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1. ALLIANCE UPDATES AND COMMUNITY NEWS

Newsletter on FEM-PrEP Trial Now Available Online

<http://www.fhi.org/en/Research/Projects/FEM-PrEP.htm>

The *FEM-PrEP Trial Update Newsletter* is now available for public access online at the above website.

The FEM-PrEP (pre-exposure prophylaxis) clinical trial -- led by Family Health International (FHI) -- is designed to test the safety and effectiveness for HIV prevention of a daily dose of a pill called Truvada.

Rectal Microbicide Development - An African Perspective: Satellite Session at IAS 2009

<http://www.rectalmicrobicides.org>

Date: Sunday, July 19 at 10:15am-12:15pm

Place: International Convention Centre (CTICC)

Convention Square

1 Lower Long Street

Session Room 4

Cape Town

The meeting will describe the role of anal intercourse (AI) in HIV transmission and recent research towards the development of rectal **microbicides** for the prevention of AI-associated HIV infection. Where possible the speakers will include data from the African continent.

Speakers:

- Chris Beyrer, Professor of Epidemiology, Johns Hopkins Bloomberg School of Public Health
- Sibongile Dladla, MSM Project Director, Perinatal HIV Research Unit, University of Witwatersrand
- Ian McGowan, Professor of Medicine, University of Pittsburgh School of Medicine
- James McIntyre, Executive Director, Perinatal HIV Research Unit, University of Witwatersrand & the Anova Health Institute

- Jim Pickett, Chair, International Rectal **Microbicide** Advocates

Moderators:

- Sharon Hillier, Professor of Obstetrics, Gynecology, and Reproductive Sciences, University of Pittsburgh School of Medicine
- Mitchell Warren, Executive Director, AVAC

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2. MEDIA COVERAGE OF MICROBICIDES

"Pitt researcher getting international award for STD work"

Date: 01 July 2009

Source: *Pittsburgh Post-Gazette*

Author(s): Mark Roth

<http://www.post-gazette.com/pg/09182/980974-114.stm>

University of Pittsburgh researcher Sharon Hillier will receive a lifetime achievement award today from the American Sexually Transmitted Diseases Association at a meeting in London. Dr. Hillier, director of reproductive infectious disease research at Pitt's Department of Obstetrics, Gynecology and Reproductive Sciences, will get the Thomas Parran Award, named for the first dean of Pitt's Graduate School of Public Health. It will honor her for her work in the prevention and treatment of sexually transmitted diseases, but particularly in working with women around the world to prevent infection with HIV, which can cause AIDS.

Dr. Hillier heads up the **Microbicide** Trials Network, a federally-funded project in the United States, Africa and India testing whether antiseptic vaginal creams can keep women from being infected with HIV by their male sexual partners. A preliminary study has shown that women using the **microbicides** got 30 percent fewer HIV infections than those who didn't, and she said in a recent interview it is "the first thing that's ever been proven to reduce the risk of getting HIV in women." Her network is now about to launch a study testing the **microbicides** among 5,000 women in South Africa, Uganda, Zambia and Zimbabwe.

She said she was excited to get an award named for Dr. Parran not only because of his connection to Pittsburgh, but because he was a global leader in the early decades of the 20th century in the fight against the AIDS of its day, syphilis. Dr. Hillier said she feels great empathy for Dr. Parran. "His argument was that syphilis was a completely preventable and treatable disease that was causing terrific harm to families and to children, but that all the money was being spent in treating [late-stage] syphilis because that's where hospitals made a lot of money and they didn't want to do the early prevention and treatment that would have saved lives.

"I thought, you know, it's almost 100 years later and it's almost exactly the same story with HIV. We spend a fortune in this country treating people with AIDS, as we should, but at the same time completely neglecting the prevention side of the argument." She noted that the United States is experiencing 54,000 new HIV infections every year, and the number is going up. "I think many Americans still believe there is some kind cellophane protecting us, but they're wrong."

She also said many Americans wrongly believe there is something different about African women, either biologically or socially, that makes them more susceptible to HIV infections. "People tend to think that somehow the women in Africa are wildly different from the women in America, but when you talk to the women there, they have the same kinds of issues of wanting to stay healthy so they can take care of their kids and be in charge of their own lives, and those are human issues and it doesn't matter whether your feet are in Zambia or Zimbabwe or Pittsburgh, Pennsylvania."

"New non-drug fix for HIV?"

Date: 30 June 2009

Source: *The Scientist*

Author(s): Alison McCook

<http://www.the-scientist.com/blog/display/55807/>

Researchers are slowly establishing a connection between an extremely rare genetic disease and HIV -- and homing in on a safe, non-prescription compound that could treat both. Recently, James Hildreth at the Meharry Medical College School of Medicine in Nashville, Tenn., and his colleagues found that cells affected by Niemann-Pick Type C (NPC), which disrupts cholesterol trafficking, were unable to release HIV, suggesting these cells would not spread the virus.

These findings, published May 27 in the *Journal of Virology*, are rooted in a hypothesis Hildreth has explored for a long time: that "cholesterol is somehow essential" to HIV, he said. For instance, HIV-1 relies on specialized structures known as lipid rafts, which are rich in cholesterol, to infect new cells. That line of thinking has led him to investigate whether a compound widely employed by the food and chemical industries (and used as a drug solubilizer) which depletes cells of cholesterol could serve as a preventative agent -- or even a treatment -- for HIV. And his growing body of evidence is suggesting the compound, known as cyclodextrin, might do just that.

"There are very few [compounds] that rival the safety profile" of cyclodextrin, said Hildreth. If further research confirms it has an effect on a disease that affects millions of people worldwide, that would be a major advance, he noted. "It's been exciting for me from the beginning."

Cyclodextrin appears to also show some benefit in NPC, pointing further to a connection between HIV and the rare genetic disease. Indeed, a family with identical 5-year-old twins with NPC recently received permission from the US Food and Drug Administration to give the girls regular infusions of cyclodextrin. NPC leads to marked abnormalities in the liver and brain and is invariably fatal.

"You have no idea what a relief it is to have something to try," said Chris Hempel, mother to Addi and Cassi. The girls have so far received several infusions, starting with one continuous 4-day infusion, and are now getting a series of 8-hour weekly infusions of increasing doses. Hempel said the girls improved remarkably after the first 4-day infusion, showing better control of their head and neck and better balance, and were more affectionate and responsive to people. These improvements waned a bit once the girls switched to weekly doses, but seem to be returning as the doses increase.

In a previous experiment, Hildreth and his colleagues found that adding cyclodextrin to uninfected cells to deplete cellular cholesterol warded off HIV infection. Restoring normal cholesterol levels removed that protection. In a mouse model of HIV, cyclodextrin prevented vaginal transmission of the virus by infected cells. In a primate model, the data were somewhat less promising. When macaques received topical cyclodextrin before being exposed to the virus, the treatment appeared to prevent infection initially, but offered little protection upon re-exposure to SIV, again following cyclodextrin prophylaxis.

Hildreth said that may be because the animals received a massive dose of the virus -- "way more than you'd ever see in seminal fluid in a natural setting" -- and the batches of cyclodextrin used for the repeated doses were not of the same quality. He said he is now repeating the study using a "physiologically relevant" amount of the virus. "We're pretty confident."

Hildreth explained that NPC is likely disrupting HIV transmission by affecting the trafficking of the viral protein Gag. "The very dramatic thing in NPC cells is the Gag protein seems to never make it to the plasma membrane." Currently, Hildreth is developing cyclodextrin as a **microbicide** against HIV. He has filed an investigational new drug application with the FDA, and is investigating whether the compound could serve as a therapeutic.

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EDITOR'S NOTE: *The full text of this article is available for public access at the above website.*

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3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"Safety, tolerability, and systemic absorption of dapivirine vaginal microbicide gel in healthy, HIV-negative women"

Author(s): Nel AM, Coplan P, van de Wijgert JH, et al

Reference: AIDS. 20 June 2009;Epub ahead of print.

<http://www.ncbi.nlm.nih.gov/pubmed/19550287>

Published Abstract: OBJECTIVES:: To assess the local and systemic safety of dapivirine **vaginal gel** vs. placebo gel as well as the systemic absorption of dapivirine in healthy, HIV-negative women. METHODS:: Two prospective, randomized, double-blind, placebo-controlled phase I/II studies were conducted at five

research centers, four in Africa and one in Belgium. A total of 119 women used dapivirine gel (concentrations of 0.001, 0.002, 0.005, or 0.02%), and 28 used placebo gel twice daily for 42 days. The primary endpoints were colposcopic findings, adverse events, Division of AIDS grade 3 or grade 4 laboratory values, and plasma levels of dapivirine. RESULTS:: Safety data were similar for the dapivirine and placebo gels. None of the adverse events with incidence more than 5% occurred with greater frequency in the dapivirine than placebo groups. Similar percentages of placebo and dapivirine gel users had adverse events that were considered by the investigator to be related to study gel. A total of five serious adverse events occurred in the two studies, and none was assessed as related to study gel. Mean plasma concentrations of dapivirine were approximately dose proportional, and, within each dose group, mean concentrations were similar on days 7, 28, and 42. The maximum observed mean concentration was 474 pg/ml in the 0.02% gel group on day 28. Two weeks after the final application of study gel, mean concentrations decreased to 5 pg/ml or less. CONCLUSION:: Twice daily administration of dapivirine **vaginal gel** for 42 days was safe and well tolerated with low systemic absorption in healthy, HIV-negative women suggesting that continued development is warranted.

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4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Sexual transmission of HIV according to viral load and antiretroviral therapy: systematic review and meta-analysis"

Author(s): Attia S, Egger M, Müller M, et al

Reference: AIDS. 17 July 2009;23(11):1397-1404.

<http://journals.lww.com/aidsonline/pages/articleviewer.aspx?year=2009&issue=07170&article=00013&type=abstract>

Published Abstract: Objectives: To synthesize the evidence on the risk of HIV transmission through unprotected sexual intercourse according to viral load and treatment with combination antiretroviral therapy (ART). Design: Systematic review and meta-analysis. Methods: We searched Medline, Embase and conference abstracts from 1996-2009. We included longitudinal studies of serodiscordant couples reporting on HIV transmission according to plasma viral load or use of ART and used random-effects Poisson regression models to obtain summary transmission rates [with 95% confidence intervals, (CI)]. If there were no transmission events we estimated an upper 97.5% confidence limit. Results: We identified 11 cohorts reporting on 5021 heterosexual couples and 461 HIV-transmission events. The rate of transmission overall from ART-treated patients was 0.46 (95% CI 0.19-1.09) per 100 person-years, based on five events. The transmission rate from a seropositive partner with viral load below 400 copies/ml on ART, based on two studies, was zero with an upper 97.5% confidence limit of 1.27 per 100 person-years, and 0.16 (95% CI 0.02-1.13) per 100 person-years if not on ART, based on five studies and one event. There were insufficient data to calculate rates according to the presence or absence of sexually transmitted infections, condom use, or vaginal or anal intercourse. Conclusion: Studies of heterosexual discordant couples

observed no transmission in patients treated with ART and with viral load below 400 copies/ml, but data were compatible with one transmission per 79 person-years. Further studies are needed to better define the risk of HIV transmission from patients on ART.

"Elevated elafin/trappin-2 in the female genital tract is associated with protection against HIV acquisition"

Author(s): Iqbal SM, Ball TB, Levinson P, et al

Reference: AIDS. 23 June 2009;Epub ahead of print.

<http://www.ncbi.nlm.nih.gov/pubmed/19553806>

Published Abstract: OBJECTIVES:: Globally, heterosexual intercourse is the primary route of HIV-1 (HIV) transmission. It follows that mechanisms that protect against HIV infection are likely operative at the genital mucosa. In HIV-resistant Kenyan sex workers who are highly exposed to HIV infection yet remain uninfected, protection correlates with HIV-specific immune responses and genetic factors. However, these factors do not entirely explain this model of natural immunity to HIV. We hypothesized that protection may be mediated by innate immune proteins in the genital tract of HIV-resistant sex workers. DESIGN AND METHODS:: The genital proteome of mucosal secretions from HIV-resistant women was examined using surface-enhanced laser desorption/ionization time-of-flight mass spectrometry. Cervical lavage samples were collected from 315 HIV-resistant, HIV-uninfected and HIV-infected commercial sex workers. RESULTS:: Univariate analysis identified a 6 kDa biomarker of HIV resistance in genital secretions from these women. This protein was identified by tandem mass spectrometry as elafin and was found to be overexpressed in HIV-resistant women compared with HIV-uninfected ($P = 0.001$) and infected ($P = 0.002$) women. The elevated levels of elafin/trappin-2 in HIV-resistant women were confirmed using ELISA. The prospective association of elevated cervicovaginal elafin/trappin-2 levels with protection from HIV acquisition was then confirmed in an independent cohort of high-risk female sex workers. CONCLUSION:: Using a unique proteomics approach in a large scale, cross-sectional cohort study, we identified elafin/trappin-2 as a novel innate immune factor, which is highly associated with resistance. This association was confirmed within an independent, prospective cohort study. Genital tract elafin/trappin-2 levels constitute a natural correlate of HIV protection in humans.

"Maraviroc concentrates in the cervicovaginal fluid and vaginal tissue of HIV-negative women"

Author(s): Dumond JB, Patterson KB, Pecha AL, et al

Reference: J Acquir Immune Defic Syndr. 19 June 2009;Epub ahead of print.

<http://www.ncbi.nlm.nih.gov/pubmed/19546811?dopt=Abstract>

Published Abstract: OBJECTIVE:: To compare single- and multiple-dose maraviroc exposures in cervicovaginal fluid (CVF) and vaginal tissue (VT) with blood plasma (BP) and quantify maraviroc protein

binding in CVF. DESIGN:: Open-label pharmacokinetic study. METHODS:: In 12 HIV-negative women, 7 paired CVF and BP samples were collected over 12 hours after 1 maraviroc dose. Subjects then received maraviroc twice daily for 7 days. After the last dose, subjects underwent CVF and BP sampling as on day 1, with additional sampling during terminal elimination. VT biopsies were obtained at steady state. RESULTS:: Day 1 and day 7 median maraviroc CVF AUCtau were 1.9- and 2.7-fold higher, respectively, than BP. On day 1, 6 of 12 subjects had detectable maraviroc CVF concentrations within 1 hour; 12 of 12 were detectable within 2 hours, and all exceeded the protein-free IC90. On day 7, maraviroc CVF protein binding was 7.6% and the VT AUCtau was 1.9-fold higher than BP. Maraviroc CVF concentrations 72 hours after dose and BP concentrations 12 hours after dose were similar. CONCLUSIONS:: Higher maraviroc exposure in the female genital tract provides a pharmacologic basis for further evaluation of chemokine receptor 5 antagonists in HIV infection prophylaxis. This is the first study to report antiretroviral VT concentrations, CVF protein binding, and CVF terminal elimination.

"HIV disease progression by hormonal contraceptive method: secondary analysis of a randomized trial"

Author(s): Stringer EM, Levy J, Sinkala M, et al

Reference: AIDS. 17 June 2009;23(11):1377-82.

<http://journals.lww.com/aidsonline/pages/articleviewer.aspx?year=2009&issue=07170&article=00010&type=abstract>

Published Abstract: Background: HIV-infected women need access to safe contraception. We hypothesized that women using depomedroxyprogesterone acetate (DMPA) contraception would have faster HIV disease progression than women using oral contraceptive pills (OCPs) and nonhormonal methods. Methods: In a previously reported trial, we randomized 599 HIV-infected women to the intrauterine device (IUD) or hormonal contraception. Women randomized to hormonal contraception chose between OCPs and DMPA. This analysis investigates the relationship between exposure to hormonal contraception and HIV disease progression [defined as death, becoming eligible for antiretroviral therapy (ART), or both]. Results: Of the 595 women not on ART at the time of randomization, 302 were allocated to hormonal contraception, of whom 190 (63%) initiated DMPA and 112 (37%) initiated OCPs. Women starting IUD, OCPs, or DMPA were similar at baseline. Compared with women using the IUD, the adjusted hazard of death was not significantly increased among women using OCPs [1.24; 95% confidence interval (CI) 0.42-3.63] or DMPA (1.83; 95% CI 0.82-4.08). However, women using OCPs (adjusted hazard ratio (AHR) 1.69; 95% CI 1.09-2.64) or DMPA (AHR 1.56; 95% CI 1.08-2.26) trended toward an increased likelihood of becoming eligible for ART. Women exposed to OCPs (AHR 1.67; 95% CI 1.10-2.51) and DMPA (AHR 1.62; 95% CI 1.16-2.28) also had an increased hazard of meeting our composite disease progression outcome (death or becoming ART eligible) than women using the IUD. Conclusion: In this secondary analysis, exposure to OCPs or DMPA was associated with HIV disease progression among women not yet on ART. This finding, if confirmed elsewhere, would have global implications and requires urgent further investigation.

5. PUBLISHED RESEARCH: RELEVANT BEHAVIORAL AND SOCIAL SCIENCE AND EPIDEMIOLOGY

"Health status and behavioral outcomes for youth who anticipate a high likelihood of early death"

Author(s): Borowsky IW, Ireland M, Resnick MD

Reference: Pediatrics. 01 July 2009;124(1):e81-e88.

<http://pediatrics.aappublications.org/cgi/content/abstract/124/1/e81>

Published Abstract: OBJECTIVE: The relationship between adolescents' perceived risk for dying and their involvement in risk behaviors is unknown. We sought to determine the proportion of US youth who anticipate a high likelihood of early mortality and relationships with health status and risk behaviors over time. METHODS: We analyzed data from times 1 (1995), 2 (1996), and 3 (2001–2002) of the National Longitudinal Study of Adolescent Health, a nationally representative sample of youth in grades 7 through 12. The relationship between perceived risk for premature mortality and health behaviors/outcomes was assessed by using bivariate and multivariate analyses. RESULTS: At time 1, 14.7% of the 20594 respondents reported at least a 50/50 chance that they would not live to age 35. In adjusted models, illicit drug use, suicide attempt, fight-related injury, police arrest, unsafe sexual activity, and a diagnosis of HIV/AIDS predicted early death perception at time 2, time 3, or both (adjusted odds ratios: 1.26–5.12). Conversely, perceived early mortality at time 1 predicted each of these behaviors and outcomes, except illicit drug use, at time 2 or time 3, most strongly a diagnosis of HIV/AIDS (adjusted odds ratios: 7.13 [95% confidence interval: 2.50–20.36]). CONCLUSIONS: Adolescent involvement in risk behaviors predicted a belief in premature mortality 1 and 7 years later. Reciprocally, adolescents' perceived risk for early death predicted serious health outcomes, notably a diagnosis of HIV/AIDS in young adulthood. Given its frequency and influence on behavior and health, adolescents' perceived risk for early death should be incorporated into psychosocial assessments and interviews.

"Adult male circumcision does not reduce the risk of incident neisseria gonorrhoeae, chlamydia trachomatis, or trichomonas vaginalis infection: Results from a randomized, controlled trial in Kenya"

Author(s): Mehta SD, Moses S, Agot K, et al

Reference: J Infect Dis. 22 June 2009;Epub ahead of print.

<http://www.ncbi.nlm.nih.gov/pubmed/19545209>

Published Abstract: Background. We examined the effect of male circumcision on the acquisition of 3 nonulcerative sexually transmitted infections (STIs). Methods. We evaluated the incidence of STI among men aged 18-24 years enrolled in a randomized trial of circumcision to prevent human immunodeficiency virus (HIV) infection in Kisumu, Kenya. The outcome was first incident nonulcerative STI during 2 years of

follow-up. STIs examined were laboratory-detected *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and *Trichomonas vaginalis* infection. Results. There were 342 incident infections among 2655 men followed up. The incidences of infection due to *N. gonorrhoeae*, *C. trachomatis*, and *T. vaginalis* were 3.48, 4.55, and 1.32 cases per 100 person-years, respectively. The combined incidence of *N. gonorrhoeae* and *C. trachomatis* infection was 7.26 cases per 100 person-years (95% confidence interval, 6.49-8.13 cases per 100 person-years). The incidences of these STIs, individually or combined, did not differ by circumcision status as a time-dependent variable or a fixed variable based on assignment. Risks for incident STIs in multivariate analysis included an STI at enrollment, multiple sex partners within <30 days, and sexual intercourse during menses in the previous 6 months; condom use was protective. Conclusions. Circumcision of men in this population did not reduce their risk of acquiring these nonulcerative STIs. Improved STI control will require more-effective STI management, including partner treatment and behavioral risk reduction counseling.

"Knowledge of HIV status, sexual risk behaviors and contraceptive need among people living with HIV in Kenya and Malawi"

Author(s): Anand A, Shiraishi RW, Bunnell RE, et al

Reference: AIDS. 17 June 2009;Epub ahead of print.

<http://www.ncbi.nlm.nih.gov/pubmed/19542867>

Published Abstract: BACKGROUND:: Several studies support the need for effective interventions to reduce HIV transmission risk behaviors among people living with HIV/AIDS (PLWHAs). DESIGN:: Cross-sectional nationally representative demographic health survey of Kenya (2003) and Malawi (2004-2005) that included HIV testing for consenting adults. METHODS:: We analyzed demographic health survey data for awareness of HIV status and sexual behaviors of PLWHAs (Kenya: 412; Malawi: 664). The analysis was adjusted (weighted) for the design of the survey and the results are nationally representative. FINDINGS:: Eighty-four percent of PLWHAs in Kenya and 86% in Malawi had sex in the past 12 months and in each country, 10% reported using condoms at last intercourse. Among sexually active PLWHAs, 86% in Kenya and 96% in Malawi reported their spouse or cohabiting partner as their most recent partner. In multivariate logistic regression models, married or cohabiting PLWHAs were significantly more likely to be sexually active and less likely to use condoms. Over 80% of PLWHAs were unaware of their HIV status. Of HIV-infected women, nearly three-quarters did not want more children either within the next 2 years or ever, but 32% in Kenya and 20% in Malawi were using contraception. INTERPRETATION:: In 2003-2005, majority of PLWHAs in Kenya and Malawi were unaware of their HIV status and were sexually active, especially married or cohabiting PLWHAs. Of HIV-infected women not wanting more children, few used contraception. HIV testing should be expanded, prevention programs should target married or cohabiting couples and family planning services should be integrated with HIV services.

6. OTHER PREVENTION APPROACHES

"Knowledge gap about risk of multiple sexual relationships"

Date: 25 June 2009

Source: *Health-e*

Author(s): Khopotso Bodibe

<http://www.health-e.org.za/news/article.php?uid=20032364>

While South Africans are aware that using condoms can prevent HIV infection, the majority do not understand that having more than one sexual partner increases the risk of infection. The recent national HIV prevalence survey asked participants two questions about their knowledge of HIV prevention. The questions related to whether do condoms and having less sexual partners reduce HIV risk. Overall, the knowledge of HIV prevention has dropped from about 60% from the last survey conducted in 2005 to around 40 – 50% on average in 2008 among people aged 15 – 49. Although the survey shows an increase in condom use, especially among the youth, it cautions that more South Africans are not aware that having more sexual partners can lead to HIV infection.

“It’s not surprising. It’s quite interesting, though. I think as a country we all focused on condom use and we all said, over many years, ‘people are not going to change their behavior; it’s too hard to tell people to stick to one partner; sexuality is difficult to control; so let’s just tell people to use condoms’. What happened is that we all neglected that message”, says Dr Sue Goldstein, Soul City’s Senior Executive for Health Programmes, in response to the finding.

Goldstein says neglecting warning people of the dangers of multiple sexual partners was a “mistake”. “One of the things that I believe why we made the mistake of not focusing on not having one partner was some of us looked at it from a woman’s perspective. If you’re a woman in a marriage and you are faithful to your partner, it doesn’t mean that you’re safe from HIV because if your partner goes out and has sex with other people he can infect you. And so, the issue of ‘stick to one partner’ as an individual is not a really safe strategy, always. But at a population level, it’s a really important strategy to decrease the number of partners. You’re cutting back on those sexual networks and you’re making them smaller and more isolated so that HIV can’t spread through them”, she said.

She added that prevention programme designers also assumed that it will be difficult for people to understand the message. As a result, the message that having multiple sexual partnerships, especially established ones that are maintained over a lengthy period can breed HIV infection, was hidden away from the public. “When you have more than one partner at a time, you get linked into their sexual network that people can’t see. You don’t know that you’re having sex with your partner’s ex ex... You’re linked in. That you don’t know - and certainly when you’re having sex - you don’t think about it. But the key issue that makes HIV risk so high is that when you have more than one long-term partnership, you trust your partners. And so, after a couple of months you look good, you’re happy together and you stop using condoms. And that’s where the risk comes in. People don’t use condoms in long-term relationships”, she said.

Although the survey did not go into detail into the types of relationships termed 'multiple and concurrent partnerships', it shows that the number of people who have had more than one sexual partner in one year hasn't increased dramatically. However, provincial breakdowns show that in the Free State the number of people who have had more than one sexual partner in the last year has more than doubled from the last survey in 2005. With 14.6% of the respondents admitting to having had more than one sexual partner in one year, the Free State tops all the provinces, followed by the Eastern Cape and the North West province.

"If you have lots of partners, every new partner increases your risk of HIV, there's no doubt", said Goldstein. That is particularly true if you don't use condoms consistently. But just like it's proven that people have started to realise the importance of using condoms, there is hope that South Africans will also understand why it's crucial to stick to one partner.

"Ten years ago, I remember these discussions around condoms and people said: 'You know what? People are never going to use condoms. It's like eating sweets with a wrapper on. Don't tell us. South Africans will never use them'. And if you look at the stats in the HSRC study, they're absolutely fabulous. People are really using them", added Goldstein.

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7. NON-HIV STIS AND REPRODUCTIVE HEALTH

"Merck's Gardasil may not be cost effective in boys"

Date: 24 June 2009

Source: *Bloomberg News*

Author(s): Tom Randall, Shannon Pettypiece

<http://www.bloomberg.com/apps/news?pid=20601202&sid=arSfxkdZusrk>

Vaccinating all boys with Merck & Co.'s Gardasil, used to prevent cervical cancer, may be less cost effective than for girls, a study said. The improvement in quality and length of life may not be worth the cost of vaccinating boys with Gardasil to protect against the spread of the sexually transmitted virus that causes cancers of the cervix, anus and penis, according to an analysis by Harvard researchers. The study was presented today to advisers to the U.S. Centers for Disease Control and Prevention. Health officials should focus on vaccinating girls, said the study authors.

The research differs from Merck's analysis of boys and young men up to age 26 that found vaccinating them with Gardasil was cost effective. Vaccinating males may help prevent them from spreading the cancer-causing human papillomavirus, or HPV, to women as well as protect them against genital warts and pre-cancerous lesions, Merck said. CDC's Advisory Committee on Immunization Practices plans to vote in October about whether Gardasil should routinely be given to boys.

"Dollar for dollar, you want to achieve coverage in girls," said Jane Kim, an author on the Harvard study and an assistant professor of health decision science at Harvard University's School of Public Health in Boston.

Merck, based in Whitehouse Station, New Jersey, rose 34 cents, or 1.4 percent, to \$25.45 in New York Stock Exchange composite trading. It has declined 31 percent in the past 12 months on falling sales of Gardasil and its cholesterol drugs Zetia and Vytorin.

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EDITOR'S NOTE: The full text of this article is available for public access at the above website.

"African women with HIV 'coerced into sterilisation'"

Date: 22 June 2009

Source: *The Guardian*

Author(s): David Smith

<http://www.guardian.co.uk/world/2009/jun/22/africa-hiv-positive-women-sterilisation>

Women in Africa are being sterilised without their consent after being told the procedure is a routine treatment for Aids, a lawsuit will claim. Forty HIV-positive women in Namibia have been made infertile against their will, according to the International Community of Women Living with HIV/Aids (ICW). The group is preparing to sue the Namibian government over at least 15 cases. Campaigners also report coerced sterilisation in the Democratic Republic of Congo, Zambia and South Africa, where according to one report a 14-year-old girl was told she could have an abortion only on condition that she agreed to sacrifice her reproductive rights.

The ICW has documented cases in Namibia where HIV-positive women minutes from giving birth were encouraged to sign consent forms to prevent them from having more children. Jennifer Gatsi-Mallet, its co-ordinator in the country, said: "They were in pain, they were told to sign, they didn't know what it was. They thought that it was part of their HIV treatment. None of them knew what sterilisation was, including those from urban areas, because it was never explained to them.

"After six weeks they went to the family planning centre for birth control pills and were told that it's not necessary: they're sterile. Most of them were very upset. When they went back to the hospital and asked, 'Why did you do this to us?' the answer was: 'You've got HIV'."

Gatsi-Mallet said that some women were now afraid to go to hospital in case they are sterilised, and infertile women were often rejected by their husbands and communities: "In African culture, if you are not able to have children, you are ostracised. It's worse than having HIV."

African women aged between 20 and 34 have a higher prevalence of HIV than any other social group; in South Africa one in three is infected. On average an HIV-positive mother has a one in four risk of transmitting the virus to her child. With the latest antiretroviral drugs, the probability can be cut to less than one in 50. But such medical interventions are underfunded and inaccessible to millions of women across

the continent.

The ICW accuses the Namibian government of encouraging state doctors to sterilise HIV-positive women as a means of preventing the spread of the virus. Its request to see the government's official guidelines has been refused. It hopes to bring 15 or more cases to court later this year.

A media report from Namibia last week highlighted the plight of Hilma Nendongo. A few weeks after giving birth, she was asked by a nurse: "Oh, did they tell you that you had been sterilised?" Nendongo, 30, who is HIV-positive, suddenly remembered that hospital staff had told her to sign some papers as she entered the operating room for a caesarean section. "It was a very big shock," she told Canada's Globe and Mail newspaper. "I was very emotional ... I wanted a sister for my three boys, and now I can't have one."

In South Africa, cases are being referred to the Women's Legal Centre with a view to a possible action. Promise Mthembu, a researcher at Witwatersrand University, said coerced sterilisations were happening in "very large areas" of the country. Many patients were forced to undergo the operation as the only means of gaining access to medical services, Mthembu told the Mail & Guardian newspaper.

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8. HIV/AIDS FUNDING

"Global health funding: how much, where it comes from and where it goes"

Author(s): McCoy D, Chand S, Sridhar D

Reference: Health Policy Plan. 01 July 2009;Epub ahead of print.

<http://heapol.oxfordjournals.org/cgi/content/abstract/czp026v1?maxtoshow=&HITS=1&hits=1&RESULTFORMAT=&andorexacttitle=and&andorexacttitleabs=and&fulltext=microbicide%2C+microbicides&andorexactfulltext=or&searchid=1&usestrictdates=yes&resourcetype=HWCIT&ct>

Published Abstract: Global health funding has increased in recent years. This has been accompanied by a proliferation in the number of global health actors and initiatives. This paper describes the state of global health finance, taking into account government and private sources of finance, and raises and discusses a number of policy issues related to global health governance. A schematic describing the different actors and three global health finance functions is used to organize the data presented, most of which are secondary data from the published literature and annual reports of relevant actors. In two cases, we also refer to currently unpublished primary data that have been collected by authors of this paper. Among the findings are that the volume of official development assistance for health is frequently inflated; and that data on private sources of global health finance are inadequate but indicate a large and important role of private actors. The fragmented, complicated, messy and inadequately tracked state of global health finance requires immediate attention. In particular it is necessary to track and monitor global health finance that is channelled by and through private sources, and to critically examine who benefits from the rise in global health spending.

9. ANNOUNCEMENTS

New issue of Px Wire explores intermittent PrEP, nipple shields, plans for PRO 2000 and more

<http://www.pxwire.org>

This issue features multiple trial updates, including a review of the key findings from a trial of HSV-2 suppression. There's also a discussion of the results of the HPTN 035 **microbicide** trial (which tested PRO 2000 and BufferGel) and preparations for the upcoming results of MDP 301, also testing PRO 2000 gel. Additionally, this issue provides information on new trials including HVTN 505 (described in this year's first issue of Px Wire), which began screening volunteers in June, a new trial on intermittent PrEP scheduled to begin in July, and research to test a nipple shield to help prevent HIV transmission during breastfeeding.

As usual, this issue features a center poster with a current comprehensive map and timeline of efficacy trials of new biomedical HIV prevention worldwide and a calendar of upcoming events, including special satellite sessions at the IAS Conference on Pathogenesis, Treatment and Prevention.

Additional resources including the Px Wire archive, information about subscribing, reprint requests and bulk orders can be found at www.pxwire.org.

Request for Proposals: Mathilde Krim Fellowships in Basic Biomedical Research

<http://www.amfar.org/rfp>

DEADLINES

- PRE-SUBMISSION NOTICE - DUE JULY 7, 2009 (required)
- LETTER OF INTENT - DUE JULY 21, 2009 (required)

BACKGROUND AND PROGRAM DESCRIPTION

amfAR, The Foundation for AIDS Research, is pleased to announce the availability of support for Mathilde Krim Fellows in Basic Biomedical Research.

The goal of amfAR's Mathilde Krim Fellows in Basic Biomedical Research program is to provide funding for exceptional researchers who are new to the HIV/AIDS field. Krim Fellowship funding will support the successful applicant's ongoing HIV research and facilitate the transition to a productive and independent long-term career in the HIV/AIDS biomedical research field. The Krim Fellowship provides support for two years of postdoctoral research, with the possibility of one additional year of research support during the first year of a tenure-track position.

Proposals must be for basic biomedical research relevant to HIV prevention or treatment, including viral eradication.

AVAILABLE FUNDING AND PERFORMANCE PERIOD

Each fellowship is funded at a total of up to \$125,000: A direct cost maximum of \$110,000 is allowed for personnel (salary and fringe benefits) and other research-related expenses. An additional \$3,636 is provided to support the direct costs of participation in activities designated by amfAR. Institutional indirect costs may not exceed 10% of direct costs.

Performance period: January 1, 2010 - December 31, 2011

QUALIFICATIONS

Krim Fellowship applicants must have a research or clinical doctorate and no more than four years of postdoctoral training at the time of LOI submission, and are expected to secure a tenure-track position before (and no later than six months following) the end of the phase-I funding period. The Krim Fellowship applicant must be mentored by an experienced HIV/AIDS investigator who is affiliated with the same nonprofit institution and is at the associate professor level or higher.

APPLICATION PROCESS

Interested candidates are required to submit a preliminary information form no later than July 7, 2009. LOI instructions and forms (due July 21, 2009) will be e-mailed to applicants who have submitted a preliminary information form.

For additional details and preliminary information forms, visit www.amfar.org/rfp.

Please forward this e-mail to colleagues who might also be interested in the program or in responding to future amfAR RFPs.

amfAR grants are made to nonprofit organizations worldwide. Applicant investigators, fellows, and sponsors need not be U.S. citizens, and there are no restrictions as to age, color, creed, gender, medical condition, handicap, national origin, parental status, political affiliation, race, religion, marital status, or sexual orientation.

If you have difficulty accessing the RFP or downloading the instructions and forms, please contact grants@amfar.org.

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