



GAIA

Global Alliance to Immunize Against AIDS

<http://www.GAIAvaccine.org>

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Project Hope Action Plan 2009

GAIA Vaccine Foundation has received permission from the Malian national AIDS agencies to establish the first HIV care and TB/HIV outreach program in a village clinic, located in Sikoro Mali. The new “Project Hope” HIV care center will open its doors on February 1, 2009.

Treatment for HIV and TB in peri-urban Mali, West Africa is constrained by extreme poverty and limited access to health care. Even though treatment for TB and antiretrovirals is free or low cost, few individuals are aware of the importance of treatment and even fewer have access to the centers where these life-saving medications are distributed.

National agencies such as the HCLS and the CSLS have recognized this problem and recently launched a “decentralization” effort (December 2006), but decentralization has only reached the level of the “center of reference” (community hospital) in some communities. In the next phase of the decentralization effort, the plan is to reach the level of the community-based clinic, or CSCOM, that remains the primary care center for 90% of Mali’s peri-urban and rural poor. 770 such CSCOMS exist in Mali, and the CSCOM/CsRef model exists in other West African countries (Niger, Senegal, Cote D’Ivoire) as well.

There are literally thousands of CSCOMS in West Africa but models of care based at the CSCOMs and involving outreach to at-risk populations in peri-urban centers are completely lacking.

- GAIA has obtained permission to open the first peri-urban HIV clinic located in a village infirmary.
- This is the first step along the important path to make HIV treatment widely available to villagers in all of West Africa.

GAIA has designed a comprehensive “**Projet Espoir/ Project Hope**”, which will focus on HIV case management, outreach to new cases, referral to care, and promotion of medication adherence. This model of CSCOM-outreach will be developed for Sikoro, a peri-urban community in Bamako, Mali.

Peri-urban CSCOMS are ideal for this type of CSCOM-based HIV care and HIV/TB outreach program because they usually serve higher risk populations and because they are organized in “communes” centered around satellite infirmary-style clinics (CSCOMs), several of which are linked to a larger “**Centre de Soins de Référence**” (CS Réf) for supervision

and management of complicated cases.

Should the Project Hope CSCOM-model be successful, it may be easily expanded to other CSCOMS in Mali and West Africa

GAIA is in a unique position to carry out this project. With the permission of the CSLS (the central AIDS care coordinating body) and the local Department of Health, we have already established a mother to child HIV transmission prevention (MTCTP) clinic in Sikoro. We have been following our HIV-infected mothers and their families, and have expanded our work to peer education and outreach. During the current period of rapid expansion of decentralized HIV care in Mali, we have been asked to establish a comprehensive program of case finding, case management, and adherence monitoring. Our program, to be called **Projet Espoir (Project Hope)**, will integrate HIV care and HIV and TB outreach activities into the daily activities of the local CSCOM rather than set up a separate program. In this way the CSLS hopes to “banalize” HIV care, making it part of the “basic care package” and therefore deliverable by the 770 CSCOMS in Mali.

Our **overall plan** for the Project Hope intervention can be separated into four separate phases: (i) regional assessment (this phase is complete) (ii) introduction of HIV care, TB education and TB/HIV outreach, (iii) implementation of adherence strategies, and (iv) program evaluation. Door-to-door HIV and TB peer education and cough monitoring by trained outreach workers, coupled with reductions in the “barriers to care” such as clinic fees will begin in the second phase of the program. In the third phase of the program we will expand the role of outreach workers to include aspects of HIV and TB case management such as medication education, personal adherence plans, establishment of medicine companions (accompagnateurs) and implementation of a weekly home delivery program for antiretroviral therapy medications. The fourth stage will be dedicated to the evaluation of the program components. Objective measurements of HIV and TB care will be collected and contrasted with observations taken at the outset (present time) and in two years.

Outcome measurements of success for the Project Hope will include: HIV and TB case detection rates including the number of HIV tests performed, number of TB cases identified, number of TB and HIV patients followed at the CSCOM. Specific measurements of success in terms of HIV care will include CD4 T cell count and viral load trends (at 6 months and 12 months of follow-up). Specific measurements of success in terms of TB care will include sputum smear and culture results at midpoint and completion of treatment and CXR improvement at midpoint and completion in addition to the number of TB cases completing treatment. We expect to find that clinic participation, adherence and response to antiretroviral therapy are can be improved used home-based TB and HIV care program in a resource-limited urban African setting. Should this pilot program prove successful, the model may be easily replicated in other areas of Bamako, Mali and West Africa.

Our **transition** for the Project is to integrate the clinic into the national program for CSCOMS by the year 2011. The integration will allow the local clinic to provide HIV/TB care and to obtain funding from the Global Fund for HIV/TB and Malaria, as is planned and projected by the CSLS. We will at that point have moved on to develop the model in other per-urban CSCOMS, provided we continue to have funding.

BUDGET FOR 2008-2009 ACTION PLAN PROJECT HOPE

Budget Year 2009

Personnel	Role on Project	% Effort	Salary	Fringe Benefits	Subtotal
1. Annie De Groot MD	PI	10%	Not Required	--	--
2. Mali Rochas	Director (USA)	10%	Not Required	--	--
3. Zoumana Koty MD	HIV doctor	50%	\$10,000	\$1,500	\$11,500
4. Karamoko Tounkara MD	GAIA Mali Director	75%	\$15,000	\$2250	\$18,750
5. Abdoulaye Rokia Traore	Pharmacist	50%	\$ 10,000	\$1,500	\$11,500
6. Ramatoullaye Yassate	Head Peer Educator	50%	\$6,000	\$900	\$6,900
7. Outreach workers (11)	Outreach	100%	\$5,000	\$0	\$5,000

Year 1 Personnel Total: \$53,270

Consultants

1. Ben Aboubacar (HIV scale up expert currently based at Millennium Village Project)	--
2. Soukalo Dao (HIV expert based at the University of Bamako)	--
3. Souleymane Diallo (TB expert based at the University of Bamako)	--
4. Flabou Bougadougou (Epidemiologist based at the University of Bamako)	--
5. Accountant	--

Year 1 Consultants Total: \$0 (these individuals provide voluntary advice to GAIA in Mali)

Equipment

1. Laptop (data monitoring) (replaces 1 donated laptop)	\$2,000
2. Portable incubator / cold chests	\$2,000
3. Software licenses	\$1,000
4. Cell phones	\$1,000

Year 1 Equipment Total: \$6,000.00

Supplies

1. HIV tests (Free from Abbott)	---
2. Phlebotomy supplies	\$2,000
3. Blood tubes	\$3,000
4. Needles	\$1,000
5. Laboratory supplies	\$1,000

Year 1 Supplies Total: \$7,000

Travel For Providence-based PI

1. RT Mali Providence Jan	\$2500
2. RT Mali Providence June	\$2500
3. RT Mali Providence September	\$2500
3. RT Mali Providence December	\$2500

Year 1 Travel Total: \$10,000.00

Other Expenses

1. Gas (transportation in town)	\$2500
2. Phone Cards (cellular phone communication)	\$1000
3. Internet	\$1500

Year 1 Other Expenses Total:\$5,000.

TOTAL DIRECT COSTS

Total Year 1: \$81,279

Resources

Providence:

The GAIA Vaccine Foundation office in Providence is located at 146 Clifford Street, Providence RI.

Office equipment:

GAIA VF has access to the following (shared) office equipment:

1 Dell M70B Web PCs, a Macintosh Powerbook G4. Shared print services are supplied by Hewlett Packard JetDirect Print Servers attached to Hewlett Packard OfficeJet 9120, which provides color copy, printing and scanning, Laserjet 4200 for network printing , and Officejet v40 providing fax and copy capabilities.

The GAIA VF office features common open space for shared activities (data entry and data management) and a private office for the director. Central filing, storage, and conference space is also available. Financial management is provided by a certified CPA.

Mali

The GAIA Vaccine Foundation – Mali office is located in the Hippodrome. The Mali office also serves as the residence for the PI and the location for trainings (such as the recent peer education training by Groupe Pivot).

Office equipment:

The office is supplied with an iBook, an HP printer, and wireless internet (\$35/month).

Labtracker software.

Additional donated computers (two older model HP laptops) are available to clinicians for use in the Sikoro clinic. These two computers are loaded with MS office, and also have Labtracker installed.

GAIA VF has been the recipient of \$100,000 worth of Lab Tracker software, beginning in 2003. This software facilitates clinical follow up for HIV patients. GAIA Volunteer Jared Meshekow traveled to Mali in 2006 to update the software programs and to perform computer maintenance for the GAIA VF associates.

Clinic

The health center, created in 1997 by the Association de Santé Communautaire (ASACO), is located in an old building in Sikoro. The center serves the entire Sikoro population of 35,000 people. It is the third largest center of its type in Mali. The center averages 100 births per month, or more than three births per day.

The center is equipped with: 1 main doctor's office, a consultation room, an observation room, a treatment room, a laboratory (without refrigerator), an antenatal assessment room directed by a laboratory technician, a dispensary, toilets, a birthing room, a recovery room with seven beds and a waiting room.

Support for the GAIA Vaccine Foundation

The following funds have been obtained in previous years. Ongoing support is indicated by an asterisk.

(1) * **Gilead Foundation award. \$20,000** October 2008. No grant number.

Support for the Hope Center Clinic construction initiative and staffing. These funds have been expended. We will ask for support in May 2009 for Fall 2009.

(2) **Keep a Child Alive. \$10,000** February 2006, **\$10,000** December 2007, **\$20,000** April 2008. No grant number.

Support for the construction of the Hope Center clinic and staffing of pediatric/MTCP programs. These funds have been expended. An initial funding request for 2009 was denied.

(3) ***Hasbro Foundation. \$5,000**, June 2007, **\$2,500** in 2008. No grant number. These funds have been expended.

Support for the construction of the Hope Center clinic and staffing of pediatric/MTCP programs.

(4) **Textron Financial Corporation. \$10,000, \$20,000** May 2007. No grant number. These funds have been expended.

Support for the Hope Center Clinic construction initiative (purchase of roof for the patient gathering area). Textron Financial is currently being sold and the company expects to close in the near future. No further funding is likely.

(5) * **Rosalie Fain. \$7,650, annual.** Most recently \$10,000 February 2008. No grant number. These funds are expected for 2009. Support for the Mother to Child HIV Transmission Prevention program, Chez Rosalie (Ongoing support).

(6) * **EpiVax, Inc. \$6,000/ year.** No grant number.

Ongoing support for the Maison GAIA office/residence in Mali and the cost of operating the home office (Mali Rochas salary, phone, printing, supplies).

(7) * **Anne S. De Groot – Royalties** through Brown University for EpiMatrix technology. **\$10,000 per year.** Ongoing.

(8) * **Anne S. De Groot – \$6,000.** Commitment to fund Pharmacist at the Hope Center Clinic \$500 per month 2009.

In addition to the funding described here, GAIA VF “recurring donors” provide \$20,000 in funding per year for the GAIA Vaccine Foundation programs.

Total: approximately \$50,000 in expected funding of which \$32,500 in committed funds, is available for 2009: A minimum of \$80,000 is required for this effort (\$100,000 is the estimated annual cost of the entire GAIA operation in Mali).