotraffic and ART in Rio de Janeiro	Seminar – LSHTM (F. Cataldo)	02/09	Academia
3	What factors govern policy implementation process of ART roll-out in Zambia and South Africa?	Two workshop presentations (Lusaka and Kitwe districts) to disseminate & obtain feedback on the findings of the study on policy implementation process on the ART roll-out in Zambia	July 2008	Academia, policy makers and ART implementers at national and sub-national levels.
3	Evidence for Action from Zambia and South Africa-the role of Global health initiatives in the implementation of antiretroviral treatment	A poster presentation at the 2008 International AIDS Conference in Mexico	August 2008	Academia, policy makers, ART implementers, civil society organisations (including HIV activists)
3	Home-based care for people living with HIV in an era of antiretroviral therapy	A poster presentation at the 2008 International AIDS conference in Mexico	August 2008	Academia, policy makers, ART implementers, NGOs implementing home-based care programmes, civil society organisations (including HIV activists)
3	Role of home-based caregivers in the delivery of HIV-related services	In collaboration with a local community-based organisation, conducted community sensitisation activities in Kabwe district; and	December 2008	Community members, general public, policy makers and donor community

Theme	Title	Description	Date	Target Audience
		participated in World AIDS Day commemoration activities. Kabwe district was one of the sites for the home-based care study.		
3	Role of Global Health Initiatives in the implementation of antiretroviral therapy roll-out in Zambia and South Africa	Oral presentation at the University of East Anglia	May 2009	Academia
3	Shifts in home-based care for people living with HIV in an era of antiretroviral therapy in Zambia	Oral presentation at the University of East Anglia	May 2009	Academia
3	Shifts in home-based care for people living with HIV in an era of antiretroviral therapy in Zambia	A stakeholder workshop was held to disseminate and elicit feedback into the findings of the home-based care study.	May 2009	NGO home-based care implementers; public sector ART implementers; and national HIV multi-sectoral co-ordinating body.
3	Shifts in home-based care for people living with HIV in an era of antiretroviral therapy in Zambia	Media training workshop for Journalist on reporting TB and HIV research findings. Workshop was organised by PANOS London, TARGETS and ZAMBART	June 2009	Journalists from Zambia's leading print and electronic media organisations
3	Special Initiative Project: Assessing the benefits of integrating SRH and HIV in Kenya, Malawi and Swaziland: study design issues	A meeting on study design, with LSHTM, Population Council and IPPF	February 2009	Researchers
4	Identifying and minimising the gap between knowledge, policy and practice in relation to the use of Cotrimoxazole prophylaxis in adult and paediatric HIV care E. Hutchinson, J. Parkhurst, S. Hoskins, on behalf of Evidence for	Poster presentation at International AIDS conference, Mexico	August 2008	Local ministries of health

Theme	Title	Description	Date	Target Audience
	Action (EfA) Cotrimoxazole Prophylaxis Policy Group			
1,2,3,4	Evidence for Action on HIV treatment and care systems	Satellite meeting at International AIDS Conference, Mexico	August 2008	Country programme directors, international agencies, bilateral donors, academics
1,2,3,4	Countdown to 2015: Challenging Orthodoxies related to HIV and SRH	Conference co-organised by Evidence for Action, SRH & HIV, ABBA and Realising Rights. Held in London, and attended by around 150 people.	May 10	Policy makers, DFID staff, civil society, researchers
3	Balancing the Medical and the Moral	Fabian Cataldo, Karina Kielmann World AIDS Day (IHAA, LSHTM)	Dec 09	Policy makers and academics
3	Responsibility and Reciprocity: Shifts in the Praxis and Moral Economy of Care	EFA Panel (Yale University) organised by Cataldo, F. & Kielmann, K.	Sep 09	Academics and International Organisations (UN)
3	Tracking the model 'citizen' in evolving conceptions of PLHIV	Presentation of Kielmann K. and Cataldo, F. at the University of East Anglia	May 09	International organisations, researchers, academics and activists, policy makers
3	Reframing the social dimensions of HIV in a biomedicalised epidemic: the case of treatment as prevention	Conference Alliance = co-sponsor	Mar 09	Biomedical scientists, epidemiologists, social scientists, international organisations
1,2,3,4	Research advisory committee updates – Zambia and Uganda	Research advisory committees were established that provide regular updates on research progress	Ongoing since 07/2008	Local key policymakers and other stakeholders, MoH and NAC representatives in Zambia and Uganda
1,2	Early active follow-up of art-patients who are overdue for their appointment: the 'Back-To-Care' project at the Lighthouse Clinic, Malawi	H Tweya et al: 5th IAS Conference on HIV Pathogenesis and Treatment Abstract no. WEPED170	July 2009	HIV and AIDS community
1,2	Household HIV testing and	H. Tweya et al: 5th IAS Conference on HIV	July 2009	HIV and AIDS community

Theme	Title	Description	Date	Target Audience
	counseling (HTC): experience from Lighthouse	Pathogenesis and Treatment Abstract no. WEPED171		
2,3	Care-giving, Expectations and Reliance in the Context of Home-Based Care in Zambia	Presentation by Cataldo F. at the International Conference of the Society for Medical Anthropology (Yale University)	Sept 09	Academic researchers
1	1. IAS 2009 at Cape Town South Africa 2. The 20th Anniversary of MRC/UVRI	1. We presented the preliminary finding of Wakiso project 2. A number of presentations of the activities of MRC/UVRI. We distributed EfA leaflets	July 2009	1. International scientific community, policy makers 2. Scientific community (both local and international), policy makers
1	Routine monitoring of TB symptoms and ART adherence: Consultative meeting, Malawi	Meeting with MoH and local implementing partners in order to determine country relevant research questions	Mar 2010	MoH, local implementing partners
1	Evaluating outcome indicators: Presentation/consultative meeting	Meeting held with representatives from DFID UK to explore ideas for funding opportunities	Sept 2010	DFID, UK
1	Evaluating outcome indicators: Presentation/consultative meeting	Meeting held with representative from GFATM to explore possibility of funding opportunities	Oct 2010	GFATM
2	Shifts in Home-Based Care for People Living with HIV in the Era of Anti Retroviral Therapy in Zambia	Fabian Cataldo, Karina Kielmann, Maurice Musheke International HIV/AIDS Alliance; London School of Hygiene and Tropical Medicine; ZAMBART (Zambian AIDS Related Tuberculosis Research Project); Alliance Zambia	2010	Programme implementers, policy makers and academia

Theme	Title	Description	Date	Target Audience
3	World AIDS Day	ZAMBART conducted HIV/TB awareness campaigns in all the 16 sites where it is implementing the ZAMSTAR intervention study.	1st Dec 2009	General public, national and international policy makers, donor agencies and programme implementers
3	World TB Day	ZAMBART conducted HIV/TB awareness campaigns in all the 16 sites where it is implementing the ZAMSTAR intervention study.	Mar 2010	General public, national and international policy makers, donor agencies and programme implementers
3	Incidence and treatment outcomes of patients re-treated for Tuberculosis at Malawi's largest Tuberculosis Clinic	H. Tweya, S. Phiri, D. Gareta, L. Mbetewa, M. Kalulu, A. Harries (abstract no. 14237)	June 2010	National AIDS Commission Dissemination conference
3	Predictors of mortality in tuberculosis patients starting antiretroviral therapy at the Lighthouse	D. Gareta , H. Tweya, S. Phiri, M. Kalulu, L. Mbetewa, M. Hosseinipour, ,R.Weigel, A. Ginsburg (abstract no. 14507)	June 2010	National AIDS Commission Dissemination conference
3	Linking HIV-infected pregnant women to antiretroviral therapy: Experience from Lilongwe, Malawi	D.Gareta, R.Weigel, H. Tweya, M. Kalulu, S. Phiri, J. Chiwoko, E. Kamanga, M.Braun, M. Housseinpour (abstract no. 13810)	June 2010	National AIDS Commission Dissemination conference
3	Routine HIV testing and Counselling in the management of sexually transmitted infection: Lighthouse experience at Bwaila Hospital	Ndau D, Tembo B, Nsona D,Kalulu M, Kanyenda, Manda E, D.Gareta, Mbewe R, L. Ndovie, S. Phiri (abstract no. 14133)	June 2010	National AIDS Commission Dissemination conference
3	Provider initiated HIV testing and counseling among TB patients: Lessons learned at Martin Preuss Centre of Bwaila Hospital in Lilongwe, Malawi	M. Kalulu, D.Gareta , R. Wiegel, H. Tweya, T. Chaweza, D. Nyangulu, L. Mbetewa, L. Ndovi, S. Phiri (abstract no. 14026)	June 2010	National AIDS Commission Dissemination conference
3	Provider initiated HIV testing and	M. Kalulu, D.Gareta , R. Wiegel, H. Tweya, T.	June 2010	National AIDS Commission

Theme	Title	Description	Date	Target Audience
	counseling among TB patients: Lessons learned at Martin Preuss Centre of Bwaila Hospital in Lilongwe, Malawi	Chaweza, D. Nyangulu, L. Mbetewa, L. Ndovi, S. Phiri (abstract no. 14026)		Dissemination conference
3	HIV testing and counseling in rural health centres: the first step towards expanded access to PMTCT interventions	Z. Nyirongo, L.Ndovie,E. Chalendewa, C.Gondwe, D.Nsona, R.Mbewe, S.Zimba, H.Tweya, M.Boxshall, S. Phiri (abstract no. 13148)	June 2010	National AIDS Commission Dissemination conference
3	Trends of mortality and drop-outs among HIV infected people accessing antiretroviral therapy in Lilongwe, Malawi	H. Tweya, M. Kalulu, J. Gumulira, B. Chione, A. Nakhuluma, T. Chaweza, B. Nkhwazi, L. Ndovie, R. Weigel , S. Phir (abstract no. 8979)	June 2010	National AIDS Commission Dissemination conference
3	Predictors of mortality in HIV infected people initiating antiretroviral therapy at a district hospital in Lilongwe, Malawi	H. Tweya, M. Kalulu, J. Gumulira, B. Chione, A. Nakhuluma, T. Chaweza, B. Nkhwazi, L. Ndovie, R. Weigel , S. Phiri (abstract no. 9241)	June 2010	National AIDS Commission Dissemination conference
3	Economic empowerment of Community Based Organizations and people living with HIV: The Lighthouse Experience in Lilongwe, Malawi	E. Makawa, D. Kathumba, M. Mwandeti, H. Tweya. J. Mwafilaso, S Truwa, H. Sitima, M. Nowa, M. Nkukumila , S. Phiri (abstract no. A-240-0374-12780)	June 2010	National AIDS Commission Dissemination conference
3	Prevalence and risk factors of Lipodystrophy in a cohort of patients on antiretroviral therapy at Lighthouse, Malawi	T. Chaweza, D.Gareta , S. Phiri, L. Gabriel, H. Mulinde, P. Chingwalungwalu, R, Weigel, H. Tweya. (abstract no. 13607)	June 2010	National AIDS Commission Dissemination conference
3	Shifts in home-based care for people living with HIV in an era of antiretroviral therapy in Zambia	Fabian Cataldo, Karina Kielmann, Maurice Musheke	Jan 2010	HIV national and international policy makers and programme implementers
4	CPT Implementation study consultative meetings, Malawi, Zambia	Interviews conducted with key implementers involved in CPT dispensing and representatives from Ministry of Health in	Aug 2009, Mar 2010	MoH, local implementing partners

Theme	Title	Description	Date	Target Audience
		order to determine country relevant research questions		
1	Emerging Networks of People Living with HIV in Uganda: Prevention, Visibility and Disclosure	Dissemination workshop for the study highlighting key findings and targeting key stakeholders. Held in Entebbe, Uganda.	21 December 2010	HIV Implementers and service providers and Ministry of health, National AIDS control council, HIV researchers and the media in Zambia.
1	Needs, Challenges and Opportunities: Adolescents living with HIV in Zambia	End of study dissemination highlighting key findings, challenges and recommendations and targeting key stakeholders. Held in Lusaka Zambia.	15 March 2011	HIV service providers, Advocacy groups, Patient groups, Research participants, Academics and policy makers for HIV service delivery in Uganda, specifically the Aids control programme.
Theme 1	Developing Antiretroviral Therapy in Africa (DART)	Public engagement, education event UK Policymakers mailing Uganda event Zimbabwe event	December 2009	1) National and international policymakers. 2) The HIV community in Africa, the UK and Worldwide. 3) The general public, particularly in Africa
Theme 1	DART	'TheatreScience' Work with stigmaless groups Wellcome Trust application for development		General Public', PLWHA
Theme 1	International AIDS Conference	A Conference that brings together people working in the field of HIV, as well as policy makers, persons living with HIV and other individuals committed to ending the	18th-23rd July 2010	Policy makers, Academicians, funding agencies, activist etc

Theme	Title	Description	Date	Target Audience
		pandemic. It assesses where we are, evaluate recent scientific developments and lessons learnt, and collectively chart a course forward.		
Theme 2	16th National Congress of the South African Society of psychiatrists World Psychiatrist Association meeting in Khartoum-Sudan	A symposium entitled interface between mental health and HIV/AIDS. MRC/UVRI was represented and a paper presented. World psychiatric association regional meeting for Africa	16th-20th October 2010. 10th-12th December 2010	Psychiatrists, mental health policy makers. Psychiatrists and mental health specialists from around the world
Theme 4	Communications and policy workshop in Entebbe Uganda.	One week workshop with partners to train on how best to get research evidence into policy	29th November to 3rd December 2010.	Researchers, managers working in the field of HIV/AIDS
Theme 1	Psychosocial need and stressors in people infected with HIV/AIDS: Mental Health Needs Scale	National Conference on HIV/ AIDS Research NACO-UNAIDS sponsored New Delhi	19-21 January 2011	Stakeholders, Scientists, Policy makers
Theme 2	Missed Opportunities for women identified HIV positive through PMTCT programmes: Examples from East Africa	Seminars held at: • Bill & Melinda Gates Foundation • WHO • USAID • UNICEF • Global Fund	31 March 2011 5th May 2011 24th May 2011 27th May 2011 4th July 2011	Funders & International technical agencies
Themes 1, 2, 3 & 4	Key Messages Report Launch	Launch of a report of Key Messages From Evidence for Action	18th May 2011	UK civil society, researchers

Publicity Material

Title	Description	Target Audience

Title	Description	Target Audience
Kwa nini ni vema kushiriki katika shughuli za TAZAMA Project?	A series of leaflets in Swahili, explaining TAZAMA activities, new availability of VCT and ART services, and facts about HIV infection, care and treatment	Kisesa villagers – distributed during football tournament
Mchango wa TAZAMA Project katika maendeleo ya Kata ya Kisesa		
Hali ya UKIMWI katika Kata ya Kisesa		
2009 ZAMBART Annual Report	The ZAMBART annual report highlights the various research projects being undertaken by ZAMBART and the funders of such research projects	Local and international policy makers and programme implementers
Quarterly newsletter	ZAMBART now produces a quarterly newsletter which provides updates of the various research and training activities being undertaken by the organisation	HIV/TB policy makers, donors, HIV programme implementers and the local communities
A booklet on Availability of HIV services in Belgaum	A booklet on Availability of HIV services in terms of hospitals & laboratories in Belgaum	NGO'S Doctors, patients, CCC's
Lectures	Lectures were given on HIV/AIDS in NARI (Pune)	Medical Science & Nursing students
Awareness programs	Awareness Programs through panel discussions were conducted at NARI	Science students
Community Outreach programs	Community Outreach programs were conducted in rural & urban areas of Pune district	Peer groups & community outreach workers
Evidence for Action leaflets	Leaflets outlining the work of Evidence for Action	National & international policymakers, civil society, researchers

Other products

Theme	Title	Description	Date	Target Audience
1	HIV and mental health	▪ Vikram Patel is involved in an advisory capacity in many national and international bodies. ▪ International Advisory Group to the National Rural Health Mission, Government of India; ▪ Core Advisory Group for the Lancet Series on	Ongoing	National and international policymakers, researchers & practitioners

Theme	Title	Description	Date	Target Audience
		India (co-chair); ▪ WHO Expert Advisory Group on Mental Health; ▪ Consortium Advisory Group to the DFID RPC on Poverty and Mental Health; ▪ International Advisory Group on Mental Health for the Millenium Villages Project (Earth Institute)		
1, 2	Revision of national ART guidelines	6 Lighthouse staff members attended revision of ART guidelines. Two given tasks to rewrite portions of the national guidelines. We weighed in on issues of paed ART, clinic protocols, use of CD4, training, patient education and more.	11th Feb	
1, 2, 3, 4	The Loop and Insight contribution	Regular articles about EFA updates and EFA activities	Periodic (twice in 2007-2008)	IHAA global staff, policy makers, NGOs
1, 2	A Trial For Life The story of the DART Clinical Trial	Film 1 - Double DVD Uploaded to youtube – Hosted by MRC, multiple links MRC CTU, Imperial, i-base, Facebook, twitter		National and international policymakers The HIV community in Africa, the UK and Worldwide The general public, particularly in Africa
1, 2	DART Film 2	Film 2 - Shown Ugandan TV and BBC World 2009		National and international policymakers The HIV community in Africa, the UK and Worldwide

Theme	Title	Description	Date	Target Audience
				The general public, particularly in Africa
1, 2, 3	National AIDS control phase III planning	▪ Involvement of NARI in designing the next five year plan Participated in the Mission for Development Partner's support to the World Bank appraisal for NACP- III in New Delhi between	July 28 and August 2, 2006.	Donors and policy makers
1, 2, 3, 4	Evidence for Action Leaflet	▪ Leaflet introducing the programme and its research themes	June 2007	Potential partners, policy makers, academics, programme managers
1	Paediatric formulations working group	WHO workshop, attended by Di Gibb	July 2007	Policy makers
1, 2,	Lessons Learned from the DART Clinical Trial	Film 3 - Use of film as educational resource	July 2010	National and international policymakers The HIV community in Africa, the UK and Worldwide The general public, particularly in Africa
1, 2, 3, 4	EFA in Annual Report Alliance (2007)	Annual update about EFA activities published in the Annual Report (IHAA)	06/08	Donor agencies, policy makers
1	Scientist-parliamentarian programme	A programme that pairs scientists with parliamentarians.	ongoing activity	Parliament of Uganda
1	Lay workers' vital roles in supporting ART rollout: home-based care in Zambia	Case Study	July 2010	Policymakers, programme implementers
1	Sexual and reproductive health rights of adolescents living with HIV	Case study	July 2010	Policymakers, programme implementers
1	Use of scored tablets of first line	Case Study	July 2010	DFID

Theme	Title	Description	Date	Target Audience
	antiretroviral drugs in HIV-infected children in resource limited settings: Experiences from the ARROW Clinical trial			National policy makers practitioners
1	Tablets are more acceptable and give fewer problems than syrups among young HIV-infected children in resource-limited settings in the ARROW trial	Case Study	July 2010	DFID National policy makers practitioners
1	Improving children's access to research participation in poorly resourced communities	Case Study	July 2010	DFID National policy makers practitioners
1	Development of simple and appropriate formulations for scale-up of HIV treatment for children: an example from the CHAPAS-1 trial	Case Study	August 2010	DFID National policy makers practitioners
1	Training manual on understanding qualitative research methodology for non-social scientists	The manual was one of the outputs of a training held with the aim of familiarising participants with theory, concepts and methods underlying a qualitative approach in research and to develop the skills of participants in developing and applying selected qualitative research methods.	March 2011	Non social scientists involved in research
2	Improving accuracy in monitoring ART adherence using a touch-screen electronic data system (EDS) in real time	Oral presentations at the National AIDS Dissemination Conference;	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	Addressing the human resource crisis through task-shifting in antiretroviral clinics: a study on the safety and effectiveness of non-medical staff for patient management;	Oral presentations at the National AIDS Dissemination Conference;	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV

Theme	Title	Description	Date	Target Audience
2	ART regimen substitutions and switches due to drug toxicity and treatment failure: a national survey three years after the start of the ART roll out in Malawi	Oral presentations at the National AIDS Dissemination Conference;	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	Determining eligibility for ART: an operation al study on the performance of clinical staging and CD4 count;	Oral presentations at the National AIDS Dissemination Conference;	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	Challenges in effective TB/ART integration and the riddle of monitoring referrals in routine public health services;	Oral presentation HIV/AIDS implementers meeting in Kampala;	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	Streamlining Malawi's National HTC Curriculum: a Strategy for Designing Successful Trainings Collaboratively;	Poster presentation Kampala,	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	Effectiveness of screening for ART eligibility by non medical HIV testing counsellor;	Poster presentations and one oral presentation at the World AIDS conference, Mexico	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	Referral of eligible pregnant women from PMTCT to ART: Experiences from Lilongwe, Malawi;	Poster presentations and one oral presentation at the World AIDS conference, Mexico	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	ART Regimen Substitutions and Switches due to Drug Toxicity and Treatment Failure;	Poster presentations and one oral presentation at the World AIDS conference, Mexico	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	Training Health Workers in the Midst of a Human Resource Crisis: Maximizing Training Impact,	Poster presentations and one oral presentation at the World AIDS conference, Mexico	July to August 2008	Conference participants include providers, policy makers, researchers,

Theme	Title	Description	Date	Target Audience
	Minimizing Service Delivery Losses in Malawi.			PLHIV
2	Paediatric ART scale up in Malawi: progress between 2004 and 2007".	Poster presentations and one oral presentation at the World AIDS conference, Mexico	July to August 2008	Conference participants include providers, policy makers, researchers, PLHIV
2	HIV surveillance and ART access in Mwanza, Tanzania	Facilitating filming of video for Global Health Council about LSHTM work	April 2009	Global Health Council
2	ASHA means hope: Evaluating a community based intervention to improve the health of People living with HIV in Goa, India	Poster presentation at the International Society for Sexually Transmitted Diseases Research conference	June – July 2009	Conference participants include providers, policy makers, researchers, PLHIV
2	ASHA means hope: Evaluating a community based intervention to improve the health of People living with HIV in Goa, India	Poster presentation at the International Society for Sexually Transmitted Diseases Research conference	June – July 2009	Conference participants include providers, policy makers, researchers, PLHIV
3	Challenges in Monitoring community based programs: the Lighthouse experience	Oral presentation at the National AIDS Dissemination Conference	July 2008	Conference participants include providers, policy makers, researchers, PLHIV
3	Beyond the rhetoric: integration of HIV services with health care and systems	Project information sheet	Apr 2010	Policy makers
4	Understanding the Research to Policy Process in Zambia: The case of Cotrimoxazole Preventative Therapy	Case Study	2009	Researchers Advocates in Zambia
4	National policy development for cotrimoxazole prophylaxis in Malawi, Uganda and Zambia: the relationship between Context, Evidence and Links.	Case Study		DFID Researchers Advocates
4	Getting research into policy for	Case Study		DFID

Theme	Title	Description	Date	Target Audience
	Cotrimoxazole prophylaxis for HIV related infection: a comparative policy analysis in Malawi, Uganda and Zambia			Researchers Advocates
4	Getting research into policy in Zambia: The Case of Cotrimoxazole Preventive Therapy	Case Study	December 2008	DFID Researchers Advocates
4	Strengthening research capacity at the International HIV/AIDS Alliance	Case study	July 2010	Other NGOs working internationally DFID

Coverage in local and international infomedia

Type	Total Number	Details
Radio interviews given in response to media requests	9	
	1	IHAA Coverage of the dissemination workshop in Zambia regarding Needs, Challenges and Opportunities for providing sexual and reproductive health services to adolescents living with HIV in Zambia
Features / interviews for newspapers, magazines, other similar publications and media in response to requests for such articles (LSHTM)	13	
Phone-in Radio discussions on national radio, Zambia National Broadcasting Corporation (ZNBC)	11	ZAMBART ran a 11-series phone-in radio discussion programme on the national radio ZNBC to disseminate and discuss some of its research findings with the wider Zambian audience
Television Documentary on ZAMBART	1	ZAMBART has recorded a television documentary that will be aired on the two television stations in Zambia to highlight the research and capacity building work of the organisation
Interviews for television	4	