

October 2005

Global Campaign in the U.S.:

An update on goals and strategies



Global Campaign
FOR Microbicides

At the end of 2004, the Global Campaign steering committee, partners, and staff all recognized several external factors that had an impact on the Global Campaign's strategies. In the United States, these factors included:

- Increasingly conservative nature of U.S. politics
- Advancement of the microbicide trials with five candidates in or poised to begin large scale trials
- Funding shifts away from policy or advocacy and more toward trial-related activities
- Increased media attention to microbicides
- More groups are active in, or interested in, women and AIDS issues including microbicides
- Growth of the International Partnership for Microbicides

In light of these factors, the Global Campaign steering committee at their December 2004 meeting decided that the secretariat should emphasize its community involvement and ethics initiatives in the Global South as opposed to the resource mobilization work. We will continue to operate in the U.S., but that organizing will not have as great a share of resources as it did previously.

The secretariat initiated a strategic planning process with sites and partners to create a plan for 2005-2007 that reflects the best approaches for moving our U.S. strategies forward. This document summarizes the results of that process; a longer document provides more details (www.global-campaign.org/GCNorthAmerica.htm).

Sites and partners to date

We currently have 8 active sites that are convened by NGOs willing to spearhead a local, collaborative microbicide advocacy effort.

<i>Site Coalitions: (year formed)</i>	<i>Fiscal conduits and hosting organizations:</i>
California –California Microbicides Initiative (2001)	Public Health Institute
Connecticut Microbicides Now (1998)	Planned Parenthood Connecticut / CT AIDS Education and Training Center
Illinois (2000)	AIDS Foundation of Chicago
Massachusetts Campaign for Microbicides (2004)	AIDS Action Committee
New York Microbicides Working Group (2001)	Transitioning from Harm Reduction Coalition to GMHC
Ohio – Cleveland Chapter (2005)	AIDS Taskforce of Greater Cleveland
Pennsylvania Campaign for Microbicides (2001)	Health Federation of Philadelphia and Action AIDS
Washington - Northwest Microbicides Coalition (2001)	Planned Parenthood of Western Washington and PATH

Each site is supported through bi-monthly conference calls, legislative action alerts, bi-annual advocates meetings, numerous information resources including a presentation and factsheets, and regular email and phone contact with the North American coordinator (Bindiya Patel). Sites hold coalition meetings, maintain listservs, build awareness through presentations, distribute materials, solicit media coverage, reach out to policy makers, and in some cases, integrate potential users' perspectives into research

In addition, U.S. organizing is bolstered by work with dozens of partners: (partners from above are not included below):

AIDS Treatment Initiative	Fenway Community Health	Reproductive Health Technologies Project
Alan Guttmacher Institute	Ibis Reproductive Health	SIECUS
Alliance for Microbicide Development	IPPF - Western Hemisphere Region	Sisterhood Mobilized for AIDS/HIV Research and Treatment (SMART)
American Social Health Association	Lifelong AIDS Alliance	SisterLove
American Medical Students Association	Microbicides as an Alternative Solution	Student Global AIDS Campaign
California Family Health Council	National Women's Health Network	
Chicago Women's AIDS Project	Physicians for Human Rights	
	Project Inform	

Goals for 2005 to 2007

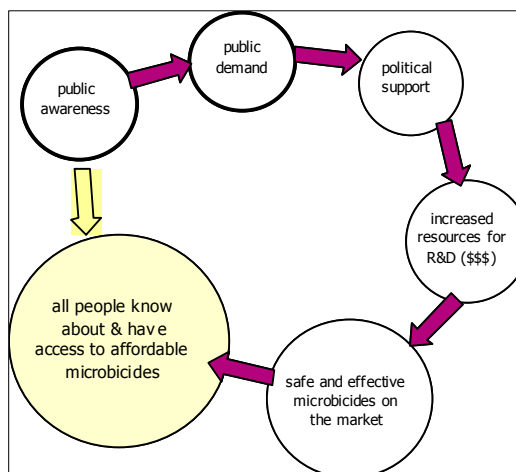
In the United States, the national level (secretariat) and grassroots level (sites and other partners) are committed to working toward two goals:

Goal 1: Increase U.S. government investment in microbicide research and development

How: Build political support through grassroots awareness raising and then demonstration of demand.

U.S. organizing is grounded in the idea that we need build public awareness about microbicides, channel that awareness into a demonstrated demand to legislators, so that they will support legislation (e.g., the Microbicide Development Act, appropriations language) and, thus, increase resources for microbicide research and development. A synopsis of how awareness raising activities is provided in Appendix 1.

As of September 2005, the Microbicide Development Act achieved bipartisan support in both the House and Senate for the first time since 2002. With the legislative agenda on the move, it is easier to have a concrete and reasonable “ask” for grassroots advocates.



Goal 2: Sustain support for microbicides in the long run (through successes and setbacks)

How: Build our allies’ understanding of the microbicide development and trial process and their ability to be vocal spokespeople as needed.

For the past several years, we have been in “cheerleading” mode – in which we have encouraged our partners in the field to focus on getting people excited about the prospect of a microbicide in “5 to 7 years”. Now that 5 candidates are in large-scale trials, we need to look ahead to consider what will happen if there are disappointing findings, trial controversies, or a long drawn out regulatory battle. How can the Global Campaign “manage the environment” in which we find ourselves? We need to focus on a few key constituencies that will support us regardless of how the science develops. In other words, how do we sustain commitment to microbicides in the face of setbacks?

Nobody will ever say stop looking for a vaccine.
How do we ensure that they feel the same about microbicides?

At the same time, we should also focus efforts on old and new allies that would be able to allay concerns and also speak with a great deal of credibility. These allies are particularly important given recent controversies that have erupted around other HIV prevention trials, most notably oral tenofovir. Without respected authorities that can refute misinformation and address concerns around trial ethics, public support for prevention trials—especially trials taking place in Africa-- could easily erode.

Strategies for 2005 to 2007

1. Continue working with traditional allies

Although we have made great strides in building public awareness and demonstrating public demand where sites exist, there is more to be done in our outreach to women’s health, gay men’s, and AIDS groups. Advocates voiced a strong interest in retaining a focus on rectal microbicides in spite of political tensions.

2. Build relationships with new allies

In addition to the traditional allies that we have worked with, there is a need to cultivate new allies from a number of constituencies, including:

1. African American community
2. Health care providers
3. Students – medical students in particular
4. Latino community
5. Public health professionals
6. Faith-based communities

These key constituencies can speak with authority about the need for microbicides and have the potential to be strong advocates. The secretariat will focus on the first three constituents. Sites will use their own judgment to decide which of these constituencies to target depending on what is most appropriate for their community.

3. Develop materials and advocates' capacity to address the long-run nature of microbicide development

The secretariat should make sure that our materials reflect issues involved with long term advocacy such as how long development takes, what the steps are, and how many failed products / trials occur before one get a safe and effective product. Advocates should understand the nuances of microbicide development and be more committed to sticking with the process in the long run.

4. Strengthen relationships with allies at the national level

The secretariat will develop a plan to compliment the sites model and increase outreach to national groups and constituents that are not "geographically based". We will try to focus on concrete points of collaboration including: adding web links, attending conferences, presenting information to their staff/members, developing joint materials, using the *In Women's Hands* film, hosting the *Giving Women Power Over AIDS* exhibit, sending out action alerts, and conducting lobby visits.

5. Encourage funded sites to conduct regional level outreach

More established and better-resourced sites could expand their outreach to the regional level as opposed to just their city or state. This regional focus would help the Campaign capture people who do not currently live in a state where a site is located.

Remaining Questions

A number of questions remain that we will continue to discuss and work through in the coming years:

- Working in a conservative political climate creates numerous tensions. How do we choose our issues and language (e.g., rectal microbicides, women's empowerment, and reproductive rights) so that we can retain bi-partisan support in Congress AND the full confidence of our partners who are passionate about these issues and unwilling to see them addressed with "watered down" language?
- How are U.S. regional strategies separate from what the Secretariat might be doing and to what extent must they necessarily be integrated?
- How can North American advocates better support colleagues in the Global South in their efforts?
- How do we appeal to domestic groups whose mandate is focusing on domestic issues, while the secretariat is focused on a global perspective?
- What are the measurable outcomes for the goals outlined in this document?

For more information on the Global Campaign in the U.S., contact Bindiya Patel at bpatel@path-dc.org or 202 822 0033.