



GC News #112: July 10, 2009

GC News is a forum for exchange on new HIV prevention options, especially for women.

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5th IAS Conference on HIV Pathogenesis, Treatment, and Prevention

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Global

GCM's incoming Director, Yasmin Halima



How did I come to be the new Director of the Global Campaign for Microbicides?

My trajectory is not that of the typical fast-track professional. I was born in India but my family migrated to Britain when I was young. I grew up in a predominantly Gujarati-Muslim community in the middle of England, where to this day, my family continues the tradition of arranged-marriages and women are expected to be veiled. There was never an expectation that I would participate in the public sphere outside of the home, let alone get an education or work.

So when I announced at the ripe old age of 26 that I was going to leave the community with my six year old daughter, there was much consternation and shock. That was the beginning of a long and arduous journey to getting a formal education (I worked at McDonalds to pay my way through my first degree) and a career in public health.

My first real job was with the UK Department of Health, where I learned a great deal – not only about health research and policy but the bureaucracy of government structures – a frustration that led me to leave and work in the community as a caseworker for an HIV project that supported people from ethnic minority communities. This was my first real encounter with HIV. I saw my clients struggle with the complexities of life as immigrants and minorities living with a disease that had a treatment but inadequate support and access. All presented with an AIDS diagnosis and many lived impoverished lives with the fear of imminent deportation. It was their experiences and poor access to care that motivated me to become a treatment activist. However, to be an effective activist, I had to not only understand their circumstances but learn the basics of HIV science and treatment. Joining the European AIDS Treatment Group, a pan-European network of activists taught me a great deal about engaging with scientists and industry.

I believe our journeys in life are determined by the people we meet – what they teach and inspire us to take on. I have been fortunate to meet many good people, but it was the exceptional few who saw beyond my history and offered me transformative opportunities. The first of those was Prof Joep Lange from the Center for Poverty—Related and Communicable Diseases in the Netherlands. Even in the early days, Joep saw the big picture of global HIV and what needed to be done at a time when there was much public dissent about the feasibility of treatment scale-up in the developing world. He offered me the opportunity to work alongside him at the International AIDS Society (IAS) establishing a clinical research forum dedicated to challenging the contribution of industry to treatment in developing countries. Around the same time, I met Dr Charles Boucher, a virologist, also from the Netherlands, who taught me to consider HIV at a molecular level and understand the limitations as well as the possibilities of HIV therapy.

Working at IAS, I met Dr Helene Gayle, an impressive, formidable woman who mentored me and in doing so, gave me the vision to leave the UK and build an international career. At the time I met Helene, she was at the Bill & Melinda Gates Foundation and President of IAS. Our first encounter was over the controversies that led to the early closures of some of the pre-exposure prophylaxis (PrEP) trials. Helene entrusted me to establish stakeholder dialogue with governments, activists, study investigators, sponsors and donors.

I had become convinced by then that treatment for HIV alone was not sustainable and as the epidemic grew and more and more women became infected, prevention technologies seemed to offer a way that women could protect themselves. New to prevention science, I was fortunate to bump into Prof Mike Cohen from the University of North Carolina Chapel Hill at one of my IAS meetings. Mike patiently educated me on the science of transmission and the potential for biomedical prevention technologies to change the global landscape of HIV.

For me, this was an epiphany – and the start of my advocacy and professional life in HIV biomedical prevention. It allowed me as an activist to work with the best scientists, advocates and policy-makers on a new and biologically-plausible prevention tool.

I mention only a few here, but there were other remarkable individuals who took the time to support and encourage me as I navigated my way through education, sustained my activism and established a career.

Around the time that I became involved with biomedical prevention, I was encouraged by Helene, Joep and others to study for a Masters in Public Health in Global Health at Columbia University in New York. It proved to be far more than an educational endeavour. Being in the USA taught me a great deal about how health is perceived and funded. I was, and continue to be, perplexed by the myopia of domestic health policies which leave millions out in the cold, while pioneering international research and high levels of aid are made available by the US government. It seemed right that I should continue my community activism here, and I feel privileged to have served as Vice-President of the AIDS Treatment Activist Coalition, an experience that allowed me to learn about the experiences of people living with HIV here.

On a personal level, it was a challenging journey to come to the US as a Muslim and a woman-of-colour. But ultimately, I was presented with so many opportunities to engage with senior policy-makers, industry executives and talented advocates that it seemed inevitable that after my graduation, I would stay.

Still, when the opportunity for the Directorship for GCM arose, I was hesitant to apply. I knew the staff as well as Lori, the founder and former Director very well and greatly respected the work of GCM. Until that point, my experience had largely been with PrEP, but I understood that we needed a range of tools available for women and vulnerable communities to protect against HIV if we were to affect the epidemic.

Why my initial hesitation? Well, first of all, I take all such decisions seriously. In order for me to stay in the US and not return to my daughter and family back in England, would require very good reasons indeed! I felt GCM was at a critical juncture and needed strong leadership to build upon their knowledge and their well-earned respect in the community. Second, I always make decisions after consulting a few, trusted sources. This decision was no exception. And the more advice I sought, the more I thought about GCM, considered my skills and competencies and my passion for prevention, the more it made sense that this is what I should do. Of the many messages of goodwill that I received when I took on this role, the phrase most often used was "a perfect fit" to describe my coming to GCM.

It makes me smile to think back on a conversation I had with Dr John Mellors, a virologist at Pittsburgh University, at the Conference on Retroviruses and Opportunistic Infections earlier this year. He challenged me to think hard about my future professional plans with one simple question "What are you going to do with your life?" This question was his way of encouraging me to continue growing professionally and take on a leadership role in the field.

So, here I am twenty years later – in DC with GCM poised to grow stronger and working closely with our friends in science, community and – dare I say it, in industry, to advocate for change – not simply to provide prevention tools but to do so in a way that transforms the lives of women.

Last week we celebrated my daughter's graduation. Armed with a medical degree from Cambridge University in England she is ready to embark on a career in infectious diseases. As a single parent family, our journey has necessarily been intertwined. I hope that in its telling, it will help others to understand some of the complexities of women's experiences, the changing and emerging challenges that women everywhere face, and more importantly, the opportunities we all have to create change in our own lives and in the lives of others.

Note: If you'll be in Capetown for the IAS Conference July 19th – July 22nd, please stop by GCM's Reception on Tuesday July 21st. See details below under What's GCM Doing?

Research Update

Contraception in HIV Prevention Trials: GCM Consultation Looks at the Ethical Issues

To test new HIV prevention methods that at-risk women can use, such as vaginal microbicides and pre-exposure prophylaxis (PrEP), trials must enroll large numbers of sexually active women. In order to protect their health and safety, women who become pregnant while enrolled in these trials usually must discontinue product use. If pregnancy is common among study participants, however, their discontinuation of product use can endanger the success of the trial. When too many women stop product use, the ability of trials to see declines in rates of HIV is seriously diminished.

Despite the best efforts of researchers to provide family planning and contraceptives to trial participants, many women enrolled in past HIV prevention trials became pregnant. Some current or planned trials thus mandate the use of specific family planning methods like oral or injectable contraceptives. Not all trials

provide or require the use of such contraceptives, however, and many advocates have questioned the legitimacy of such a mandate.

In late April, the Global Campaign for Microbicides hosted a small consultation to look at these issues, exploring the ethics of mandated contraception and examining ways in which family planning and contraceptive counseling can be better integrated into HIV prevention trials. This meeting brought together over thirty investigators, advocates, ethicists, policymakers, regulators, and other stakeholders to explore some of the challenges associated with managing pregnancy in future microbicide and PrEP trials.

GCM is currently drafting the meeting report and consensus document. In the meantime, copies of the meeting agenda, list of participants, additional background materials and highlighted documents, and Powerpoint presentations from the April consultation on contraception and family planning will soon be available for download from the Global Campaign for Microbicides website at <http://www.global-campaign.org/pregnancy-consult.htm>.

GCM in Action

Microbicides Symposium in Nigeria

By Kadir Audu and Marc-André LeBlanc

In June 2009, a local chapter of International Rectal Microbicide Advocates (IRMA), IRMA-Nigeria organized an event to raise awareness about microbicides. Over 60 people attended in Alimosho, including members of an HIV support group, sex workers and health workers.

The aim of the symposium was to create awareness about microbicides development and to encourage the participants to get involved in the process. In a questionnaire administered at the event, organizers found that the majority of people had never heard about microbicides. In fact, only 13% were familiar with microbicides development. Organizers were quite encouraged to see that by the end of the event all the participants showed a level of understanding, and a majority of them joined IRMA-Nigeria.



Cross section of participants listening to presentation

The event gave an opportunity for participants to learn more about microbicides, including:

- What they are, and how they are being developed
- When microbicides are likely to be available
- How much they might cost
- How trial participants are recruited, and how they might participate in a trial
- The need for microbicides among women and men
- Microbicides and people living with HIV
- The need for rectal microbicides

In order to address these issues, organizers used materials and resources that have been developed for use by community educators and advocates by IRMA and the Global Campaign for Microbicides.

To access FREE resources that you can use to raise awareness about microbicides in your community, including fact sheets and presentation slides, please visit the GCM and IRMA web sites.

Global Campaign for Microbicides Download Centre: <http://www.global-campaign.org/download.htm>

International Rectal Microbicide Advocates resources: <http://www.rectalmicrobicides.org/resources.php>

Ugandan Female Condom Advocates Mobilize in Kampala



Of all the condoms distributed globally in 2008, 99.6% (10 billion) were male condoms and 0.35% (35 million) were female condoms. This virtual absence of female condoms – to date the only effective, woman-initiated HIV prevention tool available -- in the very regions where they are needed most is an action priority for the Global Campaign.

On 23-25 June, GCM staffers combined forces with staff of the Center for Health and Gender Equity to facilitate a female condom (FC) advocacy workshop in Kampala attended by representatives of 25 Ugandan NGOs, academic institutions and donor organizations. GCM agreed to Uganda as a site for this intensive effort because a government-sponsored FC re-launch is scheduled to occur there this autumn.

Civil society leaders said that they want an active role in this re-launch, and are planning to call for increased investment in the public education and promotional efforts needed to introduce the FC to their constituencies correctly. To prepare, however, they wanted to build their technical and advocacy skills and needed help developing a strategy. Although it was first introduced in Uganda in 1998, their access to the FC has now become so limited that some workshop participants had never even seen one.

Vastha Kibiridge, coordinator of the condom unit for the Health Ministry's STD/AIDS control program, was one of three workshop guest speakers. Her office spearheaded the Situational Analysis that led to the government's decision to re-launch female condoms. She reported that the 1998 launch was funded exclusively by UNFPA and no resources went into ongoing education and promotional efforts. Health care staff were not trained in teaching women how to use female condoms properly resulting in lack of confidence and comfort with the product. Not surprisingly, the unfamiliar product sat on clinic shelves and the myth that "women don't want female condoms" spread, as it has in many countries.

Kibiridge emphasized that "civil society's role is to create demand" for FC. Embracing this challenge, participants brainstormed innovative approaches to demand generation. Some suggested asking social marketers to package male and female condoms together in special "introductory packages" so that men purchasing male condoms would take an FC home as well to try. Others pointed out that people often prefer to discuss personal matters with the NGO staff they go to for services, rather than health care workers. For this reason, they said this Ministry should engage NGOs in FC promotion and distribution.

After a day of briefings, strategizing and role-playing, participants made advocacy visits to the three policy-makers (the Health Development Partnership Group, headed by USAID; UNFPA; and the Ugandan Ministry of Health), conveying the "asks" they had tailored to each group and laying the ground-work of ongoing advocacy. In these visits, they came face-to-face with the challenge of trying to expand the space for civil society involvement in bureaucracies.

Guided by the workshop facilitators, they then articulated and prioritized their advocacy goals and objectives, divided up the necessary tasks, and set timelines for their completion. They concluded the meeting by establishing a formal coalition structure and Steering Committee to take the work forward.

During the wrap-up, GCM and CHANGE staff commended the participants on their clear-headed, pragmatic and determined framework for action. A representative from TASO responded. TASO is Uganda's largest HIV/AIDS organization, serving thousands of clients annually, about 85% of whom are HIV positive women. He said, "We have been waiting a long time. We want to get this done!"

Materials Update

New GCM Materials on Male Circumcision and Female Condoms

GCM is developing a range of new materials as part of our decision to address the full range of new HIV prevention technologies (NPT) in the context of women's prevention needs. We are happy to announce that two new factsheets are ready for use. Please go to our website to see:

Male Circumcision: What Does It Mean For Women?: a new, two-page (one sheet) GCM fact sheet, also designed for use by advocates and other civil society groups available online at [http://www.global-campaign.org/clientfiles/FS-MaleCircumcision\[E\].pdf](http://www.global-campaign.org/clientfiles/FS-MaleCircumcision[E].pdf)

Female Condoms: What Do They Mean For Women?: a new, two-page (one sheet) GCM fact sheet, also designed for use by advocates and other civil society groups available on-line [http://www.global-campaign.org/clientfiles/FS-FemaleCondom\[E\].pdf](http://www.global-campaign.org/clientfiles/FS-FemaleCondom[E].pdf)

As with all GCM materials, reproduction of these tools is encouraged. Please feel free to download them, translate them, adapt them for local audiences and use them in any way that will make this information more widely available. They are provided as a free resource to the field. Feedback on these is also welcome and can be sent to info@global-campaign.org

What is GCM Doing this Month?

5th IAS Conference on HIV Pathogenesis, Treatment, and Prevention 19-22 July, Capetown, South Africa

GCM staff members will be participating at various sessions and satellites as well as hosting a reception to welcome GCM's new Director, Yasmin Halima, during the upcoming IAS Conference. Below is a list of sessions GCM will participate in:

Sunday July 19th

The Promise and Perils of ARV-Based Prevention: A Dialogue of Optimism & Informed Scepticism

Time: 2:45PM - 6:00PM

Yasmin Halima, GCM Director, and Samu Dube, GCM Africa Programme Leader, will be panelists during this session

Tuesday July 21st

Operations Research to Strengthen HIV Prevention

Time: 4:30PM – 6:30PM

Yasmin Halima, GCM Director, will co-chair this session

Mass rape in conflict-affected countries could substantially increase the incidence of HIV: implications for prevention and intervention

Time: 5:00PM

Yasmin Halima, GCM Director, will present this session

Welcome Reception for New GCM Director, Yasmin Halima

Time: 6:30PM – 8:30PM

For more details and to RSVP please contact Vivienne Naidoo at vnaidoo@path.org

Wednesday July 22nd

Poster session – Track C. Biomedical Prevention

Standards of care at microbicide clinical trial sites: recommendations for the HIV prevention research field

Time: 4:30PM – 6:30PM

Samu Dube, GCM Africa Programme Leader, will present this session