

CLIP: Cologne Lighthouse Partnership



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UniversityHospitalHeidelberg

Malawi: Lighthouse - Executive Director Sam Phiri, Clinical Coordination Thom Chaweza and Joe Gumulira

Germany: Medical Clinic 1 - Gerd Fätkenheuer, Gisela Krämer -- Clinic for Gastroenterology and Hepatology - Hans Michael Steffen | University Heidelberg, Institute of Public Health - Florian Neuhann, Sandra Barteit

INTRODUCTION

The Cologne Lighthouse Partnership (CLIP) in cooperation with the Institute of Public Health, Heidelberg University, roots in a longstanding collaboration of individuals of the involved institutions and the German Health Program in Malawi in particular the CIM integrated expert program. In 2011, the first ESTHER partnership contract between the mentioned institutions was signed with the main intended outcome:

The role of Lighthouse as a leading provider of HIV treatment and care and as a research site is strengthened.

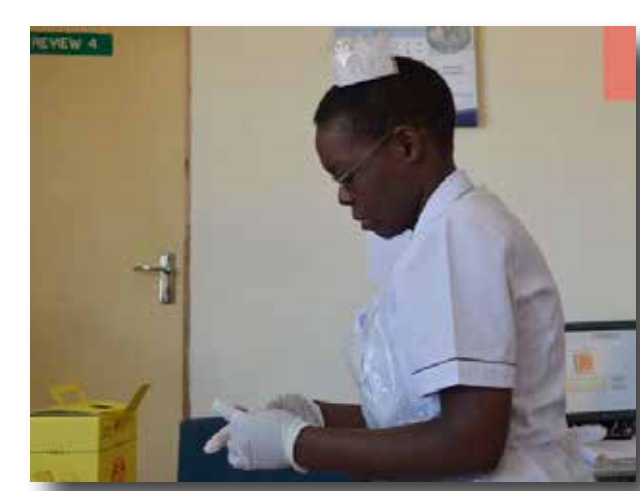


To achieve this aim partners agreed to conduct training courses in advanced HIV Management to enable "Lighthouse Clinicians to diagnose and treat HIV patients with complications correctly according to the National Standards" while German partners would benefit from seeing the management of a large number of patients in various stages of HIV disease and to learn about the regional specific co-morbidities. Further, the partners agreed to prepare and conduct relevant epidemiological and clinical studies together focusing in a first step on the outcome "Lighthouse prepared to start a cohort study on renal function in HIV infected patients using Tenofovir containing ART".

All three involved partners are very well placed and have the expertise to achieve the agreed objectives in partnership.

Following the funding cycles of the German ESTHER, the CLIP partners have signed a new contract in 2013 for the period 2013-2015 and have made good progress in achieving objectives and fill the partnership with lively exchange.

CLIP works in close cooperation with the ESTHER-MAGNET partnership at Kamuzu Central Hospital (KCH).



ADVANCED HIV MANAGEMENT

The need of Advanced Management at the Lighthouse Clinic which cares for more than 20.000 HIV patients on ART lies in the fact that patients infected with HIV treated with ART live longer and maybe affected by previously less important and recognized co-morbidities. This development has been seen in patients cohorts like in Germany treated for example in Cologne.

Non-communicable diseases such as hypertension but also diabetes, cancer are increasingly recognized as important health problems in low and middle income countries and Lighthouse aims to provide comprehensive integrated care for its patients.

The training courses aim to tap from the existing expertise in aging HIV patients treated in Cologne and adopt the treatment to the circumstances prevailing in Malawi.

This approach is reflected in the chosen topics (see table) but also in the didactics of the trainings which always include the presentation and discussion of real patient cases treated at the Lighthouse or the KCH.



Courses are mainly attended by clinicians and - for some topics also nurses - from Lighthouse, the Kamuzu Central Hospital and the University of North Carolina Lilongwe project or the Lilongwe Health District.

The trainings have been recognized by the Medical Council of Malawi and Lighthouse since has become an official Centre for Continuous Professional Development.

Apart from the locally conducted trainings with faculty from German and local partners, exchange visits to Cologne and Heidelberg were organized with lectures, presentations, participation in courses and conferences.



CLIP Training Courses

2012	<ul style="list-style-type: none"> • Haematological problems and HIV • HIV and the kidney
2013	<ul style="list-style-type: none"> • HIV related gastroenterological and hepatic disease
2014	<ul style="list-style-type: none"> • Hypertension and cardiac comorbidities in HIV • Introduction to ultrasonography as a diagnostic tool



LIGHTEN



Cohort Study:

Baseline characteristics and long term clinical outcomes of patients using Malawi's new first line antiretroviral regimen at Lighthouse: The Lighthouse Tenofovir Cohort LighTen

Background

In July 2013 the Malawian National HIV Programme introduced a new first line regimen for HIV antiretroviral therapy. In line with WHO recommendations this regimen consists of Tenofovir (TDF), a potent antiretroviral compound with antiviral effects against both HIV and Hepatitis B virus (HBV), in a fixed dose combination with Lamivudine (3TC) and Efavirenz (EFV). All patients initiating ART since have been started using this regimen and patients already on ART have been switched. 3TC and EFV have been used widely since the inception of the Malawian ART Programme while TDF was only being used as an alternative first line agent for patients unable to tolerate other NRTI's or as second line agent. Although, generally well tolerated, use of TDF is known to result in a reduction in renal glomerular filtration. In addition, in a small minority of patients it has been associated with Acute Tubular Necrosis, resulting in acute renal failure. Despite these potential risks, the National ART Programme does not include renal function screening at initiation or during the course of treatment. Currently, the number of patients initiating ART in Malawi who suffer from pre-existing renal damage, either associated with or independent from their HIV status, is unknown. Although recent retrospective data from Zambia suggest that the TDF induced renal damage is low, there is a need to establish a Malawian cohort of patients who will be prospectively monitored very closely with regard to multiple parameters, including renal function. The cohort study will also identify patients with active HBV infection who will have a significant additional benefit from the new treatment and look for existing comorbidities such as hypertension and diabetes.

Aim and Objectives

The aim of the LighTen Cohort study is to describe baseline clinical characteristics and long-term outcomes of patients using Tenofovir based antiretroviral therapy at the Lighthouse Clinics and to achieve the following objectives:

- *Objective 1: To determine the prevalence of renal dysfunction at enrolment and during follow-up among adult HIV-infected individuals starting ART.*
- *Objective 2: To determine the prevalence of HBV and HCV infections among adult HIV-infected individuals starting ART and during treatment follow-up.*
- *Objective 3: To determine the prevalence of non-communicable co-morbidities during treatment follow-up of HIV-infected individuals starting ART and during treatment follow-up.*
As primary outcome the study will determine: Proportion of HIV-infected individuals with renal dysfunction using the CKD Epi formula at enrolment, 6 months, 12 months, 24 months and 36 months post ART initiation

The study protocol has been endorsed by the National Health Science and Research Committee, the Ethical Review Boards of the University Clinics Heidelberg and Cologne.

Enrolment started in August 2014 and by end October 170 patients have been enrolled. Follow up will be up for at least 36 months.

Funding

Hector Stiftung Mannheim, Germany ESTHER/Germany GIZ CLIP project.

WEBSITES:

University Hospital Heidelberg:
<http://www.klinikum.uni-heidelberg.de/Hospital-Partnerships.5487.0.html>
Lighthouse:
<http://www.mwlighthouse.org>



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