



## The Global Campaign News July 23, 2003

Welcome to the biweekly *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 STDs.

### **In this issue:**

Legislative Update: Microbicides and the Federal Budget

Researchers Developing Intravaginal Ring That Releases Anti-HIV Drugs To Prevent Infection  
Rescuing Women from the HIV/AIDS Menace

Shifts in condom use following microbicide introduction: should we be concerned?

Promoting Meaningful Community Involvement in Microbicide Trials Dialogue in  
Southern Africa

### **Legislative Update**

The US Congress is entering the final stages of drafting a federal budget for FY 04. In past years, our collective advocacy efforts have increased the NIH and CDC's microbicides research budgets by tens of millions of dollars (not enough, but an improvement). Last year's advocacy also resulted in an earmark of \$18 million for microbicide research and development at USAID.

We now have a chance to build further on that success. Both chambers of the US Congress have passed spending bills (and their related reports) advocating stronger federal support for microbicides than in the past. The House and Senate each writes a report to accompany its proposed spending bills and the language in these is "policy guiding". That is, it expresses the intent of the House or Senate with regard to spending.

In previous years, we have been able to get increasingly supportive language in several relevant spending bills and reports and the trend is continuing. This year the Senate language explicitly calls on the NIH to "consider establishing a microbicides branch dedicated to research and development, with appropriate staff and funding." [Click here for Senate budget report.](#)

Inclusion of this directive in the Senate language appears to be the result, at least in part, of the [Senate colloquy](#) that Senator Corzine (D-NJ) engaged Senate Majority Leader Frist in last May. At that time, Senator Frist endorsed Senator Corzine's recommendation for a dedicated microbicides branch at NIH. We're still waiting for a response to the letter that Senator Corzine and other sent to NIH Director Dr. Elias Zerhouni, relaying the recommendation. But the inclusion of this language in the Senate's budget report suggests that the Senate stands firmly

behind the recommendations contained in the colloquy.

The House of Representatives' report language accompanying the FY 04 foreign aid spending bill is also very positive. It calls for further increase in the USAID to earmark microbicides research and makes a compelling (and familiar) argument for the need for greater investment. [Click here for House budget report.](#)

Over the next two months, several conference committees, charged with reconciling the House and Senate spending bills, will meet to come up with final spending bills for the federal government. Clearly, some influential Senators and Representatives are becoming increasingly convinced of the important role that microbicides could play in slowing the pandemic. This is a direct result of our ongoing, collective advocacy both in their Washington DC offices and in their home districts. Senator Barry Goldwater once observed, "When I feel the heat, I see the light."

US advocates can capitalize on this momentum by calling or e-mailing their two Senators and their local Representative to say, "thanks and keep it up! As always, you can [click here](#) to send that message quickly and easily. Please take a moment to send that message and help make sure our legislators to see the light on microbicides.

## **Researchers Developing Intravaginal Ring That Releases Anti-HIV Drugs To Prevent Infection**

*(adapted from [Kaiser Family Foundation Daily HIV/AIDS Report for July 21, 2003](#))*

On June 20, the Newark Star Ledger reported that researchers had developed a "potentially revolutionary device" that could serve as a woman-controlled method of HIV prevention. A thin, flexible ring approximately two inches in diameter, the device is designed to be inserted into the vagina and left near the cervix for a period of six to twelve months. In its acceptability tests, most women users reported that neither they nor their male partners could feel the ring once it was in place.

Efforts to develop new, user-controlled prevention technologies are always good news. What the article did not make clear, however, is that this ring is a delivery device, designed to deliver a continuous, regulated dosage of microbicide in the vagina. It cannot offer protection on its own; it must have a safe, effective microbicidal substance "loaded" into the ring for intravaginal delivery.

Unfortunately, several of the potential microbicides now going into Phase III trials probably will not be good candidates for delivery via a vaginal ring. "Carraguard and Dextrin Sulfate have large, sticky molecules," pointed out Global Campaign Director Lori Heise. "These characteristics may make them effective barriers against HIV when inserted in gel form. But their molecules are too big to diffuse effectively through a vaginal ring."

Some of the "second generation" microbicides (those now at earlier stages of development and testing) such as PMPA, UC 781 or T-20 have smaller molecules and may be better suited to delivery via vaginal ring.

Now being developed collaboratively by the International Partnership for Microbicides, researchers at Queen's University in Belfast and pharmaceutical research staff at Janssen Pharmaceutica, Tibotec-Virco and Biosyn, the ring is "one of the most exciting things happening right now," Heise observed. The popularity of the contraceptive ring (a similar device that allows for the slow release of a hormonal contraceptive in the vagina) illustrates that many women want coitally independent methods of protection – methods that don't have to be applied immediately before intercourse and that can provide continuous protection over long periods of time. "It's terrific that the ring technology is being adapted now for the delivery of microbicides," Heise said. "Once its safety has been proven, the developers will be able to add a microbicide to it as soon as an appropriate compound becomes available. Anything that reduces delay in getting safe effective microbicides to all who need them is progress," she concluded. "But, as always, we need to maintain clarity about what our current options are and what still needs to be developed."

### **Rescuing Women from the HIV/AIDS Menace**

*(Excerpts from Comtex News Network/ All Africa Global Media, July 1, 2003)*

Ann Githuku of the United Nations Development Program (UNDP) noted at the fifth African Women Forum in Abuja, that various African countries have had national strategic plans, which include campaigns for prevention, behavior change and multi sectoral participation among others but that "our current response has fallen short... we are responding to the symptom not the underlying cause. Thus, we literally throw condoms everywhere, but there has been no decline in people being infected with HIV. Why"?

She gave case studies: "The age group of 24 to 29 is the reproductive age of girls, at this period most of them plan to have children so abstinence is out of it, condom is out too. The girl may be faithful, but what about the man? Citing the result in a southern African country, she said 47 per cent of girls age 24 to 29 have the HIV virus, which means one out of every two girls in that country carries the virus.

If you look at sex as a commodity, she said, about 20 per cent of adult women engage in transborder trade, many of them are poor and sleep with customs men to get their goods across. They give their bodies in lieu of money to transport their goods and by the time they get back to their homes, they may have had sex with between four to eight men.

Another is migration and job creation, Githuku quoted a South African AIDS news publications which stated that: "if you want to spread a sexually transmitted disease, you would take thousands of young men away from their families, isolate them in single-sex hostels and give them easy access to alcohol and commercial sex. Then to spread the disease round the country side, you would send them home every once in a while to their wives and girl friends".

Another case study is the lumping of young boys and girls together when it comes to HIV/AIDS campaigns when in fact their circumstances differ. The HIV prevalence rate among teenagers in Kisumu, Kenya, by age, showed that at 16 there is no record of boys having the HIV virus whereas 17.9 per cent of 16-year-old girls already have the virus. At 19, 8.6 per cent of the boys have the virus; girls have jumped to 33.3 per cent.

Githuku ascribed the reason why more girls are test HIV positive than their male counterpart, is due to sexual abuse. She said there some false rumors spreading round Africa that sex with a virgin girl could cure men of HIV/AIDS. Some of these men are said to go for babies, as young as three months old.

Another major factor is what participants termed trans-generational, where girls sleep with men who are at least 10 years older than them, a study in Lesotho indicated that young girls are four times more likely to be infected than boys because "young women tend to have sex with older men in the context of marriage or in exchange for money or advantages".

Executive Director, African Leadership Forum, Ayodele Aderinwale noted that while a lot has been done to tackle the deadly disease, the world has yet to develop an effective antidote to stop the proliferation of the killer virus.

He explained that the pattern of infection showed that women and girls are more vulnerable to HIV/AIDS than men, and it has been confirmed that women and children are often helpless victims. Young African women are at a higher risk of contacting the virus because of low social status, poverty and a lack of control over their own life.

Director, Society for Women Against AIDS in Africa, Sierra Leone Chapter (SWAASL), Dr. Sonia Spenser, said studies have shown that in 80 per cent of cases where women in long-term relationship became HIV positive; they acquired it from their partners, who had become infected through extra marital affairs.

Also in war and conflict setting, women and girls become targets of systematic abuse including sexual abuse as weapons of war. "Migrant workers, refugees, displaced women and young girls living in areas of conflict are sometimes taken advantage of because there is no parental control and some of them trade sex for survival thereby exposing themselves to HIV infection". Women and girls may be forced to barter or sell sex to peacekeeping forces in return for food, water and shelter. This increases their chances of acquiring HIV and other STIs in addition to unwanted pregnancies.

She advised that to slow down the spread of HIV/AIDS, "we must find ways to empower women through implementation of policies and programs that increase their access to education, information and productive resources such as land, income and credit". She said it also means providing women with HIV prevention technologies they can control.

In this regard, conference participants recommended that regional and national gender technical expert groups should be constituted with the aim of developing country level HIV vulnerability indicators, highlighting the peculiar sexual patterns that are driving the epidemic to enable effective responses, that will inform long term planning.

They said to strengthen the capacity and capability of women to exercise leadership over their lives, there is a need to raise and expand the space for female controlled HIV prevention methods and modalities. In this regard, the participants urged the international community, African governments and donors to prioritize the debate on female options as well as the development and popularization of products such as microbicides and female condom. They also advised African governments to increase their support for research into traditional medical practice and also ensure easy access to anti-retroviral drugs.

## **Shifts in condom use following microbicide introduction: should we be concerned?**

“If you introduce microbicides, won’t people just stop using condoms altogether?” This topic, commonly referred to as condom migration, frequently arises in microbicide presentations and discussions. “*Shifts in condom use following microbicide introduction: should we be concerned?*” examines the results of epidemiological modeling done to calculate the probably impact of condom migration in various settings. Published in the May 23, 2002 issue of [AIDS \(Volume 17:1227-1237\)](#), this paper was co-authored by Anna Foss, Peter Vickerman and Charlotte Watts of the London School of Hygiene and Tropical Medicine and Lori Heise of the Global Campaign for Microbicides. It constitutes the first published output of an on-going collaboration between these two entities.

The authors developed a static mathematical model to compare the impact of various combinations of condom and microbicide use on individual risk of HIV and STD infection under particular circumstances. Specifically, the model identifies the ‘break-even point’ at which any increased risk associated with condom migration is counter-balanced by the protection afforded by a microbicide.

Recognizing that the first generation of microbicides are likely to be only partially effective, the model assumes a 50% effective microbicide that is used 50% of the time when condoms are not being used. Not surprisingly, the data show that individual risk will increase with this pattern of microbicide use if initial condom use rates were high initially (greater than 70%) and then decrease following microbicide introduction. If, however, rates of condom use were moderate to low initially (fewer than 50% of sex acts protected by a condom), the level of protection offered by moderate microbicide use will counterbalance the impact of condom migration. Groups that use condoms 25% of the time or less, for example, could discontinue condom use altogether without increasing their risk of infection provided that they use microbicides in 50% or more of sex acts.

The study concludes that there are many situations in which the benefits of microbicide use are likely to outweigh the negative impact of condom migration, and where microbicides could substantially reduce overall HIV risk. It is unquestionably vital that we promote microbicides as a back-up or adjunct to condoms and urge those who are using condoms regularly to continue to do so. But it is helpful to know that – despite partial effectiveness and condom migration – microbicide availability is likely to reduce infection risk for women whose partners use condoms inconsistently or not at all.

## **Promoting Meaningful Community Involvement in Microbicide Trials Dialogue in Southern Africa**

How do communities where clinical trials take place get a say in the research? Who represents the people who participate in trials? Are research institutions responsive to the needs and

priorities in communities where they work? Do community members have the information and access they need to be able to weigh in on research matters of interest to them?

Meaningful community involvement is a widely recognized element of ethical clinical trials, for both practical and philosophical reasons. In practical terms, communities can advise research teams on study protocols and educational materials, promote participation in the clinical trial, help the public understand the research, and educate the research team about cultural or social factors that affect the research. Philosophically, however, ensuring meaningful community involvement in clinical trials is a mechanism of accountability. Communities can also help determine whether and how they will eventually benefit from the research; they can ensure that the research process promotes greater justice (or lessens the existing injustices). In true partnership with communities, research can achieve more than the answers to scientific questions- it can leave a community with a greater capacity to address its needs and priorities.

As clinical trials of microbicides move forward, many research teams, advocates, and donors are increasingly interested in finding ways of engaging communities in positive, meaningful involvement in the research process. Next week in South Africa, 35 community educators, mobilizers, and liaison officers will meet to learn from each other's experiences and insights in this important area. The Global Campaign for Microbicides and the South Africa Microbicide Research Initiative (SAMRI) are co-sponsoring a Dialogue on Community Involvement in Microbicide Trials with support from USAID. Participants from 8 trial sites in Botswana, South Africa, Zambia, and Zimbabwe will share their strategies for engaging communities in meaningful partnership with research entities. With a foundation in the perspectives of affected communities, this dialogue about best practices, unresolved questions, and future directions will help inform this evolving area of HIV prevention research and community mobilization.

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We welcome your input and contributions. Correspondence can be addressed to [info@global-campaign.org](mailto: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.