



## Global Campaign News – Issue #84 31 July 2007

Welcome to the *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 other sexually transmitted infections. This and previous issues of *GC News* are available online at <http://www.global-campaign.org/gcarchives.htm>

---

### In this issue:

#### *Research update*

MIRA Diaphragm Trial Results Released  
New Study Shows Little Hope of Curbing AIDS-Related Deaths in South Africa by 2010

#### *Advocacy in action*

Civil Society Lobbies Commonwealth to Invest in Female-Initiated HIV Prevention Options  
Local Resolution: New York City

#### *Highlighted Resources*

Join the Global Campaign Staff  
Anticipating Trial Results  
Dispatches from the IAS Conference in Sydney

---

## *Research update*

### MIRA Diaphragm Trial Results Released

#### Global

On July 13, 2007, the MIRA (Methods for Improving Reproductive Health in Africa) diaphragm study released their preliminary findings on the use of a cervical barrier to prevent acquisition of HIV. The MIRA trial was an open-label, randomized controlled trial designed to evaluate the ability of a latex diaphragm, when used with a non-microbicidal lubricant, to prevent HIV and other sexually transmitted infections (STIs). 5,045 sexually active HIV-seronegative women were enrolled at trial sites in South Africa and Zimbabwe, and followed over a twelve to twenty-four month period; a total of 4,948 women completed the trial, 2,476 in the control arm and 2,472 in the diaphragm arm. All trial participants received comprehensive HIV prevention services including condoms, STI screening and treatment, and quarterly condom and risk reduction counseling sessions. Women randomized to the diaphragm arm of the trial received a diaphragm and lubricant, and were asked to use the diaphragm and lubrication in addition to condoms (if possible) each time they had intercourse.

The overall HIV incidence rate for trial participants was 4.0%: 3.9% in the control group and 4.1% in the intervention group. The study investigators thus found that there was no protective benefit to adding the diaphragm and lubricant to an already comprehensive HIV prevention package.

Given these results, the study authors conclude that a diaphragm should not be used or promoted as an effective means of HIV prevention at this time. These data, however, do not conclusively rule out that cervical barriers may have a role in HIV prevention. The diaphragm findings are still preliminary and only speak to whether this particular cervical barrier, when used with a non-microbicidal lubricant, can reduce the risk of HIV infection compared to a comprehensive prevention package of STI screening and treatment, risk reduction counseling, and male condom promotion and use. The MIRA study was not designed to determine whether the use of a cervical barrier was better than nothing at all. Other cervical barrier methods, particularly when combined with future microbicide candidates,

may prove effective and many feel the HIV prevention field should continue to develop and pursue such combination approaches.

For all its complexity, the MIRA study was well-implemented and will yield additional and highly valuable data on condom promotion and uptake, acceptability of cervical barriers for contraception and HIV/STI prevention in resource poor settings, and the ability of a latex diaphragm to prevent the acquisition of other STIs.

The Global Campaign for Microbicides will continue to monitor the results of the MIRA trial and will update you regularly as new information arises. For more information about these trials, please see <http://www.global-campaign.org/MIRA.htm>.

Also, be sure to check out *Questions & Answers: The MIRA Diaphragm Trial Results*. The Q&A can be downloaded at <http://www.global-campaign.org/clientfiles/MIRAQA.pdf>.

## **New Study Shows Little Hope of Curbing AIDS-Related Deaths in South Africa by 2010**

### **Africa**

A new study by Rochelle Walensky of Brigham and Women's Hospital and Mariam Fofana of Massachusetts General Hospital shows little hope of curbing AIDS deaths in South Africa over the next 3 years.

The study modeled four rates of treatment expansion – from zero growth to projections of ART services reaching 90-100% of those in need by 2010 – and the effects the various degrees of treatment expansion would have on the HIV/AIDS epidemic between now and the end of the decade. The study found that even with the most aggressive scale-up of treatment expansion, South Africa is still likely face up to 1 million deaths between now and 2010.

Preliminary findings were presented at the South African AIDS Conference in May and a full analysis of the modeling study will be published in a peer-reviewed journal later this year. For further reading on the Walensky and Fofana study, please visit <http://www.aidsmap.com/en/news/B18F5362-0F97-4EC0-804B-C240271CD21D.asp>.

---

## **Advocacy in action**

### **Civil Society Lobbies Commonwealth to Invest in Female-Initiated HIV Prevention Options**

#### **Africa**

On June 8<sup>th</sup> 2007, a group of civil society leaders congregated in Kampala, Uganda to establish a position and make recommendations to the Eighth Commonwealth Women's Affairs Ministers Meeting (8WAMM), which was held later that month, June 11-14<sup>th</sup>.

Calling on governments to channel more resources toward new female-initiated prevention technologies in the fight against HIV/AIDS, the International AIDS Vaccine Initiative (IAVI) and the Uganda HIV Vaccine Gender Advisory Committee organized a panel discussion, "Investing in Gender Equity: Ensuring the Development of and Access to New Preventive Technologies." While opening the session, the Ugandan Minister of State for Gender, Ms. Rukia Nakadama, emphasized that, "new and long-term prevention methods are needed, particularly methods that are within the realm of women's control".



*Discussants, including GCM's Pauline Irungu (far left) lead participants through a discussion session during the panel*

Recommendations from the panel were successfully incorporated into the final communiqué of the 8WAMM. Under the heading *Financing HIV and AIDS Interventions: Implications for Gender Equality*, the Ministers called for

strengthened national programmes on prevention, treatment, care and support, including ARV treatment, female condoms, microbicides and research on HIV vaccines. They also emphasized the need to implement policies and commitments to address inequality in HIV and AIDS funding and programming.

The Commonwealth is an association of 53 former British colonies. Its nearly two billion citizens, about 30% of the world's population, are drawn from the broadest range of faiths, races, cultures and traditions. United Nations statistics indicate that women and girls in Commonwealth countries make up one-third of all HIV infections. In addition, women between the ages of 15 and 24 in sub-Saharan Africa – the region most prominently represented in the Commonwealth – are two and a half times more likely to be infected with HIV than men of the same age.

Recommendations from the Kampala meeting will be presented for endorsement to a Commonwealth Heads of Government Meeting in Uganda in November 2007.

## **Local Resolution: New York City North America**

New York City remains the epicenter of HIV/AIDS epidemic in the United States, with over 100,000 people living with HIV/AIDS. There are more people living with AIDS in New York City than Los Angeles, San Francisco, Miami, and Washington, D.C. combined. In an effort to increase political support for the Microbicides Development Act the New York Microbicides Working Group (NYMWG) collaborated for months with New York City Councilwoman Rosie Mendez who, on May 9<sup>th</sup> 2007, introduced City Council Resolution 839 urging the United States Congress to pass the Microbicides Development Act. Five other Council members have signed onto the resolution. Following its passage in the health committee the resolution could come before the full New York City Council for a vote. The NYMWG will be pushing for unanimous New York City Council approval of the resolution. For more information on the Microbicide Development Act, please visit <http://www.global-campaign.org/legislativeadvocacy.htm>.

---

## **Highlighted Resources**

### **Join the Global Campaign Staff**

The Global Campaign for Microbicides is currently recruiting for a number of staff positions. For full job descriptions and information on how to apply, please visit <http://www.global-campaign.org/employment.htm> - and continue to check back as we post new positions. The Global Campaign has staff based in Washington, DC, U.S.; Belgium, Brussels; Ottawa, Canada; Nairobi, Kenya; Johannesburg, South Africa; and New Delhi, India.

### **Anticipating Trial Results**

As the HIV prevention field faces the release of a number of trial results including the recent MIRA diaphragm trial results and the soon to be announced candidate microbicide *Carraguard* trial results, the AIDS Vaccine Advocacy Coalition (AVAC) – in collaboration with the African Microbicides Advocacy Group (AMAG) and the Global Campaign for Microbicides (GCM) – has released a special publication to help advocates interpret the findings and understand the implications of results. We encourage you to read through this publication and to share it with your constituents and fellow advocates. The publication is available for download at [http://avac.org/pdf/mira\\_carraguard.pdf](http://avac.org/pdf/mira_carraguard.pdf).

### **Dispatches from the IAS Conference in Sydney**

Check out the NAM AIDSMAP website for excellent summaries of the latest research findings that emerged from the IAS conference in Sydney: <http://www.aidsmap.com/cms1174967.asp>

---

We welcome your input and contributions for future issues! Please send emails 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