



ALLIANCE FOR MICROBICIDE DEVELOPMENT

06 July 2007, Volume 8, Number 26

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. MONTHLY MICROBICIDE PIPELINE UPDATE

July 2007

Each month, the *Digest* includes an update on overall progress in the field. Currently, there are 11 **microbicide** candidates in clinical development and over 30 in preclinical development. As a continued effort to maintain the most up-to-date information, we urge you to visit the Alliance website at www.microbicide.org or contact Stephanie Tillman, Alliance Writer/Research Associate, by email (stillman@microbicide.org) or by phone (301-587-3302) with any updates, questions, or comments.

Phase	Candidate Name and Formulation	Mechanism of Action	Sites by Country
3	Carraguard gel	Entry/fusion inhibitor	South Africa
3	0.5% and 2% PRO 2000(5)gels	Entry/fusion inhibitor	South Africa, Tanzania, Uganda, Zambia
2B	1% Tenofovir gel	Replicaion inhibitor	South Africa
2/2B	0.5% PRO 2000(5) gel (P) and Buffergel	Entry/fusion inhibitor and Vaginal defense enhancer	Malawi, South Africa, United States, Zambia
2	1% Tenofovir(PMPA gel)	Replicaion inhibitor	India, United States
1/2	Dapivirine (TMC120) gel	Replication inhibitor	Belgium
1/2	Dapivirine (TMC120) gel	Replication inhibitor	Rwanda, South Africa, Tanzania
1/2	Invisible Condom gel	Entry/fusion inhibitor	Cameroon
1	Dapivirine (TMC120) gel	Replication inhibitor	South Africa
1	1% Tenofovir(PMPA gel)	Replication inhibitor	Dominican Republic, United States
1	0.1% UC-781 gel	Replication inhibitor	United States
1	0.1% and 0.25% UC-781 gel	Replication inhibitor	United States
1	3% VivaGel (SPL7013 gel)	Entry/fusion inhibitor	Australia
1	3% Vivagel (SPL7013 gel)	Entry/fusion inhibitor	Kenya, United States

For modifications, please contact Stephanie Tillman, email stillman@microbicide.org, tel. 301-587-3302.

*AMD is in the process of modifying its reports on universal clinical trials of **microbicides** in all relevant formulations.

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2. MEDIA COVERAGE OF MICROBICIDES

"It's like a tsunami hitting Africa every three months"

Date: 03 July 2007

Source: *The Herald (Glasgow)*

Author(s): Stephen Naysmith, Teddy Jamieson

http://w3.nexis.com/new/results/docview/docview.do?risb=21_T1737531406&format=GNBFI&sort=BOOLEAN&startDocNo=1&resultsUrlKey=29_T1737531410&cisb=22_T1737531409&treeMax=true&treeWidth=0&csi=142728&docNo=1

In the developed world, anti-retroviral drugs have helped reduce the apparent threat of Aids. But, in Africa and many other parts of the world, it has never gone away. Cheaper drugs for the third world are helping, but at dollars-150 per patient per year, compared with dollars-3500 per patient per year in the US, they are still too dear for many. Now, however, for the first time in years, there is a new hope that the appalling toll of infections can be checked, using a new method of prevention with **microbicides**. With a range of substances under investigation, they are aimed as much at giving women back control of their sexual health as they are at tackling infection.

We know how to prevent infection - condoms are cheap, available and effective. But they are useless in many societies where women simply cannot ensure their use. That is why the toll of HIV on women in the developing world is so horrifying. At a recent conference on **microbicides** in Edinburgh, experts from across the UK and Africa gathered to hear of the treatment's potential. But they also heard a blizzard of statistics. In Africa, an estimated 14,000 people is infected with HIV every day. In South Africa, one in four women are infected by the time they are 22. There is a huge imbalance in parts of Africa, where one in four girls are infected compared with one in 25 young men. The disparity is due, the conference heard, to the lack of power experienced by many women, a fact acknowledged by Scotland's public health minister Shona Robison, who opened the conference, which was hosted by HIV Scotland.

"Women are infected more and suffer more. They are often carers when men are infected, but blamed and abused when they test positive themselves. They can't protect themselves from abuse. The potential of **microbicides** can give the choice of safer sex to women, " she said. In societies where women are at enormous risk of rape, due to wars or poor law enforcement, the potential for the spread of the virus is obviously high. But, even in more peaceful societies, women are often unable to protect themselves and unable to insist on condom use. Marriage can make matters worse, as issues of trust mean wives can't demand condoms are used. Yet married women and those in long-terms relationships are at huge risk of infection, statistics show.

Professor Robin Shattock, of St George's Hospital Medical School in London, is one of the leading researchers in the field of **microbicides**. He told the conference that the rate of infections in Africa was like "a tsunami hitting the continent every three months, relentlessly".

Microbicides will initially be produced as creams or gels, which women could insert, protecting themselves invisibly and without a partner's knowledge. They are far from a solution to HIV, Shattock and others stressed. Although clinical trials are underway, optimistic estimates don't expect to have a product ready for widespread use before 2010, and even then it will only be 60per cent effective, far less than condoms. But it's the first really hopeful development for Africa since global pharmaceutical companies were embarrassed into cutting drug costs. As Shattock added: "Even a **microbicide** which was 50per cent effective, introduced to 73 low-income countries and used by only 20per cent of women, would prevent 2.5 million infections over three years."

"Nonoxynol-9 enhances, Carrageenan prevents genital transmission of HPV"

Date: 03 July 2007

Source: *Reuters*

Author(s): Will Boggs

<http://www.cancerpage.com/news/article.asp?id=11064>

The spermicide nonoxynol-9 (N-9) enhances, but the vaginal lubricant carrageenan prevents genital transmission of human papillomavirus (HPV), according to a report in the July 1st advance online publication of Nature Medicine.

"The findings add to the growing list of why it is preferable to recommend alternative contraceptives to N-9 spermicides," Dr. John T. Schiller from National Cancer Institute, Bethesda, Maryland told Reuters Health. "Others are that they are not particularly effective and may increase the risk of HIV infection."

Dr. Schiller and associates used a mouse model of cervicovaginal infection with HPV16 to investigate the effects of nonoxynol-9 and carrageenan on genital transmission of HPV. Both N-9 and an over-the-counter spermicide that contains 4% N-9 sensitized the genital tract to HPV infection, the authors report. N-9 treatment was associated with disruption of the epithelium which allowed viral capsids to enter and bind to the basement membrane.

In contrast, carrageenan prevented infection in the genital mucosa rendered susceptible to infection by either mechanical disruption or chemical disruption with N-9. Similarly, two commercial carrageenan-containing lubricants prevented detectable HPV infection.

Dr. Schiller said that his team is working with the NCI's Division of Cancer Prevention to initiate a placebo-controlled trial of carrageenan as a topical **microbicide** to prevent HPV infection in women. "If a trial confirmed broad spectrum activity against genital HPV types, carrageenan might become a useful adjunct to the current prophylactic HPV vaccines, which target a narrower spectrum of genital HPVs," the investigators write. "Because spermicidal activity of N-9 is retained in carrageenan-based gels, carrageenan might also be considered as a protective additive in over-the-counter vaginal contraceptives." "We actually don't want to overly discourage the use of N-9 containing spermicides at this point, if a woman doesn't have other choices at hand," Dr. Schiller said. "This is because unwanted pregnancy will be more of a problem than unwanted HPV infection for most women."

"Melinda Gates says infusion of money is accelerating fund's progress"

Date: 28 June 2007

Source: *The Chronicle of Philanthropy*

Author(s): Ian Wilhelm

<http://philanthropy.com/extras/>

It will be "work as usual" at the Bill and Melinda Gates Foundation on June 26, one year after Warren E. Buffett promised more than \$30-billion to the organization. The nose-to-the-grindstone mentality is prompted by the heavy workload the group faces, thanksto the gift. By 2009, it expects to increase its grant making to \$3.2-billion.

On a recent afternoon at the foundation headquarters here, Ms. Gates, co-founder of the philanthropy with her husband, Bill, spoke with The Chronicle about the challenges facing the group as it expands its operations and why the Gateses recently have made major changes at the organization. These changes include setting a date for its eventual closure, establishing a separate trust to hold its assets, and forming advisory boards for its three grant-making programs, which focus on improving global health, fighting poverty in poor nations and overhauling the American education system.

Ms. Gates says the Buffett donation has allowed the foundation to speed up work in assisting farmers in poor nations by supporting scientific research to increase the effectiveness of their seeds and helping them gain access to larger markets to sell their vegetables, fruits, and other products. "I just was in a meeting where I was seeing some of the grants that are going to come forward to Bill and me on market access here in the fall that are really exciting," she says.

But while the windfall has presented new opportunities, it has also brought increased scrutiny from the news media and others. In January, the Los Angeles Times published articles questioning Gates's investments, arguing that the foundation held stock in companies that pollute the environment and employed practices that hurt low-income people. Despite the criticism, Ms. Gates told The Chronicle that except for excluding tobacco companies, she and her husband, who control the foundation's investments, would not screen out corporations or whole industries. She said the fund is set up to collaborate with businesses in charitable efforts, such as trying to curb the AIDS pandemic in Africa, rather than try to influence them as an investor. The foundation's talents lie "in getting corporations to come to the table, do what they do best, serve their shareholders in the right way, and yet do something great for the developing world," she says.

She did admit that when the controversy erupted, the couple could have done a better job of explaining their investment philosophy to the public. "One of the things that we learned in hindsight was we knew what our investment philosophy was, but we hadn't been clear with the world about saying this is what we believe and why we do it," she says. In addition to the investment controversy, Ms. Gates spoke about how she is teaching her three young children, who are all under the age of 11, about their responsibility to aid society and her thoughts on the forthcoming presidential election.

The following are excerpts from The Chronicle's conversation with Ms. Gates.

Do you plan any celebration for the anniversary of the gift or is it going to be work as usual?

No, it'll be work as usual. It's an exciting time, though, for us to think back on: Wow, it's been a year since the announcement of the gift. And when I look around the foundation about what that means -- and we certainly did some planning before the gift was announced, clearly -- but the acceleration of some of the work is really, really exciting around here. And it wasn't work that hadn't been started. First and foremost, you have to understand that Warren came to us and said, I really believe in what you're doing, keep doing what you're doing, I'm not interested in seeing you take on, you know, 20 new program areas. But he knew that we had already started some areas like the agriculture work or the microfinance work. You can't just help people live healthier lives but they have to have a means for lifting themselves out of poverty. So what I see the big change being in the last year [is] now we've named these three groups -- global health, global development, and the U.S. programs. But the global development group now really is getting some traction.

What do you see as the biggest challenge to the foundation as a result of the Buffett gift?

Well, for the foundation overall we have to make sure that we stick to our roots as we continue this incredible work that we're doing. And that means that every single person we hire, that comes in the door, has to understand what we're about, and [we have to] inculcate our values as we get to be a larger organization. When you're, you know, 50 people in size, and 75, that's easier. When you get to be larger like we are now, when you start to get around 360 -- and we'll grow to 400 and beyond that -- you have to make sure you have that in every single hire. Some of the challenges [are] hiring incredibly talented people. The global-development group has about 46 people now. Half of them are from developing nations -- as it should be. But it takes us a long time to get their visas cleared.

Has the number of grants that come across your desk increased?

Well, the grants overall for the entire foundation have increased. Now, of course, any great organization, as you grow, you start to say, Okay, where should we make sure that people even at another level down get to make some of these decisions? So we've mapped out for the next year our calendar and said, Okay, we need to be in real strategy reviews about looking back historically at what we've done, maybe let's say, in the area of HIV, and looking forward and saying, Okay, how are we pushing on a **microbicide**? How are we pushing on the HIV vaccine? Are we doing everything we want to do? Are we being creative enough? That's our role. Once the strategy is set with the team -- and, of course, they come in and present what they think is the right plan -- we've been able to push down some of the specific grant making within that strategy. We're doing that across the organization. It would be very difficult, I'm sure, to sign off on every grant, if that were even possible. It wouldn't be the best use of our time or the people in the organization. They need to know that they have some say once their strategy's approved.

EDITOR'S NOTE: The full audio version of this important interview is available at the above website.

"Spreading the word"

Date: 31 May 2007

Source: *IAVI Report*

Author(s): Kristen Jill Kresge

<http://www.iavireport.org/vax/VAXJune2007.asp#3>

A high-school student turns away from three male friends and says, "Sex can wait." This is just one image featured on posters and billboards in Malawi - part of a public health campaign to draw attention to HIV/AIDS. In Thailand, posters depicting stick figures in various sexual positions illustrate when to use condoms. A Swiss campaign features two naked people fencing with the message, "No action without protection."

Such public health campaigns are an essential part of HIV prevention efforts and are used around the world to relay messages that encourage people to modify their behaviors or address some of the stigma surrounding HIV/AIDS. Their substance can vary greatly, from racy to rather staid images, but the message is always the same. These posters, billboards, or media campaigns provide much-needed facts to the general public, help dispel myths and misconceptions about HIV/AIDS, and empower people to take control of their lives.

In some countries these campaigns have been outstanding success stories - in Uganda and Thailand, for instance, many credit public health campaigns with making progress in reducing the number of new HIV infections. But the consistently high prevalence and incidence rates of HIV in many regions of the world indicate that public health campaigns still have a long way to go in getting the message out about HIV/AIDS and how infection can be prevented. In India, which may have more HIV-infected people than anywhere else on the planet, 43% of women have never even heard of HIV. Even in the media-saturated US, misconceptions abound. One study showed that roughly 47% of African Americans believe an AIDS vaccine is available but is being purposely withheld.

These are significant challenges for the organizations that are creating and disseminating these public health messages, including those targeting potential volunteers for AIDS vaccine trials. These campaigns must balance the desire to be thought-provoking with the need to remain culturally sensitive. Discussing sexual behaviors adds an additional layer of complexity. But past campaigns have shown that creating messages within the population and having support from national leaders are critical to success.

...

As difficult as it is now to design effective public health messaging for HIV/AIDS, it will undoubtedly become more complex with the availability of new HIV interventions, such as male circumcision, AIDS vaccines, **microbicides**, diaphragms, or pre-exposure prophylaxis (PrEP), which could all one day require new messages that must be designed for, and disseminated to, a wide range of people.

EDITOR'S NOTE: This text has been greatly shortened where the ellipses are present. To read the full text of this very important article, please visit the above website.

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3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"Mucosal immune responses in the genital tract of HIV-1-exposed uninfected women"

Author(s): Hirbod T, Broliden K

Reference: N/A 262(1):44-58.

<http://www.blackwell-synergy.com/doi/abs/10.1111/j.1365-2796.2007.01822.x>

Published Abstract: The development of HIV-1 vaccines and **microbicides** remains hindered by our limited understanding of correlates of immune protection to infection. Evidence indicating that resistance to HIV-1 infection is indeed possible comes from HIV-1-exposed yet uninfected individuals, including cohorts of commercial sex workers and discordant couples. Despite their uninfected status some of these individuals have mucosal and systemic HIV-1-specific humoral and cellular immune responses in addition to their innate immune response. The combined contribution of innate and adaptive immunity as well as genetic factors is most likely of great importance for this protection against infection. Here we review data on the antibody responses and secreted immune molecules of the innate immune system in the female genital tract with emphasis on individuals who seem to resist HIV-1-infection despite repeated exposure to the virus.

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4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Patients provide insight into trial participation"

Date: 04 July 2007

Source: *Drug Researcher.com*

Author(s): Kirsty Barnes

<http://drugresearcher.com/news/ng.asp?id=77921>

New research provides some insight into what motivates patients to participate in clinical trials and how the experience could be improved for them. The information could help the many sponsors and contract research organisations (CROs) that are struggling with patient recruitment, to improve their practices in order to make clinical trial participation more appealing to potential volunteers.

According to a US survey conducted on 620 previous trial participants in April and May this year, volunteers tend to be middle class, 'average Joes' with 34 per cent earning between \$33,000 and \$60,000 a year and an average of two children. California, Texas and Florida are the most forthcoming states for trial uptake. The data, contained in the '2007 CenterWatch National Survey of Study Volunteers', was presented at the recent Drug Information Association (DIA) annual conference in Atlanta.

The majority of respondents had participated in a trial in the last two years and first learnt about the trials they participated in via the media (30 per cent) or the internet (26 per cent), which is fast becoming a valuable recruitment medium. Only 14 per cent first learnt of the study via physician referral, 15 per cent thanks to research centre advertisements, and 10 per cent through a friend. The majority (54 per cent) also then first contacted the study centre by telephone to express interest in participating, while 30 per cent did so by email, demonstrating again that participants are indeed becoming more technology-savvy. 20 per cent went to the site in person and only 3 per cent

used a physician's referral. In fact, only 20 per cent of respondents said they thought their physician was "very knowledgeable" in where they could find more information about active clinical trials and 12 per cent said "somewhat knowledgeable." 64 per cent said they did not learn any information about clinical trials from their physician at all.

"The data indicating that patients are not widely being referred onto trials by physicians is in line with a survey of 7000 physicians in conducted in 2005, where 31 per cent said that they did not refer patients onto trials because of lack of information they had available to give their patients and 25 per cent said they had struggled to find information out on available trials themselves," said one of the presenters, Paul Dewberry, senior research analyst at Thomson CenterWatch.

Interestingly, despite patient recruitment being a clinical trial albatross, response by sites and sponsors to patients who request information on trial participation could be improved, the survey shows. 29 per cent received a response back the same day, 37 per cent within two to three working days and 22 per cent between 4 and 14 days, with 7 per cent having to wait over two weeks for a response and some, (5 per cent) never hearing back at all.

Meanwhile, when taking the final decision as to whether to participate in a study or not, 43 per cent of survey respondents indicated they made this decision alone. The majority of the remainder (24 per cent) either had help from a specialist/family doctor or a family member (22 per cent), while a small percentage turned to a friend, a patient group or the internet. The most popular motivation listed was "to help myself and others/ to advance science" (81 per cent); "to find a better treatment" (75 per cent) coming in closely behind, followed by "to receive higher quality medical care" (51 per cent).

Personal monetary gain was also a prominent motivation, although perhaps not as high as may have been expected, with "to receive money" and "to receive free medical care" being given by 29 per cent of respondents apiece - 70 per cent of respondents indicated that they were financially compensated in some way or another for their participation. Meanwhile, receiving advice to participate in a trial was the least motivation, with doctors only influencing 17 per cent and family and friends influencing 10 per cent of participants.

Fear of side-effects or adverse drug reactions was by far the number one reason that respondents (52 per cent) said reduced their willingness to participate. Other things that turned patients off were the possibility of receiving no treatment (i.e. placebo; 23 per cent), and "after study concerns" were cited by 18 per cent.

Meanwhile, just over half of respondents said they received any support (help with transport etc.) in participating in the trial. Travel/Schedule problems were the most common reason cited by participants who were considering dropping out of a trial (22 per cent), but of those that actually did drop out, it was not a prominent deciding factor (8 per cent).

Side effects/adverse reactions were by far the main cause of drop outs (37 per cent). Change in medical situation, ineffective treatment, personal issues, and issues with site staff were other fairly equally-cited reasons.

Non-flexible hours, risk of side-effects and risky or invasive procedures were the main causes of concern for participants during a trial.

"Blood draws and missed veins in particular were a major source of discomfort," said Dewberry.

Other concerns were not being given a placebo, ease of access to the study site by public transport and minimal amount of visits required.

"Amprenavir and didanosine are associated with declining kidney function among patients receiving tenofovir"

Author(s): Crane HM, Kestenbaum B, Harrington RD, et al

Reference: N/A 21(11):1431-9.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17589189&dopt=Abstract

Published Abstract: OBJECTIVE:: To examine the effect of antiretroviral agents and clinical factors on the development of tenofovir-associated kidney dysfunction. METHODS:: Observational cohort study of HIV-infected patients receiving tenofovir in an HIV clinic population. Patients' kidney function prior to initiating and while receiving tenofovir was evaluated in relation to other antiretroviral medications and demographic and clinical characteristics. Decline in kidney function was assessed by the glomerular filtration rate (GFR) as estimated by the Cockcroft-Gault (CG) equation, which incorporates weight. Logistic regression analysis was used to examine factors associated with GFR of >90, 60-90, 30-60, and <30 ml/min per 1.73 m while on tenofovir. Secondary analyses used the simplified Modification of Diet in Renal Disease (MDRD) equation. RESULTS:: Among the 445 patients initiating tenofovir, 51 (11%) developed a decline in kidney function. In multivariate analysis, there was a significant association between decline in kidney function and concurrent use of amprenavir [odds ratio (OR) 3.6; P = 0.045] and didanosine (OR, 3.1; P = 0.006), age over 50 years (OR, 4.4; P = 0.03), and lower baseline weight (OR, 0.95/kg; P <0.001). Patients identified with kidney dysfunction by the MDRD equation did not fully overlap with those identified by the CG equation. CONCLUSIONS:: Didanosine and amprenavir use, increased age, and lower baseline weight were significantly associated with risk for kidney dysfunction among patients receiving tenofovir. GFR results using the MDRD equation were inconsistent with those using CG, which highlights the impact of including weight in the estimation of GFR among HIV-infected patients.

"InPouch TV culture for detection of *Trichomonas vaginalis*"

Author(s): Sood S, Mohanty S, Kapil A, et al

Reference: N/A 125:567-71.

<http://www.icmr.nic.in/ijmr/2007/april/0410.pdf>

Published Abstract: *Background and objectives:* *Trichomonas vaginalis* accounts for almost half of all curable sexually transmitted infections and has also been associated with adverse outcomes of pregnancy and increased risk of HIV in women. Diagnosis of the condition by direct wet mount examination has a low sensitivity. Herein, we describe our experience with InPouch culture system for the detection of *T. vaginalis*. *Methods:* This prospective study was carried out from May 2003 to April 2004 among women presenting with genitourinary symptoms attending a primary health center clinic in Ballabgarh, India. Two vaginal swabs (cotton tips) were obtained from each woman. The first swab was obtained from the lateral wall of vagina and was used to make a wet mount preparation. The second swab was obtained from the posterior fornix of the vagina and inoculated in the InPouch for culture of *T. vaginalis*. *Results:* Of the 601 women, 22 were positive by direct microscopy for *T. vaginalis* while 40 were positive by culture. Overall, *T. vaginalis* accounted for 6.7 per cent of reproductive tract infections. *Interpretation and conclusion:*

The InPouch TV culture system is a simple, cost-effective and a sensitive method for diagnosing *T. vaginalis* and may be recommended for routine use in diagnosing genital tract infections.

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

"Long-term persistence of transmitted HIV drug resistance in male genital tract secretions: implications for secondary transmission"

Author(s): Smith DM, Wong JK, Shao H, et al

Reference: N/A 196(3):356-60. Epub 2007 Jun 19.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17597449&dopt=Abstract

Published Abstract: Background. Transmitted drug-resistant HIV slowly reverts in the blood to drug-sensitive virus. The environment of the male genital tract (MGT) may result in even slower rates of reversion to drug susceptibility. Methods. We measured the decay of resistance in longitudinally collected blood and semen samples from 5 individuals newly infected with HIV containing resistance mutations to nonnucleoside reverse-transcriptase inhibitors (NNRTIs). We also investigated the sexual transmission of HIV to and from these participants. Results. In 3 of the 5 individuals, NNRTI resistance persisted in blood and semen throughout follow-up (mean, 296 days after the estimated day of infection [EDI]). In the other 2 individuals, NNRTI resistance persisted in blood and semen for 871 and 1179 days after the EDI; however, even after NNRTI resistance had fully reverted in blood, it remained readily detectable in semen. Two transmission groups were identified among these participants--one as the recipient partner and the other as the source partner. Conclusions. Transmitted drug-resistant HIV, which persists in blood for years, may revert to wild type even more slowly in the MGT. This prolonged persistence in the MGT may contribute to the high prevalence rates of transmitted drug resistance.

"The contraceptive vaginal ring compared with the combined oral contraceptive pill: a comprehensive review of randomized controlled trials"

Author(s): Roumen FJ

Reference: N/A 75(6):420-9. Epub 2007 March 26.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17519147&dopt=Abstract

Published Abstract: BACKGROUND: The purpose of this review was to compare pharmacology, contraceptive efficacy, cycle control, side effects and acceptability with the combined contraceptive vaginal ring (CCVR) and combined oral contraceptives (COCs). STUDY DESIGN: All randomized controlled trials (RCTs) between the CCVR and a COC up to and including December 2006 were analyzed. RESULTS: Twelve RCTs comparing the CCVR and a COC were identified. Systemic exposure to ethinyl estradiol (EE) with the CCVR was half of that with a 30-microg EE-containing COC with less variation in serum levels. During CCVR use, sex hormone-binding globulin and cortisol-binding globulin concentrations were significantly less increased than during COC use. Both methods showed

adequate ovarian suppression and equal contraceptive efficacy. Uterine concentrations of EE and etonogestrel were not elevated with the CCVR. Cycle control achieved with the CCVR was better than that of the COC. Compliance with both methods was high. Mean blood pressure and body weight did not change in either group. Incidence of adverse events such as breast tenderness, headache and nausea was comparable, but a higher incidence of local and ring-related events led to higher discontinuation rates in the CCVR group. Both contraceptives were highly acceptable and resulted in a global improvement of sexual function. Ring users were more likely to continue with their method after study completion than COC users. **CONCLUSIONS:** The vaginal ring has the same contraceptive efficacy as COCs with lower systemic EE exposure, more consistent serum EE levels and better cycle control, but more local adverse events resulting in higher discontinuation rates.

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5. EPIDEMIOLOGY

"Continued very high prevalence of HIV infection in rural KwaZulu-Natal, South Africa: a population-based longitudinal study"

Author(s): Welz T, Hosegood V, Jaffar S, et al

Reference: N/A 21(11):1467-72.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17589193&dopt=Abstract

Published Abstract: **OBJECTIVE::** To estimate the prevalence of HIV and associated sociodemographic factors including mobility and migration in a rural population in KwaZulu-Natal, South Africa. **METHODS::** A household-based HIV serosurvey of a population that has been under longitudinal demographic surveillance since 2000. All residents (women aged 15-49 years; men aged 15-54 years) and a sample of non-residents ('migrants') who return periodically to their households in the area were identified and approached for finger-prick HIV testing. **RESULTS::** A total of 8325/11 505 male and 11 542/14 396 female residents were traced. Of these, 4692 men and 6859 women consented to HIV testing. Overall, 27% of female and 13.5% of male residents were HIV infected. HIV prevalence peaked at 51% among resident women aged 25-29 years and 44% among resident men aged 30-34 years, with the highest infection rates of 57.5% among 26-year-old women. The female: male infection ratio for residents aged 15-19 years was 13.0. Many factors, including increased mobility, associated with an increased risk of HIV infection among residents, were also associated with non-participation. Among non-residents, 34% of men aged 15-54 years and 41% of women aged 15-49 years were HIV infected. **CONCLUSION::** The extremely high prevalence of HIV suggests an urgent need to allocate adequate resources for HIV prevention and treatment in rural areas. Effective monitoring of the epidemic in Africa needs to include efforts to strengthen sentinel surveillance in rural areas and strategies for the surveillance of migrants and mobile individuals.

"Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: a systematic review"

Author(s): Spiegel PB, Rygaard Bennedsen A, Claass J, et al

Reference: N/A 369(9580):2187-95.

<http://www.galenicom.com/en/medline/article/17604801/Prevalence+of+HIV+infection+in+conflict-affected+and+displaced+people+in+seven+sub-Saharan+African+countries:+a+systematic+review>.

Published Abstract: *Background:* Violence and rape are believed to fuel the HIV epidemic in countries affected by conflict. We compared HIV prevalence in populations directly affected by conflict with that in those not directly affected and in refugees versus the nearest surrounding host communities in sub-Saharan African countries. *Methods:* Seven countries affected by conflict (Democratic Republic of Congo, southern Sudan, Rwanda, Uganda, Sierra Leone, Somalia, and Burundi) were chosen since HIV prevalence surveys within the past 5 years had been done and data, including original antenatal-care sentinel surveillance data, were available. We did a systematic and comprehensive literature search using Medline and Embase. Only articles and reports that contained original data for prevalence of HIV infection were included. All survey reports were independently evaluated by two epidemiologists to assess internationally accepted guidelines for HIV sentinel surveillance and population-based surveys. Whenever possible, data from the nearest antenatal care and host country sentinel site of the neighbouring countries were presented. 95% CIs were provided when available. *Findings:* Of the 295 articles that met our search criteria, 88 had original prevalence data and 65 had data from the seven selected countries. Data from these countries did not show an increase in prevalence of HIV infection during periods of conflict, irrespective of prevalence when conflict began. Prevalence in urban areas affected by conflict decreased in Burundi, Rwanda, and Uganda at similar rates to urban areas unaffected by conflict in their respective countries. Prevalence in conflict-affected rural areas remained low and fairly stable in these countries. Of the 12 sets of refugee camps, nine had a lower prevalence of HIV infection, two a similar prevalence, and one a higher prevalence than their respective host communities. Despite wide-scale rape in many countries, there are no data to show that rape increased prevalence of HIV infection at the population level. *Interpretation:* We have shown that there is a need for mechanisms to provide time-sensitive information on the effect of conflict on incidence of HIV infection, since we found insufficient data to support the assertions that conflict, forced displacement, and wide-scale rape increase prevalence or that refugees spread HIV infection in host communities.

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6. OTHER PREVENTION APPROACHES

"Free treatment for sex workers in place"

Date: 03 July 2007

Source: *The Monitor*

Author(s): Jane Nafula, Mercy Nalugo

<http://allafrica.com/stories/200707021667.html>

Family Planning Association of Uganda has launched a two-year project for the prevention and treatment of Sexually Transmitted Diseases among young people, especially prostitutes. The Executive Director of Family Planning

Association of Uganda (FPAU), Elly Mugumya told Daily Monitor yesterday that the project targets young people especially those involved in sex trade in Kawempe Division.

"We are targeting young people in Kawempe Division especially those involved in commercial sex because this group is more vulnerable to HIV/Aids and other Sexually Transmitted Diseases," (STIs) Mr Mugumya said. He said the project would be spearheaded by FPAU and focus on providing free STI treatment and care, awareness creation, knowledge building and provision of free male and female condoms.

The project, worth \$ 150,000 is supported by the International Planned Parenthood Federation (IPPF) in collaboration with the Japan Trust Fund. IPPF is a global movement providing reproductive health and family planning services in over 180 countries.

Kawempe Division has a population of about 265,000 people, majority of whom are young people. Mr Mugumya said the Division was targeted because there are so many young people involved in sex trade who have no access to reproductive health services. The LC 3 Chairman of the Division, Kibirige Takuba recently said apart from the frequent cholera outbreaks, prostitution was yet another pandemic eating up the division.

Hajji Takuba said there are so many sex workers in Kawempe especially in Bwaise, Kalerwe and Mulago. Bwaise, Kalerwe and parts of Mulago are slum areas, hosting thousands of low-income earners in the city. Hajji Takuba said prostitution was one of the factors contributing to the increase of HIV/Aids cases in the division. He said last year, results at Kawempe and Komamboga health centres in the division indicated that about 45 per cent of people who come to test for HIV/Aids are found to be HIV positive.

The IPPF delegation that met the Deputy Speaker of Parliament, Rebecca Kadaga yesterday, called for political will in promoting better reproductive health services. In response, Ms Kadaga admitted that issues of reproductive health were still a big challenge in Uganda. She said that the issues of reproductive health are still not a priority of the government.

"Muslim ulemas to help govt steer family planning"

Date: 03 July 2007

Source: *The Jakarta Post*

Author(s): Desy Nurhayati

<http://www.thejakartapost.com>

The National Family Planning Coordinating Board (BKKBN) is drafting a handbook for Muslim leaders to guide them in disseminating the government's family planning program to the people. The "Reproductive Health Information, Education and Communication for Ulemas" handbook is the result of an international conference of Muslim leaders held in Bali in February to discuss population and reproductive health issues. In drafting the handbook, the BKKBN is collaborating with the United Nations Population Fund (UNFPA), the Religious Affairs Ministry and several Muslim organizations including the Indonesian Council of Mosques, Nahdlatul Ulama and Muhammadiyah.

Chairman of BKKBN Sugiri Syarief said Monday the board's guidance is intended to invigorate family planning among Indonesian families. "We have involved ulemas in the hope they can address the importance of reproductive health, which includes family planning, healthy timing for pregnancy and intervals between pregnancies, through Islamic teachings and values," he said on the sidelines of a discussion on the draft handbook. In a society dominated by Muslims, ulemas are still considered prominent figures whose views and actions are watched and followed. Nationwide, there are currently about 60,000 Muslim leaders registered with the Religious Affairs Ministry.

"To optimize the revitalization of the program, we will cooperate with Muslim leaders across the country, from the provincial level to the smallest groups in the community, such as mosque-based ulemas. We will distribute the handbook by using the religious ministry's agencies in each province as the first channels," Sugiri said. The handbook will cover four main topics: Islam and family planning; health for mothers and babies; adolescent reproductive health and HIV/AIDS-free families.

Zaidul Huque, a representative for UNFPA, agreed with Sugiri, saying that by strengthening the capacity and roles of the ulemas in reproductive health and population-related issues, it is expected the ulemas can create a conducive environment among Indonesians to implement the family planning program. "Indonesia has been on the right track in involving religious leaders in the family planning program, and we acknowledge that support from the leaders in the country has gone through a long process of discussion among the ulemas, the government and other community leaders including NGOs," he said.

Also in attendance at the discussion was former religious minister Tarmizi Taher, who is the current chairman of the Indonesian Council of Mosques. He suggested that the handbook cite relevant verses from the Koran and the hadiths -- a collection of Prophet Muhammad's sayings and deeds. Sugiri said that after the guidance handbook for Muslim ulemas was completed, BKKBN would also take similar steps with leaders from other religious denominations.

"Half of all new HIV infections could be averted if proven prevention efforts expanded"

Date: 29 June 2007

Source: *AIDSmap.com News*

Author(s): Michael Carter

<http://www.aidsmap.com/en/news/C2E16D36-CECE-4B70-8E03-5FC04D2B146D.asp>

A new report suggests that 50% of projected HIV infections by 2015 could be prevented if governments and donors increase their HIV expenditure to UNAIDS target levels and implement prevention programmes that have been proven to work. The Global HIV Prevention Working Group's report, *Bringing HIV Prevention to Scale: An Urgent Global Priority*, shows that prevention efforts are not keeping pace with expanding access to antiretroviral therapy. For every person who started effective anti-HIV treatment in 2006, six become newly infected with the virus.

It is estimated that there will be 60 million new HIV infections by 2015, but the report suggests that 30 million of these could be avoided if scientifically proven methods of HIV prevention were implemented. These measures include treatment to prevent mother-to-child transmission of HIV; testing; prevention efforts targeted at high risk groups, such as men who have sex with men and sex workers; and male circumcision.

However, the working group point to evidence showing that few people who would benefit from HIV prevention have access to it. This includes access to interventions that have been scientifically proven to significantly reduce the risk of HIV transmission, for example:

- Prevention of mother-to-child transmission - in low- and middle-income countries in 2005, only 11% of HIV-positive pregnant women had access to cheap treatment shown to dramatically reduce the risks of vertical transmission.
- HIV testing - only 12% of men and 10% of women in the African countries most seriously affected by HIV had had an HIV test.
- High-risk groups - prevention efforts reached only 9% of men who have sex with men, 8% of injecting drug users, and less than a fifth of sex workers in 2005. Many government still opt for general HIV awareness campaigns rather than initiatives targeted at the groups most at risk of infection.

Although the report suggests that male circumcision could help reduce new HIV infections by 8% by 2015, it warns that no single prevention intervention can be 100% effective.

There has been a significant increase in global HIV spending in recent years, with projected spending in 2007 being \$10 billion. However, the working group says that to make a real difference expenditure needs to more than double over the next three years to reach the UNAIDS target of \$22 billion by 2010. Effective prevention would account for half of this money.

Membership of the working group includes public health experts, doctors, scientific researchers and people with HIV. It is jointly convened by the Henry J Kaiser Family Foundation and the Bill and Melinda Gates Foundation.

"India looking for someone to aggressively promote condom use, says official"

Date: 29 June 2007

Source: *Associated Press*

<http://www.iht.com/articles/ap/2007/06/29/asia/AS-GEN-India-AIDS.php>

India needs a high-profile campaigner to promote safe sex in its fight against AIDS, as Thailand had in the 1990s with a senator who became known as Mr. Condom, a top official was quoted as saying Friday.

Mechai Viravaidya, a former Cabinet minister in Thailand, emerged as an AIDS-fighting crusader in the '90s with an aggressive campaign to distribute condoms and educate the Thai public about HIV, helping to significantly cut that country's infection rate.

K. Sujatha Rao, the head of India's National AIDS Control Program told The Times of India newspaper, that India needs a similar figure. "We are very serious about finding India's very own Mr. Condom," Rao was quoted as saying. "He has to have a dynamic personality to change both government policy and public perceptions about HIV, AIDS, sex and condoms," Rao told the newspaper. "Most of India's AIDS epidemic is caused by sex and not infected blood transfusion."

India, a conservative country where even talking about sex is considered taboo, has faced enormous challenges in promoting condom use and safe sex. UNAIDS said in data released last year that the country had the highest HIV infections in the world at 5.7 million.

Rao also told the newspaper that India's AIDS control program would recruit graduates from the country's top management schools to help devise strategies for promoting safe sex in the country. In Thailand, Mechai's award-winning campaigning included visiting notorious nightspots to hand out condoms and holding contests to see who could blow condom-shaped balloons the fastest.

"Predicting the impact of a partially effective HIV vaccine and subsequent risk behavior change on the heterosexual HIV epidemic in low-and middle-income countries: a South African example"

Author(s): Andersson KM, Owens DK, Vardas E, et al

Reference: N/A

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17589368&dopt=Abstract

Published Abstract: We developed a mathematical model to simulate the impact of various partially effective preventive HIV vaccination scenarios in a population at high risk for heterosexually transmitted HIV. We considered an adult population defined by gender (male/female), disease stage (HIV-negative, HIV-positive, AIDS, and death), and vaccination status (unvaccinated/vaccinated) in Soweto, South Africa. Input data included initial HIV prevalence of 20% (women) and 12% (men), vaccination coverage of 75%, and exclusive male negotiation of condom use. We explored how changes in vaccine efficacy and postvaccination condom use would affect HIV prevalence and total HIV infections prevented over a 10-year period. In the base-case scenario, a 40% effective HIV vaccine would avert 61,000 infections and reduce future HIV prevalence from 20% to 13%. A 25% increase (or decrease) in condom use among vaccinated individuals would instead avert 75,000 (or only 46,000) infections and reduce the HIV prevalence to 12% (or only 15%). Furthermore, certain combinations of increased risk behavior and vaccines with <43% efficacy could worsen the epidemic. Even modestly effective HIV vaccines can confer enormous benefits in terms of HIV infections averted and decreased HIV prevalence. However, programs to reduce risk behavior may be important components of successful vaccination campaigns.

"Sustained changes in sexual behavior by female sex workers after completion of a randomized HIV prevention trial"

Author(s): Ngugi EN, Chakalackal M, Sharma A, et al

Reference: N/A Epub ahead of print.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17589374&dopt=Abstract

Published Abstract: INTRODUCTION:: Behavioral interventions in female sex workers (FSWs) are associated with changes in sexual behavior and reduced rates of sexually transmitted infections (STIs) and HIV. We examined the sustainability of such interventions. METHODS:: HIV-uninfected Kenyan FSWs were enrolled in a clinical trial that

provided free male condoms, community and clinic-based counseling, and STI management. After trial completion, scaled-back community-based resources remained in place. More than a year later, women were invited to complete a follow-up behavioral questionnaire and to undergo STI/HIV counseling and testing. Individual changes in sexual behavior were assessed by paired analysis. RESULTS:: One hundred seventy-two women participated in the resurvey 1.2 years after trial termination. Client numbers had risen (paired t test, $P < 0.001$), but condom use had also increased ($P < 0.001$); both remained substantially lower than at enrollment. Regular partners accounted for a greater proportion of unprotected FSW sexual encounters (35% vs. 10%; $P < 0.001$). Only 9 (5.2%) of 172 women had a conventional STI, and the follow-up HIV incidence of 1.6 per 100 person-years (PYs) was similar to that during the trial period (3.7 per 100 PYs). Incident STIs and HIV were associated with the frequency of unprotected sex and younger age. CONCLUSIONS:: Less intensive community-based risk reduction services after clinical trial termination may support ongoing reductions in STIs and HIV among high-risk FSWs.

"Women's responses to menses and nonbleeding intervals in the USA, Brazil and Germany"

Author(s): Snow R, Hardy E, Kneuper E, et al

Reference: N/A 76(1):23-9.

[http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T5P-4NT57RF-4&_user=10&_coverDate=07%2F31%2F2007&_rdoc=8&_fmt=summary&_orig=browse&_srch=doc-info\(%23toc%235008%232007%23999239998%23661342%23FLA%23display%23Volume\)&_cdi=5008&_sort=d&_docanchor=&](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T5P-4NT57RF-4&_user=10&_coverDate=07%2F31%2F2007&_rdoc=8&_fmt=summary&_orig=browse&_srch=doc-info(%23toc%235008%232007%23999239998%23661342%23FLA%23display%23Volume)&_cdi=5008&_sort=d&_docanchor=&)

Published Abstract: *Background:* Studies from several countries suggest women differ in their preferred length of nonbleeding intervals, yet studies to date have not explored the social determinants of such preferences. *Method:* We report results from a menstrual preference and social survey of 1207 healthy women in three age groups (18-20, 25-34 and 45-49 years) and two educational strata (high and low educational attainment), from Campinas (Brazil), Heidelberg (Germany) and Ann Arbor (USA) (400 women from each country). *Results:* Women's preferred length of nonbleeding intervals differed significantly between countries. In Ann Arbor, only 15.5% of women preferred to bleed monthly, vs. 30.2% in Heidelberg. In both Ann Arbor and Campinas, approximately one-third of women preferred to "never" have menses, compared to 8.2% in Heidelberg. Multivariate analyses indicated that country, church attendance, stress and menstrual pain were significant predictors of women's preferences. *Conclusion:* The most common preference among women was to bleed once every 3 months, but preferences varied substantially by country groups. Preferences for nonbleeding intervals were, in part, explained by personal experiences of stress or menstrual pain, but unexplained cultural differences persist between country groups.

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7. POLITICS AND POLICY

"Congress seeks to balance drug safety, quick approval"

Date: 05 July 2007

Source: *The Washington Post*

Author(s): David Brown

<http://www.washingtonpost.com/wp-dyn/content/article/2007/07/04/AR2007070401712.html?referrer=emailarticle>

Three drugs -- Vioxx, Ketek and Avandia -- are casting long shadows over the congressional debate on how to update and revise the 15-year-old system that has dramatically sped up the process of bringing prescription medicines to American consumers. All three ran into problems after the Food and Drug Administration approved them for use. The problems ranged from thousands of heart attacks partly attributable to the painkiller Vioxx to a few cases of liver failure caused by the antibiotic Ketek. And the hazards of the diabetes drug Avandia are only now emerging.

Together, the three drugs epitomize what can happen when a new pharmaceutical moves from the small and orderly world of scientific testing to the big and messy world of everyday use. Many experts now hope that efforts to do a better job of identifying the "unexpected toxicities" in drugs that have reached medicine cabinets will get a boost from an unexpected source -- the Prescription Drug User Fee Act. The act's chief purpose when it was passed in 1992 was to help drugs get through FDA review quicker and out to patients sooner. It did so by creating a "user fee" that a company must pay when it submits the mass of research and paperwork that the FDA reviews before approving or rejecting a drug. As Congress debates reauthorizing the user-fee law, it is considering several proposals that would raise the fees and devote a larger portion of them to "post-market surveillance" of drugs -- the regulatory equivalent of chasing the horses after they are out of the barn. The debate touches not only on how much to spend on post-market surveillance but also on the user-fee system itself. Those fees now provide more than half of the money the FDA spends, mostly on salaries, to review new drugs. The agency wants to collect \$393 million next year, \$87 million more than this year.

EDITOR'S NOTE: *For the full text of this article please visit the above website.*

"Female condoms still out of reach, says delegates"

Date: 03 July 2007

Source: *The Nation*

<http://allafrica.com/stories/200707021747.html>

Many women are still unable to access the female condom, 14 years since it was introduced as a way of preventing sexually transmitted infections and unplanned pregnancies. Women from various countries attending the ongoing World Young Women's Christian Association (YMCA) conference, in Nairobi said the female condom was either completely unavailable in their countries or is expensive unlike the male condom.

In other cases, myths and stigma have made them shy away from procuring it, a workshop discussing the device heard. The female condom was introduced in 1993 and is manufactured by the Female Health Company located in the United Kingdom. Data from the condom manufactures shows that Kenya has this year procured 203,404 female condoms through the United Nations Population Fund. Brazil and Zimbabwe are the leading procurers according to

the statistics given by the Female Health Company's director of programmes and sales Robbie Nelson.

The workshop's facilitator Ms Maya Gokul said many women wanted the female condom but could not access it. "The problem is that it is not available," she said. The aim of the workshop was to de-stigmatise the female condom and get young and married women to use it.

Dr Ahiodun Chris Oyeyipo, the assistant representative of UNFPA-Nigeria said correct and consistent use of the female condom could reduce the risk of HIV infection by more than 90 per cent in women having sex with an infected partner.

Not willing

He said the condom was more relevant given that family planning methods were only effective in preventing pregnancies, while men may not always be willing to put on condoms. UNFPA technical adviser on HIV and Aids Ms Mary Otieno, however, encouraged promoters of the condom to work with men in their programmes. Ms Rowena Ngubeni of YWCA-South Africa, said the female condom was not readily available like the male condom. Ms Petronilla Okoth of YWCA-Kenya said the female condom gives women greater control in negotiating for safe sex.

"Protection Against Transmission of HIV for Women and Youth (PATHWAY) act reintroduced"

Source: *Global Health Council Public Policy Update*

http://www.globalhealth.org/view_top.php?id=48#pathway

This week, Congresswoman Lee (D-CA) and Congressman Shays (R-CT) re-introduced the Protection Against Transmission of HIV for Women and Youth Act (PATHWAY Act), H.R. 1713. The PATHWAY Act would remove from law the requirement that the U.S. spend one-third of its PEPFAR prevention funding on abstinence-until-marriage programs. To ensure further that U.S.-funded international HIV prevention programs are responsive to at-risk groups, HR 1713 would require the President to develop a strategy to address the specific prevention needs of women and girls. In 2006, more than 75 organizations, including the Global Health Council, endorsed the PATHWAY Act.

EDITOR'S NOTE: To read more about the PATHWAY Act visit

http://www.pepfarwatch.org/index.php?option=com_content&task=view&id=101&Itemid=101

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8. ANNOUNCEMENTS

FHI announces the launch of a new web site

www.youthwg.org

Family Health International (FHI) announces the launch of a new Web site, "Resources on Youth Reproductive Health and HIV/AIDS" - www.youthwg.org. This unique global resource provides materials designed for those working with youth in developing countries. The site features:

- guidance on key program areas and best practices
- publications grouped by organizations with major youth resources
- an easily searchable database of more than 900 recent resources
- research tools
- training materials
- Web sites for youth - and more

The site was developed by the Interagency Youth Working Group (IYWG), a network of nongovernmental agencies, donors, and cooperating agencies supported by the U.S. Agency for International Development (USAID) to improve reproductive health and prevent HIV/AIDS among young people ages 10 to 24. Details, including slide presentations, of the first IYWG meeting in May 2007, are available: <http://www.infoforhealth.org/youthwg/iywg/7may07.shtml>

The site is hosted by the INFO Project, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, with content managed by Family Health International. More than 15 organizations collaborated to create the site. If you would like information on how to contribute, or if you have questions about the IYWG, please e-mail youthwg@fhi.org.

EDITOR'S NOTE: To view the website, visit <http://www.infoforhealth.org/youthwg/>

Consultative process for 2008 Global Ministerial Forum on Research for Health launched

<http://www.scidev.net/announcements/index.cfm?fuseaction=readannouncement&itemid=634&language=1>

The Bamako 2008 Secretariat has announced the launch of the consultative process for the 2008 Global Ministerial Forum on Research for Health.

They invite participants to fill in our questionnaires online. The forum is jointly organised by the Global Forum for Health Research, the Government of Mali, UNESCO, World Bank and the World Health Organization and will be held in November 2008 in Bamako, Mali.

The agenda of the 2008 Global Ministerial Forum on research for health is currently under discussion. As part of the consultation process leading up to the conference two questionnaires (one for researchers and one for nongovernmental organisations) have been developed to capture individuals and organisations expectations for this type of high-level international conference and to identify the key themes and areas that should be discussed before, during and after the conference.

The outcomes of these questionnaires will be submitted to the Bamako

2008 Programme Committee and will thus influence the specific themes of the conference. Participants can fill in one or both the questionnaires.

Contact details

Bamako 2008 Secretariat Global Ministerial Forum on Research for Health, 1-5 route des Morillons, CH-1211, Geneva 27, Switzerland. Tel: +41 22 791 4355. Email: secretariat@bamako2008.org.

DFID launches consultation on new research strategy

<http://www.scidev.net/announcements/index.cfm?fuseaction=readannouncement&itemid=636&language=1>

The UK's Department for International Development's (DFID) budget for research will double from £110 million in 2005/06 to £220 million in 2010. This means that around £650 million will be available to fund new research programmes in the forthcoming strategy period, which will be five years (2008-2013). The new strategy is an opportunity for DFID to refocus on the most pressing research challenges, work in innovative ways and make new research partnerships.

DFID launched a public consultation on their new research strategy on Monday 25 June. The consultation paper was developed following a workshop with a sample of research partners in March.

The questionnaire covers four broad areas:

- DFID's research commissioning agenda;
- how to strengthen our research processes;
- choices for positioning our research; and
- collaboration and partnership with other research funders.

The e-consultation will run until the end of September and welcomes detailed thoughts. DFID encourages the circulation of this information widely to stakeholders.

Complementing the e-consultation will be face-to-face discussions in seven partner countries running from August to October. The countries are: Bangladesh, China, Ethiopia, India, Nigeria, South Africa and Uganda. The timings and venues for these events will be posted on DFID's website in due course.

Comments should be returned using the online form no later than 16 September 2007.

Alternatively, please email comments to ResearchStrategyConsultation@dfid.gov.uk.

EDITOR'S NOTE: The online form is available at

<http://www.surveymonkey.com/s.aspx?sm=73GOvke2hEEZAXmuGiXHCA%3d%3d>

IAVI announces the release of three recent publications focused on AIDS vaccine policy issues in India

<http://www.iavi.org/viewpage.cfm?aid=1808>

IAVI is pleased to announce the release of three recent publications focused on AIDS vaccine policy issues in India. Together, these pieces of policy research cover the continuum of AIDS vaccine activities, starting with research and development (R and D), progressing through the assessment of future demand and market opportunities, and finally exploring how to improve eventual delivery and access.

These three papers are the product of important collaborations between IAVI and its partners in India, and demonstrate the value of IAVI's model of working in and collaboratively with countries hardest hit by the AIDS pandemic. We hope that the key findings from these research efforts will be used in India and further afield by policy makers, private sector decision makers and health program officials to identify ways to improve and accelerate R and D, implementation, and access.

EDITOR'S NOTE: All three articles are available at the above website.

SciDev.Net's new online TB resource

www.scidev.net/tuberculosis

Visit SciDev.Net's new online resource for a snapshot of tuberculosis (TB) today - who it affects, where it might spread in the future, its role in relation to the HIV/AIDS pandemic, and how it can be treated and controlled:

www.scidev.net/tuberculosis

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