

# ENCONTRO DE DOCENTES DO PROGRAMA ICOHRTA AIDS/TB

**José Roberto Lapa e Silva**

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# AGENDA

- Balanço do Programa
- Metas atingidas
- Metas 2010-2015
- Limitações administrativas
- Propostas 2011-2012
- Perspectivas para 2014 – novo formato do programa

# Phase 1 ICOHRTA AIDS/TB

Our main objective:

To integrate all components on a network that could increase the efficiency and the possibilities of research training in TB/HIV

To compete for the Phase 2 Comprehensive ICOHRTA AIDS/TB Program

# ICOHRTA AIDS/TB

**PURPOSE :** “The International Clinical, Operational, and Health Services Research Training Award for AIDS and Tuberculosis (ICOHRTA-AIDS/TB) Program provides extended support for training to foster collaborative, multidisciplinary research in developing country sites where AIDS, TB or both are significant problems”.

**TITLE:** “Innovative approaches for tuberculosis control in Brazil”

**Brazilian Principal Investigator:** Dr. José Roberto Lapa e Silva

**Main site in Brazil:** Federal University of Rio de Janeiro (School of Medicine, Institute of Thoracic Diseases, Clementino Fraga Filho University Hospital, and Prof. Paulo de Goes Institute of Microbiology)

**Main collaborating centers in Brazil:** Health Departments of the State of Rio de Janeiro and of Municipality of Rio de Janeiro, Adolpho Lutz Institute, São Paulo University Medical School at Ribeirão Preto and AIDS Center in São Paulo, Infectious Diseases Nucleus of the Federal University of Espírito Santo

**Principal Investigator in the United States:** Dr. Richard E. Chaisson, M.D., Johns Hopkins University.

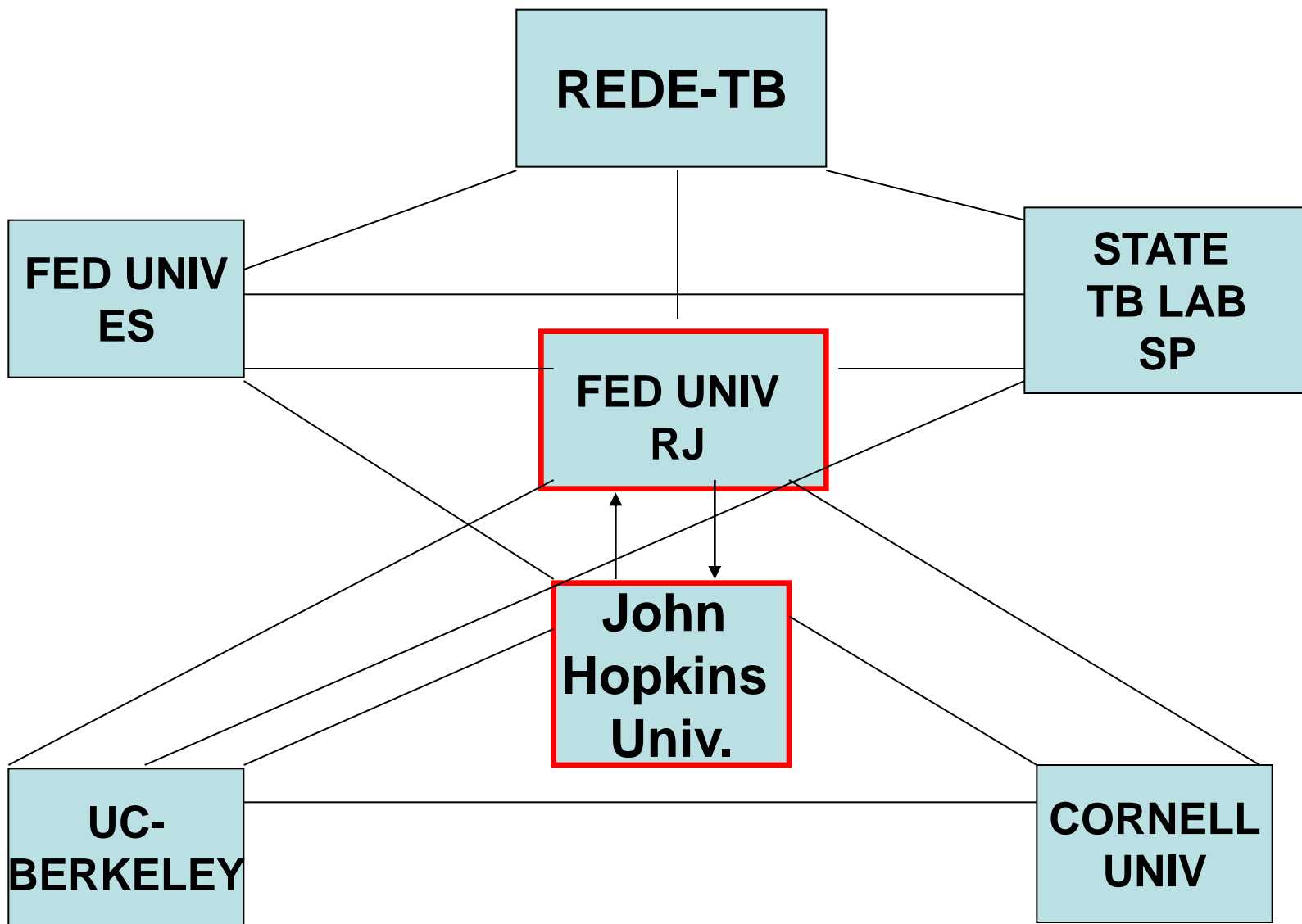
**Main collaborating sites in the United States:** Weill Medical College of Cornell University (Dr. Warren D. Johnson, Jr and John L. Ho), and University of California at Berkeley (Dr. Lee W. Riley).



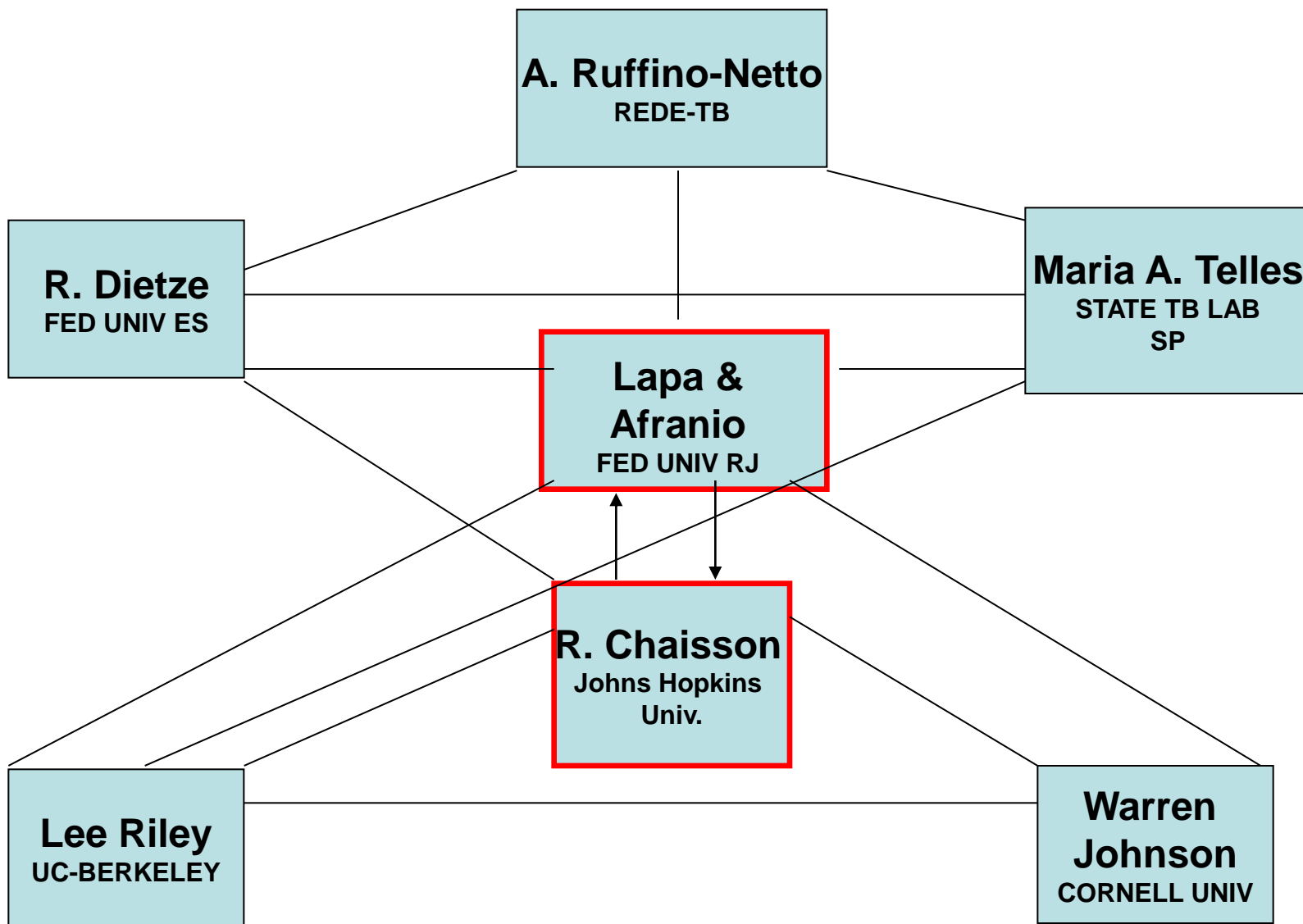
# 2004 PRIORITIES

- 1. Identify strategies to coordinate actions between the TB and AIDS Control Programs of the Ministry of Health
- 2. Develop and evaluate new approaches on Health Services (structure, process, outcomes) using multidisciplinary indicators such as social, anthropological and economic aspects and new training Programs towards more effective Health System management on TB control
- 4. Include the Permanent Education Pole as a priority in TB control and research
- 5. Develop special training programs to capacitate human resources to perform operational studies that answer local needs
- 6. Create a National Partnership to fight TB (successfully accomplished on Nov 10, 2004). Dr. Ruffino from REDE-TB and Mr. Carlos Basilia from Forum NGO-TB/REDE-TB were nominated to its Steering Committee
- 6. Establish a technology platform for vaccines, new drugs and diagnostic kits
- 7. Implement a computerized system for TB diagnosis currently available in Vitoria in other sites (Rio de Janeiro and Sao Paulo) to achieve a better infrastructure for clinical trials and operational research
- 8. Evaluate mathematical models for TB diagnosis among adults and children
- 9. Evaluate geographic and genotyping methods linked to TB control activities
- 10. Perform active case finding on hospitals and retirement homes
- 11. Evaluate different strategies to achieve a higher TB infection control index in hospitals, prisons, etc.
- 12. Perform studies on Immunogenetics, Pharmacogenetics and Pharmacosurveillance

# MATRIX STRUCTURE OF BRAZIL ICOHRTA AIDS/TB 2005-2015



# EXECUTIVE COMMITTEE BRAZIL ICOHRTA AIDS/TB 2005-2010



# SPECIFIC AIMS - I

- Train key individuals who can assess the efficacy/effectiveness/efficiency of changes instituted in health care delivery.
- Establish “test sites” for intervention: in Rio de Janeiro, Espirito Santo and Sao Paulo Metropolitan Areas .
- Improve the standard and delivery of clinical care of TB/AIDS patients.
- Improve the information technology for i) tracking patients, ii) integration of clinical and laboratory data



# SPECIFIC AIMS - II

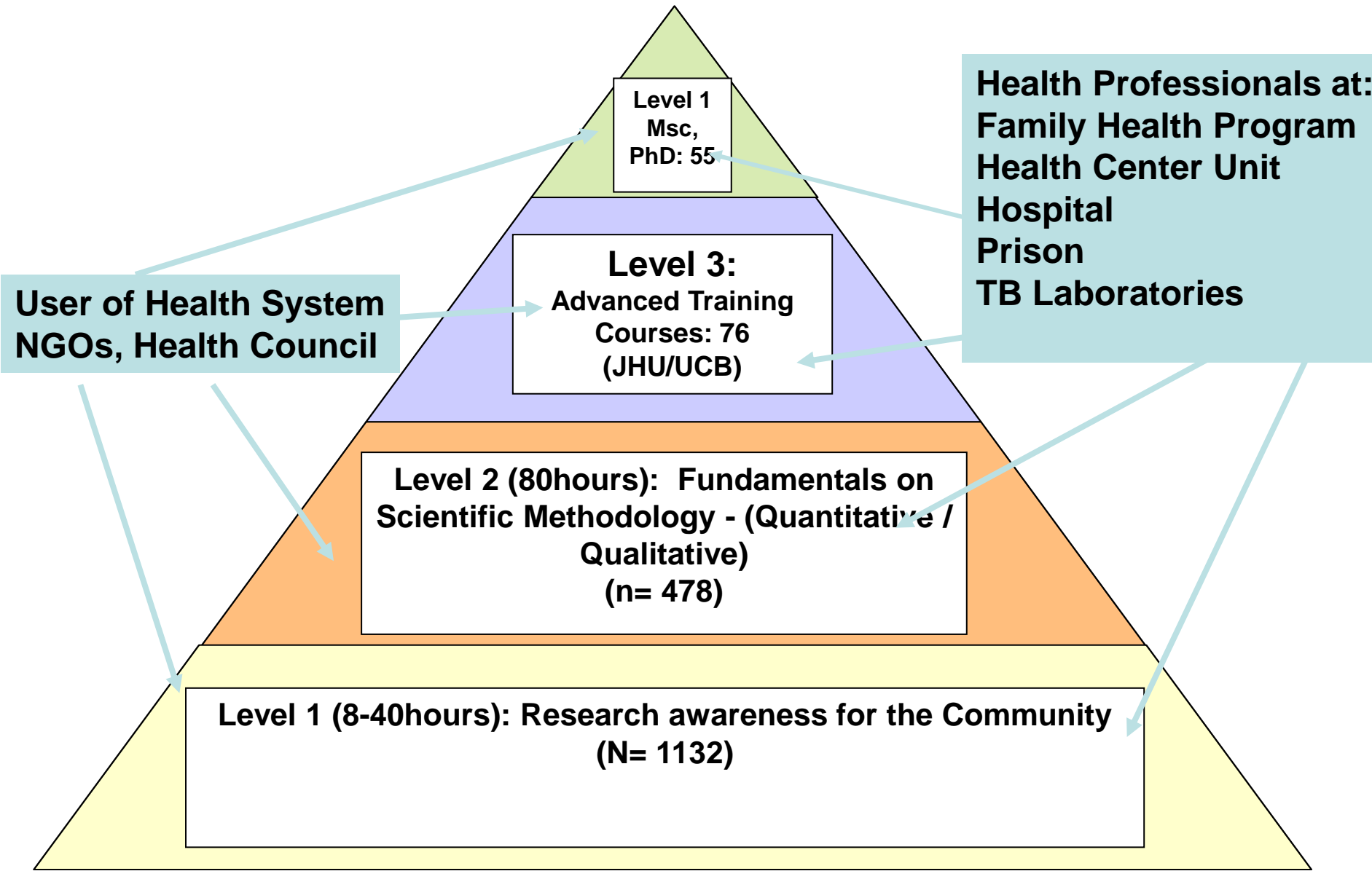
- Improve standard laboratory methods (**at least culture for all clinical samples**) and evaluate the Utility and Cost-effectiveness of newly developed rapid diagnostic methods for TB diagnosis and resistance testing.
- Further develop the linkage between the center of excellence with the Health Units and the Community in **the Demonstration Areas in three States (RJ, SP and ES)**.

# MAIN SUCCESSES

- Over the last 5 years, through the existing ICOHRTA AIDS/TB twin grants U2R TW006883 AND U2R TW006885, we have trained over 1,700 Brazilian graduate students in all levels, conferred 45 formal degrees, published over 100 peer-reviewed articles co-authored by trainees in peer-reviewed journals, received funding from other TB/HIV-related grants funded by Brazilian and international agencies, and have been actively involved in the fight against TB and AIDS in Brazil in collaboration with multilateral, governmental agencies and non-governmental organizations, thus contributing to the perceived improvement of the TB situation in Brazil.

# Participants in ICOHRTA Courses

Oct 2005/Jul 2011: **1711**



# Partner institutions 2010-2015

- US: Johns Hopkins University Center for Tuberculosis Research; Weill Medical College of Cornell University ; School of Public Health of the University of California, Berkeley
- Brazil: Academic Program of Tuberculosis of the Federal University of Rio de Janeiro (FURJ); City and State Tuberculosis Control Program at Rio de Janeiro; Infectious Diseases Nucleus of the Federal University of Espírito Santo; Adolpho Lutz Institute of São Paulo State; Prof. Helio Fraga Reference Center/FIOCRUZ, Rio de Janeiro, Tuberculosis Control Program of São Paulo State Health Secretariat; School of Public Health of Campinas University (UNICAMP); Ribeirão Preto School of Medicine and Nursing School of São Paulo University (USP); Bahiana School of Medicine, Gonçalo Moniz Research Center/FIOCRUZ, Medical School of the Federal University of Bahia, Salvador, Bahia; Federal University of Ceará, Ceará State Health Secretariat, Fortaleza, Ceará; Conceição Hospital, Parthenon Hospital, State Tuberculosis Control Program, State Reference Laboratory (LACEN), FEPPS (State Foundation for Research and Production in Health) and Universities in Porto Alegre and Pelotas, Rio Grande de Sul State.

# NEW FACULTY 1

<u>Name</u>	<u>Institution</u>	<u>Name</u>	<u>Institution</u>
José R. Lapa e Silva *	FURJ	<i>Betina Durovni</i> +	SMS-RJ
Afranio Lineu Kritski *	FURJ	Philip Suffys	FIOCRUZ
Leila S. Fonseca	FURJ	Maria Alice Telles	FIOCRUZ
<u>Neio Boechat</u>	FURJ	<i>Margareth Pretti Dalcolmo</i>	FIOCRUZ
Marcus B. Conde *	FURJ	<i>Antonio Pacheco</i>	FIOCRUZ
Fernanda C. Q. Mello *	FURJ	<i>Valeria Rolla</i>	FIOCRUZ
<i>Maria Catarina Motta</i> +	FURJ	<i>Jose Ueleses Braga</i>	FIOCRUZ
<i>Luiz Claudio Lazzarini</i> +	FURJ	Reinaldo <u>Dietze</u>	NDI
<i>Rafael Duarte</i> +	FURJ	<u>Ethel Maciel</u> +	NDI
<i>José Manoel Seixas</i>	FURJ	<u>Lucilaine Ferrazoli</u>	ALI

# NEW FACULTY 2

<u>Name</u>	<u>Institution</u>	<u>Name</u>	<u>Institution</u>
<i>Beatriz Meurer Moreira</i>	FURJ	Tereza Cristina Scatena Villa	USP
<i>Anete Trajman</i>	UGF/FURJ	Antonio Ruffino Netto	USP
Solange Cavalcante +	SMS-RJ	Mauro N. Sanchez	MoH-TCP
Aldo Lima	UFC	Paulo Dalcin	UFRGS
Valeria Goes	SES-CE	Maria Lucia Rossetti	FEPPS
Edgar Carvalho	UFBA	Pedro Dornelles Picon	PARTENON
Bernardo Galvao Castro	FIOCRUZ-BA	Marta Osorio Senna	LACEN
Sergio Arruda	FIOCRUZ-BA	Pedro Almeida Silva	URG

# NEW FACULTY 3

<u>Name</u>	<u>Institution</u>	<u>Name</u>	<u>Institution</u>
Richard E. <u>Chaisson</u>	JHU	<i>William Pan</i>	JHU
Jonathan E. <u>Golub</u>	JHU	<i>Elizabeth T. Golub</i>	JHU
Susan <u>Dorman</u>	JHU	<i>Nancy Kass</i>	JHU
David <u>Bishai</u>	JHU	<i>Anne Effron</i>	JHU
<i>Lois Eldred</i>	JHU	<i>Lawrence Morton</i>	JHU
<i>Jaap Broekmans</i>	JHU		
Warren D. Johnson, Jr	Cornell	<i>Marshall Glesby</i>	Cornell
<i>Dan Fitzgerald</i>	Cornell		
Lee <u>Riley</u>	UCB	Arthur <u>Reingold</u>	UCB

# Key points for 2010-2015 a

<u>Points</u>	<u>Strengths</u>	<u>Weaknesses</u>	<u>Solutions</u>
Research-Training (RT) for health professionals (nurses, physicians, psychologists, nurse-technicians, etc.) working in the field	Over 80% of trainees at Levels 1 and 2 were professionals working in the field	Lack of monitoring of Project development, lack of collaboration of managers for the identification of potential trainees and project development	Identify mentors for Level 2 trainees to help with their project design and development. Work specifically with managers (see below)
RT for members of NGOs	ICOHRTA funded for the first time the participation of NGOs at National TB Meetings and helped to organize a National Research forum for activists	We focused only in the Forum of NGOs against TB in Rio	Interaction with the Brazilian Chapter of the Stop TB Partnership, which will hold a position at the proposed TAG
RT for health managers	One course on Research methods was provided to health managers in São Paulo	Few managers participated in training events in general	Specific RT courses for managers at municipality and state levels on implementation science, including evaluation of new technologies (drugs, diagnostics) TB infection control in specific settings (hospitals, prisons), innovative strategies of TB control) Family Health Program, DOTS quality, etc)



# Key points for 2010-2015 b

<u>Points</u>	<u>Strengths</u>	<u>Weaknesses</u>	<u>Solutions</u>
RT delivered only to Rio de Janeiro, São Paulo and Espírito Santo States	The focus approach has allowed ICOHRTA to get momentum	Areas with different epidemiologic profiles were not included and special situations were not considered, such as MDR-TB, TB in hospitals and prisons	New sites were included considering epidemiology indicators, interaction with Metropolitan Committees, Health Managers and MoH Collaboration Centers
RT in TB/HIV	Current National TB Control managers came from the AIDS program	Few training activities directed to promote interaction between TB and HIV Programs at city and state levels	Training activities for coordinators of TB and HIV in the target areas at city and state levels
RT in MDR-TB	Participation of coordinators of MDR-TB Reference Centers in training activities	Few coordinators of MDR-TB Reference Centers participated in training activities	Inclusion of the Prof. Helio Fraga Reference Center, the Brazilian center for MDR-TB as a new site. Inclusion of Fortaleza, Salvador, Porto Alegre as new sites, all with MDR-TB outpatient clinics
RT in TB hospital infection control	FURJ is the pioneer in the country in hospital TB. Recent publications	Lack of RT activities in hospital TB infection control	Inclusion of new faculties with experience in hospital infection control. Interaction with International Hospital Federation, International

# Program specific aims

- Continue to train a cadre of key individuals who can assess the efficacy of changes instituted in health care delivery.
- Include new sites in Brazil from high prevalence areas of TB, TB/HIV, MDR-TB not yet covered by the grant (Fortaleza, Salvador, Porto Alegre);
- Interact in the training planning process with the Stop TB Partnership, the National TB Control Program, the Metropolitan Committees of the target areas, Health Managers and Ministry of Health Collaborating Centers;
- Provide specific courses for managers at municipality and state levels on implementation science, including evaluation of pragmatic clinical trials and the impact of new technologies on TB control and Health Systems;
- Include in the Research Training proposals: TB infection control as per the Stop TB Partnership 2006-2015 Strategic Plan, including TB infection control in specific settings (see below #9);
- Include innovative strategies of TB control, such as Family Health Program, DOTS quality, joint training activities for coordinators of TB and HIV in the target areas and MDR and XDR-TB
- Use data generated by CREATE/Gates Foundation for advanced statistical analysis training.
- Inclusion of studies on isoniazid prophylaxis in large groups of TST+ individuals, both HIV-negative and HIV-positive
- Inclusion of studies on the impact of infection control activities in different health settings: outpatients, hospitals and prisons
- Provide specific courses for laboratory technicians and managers on quality assurance for microscopy, culture, and very needed molecular testing

# Limitações administrativas

- O documento em tela solicita “a discriminação de bolsas a serem pagas, discriminadas por valores e beneficiários nominalmente identificados e demais dados relevantes, demonstrando, especialmente, **não se tratar de contratação de mão-de-obra de caráter permanente ou que caracterize terceirização irregular**”.  
Bolsas para alunos: serão oferecidas bolsas mediante processo seletivo como especificado acima. Os candidatos são recrutados pelos integrantes do corpo docente do Programa e a seleção final decidida pelo Conselho Diretor. Os valores são os empregados pelo CNPq ([http://www.cnpq.br/normas/rn\\_10\\_005.htm#pais](http://www.cnpq.br/normas/rn_10_005.htm#pais)). São as seguintes as modalidades de bolsas oferecidas pelo Programa: Bolsa de iniciação Científica (até cinco), Bolsa de Mestrado (até seis), Bolsa de Doutorado (até quatro), Bolsa de Pós-Doutorado (até duas). Todos os candidatos devem estar regularmente matriculados em cursos de graduação de instituição reconhecida pelo MEC (no caso de Bolsas de Iniciação Científica) ou em Programas de Pós-Graduação credenciados pela CAPES. A duração máxima das Bolsas de IC e Mestrado será de 24 meses, de Doutorado e Pós-Doutorado de 36 meses. Acredito que tais medidas asseguram que ninguém será contratado “em caráter permanente ou que caracterize terceirização irregular”.

# Propostas 2011-2012

- ???

# Perspectivas para 2014

- Novo formato do programa
- Fusão AITRP + ICOHRTA
- Grants menores
- Poderá haver vários projetos da mesma instituição
- Não haverá novo ICOHRTA em 2011 (fomos os últimos no atual formato...)