



ALLIANCE FOR MICROBICIDE DEVELOPMENT

05 October 2007, Volume 8, Number 39

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. MONTHLY MICROBICIDE PIPELINE UPDATE

- [October 2007](#)

2. MEDIA COVERAGE OF MICROBICIDES

- [Sperm stopped in their tracks by vaginal gel contraceptive](#)
- [KZN in HIV prevention study](#)
- [HIV Science in Action - YouTube Broadcast](#)

3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

- [Acceptability of Carraguard, a candidate microbicide and methyl cellulose placebo vaginal gels among HIV-positive women and men in Durban, South Africa](#)

- Characterization of baseline intestinal mucosal indices of injury and inflammation in men for use in rectal microbicide trials (HIV Prevention Trials Network-056)

4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

- Biological and demographic causes of high HIV and sexually transmitted disease prevalence in men who have sex with men
- Human seminal plasma abrogates the capture and transmission of HIV-1 to T CD4+ cells mediated by DC-SIGN
- New sexually transmitted infections among HIV infected adolescent girls
- Randomised controlled trial of alternative male and female condom promotion strategies targeting sex workers in Madagascar

5. HIV/AIDS VACCINES

- Feds help Atlanta firm hunt for AIDS vaccine

6. OTHER PREVENTION APPROACHES

- Of mice and men: new male contraceptives successful in rodents and humans
- In Thailand the shy get their condoms at the bank
- New condoms to replace D.C. supplies
- More than just vaginal intercourse: anal intercourse and condom use patterns in the context of

7. POLITICS AND POLICY

- 'Politicising AIDS pandemic does not help'
- Mozambique's fear-monger
- Interview with Peter Piot

8. PHARMACEUTICAL INDUSTRY

- Reconnect with needy, drugs groups urged

9. ANNOUNCEMENTS

- AIDSMAP: ICAAC Conference Highlights
- amfAR MSM Initiative Funding Opportunity
- Clinical Director: Microbicides, HIV and AIDS Program
- IAS Releases Sydney Conference Report
- Integration of Social Science Research (SSR) into Microbicide Trials: Workshop for Junior Researchers
- John Shaw Memorial Fund to provide scholarships; please donate today
- New AVAC Report on the State of the AIDS Vaccine Field: Calls for Accelerated Action in AIDS Vaccine and HIV Prevention Research

1. MONTHLY MICROBICIDE PIPELINE UPDATE

October 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 confirmed products 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.

Please note: In the PDF version of the Digest, this table's formatting may render the entries difficult to interpret. For the correctly formatted version, please visit the web version of the Digest, or view the table on the Alliance's homepage, at www.microbicide.org.

MICROBICIDE CANDIDATES IN ONGOING CLINICAL TRIALS: SUMMARY AS OF OCTOBER 2007 *

<i>Phase</i>	<i>Candidate Name and Formulation</i>	<i>Mechanism of Action</i>	<i>Sites by Country</i>
3	Carraguard (R) 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 ("CAPRISA 004")	Replication inhibitor	South Africa
2-2B	0.5% PRO 2000/5 gel (P) and BufferGel (R) ("HPTN 035")	Entry-fusion inhibitor and Vaginal defense enhancer	Malawi, South Africa, United States, Zambia, Zimbabwe
2	1% Tenofovir/PMPA gel	Replication inhibitor	India, United States
1-2	Dapivirine (TMC120) vaginal ring	Replication inhibitor	Belgium
1-2	Dapivirine (TMC120) gel	Replication inhibitor	Rwanda, South Africa, Tanzania
1-2	Invisible Condom (TM) gel	Entry-fusion inhibitor	Cameroon
1	Dapivirine (TMC120) vaginal ring	Replication inhibitor	Belgium
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	0.1% and 0.25% UC-781 gel	Replication inhibitor	Thailand
1	3% VivaGel (TM) (SPL7013 gel)	Entry-fusion inhibitor	Puerto Rico, United States
1	3% VivaGel (TM) (SPL7013 gel)	Entry-fusion inhibitor	Kenya, United States
N-A	Vaginal ring safety and acceptability study	Placebo ring	Kenya, South Africa, Tanzania

Copyright Alliance for **Microbicide** Development 2007

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

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

These trials have been completed and analysis of the final results is underway.

This device is intended for use with a **microbicide**.

[Return to Table of Contents](#)

2. MEDIA COVERAGE OF MICROBICIDES

"Sperm stopped in their tracks by vaginal gel contraceptive"

Date: 03 October 2007

Source: *Drug Researcher.com*

Author(s): Katrina Megget

<http://www.drugresearcher.com/news/ng.asp?n=80279-polydex-pharmaceuticals-institute-for-condom-consultancy-Ushercell-contraceptive-sexual-intercourse>

Forget diamonds, a new **vaginal gel** contraceptive could be the 21st Century girl's new best friend with the ability to be applied up to 18 hours before a naughty rendezvous.

The clear and odourless gel, called Ushercell, developed by Canada-based Polydex Pharmaceuticals, acts in the vagina to prevent sperm reaching their target. Developed over the last decade, with nearly \$75m (€52.8m) invested in its R and D, the gel has just completed Phase II trials as a contraceptive with plans underway for Phase III trials.

Studies have so far shown Ushercell to be 96.1 per cent effective as a contraceptive when used as directed - this is compared to the male condom which offers 86 per cent to 97 per cent effectiveness, and the female condom which is 79 per cent to 95 per cent effective in the prevention of pregnancy.

Besides its contraceptive indication, several in vitro studies have also shown Ushercell to be effective in inhibiting sexually transmitted infections (STIs) such as gonorrhoea, Chlamydia and herpes I and II, though human trials have so far shown varying degrees of effectiveness, Polydex spokeswoman Linda Hughes told in-

PharmaTechnologist.com.

The active ingredient in Ushercell is a special form of cellulose sulphate that when mixed with water and preservatives it generates a gel with a thick viscosity. The gel, which is not absorbed by the body - it breaks down naturally and is discharged - acts by inhibiting hyaluronidase. This enzyme is released by sperm to aid conception, and the gel is thought to both immobilise the sperm and impair their penetration of cervical mucus.

Packaged in individual dose applicators, Ushercell can be applied up to 18 hours before sexual intercourse and had been found to completely block conception when applied 15 minutes prior to insemination with sperm, Hughes said. All trials have assumed one application per act and have shown safe use four times a day.

"Because it is not absorbed in the body, it does not have the side effects of hormonal contraceptives. It is dose-dependent and therefore not a regime. It does not have the inconvenience of the condom or other device options. It is clear and odourless, providing discretion. It is likely to be inexpensive. It is natural and is not cytotoxic and therefore results in less irritation than currently marketed lubricant products," Hughes said when asked about the advantages. Further development of the compound for other uses has also been considered by Polydex.

"Potentially, it could be considered in further **microbicide** development for the prevention of HIV and other STIs as a combination compound," Hughes said. There was also potential to use Ushercell as a drug delivery system for the treatment of cervical cancer or for the delivery of vaccines, she said.

If eventually approved, Ushercell would be competing in a contraceptive market worth \$6.7bn (€4.7bn). However, Ushercell is just one of many novel contraceptives currently being developed.

Australian firm Acrux has developed a transdermal spray with a combination contraceptive formulation which is currently in Phase I trials.

Research and development into men's contraceptives for reducing fertility and alternatives to vasectomy are ongoing, meanwhile the Germany-based Institute for Condom Consultancy is developing a spray on condom where the man inserts his penis into a special spray can and pushes a button and is coated in a rubber condom for a one-size-fits-all approach.

Trying to break into the same market is Bristol Myers Squibb (BMS) and Warner Chilcott with their Femcon Fe tablets. These spearmint-flavoured chewable contraceptive pills are based on the company's Ovcon 35 (norethindrone and ethinyl estradiol), which has been on the market for around three decades. Meanwhile, Wyeth received US approval earlier this year for the contraceptive pill Lybrel (levonorgestrel and ethinyl estradiol), which taken every day not only prevents pregnancy but stops monthly menstruation.

Even if Ushercell does not gain approval as a contraceptive, Hughes said studies have shown that women in the trials have reportedly found the lubricant quality of Ushercell to be pleasure enhancing.

"KZN in HIV prevention study"

Date: 28 September 2007

Source: *The Mercury*

Author(s): Chris Jenkins

<http://www.themercury.co.za/index.php?fSectionId=2873&fDate=2007-09-28&fEdition=1&fNewspapersectionId=1&fPageNumber=5>

With alarming statistics showing that one out of every two women in their late 20s in the area is living with HIV, scientists and social workers based near Mtubatuba are doing everything they can to prevent the spread of the disease - and intensive studies are well under way to find another way for women to protect themselves from the deadly virus.

The Africa Centre for Health and Population Studies, in the Somkhele area in the heart of northern Zululand, is one of six sites in Africa working with a **microbicides** development programme in an attempt to find out if they prevent HIV infection.

For people who are sexually active, condoms are the only known way to protect themselves against HIV and other sexually transmitted infections. Although condoms are a very effective way of preventing HIV, women do not always use them, out of choice or because it is not always possible for a women to get her partner to agree to use them.

"Therefore, there is an urgent need for other methods of protection. For this reason scientists are trying to develop **microbicides** to stop HIV from being able to enter a human cell or reproduce when in a cell," said social scientist and Africa Centre **Microbicides** Development Programme project leader Mitzy Gafos.

The centre is testing a **microbicide** gel with an experimental ingredient, called PRO2000, and evidence so far, according to Gafos, shows that it may stop the Aids virus from being able to attach itself to the immune cells in the body, and by doing so possibly reduce the risk of an HIV-negative woman becoming infected during sex without a condom with an HIV-positive man.

There was a chance the ingredient might work - but, Gafos emphasised, no chance it would work as well as condoms.

This was the first time the effectiveness of PRO2000 had been tested in women "so we truly do not know if (the ingredient) does or does not work, or if it is safe to use regularly", she said.

Sponsored by the MDP Medical Research Council in the United Kingdom, with partners across Africa, the clinical trials are taking place in South Africa, Tanzania, Uganda and Zambia, involving 9,600 women. The Africa Centre expects about 1,200 women to enrol through district health clinics at Mtubatuba, KwaMsane and Madwaleni, in the uMkhanyakude District.

Trials

As part of the trials, informed and consenting volunteers also undergo checks for sexually transmitted infections and cervical cancer, and are strongly encouraged to use condoms - male or female prophylactics. They also receive R150 for transport to and from clinics and for food.

The tests involving local women have already seen positive spin-offs through increased awareness of the threat of the spread of HIV and by talking to partners, friends, relatives and children.

Fikile Mkhwanazi, who joined the study at the Mtubatuba Clinic after hearing the news about it on the radio and television, spoke of her concern about seeing people in her community "dying in large numbers because of HIV". "We (local participants) are letting all our neighbours know about this. It is painful to see our people dying, and we hope this gel will work."

Gafos said women in the trial were tested every three months for HIV and were monitored and underwent counselling monthly for a year. If the gel was found to be safe and effective and approved, it was likely to be "a very low-cost product, but probably not as cheap as condoms".

"We would hope it would be completely subsidised, but we've got no guarantee of that. I think if the Department of Health finds it is effective they would begin slowly by probably distributing it through health care facilities so nurses would do assessments and give information before handing it out." It would probably be piloted for about a year before being more broadly distributed.

"My dream is to see **microbicide** dispensers alongside condom dispensers (in public places), but I think we're a long way away from that. I think the government would want to take it very slowly," Gafos said. Replying to a question at a media briefing, Gafos said she believed that the HIV/Aids situation in the country was beyond crisis point. "With 50% of women aged between 25 and 29 HIV-positive, that is just unbelievable. We've not even got to the stage where this is as bad as it can get. There is an incredible amount of knowledge about HIV in this community, but it's more than just (providing) information - it's about changing lifestyles, and that's not an easy thing to do," said Gafos.

Misiwe Mzimela, the Africa Centre MDP's Social Science Co-ordinator, said: "While we are conducting the trial, we want to know what the community is thinking about what is going on, and that is why we are going out to them with roadshows and talks about the project and inviting men and women to share what they know about the study. Most people are saying they are now able to talk about sexually related issues including HIV and Aids. Those who are involved in the study have been empowered to talk about these topics to their partners and their families. They say the information we give them has also enabled them to negotiate condom use with their partners," Mzimela said.

EDITOR'S NOTE: A subscription is required to view this article in its original location.

"HIV Science in Action - YouTube Broadcast"

Date: 24 September 2007

Source: *BBC News*

<http://www.youtube.com/user/HIVScienceInAction>

HIV - Science in Action is now the subject of a BBC London Inside Out film, which was screened on September 19, on BBC1. The programme showed members of the UK African **Microbicides** Working Group grilling scientists about the work they are doing, as they were shown around the laboratories at St George's, University of London, before following researchers Martha Stefanidou and Trish Fletcher on a visit to support centre Positively Women, in Islington, as they found out how HIV advocates are taking sexual health messages to the community.

EDITOR'S NOTE: The YouTube video is available at the above website.

[Return to Table of Contents](#)

3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"Acceptability of Carraguard, a candidate microbicide and methyl cellulose placebo vaginal gels among HIV-positive women and men in Durban, South Africa"

Author(s): Ramjee G, Morar NS, Braunstein S, et al

Reference: N/A 4(1):20.

<http://highwire.stanford.edu/cgi/medline/pmid;17900337>

Published Abstract: *Background and Methods:* When on the market, **microbicides** are likely to be used by individuals who do not know their HIV status. Hence, assessment of safety and acceptability among HIV positive men and women is important. Acceptability of Carraguard, the Population Council's lead **microbicide** candidate was assessed in a Phase I safety study among healthy HIV-positive sexually abstinent women and men, and sexually active women (20 per group), in Durban, South Africa. Participants were randomized to use Carraguard gel, placebo gel, or no product. All women in the gel arms applied 4 ml gel vaginally every evening for 14 intermenstrual days (women in the sexually active group inserted gel within 1 hour prior to sex on days when sex occurred), and sexually abstinent men applied gel directly to the penis every evening for 7 days. Acceptability was assessed by face-to-face structured questionnaires and semi-structured in-depth interviews with all participants. Gel use questions were applicable to participants in the gel arms only (13 sexually abstinent women, 14 sexually active women, and 13 abstinent men). *Results:* Overall, 93% of the women liked the study gel (Carraguard or placebo) very much, 4% disliked it somewhat, and 4% were neutral. 15% of men and women disliked the gel's color, smell, or packaging. Most women and men reported never experiencing pain or irritation during or after gel application. Although over two thirds of the women preferred some lubrication during sex, some of the women felt that the gel was frequently too wet. Twenty-one percent of women and 42% of men said they felt covert use of a **microbicide** would be acceptable. Over 60% of women and men would prefer to use a **microbicide** alone instead of using it with a condom. *Conclusions:* Acceptability of Carraguard among HIV-positive women and men in Durban was good. The wetness experienced by the women may be attributed to the delivery of gel volume. The applicator was designed to deliver 4 mls whereas in fact between 4ml to 5 mls were actually dispensed. Condom migration in the event of a partially effective product is of concern.

"Characterization of baseline intestinal mucosal indices of injury and inflammation in men for use in rectal microbicide trials (HIV Prevention Trials Network-056)"

Author(s): McGowan I, Elliott J, Cortina G, et al

Reference: N/A Epub ahead of print.

<http://highwire.stanford.edu/cgi/medline/pmid;17891044>

Published Abstract: OBJECTIVES:: The purpose of this study was to evaluate the biologic stability of mucosal parameters that might be used as endpoints in phase 1 rectal safety studies. METHODS:: Sixteen male participants were enrolled into 4 groups defined by HIV status, viral load, and sexual activity. Each participant underwent 3 flexible sigmoidoscopies at 2-week intervals with collection of blood, intestinal biopsies, and rectal secretions. Intestinal histology, phenotypic characterization of mucosal mononuclear cells, cytokine messenger RNA (mRNA) profiles (RANTES, interferon-gamma [IFN γ], and interleukin-10), and immunoglobulin secretion were assessed. Intraclass correlation (ICC) was calculated to assess endpoint stability. RESULTS:: Qualitative histology demonstrated minimal inflammation in less than 95% of biopsies and remained stable throughout the study period. ICC for the tissue cytokine mRNA measurements and several T-cell phenotypic markers was less than 0.7, indicating stability over time. Mucosal CD4 lymphopenia was seen in the HIV-positive participants and was more pronounced in those with higher viral loads. Modest differences were observed for cytokine expression (IFN γ) and T-cell phenotype (CD3, CD4, CD8, CD19, CD4/CCR5, and CD4/CD38) between the tissue samples collected at 10 and 30 cm. CONCLUSIONS:: These data help to provide a rationale for the selection of endpoints for future phase 1 rectal safety studies.

[Return to Table of Contents](#)

4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Biological and demographic causes of high HIV and sexually transmitted disease prevalence in men who have sex with men"

Author(s): Goodreau SM, Golden MR

Reference: N/A 83(6):458-62.

<http://sti.bmj.com/cgi/content/abstract/83/6/458>

Published Abstract: *Objectives:* HIV disproportionately affects men who have sex with men (MSM). MSM and heterosexual networks are distinguished by biologically determined sexual role segregation among heterosexual individuals but not MSM, and anal/vaginal transmissibility differences. To identify how much these biological and demographic differences could explain persistent disparities in HIV/sexually transmitted disease prevalence in the United States, even were MSM and heterosexual individuals to report identical numbers of unprotected sexual partnerships per year. *Methods:* A compartmental model parameterized using two population-based surveys. Role composition was varied between MSM and heterosexual subjects (insertive-only and receptive-only versus versatile individuals) and infectivity values. *Results:* The absence of sexual role segregation in MSM and the differential anal/vaginal transmission probabilities led to considerable disparities in equilibrium prevalence. The US heterosexual population would only experience an epidemic comparable to MSM if the mean partner number of heterosexual individuals was increased several fold over that observed in population-based studies of either group. In order for MSM to eliminate the HIV epidemic, they would need to develop rates of unprotected sex lower than those currently exhibited by heterosexual individuals in the United States. In this model, for US heterosexual individuals to have a self-sustaining epidemic, they would need to adopt levels of unprotected sex higher than those currently exhibited by

US MSM. *Conclusions:* The persistence of disparities in HIV between heterosexual individuals and MSM in the United States cannot be explained solely by differences in risky sexual behavior between these two populations.

"Human seminal plasma abrogates the capture and transmission of HIV-1 to T CD4+ cells mediated by DC-SIGN"

Author(s): Sabatte J, Ceballos A, Raiden S, et al

Reference: N/A Epub ahead of print.

<http://jvi.asm.org/cgi/content/abstract/JVI.01079-07v1?ct=ct>

Published Abstract: Dendritic cell-specific intercellular adhesion molecule 3-grabbing nonintegrin (DC-SIGN) is expressed by dendritic cells (DCs) at mucosal surfaces and appears to play an important role in the dissemination of HIV-1 infection. DC-SIGN binds HIV-1 gp120 and efficiently transmits the virus to T CD4+ cells which become the center of viral replication. Semen represents the main vector for HIV-1 dissemination worldwide. In the present study we show that human seminal plasma (SP), even when used at very high dilutions (1/104-1/105), markedly inhibits the capture and transmission of HIV-1 to T CD4+ cells mediated by both, DCs and B-THP-1-DC-SIGN cells. By contrast, SP does not inhibit the capture of HIV-1 by DC-SIGN negative target cells, such as the T cell line SupT-1, monocytes and activated peripheral blood mononuclear cells. The SP inhibitor has a high molecular weight (less than 100 kDa) and directly interacts with DC-SIGN+ target cells, but not with HIV-1. Moreover, the inhibitor binds to Concanavalin-A, suggesting that it contains high mannose N-linked carbohydrates. Of note, using biotin-labeled SP we found that the binding of SP components to DCs was abrogated by mannan, while their interaction with B-THP-1 cells was almost completely dependent on the expression of DC-SIGN. Since the epithelium integrity is often compromised after vaginal or anal intercourse, as well as in the presence of ulcerative-sexually transmitted diseases, our results support the notion that components of the SP might be able to access to the subepithelium inhibiting the recognition of HIV-1 gp120 by DC-SIGN+ DCs.

"New sexually transmitted infections among HIV infected adolescent girls"

Author(s): Trent M

Reference: N/A Epub ahead of print.

<http://sti.bmj.com/cgi/content/abstract/sti.2007.026161v1>

Published Abstract: OBJECTIVES: While the prevalence of sexually transmitted infections (STIs) among HIV infected girls has been reported, the incidence of STI diagnoses has not been well documented. The objectives of this study were to examine 1) incident STI diagnoses and 2) the association between viral load (VL) and incident STI diagnosis among HIV infected adolescent girls in care. METHODS: Prospective longitudinal 18-month study of girls enrolled in the Adolescent HIV trials network. Cox proportional hazard modeling was performed to evaluate the incidence of STI by baseline viral load. RESULTS: The mean age of participants was 20.6 years (2.0), the mean viral load of participants was 66,917 (+/-165,942), and median viral load was 7096. The incidence of STIs for the entire

cohort was 1.4 per 100 person-months. During the 18 month follow-up period, there were no significant differences in the STI incidence among the high and low viral load groups (Hazard ratio=0.86, 95% CI: 0.37; 1.95) There was also no significant association between STI incidence and log-transformed viral load (Hazard ratio =1.10, 95% CI, 0.92: 1.3). **CONCLUSIONS:** Adolescent girls with HIV infection continue to acquire sexually transmitted infections after diagnosis. This analysis does not suggest that VL is a critical factor in STI acquisition over time. Additional work exploring the role of other contextual factors on STI acquisition among HIV infected adolescent girls is warranted.

"Randomised controlled trial of alternative male and female condom promotion strategies targeting sex workers in Madagascar"

Author(s): Hoke TH, Feldblum PJ, Van Damme K, et al

Reference: N/A 83(6):448-53.

<http://sti.bmj.com/cgi/content/abstract/83/6/448?etoc>

Published Abstract: *Objectives:* To assess whether individual clinic-based counselling as a supplement to peer education for male and female condom promotion leads to greater use of protection and lower STI prevalence among sex workers in Madagascar already exposed to intensive male condom promotion. *Methods:* In two public dispensaries in Madagascar, a total of 901 sex workers were randomly allocated between two alternative male and female condom promotion interventions: peer education only, or peer education supplemented with individual clinic-based counselling. Participants were followed for 12 months. Every 2 months they made clinic visits, where they were interviewed on condom use. Peer educators counselled all participants on condom use as they accompanied their assigned participants to study visits. Participants assigned to receive the supplemental intervention were counselled by a trained clinician following study interviews. Participants were tested and treated for chlamydia, gonorrhoea and trichomoniasis every 6 months. We used logistic regression to assess whether the more intensive intervention was associated with reduced STI prevalence. Use of protection with clients and non-paying partners was assessed by study arm, site, and visit. *Results:* There was no statistically significant association between study arm and aggregated STI prevalence. No substantial differences in levels of reported protection were noted between study groups. *Conclusions:* This study found little evidence for gains from more thorough clinical counselling on male and female condom use. These findings suggest that less clinically intensive interventions such as peer education could be suitable for male and female condom promotion in populations already exposed to barrier method promotion.

[Return to Table of Contents](#)

5. HIV/AIDS VACCINES

"Feds help Atlanta firm hunt for AIDS vaccine"

Date: 28 September 2007

Source: *The Atlanta Journal-Constitution*

Author(s): Craig Schneider

A small Atlanta company showing promising results on an AIDS vaccine has received a \$15 million federal grant to further its research and continue clinical trials. The National Institutes of Health awarded the large grant after Atlanta-based GeoVax Labs provided data showing substantial progress in the development of a vaccine, company officials said Thursday.

"We've done a significant amount of testing on humans with positive results," said GeoVax president Don Hildebrand. "We've had a high percentage of people respond positively so far." The experimental vaccine helps stimulate participants' immune systems in a way company officials hope will be a protection against HIV, he said. About 140 people are participating in four independent national studies of the GeoVax vaccine.

The company is in the "mid-stages" of development and testing, Hildebrand said. If testing continues to be successful, the vaccine could receive federal approval and become available to the public in about three to five years, he said. The grant, he said, will speed up the vaccine development and studies by months - if not years.

The money will help the company perform preventive trials, in which the vaccine is used to prevent the onset of HIV/AIDS, as well as therapeutic trials, in which people infected with HIV could be protected from developing full-blown AIDS. The grant represents the government's show of faith in an Atlanta company in the daunting quest to develop an AIDS vaccine.

The GeoVax grant follows a disappointing setback to Merck and Co.'s promising experiments on an AIDS vaccine. Merck's vaccine failed to work in a large international test, leading the developer to halt the study. GeoVax, a biotechnology company of about a dozen employees, developed the vaccine in collaboration with Emory University, the Centers for Disease Control and Prevention and the NIH. GeoVax works out of a one-story building on Briarcliff Road near Emory. Emory is the largest stockholder in the company.

A prototype for the vaccine provided long-term protection against the development of AIDS in non-human primate studies conducted at the Yerkes National Primate Research Center in Atlanta about three years ago, according to Emory officials. "This grant will allow GeoVax to move forward our AIDS vaccine evaluation program more effectively and more rapidly," said Harriet Robinson, a doctor with the Emory Vaccine Center and the Yerkes primate research center who helped develop the vaccine.

Dr. Rafi Ahmed of the Emory Vaccine Center, said: "This is a significant grant that will help GeoVax develop novel ways of enhancing immune responses and will help move this promising vaccine forward."

The NIH grant will help the company pay for additional studies and the Phase 2 human clinical trials planned for 2008, Hildebrand said. A handful of companies are showing promising results on an AIDS vaccine, Hildebrand said.

Any company that develops an AIDS vaccine is expected to reap huge profits. Steve Brozak, an analyst with WBB Securities, has said a vaccine is the only financially feasible way to fight the AIDS epidemic in poor countries and that the company that comes up with the first successful shot would have a "license to print money."

6. OTHER PREVENTION APPROACHES

"Of mice and men: new male contraceptives successful in rodents and humans"

Date: 03 October 2007

Source: *ScienceDaily*

<http://www.sciencedaily.com/releases/2007/09/070928180343.htm>

Pills, sponges, IUDs, diaphragms -- women have many options for planning their fertility, none of them quite perfect. But what if men want to help out? They have only two options -- vasectomy, which is usually permanent, and condoms, which are crucial for dating but get old in long-term relationships. Will men ever have a way to reliably make sure that nobody is every calling them "Daddy" before they are ready?

For decades, pundits have predicted new contraceptives for men within the next 5 to 10 years. But judging from work presented today at the second "Future of Male Contraception" conference, we may finally be getting closer. Some highlights from the second day of the conference:

- Researchers from the University of Washington tried a hormone regimen based on two products already available on the market. They used testosterone gel, which is marketed for men with low testosterone, plus a progestin shot used as a female contraceptive under the name "DepoProvera." The men got a shot once every 3 months and rubbed on a gel every day, and it worked well at knocking out sperm in 90% of them. However, men's opinions of the method varied widely: 6 dropped out, and of the remaining 38, half of them were satisfied or very satisfied, a third were dissatisfied or very dissatisfied, and the rest were undecided or had mixed feelings.
- Shepherd Medical Company announced the results of their very first U.S. study in men of the "Intra Vas Device" (a vasectomy alternative): after 6 months, 92% of the men had no sperm or almost no sperm. The Intra Vas Device blocks sperm in the vas deferens, the tube sperm swim through (the same tube that is cut in vasectomy). The set of plugs can be removed if a man changes his mind, so it is much easier to get sperm flowing again than after vasectomy. Animal studies have shown that fertility returns if the IVD is removed after short-term use, but that doesn't guarantee successful pregnancy after long-term use. The next step will be to find funding for long-term studies of effectiveness and fertility return.
- Columbia University researchers took advantage of the importance of vitamin A to design a new contraceptive approach. Men who are extremely low in vitamin A lose their fertility-- but they also become extremely sick, so avoiding vitamin A doesn't work as a contraceptive. Instead, Professor Debra Wolgemuth discovered a drug that had been abandoned by a pharmaceutical company precisely because it interfered with vitamin A receptors in the testes. Her team tested it in mice, and it worked with no health effects. "The receptors are everywhere, but the testis is exquisitely sensitive to the drug. So we can use a dose that is so low it has no effect on the rest of the body."

So the drug doesn't harm mice-- but will it be fine in men" Dr. Wolgemuth thinks the chances are good. "There's extensive toxicology data in rats and rabbits -- and at much higher doses-- because industry is developing it for other uses. So we're optimistic that there would be no adverse side effects in humans as well."

So how long must we wait? Advocates say it all depends on men speaking up. "We've seen today that the pipeline is full-- everything from new targets to actual human trials," explains Kirsten Thompson, director of the International Male Contraception Coalition. "And the demand is there-- hundreds of men have voiced their opinion on our website MaleContraceptives.org and in surveys. So it's just a question of whether policymakers act on that demand." Elaine Lissner, director of the Male Contraception Information Project, concurs. "We could have something like the IVD on the market in 4-5 years, if we make an all-out effort with funding and focus. But if we continue with just a study here and a study there, it could be an eternity."

For further information about the conference, see the conference website: <http://www.futureofmalecontraception.com>.
For further information about male contraception, see <http://www.malecontraceptives.org>

Meeting sponsored by: National Institute of Child Health and Human Development, National Institutes of Health
CONRAD World Health Organization University of Washington

The Male Contraception Information Project (MCIP) is entirely nonprofit and works in three areas: raising public awareness of promising nonhormonal male contraceptives, advocating increased and expedited government research, and serving as a resource for journalists who wish to write about the subject. More resources for journalists are available from MCIP at <http://www.NewMaleContraception.org> .

Note: This story has been adapted from material provided by Male Contraception Information Project.

"In Thailand the shy get their condoms at the bank"

Date: 02 October 2007

Source: *Reuters*

Author(s): Nopporn Wong-Anan

<http://www.reuters.com/article/lifestyleMolt/idUSBKK28064420071002>

A Thai bank is pitching into the battle against HIV/AIDS and handing out condoms to customers too shy to get them at the shop. Despite Bangkok's reputation as one of the world's sex industry centers, Thailand is a generally conservative country.

Kasikorn Bank launched the "Condoms for Confidence" campaign at 600 branches nationwide and said it would start giving out the sheaths, branded K-Condom and K-Excellence, later this month.

"HIV/AIDS is returning to Thailand since the government awareness campaign started 20 years ago has fizzled out," said a bank spokesman who declined to be identified. "We want the teenagers to be aware of the problem."

Despite a tenfold plunge of overall new HIV/AIDS cases from 15 years ago, the health ministry has said it was concerned about the numbers of teenagers and homosexuals still being infected.

Disease Control Department chief Thawat Suntrajarn said embarrassment about buying condoms and ignorance in using them were the main causes of the new cases. "Research papers from all sorts of agencies have a consensus that many condom users are embarrassed to buy condoms from counters," Thawat told Reuters. "Women who buy condoms from convenience stores always get a strange look from people, so condom handouts are a good way to avoid such embarrassment."

New HIV/AIDS cases in Thailand, once praised by international health agencies for its aggressive campaign to tackle the epidemic, had fallen to 13,000 in 2006 from more than 100,000 a year in early 1990s, Thawat said. But the worrying sign was that many of the new patients were teenagers and homosexual men, not heterosexual men in their 30s and prostitutes as in the past, he added.

A Health Ministry-commissioned survey last year showed 48 percent of 5,712 male high school students used condoms. About 43 percent of 7,712 female high school students said their sex partners used condoms, it said.

Spurred by the findings, Thawat's department is running a television advertisement encouraging people to buy condoms despite criticism from conservatives who argue it encourages teenagers to be sexually active. "Even those bank customers who don't need to use the condoms, they can pass them on to their families or friends," he said.

"New condoms to replace D.C. supplies"

Date: 30 September 2007

Source: *Associated Press*

<http://ap.google.com/article/ALeqM5hi1sSMHOaFaH1ZxCDPYdBdnTeLfQD8RVECAO0>

Who cares if they're free? Residents in the nation's capital say the condoms being handed out have a serious problem. As many as 70,000 condoms given away in a citywide campaign to reduce HIV and AIDS were returned this week by community groups. Another 100,000 condoms were returned in early September because of complaints their paper packaging can be easily damaged and could make the condoms ineffective.

City health officials agreed that complaints about the packaging were damaging to their citywide distribution campaign, but they have insisted the condoms were safe. They said this week they will distribute brand-name substitutes. Since the problems were publicized, the city's condom manufacturer offered to replace all remaining supplies with Trojan, Lifestyles and other products found on drugstore shelves.

A spokeswoman for Mayor Adrian Fenty said the city has received 125,000 of the new condoms and 400,000 more are expected in the next two weeks.

"More than just vaginal intercourse: anal intercourse and condom use patterns in the context of"

Author(s): Houston AM, Fang J, Husman C, et al

Reference: N/A 20(5):299-304.

<http://www.galenicom.com/zh/medline/article/17868897/More+Than+Just+Vaginal+Intercourse:+Anal+Intercourse+and+Condom+Use+Patterns+in+the+Context+of+%22Main%22+and+%22Casual%22+Sexual+Relationships+among+Urban+Minority+Adolescent+Females.>

Published Abstract: PURPOSE: Receptive anal intercourse has long been recognized as a risk factor for the transmission of HIV and STIs. Most HIV/STI prevention messages continue to emphasize penile-vaginal transmission, so many teens do not recognize anal intercourse as risky sexual behavior. This purpose of this study was to determine the prevalence of anal intercourse, and to describe the relationship between types of sexual relationships (main vs. casual), types of sexual behaviors (vaginal vs. anal sex), and types of contraception used among inner-city sexually experienced adolescents. METHODS: Reproductive health histories were obtained from 350 sexually experienced adolescent females aged 12-18 years participating in a 5-year STI acquisition study at an urban health center. Baseline sexual behavior data was analyzed and described using frequencies, percentages and chi-square tests. RESULTS: 41% of teens and 86.5% of teens reported engaging in sexual activity with casual and main partners respectively. Sixteen percent of teens with main partners and 12% of those with casual partners engaged in receptive anal intercourse (P = 0.31). Condom use is more prevalent for both vaginal (61% vs. 32.4%, P CONCLUSION: It is imperative that health care providers recognize that adolescents engage in anal sex, specifically inquire about their types of sexual behavior and types of sexual relationships so that anticipatory guidance regarding HIV/STI transmission risk reduction education can be tailored to meet their needs.

[Return to Table of Contents](#)

7. POLITICS AND POLICY

"Politicising AIDS pandemic does not help"

Date: 03 October 2007

Source: *Daily News (South Africa)*

Author(s): Amelia Naidoo

http://www.iol.co.za/index.php?art_id=vn20071003100117837C775491&set_id=1&click_id=13&sf=

Commercialisation of the HIV and Aids pandemic, where huge benefits are enjoyed while people are dying in Africa, is a cause for concern, said Jacob Zuma at the Global-World HIV and Aids Alliance Conference in Richards Bay on Tuesday night. Zuma was speaking at the 138th birthday celebrations of Mahatma Gandhi as chancellor of the University of Zululand, which is hosting the event.

"I am being diplomatic, but it has something to do with drugs," he said. Zuma also highlighted the problem of politicising the pandemic by those in politics who used it to score points for themselves. "Unfortunately these things don't help the fight against HIV and Aids."

More candid was KwaZulu-Natal Minister of Health Peggy Nkonyeni, who was concerned that so many clinical trials were being run in the province. "Our people should not be regarded as guinea pigs and we are going to fight against it," said Nkonyeni and appealed to Minister of Health Manto Tshabalala-Msimang to speak publicly on the matter. She cited the Tuskegee study of untreated syphilis in African-American males between 1932 and 1972 when they were denied treatment for the disease as an example of unregulated research. She said her department remained vigilant to ensure that people in the province were not similarly exploited.

Tshabalala-Msimang, who also spoke at the conference on Tuesday, remained firm on the importance of good nutrition and the role of traditional medicine in treating HIV and Aids. She mentioned the World Health Organisation (WHO), for the first time in history, held a global meeting to look at the role of nutrition in the response to HIV and Aids in Durban recently. According to her, the WHO acknowledged the role of South Africa in highlighting the importance of nutrition. Tshabalala-Msimang also said she would not be silent on the side-effects of ARVs on patients despite the criticisms that she was a denialist.

"When there is talk of the side effects of TB medication, it's okay, but when I mention ARVs, I'm a denialist. I will not be silent on this." She also mentioned that salary increases between 20 percent and 88 percent were in store for nurses in addition to the 7.5 percent received after the public service strike in June.

"Mozambique's fear-monger"

Date: 29 September 2007

Source: *The Los Angeles Times*

<http://www.latimes.com/news/printedition/asection/la-ed-mozambique29sep29,1,7976253.story?ctrack=4&cset=true>

Europeans are purposely infecting Africans with AIDS -- or that's what a Roman Catholic archbishop in Mozambique alleged earlier this week. Francisco Chimoio, archbishop of Maputo, accused European condom makers of sending wares to Africa that they had deliberately contaminated with HIV. They are doing this, Chimoio asserted, "in order to finish quickly the African people."

Unfortunately, these are not the lunatic theories of a backwater nobody; they're the lunatic theories of a backwater somebody. Chimoio is not only an authority to the country's 4 million Catholics, he is respected throughout the land. His leadership is credited with helping to end Mozambique's 16-year civil war in 1992.

Almost as stunning as the archbishop's baseless allegations, however, has been the clarion silence from the Vatican. Chimoio's comments have been translated, ridiculed and lambasted throughout the world. So why haven't his superiors publicly corrected the musings of this preposterous prelate? Maybe because it's better to let him take the heat for his remarks than to remind the world that the church's position on condom use contributes to suffering across the globe.

An estimated one in six of Mozambique's 19 million citizens is HIV positive. The spread of the virus might be slowed if the Catholic Church would permit its followers to use condoms without sanction. But even as deaths mount in Mozambique and across the continent, Rome's stance is unrelenting. In that, Chimoio echoes Pope Benedict XVI:

Both accept only abstinence and fidelity within marriage as brakes on AIDS. Chimoio's rant, however, veers beyond adherence to church doctrine and into an inducement to panic, one that the Vatican should silence.

Mozambique suffered 475 years of oppression under Portuguese rule, finally throwing off European domination in 1975. Yes, European colonialism bears much of the blame for the economic, political and social evils that plague the country. But for thwarting the use of condoms to halt the spread of HIV in Africa, it's not Portugal that's the knowing author of harm, it's Vatican City.

"Interview with Peter Piot"

Source: *Vandenbrouaene M. Sex Transm Infect. Oct 2007;83(6):436-40.*

<http://sti.bmj.com/cgi/content/full/83/6/436>

This interview was conducted during the 17th ISSTD and 10th IUSTI World Congress held in Seattle, Washington, 29 July to 1 August 2007 (fig 1).¹ Peter Piot gave the opening plenary talk, "STIs and HIV: learning from each other for a long term response".²

STI: What made you present the data showing unsafe sex as the second most important cause of ill health in the world?

Peter Piot: Not many people know these data (fig 2). They come from the World Health Organization, World Health Report 2002. Rather than look at which illnesses are major causes of ill health measured as disability-adjusted life years (DALYs), epidemiologists looked at behaviours and risk factors. "Unsafe sex, what does it cause?" was their key question. Unsafe sex gives, of course, all kinds of STDs, pelvic inflammatory disease, cervical cancer, infertility and some of the neonatal complications like congenital syphilis. These data are not well published and well utilised. That's why I showed them yesterday.

It is well known that both sexual behaviour and the results of unsafe sex are not distributed in what we statistically call a "normal distribution". I don't like the word core group. It happens in populations. It can be migrant populations, it happens in men, injecting drugs users. It affects women more than men. It affects reproductive health. In terms of diversity, take Asia as an example. When you take countrywide national prevalences of HIV, it can be 1% or less, but at the same time you can have populations, like men who have sex with men, where the prevalence can be 30-40%. Averages are very misleading.

One of my other main points was the comparison of interest from the political world-interest in AIDS vs. STI. Without any doubt, AIDS has made it to the top of political agendas, but that's not at all the case for STDs.

STI: During this conference, the World Health Organization sponsored a symposium, "Global Strategy for STIs: partnership for implementation". Are STI and HIV programmes collaborating enough?

Peter Piot: There are many missed opportunities for both HIV and STDs. In many countries, services are separated. Programmes are separated. I can give you a few examples. In PMTCT programmes, blood is tested for HIV in

pregnant women, but far less for syphilis. Congenital syphilis is a major problem. We also have a missed opportunity when it comes to testing STD patients for HIV. That's not widely done. STD patients are of course a group with a very high risk of HIV. An example in the good sense is the UK clinical system, where STI physicians also see HIV patients. In many countries, that is not at all the case-in France, for instance, or in the Netherlands.

I can give several examples, but I think we need to integrate much more (box 1). On the other hand we don't need to integrate completely. HIV acquisition by injection drug use is totally out of the STI field. Some people say HIV and STD is just part of reproductive health. Well, gay men, by definition, are not part of reproductive health.

STI: Do we need a "UN-STI"?

Peter Piot: No. STI could be part of AIDS programmes in all countries. Combine them. When I came to WHO in 1992, one of my first jobs was to bring the STD programme, then called VDT, Venereal Diseases and Treponematosis, into the Global Programme on AIDS. Initially, it was successful, but then it stopped. WHO puts STI now under reproductive health. When I tried to get information on STI epidemiology for my talk yesterday, in WHO they said they don't have recent data. The last ones are from 1998. So, I went to King Holmes' group. That's not normal.

STI: On many occasions, you have said that you rephrased AIDS from a public health problem to an economical and a national security problem. What, or who, inspired you to take this route?

Peter Piot: First of all, I noticed that we didn't make any progress on AIDS in the first 15 years, from the 1980s on. Also, in the early years after the creation of UNAIDS, progress was very limited. I realised we were stuck. I asked around and brought together some people who were thinking more in political terms than me. Or than I used to do. From the beginning, when I got the job at UNAIDS, I was determined to put AIDS on the political agenda, but I didn't know how to do it. Part of it was to reposition AIDS. I think, in 2001 and 2002, many things came together. It is not just one thing. I noticed that when I talked to top leaders that the only things that really matters are "the economy, stupid", as Clinton said-and security.

STI: Can the same strategy be used to raise more political interest for STIs?

Peter Piot: I think we could do this for a number of things, particularly when you see the burden of STI on women (table 1). Just consider the complications of gonorrhoea and Chlamydia infections. Consider the enormous sums spent on treating infertility caused by Chlamydia. In a country like Belgium, if you could prevent a few infertility cases per year, you probably have paid back your programme.

STI: "Leadership" is the theme of World AIDS Day 2007.⁴ The journal STI reaches the international STI research community. Does the World AIDS Day theme have a concrete meaning for STI research?

Peter Piot: In the research field, King Holmes is a good example. It is definitely through his leadership that STI have gained scientific respectability. He introduced a scientific approach to study STDs.

Leadership for people working in laboratories? Our point is that leadership is not only something for prime ministers or for the top. It is on all levels. We need a core of people working on STIs, and it is important that young people enter the field, because there is still so much work to be done. I don't think the end is in sight. I would not be concerned about job opportunities.

I think it is important that the scientific community connects with other constituencies. That is the strength of the AIDS movement. You have NGOs, AIDS activists, patients groups, women groups, even business alliances. I think that's what we should try for STI to foster leadership.

...

EDITOR'S NOTE: The remainder of this interview, with references, is available at the above website.

[Return to Table of Contents](#)

8. PHARMACEUTICAL INDUSTRY

"Reconnect with needy, drugs groups urged"

Date: 28 September 2007

Source: *Financial Times (London)*

Author(s): Christopher Bowe

<http://www.ft.com/cms/s/0/99b27cc8-6d5f-11dc-ab19-0000779fd2ac.html>

The pharmaceutical industry's future success will require a new generation of executives who can find a fresh way to look at the world's health challenges and its neediest countries, said Tachi Yamada, global health chief of the Bill and Melinda Gates Foundation.

"Pharma was an industry in which it was almost too easy to be successful. It was a licence to print money. In a way, that is how it lost its way," Dr Yamada told the FT in an interview at the Clinton Global Initiative. "It lost contact with the people it was supposed to serve."

He believes the "new generation of pharma executives has to look at the world differently".

This need is best illustrated by the recent spate of "compulsory licensing" - when poor countries react against pharmaceutical companies' pricing for crucial drugs, such as HIV/Aids medicines, by breaking patents.

Dr Yamada is in a unique position to know. He has completed his first year as global health chief of the world's largest philanthropic organisation, after leaving his job last year as research and development director of GlaxoSmithKline, the world's second-largest drugmaker.

"For me it was a no-brainer. I knew it would be deeply fulfilling and require the command of everything I learned in science, medicine and business," said Dr Yamada.

His range of experience, from academia to big pharma, also could be valuable as the nature of world health philanthropy is undergoing a fundamental shift.

The money, power and size of big health philanthropies such as the Gates Foundation needed someone to prevent bureaucratic inefficiency from slowing the development of medicines and improvement of health for the world's poor, Dr Yamada said.

"My challenge is to make sure we have flexibility. We're still growing so we don't have a lot of bureaucracy. But I have to fight it every day," he said.

The emergence and size of organisations such as the Gates Foundation also signalled an important convergence, Dr Yamada said.

His view is that private money, science and government are being harnessed together to help take on problems once viewed as insurmountable. For example, public-private partnerships are working to develop inexpensive drugs to combat malaria and tuberculosis in poor countries.

The potential for results were good, he said, because a generational shift was occurring in the US.

The generation of self-enrichment born out of the disillusionment of the Vietnam war era is giving way to one where altruism is a key goal. "We're going through a cycle where selfish goals are not driving behaviour. It's not the 'me generation'," he said.

[Return to Table of Contents](#)

9. ANNOUNCEMENTS

AIDSMAP: ICAAC Conference Highlights

<http://www.aidsmap.com/en/news/28545193-FF8B-4F0E-AA10-309E7B123EDC.asp>

The 47th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy was held in Chicago, IL September 17-20. AIDSMAP compiled extensive information presented at the conference on their website, accessible at <http://www.aidsmap.com/en/news/28545193-FF8B-4F0E-AA10-309E7B123EDC.asp>. Further conference information is also available at <http://www.icaac.org/>. Clinical Care Options also provides an extensive overview of the conference, with expert highlights of HIV-relevant information, at their website <http://clinicaloptions.com/HIV/Conference%20Coverage/Chicago%202007.aspx>.

amfAR MSM Initiative Funding Opportunity

www.amfar.org/msm/awards

amfAR, The Foundation for AIDS Research, has issued Requests for Proposals (RFPs) seeking to support front-line organizations and networks in the Caribbean, Southeast Asia, and Africa working to address HIV among men who have sex with men (MSM).

Individual organizations are eligible for awards of up to US\$20,000; networks are eligible for awards of up to \$50,000. The deadlines for submitting proposals are October 25 for organizations in the Caribbean, November 15 for Southeast Asia (Greater Mekong Subregion), and December 4 for Africa .

The RFP, application form, application instructions, and additional information about the MSM Initiative can be found at www.amfar.org/msm/awards.

The MSM Initiative, founded and administered by amfAR, and benefiting from collaboration with the Global Forum on MSM and HIV, UNAIDS, and many other partners, is a global effort to fight the spread of HIV among men who have sex with men in the developing world. The objectives of the MSM Initiative include supporting front-line organizations and networks working to address HIV among MSM; supporting research to build understanding of HIV epidemics and interventions among MSM; and supporting effective policies and increased public funding for HIV prevention and treatment efforts among MSM.

Clinical Director: Microbicides, HIV and AIDS Program

<http://www.popcouncil.org/opportunities/56-07.html>

A clinical director position is available within the HIV and AIDS program at the Center for Biomedical Research (CBR), Population Council. We are looking for a clinician with expertise in coordinating and executing clinical trials in HIV/AIDS or infectious diseases, an interest in **microbicides** development and testing, and experience in working with regulatory agencies. We especially seek an individual who can advance clinical studies on new-generation **microbicides** and other preventative strategies against HIV infection.

EDITOR'S NOTE: For the full list of position responsibilities, required qualifications, and how to apply, please visit the above website.

IAS Releases Sydney Conference Report

http://www.iasociety.org/Web/WebContent/File/IAS_SYDNEY%20REPORT.pdf

The International AIDS Society (IAS) recently released the report on the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007), held 22-25 July in Sydney, Australia. The report, "New Research and its Implications for Policy and Practice", is a first of its kind for the biennial pathogenesis conference, summarizing key research findings and providing an analysis of the data presented in the three major tracks: basic science, clinical research, treatment and care and biomedical prevention science. The IAS hopes the report will be useful to policymakers, community advocates and scientists in translating information from the conference into future research

policy development and advocacy efforts in these areas.

Integration of Social Science Research (SSR) into Microbicide Trials: Workshop for Junior Researchers

http://www.microbicides2008.com/social_workshop1.pdf

Date: Saturday 23 February, 2008, 9 to 5 pm, Hyatt Regency New Delhi

Objectives:

1. to introduce junior researchers to key aspects of social science research design, data collection methods, analysis, dissemination and budget development;
2. to provide these junior researchers with access to and information about other materials and resources to guide their development of future research; and
3. to promote collaboration and mentoring among social science researchers across geographic and institutional boundaries.

This one-day workshop is sponsored by the U.S. National Institutes of Health (including the Office of Behavioral and Social Science Research, the Fogarty International Center, and the Office of AIDS Research) in collaboration with Family Health International. It will accommodate approximately 40 participants, with priority given to junior researchers from Indian and African research institutes and organizations. It will be conducted in English, and will be highly interactive. Topics addressed will include:

- I. Integrating Social Science Research into Clinical Trials: Design Issues
- II. Theoretical Perspectives
- III Overview of Data Collection Methods
- IV. Analysis - Words and Numbers
- V. Research Dissemination: Telling the Story
- VI. Budgets and Beyond

Scholarship funds are not available for participants. Participants will receive a copy of the Jossey-Bass book on Qualitative Methods in Public Health Research, an accompanying manual on qualitative methods, and a CD on "How to approach the NIH". Registration will be on a first-come first served basis, with preference given to junior social and behavioral scientists. Betsy Tolley at FHI is the lead organizer, with support from Susan Newcomer at NICHD/NIH. For a copy of the draft agenda or for registration please contact: Susan Newcomer; newcomes@mail.nih.gov and provide the following information:

1. Name:
2. Email address:
3. Mailing address:
4. Affiliation/current position:
5. Education including date of most recent degree:
6. One or brief bullet points relating:

- a. Social/behavioral science research experience on any topic (for example: community preparation, intervention, assessment experience; designing BSS studies within, ancillary to, or outside of, clinical trials; methodology experience (e.g., qualitative studies, quantitative studies, mixed methodologies)
- b. Current research interest[s]: as above as well as specific topic areas such as measurement, adherence, human subjects/ethics/community preparation, sustained use.
- c. If you were to get obtain information or guidance from this workshop, what would it be?

John Shaw Memorial Fund to provide scholarships; please donate today

http://partners.guidestar.org/controller/searchResults.gs?action_donateReport=1&partner=networkforgood&ein=42-1593749

The steering committee of the International Rectal **Microbicide** Working Group (IRMWG) is saddened to announce that our treasured colleague John Shaw passed away last week.

John was a dedicated LGBTQ and human rights advocate for over 20 years, and a Person With AIDS since at least 1990. Recognizing that "all humans have a bottom," John believed that it is "only wise to market both vaginal and rectal **microbicide** for best prevention efforts."

Often described as a "community builder" and "love activist," John was active in advocating for research and use of Cannabidiol in treatment for HIV/AIDS related nausea, and other relevant cannabinoids for chronic pain indications for appropriate medical use. John also passionately promoted acupuncture and alternative therapies. He lived in San Francisco and worked part time at the Immune Enhancement Project.

His friends at the IRMWG will miss his enthusiasm, energy and voice. Our thoughts and prayers go out to his partner Paul and all of his other loved ones.

In John's memory, the IRMWG has launched the John Shaw Memorial Scholarship Fund that will provide scholarships to rectal **microbicide** advocates to attend the **Microbicides** 2008 conference in New Delhi, India in February, 2008.

We thank the Elton John AIDS Foundation for providing seed money that will be used towards these scholarships. We invite individual and organizational members of the AIDS community to contribute towards this fund that will allow community advocates to further John's vision.

To make a contribution of any size, please go to the above website. Click on the "Donate Now" button - you will be taken to the donation page - please type Scholarship Fund in the "designation field". We would appreciate if you could make your donation during the month of October, 2008 to allow time for scholarship recipients to make travel plans. Thank you for your work and a vision of a healthier future for people of all genders.

Sincerely,

Jim Pickett and Bridget Haire

Co-Chairs

International Rectal **Microbicide** Working Group

New AVAC Report on the State of the AIDS Vaccine Field: Calls for Accelerated Action in AIDS Vaccine and HIV Prevention Research

http://www.avac.org/pdf/reports/2007_Report/AVAC_Report_highres.pdf

The AIDS Vaccine Advocacy Coalition (AVAC) has recently released its report on the State of the AIDS Vaccine Field. This new report outlines the specific deadlines and challenges facing the field in the arenas of AIDS vaccine scientific strategy, clinical trials, and the broader prevention field and provides recommendations for action by researchers, policymakers, industry, funders, civil society, and advocates, including AVAC. **Microbicides** are mentioned extensively throughout the report. Download the Report at http://www.avac.org/pdf/reports/2007_Report/AVAC_Report_highres.pdf and visit the AVAC Reports webpage at <http://www.avac.org/reports.htm> for more information on this and past year's Reports.

[Return to Table of Contents](#)