



Global Campaign News – Issue #97 14 July 2008

Welcome to the *Global Campaign News*! The *Global Campaign News* is a forum for international exchange on microbicide activities and information with an aim to build a more informed and integrated movement for microbicide development and other prevention options against HIV and other sexually transmitted infections. This and previous issues of *GC News* are available online at <http://www.global-campaign.org/gcarchives.htm>

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Research Updates

Has the HIV epidemic peaked?

Global

In a provocative new study published in the June issue of *Population and Development Review*, Population Council Vice President John Bongaarts and three colleagues from the United Nations Population Division examine past trends and future predictions of the HIV pandemic worldwide.

Bongaarts and his colleagues conclude that, except for Eastern Europe, the rate of new HIV infections has peaked worldwide – even in sub-Saharan Africa. Still, unless new prevention technologies or effective behavioral interventions are introduced, the absolute number of people living with HIV/AIDS will continue to grow. Two to three million new infections are likely to occur each year, given the high rate of population growth in many of the hardest-hit regions and the limited success of current prevention programs in reducing HIV incidence among high-risk individuals. Furthermore, because they lack access to antiretroviral therapy, most of the 33 million people currently infected with HIV are likely to die of AIDS-related illnesses. The global death toll from AIDS will remain high for the next several years.

Even if it is true the HIV pandemic has peaked, AIDS will continue to pose a serious and ongoing challenge to underfunded and overburdened public health programmes in countries like South Africa and Zimbabwe. As the study authors thus conclude, “These findings indicate a continuing need to develop new prevention technologies and for prevention and treatment programs especially in the countries with substantial epidemics.”

You can download the article at <http://www.popcouncil.org/publications/wp/pgy/009.html>.

Could vaginal microbicides protect men more so than women?

Global

In the July 15, 2008 issue of the *Proceedings of the National Academy of Sciences* (<http://www.pnas.org>), Dr. Sally Blower and her colleagues report that mathematical models of real-world use of ARV-based vaginal microbicides predict that men may actually derive greater long-term protection against HIV infection than women. There are a lot of assumptions and unknowns in these models, including questions of microbicide efficacy and adherence, condom use, and drug resistance. But even if ARV-based microbicides turn out to be only partially effective, these models predict that large numbers of at-risk men and women will be protected if these products are widely available and used.

One question that remains unanswered, however, is whether the widespread use of an ARV-based microbicide could select for drug resistant strains of HIV. The women enrolled in current or planned trials of ARV-based candidate microbicides likely are at low risk of developing drug resistance. Trial participants will be screened monthly for HIV infection, and will stop using a candidate microbicide immediately if they become infected. These women will be tested frequently to see if they develop drug-resistant virus, and arrangements will be made to ensure they have access to effective drugs. However, as the Blower model suggests, even if an ARV-based candidate microbicide does not seem to select for drug resistant virus during phase II and phase III safety and effectiveness trials, drug resistance could be a long-term problem once the product is widely available and used by women who undergo much more infrequent HIV counselling and testing. Thus, it will be important to couple the widespread introduction of ARV-based microbicides with increased counselling, education, HIV testing, and drug resistance monitoring for at-risk individuals.

To learn more about ARV-based microbicides and HIV drug resistance, see our fact sheets entitled “ARV-based Microbicides: The Promise and The Puzzle” and “Understanding HIV Drug Resistance.” These and other basic GCM fact sheets and materials are available for free download at <http://www.global-campaign.org/download.htm>.

HSV-2 treatment does not reduce the risk of HIV infection.

Global

As we first reported in the April 18, 2008 issue of *GC News*, although number of studies have shown that herpes simplex virus type 2 (HSV-2) infection is associated with an increased likelihood of acquiring HIV, treating people who have HSV-2 doesn't reduce their risk of HIV infection. In the June 21st issue of the *Lancet*, Dr. Connie Celum and her colleagues at the University of Washington present the results from the second large-scale clinical trial designed to test whether treating HSV-2 can help prevent HIV infection among high-risk individuals. They found no evidence of a protective effect.

In the accompanying editorial, Drs. Ronald Gray and Maria Wawer of Johns Hopkins University argue that these findings call into question current prevention policies that focus on control of sexually transmitted diseases to lower transmission of HIV, stating: “It is time to reassess [this] hypothesis and to adjust prevention policy accordingly.”

Advocacy in Action

The Global Campaign welcomes two new members: Samukeliso Dube and Mialy Clark.

South Africa and Global

The Global Campaign for Microbicides invites you to join us in welcoming the newest additions to our staff, Dr. Samukeliso (Samu) Dube and Ms. Mialy Clark!

Samu Dube will be joining the Campaign as our new African Program Leader. Based in our Johannesburg office, she will be in charge of overseeing the Campaign's work in those African countries hosting clinical HIV prevention trials. A public health officer and physician by training, Samu joins us from the University of Limpopo, Medunsa campus, where she was a research physician and investigator on two clinical trials: the recently completed

Carraguard microbicide trial and phase 2 HIV vaccine trial. Samu also brings to GCM her strong advocacy credentials and a background in gender and human rights. She previously held positions with Oxfam GB, Action AID International and was a founding member of Zimbabwean Physicians for Human Rights.

Mialy Clark joins the Campaign as our new Communications Officer and Technical Writer. Most recently, she has been working as an Advocacy Researcher in the Central London Office of the International Planned Parenthood Federation, developing advocacy tools on HIV prevention for girls and young women. Prior to that, she worked as a Consultant for various United Nations agencies, including the UNESCO Committee on the Rights of the Child and the ILO/UN Inter-Agency Project on Human Trafficking in Cambodia (UNIAP), focusing on child labour, trafficking and protection issues. She will be working with GCM staff globally, and located in the Global Campaign's Brussels office this summer before relocating to DC later in the year.

US global AIDS bill stuck in the Senate.

USA

In 2003, the US Congress passed the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003. Commonly known as the President's Emergency Plan for AIDS Relief (PEPFAR), the Act authorized President George W. Bush to spend up to \$15 billion over 5 years for HIV treatment and prevention, including \$10 billion in new money to expand global HIV/AIDS, tuberculosis, and malaria programs.

The Act is due to expire at the conclusion of the current fiscal year, which ends on September 30, 2008. The US House of Representatives has already passed a bill that authorizes an additional \$50 billion over the next five years to continue efforts to develop new prevention technologies such as microbicides and vaccines, as well as provide care and treatment for HIV, TB and Malaria. Unfortunately, the corresponding bill in the US Senate – the Lantos/Hyde Leadership Against HIV, TB and Malaria Act (S. 2731) – has not yet passed.

For the past few months, seven conservative Senators have kept this PEPFAR reauthorization bill from coming to a full vote. Due to recent negotiations between some of these Senators and supporters of the bill, however, the Lantos/Hyde bill is currently poised to come before the Senate for a vote sometime after July 7th. Hopefully, by the time you read this issue of *GC News*, the Senate bill will have passed.

Our microbicide advocates have done a great job putting pressure on their Senators to pass the PEPFAR reauthorization bill via calls, letters, and letters to the editor. We'll spread the word when further action takes place. Until then, keep up the good work!

Mapping microbicide interest and advocacy efforts in East Africa.

East Africa

In 2007, the African Microbicides Advocacy Group (AMAG) in collaboration with the Southern African AIDS Trust (SAT) conducted a mapping in Malawi and Zambia to determine the needs of advocates engaged in, or interested in becoming involved with, microbicides advocacy efforts. To further develop a base from which to build a strong, well-networked constituency among Eastern African NGOs, GCM and AMAG recently collaborated on conducting a similar mapping exercise in Uganda, Rwanda, Tanzania and Kenya.

The goal of this exercise was to familiarise target NGOs, relevant government officials, clinical trial sites and other stakeholders with GCM and AMAG's mission, as well as projects and opportunities like the newly introduced "Microbicide Essentials" course and the vaginal health training module under development. The mapping exercise also sought to identify common areas of interest that could be strengthened through the provision of capacity building services and training.

For three weeks in May and June, GCM's East Africa Coordinator Pauline Irungu and Deputy Director Anna Forbes circled Lake Victoria and met with 19 organisations: five each in Uganda and Rwanda, and nine in Tanzania. Pauline also visited seven organizations in Kenya. The organisations visited work at different levels (country, regional or local) and have diverse missions; they included NGOs working in women's health and gender issues, organizations focused primarily on HIV/AIDS; groups that work on sexual and reproductive health and rights; and networks that provide support for individuals living with HIV/AIDS. Among the larger organizations visited were SWAA (in Uganda and Rwanda), the Rwanda Woman's Network, the Uganda Women's Network (UWONET), and ACORD Tanzania. Anna and Pauline also met with staff from the Rwandan National AIDS Commission (CNLS) and the United Nations Population Fund (UNFPA), and visited two clinical trial sites – Projct Ubuzima in Rwanda and the MWAMKO project in Tanzania.



Aheebwa Manisurah, Director, UWONET

Significant interest was expressed in the vaginal health module that GCM's India staff is currently developing. Several organisations in each country expressed interest in reviewing this module when it is completed and adapting it for use among the constituencies they serve. Anna and Pauline also gathered anecdotal information about some of the vaginal practices in this region (although the openness to discussing this was different among different organizations, due to cultural differences between the communities/countries).

Another area of discussion concerned female condom use and acceptability among the various constituencies visited. Pauline and Anna explored the issue of advocacy around female condom introduction and accessibility on the assumption that many of these "front line" organizations were more likely to put time into advocating for a prevention option that already exists than one that is still a possibility (like microbicides). The dominant message heard from the groups visited was the difficulty in assessing acceptability in areas where people have no experience with female condoms. Although the female condom has been introduced in some locations, mostly through short-term acceptability studies, the NGO staff interviewed estimated that only about 1% to 4% of the women served were even aware that female condoms existed. People generally were interested in learning more about female condoms when they were introduced in educational sessions, and were disappointed that female condoms were not readily accessible. Most of the organizations had a few female condoms for demonstration purposes, but few had supplies for distribution. The Rwandan Women's Network National Coordinator, Winnie Muhumuza, summarized this frustration by saying, "I have never even seen one, and I do trainings on them!"

It seems clear that there is substantial interest in improved female condom access in Eastern Africa, as well as a demand that is not being met. Even in those locations where female condoms are available, cost is a barrier to access for most women. Of five pharmacies visited in Moshi, Tanzania, for example, only one had female condoms in stock ... at a cost of 2000 Tanzanian shillings (\$1.70 US) per condom! By comparison, male condoms were available in all five pharmacies at a price of 100 Tanzanian shillings (less than \$0.10 US).

In light of this, GCM offered to initiate female condom access work in collaboration with the local NGOs. All of the agencies visited expressed willingness to participate in such joint advocacy. Global Campaign staff are now in the process of pursuing this work, developing advocacy strategies tailored to the unique circumstances in each country. By reporting back regularly to the NGOs visited and collaborating with them on implementing these initiatives, GCM plans to demonstrate its commitment to building relationships in the region – as well as to realize gains in female condom access in these countries.

A full report of this mapping exercise will be available by the end of July. GCM sincerely thanks all the NGOs, governmental and clinical trial site staff who took the time to contribute to a collaborative process aimed at strengthening the vibrant advocacy movement for woman-initiated HIV prevention in this region.

Highlighted Resources

IFRC report: *World Disasters Report 2008*.

The International Federation of Red Cross and Red Crescent Societies (IFRC) has just released its *2008 World Disasters Report*, the first time in the fifteen-year history of the Report that it has focused on a single health condition: HIV/AIDS. As the report observes, in many regions of the world the epidemic is so severe that it meets the United Nations' definition of a natural disaster, comparable to earthquakes, floods, or famine. The hardest hit countries of sub-Saharan Africa, for example, are experiencing shrinking economic growth and agricultural productivity, collapsing healthcare and education services, declining life expectancy, and growing numbers of orphaned children as a direct result of HIV/AIDS.

Download the full report or individual chapters at <http://www.ifrc.org/publicat/wdr2008/summaries.asp>.

ICRW report: *Poor Health, Poor Women: How Reproductive Health Affects Poverty*.

On 27 June, the International Center for Research on Women (ICRW) released a new report entitled, "Poor Health, Poor Women: How Reproductive Health Affects Poverty". Written by Margaret Greene of the ICRW and Thomas Merrick of the World Bank, the report concludes that reproductive health issues – including age at childbearing, rates of maternal mortality/morbidity, and access to family planning services – have a marked effect not only on a woman's physical well-being, but also her educational attainment and socioeconomic status. Although more research is needed to elucidate the relationship between reproductive health and poverty, these findings suggest that future poverty reduction programs must include reproductive health interventions in order to be successful.

Download the full report at http://www.icrw.org/docs/ECSP_Focus_Greene.pdf.

Conference Highlights

Microbicides 2008 Comes to Sweet Home Chicago. Chicago, USA

Last month, the Chicago Women and Girls HIV Prevention Coalition and the International Rectal Microbicide Advocates hosted *Direct from Delhi-Microbicides 2008 Comes to Sweet Home Chicago*. More than 50 community members came to learn the latest developments in the field of microbicide research and advocacy that were presented at the Microbicides 2008 conference in New Delhi, India. Organizational attendance was incredibly diverse and included Planned Parenthood of Illinois, Chicago Foundation for Women, Chicago Women's AIDS Project, African American Women Evolving, American Medical Students Association, American Civil Liberties Union, Project WISH, AIDS Foundation of Chicago and its Junior Board, Chicago Department of Public Health, and many others.



Dazon Dixon Diallo, Chief Executive Officer, SisterLove, Inc.

Over the course of the evening, audience members heard from leading microbicide advocates Latifa Boyce, Alliance for Microbicide Development; Dazon Dixon Diallo, SisterLove, Inc., and Global Campaign for Microbicides Steering Committee; and Jim Pickett, International Rectal Microbicide Advocates, AIDS Foundation of Chicago. Through sharing the most current information regarding product development and trials as well as the critical role of civil society, the speakers provided local advocates with a strong understanding of the current microbicide landscape and how to engage in furthering its progress.

We welcome your input and contributions for future issues! Please send emails to: info@global-campaign.org. If you would like to unsubscribe to the *Global Campaign News*, please reply to this e-mail with the subject line: UNSUBSCRIBE