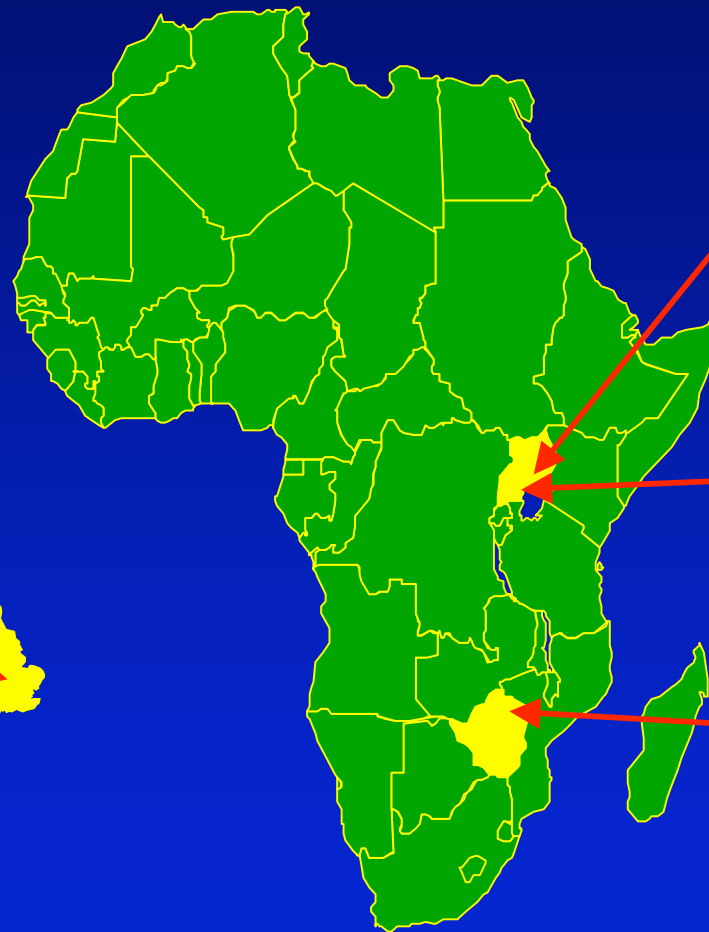




Development of AntiRetroviral Therapy In Africa: DART



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Joint Clinical Research Centre, Kampala, Uganda & Academic Alliance, Mulago Hospital, Uganda

MRC/Uganda Virus Research Institute Programme on AIDS, Entebbe, Uganda & TASO, Uganda

University of Zimbabwe, Harare, Zimbabwe

Rockefeller Foundation

MRC, UK

DFID, UK

GlaxoSmithKline
Gilead
Boehringer-Ingelheim



Getting DART started



Funding for science and site development secured

Product from Industry negotiated (GSK, Gilead, BMS) for first-line ART for 4-5 years

DFID covered purchase of second-line ART

But to start all needed confidence that complex end-of-trial issues were appropriately covered

How to achieve this?



End of Trial ideas



- Recycling into new trials
 - Large trial with > 3000 patients
- Funds/NGO for special care for participants at the end of trial ... Lake Victoria Fund
 - How to administer in multisite & country trial
 - Open-ended funding needed
- Government commitment and pledge
 - Coinciding with GFATM funding
 - Coinciding in Uganda with PEPFAR
 - National commitment to ART scale-up 3 by 5



DART 1 mid-term issues



Pledges will be reviewed and renewed with MoHs as DART moves beyond mid-point.

- Standard first-line vs trial regimens
- Second-line requirements
- "quotas" in centres and respective government ART sites
- Priority - those on ART or those who have not had ARVs?

DART 2 being designed (recycling)

- Renewed issues of drug supply
- End of trial issues - beyond current Public Sector planning



The DART team



- **We thank all the patients and staff from all the centres participating in the DART trial.**
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- **Data and Safety Monitoring Committee:** A McLaren (Chair), C Hill, J Matenga, A Pozniak, D Serwadda
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