



Community Advisory Board: Optimal ARV Project Terms of Reference

1. INTRODUCTION

Despite the significant progress made in the past decade to increase access to HIV care, accelerating availability of new, optimal treatment options and expanding treatment coverage is a major priority for the global community. UNAIDS, UNITAID, PEPFAR, The Global Fund (GF), WHO, and other global stakeholders recognize that there is an urgent need to accelerate access for patients in low- and middle income countries (LMICs) to new products that are more tolerable, durable, and easy to take – some of which are already available in high-income countries (HICs).

CHAI and UNITAID are implementing a three-year project to speed the development of new, optimal HIV drugs, and make them more available and affordable. Putting effective treatments in reach of those in need will help the global community reach the 90-90-90 targets set by UNAIDS in 2014.

The World Health Organization (WHO) has identified a shortlist of priority antiretroviral (ARV) medicines that are durable, tolerable to patients, and easy to take.

For adults, the priority products are: lower-dose efavirenz 400 mg (EFV400), darunavir/ritonavir (DRV/r), dolutegravir (DTG), and tenofovir alafenamide (TAF). Three of these products – EFV400, DRV/r, and DTG – were included in the World Health Organization (WHO) 2015 HIV treatment guidelines as part of alternative regimens.

For children, the priority products are: DRV/r, DTG, abacavir/lamivudine/efavirenz (ABC/3TC/EFV), LPV/r pellets and forthcoming pediatric combination products that include TAF or DTG. In the 2015 WHO HIV treatment guidelines, DRV/r and DTG were included in second- and third-line regimens for children.

All of these products are essential to addressing the treatment gap in a more cost efficient manner, improving quality of care, and reaching the 90/90/90 targets. To make these combinations available and affordable to patients as quickly as possible, the *CHAI-UNITAID Optimal ARV Project* will:

- Accelerate time to market on the supplier side – including assessing the need for an incentive mechanism for niche products like adult 2nd line and pediatric products
- Identify opportunities for cost reduction through process chemistry improvements, and
- Generate early demand and rapid uptake through interventions in focal countries.

The *CHAI-UNITAID Optimal ARV Project* will be a highly collaborative endeavor, coordinating with partners including WHO, Global Fund, PEPFAR/USAID, Chemonics, USAID's Project OPTIMIZE and its implementing partners, MPP, DNDi, Ministries of Health, suppliers, regulatory agencies, civil society including AfroCAB, and many others.

It will be implemented in seven focal countries – Cambodia, Kenya, Malawi, Nigeria, South Africa, Uganda, and Zimbabwe, with additional pediatric support in Francophone West Africa, focusing in Benin, Cameroon, Senegal, and

Togo. In these countries CHAI will partner with Ministries of Health and civil society organizations, in addition to other key stakeholders on the ground.

The goal of the proposed activities is to accelerate uptake of new optimal HIV drugs and regimens that are cost-effective, easier for patients to take, easier for systems to deliver, that reduce loss-to-follow-up and improve patient outcomes, and deliver savings to global treatment programs. By making optimal products available and driving uptake in LMICs, the project will improve the quality of life for people living with HIV/AIDS (PLWHA), increase program efficiency, and decrease new infections, thereby decreasing health inequalities for PLWHA in LMICs and contributing to global targets to reduce the burden of HIV.

2. ROLE OF THE COMMUNITY ADVISORY BOARD

The establishment of the Community Advisory Board (CAB) will serve to foster engagement with civil society groups to co-develop product adoption and roll-out strategies and to improve understanding of and demand for new medicines. The role of the CAB will be to provide strategic direction and leadership to strengthen community engagement in project implementation, to foster demand generation, and to ensure that the project as a whole supports and complements the activities of the global HIV treatment community. The CAB will work with the program team and other bodies of the project to:

Represent the interests of the global HIV community within the project by:

- Ensuring the program meets local needs and contributes to improved treatment outcomes for people living with HIV;
- Participating in the CAB and staying abreast of project progress through semi-annual CAB meetings;
- Monitoring progress and ensuring that program outcomes are shared with the global HIV community.

Support appropriate community-led demand generation activities for optimal ARVs by:

- Supporting communication of information related to the project objectives and progress to the broader global community;
- Serving as the voice of the community by participating in the process of defining appropriate demand generation activities and raising issues that could affect successful implementation of the project;
- Provide the project team with ongoing recommendations on product adoption and roll-out strategies.

3. RESPONSIBILITIES OF THE COMMUNITY ADVISORY BOARD

The CAB is requested to contribute to the ethical monitoring, quality, and roll-out of the *Optimal ARV Project* Optimal by carrying out certain activities, including but not limited to:

- Attending two CAB meetings annually to review and comment on the progress of the project;
- Acting as ambassadors for the project through communicating the project objectives and progress to the global community;
- Generating ideas on how the project can best engage with civil society and community groups to maximise the benefits of the new products and generate demand;
- Advising the project team on key project activities, including potential risks and how to minimize them;
- Making inputs into the program implementation process as requested, for example through review of patient sensitization and education materials and strategies;
- Foster links between CHAI teams in project focal countries and supporting implementation of activities as appropriate.

Key considerations/guiding principles for the CAB will include:

- The promotion and protection of human rights and equity in all aspects of the project;
- Ensuring the CAB takes an independent, evidence based, and non-biased stand on issues pertaining to the project.

4. GOVERNANCE

The CAB shall consist of one member from each of the project focal countries and representatives from AFROCAB, relevant treatment advocacy groups, with an alternative member appointed from each country should the primary representative be unable to attend key meetings. Members will be suggested and appointed by AFROCAB with input from CHAI and UNITAID. The office bearers of Chair and Vice-Chair will be elected within the CAB. Membership will reflect, to the greatest extent possible, the diversity of the project stakeholders and will strive for gender balance. Subject matter experts, such as clinicians, may attend CAB meetings as deemed appropriate by the Chair and Vice Chair.

Terms of Membership/Role of Members

- Attendance at all meetings is requested, with apologies sent when this is not possible
- Declaration of any conflict of interest will be expected. Suspected conflicts should be brought before the CAB
- CAB members will be expected to actively contribute to discussions and meetings
- CAB members will be expected to take responsibility for relevant actions
- Members will be expected to decline any incentives, benefits or remuneration from external parties for their participation or because of their participation CAB activities
- The term for membership will be for the duration of the project (until August 2019)

Secretariat and Administrative Arrangements of the CAB

CHAI/i-Base will act as secretary/coordinator for the CAB. The secretary will support the Chair and Vice Chair. Together they will act as the secretariat for the CAB and provide administrative support but will not have voting rights.

The secretariat will function on behalf of the CAB and will be responsible for the following (the secretary will carry out the administrative tasks but will be advised by the Chair and Vice Chair):

- Providing administrative support for the proper functioning of the CAB in line with its purpose and be the point of contact with the project team;
- Distributing relevant materials to and from the CAB including distribution of the agenda and minutes prior to and after the CAB meetings;
- To collect, collate disseminate documents for input from the CAB;
- To liaise with members of the CAB and CHAI as needed;
- To compile reports on the activities of the CAB for CHAI and, where appropriate, for wider circulation;
- To support logistical arrangements for CAB members to attend meetings or required activities.

Budget: The CAB will not have legal status so cannot have responsibility for a budget, enter into contracts or legal agreements, or be held legally liable. UNITAID and CHAI will support the secretariat (the secretary) to perform its tasks including arranging travel and accommodation for members of the CAB where necessary. Budget for country level activities will be managed at the program implementation level.

5. MEMBERSHIP

CAB Member Name	Country	Organisation
Sorn Sotheaiddh (primary)	Cambodia	CPN+
Salim Kibet (primary)	Kenya	Islamic Men's Network
Jacque Wambui (alternate)	Kenya	National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)
George Kampango (primary)	Malawi	Malawi Network of PLHIV
Clara Banya (alternate)	Malawi	National Coordinator of ICW, Malawi
Obatunde Oladapo (primary)	Nigeria	Positive Life Association of Nigeria (PLAN)
Olubukola Ayinde (alternate)	Nigeria	Positive Life Association of Nigeria (PLAN)
Luckyboy Mkhondwane (primary)	South Africa	Treatment Action Campaign (TAC)
Portia Serote (alternate)	South Africa	Treatment Action Campaign (TAC)
Proscovia Namakula (primary)	Uganda	Global Coalition Against AIDS in UGANDA (GCOWAU)
Dr. Stephen Watiti (alternate)	Uganda	
Imelda Mahaka (primary)	Zimbabwe	Pangaea Zimbabwe
Tapiwanashe Kujinga (alternate)	Zimbabwe	Pan-African Treatment Access Movement
Ibrahima Ba (primary)	Senegal	RNP+
Francine Nganale (primary)	Cameroon	ICW - Cameroon
Kenly Sikwese		AfroCAB
Polly Clayden		i-Base
Memory Sachikonye		i-Base
Carolyn Amole		CHAI
Caroline Middlecote		CHAI
Benvy Caldwell		CHAI