

RESEARCH AND TECHNICAL SUPPORT AT RTI INTERNATIONAL

# HIV Program Support and Infrastructure



Government and private-sector clients in the U.S. and around the world rely on RTI for independent, objective, and scientifically rigorous research and technical services in support of HIV programs.

RTI helps governments, NGOs, and communities implement and scale up programs, making the best use of recent increases in funding for the global fight against AIDS. Our technical support helps close gaps in capacity and overcome obstacles that impede the expansion of prevention, treatment, and care programs.

## Program Support Expertise

- Technical and management support services
- Epidemiological and surveillance research
- Cost-effectiveness studies and economic analyses
- Data capture, coordination, and management
- Statistical analysis
- Operations research
- Monitoring and evaluation
- Policy support and advocacy

## Key Project Highlights

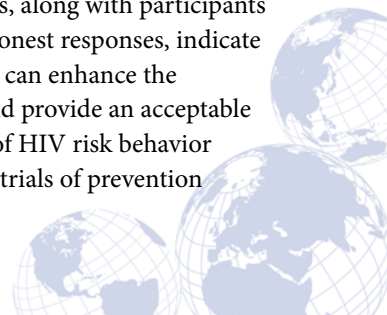
RTI researchers and technical experts support the design, implementation, and evaluation of programs to slow the spread of HIV. With decades of experience in the field, we understand how to launch, scale up, and sustain successful programs.

## Evaluating Changes to the Ryan White Program for HIV Care in the United States

On behalf of the Human Resources and Services Administration (HRSA), RTI is evaluating the effects of policy changes in the 2006 reauthorization of the Ryan White HIV/AIDS Program. The program provides federal funds for health care and support services for low-income, uninsured people living with HIV in the United States. Using qualitative research methodologies, RTI is reviewing in-depth case studies of four diverse grantees to capture the impacts of funding shifts. This work will help HRSA effectively allocate scarce resources and provide valid and reliable information to ensure and maintain the quality of care provided by grant recipients.

## Using Audio Computer-Assisted Self-Interviewing (ACASI) in Longitudinal Studies

RTI conducted a randomized controlled trial of the use of ACASI in a longitudinal study of HIV risk behavior and infection. Our survey of more than 1,900 gay men and 900 injecting drug users in the United States indicated that significantly more participants who used ACASI reported engaging in risky behaviors than did those who were interviewed in person. These results, along with participants' reports that ACASI elicited more honest responses, indicate that the RTI-developed technology can enhance the quality of behavioral assessment and provide an acceptable method for collecting self-reports of HIV risk behavior in longitudinal studies and clinical trials of prevention interventions.



### International Epidemiologic Databases to Evaluate AIDS (IeDEA)

RTI leads the IeDEA-Central Africa project, a multi-site research initiative funded by the U.S. National Institute of Allergy and Infectious Diseases (NIAID) to gather and harmonize HIV/AIDS data, particularly on the use of antiretroviral (ARV) therapy. These data will help to better define the HIV epidemic in Central Africa and answer priority research questions.

RTI collaborates with researchers at adult and pediatric health facilities in Burundi, Cameroon, Democratic Republic of Congo, and Rwanda, representing approximately 18,000 patients on ARV treatment. We also conduct AIDS-related cancer research.

IeDEA builds local research capacity by developing administrative and technical infrastructure and training in-country staff to collect, electronically manage, and analyze HIV/AIDS data. In some countries, RTI provides training on research ethics and helps develop local Ethics Committees. As the coordinating center for the seven regional cohorts of the global IeDEA initiative, RTI also manages logistical components and communication for all cross-regional collaborations.

### Data Coordination for Male Circumcision Trial in Kenya

RTI serves as the data coordinating center for a randomized controlled trial of male circumcision to reduce HIV incidence in Kisumu, Kenya. Under this trial—funded by NIAID and the Canadian Institutes of Health Research—2784 HIV-negative men aged 18-24 years were randomly assigned to immediate circumcision or circumcision delayed by at least 24 months from enrollment. Our responsibilities include statistical expertise, data analysis and reporting, data management, and user support of the data entry and management systems located at the clinical site in Kenya. The trial was stopped in December 2006 after an interim review found male circumcision to be safe and effective in reducing HIV acquisition. All men are now offered circumcision at the study clinic and follow-up continues to monitor for changes in sexual behavior and to continue testing for HIV and other STIs.

### Estimating the Cost-Effectiveness of a New Protease Inhibitor

On behalf of a pharmaceutical client, RTI Health Solutions (RTI-HS)—a business unit of RTI—studied the cost-effectiveness of a novel protease inhibitor for treatment-experienced adults with HIV infection. We developed a Markov model to track the movement of this cohort through six health states based on CD4 cell count. Using data from clinical trials and published literature, RTI-HS calculated the incremental total cost of care per quality-adjusted life-year gained, ultimately determining the new drug to be cost-effective compared to currently available protease inhibitors.

### Supporting Policy Development and Planning in Malawi

Between 1997 and 2005, RTI helped the government of Malawi and local NGOs strengthen the country's response to HIV/AIDS under the POLICY I and II projects, funded by the U.S. Agency for International Development. This included providing technical assistance to the Malawi National AIDS Control Program (NACP) in the areas of strategic planning, policy analysis, training, facilitation, and communications. Our assistance enabled them, through a participatory process, to produce a national strategy for combating HIV/AIDS. We then helped NACP design its approach to help the country's 27 districts apply the strategy and develop district implementation plans. Starting in 2000, RTI worked with NACP to design and carry out a multi-sectoral process that produced the country's first comprehensive, progressive national HIV/AIDS policy. Officially launched in early 2004, the policy has been widely supported and implemented throughout the country.

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#### For more information, please contact

Shawn Aldridge, MSPH  
International Development  
Group  
Phone: +1.919.541.7391  
E-mail: [saldridge@rti.org](mailto:saldridge@rti.org)

Jennifer Hemingway-Foday,  
MSW, MPH  
Statistics & Epidemiology  
Phone: +1.919.485.2663  
E-mail: [hemingway@rti.org](mailto:hemingway@rti.org)

RTI International  
3040 Cornwallis Road, PO Box 12194  
Research Triangle Park, NC 27709-2194 USA

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