

HIV/AIDS Update

Contents

- | | |
|---|--------------------------------------|
| 1 HIV is exceptional | 3 Microbicides: Strides and Setbacks |
| 1 Male Circumcision: Getting It Right | 4 News In Brief |
| 2 Male circumcision: No magic bullet | 4 Internet resources |
| 2 IPPF People: Nisha Jagdish, FPA India | 4 Events |
| 3 AIDS Vaccines: The Next Frontiers | |



HIV is exceptional

HIV is so much more than a health or linkage issue. Its scale and impact have demanded an integrated response that reaches far and wide – into communities, across political and religious ideologies and within a comprehensive development framework.

by Kevin Osborne



From the responses to our World AIDS day poster on the exceptional nature of HIV, it is clear that HIV has made scientists and sociologists, doctors and people living with HIV, researchers and activists work together. Recent research progress and the development of new prevention technologies and services owes much to this exceptional collaboration.

This newsletter reports on some of these current recent research efforts. The development of a microbicide (pp3), a potential HIV vaccine (pp3) and the results of the recently completed trials on male circumcision (pp2) all have the potential to reduce HIV transmission. However, as with all research, some of these efforts have suffered setbacks and raised a number of questions. Promising results in the controlled conditions of a research study may not be as easily replicated in scale-up. Rigorous clinical control, counselling protocols and the subtleties of communicating risk may be altered in the complex process of turning policy into practice. It is these challenges that we must all be aware of.

We must anticipate the implications of these new developments so that we are primed to respond adequately in a way that is consistent with

our human rights goals and principles. Incorporating these new findings, where appropriate, will be part of our integrated response in the future.

2007 will be a year of consolidated action on HIV. The global debate around linking sexual and reproductive health and HIV has now progressed towards the practicalities of integration. Our collective responsibility is to demonstrate how linkages can be implemented successfully in different HIV settings. Utilizing a number of programmatic entry points and meeting the most pressing linked needs of a variety of populations is the exciting opportunity that lies before us.

We look forward to meeting this challenge with you!

Love, Kevin Osborne,
Senior HIV/AIDS Adviser

Male Circumcision

Getting it right

Results from two recent trials support the findings of the South African study reported in this newsletter in February last year: that male circumcision can reduce the risk of HIV transmission.

The trials which took place in Kenya and Uganda investigated whether male circumcision could be administered safely and reduce the risk of acquiring HIV infection through heterosexual contact. Researchers monitored 4996 men aged 15 to 49 living in Uganda and 2784 men aged 18 to 24 living in Kenya. Half of them were randomly assigned to be circumcised and the other half served as a control group to determine the effect of circumcision on reducing HIV acquisition. All participants in both the studies received counselling on HIV risk reduction and were advised to use condoms. The trials were both stopped early on ethical grounds as they found that medically performed male circumcision could reduce a man's HIV infection risk through heterosexual sex by about 50 per cent.

Continued...

Male circumcision (cont...)

No magic bullet

The evidence now seems clear that male circumcision can play a role in HIV prevention. The theory that circumcision reduces the risk of male HIV infection is biologically plausible, since the foreskin is rich in HIV target cells. However, the use of surgery for disease prevention is an unusual public health intervention, and raises many questions of how it should be incorporated into current strategies. If this isn't done carefully there is a real risk that current prevention efforts could be undermined. Some key challenges include:

1. Increasing risk behaviour:

One such risk is that any reduction in the risk of HIV transmission following circumcision could be outweighed by an increase in risk behaviour. A moderate level of risk compensation could mitigate any benefits of circumcision preventing HIV infections.

2. Timing and cost of

circumcision: Policymakers will have to determine whether adult male circumcision is likely to be an appropriate and cost-effective intervention in specific settings. In the longer term, neonatal circumcision and circumcision of younger boys will provide a simpler, safer and cheaper option, although the HIV benefits

will be delayed until these boys reach sexual maturity.

3. Undermining negotiation tactics for women:

A study is continuing now to understand the protective benefits for women of male circumcision. However, there is a risk that it could reduce the prevention options for women by making the negotiation of condom use more difficult.

4. Follow up management:

Other than the potential disruption to current prevention efforts there have been multiple reports of serious complications and adverse events following improperly performed male circumcision. This includes serious infection, severe loss of blood, scarring, penile amputation and death. Higher complication rates have been reported when surgery is done in rural clinics or by traditional circumcisers.

5. Delaying sex and

masturbation: The procedure requires some time for healing, and during that time there is a break in the epithelial surface of the penis. This incision site may be a portal for HIV entry and until fully healed, it may increase the risk of HIV infection. For this reason, men in the trials were cautioned to not resume sexual activity

and masturbation until the incision was fully healed and checked by the physician.

6. Scale-up:

The scale-up of circumcision services will require careful attention to training of personnel, provision of facilities, equipment and supplies, post-operative care and monitoring.

With no cure for HIV, and no vaccine yet available, it is important that any potential means of reducing the risk of HIV infection be explored. However, for male circumcision to be an effective HIV prevention strategy it requires access to safe, sterile, confidential procedures with clear, culturally-appropriate education, counselling and information¹.

Future provision of male circumcision for HIV prevention must maintain the highest achievable levels of safety to be acceptable and sustainable.

The UN response

A joint statement from the WHO, UNFPA, UNICEF, the World Bank and UNAIDS has welcomed these results 'with interest' but raised some of the same cautions mentioned here.

WHO and UNAIDS are now developing guidelines to support countries which opt to include male circumcision within comprehensive HIV prevention programming. This will include:

1. technical guidance on ethical, rights-based, clinical and programmatic approaches to male circumcision
2. rapid assessment toolkits for a) determining circumcision prevalence, determining acceptability, identifying key providers, and estimating costs and b) monitoring numbers of circumcisions performed, their safety, and their potential impact on sexual behaviour
3. guidance on training, standard setting, certification, and accreditation

The IPPF response

IPPF will soon publish its advice to Member Associations. This will come through the IPPF International Medical Advisory Panel. These recommendations will take into account:

- cultural and human rights considerations
- the risk of complications from the procedure performed in various setting
- the potential to undermine existing protective behaviours and prevention strategies that reduce the incident of HIV infection
- the observation that the ideal and well-resourced conditions of a randomized trial are often not replicated in other service delivery settings

1 www.avac.org

The People at IPPF

Nisha Jagdish FPA India

I have been working for FPA India for the past 13 years. I got into the HIV field in the early 1990s when we started awareness programmes in STIs/HIV/AIDS. We have now included STI/HIV awareness in all our field programmes.

My interest around HIV is in working with women living with HIV. I see so many women and children without a source of income in the community facing

stigma and discrimination from their family and wider society. This is what touched me.

At first I didn't know many facts about HIV – such as treatment and care. Through our care and support centre (in Maduria) I came to know more about antiretroviral treatment and other components of care. I have broadened my knowledge, allowing me to implement programmes in my own branches. Now all the branches provide HIV related services.

What makes me come to work each day is not the money, but the fact that I am able to support these much needed services.



AIDS Vaccines

The next frontiers

Research into AIDS vaccines is on-going. In this article written for IPPF, Mitchell Warren, the Executive Director for the AIDS Vaccine Advocacy Coalition (AVAC) highlights some of the current issues in vaccine research, how these link to wider HIV prevention and challenges for the future.

It takes several years to evaluate whether a potential vaccine is safe and effective, and we must be prepared for whatever the next several years may hold. The AIDS vaccine field, and the field of prevention research in general, must engage in rigorous debate, dialogue and scenario planning to anticipate the issues that the next few years will bring. We must also ensure that the wide range of stakeholders are informed and empowered to make decisions to compete against the virus.

Why are the next few years so important?

In addition to the recent results from male circumcision studies¹, the next two to five years will bring results from a variety of ongoing trials: trials for vaccines as well as several microbicide efficacy trials, studies of treatment of herpes simplex virus type 2 to prevent HIV transmission or acquisition, pre-exposure prophylaxis and the female diaphragm as strategies for AIDS prevention. Each new finding means new choices, new messages, new points of convergence and necessary collaboration among trial planners, public health programme designers, and communities. The time to begin anticipating and discussing these challenges is now².

In addition, the AIDS vaccine field can learn valuable lessons from other fields. The recent licensure of *Gardasil*, Merck's HPV vaccine, provides the opportunity to explore issues of trial participation, access, delivery and funding for a vaccine targeted at a population which will also need an AIDS vaccine – adolescent girls. There is no perfect model for AIDS vaccine delivery, but there is also no excuse for passing up the chance to collaborate on and learn from the roll out of a vital public health tool for cancer prevention and sexual and reproductive health³.

Working together

As vaccine development takes so long, we need to set an agenda for sustained and sustainable action that stretches out beyond the decade. Working together, we must build a broader global movement advocating on issues that directly impact upon progress, including more funding and accelerated vaccine research and testing. While scientific issues remain a great challenge, without an increased sense of urgency and expanded



community and public involvement, a vaccine is far less likely to bring the AIDS epidemic under control in our lifetimes.

Research with communities

A key question facing researchers is how the vaccine development process can leave communities better off for having taken part in a trial, even if the particular vaccine being tested turns out not to work or to be only partially effective.

AIDS vaccine researchers can provide certain benefits directly or they can link up with others who can provide them. Most importantly, scientists need to ensure that whatever is put in place to improve public health infrastructure can be sustained after the trials end.

The key message here is that instead of doing research on communities, scientists need to do research with communities. Instead of narrowly focusing on trial outcomes only, scientists need to care about the overall health of individuals and their communities.

Prevention, testing, treatment, and trials on the road to new prevention technologies are key ways to push for a broad, sustainable response – a response with sustained funding, capacity, infrastructure and realistic expectations. This will help us all withstand our long haul from basic science, to product development, through multiple clinical trials and, eventually, to a safe, efficacious, accessible and affordable vaccine for the people and communities that need it most.

The non-profit AIDS Vaccine Advocacy Coalition (AVAC) seeks to create a favourable policy and social environment for accelerated ethical research and eventual global delivery of AIDS vaccines as part of a comprehensive response to the pandemic. For more information about AVAC go to www.avac.org

- 1 For more information on the recent results of male circumcision trials, go to <http://www.aidsvaccineclearinghouse.org/MC/index.html>.
- 2 For a timeline of when these different trial results will become available and what the issues might be, go to http://avac.org/pdf/reports/2006_Report/AVAC_ch4.pdf
- 3 For more information about this, please see http://avac.org/pdf/reports/2006_Report/AVAC_ch3.pdf

Microbicides

Strides and setbacks

Since we first featured microbicides in this newsletter (issue 1, February 2005) there have been many trials and developments. From the dozens of potential leads, the Global Campaign for Microbicides¹ is still hopeful of an effective product by the end of the decade. A microbicide would prevent HIV transmission when applied topically, and could come in many forms – as gels, creams, suppositories, films, sponges or rings.

This month has seen a setback in the development process. A multi-country trial was stopped after it was found women receiving a candidate microbicide were at a higher risk of becoming infected with HIV².

Lori Heise, the Director of the Global Campaign for Microbicides, said, "Of course we wish the results had been different, but learning what doesn't work can be just as important to progress as learning what does work." She added, "It's also reassuring that the

independent Data Safety and Monitoring Committees, put in place to identify problems early on in a trial, appear to have worked well. Advocates have been instrumental in pushing for extra mechanisms to help protect participant safety." This is one piece of positive news to take from this setback.

The setback merely serves to highlight the importance, and urgency, of developing a microbicide. The challenges of HIV prevention for women and girls stemming from their biological and social vulnerability must be faced. Currently, a microbicide offers the best hope for this.



- 1 See www.global-campaign.org
- 2 For more information see <http://www.who.int/hiv/mediacentre/news65/en/>

News in brief

SRH Integration and the Global Fund

The last three months have seen a lot of activity involving sexual and reproductive health organizations and the Global Fund to fight AIDS, TB and Malaria. In December a meeting was held in Geneva through a collaboration between IPPF, the Global AIDS Alliance, Population Action International, Interact and the International AIDS Alliance. This was to discuss ways to support Global Fund programmes that integrate sexual and reproductive health. IPPF Member Associations from Malawi, Madagascar and Mongolia all attended the meeting. More information is available on a discussion paper that is available on the IPPF website: <http://www.ippf.org/downloads/HIV/GFSRHintegration.pdf>

One of the outcomes from this meeting was a letter to the Global Fund (which IPPF has signed on to) calling for a change in proposal guidelines to include reference to sexual and reproductive health. Future newsletters will provide updates on any developments.

WHR support call to maintain US finance

IPPF Western Hemisphere Regional Office are supporting a campaign to encourage the US Government to increase its support for AIDS, TB and malaria programmes, including for the Global Fund. The campaign is calling for Congress to approve \$4.36 billion for 2007. For more information email mike@theglobalfight.org.

MenEngage Alliance

IPPF recently joined the steering committee of a global alliance called MenEngage. This alliance brings together a number of NGOs (at a national, regional and international level) that are working to engage men and boys in reducing gender inequalities, promoting sexual and reproductive health and rights and preventing HIV, STIs and gender based violence. A recent consultative meeting was held attended by Member Associations from the Africa Region and other IPPF staff. This included a presentation on the IPPF 'Young Men as Partners' project.

IPPF Sign ons

HIV on the G8 agenda

IPPF Central Office has signed on to a letter to the German government (and other G8 governments) urging them to keep HIV on the G8 summit agenda at this summer's meeting in Heiligendamm, Germany. This follows the meetings in 2005 and 2006 where important pledges were made in relation to HIV, specifically in commitments to universal access to sexual and reproductive health services. So far progress towards these commitments has been inadequate and without regular reviews of progress achieving them is less likely to become a reality.

Targets for universal access

IPPF Central Office has also endorsed a letter calling for UNAIDS to strengthen civil society participation in the process of setting targets to achieve universal access to sexual and reproductive health services. The declaration that governments agreed to at the UN in 2006 called for the establishment of targets, and for a variety of stakeholders to be involved in the process. Without civil society involvement there is concern that the targets will lack credibility and legitimacy, which could impact on their implementation.

EN support increased EU funds for research

The IPPF European Network (EN) office has signed on to a letter calling for the European Union (EU) to increase funding for research and development on HIV, malaria and tuberculosis. This coincided with a conference held in Bonn, Germany to discuss the EU's research programme.

Events

17-20 April 2007

FORO Conference
Buenos Aires, Argentina

4-7 July 2007

YWCA International Women's Summit
on Women's Leadership in HIV/AIDS
Nairobi, Kenya

22-25 July 2007

IAS Conference on HIV Pathogenesis
Treatment and Prevention (IAS 2007)
Sydney, Australia

19-23 August 2007

International Conference on AIDS in Asia
and the Pacific (ICAAP)
Colombo, Sri Lanka

29-31 October 2007

Asia Pacific Conference on Reproductive
and Sexual Health (APCRSH)
Hyderabad, India

9-14 December 2007

International Conference on AIDS
and STIs in Africa (ICASA)
Brazzaville, Gabon

Internet resources

Engender Health Training Resources

<http://www.engenderhealth.org/aids/tech/training.html>

Engender Health work to make reproductive health services safe with one of their focuses being HIV. They produce a large number of training manuals and materials (available through the link above) which cover a wide variety of issues surrounding sexual and reproductive health – including the sexual and reproductive health of HIV positive women and working on stigma and discrimination.

Global Campaign for Microbicides

<http://www.global-campaign.org/>

The Global Campaign website contains the latest news and updates on microbicide development. Information is also available on the policy issues related to scale-up. Materials (in different languages) are also available to download as well as the GCM film, 'In Women's Hands', which can be ordered through the website.

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