

***HIV/AIDS clinical research in Resource-limited settings - access to ARVs
an agency view***

**Prof. Charlie Gilks,
WHO Geneva.**

**FCHR meeting,
Washington, 19 September 2005**





Broad comments - 1

- Recognition by Governments that research and knowledge generation is not a luxury but a core activity and funding line

- Research should be integrated into National planning, be coordinated by one body and feed into one M&E process (the UNAIDS 3 ones principles)

- Capacity building must be a core output and outcome of any research venture and partnership
 - Planning and fund-raising
 - Data management
 - Data analysis



Broad comments - 2

- With ART much evidence from North is irrelevant
 - Assumption by many that evidence base exists
 - Public health approach and 4 Ss
 - Proof of principle studies and industry

- Given HIV incidence rates and epidemiology most prevention research has to be conducted in South
 - Long-term responsibility for citizens who get infected
 - Community engagement and involvement
 - Evolving care and ART situation



What are some issues?

The issue of long-term care and treatment for those who are involved in research is complex

→ For how long?

→ Who is responsible?

- Funders
- Host country



Moving forward

- Opportunities exist and need to be developed
- Bilateral and multilateral funding
- ? Specific item in proposals for care and treatment services specifically earmarked for trial participants
 - Vaccines and microbicides
 - PMTCT, PREP
 - ART research
- Commitment and responsibility assumed
- Agencies can rely on this transfer of responsibility