



ALLIANCE FOR MICROBICIDE DEVELOPMENT

22 February 2008, Volume 9, Number 8

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

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

Its purpose is to:

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

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

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1. ALLIANCE UPDATES AND COMMUNITY NEWS

Coverage of Carraguard Trial Results

Over the past week, there has been considerable media coverage of the results from the Population Council Phase 3 trial of Carraguard. Since we foresee substantial additional coverage in the coming weeks, particularly after the trial is presented at *Microbicides 2008*, the Alliance will compile a comprehensive compendium of media coverage of the trial at the conclusion of the conference. We have therefore omitted any articles pertaining to the Carraguard trial from this week's *News Digest*.

2. MEDIA COVERAGE OF MICROBICIDES

"Editorial: Anti-AIDS breakthrough deserves drug firms' attention"

Date: 21 February 2008

Source: *Plain Dealer (Cleveland)*

<http://www.cleveland.com/plaindealer/stories/index.ssf?/base/opinion/1203586426198830.xml&coll=2>

For researchers searching for a way to vanquish AIDS, every dollar counts. So Dr. Michael Lederman, director of the Case Center for AIDS Research, based at University Hospitals, was pleased to report recently that a colleague in Switzerland had found an inexpensive way to make a cousin of a molecule that blocks the invasion of HIV, which can lead to AIDS. The molecule is essential to a potent **microbicide** that may offer far more promise to rein in the disease than a so-far-elusive vaccine.

"**Microbicide**" doesn't roll off the tongue. But if these gels and creams prove successful, they could give women - especially those in poor countries - an opportunity to unobtrusively protect themselves against AIDS. In the bargain, University Hospitals would be a collaborator in one of the most important medical discoveries of the century.

Swiss researcher Oliver Hartley's discovery should make clinical trials a stronger possibility. Expense is one of the reasons why rich pharmaceutical companies have mostly ignored **microbicide** research, focusing instead on drugs geared to more affluent consumers. It would not hurt the big drug firms' bottom lines to join foundations in supporting the good work of researchers like Lederman and Hartley. Finding a way to take **microbicides** from the lab to the killing fields could do a world of good.

"IOM releases report on best practices for HIV prevention trials"

Date: 21 February 2008

Source: *Kaiser Daily HIV/AIDS Report*

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=50526

"Methodological Challenges in Biomedical HIV Prevention Trials," Institute of Medicine: The report, sponsored by the Bill & Melinda Gates Foundation, examined methodological challenges and best practices in HIV prevention trials in an effort to increase trial efficacy and enable donors to invest resources efficiently. The report reviewed Phase II and Phase III HIV prevention trials and focused on **microbicides** and pre-exposure prophylaxis -- the practice of HIV-negative people taking antiretroviral drugs before potential exposure to the virus. The report says that because a "near-perfect biomedical intervention for preventing HIV infection is unlikely to be available in the near future," there is a "need for late-stage clinical trials of biomedical interventions that can detect and quantify modest intervention effects on HIV infection and adequately evaluate product safety." Specific recommendations from the report concerning pretrial research and planning, trial design, conducting late-stage trials and analyzing results are available online at the National Academies Press.

"An interview with Robert Schooley, M.D."

Date: 20 February 2008

Source: *The Body*

Author(s): Bonnie Goldman

<http://www.thebody.com/content/confs/retro2008/art45167.html?mtrk=5847289>

EDITORS' NOTE: *Due to the length of this article, we have included below only those portions relevant to microbicides. The full text of the article, along with footnotes and an audio version of the interview, are available at <http://www.thebody.com/content/confs/retro2008/art45167.html?mtrk=5847289>*

As CROI 2008 in Boston drew to a close, I found a chance to talk to Dr. Robert Schooley, professor and head of the Division of Infectious Diseases of the University of California, San Diego. Dr. Schooley is a leading clinical investigator who led the National Institute of Allergy and Infectious Diseases, AIDS Clinical Trials Group from 1995-2002. Dr. Schooley has been caring for HIV-infected patients since the beginning of the pandemic. I asked him to discuss what he felt was the most significant research presented at CROI 2008.

Dr. Schooley, I was wondering if you could tell me some of the highlights of CROI 2008.

I think from the therapeutic standpoint there were not a lot of new blockbuster drugs, but the good news is that the new classes of drugs we saw last year continue to look pretty durable in terms of their effects, and no surprises have come up in terms of new toxicities. So it's reassuring that a lot of the hope that we had last year has been reaffirmed this year, about new agents initially, particularly for people with more advanced disease and drug-resistant virus. But as we learn more about the safety of these agents we're seeing them move up into patients with less treatment experience. And these treatment options are good.

...

Interesting. Just a few more questions. Did you see the vaccine results? Do you think this was expected? Is this making everyone feel depressed about the hope for a vaccine in the near future?

You know, a lot of us have been depressed about a vaccine in the near future for a long time, and we need to keep working on vaccines. It's an important goal. But we should stop planning as if we're going to have an effective vaccine. The reason I say that is -- there have been a lot of plans made in public sectors about the need for care, based on the premise we'd have a vaccine soon, and in care and prevention, based on the premise that we'll have a vaccine soon.

If you use that as a rationale for not thinking about the fact that HIV is going to be here to stay for a while, you have a lot of people who should be treated that don't get treated. You have a lot of people who might come out to be tested for HIV if they knew they could be treated. You have a lot of people who, after being treated, might be less infectious.

There are a lot of things we were not doing for prevention because of this false hope that there was going to be a vaccine within 24 months or 36 months.

I think we should settle in a mode in which we work assiduously on vaccine development. But we should plan public health interventions based on the premise that we are not going to have a safe and effective vaccine for decades to come. If we get one, we'll all be delighted and we can go to Plan B, which is: now we have a vaccine. That's, I think, a much more prudent way to plan than to plan as if we have one just around the corner.

*Yet, compared to vaccines, **microbicides** are looking a lot more hopeful than ever before.*

I wish I could agree with you. I think there are a lot of agents that you can inactivate virus with. That's been true for a long time. But going from being able to inactivate virus to being able to have an effective **microbicide** in the clinical setting is a big leap. Again, the research needs to continue. But we don't have a **microbicide** around the corner, either. We have to be careful not to fall into the same trap we fell into with the vaccine studies.

In fact, every **microbicide** trial that's been done either shows that people didn't do any better, or did worse. So I don't see where the positive signal is coming from about **microbicide** hopefulness. Yes, we have a lot that should be studied. But no, we don't have any clinical trials that indicate that we're any closer to **microbicide** than we did ten years ago, that I'm aware of. Can you think of any?

There's data about maraviroc that might be interesting. So I guess, yes.

It's an interesting premise to study, and I support science in doing studies. But premises and a positive study have one thing in between, and that's the study itself. Right now, although maraviroc is very well tolerated and may not cause the problems that some of the gels that were used caused, that may have enhanced infection, we have no more reason to think that maraviroc will work than nonoxynol-9 will work until a study is done. And so I support doing the studies, but don't start planning national policy on a **microbicide** being around the corner...

"Indevus provides update on microbicide program"

Date: 20 February 2008

Source: FDA News Vol. 6 No. 8

<http://www.fdanews.com/newsletter/article?issueId=11324&articleId=104183>

An independent data monitoring committee has recommended that Indevus Pharmaceuticals continue with the low-dose arm of its Phase III study of PRO 2000, a vaginal **microbicide** for HIV prevention. However, the committee also advised the company to close the high-dose arm because it would not show greater protection against HIV infection compared with placebo gel, Indevus said. The trial is sponsored by the UK's Medical Research Council and conducted by the **Microbicides Development Program**, an international partnership of researchers established to develop **microbicides**.

"Uganda: Masaka women put under HIV drug test"

Date: 20 February 2008

Source: *The Monitor*

Author(s): Michael J. Ssali

<http://allafrica.com/stories/200802191663.html>

Seven hundred women in Masaka have been put under observation in trials for the use of **microbicides** as protection against HIV in women. Two officials of the Medical Research Council, Masaka, Mr Simon Wandiembe, a chemist, and Mr Vincent Basajja, a Community Liaison Officer, told journalists last Thursday. They said the women are to be observed for a period of two years and the council will also carry out HIV care trials, voluntary counselling and testing in local communities in Masaka.

Mr Wandiembe said the **microbicide** gel is used along with a condom though they are aware some married couples often neglect condom use. He said the spouses of the women under the study are sensitised about the use of the **microbicide** and the condom before testing.

Mr Basajja said there are other research programmes elsewhere in the world where the **microbicide** is used among commercial sex workers.

"African AIDS crisis outlives \$15 billion Bush initiative"

Date: 19 February 2008

Source: *Washington Post*

Author(s): Craig Timberg

<http://www.washingtonpost.com/wp-dyn/content/article/2008/02/19/AR2008021902847.html>

Five years after President Bush vowed to "turn the tide against AIDS" in Africa, he is traveling across a continent where the government's \$15 billion investment has extended the lives of hundreds of thousands of people and eased the sense of certain doom once experienced by millions of others.

But in the worst-hit areas, clustered mainly on Africa's southern tip, the tide has decidedly not turned. The epidemic continues to spread at a torrid pace that shows little sign of easing, with people contracting HIV much faster than sick ones can be put on crucial antiretroviral drugs, research shows.

Bush's initiative, the President's Emergency Program for AIDS Relief, or PEPFAR, has not found a way to prevent a significant number of the estimated 1.7 million new cases of HIV each year in Africa. Nearly half of today's 15-year-olds in South Africa, one of the biggest beneficiaries of the program, will contract the virus in their lifetimes at current infection rates, estimates show.

"They've turned the treatment tide in a fundamental way," said Francois Venter, president of the Southern African HIV Clinicians Society, who works on several programs that receive PEPFAR funding, referring to administration officials. "In terms of prevention, they haven't. . . . It's quite clear that [South Africa's] prevention programs have failed completely."

In southern Africa's increasingly plentiful and well-funded AIDS clinics, patients appear healthy as they get checkups and pick up monthly supplies of antiretroviral drugs. But prevention messages, inside the clinics and beyond, continue to stress condoms, HIV testing and abstinence -- none of which have demonstrated major impacts in slowing the AIDS epidemic in Africa.

Interventions that research shows can slow the epidemic, such as circumcising men, encouraging monogamy and making contraception widely available to infected women, have gained relatively little attention. And new technologies, such as vaccines and vaginal **microbicides**, have continued to disappoint in research trials despite massive investments.

Bush announced PEPFAR in his 2003 State of the Union address, promising to prevent 7 million new infections while treating at least 2 million people with antiretroviral drugs. "I ask the Congress to commit \$15 billion over the next five years, including nearly \$10 billion in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean. This nation can lead the world in sparing innocent people from a plague of nature," Bush said.

The money is heavily weighted toward 15 "focus countries," 12 of which are in Africa. As the initial investment nears its end, Bush has called for renewing the program at double the original amount over the next five years. The two leading Democratic candidates are urging even more.

PEPFAR has won over some skeptics, including Paul Farmer, a founder of Partners in Health, a Boston nonprofit that provides medical services in Africa and elsewhere.

"As someone who has been highly critical of this administration's foreign policies, PEPFAR and other investments in health have outstripped that of all other administrations," said Farmer, who works extensively in Rwanda, where Bush was Tuesday.

It also has impressed Eric Goemaere, the top official in South Africa for Doctors Without Borders, which initially criticized Bush for resisting the use of generic drugs and failing to integrate its AIDS effort with national health programs. "Five years down the line, they have been much more promising than many other funders," Goemaere said.

Bush's treatment goal appears on track. The White House says that PEPFAR is supporting the treatment of 1.3 million Africans, though in some cases that support is indirect, such as formulating policies or improving management systems for national health programs that would have been treating their citizens anyway. Also, research suggests that 40 percent of Africans who start on antiretroviral drugs cannot be accounted for two years later because they stopped taking the medicine, transferred to another program or died.

Venter said the infusion of money from PEPFAR enabled two clinics he helps oversee to offer more drugs to more people by improving the training of nurses, providing medical tests and paying some staff salaries. One of the clinics, Venter said, used to add about 10 people a month to its roster of patients on antiretroviral drugs; now that number exceeds 150.

"That's happened with a lot of effort, and that's largely on account of the PEPFAR program," Venter said.

On prevention, the officials who implement PEPFAR have largely abandoned its most audacious and specific claims. Instead they tabulate how many people, for example, may have heard a radio show on AIDS, without attempting to estimate how many avoided contracting HIV as a result.

They do claim, however, to have helped prevent 157,000 cases of pediatric HIV by assisting programs that have provided antiretroviral drugs to pregnant women. Administration officials rarely mention, however, that they have resisted calls to provide women with contraceptives.

Studies have shown that family planning could avert far more infections than antiretroviral drugs because many women, especially those with HIV, want fewer children. Critics say the restriction, along with PEPFAR's emphasis on untested abstinence programs, exists mainly to win support from conservative congressional Republicans, undermining the full potential of a program that the White House bills as one of the biggest humanitarian ventures in history.

"The same money spent in more evidence-based ways would bring more health and happiness," said Malcolm Potts, former head of Family Health International, a research group that receives significant PEPFAR funding.

But PEPFAR officials have adapted. After initial reluctance, they have begun supporting efforts to offer circumcision services for men, which three major experiments in Africa have shown could slow infection rates by more than 60 percent.

The program has also branched out beyond AIDS, which in most African nations kills fewer people than does malaria, malnutrition or contaminated water. In Rwanda, the 3 percent HIV rate is far lower than in southern African nations. PEPFAR money increasingly is used to improve basic medical services.

Yet the past five years have also shown that the AIDS epidemic can be contained by forces other than U.S. money and political will. Africa's biggest declines in HIV rates during Bush's AIDS initiative have come in Zimbabwe, where economic collapse has coincided with fundamental social change, including a shift toward monogamy and away from more-costly multiple relationships, research there shows.

The changes have come as President Robert Mugabe's ruinous rule has driven away foreign funding. Each of its neighbors -- which all lag behind Zimbabwe in slowing HIV -- are PEPFAR focus countries. Zimbabwe is not.

"Microbicide PRO 2000: higher dose abandoned, lower dose studies continue"

Date: 18 February 2008

Source: *AIDSmap.com News*

Author(s): Keith Alcorn

<http://www.aidsmap.com/en/news/B260FF22-293C-46F4-A947-307E0268BE02.asp>

Testing of a higher dose of the **microbicide** PRO 2000 is to be halted following a review by the Data Monitoring Committee of the UK Medical Research Council-sponsored trial. PRO 2000 is an agent that prevents entry and attachment of HIV and others sexually transmitted infections to cells in the vaginal mucosa. It is being tested in a gel formulation that can be administered by women before sexual intercourse, in order to prevent HIV infection. The interim analysis found that it was statistically unlikely that the high dose arm, in which women received a **microbicide** gel containing 2% PRO 2000, would show a significant protective effect against HIV infection compared to placebo in a large phase III trial being conducted among women in South Africa, Tanzania, Uganda and Zambia. However the lower dose arm of the study, in which women receive a 0.5% dose of PRO 2000, will continue, and is expected to report results in 2009.

PRO 2000 is being developed as a **microbicide** by the **Microbicide Development Programme**, an international partnership of researchers, with funding from the UK's Medical Research Council and the UK government's Department for International Development. PRO 2000 is manufactured by Indevus Pharmaceuticals.

PRO 2000 is also being tested in a US National Institutes of Health randomised study, HPTN 035, which is comparing the lower 0.5% PRO 2000 dose with another **microbicide** product, BufferGel, and placebo. The study has recruited 3,100 women in South Africa, Malawi, Zimbabwe, Zambia, and the United States. HPTN 035 has been reviewed by its data monitoring committee on several occasions, no concerns have arisen, and the study is expected to report results in the summer of 2008.

Two other major **microbicide** studies were halted altogether in 2007 after it was discovered that women who received the active product, UsherCell, or cellulose sulphate, were more likely to become infected in one study.

A major international conference on **microbicides** takes place in Delhi, India from February 24-27th.

"Uganda: New vaginal microbicide trial in the pipeline"

Date: 17 February 2008

Source: *New Vision*

Author(s): Hilary Bainemigisha

<http://allafrica.com/stories/200802180612.html>

Makerere University-Johns Hopkins University research Collaboration (MU-JHU) is preparing a vaginal **microbicide** trial to roll off around April.

A **microbicide** is any agent or substance which destroys a microbe (bacteria, fungi and virus). It is expected to kill HIV, stop it from entering the bloodstream or prevent it from multiplying once it enters the cell. Vaginal **microbicides** are being tried to find out if they can work when applied in the vagina before sexual intercourse. These can be gels, creams, diaphragms or vaginal rings or caps, sponges, tablets and pills.

According to Dr Clemensia Nakabiito, the principal investigator, there are no effective vaginal **microbicides**. "There are many on trial. Some have been successful in animals and are now being tried in humans at different phases in different parts of the world. This trial has passed the laboratory and animal stage and has even been tried on humans in the first phase. This is phase II where we are looking at how safe it is in the human body, how easy and soon can it be processed and removed. If it passed this stage successfully, we shall take it to phase III where it will be tested on more people to see if it works," she says.

Dr Betty Kamira, also on the same team, says the drug in the vaginal **microbicide** to be tested is Tenofovir, which has been successful as an ARV. This time, it will be used as a gel in the vagina to see if it can prevent HIV infection. "An ideal vaginal **microbicide** has to be effective, safe, affordable, long acting, stable, accessible, acceptable by women and men and active against a wide range of microbes," Nakabiito said. "It should also be able to maintain a normal vaginal environment and not affect pregnancy or conception."

This trial comes at the heels of the previous vaginal **microbicide**, which was stopped because the infection rate during the trial did not reduce. According to the World Health Organisation website, the trial, conducted in Uganda, Benin, Burkina Faso, India and South Africa, was trying a cellulose sulphate **microbicide** in the phase III study to see whether it could prevent HIV transmission in women. Prof. Florence Mirembe, a lead investigator at the Mulago-based **Microbicides Centre**, says 1,333 women participated in that failed trial, but declined to reveal how many of those were Ugandans.

Currently, there are many vaginal **microbicides** on trial under review in more than 20 countries. These include the Carraguard study of South Africa, whose results are expected soon, PRO 2000 in Uganda, South Africa, and Tanzania which is going on until 2009.

Some trials using the BufferGel - a vaginal defence enhancer in Malawi, South Africa, Zambia and Zimbabwe will end soon this year.

Nakabiito said success in a **vaginal gel** will be important for women because they are more vulnerable to HIV. In Uganda six women are infected for every five men. Apart from the physiological factors like the large surface area of the vagina, the prolonged contact with sexual fluids and the fact that sexually transmitted infections do not easily show, Nakabiito said there are social factors like the inability to negotiate for safe sex, poverty and subordination, compulsory marriages, rape and defilement, dry or forced sex and genital mutilation which expose women to infection.

MU-JHU will recruit sexually active women who are HIV-negative and aged between 18-45. They must first agree with

their male partners.

"High dose of Indevus' HIV gel less promising: Review"

Date: 15 February 2008

Source: *Reuters*

<http://www.reuters.com/article/governmentFilingsNews/idUSBNG32478920080215>

Indevus Pharmaceuticals Inc said an independent data monitoring committee recommended the closure of the high-dose arm in the late-stage trial of PRO 2000, its experimental vaginal **microbicide** gel for HIV prevention. The committee review found that there is no more than a small chance of the high dose showing protection against HIV infection compared to the placebo gel. The committee, however, recommended that the low-dose arm continue to be tested for safety and effectiveness in the trial.

United Kingdom's Medical Research Council, which is sponsoring the trial, has decided to continue testing the low dose arm of PRO 2000, the company said in a statement.

The trial is being conducted in South Africa, Tanzania, Uganda and Zambia by the **Microbicides Development Programme**, an international partnership of researchers. The trial is expected to be completed in late 2009, the specialty pharmaceutical company added. Indevus shares closed at \$6.13 Thursday on Nasdaq.

"Uganda: Microbicide trials discontinued"

Date: 15 February 2008

Source: *New Vision*

Author(s): Irene Nabusoba, Catherine Mwesigwa

<http://allafrica.com/stories/200802150835.html>

Tests on a gel meant to protect women against HIV infection have been scaled down after one of the formulations was found to be ineffective. The gel, scientifically described as a vaginal **microbicide** and code-named PRO2000/5, has been on trial in Uganda, Tanzania, Zambia and South Africa.

The principal investigator of the study in Uganda, Dr. Anatoli Kamali, on Thursday said the **microbicide** was being tested in two different concentrations: 2% and 0.5%. For comparison, a third group of women were using a similar but inactive substance known as placebo. However, early results showed that the 2% PRO2000/5 was unlikely protect women from HIV infection. "We had hoped that either of the two would work. But after examining the data on the safety and efficacy collected to date, the monitoring committee recommended that the 2% arm be halted and only the 0.5% and the placebo gel arms of the trial should continue," Kamali said.

It was not clear why the 2% **microbicide**, which is more concentrated, was not effective. At least 7,735 women have

already been enrolled for the trials in the four countries, out of a targeted 9590. Kamali said those taking the 0.5% concentration or placebo would continue until June 2008. The gel is inserted into the vagina an hour before sexual intercourse, and left in for at least an hour after.

Several **microbicides** have been tested since the late 1990s but so far none has proved effective in preventing HIV infection.

Microbicide research is part of global efforts to find a protective substance that can be controlled by women. Whereas women become infected with HIV more easily, the most available protective tool - the condom - remains a male-controlled device.

Prof Heiner Grosskurth, the Director of HIV research at the Uganda Medical Research Council said the concept of **microbicides** began 10 - 15 years ago but researchers have not yet found one to be working. Last year, another trial was discontinued after it was found ineffective.

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3. HIV/AIDS VACCINES

"Scientists no closer to developing HIV vaccine than 20 years ago, AAAS President says"

Date: 19 February 2008

Source: *Kaiser Daily HIV/AIDS Report*

http://www.kaisernetwork.org/DAILY_REPORTS/rep_hiv_recent_rep.cfm?dr_cat=1&show=yes&dr_DateTime=19-Feb-08#50467

During the annual American Association for the Advancement of Science meeting on Thursday in Boston, AAAS President David Baltimore said scientists are no closer to developing an HIV vaccine than they were when vaccine research began, *BBC News* reports (Briggs, *BBC News*, 2/15).

Baltimore, a biology professor at the California Institute of Technology, said some scientists have begun to openly discuss the possibility of never developing an HIV vaccine because of the virus's ability to weaken the body's immune system while it progresses to AIDS (Connor, *Independent*, 2/15). "This is a huge challenge because to control HIV immunologically, the scientific community has to beat out nature," Baltimore said (*BBC News*, 2/15).

Baltimore added that the HIV vaccine development community is "depressed" after recent failed attempts to develop a vaccine but said that will not halt HIV vaccine research. The HIV vaccine community needs to begin "thinking about [vaccine development] in a very different way," he said, adding that scientists are beginning "trendy and difficult" research involving gene therapy, immunotherapy and stem cell therapy (*Independent*, 2/15). He added that researchers are trying to "design vectors that can carry genes that will be of therapeutic advantage" (*BBC News*, 2/15).

Baltimore said he is not "prepared" to say that an HIV vaccine will never be developed because he does not want to "take a pessimistic stance. I want to take an optimistic stance and say this is too important to give up on" (*Independent*, 2/15).

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4. OTHER PREVENTION APPROACHES

"Safety wear"

Date: 19 February 2008

Source: *The Times Union (Albany, New York)*

Author(s): Danielle Furfaro

<http://www.timesunion.com/AspStories/story.asp?storyID=664825>

When she was younger, Emily Brown would always get nervous when she had to go into a pharmacy or supermarket to buy condoms. "Condoms were always marketed toward men. Like the old Trojan ads. They were always very sexual and made me uncomfortable," said Brown, 26, of Albany. "It always seemed like they were made for boys, and that they were the ones who were supposed to be buying them."

Each year in the United States, tens of thousands of girls and women get pregnant or contract a sexually transmitted infection. Much of the reason, a new campaign by Planned Parenthood says, is women do not take their sexual safety into their own hands.

The campaign is called Proper Attire and uses the slogan "No entry without proper attire." It employs snazzy packaging and a multicity nightclub tour in an aim to change the way women think of condoms and to help them better protect themselves. "We want to appeal to women, so they will be more comfortable purchasing condoms and carrying them and using them," said Blue Carreker, spokeswoman for Upper Hudson Planned Parenthood.

With its packaging featuring an upside-down oak leaf and brightly colored patterns, Proper Attire condoms look like they could blend in on a boutique shelf with perfumes and body lotions. The condoms, manufactured exclusively for Planned Parenthood, come in varieties called "Basic," "Color," "Dots," "XL," "Taste" and "Sheer."

For now, the condoms can be purchased at all local Planned Parenthood offices. By the end of the year, the company hopes to have deals worked out to also sell Proper Attire in area boutiques.

Planned Parenthood began designing the new line about a year and a half ago, after years of research showed most women did not initiate conversation with their partners about safe sex. "Research showed women are uncomfortable purchasing and requiring the use of condoms," Carreker said.

Part of the reason for that, she said, is the lack of proper sexual education in the United States. "We spend more time in this country trying to keep people from being sexually active than creating an environment where they protect themselves if they are sexual," said Carreker.

In Western European countries, children are educated about sex from an early age. That education usually includes information on how to avoid pregnancy and sexually transmitted infections. It's a stark difference from the abstinence-only education funded by the U.S. government, said Carol Stenger, a sexual educator in the Capital Region. "What you have here is a culture that is afraid they are going to encourage young people to have sex," Stenger said. "But what you get here is a younger age of sexual debut and higher rates of pregnancy and infection."

For example, said Stenger, only eight out of 1,000 teenage girls in the Netherlands get pregnant, while the rate in the United States is 79.8 out of 1,000. Similarly, in France, 55 out of 100,000 teens contract chlamydia. The rate of teen chlamydia infection in the United States is 1,132 out of 100,000.

Carreker and Stenger hope that encouraging women to buy condoms and take control of their sexual health can change those statistics. "This should not be seen as a male or female issue," Stenger said. "Everyone who's sexually active has to be thinking about not spreading STIs."

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5. POLITICS AND POLICY

"Bush confronts hard questions in Ghana"

Date: 21 February 2008

Source: *The New York Times*

Author(s): Sheryl Gay Stolberg

http://www.nytimes.com/2008/02/21/world/africa/21prexy.html?_r=2&scp=1&sq=stolberg&st=nyt&oref=slogin&oref=slogin

Traveling across Africa this week, President Bush has been a little like Santa Claus, a benevolent figure from another land handing out gifts - American foreign aid - and generating smiles wherever he goes. But here in the capital of Ghana on Wednesday, the smiles stopped for a moment as Mr. Bush confronted skepticism about American military policy and his AIDS initiative.

Mr. Bush used a news conference to address the widespread suspicion that the United States planned to establish military bases in Africa as it expanded its strategic role on the continent. And for the first time, he suggested that he might consider dropping a requirement that one-third of AIDS prevention dollars be spent on abstinence programs - but only if he was convinced that the approach was not working. "I know there's rumors in Ghana, but all Bush is coming to do is to try to convince you to put a big military base here," Mr. Bush said at a news conference with the country's president, John Kufuor. "That's baloney. As they

say in Texas, that's bull.

The suspicion grows out of the administration's plan to establish Africom, a command headquarters that the Pentagon says would involve only operational and planning offices to help train African troops. Even so, there is concern in countries like Ghana, where memories of colonial rule are still fresh, that the United States wants to use the command as the first step toward putting American troops on the continent, possibly in a move to gain access to African oil or to counter the growing influence of China. Only Liberia, which Mr. Bush intends to visit on Thursday, has expressed interest in playing host to the Africom headquarters. But the Pentagon says that for now, the headquarters will remain in Stuttgart, Germany. Still, Mr. Bush said: "That doesn't mean we won't develop some kind of office here in Africa. We haven't made our minds up."

Also Wednesday, for the first time on the trip, Mr. Bush faced tough questioning from an African reporter about his administration's requirement that one-third of the AIDS initiative's prevention funds be spent on programs promoting abstinence. The independent Institute of Medicine has said the abstinence requirement is hindering prevention efforts. Democrats in Congress, debating reauthorization of the initiative, want it dropped. Mr. Bush's questioner on Wednesday told the president that the requirement was not realistic, because "multiple sexual relationships or partner relationships is the reality in African societies, though it's not spoken of in public."

As he has in the past, Mr. Bush defended the requirement, but he then went a step further. "I monitor the results," he said. "And if it looks like it's not working, then we'll change. But thus far I can report, at least to our citizens, that the program has been unbelievably effective. And we're going to stay at it."

The prevalence of H.I.V., the virus that causes AIDS, is relatively low in Ghana when compared with the rest of sub-Saharan Africa; Mr. Kufuor said the infection rate dropped to 2.2 percent last year from 2.6 percent in 2006. And while Ghana receives AIDS assistance from an international fund to combat the disease, it is not one of the so-called focus countries, which receive extensive financing from the President's Emergency Plan for AIDS Relief, known as PEPFAR. Ghana was the fourth stop on Mr. Bush's five-country tour of Africa, which the administration has used to promote American aid, like his programs to combat AIDS and malaria.

Mr. Bush has been handing out assistance packages all week, and Wednesday was no exception. With Mr. Kufuor by his side, the president announced he would make available \$350 million over five years to provide treatment for lesser-known tropical diseases like hookworm, river blindness and schistosomiasis, also known as snail fever. Many health experts say such diseases have been neglected amid the focus on AIDS and malaria.

The administration added some star power on Wednesday. Jordin Sparks, the winner of the "American Idol" singing contest last year, sang the national anthem when Mr. Bush and his wife, Laura, visited the American Embassy here. Ms. Sparks is here promoting the charity Malaria No More.

"National efforts to prevent HIV/AIDS among gays"

Date: 21 February 2008

Source: *China Daily*

Author(s): Shan Juan

http://www.chinadaily.com.cn/china/2008-02/21/content_6471269.htm

Authorities are working on China's first national program to curb the spread of HIV/AIDS among gay men, the Ministry of Health said in its 2008 work agenda released Wednesday. The program aims to strengthen measures to prevent and control the deadly disease among the homosexual community, Wang Weizhen, deputy director of the HIV/AIDS prevention department under the ministry's disease control bureau, told *China Daily*. "By learning more about gay people, we can better protect them against this incurable disease," Wang said. "Studies are under way in several cities to collect information on gay men, such as their distribution and behavioral patterns," Wang said. Other measures, including special funding, technical support and information sharing, are also included in the program, she said.

China has between 5 million and 10 million gay men, who are in the highest risk group of contracting HIV and AIDS, Wu Zunyou, director of the National Center for AIDS/STD Control and Prevention, said. And the number of new infections among this group is rising drastically, he said. According to figures from the Ministry of Health, of the 700,000 Chinese living with HIV/AIDS, 11 percent of them contracted the virus through gay sex. And the situation is getting worse, Wu said. In 2005, homosexual sex accounted for just 0.4 percent of all new infections reported. Last year, the figure had risen to 3.3 percent, he said.

Despite existing regulations and measures to curb the spread of the disease, new programs targeting special groups, such as gay men, should be developed, he said. "This is good news for China's gay community," Xiao Dong, who heads a Beijing-based information support group, told *China Daily*. "The government is beginning to take this long-neglected segment of society into consideration in a bid to combat this deadly disease," he said.

"The side-effects of doing good"

Date: 21 February 2008

Source: *The Economist*

http://www.economist.com/world/international/displaystory.cfm?story_id=10729975

The audacity of the Gates Foundation may have unintended consequences, but things would be worse if UN bureaucracies still dominated the field.

Is it possible - even in theory - for an organisation to work too hard for the benefit of humanity, or to devote too much money to the eradication of a deadly disease? To judge by some of the recent bickering between leading players in the field of global health, there are serious people who in answer to those questions would say, "paradoxically enough, yes."

At the heart of the argument is the Bill & Melinda Gates Foundation, which has often been called the biggest philanthropic organisation - at least among those whose accounts and internal workings are open to public scrutiny - in the world. Since Mr and Mrs Gates established the charity in 2000, it has spent over \$8 billion on improving global health, and won deservedly lavish praise for its efforts.

But just as huge, powerful countries can be awkward neighbours - a Canadian leader once likened his country's relations with the United States to a mouse bedding down with an elephant - lavishly funded organisations can sometimes cause resentment among other outfits which are struggling to do a similar job. And whether because of jealousy or legitimate concerns, the Gates Foundation has not been having such an easy time of late with its public image. The philanthropic world was well enough prepared for the recent announcement that Patricia Stonesifer, the foundation's charismatic boss, will move on before the end of the year - but it was surprised that no successor was named.

More seriously, perhaps, the *New York Times* this week published bits of an internal document from the World Health Organisation (WHO) - a letter from its chief malaria-fighter to the agency's boss, Margaret Chan - which alleged that the Gates Foundation was having a negative influence on research into killer diseases.

The letter from Arata Kochi, a feisty veteran of the global public-health scene, said the excessive sway of the Gates Foundation was distorting research priorities and quashing independent thinking by sweeping up the best scientists and keeping them "locked up in a cartel". However unintended this effect might be, the charity's might was marring the process of peer review because researchers were now bunched into groups which were competing for Gates funding, and each member of such a group had "a vested interest to safeguard the work of the other".

Dr Kochi's outburst prompted some other critics of the Seattle-based charity to reiterate their own long-nursed complaints. Some blame the foundation for being slow to specify areas it will definitely not invest in; as a result, they say, smaller outfits fear to enter certain fields, because of the risk that the Gates people will jump in. Others also worry that the foundation concentrates too much on glamorous science and long-term technology bets, and not enough on putting boots on the ground in places like Africa.

What do these criticisms add up to? Not much, if officialdom is to be believed. A spokesman for Dr Chan insists the charges attributed to Dr Kochi do not reflect her organisation's official views. The Gates Foundation, keen to avoid a public row, also downplays them.

And yet Dr Kochi remains unbowed. He still insists that the foundation's massive spending on malaria research is a classic case of a near-monopoly leading to market failure: in this case, a market in medical prowess. Not that he resents everything the Gates Foundation did to combat malaria: governments, he notes, had failed to invest in this area, so the foundation's decision to throw money at malaria was laudable. But there were unforeseen effects: "Gates can solve problems with money - but a lot of money leads to a monopoly, and discourages smaller rivals and intellectual competition."

Dr Kochi also challenges the foundation's recent proclamation that the total eradication of malaria is a realistic goal. "Like going to the moon, it sounds really good," he says - but he is still convinced that this dream is impossible to fulfil with the current tools, and that trying to do so may have bad side-effects.

Such "over-reach," in Dr Kochi's view, amounts to a costly, risky diversion of resources away from the realistic aim of just controlling malaria. He also says the foundation bets too much on particular treatments, such as the artemisinin combination therapy (ACT) - a combination of drugs based on Chinese herbs. Although ACT does work better than older therapies, there are signs that drug-resistant strains of the disease are emerging. Dr Kochi frets about what will happen if, under the Gates influence, malaria researchers put "all the eggs in that one basket."

How substantial are these charges? It is plain that the organisation's wealth and targeted approach do attract clusters of leading researchers to specific areas; indeed, that is the whole idea. It is also true, argues Laurie Garrett of the Council on Foreign Relations, an American think-tank, that the charity's focus on "measurable outcomes in a short time, while a fantastic improvement on the past, exacerbates the devastating shortages of health-care workers on the ground." Even Tadataka Yamada, head of the Gates Foundation's global health efforts, admits that in the past it may have focused too much on high-profile research and not enough on boosting entire health systems.

But some good points can be made in defence of the Gates approach. First of all, argues Dr Yamada, calling this organisation an emerging monopoly is "way off base." The foundation often collaborates with other charities, and jostles with other big agencies and newish funders, such as PEPFAR (George Bush's AIDS effort) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This week the White House announced yet another tropical health initiative: a \$350m effort to combat seven neglected diseases.

Dr Yamada also challenges the "eggs in one basket" theory. Although it is true that Mr Gates personally has argued for the eradication of malaria, and that his charity does heavily support ACT therapies, the charity also uses a range of other approaches, like malaria vaccines and bed nets. Dr Yamada says frankly that "we don't have to choose between one thing and the other: we have enough resources to do both."

That, of course, is just the sort of cockiness that rankles with health pundits. At least in part, the gripes against the Gates Foundation are the churlish growls of a jealous crowd of bureaucrats and labourers at less influential charities. Some people at the WHO, a Geneva-based arm of the United Nations, openly worry that the foundation is setting up a new power centre that may rival their organisation's authority. Such conspiracy theorists point to the foundation's recent grant of over \$100m to the University of Washington to evaluate health treatments and monitor national health systems - jobs supposed to be done by the UN agency.

Therein lies an irony. The WHO, one of whose captains now calls the Gates Foundation monopolistic, used itself to hold a monopoly in the fight against malaria, and it did a lousy job as a result. Indeed, Dr Kochi himself has been refreshingly frank about the WHO's poor record in fighting the disease. The agency has also been criticised for accepting poor data from member countries which may downplay bad news. As Dr Chan says candidly, that charge "is a reality." It is not her role, she says, to "name and shame" countries; she prefers to exert private pressure. But she acknowledges that some public pressure is essential, and applauds the role played by

the media and charities in "shining the light" on previously obscure places.

A big new non-government organisation, crashing into the jungle like a young elephant, is bound to cause resentment, and perhaps bound to have unintended ripple effects. But without this elephant's input of new money and ideas, the battle-front against malaria and other deadly diseases might present an even worse picture, especially if the field were left to governments and inter-governmental bodies.

"Cracks in a fragile AIDS consensus"

Date: 18 February 2008

Source: *CQ Weekly* "œ In Focus

Author(s): Adam Graham-Silverman

It's been a while since the Capitol has played host to a fervent protest over AIDS funding. But earlier this month, conservative members of Congress and big-name right-wing activists assembled on the terrace of the Cannon House Office Building to denounce a Democratic bill that would expand U.S. AIDS efforts abroad. As one activist on hand put it, the legislation was nothing less than "a plan to destroy the African people."

But after Bush kept his requested future funding for the program flat - at an average of \$6 billion annually - congressional Democrats dug in for a confrontation with the White House. Claiming to have science on their side, Democrats, led by the late House Foreign Affairs Committee Chairman Tom Lantos of California, have offered wide-reaching changes to the plan at the behest of family-planning groups, seeking, for example, to do away with requirements for spending on abstinence education and to allow work with prostitution groups. They also proposed to more than triple Bush's original funding request, to \$50 billion, over the next five years.

And in short order, Congress's consensus on the issue unspooled. Republicans attacked the Democrats' proposed changes, particularly for what its streamlined family-planning provisions, which they say could open the door to providing U.S. money for abortion providers overseas.

"The inevitable consequence of enriching, enabling and expanding the capacity of pro-abortion operations in the field is more dead babies and wounded mothers, just as Planned Parenthood in the United States aborts over 265,000 children each year," GOP Rep. Christopher H. Smith of New Jersey told the crowd gathered at the Cannon Building on Feb. 7.

Spoiling for a Fight

Such rhetoric drives home the risks inherent in the decision to trigger a partisan confrontation over AIDS funding now. It would have been simple enough, after all, to continue down the easy road: Extend a popular program in an election year, double its funding, hand out the credit and go home. But it's also true that Democrats are feeling restive on this issue; some, indeed, are spoiling for a fight, after a year of legislative initiatives largely thwarted by the White House and congressional Republicans.

Indeed, the Democrats' new fighting mood has provoked a sharp reaction from more than congressional Republicans. Some activist groups, such as the Global AIDS Alliance, have sized up the ferocity of the conservative push-back on the expanded AIDS proposal and are now counseling compromise, fearing that the congressional plan may alienate key allies and appropriators, while potentially crowding out other public health priorities.

But the plan's Democratic backers, along with many in the aggressive AIDS activist community, are determined to push on to the strong policy ground they've staked out, invoking the legacy of Lantos, who died Feb. 11. Lantos had championed the original program in 2003, but he also wrote the legislation at the center of the present partisan showdown. Even with Lantos gone, Democrats who defend the bill are still firmly committed to his approach.

Howard L. Berman, the California Democrat who took Lantos's place as head of the committee, helped draft the bill. Depending on how the House bill fares, AIDS activists will probably still rally behind it as the best available plan. But the present dispute in their ranks underlines the risks Democrats could be running with their swing-for-the-fences strategy.

PEPFAR Playing Field

The President's Emergency Plan for AIDS Relief, known by its acronym PEPFAR, has provided \$18.8 billion to prevent HIV and treat AIDS overseas, while also disbursing funds to fight the spread of malaria and tuberculosis. The AIDS funds represent the biggest investment ever in fighting a single disease. Congress got on board shortly after Bush announced the plan in his 2003 State of the Union address. Lantos and Illinois Republican Henry J. Hyde, then chairman of the House International Relations Committee, forged a fragile compromise that satisfied public health advocates and anti-abortion constituencies alike.

The so-called Mexico City policy, which prohibits U.S. funding of overseas groups that promote or provide abortion, would not apply to the program: PEPFAR instead allows some money to go to family planning groups with long standing - on the condition that they spend it on HIV/AIDS services. In exchange for signing off on the family planning aid provisions, social conservatives got the law to designate one-third of the HIV prevention money for abstinence education, with an effort aimed at giving grants to faith-based groups. Smith wrote an additional provision that instituted the ban on funds and services for sex workers.

Critics complained that the program did not cooperate with other donors and international organizations, and that its abstinence provisions, faith-based mandates and sex-worker ban have hampered its effectiveness. Even so, its general aim won near-universal praise. Though it has not met its targets, it has nonetheless put 1.4 million AIDS sufferers on anti-retroviral drugs, distributed more than a billion condoms and pushed other developed countries to boost their spending on AIDS relief. For fiscal 2008, Congress put \$6 billion into the program, pushing its five-year total above the \$15 billion Bush had requested.

Over time, however, government agencies such as the Government Accountability Office and the Institute of Medicine issued reports that bore out the complaints of many activist critics, as did independent good-government groups, such as the Center for Public Integrity. The set-aside of funds for abstinence education tied the hands of many public health workers on the ground, the studies found, while the faith-based funding initiative sometimes directed money to groups with little scientific backing. And Smith's no-prostitution pledge scared off experienced groups that said that, since sex work was a prime pathway for HIV, they had to work with those trying to help transactional sex workers.

For international AIDS activists, the 2008 reauthorization of PEPFAR presented an ideal opportunity to loosen these restrictions - as did, of course, the Democratic majority in Congress. "The weight of the evidence and the weight of the field experience is by far in our favor," said Jodi Jacobson, director of advocacy at the American Jewish World Service and one of the new plan's strongest backers.

Jennie Quick, governmental affairs manager at Population Services International, likewise contends that the political moment is ripe for the Lantos plan. "Some of the differences that we have are ideological, and that's

not going to change," she said of the partisan split. "The fact that the American people have put the Democrats in the majority in Congress is a sign that they want Democrats to move forward with their agenda."

Armed with that conviction, congressional Democrats worked closely with advocacy and public-health communities in drafting the legislation to reauthorize PEPFAR. Gone were the abstinence set-aside and the prostitution pledge. In place of the delicate balancing act around the Mexico City policy, there is now a proposal to allow integration of family planning and HIV prevention services - the red flag that has triggered the impassioned outcry from anti-abortion legislators and activists. Rather than the \$30 billion the president requested for the next five years, they offered \$50 billion, which they pointed out would be needed, since AIDS patients must take their expensive drugs for their entire lifetimes. No one who started the program would ever really leave it.

The Lantos bill is now scheduled for a markup when Congress returns next week. The State Department has already weighed in with a four-page letter opposing the bill, in part on the grounds that the draft version "lacks a directive to ensure that Abstinence and Be Faithful programs continue." The National Right to Life Committee sent its own letter, predicting that the bill would "turn what is a bipartisan program focused on combating HIV/AIDS into a massive taxpayer-financed funding stream for abortion providers and abortion-promoting organizations."

Digging In

The expanded funding proposal has also triggered some searching debate over the basic policy approaches PEPFAR takes. In its initial incarnation as an emergency plan, it focused on the direst needs: prevention spending, orphan care and - most of all - drugs. But public health and development groups argue that solving AIDS requires addressing key deficits in the developing world, among them inadequate supplies of clean water, food, health care workers and passable roads. What's more, they say, the momentum from the plan's first five years furnishes an ideal opportunity to expand its scope.

"The way that PEPFAR has been construed as a presidential initiative is giving it political capital that has galvanized the bureaucracies to go further and faster than if it had been embedded in [the U.S. Agency for International Development]," said Paul Zeitz, executive director of the Global AIDS Alliance.

However, the Bush administration contends that such initiatives are beyond the program's proper reach. "PEPFAR has a role in that complex of issues," said U.S. Global AIDS Coordinator Mark Dybul, who helped Bush write PEPFAR. "But it cannot be responsible for everything in development, and shouldn't be responsible for everything in development."

But a broader debate over infrastructure and economics is clearly not where this is headed in any case. And the infighting, with all its incendiary culture-war features, now has several activists on edge.

The Lantos bill needs a broader base of support, they contend - even if the narrower one now shaping up in Congress can claim scientific authority. "If it comes through the committee in a hyperpartisan manner, we're afraid that will get further exacerbated," Zeitz said. "That's bad for the initiative, bad for appropriations and bad for partners on the ground that are depending on U.S. assistance."

But advocates such as Jacobson maintain that the idea of trading dubious policy provisions for a steady flow of money is unacceptable.

"I think these guys were shocked," she said of those in the advocacy world seeking a compromise. "I was shocked that they were shocked."

“The more you accommodate, the more you empower,” she went on. “The gavel hasn’t even hit the table yet. Why would we be compromising when this is our best chance to get a bill out of the House? I have been stunned at the level of political naivete here.”

There’s one sure way to shun a damaging partisan showdown over PEPFAR: punt, and launch a fresh reauthorization bid under a new president. But that strategy is also risky - especially in an election year, when both Republicans and Democrats have strong incentives to take credit for sustaining a popular program, and Bush wants to polish his legacy. Democrats are likely to continue down the reauthorization path, even if it means just laying down a position for a future debate.

“I think one reason to write a bill right now is to get the process going,” Jacobson said. “I don’t think that we necessarily have to pass a bill right now.”

Key senators already say they are pursuing a more deliberate, bipartisan approach in their version of the reauthorization. Although Senate Foreign Relations Chairman Joseph R. Biden Jr., a Delaware Democrat, has called for \$50 billion, he’s also pledged to work with the panel’s ranking Republican, Richard G. Lugar of Indiana, who introduced a bill last year that would authorize \$30 billion.

“The ‘Old Man and the Sea’ metaphor is the one that comes to mind,” said Gordon Raley, director of public policy at Family Health International. “You launch this perfect bill in the House, and sometimes by the time you get this bill back to the shore it looks more like the skeleton than the fish.”

One thing’s certain: GOP opponents of the House bill aren’t dialing down their rhetoric - and they’ve vowed to fight tooth and nail. “If you really care about African children, you don’t let it be hijacked by an agenda of killing babies and hurting their mothers,” Smith said. “They will win in committee. They may win on the floor. But there will be no bill. The president will not sign this bill.”

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6. PHARMACEUTICAL INDUSTRY

"GSK to reduce cost of 14 antiretrovirals sold in developing nations"

Date: 20 February 2008

Source: *Kaiser Daily HIV/AIDS Report*

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=50493

GlaxoSmithKline on Tuesday announced that it is reducing by an average of 21% the cost of 14 of its antiretroviral drugs currently sold at not-for-profit prices in developing countries, the *Wall Street Journal* reports (Whalen, *Wall Street Journal*, 2/19).

The company in a statement said the most significant decrease is an almost 40% price reduction of its antiretroviral Ziagen. Ziagen has been recommended by the World Health Organization as a first- and second-line treatment,

particularly among children (Kahn, *Reuters*, 2/19). The antiretroviral will cost about \$15 per pack, or about 50 cents daily, GSK said. The company also announced that its most expensive antiretroviral, Lexiva, will be reduced by 20% to \$3.35 daily. According to the Journal, GSK sells antiretrovirals at cost in 64 developing countries. The company said improvements in manufacturing and the availability of less expensive raw ingredients have allowed it to lower the prices (*Wall Street Journal*, 2/19).

GSK said the price reductions "will take effect immediately for public sector customers and not-for-profit organizations in the least developed countries and sub-Saharan Africa," as well as other eligible countries (*Reuters*, 2/19).

GSK CEO Jean-Pierre Garnier has said that he "always wanted to have access [to drugs] as part of the DNA of the company." He added, "I never wanted to just close my eyes to the fact that 80% of the population won't be able to afford the drugs. Because that's that truth -- 80% of the market of pharmaceuticals comes from 20% of the worldwide population" (*Wall Street Journal*, 2/19).

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7. ANNOUNCEMENTS

"amfAR announces funding for HIV services and research aimed at men who have sex with men in developing countries"

Date: 21 February 2008

Source: *amfAR, The Foundation for AIDS Research*

<http://www.amfar.org/cgi-bin/iowa/news/press.html?record=189>

More Than 100 Groups Apply for Grants to Assist Men Who Have Sex With Men in Developing Countries

In an ambitious move to significantly bolster global HIV program efforts targeting populations especially vulnerable to HIV, amfAR, The Foundation for AIDS Research, has announced the first recipients of funding given out under its new MSM Initiative. These community awards will fund 17 grassroots and frontline organizations in Africa, the Caribbean and Southeast Asia that are working to provide essential HIV/AIDS prevention, care and support services for men who have sex with men (MSM), amfAR CEO Kevin Robert Frost announced today.

"MSM are one of the populations worst affected by HIV worldwide, and this is the first global initiative of its kind supporting local organizations working to address HIV among MSM in developing countries," Frost said.

According to UNAIDS, fewer than one in 20 MSM around the world have access to appropriate HIV/AIDS services. Stigma, discrimination, and lack of access to health services have sparked alarming epidemics that threaten the lives of MSM in underdeveloped regions, mirroring the HIV epidemics that ravaged gay men in North America and Western Europe in the 1980s.

“The MSM Initiative is working to galvanize a much needed global response to the enormous gaps in funding and services for MSM at risk of HIV/AIDS through a partnership with amfAR, UNAIDS, and the Global Forum on MSM and HIV,” said Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). “Leadership in the gay community was instrumental in the response to the HIV/AIDS epidemic in the West. This initiative is fostering new leadership and support for this issue in developing countries across the globe, including nations where male-male sex is illegal and often heavily stigmatized.”

These awards mark the first funding cycle completed by the MSM Initiative, which was launched just eight months ago in July 2007. First-round funding includes support for organizations working in Cameroon, Côte d’Ivoire, Curaçao, Ghana, Haiti, Jamaica, Malaysia, Mali, Mauritius, Myanmar, Nigeria, Thailand and Zimbabwe. The MSM Initiative received more than 120 applications from organizations in developing countries, with more than 85 from Africa alone, far exceeding expectations.

“The response to our first request for proposals (RFP) for funding the MSM Initiative has been overwhelming, demonstrating the enormous unmet need, particularly in parts of the world where vulnerable populations have few established support systems,” Frost said. “Through the MSM Initiative, we hope to foster collaboration among organizations, promote advocacy that transforms attitudes and discriminatory policies, and increase HIV/AIDS funding worldwide for MSM.”

A second RFP will be issued on February 22. It will target groups working in Central and South America and Asia and the Pacific.

“For too long, countries around the world have simply assumed MSM do not exist, leaving millions underserved and vulnerable to HIV infection,” said Stella Iwuagwu, Executive Director at the Center for the Right to Health in Abuja, Nigeria. “The MSM Initiative provides important resources to help us expand our work to empower MSM in Nigeria and ensure that education, condoms, and treatment are available to all.”

Data on HIV rates among MSM in developing countries are sparse but a recent study by researchers at Johns Hopkins University produced some startling findings. Published in the online journal *PLoS Medicine*, their research showed that in 38 low- and middle-income countries, MSM have an average 19 times greater chance of being infected with HIV than the general population. In some countries MSM are more than 100 times more likely to be infected, the study found.

The MSM Initiative is facilitated by amfAR, with valuable support from its partnerships with the Global Forum on MSM and HIV and UNAIDS. Major donors to the MSM Initiative include the Elton John AIDS Foundation, the Elizabeth Taylor AIDS Foundation, GlaxoSmithKline’s Positive Action Programme and the MAC AIDS Fund.

For more information about amfAR and the MSM Initiative, visit www.amfar.org.

ABOUT amfAR

amfAR, The Foundation for AIDS Research, is one of the world’s leading nonprofit organizations dedicated to the support of AIDS research, HIV prevention, treatment education, and the advocacy of sound AIDS-related public

policy. Since 1985, amfAR has invested \$260 million in its programs and has awarded grants to more than 2,000 research teams.

"RTI International expands global health capabilities"

Date: 18 February 2008

Source: *RTI International News Release*

<http://www.rti.org/page.cfm?nav=461&objectid=93BFA224-4CFE-42DC-B9FA35B1E3F96ADD>

In an effort to strengthen and broaden its global health research and project implementation capabilities, RTI International has hired an internationally recognized team of researchers who together comprise the Women's Global Health Imperative formerly at the University of California at San Francisco.

The Women's Global Health Imperative (WHGI) will be a focus area within RTI, conducting a wide range of research on topics including HIV/AIDS and sexually transmitted diseases, reproductive health, gender and economic inequities, contraceptive technologies, and community-based interventions among vulnerable populations in low-resource settings.

Although no longer affiliated with UCSF, WGHI researchers will continue to collaborate on projects with colleagues at UCSF and the University of California at Berkeley School of Public Health. Nancy Padian, Ph.D., who was director of WGHI while at UCSF, will retain her role as senior director of prevention at Pangaea Global AIDS Foundation.

RTI and Pangaea will collaborate on HIV/AIDS projects under Padian's leadership.

"These scientists and the Women's Global Health Imperative will play a key role as we expand our global health research program," said RTI President and CEO Victoria Franchetti Haynes, Ph.D. "Together they bring a tremendous amount of energy, talent and experience to RTI in the area of HIV/AIDS and women's health. We are very pleased and proud that these well-respected and accomplished researchers have chosen to join us."

"We are excited about the opportunity to continue and expand the work of the Women's Global Health Imperative at RTI," Padian said. "RTI has a great team of researchers and a tremendous project management capacity with many new opportunities that will help us expand the reach of our programs, interventions and training."

For more than three decades, RTI has been committed to improving the health of people around the world. RTI offers technical expertise in HIV/AIDS, malaria, and tropical disease prevention and control.

RTI is spearheading one of the first large-scale global efforts to integrate the control of neglected tropical diseases which afflict millions in Africa, Asia, and Latin America. RTI's current HIV/AIDS programs focus on prevention, treatment, and care -- including routine and voluntary counseling and testing, community mobilization and health education, mother-to-child transmission, development of vaginal **microbicides** and promotion of behavior change.

Among the researchers joining RTI as part of WGHI are

- Nancy Padian, Ph.D., an internationally recognized expert in the epidemiology and prevention of HIV, particularly in the use of female-controlled methods for HIV prevention. Padian recently became senior director of prevention at Pangaea Global AIDS Foundation. Padian will also retain her leadership roles in National Institutes of Health-sponsored research networks including the HIV Prevention Trials Network, **Microbicide Trials Network**, and the Sexually Transmitted Infection Clinical Trials Network.
- Megan Dunbar, Dr.PH, whose current research includes developing and evaluating interventions that address socioeconomic factors and HIV risk among adolescents in Zimbabwe and Tanzania and developing programs for young people in sub-Saharan Africa that combine care and prevention. Dunbar also serves as a prevention consultant for Pangaea Global AIDS Foundation.
- Suneeta Krishnan, Ph.D., an epidemiologist who conducts community-based research on the links in India between gender and other social inequalities and reproductive and sexual health, including intimate partner violence. She is also an expert on ethical issues in biomedical research.
- Alexandra Minnis, Ph.D., an epidemiologist whose research focuses on adolescent reproductive health, measuring adherence to contraception, and the association between migration and reproductive health in Mexico and the Mission District of San Francisco.
- Freya Spielberg, M.D. whose research focuses on computer-assisted, rapid HIV testing, as well as in the development and evaluation of interactive computer counseling tools and community health worker educational tools, rapid testing diagnostics, and the implementation and evaluation of behavioral interventions.
- Ariane van der Straten, Ph.D., whose current research includes designing studies to evaluate methods, such as the diaphragm and vaginal **microbicides**, for the prevention of HIV/AIDS and other sexually transmitted infections with a particular focus on adherence.

These researchers will be based at RTI International's newly expanded regional office at 114 Sansome Street, Suite 500, San Francisco, California.

*Although WGHI is no longer affiliated with UCSF, they look forward to continued and future collaborations with UCSF faculty as part of RTI International.

2008 HIV Prevention Leadership Summit: Online registration

www.2008hpls.org

Registration for the 2008 HIV Prevention Leadership Summit is now available online. This year's Summit will be held from June 11-14, 2008 in Detroit, MI. The goal of the meeting is to bring together leaders in HIV/viral hepatitis/STD/TB prevention both veteran leaders and new leaders to disseminate and exchange information and lessons learned, and network to enhance program planning and management. For more information, visit www.2008hpls.org.

Abstract deadline for United States Conference on AIDS

www.2008usca.org

Abstracts for the 2008 United States Conference on AIDS (USCA) are due March 21. Set for September 18-21, 2008, in Miami Beach, FL, USCA is the largest HIV/AIDS-related meeting held in the country each year. Those interested in presenting a seminar, workshop, roundtable or poster presentation should submit an abstract online. Otherwise, visit www.2008usca.org for more information and to register online today.

NIAID seeks Senior Communications Expert

https://online.hjf.org/psc/eapp/EMPLOYEE/HRMS/c/HRS_HRAM.HRS_CE.GBL?Page=HRS_CE_JOB_DTL&Action=A&JobOpeningId=203194&SiteId=1&PostingSeq=1

The Vaccine and Research Program (VRP), Division of AIDS (DAIDS) at the National Institute of Allergy and Infectious Diseases (NIAID) has an open position for a Senior Communications Expert. For more information please visit:

https://online.hjf.org/psc/eapp/EMPLOYEE/HRMS/c/HRS_HRAM.HRS_CE.GBL?Page=HRS_CE_JOB_DTL&Action=A&JobOpeningId=203194&SiteId=1&PostingSeq=1

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