April 23, 2025

REVIVE Global Newsletter

From the REVIVE Trial Steering Committee

To all REVIVE investigators

Because of your efforts, our trial is growing from strength to strength, and we are on track to answer the important question of whether azithromycin saves lives among people with advanced HIV.

Since the last newsletter in January, we have activated two additional countries – Ghana and Rwanda – who are both already making excellent contributions. Several other countries will be starting soon, and we are excited to welcome Kenya to the REVIVE network. The number of participating sites is also continuing to expand, with a total of 45 currently recruiting. Collectively, you are randomising over 300 participants a month, which is a phenomenal achievement and speaks to the hard work and dedication of every single person working on REVIVE. With this recruitment rate, we are confident that we will reach our ambitious target of 8,000 participants by November 2027.

The REVIVE network provides an important platform for addressing other important questions around advanced HIV and the use of azithromycin. We are moving ahead with implementation of verbal autopsy to better understand causes of death, which will help to interpret the findings of the trial and identify gaps in care for advanced HIV. The antimicrobial resistance (AMR) study is also being rolled out more widely to assess the impact of azithromycin prophylaxis on bacterial carriage and resistance. Additionally, we are updating the case report forms to collect slightly more information on the standard of care with a focus on cryptococcal disease, providing critical information on the implementation of evidence-based guidelines in routine practice.

We are entering an exciting phase of growth now that trial systems are becoming established. There are still challenges ahead, especially in the context of US government funding withdrawal, and we stand by to support investigators in any way we can to provide care for patients and to ensure the success of this important trial.

Thank you again for your tremendous commitment and contributions to the REVIVE trial.

Dr Sean Wasserman

REVIVE Monthly Seminars

The UCT Project Office is proud to present the 2nd quarter webinars for 2025, addressing subjects of interest to the REVIVE study network.

- April 29th at 15h00 SAST (13H00 GMT), *CROI Update* , presented by Prof Graeme Meintjes, REVIVE Chair & Infectious Diseases Physician

- May 27th at 15h00 SAST (13H00 GMT), *Key concepts in modern clinical trials, covering non-inferiority and adaptive designs and platform trials* , presented by Prof Lehana Thabane, Faculty of Health Sciences, McMaster University

- June 24th at 14H00 SAST (12H00 GMT), *Research Priorities in the Next Decade*, presented by Dr Max Lataillade, Principal on HIV drug development at the Bill & Melinda Gates Foundation.

An invitation and link to these seminars will be sent out a week in advance and we would like to encourage you to circulate this within your network.

We are inviting you to please e-mail *reviveteam@uct.co.za* would you like to do a presentation in 2025, including your suggested topic.

REVIVE Featured

The Talk of The Network

International funding for the HIV response has been instrumental in enabling the necessary actions to combat the HIV pandemic. However, HIV programme funding for low- and middle-income countries (LMICs) in 2023 fell short by $9.5 billion of the amount needed by 2025. This shortfall has been further exacerbated by recent developments that have significantly reshaped the funding landscape.

Firstly, on January 20, 2025, the U.S. President ordered a 90-day pause on foreign development assistance. This includes the President's Emergency Plan for AIDS Relief (PEPFAR), a programme that has supported more than 20 million people with HIV treatment in over 55 countries since its launch in 2003. Secondly, other key governmental contributors to the HIV response, including the UK, France, Germany, and the Netherlands, may also reduce their funding commitments.

The withdrawal of support from already underfunded programmes introduces significant uncertainty regarding the continuation of existing services. It also jeopardises the establishment of new initiatives that could capitalise on scientific advances, such as long-acting injectable pre-exposure prophylaxis (PrEP), which hold great potential in reducing HIV transmission.

A recent modelling study published in *The Lancet HIV* estimated that these funding restrictions could result in up to 10.75 million additional new HIV infections and 2.93 million HIV-related deaths in LMICs between 2025 and 2030. The projections, generated using the OPTIMA HIV model, extrapolated data from 26 countries to all LMICs, with the largest impact expected in sub-Saharan Africa.

Beyond threatening HIV treatment and scientific progress, the looming global economic challenges may also hinder service delivery and limit the capacity of national governments to assume financial responsibility for programmes previously supported by foreign aid.

The REVIVE trial team, a network spanning 60 sites across 14 countries, has reflected on the potential impact of these developments on HIV care in participating clinics. In response to a recent questionnaire, Principal Investigators from 41 sites reported that 73% of sites currently receive U.S. government support for various aspects of advanced HIV disease (AHD) management. These include staffing, HIV and CD4 testing, and the provision of standard care, including antiretroviral therapy (ART). Of the sites receiving support, 67% indicated that these essential services are potentially at risk.

Focusing on ART provision specifically, 56% (23 out of 41 sites) reported U.S. government support, and among these, 91% (21 out of 23 sites) stated that the U.S. provides ≥60% of ART resources.

We extend our sincere thanks to all those who responded to the survey. Despite the challenges, governments and healthcare systems are already adapting, and the supply of ART at REVIVE sites has remained uninterrupted. We will continue to monitor the situation closely to assess any potential impacts on this vital trial.

Dr Thomas Scheier

REVIVE Project Officer

Worth the Watch: Insights That Matter

We are pleased to share insights from a recent webinar by The Global Health Network introducing the WHO's new **"Guidance for Best Practices for Clinical Trials."** This important guidance, developed with input from the Good Clinical Trials Collaborative (GCTC), marks a major step forward in global clinical research standards.

Key Highlights:

- **Scientific and Ethical Design:** Ensures trials answer key questions while protecting participants.
- **Participant Rights:** Prioritizes safety and ethical treatment.
- **Transparency:** Promotes open communication and stakeholder collaboration.
- **Feasibility:** Adapts to diverse global contexts.
- **Efficient Quality Management:** Reduces unnecessary burdens to optimize resources.

Why This Matters for Africa: Developed through wide consultation, these guidelines support inclusive, high-quality research that meets global health needs, especially critical in Africa's complex healthcare landscape. Adopting these practices will strengthen trial quality, improve outcomes, and ensure ethical, context-specific implementation.

Watch the full webinar here:

https://globalhealthtrials.tghn.org/prism/

Worth the Read: Insights That Matter

Diagnostic Accuracy of the Updated FujiLAM II Assay to Detect Tuberculosis in Outpatients With Advanced HIV Disease

A groundbreaking diagnostic accuracy study has validated the updated FujiLAM II assay as a promising tool in the fight against tuberculosis (TB) among people with advanced HIV disease.

Conducted in Uganda across 16 clinics, the study demonstrated that FujiLAM II, a non-sputum, urine-based point-of-care test, achieved a high specificity of 95% and moderate sensitivity of 54% in identifying confirmed TB, rising to 69% among those with CD4 counts below 100 cells/μL. These findings are especially significant for outpatient settings where conventional TB diagnostics are associated with challenges.

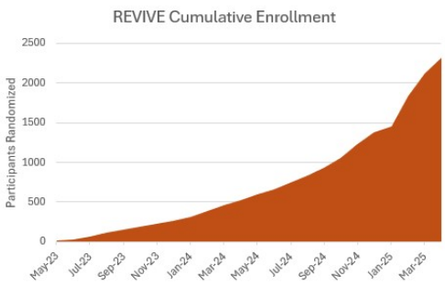
With its improved manufacturing stability and potential for integration into routine care, FujiLAM II offers a critical opportunity to enhance early TB detection, reduce mortality, and strengthen the diagnostic toolkit for managing advanced HIV in resource-limited settings.

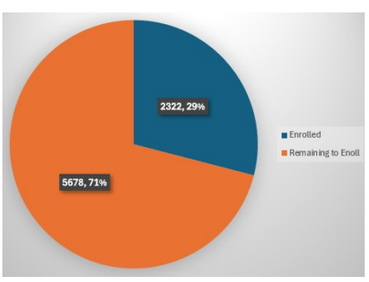
Read The full article here:

https://pubmed.ncbi.nlm.nih.gov/40130995/

Newsletter (Page 4)

Country	Regulatory Status	Sites			Randomizations	
		Planned	Activated	Enrolling	Last 30	Total
South Africa	Approved	21	16	15	61	543
Sierra Leone	Approved	3	3	3	31	413
Uganda	Approved	4	4	4	66	536
Nigeria	Approved	11	11	11	50	469
Ivory Coast	Approved	3	3	3	3	35
Zambia	Approved	3	3	3	65	234
Malawi	Approved	3	1	1	4	26
Ghana	Approved	3	3	3	11	60
Rwanda	Approved	1	1	1	3	6
Republic of Congo	Pending	1	0	0	0	0
Ethiopia	Pending	4	0	0	0	0
Mozambique	Pending	1	0	0	0	0
Tanzania	Pending	3	0	0	0	0
Kenya	Pending	1	0	0	0	0
Total		**62**	**45**	**44**	**294**	**2322**





Spotlight on Excellence

Celebrating Dr. Katanekwa Njekwa

Dr. Katanekwa Njekwa (BSc HB, MBChB) is a Zambian medical doctor with over six years of experience as a clinical research fellow in the Clinical Trials Unit (CTU) at the Centre for Infectious Disease Research in Zambia (CIDRZ). Throughout this time, he has participated in and led the setup, implementation, and successful completion of multiple clinical research studies at CIDRZ clinical research sites.

During the peak of the COVID-19 pandemic, Dr. Njekwa played an active role in the implementation of several COVID-19 clinical trials under the COVID-19 Prevention Network (CoVPN) and the HIV Prevention Trials Network (HPTN). This period was a defining moment in his early research career, providing him with the opportunity to contribute to evolving scientific efforts in SARS-CoV-2 genomic sequencing and vaccine development.

As a recipient of two research grants through the HIV Vaccine Trials Network (HVTN) Research and Mentorship Program (RAMP) in 2021 and 2023, Dr. Njekwa has demonstrated strong research potential. In 2024, he was selected to participate in the prestigious HVTN Scientific Leadership Development (SLD) Program, designed to equip emerging scientists with the skills to lead HIV vaccine clinical trials.

His professional responsibilities include ensuring the clinical safety of trial participants, adhering to Good Clinical Practice (GCP), Human Subjects Protection (HSP) standards, and local regulatory requirements. He also leads community engagement activities and advises stakeholders on best practices for participant enrolment, safety, and retention. In addition, he is actively involved in protocol and SOP development, scientific journal clubs, grant submissions, and manuscript writing. He continues to promote the visibility of CIDRZ and its CTU through collaboration with other scientists and presenting research findings at national and international conferences.

Within the HVTN and CoVPN studies at CIDRZ, Dr. Njekwa has served in key roles including Research Clinician, Sub-Investigator, and Principal Investigator. Notably, the CoVPN 5001 and HVTN 405/HPTN 1901 studies focused on SARS-CoV-2 genomic sequencing, immunologic responses, clinical presentation, and outcomes. Working in this high-risk environment during the height of the pandemic, he contributed to developing best practices for participant and staff safety and oversaw the design and setup of a COVID-19 satellite study site. He was also invited to present at the HVTN Translational HIV Vaccine Early-Stage Investigators forum, where he connected with peers from around the world.

Spotlight on Excellence

Celebrating Dr. Katanekwa Njekwa

Dr. Njekwa's experiences over the past six years have nurtured a deep passion for infectious and tropical diseases, particularly in vaccinology related to HIV/AIDS, TB, and malaria.

Currently, he serves as the National Leader and Principal Investigator for the REVIVE Clinical Trial in Zambia (Reducing Mortality in Adults with Advanced HIV). The study is being conducted at three CIDRZ sites: Chawama, Matero, and George Clinical Research Sites (CRS). At the 2024 REVIVE Steering Committee Meeting, his team received the award for fastest recruiting site from activation, a testament to their adaptability, dedication, and the strong support from community stakeholders.

Dr. Njekwa finds fulfilment in seeing participants improve as they initiate, re-initiate, or switch to effective antiretroviral therapy (ART) during study follow-up visits.

> "In the fight against advanced HIV disease, every act of care, every diagnosis made, and every life saved is a defiance of despair and a declaration that no one is left behind!"

Please look out for the next edition on 15 July 2025
