



Global Campaign News – Issue #47 January 11, 2005

Welcome to the biweekly *Global Campaign News*! The *Global Campaign News* is a forum for international exchange on microbicide activities and information with an aim to build a more informed and integrated movement for microbicide development and other prevention options against HIV and STDs. This and previous issues of GC News are available online at <http://www.global-campaign.org/gcnews.htm>

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Research

Several major media sources have recently reported on efforts by Dr. Jonathan Fishbein, a clinical research specialist, to “blow the whistle” on perceived problems with HIVNET 012, a US government funded study on the use of an anti-retroviral drug Nevirapine (NVP) to prevent mother to child HIV transmission. The study was initiated in 1997 and provided single doses of NVP to HIV-positive pregnant women in Uganda during delivery and to their babies shortly after birth. The study results demonstrated that this treatment prevented HIV transmission to newborns in as many as half of births.

According to USA Today (01/04/05), “Fishbein did not draw any conclusions about whether nevirapine is a safe or effective drug. Instead, he discussed a number of problems with the practices of the researchers involved in the study. He cited shoddy data collection, record-keeping and quality control issues. Because of those concerns, he said, the results of the study could not be trusted”.

Coverage of this debate has raised a storm of controversy among scientists, advocates and others around the globe. Perhaps the most problematic aspect of this debate is the manner in which it has been carried out in the media – with sound bites and over-simplification largely replacing nuanced discussion of the issue. All sides agree that the data collection discrepancies Dr. Fishbein pointed out do not alter the study’s fundamental findings. Nevertheless, rhetoric likening HIVNET 012 to the infamous Tuskegee experiment and saying that researchers used the women participating the study as “guinea pigs” has promoted wide-spread suspicion that may lead women and their doctors to reject the single-dose NVP option, even in the absence of other alternatives. If this happens, thousands of newborn lives could be put at needless risk.

Long time HIV/AIDS journalist and activist Bob Rohr's excellent commentary on this complex debate appears in the current issue of the British Medical Journal, available at <http://bmj.bmjournals.com/cgi/content/full/330/7482/61-a>. It makes interesting reading for microbicide advocates – as we struggle, ourselves, to address the complexities inherent in advocating for accurate, ethical clinical trial standards that can be applied in resource poor settings where the need for more prevention options is overwhelmingly urgent.

Another excellent source that explores the issues behind this debate is available at:

http://www.thebody.com/atn/nevirapine_controversy.html

French Campaign for Microbicides is launched Europe

A group of leading French NGOs in the field of reproductive health and HIV/AIDS have jointly launched a campaign in partnership with the Global Campaign for Microbicides to denounce the failure of public authorities to take action on women's increasingly high risk of HIV globally and calling upon them to invest in microbicides. In France itself, 43% of heterosexually-acquired infections are among women. Members of the French public are being urged to send postcards to the French government, the European Union and UNAIDS calling on them to increase their commitment to microbicides.

The campaign kicked off on World AIDS Day with a joint press conference by AIDES, the French Movement for Family Planning, Sida Info Service, and the Kiosque Info SIDA. These agencies have come together to jointly coordinate a 3 month action which will culminate on March 8th, 2005 in Paris with a meeting of NGO activists, researchers, and political decision makers.

For more information, please contact Graciela Cattaneo, AIDES' national key contact for women's issues at: gcattaneo@aides.org

Global Campaign Steering Committee Meets and Advises on Campaign Direction Global

On December 9-10, the Global Campaign held its annual Steering Committee Meeting in London, in conjunction with a meeting of the Women's Prevention Options sub-committee of the Global Coalition on Women and AIDS.

Earlier this year, the Global Coalition on Women and AIDS (a UNAIDS entity) identified seven key areas of action critical to addressing the fundamental gender inequalities fueling HIV spread among women and girls. They then designated organizations to lead collective action in each area, including asking the Global Campaign for Microbicides to jointly spearhead with the International Partnership for Microbicides, action on Point #6 – promoting access to new prevention options.

Since there is considerable overlap between the Global Campaign Steering Committee and the key partners to advance our work for Global Coalition, the two meetings were combined. Guest facilitators and additional partners joined us for a comprehensive discussion of potential strategies for female condom advocacy – the first priority issue we were asked to address by the Global Coalition.

Our newly expanded and highly diverse Steering Committee met to provide strategic guidance for the coming year. The Steering Committee is not a formal Board of Directors and does not have fiduciary responsibility for the Campaign. That responsibility lies with the Board of Directors of PATH, the NGO that houses the Campaign's main secretariat in Washington DC. The steering committee does, however, provide vital feedback to the secretariat staff, both about the workings of the Campaign and the wider needs of the field. Ultimate responsibility for program implementation lies with the project staff, but we take very seriously our responsibility to do this work in a way that reflects the views, opinions and recommendations of the Steering Committee.

The major themes raised at this year's Steering Committee included:

Accountability: The Global Campaign should continue to serve as a watchdog for the field, monitoring how resources are spent, with a special emphasis on advocating that a portion of resource go to priorities beyond R&D, including social science research, community involvement training, capacity building for NGOs, and advocacy for access.

It must also **evaluate how key scientific questions are prioritized** – such as microbicide safety and effectiveness for HIV positive women, the balance between contraceptive versus non-contraceptive microbicide development, the growing focus on second generation products and the positioning of rectal microbicides in the field (are we over-

promising or under-advocating?). Most of all, the Committee advised us to keep our emphasis on enhancing and monitoring civil society participation in decision-making about research and resource allocation.

The Committee also reviewed the **need for enhanced networking and sharing of resources** and information – urging us to pay particular attention to south-north and south-south information flow and collaboration, as well as north-south. We explored ways of preparing our constituencies and the general public for the upcoming Phase 3 clinical trial results – which may be interpreted as success or failure and which will undoubtedly highlight plenty of remaining unknowns. We need to start planning now for management of public expectations.

Finally, we discussed our **growing and changing relationships** with other organizations and networks. We fill a very necessary niche by representing civil society and playing a global role in coordination of civil society movement on this issue. We also remain the only microbicide-focused organization that is not tied to, or perceived to be linked to, a product or product sponsors.

As our relationships and partner networks grow, however, we need to adapt our level of engagement in different circumstances: such as playing a supportive role to the vibrant new networks that are now emerging in Africa while continuing to offer more hands-on involvement in places with great need but little activity.

The current Steering Committee membership includes:

Promise Mthembu, International Community of Women Living with HIV/AIDS, South Africa

Gaye Tharawan, women's health advocate, Thailand

Janneke Van Wijgert, International Antiviral Therapy Evaluation Centre, The Netherlands

Chris Elias, PATH, US

Joan Tallada, Grupo de Trabajo sobre Tratamientos del VIH, Spain

Kim Dickson, DFID Nigeria, Nigeria

Laurie Sylla, Connecticut AIDS Education and Training Center/Yale University School of Nursing, US

Manju Chatani, African Microbicide Advocacy Group, Ghana

Marc Andre LeBlanc, Canadian AIDS Society, Canada

Margaret Muganwa, Society of Women and AIDS in Africa, Uganda

Cory Richards, The Alan Guttmacher Institute, US

Monike Van der Kroef, AIDS Fonds, The Netherlands

Paddy Connolly, Cairde, Ireland

Deborah Arrindel, American Social Health Association, US

Sheena McCormack, UK Medical Research Council Clinical Trials Unit, UK

Shira Saperstein, Moriah Fund, US

Vimla Nadkarni, Tata Institute for Social Sciences, India

Deborah Arrindel, American Social Health Association, US

Sisters Speak Out in Atlanta

North America

By: Terri Wilder, Coordinator, Georgia Campaign for Microbicides

On December 13th, 59 African American women attended an educational event called *Sister's Speak Out* at a local Jazz club in Atlanta. The event, sponsored by the Georgia Campaign for Microbicides and Emory's Hope Clinic, had a special format in which facilitators engaged participants in discussion at three different tables.

The first table discussion focused on the basic of microbicides and was led by Dr. Lynn Paxton from the Center for Disease Control and Dr. Lisa Flowers from Emory University. The second table was facilitated by Dazon Dixon-Diallo of SisterLove and Susan Richardson from the Hope Clinic where they discussed barriers and challenges to microbicides. The third table, facilitated by Tonia Poteat from Grady Health System and Antoinette Barnes from SisterLove, engaged participants to discuss their hopes for and the advantages of microbicides.

At the end of the interactive discussion, all of the participants, volunteers, and facilitators enjoyed a lovely dinner, the opportunity to win a raffle prize, and the live jazz music. The feedback was positive and the women seemed to enjoy this format of learning. The Georgia Campaign for Microbicides looks forward to collaborating on future events with Emory's Hope Clinic as they prepare to begin recruitment for their Phase I Microbicide Trial.

Special thanks to: Sisterlove, Inc., AIDS Treatment Initiatives, the Georgia Campaign for Microbicides planning committee, Paula Frew, Dan Dunable, Moses Renault-Moses, and Guy Pujol.

Gender Equality Needed in South African HIV/AIDS Policy

Africa

Originally published: UN Integrated Regional Information Networks/ AllAfrica, Inc., November 8, 2004.

South African lobby group, the Gender Aids Forum (GAF), is calling for a stronger emphasis on addressing gender inequalities in the national HIV/AIDS policy.

"Gender-based power imbalances are not reflected in the national AIDS plan. South Africa is missing a debate about what gender means for the fight against HIV/AIDS," GAF team leader Dawn Cavanagh told PlusNews. The GAF, a countrywide initiative based in the port city of Durban, plans to pressure South African national and provincial health officials to focus on the sexual rights of women. The group is also calling for female-controlled methods of contraception to be included in the national treatment programme.

According to Sibani Mngadi, a spokesperson for Health Minister Manto Tshabalala-Msimang, women and children were the "main target group in terms of healthcare services provision" in the country, but he refused to comment directly on GAF's criticism that women's sexual rights and female-controlled contraception had been neglected in the treatment plan.

The organisation has drafted a document containing recommendations on legal guidelines for women's sexual rights and microbicides for the government's new Health Plan, which will be launched in April 2005. Cavanagh said the document was in the process of being endorsed by civil society and key South African women leaders, and would be submitted to the Department of Health early next year.

The pandemic could not be reversed unless government provided the resources needed to ensure women's right to sexual and reproductive health, she noted.

Policy-makers and civil society had to concentrate on women's long-term strategic interests, particularly the elimination of power imbalances with men. "Because patriarchy is so entrenched in our society, many people – men and women - don't even truly believe that gender equality is necessary or possible," Cavanagh remarked. According to a report by the New York-based NGO, Human Rights Watch, legal and judicial remedies for violations of the rights of women and girls were often "inadequate or nonexistent".

South African law protects the rights of women and supports gender equality on paper, but these laws are poorly enforced. "We have laws to protect women against violence, but we have a big gap in putting them into effect. There needs to be more pressure on the police," Cavanagh said.

She called on the government to provide training and resources to police and judicial officers to facilitate the reporting and prosecution of gender-based violence.

The role of men in promoting gender equality and curbing the spread of the disease was critical, as existing interventions had so far concentrated on women.

Gender was not just about women, but also "about the power-relationships between men and women." Nevertheless, there were challenges in addressing male sexuality in a patriarchal society such as South Africa. "Women can't take away men's power unless men are willing to cooperate," Cavanagh commented.

Tenofovir Trials featured in *Washington Post*

Africa

On December 22nd, the Washington Post published a well-written article by Craig Timberg on oral Tenofovir trials, "Dose of Prevention Where HIV Thrives: Nigeria Brothel Is Test Site for New Pill". The full article is available at www.washingtonpost.com, search word: *Tenofovir*.

Timberg provides a snapshot of the severity of the HIV epidemic in Africa and discusses oral Tenofovir as one possible prevention method alongside microbicides and vaccines. Quoted in the article is Nigerian microbicide advocate Morenike Ukpog, who works closely with the Nigerian AIDS Vaccine and Microbicide Advocacy Group (NAV MAG)..

The article goes on to observe, “Among the most appealing aspects of a drug taken daily to prevent HIV, say researchers, is that women could take it privately at a time of their choosing, without a husband or other sexual partner knowing. Married women -- even those who are monogamous -- are among those most vulnerable to AIDS because husbands who have sexual relations with other women may be unlikely to take precautions or alert their spouses.”

Timberg also brings up the ethical and scientific challenges around Tenofovir trials including whether healthy people will use a drug regimen consistently, the challenges around placebos, and issues of long term treatment for people who sero-convert during the trial.

Finally, the article focuses on the trials going on in brothels in Ibadan, Nigeria. “About 125 prostitutes here are pioneers in a U.S.-funded study that will ultimately involve 5,000 volunteers in seven nations [Nigeria, Ghana, Cameroon, Malawi, Botswana, Thailand and the U.S.]. The study seeks to determine whether a single daily dose of an AIDS drug called Tenofovir can prevent infection from taking hold in healthy people, the way birth control pills prevent conception. If the pills work -- and if such high-risk groups as prostitutes, soldiers and truck drivers can be persuaded to take a pill every day even though they are not sick -- researchers said it could slow a disease that is devastating Africa and much of the developing world.”

Microbicide Article in IPPF European Network’s Choices publication Europe

Microbicides were featured in the December 2004 edition of IPPF European Networks annual journal, Choices. 'Choices' is an issue-oriented and informative journal, with a focus on sexual and reproductive health and rights in Europe. The December 2004 edition is entitled: “Facing Europe’s HIV/AIDS Epidemic: Integration with Sexual and Reproductive Health and Rights.” The edition includes an article by GC Europe Coordinator, Rebekah Webb that gives an overview of what microbicides are, how they work, what the European Union has done to date, what role microbicides could play in Europe and how sexual and reproductive health clinics and served providers can help. This article is available on-line on the GC Europe site: <http://www.global-campaign.org/europemedia.htm> Previous editions of Choices are available at: <http://www.ippfen.org/site.html?page=34&lang=en#4>

Building a microbicides movement in India: Starting with the community Asia

By Megan Gottemoeller & Bobby Ramakant

Megan Gottemoeller and Bobby Ramakant profile the growing movement for microbicide advocacy in India during a recent edition of Sexual Health Exchange. Sexual Health Exchange is a quarterly, 16-page newsletter produced by KIT in collaboration with Southern Africa AIDS Information Dissemination Service (SAfAIDS - <http://www.saf aids.org.zw/>) in Harare, Zimbabwe. India has a strong regulatory and manufacturing sector that could speed access to safe and effective microbicides. In addition, India has a long tradition of social movements and a vibrant NGO sector that could encourage active inclusion of civil society and communities in product research as well as policy development. The full article is available on-line at: http://www.kit.nl/ils/exchange_content/html/2004-3_4_building_a_microbicid.asp

We welcome your input and contributions for future issues!

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