

Report of the 15th ICASA Conference held in Senegal Dakar 3- 7 Dec 2008

Global Campaign for Microbicides

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The 15th ICASA meeting convened in Senegal from 3-7 December 2008. The theme for Africa's leading forum for discussion of HIV developments and trends was "Africa's Response: Face the facts."

Almost 5000 participants mainly from Africa but from all over the world representing several groups including HIV activists, policy makers, politicians, researchers, academics, clinicians, advocates and donors came to the conference. This conference highlighted once again the problems that continue to bedevil the continent in terms of the HIV epidemic. International experts evaluated the current state of the HIV and other sexually transmitted infections (STIs) epidemics assessing political commitments, scientific progress and challenges, community actions and leadership. Indeed prevention issues were at the fore with emphasis of other vulnerable groups that continue to emerge in Africa.

For the Global Campaign for Microbicides, the conference represented the need to continue vulnerability targeting on prevention especially for women in Africa. Although other prevention issues such as behavior change and to a certain extent the vaccine research and vaccine advocacy were featured at the conference a need for a stronger voice became apparent when microbicide research and advocacy was barely featured at the conference. This certainly calls for more action from advocacy organizations such as the Global Campaign for Microbicides.

From the various sessions at the conference some of the key highlights were as follows:

Vulnerability of young women and girls to HIV

Presentations on this issue were started with a launch of a technical report on the vulnerability of women and girls in hyperendemic countries in Southern Africa, launched by Dr Peter Piot . This report was done by the RHRU and UNAIDS. A summary of the main issues on this report included

- Mobilize communities for HIV prevention, with strong male involvement, to design relevant strategies and messages about the causes, consequences of and solutions to young women and girls' vulnerability
- Expand access to high quality, well-integrated essential sexual and reproductive health and prevention services, while mobilizing demand for and use of them.
- Develop and ensure adequate technical and financial resources for implementation of national strategies that address the structural drivers of vulnerability.
- Strengthen country capacities for epidemiological and behavioral surveillance, priority research, and monitoring coverage and impact of prevention responses to generate information to improve decision-making.

Certainly such issues are topical to the mission of GCM and stronger partnerships in these areas are needed.

Leadership in the fight against HIV

Most of the initiatives on this front were led by UNAIDS with various sessions calling for more political leadership especially geared towards prevention. Interesting initiatives highlighted included the champions for HIV prevention, led by some of the former head of states such as Festus Mogae (could not make it to the meeting), Dr Wangari from Tanzania ; calling for more involvement of policy makers in the fight against HIV. This certainly is a platform also for GCM to engage in some of these initiatives so as to place more emphasis on the vulnerability of women to HIV. If leadership structures are set in place, mechanisms to monitor the implementation of programs targeted to address the intersect between gender issues and HIV should also be set up. This statement was emphasized by Madam Were from Kenya who spoke at the leadership champions' session. Dr Peter Piot, outgoing

UNAIDS executive director spoke on AIDS 2031 and the need for leadership on HIV is the tide of the epidemic has to be turned (presentation attached to this report). A narration of the journey that begun almost 25 years ago reflected what needs to be done in order to win the war against HIV by 2031. To stress the message of leadership a session titled “first ladies of Africa against Stigma” took place on day two. This session was basically on solidarity and encouraging everyone to fight the stigma that still thwarts efforts to escalate VCT programs in most African countries.

Understanding communities

GCM has so far centered many of its activities with a community focus. In the journey to have effective HIV prevention tools for HIV, community involvement issues emerged as necessary if this journey would be successful. One theme from a plenary session on 4 December 2008 was an analysis of what has worked in Africa for health care delivery strategies, with a conclusion that understanding communities is still lacking since this is where most of the power lies. “Grassroots involvement is a prerequisite to ensure that technologies move off the ground and this is evidenced by the success of PMTCT programs in Uganda through engagement of Mamas clubs”, said Milly Katana from Alliance Uganda. In the future what could work is building linkages, investing in people to take lead of many programs and ensuring that science directs the community driven passions. Such strategies would certainly be useful when issues of access are addressed in the microbicide field.

Know your Epidemic

Although the phrase “Know your Epidemic” is not new in the HIV prevention field, so much needs to be done for countries to understand what is going on within their boundaries. For most countries, models that are still being used to estimate prevalence may not necessarily be accurate. This makes it difficult to do proper disease mapping and in most countries in Sub-Saharan Africa this certainly hampers disease control.

Professor Luo from the University of Zambia emphasized the need to re-energize prevention efforts quoted saying “vulnerability is not static ,today interventions targeting married couples are worth the end result but there is a growing population of MSM in Sub-Saharan Africa”. There is therefore a need to understand the epidemiology of HIV in order to power a new agenda other than grappling in the dark, without knowledge of the extent of the problem. This truth is indeed necessary for advocacy organizations; what may not have been

seen as a priority 10 years back may easily emerge as a priority now; HIV prevention is not a static field. With most research institutions in need of incidence data on HIV for HIV prevention trials, there is an opportunity for the development of more tools for disease mapping and certainly for more understanding of the epidemic, which is of interest to GCM.

Within HIV prevention efforts key drivers of the epidemic such as macroeconomic policies, poverty, gender inequalities, gender based violence and alcohol and substance abuse need to be factored in with HIV prevention programming.

Within the Know your epidemic sessions, STI treatment emerged as an issue that easily gets sidelined, said Dr John Douglas, a WHO STI expert. Despite the failures of the clinical trials on HSV treatment to prove efficacy on HIV prevention, there is still a need to invest more resources towards STI treatment. This is especially true for women since its only a minority who present to health care facilities and even so a few receive the correct and adequate treatment. For most of South Africa information presented on STI prevalence called for continuous surveillance and revision of treatment guidelines to be up to date with the changing epidemiology and drug resistance profiles.

Advocacy for prevention

One of the sessions highlighted the need for continued advocacy on HIV prevention. This was highlighted by a presentation from Dr Carolyn Williamson who represented AAVP. She stated the vision, mission structure and the strategic directions of AAVP. Among these were some of the activities the organization has done to date and of interest are the forums to discuss issues such as financing for HIV prevention, developing AIDS Vaccine plans within national AIDS policies which have now been developed for 18 countries in Africa (excluding South Africa). Perhaps within this advocacy agenda GCM could partner with AAVP in pushing for HIV prevention plans that also include microbicide plans. A window of opportunity exists for advocating for African governments to finance these plans not only exclusively but within the confines of the Abuja Declaration, which the AAVP wants to revisit as an advocacy activity. A call to have more advocating for prevention was done by Sam Avrett who represented AVAC, highlighting the need to advocate for continued improvement in the conceptualization, design and implementation of HIV prevention research trials. Sam emphasized the need to work together to reinforce the message, pushing to advance new concepts forward and plan for future success within clinical trials.

From discussions on HIV prevention sessions, the following key points were highlighted by most of the presenters.

- The need to pay attention to basic research and what is being done to feed the pipeline
- Advocacy for more resources especially to add from the African governments with a concept of “poor philanthropy” coined to emphasize that contributing even little amounts of money will generate more interests and support for research for the African governments
- A need to work across silos given the limited resources and yet bringing a holistic vision to the field. More often than not advocacy organizations remained isolated in silos

Working towards delivery of current HIV prevention options will keep the advocacy agenda for research alive. This was exemplified by the launch of the female condom advocacy program by the UAFC Joint Program and the vision was to provide an international platform where people with experiences on Female Condom programming can share platforms with people who could possibly change policy. It was discussed that in most parts of the world there has been a “lazy marketing approach” of the female condom and there is certainly a need to have more products researched and availed to the market. GCM represented the PATH female condom team to state that such activities are on the pipeline and the good news was that a manufacturer willing to go with the new female condom had been found in China. A report from the UAFC is also attached to this report.

Some sessions of interest included

- Involvement of youth in HIV program design and implementation, again with evidence that youth, regardless of gender were becoming more vulnerable to HIV, some terming them a forgotten generation.
- Using economics to advocate for emphasis on HIV prevention: AIDS as a labor supply shock will not necessarily affect this generation, with evidence that even where we lose the economically productive age groups, most economies have been able to

absorb this shock. However projections suggest that this shock is felt more in future generations and this can only be averted by escalating activities such as VCT, information dissemination campaigns, and treatment. With evidence from Malawi that uptake of programs such as VCT could be increased by giving incentives to those who opt to go for VCT.

- Most of the sessions were on scaling up programs on PMTCT and ART with presentation of latest research on the field.
- Guy De Brown from the RHRU in Soweto spoke about the male circumcision programming possibilities which included scaling up male circumcision programs, integrating them with VCT and highlighted some of the challenges for messaging male circumcision as an HIV prevention program.
- Legal issues on criminalization of those who transmit HIV , including MTCT was discussed at length, with some legal experts citing not only the inappropriateness of such an issue but the difficult in proving that someone has willfully transmitted HIV. Some legal debates in some sessions were on decriminalization of sex work, including a highlight of the decriminalization of sex work in South Africa Other issues that have since shifted from just a need for social justice but legal intervention included social issues like gender inequality and violence against women.
- Financing HIV programs. Several sessions were held in different formats, including a question and answer session with Dr Michel Kazatchkine, executive director of the Global Fund to Fight AIDS, TB and Malaria. Most of the speakers stressed various issues including more public private partnerships, a need for a long-term approach to the reinforcement of health systems in sub-Saharan Africa and dedication from African governments to financing HIV programs. He emphasized that although there has been of late a global financial crisis, the Global fund will maintain its commitment with countries.
- Universal Access to treatment in Africa...as the universal treatment target of 2010 draws nigh, a roadmap on statistics was re emphasized. With some of the latest updates: Two thirds of the 33.2 million people who are living with HIV in the world live in sub Saharan Africa. There has been an unprecedented movement to expand ARV therapy there since 2005. In 2006, 21% of the 6,700,000 estimated people in need of the ARV treatment received it and 30% in 2007. This represents an increase of 54% in one year, which was the greatest regional improvement worldwide. There were also

important gains made in pediatric access to ARV treatment. HIV care and treatment for children are now being offered at therapy sites previously reserved for adults as well as at maternal, newborn and child health services. Also ARV prices for children have been reduced and pediatric dosing has been established. However, despite the progress, the WHO report presents many areas in which much work remains. It is clear that even at the increased pace of scale up; most countries will not meet the goal of Universal Access by 2010. On an international level, as many as 6800 people are newly infected with HIV everyday while only about 2700 additional people receive ARV therapy everyday. For GCM, this calls for escalated efforts on advocacy for HIV prevention as universal access also means access to prevention. For our cause this access should also centre on women and girls.

- Migration and vulnerability to HIV was also emphasized. Data from Southern and West Africa confirmed this, with increase in human trafficking and reduced access to HIV prevention programs as some of the drivers of this vulnerability. Migration was both within a country becoming more prevalent with urbanization and cross border migration. In Senegal, a study was done on 700 fishermen in Senegal who spent an average of 15 days away from home every month. The results found out that their HIV prevalence rate of 1% was slightly higher than the country's average of 0.7%.
- ***Finally the host countries AIDS policy:*** It is interesting to note that Senegal (in 1998) was the first African country to offer antiretroviral medications. Although the HIV prevalence is low (0.7%) some of the research on HIV prevention, management of HIV2 and some of the robust HIV policies hail from Senegal. When Abdoulaye Wade became the President of Senegal, he focused on two areas which are prevention and awareness. This was done by encouraging young men and women to use condoms as well as the use of radio and television campaigns. Since then, Senegal has seen a decline in the prevalence rate. Another Senegal's AIDS policy is fighting against stigmatization. This goal is being accomplished by following the GIPA principles.