



Global Campaign News – Issue #100

Welcome to the 100th issue of *Global Campaign News*! This issue is dedicated to our network of advocates from around the world who are working hard to make microbicides a reality. In this issue this global team are represented through interviews from one advocate in each region.

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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Megan Gottemoeller, Lori Heise and Anna Forbes in the early days

Where we've been and where we're going

Ten years ago, a small group of advocates led by Lori Heise launched the Global Campaign for Microbicides. Coming from women's health and AIDS activist backgrounds, we were appalled by the escalating evidence of women's vulnerability to HIV infection and saw that we had to draw world attention to the urgent need for prevention options that women could use. With start up funding from UNAIDS, we founded the Global Campaign to generate political pressure for increased investment in microbicide research and development and other prevention options for women. (for more detailed history, see <http://www.global-campaign.org/mission.htm>).

A handful of scientists (mostly working in the field of contraception) had been working on microbicides since 1987 with small grants from the US and UK governments. But, in 1998, barely \$US21 million was available, a number referred to by some as being « below detectable levels ». We knew that developing a safe, effective microbicide would depend on more than just good science. It also depended on the public sector (governments and philanthropists) paying for the science, since the major pharmaceutical companies (the usual engines of new drug development) were not interested in investing. Political will makes public money flow and generating that will requires more than logical arguments about public health necessity. The advocacy movements we came from had taught us that marginalized populations (women, gay men, sex workers, people living with HIV, etc.) can generate political will if their passion around an issue is mobilized, unified, targeted and then translated into concrete, strategic action. So that is what we set out to do.

It is said that success has many parents but that failure is an orphan. The microbicide endeavour has had many successes, despite the fact that the search is far from over. Perhaps most notably, we have achieved an unprecedented degree of collaboration that has been cultivated among scientists, funders and civil society stakeholders. This can also be traced to the roots from which microbicide advocacy grew.

We learned from the women's health movement and AIDS activism that doctors and patients – researchers and consumers of medical research – can negotiate a common agenda but only if the latter insist on such interaction and educate themselves sufficiently on the science to become informed negotiators. We learned from fighting for the rights of sexual minorities, sex workers and people living with HIV/AIDS and other disabilities that the real experts on the lives and needs of vulnerable populations are those within those populations – and that they must be at the table when research decisions are made and priorities are set. Being guided by the principle of «Nothing about us without us» is as important to the conduct of successful research as is adequate funding and brain-power. Perhaps most importantly, those of us living in developing countries are continuously teaching the rest of us to apply the principles of justice and autonomy at every level. The Global Campaign secretariat's small staff (15 people) is based in offices in six world capitals and most of our work occurs in collaboration with NGOs on the ground in those regions. Our primary focus is on building the capacity of these NGOs and their networks to advocate and participate actively in decision-making around research agendas and clinical trial implementation.

Some of our success is measurable. Globally, funding for microbicides research and development has grown to \$US227 million in 2007. Ninety percent of this money was donated by 13 national governments, UNAIDS and the European Union. The philanthropic sector provided 8% and the commercial sector provided the remaining 2%.

Currently, 62 potentially microbicidal compounds are in the research pipeline. Of these, 50 are in pre-clinical and 12 are in clinical (human) trials. The completion of the Carraguard trial proved the feasibility of recruiting and retaining over 6000 women in a long-term trial of a user-initiated intervention. The body of scientific knowledge about the mechanics of sexual transmission – how the virus travels, attaches and infects cells after sexual transmission – has also advanced tremendously and is being incorporated in new approaches to developing both vaginal and rectal microbicide candidates.

But this 10th anniversary also evokes disappointment. While the need for a microbicide is more urgent than ever, the reality is that new drug development is always a long term struggle. Typically hundreds of product leads fail for every one that succeeds and we have dealt with daunting failures and set-backs in the last few years. Nevertheless, discouragement is a luxury none of us can afford. The right to protect oneself from HIV is a basic human right, so the struggle to put appropriate tools for the task into the hands of all who need them -- women and men – is a human rights struggle.

The Global Campaign is entering the next decade determined not only to continue but, in fact, to expand our vision to address women's HIV prevention needs more broadly. While maintaining our role in the microbicides field as the interface between science and civil society, we are also preparing to play the same role with regard to advocacy around how other new HIV prevention tools, including PrEP, circumcision, vaccines, etc, will specifically affect women. In this way, we can help co-create the larger prevention research field while providing much needed gender expertise in all its sectors. We can also advance our collective advocacy for access to existing prevention tools, such as the female condom, and strategies, such as those addressing the structural causes of women's heightened vulnerability to HIV.

GCM's second decade is dedicated to these goals: to accelerate the ethical development and eventual delivery of microbicides and other woman-initiated methods and strengthen the capacity of civil society organizations to engage productively in the scientific process.

To borrow a line from an old movie, failure is not an option.



Some of the newer campaign staff at Microbicides 2008

Advocates in Action

Margaret Muganwa, Professor – Africa



1. Where are you from and what you do?

I am from Uganda. I am a medical doctor and senior lecturer at Makerere University School of Public Health, Kampala, Uganda. I also work with the Society of Women and AIDS in Africa (SWAA), formally as international president and now as technical advisor to SWAA Uganda.

2. How did you first hear about GCM and when did you join?

I first heard about GCM when I was at the International AIDS Conference 2000 in Durban, South Africa. At the SWAA exhibition stand, I was asked to help with getting advocates to sign on the Microbicides advocacy sheet.

3. Can you tell us about your activities and achievements so far in the microbicides field?

At the international level, I represented SWAA at all meetings especially in planning for advocacy and advocacy activities and incorporated SWAA national branches in sensitization of various stakeholders on issues of microbicides.

In Uganda, I worked with SWAA Uganda to conduct a Media Campaign for microbicides, I worked with the Ugandan Parliament to sensitize legislators and policy makers on the issue of Microbicides and I facilitated different meetings on the needs for accelerated development of women-controlled

methods of HIV prevention. At the moment, I chair the Gender Advisory Board for Prevention Trials, advocating for women's participation in both vaccine and microbicide trials.

4. What are your hopes and fears for microbicides in the future?

I am not discouraged by the recent setbacks in microbicide research because we, as advocates were convinced the path would not be easy. I have to believe that an effective, safe and affordable microbicide can will be developed through innovative research and lessons learnt from previous studs. I am energised by the information we are getting concerning increased funding and commitment from partners. I fear that if this is not developed soon, many lives will be lost that could have been saved.

Bobby Ramakant, Journalist - India



1. Where are you from and what you do?

I come from Lucknow, India and have been writing extensively on development issues in Hindi and English media since 1991.

2. How did you first hear about GCM and when did you join?

I first heard about GCM in 2000, possibly at Durban IAC. That was the first time I encountered and tried to understand the science of microbicides. Since then, I have been involved with microbicides advocacy and campaigning for prevention options for women.

3. Can you tell us about your activities and achievements so far in the microbicides field?

In India, the introduction of microbicides (which I attended) was a plenary presentation by Megan Gottemoeller and several other presentations at the national convention of Indian Network of NGOs (INN) on HIV/AIDS (February 2001, Ahmedabad). After this debut, momentum grew quickly. The media coverage of microbicides initially spanned on the 'novelty' aspect of microbicides and has now grown into more substantial issue-based coverage thanks to civil society and other stakeholders became more organized over a period of time.

I have been involved in varying capacities over the years, and have written extensively on microbicides related issues in India.

I believe the first national stakeholder meeting on prevention options for women, in Delhi, was a major milestone where most governmental and non governmental stakeholders were represented. After this meeting, the national microbicides policy meetings took the agenda further and increased commitment from government and other agencies was felt. For example, ICMR (the Indian Council for Medical Research) formed a microbicides research task force, PATH and INN both took leadership in providing a forum for civil society to interact with researchers and policy makers on microbicides research, and people living with HIV, particularly women living with HIV, were also involved meaningfully as the campaign moved forward.

4. What are your hopes and fears for microbicides in the future?

My hope is that women will have greater control over their lives and decisions that affect them - and microbicides or other tools that women can initiate the use of, will be made available to all women and men, especially those most at risk, as soon as possible.

My fear is that time is slipping out - research takes time and the great respect paid to ethical protocols has helped in ensuring fair clinical trials and reasonable accountability among stakeholders including research participants. Although the results so far have often been disappointing, we need to keep the momentum going as long as we have potential microbicide candidates in the research pipeline. As the microbicide research moves forward, with disappointing trial results, it becomes all the more critical to keep our conviction strong - and not let the campaign slow down.

Planeta Salud, NGO staff – Spain



1. Where are you from and what you do?

The name of our non-profit organization is Planeta Salud (Planet Health) and we're based in Barcelona, Spain. We work to raise awareness within the Government and amongst different stakeholders and to promote a debate within the community on issues like HIV prevention, in particular new preventive technologies such as microbicides that will benefit people in Spain and developing countries. But we're not only focused on HIV as we defend the need of developing new health products for diagnosing, treating and preventing HIV, tuberculosis and malaria. We work with others international actors and one of our objectives is to introduce microbicides into a broader discourse on the comprehensive response to HIV/AIDS.

2. How did you first hear about GCM and when did you join?

The first time we heard about GCM and microbicides in Spain was through two Spanish-based organizations called Creación Positiva and "Grupo de Trabajo sobre Tratamientos del VIH" (gTt), in 2004. Planeta Salud developed contacts with GCM since our foundation in January 2008 and joined the Campaign in May 2008.

3. Can you tell us about your activities and achievements so far in the microbicides field?

During the last few years, there has been a lot done for the promotion of microbicides in Spain. PS' achievements are the continuation of efforts started in 2004 by gTt and have yielded many important results:

- Microbicides have been included into the agenda of many stakeholders (MPs, Government, NGOs and media).
- Events and meetings where microbicides are part of the discussion have grown substantially in number within civil society.
- Microbicides have been included in the Spanish cooperation policy, concretely in some important documents such as the cooperation and health strategy. Microbicides also have received strong support from all parliamentary groups at the Spanish Congress.
- The culmination of this has been Spain's announcement last August at the International AIDS Conference in Mexico of a €1.5 million grant to the International Partnership for Microbicides (IPM) for 2008.

4. What are your hopes and fears for microbicides in the future?

Of course, the main hope for microbicides is to find a safe and effective product in the mid-long term. Being realistic, we believe that a second generation microbicide (ARV-based) could be available in a few years, but with partial efficacy. This should be accompanied by real universal access to the product.

But there is another hope too and that is that, even though we do not find an effective product in the short- or mid-term, all the efforts done so far to develop a microbicide will have helped us to put light

and advance on important issues such as sexuality, HIV/AIDS prevention, ethics, power relations and gender equity.

We hope that some of the clinical trials running now will demonstrate the efficacy of one candidate. It seems that ARV-based microbicides might have more chance to become a safe and effective product in a mid-long term, but we cannot forget the importance of the first generation products into the research process.

Actually we do not have so many fears, but we are aware that the failure of only one candidate could affect the whole field. That's why we have to continue working and give as much transparent and accurate information as possible to our audiences so that they are well informed about the research process and the challenges and possibilities that come with the search for microbicides.

Kimberleigh Smith – U.S.A



1. Where are you from and what you do?

I live in Brooklyn, NY and work in Manhattan. I am the Director of the Women's Institute at GMHC, the nation's oldest AIDS service organization, by day. I am also a mother to 5 ½-year old Elijah and partner of 14 years to Betsy, who is a librarian. Many years ago I used to be a journalist and for ten years I sang with a gay and lesbian gospel choir.

2. How did you first hear about GCM and when did you join?

I first learned about the Global Campaign for Microbicides from one of my predecessors probably 6 or 7 years ago. I joined officially when I joined the staff at GMHC.

3. Can you tell about your activities and achievements so far in the microbicides field?

Right now, I am the Co-Chair of the New York Microbicides Working Group, and do this primarily in my capacity with GMHC. We're working hard to raise awareness about microbicides and user-controlled prevention methods both in the AIDS community and the general public. We've hosted a few community events, which have been very successful. This fall we're hosting training for advocates as well as a policy update luncheon.

4. What are your hopes and fears for microbicides in the future?

I remain optimistic about the promise of microbicides, and want to continue to learn how I can contribute – in some small way – to their promotion and development.