



ALLIANCE FOR MICROBICIDE DEVELOPMENT

29 February 2008, Volume 9, Number 9

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

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

Its purpose is to:

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

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

Areas covered in this News Digest:

1. ALLIANCE UPDATES AND COMMUNITY NEWS

- [Media Coverage of Microbicides 2008](#)

2. MEDIA COVERAGE OF MICROBICIDES

- [India developing neem based gel for women to counter AIDS](#)
- [Vaginal ring to help combat HIV infection](#)

- And now here is the virus forecast
- Don't give up on a vaccine for AIDS
- Back-to-basics push as HIV prevention struggles

3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

- A randomized, placebo-controlled trial to assess the safety and acceptability of use of Carraguard vaginal gel by heterosexual couples in Thailand
- Application of optical coherence tomography for monitoring changes in cervicovaginal epithelial morphology in macaques: Potential for assessment of microbicide safety
- Knowledge and acceptability of alternative HIV prevention bio-medical products among MSM who bareback
- Probiotics: Potential to prevent HIV and sexually transmitted infections in women

4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

- Assessment of recent HIV-1 infection by a line immunoassay for HIV-1/2 confirmation
- Elevated risk for HIV infection among men who have sex with men in low- and middle-income countries 2000-2006: A systematic review
- Evidence-based planning of a randomized controlled trial on diaphragm use for prevention of sexually transmitted infections
- Initial outcomes of an emergency department rapid HIV testing program in western Kenya
- Prevalence of HIV and other sexually transmissible infections in relation to lemon or lime juice douching among female sex workers in Jos, Nigeria

5. EPIDEMIOLOGY

- Disease death toll increases by 22%
- State of the nation's health

6. OTHER PREVENTION APPROACHES

- HIV fight boosts circumcisions

7. POLITICS AND POLICY

- House Foreign Affairs Committee approves PEPFAR Reauthorization Bill
- Pollack: Cut research, and AIDS fight falters
- White House wants to widen FDA authority over imports
- Recruiting African health workers a crime: Lancet

8. ANNOUNCEMENTS

- Global Fund Round 8 Call for Proposals
- Omololu Falobi Awards for Excellence in HIV Prevention Research Community Advocacy presented

1. ALLIANCE UPDATES AND COMMUNITY NEWS

Media Coverage of Microbicides 2008

Due to the volume of coverage of **Microbicides 2008**, held this week in India, the Alliance will produce and distribute a compendium of coverage of the conference early next week. We have therefore omitted any articles pertaining to the conference or presentations made at the conference - including the announcement of the results of HPTN 059 - from this issue of the *News Digest*.

[Return to Table of Contents](#)

2. MEDIA COVERAGE OF MICROBICIDES

"India developing neem based gel for women to counter AIDS"

Date: 27 February 2008

Source: *Indo-Asian News Service*

Author(s): Prashant K. Nanda

<http://www.newkerala.com/one.php?action=fullnews&id=27443>

India has successfully completed phase two trials of a neem based **microbicide** gel for women that promises to help prevent transmission of HIV/AIDS. "It will be a gel-based **microbicide** to be used in the vagina to stop new HIV/AIDS infections," said Nomita Chandhok, deputy director general of the Indian Council of Medical Research (ICMR). "It's purely an indigenous product. We have found success in phase two of the trials at the National AIDS Research Institute (NARI) in Pune. Fifty high risk but HIV negative women used it regularly for six months and we are happy at the outcome," Chandhok told IANS.

Microbicides are a compound with the ability to protect against sexually transmitted diseases. She said the **microbicide** named Praneem is a herbal composition and researchers are optimistic about its future. "During animal trials we tested the **microbicide** on rats and rabbits among others. The gel was put inside their vagina and researchers recorded the toxicological effect of the compound," she said. "The third phase of the trials will begin very soon and its result can be expected in 18 months."

After animal trials, the first phase of human trials check the toxicological effect of the drug, like itching and swelling. The sample size could be as small as 10 people. Phase two of the clinical trial takes into account more individuals than the previous phase and monitors side effects of the product. In phase three, the trials are generally conducted in multiple sites and amongst multiple risk groups. A favourable result leads to its application for licensing and mass production. According to Chandhok, the ideal sample size in the last stage should not be less than 2,000.

India is home to 2.5 million HIV/AIDS patients and nearly 40 percent are women. "Women are more vulnerable to AIDS but we don't have anything specific for them to counter the disease. Staying away from sex and change in behavioural changes are good but we need something that can prevent fresh infections," Chandhok said.

Indian experts said the world's first **microbicide** gel for women with an AIDS drug has successfully crossed phase two

trials in three places, including in India, but that was entirely a US project. "Though India was one of the sites to conduct clinical trials yet the project was entirely of the United State's National Institute of Health (NIH). Praneem is entirely an Indian effort and the brainchild of a scientist named G.P. Talwar," she added. Talwar is a Delhi-based scientist working in close collaboration with ICMR.

"Vaginal ring to help combat HIV infection"

Date: 27 February 2008

Source: *The Times of India*

Author(s): Kounteya Sinha

http://timesofindia.indiatimes.com/Vaginal_ring_to_help_combat_HIV_infection/rssarticleshow/2817885.cms

An intra-vaginal ring, similar to the one used to deliver contraceptives and hormonal agents, is now being looked at by scientists to deliver anti-HIV **microbicides**. While most of the research on **microbicides** till now has focused on gels or vaginal creams, scientists say a ring-based medication would potentially reduce the compliance burden on the women who use it, since it does not require application around the time of sexual intercourse.

Indian and American scientists plan to jointly undertake a safety and acceptability study of non-medicated placebo intravaginal rings made of a silicone elastomer in 252 sexually active, HIV-negative women in 6-8 months time, under the aegis of the **Microbicide Trials Network**.

While the Indian site - National Aids Research Institute, Pune, will recruit 150 women, two American sites Bronx-Lebanon Hospital Center and University of Alabama at Birmingham will jointly study 102 women.

Sharon Hillier, principal investigator for MTN, told TOI, "We want to see how the ring behaves when left inside the woman for a month. Does it cause discomfort, disrupt sexual life? The women will be studied for 12 months and then followed up. The great advantage of such a ring is women don't have to use it each time before having sex."

NARI scientist Smita Joshi added: "An acceptability and safety study of a vaginal ring has never been conducted on the Indian population. Because the ring is being looked at as a future delivery option that will carry out a sustained release of drugs in the vaginal tract, it is crucial that we know whether the product will be accepted by Indian women or not."

According to Zeda Rosenberg, CEO of the **International Partnership for Microbicides**, the issue of safety is the key while developing a **microbicide** in any form. She said: "The study will not only look at acceptability but also safety."

"And now here is the virus forecast"

Date: 21 February 2008

Source: *The Economist*

http://www.economist.com/science/displaystory.cfm?story_id=10717931

On February 18th a glimmer of hope died. The Population Council, a big international charity, announced the results of one of the largest trials yet undertaken of a vaginal **microbicide** intended to protect the user from infection with HIV, the virus that causes AIDS. Carraguard, whose principal ingredient is a gel derived from seaweed, proved no more effective than a placebo in an experiment involving 6,000 South African women.

AIDS kills over 2m people a year. A way of stopping it spreading is urgently required. Yet according to Nathan Wolfe, a virologist at the University of California, Los Angeles, things need never have got this bad. If there had been, in the 1970s, a programme searching for unrecognised diseases in Africa then AIDS would have been noticed long before so many people had started dying from it. **Microbicides** and other interventions could have been tested when only hundreds of thousands were infected, rather than tens of millions. AIDS would still have been horrible, but not nearly as horrible as it has become.

To try to stop this happening again, Dr Wolfe is attempting to create what he calls the Global Viral Forecasting Initiative (GVFI). This is still a pilot project, with only half a dozen sites in Africa and Asia. But he hopes, if he can raise the \$50m he needs, to build it into a planet-wide network that can forecast epidemics before they happen, and thus let people prepare their defences well in advance.

Dr Wolfe outlined his ideas, and the research that has led him to believe they are feasible, to this year's meeting of the American Association for the Advancement of Science (AAAS) in Boston. He began his work nearly a decade ago in Cameroon, in a project reminiscent of the 19th-century animal-collecting expeditions that pushed into the forest to look for new species. Except that his quarry is viruses, not butterflies and birds.

Small-game hunter

Almost all human viruses whose origins are known have come from animals. But it is not simply a matter of an animal virus suddenly finding humans to be a congenial host, and flourishing as a result. With AIDS, for example, the global epidemic is caused by what was originally a chimpanzee virus. There is, however, a second form of AIDS, caused by a monkey virus. This has not become global. It is pretty much restricted to West Africa. Moreover, there are a further two very rare forms caused by different versions of the chimpanzee virus. These rare forms are examples of what Dr Wolfe calls viral chatter, a term borrowed from intelligence agencies which monitor telephones for the use of certain words or unusual patterns of communication.

His thesis is that there is continual low-level interchange of viruses between species. That is particularly so for people, such as hunters and farmers, who are in constant and often bloody proximity to animals. His hope is that by monitoring this viral chatter he will be able to spot pathogens before they take the second, crucial evolutionary step of being able to transmit themselves from one human to another.

So far, he has concentrated his efforts on a group known as retroviruses, of which HIV is one. He has already found three examples of "foamy viruses" jumping from wild apes and monkeys to Cameroonian hunters. At the moment, no known foamy virus can spread between people. But until the 20th century that was true of the simian equivalents of

HIV.

He has also found two new members of a group called HTLV that have moved from monkeys to men. Since HTLV-1, an example of the group discovered several decades ago, has already spread around the world, these cases are particularly noteworthy. HTLV-1 is not as common as HIV, and causes symptoms in only 5-10% of those it infects. But those symptoms can include a fatal leukaemia. And a different type of HTLV might not be so choosy about whom it kills.

Even more worryingly, Dr Wolfe has found many examples of viruses recombining in his Cameroonian hunters. Recombined viruses often have properties present in neither parent. Sometimes these include the ability to jump from human to human. The pandemic version of HIV is the result of such a recombination.

The next stage of the project is to try to gather as complete an inventory as possible of animal viruses, and Dr Wolfe has enlisted his hunters to take blood samples from whatever they catch. He is collaborating with Eric Delwart and Joe DeRisi of the University of California, San Francisco, to screen this blood for unknown viral genes that indicate new species. The GVFI will also look at people, monitoring symptoms of ill health of unknown cause and trying to match these with unusual viruses.

Nor, if Dr Wolfe can raise the money, will the project be confined to tropical forests. Animal markets are next in line. Dr Wolfe is working with Peter Daszak, of the Consortium for Conservation Medicine, to study the so-called wet markets of China where SARS began in 2002. They will inspect the animals sold in them, and test the stallholders and customers for signs of dodgy viruses. Dr Daszak is a co-author of a study published in this week's *Nature* that maps the global "hot spots" of emerging diseases and concludes, as Dr Wolfe has, that the real threat lies in the tropics. That is despite the fact that most new diseases are (as with AIDS) first noticed in rich countries.

If and when the GVFI is running smoothly, Dr Wolfe hopes to see not only what is threatening, but also to identify the general characteristics (if any) that threatening viruses share. If some features are regularly associated with a propensity to become pandemic, then forecasting outbreaks of new viral diseases will become easier and more scientific. At that point, this branch of medicine will be able to make the most important leap of all - from cure to prevention. And then a catastrophe like AIDS will need never happen again.

"Don't give up on a vaccine for AIDS"

Date: 16 February 2008

Source: *The Guardian*

<http://www.guardian.co.uk/world/2008/feb/16/aids?gusrc=rss&feed=science>

EDITORS' NOTE: This letter was written in response to an article included in The Guardian on February 15, 2008, which can be viewed at <http://www.guardian.co.uk/world/2008/feb/15/aids.medicalresearch>

Professor David Baltimore (We may never find vaccine for Aids, says Nobel winner, February 15) is right to highlight

to the American Association for the Advancement of Science annual meeting the distance we still remain from an HIV vaccine, but it is wrong to suggest there is no hope - that nature cannot be overcome. We live in a world of quick fixes, where Google provides instant answers to any question. When HIV emerged we were promised a vaccine in two or three years, so of course we are impatient. But it took 47 years to develop a vaccine for polio and 42 years to find one for chicken pox.

We have made progress on HIV. In just 25 years, what was once a death sentence can now be controlled and managed, and people with HIV in the UK are living long, healthy lives. Today there are over 30 vaccine candidates in trials around the world and **microbicides** offer new hope in the field of prevention. This progress is heartening, but developing a vaccine is a long and expensive process which is currently underfunded and undersupported. Governments and pharmaceutical companies need to be more engaged with scientists and prioritise HIV if we want results. The solution to HIV lies in a comprehensive package of prevention and treatment which includes a vaccine, all of which must be given sustained commitment.

For the 2.5 million people who were diagnosed with HIV last year, we must not give up hope in vaccine, we must make it a necessity. Science is extraordinary; at a time when you can fit a computer inside an envelope, there is every reason to believe we can one day win the battle against this complex virus.

Deborah Jack

Chief executive, National Aids Trust

"Back-to-basics push as HIV prevention struggles"

Author(s): Cohen J

Reference: N/A 15 February 2008;319(5865):888.

Published Abstract: Last week at the 15th Conference on Retroviruses and Opportunistic Infections, reports of successful HIV prevention efforts relieved the gloom over the continuing lack of an effective vaccine.

EDITORS' NOTE: *The full text of this article is available to Science subscribers at*

<http://www.sciencemag.org/cgi/content/summary/319/5865/888>

[Return to Table of Contents](#)

3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"A randomized, placebo-controlled trial to assess the safety and acceptability of use of Carraguard vaginal gel by heterosexual couples in Thailand"

Author(s): Kilmarx PH, Blanchard K, Chaikummao S, et al

Reference: N/A 35(3):226-32.

<http://www.stdjournal.com/pt/re/std/abstract.00007435-200803000-00003.htm;jsessionid=HGtMQWFFJbv9H0gnHnRpc7bmCgLmdh3HY0JKYjWkW8qh2Y38Fscpl-667243907!181195629!8091!-1>

Published Abstract: *Objectives:* To determine the safety and acceptability of use of Carraguard, a carrageenan-derived candidate **microbicide** gel, during sexual intercourse in women and men. *Study Design:* We conducted a 6-month randomized, placebo-controlled trial among sexually active, couples at relatively lower risk for HIV infection in northern Thailand. *Methods:* Women inserted 1 applicator of study gel vaginally every time the couple had sex. Safety was assessed by symptom report and genital examination of both partners and by changes in vaginal flora. Acceptability was assessed by participant interview. *Results:* Overall, 55 couples were randomized, 28 to Carraguard use and 27 to the methyl-cellulose placebo gel group. Retention and study gel use were similarly high in both study groups; use of gel without condoms was reported in more than 95% of vaginal sex acts. The 2 study groups were similar in the proportions of women and men with symptoms or with genital findings without epithelial disruption, of men with findings with epithelial disruption, and of women with abnormal genital flora, whereas more women in the placebo group had findings with epithelial disruption. Women and men in both groups reported that the gel and applicator were acceptable. *Conclusions:* Carraguard can safely be used an average of 2 to 3 times per week during sex and is acceptable to Thai women and men.

"Application of optical coherence tomography for monitoring changes in cervicovaginal epithelial morphology in macaques: Potential for assessment of microbicide safety"

Author(s): Vincent KL, Bell BA, Rosenthal SL, et al

Reference: N/A 35(3):269-75.

<http://www.stdjournal.com/pt/re/std/abstract.00007435-200803000-00011.htm;jsessionid=HGnZwG9WNT2pfnnsljvpjv6PWg1pLRVLWCmTh1VGN0Bk7QRM206v!1253064403!181195628!8091!-1>

Published Abstract: *Objectives:* Safety is a primary concern in the development of topical **microbicides**. Optical coherence tomography (OCT), a high-resolution, in-depth cross-sectional imaging modality, was utilized in conjunction with colposcopy to assess induced cervicovaginal epithelial changes that may predict product safety. *Study Design:* OCT and colposcopic images of macaque vaginal and cervical tissues were obtained in excised tissue and in vivo under various conditions, including mechanical injury and nonoxynol-9 treatment. *Results:* A scoring system was developed to categorize and quantify the OCT images based on morphologic features that indicate the presence or absence of an intact epithelial layer and inflammation. Using 3 categories (normal, mild to moderately abnormal, and severely abnormal), differences between healthy and injured tissue were apparent on OCT images. Normal images (category 1) had a bilayered structure representative of the epithelium and submucosa. Mild to moderately abnormal images (category 2) had areas of normal and abnormal epithelium. Severely abnormal images (category 3) had complete loss of the epithelium and/or inflammation, with loss of the bilayered structure on OCT. *Conclusions:* OCT is a noninvasive imaging modality complementary to colposcopy. It distinguished between normal and abnormal (or injured) tissue and thus holds promise for safety evaluations of candidate **microbicides** and other vaginal products.

"Knowledge and acceptability of alternative HIV prevention bio-medical products among MSM who bareback"

Author(s): Nodin N, Carballo-Diequez A, Ventuneac AM, et al

Reference: N/A 20(1):106-15.

<http://highwire.stanford.edu/cgi/medline/pmid;18278621>

Published Abstract: Condom use is the best available strategy to prevent HIV infection during sexual intercourse. However, since many people choose not to use condoms in circumstances in which HIV risk exists, alternatives to condom use for HIV prevention are needed. Currently there are several alternative bio-medical HIV-prevention products in different stages of development: **microbicides**, vaccines, post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP). Seventy-two men who have sex with men (MSM) who took part in a study on Internet use and intentional condomless anal intercourse were asked about these four products during a semi-structured interview. The questions explored knowledge and acceptability of all the products and willingness to participate in **microbicide** and vaccine trials. Qualitative analysis of the data suggests that these men had virtually no knowledge of PrEP, very limited knowledge of **microbicides**, some information about PEP and considerably more knowledge about vaccines. Reactions towards the products were generally positive except for PrEP, for which reactions were polarized as either enthusiastic or negative. With the exception of PrEP, many men expressed willingness to use the products in the future. Most men would be willing to participate in trials for **microbicides** and vaccines if given basic reassurances. Concerns over negative side effects and preoccupation with possible infection were some of the motives given for non-willingness to participate in a vaccine trial. These results should inform the development of future trials of biomedical prevention products.

"Probiotics: Potential to prevent HIV and sexually transmitted infections in women"

Author(s): Bolton M, van der Straten A, Cohen CR

Reference: N/A 35(3):214-25.

<http://www.stdjournal.com/pt/re/std/abstract.00007435-200803000-00002.htm;jsessionid=HGspmHL8xJtxQKNTIm64mr9qhpDtGhh2Th1kQv0RG2St2JN6YQt1!-667243907!181195629!8091!-1>

Published Abstract: Women are at significant risk of human immunodeficiency virus (HIV) and sexually transmitted infection (STI) acquisition with the genital mucosa serving as the main portal of infection. Exogenously supplied lactobacillus used as a probiotic may prove a cost-effective, female-initiated method to prevent HIV and STI infection in women. A probiotic may act indirectly through treating and preventing recurrent bacterial vaginosis or directly by secreting endogenous (e.g., hydrogen peroxide) and exogenous substances that block HIV and STI transmission. This review summarizes the preclinical and clinical studies that have been conducted so far to test probiotic bacteria for these purposes. Although significant progress has been made in this field, more fundamental research is required to better understand vaginal ecology to maximize probiotic formulations. Once identified, a

suitable product will require testing in a well-designed, randomized, placebo-controlled trial to measure its effectiveness in augmenting antibiotic treatment to prevent bacterial vaginosis. If results from such a trial demonstrate efficacy, future studies should be designed to determine whether a probiotic can significantly lower the risk for HIV and STIs in at-risk female populations.

[Return to Table of Contents](#)

4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Assessment of recent HIV-1 infection by a line immunoassay for HIV-1/2 confirmation"

Author(s): Schupbach J, Gebhardt MD, Tomasik Z, et al

Reference: N/A 4(12):e343.

<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0040343>

Published Abstract: *Background:* Knowledge of the number of recent HIV infections is important for epidemiologic surveillance. Over the past decade approaches have been developed to estimate this number by testing HIV-seropositive specimens with assays that discriminate the lower concentration and avidity of HIV antibodies in early infection. We have investigated whether this "recency" information can also be gained from an HIV confirmatory assay. *Methods and Findings:* The ability of a line immunoassay (INNO-LIA HIV I/II Score, Innogenetics) to distinguish recent from older HIV-1 infection was evaluated in comparison with the Calypte HIV-1 BED Incidence enzyme immunoassay (BED-EIA). Both tests were conducted prospectively in all HIV infections newly diagnosed in Switzerland from July 2005 to June 2006. Clinical and laboratory information indicative of recent or older infection was obtained from physicians at the time of HIV diagnosis and used as the reference standard. BED-EIA and various recency algorithms utilizing the antibody reaction to INNO-LIA's five HIV-1 antigen bands were evaluated by logistic regression analysis. A total of 765 HIV-1 infections, 748 (97.8%) with complete test results, were newly diagnosed during the study. A negative or indeterminate HIV antibody assay at diagnosis, symptoms of primary HIV infection, or a negative HIV test during the past 12 mo classified 195 infections (26.1%) as recent (less than or equal to 12 mo). Symptoms of CDC stages B or C classified 161 infections as older (21.5%), and 392 patients with no symptoms remained unclassified. BED-EIA ruled 65% of the 195 recent infections as recent and 80% of the 161 older infections as older. Two INNO-LIA algorithms showed 50% and 40% sensitivity combined with 95% and 99% specificity, respectively. Estimation of recent infection in the entire study population, based on actual results of the three tests and adjusted for a test's sensitivity and specificity, yielded 37% for BED-EIA compared to 35% and 33% for the two INNO-LIA algorithms. Window-based estimation with BED-EIA yielded 41% (95% confidence interval 36%-46%). *Conclusions:* Recency information can be extracted from INNO-LIA-based confirmatory testing at no additional costs. This method should improve epidemiologic surveillance in countries that routinely use INNO-LIA for HIV confirmation.

"Elevated risk for HIV infection among men who have sex with men in low- and middle-income countries 2000-2006: A systematic review"

Author(s): Baral S, Sifakis F, Cleghorn F, et al

Reference: N/A 4(12):e339.

<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0040339&ct=1>

Published Abstract: *Background:* Recent reports of high HIV infection rates among men who have sex with men (MSM) from Asia, Africa, Latin America, and the former Soviet Union (FSU) suggest high levels of HIV transmission among MSM in low- and middle-income countries. To investigate the global epidemic of HIV among MSM and the relationship of MSM outbreaks to general populations, we conducted a comprehensive review of HIV studies among MSM in low- and middle-income countries and performed a meta-analysis of reported MSM and reproductive-age adult HIV prevalence data. *Methods and Findings:* A comprehensive review of the literature was conducted using systematic methodology. Data regarding HIV prevalence and total sample size was sequestered from each of the studies that met inclusion criteria and aggregate values for each country were calculated. Pooled odds ratio (OR) estimates were stratified by factors including HIV prevalence of the country, Joint United Nations Programme on HIV/AIDS (UNAIDS)-classified level of HIV epidemic, geographic region, and whether or not injection drug users (IDUs) played a significant role in given epidemic. Pooled ORs were stratified by prevalence level; very low-prevalence countries had an overall MSM OR of 58.4 (95% CI 56.3-60.6); low-prevalence countries, 14.4 (95% CI 13.8-14.9); and medium- to high-prevalence countries, 9.6 (95% CI 9.0-10.2). Significant differences in ORs for HIV infection among MSM in were seen when comparing low- and middle-income countries; low-income countries had an OR of 7.8 (95% CI 7.2-8.4), whereas middle-income countries had an OR of 23.4 (95% CI 22.8-24.0). Stratifying the pooled ORs by whether the country had a substantial component of IDU spread resulted in an OR of 12.8 (95% CI 12.3-13.4) in countries where IDU transmission was prevalent, and 24.4 (95% CI 23.7-25.2) where it was not. By region, the OR for MSM in the Americas was 33.3 (95% CI 32.3-34.2); 18.7 (95% CI 17.7-19.7) for Asia; 3.8 (95% CI 3.3-4.3) for Africa; and 1.3 (95% CI 1.1-1.6) for the low- and middle-income countries of Europe. *Conclusions:* MSM have a markedly greater risk of being infected with HIV compared with general population samples from low- and middle-income countries in the Americas, Asia, and Africa. ORs for HIV infection in MSM are elevated across prevalence levels by country and decrease as general population prevalence increases, but remain 9-fold higher in medium-high prevalence settings. MSM from low- and middle-income countries are in urgent need of prevention and care, and appear to be both understudied and underserved.

"Evidence-based planning of a randomized controlled trial on diaphragm use for prevention of sexually transmitted infections"

Author(s): Behets F, Van Damme K, Turner AN, et al

Reference: N/A 35(3):238-42.

<http://www.stdjournal.com/pt/re/std/abstract.00007435-200803000-00005.htm;jsessionid=HGtKdppLxnSQNG5DBqDpnp9k9IKjr2BTzHWmmfPT17Thh1524vdG!-667243907!181195629!8091!-1>

Published Abstract: *Objectives:* We conducted formative research to evaluate the acceptability and feasibility of continuous diaphragm use among low-income women highly exposed to sexually transmitted infections (STIs) in Madagascar. *Goal:* To identify potential obstacles to researching the effectiveness of diaphragm use for STI prevention in a randomized controlled trial. *Study Design:* Mixed methods to collect complex information. In a quantitative pilot study, women were asked to use diaphragms continuously (removing once daily for cleaning) for 8 weeks and promote consistent male condom use; they were interviewed and examined clinically during follow-up. Focus group discussions (FGDs) were conducted pre-/postpilot study. Audiotaped FGDs were transcribed, translated, coded, and analyzed. *Results:* Ninety-three women participated in prepilot FGDs, 91 in the pilot study, and 82 in postpilot FGDs. Diaphragm use was acceptable and feasible, but participants reported lower condom use in FGDs than during interviews. Most participants reported in interviews that they used their diaphragms continuously, but FGDs revealed that extensive intravaginal hygiene practices may impede effective continuous diaphragm use. Despite counseling by study staff, FGDs revealed that participants believed the diaphragm provided effective protection against STIs and pregnancy. *Conclusions:* Mixed methods formative research generated information that the prospective pilot study alone could not provide and revealed contradictory findings. Results have methodological and ethical implications that affect trial design including provision of free hormonal contraceptives, and additional instructions for vaginal hygiene to avoid displacing the diaphragm. Mixed methods formative research should be encouraged to promote evidence-based study design and implementation.

"Initial outcomes of an emergency department rapid HIV testing program in western Kenya"

Author(s): Waxman MJ, Kimaiyo S, Ongaro N, et al

Reference: N/A 21(12):981-6.

<http://www.liebertonline.com/doi/abs/10.1089/apc.2007.0075>

Published Abstract: This paper reports the initial operational outcomes of an emergency department-based HIV testing program in a high-prevalence and resource-limited setting by describing (1) the number and percentage of patients approached, tested, and found to be HIV positive and (2) the linkage of care to the HIV clinic. A retrospective log and chart review of the initial 5 months (January 2006 to April 2006) of the HIV testing program was performed. Patients were selected for HIV testing by routine screening and by provider initiated referrals. Out of the 1371 patients who were approached for HIV testing, 1339 (97.7%) patients were tested for HIV. Three hundred twelve (22.7%) of the patients tested were HIV positive. Within a sample group of patients newly diagnosed with HIV in the department, 82% were compliant with their initial HIV clinic visit and 65% were compliant with a 1-month follow-up visit. The implementation of an emergency department-based HIV testing program in a high HIV prevalence and resource poor country is feasible with a high percentage of patients accepting HIV testing and a high percentage of positive patients presenting to follow-up care. Establishment of rapid HIV testing in emergency departments can identify significant numbers of HIV-positive patients who would otherwise remain undiagnosed and provides an education opportunity for those patients who are HIV negative.

"Prevalence of HIV and other sexually transmissible infections in relation to lemon or lime juice douching among female sex workers in Jos, Nigeria"

Author(s): Imade G, Sagay A, Egah D, et al

Reference: N/A 5(1):55-60.

<http://www.publish.csiro.au/nid/164/paper/SH07047.htm>

Published Abstract: *Background:* The rates of sexually transmissible infections (STI), including HIV, are high among female sex workers (FSW) in Nigeria and the use of various local vaginal cleansing agents to prevent infection is a common practice. The present study was aimed at determining whether any association exists between current lime or lemon douching and the prevalence of STI and HIV infections among FSW in Jos, Nigeria. *Methods:* Consenting FSW who were users of lemon or lime (UL) or non-users (NUL) were recruited for the study between May and September 2006. A structured questionnaire was administered by trained counsellors. Pre-HIV test counselling was done. Participant's blood samples were tested for HIV and syphilis. Genital examination was done and high vaginal and endocervical samples were collected. The samples obtained were processed for STI using standard laboratory procedures. FSW found with treatable STI received free drugs. HIV results were disclosed after post-test counselling and positive FSW were referred to a HIV/AIDS facility for care, support and antiretroviral therapy. *Results:* A total of 398 FSW (86 UL and 312 NUL) participated in the study. Their mean age was 27.6 +/- 7.0 years (range 16-63 years). HIV prevalence was high for both UL and NUL: 48.8 and 48.2%, respectively (odds ratio 1.0; 95% confidence interval 0.6-1.2, P = 0.9427). The rates of bacterial vaginosis were not significantly higher in UL (UL 55.8%, NUL 44.0%, odds ratio 1.59, 95% confidence interval 0.96-2.65, P = 0.06). There were no associations between the use of citrus douching and other STI. *Conclusion:* There were no significant associations between the prevalence of STI and HIV and lime or lemon juice usage.

[Return to Table of Contents](#)

5. EPIDEMIOLOGY

"Disease death toll increases by 22%"

Date: 25 February 2008

Source: Xinhua News Agency

http://www.shanghaidaily.com/sp/article/2008/200802/20080225/article_349839.htm

China saw a 22-percent rise in deaths caused by infectious diseases last year, with a 45-percent increase in cases of HIV/AIDS, according to the annual epidemic report released by the Ministry of Health. More than 4.7 million cases of infectious diseases were reported, up 2.95 percent compared with 2006, it said. The diseases led to the deaths of 13,037 people, 2,311 more than the previous year.

Cases of respiratory tract and blood-borne/sexually transmitted diseases rose by 3.55 and 6.96 percent, respectively, it said. Scarlet fever and measles were the two respiratory tract infections to have registered the sharpest increase in

the number of people infected.

The number of reported HIV/AIDS cases increased 45 percent from the previous year. The ministry said last November that more than 700,000 people were living with the virus, an increase from an earlier estimate of 650,000 in late 2006. Only 223,501 of them had been officially reported to have contracted the disease by the end of last year. "The sharp increase in reported cases of HIV/AIDS doesn't mean the HIV/AIDS situation is getting worse," said Gao Qi, a project manager with the China HIV/AIDS Information Network. "The increase might be due to more screening tests."

According to the health administration, 44.7 percent of the newly contracted HIV/AIDS victims last year contracted the virus through heterosexual transmission, 12.2 percent through homosexual transmission, 42 percent through intravenous drug injection and 1.1 percent from mother-to-baby transmission.

China is now working on the country's first nationwide program in a bid to control the spread of AIDS among male homosexuals, according to the health ministry. Studies are under way in several cities to collect information on gay men, such as their distribution and behavioral patterns, according to Wang Weizhen, deputy director of the HIV/AIDS prevention department under the ministry's disease control bureau.

The newly issued infectious disease report also showed a sharp rise of 24 percent in syphilis cases, and 2.46 percent of cholera cases.

"State of the nation's health"

Date: 22 February 2008

Source: *Health-e*

Author(s): Kerry Cullinan

<http://www.health-e.org.za/news/article.php?uid=20031899>

Now in its third year, the District Health Barometer compares all 52 health districts in the country to see which are the healthiest and which are just plain sick. The Eastern Cape's Oliver Tambo and Alfred Nzo districts, lying adjacent to one another in what was once the Transkei, are once again the poorest districts in the country. They are joined at the bottom by uMkhanyakude in the far north of KwaZulu-Natal. This is according to the District Health Barometer 2006/7, which was unveiled to health officials yesterday (Wed).

Overall Limpopo is the poorest province in the country with almost seven out of 10 households living on less than R800 per month. Unsurprisingly, health and wealth go hand-in-hand. The wealthiest three districts in the country - West Coast, Overberg and Cape Winelands - are all in the Western Cape. In addition, all six of the Western Cape's districts are in the top 20%, along with Gauteng's West Rand, Johannesburg, Ekurhuleni and Tshwane.

The Barometer is compiled from Department of Health statistics collected by clinics in the country's 52 districts, and compares 25 health and socio-economic indicators across these districts.

Despite health indicators being high in the Western Cape, the professional nurses in clinics in the Cape Town Metro have the highest workloads in the country. They see a staggering 51 patients a day in contrast to the national average of 27 patients a day. The Barometer warns that such high loads could lead to nurse burnout and compromise the quality of patient care. In contrast, nurses in Limpopo, Capricorn, Greater Sekhukhune and Waterberg districts saw 15 patients or less a day, which indicates that the nurses' scarce skills are not being well used.

The supervision of staff at primary healthcare facilities was generally poor, particularly in the Eastern Cape and Johannesburg. The cost per patient per day in district hospitals was particularly high in the Northern Cape. This could indicate poor data or indicate how expensive it is to treat patients in the country's biggest yet most sparsely populated province. Health services in the Eastern Cape have been cause for concern for a number of years, and the province is still spending less per capita than the national average.

Only six out of 10 households in OR Tambo district, which includes Mthatha, Qumbu and Flagstaff, have access to piped water. Almost eight out of 10 households lived on less than R800 a month in 2005.

Health Systems Trust's Fiorenza Monticelli said that this was the third year that the Barometer had been published, which meant that health trends - particularly whether resources are being distributed equitably countrywide - were now emerging.

The richest districts used to spend nine times more on non-hospital primary health care (clinics and community healthcare centres) than the poorest ones when we first started. There is now a threefold difference, so this is a significant improvement," said Monticelli.

The report is available online at <http://www.hst.org.za/publications/717>

[Return to Table of Contents](#)

6. OTHER PREVENTION APPROACHES

"HIV fight boosts circumcisions"

Date: 24 February 2008

Source: *McClatchy News Service*

Author(s): Shashank Bengali

<http://www.miamiherald.com/news/world/story/430879.html>

His friends were doing it. His high school biology teacher recommended it, for health reasons. Finally, his girlfriend insisted on it. So one morning about a year ago, Guillaume Gatera, 19, walked into a busy private hospital in Kigali, Rwanda's capital, plunked down about \$40 and was circumcised. "It was less painful than I expected," the lanky student recalled recently, nursing a mango juice at a terrace cafe and exhibiting not a trace of squeamishness.

"Actually, I felt proud. After I did it, three or four of my friends went and did it, too."

It may seem an unlikely trend, but more and more men in Rwanda and other African countries are being circumcised, spurred by new medical research showing that it greatly reduces the risk of contracting HIV.

On a continent ravaged by AIDS, the health imperative is overturning centuries-old beliefs about circumcision, which most traditional African cultures practice as a male rite of passage but many societies do not. Only 1 in 5 African men are thought to be circumcised. In Rwanda, an overwhelmingly Christian nation, the local word for the practice is gusilamula, which means to make oneself a Muslim.

With experts worldwide now touting it as a simple and proven method of fighting HIV -- although far from guaranteed -- Rwandan health officials plan to launch a nationwide campaign this year to dispel myths and encourage men to be circumcised. The country's health minister, Innocent Nyaruhirira, said recently that the voluntary campaign would begin with soldiers, police officers and university students. In a country where some 20,000 people die of AIDS every year, many young men aren't waiting, however. One nurse, Justin Gatete, said he'd done more than 1,000 circumcisions at a Kigali clinic last year alone. "When it's something to do with life and death," Gatera said, "you ignore the cultural aspect."

For years, epidemiologists have observed that HIV is more prevalent in pockets of the world, such as southern Africa and parts of East Africa, where men tend not to be circumcised. But it was only last March -- after studies in Kenya, Uganda and South Africa found that men who were medically circumcised were 60 percent less likely to acquire HIV during heterosexual sex -- that the United Nations World Health Organization endorsed it "as an additional important intervention" against AIDS.

The findings had immediate implications for Africa, home to two-thirds of the 33 million people worldwide living with HIV. Unlike in the United States, AIDS in Africa has spread primarily through sex between men and women. Despite the growing availability of lifesaving drugs, the U.N. estimates that 1.6 million people on the continent died of AIDS-related illnesses last year.

Researchers think that cells in the foreskin of the penis are especially vulnerable to HIV. Surgically removing the foreskin through circumcision also thickens the skin on the penis head, helping to resist infection.

U.N. experts think widespread circumcision in Africa could prevent 5.7 million HIV cases and save 3 million lives over the next 20 years. "It's the most effective prevention method we know about for heterosexual guys, if it's done properly," said Robert Bailey, an epidemiologist from the University of Illinois at Chicago who led the studies in Kenya and Uganda.

The Bush administration has pledged money from its mammoth \$15 billion global AIDS program to help make circumcision more widely and safely available in countries that want it. Already, Kenya, Swaziland and Zambia have decided to make the service available in public clinics.

In Rwanda, a tiny nation in the forested hills of Central Africa, American government experts are helping the local

government formulate its campaign. Rwandan officials want to slash the cost of the procedure -- as high as \$55 at private hospitals and clinics, well out of reach of most people -- and make sure that basic medical insurance covers it. "We're not going to wake up one morning and have all men be circumcised. We need to see how best to implement this," said Anita Asimwe, the director of the government's Treatment and Research AIDS Center.

[Return to Table of Contents](#)

7. POLITICS AND POLICY

"House Foreign Affairs Committee approves PEPFAR Reauthorization Bill"

Date: 28 February 2008

Source: *Kaiser Daily HIV/AIDS Report*

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=50652

The House Foreign Affairs Committee on Wednesday approved a draft bill (HR 5501) to reauthorize the President's Emergency Plan for AIDS Relief, *CQ Today* reports (Graham-Silverman, *CQ Today*, 2/27).

The bill, which was considered by the foreign affairs committee following meetings between White House officials and committee members on Tuesday, would allocate \$50 billion for PEPFAR over the next five years. President Bush had called on Congress to authorize a \$30 billion, five-year extension of PEPFAR. The bill also would remove a requirement that at least one-third of HIV prevention funds that focus countries receive through PEPFAR be used for abstinence-until-marriage programs. It also would require "balanced funding" for abstinence, fidelity and condom programs based on evidence in each PEPFAR focus country. In addition, the bill would retain the requirement that PEPFAR recipients pledge opposition to commercial sex work (*Kaiser Daily HIV/AIDS Report*, 2/27).

The bill would allow groups to use PEPFAR funding for HIV testing and education in family planning clinics but not for contraception or abortion services. According to the *Washington Post*, an earlier version of the bill would have allowed the money to be used for such services. The compromise bill also would require reports to Congress if abstinence and fidelity programs comprise less than half of country-level spending on programs aimed at preventing sexual transmission of the virus, the *Post* reports.

In addition, the bill would allocate about \$9 billion to fight tuberculosis and malaria, which often affect HIV-positive people in Africa. That amount also would underwrite food supplements for people living with HIV/AIDS. The bill would provide loans to women widowed by the disease or ostracized because of their HIV-positive status (Brown, *Washington Post*, 2/28).

Reaction

White House Press Secretary Dana Perino said the White House "applaud[ed] the committee's work in quickly moving this bill forward." She added, "We hope that the House and Senate will soon follow suit and send it on to the president for signature" (*CQ Today*, 2/27). Rep. Howard Berman (D-Calif.) -- who became acting chair of the committee after the

death of Rep. Tom Lantos (D-Calif.) -- said, "This bill is not perfect, but no compromise ever is" (*Washington Post*, 2/28).

Rep. Ileana Ros-Lehtinen (R-Fla.) added that many lawmakers agreed that not reaching a compromise "would do irreparable damage to what is arguably the most successful U.S. foreign assistance program of the last half century" (*AP/International Herald Tribune*, 2/27).

"This historic agreement will save millions of lives," Paul Zeitz, head of Global AIDS Alliance, said, adding, "With bipartisan support, Congress is beginning to fix aspects of the AIDS program that were clearly not working" (*Washington Post*, 2/28). Although some public health and family planning groups expressed disappointment that Democrats did not push for changes in funding for reproductive health, it was "clear that some of the strongest advocates" for change had signed onto the bill, according to *CQ Today*. "Although in the end we had to compromise on several items that were important to me and many Democratic members, I think this is a good bill and I am pleased to support it," Rep. Barbara Lee (D-Calif.), said (*CQ Today*, 2/27).

The Guttmacher Institute on Wednesday released a report that examines the effect of voluntary contraceptive programs on U.S. HIV/AIDS efforts. The report is available online at <http://www.guttmacher.org/media/nr/2008/02/26/index.html>.

NPR's "Morning Edition" on Wednesday reported on the bill. The segment includes comments from Helene Gayle, president and CEO of CARE International; Rev. Mpho Tutu of the Tutu Institute for Prayer and Pilgrimage; and Bill O'Keefe of Catholic Relief Services (Wilson, "Morning Edition," *NPR*, 2/27). Audio of the segment is available online at <http://www.npr.org/templates/story/story.php?storyId=54923288>.

"Pollack: Cut research, and AIDS fight falters"

Date: 26 February 2008

Source: *Statesman.com Commentary*

Author(s): Ron Pollack

http://www.statesman.com/opinion/content/editorial/stories/02/0226aids_edit.html

As President Bush returns to Washington after his remarkable trip to Africa, he'll be looking to Congress to help him deliver on promises made to his African presidential counterparts to help fight HIV/AIDS and malaria. He already has pledged to expand his HIV/AIDS initiative from \$15 billion to \$30 billion, doubling an arsenal of treatments and humanitarian assistance, and this pledge has been warmly received by Washington-based HIV/AIDS advocates on behalf of the 33 million people around the globe living with HIV. Yet, in sad contrast, the president's budget request for medical research is so paltry that, given current inflationary pressure, it effectively cuts resources for the very medical research that will supply the cache of drugs and other medical technologies needed to wage the fight against HIV/AIDS.

A humanitarian and diplomatic success, the President's Emergency Plan for AIDS Relief, known as PEPFAR, was first

introduced in 2003 and has since provided HIV/AIDS treatment for 1.5 million people. It is estimated that, before PEPFAR, as few as 50,000 people were receiving treatment in sub-Saharan Africa. Although it is far from being a solution to global AIDS, PEPFAR has rewritten the story of HIV/AIDS assistance, bringing hope and life-saving drugs to millions. And so the concerned community of advocates and AIDS victims asks: What is the logic of promising to deliver drugs and medical services while cutting funding for the universities and scientists who conduct medical research to make better drugs and vaccines?

The president's budget, released Feb. 4, provides \$29 billion - essentially flat funding - for the National Institutes of Health, our nation's premier medical research institution and a pioneer in the development of treatments and medical technology. This is the sixth year the president has proposed what amounts to a cut in the NIH budget. Not only does his budget proposal fail to account for biomedical inflation, it also ignores the demands for better medical solutions to existing and newly emerging infectious diseases.

NIH scientists commit their careers to developing and testing new antiretroviral drugs and potential AIDS vaccines. Thanks to their dedication, we have drugs to prolong the lives of people with HIV and drugs to block the transmission of the virus from mother to child. But even the most committed researchers, faced with uncertain funding, are sure to find themselves in doubt about their ability to carry out this noble mission.

We welcome and applaud the president's commitment to global AIDS, but we implore him to recognize that medical research is integral to a long-term, sustainable strategy. HIV is becoming more resistant to current treatments, and research allows us to respond with more effective drugs. More importantly, we need to continue the search for a vaccine, our only hope for putting the brakes on the AIDS pandemic. To do this, the president and Congress need to increase funding for medical research.

Without advances in the science and the treatment of AIDS, the president's pledge to combat AIDS in Africa is a shallow promise. We must harness the brilliance of our research in order to win this fight.

Pollack is the executive director of Families USA, a national organization for health care consumers. With financial support from the Bill and Melinda Gates Foundation, Families USA includes global health among its important advocacy issues.

"White House wants to widen FDA authority over imports"

Date: 23 February 2008

Source: *Wall Street Journal*

Author(s): Jane Zhang

http://online.wsj.com/article_email/SB120372510657987043-IMyQjAxMDI4MDIzNTcyMjU1Wj.html

Health and Human Services Secretary Mike Leavitt said the Bush administration supports legislation giving the Food and Drug Administration explicit authority over unsafe food or drugs made overseas with the intent of shipping them to the U.S.

The FDA has been hobbled in its enforcement of imports even as the number of products entering the U.S. has skyrocketed. The agency, for example, had trouble at first getting its investigators into Chinese factories involved in last year's pet-food recall. And recently, some have questioned how the FDA failed to inspect a Chinese plant that supplies much of the active ingredient for Baxter International Inc.'s blood thinner, heparin, which has been linked to hundreds of bad reactions and four deaths.

"Foreign firms can often deny U.S. officials access to their facilities without any adverse consequences," Mr. Leavitt wrote in a letter to two Republican lawmakers. "Such an amendment would better enable FDA to address criminal conduct that occurs entirely outside of the United States and threatens the health and safety of consumers within the United States." Mr. Leavitt said he will work with Congress to pass the legislation. "This change would be another arrow in our quiver for FDA's ability to investigate overseas offenders that violate the FDCA," or the federal Food, Drug, and Cosmetic Act, said HHS spokeswoman Christina Pearson.

The letter marked the first time the HHS, the FDA's parent agency, supported the effort to give the agency such authority. Earlier, the administration's cabinet-level import-safety panel, which Mr. Leavitt heads, had proposed increasing penalties and other enforcement power over imports and importers, and the Justice Department has supported the amendment for a number of years.

Mr. Leavitt's letter came in response to a December 2007 letter from Reps. Joseph Barton of Texas and John Shimkus of Illinois, prominent Republicans on the House Energy and Commerce Committee. They and other Republicans have pushed since 2000 for such a change amid rising concerns about imports, such as tainted or counterfeit drugs.

"The secretary's support is good news. We have to get this right, and we have to get it right soon because the volume, variety and the complexity of products arriving from overseas is increasing every day," said Rep. Barton. "China, in particular, has been building a great wall of bureaucracy between our experts and their problem, but American consumers who buy those products have a right to know they're safe. We need to take a fresh look at this, and we have to do it in this Congress."

"Recruiting African health workers a crime: Lancet"

Date: 21 February 2008

Source: *Reuters*

Author(s): Maggie Fox

<http://www.reuters.com/article/healthNews/idUSN2149268920080221?feedType=RSS&feedName=healthNews&pageNumber=1&virtualBrandChannel=0>

Rich countries are poaching so many African health workers that the practice should be viewed as a crime, a team of international disease experts said on Thursday.

More than 13,000 doctors trained in sub-Saharan Africa are now practicing in Britain, the United States, Canada and Australia, leaving behind colleagues struggling to cope with impossible caseloads. African nurses and pharmacists also are targeted by clinics, hospitals and drug store chains offering better pay, legal assistance with immigration and moving expenses, said the experts, who include the heads of several schools of pharmacy or medicine in African countries. "They are systematically seeing their recruits being enticed away," Dr. Edward Mills of the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, one of the authors of the commentary, said in the *Lancet*. They are also seeing people dying en masse because of a lack of health-care workers. "What we are saying is that if one of these countries that is being systematically poached were to pursue it as a crime, contributing to unrest ... then they would have some leg to stand on," Mills said in a telephone interview.

Mills and colleagues from Uganda, South Africa, Ireland and Argentina and including current and former heads of the International AIDS Society used Ghana as an example. They cited estimates showing Ghana had spent \$70 million training health professionals who then left to work in Britain. "In comparison, by recruiting Ghanaian doctors, the U.K. saved about 65 million pounds (\$130 million) in training costs between 1998 and 2002, while their contribution to service provision is estimated at around 39 million pounds (\$80 million) a year," they wrote.

While many doctors and nurses were leaving freely, Mills and colleagues said they were also being actively recruited. "In many countries health workers are seeing as many as 300 patients a day," Mills said. "After putting in 15-, 16-hour days and getting text messages and being recruited by other physicians who come on vacation to Africa, we can understand why people at a particularly weak point should choose to leave. "We shouldn't be taking advantage of these people's weaknesses."

The experts projected what might happen in fighting the AIDS virus, which infects more than 20 million people in Africa. "Between 2006 and 2012 there could be an almost three-fold increase in the number of patients per physician (from about 9,000 to 26,000) and an overall decrease in the number of physicians treating patients with HIV from 21,000 to about 10,000," they wrote. This compares to about 2,000 patients a year for a U.S. doctor, they said.

But Mills and his colleagues said countries that benefit from the recruits should "make amends" by offering training, building and staffing new health schools and providing ways for health workers to stay in their own countries.

[Return to Table of Contents](#)

8. ANNOUNCEMENTS

"Global Fund Round 8 Call for Proposals"

Date: 25 February 2008

Source: *Global Fund Observer Newsletter*

<http://www.aidspace.org/index.php?issue=85&article=4>

The Global Fund will issue its "Round 8" Call for Proposals on March 1, less than a week from now. Details will be provided at the Fund's website, www.theglobalfund.org.

As soon as possible thereafter, the second and final volume of the "Aidspan Guide to Round 8 Applications to the Global Fund" will be released. Volume 2 ("The Applications Process and the Proposal Form") will contain information on the Round 8 applications process; will include a chapter on what is new for Round 8; and will provide step-by-step guidance on how to fill out the Round 8 proposal form. Volume 2 will be posted first in English and then, as soon as the translations can be completed, also in French and Spanish.

Volume 1 ("Getting a Head Start") is already posted in English, French and Spanish at www.aidspace.org/guides, where various other Aidspan guides are also available. Among other things, Volume 1 provides guidance on how CCMs can manage the proposal development process, including the process of soliciting in-country submissions. It also includes an extensive analysis of the strengths and weaknesses of proposals submitted in previous rounds of funding (based on comments by the Technical Review Panel).

"Omololu Falobi Awards for Excellence in HIV Prevention Research Community Advocacy presented"

Date: 24 February 2008

Source: *AIDS Vaccine Advocacy Coalition*

http://www.eurekalert.org/pub_releases/2008-02/avac-ofa022508.php

Two advocates have received the inaugural Omololu Falobi Award for Excellence in HIV Prevention Research Community Advocacy. The awards honor the late Omololu Falobi, a long-time HIV advocate and journalist who founded Journalists Against AIDS in Nigeria, was an instrumental pioneer member of the Nigerian Treatment Access Movement, and co-founded the **Nigerian HIV Vaccine and Microbicide Advocacy Group**. Omololu was killed in Lagos, Nigeria in October 2006.

The award was created to celebrate the life and values of this remarkable man and to create an ongoing legacy that recognizes his commitment and lasting contributions to HIV prevention research advocacy. The award will highlight the essential role of community advocacy and leadership in HIV prevention research.

"Omololu was a visionary leader and activist, who accomplished much in his short life. He dedicated himself to powerful advocacy around HIV and HIV prevention research in Nigeria, Africa and worldwide. He set new standards for HIV journalism on the continent and facilitated dialogue and engagement between communities, researchers, policy makers, media and civil society around vaccines and **microbicides**," said Mitchell Warren of AIDS Vaccine Advocacy Coalition. "This award will honor advocates around the world who share Omololu's vision."

Impressed with the calibre of the individuals nominated, the independent review committee have selected two individuals to receive the inaugural Omololu Falobi Award for Excellence in HIV Prevention Research Community Advocacy award -- Srikrishnan Aylur Kailasam for community advocacy, and Lori Heise for international leadership.

This is a mirror to Omololu's own work and vision -- community focus with international scope.

Srikrishnan Aylur Kailasam is the Research Manager at the Y.R. Gaitonde Center for AIDS Research and Education in Chennai, India. Kailasam was honored for his pivotal role in working with and supporting marginalized communities in research settings. In selecting Kailasam for this Award, the selection committee noted his leadership in community research in India, and his commitment to, and respect for the communities that he works with. This has enabled those communities to be not only more informed about research and the importance of research, but also benefit from that research. Kailasam has worked tirelessly to develop bridges between science and community, and strives to improve the quality of life of the communities he serves.

Lori Heise is the Director for the **Global Campaign for Microbicides**, based in Washington D.C. Heise was honored for her leadership and commitment to the involvement of communities in **microbicide** research as partners, and her visionary leadership as a founding member of the **Global Campaign for Microbicides**. The selection committee praised Heise's practice in cultivating leadership and inspiring advocates worldwide. It is with this mandate, that she has led the Campaign to use its resources to build capacity, support leadership, and implement joint projects with other NGOs, many of them now vital leaders. The committee highlighted one referee's words in saying, "the field of **microbicide** advocacy is the lengthened shadow of one woman, Lori Heise"

The honorees were chosen by an independent international panel of HIV prevention research advocates and researchers, including Salim Abdool Karim of South Africa, Nomita Chandhiok of India, Tim Farley of Switzerland, Nadine France of Thailand, Shaun Mellors of the South Africa, Alex Menezes of Brazil, Kingsley Obom-Egbulem of Nigeria, Badri Saxena of India, and Laurie Sylla of USA. The award review committee was constituted and invited to play this role by the Award Planning Committee.

The inaugural Falobi awards will be presented at the Closing Ceremony of **International Microbicides 2008 Conference** in New Delhi, India. The planning committee has raised resources to ensure that the award is sustained through the next decade.

"This award is important in keeping Omololu's vision alive. It will be a visible platform for ongoing recognition of the contribution of advocates and leaders to the HIV prevention research field," said Olayide Akanni of Journalists Against AIDS in Nigeria. "We are pleased to launch the award by honouring two people who have made enormous contributions to the field. Omololu would be proud of their work and deserving of this honour."

*The award was conceptualised and the process coordinated by the African **Microbicides** Advocacy Group (AMAG) in partnership with the AIDS Vaccine Advocacy Coalition (AVAC), the Global Campaign for **Microbicides** (GCM), Journalists Against AIDS in Nigeria (JAAIDS), the Nigerian HIV Vaccine & **Microbicides** Advocacy Group (NHVMAG), and the Treatment Action Movement Nigeria (TAM). Financial support for the 2008 Award came from AMAG, AVAC, GCM, NHVMAG and Family Health International.*

