



# ALLIANCE FOR MICROBICIDE DEVELOPMENT

25 May 2007, Volume 8, Number 20

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 complete issues of the Digest or search by keyword for individual articles at <http://www.microbicide.org/publications/>. If you would like to be removed from the *Digest* distribution list, please send an email to [digest@microbicide.org](mailto: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

##### "Jagged little pills"

**Date:** 31 May 2007

**Source:** *Poz Magazine*

**Author(s):** Adam Graham-Silverman

[http://www.poz.com/articles/1996\\_11850.shtml](http://www.poz.com/articles/1996_11850.shtml)

Some drugs approved to treat HIV may also protect people not infected with HIV if taken before they engage in high-risk activities. Then why has it been so difficult to conduct the necessary studies to prove - or disprove - the theory?

It begins with a study published in 1994 that showed that retrovir (AZT) given to HIV-positive pregnant women before and during birth - and to the infants immediately after delivery - reduced the risk of HIV transmission to the child by 67%. Next came guidelines, issued by the Centers for Disease Control (CDC) in 1998, recommending post-exposure prophylaxis (PEP) for health care workers who were accidentally exposed to HIV, followed by PEP recommendations for sexual and injection-drug exposure, issued in 2005. Then, in 2006, the world got a glimpse of some intriguing data gleaned from studying HIV-negative monkeys who remained uninfected even after being "rectally challenged" with the HIV virus. They had been given a combination of Gilead Science's tenofovir (Viread) and emtricitabine (Emtriva).

These studies raised a logical question: Could an HIV drug (or drugs) already on the market be used by people before being potentially exposed to the virus to reduce risk of HIV infections? Are we, in essence, sitting on a valuable addition to the prevention arsenal? The idea is known as PrEP - pre-exposure prophylaxis - and at first glance it seems to present one of the most promising fronts in prevention research. The implications are many. If ARVs like Viread and Emtriva proved effective in preventing (or reducing the risk of) HIV transmission in negative people, serodiscordant couples, gay or straight, could add another layer of reliable protection or quite possibly forgo the condoms in favor of pills. And heterosexual couples could conceive the old fashioned way, without risking passing on the virus to the HIV-negative partner - let alone the baby.

"There's no reason to believe it won't work," says Mark Harrington, executive director of Treatment Action Group in New York City. "People are going to have unsafe sex no matter what, so we are trying to get as many prevention interventions as we can. We desperately need any tool we can get."

Harrington and many other treatment activists believe that we live in an age of exhaustion: Health workers complain of "condom fatigue," ambivalence and a drop in AIDS literacy in the ARV era. Despite funding lavished on vaccines and **microbicides**, new prevention techniques have been very slow in coming. Because PrEP would make use of existing, FDA-approved drugs, it would seem to offer the most immediate hope for a new approach to stemming new infections, which remain at 40,000 a year in the United States and are continually skyrocketing abroad.

Despite PrEP's promise and the potential for its use in the near future, every attempt made by researchers from the United States to Ghana, Cambodia, Thailand and Peru to answer the question of whether PrEP can be made a reality has encountered setbacks and disappointments. The biggest barrier? Overcoming the inevitable ethical dilemmas involved in human PrEP trials, in which the placebo group must risk exposure to HIV to prove efficacy.

"The dirty secret they don't say is that they need seroconversion for the [PrEP] trial to work," says Karyn Kaplan, an activist at the Thai Treatment Action Group, who has objected to a PrEP trial sponsored by the CDC now being conducted among Thai injection-drug users. And though four trials are under way both here and abroad, it is still not known whether PrEP will succeed in preventing or reducing the rate of HIV transmission. And, even if PrEP works, it's not clear that people could afford it (it is yet to be determined how long someone would have to take a course of very expensive meds, meds that would not likely be covered, in the case of PrEP, by health insurance) or would use it properly. Finally, there is a real theoretical danger associated with PrEP: "disinhibition," and as a result, more infections.

Here in the United States, the ethical concerns surrounding PrEP are not limited to drug trials. Some worry that the idea of PrEP offering risk reduction (especially before its efficacy has been established) could make people less

inhibited, and therefore lead to more infections. "If risky behavior increases in a population because of or associated with [PrEP], then does the individual benefit outweigh the larger cost?" asks Steve Gibson, executive director of Magnet, a San Francisco gay men's health center.

A handful of major news stories in the U.S. press have suggested that gay men are using ARVs for prevention as part of a set of hot new party drugs. "[ARVs are] being sold in packets along with Viagra and Ecstasy in gay dance clubs - and even prescribed by physicians," wrote Daniel Costello in the Los Angeles Times in December 2005. Unnamed "health officials" said use is growing quickly, Costello wrote: "They worry that the practice could spread into other high-risk segments of the population, such as sex workers and IV-drug users, and then into the general public." The stories cited a CDC survey conducted in 2004 at gay-pride events in four cities that reported about a quarter of people had heard about PrEP, and that 5 percent had even tried it. Upon closer inspection, however, many of the respondents may have confused PrEP with PEP - post-exposure prophylaxis, the aforementioned practice of prescribing a course of ARVs - in this case, a combination of drug classes - after unsafe or accidental contact with HIV. The stories quoted only one doctor who said he'd prescribed PrEP for patients whose sexual habits he thought put them at risk.

That doctor, Marcus Conant, of San Francisco, told POZ he had prescribed the drug to about six people, each of whom requested it after reading about it. None, he said, ever asked for a refill. "If you have someone who says that they're having unsafe sex and they're not willing to use a condom, what would you do?" he asks. "It was an issue that I think the press made a bigger deal of than it was."

**EDITOR'S NOTE: To read the full text of this article visit [http://www.poz.com/articles/1996\\_11850.shtml](http://www.poz.com/articles/1996_11850.shtml)**

## **"U.N. reaffirms commitment to goals for HIV prevention and treatment"**

**Date:** 21 May 2007

**Source:** *Associated Press*

<http://www.iht.com/articles/ap/2007/05/22/news/UN-GEN-UN-AIDS.php>

Secretary-General Ban Ki-moon said he believes progress is possible to halt and begin to reverse the spread of AIDS globally by 2015 - despite a rising rate of infection that means 12,000 people are diagnosed with the HIV virus daily.

"Make no mistake: in some way or another, we all live with HIV. We are all affected by it. We all need to take responsibility for the response," he told a General Assembly session reviewing the U.N. response to the epidemic Monday.

Last year, U.N. member states renewed pledges and set a new global goal to have universal access to HIV prevention, treatment, care and support by 2010. One of the U.N. Millennium Development Goals agreed to by world leaders at a summit in September 2000 calls for halting and starting to reverse the spread of HIV by 2015. Monday's session was organized to review the goals' progress.

"In the course of a quarter of a century, HIV has infected 65 million people, and killed 25 million," Ban said. "Today, 40 million people are living with HIV. Almost half of them are women. More women - including married women - are living with HIV than ever before."

According to U.N. statistics, there were 2 million people receiving treatment in 2006, representing 28 percent of the estimated 7.1 million people in need, an increase of 700,000 from 2005. But the report showed that the rate of infection continues to increase.

An estimated \$18 billion (€13.4 billion) is needed in 2007 and \$22 billion (€16.4 billion) in 2008 to achieve universal access to prevention and treatment programs in low- and middle-income countries, according to the United Nations.

Ban said ensuring access to treatment, prevention, care and support is "critical" to achieving the goal of halting and reversing the AIDS epidemic - and this means tackling diseases associated with HIV especially tuberculosis, investing in vaccines and **microbicides** to prevent and treat the virus and ensuring full funding. "It means mustering the political will to address the factors that drive the epidemic - including gender inequality, stigma and discrimination," he said. Ban stressed that fighting AIDS will remain a U.N. priority and that he will make every effort to mobilize funding. "If we have learned one lesson beyond any other in the past 25 years, it is surely this: only when we work together with unity of purpose can we defeat AIDS - unity among governments, the private sector and civil society," the secretary-general said.

General Assembly President Sheikha Haya Rashed Al Khalifa spoke not only of the growing number of women living with the disease, an estimated 17 million worldwide, but the devastating impact on their lives. "Many women would rather not get the treatment they need to save their lives, or stop their children from contracting HIV/AIDS because they do not want, or do not know how to cope with the fear and stigma of HIV/AIDS," she said.

On Monday, the secretary-general appointed Elizabeth Mataka, the executive director of the Zambia National AIDS Network, as his special AIDS envoy for Africa. He also renewed appointments for Dr. Nafis Sadik as the U.N. AIDS envoy for Asia, Lars Kallings as the envoy for Eastern Europe and Central Asia, and Sir George Alleyne for Latin America and the Caribbean.

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## 2. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

### "Effect of topical microbicides on infectious Human Immunodeficiency Virus Type 1 binding to epithelial cells"

**Author(s):** Roth S, Monsour M, Dowland A, et al

**Reference:** N/A 51(6):1972-8. E.pub ahead of print.

<http://aac.asm.org/cgi/content/abstract/51/6/1972?etoc>

**Published Abstract:** Topical **microbicides** (cellulose acetate 1,2 benzene dicarboxylate [CAP], PRO 2000, SPL7013, and UC781) are being investigated to reduce the sexual transmission of human immunodeficiency virus type 1 (HIV-1). These products were shown to prevent the transfer of infectious HIV-1 from urogenital and colorectal epithelial cell lines to peripheral blood mononuclear cells. However, it was unclear if the topical **microbicides** rendered the virus noninfectious and/or reduced the binding to the epithelial cells. To test this, epithelial cells were

cultured with HIV-1 in the presence or absence of topical **microbicides** or their placebos. The cells were washed, RNA lysates were made, and real-time PCR was performed for HIV-1. PRO 2000 and SPL7013 significantly ( $P < 0.0001$ ) reduced the amount of bound HIV-1 to the colorectal epithelial cell line across clades A, B, C, and CRF01-AE. While none of the products reduced the binding of HIV-1 clades A and C to the urogenital cell line, CAP, PRO 2000, and SPL7013 significantly ( $P = 0.002$ ) reduced the binding of clades B and CRF01-AE. In general, PRO 2000 and SPL7013 placebos significantly ( $P < 0.0001$ ) reduced the amount of bound HIV-1 but were less than the active products. UC781, its placebo, and hydroxyethyl cellulose (placebo for CAP) minimally affected the amount of bound HIV-1. These results suggest that rendering HIV-1 noninfectious may not correlate to the amount of HIV-1 bound to epithelial cells and possible shedding into mucosal secretions. Therefore, functional virological assays in addition to measuring viral RNA should be included when clinically evaluating topical **microbicide** use by infected persons.

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### 3. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

**"A research protocol to evaluate the effectiveness of public-private partnerships as a means to improve health and welfare systems worldwide"**

**Author(s):** Barr DA

**Reference:** N/A 97(1):19-25.

<http://www.ajph.org/cgi/content/abstract/97/1/19>

**Published Abstract:** Public-private partnerships have become a common approach to health care problems worldwide. Many public-private partnerships were created during the late 1990s, but most were focused on specific diseases such as HIV/AIDS, tuberculosis, and malaria. Recently there has been enthusiasm for using public-private partnerships to improve the delivery of health and welfare services for a wider range of health problems, especially in developing countries. The success of public-private partnerships in this context appears to be mixed, and few data are available to evaluate their effectiveness. This analysis provides an overview of the history of health-related public-private partnerships during the past 20 years and describes a research protocol commissioned by the World Health Organization to evaluate the effectiveness of public-private partnerships in a research context.

**EDITOR'S NOTE:** *The full text of this abstract is available at [http://iis-db.stanford.edu/pubs/21333/DonaldABar\\_Ethics\\_in\\_Public\\_Health\\_Research.pdf](http://iis-db.stanford.edu/pubs/21333/DonaldABar_Ethics_in_Public_Health_Research.pdf)*

**"Informed consent: an international researchers' perspective"**

**Author(s):** Rivera R, Borasky D, Rice R, et al

**Reference:** N/A 97(1):25-30.

<http://www.ajph.org/cgi/content/abstract/97/1/25>

**Published Abstract:** We reported 164 researchers' recommendations for information that should be included in the informed consent process. These recommendations were obtained during training workshops conducted in Africa, Europe, and the United States. The 8 elements of informed consent of the US Code of Federal Regulations were used to identify 95 items of information ("points"), most related to benefits and research description. Limited consensus was found among the 3 workshops: of the 95 points, only 27 (28%) were identified as useful by all groups. These points serve as a springboard for identifying information applicable in different geographic areas and indicate the need for involving a variety of individuals and stakeholders, with different research and cultural perspectives, in the development of informed consent, particularly for research undertaken in international settings.

### "Prevalence of bacterial vaginosis among women in Delhi, India"

**Author(s):** Bhalla P, Chawla R, Garg S, et al

**Reference:** N/A 125(167-172)

<http://www.icmr.nic.in/ijmr/2007/february/0209.pdf>

#### **Published Abstract:**

*Background & objectives:* Bacterial vaginosis is the most common cause of vaginal discharge among women in reproductive age. Surveillance studies on bacterial vaginosis are mostly based on specialist clinic settings. As few population-based prevalence surveys of bacterial vaginosis have been conducted, we studied the prevalence of bacterial vaginosis in the urban and rural communities in Delhi, and to associate the presence of bacterial vaginosis with demographic profile, risk factors and presence of other reproductive tract infections (RTIs)/ sexually transmitted infections (STIs). *Methods:* Vaginal specimens for Gram-stain evaluation of vaginal flora for diagnosis of bacterial vaginosis and culture of *Trichomonas vaginalis* and *Candida* spp, blood samples for HIV and syphilis serology, and urine for detection of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* were collected from women (15-49 yr) from rural and urban areas. Information on demographic characteristics, risk factors and clinical symptoms was obtained. *Results:* Bacterial vaginosis was diagnosed in 70 (32.8%) subjects. A high percentage though asymptomatic (31.2%) were found to have bacterial vaginosis. Highest prevalence was seen in urban slum (38.6%) followed by rural (28.8%) and urban middle class community (25.4%). All women with vaginal trichomoniasis were found to have bacterial vaginosis while 50 per cent of subjects having syphilis also had bacterial vaginosis. *Interpretation & conclusion:* The study showed high prevalence of bacterial vaginosis. The asymptomatic women having bacterial vaginosis are less likely to seek treatment for the morbidity and thus are more likely to acquire other STIs. Women attending various healthcare facilities should be screened and treated for bacterial vaginosis to reduce the risk of acquisition of other STIs.

### "The role of Herpes Simplex Virus Type 2 and other genital infections in the acquisition of HIV-1 among high-risk women in Northern Tanzania"

**Author(s):** Kapiga SH, Sam NE, Bang H, et al

**Reference:** N/A 195(9):1260-9.

<http://www.cdcnpin.org/scripts/display/NewsDisplay.asp?NewsNbr=48222>

**Published Abstract:** In the current study, investigators examined the role of herpes simplex virus type 2 (HSV-2) and other genital infections on HIV-1 incidence in a cohort study of female hotel/bar workers in Moshi, Tanzania, from 2002 to 2005. Among 845 HIV-negative participants at the study's start, researchers interviewed and collected blood and genital samples from 689 (81.5 percent) at baseline and at every three months for a total of 698.6 person-years at risk (PYARs). Predictors of HIV-1 incidence were evaluated using a Cox proportional hazards regression model. The overall HIV-1 incidence was 4.6 per 100 PYARs (95 percent confidence interval [CI], 3.0-6.2/100 PYARs), and use of condoms was very low. Adjusting for other risk factors, HIV infection risk was increased among women with HSV-2 infection at baseline (hazard ratio [HR], 4.3 [95 percent CI, 1.5-12.4]) and in those who acquired HSV-2 during the study (HR, 5.5 [95 percent CI, 1.2-25.4]). In addition, independent predictors of HIV-1 infection were baseline chlamydial infection (HR, 5.2), bacterial vaginosis (HR, 2.1), and occurrence of genital ulcers (HR, 2.7). 'HSV-2 and other genital infections were the most important risk factors for HIV-1,' the authors concluded. 'Control of these infections could help to reduce HIV-1 incidence in this population.'

### "Understanding the slow depletion of memory CD4+ T cells in HIV infection"

**Author(s):** Yates A, Stark J, Klein N, et al

**Reference:** N/A 4(5):e177.

<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0040177>

**Published Abstract:** *Background:* The asymptomatic phase of HIV infection is characterised by a slow decline of peripheral blood CD4+ T cells. Why this decline is slow is not understood. One potential explanation is that the low average rate of homeostatic proliferation or immune activation dictates the pace of a "runaway" decline of memory CD4+ T cells, in which activation drives infection, higher viral loads, more recruitment of cells into an activated state, and further infection events. We explore this hypothesis using mathematical models. *Methods and Findings:* Using simple mathematical models of the dynamics of T cell homeostasis and proliferation, we find that this mechanism fails to explain the time scale of CD4+ memory T cell loss. Instead it predicts the rapid attainment of a stable set point, so other mechanisms must be invoked to explain the slow decline in CD4+ cells. *Conclusions:* A runaway cycle in which elevated CD4+ T cell activation and proliferation drive HIV production and vice versa cannot explain the pace of depletion during chronic HIV infection. We summarize some alternative mechanisms by which the CD4+ memory T cell homeostatic set point might slowly diminish. While none are mutually exclusive, the phenomenon of viral rebound, in which interruption of antiretroviral therapy causes a rapid return to pretreatment viral load and T cell counts, supports the model of virus adaptation as a major force driving depletion.

## 4. HIV/AIDS VACCINES

### "Experimental HIV vaccines offer only limited immunity"

**Date:** 17 May 2007

**Source:** *Agence France Presse*

**Author(s):** Louise Daly

<http://www.cdcnpin.org/scripts/display/NewsDisplay.asp?NewsNbr=48219>

Ahead of HIV Vaccine Awareness Day on Friday, US government scientists said the most promising vaccine candidates would offer only limited immunity against infection and delay the onset of AIDS. In addition, these first-generation HIV vaccines might reduce viral loads during acute infection, reducing onward HIV transmission - a worthy goal in battling the global pandemic.

"There is optimism that even a less-than-perfect vaccine could benefit both individual recipients and the at-risk community," wrote Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, and Margaret Johnston, director NIAID's vaccine research program, in a *New England Journal of Medicine* review.

It is uncertain when first-generation vaccines would become available, but Stage I and II clinical trials are "well into their execution," said Fauci. "Large numbers of people are being vaccinated."

In studies of nonhuman primates, those inoculated by vaccines that targeted T-cells had peak simian immunodeficiency viral loads reduced by a factor of 10. Such vaccines are designed to induce a cellular immune response to reduce viral loads and preserve the immune system. The inoculations also "dramatically" slowed disease progression in many of the infected animals, said Fauci.

The aim of such first-generation T-cell vaccines might be to improve the lives of those who contract HIV and postpone the day when they need to begin daily AIDS drug treatment. And computer modeling suggests an even partially effective HIV vaccine could alter the course of the epidemic, said Fauci and Johnston. Further studies will be needed to test that hypothesis, they noted.

The full report, "An HIV Vaccine - Evolving Concepts," was published in the *New England Journal of Medicine* (2007;356(20):2073-2081).

**EDITOR'S NOTE: The full report is available for public access at**

**<http://www.eatg.org/news/newsitem.php?id=1720>**

## 5. OTHER PREVENTION APPROACHES

## **"Increased efforts needed to curb spread of HIV among migrant workers in Asia"**

**Date:** 23 May 2007

**Source:** *Kaiser Daily HIV/AIDS Report*

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=45086](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45086)

Increased efforts are needed to curb the spread of HIV among migrant workers in Asia, many of whom lack access to health care services, CARAM Asia -- a coalition of migrant and health groups from 15 countries in the region -- said on Monday in an open letter to Asian governments, the AP/International Herald Tribune reports. "For a comprehensive approach to contain HIV/AIDS, the health of not only local populations but also migrant communities needs to be addressed," the letter said. According to CARAM, there are about 53 million migrant workers in Asia who are at an increased risk of HIV because they cannot access HIV prevention programs, health counseling and medical services. Many migrant workers found to be HIV-positive also are deported without any assistance or treatment services, the group said. CARAM did not provide any estimates of how many migrant workers in the region are living with HIV.

According to CARAM, many migrant workers are from impoverished areas in countries such as Bangladesh, India, Indonesia, Pakistan and the Philippines and often find employment in more wealthy Asian countries. According to United Nations estimates, about 8.6 million people are living with HIV in Asia. Some officials have said that investment in HIV/AIDS control efforts remains low at 10% of the needed \$5 billion annually. The number of people living with HIV in the region could increase to 20 million in the next five years if Asian governments do not increase their commitment to and funding for efforts to curb the spread of the virus, officials have said (AP/International Herald Tribune, 5/22).

## **"'Abstinence is not the only way to go:' interview with Rosemarie Muganda-Onyando"**

**Date:** 22 May 2007

**Source:** *Inter Press Service News Agency*

**Author(s):** Eli Clifton

<http://www.ipsnews.net/news.asp?idnews=37818>

Few aid programmes have been as controversial among activists and public health experts as the George W. Bush administration's abstinence-based HIV/AIDS treatment and prevention initiative, called the President's Emergency Plan for AIDS Relief (PEPFAR).

Rosemarie Muganda-Onyando serves as the director of the Centre for the Study of Adolescence in Nairobi, Kenya and appears in a new nine-minute documentary by the Washington-based group Population Action International titled "Abstaining From Reality".

Through interviews with AIDS educators and an HIV-positive woman who was never taught about proper condom use, "Abstaining From Reality" builds a case that PEPFAR ignores the realities of young people's lives in Kenya and Uganda and insists on an abstinence-based AIDS policy that actually endangers the lives of the people it is designed to protect.

**EDITOR'S NOTE: To read the full interview visit <http://www.ipsnews.net/news.asp?idnews=37818>**

## "South Africa's virginity testing"

**Date:** 22 May 2007

**Source:** *BBC News*

**Author(s):** Antony Kaminju

<http://news.bbc.co.uk/2/hi/africa/6677745.stm>

Having her virginity regularly tested makes South African Nsomawethu Tshobeni feel good. "At 31 I'm very proud to be a virgin, and when I attend the test regularly it gives me self-esteem as a woman," said the nurse who works in the coastal city of Durban.

A revival in the traditional practice among young Zulu women in South Africa is portrayed by supporters as the best way to stop unwanted pregnancies and the spread of HIV/Aids. But opponents say the practice is sexist and outdated and can even increase the chances of Aids - given the widely held misconception that unprotected sex with a virgin is safe or can cure Aids.

### *Workshop*

Some 200 young Zulu women attended a session in Pietermaritzburg in KwaZulu-Natal province ranging in age from seven to 31. They met five female elders in a workshop and discussed general sexuality as well as more specific problems. The physical examination to determine if they have ever had sex seemed very much a secondary part of the proceedings.

How to deal with rape, which is at epidemic levels in South Africa, was one of the topics that came up during the session. The discussions, however, rarely mentioned condoms, regarded in South Africa as the first defence against Aids.

### *'Colonialist mentality'*

Instead, abstinence was highlighted as the main way to prevent infection. Nomagugu Gobese, an elderly woman who founded the Nomkhulwane Culture and Youth Development Organisation and who is dubbed "auntie" by many of the girls who come for testing, is among those who strongly support the tradition.

Gobese said virginity testing had been practised for hundreds of years and those opposing the tradition, which she likened to a religion, were adopting "a colonialist mentality". "The lesson should be to teach the school kids on how to abstain and not to make them think that it's OK to fall pregnant," she said.

Makhosaza June has been sending her 24-year-old daughter for virginity tests every month. "I have seen the effect on my daughter since she started attending the tests," she says. "She now has self-respect and she is the one who wants to attend those tests, I don't force her."

### *Risk*

But Loveness Jambaya, of the non-governmental advocacy group Gender Links in Johannesburg, said the practice puts women's lives into jeopardy.

"You are at greater risk of rape because of (the incorrect) belief of sex with virgins helping to fight Aids. And if you're found to have had sex you are open to being ostracised by the community and all forms of abuse," she said. "HIV/Aids is the greatest risk they face."

For generations Zulu homes have run tests to ensure their daughters fetch a higher "lobola", the traditional payment made by the groom's family to the bride's family.

"It's unacceptable. It's imposed on a girl but not a boy which is unfair," says Cecilia Ncube of the UN's women's rights agency, Unifem in Johannesburg. "And it stigmatises. A man is expected to marry a virgin - if she is exposed then she will be an outcast in the community."

South Africa's parliament in 2005 considered a proposal to ban the tests, but the measure was defeated.

### *Tests*

Doctors and Zulu elders concede the tests do not in themselves reveal whether a person is HIV-positive. But the tests can reveal who may be having unsafe sex and which among them need counselling and possibly treatment. Supporters add that girls who successfully pass the tests receive reaffirmation for their choice to remain chaste.

Sthabile Buthelezi, 25, said she had been attending virginity testing sessions since 1994. "This event gives me a chance to meet other girls who are virgins, and we can show the whole world that we are virgins. I now know myself and I'm responsible for my body," she said.

For those who say the virginity tests place too much of an onus on women, Nomagugu Gobese has a surprise. She said she will begin testing boys later. Medical experts might question her methods, but she said she is sure she will be able to tell who has been having sex.

"Boys should be taught to be good mannered as well, not just girls. "Otherwise we are fighting a losing battle by concentrating on the girls only," she said.

### **"HIV/AIDS will not go away if you ignore it"**

**Date:** 16 May 2007

**Source:** *IRINNews.org*

<http://www.irinnews.org/Report.aspx?ReportId=72164>

"This is a disease about dirty people doing dirty things," remarked Mohammad Sohail, 18, a mechanic, displaying his limited knowledge of HIV as he repaired a car outside the bustling Pir Wadhai bus station, one of the largest in the city of Rawalpindi, near Islamabad, capital of Pakistan. His supervisor, Sayid Ramazan, 26, and the father of two, knew even less. "I never heard of it," he said, scratching his head.

Such responses are not unusual in Punjab Province, where nearly 60 percent of the country's 158 million inhabitants live, but they highlight a serious challenge in the national response to HIV/AIDS. Pakistan's HIV prevalence rate stands at 0.1 percent but the situation is changing rapidly, with new data revealing that an epidemic is concentrated in two risk groups: injecting drug users (IDUs), and men who have sex with men (MSM).

Prevalence is rising among the country's estimated 150,000 IDUs: in the southern city of Karachi the rate rose from 5 percent in 2002 to 27 percent in 2007, while in the city of Sargodha, about 100km from the capital, it reached a staggering 51 percent in 2007.

In this staunchly conservative society, misconceptions about HIV, coupled with the taboo nature of the groups most at risk, has meant that most cases go unreported; 3,700 cases of HIV have officially been recorded since 1986, when the first one was noted in the southern port city of Karachi, but the World Health Organisation (WHO) and UNAIDS put the real number at around 200,000.

According to the World Bank, underreporting is the result of social stigma attached to the infection, limited surveillance and voluntary counselling and testing services, as well as a lack of knowledge among health practitioners and the general population.

### *Startling findings in Punjab*

At the end of April the Punjab AIDS Control Programme released its survey of eight districts in the province, including Lahore, Sialkot, Rawalpindi, Gujrat, Gujranwala, Faisalabad, Bahawalpur and Multan, which revealed that 87 percent of all respondents had heard of HIV/AIDS.

### Key findings of Punjab survey

- Of 960 people surveyed, 87% of respondents had heard of HIV/AIDS
- 93.5% of the 449 male respondents and 82.9% of the 395 female respondents had heard about HIV/AIDS
- The more affluent the respondents were, the more likely it was that they knew of HIV/AIDS
- TV was the primary source of information about HIV/AIDS (77.6%)
- Less than 1% of respondents were aware that HIV/AIDS could be transmitted from mother to child through wounds
- Awareness of other transmission routes were: unsafe sex, 26%; used needles, 23%; and blood transfusions, 6%
- Only 4% understood that using condoms can be an effective means to prevent infection
- 62% of respondents had never heard about STDs (sexually transmitted diseases)
- 75% of respondents thought that extra-marital sex was prevalent in Pakistani society
- However, less than one percent were aware that HIV could be transmitted from wounds, or from mother to child, while 62 percent had not even heard of sexually transmitted infections (STIs), much less transmission modes or prevention measures.

Although 26 percent were aware that the virus could be transmitted through risky sexual behaviour, and 23 percent knew that used needles could pose a risk, only six percent knew that blood transfusions could also be a mode of transmission, and a mere four percent understood that using a condom could be an effective precaution against

becoming infected with HIV.

"What is reflected in the Punjab survey is indicative of the whole nation," warned Fawad Haider, the advocacy focal point for UNAIDS in Islamabad. "We still haven't been able to reach the real people of Pakistan," he explained, referring to the majority of Pakistanis, who live in rural areas.

Most awareness interventions have been targeted at policy-makers and people living in urban areas. "When we target the policy-makers and political leadership, the purpose is to get them to use their positions of influence to spread awareness amongst their constituents, allowing them to go back to the district level ... and spread the awareness at that level," the UNAIDS official said.

Although the strategy of placing the government at the forefront of media awareness campaigns has made some progress, it has not always worked. Moreover, the speed at which awareness levels have increased has been far from satisfactory, and the government has yet to give HIV/AIDS priority on the national agenda.

Hina Rabbani Khar, the State Minister for Economic Affairs and Finance, recently downplayed the significance of the disease, making HIV/AIDS a difficult issue to advocate for.

However, there is some optimism: the government hopes to significantly boost behavioural change among groups deemed most at risk, including female commercial sex workers, MSM, and those born biologically male but who wish to be female, called 'hijras' or eunuchs.

According to the country's new universal access targets for the next three years, the government aims to reach 25 percent of each of these groups in 2007, with a coverage target of 60 percent in 2010. "I believe we could even surpass those figures," said Dr Nasir Sarfraz, deputy programme manager of the National Aids Control Programme.

#### *A question of resources*

Akbar Babar, a private consultant who carried out the Punjab study, said the findings conveyed a stark message that more resources were needed to improve awareness levels nationwide.

"We all know awareness campaigns are expensive; electronic media is expensive, but extremely poor levels of awareness about HIV and its transmission routes should convince policy-makers that we need to allocate a lot more [resources], so that the media reports can be more intense," he said, calling for a significant boost in allocation, particularly for television.

"The only answer is to spread as much awareness as possible," said Haider, from UNAIDS. "The more people know about the modes of transmission, the better the understanding they would have, and the less taboo, stigma and discrimination will be attached to the virus."

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## **6. POLITICS AND POLICY**

## "EU plan to lift R&D to begin in 07"

**Date:** 22 May 2007

**Source:** *Drug Researcher.com*

**Author(s):** Cristina Jimenez-Andres

<http://drugresearcher.com/news/ng.asp?id=76731>

A public-private partnership aimed at boosting new drug development in Europe, the Innovative Medicines Initiative, is on track to come into effect this year, according to European Federation of Pharmaceutical Industries and Federations.

IMI is designed to fight the many bottlenecks that hinder new drug development in Europe and improve the region's competitiveness with the US and other areas of the world.

Subject to formal adoption by the EU Competitiveness Council that will hopefully arrive by the end of this year, IMI will launch its first calls for proposals in early 2008.

"We hope to be able to start the first research projects by the end of 2008. Depending on the projects we hope to see the first scientific results by the middle of 2009," said Christophe de Callatay, the spokesperson for the EFPIA.

After the approval, the Innovative Medicines Initiative will become a separate body, totally independent from the European Commission despite receiving half of its funds from the EU via its Seventh Framework Programme (FP7).

The other half of the funding will come from the industry, adding up to a total of €2bn. This will be the first time that competitors within the pharmaceutical sector will share resources for a common aim. But the architects of the IMI, including Jorgen Dirach of Novo Nordisk, believe that there was no other option left, since the scientific challenges that IMI wants to tackle are too complex for organisations to address in isolation.

25 of the biggest Europe-based companies will be involved in IMI, working through collaborative projects with public organisations that will be carefully selected through open calls for proposals and peer review processes.

The challenging European innovative wants to reinvigorate the biopharmaceuticals sector in Europe by developing new methodologies and tools that are better at predicting the safety and efficacy of possible new drugs and medicines.

IMI is expected to bring innovative medicines on stream more quickly and with 'greater certainty' about their use. For this, IMI will be working on four main areas, which are summarised in the Strategic Research Agenda Executive Report: safety evaluation, efficacy evaluation, knowledge management and education and training.

The industry will benefit from IMI in many different ways. For example, they will share the risk of implementing new technologies, and the process of interpretation of safety findings will be accelerated through sharing pre-competitive toxicology data. The IMI also expects to be able to accelerate approvals through better collaboration with EMEA, the European Medicines Agency

Other initiatives include establishing a European Medicines Research Academy (EMRA) and the creation of a European Centre of Drug Safety Research (ECDSR), as well as establishing a framework to develop biomarkers that will indicate the human relevance and regulatory utility of early laboratory findings.

If nothing is done to fight the current situation of drug development process in Europe, other economies such as the US, Singapore, India and particularly China will be prepared to attract new industry investment as they have already launched competing initiatives, such as the FDA Critical Path and the Biomarker Consortium in the US or the Translational Medicine Centre recently established in Kobe, Japan.

### **"Muslim Malaysia cannot promote condoms openly, says official"**

**Date:** 21 May 2007

**Source:** *Agence France Presse*

<http://www.cdcnpin.org/scripts/display/NewsDisplay.asp?NewsNbr=48229>

A top Malaysian health official said Monday the government understands that condoms prevent HIV transmission, but the issue is delicate. The health ministry cannot openly promote condoms to control HIV's spread for fear of antagonizing Islamic groups that would accuse it of encouraging promiscuity, said Jalal Halil Khalil, deputy director of disease control. 'It's based on people's sentiments,' Jalal said. 'In Malaysia, we have Islamic religious groups who sometimes misinterpret our efforts in controlling HIV/AIDS by using condoms.' The ministry says Malaysia faces an HIV epidemic that by 2015 could quadruple to 300,000 the number of people infected. Last year, the government initiated a five-year plan to pilot needle exchange programs and offer free antiretroviral drugs in Kuala Lumpur and in the northern Penang and southern Johor states. Those measures provoked a 'hue and cry' from religious groups, said Jalal. Because condoms are associated with sex, and sex is rarely discussed in public, the health ministry has stepped aside to permit nongovernmental organizations to promote them, said Jalal. The ministry is discussing HIV courses with Muslim leaders, he said. 'This is meant for the religious leaders and imams so they can educate people on what HIV is all about, and how to prevent it. And of course you can't have prevention without condoms,' Jalal said. There is still social stigma against people with HIV/AIDS, but that is slowly changing, Jalal said.

### **"Some congressional Democrats appear reluctant to enter debate over PEPFAR's abstinence funding requirements"**

**Date:** 21 May 2007

**Source:** *Kaiser Daily HIV/AIDS Report*

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=45031](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45031)

Some Democratic leaders in Congress are showing "signs" that they are reluctant to enter the debate over the President's Emergency Plan for AIDS Relief's abstinence spending requirements, the Wall Street Journal reports (Phillips, Wall Street Journal, 5/21). By law, at least one-third of HIV prevention funds that focus countries receive through PEPFAR must be used for abstinence-until-marriage programs (Kaiser Daily HIV/AIDS Report, 4/2).

Some HIV/AIDS advocates are calling on Democratic lawmakers to repeal the abstinence requirement in the upcoming foreign-aid spending bill, while supporters of the requirements are lobbying against the change, the Journal reports. According to the Journal, Democratic lawmakers "seem likely to push the issue off until later this year or even next year," when Congress is scheduled to reauthorize PEPFAR. The delay could mean that "any relaxation" in HIV/AIDS funding requirements might not take effect until 2009 or 2010, the Journal reports.

Some advocates who oppose the abstinence spending requirements say that the rule diverts money from programs that promote condom use and provide access to antiretroviral drugs and HIV/AIDS care. Although "Democrats have the power to do the right thing," they "don't seem to be willing to do it," Jodi Jacobson -- executive director of the Center for Health and Gender Equity, a group that is leading efforts to repeal the spending requirements -- said, adding, "What is the point in being in the majority if you can't take action?"

Opponents of the spending requirement also have pointed to recent studies, including an Institute of Medicine report that found congressional provisions about how to spend HIV/AIDS money hinders health professionals in the field. Another study, commissioned by HHS, found that abstinence-only programs in the U.S. have not impacted young people's sexual behavior.

Supporters of the spending requirement say that without it, programs promoting abstinence until marriage and fidelity would not receive adequate resources. "Over time, we probably won't need (the provision), but for now, we still do," Ambassador Mark Dybul, who serves as the U.S. global AIDS coordinator and administers PEPFAR, said. Other supporters have cited Uganda as an example of a country that has successfully reduced its HIV/AIDS prevalence by promoting abstinence and fidelity. Stephen Colecchi -- director of the Office of International Justice and Peace at the U.S. Conference of Catholic Bishops, which supports abstinence programs -- said that in this case, "the morally right thing is also the efficacious approach."

According to the Journal, HIV/AIDS advocates have some "well-placed allies" in Congress, including Sen. Dianne Feinstein (D-Calif.) and Rep. Barbara Lee (D-Calif.), members of the Senate Appropriations Committee and House Appropriations Committee, respectively. Feinstein has said that the requirement is "squeezing out" available funding for other HIV prevention efforts, such as those aimed at preventing mother-to-child HIV transmission and maintaining a healthy blood supply. Lee also has introduced a bill that would eliminate the abstinence requirement.

An unnamed White House spokesperson declined to say whether President Bush would veto legislation that relaxes abstinence spending requirements but added that the administration would "certainly fight to maintain a balanced approach" to HIV prevention funds. Some advocates also are calling for the repeal of a U.S. policy that requires recipients of federal HIV/AIDS service grants to pledge to oppose commercial sex work, the Journal reports (Wall Street Journal, 5/21).

### **"Gates charity's focus on HIV in China could face hurdles"**

**Date:** 20 May 2007

**Source:** *The Seattle Times*

**Author(s):** Kristi Heim

<http://archives.seattletimes.nwsource.com/cgi-bin/texis.cgi/web/vortex/display?slug=gateschina20m&date=20070520&query=kristi+heim>

The Bill and Melinda Gates Foundation is preparing to make its first foray into China, focusing on HIV prevention at a critical stage in controlling the epidemic. The world's largest charitable foundation has opened an office in Beijing and hired a former director of the U.S. Centers for Disease Control and Prevention to head the program.

While China's government has made progress in addressing HIV and AIDS recently, it remains to be seen how readily it will accept expertise and resources from Seattle. The Gates Foundation could face major challenges in a country where many non-governmental organizations are mistrusted, and the country's top AIDS activists are routinely put under house arrest.

The Gates Foundation is still working out terms of a partnership with the Chinese government and discussing a major grant. In the meantime, it has hired Dr. Ray Yip, former China director of the U.S. CDC and senior adviser to UNICEF China. Yip has been in China for almost 10 years, assisting China's Ministry of Health and the Chinese CDC in health-system reform and HIV/AIDS prevention efforts. So far the foundation has been keeping a low profile. The new office in Beijing has no sign on its door, and the foundation is providing few details about its plans there.

"For some time we have been exploring opportunities to help support the response to HIV/AIDS in China. We have not reached any final decisions about new funding," said Jenny Sorensen, a foundation spokesperson. "We're delighted that Dr. Ray Yip, a distinguished AIDS expert, will be joining the Gates Foundation in July to help lead our work in China."

Bill Gates visited China last month to help improve relations between Microsoft and the Chinese government. Less noticed was a visit he paid to a district health center in Beijing to learn about its HIV/AIDS prevention work. The positive image of Bill Gates himself, who is consistently ranked in polls among the most admired people in China, is one of the foundation's key advantages as it establishes operations in the world's most populous country. Besides cooperation on HIV, the foundation needs China's help on other global health priorities such as developing treatments for malaria and fighting drug-resistant tuberculosis.

The AIDS crisis in China wasn't publicly disclosed by the government until 2001, more than 10 years after the first cases were discovered. In the 1990s, thousands of people became infected in rural Henan province after donating blood plasma at collection centers that used contaminated equipment. Gao Yaojie, 80, the doctor who traced the infections and exposed the problem, was harassed by local officials, placed under house arrest and prevented from leaving the country to receive an award. She was allowed to travel to the United States for the award in March only after international pressure.

The total number of HIV infections in China has been hard to pinpoint, but officials estimate the number at 650,000. In late 2005, China concurred with a United Nations prediction that the country could have 10 million HIV-positive people by 2010 if it didn't take urgent measures. But more recently, China has revised both the number of current infections and the forecast downward, saying it could limit the number of people with HIV to 1.5 million by 2010.

But China is in the midst of unprecedented social and economic change, including mass migration to cities and the unraveling of traditional mores. If the rate of new infections among drug users and sex workers isn't curbed, the virus

could spiral out of control, Yip said in a May 3 article in the New England Journal of Medicine. (The article was written by Bates Gill, a China scholar at the Center for Strategic and International Studies, who said he received support from the Gates Foundation.) While HIV is in its early stages in China, "if you don't control the epidemic in the next five years ... the sheer increasing numbers of people who engage in high-risk behavior can fuel the fire," Yip said.

About 70 percent of the people estimated to be infected haven't even been identified, according to the article, so they wouldn't know they could be spreading the virus. Fighting HIV in China also means dealing with a broken health-care system that is failing many people in rural areas.

"China has one of the most fragmented health systems that I've ever seen," said Jim Kim, a Harvard University health expert who traveled to China as head of the World Health Organization's AIDS programs. There is little or no connection between village hospitals, district hospitals and national health authorities, a problem that exacerbated the SARS (severe acute respiratory syndrome) crisis a few years ago, he said. Nevertheless, China has shown it can make major progress when it wants to, Kim said. New policies mandate free antiretroviral drugs and treatment for the poor, and strengthened training and intervention programs over the next five years. "They just decreed overnight that every single person in China by 2008 would have access to needle exchange and methadone treatment," Kim said. "I've just never seen anything so effective when they decided to turn on that particular issue."

However, outside efforts to assist in HIV/AIDS work might be hampered in China at a time when foundations and other charitable organizations are seen by authorities as a potential threat, fomenting grass-roots democracy ÃƒÂ la the Orange Revolution in Ukraine and other efforts in the former Soviet Union.

Christopher Plante, director of environment programs at the Asia Foundation, said foundations are under intense scrutiny now in China. His advice for the Gates Foundation was clear: Proceed "very, very carefully. We have walked a tightrope that has gotten increasingly more difficult to tread," he said. "If you do the wrong thing, you could just be out."

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## 7. HIV/AIDS FUNDING

### **"Swedish agency provides Zimbabwe with \$7.6M for HIV/AIDS projects"**

**Date:** 21 May 2007

**Source:** *Kaiser Daily HIV/AIDS Report*

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=45033](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45033)

The Swedish International Development Cooperation Agency on Thursday announced it will provide the Zimbabwean government with \$7.6 million to fund HIV/AIDS projects in the country, Xinhua News Agency reports.

The Swedish Cooperative Center will receive \$1 million for the Food Security and HIV/AIDS Affected Households project, which supports farming for households affected by HIV/AIDS, in Zimbabwe's Kwekwe and Gweru districts. The program will be implemented jointly with the Midlands AIDS Service Organization, according to Xinhua News

Agency. The remaining \$6.6 million will be used for the Expanded Support Program, a collaborative effort between Zimbabwe's National AIDS Council and the United Nations aimed at expanding access to HIV prevention, care and treatment services.

Goran Engstrand, head of the Swedish Embassy's development cooperation, on Wednesday at a signing ceremony said that HIV/AIDS is a major threat to Zimbabwe's development. He added that Sweden will continue to support efforts aimed at helping families affected by HIV/AIDS in the country. "Sweden also hopes that the support will go a long way to strengthen the mitigation of the effects of HIV and AIDS on the agriculture sector," Engstrand said (Xinhua News Agency, 5/17).

### **"Gates Foundation gives Glaser Foundation \$9.7M for research on pediatric HIV vaccines; research to focus on breast-feeding infants"**

**Date:** 18 May 2007

**Source:** *Kaiser Daily HIV/AIDS Report*

[http://www.kaisernetwork.org/daily\\_reports/print\\_report.cfm?DR\\_ID=44994&dr\\_cat=1](http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=44994&dr_cat=1)

The Bill and Melinda Gates Foundation has awarded the Elizabeth Glaser Pediatric AIDS Foundation a five-year, \$9.7 million grant to research and develop experimental HIV vaccines aimed at children, Glaser Foundation President and CEO Pamela Barnes announced Friday on HIV Vaccine Awareness Day, the AP/Houston Chronicle reports. The research will focus on preventing mother-to-child transmission of the virus through breastmilk, according to the Glaser Foundation. The grant will fund eight research studies and up to three pediatric clinical trials of HIV vaccines previously tested among adults. Barnes said nearly 14% of all new HIV cases worldwide occur among infants who contract the virus from their mothers, most of whom rapidly develop AIDS because they lack treatment access (Gordon Blankinship, AP/Houston Chronicle, 5/18). The preclinical research studies will examine issues related to HIV transmission through breastmilk and pediatric immunity.

Researchers have found that an effective vaccine, provided shortly after birth, would not only protect an infant from contracting HIV while breast-feeding but also could offer long-term or even life-long immunity from the virus, according to the Glaser Foundation. The protective vaccine then would allow HIV-positive mothers to safely breast-feed for an extended period of time, providing infants in resource-poor settings with nutritional and basic health benefits. "We are profoundly grateful to the Gates Foundation for recognizing the special needs of children in the fight against AIDS," Barnes said, adding, "Children have been virtually absent from HIV vaccine research despite having the most to gain from such a discovery." According to Barnes, it is "absolutely vital that we start to include children in HIV vaccine research, or we may miss important discoveries that only pediatric research could reveal."

According to the Glaser Foundation, to date there have been two HIV vaccine trials aimed at preventing mother-to-child HIV transmission, either during childbirth or through breast-feeding (Glaser Foundation release, 5/18). The Glaser Foundation has helped pay for 41 studies related to pediatric HIV/AIDS research since 1988. According to the AP/Chronicle, the Gates Foundation grant nearly equals all the funds the Glaser Foundation spent on HIV/AIDS vaccine research between 1988 and 2007 (AP/Houston Chronicle, 5/18).

## 8. ANNOUNCEMENTS

### "Botswanan chosen as new UN envoy to tackle HIV/AIDS in Africa"

**Date:** 21 May 2007

**Source:** *UN News Service*

<http://www.un.org/apps/news/story.asp?NewsID=22621&Cr=hiv&Cr1=aids#>

Secretary-General Ban Ki-moon today appointed a Botswanan policymaker and activist as his new Special Envoy for AIDS in Africa and renewed the terms of three other regional envoys.

Elizabeth Mataka, a Botswanan who is currently Executive Director of the Zambian National AIDS Network and Vice-Chair of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, was chosen to replace Stephen Lewis of Canada, whose contract expired at the end of last year.

A social worker by training, Ms. Mataka has 16 years' experience in the HIV/AIDS field, working in Government, the private sector and with non-governmental organizations (NGOs) on HIV prevention programmes, clinical treatment for opportunistic infections and community and national schemes for the care and support of sufferers.

Announcing the appointments today, the same day the General Assembly is holding a session reviewing implementation of the Declaration of Commitment on HIV/AIDS, Mr. Ban thanked the Special Envoys for their work to advance the UN agenda on the issue in the regions they cover.

"Working with a wide range of partners, including governments and civil society, they have helped mobilize and strengthen responses in many countries," he said in a press statement accompanying the announcement.

"In particular, they have been instrumental in advocacy on issues related to women and AIDS, championing the greater involvement of people living with AIDS in national responses, and promoting support from the private sector," added Mr. Ban.

The Secretary-General also met today with representatives of UN+, a group of staff living with HIV from across regions and UN agencies. He reiterated his firm commitment to the fight against AIDS and emphasized his deep admiration for the courage of each of the UN+ members to speak up publicly about their HIV status.

Mr. Ban also stressed his full commitment to continue working with UN+, including addressing stigma and discrimination both in the workplace and in the world at large.

Mr. Ban's Special Envoy for AIDS in Asia and the Pacific, Nafis Sadik, served as Executive Director of the UN Population Fund (UNFPA) from 1987 to 2000, while the Special Envoy for Latin America and the Caribbean, Sir George Alleyne, was Director of the Pan American Health Organization (PAHO) from 1995 to 2003. Lars Kallings, who is the Special Envoy for Eastern Europe and Central Asia, was Secretary-General of the International AIDS Society from 1994 to 2002. The appointments of the three envoys have been renewed until the end of 2008.

## **"PATH, influential global health office, marks 30 years"**

**Date:** 21 May 2007

**Source:** *The Seattle Post Intelligencer*

**Author(s):** Tom Paulson

[http://seattlepi.nwsourc.com/local/316611\\_path22.html](http://seattlepi.nwsourc.com/local/316611_path22.html)

PATH, the Program for Appropriate Technology in Health, celebrates thirty years of achievements.

PATH now coordinates many of the Seattle philanthropy's largest endeavors in global health, such as the Malaria Vaccine Initiative (which has received \$250 million from the Gates Foundation). It is one of the world's largest and, arguably, most influential private, non-profit organizations in the global health arena.

***EDITOR'S NOTE: To read further about PATH's achievements and its thirty year celebration visit***

***[http://seattlepi.nwsourc.com/health/316611\\_path22.html](http://seattlepi.nwsourc.com/health/316611_path22.html)***

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