



ALLIANCE FOR MICROBICIDE DEVELOPMENT

08 June 2007, Volume 8, Number 22

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. 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

"Prevention of AIDS must be priority at G8 summit"

Date: 06 June 2007

Source: *The Irish Times*

<http://www.ireland.com/newspaper/opinion/2007/0606/1180721124883.html>

The G8 summit in Germany is due to focus particularly on Aids. Bill Gates writes that education and contraceptives are the way to save lives.

"On a recent visit to a clinic in Africa, my wife Melinda and I were shown a heartbreaking photograph of a patient named Jean - a very thin, frail man suffering from Aids. As we were staring at the photo, a smiling man walked into the

clinic to greet us. It took us a minute to realise that it was Jean - now alive and healthy, thanks to powerful new Aids drugs.

Jean is not alone. According to a new report, the number of people on Aids treatment in developing countries doubled in the past year. This is largely due to the generosity of donor countries, including Ireland, which has committed EUR 80 million to the Global Fund to Fight Aids, TB, and Malaria. If everyone personally could meet an African whose life has been saved by Aids treatment, I think we would all be deeply proud of what has been accomplished, and push government leaders to build on this success.

But treatment is only part of the equation. To secure Africa's future, we must also do a much better job of preventing the spread of the disease - especially among women. The harsh mathematics of Aids proves the importance of prevention. For every person who gained access to treatment last year, six more were infected. Without slowing the number of infections, there's simply no way to keep up with the surging demand for treatment.

Sceptics say it is not possible to change the behaviour that puts people at risk of HIV. I defy them to tell that to the sex workers we have met on our trips to Africa, who insist their customers use a condom every time. Years of research have proven that Aids education, condoms, clean needles, and HIV testing can be highly effective in preventing the spread of HIV.

A report to be issued next month by the Global HIV Prevention Working Group estimates that with a major expansion of prevention, we could cut the number of infections by two-thirds within a decade. But it's shocking how few people - even those at extremely high risk - have access to these lifesaving prevention tools. Worldwide, most schoolchildren don't receive any Aids education. Just one in 10 adults in Africa has been tested for the virus. And only one in 10 pregnant women has access to inexpensive medications that can protect newborn babies from infection.

A top priority must be to address the prevention needs of women and girls, especially in Africa. Biologically, women are twice as likely as men to contract HIV. And many women - including those who are married - have little power to ensure their partners are faithful or use condoms. A woman shouldn't need her partner's permission to save her own life. I am hopeful that science and technology will put the power to prevent HIV in the hands of women.

Promising research is under way on **microbicides** - gels that a woman could use to prevent HIV transmission. It is also possible that drugs used to treat HIV could be used to prevent infection. And of course, the development of an Aids vaccine would be the ultimate breakthrough.

In addition to developing new prevention methods, we must also address more fundamental issues, such as sexual violence and social and economic inequities, that put women and girls at risk of HIV. It is no coincidence that girls with better access to education are also less likely to become infected. We also cannot forget the importance of HIV testing - which is essential to the success of both treatment and prevention. The World Health Organisation should be commended for issuing new guidelines last week that call for greatly expanded access to testing.

Fortunately, fighting Aids in Africa is a priority at this week's G8 summit. Donor countries should take this opportunity to pledge new resources for effective prevention and treatment programmes, and help fast-track research on new prevention methods. Controlling, and one day eliminating, Aids is the number-one priority for the Gates Foundation. We won't stop until there's an end to the disease, and we hope that the world's most powerful nations won't either."

"AIDS indaba to highlight 'six lines of attack'"

Date: 05 June 2007

Source: *Business Day (South Africa)*

Author(s): Tamar Kahn

<http://www.businessday.co.za/articles/national.aspx?ID=BD4A483390>

The third South African National AIDS conference is expected to end with a formal "consensus" declaration, detailing the way forward on six key lines of attack against the devastating epidemic. The declaration would build on the National Strategic AIDS Plan (NSP), conference chairwoman Olive Shisana said yesterday. "The NSP tells us the 'what'. This declaration will begin to say 'how', because it's in the how that programmes fail if you don't agree," she said.

The draft declaration document was formulated at a meeting of 80 stakeholders last month that drew together scientists, government officials, public policy experts and representatives from civil society. The document focuses on six contentious areas in preventing HIV transmission and managing the disease. These include: ways to persuade more people to get tested for HIV; whether HIV-positive mothers should give their babies breast milk or formula; the role of male circumcision in reducing the risk of HIV transmission; side-effects of antiretroviral medicines; finding ways to ensure people who know they are HIV-positive do not spread the virus; and developing new technologies for preventing HIV transmission, such as **microbicides**. An estimated 5,5-million South Africans, or one in nine citizens, are infected with HIV.

Speaking on the eve of the national AIDS conference, which will be opened tonight by Deputy President Phumzile Mlambo-Ngcuka, Shisana said there had been much progress since the inaugural conference in 2003. "There's a sense of unity (now). The areas of disagreement are far fewer than those of agreement."

The 2003 conference came at a time when the government was refusing to provide AIDS drugs to public sector patients. More than 4000 delegates are expected to attend the four-day event. About a fifth of the delegates come from outside SA, representing 60 countries, said the organisers.

"HIV studies 'may bear fruit soon'"

Date: 04 June 2007

Source: *The Mercury*

Author(s): Liz Clarke

<http://www.themercury.co.za/index.php?fSectionId=2875&fRequestedUrl=%2Findex.php%3FfArticleId%3D3865570>

Scientists are holding their breath that exhaustive studies lasting many years will soon provide the breakthrough needed to significantly lower the risk of HIV/Aids infection.

On the eve of the third South African Aids Conference, starting at Durban's International Convention Centre tomorrow, scientists predicted that 2007 would be a watershed year in the care and prevention of the epidemic, with South Africa playing a major role.

Researchers working with **microbicides** - a gel-like substance used by women to prevent the virus from entering their bodies - said they were confident that results of a final phase-three trial conducted in South Africa would be available by early next year. The trials of the substance, known as carraguard - based on a natural seaweed compound - involved more than 6 000 women in South Africa at sites including Durban, Soshanguve and Gugulethu.

"Even with the recent setbacks in the field (when one trial substance was found to be ineffective) we remain hopeful," said Prof Gita Ramjee, who heads the Medical Research Council's HIV Prevention Research Unit and would be chairing a panel discussion on prevention technologies - including **microbicides**, male circumcision and vaccines - at the conference.

"At this stage we cannot expect 100% efficacy from any **microbicide** substance, but even with a 50% success rate there would be a significant reduction in the number of people infected," she said.

Other groundbreaking results expected in the mid-year are phase-three trials of the vaginal diaphragm for prevention of HIV sponsored by the University of California in San Francisco. However, current figures provided by UNAids show that the urgency to find solutions is greater than ever - that last year a staggering 1.5 million Aids-related deaths were recorded in the Southern African region.

In one of the most chilling reminders to date, UNAids researchers warned that the number of deaths would continue to increase "unless the region is able to ensure access to treatment for the 75% of people who are in need but not receiving it". According to a report provided by the Southern Africa HIV/Aids Information Dissemination Service, more than two million people who tested HIV-positive during routine checks were unaware of their HIV status and did not feel they were at risk of infecting anyone else. Scientists say that the development of an Aids vaccine is still 10 to 15 years away.

The conference has attracted more than 2 000 delegates to Durban, including some of the world's leading Aids scientists.

"South Africa: high hopes for ARV-based gel"

Date: 04 June 2007

Source: *allAfrica.com*

Author(s): Kerry Cullinan

<http://allafrica.com/stories/200706040430.html>

KwaZulu-Natal women will be the first in the world to test a **vaginal gel** containing an antiretroviral (ARV) drug which offers the hope of protecting women from HIV infection.

After three painstaking years of planning, Durban scientists Professors Salim and Quarraisha Abdool Karim and Dr Ayesha Kharsany have finally started to recruit women for the trial of the gel, known as a **microbicide**. While other

microbicides have been tested in the past, this is the first that has an ARV drug, tenofovir, as its active ingredient. Tenofovir can survive for a long time in the body and that is hard for people to develop resistance to.

"I'm excited and optimistic about the trial," said Salim Abdool Karim, director of the Centre for the AIDS Programme of Research in SA (Caprisa), which is running the trial. "Tenofovir is highly efficacious and it has a good safety profile. In the nine or 10 animal studies conducted, it has shown a high level of protection in animals."

In one recent study, two-thirds of monkeys given a rectal **microbicide** containing tenofovir were protected from simian immunodeficiency virus (SIV), a virus in monkeys that is similar to HIV. All the monkeys that did not get the gel became infected with SIV. **Microbicides** have long been promoted as the ideal prevention method for women who are vulnerable to HIV but are unable to insist that their partners use condoms. But although five candidate microbicides have been tested so far, none have been able to prevent HIV infection.

However, Salim Abdool Karim described the tenofovir gel as a "third generation **microbicide**" that did not try to kill HIV or block the virus from entering the body as the earlier **microbicides** had. Instead, the tenofovir gel is expected to be absorbed rapidly into the genital tissue where it is hoped that it will prevent the virus from replicating from inside the cells themselves. An added benefit of tenofovir is that it remains active in a person's body for a number of hours.

"Women will be able to apply the gel up to 12 hours before they have sex and within 12 hours of having sex," said Quarraisha Abdool Karim. "This makes it easier to use than the other **microbicides**, which usually had to be inserted within an hour of having sex."

The scientists intend to recruit almost 1000 HIV negative women for the trial over the next 14 months, according to Kharsany. Results are expected in two and a half years' time. The gel has already passed safety tests in humans and this is a "phase two trial" to test whether it offers protection against HIV.

Half the women recruited will get the tenofovir **microbicide** and the other half will get a plain gel. The women will not know whether they have the tenofovir **microbicide** or the placebo.

Caprisa is recruiting women from Durban and rural Vulindlela near Howick, and recruits will range from those who mainly have migrant partners (and do not have regular sex) to sex workers.

Ethically, the trial is challenging. While the women recruited will be encouraged by counsellors to use condoms at all times, the only way that the scientists will be able to test if the gel can prevent HIV transmission is if it is used without condoms. For this reason, sex workers who have frequent sex with multiple partners and are not always able to insist that their clients use condom will be an essential part of the trial.

"But we expect that even this group will be motivated to use condoms as they will have received extensive counselling," said Salim Abdool Karim.

Beauty Mazibuko, who is recruiting the sex workers, said that it "isn't easy to gain their trust" or even to get them to listen as "their time is money". "But they are also human and once they hear about the research, there are some that are very interested and want to help," said Mazibuko.

The recent suspension of the trial of another **microbicide** based on cellulose sulphate generated a lot of negative publicity in the media, with scientists facing accusations of using people as "guinea pigs".

"There was a lot of gossip about **microbicides** in our communities after this trial was stopped," admits Nomapondo Barnabus, who is overseeing the community involvement in the trial. Caprisa dealt with people's concerns by calling meetings to address people's concerns.

Gethwane Makhaye, who is overseeing the recruitment of rural women in Vulindlela, said that the fact that Caprisa had worked in the community since 2001 and was involved not just in **microbicide** research but also in the provision of medical care had earned the organisation the trust of her community.

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2. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"Opportunities for woman-initiated HIV prevention methods among female sex workers in Southern China"

Author(s): Weeks MR, Abbott M, Liao S, et al

Reference: N/A 44(2):190-201.

<http://www.sexscience.org/uploads/media/Weeks.pdf>

Published Abstract: Rapid changes in China over the past two decades have led to significant problems associated with population migration and changing social attitudes, including a growing sex industry and concurrent increases in STIs and HIV. This article reports results of an exploratory study of **microbicide** acceptability and readiness and current HIV prevention efforts among female sex workers in two rural and one urban town in Hainan and Guangxi Provinces in southern China. The study focused on these women's knowledge and cultural understandings of options for protecting themselves from exposure to STIs and HIV, and the potential viability and acceptability of woman-initiated prevention methods. We report on ethnographic elicitation interviews conducted with women working within informal sex-work establishments (hotels, massage and beauty parlors, roadside restaurants, boarding houses). We discuss implications of these findings for further promotion of woman-initiated prevention methods such as **microbicides** and female condoms among female sex workers in China.

EDITOR'S NOTE: *The full text of this article can be found at*

<http://www.sexscience.org/uploads/media/Weeks.pdf>

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3. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Escape of HIV-1 from a small molecule CCR5 inhibitor is not associated with a fitness loss"

Author(s): Anastassopoulou CG, Marozsan AJ, Matet A, et al

Reference: N/A 3(6)

<http://pathogens.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.ppat.0030079>

Published Abstract: Fitness is a parameter used to quantify how well an organism adapts to its environment; in the present study, fitness is a measure of how well strains of human immunodeficiency virus type 1 (HIV-1) replicate in tissue culture. When HIV-1 develops resistance in vitro or in vivo to antiretroviral drugs such as reverse transcriptase or protease inhibitors, its fitness is often impaired. Here, we have investigated whether the development of resistance in vitro to a small molecule CCR5 inhibitor, AD101, has an associated fitness cost. To do this, we developed a growth-competition assay involving dual infections with molecularly cloned viruses that are essentially isogenic outside the env genes under study. Real-time TaqMan quantitative PCR (QPCR) was used to quantify each competing virus individually via probes specific to different, phenotypically silent target sequences engineered within their vif genes. Head-to-head competition assays of env clones derived from the AD101 escape mutant isolate, the inhibitor-sensitive parental virus, and a passage control virus showed that AD101 resistance was not associated with a fitness loss. This observation is consistent with the retention of the resistant phenotype when the escape mutant was cultured for a total of 20 passages in the absence of the selecting compound. Amino acid substitutions in the V3 region of gp120 that confer complete AD101 resistance cause a fitness loss when introduced into an AD101-sensitive, parental clone; however, in the resistant isolate, changes elsewhere in env that occurred prior to the substitutions within V3 appear to compensate for the adverse effect of the V3 changes on replicative capacity. These in vitro studies may have implications for the development and management of resistance to other CCR5 inhibitors that are being evaluated clinically for the treatment of HIV-1 infection.

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

"Leukotriene B4 triggers the in vitro and in vivo release of potent antimicrobial agents"

Author(s): Flamand L, Tremblay MJ, Borgeat P

Reference: N/A 178:8036-45.

<http://www.jimmunol.org/cgi/content/abstract/178/12/8036?ct=ct>

Published Abstract: Leukotriene B4 (LTB4) is a bioactive lipid derived from the metabolism of arachidonic acid. Mainly produced by polymorphonuclear leukocytes (PMN) and macrophages, LTB4 triggers several functional responses important in host defense, including the secretion of lysosomal enzymes, the activation of NADPH oxidase activity, NO formation, and phagocytosis. We report that LTB4, but not structural analogs thereof, stimulates primed human PMN to release molecules having potent antimicrobial activities. Exposure of bacteria (*Escherichia coli* and *Staphylococcus aureus*) or viruses (herpes simplex virus type 1 and HIV type 1) to supernatants of LTB4-activated PMN lead to 90% reduction in infectivity. ELISA and mass spectroscopy analysis of proteins released from LTB4-activated PMN have identified several antimicrobial proteins, including α -defensins, cathepsin G, elastase, lysozyme C, and LL-37, that are likely to participate in the killing of microorganisms. In addition to these in vitro observations, i.v. injections of LTB4 (50 μ g/kg) to monkeys led to an increase in α -defensin plasmatic levels and enhanced ex vivo antimicrobial activities of plasma. These results demonstrate the ability of LTB4 to cause the release of potent antimicrobial agents from PMN in vitro as well as in vivo and add further support to the important role of LTB4 in host

defense.

"Mucosal innate immune factors in secretions from high-risk individuals immunized with a bivalent gp120 vaccine"

Author(s): Cummins JE, Denniston M, Mayer KH, et al

Reference: N/A 23(5):748-54.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17531002&dopt=Abstract

Published Abstract: This study examined the effect of an HIV vaccine on mucosal innate factor expression. Serum, gingival fluid, and genital mucosal secretions were collected from high-risk women and men enrolled in an HIV-1 efficacy vaccine trial and from low-risk women and men. Samples were tested by standard ELISA for lactoferrin, myeloid-related protein-8/14, and secretory leukocyte protease inhibitor. No consistent significant changes in innate factor levels were found in serum or secretions from vaccinees compared to placebo recipients or from high-risk compared to low-risk individuals. Because of the importance of innate immunity in host defense, evaluation of the mucosal innate immune system should be included in future HIV prevention trials.

"The Polymorphisms in DC-SIGNR Affect Susceptibility to HIV Type 1 Infection"

Author(s): Wichukchinda N, Kitamura Y, Rojanawiwat A, et al

Reference: N/A 23(5):686-92.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17530994&dopt=Abstract

Published Abstract: Dendritic cell-specific intercellular adhesion molecule-3 (ICAM-3) grabbing nonintegrin (DC-SIGN) and its homologue DC-SIGNR (DC-SIGN related) have been thought to play an important role in establishing HIV infection by enhancing trans-infection of CD4(+)T cells in the regional lymph nodes. To identify polymorphisms associated with HIV-exposed seronegative (ESN) individuals in Thais, genomic DNA from 102 HIV-seronegative individuals of HIV-seropositive spouses, 305 HIV-seropositive individuals, and 290 HIV-seronegative blood donors was genotyped for two single nucleotide polymorphisms (SNPs) in DC-SIGN promoter (-139A/G and 336A/G), a repeat number of 69 bp in Exon 4 of DC-SIGN and DC-SIGNR, and one SNP in Exon 5 of DC-SIGNR (rs2277998A/G). We found that the proportion of individuals possessing a heterozygous 7/5 and 9/5 repeat and A allele at rs2277998 of DC-SIGNR in HIV-seronegative individuals of HIV-seropositive spouses was significantly higher than HIV-seropositive individuals [$p = 0.0373$, OR (95% CI) = 0.57 (0.32,1.01); $p = 0.0232$, OR (95% CI) = 0.38 (0.15,0.98); and $p = 0.0445$, OR (95% CI) = 0.61 (0.37,1.02), respectively]. Analysis after stratifying by gender showed that these associations were observed only in females but not in males. Moreover, HIV-seropositive females tend to have a homozygous 7/7 repeat more frequently than HIV-seronegative females with a marginal level of significance [$p = 0.0556$, OR (95% CI) = 1.79 (0.94,3.40)]. Haplotype analysis showed that the proportion of individuals possessing the 5A haplotype in HIV-seronegative females was significantly higher than HIV-seropositive females [$p = 0.0133$, OR = 0.50 (0.27,0.90)]. These associations suggest that DC-SIGNR may affect susceptibility to HIV infection by a

mechanism that is different in females and males. Further studies are warranted to investigate the mechanisms of their function.

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4. EPIDEMIOLOGY

"More women suffer from HIV/AIDS in China"

Date: 04 June 2007

Source: *Xinhua News Agency*

Author(s): Jiang Yuxia

http://news.xinhuanet.com/english/2007-06/04/content_6196743.htm

The ratio of men and women among newly reported HIV/AIDS cases in China has surged to 2:1, up from 5:1 in the 1990s, a senior official said here on Monday. The number of women sufferers has been rising rapidly since 1985 when China reported its first AIDS case, said Vice Health Minister Wang Longde at a national conference on AIDS prevention for women in Nanchang, capital of east China's Jiangxi Province.

A total of 203,527 HIV/AIDS cases had been reported by April 30, up from 183,733 by Oct. 31 last year, according to the official. Women accounted for 27.8 percent of all the reported HIV/AIDS cases in 2006, against 19.4 percent in 2000, and more than half of sexual transmission cases, the official added.

The total number of cases in China -- taking into account those who are unaware that they carry the HIV virus -- is probably around 650,000, according to estimates by experts from the United Nations and the Ministry of Health. Contaminated needles shared by drug users and unprotected sex are the main causes of HIV transmission in China, according to the Ministry of Health.

"New HIV infections among homosexuals up sharply in HK"

Date: 30 May 2007

Source: *Reuters*

Author(s): Tan E Lyn

<http://www.reuters.com/article/healthNews/idUSHKG7740820070530>

New HIV infections among homosexual men are on the rise in Hong Kong and a government consultant warned on Wednesday that prevalence of the disease in this group could hit 30 percent by 2020 if nothing is done.

The government this week reported 91 new HIV infections in the first quarter of 2007, up from 89 in the same period in 2006. Of those, 35 were in men who had had homosexual sex, said Wong Ka-hing, consultant with the Health Department. This compared with 29 new infections in the first quarter of 2006 and 19 in the same period of 2005.

"If there is no intervention, HIV-infected men who have sex with men could hit 15,000 by 2020 in Hong Kong, that would be a prevalence of 30 percent," Wong said in a telephone interview.

HIV prevalence in this group is estimated at 4 percent now. Experts would consider any high-risk group as having a "concentrated epidemic" once prevalence reaches 5 percent. Concern groups say the spike in new HIV infections among homosexual men is not confined to Hong Kong.

High prevalence rates are observed in Thailand (28 percent), Nepal (4 percent), Taiwan (8 percent), Vietnam (8 percent) and Cambodia (14 percent), according to a report in August 2006 by the help group TREAT Asia. Homosexual men make up a substantial portion of new HIV infections in South Korea and Singapore.

"New HIV infections are increasing among men who have sex with men everywhere. Some of that is of a cross-border nature because of gay parties," said Loretta Wong, who heads the help group, Aids Concern, in Hong Kong. "Some are under the influence of drugs and they don't even remember if they used condoms. People tend to be less careful when they are overseas."

Of concern is one cluster of new infections in Hong Kong which ballooned from 34 men last September to 53 by March. "Genetically, viruses isolated from them are very similar. From genetic sequencing, we determined they were all together (passed the virus to one another)," consultant Wong said. A smaller cluster in Hong Kong grew less rapidly, from 12 men last September to 13 by March. The government has yet to find out how the virus spread in the bigger cluster, or if there is a "super-spreader" involved.

Consultant Wong said greater numbers of homosexual men were using the Internet to hunt for sex partners. "We did a study recently and found that people are looking for sex partners on the Internet but we do not know if this cluster was formed that way," consultant Wong said, adding that the government was trying to promote safe sex via the Internet. But Loretta Wong cautioned against losing sight of other high-risk groups, such as heterosexual men with multiple sex partners, the commercial sex industry and intravenous drug users. "There are many things we need to do to prevent this from escalating further," Loretta Wong said.

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5. OTHER PREVENTION APPROACHES

"Mymetics' HIV vaccine demonstrates first-ever production of neutralizing IgA antibodies in non-human primate model"

Date: 07 June 2007

Source: *PRNewswire*

<http://sev.prnewswire.com/infectious-disease-control/20070607/NYTU06707062007-1.html>

Mymetics Corporation (NASDAQ: MYMX.PK) announced today analysis of results demonstrating that the Company's HIV vaccine elicited neutralizing IgA mucosal antibodies in a non-human primate model. Mucosal IgA antibodies are considered as a possible first line of defense against infection by HIV. The data were presented by Sylvain Fleury, Ph.D., Mymetics' Chief Scientific Officer, in an oral presentation titled, "Without Mucosal Adjuvant, Virosomes-gp41

Peptides from the MPR can Elicit Protective Mucosal IgA in Vaccinated Macaques," at the recent Keystone Symposium, HIV Vaccines: From Basic Research to Clinical Trials.

According to the findings, more than 90 percent of non-human primates vaccinated with virosomes expressing the HIV-1 gp41 peptide produced mucosal IgA antibodies in the genital and intestinal compartments. These mucosal antibodies were capable of preventing HIV transcytosis, a process by which HIV crosses the membrane epithelium of the mucosa, by 60 to 98 percent. When total IgA was purified for testing in standard neutralizing assays (TZMbl), the IgA antibodies also showed the ability to neutralize a primary HIV clade B virus (QH0692) known to be difficult to neutralize. Mucosal IgA produced against the HIV gp41 protein after vaccination was determined to be as good or better than the best anti-HIV neutralizing monoclonal antibodies (2F5, 4E10 and b12) currently on the market, when comparing the amount of antibodies required for neutralizing 50 percent of the viruses.

Mymetics' Dr. Fleury commented, "These results are extremely encouraging. We believe that, by using virosomes which target the mucosal compartment, we now have a means to elicit neutralizing IgA that can potentially work at low concentrations. Furthermore, virosomes do not require a mucosal adjuvant for triggering mucosal antibodies. This may cut the time to market since mucosal adjuvants are not currently marketed for human use."

Dr. Fleury added, "Mymetics and its collaborators are the first group to report neutralizing IgA obtained after vaccination against HIV in non-human primates. In the coming year, Mymetics intends to conduct another study in non-human primates for testing of an improved vaccine version. Pending positive results, we may be able to file to initiate a clinical trial and begin phase I testing some time in late 2008."

EDITOR'S NOTE: To view Mymetics' Vaccine Program Background, About Mymetics and Forward-Looking Statements, please visit <http://sev.prnewswire.com/infectious-disease-control/20070607/NYTU06707062007-1.html>

"Uganda female condom-distribution program halted over complaints that condoms were not user friendly, official says"

Date: 05 June 2007

Source: *Kaiser Daily HIV/AIDS Report*

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45339

A Ugandan program that distributes female condoms has been halted until further research is conducted because many women complained about the condoms, James Kigozi, spokesperson for the Uganda AIDS Commission, said on Thursday, Uganda's Monitor reports.

The AIDS commission had been conducting a trial of female condom use in the country. Kigozi -- speaking to journalists at the National AIDS Research Stakeholders' Workshop in Kampala, Uganda -- said that the commission was "forced to halt their distribution because the women who were using them said they were not user friendly." He added that the women "said their husbands used to complain that they make a lot of noise during sexual intercourse and that they are smelly."

According to the Monitor, many women have said the condoms were painful and difficult to insert in the vagina prior to sexual intercourse. In addition, Kigozi said that empowerment among women also affected use of the condoms because men often instructed their partners to remove the condoms after they had been inserted.

The condoms were being distributed to prevent transmission of HIV and other sexually transmitted infections, as well as to prevent unintended pregnancies, the Monitor reports. The commission has asked condom manufacturers to ensure that newer versions of the condom are easy to use before introducing them in Uganda, Kigozi said (Nafula, Monitor, 6/2).

"South Africa's traditional healers help fight HIV"

Date: 04 June 2007

Source: *Reuters*

Author(s): Rebecca Harrison

<http://www.alertnet.org/thenews/newsdesk/L25600138.htm>

Tryphina Ngwenya slides a pink condom over the magic wooden stick normally used to conjure up ancestral spirits, unleashing a ripple of laughter among her audience of traditional South African healers. "You see it's easy -- there's nothing poisonous or dangerous about condoms," she told the group of some 80 sangomas -- as traditional healers are locally known -- draped in brightly coloured wraps, animal hides and beads.

Ngwenya has recruited the sangomas -- sometimes called witchdoctors -- as foot soldiers in the fight against HIV, which has infected about one in three adults in this deeply traditional corner of rural South Africa. She is teaching them basic AIDS awareness and prevention.

Many of the healers once believed HIV was a curse from the spirit world and patients had been bewitched. Some claimed they could cure AIDS -- and many who have not been trained continue to claim this. But while they still prescribe roots and herbs for ailments and mutter incantations to dispel evil spirits, these sangomas now also issue condoms, refer patients to clinics for HIV tests and urge them to take life-prolonging anti-retroviral drugs.

"Before, I didn't even know what this HIV animal was, but the training has brought sophistication to my work," said Miriam Tembe, who has been consulting the spirits for tips on treating patients for 25 years. The training helped her with the practice of scarring a patient then rubbing herbs or powder into the wound: "I used to use one razor for five people -- I used to kill people," she added. "Now I teach them how to protect themselves."

BEWITCHED

The project linking traditional practitioners with modern health systems is being run by African Medical and Research Foundation (AMREF), which says more than two-thirds of people in rural Africa consult sangomas before attending a clinic. Sangomas are revered and trusted in rural communities and play multiple roles as spiritual guide, healer and counsellor. Mostly but not always woman, they might offer tips to a young couple on their sex life, advise on proper burial rites, or concoct a treatment for toothache -- all in a day.

AMREF wants sangomas to keep providing spiritual succour and basic healthcare, and also to use their influence and authority to promote HIV-testing and modern medicine in areas where many people are distrustful of hospitals, clinics and ARV drugs.

"Traditional healers are so important in these communities. People trust them more than they trust us nurses," said Ivy Mdletshe, a nurse who works in AMREF's HIV testing centre.

Zandile Bukhosini has benefited from the system. When her feet swelled up and she developed a hacking cough she assumed she had been bewitched and went straight to see Tembe -- her local sangoma. Fortunately, Tembe knew how to spot the symptoms of tuberculosis, which often accompanies HIV infection. She consulted the spirit world as usual, then sent Bukhosini for an HIV test. The results were positive.

"When Miriam sent me for a test I was sceptical, but her medicine had helped me before so I decided to trust her," said the 25-year-old, hunched inside a mud and straw hut, the bitter aroma of burning incense wafting from the corner. Now, with Tembe's support, Bukhosini is taking anti-retroviral drugs and looks happy and healthy.

"Miriam encouraged me to take the medicine the doctors gave me," she said. "But she also gives me her own treatment and tells me if I need to slaughter a chicken to appease the ancestors."

TOXIC DRUGS

The AMREF project has particular resonance in South Africa, where Health Minister Manto Tshabalala-Msimang has angered AIDS activists by appearing to question accepted science and emphasising treatments such as lemon, garlic and the African potato.

Ngwenya insists the two approaches are not mutually exclusive, and argues sangomas can help treat some of the side effects of HIV -- such as skin problems or coughs and colds -- and break down the stigma attached to it.

"Obviously there is not a traditional healer who can cure AIDS but they can help treat the symptoms and help support patients by giving them what they want to believe," she said. But she also says much more must be done. An estimated 200,000 traditional healers are practising in South Africa -- there are almost 900 in this small district of some 200,000 people -- and organisations like AMREF have trained just a handful.

Many healers still tell patients anti-retroviral drugs are toxic, condoms are infested with disease-carrying worms and killing a goat will appease ancestral spirits and cure the sick. And while a few weeks of basic training can halt dangerous practices like razor-sharing, healers may continue to promote traditional methods over modern medicine. But most sangomas see little conflict between the two approaches, and say learning about orthodox healthcare has helped improve their traditional practice.

"How can the ancestors be angry with me?" said sangoma Philile Gumbi when asked what the spirits thought when she encouraged patients to turn to modern medicine: "Both me and the hospitals are doing the same thing -- we are saving lives."

6. POLITICS AND POLICY

"House panel approves bill that would allow for waiver of PEPFAR's abstinence spending requirements"

Date: 06 June 2007

Source: *Kaiser Daily HIV/AIDS Report*

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45371

The House Appropriations Subcommittee on State, Foreign Operations and Related Programs on Tuesday approved a bill that would allow President Bush and future presidents to waive the President's Emergency Plan for AIDS Relief's abstinence spending requirement, the AP/San Diego Union-Tribune reports (Abrams, AP/San Diego Union-Tribune, 6/5).

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, 4/30). Rep. Dave Weldon (R-Fla.), who helped draft the original abstinence spending requirement, said that he is confident the Bush administration will continue to promote the requirement. He added that future presidents might waive the requirement.

The bill also includes \$4.15 billion in bilateral aid to fight the HIV/AIDS pandemic -- an increase of \$1.3 billion from fiscal year 2007. The bill also includes \$550 million for the Global Fund To Fight AIDS, Tuberculosis and Malaria, the AP/Union-Tribune reports.

The House Appropriations Committee is expected to vote on the legislation next week, and the House could take it up in two weeks, the AP/Union-Tribune reports (AP/San Diego Union-Tribune, 6/5).

"Women won't wait"

Date: 06 June 2007

Source: *Open Democracy*

Author(s): Susana Fried

http://www.opendemocracy.net/democracy-fifty/women_wait_4680.jsp

The German presidency of the G8 has made fighting HIV and Aids in Africa a priority for the Summit at Heiligendamm this week. Leaders of the world's wealthiest countries have committed to supporting HIV/Aids prevention, treatment, and care, with the goal of coming "as close as possible" to universal access to treatment by 2010. But these lofty promises have not yet translated into dedicated funding to address a major and prevalent driver of the pandemic - the deadly intersection of HIV/Aids with violence against women and girls.

To state the obvious - violence against women and girls is a big contributor to death and illness among women, as well as to a host of human rights abuses. Moreover, gender-based violence, and particularly intimate partner violence, is a leading factor in the increasing "feminization" of the global Aids pandemic. Simultaneously, HIV/Aids is both a cause and a consequence of the gender-based violence, stigma and discrimination that women and girls face in their

families and communities, in peace and in conflict, within and outside of intimate partnerships, and by state and non-state actors.

Yet agencies continue to treat HIV/Aids and violence against women and girls as separate issues - so that not only are efforts to address violence as a cause and consequence of HIV infection under-funded, but also the strategic imperative for integrating these efforts continues to suffer from a dangerous and dysfunctional split. Rather than comprehensively addressing this deadly intersection, national and global Aids responses continually fail to grapple with its implications.

The discrimination and abuse faced by same sex desiring and gender non-conforming individuals is captured by the term "heteronormativity". This term is used to encompass practices used to enforce "normal" (men as 'masculine' - read assertive and in control, and women as feminine - read passive and docile) heterosexuality. Cathy Cohen has defined heteronormativity as the practices and institutions "that legitimize and privilege heterosexuality and heterosexual relationships as fundamental and "natural" within society" (2005: 24). Her work emphasizes the importance of sexuality as implicated in broader structures of power, intersecting with and inseparable from race, gender, and class oppression. See also

The roots of the problem

Women and girls are at persistent risk of attack. According to the recent World Health Organization (WHO) multi-country study on violence against women, in 13 of their 15 study sites, one-third to three-quarters of women had been physically or sexually assaulted by an intimate partner. Violence, or the threat of it, not only causes physical and psychological harm to women and girls, it also limits their access to and participation in society because the fear of violence circumscribes their freedom of movement and of expression as well as their rights to privacy, security and health. Women and girls encounter violence in their homes, communities, schools, workplaces, streets, markets, police stations and hospitals. And women who are HIV-positive face an additional danger: the stigma and threat of violence against people living with HIV and Aids.

Women are two to four times more likely to contract HIV during unprotected sex than are men, because their physiology places them at a higher risk of injuries, because they are less able to control the circumstances and conditions of sexual intercourse, and because they are more likely than men to be at the receiving end of violent or coercive sexual intercourse. Elements of the Aids testing, treatment and prevention machinery may also bring risk, such as the danger of violence connected to disclosure of HIV positive serostatus, coercive testing in the guise of voluntary counseling and testing (VCT), or the insidious treatment of women as vectors of disease, as in the case of prevention of mother-to-child transmission programmes (PMTCT) that fail to treat pregnant HIV positive women as clients with rights, or only as, and nothing more than, child-bearers.

The impacts of both HIV/Aids and violence against women is exacerbated by inadequate services and failure to protect sexual and reproductive health and rights; laws that are weak or discriminatory toward women living with HIV/Aids; social and community standards that validate the subordination of women and all others whose sexuality and gender identity do not conform to social standards of appropriate femininity and masculinity; and the intersecting forms of discrimination faced by women and girls because of their race, language, sexuality, ethnicity, and other similar factors.

This is why national and international commitment to universal access is crucial to reversing the HIV/Aids pandemic. But only in rare instances have states fully committed to grappling with women's human rights in relation to violence or HIV/Aids. Equally rarely have donors and other multilateral agencies created structures of accountability in service of respecting, protecting and fulfilling the human rights of women and girls. The Women Won't Wait campaign's March 2007 report looked at the policy, programming and funding patterns of the five largest public HIV/Aids donors and found that strong statements of policy concern 'evaporate' at the level of implementation. The level of funding for efforts to address gender-based violence remains small and often marginalized, while the integration of violence against women programming in the much larger pot of funding for HIV/Aids is inadequate and hard to trace.

Gender-based violence continues to be treated as an "add-on" rather than as integral to work on HIV/Aids. Meanwhile, levels of funding for women's rights work are 'dismal', according to the Association for Women's Rights in Development. Violence against women and girls is rarely highlighted as a major driver and consequence of the disease, nor measured statistically to contribute to the evidence base. It is nearly impossible to determine the precise amount of money contributed to work at the intersection because none of these donors publicly track their programming for and funding to violence eradication efforts within their HIV/Aids portfolio. All this despite the fact that - as WHO Director-General Margaret Chan has said - "what gets measured gets done".

Show us the money

Real commitments on the issues of gender-based violence against women and girls and the feminization of the AIDS epidemic from member nations of the G8 are long overdue. G8 member nations must now take bold steps to demonstrate their commitment to respect, protect and fulfill women's rights - especially in the context of HIV/Aids - by promoting policies and negotiating positions that ensure adequate health care, education, legal services, and gender-sensitive and rights-based Aids and anti-violence interventions.

Women's movements throughout the world have long fought for concrete action to promote and protect the human rights of all women - including the rights to be free from violence, coercion, stigma and discrimination, and the right to achieve the highest attainable standard of health, including sexual and reproductive health. But this global standard is rarely translated into policy and practice. In the case of HIV/Aids, this results in a deadly failure in policy and an abrogation of governments' and donors' accountability. The waiting must end.

"Appeals court hears arguments in case challenging U.S. policy requiring overseas HIV/AIDS groups to oppose commercial sex work"

Date: 04 June 2007

Source: *Kaiser Daily HIV/AIDS Report*

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45305

The U.S. 2nd Circuit Court of Appeals in New York City on Friday heard oral arguments in a lawsuit involving a U.S. policy requiring that recipients of federal HIV/AIDS service grants pledge to oppose commercial sex work, the New York Sun reports (Goldstein, New York Sun, 6/1). The Bush administration in June 2005 notified U.S. organizations providing HIV/AIDS-related services in other countries that they must sign the pledge to be considered for federal funding. The policy stems from two 2003 laws, including an amendment to legislation (HR 1298) authorizing the

President's Emergency Plan for AIDS Relief that prohibits funds from going to any group or organization that does not have a policy "explicitly opposing prostitution and sex trafficking." The Open Society Institute, the Alliance for Open Society International and Pathfinder International in 2005 filed the lawsuit against USAID over the policy. OSI has said the policy "weakens efforts to provide lifesaving services and information to sex workers" and is unconstitutional because it is vague and requires private organizations to adopt the government's position. Assistant U.S. Attorney Richard Rosberger argued that the 2003 law mandating the pledge did not contain any provision intended to deter HIV/AIDS treatment efforts, including those for commercial sex workers. U.S. District Judge Victor Marrero in May 2006 ruled that the U.S. policy violates the groups' First Amendment right to free speech (Kaiser Daily HIV/AIDS Report, 5/10/06).

"To permit the government-funded partners to engage in speech inconsistent with the government's established policy of eradicating prostitution would inevitably mix the government's message and negatively impact its program," the government's brief said. According to Laura Abel, an attorney representing OSI, the group received a \$16.5 million, five-year grant from the government. Both OSI and Pathfinder "do not seek to advocate the practice of prostitution," their brief said, adding, "Rather they seek the freedom to discuss and use the most effective techniques to fight HIV/AIDS, including empowering prostitutes to protect their own health and exercise their human rights." Their brief also said that forcing the groups, which also receive private funding, to oppose commercial sex work is an "unwarranted intrusion into First Amendment rights." A federal appellate court in Washington, D.C., in February ruled in favor of the government in a similar case involving the policy, the Sun reports (New York Sun, 6/1).

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7. HIV/AIDS FUNDING

"Honoring Thailand's exuberant AIDS Czar"

Date: 01 June 2007

Source: *Washington Post*

Author(s): Nora Boustany

http://www.washingtonpost.com/wp-dyn/content/article/2007/05/31/AR2007053102385_pf.html

Thailand's condom czar and patron saint of prevention programs last night accepted the \$1 million Gates Award for Global Health on behalf of a group that used showmanship, public education and once unmentionable devices to slash birth and HIV infection rates in the Southeast Asian kingdom.

Mechai Viravaidya's initial forays into Bangkok's red-light district to distribute condoms for safe sex led to some imaginative promotion techniques. Gas station attendants and traffic police, for example, were given supplies to pass on to motorists.

"Safety on the streets and in the back seat" was Mechai's motto. "I called it the cops and rubber program," he quipped in an interview Thursday morning. And in the five hotels his organization owns, housekeepers place condoms, not chocolates, on the pillows. The man who popularized condoms and birth control pills in more than 15,000 villages across Thailand, Vietnam and Laos is full of catchy one-liners.

Founder and chairman of Thailand's Population and Community Development Association, winner of this year's Global Health award, Mechai praised President Bush's call Wednesday for Congress to allocate \$30 billion toward combating the global AIDS crisis. "We must put more money into prevention," he said. "It is very good to talk about abstinence, but for each one who abstains, there must be seven who don't. So this becomes like a dog chasing its tail."

The Patch Adams of the AIDS pandemic has achieved sometimes astounding results, health officials say. Mechai's HIV-prevention programs helped cut infections in Thailand by 85 percent between 1990 and 2003, according to the Global Health Council. In Thailand alone, 7.7 million people were protected from infection, Mechai said. Still, 2 percent of Thailand's 65 million people are HIV-positive. "That is a lot of people," he acknowledged.

What first made his organization legendary were dramatic results in slashing Thailand's ballooning population growth. When he was still in government service, Mechai recalled, he realized that with each woman bearing an average of seven children, the resulting 3.3 percent growth rate was preventing workable development strategies, poverty reduction and any increase in income levels. He helped cut the rate, he said, by ensuring that local shopkeepers could dispense contraceptives without a doctor's prescription, a practical approach in a country with only one doctor for every 3,000 people. The change helped bring down the birthrate to 0.5 percent, or 1.2 children per couple.

Born to a Scottish mother and a Thai father and educated in Australia, Mechai returned to Thailand and began his crusade 33 years ago, he said. "All life forms are born with an interest in sex, even bacteria. We have to master it and not let it master us," he said, arguing for the importance of early sex education. He said he handed out condoms to parents at his grandchildren's kindergarten.

"We must emphasize to young people that sex has to come at the right time and with the right person, that it is not a bottle of fizz that will go away," he added, delving into his arsenal of metaphors. "If you want to start early, you make sure you have a parachute for a safe landing."

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8. ANNOUNCEMENTS

Call for your input on GPP Guidance Document

http://data.unaids.org/pub/Manual/2007/goodparticipatorypracticeguidelines_070518_en.pdf

The document - "Good Participatory Practice Guidelines for Biomedical HIV Prevention Trials" - was developed by a working group that was convened by the UNAIDS Secretariat in September 2006, with assistance from AVAC. Working group members include researchers, community educators, NGO representatives, **microbicide** and vaccine advocates, and representatives of communities of sex workers and injection drug users. Several AMAG members were part of this initiative.

The working group recognizes that the success of urgently-needed biomedical HIV prevention trials depends on robust, mutually-respectful relationships between researchers and involved individuals and communities. While it is not possible to create a guidance that spells out how these relationships should be created in every instance and in

specific detail, the working group shares the view that the HIV prevention research field will benefit from a systematic guidance which lays out minimum elements of good practice and creates a common framework for discussion among various groups.

The draft document, which was created through a collaborative drafting process, is a first attempt to create this type of guidance. Input from a diverse array of stakeholders is needed to make this document as useful, relevant and functional as it needs to be. This draft will only be usable if there is enough input into it from a wide range of us working in the field - who will use it and/or benefit from these guidelines.

We hope you will take the time to review this piece and provide feedback.

The current draft is available at

http://data.unaids.org/pub/Manual/2007/goodparticipatorypracticeguidelines_070518_en.pdf.

The working group would welcome your comments on this version, especially overall impressions with a focus on the document's readability and usability, any particular areas that you believe need more attention, and what, if anything, you would like to see added. Your comments can be sent to goodparticipatorypractice@unaids.org.

Please note that these guidelines are specifically targeted at research teams. There are discussions underway about what kinds of guidelines/documents would be useful to spell out community responsibilities and roles with regards to good participatory practice.

Please share your ideas around this as well.

The deadline for electronic comments on the current version is *June 18th.* Comments received by that date will be incorporated into an updated draft to be available in July 2007. Based on this further input and experience with the draft document, an updated version of the document will be developed and released later in 2007.

Working group members also recognize that grassroots consultations and discussions may take longer and require additional tools. In the coming months, a discussion guide for community groups will be made available. If you are interested in using this forthcoming guide with your community, please send an email to avac@avac.org.

Also, if you think it would be useful for us to have a more structured discussion around this on the AMAG eforum, please write directly to me at amag_info@yahoo.com

Please don't hesitate to contact UNAIDS or AVAC if you have any questions, and please circulate the draft document to other colleagues who might be interested in reviewing it and submitting comments to goodparticipatorypractice@unaids.org

Many thanks for your interest and involvement in this important process.

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Kenya to host first international conference on women, HIV/AIDS

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=45400

The first International Women's Summit on Women's Leadership and HIV and AIDS is scheduled to be held in Nairobi, Kenya, from July 4 to July 7, conference organizers said on Wednesday, Xinhua News Agency reports. According to organizers, the conference aims to mobilize a global response to the increasing number of HIV cases among women and girls worldwide.

The conference, organized by the World YWCA, will bring together more than 1,500 people, including AIDS advocates, celebrities, community health workers, global leaders and policymakers, according to a YWCA statement. According to the statement, the summit aims to address the impact of HIV/AIDS on women and girls and will examine issues such as violence against women, poverty and children's rights, and access to resources.

Women living with HIV/AIDS also will attend the meeting and address issues, including women's leadership and economic empowerment, as well as affordable health care and treatment, Xinhua News Agency reports. The summit is co-convened by the International Community of Women Living With HIV/AIDS and has support from UNAIDS' Global Coalition on Women and AIDS and the United Nations Population Fund.

YWCA aims to "further unite the positive women's movement to move the HIV and AIDS agenda forward" for HIV-positive women, Sophie Dilmitis, YWCA HIV/AIDS coordinator, said, adding that the group also hopes to "nurture new leadership and partnerships between the YWCA and the positive women's movement" (Xinhua News Agency, 6/6).

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