



ALLIANCE FOR MICROBICIDE DEVELOPMENT

31 August 2007, Volume 8, Number 34

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!

Areas covered in this News Digest:

1. ALLIANCE UPDATES AND COMMUNITY NEWS

- [Doctors speak out on failed AIDS trials](#)

2. MEDIA COVERAGE OF MICROBICIDES

- [Catholic Secretariate adviser calls for behavioural change](#)

3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

- [Gender relations in the context of HIV/AIDS in rural South Africa](#)
- [Microbicides Development Program, Tanzania-baseline characteristics of an occupational cohort and reattendance at 3 months](#)

4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

- Antiretroviral drug exposure in the female genital tract: implications for oral pre- and post-exposure prophylaxis
- Biological and behavioural impact of an adolescent sexual health intervention in Tanzania: a community-randomized trial
- Safety and efficacy of sperm washing in HIV-1-serodiscordant couples where the male is infected: results from the European CREAThE network

5. POLITICS AND POLICY

- Saudi to introduce pre-marriage HIV test
- UNAIDS under fire for mixing politics and science
- Hindu's against condom vending machines
- Rural areas neglected by AIDS response
- China now leads India in ongoing clinical trials
- Ugandan government accused of "state homophobia"
- Playwright fights for Congolese women
- Study challenges garlic claim
- Opening the coffers

6. HIV/AIDS FUNDING

- U.S. AIDS support up by 31 percent
- Pitt gets \$16 million to establish AIDS research center

7. PHARMACEUTICAL INDUSTRY

- Constella Group to partner with TCG Lifesciences

8. ANNOUNCEMENTS

- MAILMAN SCHOOL OF PUBLIC HEALTH'S WAFAA EL-SADR AND LYNN FREEDMAN NAMED AMBASSADORS FOR THE PAUL G. ROGERS SOCIETY
- EDCTP CALL FOR PROPOSALS
- LAST DAY FOR LUBE SURVEY!
- UPCOMING CONFERENCES OF INTEREST

1. ALLIANCE UPDATES AND COMMUNITY NEWS

"Doctors speak out on failed AIDS trials"

Date: 18 August 2007

Source: *The Monitor*

Author(s): Evelyn Lirri

<http://allafrica.com/stories/200708180112.html>

EDITOR'S NOTE: *The italicized text preceding this article from The Monitor is Dr. Mirembe's letter of August 27 to the Editor of The Monitor, in which she responds to being misquoted.*

*I respond to the August 18th article titled "Doctors Speak Out on Failed AIDS Trials". The article stated that in an interview, I hinted that the women involved in the trials would not be compensated if they got infected. This is incorrect. As the sponsor of the cellulose sulfate trial, CONRAD developed written agreements with local HIV/Aids treatment and care providers to ensure that any woman who became infected while enrolled in the trial would receive ongoing care and treatment, including anti-retroviral drugs as needed. Researchers like me established connections to local organizations that would provide care for women who became HIV infected during the trial. CONRAD also set aside funding for women who became HIV-positive during the trial to ensure them access to adequate health care, including HIV anti-retroviral treatment when needed. The safety of participants in all HIV prevention trials is our top priority. Each woman receives medical care, prevention, counselling and free condoms during the course of the trials. Again, women who become infected with HIV despite such risk reduction efforts during these studies also have access to HIV care and anti-retroviral treatment when needed. Thank you for giving me this opportunity to set the record straight. Prof. Florence M. Mirembe, Principal Investigator (Uganda site), **Microbicide** Trial Study Centre.*

"Doctors speak out on failed AIDS trials"

Author(s): Evelyn Lirri

Date: 18 August 2007

Source: *The Monitor*

Ugandan scientists have defended HIV/Aids vaccine tests on human beings even after a female-friendly **microbicide** gel trial was stopped recently because women using it got infected at an almost similar pace as those not using it.

Prof. Florence Mirembe, a lead investigator at the Mulago-based **Microbicides** Centre in Kampala, said that the 1,333 women who participated in the failed trial were counselled and educated on the intentions of the research and informed of the possibility of HIV infection.

The women were drawn from Uganda, Benin, Burkina Faso, South Africa, Nigeria, and India. Dr Mirembe, who also is a professor of obstetrics and gynaecology at Makerere University Medical School, declined to reveal the number of Ugandan women who were involved in the failed trial.

Prof. Mirembe led the investigation in Uganda while other researchers did the same in the different countries. The women involved in the trial were divided in two groups. One group used the gel that contained cellulose sulphate - the name of the **microbicide** that was being tested - while the other group used the gel without the **microbicide**.

At the end of the 12-month trial, 34 women of the 1,333 from across the participating countries became infected with HIV, the virus that leads to Aids. Some 23 of the 34 infected women used the gel with the cellulose sulphate and 11 used the gel without the sulphate.

In an earlier interview with Daily Monitor, Prof. Mirembe hinted that the women involved in the trials would not be compensated if they got infected because they had already signed consent agreements and that this was just a trial. It is also not clear whether they will be treated.

According to the World Health Organisation, **microbicides** are compounds that can be applied inside the vagina or rectum to protect against sexually transmitted infections including HIV. They can be formulated as gels, creams, films, or suppositories.

The **microbicide** gel that was being tested, according to Prof. Mirembe, is a substance that was designed for women to apply in the vagina before sexual intercourse to prevent catching HIV and other sexually transmitted infections.

Conduct of trial

Prof. Mirembe said that the women involved were educated about the dangers involved in the trials. "At the first visit, we send the women back home so that they can think about the whole trial," she said. "If they want to participate, then they can come back."

Those who returned and accepted to be part of the trial were screened to ensure that they did not have any sexually transmitted infections including HIV/Aids. The women also signed consent agreements before participating.

"We gave them the consent forms which they would read, internalise and return within 28 days from the day they had been screened and those who accepted the terms came back to us voluntarily," Prof. Mirembe said.

When the women returned, those who accepted to be part of the trial were re-screened.

Throughout the period of the trial, the women were encouraged to use the condom and the gel concurrently.

They were also screened and monitored every three months for the 12-month trial period to ensure that they complied with the guidelines. Dr Clementina Nakabiito, a co-investigator, said the women knew what they would go through. "They are given a list of expectations before taking part in the trials," she said. Dr Nakabiito said that there are regulations governing all clinical trials to protect volunteers. "We also have committees in place that monitor these trials to ensure no breach of contract between the volunteers and the people carrying out the trials," she said.

Prof. Mirembe said Researchers found that the substance [cellulose sulphate] was not making any difference. "The number of women using the gel [with the **microbicide**] got infected at the same rate with those who did not use it.

As a result there was no need to continue with the trial. The substance was safe but not effective. This is like any other drug [trial]. If found ineffective, you abandon it.

"It is not the substance gel that was infecting the women but the general sexual behaviour. The emphasis was on condom use, and we provided condoms for free so that the women could use the condoms together with the gel."

In a country where women are increasingly becoming infected with HIV/Aids at a higher rate than men, Prof. Mirembe said a more female-friendly preventive measure is necessary.

She said the Aids epidemic is no longer occurring among risk groups only. In fact, new infections are occurring through sexual transmission and especially among married women. "Married women are at a greater risk," the medic said. "It is not true that by virtue of being married they are more protected. Sexual intercourse remains the major cause of infection."

Although estimates put the number of people living with HIV/Aids in the world at about 40 million, Prof. Mirembe believes what is actually on the ground is not known.

More than 20 years into the epidemic, the latest Uganda HIV/Aids Sero-behavioural Survey indicates that 7.9 percent of women have HIV/Aids compared to 6 percent in men.

Globally, the trend is not any different. According to the 2006 Joint United Nations Programme on HIV/Aids report, more than 50 percent of 40 million people living with HIV worldwide are women. Although condoms have been widely used as a preventive measure, they are not completely effective.

"It is only abstinence that is totally effective but married women cannot dictate how and when to use condoms," Prof. Mirembe said. "This is why we wanted some kind of a women-friendly measure."

Women role matters

Although Uganda has received international acclaim as a model country in the fight against HIV/Aids, having cut prevalence from about 30 percent in the early 1990s to about 7 percent today, health experts say a further reduction in prevalence will require a combination of preventive strategies that include women-friendly interventions.

Dr Hannah Kibuuka of the Makerere University Walter Reed Project says in a paper on updates and gender issues related to HIV vaccine research that women are more vulnerable to HIV/Aids because of social, cultural, economic, and legal reasons.

"All these factors create unequal balance of power between men and women leading to differential risk to HIV and have an implication for the conduct of HIV trials in developing countries," Dr Kibuuka writes. According to her, behavioural approaches are particularly difficult for women.

"Female initiated and controlled prevention options are imperative because they increase available choices and provide opportunities for control of women's decisions," Dr Kibuuka says in the paper.

She adds that the gender issues that increase women's vulnerability to HIV/Aids may still work to prevent access and use of new preventive technologies. Giving trends of enrolment for HIV/Aids vaccine trials in Uganda since 1999, Dr Kibuuka says women participation has been very low.

For example, phase I trials between 1999-2005 indicate that enrolment for trials was at an average of 80 percent men compared to only 15 percent women while in phase II trials between 2005-2007, 70 percent of the enrolled volunteers are male compared to 35 percent female. Dr Kibuuka says female enrolment in vaccine trials should be encouraged so that researchers can establish how particular vaccines could work in men and women.

Dr Kibuuka writes in her paper: "The main potential barriers to women's participation in vaccine trials include lack of autonomy to make independent decisions about HIV testing, fear of contracting the virus and effect of the vaccine on future pregnancies. "A requirement to avoid pregnancy during the trial is a constraint in cultures where a woman's worth is linked to her fertility."

Other trials

The search for an HIV/Aids vaccine in Uganda has been ongoing since 1999 when the International Aids Vaccine Initiative and the Joint Clinical Research Centre first took the step to finding a solution to HIV/Aids.

Currently, three major players are involved in clinical trials in Uganda for a vaccine: The Makerere University Johns Hopkins University Project, Makerere University Walter Reed Project and the International Aids Vaccine Initiative.

Besides these trials, there are ongoing trials in more than 20 countries, especially in Africa and Asia where a majority of new infections are occurring. Although the **microbicide** trials have been halted, Prof. Mirembe said it was a good research and a great opportunity for the women.

"Some of the women had never consulted a medical practitioner or heard of a gynaecologist. Yes, we lost a battle as per this particular trial but the research will help us in finding other products."

Testing on humans

Concerns have also been raised over what stage human beings can be subjected to tests while developing new drugs or vaccines and the risks involved. According to Prof. Mirembe, the process of developing a vaccine is drawn out with extensive trials on animals before human beings come in.

"We start with rats, go to monkeys, rabbits, chimpanzees and ultimately humans," she said. "If the drug passes those stages in animals and shows positive response, we then start the trials in human beings."

Prof. Mirembe, however, said this is not a guarantee that if it is tested on people, then it is effective. At the human level, the trial will also take three stages. "In research risk is shared," she said. "In the first stage, few people are exposed to the drugs so that if it has a problem, not many people will be affected. We also look at its safety and if people can accept the drugs.

The second stage has more people involved spread across the board in different environments and if safety issues look promising, the trial is taken to the third level. The third level is basically one before the substance is put on the market. This particular **microbicides** trial was in the third stage."

[Return to Table of Contents](#)

2. MEDIA COVERAGE OF MICROBICIDES

"Catholic Secretariate adviser calls for behavioural change"

Date: 28 August 2007

Source: *New Vision*

Author(s): Conan Businge

<http://allafrica.com/stories/200708290270.html>

Behavioural change is the key to the fight against HIV/Aids, the Catholic Secretariat adviser, Ronald Kamara, has said. "Campaigns that support the usage of condoms, male circumcision and usage of vaginal **microbicides** to

prevent HIV infections are likely to be counter-productive. We should not embrace all campaigns without being keen. It is important for us to work on behavioural change other than wasting time on prevention technologies," Kamara advised.

He urged religious leaders to participate in anti-Aids campaigns. "We need to face the reality. There is some one out there being infected every time we shy away," he said at the launch of an anti-Aids project for Kampala Archdiocese at Pope Paul Memorial Hotel on Monday. The project, worth sh180m, is funded by part of the sh2.7b the U.S. Agency for International Development donated to the Inter-religious Council of Uganda. The project will benefit 1.2 million adults and 800,000 youth. Rosemary Kindyomunda of the Uganda Aids Commission attended the function.

[Return to Table of Contents](#)

3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"Gender relations in the context of HIV/AIDS in rural South Africa"

Author(s): Ndinda C, Uzodike UO, Chimbwete C, et al

Reference: N/A 19(7):844-9.

<http://highwire.stanford.edu/cgi/medline/pmid;17712686>

Published Abstract: As part of the **Microbicides** Development Programme, we conducted formative research to explore gender relations at a site in rural KwaZulu-Natal. We were interested in gender relations and in assessing their implications for emerging female initiated and controlled HIV prevention methods in the form of **microbicides**. Eleven focus group discussions were conducted with men and women in the community. Participants were asked about decision making about sex, family planning and the use of condoms in heterosexual relationships. Findings suggest that gender relations in the context of HIV are complex. The findings suggest that both men and women feel that the final decision about child-bearing and the use of contraceptives rests with women since they are the ones who bear the burden of child care. This implies that it is feasible for couples to use women-initiated and controlled methods of HIV prevention.

"Microbicides Development Program, Tanzania-baseline characteristics of an occupational cohort and reattendance at 3 months"

Author(s): Vallely A, Kasindi S, Hambleton IR, et al

Reference: N/A 34(9):638-43.

<http://www.stdjournal.com/pt/re/std/abstract.00007435-200709000-00003.htm;jsessionid=GYXN6nqBR9FQ0Q9PFHDhLX4Dp2JxBXvTnpx7k09ywFqGp8YG8Qyq!-933386751!181195628!8091!-1>

Published Abstract: *Objectives:* To determine baseline characteristics of an occupational cohort of women in Mwanza City, Tanzania, and factors associated with reattendance at 3 months, in preparation for a **microbicide** trial. *Study Design:* One thousand five hundred seventy-three women aged 16-54 years working in food outlets and recreational facilities were enrolled, interviewed, and examined at community-based reproductive health clinics, provided specimens for HIV/STI and pregnancy testing, and attended 3 monthly clinical follow-up. *Results:* Baseline prevalence of HIV was 25.5%; pregnancy 9.7%; herpes simplex virus type-2 74.6%; active syphilis 10.2%, bacterial vaginosis 52.6%; gonorrhea 5.5%; chlamydia 5.9%; and trichomoniasis 12.3%. Reattendance at 3 months was 74.1% and was higher in older women, less mobile women, and in those who received an HIV-negative result at enrollment. *Conclusions:* Baseline characteristics of this occupational group suggest their suitability for **microbicide** trials. A screening round, locally appropriate informed consent procedures, and effective community tracing may help reduce losses to follow-up in such settings.

[Return to Table of Contents](#)

4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Antiretroviral drug exposure in the female genital tract: implications for oral pre- and post-exposure prophylaxis"

Author(s): Dumond JB, Yeh RF, Patterson KB, et al

Reference: N/A 21(14):1899-1907.

<http://www.aidsonline.com/pt/re/aids/abstract.00002030-200709120-00009.htm;jsessionid=GYYCczZxw1RN4G6MX7FsGzJw5v7LjHW9jsMwQTrJ9fZPMLyL1m4v!-933386751!181195628!8091!-1>

Published Abstract: *Objectives:* To describe first dose and steady state antiretroviral drug exposure in the female genital tract. *Design:* Non-blinded, single center, open-label pharmacokinetic study in HIV-infected women. *Method:* Twenty-seven women initiating combination antiretroviral therapy underwent comprehensive blood plasma and cervicovaginal fluid sampling for drug concentrations during the first dose of antiretroviral therapy and at steady-state. Drug concentrations were measured by validated HPLC/UV or HPLC-MS/MS methods. Pharmacokinetic parameters were estimated for 11 drugs by non-compartmental analysis. Descriptive statistics and 95% confidence intervals were generated using Intercooled STATA Release 8.0 (Stata Corporation, College Station, Texas, USA). *Results:* For all antiretroviral drugs, genital tract concentrations were detected rapidly after the first dose. Drugs were stratified according to the genital tract concentrations achieved relative to blood plasma. Median rank order of highest to lowest genital tract concentrations relative to blood plasma at steady state were: lamivudine (concentrations achieved were 411% greater than blood plasma), emtricitabine (395%), zidovudine (235%) tenofovir (75%), ritonavir (26%), didanosine (21%), atazanavir (18%), lopinavir (8%), abacavir (8%), stavudine (5%), and efavirenz (0.4%). *Conclusions* : This is the first study to comprehensively evaluate antiretroviral drug exposure in the female genital tract. These findings support the use of lamivudine, zidovudine, tenofovir and emtricitabine as excellent pre-exposure/post-exposure prophylaxis (PrEP/PEP) candidates. Atazanavir and lopinavir might be useful agents for these applications due to favorable therapeutic indices, despite lower genital tract concentrations. Agents such as stavudine, abacavir,

and efavirenz that achieve genital tract exposures less than 10% of blood plasma are less attractive PrEP/PEP candidates.

"Biological and behavioural impact of an adolescent sexual health intervention in Tanzania: a community-randomized trial"

Author(s): Ross DA, Chagalucha J, Obasi AI, et al

Reference: N/A 21(14):1943-55.

<http://www.aidsonline.com/pt/re/aids/abstract.00002030-200709120-00014.htm;jsessionid=GYCmK24fyHFrJqqBSbrzXvdPcj8Qlt5nFnLbgGpvq4cGGHGDFSp!-933386751!181195628!8091!-1>

Published Abstract: *Objective:* The impact of a multicomponent intervention programme on the sexual health of adolescents was assessed in rural Tanzania. *Design:* A community-randomized trial. *Methods:* Twenty communities were randomly allocated to receive either a specially designed programme of interventions (intervention group) or standard activities (comparison group). The intervention had four components: community activities; teacher-led, peer-assisted sexual health education in years 5-7 of primary school; training and supervision of health workers to provide 'youth-friendly' sexual health services; and peer condom social marketing. Impacts on HIV incidence, herpes simplex virus 2 (HSV2) and other sexual health outcomes were evaluated over approximately 3 years in 9645 adolescents recruited in late 1998 before entering years 5, 6 or 7 of primary school. *Results:* The intervention had a significant impact on knowledge and reported attitudes, reported sexually transmitted infection symptoms, and several behavioural outcomes. Only five HIV seroconversions occurred in boys, whereas in girls the adjusted rate ratio (intervention versus comparison) was 0.75 [95% confidence interval (CI) 0.34, 1.66]. Overall HSV2 prevalences at follow-up were 11.9% in male and 21.1% in female participants, with adjusted prevalence ratios of 0.92 (CI 0.69, 1.22) and 1.05 (CI 0.83, 1.32), respectively. There was no consistent beneficial or adverse impact on other biological outcomes. The beneficial impact on knowledge and reported attitudes was confirmed by results of a school examination in a separate group of students in mid-2002. *Conclusion:* The intervention substantially improved knowledge, reported attitudes and some reported sexual behaviours, especially in boys, but had no consistent impact on biological outcomes within the 3-year trial period.

"Safety and efficacy of sperm washing in HIV-1-serodiscordant couples where the male is infected: results from the European CREAThE network"

Author(s): Bujan L, Hollander L, Coudert M, et al

Reference: N/A 21(14):1909-14.

<http://www.aidsonline.com/pt/re/aids/abstract.00002030-200709120-00010.htm;jsessionid=GYJtZ10vrSMprnXNpsBNVpG8HV8SbMqjGMylkwhY28MWSK22Jry!-933386751!181195628!8091!-1>

Published Abstract: *Objective:* To examine the safety and effectiveness of assisted reproduction using sperm washing for HIV-1-serodiscordant couples wishing to procreate where the male partner is infected. *Design and*

methods: A retrospective multicentre study at eight centres adhering on the European network CREAThE and involving 1036 serodiscordant couples wishing to procreate. Sperm washing was used to obtain motile spermatozoa for 3390 assisted reproduction cycles (2840 intrauterine inseminations, 107 in-vitro fertilizations, 394 intra-cytoplasmic sperm injections and 49 frozen embryo transfers). An HIV test was performed in female partners at least 6 months after assisted reproduction attempt. The outcome measures recorded were number of assisted reproduction cycles, pregnancy outcome and HIV test on women post-treatment. *Results:* A total of 580 pregnancies were obtained from 3315 cycles. Pregnancy outcome was unknown in 47 cases. The 533 pregnancies resulted in 410 deliveries and 463 live births. The result of female HIV testing after assisted reproduction was known in 967 out of 1036 woman (7.1% lost to follow-up). All tests recorded were negative. The calculated probability of contamination was equal to zero (95% confidence interval, 0-0.09%). *Conclusion:* This first multicentre retrospective study of assisted reproduction following sperm washing demonstrates the method to be effective and to significantly reduce HIV-1 transmission risk to the uninfected female partner. These results support the view that assisted reproduction with sperm washing could not be denied to serodiscordant couples in developed countries and, where possible, could perhaps be integrated into a global public health initiative against HIV in developing countries.

[Return to Table of Contents](#)

5. POLITICS AND POLICY

"Saudi to introduce pre-marriage HIV test"

Date: 30 August 2007

Source: *Agence France Presse*

<http://www.metimes.com/storyview.php?StoryID=20070830-030754-2922r>

Couples wanting to marry in Muslim conservative Saudi Arabia will have to undergo tests for the HIV virus, which can cause AIDS, starting next year, a newspaper reported Wednesday. From 2008, future brides and grooms will have to be tested for both the virus and hepatitis in one of more than 20 centers to be set up across the kingdom, Al Watan said, quoting the health ministry's assistant undersecretary for preventive medicine, Khaled Al Zahrani. If either of them tests HIV positive, and they still want to marry, the case will be examined in conjunction with the justice ministry, Zahrani said, without elaborating.

Nearly 11,000 cases of HIV/AIDS were reported in Saudi Arabia between 1984, when the first case was diagnosed, and the end of 2005, according to a health ministry official. Of the 10,924 cases diagnosed, Saudis numbered 2,005 and expatriates 8,919, the official said in November 2005.

"UNAIDS under fire for mixing politics and science"

Date: 30 August 2007

Source: *Agence France Presse*

Author(s): Griffin Shea

http://news.yahoo.com/s/afp/20070830/lf_afp/healthaidsasiaun_070830051343

UNAIDS, the global standard-bearer in the fight against HIV, has come under stinging attack in two new books accusing it of allowing politics to trump science in its efforts to combat the disease.

The most burning criticism, levied by American epidemiologist James Chin in his book "The AIDS Pandemic," accuses UNAIDS of intentionally inflating its estimates of how many people have HIV in order to dramatise the epidemic and win more money from donors. Chin appeared vindicated in June, when India dramatically reduced its estimate of people infected to a range of 2.0-3.1 million from 5.7 million.

The earlier estimate had given India the tragic distinction of having more cases of HIV than any country in the world, including South Africa -- even though the virus affects a far greater percentage of South Africans. International health experts have for years worried about the possibility of an AIDS epidemic in India on the scale of South Africa's, but the new figures suggested a fairly low infection rate of 0.36 percent of the adult population. The infection rate was earlier presumed to be 0.9 percent. An equally sharp reduction was made in Cambodia, where the estimated infection rate was cut to 0.6 percent of adults from 1.6 percent.

UNAIDS regional director for Asia Prasada Rao told AFP the decreases were only about improved science and said the dramatic reduction in the estimates showed the agency's willingness to embrace new data. "Ascribing motives to UNAIDS, that you are deliberately inflating the numbers to get more resources, that's really not something which I believe is acceptable," Rao said. In both India and Cambodia, Rao said the reduced estimates were made because of improved surveys. Earlier estimates were made based on data from clinics around each country, which experts used to guess how many people in the entire population have HIV. The new data came from random surveys of households, which provides a broader picture, he said.

"I don't see any motive on the part of UNAIDS to inflate numbers. I don't think there is any axe to grind in this case," Rao said.

Whichever method is used to make the estimates, scientists agree the numbers remain a guess best used to show trends in each country. But Chin said he believes UNAIDS had intentionally used the upper end of all its estimates to try to make the epidemic seem as devastating as possible. "There is a fine line between deliberately lying with the numbers or using the upper range of estimates that are based on slim assumptions and unrepresentative data," he told AFP in an email. Both men say the debate isn't really about numbers but about deciding how to spend often scant public health resources.

Helen Epstein, who has spent years studying AIDS in Africa, argues that the UN agency has missed the mark on that point as well. In her book "The Invisible Cure" she says UNAIDS either misunderstood or ignored data in the mid-1990s that showed many people in eastern and southern Africa had multiple long-term sexual partners, creating a web of relationships that allowed HIV to spread quickly. "Vast numbers of people were caught up in a network of sexual relationships that they didn't realise were so risky," she said. Instead of trying to encourage people to stop having more than one partner, as Uganda successfully did with a "Zero Grazing" campaign in the 1980s, Epstein says AIDS activists focused on condoms and abstinence which proved less effective but were politically more appealing to liberals and conservatives.

The patterns of the disease in Africa are different to those in Asia, for example, where it spreads mainly through high-risk groups like prostitutes, intravenous drug users, and men who have sex with men, she said. "The thing that bothered me is the way that they overblew the prospects for an Asian epidemic," she said. "They got it almost perfectly wrong in some places. They pushed for a targeting of the general population in places like India, when they probably should have targeted high risk groups." But in Africa, the high number of people infected "includes absolutely everybody -- teachers, doctors, farmers, market traders, politicians, everyone". Epstein said UNAIDS has tended to cite the prospect of the disease exploding in other parts of the world, without focusing enough on African nations that have long been the hardest-hit.

The books have sparked a wide-ranging debate among activists about how to fight the disease and raised questions about UNAIDS leadership. Rao insists the agency is open to criticism and has been adapting as new data becomes available. He worries that if UNAIDS is seen to be manipulating information, that could damage the agency's reputation and ultimately efforts to stop the disease.

"UNAIDS is not saying the data is wrong. It is accepting the data and trying to harmonise the facts," he said. "That shows the openness that the organisation has got on this issue. And it is prepared to correct its data (and) revise its data based on other sources of information."

"Hindu's against condom vending machines"

Date: 29 August 2007

Source: *Indo-Asian News Service*

http://timesofindia.indiatimes.com/Hindus_against_condom_vending_machines/articleshow/2318359.cms

The powerful Sanatan Dharma Mahasabha (SDM) in Trinidad and Tobago has joined forces with other religious groups to protest the government's decision to install condom vending machines throughout the country. SDM secretary general Satnarayan Maharaj said the move would encourage promiscuity.

"Condom vending machines would encourage the development of a condom culture in society and will send a wrong message to young people," Maharaj said at a press conference at St Augustine. According to the Public Sector Investment Programme (PSIP) tabled in the Trinidad parliament August 20 as part of the Budget 2008 documents, the government stated that "procurement of condom vending machines" is one of several initiatives, which would be implemented by the National AIDS Coordinating Committee (NACC) in 2008. The SDM secretary general said, "The Hindu community and the Mahasabha have always advocated the avoidance of active sexual activity before marriage and if this is adhered to there will be no need for condom machines."

The Hindus in this Caribbean nation are mostly Indo-Trinidadians, descendants of Indians who had come in the 19th and 20th centuries to work as indentured labour in sugarcane plantations. Today, there are around 520,000 Indo-Trinidadians in this country of a million people.

Calling the condom machines "a bogus rationale" in the fight against illicit sexual activity and by extension, the fight against HIV/AIDS, Maharaj said, "Telling young people to avoid having premature sex outside of marriage would allow the moral fibre in society to remain intact and the problems of AIDS and unwanted pregnancies would also disappear."

"Rural areas neglected by AIDS response"

Date: 29 August 2007

Source: *UN Integrated Regional Information Networks*

<http://allafrica.com/stories/200708290682.html>

Rural areas in Cote d'Ivoire seem to have fallen off the map in HIV/AIDS prevention efforts, and although the HIV prevalence rates are still lower than those found in cities, experts fear they could climb.

"We have observed an imbalance in terms of the approach to the fight against AIDS in rural and urban areas," Professor Bassirou Bonfoh of the Swiss Centre for Scientific Research (CSRS) told IRIN/PlusNews. "Attention is focused a bit too much on urban areas, while rural areas remain a reservoir for the disease," said Bonfoh, who will speak at an international conference on health in poor urban areas, to be held in Abidjan, the commercial capital, next month. He warned that if nothing was done to address these inequities, this could cause greater complications for the country's HIV/AIDS epidemic. "Despite the strong fight against AIDS in urban areas, we cannot reach the results we seek if [this] disease eventually comes from the rural zones into urban areas."

A failed coup in September 2002 sparked months of civil war in Cote d'Ivoire, eventually splitting the country into a rebel-held north and government-run south. The country's political and military crisis has led to huge population movements, disrupted social and health services, including health services in the war zones, and the slowdown of prevention and control programmes. As a result of this crisis, there are disparities in both infrastructure and health coverage. According to UNAIDS, in 2005 the country's HIV prevalence stood at seven percent, one of the highest rates in West Africa.

The "extreme poverty" of the rural population made things even worse, as villagers unable to eke out a living were leaving for the cities in large numbers. "At this level, if migration is not controlled ... [it] will exacerbate the situation as a result of their ignorance towards the pandemic," Bonfoh said.

There is also a regional dimension. In neighbouring Mali, for instance, HIV/AIDS was labelled "the Abidjan sickness" as people believed the virus had come from the formerly prosperous port city, where people migrated for economic reasons. Many local Malians do not consider they are at risk, he explained. But efforts are underway to target the neglected countryside. According to Bonfoh, one solution has been to offer young people in rural areas the necessary tools for agricultural production. "The income they can make will allow them to take charge of their lives, and they will be less likely to migrate to cities," he said.

With literacy levels affected by poverty and the war, a rethink of orthodox information campaigns would be required. "Current communication campaigns miss a large part of the rural area," said Nathalie Konan, national coordinator for the National Agency for Support to Rural Development (ANADER), a programme funded by the US President's Emergency Plan for AIDS Relief (PEPFAR). One of the goals of the ANADER project is to educate 300,000 people about the virus that causes AIDS. More than 700 villagers are being trained in prevention techniques and an AIDS committee is to be created in each of the 12,000 Ivorian villages targeted. It also hopes to broadcast more than 300 radio programmes and 4,500 information spots in eight different languages.

"We'll keep trying as long as we can transmit messages of prevention, abstinence and fidelity to the population," Konan told IRIN/PlusNews.

"China now leads India in ongoing clinical trials"

Date: 28 August 2007

Source: *FierceBiotech*

<http://www.fiercebiotech.com/story/china-now-leads-india-ongoing-clinical-trials/2007-08-28>

China has overtaken India in an important measure of drug research activity. In an analysis done by the Financial Times, China now has 274 registered clinical trials underway, compared to 260 in India. Until recently, India had been in the lead. China's lead is likely to grow, as Novartis makes good on its plan to shift trials away from India in light of its recent setback in a key patent ruling. Roadblocks continue to pose a problem in China, of course, as regulators continue to be slow in releasing tissue samples for analysis at foreign laboratories, IP questions remain and the regulatory environment remains mired in controversy over corruption scandals. On the other hand, low costs and a ready access to patient populations as well as a plentiful supply of researchers makes China the up-and-coming country in clinical research.

"Ugandan government accused of "state homophobia""

Date: 24 August 2007

Source: *Reuters*

<http://www.reuters.com/article/worldNews/idUSL2462174520070824>

An international human rights group has accused President Yoweri Museveni's government of promoting "state homophobia" in Uganda and urged the repeal of a colonial-era law against sodomy. Human Rights Watch's attack added to a fierce social debate in the east African nation, where gays and lesbians have been increasingly vocal in demanding rights while Christian groups have taken to the streets to denounce them.

Homosexuality is proscribed in many African countries, with gays and lesbians often living secret lives to avoid prejudice. New York-based HRW sent a letter to Museveni calling for legislative reform and an end to his "long record of harassing" lesbian, gay, bisexual and trans-gender people.

"For years, President Museveni's government has drummed up homophobia and denied the basic rights of LGBT people for his own political advantage," said HRW researcher Juliana Cano Nieto in a statement sent to media on Friday. "If lesbians and gays can be punished simply for speaking up for their rights, the freedoms of all Ugandans are endangered."

The issue came to the fore in Uganda earlier this month when an advocacy group, the Sexual Minorities Groups in Uganda, took the unprecedented step of holding a news conference to demand recognition. Even so, most hid their faces behind masks. That prompted demonstrators from the Inter-faith Coalition of church groups to rally in Kampala

demanding a crackdown, waving placards like "Arrest all homos", and railing against a U.S. newspaper intern who had written on homosexuals in Uganda.

"Homosexual acts are criminalized in Uganda under a sodomy law inherited from British colonial times, although punishments were substantially strengthened in 1990," HRW added, saying the deputy attorney-general had recently vowed to apply it. "State homophobia and well-funded fanaticism are undermining Uganda's efforts to combat the spread of HIV/AIDS," Nieto added.

HRW accused Museveni's government, in power since 1986, of harassing gay organizations, promoting discrimination through state media and raiding homes of activists. Ugandan officials were not immediately available to respond.

Activists say Uganda, with a population of 31 million, has some 500,000 gays and lesbians. With Christianity and traditional beliefs strong across the continent, it is common to hear homosexuality denounced as "un-African" or an import of "Western immorality". Homosexual communities exist, but keep an extremely low profile compared to their Western counterparts.

"Playwright fights for Congolese women"

Date: 23 August 2007

Source: *Associated Press*

Author(s): Verena Dobnik

<http://www.forbes.com/feeds/ap/2007/08/23/ap4046696.html>

Eve Ensler has just returned from hell. That's how the author of "The Vagina Monologues" describes her trip to Congo, where thousands of women have been sexually attacked and mutilated in the African nation's civil war. The 54-year-old playwright has joined with the United Nations in a campaign against what a U.N. expert called the worst violence against women in the world.

"In Congo, you're talking about a situation where Africans are hurting Africans, black people are hurting black people," Ensler told The Associated Press in an interview from Italy. "And it's harder to make people care. People say, 'Oh, it's just Africa.' And nobody is held accountable." She spent weeks at the Panzi Hospital in the city of Bukavu, in eastern Congo, where Dr. Denis Mukwege is helping to repair the broken bodies of war victims. The hospital sees about 3,500 women a year suffering fistula and other severe genital injuries.

A U.N. human rights expert said last month that the sexual atrocities in Congo's volatile province of South Kivu extend "far beyond rape" and include sexual slavery, forced incest and cannibalism. From Geneva, Yakin Erturk called the situation the worst she had ever seen as the global body's special investigator for violence against women. She blamed Uganda-backed militias that occupy Congo's Ituri region, as well as the nation's armed forces and national police. Erturk will report her findings in September to the U.N. Human Rights Council.

"How do I tell you of girls as young as 9 raped by gangs of soldiers, of women whose insides were blown apart by rifle blasts and whose bodies now leak uncontrollable streams of urine and feces?" Ensler asks in an article in the September issue of *Glamour* magazine. The International Criminal Court in the Hague is now considering indictments

in connection with the atrocities. The court's probe started in 2004, instigated by Congo's president, Joseph Kabila. Ensler is asking people to write letters to Kabila, demanding that he take stronger action to stop the attacks. Hundreds of letters already have arrived at the United Nations, which is forwarding them to the African leader, Ensler said.

She is working to raise both awareness and funds for the women through the United Nations Action Against Sexual Violence in Conflict and through V-Day, a global movement she founded to stop violence against women and girls. V-Day was inspired by the overwhelming audience response to "The Vagina Monologues," an award-winning play in which actors share anecdotes about their bodies that reveal heartbreaking and hilarious glimpses of their souls. The V-Day movement has raised over \$40 million in the past decade, funding thousands of community-based anti-violence programs and safe houses in Kenya, Egypt and Iraq, as well as the United States.

The money Ensler helps raise for Congo will go to Panzi hospital and to establish a safe haven called "City of Joy." Her journey to Congo in May was inspired by a conversation she had with Mukwege last December in New York, where he spoke about his work - "sewing up women's vaginas as fast as the mad militiamen are ripping them apart," as Ensler describes it. Their friendship "began with my rusty French and his limited English," she wrote. "It began with the quiet anguish in his bloodshot eyes, eyes that seemed to me to be bleeding from the horrors he'd witnessed."

Letters for Congo president: U.N. Action Against Sexual Violence in Conflict, P.O. Box 3862, New York, N.Y. 10163

"Study challenges garlic claim"

Date: 23 August 2007

Source: *The New York Times*

Author(s): Michael Wines

http://www.nytimes.com/2007/08/23/world/africa/23briefs-garlic.html?_r=1&ref=africa&oref=slogin

In an implicit rebuke to the Health Ministry, the Academy of Sciences of South Africa said its studies had found no scientific basis for the use of nutritional supplements as a first-line defense against H.I.V., the virus that causes AIDS. The country's health minister, Manto Tshabalala-Msimang, has been widely criticized for questioning the safety of anti-H.I.V. drugs and promoting nostrums like garlic, beetroot and lemon as effective agents against the disease. The academy's report did not rule out the usefulness of good nutrition in countries like South Africa, where malnutrition is more widespread, and noted that a good diet was important in maintaining the body's defenses against AIDS. But a healthy diet, it stated, plays a backup role to drugs like antiretrovirals in the body's fight against AIDS.

EDITOR'S NOTE: *Free registration is required to view this article at the original website. A summary of the report referred to above is available for free download at <http://www.assaf.co.za/>*

"Opening the coffers"

Date: 31 July 2007

Source: *Drug Discovery News*

Author(s): Jeffrey Bouley

<http://www.drugdiscoverynews.com/index.php?newsarticle=1569>

In mid-July, the U.S. Senate's Agriculture Appropriations Subcommittee proposed increasing the FDA's budget for 2008 by \$186 million, which includes a \$33.2 million boost for the Critical Path Initiative and drug safety measures. The Subcommittee's bill, led by Chairman Herbert Kohl (D-WI) and Ranking Member Robert Bennett (R-UT) is \$122 million above President Bush's budget request for the FDA and significantly above the House Appropriation Committee's own proposal - which increases the budget by \$128.5 million compared to 2007 levels. Moreover, if the Senate bill ends up being the final word or close to it, that would be the most significant increase in the FDA's budget in recent memory, notes Jim Greenwood, president and CEO of the Biotechnology Industry Organization.

But question marks remain, because the Senate proposal isn't the last word. The bill still has to go to full committee, and then on to the floor of the Senate, where it could still be voted down or watered down, notes William Hubbard, a former FDA associate commissioner and now an advisor to The Coalition for a Stronger FDA.

"We also don't know the full details about where specifically the money would go in terms of Critical Path and drug safety," Hubbard notes, "and we won't until the subcommittee's final report is issued and the bill moves on through the process."

Hubbard notes that there is a high likelihood that one or more problematic amendments will be attached to the bill, such as something involving importation of drugs from Canada. "That particular amendment has been an issue for five or six straight years, and will likely come up again this year, and it could affect the timing of the bill," he says. "They probably won't get to a final action on this until at least September."

But he says that Bennett and Kohl do seem keenly aware of the importance of increased funding for drug safety and the Critical Path Initiative. That being said, Kohl seems to be stressing the food-related aspects of the proposed FDA budget increase to his constituency, but Wisconsin does have a sizable food, beverage and agriculture base. Bennett, on the other hand, is being fairly vocal about the drug side of the equation.

"The FDA is a leader in critical path science, and the resources we've allotted them [in the budget proposal] will help continue its efforts," Bennett says. "It is important that the federal government and its private sector partners invest in this science so that we can have better medical products, lower health care costs, and ultimately personalized medicine."

Bennett even held a hearing on this topic in May at the University of Utah, bringing together government officials, academic researchers, and medical practitioners to discuss the future of critical path.

"Critical Path is very important to the FDA because now that it has greatly reduced the drug review process time, the agency wants to accelerate the process of discovery and development," Hubbard says. But he stresses that the drug safety funding is an important part of moving Critical Path efforts forward because a solid safety net will make the agency more comfortable with efforts to shave off time in drug development process.

"You're not going to be willing to jump out of a plane without a parachute," he quips. "You're more willing if you have one. And if you have a backup parachute, that makes it much more likely you'll dive out of the plane."

6. HIV/AIDS FUNDING

"U.S. AIDS support up by 31 percent"

Date: 28 August 2007

Source: *Rwanda News Agency*

<http://allafrica.com/stories/200708280474.html>

The United States is providing approximately \$167 million in official assistance to Rwanda in 2007 with the largest chunk of it going into HIV/Aids and Malaria programs, statistics released by the US Embassy in Kigali indicate. The figures show that for 2007 alone, Rwanda will get more than \$103 million, up from \$72 million in 2006 from President George Bush's emergency plan for AIDS relief (PEPFAR). This means about a 31% increase in US money going into different projects targeting HIV.

"The US Government does not provide direct budget support to the Government of Rwanda. All of our funding is program based", Brian George, the U.S. Embassy Public Affairs Officer told RNA. Most of the projects are however managed in collaboration with government. The general percentage increase in total aid support rose by 40% from the previous year to \$167 million.

The announcement coincides with the ongoing three-day trip ending Tuesday by Mr. Michael Leavitt - the US Health Secretary in Rwanda since Sunday. Mr. Leavitt visited several health sites in Kigali and met Prime Minister Bernard Makuza. Secretary Leavitt also met with students and staff of Kigali Health Institute this afternoon. He is expected to also travel to the Western province to see for himself a \$287,156 project in Kibuye hospital that has supported Voluntary Counselling and Testing (VCT), Prevention of Mother to Child HIV Transmission (PMTCT), and Anti-Retroviral Treatment (ARV) services. Other affiliated health centers such as Kirambo, Mukungu and Rubengera are also benefiting from the program implemented by Columbia University.

The funding to Rwanda in 2007 is through the U.S. aid agency (USAID), the Centers for Disease Control and Prevention (CDC), the Department of Defense (DOD), the Department of State, and other U.S. Government agencies and departments. In 2003, President promised \$15 billion to fight AIDS over the five years ending in September 2008 - then the largest financial commitment by a nation to battling a disease. Recently, Mr. Bush increased the funding to \$30 billion over five years, beginning in October 2008. The increased commitment Mr. Bush is asking for would pay for AIDS treatment for 2.5 million people in 15 countries, more than double the 1.1 million who now receive treatment through the program.

Through last September, the Bush initiative was paying for anti-retroviral treatment for 822,000 people in the "target countries" including 12 African nations. In Rwanda, up to 30,000 people are getting ARVs from the same plan with a target of more than 50,000. In June 2005, President Bush launched the President's Malaria Initiative (PMI). He pledged to increase U.S. malaria funding by more than \$1.2 billion over five years to reduce deaths due to malaria by 50 percent in 15 African countries including Rwanda. This year alone, Malaria programs funded through Bush Malaria initiative amount to \$20 million, the US Embassy said.

US Secretary Leavitt will visit the 'Twubakane project' in Kigali that according to figures from the US Embassy has so far trained staff in 10 health centers and more than 660 community distributors. He will also tour Rubungo Clinic that has benefited from Twubukane project. They are all part of the U.S. President's Malaria Initiative (PMI). Mr. Leavitt was also scheduled to be at the ES Kicukiro Secondary School that is part of the Health Schools Initiative which is administered by the US Centers for Disease Control and Prevention (CDC). The program aims at reducing HIV/AIDS incidence among youth aged 15-24 by promoting abstinence and safer sexual behaviors, improving communication among secondary school youth, and providing confidential HIV testing to students who are otherwise unlikely to visit fixed voluntary counseling and testing (VCT) sites.

In Rwanda, the US is also funding the ten-million-dollar campaign is called 'Phones for Health'. Under the plan, health workers use mobile phones loaded with special software to enter information into a central computer system. The workers also use Motorola handsets to receive treatment guidelines, order medicines and get training materials. All sites that provide anti-retroviral treatment in Rwanda access this system, with 17 via the Internet, and 107 via mobile phone. The 'Phones for Health' project in Rwanda was introduced as a model for extending the technology to connect health-information systems in 10 focus countries by 2010. It has already been expanded to Nigeria.

Just last week, Rwanda has launched a \$10 million indoor insecticide-spraying campaign to combat malaria in the country supported by the US Malaria initiative. The pesticide ICON is used in the campaign and health officials are pleased indoor spraying will be an addition to our many solutions to controlling the spread of malaria. The spraying campaign started Gasabo and will move on to Kicukiro, Kirehe, Nyanza and Nyarugenge districts - areas with high numbers of malaria cases. Expansion to other districts is scheduled for January.

In 2007, Rwanda is also benefiting from the U.S. Department of Defense's \$7.2million defense program under the Africa Contingency Operations Training Assistance (ACOTA) program. 60 percent is for training and 40 percent for equipment. The country is getting \$260,000 from the International Military Education and Training (IMET) program as well as \$220,000 in humanitarian assistance.

"Pitt gets \$16 million to establish AIDS research center"

Date: 27 August 2007

Source: *Pittsburgh Tribune-Review*

http://www.pittsburghlive.com/x/pittsburghtrib/news/breaking/s_524346.html

A \$16 million federal grant will help the University of Pittsburgh School of Medicine learn more about HIV, the virus that causes AIDS, and help in developing new drugs to fight the disease, UPMC announced this morning. The Pittsburgh Center for HIV Protein Interactions is one of three centers being funded jointly by the National Institutes of Health and will specialize in developing methods and tools for understanding what happens to the HIV virus, both structurally and at an atomic level, after it infects a person's cells.

"We know how HIV attaches to its host and how it gains entry to cells, but what happens between when it first enters into the cells and when it integrates itself into the host genome is still a mystery," Angela Gronenborn, a UPMC professor and chair of the Pitt School of Medicine department of structural biology, said in a news release. "By elucidating the important events during this period, we believe we'll learn a great deal about the how the virus can be

stopped.

The two other centers are led by Alan Frankel, a biochemist at the University of California, San Francisco, and Wesley Sundquist, a biochemist at the University of Utah.

As part of its mission to collaborate with researchers nationally and globally, the centers will make the methods and tools they develop available to the HIV research community at large. These resources are expected to have major impact in the global fight against AIDS, which is estimated to afflict more than 40 million people worldwide.

[Return to Table of Contents](#)

7. PHARMACEUTICAL INDUSTRY

"Constella Group to partner with TCG Lifesciences"

Date: 31 July 2007

Source: *Drug Discovery News*

<http://www.drugdiscoverynews.com/index.php?newsarticle=1558>

Constella Group, a global provider of professional health services, announced that it entered into a partnership with TCG Lifesciences, an India-based contract drug discovery and drug development company. As part of the non-exclusive relationship, Constella and TCG Lifesciences will jointly promote their contract services and identify and promote business opportunities across the two organizations.

Working with TCG Lifesciences' clinical research and development arm (ClinInvent), Constella will promote ClinInvent's clinical services to its clients interested in conducting clinical studies in India. In return, TCG Lifesciences will use its contacts in the expanding Indian biotechnology and pharmaceutical markets to promote Constella's services in Europe and the United States. Constella and TCG Lifesciences will work together to explore market opportunities in India for training, quality assurance and regulatory affairs services.

"India is attractive...because of the rapid patient recruitment into clinical studies and the country's highly skilled workforce. This partnership allows us to expand our services into new areas of the world." says Donald A. Holzworth, Constella Group chairman and CEO.

[Return to Table of Contents](#)

8. ANNOUNCEMENTS

"MAILMAN SCHOOL OF PUBLIC HEALTH'S WAFAA EL-SADR AND LYNN FREEDMAN NAMED AMBASSADORS FOR THE PAUL G. ROGERS SOCIETY"

Date: 31 July 2007

Source: *At the Front Line. Newsletter of the Mailman School of Public Health, Columbia University.*

Summer Issue, Vol. 2 #3.

http://www.mailman.hs.columbia.edu/news/e-newsletter/fa-El-Sadr_Freedman.html

The Advisory Council of the Paul G. Rogers Society for Global Health announced that they have selected Wafaa El-Sadr, MD, MPH '91, and Lynn Freedman, JD, MPH '90, as Ambassadors for the Paul G. Rogers Society. They are among 50 of the nation's foremost global health experts selected for the honor.

The Society was named for former Congressman Paul G. Rogers, a lifelong advocate for better health for all Americans and renowned champion for health research. Ambassadors of the Paul G. Rogers Society are the liaisons to opinion leaders and decision makers who are positioned to influence U.S. investment in global health research.

"Both Wafaa El-Sadr and Lynn Freedman are uniquely qualified to help inform our nation's leaders that greater U.S. investment in global health research will benefit Americans as well as people around the world," said Allan Rosenfield, MD, a member of the Paul G. Rogers Advisory Council.

Dr. El-Sadr is professor of clinical Medicine and Epidemiology and director, International Center for AIDS Care and Treatment Programs (ICAP), which supports the rapid expansion of HIV/AIDS prevention, care, and treatment programs in 14 countries in sub-Saharan Africa and Asia. ICAP-supported programs are built on a family-focused approach pioneered by the MTCT-Plus Initiative, a program directed by Dr. El-Sadr and established by Dr. Allan Rosenfield, dean of the Mailman School. Dr. El-Sadr is also chief of the Division of Infectious Diseases at Harlem Hospital Center, where she was instrumental in the development of an internationally recognized HIV/AIDS program. She has led research efforts in the U.S. and internationally in relation to HIV and tuberculosis.

Ms. Freedman is professor of clinical Population and Family Health and director of the Mailman School's Averting Maternal Death and Disability (AMDD) Program, which works with governments in Africa, Asia, and Latin America and international agencies to improve availability, quality and utilization of emergency obstetric care and reduce maternal mortality. Ms. Freedman has been a leading figure in the field of health and human rights, working extensively with women's groups and human rights NGOs internationally. She served as a senior adviser to the UN Millennium Project Task Force on Child Health and Maternal Health. Before joining the faculty at Columbia University in 1990, Ms. Freedman worked as a practicing attorney in New York City and then obtained an MPH at the Mailman School.

As Ambassadors, Dr. El-Sadr and Ms. Freedman will work to raise the visibility of global health research through the news media and in meetings with policy makers, opinion leaders and the public. One of their central messages will be to stress the importance of effective collaboration among the nation's government, industry, academic, patient advocacy and philanthropic research sectors.

The Paul G. Rogers Society was established in 2006 by Research!America with funding from the Bill & Melinda Gates Foundation. Research!America is the nation's largest not-for-profit public education and advocacy alliance working to make research to improve health a higher national priority. Founded in 1989, it is supported by 500 member organizations that together represent the voices of more than 125 million Americans. Visit www.researchamerica.org for more information.

EDCTP CALL FOR PROPOSALS

<http://www.scidev.net/grants/index.cfm?fuseaction=readgrants&itemid=329&language=1>

The European and Developing Countries Clinical Trials Partnership (EDCTP) is a partnership between 14 EU countries, Switzerland and Norway, and 47 African countries. It aims to join relevant European national research programmes and their African partnerships to develop new clinical tools against HIV/AIDS, malaria and tuberculosis. The European and Developing Countries Clinical Trials Partnership (EDCTP) is pleased to announce the following calls for proposals to apply for EDCTP grants:

Malaria

Clinical trials, capacity building and networking in malaria vaccines development

Available funds: a minimum of $\text{€}14,500,000$

Deadline for application: 19 November 2007

Clinical trials, capacity building and networking in malaria treatment

Available funds: a minimum of $\text{€}9,100,000$

Deadline for application: 26 November 2007

Clinical trials, capacity building and networking in malaria in pregnancy

Available funds: a minimum of $\text{€}9,100,000$

Deadline for application: 26 November 2007

Tuberculosis

Clinical trials, capacity building and networking in tuberculosis vaccines development Phase I, II and III

Available funds: a minimum of $\text{€}14,000,000$

Deadline for application: 17 September 2007

Clinical trials on new drugs and improved drug combinations for the treatment of tuberculosis

Available funds: a minimum of $\text{€}9,000,000$

Deadline for application: 5 November 2007

Cross cutting capacity building activities

Senior Fellowship

Available funds: $\text{€}1,200,000$

Deadline for application: 12 November 2007

Establishment and strengthening of African National Ethics Committees or Institutional Review Boards

Available funds: $\text{€}450,000$

Deadline for application: 05 November 2007

Establishment of regional networks of excellence for clinical trials and South-South mentorship programmes

Available funds: a minimum of €10,000,000

Deadline for application: 03 December 2007

For more information about these calls and how to apply, please visit our website at www.edctp.org. Contact details:

EDCTP P.O. Box 93015 2509 AA The Hague The Netherlands email: info@edctp.org

LAST DAY FOR LUBE SURVEY!

www.irmwg.org

Today is the last day to participate in the International Rectal **Microbicide** Working Group's (IRMWG) Lube Survey. Please take 10 minutes to participate - approximately 8,000 surveys have already been completed!

IRMWG will have overall numbers to share next week. Final analysis of all data collected will be presented at the CDC's National HIV Prevention Conference in December and will be featured in IRMWG's new report being released at the **Microbicides** 2008 conference in Delhi this coming February.

UPCOMING CONFERENCES OF INTEREST

<http://www.microbicide.org/microbicideinfo/reference/ConferencesDigest31August2007.pdf>

The Alliance for **Microbicide** Development actively seeks information on conferences of interest for the **microbicide** field and overall HIV and STI prevention community. A monthly updated table will be available on our website with conference titles, locations, and important dates, including early-bird registration and abstract submission. While we recognize that this first table may include conferences that are beyond the abstract/registration dates, the importance of these conferences merits their inclusion. A reminder of this updated table will appear in the last *Digest* of every month. Please alert Alliance Communications Manager, Latifa Boyce, of any conferences that might also be included, by email: lboyce@microbicide.org.

[Return to Table of Contents](#)