

Tracking Socio-Economic-Environmental Outcomes in Families Living with HIV/AIDS: Evidence from the EARNEST Trail

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The Europe - Africa Research Network for Evaluation of Second-line Therapy (EARNEST) is a partnership between 14 African clinical research sites and 6 European organisations. It is funded by the European and Developing Countries Clinical Trials Programme (EDCTP) and European national research funding agencies. The network conducts the EARNEST trial, the definitive clinical trial which aims to identify the best antiretroviral therapy for HIV positive individuals who need to switch antiretroviral therapy in a resource-limited setting. The trial commenced in October 2009 and enrolled 1277 patients in 5 African countries - Malawi, Uganda, Zimbabwe, Kenya and Zambia.

The trial track clinical health outcomes for 144 weeks across three arms of different drug therapies. One innovation of the trial was to randomise and track socio-economic-environmental status of HIV/AIDS families alongside their health status over the course of the trial.

While one can evaluate the effectiveness of the treatments on health outcomes we can also track changes in socio-economic-environmental status of HIV/AIDS families. While the therapies tend to work in terms of health there is no guarantee of a return to work, schooling with access to clean water and good food for HIV/AIDS families.

This is captured using a difference in difference empirical model of the changes in socio-economic-environmental- health status over the course of the Randomised Control Trial across three arms of drug therapies. We also summarize our results using household SDG indices to show the dynamics of change in socio-economic-environmental conditions within families over the 144 weeks of the trial.

Our paper demonstrates the importance of collecting data across the main pillars of sustainable development (the social, economic and environmental pillars), to have a holistic understanding of public policy interventions. The drugs should only be deemed to work if families, not just the patient, can regain their pre HIV/AIDS socio-economic-environmental status, as well as health.