



Global Campaign for Microbicides Update Report 2003-2004



Global Campaign for Microbicides: Update 2003-04

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Introduction

The 2004 AIDS Conference in Bangkok marked a watershed for microbicides and the issue of women's HIV prevention needs. Once an obscure topic relegated to offsite panels, microbicides were front and center at the AIDS conference, commanding the attention of participants from plenary and scientific sessions to advocacy workshops in the Global Village.

The Campaign itself was launched six years earlier at the 1998 international AIDS conference in Geneva, Switzerland. Few people had then heard of microbicides, and the global spotlight had yet to focus on the growing vulnerability of women and girls.

We are proud of the many ways in which the Global Campaign has contributed to the growing profile of microbicides during the intervening years. We believe that our commitment to engaging civil society actors in the research process has helped to distinguish us and microbicides field from other areas of scientific innovation.

Since our previous update, the environment in which we work has evolved considerably.

- Welcome (and long overdue) attention is now being paid to the social context of women's risk of HIV—through the UNAIDS' theme of Women, Girls and HIV and the launch of the Global Coalition on Women and AIDS.
- Controversy around the “ABC approach” to HIV prevention—with the political focus in the United States focusing upon A and B (abstinence and behavior change, i.e., monogamy)—is creating a defensive atmosphere in the policy arena. The global HIV/AIDS and reproductive health and rights communities are responding that even with AB *and* C (condoms), this approach is insufficient to address the needs and realities faced by people at risk.
- Interest among complementary fields, such as treatment access and vaccine advocacy in developing joint approaches to advocacy, offers new opportunities for coalition-building and collective action.
- Government and multilateral commitments to rolling out antiretroviral treatment (ART) in developing countries are dramatically shifting the dialogue on standard of care in HIV prevention trials.
- Civil society actors continue to demand involvement in decision-making at all levels in the response to HIV and AIDS, driving the need to understand best practices for community organizing and mobilization, as well as lessons from failure to involve civil society effectively.
- The number of actors in the field and resources devoted to research and product development is expanding rapidly, creating urgent need for coordination.
- Globally, five candidate microbicides are entering large-scale clinical trials.

This changing context reaffirms the importance of the Global Campaign's approach to its goals—and challenges us as we look ahead. It is in this exciting, rapidly changing, high-opportunity environment that we report to you on our recent work.

I'm here because I think the work in which you are collectively engaged, the discovery and availability of microbicides, is one of the greatest causes of this era; and I want to be a part of it.

– Stephen Lewis,
UNAIDS Special Envoy to Africa,
speaking at Microbicides 2004



What is the Global Campaign for Microbicides?

The Global Campaign for Microbicides is a broad-based, international coalition of organizations working together to expand HIV prevention options for women and men at risk. We build civil society support for increased investment into microbicides and other user-controlled methods of HIV prevention. We work among policymakers, opinion leaders, and the general public. Our tools are advocacy, policy research, and community mobilization.

The Global Campaign is not an organization per se, but a unifying umbrella under which microbicides advocates and civil society engage in the scientific process. We form the interface between the scientific establishment and the millions of individuals whose lives will be influenced by the microbicide enterprise—as eventual users, trial participants, taxpayers, and people at risk of HIV/AIDS. By creating mechanisms for citizen engagement, we seek to accelerate product development, facilitate widespread access and use, and promote the needs and interests of consumers and communities involved in microbicide trials.

Our agenda is guided by an international steering committee with continuous input from our numerous partner groups. The Global Campaign has a core staff of six people, based in Washington DC and Brussels, and consultants in Asia and Africa working on behalf of the Campaign. We support partner organizations to implement various pieces of our shared agenda. The Campaign provides resource materials, guidance in awareness-raising, media outreach, lobbying strategies, and occasional small grants. Some partner organizations work on their own, collaborating directly with the Global Campaign secretariat. Others convene local coalitions of like minded groups (known as “sites” in the Global Campaign nomenclature) that meet regularly to plan and implement a collaborative agenda. We currently work with affiliated partners and local coalitions in ten countries.



Activities and Achievements – 2003 to 2004

Since its inception, the goals of the Global Campaign have remained the same. They are to:

1. Mobilize resources and political will for increased investment in microbicide research and greater access to the female condom and other cervical barrier methods.
2. Create a supportive policy environment for the timely development, introduction, and use of new prevention technologies.
3. Ensure that as the science proceeds, the public interest is protected and that the rights and interests of trial participants, users, and communities are fully represented and respected.

This section of the report is organized around recent progress toward each of these three goals.

Goal 1: Raise awareness and mobilize political will

The Global Campaign's first goal continues to be raising awareness and generating political will among policymakers and their constituents. However, our strategies have evolved considerably over the past six years. At first, we focused on recruiting "natural allies" for our issues (such as NGOs with similar mandates, principles, or areas of work) and on political activities such as resource mobilization. While we continue to expand existing coalitions and strengthen political strategies, today we are increasingly targeting our awareness-raising efforts at the general public.

Using the Media to Create Public Awareness

Collaborative media strategy. The Global Campaign works closely with the Alliance for Microbicide Development and the International Partnership for Microbicides on a media strategy to:

- educate the public, policy makers, and key stakeholders and constituencies.
- advance our public policy agenda by generating media coverage targeted to legislative and other decision-makers.
- provide explanatory context when scientific developments merit public attention or invite public scrutiny.

In 2004, we retained specialized media expertise to help write and place articles and opinion pieces, expand regular exposure, and provide assistance with media relations. We continuously give interviews, respond to press queries, pitch story ideas, and otherwise help generate coverage in a media venues ranging from the Economist to Vogue magazine.

Writing by Global Campaign staff. Articles by Global Campaign staff during 2003–04 appeared in many publications, including *The Lancet*, the *British Medical Journal*, *Newsweek*, *IMPACT* (a magazine published by the National AIDS Trust, UK), *The Microbicide Quarterly* (publication of the Alliance for Microbicide Development), *Positive Nation* (UK), *Baltimore Gay Life*, *Philadelphia Gay News*, *Treatment Issues* (a publication of GMHC).

Journalist training. We have also supported trainings in order to strengthen the capacity of media representatives, particularly in the global south, to communicate the complex, nuanced issues of microbicides research, development, and advocacy. Through our partnership with Health and Development Networks (HDN), a team of three key correspondents from India, East Africa, and South

Africa has been trained to cover microbicides issues at international venues and to improve local press coverage in their respective regions. We have also worked with SciDevNet, an organization supporting journalists from the global south to report on scientific issues, to expand their coverage of issues related to microbicides.

IMPACT: The Global Campaign for Microbicides helped generate more than 30 articles on microbicides on four continents

Creating tools for awareness-raising

Traveling Exhibit. In 2004, the Global Campaign produced a museum-quality, walk-through exhibit entitled *“Giving Women Power over AIDS,”* which is currently traveling the United States on a 10-city tour. The exhibit combines a poignant photo essay published in 2002 by the *Seattle Times*, “In Her Mother’s Shoes,” with information on the hope offered by microbicides. The photo essay tells the story of a young Zimbabwean girl, Martha, who loses her mother to AIDS. It highlights in a compelling way the lack of prevention options for young women, like Martha, who will come of age in the world of AIDS. The traveling exhibit depicts the human reality of the HIV epidemic for new audiences, inviting them to become involved in the Global Campaign.

Documentary Film. Similarly, we have created a documentary film, *“In Women’s Hands,”* which describes the need, explains the research, and visits communities involved in microbicide trials. Filming took place in the US, UK, and South Africa. It features many colleagues and partners of the Global Campaign talking about their work. We produced a 25-minute version, suitable for major screenings and a shorter 10-minute version that could more easily be incorporated into workshops or programs on other, related themes.



Filmmakers Connie Rhinehart and Tom Donahoe capture women in Hlabisa, South Africa, discussing Microbicide trials.

Both the film and the exhibit serve multiple purposes for different audiences. They bring the issue of women, HIV, and microbicides to a popular audience, particularly in donor countries. They will also serve as organizing tools for Campaign partners and sites. Several Campaign sites in the US and Canada are planning local high-profile events featuring the exhibit and the video. And they are exciting, visual ways to re-energize the donor community and their political constituencies on the importance of public sector leadership for the microbicide issue.

Developing Resource Materials and Information

Advocacy Materials. One of the Global Campaign’s primary functions is to create high-quality advocacy materials that our partners can adapt and use in their communities. In 2004, we expanded our series of fact sheets. These cover a range of topics, including rectal microbicides, cervical barriers, and ethical issues in microbicide trials. We continue to produce and disseminate our bimonthly electronic newsletter, *GC News*. Every two weeks, over 1500 advocates can read about upcoming events, receive understandable digests of updated scientific research, and learn how others

are advocating for microbicides and other HIV prevention options. This year we made *GC News* more useful by creating an indexed archive on our website, creating region-specific editions, and “translating” more scientific information for non-scientists.

The Global Campaign has made effective use of e-advocacy through our partnership with Health and Development Networks (HDN). HDN moderates several online discussion forums on civil society and the response to HIV, organized by region and issue. In collaboration with the Global Campaign, HDN began “Microbicides This Week,” a feature on the gender-aids forum, that HDN frequently crossposts to other lists, expanding the forum for international exchange on microbicide activities and information. HDN also provides online coverage of regional and international AIDS-related conferences, as well as producing conference newspapers and reports. HDN provides thorough, insightful coverage of microbicides at these venues in a context that invites discussion and debate. This new outreach has helped to reach a new audience well beyond the usual suspects within the microbicide field. In 2003–04, HDN covered microbicides at 12 conferences and made 70 postings related to prevention methods for women.

This is to extend my sincere thanks to you for the efforts you make to always update me with the Global Campaign news. Please keep up that spirit!

– *Margaret Kasse,*
Uganda

IMPACT: The profile of microbicides at conferences and within the field of HIV has steadily grown, and the quality of information and exchange among advocates has increased

Interactive Website. The Global Campaign website is another key tool for effective global mobilization in cyberspace. This year our new information officer, Bindiya Patel, restructured our site, making it more responsive to the needs of our partners. The new structure facilitates navigation and speeds up access to our most important and popular pages: the download center, regional activities, ethics and community involvement, and events and trainings. We have added a search function on our home page and have generated a plan for quarterly updating.

Building the Capacity of Advocates Worldwide

In the first years of its work, Campaign staff traveled far and wide making presentations on microbicides. Now we rely almost exclusively on our partners. We invest our staff time in helping them to identify and prepare for opportunities to contribute to the rapidly expanding public discourse.

Working through local organizations and networks is another key component of the Global Campaign’s organizing strategy. For Campaign staff members, Anna Forbes and Bindiya Patel, this means strengthening and supporting the capacity of North American sites to conduct microbicide advocacy. From our very first Global Campaign site established in 2000, to our newest sites in Maryland and Massachusetts, each site works with its own unique strategies and focus. Bindiya, our North American Sites Coordinator, spent much of 2004 creating systems to streamline and facilitate the diverse work of the sites. With more detailed grant guidelines, outlines for annual work plans, re-designed quarterly report forms, and a more efficient website, sites are now far better equipped to develop their own work in coordination with the Global Campaign secretariat.

As the Global Campaign continues to grow, these systems can be adapted to other regions.

I am happy to inform you that my abstract entitled DRY SEX PRACTICE IN A ZAMBIAN COMMUNITY was accepted for poster presentation. I have also been given a full scholarship to attend the conference. Thanks to Global Campaign for all the information about the scholarship. You've really inspired me.

– *Oliver Mweemba,*
Zambia

North American Advocates Meeting. In April 2004, the Global Campaign sponsored the first ever North American Advocates Meeting. It brought experienced and new site coordinators together for training, skills building, and strategy development. In all, fifteen site coordinators and co-coordinators from 10 sites in the U.S. and Canada came together over two intense days. The meeting was scheduled to follow the March for Women's Lives on April 25, so that advocates could join the million other people who came to Washington to raise their voices for women's health.

The North American advocates shared and developed strategies and strengthened their media and messaging skills. They learned more about Global Campaign resources, legislative activities, female-controlled barrier methods, and how to use the product development database developed by the Alliance for Microbicide Development. Advocates spent the final afternoon of the meeting visiting the offices of eight Representatives and Senators, urging them to support the Microbicide Development Act and microbicide-specific federal appropriations in the FY05 budget.

[The North American Advocates' Meeting] was very interactive and gave me a chance to network with my fellow site coordinators in more depth.

– **Gary Wolnitzek,**
Maryland Campaign for
Microbicides

Advocates Pre-Conference. In addition to information exchange, the Global Campaign offers workshops to enhance the knowledge and skills of advocates and partner groups to engage in scientific discussions and policy work. This year we organized a second pre-conference workshop at the Microbicides 2004 Conference in London. Launched at Microbicides 2002 and geared toward non-scientists and scholarship recipients, the Campaign's pre-conference workshops provides a comprehensive overview and update of the issues in microbicides science and policy. They orient participants to the issues discussed at the conference and in the field. This year, our partners also shared their advocacy strategies, opening a new opportunity for feedback and exchange of ideas.

International Advocates Meeting, London. In November 2003, the Global Campaign collaborated with International Family Health to co-convene the second International Microbicides Advocates Meeting. Thirty-five advocates from 20 countries attended in London.

Skills-building Workshops. We organized skills-building workshops at several events. These included the International Conference on AIDS and STIs in Africa (ICASA), in Nairobi; the Asia-Pacific Alternative Community Forum, in Bangkok; the Canadian Skills-Building Symposium, in Calgary; the 2004 International AIDS Conference, in Bangkok; and the North American Treatment Action Forum, in the US. Other notable presentations made by the Global Campaign staff and partners at national and international meetings include:

- A plenary presentation at the 2003 US Conference on AIDS.
- A briefing to the European Parliament's Working Group on Population, Development and Reproductive Health.
- The Inter-European Parliamentary Forum on Population and Development in Turkey.
- The Indian National AIDS Conference in Chennai.

IMPACT: In 2003-2004, the Global Campaign and partners made 44 presentations at national meetings and 38 at international gatherings. These efforts generated visibility for the issue and contributed thoughtful content to the discussion. They also recruited new advocates and facilitated representation of Global Campaign partners within broader national and international coalitions.

Goal 2: Create a Supportive Policy Environment for Research Development and Eventual Access and use of Microbicides

Building awareness, knowledge, and demand is just the first step in delivering safe, effective, affordable, and ethically developed microbicides for the women and men who need them. Long-term success can only occur within a political and social environment that supports holistic prevention strategies. Therefore, the Global Campaign works to create a policy environment that supports the research, development, and eventual access and use of microbicides. We do this through legislative and parliamentary work in donor countries, conducting policy research, and developing policy tools.

Advocating for Supportive Legislation in Donor Countries

United States. The Global Campaign's US legislative advocacy strategy functions by coordinating professional advocacy efforts that are directed at national policy makers in Washington DC with District-level advocacy messages delivered by Campaign advocates in their home districts. In the US, we are working in partnership with the Alliance for Microbicide Development to heighten the priority given to microbicides by the US Congress—and have had success in influencing the annual Congressional appropriations process. (see below).

This represents a stunning victory for citizen advocates throughout the United States who have worked hard to convince their representatives of the importance of expanding women's options for HIV prevention

– *Lori Heise*,
press release

As the Global Campaign and its partner organizations have implemented their US legislative strategy, total federal funding for microbicides has grown from just under \$35 million in FY 2000 to \$91 million FY2004—at the National Institutes for Health (NIH), US AID, and the Center for Disease Control (CDC). Congress has stated its explicit support for this research in its annual appropriations bills and reports.

Despite these welcome increases, spending on microbicides at NIH still accounts for less than 2 percent of all AIDS-related spending on research across the institutes. As more microbicide candidates are advanced into later-stage clinical trials and as the development costs rise correspondingly, the current levels of funding will soon be inadequate. In addition, the agencies involved must effectively coordinate their efforts in order to make the most efficient use of increased funding. To help raise both the overall levels and the efficiency of funding, the Global Campaign and its partners have worked on the Microbicide Development Act of 2003. This authorizing bill will improve coordination and expand resources for microbicide research and development activities. It covers microbicides activities underway at NIH, CDC, and USAID. In April 2003, Senator Jon Corzine (D-NJ) introduced the Microbicide Development Act (S.859). Since then, the North American sites have been educating their legislators about microbicides and requesting that they actively sign on to support the Microbicide Development Act.¹

IMPACT: Total federal funding for microbicides has grown from just under \$35 million in FY 2000 to \$91 million FY2004. Our efforts in 2003 raised spending at US AID from \$18 million to \$22 million for FY 2004 and to \$30 million for FY 2005. NIH must now annually document microbicide spending and develop inter-agency strategic plans.

¹ Senator Corzine's bill had 15 co-sponsors as of July 2004: Senators Olympia Snowe (R-ME), Christopher Dodd (D-CT), Gordon Smith (R-OR), Maria Cantwell (D-WA), Patty Murray (D-WA), Patrick Leahy (D-VT), Richard Durbin (D-IL), Jeff Bingaman (D-NM), Frank Lautenberg (D-NJ), Dianne Feinstein (D-CA), Barbara Boxer (D-CA), James Jeffords (VT), Barbara Mikulski (D-MD), Hillary Clinton (D-NY), and John Kerry (D-MA).

Canada. The Canadian AIDS Society (CAS, host of the Microbicides Advocacy Group Network, a Canadian coalition affiliated with the Global Campaign) is working with the Canadian Institutes of Health Research (CIHR) and the Interagency Coalition on AIDS and Development (ICAD) to discuss potential ways to stimulate research on microbicides in Canada and generate to governmental support. Two candidate microbicides are being developed in Canada, and the Canadian government has provided very modest funding to one of them (\$300,000). It has not, however, funded the microbicide field more broadly or at a level commensurate with its support for HIV vaccines.

Europe. To date, the governments of Ireland, UK, Denmark, the Netherlands, and Norway have supported microbicides research and development by means of contributions to the International Partnership for Microbicides. (Countries such as the UK are also directly supporting domestic microbicide R&D effort.) In addition, the European Commission is an important donor to microbicide research through two scientific programs and a formal partnership with the International Partnership for Microbicides.

GC Europe is creating or supporting advocacy coalitions in a number of the donor countries in order to build constituency pressure for increased domestic funding. We are also starting advocacy coalitions in key countries such as Spain, Sweden and Belgium.

GC Europe also engages in advocacy directed to the European Union, which has provided modest funding for microbicide advocacy. We and other European advocacy partners were successful in including language that urges increased funding for microbicides research in the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, a document shaping the European Union's response to the AIDS pandemic. Basic awareness-raising efforts directed at EU parliamentarians and their staff are ongoing. Groundwork is being laid for a more concerted effort to advance an EU-wide advocacy agenda in 2005.



Advocates hold scroll of petitions at the EU conference on New HIV Prevention Technologies

Parliamentary advocacy is growing in Europe as well. On June 24, 2004, petitions calling for accelerated research into microbicides and vaccines were delivered to governments gathered in Dublin for the first EU Conference on New HIV Prevention Technologies. These petitions were signed by more than 200,000 people from around the globe!

Hosted by the Irish and Dutch ministers of development, the conference, *New Preventive Technologies: Providing New Options to Stop the Spread of HIV/AIDS*, was attended by representatives of EU member states, developing country governments, NGOs, and multilateral organizations. Over 150 participants listened—and were called upon to take action—on the political and scientific challenges standing in the way of a safe, effective, and affordable user-controlled technology against HIV. By virtually all accounts, the high point occurred when civil society representatives from India, Nigeria, the Netherlands, UK, South Africa, Spain, and Belgium unfurled the enormous display of petitions—thousands of signatures, some simply thumbprints, collected by the Global Campaign since 1998.

Conducting Policy Research and Creating Policy Tools

Mathematical Modeling. The Global Campaign has continued its collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) to develop mathematical models to predict the impact of microbicides in different settings. The initial result of this modeling exercise predicted that partially effective microbicides introduced in 73 low-income countries would avert 2.5 million infections over three years and save US\$1 billion in health care costs. This statistic has entered the common discourse on microbicides, appearing widely in microbicides-related media and cited frequently in presentations throughout the field. Over the past 18 months, the LSHTM and Global Campaign team has refined the models, using them to estimate the impact of a partially effective microbicide in three settings: Hillbrow, South Africa; Cotonou, Benin; and Karnataka, India. These case studies have revealed that:

- Condom migration (the possibility that people will switch from condoms to microbicides) does not appear to result in a loss of overall protection unless initial condom use is very high (above 70 percent consistent and correct use) *and* subsequent microbicides use is very low (less than 50 percent of acts when condoms are not used).
- The effectiveness of a microbicide against traditional sexually transmitted infections will have a significant impact on the product's eventual impact on HIV epidemics.

IMPACT: The Campaign's work with the LSHTM has allayed concerns about condom migration and has demonstrated to policymakers that even a partially microbicide could prevent a significant number of infections.

Social Science. Successful introduction of microbicides will require support from many stakeholders, including policymakers, NGO leaders, and health care service providers. Campaign team member Ananthi Thambinayagam undertook a qualitative study among stakeholders in Tamil Nadu, India, to identify public health, political, and sociocultural barriers or catalysts for microbicides introduction in India. Through in-depth interviews with 17 key informants, she found strong overall support for microbicides as a method of woman-controlled prevention. However, informants expressed concerns about women's preferences, partial effectiveness, and product positioning. The study sheds new light on the kind of information that will be needed for supporting and recommending microbicides for Indian women at risk of HIV. These results were presented at the India National Policy Meeting, the fourth International Conference on AIDS in India, and in posters at Microbicides 2004, and the International AIDS Conference in Bangkok.

Goal 3: Ensure that as the science proceeds, the public interest is protected, and the rights and perspectives of trial participants, users, and communities are respected.

One of the Global Campaign's most important commitments—shared with our many partners in civil society, research, government and donor agencies—is to hold science accountable to the public interest. Our activities in this area support the informed and authentic participation of civil society organizations in the process of research, development, and introduction of microbicides.

Promoting Community Partnership in Clinical Trials

In 2002 the Global Campaign launched an initiative on community involvement in clinical trials, which seeks to support researchers and communities in building effective partnerships for microbicides research. We began by collecting information from the various sites and research networks about their approaches to engaging communities in clinical trials, and discovered that while everyone agreed that it was important, there was a wide range of interpretation of the goals and mechanisms for community involvement in clinical trials.

Dialogue on Community Involvement in Microbicides Clinical Trials. In July 2003, the Global Campaign and the South African Microbicide Research Initiative (SAMRI) co-convened a Dialogue on Community Involvement in Microbicides Clinical Trials, inviting representatives from eight microbicides trial sites in four southern African countries to share their experiences, challenges, and insights. Discussions and analysis of the history, theory, and current practice of community involvement in HIV-related research revealed clearly that the traditional mechanism of community



Participants discuss community issues at the Southern Africa Dialogue Meeting.

involvement—with a singular focus on a community advisory board (CAB)—does not meet the complex and evolving needs of the microbicide field. Comprehensive partnerships with communities, formalized in “community involvement plans”, are needed. The Global Campaign proposed a framework for developing such a plan—grounded in principles of partnership, mobilization, and sustainability—in which communities and research institutions join together to implement clinical trials that are both scientifically rigorous and ethically sound. The final report, “Mobilization for Community Involvement in Microbicides Trials: Report from a Dialogue in Southern Africa,” describes this framework in the evolving context of microbicide trials. The report provides

both practical and conceptual support for outreach workers to develop authentic partnerships with the communities in which they work.

Since [the Dialogue] I have been driven towards thinking about promoting our research/trial projects as partnerships rather than as “our projects” that need the community’s involvement. What I mean is, we can go out there and start by saying, “This is the community project in which everybody has a role to play.”

**-- Richard Mutemwa,
Community Program Manager, MDP**

This report has become our Bible. I’ve given a copy to everyone on our team.

**– Neetha Morar,
South African MRC**

Engaging Stakeholders in Ethical Decision-Making

Ethics Consultation. Since its inception, the Global Campaign for Microbicides has been a leader in seeking practical solutions to ethical quandaries. How to strike an appropriate balance between protecting the rights and interests of trial participants and host communities—and the urgency of

developing a safe, effective microbicide? In 1997, Campaign members helped organize the first-ever international symposium on the “Practical and Ethical Dilemmas in Clinical Testing of Microbicides.” In October 2003, the Campaign convened an international ethics consultation to update the consensus and to address issues that have emerged since the initial meeting.

In 1997, not a single Phase Three trial had been fielded. The discussion—though insightful and groundbreaking—was mostly theoretical. In 2003, real data and actual experiences could be applied to test assumptions and theories, with fascinating and often surprising results. In addition, new issues emerged that the first consultation did not consider—for example, increasing commitments to antiretroviral treatments in low-resource settings, and the resulting implications for the standard of care packages that research institutions provide for trial participants. Issues such as enrolling adolescent girls in trials and the role of male partners were examined far more thoroughly. From this perspective, we were also able to look ahead and ask new questions—for example, to trial designs once a candidate microbicide demonstrates partial efficacy. Will that product then become the gold standard? Will there still be a place for placebo-controlled trial and confirmatory studies in different settings?

Ethics Training Course. During the October ethics consultation we developed a participatory training course on ethical reasoning and HIV prevention trials. The objective was to prepare advocates to engage effectively in the debates following the broader ethics consultation. Approximately 20 advocates attended the day-long event. They reviewed ethical principles, discussed current ethical debates, and explored key issues raised by HIV vaccine and microbicide trials. The course familiarizes participants with the logic of ethical reasoning as well as existing guidelines for international clinical research. But it goes further, to emphasize how often in our field, ethical principles are in tension with each other, and that the work of ethics is to resolve how different principles should be balanced and interpreted in particular situations. The course includes exercises that give participants an opportunity to apply ethical principles and reasoning to real-life case examples.

IMPACT: Several partner groups have proposed to organize workshops around the training course in ethical reasoning—not only for their own networks and constituencies, but also for national and local policymakers and members of institutional review boards in countries where trials are taking place.

Protecting public interest

Unproven Products Claim. The urgent need and enthusiasm for microbicides must be carefully balanced by caution in regard to the safety and effectiveness of future products. As advocates for a tool that does not yet exist, the Global Campaign is deeply concerned with preventing unrealistic expectations. It alerts potential users to the risks that are associated with untested product claims. With the Unproven Product Claims Watch, we work to get word out about products promoted publicly as “microbicides” whose safety and efficacy have not been proven. After gathering information about unproven claims, we publicize reports in *GC News* and relay information to the appropriate regulatory authorities, such as the Federal Trade Commission in the US and Health Canada. To date, we have reported six unproven product claims.

Nonoxynol-9 Campaign. Based on issues revealed by research on nonoxynol-9, we continue our advocacy work to discontinue rectal use of N-9. While vaginal contraceptive products containing N-9 remain an important contraceptive option for women at negligible risk of HIV, the available data strongly argue against rectal use of products containing N-9 (condoms and lubricants). Even very low doses of N-9 have been shown to damage rectal tissue, thus *increasing* vulnerability to HIV infection. Since the addition of N-9 provides no contraceptive benefit but does pose a clear health risk, we have been mobilizing advocacy to remove N-9 condoms and lubricants from the market.

In 2003–04, we broadened the network of N-9 Call² signers from its original list generated in 2002, and we generated press coverage around Durex and CondomDepot.com decisions to stop manufacturing and selling N-9 condoms. Global Campaign partners in Canada and the UK are pressuring Health Canada and the UK National Health Service to urge a national ban on the sale of N-9 condoms. In the US, we are exploring options with the Lambda Legal Defense AIDS Project for putting legal pressure on condom manufacturers to discontinue N-9 condom production. We are also working to persuade a large drugstore chain to discontinue sale of N-9 condoms in selected stores.

IMPACT: All US manufacturers of sexual lubricants have voluntarily agreed to remove N-9 from their products. Several small condom manufacturers abandoned N-9 condoms in 2002. Durex and CondomDepot.com joined this group in 2004.

² The “Call to Remove N-9 from Condoms and Lubricants” is a statement issued by the Global Campaign and others on September 26, 2002. It calls upon manufacturers of condoms and lubricants to voluntarily remove Nonoxonyl-9 (N-9) from their products. This was endorsed by a broad-based coalition of more than 85 leading scientists and health groups.



Strengthening Partnerships

Partnership is fundamental to the Global Campaign for Microbicides, an indelible principle in building a civil society movement for microbicides and for additional prevention methods. Partnership is therefore encompassed in our work on all three of our goals. Over the past 18 months, we have greatly strengthened, diversified, and increased our partnerships.

Regional Networks

Africa Microbicide Advocacy Group. An exciting trend over the past 18 months is the interest among Global Campaign partners to form regional networks. We see this as an outcome of six years of hard work to connect advocates and organizations to each other and to the broader field of microbicides. The Africa Microbicides Advocacy Group (AMAG) is a network of Africa-based advocates who want to implement a microbicide advocacy agenda for Africa. The Global Campaign has supported AMAG's initial organizing efforts, and we will work as collaborating partners on common advocacy issues.

Though not as formalized as AMAG, Global Campaign partners from Asia are exploring the pros and cons of developing a similar regional structure and agenda. The Global Campaign has been helping partners from India, Thailand, and Philippines and elsewhere to develop an agenda for an Asia Contingent of the Global Campaign for Microbicides.

Global South Organizing

For the past two years, the Global Campaign has worked with International Family Health (IFH) to strengthen advocacy in key countries. We focus strategically on countries that are hosting clinical trials, have a high profile in global AIDS discourse, and have networks interested in bringing advocacy for additional prevention methods into their strategies. In the past 18 months, we have worked to maximize the synergies offered by these factors and have strengthened vibrant national movements.

India

Since 2001, the Global Campaign worked with grassroots and community organizations in India to develop an advocacy network for microbicides and prevention methods for women. In 2002, we co-hosted a national community stakeholders meeting with the Indian Network of NGOs working on HIV and AIDS (IN-N). A broad constituency of NGOs was brought together with government, donor representatives, and researchers. Their shared goal was to better understand microbicides and prevention options for Indian women and to prioritize advocacy activities from the perspective of civil society. This consultation helped inform 18 months of organizing in India, which has been characterized by expanding the opportunities for a broad slice of civil society to weigh in on issues of microbicides research, development, and the introduction of microbicides. In September 2003, we co-hosted a National Policy Meeting with the Indian Council for Medical Research (ICMR) and PATH India. An informal working group of community stakeholders has been active since the 2002 community meeting, re-convening at national and international conferences. Additionally, a key recommendation from the 2003 policy meeting was to convene a national microbicides working group of researchers, government, and community stakeholders. Having now met twice, this working group has prioritized areas for members to move forward within their own institutions.

I would like to thank you for organizing such a fruitful two-day workshop on microbicides. It was really helpful and great learning experience for me. [I liked] the emphasis given to microbicides not only to empower women but also men and ensuring more male participation for the success of the product .

– Tara Manchin,
HIV/AIDS Alliance, India

In addition, we have expanded our outreach to women's organizations in India. In February 2004, the Centre for Social Research held a workshop for members of the Joint Action Front, a network of NGOs working on a range of issues related to women's rights. We also work with the media to generate more nuanced coverage of microbicides research. We worked with a freelance journalist to investigate the role of community organizing and advocacy in microbicides research in India. The resulting article was the lead feature in the *Ford Foundation Report* in August 2004. In addition, media correspondent Bobby Ramakant has developed a database to help Indian journalists, with whom he works directly, to understand and report on the complexities of the topic.

West Africa: Ghana and Nigeria

The Global Campaign has worked for many years with advocates in Nigeria and Ghana. In the past 18 months, we have strengthened and formalized many of those relationships. Clinical trials are beginning in Ghana and Nigeria, highlighting the need for coordinated civil society engagement. In order to better understand and contribute to the ongoing organizing in these two countries, the Global Campaign hired Manju Chatani to perform a mapping exercise and conduct outreach with key stakeholders in research, policy, and civil society. This activity was a useful complement for the activities of regional partner organizations. The Ghana chapter of the Society of Women and AIDS in Africa (SWAA) received a grant from the IFH microbicides program to develop national level activities and outreach with policymakers. A new Nigerian network emerged in 2003—the Nigerian HIV Microbicides and Vaccine Advocacy Group (NHVMAG). It brings together researchers, policymakers, journalists and NGOs. The secretariat is housed by a long-time Campaign partner organization, Journalists Against AIDS (JA-AIDS). The Global Campaign supported a NHVMAG-sponsored meeting in which microbicides were introduced to key policymakers in Abuja, and NHVMAG members developed a strategic plan for national advocacy on microbicides and vaccines.

South Africa

A diverse group of South Africans from NGOs and research institutions has been active in microbicides advocacy at the global and regional level over the past several years. Within the country itself, however, advocacy efforts have been isolated and limited. Over the past 18 months, the Gender AIDS Forum has coordinated civil society advocacy efforts on microbicides and HIV prevention options for women. With financial and technical support from IFH and the Global Campaign, they have built a network of interested NGOs, convened meetings between organizations and research institutions, and developed the concept for a public campaign to add microbicides to the South African National AIDS Plan. GAF produced materials and fact sheets that discuss microbicides within the context of women's vulnerability and sexual health and rights. GAF members contributed strategically to Global Campaign activities such as the Dialogue on Community Involvement, the International Ethics Consultation, and the International Advocates Meeting.

Thailand

The Women's Health Advocacy Foundation (WHAF) received support from IFH to integrate microbicides into their program of reproductive and sexual rights advocacy in Thailand. They conducted workshops for their constituency and met with women parliamentarians on the issue of microbicides. WHAF joined PATH Thailand, Thai NGO ACCESS, and the Asia-Pacific Community of AIDS Service Organizations (APCASO) to organize microbicides activities at the Global Village, a parallel forum to the International AIDS Conference in Bangkok that focused on local and national organizations. WHAF held two sessions on prevention methods for women, passing out female condoms and answering questions about microbicides. (There is a Phase 1 clinical trial of Carraguard with HIV positive women underway in Chiang Rai, Thailand.) Members of WHAF and the Global Campaign have been interviewed on Thai radio.

Uganda

The Global Campaign and IFH have helped to develop a network of informed advocates in Uganda. They engage with policymakers, scientists, and journalists to represent the demand for microbicides and other women-controlled prevention methods. With SWAA Uganda taking the lead, this network has conducted informational and skills-building workshops for advocates and community members. SWAA Uganda designed a strategy of policy advocacy, reaching out to women leaders and members of the parliament, asking them to implement policies and programs supportive of research,

development, and access to microbicides and female condom. Another component of the work in Uganda is outreach with local journalists to ensure accurate, effective coverage of issues related to women and HIV, microbicides, and clinical trials. Dr. Margaret Muganwa was featured in a story in *The New Vision*, in which the activist network took the Ugandan government to task for not promoting widespread access to the female condom (“Activists Rap Ugandan Government over Non-promotion of Female Condom,” October 15, 2003). The Global Campaign continues to help SWAA and other organizational members of the network to engage with the scientific and political community and to represent issues and perspectives of concern to civil society.

Global North Organizing

Europe

Since hiring Rebekah Webb as the European Site Coordinator in 2003 (co-funded until recently with International Family Health), the Campaign has made enormous progress in developing productive microbicide advocacy networks in Europe. Our strategy has been to integrate the microbicides issue into the HIV/AIDS-related, women’s health and international development advocacy efforts already in place. We work collaboratively with allies in these fields to increase awareness of microbicides as an issue meriting increased investment and attention. In March 2004, we officially established a Brussels secretariat. Together with the Stop AIDS Alliance, the International Partnership for Microbicides, and the International AIDS Vaccine Initiative, we created an office to engage in EU-focused HIV/AIDS advocacy. This collaboration facilitates the collective tracking of relevant policy developments in the European Union. Through coordination of mutually supportive advocacy strategies, we are able to maximize our impact by avoiding overlap and duplication of effort. The European secretariat enables us to expand our advocacy efforts across the region, including in the new accession states. Much of our current advocacy and educational materials was designed for North American audiences. Over the past two years we have:

- Translated and adapted a range of fact sheets and postcards for use in European advocacy.
- Expanded and built the capacity of existing Campaign sites in the UK, Ireland, and the Netherlands. We provide strategic advice, key messages, subgrants and accurate, up-to-date information; and we support events to recruit more organizations to the national campaigns.
- Started building the base for Campaign sites in Spain and Scandinavia. A GC Europe sponsored meeting in Copenhagen generated a great deal of interest from Swedish and Norwegian NGOs. This has translated into further meetings and articles being published in those countries. A campaign is emerging in Spain, with the first national meeting held in Madrid in November 2004.
- Effectively collaborated with other EU-focused sexual and reproductive health advocates to facilitate an EU advocacy agenda, including significant attention to microbicides.

North America

Campaign sites. Global Campaign sites are the drivers of local and constituency-based microbicides organizing in North America. Currently, there are sites in nine US cities and in a national network in Canada. North American sites build public awareness by making presentations, providing materials, and otherwise conducting outreach at NGO venues, conferences, public meetings, and health fairs. In addition, the sites expand media coverage by sending briefing packets and pitching story ideas to potentially receptive media contacts, by submitting columns, op ed pieces, and letters to the editor. North American sites in areas where microbicide trials are taking place make efforts to involve local clinical trials staff and researchers in their activities, and they keep their coalition partners and NGO supporters updated on local trials by inviting exchange with researchers.

North American Global Campaign Sites

California. Microbicides Initiative (CaMI).
Connecticut. Microbicides Now, hosted by the Connecticut AIDS Education and Training Center at the Yale School of Nursing.
Georgia. Campaign for Microbicides, hosted through SisterLove.
Illinois. AIDS Foundation of Chicago.
Maryland. Campaign for Microbicides, hosted by the Health Education Research and Outreach (HERO).
Massachusetts. Campaign for Microbicides, hosted by Action AIDS Committee and Action for Boston Community Development.
New York. Microbicides Working Group, co-hosted by Gay Men's Health Crisis and the Harm Reduction Coalition.
Pennsylvania. Campaign for Microbicides, hosted by Action AIDS.
Washington State. Northwest Microbicides Coalition, hosted by Planned Parenthood of Western Washington.
Canada. Microbicide Advocacy Group Network (MAG-Net), hosted by the Canadian AIDS Society.

March for Women's Lives. A highlight of 2004 was the March for Women's Lives on April 25. More than a million people of all ages, sexes, and races walked together in Washington in support of women's reproductive rights, health, and justice. The Global Campaign co-sponsored the event and worked hard to get microbicides on the agenda. We were fortunate that Juanita Williams, a

grandmother and an HIV/AIDS activist from the New York Working Group on Microbicides (an affiliate of the Global Campaign), was invited to speak from the dais. Speaking from heart-felt experience, she explained women's need for microbicides to an audience of more than a million people—probably the largest gathering to have ever heard the term simultaneously. A delegation of 30 advocates marched behind the Global Campaign for Microbicides' banner, with tee-shirts, placards, and buttons on display. After hearing Juanita, hundreds of people approached to ask us about microbicides and how they could get involved.



What we need is a woman-controlled way to protect ourselves. The good news is that microbicides could be that method. Imagine a gel, cream, or suppository that a woman could insert before sex—something effective against HIV so that she is protected no matter what. Imagine what such a product could mean in a world where 7,000 to 8,000 women are getting HIV every single day.

*-- Juanita Williams,
at the March for Women's Lives*

Issue Coalitions

"Microbicides" sits at the nexus of many social and political issues. The term challenges us with its complexity but offers us opportunities for outreach and collaboration with a wide range of partners. In the past 18 months, we have deepened our involvement with partner groups in several directions.

Microbicides-Treatment-Vaccines (MTV)

Recognizing complementary strategies and need for collective action, advocates and activists from microbicides, vaccines, and treatment fields are exploring ways to work together. The Global Campaign participated in a meeting in Montreal in November, 2003, that began the process of framing a joint Statement of Commitment and Plan of Action. We contributed to an advocates' "cross-training" at the Bangkok AIDS Conference and work with allies in the vaccines and treatment fields wherever opportunities arise for effective collaboration in areas of mutual interest.

Global Coalition on Women and AIDS

The Global Coalition on Women and AIDS is a new UNAIDS initiative designed to spearhead concrete actions to reduce women's vulnerability to HIV/AIDS. The Global Coalition has chosen seven key themes and has invited organizations to lead collective action in several areas. The Global Campaign for Microbicides is a co-convenor—together with the International Partnership for Microbicides—for action on women-controlled prevention methods. Many of the activities and processes envisioned by the Global Coalition are already underway through the Campaign's work. By framing women's prevention needs alongside pressing issues such as girls education and the link between violence against women and risk of HIV, our collaboration with the Coalition helps to promote a comprehensive and holistic approach to the epidemic that addresses the constellation of issues that contribute to women's vulnerability to HIV.

Violence Against Women and HIV/AIDS

The Global Campaign belongs to a broad coalition working to draw public attention to the relationship between violence against women and women's vulnerability to HIV. Our coalition partners include the Global Coalition on Women and AIDS, Amnesty International, the Center for Women's Global Leadership, International Coalition of AIDS Services Organizations, and numerous other organizations. In June 2004, we co-convened a meeting among partners to plan strategy, especially for maximizing impact of the 16 Days of Activism Against Gender Violence (November 25 through December 10), and the World AIDS Day Campaign. The 16 Days Campaign is an annual event sponsored by the Center for Global Leadership that mobilizes grassroots groups around a common theme. The 2004 theme is violence against women, HIV, and Health. In addition, UNAIDS has chosen the closely related theme of "Women and AIDS" for its annual World AIDS Day, 2004. This confluence offers microbicide advocates the perfect opportunity to raise the visibility of microbicides as a tool urgently needed by women confronting HIV/AIDS, especially those who are also dealing with violence.

Youth

Alarming statistics about young people and HIV has accompanied a growing movement to involve more young people in responding to the epidemic. The Global Campaign has expanded our outreach to and involvement with youth and student organizations over the past 18 months. We work regularly with the Student Global AIDS Campaign on workshops, materials development, and generating support for lobbying efforts in the US. We also worked with the Bangkok Youth Force, a network of leading organizations working on youth-related issues worldwide, to make microbicides advocacy part of a two-day pre-conference training for approximately 100 youth from Africa, Asia, Europe, Latin America, and the US. The purpose of the pre-conference was to provide youth with information and skills to be able to effectively participate in the scientific, community, and leadership tracks of the Bangkok AIDS conference.

Gay Men's Health Activists

Although efforts to develop rectal microbicides are still at the pre-clinical stage, the need for them among both heterosexual and homosexual couples is evident. As public awareness of microbicide research and development increases, the demand is escalating for products that can be used rectally. This legitimate and compelling interest is especially audible in the gay communities of the global north. Recognizing this, we have been working to cultivate the emergence of a well-informed, collaborative, and realistic rectal microbicides advocacy efforts spearheaded by these communities.

With the support of NGOs such as the Human Rights Campaign and the National Minority AIDS Council (US), the Terrence Higgins Trust (UK), and the Canadian AIDS Society, we are developing

and promoting messages that generate support for an integrated microbicide advocacy agenda—one that addresses the need for both vaginal and rectal microbicides with realism, urgency, and a full recognition of the global scope of those needs. We have co-presented these with gay partner groups at Microbicides 2004 in London, the International AIDS Conferences in Bangkok, the UK national Community HIV/AIDS Prevention Strategy (CHAPS) conferences, and at national gay men's health summits in the US and Canada. Our outreach to the gay press (print and electronic) has resulted in articles on rectal microbicides that further underscore the legitimate scientific and epidemiological rationale for developing vaginal microbicides first but emphasizing the need for rectal microbicide development to follow without delay. We have also been working closely with the AIDS Foundation of Chicago (host of the Global Campaign's Illinois site) on their development of LifeLube.org (<http://www.aidschicago.org/prevention/lifelube.php>), a multifaceted project designed to energize discussion in the gay community around the need for harm-reduction options that include rectal microbicides.



Moving Forward

As the Global Campaign for Microbicides looks to 2005 and beyond, we recognize the challenges and opportunities presented by a changing environment. In many ways, the evolution of the field is the result of past successes; and the time for celebration is also a moment for reflection and re-evaluation. We continue to firmly believe in the importance of a strong, articulate, and cohesive civil society movement for addressing gender inequities in HIV prevention and for broadening access to new technologies. We will continue to rely on principles of partnership and work in coalition. We are committed to keeping the women, men, and communities who are most affected by—and will most benefit from—the research and development of microbicides at the center of our agenda.

The Global Campaign gratefully recognizes the contributions of the many individuals and organizations who work tirelessly to expand choices in HIV prevention. We warmly welcome feedback from our colleagues and partners, and urge you to join us in future collaboration.