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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. This and previous issues of GC News are available online at <http://www.global-campaign.org/gcnews.htm>

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Pennsylvania Campaign launches Giving Women Power Over AIDS exhibit North America

On Thursday, October 28th, the Pennsylvania Campaign for Microbicides hosted the first showing of *the Giving Women Power Over AIDS* exhibit. Participants were moved by the story of Ruth's family in Zimbabwe who copes with AIDS and poverty. In addition, they got a chance to learn more about microbicides and were moved to action to get involved in microbicide advocacy. One viewer said that the most effective part of the exhibit were the personal stories that "make the statistics come to life, and makes you put yourself in another person's shoes." Another person said, "It touched my heart deeply." Most participants said they plan to tell their family, friends, and/or colleagues about microbicides after they leave that evening. One person vowed to tell "anybody who will listen."



The highlight of the evening for most who attended was the panel of speakers who eloquently complemented the exhibit's themes. Kerri Barthel, co-coordinator of the Pennsylvania Campaign thanked the host committee and members of the Pennsylvania Campaign for all of their hard work. Joe Romero, a consultant to Biosyn, Inc., a microbicide development company based in Philadelphia, spoke of the importance of public funding for microbicide research and development. Robin Cunningham, who participated in a Phase I clinical trial of a microbicide through the University of Pennsylvania spoke candidly about her reasons for getting involved in the trials. For Robin, working to combating AIDS is "just as important as it is to vote on Tuesday."

Dr. Helena Kwakwa, a physician at Mercy Hospital and the Care Clinic at St. Joseph's Hospital in Philadelphia shared numerous statistics about HIV/AIDS in the U.S. and globally. She then shared a personal story about a friend and her daughter in Ghana, both of whom are HIV infected. Finally, Fiona Kyek, the other co-coordinator of the Pennsylvania Campaign concluded the evening with two questions: "What if? What if we had a gel that could prevent HIV?"

You can find more information about the exhibit and dates for the tour on the Global Campaign website – www.global-campaign.org/exhibit.htm

M-T-V advocacy in lessons learned from the Global South

Global South

Advocates and activists from India, South Africa, and Brazil are taking issues of “MTV” advocacy (microbicides, treatment access, and vaccines) across the global South, following a “Tri-lateral Consultation on M-T-V” on October 7-9, 2004. Following on a process begun in Montreal in 2003 (see <http://www.aidslaw.ca/Maincontent/issues/vaccines/TVMbackground.pdf>) and launched in Bangkok (see GC News #39 at <http://www.global-campaign.org/GCArchives.htm>), the meeting in South Africa focused on issues common to these three strategic countries from the perspective of community activists and advocates.

The meeting, facilitated by South African activists Shaun Mellors and Dawn Cavanagh, elicited lessons learned from the various movements that can strengthen collective advocacy for microbicides, treatment, and vaccines. One of these lessons, highlighted by the treatment access experience and echoed by the microbicides movement, is that social mobilization is essential to sustaining advocacy. This was particularly evident in the case of Brazil, where the momentum of the social justice movement made Brazil the first country in the global South to guarantee universal access to ARV treatment. The importance of this lesson is also illustrated by recent experiences in which “success” has led to apathy and/or activists burn out. Without a continuing movement to keep the “fire in the belly,” there is little energy to address issues of continuing research, support for adherence, and other quality of life issues that affect people living with HIV who are on treatment.

Prevention advocacy is generally an uphill battle, since the urgency of prevention methods is not felt at an individual, personal level the same way that the urgent need for accessible treatment is felt. “It takes a long time to create a good advocate,” said meeting participant Ezio Santos-Filho from PelaVidda in Rio de Janeiro. “They need knowledge, they need experience, they need to represent their interests in an articulate and meaningful way. This doesn’t happen overnight.” The magic combination for sustained and authentic advocacy is strengthening the capacity of activists to take on issues that fit- logically and emotionally- within a broader social movement- whether that is social justice, women’s rights, political mobilization, etc.

Another key area common to the three movements is the evolving understanding of community involvement (also referred to as “participation” or “preparedness”) in research. While the language used to describe it varies, participants at the meeting agreed that a human rights approach (which includes attention to gender issues and sexual and reproductive rights) to vaccine, microbicide and treatment research and access requires meaningful, authentic partnership between communities, research institutions, funders, government, and broader civil society. As representatives of countries where clinical trials and treatment roll-outs are ongoing and planned, the participants at the tri-lateral consultation were particularly interested in clarifying the points at which international institutions’ understandings of “community involvement” match up with or diverge from their own. Areas for collective action between microbicides, vaccine and treatment activists include developing and advocating for models and mechanisms that promote partnership and shared responsibility and accountability.

The consultation was organized by South African activist Shaun Mellors and the Gender AIDS Forum, an NGO based in Durban, South Africa. It was funded by international and national partner organizations involved in the three fields of research and advocacy, including: Global Campaign for Microbicides, Ibis Reproductive Health, International AIDS Vaccine Advocacy Coalition, International Partnership for Microbicides, Joint Oxfam HIV/AIDS Programme, South African Microbicides Research Initiative, and the many organizations and individuals who dedicated time and travel support.

Rise of STIs across Europe

Europe

Two articles recently published in the British journal *Sexually Transmitted Infections* draw attention to the worrying rise in STIs across the European Union (EU), identifying the increase as a “major public health problem” and calling for improved political commitment to sexual health accompanied by continued investment in STI and HIV prevention, microbiological and surveillance research.

In “*Recent trends in the epidemiology of STIs in the European Union*”, Kevin Fenton and Catherine Lowndes of the UK Health Protection Agency highlight the significant and sustained increases of the acute bacterial infections

gonorrhoea, syphilis and chlamydia, and the increasing epidemiological importance of herpes and HPV within Europe. The authors claim that a number of broad similarities in the incidence of these infections can be observed across the EU, and that the increases have been concentrated in young people, ethnic minorities, gay men and urban residents “in a context of continuing transmission (and prevalence) of HIV”.

This rise would be shocking in itself, but is even more so when the data show that all these infections were previously in decline prior to the mid-1990s. Syphilis was generally considered to be a relic of the Victorian era and was rare in most EU countries. Now, according to the Health Protection Agency, several severe outbreaks of syphilis have been recorded since 1996 in cities in Belgium, the UK and Ireland. In the UK, Sweden and Ireland, diagnoses of gonorrhoea have also more than doubled.

In a companion article on “*Surveillance systems for STIs in the European Union: facing a changing epidemiology*” Lowndes and Fenton draw attention to the special challenge posed by STIs that are largely asymptomatic and more widely distributed in the population, such as chlamydia, herpes (HSV) and human papillomavirus (HPV). “Given that similar changes in STI epidemiology are occurring across the EU, and given the increasing fluidity of national borders both within and outside of this region, there is a need for Europe-wide collaboration on STI surveillance, prevention and control.”

So what has happened? The general reduction in STI incidence throughout the 1980s and into the early 1990s has been attributed to wide-scale population behavioural change during the emergence of the global HIV/AIDS pandemic. The authors point to sexual behaviour as the key determinant of STI transmission, suggesting that a range of factors such as age at first intercourse, increased rates of partner acquisition, and inconsistent condom use are at play. Although they recommend more targeted behavioural surveillance surveys among young people, migrant communities and HIV positive people, in order to pin down the driving factors more accurately, they also claim: “the consistency of trends across the EU would suggest that, at the macro level, major societal and behavioural determinants of STI transmission are operating in tandem.”

References:

- K A Fenton, C M Lowndes, the ESSTI Network: Recent trends in the epidemiology of STIs in the European Union, in: *Sexually Transmitted Infections*, 2004, Vol. 80, pp 255-263.
- C M Lowndes, K A Fenton, the ESSTI Network: Surveillance systems for STIs in the European Union: facing a changing epidemiology, in: *Sexually Transmitted Infections*, 2004, Vol. 80, pp 264-271.

What are you doing for the 16 days of Activism or on World AIDS Day?

Global

As stated in the last GC News, the Global Campaign will be launching our new film, *In Women's Hands* on or around World AIDS Day in more than 30 locations worldwide. In addition to this world premiere, we would like to highlight other activities that our partners are involved in that will feature microbicides. Please send us an email at info@global-campaign.org and let us know what you are doing for World AIDS Day or for the 16 days of Activism against Gender Violence, and we will include them in upcoming editions of GC News and on our website in the coming weeks.

Tools and resource for organizing around these events are available at:

UNAIDS World AIDS Day 2004 Campaign: http://www.unaids.org/wac2004/index_en.htm

16 Days of Activism Against Gender Violence: <http://www.cwgl.rutgers.edu/16days/home.html>

In addition, the Global Campaign has also created a special “Women, Violence and HIV risk” page of its website at <http://www.global-campaign.org/violence.htm>. This page provides “one stop” access to tailored materials including fact sheets, a new PowerPoint slide and script module and links to other on-line resources specifically addressing the connections between violence against women and HIV risk. We encourage microbicide advocates to use these tools in their presentations as appropriate and, wherever possible, to build bridges with their local VAW organizations through cross-training and co-presentation of workshops highlighting the deadly connections between HIV risk and violence and what we can do about it. It is important that we seize the opportunity offered by World AIDS Day, 2004, to raise public awareness of these linked gender equality issues.

Zimbabwe: Hair salons come to rescue of female condom

Africa

Originally appeared in: IRIN Africa PlusNews reports, 10/14/2004

BULAWAYO, 14 October (PLUSNEWS) - Besides styling hair, Zimbabwean hairdressers are now making waves by promoting the female condom as a protective device against HIV/AIDS.

After struggling for six years to sell the contraceptive sheath, partly because it required interacting with women to allow them to ask questions about its use, condom manufacturer PSI-Zimbabwe has settled on engaging hairdressers to popularise the product by using their natural interpersonal skills.

Like the male condom, the female sheath was originally dispensed through conventional outlets: supermarkets, clinics and pharmacies. However, PSI-Zimbabwe had to change its distribution strategy after recognizing that there were difficulties involved in the use of the product.

"We (PSI-Zimbabwe) asked ourselves some questions, like 'where do women spend a lot of their time?' and 'who would they be most comfortable talking to about such an intimate topic?' Perhaps not so surprisingly, the answers were that women spent most of their time at home and at hair salons, and so was born the hair-salon and the home-meeting initiatives," PSI-Zimbabwe said in a statement on Thursday.

Over the past few months the company has trained about 800 hairdressers at 230 hair salons across the country in interpersonal communication skills to articulate and demonstrate the use of the female condom.

"The hairdressers cover important facts about HIV/AIDS and demonstrate its use - giving women first-hand access to an otherwise difficult product - and sell to those interested in buying it," PSI-Zimbabwe said.

A recent study by the contraceptive producer, which polled 400 women who visited the hair salons enrolled in the initiative, found that 59 percent of them felt they were at risk of contracting HIV; about 65 percent identified the female condom as a basic prevention method against STDs and HIV; and 84 percent said they would be comfortable buying the condom at a hair salon.

Hairdressers who spoke to IRIN said the initiative was bearing fruit, with an increasing number of clients expressing an interest in trying the condom.

"Many clients say they could not buy the condom from shops and pharmacies, for fear of being ridiculed by other shoppers as prostitutes or immoral, but now that it is being sold at salons, where the sellers are women, they are much more comfortable in buying it," said hairdresser Memory Mabhena.

Zimbabwe has an HIV/AIDS prevalence rate of 25 percent.

We welcome your input and contributions for future issues!

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