



Global Campaign News – Issue #102

Global Campaign
FOR Microbicides

Welcome to the 102nd issue of *Global Campaign News*!

The *Global Campaign News* is a forum for international exchange on microbicides 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>

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Research Updates

Male circumcision – What benefits for men who have sex with men (MSM)?

Global

Over the past couple of years, we have reported on a number of studies that have shown that adult circumcision of heterosexual men greatly reduces their risk of HIV. Uncircumcised men are twice as likely as their circumcised peers to acquire HIV from an infected female partner.

Unfortunately, male circumcision appears to have little protective benefit for individual women in high-risk communities. A recent paper published in the October 8th, 2008 issue of the *Journal of the American Medical Association (JAMA)* also suggests that male circumcision offers little benefit for men who have sex with men (MSM). Looking carefully at the results of some 15 studies that have collected data on circumcision and rates of HIV and other sexually transmitted infections among MSM, the authors of the *JAMA* article found no evidence that circumcision reduced a man's risk of acquiring HIV through anal sex.

This negative finding was reported extensively in the media, but the *JAMA* study did see a small decrease in rates of HIV among MSM who engage solely in insertive anal intercourse versus those who also engage in receptive anal sex. Even more startling was the observation that circumcision did appear to be protective for MSM prior to the introduction of highly-active antiretroviral therapy (ART). However once effective antiretroviral treatment became available to MSM in North America and Europe, the protective effect of circumcision was no longer as apparent in the statistics. The reasons for this are unclear, but the authors suggested it may be due to changes in sexually risky behavior following the introduction of HAART. Understanding this change post-HAART may have important implications for controlling

heterosexual transmission of HIV as male circumcision and antiretroviral treatment become more widely available in high-risk communities in Africa and Asia.

For more information about male circumcision as an HIV prevention option, visit <http://www.globalcampaign.org/malecircumcision.htm>

Advocates in Action

Civil society advocacy against reproductive health technologies introduction in India: lessons for microbicides introduction?

India

Time and again different stakeholders, including civil society organizations in India have made the case for a female-initiated HIV prevention technology like microbicides. In a society that is dictated by gender inequity and patriarchal values, mentioning the word 'condom' can put women at risk of violence and threats from their partners. In such a context, microbicides could provide women with a prevention option that they could initiate and use by themselves.

Nevertheless, Indian civil society organizations, especially women's health and rights groups, have sometimes advocated against the introduction of new contraceptive technologies when they have been introduced through processes that fail to understand and address the country context.

Depo Provera (an injectable contraceptive) was silently introduced into the National Family Planning Programme of India through a post marketing surveillance study of the drug. Despite serious unresolved safety issues -- including infertility risk, osteoporosis, irregular menstruation, anxiety, depression and endometrial atrophy -- this introduction programme made no accommodation for the fact that India's public health infrastructure in India is ill equipped to monitor and follow up on side effects . Advocates grouped together and criticized the government's decision to introduce Depo Provera as a bid to meet population targets under the World Bank tutelage – noting that, as usual, the bodies of poor women were being made the primary targets for population control technologies.

What are the lessons that the microbicides movement can learn from this experience?

As the advocates pointed out, the developers and planners neglected to assess the status of health care infrastructures prior to introduction. Specifically, they failed to ensure consumer access to essential screening, counseling, privacy and follow up care before rolling out Depo Provera. This assessment must be an integral part of the introductory package for any health technology. In the microbicides field, the possibility that an ARV-based microbicides may be provided by prescription only (at least initially) underscores further the importance of assuring that the health care infrastructure where it is introduced is adequate to provide these ancillary services.

Introduction must also be coupled with good quality counseling and education. The handouts women received on Depo Provera were basically translated reprints of the manufacturer's English brochure with no adaptation made to the local context. Not surprisingly, Indian women found them difficult to understand and unhelpful to their efforts to evaluate the pros and cons of using the product. This experience taught us that the development of locally adapted reading materials in easy-to-understand language is also a fundamental component of the introduction package. High quality counselling that provides users with information on a range of other proven options must also occur.

The Indian women's groups also objected to the loose and superficial use of terms like "empowerment" and "choices" to justify the use of new contraceptive technologies. True empowerment, they argued, addresses structural factors, such as patriarchal values, unequal gender relations and stereotypes. Technology that is introduced as part of a wider structural intervention can facilitate empowerment but portraying technology as a stand-alone solution to empowerment is both unrealistic and misleading. Microbicides researchers, developers and

advocates should therefore avoid casual use of terms like “empowerment” and “choice” in messages that do not also acknowledge the underlying structural issues that may affect microbicides use.

Users’ voices have traditionally been ignored in the process of developing contraceptive technologies, especially if the users belong to marginalized or stigmatized groups. For microbicides introduction, it is absolutely essential that opportunities are created and cultivated that encourage users to inform and shape the development process. End-user communities’ voices must be heard throughout.

While awaiting proof of concept, we have time to help civil society and community based groups determine how they can be involved in facilitating the ethical and speedy introduction of a microbicide once it is available. We also need to use this time to ensure that researchers, developers and governments hear the lessons of Depo Provera and understand the need for our involvement.

References:

- 1) **Unveiled realities : A study on women’s experiences with Depo-Provera, an injectable contraceptive by Sama- Resource Group for Women and Health**
- 2) **Medico Health Circle Bulletin, March, 1989**
Canadian and US Federal Elections: Advocates Put Microbicides and Prevention on the Agenda

Pennsylvania Campaign for Microbicides begins the countdown to Microbicides 2010 [North America](#)

In anticipation of the next international Microbicides Conference being planned in Pittsburgh, Pennsylvania in 2010, the Pennsylvania Campaign for Microbicides organized an event in September to raise awareness and educate Pennsylvania about the importance of microbicides. The event ‘Microbicides: Discovering the Tools to End the Spread of HIV. How far have we come and where are we headed?’ included the Giving Women Power over AIDS photo exhibit and a formal programme of speakers.

Over 120 nursing students, other medical and pharmaceutical students from the University of Pennsylvania and surrounding secondary educational institutions, faculty, researchers, and community partners attended, boosting the local Coalition’s member list and spurring a great deal of interest for future microbicides events and presentations.

As part of this effort, the Campaign highlighted the expertise and research that is taking place in the Commonwealth and included Dr. Ian McGowan from the University of Pittsburgh and Dr. Lisa Maslankowski, the principal investigator of the University of Pennsylvania’s Microbicides Clinical Trials, as guest speakers to highlight their exciting research. Dr. Victoria Cargill, Director of Minority Research and Clinical Studies at the National Institutes of Health, Dr. Polly Harrison, Director of the Alliance for Microbicides Development, and Anna Forbes, Deputy Director of the Global Campaign for Microbicides also gave interesting and insightful presentations.

The event was made possible with financial and in-kind support from the Global Campaign for Microbicides, ActionAIDS, the Family Planning Council, Planned Parenthood of Southeastern Pennsylvania, SafeGuards, the University of Pennsylvania’s HIV Prevention Research Division and the University of Pennsylvania’s School of Nursing. In addition to being the centerpiece of the main event on September 19th, the exhibit was also displayed at the University of Pennsylvania’s School of Nursing during the week leading up to the event and viewed by hundreds of additional students and faculty.

Microbicides on agenda of International Course on Gender and Sexual Reproductive Rights

Europe



Arwa Meijer (fourth from left) presents to the group of advocates from around the world.

As part of the two-week International Course on Gender and Sexual and Reproductive Rights, organised by the Brussels based NGO 'Le Monde Selon Les Femmes' (<http://www.mondefemmes.org/>), Arwa Meijer of GCM was invited for an afternoon to present to a number of advocates from around the world on microbicides and GCM's work.

GCM was highlighted as a model organisation using a gender-based approach to work towards the expansion of HIV prevention options for women. The aims of the Campaign, basics of microbicides development and importance of advocates work were all reviewed. Six different nationalities were represented in the classroom, including several participants from Francophone Africa. Discussion focused on GCMs work to ensure that the rights of trial participants are fully represented and respected.

All those that took part committed to spreading the word about the need for user-initiated HIV prevention tools, especially for women.

GCM in High Level Conversation on Advocacy for Microbicides Research and Development held in Washington DC

North America



Global Campaign for Microbicides staff share their experiences (from left to right) Samu Dube, Deborah Baron, Anna Forbes, and Marc-André LeBlanc. They are joined by PATH advocacy director, Rachel Wilson (second from right).

Nearly 30 professionals interested or engaged in advocacy for microbicides research and development in Washington DC joined an expert panel from GCM at the PATH, Washington DC office on October 10th, 2008.

Representatives from civil society, microbicides product developers, government research bodies and more were present to question and learn more about microbicides advocacy around the world. GCM staff with experience engaging communities and advocating in Africa, Australia, Canada, Europe and the United States fielded answers to the many questions from participants.

Examples of questions were

'How is GCM handling issues like competition with other activists that might question why ARVS should be used for prevention and not treatment in developing economies?' and

'How will ARV-based microbicides be introduced in contexts where most people don't know they are their sero-status?'

In answer to these, Dr. Samu Dube, Africa Programme Leader and Deborah Baron, Microbicides Media and Communications Initiative Co-ordinator laid out GCMs current strategies in the South African context as political intelligence gathering; consensus building amongst advocates and activists from similar causes; and engaging health care staff.

In terms of advocacy in the Global North, both Anna Forbes, Deputy Director and Marc André Leblanc, Global North Programmes Coordinator, highlighted the importance of communication as the key to successful advocacy. The floor was then opened up to other lobbyists and advocates who gave background on the effect of flat (negative) microbicides trial results in U.S politics. On a positive note, these results seem not to have dissuaded many politicians from both the Democratic and Republican sides from continuing to push for more funding for microbicides research and development.

Amongst other topics raised were the ethical problems of how to benchmark pregnancy rates in trials and the difficulty of educating policy-makers on the long and complex process of new drug development.

The discussion was a successful exchange highlighting the excellent work of GCM in both the Global North and South. It was one in a series of Conversations in Global Health held by PATH, which are open to all members of the global health community. To learn about future Conversations in Global Health, please email dcevents@path.org