



## GC News #125: July 2011

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

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5<sup>th</sup> SA AIDS Conference  
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## Conferences, Meetings, Trainings

**CAPRISA Scientific Advisory Board, South Africa:** GCM was invited to participate in the CAPRISA Scientific Advisory Board meeting which involved from the CAPRISA team on ongoing and planned research. Highlights from the meeting included evaluating the viability of cash transfers in reducing HIV incidence rate among youth still attending school in KwaZulu Natal and CAPRISA 008 which will assess the effectiveness of using family planning clinics as a method for distributing tenofovir gel in communities where the CAPRISA 004 trial took place. The control arm will use the same protocol as CAPRISA 004 and provide tenofovir gel to participants who did not seroconvert during the trial; the intervention arm will use trained nurses to provide counseling and gel distribution in family planning clinics.

**5<sup>th</sup> SA AIDS Conference, South Africa:** SA AIDS is a biannual event, and this, the fifth conference coincided with the development of South Africa's next five-year HIV and AIDS, TB and STI National Strategic Plan. This year's conference theme was *Leadership, Delivery and Accountability*. The conference exhibited a different atmosphere from previous years. It was obvious that we are in a new era in the fight against HIV. One where government is supportive and progressive, and where leadership and political will is



more apparent, particularly on the need to escalate HIV prevention for young girls and women.

The conference provided a critical platform to discuss the national and regional implications of recent research, such as HPTN 052 that showed earlier ART initiation can reduce risk of sexual transmission, as well as with proof of concept that 1% tenofovir gel could help protect women, and finally, iPrEx Pre exposure prophylaxis (PrEP) trial that showed that daily oral TDF/FTC can help reduce HIV infection in men who have sex with men. Both CAPRISA 004 and iPrEx had sites in South Africa.

**WHO/UNAIDS Consultation on 1% Tenofovir Gel Implementation, South Africa:** GCM participated in the WHO/UNAIDS consultation where stakeholders including researchers, product developers, policy-makers, governments and advocates discussed planning of tenofovir gel introduction in various countries in Africa including South Africa. Deliberations included an update of studies needed for licensure, and the practical issues involved with introducing tenofovir gel ranging from manufacturing and marketing of product, its availability and acceptability in communities and distribution and integration within the existing health systems as well as and projecting demand and financing. It is clear that what is still needed is a robust gender analysis and gender focus to ensure the effective impact on reducing women's vulnerability to HIV. The meeting helped to develop our thinking as GCM- that we need to be mindful of gender imbalances in communities, and indeed- the structural variables that perpetuate women's vulnerability to HIV. A microbicide as a tool for HIV prevention will not be effective if we ignore the realities that women face every day.



**GCM Steering Committee Annual Meeting, South Africa:**

The annual GCM Steering Committee meeting took place in Johannesburg, 18-19 June. The membership of the GCM Steering Committee reflects leadership from the research, policy and advocacy communities, including Prof Elly Katabira, President of IAS from Uganda, Dr Nelly Mugo, lead investigator for Partners PrEP in Kenya, Dr Zinhle Matakini, virologist at the University of Limpopo, South Africa, Prof Gita Ramjee, Principal Investigator of VOICE in South Africa, Nokhwezi Hoboyi from Treatment Action Group, South Africa and Dazon Dixon Diallo, Founder and President of Sister Song in the United States, amongst others.

Steering Committee members were updated on GCM activities over the past year including the progress in the transition of programs to Africa, establishing Zambia

as the third country site, and special programs including a visual tour of the A Day in the Life ... photo exhibition. Dr Gina Brown from the Office of AIDS Research at the US National Institutes of Health gave a keynote presentation highlighting the role of international research on women, girls and microbicides at the NIH. Dr Brown also contributed to the Steering Committee discussion on the challenges of an evolving field, and the opportunities for GCM as an advocate with local expertise supporting the introduction of tenofovir (TFV) gel. Highlights from the discussion included enabling gender analysis through policy, the factors that impact on women's decision making power such as advocacy that can help to "better equip the girl-child with prevention tools and negotiating skills", and understanding gate-keeping forces both at policy and at community level. Global Campaign would like to thank all Steering Committee members not only for sharing their expert insight, but their continued support, guidance and dedication to the goals and mission of GCM.

**6<sup>th</sup> IAS Conference on HIV Pathogenesis, Treatment and Prevention, Italy:**

GCM hosted in partnership with CONRAD and the Department of Science and Technology, South Africa a topical and interactive debate on the challenges of introducing the first ARV-based vaginal microbicide in Africa. Keynote speakers included Myron Cohen from the University of North Carolina Chapel Hill who presented on advances in the science of HIV transmission as well as an update from Timothy Farley from the WHO on the WHO/UNAIDS consultations on TFV-gel implementation. Panel

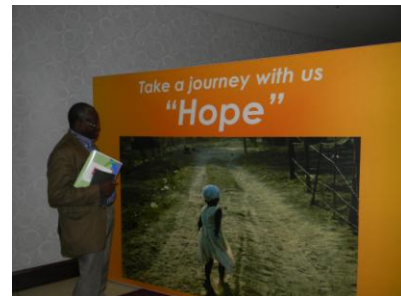


discussants included representatives from the Bill & Melinda Gates Foundation, the Clinton Foundation, NIH, DST, FHI360 and a South African physician contributed their insights on preparing for TFV gel roll-out and adoption.

Quoted in [aidsmap.com](http://aidsmap.com), Samu Dube noted the challenges of reaching women most in need, "We need to reach out to women who don't perceive themselves to be at risk, and we should be getting communities to rally round to be early adopters of tenofovir gel." While Dr. Stephen Becker from the Bill & Melinda Gates Foundation commented on the need to streamline HIV prevention services, "You don't want to have the family planning clinic here, the pills clinic here, the injections clinic here, and the microbicides clinic over here." A video link to the satellite session will be shortly available on the GCM website.

## News and Announcements

**"A Day in the Life..." Photo Exhibition Launch, South Africa:** The Hope Exhibition, "A Day in the Life ..." was launched Wednesday, 8 June 2011 at the Hilton Hotel during the 5<sup>TH</sup> SA AIDS in Durban. GCM was honored to have Dr Nono Simelela, Adviser to Deputy President Kgalema Motlanthe on HIV and AIDS, TB and other health matters deliver the welcome remarks and speak about her hopes for the future of HIV and AIDS in South Africa. Dr Samu Dube of GCM delivered the opening speech and vote of thanks. The speeches were followed by guests viewing the "HOPE" exhibit, a visual narrative depicting the lives of six remarkable women and former participants of microbicides trials and their experiences and hopes for a future without HIV.



*"I feel honored and inspired by ordinary women who struggle against a lot of odds. Thank you for making sure I attend this special occasion. I had a lot on my mind that day.... a lot of personal and family challenges. But the exhibition reminded me how lucky I am. So in a way I healed a bit of the pain I was carrying that evening."*

Dr Nono Simelela viewing the Hope Exhibit

**Women's Prevention Convention Zambia:** Plans for the Women's Prevention Convention are underway, for the 10<sup>th</sup> and 11<sup>th</sup> of August, 2011.

**Engaging Civil Society:** GCM continues to work with civil society members in Zambia, lately joining the Civil Society Coalition in Zambia focusing on HIV prevention issues. GCM Zambia participated in a media discussion organized by CIDRZ and AVAC whose aim was to share information with media regarding HIV prevention research. One of the participating journalists has since written an article published in the *Times of Zambia* Newspaper.

**June 2011 Focus Groups:** Watch this space for outcomes from GCM's focus group discussions. GCM is convening focus groups discussing with women the opportunities from the introduction of the first microbicides in Africa, seeking to understand their everyday experiences and how a microbicide may be incorporated into their daily lives.

**Zambian Radio Series:** A radio series has started in June in Zambia titled "Let's focus on HIV prevention" where themes that reflect the challenges and opportunities for promoting prevention programs for women, including new prevention technologies will be highlighted.

## Advocacy Update

**Community Perspectives on new Prevention Technologies in South Africa:** GCM has been involved in a number of activities in South Africa that highlight community perspectives on new prevention technologies. In April 2011, a workshop engaging sex workers on microbicide literacy was conducted. This started as a training session describing advances in microbicide development, and ended as an inquiry into how a microbicide may fit into the lives of sex workers. Participants, showing a high level of engagement during the workshop, highlighted vulnerabilities in their work and the urgency of having something that women could use to protect themselves to protect from HIV. Male sex workers also expressed a keen interest in the prospect of a microbicide. Below are a few quotes from female sex workers:

*"I am tired of talking everyday to other sex workers about condoms and not making a difference. I wish these microbicides would come so that I can just keep quiet and give them out."*

*"If I was eligible, I would love to participate in a trial so that I can contribute to the future of my grand kids and my great grand kids."*

*"These microbicides give me hope."*

In addition, GCM conducted a training in Soweto. GCM continues to work with civil society and community members to raise awareness on research and new prevention technologies. GCM also noted interest from organisations such as the South African Police Services (SAPS). Police officers in South Africa deal with high levels of gender-based violence on a daily basis. They expressed a keen interest in seeing women being able to protect themselves from HIV. Furthermore, knowledge of the research taking place in their communities is important in reducing myths and rumors about new prevention technologies. Below sample quotes from the workshop:

*"It is not surprising that South Africans are skeptical about clinical trials since we come from the era of Wouter Basson, who used chemical war-fare to kill our people." - Enoch (SAPS)*

*"We are eagerly waiting for microbicides. Women are struggling to get men to use condoms and we do not get female condoms from our clinics." - Susan (Isibindi Welile)*

*"I can see the day when I hide my microbicide in my vegetable garden and when I go to pick up veggies, I can quickly put it in my vagina and go inside the house with no worries about being infected with HIV by my husband." - Tholakele (Lindina Sizwe)*

Together with PATH, GCM conducted a workshop for the Midwives *AIDS Alliance for South Africa*. In addition to the routine training workshops, aimed at raising awareness of microbicides and PrEP, GCM discussed with midwives issues relating to the practical delivery of microbicides when available in the health system. Some of the questions and answers from the discussion are highlighted below:

### **Who will benefit from microbicides and why?**

- The government will benefit, because eventually there will be less people on treatment which will decrease costs.
- The country will benefit because HIV is killing people, thereby affecting the country's economy. Prevention will help keep people alive.
- Women benefit because they are mostly affected and infected by HIV.
- Men who have sex with men (MSM) benefit since they are a vulnerable group.
- The health sector benefits from prevention because the work load will decrease.

### **What are the advantages and disadvantages of delivering a microbicide within the family planning (FP) system?**

- It would encourage more women to seek FP services.
- Already FP has a good communication system and this could be expanded to educate women on HIV prevention options. HIV prevention could be more easily integrated.
- FP is accessed by women of child-bearing age. Women in menopause could be excluded, even though they could be accessed through the Pap smear program which is part of FP.
- FP is not accessible 24 hours.
- HIV is not yet properly integrated with FP and Sexual and Reproductive Programs.
- Stigma associated with HIV may also pose problems.



about marriage).

### **Zambia Insight Clinics**

Between June 14<sup>th</sup> and 16<sup>th</sup>, GCM conducted and facilitated insight clinics in three major communities in Lusaka: Chawama, Matero and Kalingalinga. These communities have average populations of 17,000. 45 community members were engaged in these discussions. 39 were women while six were men. The groups included community leaders, community women, business women, traditional birth attendants and alanginzi (women that teach girls

The objective of the insight clinics was to establish whether communities knew about microbicides, if they may be able to use the products, and whether they could pay to access microbicides once proven effective and available.

Findings from the discussion suggest that women are ready to use microbicides, and that men could act as buddies supporting women's use of microbicides. Furthermore, the women said they would use social interactions with other men to talk about importance of supporting women to access microbicides. Women also said they would prefer that microbicides were made available free of charge. However, they went on to say that they were willing to pay to access microbicides as long as they were affordable.

*"I would encourage my wife to use a microbicide and to buy it for her if she needs it. "*  
- Mr. Mbewe, Ward development committee (Kalingalinga community)

*"A microbicide will empower me to protect myself and I would also love to use as a contraceptive because I already have enough children. "*  
- Elizabeth Banda, community member (Matero community)

**COP meeting 23-24 June Nairobi, Kenya:** GCM held a face to face meeting for its Community Involvement-Community of Practice members coming from East and Southern Africa. This meeting brought together community liaison staff working in HIV prevention clinical trials, community program managers, CAB representatives and others working on community involvement issues. The event provided a forum for them to share their experiences and challenges, discuss issues related to HIV prevention research and foster a culture of collective problem solving.



During the meeting, results from HIV prevention trials including CAPRISA 004, iPrEx and FEM-PrEP were discussed. This provided the context for discussions on the introduction of ARV-based microbicides and PrEP with a particular focus on the role that community program staff can play in the changing environment. Members stressed the importance of their role through engagement with COP as a resource for messaging to communities and promoting and access.

## **GCM Spotlight On...**

### **Interview with Dr Nelly Muqo**

Welcome back to Spotlight On!

This GC News n features an interview with GCM Steering Committee member and research scientist Dr Nelly Mugo. D. Mugo works with the International Clinic Research Center (ICRC), University of Washington, on HIV prevention clinical trials in Kenya, and with the Kenyatta National Hospital at the University of Nairobi. As the Partners in Prevention HSV/HIV Transmission Study's East African Director, Dr Mugo is currently working on the PrEP clinical trial enrolling HIV-1 discordant couples. She also provides treatment and care to women with cervical neoplasia at Kenyatta National Hospital outpatient clinic in Kenya.

*Franziska Kabelitz:* What do you feel are the priorities for HIV biomedical prevention research in Kenya for the next five years for microbicides and PrEP?

*Nelly Mugo:* The National AIDS Council (NACC), the National AIDS Agency, sets the agenda for priorities on issues of HIV at a national level. My understanding is that there is excitement following the HPTN 052 results and the ministry's arm NASCOP, the National AIDS & STD Program, is thinking about implementation. There is on-going in-country research on PrEP, microbicides, but until those strategies present with results, one cannot discuss their implementation.

*FK:* What are the most important considerations when setting up a clinical trial site? How do you identify where to set up the site and how many participants to enroll?

*NM:* Presently, for HIV-1 prevention clinical trials, there are two key issues in setting up a site. The first one concerns the capacity of investigators to conduct the trial with high standards and commitment. The second one is the HIV-1 incidence in the target population.

*FK:* GCM's focus as you know is women – women as community members, global leaders, scientists, and advocates. What specific contribution do you feel women have made to the field of HIV as researchers, activists and policy-makers?

*NM:* There is a country-wide shift in Kenya towards supporting women in leadership. Kenya's new constitution also supports reserving a certain percentage of positions for women. In addition, in science we have good representation among female investigators.

*FK:* Why did you accept the invitation to join GCM's Steering Committee? *NM:* It is my conviction that without involving women, we cannot shift the epidemic. Women prioritize the welfare of the whole family, the men, and the children, and often place themselves last. It is extremely important to keep a focus on the women's agenda in HIV prevention. I feel privileged to have an opportunity to work on HIV prevention and wish to continue to serve where I can. For this reason, it is an honor to serve on the GCM Steering Committee.

*FK:* What is GCM's capacity to contribute to the research agenda? How do you feel that GCM does and can contribute to the empowerment and leadership of women affected by and working in the field of HIV?

*NM:* Researchers cannot split their time and effort to effectively conduct the trials and educate the community; one will have to take over priority. Having an organization that concentrates on that agenda is fantastic and an absolute necessity.

*FK:* What is the most important aspect of your work personally?

*NM:* Working as an investigator in HIV prevention work and being an obstetrician gynecologist.

*FK:* Dr Mugo, thank you very much for answering our questions.

*Dr. Nelly Mugo is a scientific researcher at the University of Washington and the University of Nairobi and member of GCM's steering committee. Franziska Kabelitz is an intern with GCM's Washington, D.C., office and a student at American University. She was a student of Yasmin Halima's "Health in Developing Countries" course in the fall 2010 semester.*

### **Profile on Patrick Mwai Muchai (Nairobi, Kenya)**

GCM Program Officer



Patrick Mwai officially joined the GCM Kenya office, which he describes as “warm, welcoming, and always willing to share new ideas,” in February 2011, - but has been involved with GCM since September 2009. Patrick has always stressed the importance of community engagement and education. To him, this is one of the most important aspects of work on microbicides. The relationship between advocates, researchers, trial participants, policy makers, and communities should be based on a horizontal learning process. There is much that can be learned from microbicides research, but there is just as much that researchers and policy makers can learn from trial participants and from the community as a whole. Says Patrick: “I see the members of the community as the experts in their own lives, while my job is to facilitate the learning process.”

Patrick stresses the importance of targeting specific community needs and expectations when linking communities with advocacy groups and clinical trials. Most importantly, Patrick argues, researchers should realize and understand that each community is different, and therefore has different needs, values, preferences, and ideas. “Research should be conducted that can lead to a better understanding of cultural issues influencing HIV spread and response, as well as understanding what works well for a particular community,” says Patrick.

To learn more about Patrick’s work at GCM, contact Patrick at [pmwai@path.org](mailto:pmwai@path.org)

## **Staffing Updates**

GCM is pleased to welcome Amelia Kinter as the new Project Administrator responsible for financial and operational oversight and Yolanda Moyo, Program Officer based in the GCM office in South Africa. Both are highly motivated, talented and inspirational women, and a strong addition to the GCM Team.

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