



ALLIANCE FOR MICROBICIDE DEVELOPMENT

23 March 2007, Volume 8, Number 11

The Alliance for Microbicide Development *News Digest* is an **unedited** compilation of:

- Media coverage of microbicides;
- Abstracts of articles on microbicides and relevant science in peer-reviewed journals;
- Material on other reproductive health and HIV prevention technologies, including HIV vaccines; and
- Matters of policy and politics with importance for microbicide research, development, and advocacy.

Its purpose is to:

- Raise awareness around the range of opinions and information about microbicides disseminated in the press and scientific journals; and
- Provide a neutral, objective basis for decision-making and evidence-based advocacy.

The *News Digest* is produced in a web-based format. Readers can view individual articles or complete issues at <http://www.microbicide.org/publications/> and may also search by keyword for articles included in issues of the *Digest* created after 27 January 2006, at <http://www.microbicide.org/publications/search.html>. Should you wish to be removed from the *Digest* distribution list, please advise us at digest@microbicide.org. We welcome comments, questions, and ideas about other microbicide-relevant topics we might cover, services we might provide, and better ways of providing them!

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1. MEDIA COVERAGE OF MICROBICIDES

"The Global Fund as a metaphor of war"

Date: 16 March 2007

Source: *AfricaFocus* (Washington, DC)

<http://allafrica.com/stories/200703160233.html>

EDITORS' NOTE: *The following excerpt is taken from a paper presented by Dr. Kingsley Chiedu Moghalu, Head of Global Partnerships, The Global Fund to Fight AIDS, Tuberculosis and Malaria at the International Conference on the Legacy of Kofi Annan, Georgetown University, Washington D.C., USA, 30-31 October 2006.*

... in a full view of Kofi Annan as the seventh Secretary-General of the United Nations, the HIV/AIDS pandemic and the fight against it will have a pride of place. So, here we are - at a legacy conference discussing HIV/AIDS in the context not of the legacy of a leading figure in public health, but that of a diplomat and statesman.

The question is: why? Because HIV/AIDS is far more than a public health crisis, though that in itself would have been reason enough to act. HIV/AIDS attained its destructive height in the last decade of the 20th century and the beginning of the 21st. The worst pandemic in recorded history, it confronted the world with a political imperative - 22 million deaths since the disease was first clearly identified 25 years ago, 40 million infected by the virus and counting, five million infections and three million deaths annually...

...What, then, are the greatest challenges that face the fight against AIDS as we look to the future? There are two sets of overriding challenges one sees. One is the challenge that faces the Global Fund. Another is the challenge that faces the fight as a whole, in which there are multiple actors.

For the Global Fund, the most important challenges are two. The first is to mobilize resources that will equip it to become a real war chest, a veritable treasury in the war against AIDS, for this is its core mandate and is what will ultimately determine its success or failure. ...

The second main challenge facing the Fund is the challenge of its partnership structure, especially its partnership with the developing countries of the Global South. Deepening these partnerships at the level of reality, especially at the political and community levels, will influence the outcome of the Fund's resource mobilization drive in its next phase, for there can be no more authentic voices on behalf of the Fund than those whose suffering it was created to help assuage. ... This is a process, not an event, and is one that has already begun. In 2006, Friends of the Global Fund -

Africa, -- part of a global network of independent advocacy organizations support the Global Fund and the fight against AIDS, TB and malaria more broadly, was established by private sector and civil society constituencies in African countries. ...

For the overall fight against AIDS, the challenge is to make prevention, recognized as the mainstay of the response to the scourge of AIDS a reality. The back of the pandemic cannot be broken without meeting this challenge, which, again, is easier said than done. Prevention is not easy because to do it effectively calls for an onslaught on several socio-cultural factors that drive the spread of the pandemic in many developing countries, especially in Africa, and which the fight against AIDS has barely begun to address seriously. It also points to the importance of new preventive technologies, such as **microbicides** for women.

All of this need not be at the expense of treatment, which remains essential as well, especially to stem the economic impact of deaths from AIDS...

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2. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"Microbicides-emerging essential pillars of comprehensive HIV/AIDS prevention"

Author(s): Gaym A

Reference: N/A 44(4):405-15.

Published Abstract: A quarter century old and still going strong, the HIV/AIDS pandemic is already the deadliest and longest lasting plague in mankind's recorded history. Reportedly among the weakest of the viruses, HIV's survival instincts have relied on extreme adaptability at the molecular and virologic levels on its part. In addition, it has preyed on certain prevalent weaknesses on the part of its host (human society) - extreme poverty; gender bias; lack of education and high prevalence of STIs - to prolong its lethal grip on humanity for as long as possible. This astounding adaptability is evident by the tremendous geographic, gender, mode of transmission and age shifts it has displayed over its now respectably long history. From localized epidemics in localities in the developed world at its onset, it has gravitated and now firmly entrenched itself selecting Sub-Saharan Africa as the epicenter of its global scourge. From a disease of men having sex with men (MSMs) at its inception, it has undergone a gender shift with a definite and alarming "feminization" or as Kofi Annan put it, has the "Face of a woman". From a demonstrable prevalence, concentrating in adults, it has chillingly shifted to being an infection that affects predominantly younger age groups and adolescents. And from its early homosexual and injection drug use transmission modes it has shifted to a predominantly heterosexual transmission for the majority of new infections. Behavioral modifications (health education towards safe sexual practices and VCT provision and utilization); correct and consistent use of male and female condoms; control of sexually transmitted diseases and strategies to prevent mother to child transmission (PMTCT) are effective methods of HIV/AIDS prevention. Their effectiveness has been demonstrated by their ability to contain the epidemic in countries that have successfully implemented them. Of questionable value in prevention but gaining momentum in accumulating data proving their effectiveness in HIV prevention are strategies including male circumcision; PEP (post-exposure prophylaxis); PREP (pre-exposure prophylaxis) and provision of ante-retroviral therapy to all who are in need. Experiences in prevention efforts in resource-poor settings over the last two decades have indicated that the traditional ABC model (abstinence, being faithful to one's partner and condom use) are

inadequate in controlling HIV in those settings. Well-known biologic vulnerabilities in women as well as socio-economic, cultural and gender bias towards women, stand in the way of effective implementation of the available prevention strategies. It has become increasingly evident that as part of a comprehensive HIV prevention strategy, a female-controlled method of prevention is crucial for the eventual control of the epidemic in Africa. To this end, efforts to develop a "**microbicide**"- a topical agent that can be applied vaginally by women to protect themselves from infection; and a product that they can use without the necessary consent of their partner - have been gathering momentum over the last decade. At present, nearly sixty potential **microbicides** are in the development pipeline. Of these six are in the last (phase III) effectiveness trials that precede drug licensing. There is a general belief in the scientific community that an effective **microbicial** agent for HIV prevention might be available in the next five to seven years. Lack of finance and ethical issues in conducting research are delaying rapid development of an effective agent. Ethiopia has been largely left out of research efforts towards **microbicides** development. It is essential that cognizance of this emerging HIV prevention strategy by health care professionals and the general public be developed in order to avoid undue delays in effective utilization once an effective agent becomes part of our HIV prevention arsenal.

"Perceptions of vaginal microbicides as an HIV prevention method among health care providers in KwaZulu-Natal, South Africa"

Author(s): Ramjee G, Morar NS, Mtimkulu J, et al

Reference: N/A 4(1):7.

Published Abstract: BACKGROUND: The promise of **microbicides** as an HIV prevention method will not be realized if not supported by health care providers. They are the primary source of sexual health information for potential users, in both the public and private health sectors. Therefore, the aim of this study was to determine perceptions of vaginal **microbicides** as a potential HIV prevention method among health care providers in Durban and Hlabisa, South Africa, using a combination of quantitative and qualitative methods. RESULTS: During 2004, semi structured interviews with 149 health care providers were conducted. Fifty seven percent of hospital managers, 40% of pharmacists and 35% of nurses possessed some basic knowledge of **microbicides**, such as the product being used intra-vaginally before sex to prevent HIV infection. The majority of them were positive about **microbicides** and were willing to counsel users regarding potential use. Providers from both public and private sectors felt that an effective **microbicide** should be available to all people, regardless of HIV status. Providers felt that the product should be accessed over-the-counter in pharmacies and in retail stores. They also felt a need for potential **microbicides** to be available free of charge, and packaged with clear instructions. The media was seen by health care providers as being an effective strategy for promoting **microbicides**. CONCLUSION: Overall, health care providers were very positive about the possible introduction of an effective **microbicide** for HIV prevention. The findings generated by this study illustrated the need for training health care providers prior to making the product accessible, as well as the importance of addressing the potential barriers to use of the product by women. These are important concerns in the health care community, and this study also served to educate them for the day when research becomes reality.

3. EPIDEMIOLOGY

"A new sorrow for Afghanistan: AIDS joins list"

Date: 19 March 2007

Source: *The New York Times*

Author(s): Carlotta Gall

http://www.nytimes.com/2007/03/19/world/asia/19afghan.html?_r=2&oref=slogin&oref=slogin

Sitting and eating quietly on his father's lap, the 18-month-old was oblivious to the infection in his veins. But his father, a burly farmer, knew only too well. It was the same one that killed his wife four months ago, leaving him alone with four children. The man started to cry. "When my wife died, I thought, well, it is from God, but at least I have him," he said. "Then I learned he is sick, too. I asked if there is medicine and the doctors said no. They said, 'Just trust in God.' "

Cloistered by two decades of war and then the strict Islamic rule of the Taliban, Afghanistan was long shielded from the ravages of the AIDS pandemic. Not anymore. H.I.V. and AIDS have quietly arrived in this land of a thousand calamities. They remain almost completely underground, shrouded in ignorance and stigma as the government struggles with the help of American and NATO forces to rebuild the country in the face of a new offensive by Taliban insurgents.

The father of this boy, the youngest Afghan known to have H.I.V., agreed to speak to a reporter only if their names and other details were omitted. He has not even told his family what his son has. He said he believed that his wife contracted it through blood transfusions in Pakistan years ago.

The few surveys that exist suggest that Afghanistan has a low prevalence of H.I.V. - only 69 recorded cases, and just three deaths. Yet health officials warn that the incidence is certainly much higher. "That figure is absolutely unreliable, even dangerous," said Nilufar Egamberdi, a World Bank consultant on H.I.V./AIDS. The World Health Organization has estimated that 1,000 to 2,000 Afghans are infected, but Ms. Egamberdi said even that was "not even close to reality."

Dr. Saifur Rehman, director of the National AIDS Control program in the Ministry of Health, agreed. Afghanistan, a deeply religious and conservative country - sex outside marriage is against the law - may still be less at risk of the spread of the virus than other places. But international and Afghan health experts warn that it faces the additional vulnerabilities of countries emerging from conflict - lack of education and government services, mass movements of people and a sudden influx of aid money, commerce and outsiders.

Geography and migration make Afghanistan particularly susceptible. It is surrounded by countries with the fastest-growing incidence of AIDS in the world - Russia, China and India. Other neighbors, Pakistan and Iran, have high levels of drug addiction and a growing number of H.I.V. infections, as does Central Asia to the north, experts say. AIDS can easily cross borders, carried by migrants or refugees who pick up drug habits or have sex with infected people in those countries and return home. Rates of drug addiction are rising in Afghanistan, with its booming opium and heroin trade.

Though the Afghan government and senior religious leaders have won praise for making H.I.V. a national priority, they are struggling with many problems. "In Afghanistan, all the traditional risk factors for rapid spread of H.I.V. exist concurrently," said Dr. Fred Hartman of Management Sciences for Health, a Boston-based group working in Afghanistan. He has worked as technical director of Reach, an American-financed program to expand health care to Afghanistan's rural communities for three years, and has advised the government on H.I.V./AIDS.

Afghanistan experienced a trade boom in the last five years, and hundreds of thousands of Afghans go abroad, especially to Arab countries in search of work.

A European doctor, who asked not to be identified because his work was confidential, worked in a hospital in the United Arab Emirates where foreign workers went for mandatory testing and said that in 2001 and 2002, 23 Afghans were deported after testing H.I.V.-positive. "There were only 30 known cases in Afghanistan then, and I knew of 23 more," he said.

The return home of more than two million refugees is another way the disease is likely to spread, said Renu Chahil-Graf, regional coordinator for Unaid, the United Nations program, who was visiting Pul-i-Charkhi prison in Kabul, where a voluntary testing clinic has opened. Some of those returning to Afghanistan have drug habits, and they spread AIDS by sexual contact with spouses, prostitutes and street children.

Afghanistan, the biggest opium- and heroin-producing country in the world, has nearly one million drug users, according to United Nations estimates. Most users still smoke the drug, but five years ago, injectable heroin hit the streets of Kabul, the capital. Now there are an estimated 19,000 intravenous drug users here, according to the World Bank. Addicts are not difficult to find, living in bombed-out buildings in the old part of the city and in Kota-e-Sangi, a neighborhood on the city's south side. They are homeless or returned refugees, mostly young men, according to Miodrag Atanasijevic, a coordinator for Doctors of the World, a French aid group that runs a clean needles program in Kabul. "It will become a huge thing," he said. "In this country you have a lot of drugs."

Even after five years of international assistance to the health sector, only 30 percent of blood used in transfusions in hospitals is screened for H.I.V., according to a recent World Bank report. Dr. Rehman said that 80 percent of government hospitals screened blood, but he acknowledged that many other institutions did not. Health workers remain ill-informed and careless, often reusing needles even when they know it risks spreading the disease, he said.

While several organizations are working to provide needle exchanges and to increase H.I.V. awareness, a far wider program is needed, according to the World Bank, which is providing \$10 million to fight H.I.V./AIDS in Afghanistan.

A recent study of 461 intravenous drug users in Kabul showed that 3 percent were infected, Dr. Rehman said.

Stigma is perhaps the most difficult challenge in dealing with H.I.V./AIDS in Afghanistan. The Taliban government, with its stoning and execution of adulterers and homosexuals, may be gone, but sex outside marriage and homosexual sex are still socially unacceptable. Doctors and health workers here warn that AIDS patients will face ostracism, even death, if their communities learn they are infected. The Ministry of Health closely guards the identity of the few people who have tested H.I.V.-positive.

Dr. Muhammad Farid Bazger, H.I.V./AIDS coordinator of the German aid organization ORA International, has seen firsthand the cruelty communities are capable of. During his work in villages and refugee camps in Pakistan, he came

across an unmarried man who had returned from the Arabian Peninsula infected with H.I.V. The man told his father, who, not understanding the consequences, told others. Soon, villagers told the father he should kill his son. The son ended up locked in a brick cell in the family yard, with only a small opening where food was thrown in. Dr. Bazger and his colleagues eventually rescued him and made a film about him, which has been shown on Afghan television.

ORA has also worked among women in the sex trade in Kabul. In a 2003 survey of 126 of the women by ORA, only one was familiar with condoms and only one had knowledge of H.I.V./AIDS. Seventy-eight percent of those surveyed were married. Eighty-four percent were illiterate. Scores of foreign prostitutes have arrived in Kabul in recent years, along with the influx of foreigners and foreign assistance. Afghans are using their services as well, particularly the well-paid young men employed by foreign organizations, health officials say.

Sex between men is an even worse taboo in Afghanistan, but health officials say it does occur. Ms. Egamberdi, who is from neighboring Uzbekistan, said sex between men was a reality in much of Central Asia, including Afghanistan.

Afghanistan's efforts to combat AIDS have been stymied by the lack of urgency among donors who believe Afghanistan has a low prevalence of H.I.V., Dr. Hartman and others said. Even United Nations agencies have been slow to develop H.I.V./AIDS education, Ms. Egamberdi said. "At least do awareness campaigns," she said in frustration.

Until this year, the members of the government AIDS team worked out of a shipping container on the grounds of the Health Ministry. They have graduated to a drafty unheated hall inside the main building. While the World Bank granted Afghanistan money to gather data and work with high-risk groups, Dr. Rehman's hopes for an AIDS treatment ward in Kabul, country-wide testing and antiretroviral drugs remain unfulfilled.

The Health Ministry has enlisted the Ministry of Hajj and Religious Affairs to educate mullahs, often the most influential people in villages, to help promote basic health education and mitigate the stigma of AIDS.

Yet they have barely reached the population beyond the capital.

The father of the infected 18-month-old said his village mullah had never talked about AIDS. Nearly a year of tests on the father have found no H.I.V., and the older children are clear, but his smallest child tested positive at 10 months. "The doctor asked me a lot of questions - did you have an operation, did you have illegal sex?" he said. "But I knew I was a Muslim, and I don't have illegal sex, and I trusted my wife, too. So then he said it was from her operation."

Six years earlier, his wife lost a baby and had several transfusions in Pakistan. After she became sick and was found to be infected, "I told the family her blood was not good and to avoid eating with her," he said. "And I tell them not to kiss the child." When he was told he could indeed kiss his son, he burst into tears. "I don't know what to do," he said. "I have sacrificed so much since my marriage. I mortgaged half my land to pay for her medical care." The father can do little for his son but keep his secret. There are no AIDS treatment centers in Afghanistan, only a single confidential clinic in the capital that just monitors the disease, and no antiretroviral drugs are available.

"'Alarming' HIV rise in young South African women"

Date: 15 March 2007

Source: *SciDev.Net*

Author(s): Christina Scott

<http://www.scidev.net/News/index.cfm?fuseaction=readNews&itemid=3484&language=1>

An 'alarming' increase in new HIV infections in young South African women suggests that outreach strategies - such as condom use and abstinence programmes - are failing to curb high-risk behaviour among teenagers and young adults, say researchers. The research, published in the March issue of the *South African Medical Journal*, suggests that poverty plays a significant role in increasing vulnerability to HIV.

Researchers sampled blood from nearly 16,000 South Africans. They found that women accounted for 90 per cent of all new HIV infections in the 15-24 age group. In the 20-29 age group, women were six times more likely to be HIV positive than men of the same age. People living in crowded slums had 'by far' the highest incidence of HIV, followed by those living in isolated and under-resourced rural regions.

The study also indicates that the epidemic - at roughly 1,500 new infections a day - is expanding faster than has been estimated and planned for by the government. "These findings suggest that the current prevention campaigns do not have the desired impact, particularly among young women" said co-author Thomas Rehle, of the Human Sciences Research Council (HSRC), in a statement.

The researchers identified other particularly vulnerable groups, including pregnant women, widowed women, and young children who had not been infected with mother-to-child transmission and may have been victims of sexual abuse.

The authors suggest that economic development - particularly for young women - will be as significant as government policies aimed at empowering them or giving access to anti-retroviral drugs.

On a more encouraging note, the message of condom use does seem to be getting through, according to HSRC researcher Victoria Pillay, co-author of the paper. Young men who reported using a condom the last time they had sex were far less likely to have HIV. And a survey of 4,500 teenagers and young adults in Cape Town, carried out by the US-based University of Michigan and the University of Cape Town found that condom use by 18-year-old girls had increased dramatically from 62 per cent to 75 per cent between 2002 and 2005.

In a separate development, South African deputy president Phumzile Mlambo-Ngcuka today (March 15) consulted with researchers, nongovernmental organisations, civil servants, unions and business leaders on a new national strategic plan for HIV/AIDS. The plan is scheduled to run from 2007 to 2011.

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4. OTHER PREVENTION APPROACHES

"AIDS patients in Zambia lured by fake cures"

Date: 19 March 2007

Source: *Agence France Presse*

http://www.iol.co.za/index.php?set_id=1&click_id=84&art_id=nw20070319145521876C420121

Aids patients in Zambia are abandoning their life-prolonging drugs in exchange for bogus cures that have hit the market in recent weeks, a leading Aids advocacy group said on Monday.

The Network of Zambian People Living with HIV and Aids (NZP+) said it has received reports that some of its members were stopping the use of antiretroviral drugs (ARVs) for fake cures being promoted in the media. "We want to express serious concerns about this situation," said Mirian Banda, chairperson of NZP+. "As people living with HIV and Aids, we request government to provide the public with proper information and guidance around the supposed cures," Banda said.

One of Zambia's weekly newspapers published a story indicating that a drug that cures Aids had been discovered in the United States, and saying the newspaper's editor was the authorised dealer of the 'cure' in Zambia. Another traditional herbalist appeared on a live radio programme claiming that she had found the cure for Aids and all her patients abandoned their ARVs after taking her medicines.

"Zambia has already seen numerous examples of claims to cure HIV, all of which have proven to be untrue, confusing, and regrettably lethal, since they draw HIV positive people away from proper ways of dealing with their status," Banda said. She said Zambia had 75 000 HIV positive people taking ARVs while 1,2 million others are carriers of the HI virus.

Last month, government announced that three herbs initially thought to cure Aids had proved ineffective after undergoing a thorough six-month clinical trial.

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5. POLITICS AND POLICY

"Thailand talking with drug firms - U.S. Chamber"

Date: 20 March 2007

Source: *Reuters*

Author(s): Vithoon Amorn

http://investing.reuters.co.uk/news/articleinvesting.aspx?type=health&storyID=2007-03-20T170242Z_01_SP60329_RTRIDST_0_SP_PAGE_015-SP60329-OISHE.XML

Thailand will continue talks with global pharmaceutical firms on a drug pricing dispute after its decisions to issue compulsory licenses for some medicines, an executive of the U.S. Chamber of Commerce said on Tuesday.

A meeting with cabinet ministers produced hope the government and pharmaceutical companies could resolve their disputes, Daniel Christman, the chamber's senior vice president said. "What we found here was a willingness of Thai government officials to continue a dialogue which, in their view, has been uninterrupted."

The meeting followed an announcement by Abbott Laboratories last week that it would not introduce new new drugs in Thailand in protest at the way the army-backed government ignored international drug patents. Thailand issued a compulsory license in January allowing it to make or buy generic versions of Abbott's Kaletra to treat HIV/AIDS to loud applause from AIDS activists.

Abbott is believed to be the first pharmaceutical firm to withhold new medicines from Thailand since the government shocked drug makers late last year with its first compulsory license, for Efavirenz, an HIV/AIDS treatment made by Merck & Co. Thailand has since also issued one for Plavix, a heart disease medicine made by Bristol-Myers Squibb and Sanofi-Aventis, the first time a developing nation has done so for such a treatment.

Christman said the consequences could be in foreign investment. "One of the ways in which a country can compete successfully is to attract foreign investment through a reputation that says it respects the protection of intellectual property," he said.

The U.S. Chamber said a survey of 234 foreign business executives this month showed Thailand's new economic policies and poor intellectual property safeguards could disrupt foreign investment. "Fully 75 percent of executives say the recent military coup and controversial new economic policies in Thailand would be factors in their final decision on investments over the next three years," it said in a statement. Although legal under world trade rules, the compulsory licenses, which allow governments to make or buy generic versions of medicines needed for public health measures, stunned drug makers who received no prior warning.

Other policy decisions criticized by foreign investors were moves to tighten foreign business ownership and capital controls on foreign funds brought in. The chamber said executives put Thailand in the top spot among six Southeast Asian countries where government decisions had damaged business attitudes.

"Advocates praise FDA's choice to fund Office of Women's Health"

Date: 18 March 2007

Source: *Washington Post*

Author(s): Rick Weiss

<http://www.washingtonpost.com/wp-dyn/content/article/2007/03/17/AR2007031700907.html>

Women's groups and members of Congress late Friday celebrated a decision by the Food and Drug Administration to fully fund the agency's Office of Women's Health.

Last month, agency insiders leaked information indicating that FDA Commissioner Andrew C. von Eschenbach had devised plans to reduce the office's fiscal 2007 budget by about 25 percent -- a cut that advocates said would have effectively suspended the office's activities for the rest of the year. During the past week, activists and several members of Congress repeatedly pressed von Eschenbach about the pending move -- and until Friday the commissioner said he had not made up his mind. But late that day the agency released its long-awaited 2007 operating plan, which funds the office at the same \$4 million level it has had for several years.

"It is disappointing that on the important issue of women's health, FDA had to be persuaded to simply maintain the funding level that was requested by the administration and provided by Congress," said Rep. Rosa DeLauro (D-

Conn.), chairman of the House appropriations committee that funds the FDA. At the same time, she said, "It is very gratifying that the FDA reversed course."

The office funds research on biological and other differences between men and women that can affect the diagnosis and treatment of diseases in women. The office "does a tremendous job protecting and advancing the health of women through policy, science and outreach," said Phyllis Greenberger, president of the Society for Women's Health Research, a D.C.-based advocacy group that had helped raise the alarm about the possible cuts. "Thankfully, its efforts will continue."

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6. ANNOUNCEMENTS

amfAR seeks Legislative Analyst

<http://www.amfar.org/cgi-bin/iowa/fdoc.html?record=25>

TITLE: Legislative Analyst

DEPARTMENT: Public Policy

LOCATION: Washington, D.C.

REPORTS TO: Vice President, Public Policy

amfAR's legislative analyst:

- monitors and analyzes HIV/AIDS and health-related developments in the Congress and Executive Branch, and communicates updates to staff
- educates members of Congress and the Administration about HIV/AIDS research, and advocates for increased federal funding
- consults with advocates, policymakers, and researchers to develop sound public policies based on scientific evidence
- represents amfAR at meetings and briefings on HIV/AIDS research, care, and prevention, research and writes various amfAR policy positions, and coordinates visits from Foundation staff and Board members to members of Congress
- researches, authors, and edits Congressional testimony, Federal Register comments and other policy-related publications, and prepares a monthly department news sheet
- coordinates the Public Policy internship program and interns

Candidates

- will have an advanced degree in Public Policy or similar discipline, or equivalent experience in a similar environment
- will be familiar with federal/state legislative processes, HIV/AIDS policies, and public health and related research issues

- must have excellent communication, organizational, and interpersonal skills, with polished public speaking ability
- must have good computer skills with knowledge of common business applications and internet research

Please send resume to the Director of Human Resources. Referrals of qualified applicants are also welcome. Only those applicants who have experience and qualifications most closely matching the job profile will be contacted.

Director, Human Resources

amfAR

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Fax: (917) 591-7319

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