

Global Campaign News - Issue #103

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Welcome to the 103rd issue of 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 STIs.

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In this issue:

Advocacy in action

Setting the European Advocacy Agenda

Losing a Leader

Ethics and research workshop-debate on microbicides and other prevention options held in France

Research Update

New Data Suggests Diaphragm May Protect Against Some STIs

Study of Semen Could Yield New Microbicide Candidates

USAID Makes Public Microbicides Research Process Review

Advocacy in Action

Setting the European Advocacy Agenda

GCM European Strategy Meeting, 27/28 October, Brussels, Belgium

Europe

17 European advocates from 11 different countries gathered together with GCM staff this October in Brussels, to share and re-define strategic directions for microbicides advocacy in Europe.

Maintaining a strong grassroots advocacy base is crucial for a long-term endeavour such as microbicides development. As decision makers change, priorities shift and new findings are released, a strong civil society movement that will ensure that financial and political commitments for research into new and better prevention tools are respected is sorely needed.

The two day meeting focused on building knowledge, sharing strategies and setting the European agenda for the coming years. With advocates from different backgrounds and countries, speaking different languages and engaging at different levels, the challenge was to identify appropriate and complimentary actions that each participant could take forward as part of the global movement.

European advocates strongly supported a broad advocacy agenda, including an expanded microbicides research pipeline, more socio-behavioural research, support for rectal microbicides, as well as support for access to female condoms. If you are interested in receiving more information, please contact [Arwa Meijer](#).

Building a movement is one thing, maintaining the movement is a commitment!

Participants of the GCM European Strategy Meeting in Brussels (27/28 Oct 08)



From top left to right and back – Standing: Andreas Berglöf (HIV-Sweden), Marie Hedlund (Noah's Ark-Sweden), Henrik Arildsen (HIV-Denmark), Mariama Kamara (AHPN-UK), Carmen Tarrades (ICW), Geneviève Paicheler (ANRS-France), Ana Inacio (APF-Portugal), Mayra Moro Coco (Ayuda en Accion-Spain), Ciarán McKinney (GLEN-Ireland), Sini Pasanen (Positiiviset-Finland), Rebekah Webb (GCM), Irene Keizer (SAN-The Netherlands), Harriet Langanke (Frauen and AIDS Netzwerk-Germany), Marc-André LeBlanc (GCM), Anna Forbes (GCM).
Sitting: Arwa Meijer (GCM), Amy Whalley (Interact Worldwide-UK),

Eunice Sinyemu (HIV Scotland), Katy de Clerq (Sensoa-Belgium)

Losing a Leader Global

Last month, the world lost a true leader, sexual and reproductive health advocate and women's rights champion. Dr. Allan Rosenfield, Dean Emeritus of the Mailman School of Public Health and Professor of Population and Family Health and of Obstetrics and Gynecology, died on October 12 after a courageous, three-year battle with amyotrophic lateral sclerosis (known as Lou Gehrig's disease). Dr. Rosenfield was internationally recognized for his innovative to promoting global health, including strategies to address maternal mortality and the HIV/AIDS pandemic. He led the movement to bring the rights of pregnant women into the global spotlight. Early in the pandemic, when most were focused solely on saving the lives of babies at risk of HIV, Rosenfield was among the first to call for ongoing treatment for HIV positive mothers. He shone a bright spotlight on core ethical mandate to see mothers as women first and foremost; women whose human rights are violated if attention to their children is allowed to obscure their own right to stay alive.

Until the very end, Rosenfield remained passionately engaged in the AIDS and global health fields. He mentored countless students and peers, many who are global health practitioners today.

"While a student at Mailman, a small group of us met with Rosenfield to discuss the new Global Health track being developed," remembers GCM staffer Deborah Baron. "We had been talking for a while and Rosenfield's assistant came in to inform him that his next appointment had arrived. Rosenfield asked him to wait, saying he was busy with students discussing the future of global health. When I left his office, I saw Dr. David Satcher, the former US Surgeon General, waiting for him. I knew then that Rosenfield walked the walk in a world where many can barely keep up with the rhetoric and talk the talk".

Ethics and research workshop-debate on microbicides and other prevention options held in France

Europe

Nearly 40 participants from around France attended an event co-organised by three French NGOs -- Équilibres & Populations, AIDES and the Mouvement Français pour le Planning Familial -- as well as the Global Campaign for Microbicides and the International Partnership for Microbicides.

The half-day event included guest speakers from French NGOs and research institutions, GCM, IPM and the Rwandan research centre *Projet Ubuzima*. Participants from the HIV, sexual and reproductive health and rights (SRHR) and development communities, as well as research and government sectors in France discussed two specific topics: the ethical challenges inherent in the dynamics of North-South research; and, ethical issues related to partial efficacy.

Over the years, there have often been fraught discussions about ethics and research into new prevention options in France, and the co-organisers of the event are pleased to have provided a forum for meaningful cross-sector dialogue on these critical issues.



Research Update

New Data Suggests Diaphragm May Protect Against Some STIs

Global

As reported in an earlier issue of *GC News*, the MIRA diaphragm study found that a latex diaphragm, when used with a non-microbicidal lubricant gel, offered women no apparent protection against HIV. In a follow-up study published in the October issue of *PLoS One*, MIRA researchers now report on the ability of the latex diaphragm to protect women against two other sexually transmitted infections (STIs): Chlamydia and Gonorrhea.

The MIRA study followed over 5,000 sexually active HIV-seronegative women for up to twenty-four months at sites in South Africa and Zimbabwe. All of the trial participants received comprehensive HIV and STI prevention services, including condoms, STI screening and treatment, and regular risk reduction counseling. Half of the women were also asked to use a trial-provided diaphragm and lubricant, in addition to condoms, every time they had intercourse. MIRA study participants were tested every three months for newly acquired Chlamydia or Gonorrhea infections. Women who tested positive for either were offered immediate treatment.

Overall, the study showed no protective benefit. Rates of Chlamydia and Gonorrhea were the same for women who were asked to use the diaphragm as for women who were not asked to use a diaphragm. When the results were adjusted for diaphragm use, however, the number of new Gonorrhea infections was markedly less for women who reported consistent use of the diaphragm. These data suggest that cervical barrier methods, when used consistently and correctly, may help protect women against some STIs.

For more information about the study, please see <http://www.global-campaign.org/MIRA.htm>. You can also download the *PLoS One* report at <http://www.plosone.org>.

Study of Semen Could Yield New Microbicide Candidates

Global

Recently, scientists discovered that semen contains a naturally-occurring compound that seems to enhance HIV's ability to infect cells. This chemical, commonly called semen-derived enhancer of viral infection (SEVI) can increase viral infectivity up to 100,000-fold in laboratory models that mimic sexual transmission of HIV.

Researchers now believe that the ability of SEVI to enhance HIV infection relates to this compound's electric charge. HIV itself carries a negative electric charge, as do most target cells. Such negatively charged bodies naturally repel each other, much in the same way that refrigerator magnets will not stick to each other. In a paper published in a recent issue of the *Journal of Virology*, Warner Greene and his colleagues at the University of California, San Francisco (UCSF) report that SEVI carries a positive electric charge. When SEVI "coats" HIV, it cancels the negative charge of the virion, allowing HIV to overcome the natural electric repulsion between the virus and target cells. Modifying SEVI to reduce its natural positive charge decreased its ability to enhance HIV infection, leading the UCSF-based researchers to conclude that agents that neutralize the electric properties of SEVI may – when used in combination with other virocidal compounds – may lead to the development of new candidate microbicides.

USAID Makes Public Microbicides Research Process Review

North America

The United States Agency for International Development has supported microbicide research and development for over a decade. Together with the US National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration, USAID works to implement the U.S. Government Strategic Plan for Microbicides. USAID's specific mandate in connection with this Plan is "to support the development of products urgently needed to improve health in developing countries". In fiscal terms, USAID's Microbicide Research and Development Program has grown from \$12 million in 2001 to \$40 million in 2007 and its total commitment during that time span exceeds \$175 million.

On November 14, USAID released a briefing document that details how the activities proposed for funding by this program are reviewed. The briefing paper explains that, after internal vetting, funding requests are reviewed by a USAID Microbicide Review Team that "includes staff with extensive experience in the R&D of microbicides and other health products, reproductive health programs, and HIV prevention; and who couple public health and research experience with expertise in basic research, virology, clinical trials, social science, regulatory affairs, ethics, community involvement, gender issues, and international development." It adds that, "External Reviewers are included when additional technical expertise in a particular area is needed, another informed perspective can help to address relevant programmatic and budgetary issues, or clinical trials beyond small Phase I safety trials are under consideration."

All advanced clinical trial proposals receive this expanded review because of the high level of funding involved. The briefing paper walks through the steps included in such expanded review, the expertise of the independent reviewers engaged to conduct it and the range of ancillary evidence gathered to support their deliberations.

Last April, the Global Campaign circulated a first draft of its Call to Action in which we urged the HIV prevention research field as a whole to improve transparency in key decision-making areas

including which large scale effectiveness trials should be funded and how to avoid unnecessary duplications of effort. We see this heightened level of public accountability as essential when decisions are being made about how scarce public resources are used to maximize the public good.

So, while we applaud USAID for the publication of this briefing document as a further step toward expanded transparency, we continue to call on the field as a whole to take this process to a next level – one that transcends the status quo in which individual donor agencies make major decisions independently about which trials to fund and which products to advance. **We call for the establish a transparent, multi-stakeholder process for building consensus around key strategic questions in the field, including “go/no-go” decisions about which products to advance into late stage trials.**

The USAID briefing document is available on line at http://www.usaid.gov/our_work/global_health/aids/TechAreas/research/microfactsheet.html. A final version of the Global Campaign’s Call to Action has been submitted for journal publication.