

# PHPT - Prévention et traitement de l'infection à VIH et des cancers associés à des infections virales en Asie du Sud-Est

Rapport Hcéres

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# HCERES

High Council for the Evaluation of Research  
and Higher Education

Department of Research Evaluation

report on research unit:

Prevention and Treatment of HIV infections and virus-  
associated cancers in South East Asia

PHPT

under the supervision of  
the following institutions  
and research bodies:

Institut de Recherche pour le Développement - IRD

Chiang Mai University - CMU

Evaluation Campaign 2016-2017 (Group C)

# HCERES

High Council for the Evaluation of Research  
and Higher Education

Department of Research Evaluation

*In the name of HCERES,<sup>1</sup>*

Michel Cosnard, president

*In the name of the experts committee,<sup>2</sup>*

Marie-Louise Newell, chairwoman of the  
committee

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Under the decree No.2014-1365 dated 14 november 2014,

<sup>1</sup> The president of HCERES "countersigns the evaluation reports set up by the experts committees and signed by their chairman." (Article 8, paragraph 5)

<sup>2</sup> The evaluation reports "are signed by the chairman of the expert committee". (Article 11, paragraph 2)

## Evaluation report

This report is the sole result of evaluation by the expert committee, the composition of which is specified below.

The assessments contained herein are the expression of an independent and collegial reviewing by the committee.

Unit name:	Prevention and Treatment of HIV infections and virus-associated cancers in South East Asia
Unit acronym:	PHPT
Label requested:	UMI
Current number:	UMI 174
Name of Director (2016-2017):	Mr Gonzague JOURDAIN
Name of Project Leader (2018-2022):	Mr Gonzague JOURDAIN

## Expert committee members

Chair:	Mrs Marie-Louise NEWELL, Academic Unit of Human Development and Health, Faculty of Medicine, University of Southampton, United Kingdom
Experts:	Mr Philippe MSELLATI, IRD UMI TRANSVIHMI, Abidjan, Côte d'Ivoire (representative of CSS IRD) Mrs Joanna ORNE-GLIEMANN, Bordeaux Population Health Research Centre, Université de Bordeaux (representative of supporting personnel) Mrs Josiane WARSZAWSKI, Centre de Recherche en Épidémiologie et Santé des Populations, Université Paris-Sud, Paris
Scientific delegate representing the HCERES:	Mr Renaud BECQUET
Representative of supervising institutions and bodies:	Mrs Annabel DESGRÉES-DU-LOU, IRD
Head of Doctoral School:	Mr Jean BOUYER, Doctoral School n° 570, "Public Health Paris-Saclay"

## 1 • Introduction

### History and geographical location of the unit

The “Prevention and treatment of HIV infections and virus-associated cancers in South East Asia, PHPT”, Unité Mixte Internationale (UMI) 174 of the Institut de Recherche pour le Développement (IRD), is a research and higher education team based at the Faculty of Associated Medical Sciences, Chiang Mai University (CMU), Thailand, conducting a clinical epidemiology research programme, and building research capacity locally. PHPT is overseen by the French and Thai governments, administered by the Ministry of Foreign Affairs’ Thai International Cooperation Agency; the Thai-French Government Agreement was renewed in July 2016 for a period of 5 years. The collaboration involves policy-makers, researchers, Non-Governmental Organisations (NGOs) and clinicians in around 40 affiliated public hospitals in Thailand.

### Management team

The PHPT is managed by Mr Gonzague JOURDAIN. Mrs Nicole NGO-GANG-HUONG and Mr Aatit PAUNGMALI are deputy-directors.

### HCERES nomenclature

Principal :

SVE6 Santé Publique, Épidémiologie, Recherche Clinique.

Secondaire :

SVE2 Biologie Cellulaire, Imagerie, Biologie Moléculaire, Biochimie, Génomique, Biologie Systémique, Développement, Biologie Structurale ;

SVE5 Physiologie, Physiopathologie, Cardiologie, Pharmacologie, Endocrinologie, Cancer, Technologies Médicales ;

SVE3 Microbiologie, Immunité.

### Scientific domains

Since 2012, the research focus of the PHPT is on the prevention and treatment of HIV infection and virus-associated cancers in South-East Asia. The current programme has evolved from a previous platform focussed on mother-to-child prevention of HIV infection and HIV treatment, with further development of the local research infrastructure.

Unit workforce

Unit workforce	Number on 30/06/2016	Number on 01/01/2018
N1: Permanent professors and similar positions	9	10
N2: Permanent researchers from Institutions and similar positions	4	4
N3: Other permanent staff (technicians and administrative personnel)	0	0
N4: Other researchers (Postdoctoral students, visitors, etc.)	2	
N5: Emeritus	1	
N6: Other contractual staff (technicians and administrative personnel)	56	
N7: PhD students	2	
<b>TOTAL N1 to N7</b>	<b>74</b>	
Qualified research supervisors (HDR) or similar positions	3	

Unit record	From 01/01/2011 to 30/06/2016
PhD theses defended	10, for 5 of which PHPT was primary supervisor
Postdoctoral scientists having spent at least 12 months in the unit	0
Number of Research Supervisor Qualifications (HDR) obtained during the period	0

## 2 • Assessment of the unit

### Global assessment of the unit

Over the past 4-5 years, the focus of the research aimed to move from mother-to-child transmission of HIV (MTCT) and HIV treatment to a programme on the prevention and treatment of HIV infection and virus-associated cancers in South East Asia. Over the period, new projects, including on Human PapillomaVirus (HPV), Viral Hepatitis B & C (HBV and HCV, respectively) have been implemented; these projects are either just starting to produce scientific results (HBV MTCT) or will be coming to fruition over the coming years (HPV project).

Most of the recommendations raised during the evaluation in 2012, under the previous director and with a more focussed HIV platform, have been taken into account, including the implementation of new studies, supervision of an increased number of doctoral students, and publications in Public Health and Infectious Disease journals. Within the expanded involvement in international and national research networks, a clear commitment to lead some of the research in these networks is evolving. There have been efforts to expand into the social science and health care implementation research by including often-neglected populations, such as migrants and ethnic minorities and young adults. There is still, however, room for improvement in this research area, especially as the challenge of an ageing population and health care reform was identified. PHPT's capacity to attract researchers is likely to have been constrained by the lack of clarity on the overall scientific priorities of the unit and the limited human resources capacity, the vulnerability of Thai-based scientists on short-term contracts, to direct/supervise students.

The strengths of the unit are its dedication to research and capacity-building in the area, multidisciplinary, engagement with local stakeholders, university and national and international health policy makers. Reflecting the 5-year time frame and refocused research agenda, the PHPT unit's scientific output is relatively modest, but showing signs of an upward trajectory. The unit has an increasing international visibility and a strong activity in capacity building locally, nationally and regionally. Further, the unit is strong in terms of data management, sample repository and clinical research platform development and oversight, to international quality standards. Involvement, increasingly in a leadership role, in the best research networks in the world is appropriate and valuable, particularly the collaboration with the Paediatric European Network for the Treatment of AIDS and infectious diseases (PENTA) and the International Maternal Paediatric Adolescent AIDS Clinical Trials Group (IMPAACT). The unit has been successful in attracting a number of important research grants, including from the US National Institutes for Health (NIH) and the French National AIDS Research Agency (ANRS).

While the current and planned clinical epidemiological research is appropriate and valuable, further implementation research including health system research and research on the implications of the ageing population as well as policy advocacy should be considered. The recommendation of setting up an International Scientific Advisory Board to support the director and the unit in developing a stronger Scientific Strategy planning for a longer term sustainable unit, already made in the evaluation of 2012, is strongly reiterated, and should be implemented as soon as possible.