



# ALLIANCE FOR MICROBICIDE DEVELOPMENT

**21 December 2007, Volume 8, Number 49**

The Alliance for Microbicide Development *News Digest* is an **unedited** compilation of:

- Media coverage of microbicides;
- Abstracts of articles on microbicides and relevant science in peer-reviewed journals;
- Material on other reproductive health and HIV prevention technologies, including HIV vaccines; and
- Matters of policy and politics with importance for microbicide research, development, and advocacy.

Its purpose is to:

- Raise awareness around the range of opinions and information about microbicides disseminated in the press and scientific journals; and
- Provide a neutral, objective basis for decision-making and evidence-based advocacy.

The *News Digest* is produced in a web-based format. Readers can view complete issues of the Digest or search by keyword for individual articles at <http://www.microbicide.org/publications/>. If you would like to be removed from the *Digest* distribution list, please send an email to [digest@microbicide.org](mailto:digest@microbicide.org). We welcome comments, questions, and ideas about other microbicide-relevant topics we might cover, services we might provide, and better ways of providing them!

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#### **1. ALLIANCE UPDATES AND COMMUNITY NEWS**

**Happy Holidays and Best Wishes for the New Year from the Alliance!**

**The Alliance is taking a break for the holidays. Our office will be closed from 24 December 2007 through 1 January 2008, and the next issue of the *Digest* will be published on 4 January 2008. We send you warmest wishes for happy and restful holidays and a peaceful and productive 2008!**

## 2. MEDIA COVERAGE OF MICROBICIDES

### "Mozambique launches initiative to conduct microbicide research"

**Date:** 20 December 2007

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

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=49509](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=49509)

Mozambique on Monday launched the first phase of an initiative that will conduct **microbicide** research at the Manhica Health Research Center, according to state media, the South African Press Association reports (South African Press Association, 12/18). **Microbicides** include a range of products -- such as gels, films and sponges -- that could help prevent the sexual transmission of HIV and other infections (Kaiser Daily HIV/AIDS Report, 12/4).

According to the South African Press Association, Mozambique will establish clinical testing centers for **microbicide** research next year and conduct studies as part of the initiative. Sibone Mucumbi, a physician involved in the initiative, said that 500 women from the Manhica district and Maputo in Mozambique will be recruited for a 52-week study at MHRC. The initiative -- introduced by the Community Development Foundation in partnership with Eduardo Mondlane University, Manhica Health Research Center and the **Microbicides** Development Programme -- aims to increase the country's efforts to fight HIV/AIDS, the South African Press Association reports.

Graca Machel, president of the Foundation for Community Development, said she hopes the initiative will succeed much like a previous project that focused on malaria research did. MHRC "has shown to the world that Mozambicans have a capacity to contribute in the fight against health problems," Machel said, adding, "The recent success in researching for vaccines to fight malaria in children is a good example" (South African Press Association, 12/18).

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## 3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

### "Concentrations of dapivirine in the rhesus macaque and rabbit following once daily intravaginal administration of a gel formulation of [14C]dapivirine for 7 days"

**Author(s):** Nuttall JP, Thake DC, Lewis MG, et al

**Reference:** N/A Epub ahead of print.

[http://www.ncbi.nlm.nih.gov/sites/entrez?tmpl=NoSidebarfile&db=PubMed&cmd=Retrieve&list\\_uids=18086845&dopt=AbstractPlus](http://www.ncbi.nlm.nih.gov/sites/entrez?tmpl=NoSidebarfile&db=PubMed&cmd=Retrieve&list_uids=18086845&dopt=AbstractPlus)

**Published Abstract:** Dapivirine is a non-nucleoside reverse transcriptase inhibitor being developed as a topical **microbicide** for prevention of HIV infection. The distribution of radioactivity and drug in plasma and in vaginal, cervical and draining lymph node tissue was investigated after daily application of a **vaginal gel** formulation of [(14)C]dapivirine to Rhesus macaques. This was preceded by a preliminary study in rabbits. Following intravaginal administration of [(14)C]dapivirine ( approximately 0.1 mg/mL [15 microCi/mL]) to rabbits (0.5 mL/day) and macaques

(1 mL/day) for 7 days, dapivirine levels associated with vaginal and cervical samples 1 hour after the final dose were high (microg/g quantities), and remained detectable at 24 hours (mean greater than  $\geq 2.5$  ng/g in rabbits) and 48 hours (mean greater than 80 ng/g in macaques). Radioactivity levels were low in the plasma, and very low or unquantifiable in the draining lymph nodes of macaques. Microautoradiography identified drug-related material (DRM) on the surface of vaginal and cervical tissues in rabbits and macaques. Although DRM was primarily associated with the outermost layer of shedding cells in rabbits, two animals showed some evidence of small quantities in the mucosal epithelium of the cervix. In macaques, DRM was seen within the keratinized layer of the vaginal epithelium, extending into the superficial cellular layers, and in at least one animal it appeared to be present in the deepest (germinal) layer of the epithelium and in submucosal tissues. The persistence of biologically significant concentrations of dapivirine in vaginal and cervical tissues for more than 24 hours supports the development of dapivirine as a **microbicide** for once daily application.

### "Microbicides: information, beliefs, and preferences for insertion"

**Author(s):** Auslander BA, Perfect MM, Breitkopf DM, et al

**Reference:** N/A 16(10):1458-67.

<http://highwire.stanford.edu/cgi/medline/pmid;18062761>

**Published Abstract:** Objectives: **Microbicides** are products in development to prevent sexually transmitted infection and HIV acquisition; they are not yet available to the public. We evaluated (1) where women would expect to seek information about **microbicides**, (2) factors that women think might affect **microbicide** effectiveness, and (3) women's anticipated preferences for timing and place of insertion and partner involvement. Methods: A cross-sectional face-to-face interview was administered to women aged 18-35 years (n = 126) recruited from a gynecology clinic in Galveston, Texas. Women were shown a **microbicide** surrogate and asked to complete a series of closed-ended questions focusing on demographics, expected sources of information on **microbicides**, perceived factors related to effectiveness, and preferences for timing and place of insertion and level of partner involvement. Univariate descriptive analyses were used to calculate means, medians, and frequencies. Results: Women's most cited anticipated sources of information for **microbicides** were physicians (89%), the package insert/box (86%), and pharmacists (70%). Approximately two thirds of the women believed that menstruation or taking other medicines and approximately one third believed that taking a bath/shower before intercourse or after intercourse or using birth control medication could limit effectiveness. Women anticipated preferring to insert the **microbicide** before intercourse (90%) and while in the bathroom (73%). Most (95%) anticipated telling their partners they planned to use a **microbicide**, and 38% anticipated having their partner insert the product for them. Conclusions: Women's beliefs about those factors that could limit effectiveness of micro bicides should be addressed as part of anticipatory guidance or in the package inserts. Partners likely will be involved in the use of **microbicides**; thus, education/marketing efforts should also incorporate partner beliefs and preferences.

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

##### "Cytological evaluation and investigation of the vaginal flora of long-term users of the levonorgestrel-releasing intrauterine system (LNG-IUS)"

**Author(s):** Lessard T, Simoes JA, Discacciati MG, et al

**Reference:** N/A 77(1):30-33.

<http://www.contraceptionjournal.org/article/PIIS0010782407004258/abstract>

**Published Abstract:** *Background* The study was conducted to evaluate the cytopathological findings and vaginal flora in cervical smear samples from women using the levonorgestrel-releasing intrauterine system (LNG-IUS) for a period of up to 7 years. *Study Design* Postinsertion cytology examinations were conducted on 187 women who had an LNG-IUS inserted between April and September 1998 in the family planning clinic of the Universidade Estadual de Campinas. *Results* During the 7 years of follow-up, a high frequency of candidiasis was found from the fourth through the seventh year of use in comparison to the first year of use. No significant results were found with respect to cytopathological abnormalities or other microbiological alterations following insertion of the LNG-IUS. *Conclusion* Use of the LNG-IUS had no effect on cervical smears over the 7-year follow-up period; however, an increase occurred in the frequency of candidiasis.

##### "Semen-derived amyloid fibrils drastically enhance HIV infection"

**Author(s):** Munch J, Rucker E, Standker L, et al

**Reference:** N/A 131:1059-71.

<http://www.cell.com/content/article/abstract?uid=PIIS0092867407012846>

**Published Abstract:** Sexual intercourse is the major route of HIV transmission. To identify endogenous factors that affect the efficiency of sexual viral transmission, we screened a complex peptide/protein library derived from human semen. We show that naturally occurring fragments of the abundant semen marker prostatic acidic phosphatase (PAP) form amyloid fibrils. These fibrils, termed Semen-derived Enhancer of Virus Infection (SEVI), capture HIV virions and promote their attachment to target cells, thereby enhancing the infectious virus titer by several orders of magnitude. Physiological concentrations of SEVI amplified HIV infection of T cells, macrophages, ex vivo human tonsillar tissues, and transgenic rats in vivo, as well as trans-HIV infection of T cells by dendritic or epithelial cells. Amyloidogenic PAP fragments are abundant in seminal fluid and boost semen-mediated enhancement of HIV infection. Thus, they may play an important role in sexual transmission of HIV and could represent new targets for its prevention.

## 5. EPIDEMIOLOGY

### "Study says fewer lack food, health care"

**Date:** 13 December 2007

**Source:** *Associated Press*

**Author(s):** William Mann

<http://ap.google.com/article/ALeqM5gqn4DWzqjJXbmuHyV0FdO6FzkiJAD8TGKJ000>

The gap between rich and poor remains huge, but a survey of global health finds that significantly fewer people in poorer countries say they have had to go without food or health care because they lacked the money to pay for it.

The phenomenon was evident in almost two dozen of 35 countries in which trends were available in both low-income and middle-income countries, the Kaiser/Pew Global Health Survey, released Thursday, found. It credited improved national economic conditions since a similar survey in 2002. The study was a joint effort of the Kaiser Family Foundation and the Pew Global Attitudes Project.

In 23 of the countries, fewer respondents reported they had not missed health care because of money. Respondents in 20 of the countries reported similar results regarding food as well. Jordan reported the largest percentage reductions in both categories, with 23 percent fewer missing health and 30 fewer missing food. Ghana and Russia also had large reductions in both categories.

The 2007 survey covered 47 countries, in sub-Saharan Africa, Asia, Central and Eastern Europe, Latin America, the Middle East, Western Europe and the North America.

"Declines in reported deprivations notwithstanding," the report said, speaking of the entire sample, "the gaps between rich and poor nations in reports of hunger and lack of health care remain enormous. In nearly half of the nations surveyed, at least 40 percent of the public reports that they did without health care for lack of money." Overall, the study found that "global health is a local phenomenon."

Respondents in all countries of sub-Saharan Africa, for instance, consider HIV/AIDS as a "very big problem" that their governments should be dealing with. In the other regions, crime, corruption, terrorism or pollution ranked as the biggest problem.

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

## 6. HIV/AIDS VACCINES

### "Phase I study of a candidate vaccine based on recombinant HIV-1 gp160 (MN/LAI) administered by the mucosal route to HIV-seronegative volunteers: The ANRS VAC14 study"

**Author(s):** Pialoux G, Hocini H, Perusat S, et al

**Reference:** N/A Epub ahead of print.

[http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list\\_uids=18068876&dopt=AbstractPlus](http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=18068876&dopt=AbstractPlus)

**Published Abstract:** One goal of HIV vaccination is to achieve high mucosal levels of specific secretory IgA (SIgA). In order to elicit specific SIgA antibodies against human immunodeficiency virus type-1 (HIV-1), a vaccine must be administered by the mucosal route, to the nasal or vaginal mucosa for example. We report here the results of the first phase I, randomized, open-label trial designed to assess the mucosal tolerability and immunogenicity of a candidate vaccine (recombinant protein HIV-1 gp160MN/LAI with or without DC-Chol adjuvant) administered by the nasal or vaginal route. Thirty-four female volunteers with a mean age of 46 years were vaccinated. There were 465 adverse events, of which 65 were considered related to the vaccine. No severe adverse events were related to the vaccine, and no difference in terms of tolerability was observed between the sites of vaccination or between the vaccine formulations. None of the volunteers reported that study participation affected their intimate or broader social relationships. No anti-gp160 activity was found between week 4 and week 48 in serum, saliva, or cervicovaginal and nasal secretions. These results show that a mucosal HIV vaccine can be well tolerated when administered by the nasal or vaginal route.

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## 7. OTHER PREVENTION APPROACHES

### "New online tool developed to fight HIV spread"

**Date:** 19 December 2007

**Source:** *Asian News International*

<http://www.dailyindia.com/show/200967.php/New-online-tool-developed-to-fight-HIV-spread>

Researchers at the University of Minnesota are using a new Web-based software program to help fight the spread of HIV. The study, led by Joseph Konstan, a professor in computer science and engineering, and B. R. Simon Rosser, a professor in the School of Public Health, are embarking on a clinical trial to test a software program that aims to reduce risk-taking behaviour associated with the spread of HIV and other sexually transmitted infections.

Konstan and Rosser's research team have been working for more than five years to create computer programs that assess risks undertaken by men seeking sex with other men through online venues. The team is now testing an online intervention program designed to reduce sexual risk-taking and the spread of sexually transmitted infections.

The software program asks users questions about issues such as body image, self esteem, sexual health and risk-taking behaviours. Then, the program offers information about HIV/AIDS related stories.

"The goal of this research is to create a genuine online experience that promotes healthier sexual behaviour and encourages people to take fewer risks in sexual encounters outside of cyberspace," Konstan said. The team's work has become a multi-phased, interdisciplinary project, called the Men's Internet Study (MINTS).

Rosser said it is crucial to use the Internet for disease prevention, because their research shows that seeking sex is the most popular use for the Internet among high-risk populations, such as men who have sex with men.

"If we don't do (HIV prevention outreach) right or in a way that's most responsive, we're going to have a new HIV epidemic. There's enormous urgency in addressing gaps in HIV prevention," he added. In addition to hopes for HIV prevention, MINTS researchers also hope their online prevention model can be used for other public health purposes.

"The importance of the MINTS Internet study is not just addressing HIV," Rosser said, noting that the online prevention model could be adapted for things like cancer prevention, substance abuse interventions, and obesity prevention. The researchers hope that the trials would show that the Web-based program is effective in the prevention of risk-related behaviour leading to sexually transmitted infections.

### **"Western Cape to target HIV hot spots after survey"**

**Date:** 18 December 2007

**Source:** *Business Day (South Africa)*

**Author(s):** Tamar Kahn

<http://allafrica.com/stories/200712180574.html>

Western Cape would step up its drive against HIV in hot spots identified by its latest district survey of pregnant women attending public clinics, health MEC Pierre Uys said last week.

The survey has been conducted yearly for seven years, and shows important trends and variations in HIV prevalence among the province's 25 health districts.

HIV prevalence last year ranged from 3,9% in the Little Karoo to 32,7% in Khayelitsha.

In line with the national ante-natal clinic survey of HIV and syphilis prevalence, Western Cape reported a slight overall decline in HIV between 2005 and last year, and a drop in HIV prevalence among very young pregnant women.

The provincial average fell slightly from 15,7% in 2005 to 15,1% last year, with the figure for women under the age of 24 dropping from 12,8% to 11,9% year on year.

Women aged 25-29 years bore the brunt of HIV infection in Western Cape, and this age group saw the greatest rate of increase over the past decade, rising from 7,9% in 1997 to 21,1% last year.

The national survey found prevalence rates that were almost double that of Western Cape, with HIV prevalence dropping slightly from 30,2% in 2005 to 29,1% last year.

While the overall trend was downward, Western Cape's district survey highlighted important deviations. It showed an uptick in HIV prevalence in several districts, including Helderberg, which saw a rise from 12,8% in 2005 to 17,3% last year. Similarly, Oostenberg reported a rise over the past three years, from 14,8% in 2004 to 18,8% last year.

"High-prevalence areas require additional energy and resources," said Uys. "We really want programmes that address local issues. For example, in Khayelitsha we now have programmes targeting older men," he said.

"We have already targeted schools, and we want to get peer-educator (HIV) programmes into all of them," he said.

The health department had also developed programmes aimed at sex workers and truck drivers, he said. The province had earmarked R15,1m for local programmes, he told Business Day. The province had budgeted R339m for HIV/AIDS programmes for the current financial year in addition to the services it provided at clinics and hospitals, he said.

"As far as treatment, care and support is concerned, the department will continue to strive towards improving access to care and support which encompasses the full spectrum of basic health services, palliative treatment, home-based care, treatment of opportunistic infections and building on the antiretroviral treatment programme."

### **"'Best-kept secret' for HIV-free Africa"**

**Date:** 16 December 2007

**Source:** *The Washington Post*

**Author(s):** Craig Timberg

<http://www.washingtonpost.com/wp-dyn/content/article/2007/12/15/AR2007121501508.html?wpisrc=newsletter>

Giving antiretroviral drugs to pregnant women has long been celebrated as one of the few successful tactics in the war against AIDS in Africa. A single pill for a woman in labor, followed by a sip of syrup for her newborn baby, cuts HIV transmission rates by more than half, potentially saving the lives of millions of children.

But despite sustained financial and political support for the effort, studies show that only about one in 10 infected African mothers has access to the drugs. As these programs falter across the continent, researchers increasingly agree that far more cases of pediatric AIDS could be prevented with a cheaper, easier and more effective alternative: birth control.

"It tends to be the best-kept secret in HIV prevention," said Ward Cates, head of research for Family Health International, a nongovernmental organization based in North Carolina that has extensive experience in Africa. The group has found that programs providing antiretroviral drugs to pregnant women prevented 101,000 cases of pediatric HIV between 1999 and 2006. Contraception, meanwhile, averts the births of 173,000 infected babies each year, the group says.

Improving birth control availability in Africa, where usage rates are the lowest in the world, could prevent tens of thousands of more infections more reliably and less expensively than antiretroviral drugs, Cates said. Surveys among

women who know they have HIV show most do not want to become pregnant again because they fear infecting their babies and leaving even healthy offspring as orphans.

Yet as research has mounted about the importance of contraception in controlling pediatric HIV, U.S. and other international funding for birth control programs has declined. The budget President Bush has proposed for this year is less than one-third the amount spent in 1995, when adjusted for inflation, according to statistics compiled by Washington-based Population Action International, which lobbies for better family planning programs worldwide.

The shift has contributed to the stagnation of contraceptive access in some areas and outright declines in western Kenya, where programs funded by international donors once helped women resist strong cultural pressure to have many children. Women here say they have little choice other than to risk giving birth to children doomed to develop AIDS.

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

### **"Madagascar fights to keep HIV rate down"**

**Date:** 16 December 2007

**Source:** *Associated Press*

**Author(s):** Terry Leonard

[http://news.yahoo.com/s/ap/20071216/ap\\_on\\_re\\_af/rethinking\\_africa\\_fighting\\_for\\_health](http://news.yahoo.com/s/ap/20071216/ap_on_re_af/rethinking_africa_fighting_for_health)

On a back street in one of Antananarivo's seedier neighborhoods, Saholy clutches at the hood of her blue jacket, pulling it down against the light rain. She steels herself for more verbal abuse from her fellow street walkers plying their trade on the corners.

Saholy is 39, a single mother of three teenagers, a prostitute ashamed of her life and, for the last couple of years, a weapon in Madagascar's war on AIDS. Several nights a week, she dons a blue uniform and white badge and tries to convince prostitutes to have only protected sex and get regular medical checkups.

"The other sex workers insult us and try to drive us away because we are interfering with their work," says Saholy, who does not want to be identified further for fear her children will learn what she does. "We leave but keep coming back. Eventually they listen to what we have to say."

Madagascar has the lowest HIV rate in sub-Saharan Africa, with less than 1 percent of its people infected. Yet this island is waging one of the most aggressive campaigns against AIDS on the continent - a model for how to prevent HIV and improve basic health care at the same time.

"On HIV and AIDS, Madagascar is the only country in Africa that is getting it right," says Dr. Hugo Templeman, a Dutch AIDS specialist in South Africa who advises Madagascar President Marc Ravalomana on fighting AIDS.

Other African countries are making some headway against the disease - the number of new infections in Uganda and Kenya has dropped after widespread public campaigns, for example. But 80 percent of Africans still see the spread of AIDS and other diseases as the continent's single biggest problem, according to a Pew Global Attitudes Project survey based on 57,000 interviews in 10 countries.

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

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## 8. POLITICS AND POLICY

### "Zuma inspires mix of trust, fear in S. Africa"

**Date:** 20 December 2007

**Source:** *The Washington Post*

**Author(s):** Craig Timberg

<http://www.washingtonpost.com/wp-dyn/content/article/2007/12/19/AR2007121902304.html?wpisrc=newsletter>

In his rise to the pinnacle of South Africa's ruling party, Jacob Zuma has thrilled and unnerved this diverse nation. He has raised hopes of broader economic rewards, but also prompted fears of the kind of strife that South Africans are used to watching from afar, in troubled neighbors such as Zimbabwe. The sharply divergent reactions have taken on racial, class and tribal casts.

Even within a single complex of boxy, government-built brick homes here in the curiously named village of Nobody, views of Zuma range from villain to hero, victim to crook, ruin of the continent's iconic liberation movement to its unlikely savior.

Imelda Maahlo, 42, is willing to give Zuma a chance. "If he can do something better than [President Thabo] Mbeki, we will have a little hope," said Maahlo, who trained as a teacher at a nearby university only to spend most of the past five years unemployed. "The first thing is creating jobs."

Before Zuma won election Tuesday night to the presidency of the African National Congress, the broad outlines of his biography were already well known to people here. He's the son of working-class parents; he rose through the ranks of the ANC to become the country's deputy president; he was fired from that post by Mbeki on allegations of corruption in 2005. The corruption charges were dismissed, and Zuma was acquitted in May 2006 of unrelated rape charges. Now he is considered the favorite to win the national presidency.

The election this week amounted to a thundering rebuke of both Mbeki's distant, professorial style and his economic policies, which put stability and sustainable growth above relief for the nation's millions of impoverished people.

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

### **"FDA approves generic AIDS drug"**

**Date:** 19 December 2007

**Source:** *United Press International*

[http://www.upi.com/NewsTrack/Science/2007/12/19/fda\\_approves\\_generic\\_aids\\_drug/5897/](http://www.upi.com/NewsTrack/Science/2007/12/19/fda_approves_generic_aids_drug/5897/)

The U.S. Food and Drug Administration has given tentative approval for a generic version of the AIDS drug Viread. The approval means that generic tablets of tenofovir disoproxil fumarate can be considered for purchase under the President's Emergency Plan for AIDS Relief (PEPFAR), a five-year, \$15 billion effort to fight the HIV/AIDS pandemic, the FDA said Wednesday.

"The fight to save lives with high-quality anti-retroviral treatment is of significant importance to FDA," Gary Buehler, director of FDA's Office of Generic Drugs, said in a release. "Our scientists have been working diligently to make safe and effective treatments for AIDS available as quickly as possible to combat this worldwide problem."

The tenofovir disoproxil fumarate 300 milligram tablets are manufactured by Matrix Laboratories, LTD, of Andhra Pradesh, India. The FDA said PEPFAR has helped provide anti-retroviral treatment for a total of more than 1.3 million men, women and children in 15 focus countries in sub-Saharan Africa, Asia and the Caribbean.

### **"FDA to add HIV warning to contraceptive products"**

**Date:** 18 December 2007

**Source:** *Reuters*

**Author(s):** Kim Dixon (Reporting), Jeffrey Benkoe (Editing)

<http://www.reuters.com/article/healthNews/idUSN1852163120071218?feedType=RSS&feedName=healthNews>

U.S. regulators on Tuesday finalized a rule requiring makers of certain contraceptive gels, foams, films and inserts to carry a warning that the products do not protect against sexually transmitted diseases, including AIDS.

The U.S. Food and Drug Administration will require the warning on over-the-counter products containing nonoxynol 9, used in many stand-alone spermicides.

"FDA is issuing this final rule to correct the misconceptions that the chemical N9 in these widely available stand-alone contraceptive products protects against sexually transmitted diseases," Janet Woodcock, FDA's deputy commissioner for scientific and medical programs, said in a statement.

The FDA proposed the warning in 2003, after results from a large study in Africa and Thailand found women using a contraceptive gel were not protected against HIV and other sexually transmitted diseases and were at a higher risk of HIV than those on a placebo.

The new FDA warning states that because the products can irritate the vagina and rectum, they may boost the risk of acquiring HIV/AIDS. A skin irritation may boost the chance of infection as the virus has more ways to invade the body.

## **"South Africa's tougher laws on rape to go into effect in one of world's hardest hit countries"**

**Date:** 14 December 2007

**Source:** *Associated Press*

**Author(s):** Clare Nullis

<http://www.startribune.com/world/12502901.html>

After a protracted delay, tough new laws against sexual abuse will finally go into effect Sunday in South Africa, which is often called the "rape capital" of the world.

The Justice Ministry said Friday that the Sexual Offenses Amendment Act would help the country "fight the scourge of sexual offenses head-on" and would at last give greater protection to victims of sexual crimes. For the first time, victims will be able to go to court to force their attackers to take AIDS tests. An estimated 5.4 million South Africans are infected with HIV - the highest number of any country in the world.

More than 50,000 rape cases were reported last year, almost 150 per day. Based on reported cases alone, South Africa has 114 rapes per 100,000 people, compared with a rate of 32 rapes per 100,000 in the United States, according to police figures. Women's rights groups estimate that only one in nine rapes is reported to police.

The definition of rape was until now narrow and outdated. Attacks on children, for instance, were often classified as indecent assault, not rape - even though the young are often targeted because of the mistaken belief that sex with a child can rid the body of the HIV virus. The new law says that sexual penetration by objects other than a penis would be classed as rape - which usually is punished with a life sentence - rather than sexual assault, for which there are lesser sentences. For the first time, male-on-male sexual assault is classed as rape.

The new law introduces tougher measures to protect children and the mentally disabled from sexual exploitation and child pornography. It would also set up a register of sexual offenders so that schools and other institutions dealing with children could vet candidates for jobs.

The bill was approved by parliament before it went into recess last month after being held up for more than a year because of technical legal problems over the clauses about compulsory HIV tests for sexual offenders. The revised legislation said all victims should be entitled to apply for a court order to compel the alleged sex offender to take an AIDS test, and should get free medication immediately after the rape to reduce the risks of contracting the virus. Given the delay in HIV infection showing up in tests, many women currently face weeks of agonized uncertainty over whether their attacker carried the deadly virus.

The provisions on AIDS testing will take effect in March because of the legal complexities involved, the Justice Ministry said.

## **"Papua New Guinea: government ratchets up fight against AIDS"**

**Date:** 05 December 2007

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

**Author(s):** Kevin Pamba

<http://www.thebody.com/content/art44421.html>

While experts have long warned that Papua New Guinea (PNG) faces a sub-Saharan-style AIDS epidemic if it did not do more to fight the disease's spread, only recently did the government begin heeding these calls for action.

According to UNAIDS, PNG is the fourth Asia-Pacific nation "after Thailand, Cambodia, and Myanmar to be classified as having a generalized HIV epidemic." In August, PNG's National AIDS Council released its 2007 report showing a 30 percent rise in new diagnoses from 2005 to 2006, bringing the total cumulative number of cases to 18,484. The report also found that the national HIV prevalence among people ages 15-49 is 1.28 percent.

In response, the government in November increased AIDS funding in its 2008 national budget to 15 million kina (US \$4.6 million) from 12 million kina (US \$3.7 million) in 2007.

The Papua New Guinea Institute of Medical Research said recently that "like many countries, [PNG] was slow to realize the enormity of what HIV was to mean for its citizens and the development of it as a country." "After coming to grips with the epidemic's potential, the government has been working in partnership with non-governmental organizations, aid agencies and faith-based organizations," it said.

The government has also directed the country's AIDS minister, Sasa Zibe, and his vice minister, Yawa Silupa, to oversee various multi-sector programs and offer advice as to how the government should address the epidemic.

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## **9. HIV/AIDS FUNDING**

### **"Exchange rate hits US researchers"**

**Source:** *Cressey D. Nature 450:1136, 19 December 2007.*

<http://www.nature.com/news/2007/071219/full/4501136b.html>

The weak dollar is affecting US researchers working abroad and threatens American involvement in flagship projects say physicists at the CERN laboratory. Grants paid in dollars to researchers in Europe are now worth substantially less than they were a year ago.

"It's hurting, and people are scrimping and making up for it in other ways," says Mike Tuts, a programme manager for the US collaborators on Atlas, a component of the Large Hadron Collider (LHC) at CERN, which will look for the Higgs boson, dubbed the God particle.

In January 2006, a US dollar bought about 0.83 Euro, in January 2007 that was 0.77 Euro. Today it is worth only 0.69 Euro. Although US researchers at CERN receive adjusted pay to reflect the cost of living, these corrections are not keeping up with the change in exchange rates. "It's already starting to hurt and it's making people nervous," says Joel Butler of the US section of the Compact Muon Solenoid experiment, another part of the LHC.

And it is not just the researchers who are suffering. Local costs incurred by US teams at CERN have risen significantly. Butler says that additional funding to deal with these expenses will be requested, but it is not guaranteed to be forthcoming. "In the end, if we don't get some relief, we will probably have to reduce the size of the community and do more work remotely," he says.

Similar problems may befall CERN itself, which straddles the border between France and Switzerland. Changes in exchange rates between the euro and the Swiss franc - between 2002 and 2006 - cost the LHC project 40 million Swiss francs (US\$35 million), says Florian Sonnemann, head of resource planning and controlling at the facility. "This SFr40 million had to come from the contingency we have for this project," he says.

However, at the moment, it is the Americans who are really suffering. "We used a rather poor exchange rate in the budget planning," says Tuts. "Ultimately it will impact on the science."

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## 10. ANNOUNCEMENTS

### **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.**

## **FHI Mourns India Country Director Kathleen Kay**

[http://www.fhi.org/en/AboutFHI/Media/Releases/res\\_KathleenKay.htm](http://www.fhi.org/en/AboutFHI/Media/Releases/res_KathleenKay.htm)

Kathleen Kay, MPH, who guided Family Health International's India program into one of the largest, most diverse HIV programs in FHI's portfolio, died unexpectedly in early December after a short illness. Kathleen guided FHI's India office from its early days in 2001, assembling a talented local staff and helping the office grow into a technical leader in the region and a strong partner to the National AIDS Program. Six years later, FHI's small team has grown to 80 people in six offices. FHI's work in India is known for the breadth of its audience - ranging from HIV-positive children to sex workers and their clients - and for its focus on building the capacity of organizations such as the Indian Network of People Living with HIV/AIDS. Again and again, colleagues mention three things about Kathleen immediately - her infectious laugh, her relentless drive, and her capacity to care for others.

**EDITOR'S NOTE: The above is an excerpt from the FHI Press Release regarding Kathleen Kay's life. Please visit the above website for the full summary and for more information.**

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