



Global Campaign News – Issue #30 January 23, 2004

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.

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Major Condom Manufacturer Stops N-9 Condom Production

On January 12, Durex Consumer Products announced to its customers that it had stopped adding the spermicide Nonoxynol-9 (N-9) to its condoms and that it will stop offering condoms coated with N-9 for sale and distribution after March 31, 2004.

The Global Campaign for Microbicides applauds Durex' decision. "The fastest way to get people to stop using N-9 condoms is to simply take them off the shelves" said Global Campaign staffer Anna Forbes. "Durex is now the first of the three largest condom manufacturers to stop making N-9 condoms, thus putting public health above profits."

The Global Campaign issued a "Call to Discontinue Rectal Use of Nonoxynol-9" in September, 2002. Endorsed by 61 organizations and 27 scientists to date, the Call addresses the fact that many individuals are still seeking out and using lubricants and condoms containing N-9 in the mistaken belief that they offer added protection against HIV and other STDs. The Call makes four demands. It urges:

- manufacturers of condoms and sexual lubricants that contain Nonoxynol-9 to stop adding N-9 to their products.
- retail outlets to discontinue stocking these products.
- public health establishments, service providers and advocates to use every means at their disposal to get the message to consumers that N-9 does not help prevent HIV or STDs and should NOT be used rectally.
- re-doubled efforts to develop products that can (unlike N-9) be used safely and effectively in both the vagina and rectum to help prevent HIV infection

Nine condom and lubricant manufacturers to date --including Johnson and Johnson, Mayer Laboratories, Inc., HardCover (a Canadian condom manufacturer), Planned Parenthood Federation of America and now Durex -- have re-formulated their products to eliminate the addition of N-9. (See [here](#) for a listing)

Two major condom manufacturers--Ansell Ltd., makers of Lifestyle condoms, and the Church and Dwight Company, Inc., makers of Trojans, ---have not discontinued N-9 use. They argue that N-9 provides back-up protection against pregnancy if a condom breaks -- a position none of the major women's health advocates, including the International Planned Parenthood Foundation and the National Women's Health Network, supports.

Global Campaign advocates and allies throughout the Global North have worked on a number of fronts to advance the goals of the Call. In California, State Assembly Member Paul Koretz introduced a resolution urging the FDA to ban the sale of sexual lubricants and condoms that contain N-9 (while allowing its use as an over-the-counter spermicide for vaginal use only).

In some states (Washington, Pennsylvania and California, notably) Health Departments, at the urging of advocates, have not only stopped distributing N-9 condoms but have begun to warn consumers against their use. Canadian and UK advocates are working to persuade their national Health Ministries to prohibit N-9 condom distribution. Advocates throughout the Global North have been appealing to major drug store chains to take N-9 condoms off of their shelves.

The Durex decision is a major step forward. Collective efforts must continue if we are to eliminate this completely avoidable aspect of HIV risk.

Seattle Researchers Say Pill Thwarts Spread of Genital Herpes

(Associated Press/ CDC HIV/STD/TB Prevention News Update, January 2, 2004)

People with genital herpes who took once-daily valacyclovir were able to reduce by almost half the chances of transmitting the STD to their partners, according to new research. This is the first time an antiviral drug has been shown to impede the spread of an STD, said lead study author Dr. Lawrence Corey. This is significant for the microbicide field because it proves that anti-viral drugs can be used prophylactically to prevent the onward spread of a viral STD. Dr. Corey's study involved anti-viral drugs taken orally to prevent Herpes. Microbicide trials will potentially involve anti-viral drugs applied topically (in the vagina) to prevent HIV

In the study of 1,500 heterosexual, monogamous couples, one partner had genital herpes and the other did not. Half of the infected people were given a daily dose of valacyclovir and the other half received a placebo. Both groups were counseled to use condoms, but few did so consistently. During the eight-month study, those with herpes who took valacyclovir - sold under the brand name Valtrex - cut genital herpes

transmission by 48 percent.

The participants' overall chance of spreading herpes to their partner was low, even among the placebo group, perhaps because they were established partners who had already managed to avoid passing the virus. The likelihood of transmitting herpes to a partner was 1.9 percent with Valtrex and 3.6 percent with a placebo.

Using a condom can help reduce transmission by as much as 50 percent in some studies, said Dr. Anna Wald, medical director of the University of Washington Virology Research Clinic and study co-author. Avoiding intercourse during an outbreak reduces the chance of passing the virus as well, she said. The drug is not 100 percent effective, so people should still tell potential partners about their infection, said Wald.

Valtrex can cause headaches, nausea and kidney problems. GlaxoSmithKline, which wholesales the pill for about \$3.50 per day, sponsored the study.

The full study, "*Once-Daily Valacyclovir to Reduce the Risk of Transmission of Genital Herpes*," appeared in the *New England Journal of Medicine* (2004; 350(1): 11-20).

Microbicides in Bangkok

In January, the Global Campaign held a skills building workshop at the Asia Pacific Alternative Community Forum in Bangkok, organized by the Seven Sisters Coalition. The goals of the conference were to prepare for the AIDS 2004 conference, enhance the capacity of organizations to respond to current issues, and to strengthen participants' skills in areas such as advocacy and networking.

The Campaign's workshop focused on skills building related to microbicides and other prevention options for women and helped participants begin to brainstorm local strategies for advocacy. Discussion focused on the conservatism of Muslim and Catholic countries and how they often deterred necessary programs that would allow women to address issues of sexuality and reproductive and sexual health. "Tapping into existing organizations is a right place to start to push these issues. You don't have to start from ground zero to do this work," said Gaye Tharawan, a Thai microbicides advocate and steering committee member of the Campaign. A Filipina activist added that in the Philippines, some AIDS groups are addressing microbicides but that women's groups also need to be targeted because women's groups often have a longer history of activism and influence. Dusita Phuengsamran from the Women's Health Advocacy Foundation (WHAF) in Thailand ended the workshop by discussing some of the strategies and activities that they have implemented, including the production of a microbicide booklet translated in Thai.

GCM staff member, Imogen Fua, also had the opportunity to meet with the Thai Women's Parliamentarian Caucus. Along with WHAF director, Nattaya Boonpakdee, she encouraged the caucus to include access to the female condom, cervical barriers

and microbicides into their new reproductive health law. The caucus, in turn, decided to put information and samples of prevention methods in a display case in the Parliamentarian lobby to educate other senators and representatives. They also asked advocates to talk about microbicides at the national reproductive health conference in February. WHAF will follow up on these activities as well as continue to advocate for language in the new reproductive health law.

YouthNet Internships at FHI

The YouthNet program of Family Health International (FHI) announces an eleven-week internship program designed to give current or recent undergraduate and graduate university students from developing countries experience in designing, implementing, and evaluating youth reproductive health (YRH) and HIV/AIDS programs. Six positions, based in the Washington, DC, area are available. The internship program will run from May 24 to August 6, 2004.

The program is open to individuals from developing countries currently enrolled in or recently graduated from U.S.-based undergraduate and graduate universities who expect to return to their country of origin after their studies are complete. Deadline for receipt of applications is March 31, 2004. Applications and inquiries can be sent via e-mail to youthnetinterns@fhi.org,

We welcome your input and contributions. Correspondence can be addressed to 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.