

AGREEMENT FOR THE IMPLEMENTATION OF AN EXPERTISE MISSION

INITIATIVE 5%
HIV/AIDS, Tuberculosis and Malaria

No. ACC2012INI139

Between,

France Expertise Internationale (FEI),
Etablissement Public à caractère Industriel et Commercial,
45, rue Linois, 75015 Paris, France,
Represented by its Director General, Mr. Cyrille PIERRE,
Hereafter referred to as "FEI"

And

The Faculty of Associated Medical Sciences, Chiang Mai University
110 Intawaroros Rd. T. Sripoom
Muang, Chiang Mai 50200, Thailand
Represented by its Dean, Dr. Wasna SIRIRUNGSI,
Hereafter referred to as "the Beneficiary"

Hereafter together referred to as the "Parties",

GIVEN:

- The 5% Initiative, HIV/AIDS, Tuberculosis and Malaria, which is France's second main contributor to the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM), is dedicated to the sustainable improvement of health impacts of GFATM grants on populations affected by these diseases in priority countries for French development assistance, using French and francophone expertise. The Ministry of Foreign Affairs (MAE) oversees the 5% Initiative and France Expertise Internationale (FEI) is in charge of the operational implementation.
- The Beneficiary requested support from the 5% Initiative, through Channel 1, to improve the therapeutic management of children and adults infected with HIV through the capacity building of local partners in the field of statistical analyses and the analyses of the data collected within this program.
- This request for an expert support was approved by the 5% Initiative Steering Committee on 12 July 2012.



HAVE BEEN AGREED UPON:

ARTICLE 1 – PURPOSE OF THE AGREEMENT

- 1.1 The purpose of the Agreement is to lay down the terms and conditions of an expert mission to improve the therapeutic management of children and adults infected with HIV through the capacity building of local partners in the field of statistical analyses and the analyses of the data collected within this program, as defined in the Terms of Reference (Annex 1 and integral section of the Agreement).
- 1.2 The mission is implemented by FEI.
- 1.3 To execute the mission, FEI will provide the Beneficiary with 6 technical experts.

ARTICLE 2 – EFFECTIVE DURATION OF THE AGREEMENT AND OF THE IMPLEMENTATION OF THE MISSION

- 2.1 The agreement takes effect on the date of the last signature by the Parties for a period of 2 years.
- 2.2 The mission is scheduled to start in December 2012. The implementation period of the mission is one year in total.

ARTICLE 3 – BENEFICIARY'S RESPONSABILITIES

- 3.1 The Beneficiary agrees to provide the resources necessary to ensure the proper implementation of the mission. In particular, it will:
 - Appoint Wasna SIRIRUNGSU and Gonzague JOURDAIN as the persons responsible for the implementation of the mission;
 - Provide the 6 experts with the resources necessary for proper implementation of the mission, as specified in the attached Terms of Reference, as well as any other resources deemed necessary throughout the mission;
 - Ensure the staff availability to achieve the objectives of the mission;
 - Facilitate the finalization of the mission;
 - Sign the experts' timesheets within a reasonable timeframe.
- 3.2 The Beneficiary guarantees that the mission is executed in accordance with the Terms of Reference and will keep FEI informed of its smooth implementation. In particular, it will:
 - Report any problems encountered during the implementation of the mission;
 - Report any event or condition which may delay or prevent the successful completion of the mission;
 - Send a completed assessment form at the end of the mission.

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ARTICLE 4 – SUBMISSION OF MISSION REPORTS

- 4.1 The reports and summaries mentioned in the Terms of Reference will be provided to the Beneficiary by FEI.
- 4.2 The Beneficiary has a period of 30 days to comment or validate the report. In the absence of a written reply within this period, the report or summary will be deemed approved.

ARTICLE 5 – OWNERSHIP AND VISIBILITY

- 5.1 Ownership, title and intellectual property rights resulting from the mission and the reports and other related documents are granted to the Beneficiary.
- 5.2 The Beneficiary shall grant FEI, the Ministry of Foreign Affairs and the GFATM, the right to use free of charge, for non-profit purposes and as it sees fit all documents deriving from the expert mission, whatever their form, provided it does not thereby breach existing intellectual property rights.
- 5.3 The Beneficiary shall ensure the visibility of the support for this mission by the 5% Initiative.

ARTICLE 6 – TERMINATION OF THE AGREEMENT

If a Party believes that the purposes of the Agreement can no longer be effectively or appropriately carried out, it shall consult the other Party. If no solution is found, either Party may terminate the Agreement with a written one-month notice.

ARTICLE 7 – CONTACT

All official correspondence exchanged between the Parties under this Agreement must be sent to the addresses specified in this Article or any new address notified in writing by the Party to the other Party:

FEI:

FRANCE EXPERTISE INTERNATIONALE

Initiative 5% Sida, Tuberculose, Paludisme

45 rue Linois,

75015 Paris, France

Initiative5PC.FEI@diplomatie.gouv.fr

Representative responsible for the implementation of the present Agreement:

Audrey GIRET, Project Director,

Ph. : +33.1.43.17.68.83

E-mail : audrey.giret@diplomatie.gouv.fr

Handwritten signature and initials in black ink, located at the bottom right of the page.

Beneficiary:

THE FACULTY OF ASSOCIATED MEDICAL SCIENCES, CHIANG MAI UNIVERSITY
110 Intawaroros Rd. T. Sripoom
Muang, Chiang Mai 50200
dean.ams@cmu.ac.th

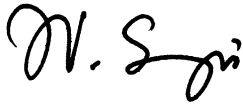
Representative responsible for the implementation of the present Agreement:
Wasna SIRIRUNGS
Ph. : +66 5394 9222
E-mail: wasna.s@cmu.ac.th

Signed in two original copies in English, one for each party's records:

Beneficiary

Dr. Wasna SIRIRUNGS
Dean

Signature

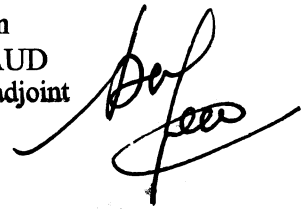


France Expertise Internationale

Cyrille PIERRE,
Directeur Général

Signature

Par délégation
Michel BERLAUD
Directeur général adjoint



Signed in Chiang Mai, date:

20 November 2012

Signed in Paris, date:

04/12/12

ANNEX I, AN INTEGRAL PART OF THIS AGREEMENT: TERMS OF REFERENCE

TERMS OF REFERENCE

Mission No. **12INI139**

THAILAND

Capacity Building in Statistics and Cohort Data Analysis Expertise Mission

Applicant: The Faculty of Associated Medical Sciences (AMS), Chiang Mai University -
Program for HIV Prevention and Treatment (PHPT)

I. BACKGROUND

Since 2003, the PHPT research unit in collaboration with the Faculty of Associated Medical Sciences (AMS), Chiang Mai University, has been a sub-recipient of the first round of the Global Fund to fight HIV/AIDS, tuberculosis and malaria (GFATM) and the Rolling Continuation Channel (RCC) and more recently the Single Stream of Funding (SSF) entitled "Aligning Care and Comprehensive HIV-Prevention Among Youth, MARPs¹, Children infected and affected by HIV/AIDS and other vulnerable children by Promoting Integrated Outreach and Networking with Government Decentralization to Achieve Coverage and Impact" (PRDDC-H-N-008/SSF).

This program enabled the implementation of a cohort study of over 1700 adults and 700 children living with HIV and receiving antiretroviral therapy in 30 public hospitals in Thailand. Conducted in close collaboration with the Thai Ministry of Health, it helped develop a model of care for those infected. Meanwhile, this support has allowed the training of health personnel in HIV medicine and practical aspects of clinical research.

The objectives of the original program were among others to demonstrate the sustainability of a program providing high standard of care for HIV patients in Thailand through active patient involvement, networking and training of medical professionals; and to address operational and clinical questions critical to adult and paediatric HIV medicine through collection and analysis of data, for the further expansion of access to care.

It was aimed at ensuring access to high quality care for people living with HIV. Treatments allow patients to regain a "normal" life and HIV infection has become a chronic disease. However, in the long term, some problems arise related to tolerance and adherence to treatment, resistance, co-infections, metabolic abnormalities, and risk of cancer. In most national and international recommendations for the management of HIV patients, the new trend is to initiate therapy in patients at an earlier stage of their infection. This makes it essential to understand better the long-term complications of treatment to predict or even prevent them.

¹ Most At-Risk Populations Network (MARPs)

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The biomedical data collected and their analyses have demonstrated the effectiveness of treatment and helped optimize care management^{2,3}. Beyond the medical context, the consequences of treatment on the family life of patients were also analyzed^{4,5}. Compared with the cohort studies conducted in developed countries, the Thai cohort has unique characteristics: adults are significantly younger, generally weigh less and the vast majority are women infected through heterosexual; clinical and biological data from children are available from birth for a large proportion of the cohort, and since the median age of the paediatric cohort is currently 15 years, the specific problems of adolescence can be studied as well as the transition towards adulthood.

In this context, individual clinical and laboratory data collected have already helped to answer important questions regarding the therapeutic management of patients. However, some issues require the use of more complex statistical methods for which the support of additional expertise is necessary. The causes of long-term complications observed in patients are not well elucidated: the respective role of HIV itself, immune deficiency, antiretroviral treatment, and genetic factors remains to be determined. The influence of co-infections by hepatitis viruses B and C viruses is also unknown on the long term.

In the region, the resources in terms of expertise for rigorous data analyses with the use of powerful statistical tools are limited and the assistance of experts in clinical epidemiology with knowledge of HIV and experience in the analysis of long-term cohort, will help train local partners while enhancing the value of the data collected through this PHPT Global Fund program.

II. DESCRIPTION OF THE EXPERTISE MISSION

1) General objective of the mission

The overall objective of this expertise mission is to improve the therapeutic management of children and adults infected with HIV⁶ through the capacity building of local partners in the field of statistical analyses and the analyses of the data collected within this program.

2) Specific objectives

- a) Capacity building in statistical analysis of local partners of Chiang Mai University, involved in the analysis of cohort data.
- b) Introduce local partners to epidemiology and clinical research.

² Fregonese F, Collins IJ, Jourdain G, et al. Predictors of 5-Year Mortality in HIV-Infected Adults Starting Highly Active Antiretroviral Therapy in Thailand. *J Acquir Immune Defic Syndr*. 2012;60(1):91-8.

³ Collins I, Jourdain G, Hansudewechakul R, et al. Long-term survival of HIV-infected children on antiretroviral therapy in Thailand: A 5-year observational cohort study. *Clin Infect Dis*. 2010 Dec 15;51(12):1449-57.

⁴ Le Coeur S, Collins IJ, Pannetier J, Lelièvre E. Gender and access to HIV testing and antiretroviral treatments in Thailand: why women have more and earlier access? *Soc Sci & Med*, Special issue on "Women, children and AIDS care". 2009, 69 (6): 846-853.

⁵ Lelièvre E, Le Coeur S. Intergenerational relationships of HIV-infected patients under antiretroviral treatment: patients' perspective in Northern Thailand. *Ageing & Society*. 2012, 32(4):561-585.

⁶ especially in Thailand but also elsewhere in the world.

c) Contribute to the in-depth analysis of data collected.

3) Description of Tasks

A training program will be organized at the Faculty of Associated Medical Sciences, Chiang Mai University over a period of 9 months, with 3 missions composed of 2 experts (University academics) for 1 week each. This program will aim at enhancing the autonomy of local partners for the conception and analysis of data obtained from epidemiologic survey or randomized clinical trials. It will primarily target health professionals involved or wishing to become involved in the design, implementation and interpretation of epidemiological studies; and students whose master degree subject in biostatistics focuses on an analysis of data collected in the PHPT cohort. Local partners will be trained in statistics using data from the PHPT Global Fund program allowing to draw lessons from the cohort data for the improvement of care for adults and children infected with HIV in Thailand and elsewhere in the world.

The training provided will be adapted to the participant's level and will be conducted in collaboration with professors or lecturers from the Faculty of Science, Chiang Mai University. Organization and supervision of this training program will be coordinated by Dr. Gonzague Jourdain.

A formal evaluation of participants' knowledge will be conducted at the beginning and at the end of the trainings.

For in-depth data analyses, the experts will work with researchers from the IRD PHPT unit and Chiang Mai University.

See training implementation details hereafter:

	Activities	Nb of experts	Days / Expert	Total nb of Days	Days of Training	Beneficiaries
Mission 1	Modules' Preparation	1	5	5	5	Training preparation
	Students Co-tutoring					(3 or 4) Students whose Master degree subject in Biostatistics focuses on an analysis of data collected in the PHPT cohort.
Mission 2	<u>Module 1</u> Introductory Module in Clinical Epidemiology	2	5	5*2	5	(20) Health Professionals involved or wishing to become involved in the design, implementation and interpretation of epidemiological studies. (researchers / students from Chiang Mai University, biologists, pharmacists, public health professionals or medical doctors)

	Students Co-tutoring					(3 or 4) Students whose Master degree subject in Biostatistics focuses on an analysis of data collected in the PHPT cohort.
Mission 3	<u>Module 2</u> Clinical Epidemiology focusing on the Analysis of Cohort Data <i>Intermediate Level</i>	2	5	5*2	5	(15) Students trained up to Masters' degree level or equivalent.
	Students Co-tutoring					(3 or 4) Students whose Master degree subject in Biostatistics focuses on an analysis of data collected in the PHPT cohort.
Mission 4	<u>Module 3</u> Clinical Epidemiology focusing on the analysis of cohort data <i>Advanced Level</i>	2	5	5*2	5	(15) Students trained up to Masters' degree level or equivalent.
	Students Co-tutoring					(3 or 4) Students whose Master degree subject in Biostatistics focuses on an analysis of data collected in the PHPT cohort.
		6 experts		35 Working Days		

4) Expected Results

Local partners are trained in statistics and are able to analyse complex cohort data. Cohort data are analyzed and abstracts reporting the results of analyses are submitted in scientific journals with peer-review / seminars and conferences.

III. EXPERTISE REQUIRED

- 1) Number of experts : 6
- 2) Number of expert/days: 35
- 3) Expert profiles :

The 6 experts have an extensive experience in public health, epidemiology and biostatistics and are knowledgeable in the analyses of cohort data related to HIV⁷.

Josiane WARSZAWSKI	Senior researcher – Public Health Physician, Epidemiologist and Statistician
Laurence MEYER	Senior researcher – Public Health Physician, Epidemiologist and Statistician
Nelly BRIAND	Researcher in Epidemiology, Social Sciences and Public Health
Jérôme LE CHENADEC	Researcher in Public Health / biostatistics
Faroudy BOUFASSA	Researcher – Public Health Physician, Epidemiologist and Statistician
Yoann MADEC	Researcher – Public Health Statistician

IV. PLACE, DURATION AND IMPLEMENTATION DETAILS

1) **Implementation Period:** November 2012 to October 2013.

2) **Start Date:** November 2012

The mission will begin with a briefing with AMS / PHPT Directors to present the mission objectives, methodology, and expected results.

3) **End Date:** Octobre 2013

The mission will end with a debriefing of the mission with AMS / PHPT Directors.

4) **Effective Duration:**

The duration (in working days) is 35 divided between the 6 experts.

5) **Planning/calendar :**

The provisional calendar of the missions of the 6 experts is as follows:

⁷ In order not to overload the experts, the missions will be performed alternately by 2 of the 6 experts identified.