



August 8, 2007

Founded by Population Action International (PAI), amfAR, The Foundation for AIDS Research, and the Sexuality Information and Education Council of the United States

*Comprised of dozens of diverse organizations, the **Caucus for Evidence-Based Prevention** monitors the use of evidence in HIV prevention programs and policies, reports on HIV prevention-related conference proceedings to a wide audience, and alerts the community when ideology, prejudice, or opinion interfere with evidence-based approaches to reducing the further spread of HIV/AIDS.*

### **Special Edition on the 4th International Conference on HIV Pathogenesis, Treatment and Prevention**

- **[The Sydney Declaration and HIV/AIDS Policy](#)**
- **[New Report on Prevention Scale-up](#)**
- **[More Bad News: Microbicide Candidate may not be for Women](#)**
- **[MIRA Diaphragm Trial Results](#)**
- **[Still No Evidence for Abstinence-Only Education](#)**
- **[Drastic Need for Pediatric Treatment Scale-up](#)**
- **[Caucus Member Publications](#)**
- **[Caucus Member Organizations](#)**

#### **The Sydney Declaration and HIV Research Policy**

by Elisha Dunn-Georgiou, [amfAR](#), [The Foundation for AIDS Research](#)

Declaring that “good research makes good policy,” the leaders of the 4th International Conference on HIV Pathogenesis, Treatment and Prevention issued a call to the international public health community. The [Sydney Declaration](#) after the host city of the 4<sup>th</sup> IAS Conference on HIV Pathogenesis, Treatment and Prevention, which took place from July 22-25. Emphasizing the need for the best methods of HIV prevention, treatment and care to respond to the epidemic, the Sydney Declaration asks that 10 percent of all resources dedicated to HIV/AIDS be set aside specifically for research. The Declaration was signed by many international organizations.

This call for the integration and scale-up of research efforts could be a key to success in the fight against HIV/AIDS. Governments and international organizations are realizing the necessity of allocating greater resources to scale-up prevention, treatment and care. Unfortunately, there has been no parallel realization at the same time of simultaneous scale-up of HIV research—particularly in the areas of prevention, treatment and care. Instead, HIV researchers have seen their budgets continuously fly. International donor programs such as the President’s Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria do not prioritize research in their program plans.

The influx of international funds from the US and other donors has been helping to get people—particularly those in resource-poor countries—access to HIV/AIDS care. While these efforts are absolutely necessary, new infection prevention and treatment scale-up. If we truly wish to avert millions of new infect

relegate prevention research to an afterthought. Instead, policy must make evidence-based research a global priority. As *The Sy* cannot maintain a sustained and effective response to the AIDS e commitment.

---

### **New Report on Prevention Scale-up**

Judy Auerbach, [San Francisco AIDS Foundation](#)

In advance of the IAS conference in Sydney, the Global HIV Prev an international panel of more than 50 people representing public researchers, civil society, and decision-makers, issued a report ti Scale: An Urgent Global Priority.” The report calls for a significa based HIV prevention programs, citing new data—commissioned expanded access to HIV prevention could avert one-half of the a infections expected to occur by 2015.

The PWG notes that advances made in expanding HIV treatment investment in HIV prevention, citing UNAIDS estimates that for ev antiretroviral therapy in 2006, six people were newly infected. As doubling overall global spending on AIDS in the next three years \$22 billion by 2010), with half of that allocated to HIV prevention. as data from 2005 indicated that only about 9% of men who have drug users, and fewer than 20% of sex workers have access to e services. Only 12% of men and 10% of women in the most highl have had an HIV test and know their status. And, in 2005, only 1 women in low- and middle-income countries had access to low-cr prevent mother-to-child transmission—among the most effective l date.

The Global HIV Prevention Working Group, convened by the Bill and the Henry J. Kaiser Family Foundation, was launched in 200. program planning, and donor decisions on HIV prevention. The e much in concert with the goals of the Caucus for Evidence-Basec PWG shares many members. Their materials provide excellent a members working domestically and/or internationally. The PWG r [www.globalhivprevention.org](http://www.globalhivprevention.org), at which all its previous reports and

---

### **New Technology to Prevent HIV Among Women Pr**

Annette Larkin, Consultant

A clinical trial of Ushercell, a potential microbicide also known as halted in January of this year due to a higher number of HIV infec using cellulose sulfate than in the group using a placebo product. CONRAD, principal investigator of this Phase III clinical trial, repc results from the trial at the IAS Conference in Sydney on July 25.

The data from the CONRAD study showed that the difference in l the CS group and the placebo group was not statistically significa seroconversions in the CS group, but the difference was not large possibility that it could have occurred by chance.

A further exploratory analysis using a subset of the data that excl after they stopped using the gel — for example, because of pregr were more infections among women using CS than there were ar product, and that difference was statistically significant. "The well participate in clinical trials is, and always will be, our top priority a to err on the side of caution when we halted the trial in January. ' cellulose sulfate was not found to be effective for HIV prevention,

epidemic such as HIV, it is crucial to continue to evaluate a variety of methods, particularly those that may be female-initiated," said Dr.

These analyses confirm that CS is not effective against HIV infection and must be carefully scrutinized and monitored as a matter of course. When immediate consideration is given to the best course of action, with the safety of participants and host communities being the first priority. Other than the benefit of valuable data gleaned from these clinical trials, both researchers and developers of emerging and future microbicide candidates to

CONRAD will continue to support a number of activities over the next year to test several hypotheses: additional analyses on the datasets from this study, gathering in ongoing animal studies of CS, additional *in vitro* testing and study in women at two US sites to explore specific vaginal responses.

---

### **MIRA Diaphragm Trial Results**

By Julia Matthews, [Ibis Reproductive Health](#) and [Cervical Barrier](#)

Results from the Methods for Improving Reproductive Health in Africa (MIRA) study, a measurement of the effectiveness of the diaphragm and lubricant among women, were presented at the IAS Conference in Sydney, Australia, the University of California, San Francisco and lead investigator, Dr. Robert Coombs, at the University of California, San Francisco. The study included 5,000 sexually active women from South Africa and Zimbabwe who received counseling and testing, safer-sex counseling, free male condoms, and a diaphragm. Half of these participants, random assignment group, also received a latex diaphragm and Replens gel, a non-occlusive lubricant.

Unfortunately, the MIRA results showed no statistical difference in HIV incidence between women in the intervention group and those who only received counseling and testing. Therefore, the results do not support the addition of the diaphragm and lubricant strategies. Although these results are disappointing, the MIRA trial has made a significant contribution to the HIV prevention field by providing valuable data on the use of these trials, offering health services to trial participants and the women and their communities about HIV prevention options. Additional findings will inform future research on female-controlled prevention strategies.

The MIRA team concluded that the potential of cervical barriers to reduce HIV risk needs to be studied. Future research may have to tackle how to validate self-use of these products among participants and adherence to study products and find ways to improve their effectiveness. In the meantime, new kinds of cervical barriers are being developed. The diaphragm may also be an ideal applicator for microbicides.

At this time, it is critical that we make greater investments in the development of an existing female-initiated HIV prevention method. Improving uptake of these methods is equally as important as continued research on female-controlled prevention methods. Effective [microbicide](#) and [AIDS vaccine](#). Greater access to existing female-controlled HIV prevention methods will be key steps to stopping the HIV pandemic.

---

### **Still No Evidence for Abstinence-Only Education**

By Sonia Kandathil, Caucus for Evidence-Based Prevention

A new report issued by the *British Medical Journal* found that abstinence-only education does not reduce HIV risk. Conducted by Dr. Kristen Underhill at the University of California, San Francisco, the study searched 30 databases for other research assessing the efficacy of abstinence-only education in developed countries, including the US. Thirteen studies, with a total of 1,000 participants, met the study's criteria for scientific rigor, comparing the intervention with control groups. Findings indicated that programs as the only means of HIV prevention were not effective in achieving their goals.

This is the second study published this year to support a growing abstinence-only programs do not influence the rate of unprotected sexual partners, condom use, or initiation of sexual activity. In A Policy Research, Inc. showed that four domestic abstinence-only Section 510, did not reduce sexual risk behaviors of adolescents. these studies and others would prompt Congress to cut funds for Those funded under Title V, Section 510 receive nearly \$50 millic federal government.

Earlier this summer, the United States Congress House Subcom Human Services, and Education Appropriations voted to increase abstinence-only programs by \$27.8 million. Despite this stunning hopeful about the Senate version of the bill which calls for severe education. The difference between the House and Senate versio after the Senate vote and when committee members meet in Cor year.

---

## **Drastic Need for Pediatric Treatment Scale-up with Reauthorization**

by Jamila Taylor and Nuria Siraj, [The AIDS Institute](#)

The facts are indisputable: children represent almost 15 percent worldwide; nearly 1500 children are infected with HIV everyday; a requiring antiretroviral therapy are currently receiving treatment. l Emergency Plan for HIV/AIDS Relief (PEPFAR), children within fr 15 percent of those in need of AIDS treatment. However, they ar receiving treatment within PEPFAR programs. This means that a treatment is urgently needed to respond to this dreadful pandemi

PEPFAR's initial goal of including children as 10 to 15 percent of HIV/AIDS, has fallen grossly short. According to the US-based n Global AIDS Alliance, US global AIDS programs have been much adults and are far too slow in meeting the needs of children living opportunities to improve children's access to AIDS treatment hav service delivery to children has been a common failure of the ove

At the recent International AIDS Society Conference, HIV/AIDS e development of child-specific drugs to ensure that millions of HIV survive, but also live without the damaging side effects from their failed them by not fully ensuring the treatment that they desperate priorities rest? The US has the political power to address this dis advocates are hopeful that the gaps that persist in pediatric AIDS with the reauthorization of PEPFAR in 2008.

---

## **Caucus Member Publications:**

### **[Population Council](#)**

The latest issue of the [Horizons Report](#), **PMTCT**, examines strai programs, which include training HIV-positive women to provide p mothers; reaching women with information, support, and referrals activities; and creating stronger linkages during the postnatal peri treatment and care.

The Population Council recently released, [Transcending Bound Security of HIV-affected Households in Rural Uganda: A Cas](#) in Tororo, Uganda found that a partnership between TASO, an AI agricultural extension was successful in helping HIV-affected con

security.

#### [AIDS Vaccine Advocacy Coalition](#)

The AIDS Vaccine Advocacy Coalition recently released, [Female What will we learn from upcoming trials?](#) This document is designed to help you understand the implications of findings from two trials of female-initiated methods--the Methods for Improving Reproductive Health in Africa (results released July 2007) and Carraguard microbicide trial. The ["Anticipating and Understanding Results"](#) series.

AVAC has worked closely with UNAIDS and a group of activists, researchers, and research trial staff from around the world on this new draft guidance framework for stakeholders in HIV-prevention research to implement participatory engagement in clinical trials. It has been through one round of review and is currently being widely circulated in revised draft form.

**Comments received by September 30, 2007 will be incorporated into the final document which will be released for use in the field.**

### Member Organizations

[Academy for Educational Development](#), [Adventist Development Center](#), [AIDS Alliance for Women, Children, and Families](#), [AIDS Project Los Angeles](#), [The AIDS Institute](#), [AIDS Vaccine Advocacy Coalition](#), [amfAR](#), [The Foundation for AIDS Research](#), [CARE USA](#), [Catholics for a Free Choice](#), [Center for Communications Programs](#), [Community HIV/AIDS Mobilization Project](#), [CONRAD](#), [Constella \(formerly Family Health International\)](#), [The Female Health Crisis](#), [Global AIDS Alliance](#), [Global Campaign for Microbicides](#), [Global Health Strategies](#), [Global Youth Coalition on HIV/AIDS](#), [Global Reduction Coalition](#), [HIV Medicine Association](#), [International Working Group on HIV/AIDS](#), [Management Sciences for Health](#), [National Minority AIDS Council](#), [Action International](#), [Population Council](#), [Population Services International](#), [San Francisco AIDS Foundation](#), [SIECUS - the Sexuality Information and Education Council of the United States](#)

#### General Caucus and Newsletter Inquiries:

Phone: 425-577-3412

E-mail: [Sonia M. Kandathil](mailto:Sonia.M.Kandathil@amfar.org)  
[Elisha Dunn-Georgiou](mailto:Elisha.Dunn-Georgiou@amfar.org)  
[Katie Porter](mailto:Katie.Porter@amfar.org)

*Creating a Forum for Progress*

This message was sent from Sonia Kandathil to Karine.Dube@amfar.org. It was sent from: Caucus for Evidence-Based Prevention, 287 Waverley Rd., Toronto, ON M4L3T5. You can modify/update your subscription via the link below.



 FORWARD TO A FRIEND

[Manage your subscription](#)