



HIV Clinical Research Unit

Wits Health Consortium
Parktown

Aims...

- Appropriate South African research
- Training and teaching – HIV clinical skills and research skills
- Health education for public
- Expanding access to appropriate HIV care and counseling – Right-to-Care
- Expanding research capacity, collaboration locally and internationally
- Expand capacity at government HIV hospital clinics

Infrastructure

- 3 physicians, 1 GP, 1 medical microbiologist
- 1 pharmacist, 4 nurses, 1 microbiologist
- 2 social workers, 1 data manager
- 1 media liaison administrator, ethics administrator, two receptionists
- 2 reflexologists

Relationships

- Wits, including Perinatal Research Unit, Reproductive Health Unit, Center for Health Policy, all academic departments
- NHLS, NIV – all lab based disciplines
- Private practitioners, HIV Clinicians Society, IAPAC, CARE, TAC etc
- Gauteng Department of Health
- Established relations with SA universities, incl. UCT, Stellenbosch
- University of N. Carolina, international ACTG

Achievements

- Over 500 patients on treatment via trials, over 400 self-funding patients at government clinics
- Viral load responses, LTFU, adherence similar to published international data
- Pivotal HIV training role at university and more broadly
- Development of HIV Management Diploma, with 60 doctors from African countries trained last week at a 2-week training course
- Positive Treatment newsletter
- Right-to-Care: an implementation strategy

**It's Economically
Viable to Treat HIV+
Employees!**



Document for DFID
August 10, 2007

Private sector benefits remain valid under the most extreme assumptions

POLY's

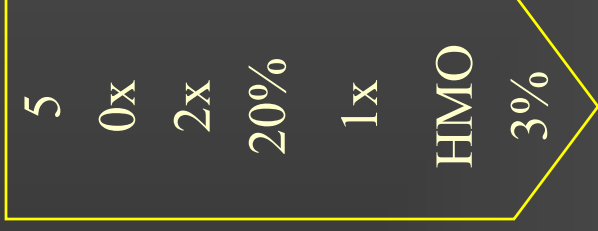
Cost of absenteeism

WACC

Who pays for drugs

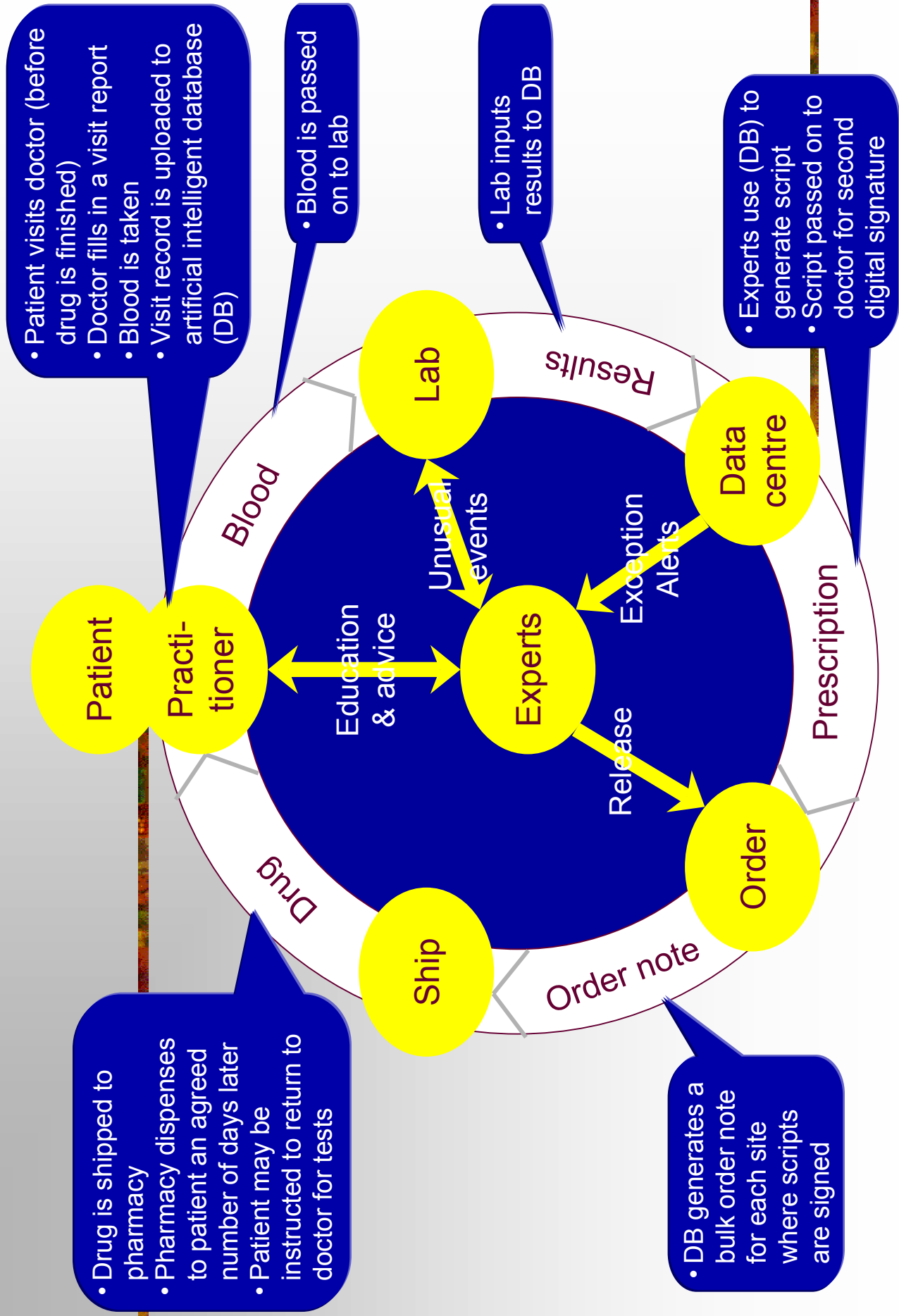


A company should treat all employees earning more than R1'400/month



A company should treat all employees earning more than R3'800/month

ALL employees should be treated.
Treatment of an HIV+ R4'000/month salaried person enables the (best case) company to economically treat 3 people earning R800/month!



Problems

- Financial dependence on contract research; Not supported by DOH; not enough hands
- Health system unprepared for HIV – MTCT, ART, primary health care
- Department of Health ambiguity to access to ART
- Academic inertia, professional inertia
- Poor media understanding of clinical research

Future

- Move towards grant-funding
- Develop regionally-appropriate research
- Formulation of responsible models of expanded access (R2C)
- Expanding training capabilities for all health professionals in Southern Africa (HIV dip)
- Improved access to information for public (Positive Treatment News – radio station)
- Be part of a broader progressive Southern African movement dealing positively with HIV