



**Global Campaign
FOR Microbicides**

U.S. Organizing Plan for 2005 to 2007 Global Campaign for Microbicides

Finalized October 2005. Send input to Bindiya Patel, bpatel@path-dc.org

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Intro/Context: Why now?

At the end of 2004, the Global Campaign steering committee, partners, and staff all recognized numerous changes that needed to be taken into consideration in the way the Global Campaign moves forward in the coming years. In particular, several external factors have had an impact on our global and more specifically U.S. strategy (outlined on page 4).

In light of these changes, the GCM Steering Committee at their December 2004 meeting decided that the Global Campaign secretariat should emphasize its community involvement and ethics initiatives in the Global South as opposed to the resource mobilization work in the U.S. The GCM will continue to operate in the U.S., but it will not have as great a share of resources as it did previously. *How* this shift should take place was not specifically discussed, but was left up to the staff and U.S. partners to determine and bring back to the Steering Committee at its next meeting.

Simultaneously, staff and partners in the U.S. were developing strategies for accomplishing goals given these changes in U.S. political and funding environment. This strategic planning process is intended to create a plan for 2005-2007 that reflects the best approaches for moving our domestic strategies forward.

Planning process and schedule (2005)

Feb 16	North American Sites Call -- Marc-Andre LeBlanc and Laurie Sylla introduced the discussion at the Steering Committee. It was decided that sites would provide input at next call.
March 29	Bindiya, Marc-Andre, and Laurie Sylla discussed possible questions to pose on the sites call
April 1	Bindiya circulated discussion questions for the sites call (appendix 1)
April 6	North American Sites Call – general discussion about goals and structure, facilitated by Marc-Andre
April 11	Minutes from sites call sent out to sites. People encouraged to send feedback to Bindhya
May 2	Anna, Pam, Lori, Bindhya meet to talk through goals, current realities, strategic opportunities.
April - May	Bindiya to draft a very early version of a strategic planning document
May 11	Laurie, Jess, Marc-Andre to provide feedback on early draft of document
May 29-31	Bindiya, Marc-Andre and Laurie to present basic outline to GCM Steering Committee Meeting
June 7	North American Sites Call - Bindhya, Marc-Andre, Laurie to report back from meeting and propose basic outline; further discussion on call.
Mid-June	Bindiya to circulate draft to sites, key partners, and staff for feedback
June – Sept	Bindiya revise draft strategic plan based on feedback (delayed due to maternity leave)
Early October	Finalized document sent out to all sites. Create a short version for website, partners, others.

History (1998-2005)

Founded in 1998, the Global Campaign for Microbicides has worked toward the same three goals throughout its history:

- Building political support for increased investment in microbicide development and access.
- Creating a supportive policy environment for the timely development, testing, introduction and use of microbicides.
- Preparing NGOs and other civil society actors to take an active role in advocating on behalf of potential users, the public interest, and communities involved in clinical trials.

Given U.S. government funding of contraceptive and AIDS research, it was only natural to focus the first phase of resource mobilization efforts in the U.S. Anna Forbes was hired in 2000 to use her grassroots organizing experience from the AIDS and reproductive rights movements to develop ten North American sites, nine of them located in the U.S. Site locations were chosen based on where key legislative targets and key partners existed. Over the course of 4 years, Anna worked with key partners throughout the country to build a strong network of sites throughout the country. (Individual sites described more in the following section). Bindiya Patel took over as North American Coordinator in February 2004 and has brought on new sites as well as new partners to add to the existing network.

Current Status in October 2005

Structure

In the U.S. we currently have 8 active sites that are convened by NGOs willing to spearhead a local, collaborative microbicide advocacy effort. These sites serve the dual purpose of (1) raising local awareness and providing public education about the need for HIV/STD prevention alternatives and (2) mobilizing constituent voices to raise policy-makers' awareness and move them toward supporting increased governmental funding for microbicide research and development.

<i>Site Coalitions: (year formed)</i>	<i>Fiscal conduit / hosting organization:</i>
California – the California Microbicides Initiative (2001)	Public Health Institute
Connecticut Microbicides Now (1998)	Planned Parenthood Connecticut / CT AIDS Education and Training Center
Georgia Campaign for Microbicides (2001)	<i>(no longer a funded site)</i>
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 Gay Men's Health Crisis
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

The sites are supported through:

- bi-monthly conference calls with all the U.S. and Canadian sites,
- 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 sites coordinator (Anna, and as of February 2004, Bindiya Patel).

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

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

Old and New Sites

The sites are at varying levels of maturity. Older sites have accomplished a great deal. Many people know microbicides in Atlanta, Chicago, Seattle, Connecticut and many other places thanks to the work of partners based at these sites. Some of these older sites are now expanding their networks to reach new constituencies or convening forums to address more nuanced issues around microbicide development and testing, while other sites are grappling with how to talk to partners and audiences who have already grasped the basics of microbicides. Some groups are finding it hard to maintain interest among coalition members, to get partners to meetings, to get people to commit to doing things, and to come up with new and exciting events and angles to pique people's interest.

At the same time, we have new and "younger" sites like Massachusetts and Ohio are just beginning to build basic awareness among partners groups.

External Factors affecting U.S. Sites

- *Increase in the conservative nature U.S. politics* with the re-election of President Bush in Nov '04. It will be difficult to make substantial legislative strides.
- *Advancement of the microbicide trials with five candidates in or poised to begin large scale trials:* instead of just cheerleading to get people to imagine what microbicides might be like, we now need to start thinking through what will happen once we get effectiveness data from these trials.
- *Funding shifts away from policy or advocacy and more toward trial-related activities:* We can't reasonably expect increases in our advocacy funding. The Global Campaign will not be increasing the amount of resources it devotes to Global North advocacy. Any increases will be allocated to the Global South.
- *Increased media attention to microbicides* particularly following the Bangkok AIDS 2004 conference: people are beginning to recognize microbicides. We need to build on this attention and make sure that community organizations also know about microbicides.
- *More groups are active in, or interested in, women and AIDS* and in particular the field of microbicides: We need to escalate our involvement with these partner groups.
- *Growth of the International Partnership for Microbicides* (budget now of \$120M) and their involvement in resource mobilization and public awareness-raising: We need to coordinate with them in their U.S. outreach efforts. (See appendix 9 for clarification of relationship)

Other Regions

In addition to this network of U.S. sites, the Global Campaign works with regional networks in Africa, Canada, Europe, India, and Southeast Asia. As U.S. organizing moves forward, it is important to consider how we can interact with these other networks, what we can do to support them, and what we can learn from them.

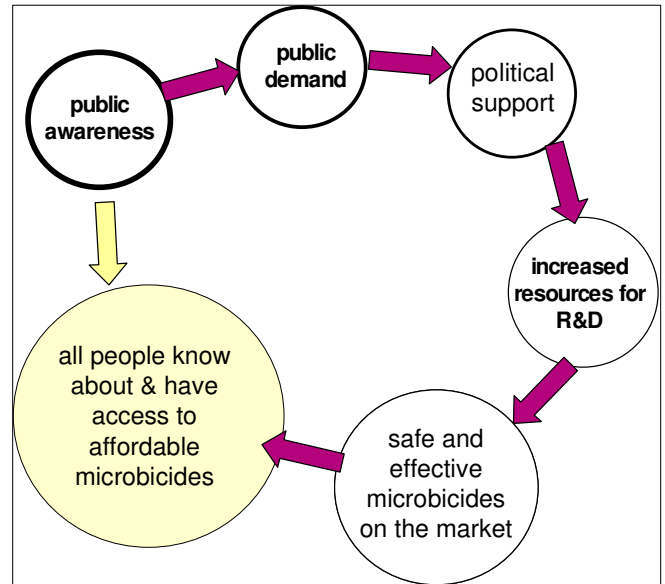
Goals for 2005 to 2007

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 there are actually 5 candidates 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.

As we reach out to these groups who are already dealing with funding cuts and political attacks, we all need to focus on reasonable asks as opposed to expecting people to take on the whole microbicides advocacy agenda.

Our legislative strategy is strongest when we have the combination of strong grassroots demand (hundreds of letters to a Senator) *and* leading advocacy organizations are using their connections with legislators. Organizations like the AIDS Foundation of Chicago, Planned Parenthood Connecticut, and AIDS Action Committee have been critical in moving our legislative agenda forward, and we need to be sure to get or keep these groups on board.

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 – women's health advocates and physicians in particular.
2. Health care providers
3. Students – medical students in particular
4. Latino community
5. Public health professionals
6. Faith-based communities – essential in making significant inroads to the black and Latino communities.

These key constituencies can speak with authority about the need for microbicides and have the potential to be strong advocates. Although some interest has been expressed from each of these constituencies, there has not been a great deal of sustained involvement or partnership to date. 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

We have been saying that we will have a microbicide in 5-7 years for 5-7 years. How do we keep people's attention for such a long time? In order to maintain support amongst our allies, we need to provide them with new or different information beyond the basic "microbicides 101". 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.

In addition, the secretariat will work with sites and partner groups to develop key spokespeople who can be vocal and visible in the event of setbacks.

4. STRENGTHEN RELATIONSHIPS WITH ALLIES AT THE NATIONAL LEVEL

The secretariat needs to complement the sites model by increasing outreach to national groups and constituents that are not "geographically based". Bindiya will develop an outreach plan that will list

organizations to target. 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. The Massachusetts Campaign (our newest site) is starting to approach other New England states. The AIDS Foundation of Chicago has often represented the Campaign at events around the Midwest. The secretariat will need to consider financial implications if this regional coordination and outreach model is expanded. If we were to pursue a regional strategy, our current sites could be aligned as follows:

West	California Microbicide Initiative and the Northwest Microbicide Coalition?
Southwest	The secretariat is conducting preliminary outreach work in Arizona
Midwest	AIDS Taskforce of Greater Cleveland and the AIDS Foundation of Chicago?
New England	Connecticut’s Microbicides Now and AIDS Action Committee?
Mid-Atlantic	Pennsylvania Campaign and New York Working Group (and secretariat in DC)?
South	The secretariat will be approaching the Southern AIDS Coalition

ADDITIONAL GOALS TO CONSIDER:

- Skill building on ethical issues with advocates – this is currently not a major priority in the United States as it is elsewhere.
- Thinking through access issues – the first access issue will be the “over the counter access” battle that may need to be waged. We could want to begin talking / thinking about what our role may be later in 2006 or 2007.
- Preparing communities for microbicides – marketing and messaging will be key factors in setting the stage for the introduction of microbicides. The Global Campaign will certainly have a role to play in this preparation, however, it was decided that it is too early to focus our efforts in community preparedness until we are a bit closer to getting a microbicide on the market in the U.S. In the meantime, we will continue to include access and community preparedness on our advocacy agenda, discuss partnerships with other groups, and consider what our role will be in the coming years.
- Increasing biotech interest and investment – this is important, but not necessarily where our strengths lie. It may be a goal for a few sites.
- Making microbicides a household word – essentially, a broad-based media strategy. As we come closer to a product, the microbicides field will need to invest in social marketing efforts. Although the Campaign may play a role, we will not necessarily lead these efforts.

Potential Goal #3: Ensure the research pipeline continues to move forward

Tentative Strategy: Urge big pharmaceuticals to release products for testing

Although there are 15 products in clinical trials, there is not a robust line of products in pre-clinical testing to keep the research pipeline moving smoothly. Many pharmaceutical companies have products sitting on their shelves that could have microbicidal properties, but that are not yet being tested as such. The secretariat is currently exploring the possibility of a campaign that would target pharmaceuticals to release these products for testing by public agencies. The secretariat will be exploring strategies and will be in touch with advocates with specific action points.

Implications for the current sites structure

Throughout this process, there has been a great deal of discussion about what structure will best support our goals and strategies. We tried to consider all possibilities – everything from sticking to the current sites model to discontinuing grassroots organizing in the United States. The table below summarizes some of this discussion and the decisions that were made.

Decision	Option	Explanation
yes	Keep the sites in current format	The sites have built excellent networks and a momentum, and it remains important to support them if they are still able to contribute to the basic goals outlined in this plan. Sites should expect a slight reduction in the amount of secretariat time they receive. To compensate, more established sites will be asked to “mentor” new sites or advocates. The secretariat should cut funding to sites that are not going to be able to focus on legislative goals, key constituencies, and/or are not making new progress.
yes	Encourage sites to conduct regional outreach	As explained in the previous section
yes	Expand outreach at the “grass-tops” & national level to focus on key constituencies as opposed to just geographically located sites	As explained in the previous section.
yes	Maintain a large national database of people that the secretariat can write action alerts to.	The secretariat will continue to do this while recognizing that there it is hard to substitute the face-to-face local connections and relationships that sites and partners develop.
partial	Sites to be more single organization-based as opposed to trying to coalition-based	Some sites will be more single-organization based if that organization has a strong policy capacity and is able to reach out to the grassroots.
no	Stop funding sites altogether	We should not forfeit the momentum that advocates have built around the country.
no	Conduct fundraising activities to pay for coordinators at sites -	At this time, the GCM is unable to increase funding for U.S. sites, but we are happy to support sites to seek additional funding. The secretariat must have realistic expectations for sites given that they are run by volunteers who have dozens of other (paying) priorities. Likewise “issue fatigue” can be a problem.
no	Try to have 30-50 advocates reliably willing to take action but who require less	May ultimately take just as much maintenance without guarantee of sustainability.

The secretariat acknowledges that we are entering a period of adjustment. The past five years has been a period of *building* partnerships and *establishing* sites. We are now at a point where established sites may take on new roles (e.g., mentoring new sites, expanding regionally, focusing on different constituencies).

The secretariat will continue to work with sites and partners to agree on concrete work plans, so that everyone involved has similar expectations. As we move forward, the traditional site model may continue to evolve and change. The secretariat will need to be clear about the support it can provide to endorsing groups, partners, and sites. For example, can national partners participate in what have traditionally been funded sites calls? Regardless of the model, the Global Campaign will always try to recognize and honor the contributions of all advocates in the microbicides field.

Remaining Questions

This document is not intended to answer all of the questions that face the secretariat and grassroots advocates with respect to U.S. organizing. In this section, we have listed a number of questions 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./Canadian regional strategies separate from what the Secretariat might be doing and to what extent must they necessarily be integrated? For example, what if the U.S. sites decide that they want to focus on advocating for increasing the number of clinical trials sites in the United States? What if the U.S. sites decide that they want their focus primarily on rectal microbicides? Neither of these is likely to become leading priorities for the Global Campaign secretariat in the near future. How the secretariat would support, or not support, decisions of this nature is an open question.

How can North American advocates better support colleagues in the Global South in their efforts (e.g., addressing regulatory issues, how trial benefits to communities are negotiated, etc.)? Right now, the secretariat works closely with Global South advocates addressing such issues, but the U.S./Canadian advocates don't have much role other than to continue to ask their governments for increased funding.

How do we appeal to domestic groups whose mandate is focusing on domestic issues, while the secretariat is focused on a global perspective? A primary role for the secretariat and site coordinators can be to bridge the gap between the local and the global in tangible ways. At the end of the day, the strategies will differ but the goal is the same. The secretariat can take on this role of moving both groups towards that goal.

What are the measurable outcomes for the goals outlined in this document? What are we going to accomplish in the next 2-3 years?

- Increase XX # U.S. endorsing groups from the local, regional, and national level. Would we aim to double or triple this number? How many new partners per site would it take to achieve those levels? The secretariat can analyze the number of endorsers and put site-specific and secretariat targets for the end of 2006 or 2007.
- Increase in number of U.S. partners and their capacity to speak about microbicides. (28 partners as of October 2005)
- Current U.S. funding levels = \$100M. Increase this figure by \$30-\$40M each year? What amount is likely to be needed and feasible? The Alliance for Microbicide Development tracks these funding levels. Recently, several groups worked together to come up with the field's resources needs. The secretariat can work with partners groups to develop targets for the U.S.
- How can we measure "how many people know about microbicides?" Surrogate measures could include documenting mainstream references in media, mentions by non-microbicide speakers at conferences, ask audiences at the beginning of programs how many people had heard of microbicides before and noting changes over time in percentage
- A more general, less quantifiable, "movement building" outcome – For example, the inclusion of microbicides on agendas of other feminist, public health, and HIV organizations. Inclusion as a priority of big conferences such as AIDSWatch.

The secretariat can try to work with sites and partners to create targets toward these quantifiable outcomes, but needs to keep realistic expectations.

Appendix 1: What Do U.S. Sites Do?

1. INTERNAL ORGANIZING ACTIVITIES SUCH AS:

- holding networking meetings with other local NGOs (the first few organizing meetings often include a briefing by a GCM staff organizer who provides both an update on microbicide development and an overview of the GCM and its goals).
- creating a local microbicides listserv or other mechanism to keep coalition participants in contact with each other.
- drafting a planning document or agreement to articulate a plan for working on this issue such as a "terms of reference" document, a work plan, a mission statement, a calendar of upcoming activities, etc.

2. EDUCATING LOCAL CONSTITUENCIES BY:

- offering in-service trainings, board/staff briefings or other on-site presentations. This outreach is vital to articulating the connection between microbicides advocacy and the priorities of the NGOs who are our potential allies.
- providing articles, fact sheets, etc. on microbicides for placement in NGO newsletters or on web sites.
- providing relevant fact sheets and other materials for distribution to their members.
- asking them to sign on as NGO endorsers of the Global Campaign for Microbicides.

3. RAISING PUBLIC AWARENESS BY:

- training participants to do public microbicide presentations (using training and materials provided by the GCM).
- making presentations, providing materials and otherwise conducting outreach at NGO venues (see above), conferences, public meetings, "health fairs", etc.
- soliciting media coverage by sending briefing packets and/or pitching story ideas to potentially receptive media contacts or by submitting a column or letter to the editor on the topic to local print media.

4. REACHING OUT TO POLICY MAKERS:

GCM sites are frequently asked to help influence legislators (Ministers, Parliamentarians, Congress members, Senators, etc.), their staff, regulatory authorities and other policy makers by writing to them, contacting them and/or meeting with them to discuss issues on the GCM's public policy agenda.

5. INTEGRATING POTENTIAL USERS' PERSPECTIVES INTO RESEARCH.

We encourage sites operating in areas where microbicide trials are being done to involve local clinical trials staff and researchers in their activities. Advocates are also encouraged to keep their coalition partners and NGO endorsers updated on local trials by enlisting the researchers, if possible, to provide accessible status reports on the progress of the trial and offer insights into the intricacies of how trials are done. This activity stimulates local interest in microbicides, encourages participation in both the trial and its attendant Community Advisory Board and promotes awareness of the complexities of clinical research. It also generates productive feedback from potential users of these products and their communities to the researchers who are developing the products.

Appendix 2: Discussion Questions to North American Sites - 1 April

Goals:

What do you think the goals for U.S. microbicide organizing should be in 2005-2007?

What are the goals for organizing in your state in 2005-2007? Have these changed from the past?

How do you see your site contributing to these national and local goals?

Effectiveness:

What has your site been the most effective at achieving?

What hinders your site's effectiveness?

What could improve your site's effectiveness?

Structure:

Over the past 5 years, Global Campaign site coordinators have created and maintained 10 local coalitions.

What are the strengths and weaknesses of this current structure in light of the goals we talked about above?

What other ways can you imagine structuring U.S. organizing to best work toward these goals?

How would a different structure impact your work?

Appendix 3: Minutes from North American Sites Call - 6 April

LOOKING FORWARD AT U.S. ADVOCACY - FACILITATED BY MARC-ANDRE

As introduced on the February all sites call, the GCM steering committee has been assessing the Global Campaign's role given recent changes in the political climate, availability of funding, new players in the field, and advancing trials. As the North American steering committee members, Marc-Andre LeBlanc (from MAG-Net in Canada) and Laurie Sylla (from the Connecticut AIDS Education and Training Center) have asked the U.S. sites for their thoughts on the state of U.S. organizing, and where you think we should be going.

What do you think the goals for U.S. microbicide organizing should be in 2005-2007?

(Jessica) In Seattle, we have used the main goals of the campaign: building partnerships, focusing on legislation, building community awareness/education. We have been successful at engaging local chapters of national organizations in taking on the issue and increasing public awareness/education. I think that these are still useful goals. Basically focusing on increasing demand, knowledge and enthusiasm for microbicides.

(Sanford) In Chicago, we have been looking at particular groups: Shift focus to African-American women, a group that has been under-represented. Reach these groups and have them raise their voices to their elected officials. Also focusing on gay men.

(Mitchell) In New York, we were successful in getting Schumer and Clinton signed onto the MDA. Now we need to find other winnable/plausible successes. Raising awareness to increase demand for products. A lot of history of RH and women's health orgs not engaging gay men and women of color. Definitely an issue that we should be thinking about.

(Sanford?) AIDS orgs were created by gay white men for gay white men and there is a need to engage and bring in these other groups.

(Terri) In Georgia, we have had difficulty reaching non-urban areas. Resource constraints in working with groups in Savannah even though there is interest there.

(Laurie) We should be exploring the possibility of utilizing new technologies for virtual trainings, etc. so that these geographic hurdles are not as big a problem.

(?) We need to reach out beyond the centers where we individually work - strategies to engage outside our centers.

(Laurie) Our goals could include legislative support, raising awareness – want microbicides to become a household word, plant the idea that this is something that is possible, increasing interest in research.

Several possible avenues of moving forward: (*several people talking – general points included below*)

- Nationally, increasing funding is important, increasing interest in research and from the private donor community – what is Robert Woods Johnson and some of the others doing?
- We should also be looking at opportunities for partnering with larger national organizations and getting them to take this on, how do we mobilize mass media – such as an HBO documentary about microbicides, larger budgets and audience than the GCM could reach etc.
- Spanish language (other language) presentations and other materials
- Any contacts with Eve Ensler (Vagina Monologues) – other ways to gain mass/popular exposure? New monologue about microbicides (one every year). She also gives packet to all college groups that put on a show – she could require that they give out info/literature at each production/show.

- Performance art? Rory Kennedy (Pandemic – showed on HBO) expressed interest in doing something/documentary about microbicides.
- The more info out there, the better. Need to cast a greater net. TV/film is often more powerful than literature.
- Create interest to create demand and preparedness. Learn lessons from female condom and tampon – unwillingness to adopt new technologies/ pre-marketing.
- Trials in U.S. cities? Women are willing to get into trials and could help with preparedness issues.

(Marc-Andre): What I hear from you all is that we need to be focusing on two major areas:

1. Raising Awareness including particular communities and national partners
2. Increase funding in research (also includes increasing legislative support/leg work)

(Bindiya) Are these still relevant goals considering what other groups are doing? If so, **what is the best structure to match these goals?** Does it make sense to stick with the 10-site structure or are there other structures that we could move into that would work better? Should we be looking at other ways of doing this? *[these bullet points reflect the flow of the conversation]*

- Partnerships/work with larger organizations is important – reach their constituencies, etc.
- Needs to be more knowledge sharing and increase organizing efforts between sites
- With only one person in each city, it would be very hard to get the buy in and support that you need. Every group in our coalition has different strengths/connection. This is what gives more leverage and weight to the coalition. For instance, if we are trying to reach out to new groups of people of color, there are particular people/groups within our coalition that are better poised to reach out to those communities and have legitimacy with them.
- Shifting priorities for the GCM may mean a shifting in allocation of resources to the sites.
- I think the GCM needs to decide on what their goals are and what are target communities and then re-organize based on this. Many of the current sites were chosen as legislative targets in 1998, but these targets have changed. Who is in congress may change every 2 years. So do we organize around legislative targets or other criteria? What is the potential for creating new sites?
- What is the potential for organizing around constituencies (African American women, students, etc.), or regions. Can we get a contact person that is willing to do some organizing in every state and then look where we want to put extra resources.
- The structure we have now may not be the best structure to accomplish our goals.
- When original strategy was set, we were at a very different technological point. Over the past 5 years it was important that Anna had personal connections with each of you. Is it possible now to have less interaction, with more broad-based tools? Is it possible to have 40 or 50 key contact people instead of 10 sites?
- What would happen if there were no site grants? Would work continue?
- A lot of self-sustaining can happen once the momentum has started. Site grants may not be necessary but then organizing/use of resources will be more dependent on individual resources. But if GCM continued to provide [basic information] resources, we could have individual people in states and then regional nodes with less work needed from DC.
- Most of the people on the call said that the work would continue without site grants, but some expressed concern/difficulty.
- It would be hard to get new sites on-board without site grants or this shared history. It would have to be explicitly expressed what we expect from smaller, non-funded sites. Would we be willing to put in a lot of effort into 30 new sites, with the possibility that they might not exist 1-2 years later?
- We could create a network around the country that are willing to send out ‘Take Action’ emails to X number of people and other simple organizing help.

- Look at national structure of Community Planning Groups. Approach groups doing prevention work already. Broad reaching endorsements, or ask for focused work – rectal microbicides, etc.
- We could have two goals: legislative movement, community acceptance of a product and get them ready to use it – very different groups.
- In terms of money – in NYC the people who are doing this work are volunteers. Instead of things like printing costs and banners, we many need site grant money for costs like childcare, food at meetings, etc.

Appendix 4: Input from Legislative Working Group – 4 April

The following documents an informal conversation with the U.S. Legislative working group on microbicides:

Amy Allina, National Women’s Health Network
Heather Boonstra, Alan Guttmacher Institute
Pam Norick, legislative consultant to GCM, Alliance, and IPM
Bindiya Patel, GCM

Bindiya asked Amy, Heather, and Pam, what they think the future of U.S. organizing should look like.

- Amy: GCM should think about it as almost a preventative strategy. It is only a matter of time until there is some controversy, possibly with communities of color – why are the trials happening where they are happening, etc. GCM has to have credibility with these communities.
- Pam: We still need a product. The U.S. as the largest contributor of funding – therefore need a grassroots presence.
- We cannot expect the Microbicide Development Act to pass, but look at how far we have come: Obama, media, 18 senators signed on.
- Perhaps we should be changing our expectations of what the sites should do. Instead of doing coalition building, maybe they just do 1 big education event/year to position themselves as the trusted source of information locally (e.g., AFC, GMHC) and also commit to doing some policy work as needed.
- We’ve approached it as a grassroots organizing project, but right now, there is no urgent purpose for a movement. We need people who are willing to take action on occasion as opposed to continuously. In this political climate, with so many funding cuts, etc. it may be asking too much to ask for 100% dedication to the cause of microbicides.
- Pam wants us to be very clear on how useful we are. She will probably want to talk to Lori before the steering committee meeting.

Appendix 5: Goals and Strategies Discussion – 2 May

Participants: Lori Heise, Pam Norick, Anna Forbes, Bindiya Patel

Pam would like us to put some energy into Arizona – not certain what level.

What are the goals for organizing in 2005 to 2007?

Goal #1: Cultivate and sustain grassroots support and a demonstrated demand for products so that public investment in microbicide research and development continues to increase.

Goal #2: Cultivate key allies who can help sustain support in the face of controversies / developments.

For the past several years, we have been in “cheerleading” mode – where all of the partners in the field are focusing on getting people excited about the prospect of a microbicide in “5 to 7 years”. Now that there are actually 5 candidates in large scale trials, we need to look ahead to consider what will happen if there is some disappointing findings, if there are problems with a trial, or when it takes a long time to fight regulatory battles. We need to consider how to “manage the environment” and keep people committed for the long haul in spite of tendencies toward issue fatigue. 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 people will say the same about microbicides?

We should continue to maintain / build support amongst women’s health organizations, gay men’s health organizations, and AIDS service / advocacy organizations. Perhaps we should develop some materials for more established advocates that is titled “staying the course”. Basically training people on how long development takes, what the steps are, how many failed products / trials occur before you get a product, etc.

At the same time, we should also focus efforts on medical students, medical professionals, and the African American Community. These are the constituencies that will be able to defend microbicides against any attack and also speak with a great deal of credibility.

Other possible goals to consider:

- Skill building on ethical issues with advocates. – this does not seem to be as much of a priority in the U.S. as it is elsewhere.
- Thinking through access issues – the first access issue will be the “over the counter access” battle that will need to be waged. We may want to *begin* talking / thinking about this later in 2006.
- Preparing communities for microbicides – probably still a bit premature. Not top priority as it may be too premature.

Other things to consider:

Decentralize. We should be training trainers instead of going out and doing workshops ourselves.

Better coordination with IPM’s strategy of working with U.S. NGOs–

- Pam to follow up about sending us edited minutes from IPM’s external affairs / policy calls.
- Pam to set up a meeting with Annmarie and Martin.

We need to be selective about partners / sites – what sometimes works is ASOs with a policy focus.

Need to brief the congressional black caucus – sept / oct

Appendix 6: Discussion on Early Draft – 11 May

Participants: Marc-Andre LeBlanc, Jessica Cohen, Laurie Sylla and Bindiya Patel

In general, this early draft is on the right track with goals, but a few comments:

Goal #2: Should not just be considered for “damage control”

Goal #3: focusing on pharmaceuticals is more of a strategy. Need to broaden the language to make it a true “goal”.

Structure

- Sites have built excellent networks and a momentum, and that it was still important to support them if they are still able to contribute to the basic three goals outlined in this plan.
- The sites and secretariat must stay flexible in how these goals and strategies are played out, as the sites know best how to match them to their communities.
- There may, however, be a slight reduction in the amount of secretariat time focused on traditional sites.
- The secretariat should stop funding sites that are not going to be able to focus on legislative goals, key constituencies, and/or are not making new progress.
- Sites should also consider focusing regionally as opposed to just their city or state.
- Secretariat should increase its outreach to national partners and especially the key constituencies
- It may make sense to consider supporting new partnerships through small grants.

Brought up many questions:

How are U.S./Canadian regional strategies separate from what the Secretariat might be doing? For example, what if the U.S. sites decide that their focus wants to be increasing U.S. clinical trials sites? What if the U.S. sites decide that they want their focus to be on rectal microbicides?

How can North American advocates better support colleagues in the Global South in their efforts (e.g., regulatory issues, how trials are being run, etc.)? Right now, the secretariat plays a role, but the U.S. / Canadian advocates don't have much role other than to ask for increased funding.

How to 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? What are we going to accomplish in the next 2-3 years?

- Increase XX # U.S. / Canadian endorsing groups
- Current U.S. funding levels = \$100M. Increase this figure by \$30-\$40M each year?
- Current Canadian funding levels = \$15M+ Increase this figure by \$XX?
- How can we measure “how many people know about microbicides”
- More general “movement building” outcome

Appendix 7: North American Sites Call – 7 June

During the last Steering Committee Meeting in December – the Steering Committee wanted to make sure that GCM was spending its resources where we can have an impact, there was concern over the U.S. political climate, and we want to make sure that we're being effective. Bindiya has since then conducted a number of meetings with the sites and key advisors. She will be writing up a paper summarizing all of this input and be circulating it to site coordinators in mid-June for their feedback.

The following 3 priorities have been identified for the U.S.:

Cultivate and sustain grassroots support and a demonstrated demand for products so that public investment in microbicide research and development continues to increase.

- Basically, we'll be continuing our advocacy efforts through our 9 U.S. sites, reaching out to the women's health, gay men's, and AIDS communities as key partners.
- Even though we have been working for years, there are still numerous groups we have not tapped.
- Complementing the sites model by increasing outreach to national groups, to constituents that are not "geographically based"
- The legislative agenda is on the move as we have bipartisan support in both the House and the Senate.
- A newer twist is that we need to create messages for long-term advocacy. We have been saying 5-7 years for 5-7 years. How do we keep people's attention for such a long time?

Cultivate new allies from three key constituency groups

- Medical students / students in general;
- Physicians / health care providers in general;
- African American women and physicians / the African American community in general

Why conduct outreach to these three constituents in particular?

- can be a strong advocacy force
- critical in responding to any concerns that might pop up as the trials proceed (e.g., damage control)
- speak with authority
- have not focused a great deal of energy on these constituents in the past

Based on guidance from the secretariat, place pressure on pharmaceuticals to ensure that the product pipeline continues to move forward – we still need some time to develop this goal.

Discussion from the Group:

Stanford recently spoke at 2 alternative high schools and talk about protection, etc. and the students were very receptive. Stanford also brought up the point that it is important to reach out to students and start educating the next generation and that students can become advocates and inspire others.

Terri brought up the point of doing outreach to the **Latina** community. Many were supportive of this idea, though Laurie pointed out that some people in the community may want to keep the focus on more immediate needs such as access to care. Jess suggested that one (outreach to Latinos) doesn't have to be at the exclusion of the other (African Americans). There will be some groups better positioned to reach out to the Latino community and others that will be better to reach out to African American communities.

Mitchel suggested that while turning to med students and physicians, we wouldn't want to lose the great work GCM has done in local community organizing.

Talata emphasized that it is especially because we are in a conservative political climate that we need to keep advocating for microbicides now more than ever.

The **public health community** is also a very important group that we're missing. They also will be doing a lot of the health education – especially educating low-income groups and also be responsible for ordering supplies out of their budgets – if we want them to order microbicides as well as condoms, etc. it is important that we reach out to them.

Side Note:

The question of access was brought up. Ensuring access to microbicides remains a critical goal for the Global Campaign, though we are not doing a great deal of work on this issue right now. The International Partnership for Microbicides (IPM) will be hiring someone to focus on access issues in the coming year, and we will be sure to collaborate with their efforts. One of the IPM's criteria is access – can we do it relatively cheaply and quickly. They screen candidates based on cost-effectiveness. And yes, they are only one player but they are an important one and working to set a standard.

Appendix 8: Comments from sites and critical advisors

Many people sent comments in response to the June draft of this document. Below is a synthesis of the comments that were received, and a quick response. Original text is bolded, comments are in plain text (and certain ones are in quotations), and responses are in italics. General wording and proofreading comments have been omitted.

MEDIA ATTENTION

“Media attention does not translate to community-based knowledge – unfortunately. For example, the majority of service providers (HIV/AIDS) here do not know about microbicides AT ALL.”

Response: added a note about this distinction on page 4

COMMUNITY EDUCATION STILL NEEDED

“It would be helpful to continue to distinguish the differences in focus and strategy between the two organizations (assuming these differences exist).”

Response: added an explanation of the differences between the two organizations in Appendix 9

MENTORING BETWEEN SITES

“I think that the more experienced sites could be supported to work with younger sites.”

Response: added as a suggestion on page 8

INCREASED FUNDING FOR SITES

“I would advocate that it is the lack of adequate funding in the sites that contributes to the current crisis. There are so many advocacy agendas and while people were interested in the issue they did not have the time to volunteer. The GC depended on funding from other organizations (specifically, staff time) to make this agenda work. This has spotty results. This was a major topic of discussion among the group because we could have done much more with just funding for one person for 10 hours/week who was paid to follow-up on the tasks and act as a coordinator for the group. I think that the GC has to rethink not only the amount of funding it has currently allocated but also where that funding should be expended.”

“Advocacy fatigue is a major issue particularly for microbicides. The strategy to keep this going over the long haul has to include a different financial support structure for the sites (some sites or regions). This will also support sustaining skilled advocates where were trained, passionate and interested but could not continue to work in this issue without support. A lot of expertise and history in groups were lost because of fatigue, burnout and the need to work on other issues that had greater support and/or were more immediate. GC needs to engage site volunteers in ways to best support them.”

Response: Addressed these comments on page 8: At this time, the GCM is unable to increase funding for U.S. sites. It is important that the secretariat keeps realistic expectations for sites due to the fact that they are run by volunteers who have dozens of other (paying) priorities and that issue fatigue can be a problem.

REGIONAL OUTREACH INSTEAD OF CITY/STATE LEVEL

“It seems to me that we need to move to regions AND city-sites. This means that the older, more functional and experienced sites could take on a larger role in technical assistance and mobilization support for the newer sites. This would be an opportunity for the local sites to have a broader community awareness and organizing agenda. It would also help with the ongoing issues of volunteer shortages, etc.”

“I think that because the GC does not have unlimited resources to support the current sites, let alone new sites, it makes more sense to think about regions (a grouping of several sites). Also, because the HIV epidemic looks very different in the various regions of North America, it makes more sense to develop regional strategies.”

A regional format would allow the GC to utilize experienced advocates in supporting new sites, etc. This is like a speaker’s bureau and it takes coordination and support. Who will provide the coordination for this kind of endeavor? This model will require some money – at least to do continuing educational support for these advocates and to provide transportation and housing (if they are asked to support sites that are not in their communities but still in their regions). Yes, you will also have to think about how to support these individuals in a way that will sustain their commitment and interest for the next 5 years!

Response: Emphasized the regional level on page 7.

WHAT DOES IT MEAN TO BE A GLOBAL CAMPAIGN SITE?

“The funding of sites and the agreements with sites around relationship, alignment of strategy and outcomes needs to be explored. After all, anyone can set up a microbicide advocacy group using your materials that is available on the GC website. What makes a group an official GC site is the funding and adherence to the GC strategy. It does make sense to remove funding if outcomes are not met but this means that clear and realistic outcomes have to be set at the beginning of the relationship. This means that the GC has to have very clear guidelines about the level of capacity of a particular group has to demonstrate in order to qualify for application as an official site.”

“I think that the next step is to engage the current sites in an in-depth conversation about “official” and “unofficial” sites. What do these terms mean? If there is a regional model – who will be at the table? Will a regional model allow for autonomy for the groups and at the same time support the integration and alignment of these groups with overall GC strategies?”

Response: Added some discussion on page 8 to address this period of adjustment.

ADDITIONAL CONSTITUTENCIES / PARTNERS TO INCLUDE

If we are to make significant inroads to the Black and Latino communities we will have to include **faith-based communities**. Both the Black and Latino communities are socially conservative (regardless of who is in the White House) – this is a major strategic oversight – even more so in the current political climate. It means that the microbicide community has to rethink its message – but repackaging one’s message to reach a particular constituency is a standard of effective communication.

I would like to see the words **rectal microbicides!** And I think somewhere we should be explicit about needing to expand our pool of advocates to engage **gay men** to work on microbicide advocacy in general and RM advocacy in particular.

It may be important politically to have at least one funded "**southern state**" due to the high ranking numbers of HIV in the southern U.S. region. A coalition of folks put together the Southern States HIV manifesto a couple of years ago talking about the need for increase services as the southern states take on the burden of the higher number of HIV infections in the country. I have always felt like we needed a site or more interaction with Florida ... yes, it is a conservative state but lots of different populations.. racially, gender, medical students, immigrants, and a number of ASO's and NGO's.

Response: Have added discussion on pages 6 and 7.

PREPARING COMMUNITIES FOR MICROBICIDES

“I think that while it is premature, it is not too early to look at how to do this. What about looking at the best models for getting this product to women? What about research on the cost? Who will the partners be then – chain drug stores, local bodegas, local and state health departments? While no specific action is required right now, a lot of thinking is needed so that communities are ready. Keep in mind that there will need to be a lot of education because we know that the first generation of this product will not be even 80% [effective]. This means that the product will start off with a disadvantage to the condom. How it is marketed, how people are educated (health professionals, etc.) is critical to whether or not people will use the product. If not, we will have another “female condom” on our hands and this could impact the funding for the other generations of microbicides. This may be one of the places where there is the potential for partnership with IPM.”

Response: Expanded the discussion on page 7 on preparing communities to explain why this is not a primary goal at this time.

MAKING MICROBICIDES A HOUSEHOLD WORD.

“The microbicide community will have to do some social marketing around this issue. People watch television – you can go to the deepest desert and find some dish set up for television. To make microbicides a household word, this has to be considered. There are groups who have had some success at this. Also, there are organizations who fund this kind of thing. In terms of building awareness about these products, a large media campaign could give you more bang for your bucks. What it will not do is result in community organizing results. You may want to use this option in connection to laying the groundwork when the product is ready for the market.”

Response: expanded discussion on page 7 to explain that we can consider social marketing / TV as we get closer to a product, but still might not be the Global Campaign’s role.

APPEALING TO DOMESTIC AND GLOBAL GROUPS TOGETHER

How do we appeal to domestic groups whose mandate is focusing on domestic issues, while the secretariat is focused on a global perspective? The secretariat has to bring the two groups together. A primary role for the secretariat has to be bridging the gap between the local and the global in tangible ways. This will support greater collaboration and cross-fertilization of ideas and strategies. At the end of the day, the strategies will differ but the goal is the same. The secretariat has to take on this role of moving both groups towards that goal.

Response: expanded discussion under remaining questions on page 9.

OUTCOMES:

- **Increase XX # U.S. endorsing groups.** Would you like this to double? Triple? How many new partners per “site” would it take to achieve those levels? This is something that can be worked on when we are not pushing for legislation- and it is a concrete way to engage people. Should be discussed with sites.
- **Current U.S. funding levels = \$100M.** Increase this figure by \$30-\$40M each year? What amount is likely to be needed and feasible? Need to look at Alliance figures and field needs.
- **How can we measure “how many people know about microbicides”** Surrogate measures could include documenting mainstream references in media, mentions by non-microbicide speakers at conferences, ask audiences at the beginning of programs how many people had heard of microbicides before and noting changes over time in percentage

- **A more general, less quantifiable, “movement building” outcome** – For example, the inclusion of microbicides on agendas of other feminist, public health, and HIV organizations. Inclusion as a priority of big conferences such as AIDSWatch.

Response: added these questions and suggestions into the outcomes section on page 9.

“I don’t think that the GCM can continue to use a solely volunteer based model and expect specific and measurable outcomes. The challenge of funding advocacy is that it seems to have no end in site. Developing and managing specific outcomes will support GC fundraising efforts: donor fatigue is a reality and funders need to know what they will get for their investment.”

“I agree that outcomes are vital. But you need to invest in a well-trained and supported human resources base to increase your chances of reaching the predetermined outcomes. The sites need targets AND they will need support. Sites who receive funding will need clear guidelines about outcomes and their connection to funds. GCM will have to provide other kinds of support (e.g., evaluation research tools, etc.) in order to measure whether or not these sites are meeting their outcomes. All this takes more funding not less. How to divide this limited amount of resources to meet outcomes is going to be a critical issue for the GCM. I would also suggest looking at other resources for funding.”

Response: additional discussion about targets and outcomes was added to this section on page 9.

Appendix 9: International Partnership for Microbicides and the Global Campaign

As the IPM increases its role in resource mobilization and public awareness-raising in the U.S., it is helpful to look at the differences and similarities in the two organizations. The following is excerpted from a fact sheet prepared by GC Europe and IPM Belgium – available at www.global-campaign.org/gceurope.htm

Common goals:

IPM and GCM share a mutual vision of the existence and widespread use of microbicides to prevent HIV. Both entities are working to raise awareness of the need for new prevention options for women and specifically to ensure that microbicides are adequately funded. Both organisations are also committed to the availability and accessibility of microbicides to those women most in need of them, particularly in developing countries.

In addition to these goals, IPM and GCM also have distinct objectives:

IPM was created to identify and address gaps or bottlenecks in microbicide development and access and to serve as a resource for the global microbicide field. Since its founding in 2002, IPM has established collaborations that are optimal for the most cost-efficient and rapid development of highly promising drugs, conducting state-of-the-art research on optimal formulations and delivery methods, and developing clinical trial sites to facilitate the conduct of large-scale efficacy studies.

As a global movement, the Global Campaign acts as an umbrella under which NGO-based microbicide advocacy work can occur in a unified, harmonized manner. The Campaign is working to ensure that, as the science proceeds, the public interest is protected and the rights and interests of trial participants, potential product users and communities are fully represented and respected. The Campaign actively supports the creation of a range of user-controlled prevention methods for women, including the female condom and other cervical barrier methods.

IPM	<i>BOTH</i>	GCM
Conducting high-level advocacy (e.g. Ministerial & G-8 level)	<i>Raising awareness of the need for microbicides</i>	Generating grassroots advocacy and building constituent-based national and regional campaigns
Focusing exclusively on microbicides for women in developing countries	<i>Advocating for increased resources for the field including IPM & GCM</i>	Emphasis on needs of users in both industrialized and developing countries including gay men
Developing ARV-based products with HIV endpoints	<i>Striving for a range of microbicide products</i>	Advocating for a full range of HIV/STI prevention tools (female condoms and other barrier methods)
Basic and clinical science: widening pipeline, screening potential products & building clinical trial capacity	<i>Advocating for increased microbicides research and development</i>	Building consensus around pivotal research issues (ethical challenges and community involvement)
Designing and implementing scientifically and ethically sound clinical trials	<i>Advocating for increased clinical trial capacity</i>	Building NGO capacity to support trials and ensuring accountability to the end-user
Promoting product development policy (regarding regulatory issues, IP and manufacturing capacity)	<i>Creating a supportive policy environment</i>	Supporting development of mathematical models and policy research to evaluate potential impact
Conducting country preparedness studies and market research	<i>Acceptability research</i>	Advocating for expanded social/behavioral studies
Encouraging pharmaceutical engagement incl. Negotiating with pharmaceutical industry to access promising candidates	<i>Advocating that pharmaceuticals release promising leads for development</i>	Campaigning for removal of N-9 from condoms and sexual lubricants
Working with international and national media	<i>Ensuring accurate media coverage</i>	Working with NGO and community media