

Composed of more than fifty organizations, the Caucus for Evidence-Based Prevention will monitor the use of evidence in HIV prevention programs and policies at the IAC, report on HIV prevention-related conference proceedings to a wide audience, and alert the community when ideology, prejudice, or opinion interfere with evidence-based approaches to reducing the further spread of HIV/AIDS.

Promoting HIV Prevention Supported by Sound Science

# Caucus for Evidence-Based Prevention

Founded by SIECUS, PAI, and amfAR

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## A Paradigm Shift in Prevention

By Kyle Kinner, CARE USA

It's hard to believe that four intense days are already behind us and the end of the 2008 International AIDS Conference (IAC) is here. Since the last IAC, we've confronted sobering results in AIDS vaccine and microbicide trials, the reanalysis by UNAIDS of the fundamental baseline for the epidemic's impact, and the reauthorization of the U.S. PEPFAR program at \$48 billion over five years.

Even more sobering, in the past two years, an estimated 5.4 million people have become infected and 4 million people have died from AIDS.

Despite this week's resounding reaffirmation of the global community's commitment to fight HIV/AIDS, it seems likely that the current trajectory of infection and mortality will look familiar when we get to Vienna in 2010.

And yet it would be wrong to conclude that IAC '08 won't end up exerting a positive effect on our work in the months ahead. This could well be considered a turning point in HIV/AIDS, if we act on the lessons we heard here and work together on a meaningful agenda when we get back home.

More than any recent conference, this meeting has emerged, almost despite the generic branding and cautious rhetoric, as the prevention wake-up call for the new millennium.

Peter Piot acknowledged at the opening ceremony what we all know — there are no magic bullets. If the Merck vaccine STEP study and other failed clinical trials haven't already proved that AIDS has few quick wins, the glacially-paced rollout of male circumcision, the scandal of mother-to-child transmission, and lack of support for at-risk populations in concentrated epidemics should end the argument and let us move on to figure out what to do next.

Speaker after speaker used the "marathon not a sprint" metaphor to describe what we can expect in the years ahead, and "combination prevention" was endorsed by *The Lancet* as the phrase du jour. Could we please use "comprehensive" instead and put

"evidence-based" at the beginning?

"Combination" is understood to mean a range of clinical, community-based and structural prevention tools that engage the underlying drivers of the epidemic. "Know your epidemic" was invoked repeatedly in this context, and more than one speaker presented data illustrating how far we still are from that essential priority.

At the Caucus event on Wednesday, Helene Gayle diagnosed the challenges we face as lack of political will: "The problem is that we know a lot about what works in prevention -- we're just not doing it."

A truly sobering presentation by L.A. Okeyo at an HIV and Conflict session noted that Kenya experienced a 7,500 percent increase in the incidence of sexual violence against women in the aftermath of the post-election crisis (from December 2007-June 2008), with a catastrophic breakdown in health system support for rape victims, including post-exposure prophylaxis (PEP).

Until we view violence against women, conflict, illiteracy, food insecurity, poverty and the powerlessness of women and children as the enabling predicate for the global AIDS crisis, the numbers of new infections will keep climbing.

What's promising — possibly even transformative — about IAC '08 is that we've started talking about these underlying structural and power issues, acknowledging them as critical factors. With its commitment to comprehensive, evidence-based prevention, the Caucus is a vital organizer for the dialogue.

If we seize this opportunity and immediately begin to work with our governments, UNAIDS, the Global Fund, AIDS-affected partner countries and others to prioritize and scale-up prevention as urgently and creatively as possible, we'll look back at Mexico City and realize that our time together mattered a great deal.

Adios amigos.

## US Epidemic: New Numbers Call for Renewed Effort

By William Smith, SIECUS

Those of us working on HIV/AIDS in the United States, realize that we are returning to a very different country than the one we left at the beginning of this week. The empirical face and scope of HIV at home has changed. While we were in Mexico City, our government released HIV surveillance data confirming our own day-to-day experience that the U.S. epidemic is worse than we thought, with 40 percent more new infections each year than previously estimated. Annually, there are 16,300 more Americans who become HIV-positive than formerly thought.

From a numbers perspective, it is alarming, but the rate of new infections is something experienced by AIDS service organizations across the country. For them, it is confirmation that the constant clarion call for a real investment in stemming the epidemic was warranted and now embarrassingly long overdue. Thankfully, these voices gained momentum here at the International AIDS Conference in Mexico City.

At the IAC, several sessions focused on the domestic epidemic in the United States. Many of these included both civil society and government, demonstrating the need for us to work together to regain our bearings and scale up our efforts at care, treatment and prevention.

**For more information about the new data on the United States HIV epidemic, please visit, [www.cdc.gov](http://www.cdc.gov).**

## Weighing the Evidence: Prioritizing HIV Prevention in the Fight Ahead

By Tyler LePard, Population Action International

Does HIV/AIDS still require an exceptional response? That question framed the interactive discussion hosted by the Caucus for Evidence-Based Prevention.

Mitchell Warren (AVAC) launched the dialogue by quoting Richard Horton (*The Lancet*): "In 2031 will there still be UNAIDS? Will we still need UNAIDS? What would you do as the new Executive Director of UNAIDS?"

Helene Gayle (CARE USA) reminded us that in 1995 the world was in emergency mode about HIV, but now we need a different approach. "What we need today is to look at HIV prevention as a marathon as opposed to a sprint."

"If I were Executive Director of UNAIDS... I

wouldn't last very long," laughed Peter Figueroa (Jamaica's Ministry of Health). "... [M]uch more needs to be done... Prevention is not just a science, but an art." We must figure out how to bridge the gap between what people think is "morally right" and condoning evidence that they think is "morally wrong" – such as needle exchange or providing condoms to men in jail.

"What is wrong with the [HIV] response in the present moment?" Nonkosi Khumalo (Treatment Action Campaign) asked. She emphasized that the world must respond to the different needs of different places. "One size does not fit all." She then provoked her colleagues: "PEPFAR money is not responsive to women – who carry the brunt of HIV."

## TB Vaccine Urgently Needed

By Sonia M. Kandathil, Caucus for Evidence-Based Prevention

New tools are desperately needed to prevent the twin epidemics of HIV and Tuberculosis (TB). Across the world, one person every second becomes infected with TB. Nearly one-third of the population is currently infected with TB and one in ten of these individuals will progress to active TB disease. This progression occurs most commonly among individuals whose immune systems are already compromised, such as among people who are HIV-positive.

Ninety percent of people with both HIV and TB infection live in developing nations and it is the most common cause of death among people with AIDS. For years, advocates have called for the expansion of treatment for people living with both HIV and TB. However, while treatment can have dramatically life-saving results, stronger prevention efforts, such as the development of a tuberculosis vaccine, are urgently needed.

Several sessions at the XVII International AIDS Conference made strong headway in addressing treatment for HIV and TB co-infection, but more awareness is needed, especially around preventive tools for TB. The rise of multi-drug resistant TB (MDR-TB) and extensively-drug resistant TB (XDR-TB) have rendered many treatment options ineffective for tens of thousands of patients. While improved access to existing treatment is important, the most promising solution lies in the development of a new vaccine to prevent the future spread of TB. The current vaccine, developed in the 1920's, has limited efficacy in preventing TB. Although it appears to reduce the risk of particularly virulent strains of childhood TB, it is largely ineffective against pulmonary TB. HIV and TB will never be defeated if we don't call on government, industry, and non-profits to partner in the pursuit of an effective vaccine to end TB once and for all.

**For more information about promising TB vaccine candidates, please visit [www.aeras.org](http://www.aeras.org).**

Vuyiseka Dubula (Treatment Action Campaign) added, "We must prioritize investments for women, especially evidence-based prevention. We will not have an HIV-free generation if we encourage things that don't work."

"If ever there was an idea that's not evidence-based, it's that better evidence leads to better policy," said Elizabeth Pisani, author of *The Wisdom of Whores*. She challenged the audience to address ways to overcome the political barriers to using evidence.

Looking forward, the panelists hoped that women will take the lead, HIV will be treated as a development issue, and we will focus on prevention efforts where they are needed and effective.

## Sex Work, HIV/AIDS and Human Rights: From Criminalization to Protection

By Kelly Castagnaro, International Women's Health Coalition

Thursday, at a panel session on sex work and human rights, advocates called for the implementation of effective HIV program and policy interventions based on the respect for the human rights of sex workers.

"We are not part of the problem; we are the solution," said Alejandra Gil of Mexico. "Don't close your eyes; we are here: we are youth, men who have sex with men and women living with HIV. We are not going away."

Across cultures, sex workers have been historically cast as social deviants and victims. They have been further stigmatized and discriminated against as disease vectors in the HIV/AIDS epidemic. As a result, governments have enacted policies that criminalize and violate the health and human rights of sex workers.

While criminalization may have political appeal, there is no evidence that this is an effective strategy for protecting sex workers from violence and abuse. In fact, there is growing evidence from numerous countries, including Sweden, that criminalizing the sex worker or her/his client is likely to contribute to the abuse and marginalization of sex workers. Criminalization gives latitude to

the police to abuse sex workers, and leads to other human rights violations.

Enacting bad policies is not going to improve the state of HIV/AIDS in the sex worker community. Changing the course of the epidemic requires measures that empower sex workers against HIV/AIDS. Policymakers and implementers need to end the conflation of trafficking, sex work and violence by recognizing that sex work is work and that men, women and transgenders have the right to earn a living with dignity and respect. Sex workers need to be meaningfully involved in the design, implementation and evaluation of policies and research on sex work so that programs addressing the gender equality, violence and economic disparities among this population can be effectively implemented.

These changes are crucial to move the discussion beyond vice and victim hood and create concrete policy solutions that respect the rights of sex workers and provide HIV/AIDS services free of stigma and discrimination.

## Condom Protestor Set on Fire

By David J. Nolan, Catholics for Choice

The single-minded opposition of some condom opponents was displayed on the streets of Mexico City this week, with horrifying results.

Mexican newspaper *La Reforma* reports that anti-condom activists, led by Jorge Serrano Limón, organized a protest outside the United Nations office earlier this week against the promotion of condoms to prevent HIV transmission.

As part of the protest, the group piled up condoms and pro-condom publications in a brazier, poured alcohol over it and set it on fire. Standing by were other protesters with a pair of fire extinguishers emblazoned with "Abstinencia" (Abstinence) and "Fidelidad" (Faithfulness). Their message appeared to be that condoms will add to the epidemic (read: the fire) — only abstinence and faithfulness have the power to stop it.

A protester holding the bottle of alcohol got too close to the fire and the bottle exploded - setting him on fire. Serrano continued his tirade against condoms, ignoring the fire extinguishers despite the fact that his associate was in flames beside him. Finally, another protester put the flames out and transported the injured victim to the hospital for treatment. For some, it appears, no price is too high in their "pro-life" battle.

## AIDS Vaccines: A Roadmap for the Future

By Regina McEnery, International AIDS Vaccine Initiative

The International AIDS Vaccine Initiative released a précis of its *AIDS Vaccine Blueprint 2008: A Challenge to the Field, a Roadmap for Progress* at the XVII International AIDS Conference in Mexico City. The biennial publication made a number of recommendations to those engaged in the quest for an AIDS vaccine, including greater emphasis on solving the key scientific problems impeding the development of an improved pipeline of vaccine candidates and increasing efforts to discover how to induce broadly neutralizing antibodies to HIV. The 16-page blueprint also recommended that specific measures be taken to attract bright, new scientists to AIDS vaccine research and that financing for AIDS vaccine research and development be sustained.

Along with the release of the blueprint, IAVI also hosted a satellite session on Wednesday, Aug. 6 entitled, "Looking to the Future: The Epidemic in 2031 and New Directions in AIDS Research." The session, led by IAVI's founder and president, Dr. Seth Berkley, brought together a group of HIV experts to provide a broad overview of the future of the HIV pandemic and the importance of a sustained commitment in investing in vaccine research.

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### Caucus Members

Academy for Educational Development  
Adventist Development and Relief Agency  
Advocates for Youth  
AIDS Action  
AIDS Alliance for Children, Youth, and Families  
AIDS Foundation of Chicago  
The AIDS Institute  
AIDS Vaccine Advocacy Coalition  
Alliance for Microbicide Development  
American Academy of HIV Medicine  
American Jewish World Service  
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EngenderHealth  
Family Care International  
Family Health International  
The Female Health Foundation  
Futures Group  
Gay Men's Health Crisis  
Global AIDS Alliance  
Global Campaign for Microbicides  
Global Health Council  
Global Youth Coalition on HIV/AIDS  
Guttmacher Institute  
Harm Reduction Coalition  
HIV Medicine Association  
Ibis Reproductive Health  
International AIDS Vaccine Initiative  
International Partnership for Microbicides  
International Planned Parenthood Federation/ Western Hemisphere  
International Women's Health Coalition  
Ipas  
Management Sciences for Health  
Minnesota AIDS Project  
National Association of People With AIDS  
National Minority AIDS Council  
Pathfinder International  
Planned Parenthood-Golden Gate  
Planned Parenthood Federation of America  
Population Action International  
Population Council  
Population Services International  
San Francisco AIDS Foundation  
SIECUS, the Sexuality Information and Education Council of the United States  
The Female Health Foundation  
Treatment Action Group

# Usuarios de Drogas Inyectables en México: Historias Silenciosas

By Angelica Ospina Escobar, PSI Mexico

Según estimaciones del Centro Nacional para la Prevención y el Control del VIH/Sida (CENSIDA), se calcula que en México existen alrededor de 53,000 usuarios de drogas inyectables (UDI's), la mayoría de los cuales residen en las localidades de la frontera con Estados Unidos. Específicamente en la ciudad de Tijuana Strathdee, et. Al (2008) estiman que existen alrededor de 10,000 UDI's.

La prevalencia de VIH entre UDI's en México es de 1.2%, sin embargo, para Tijuana Strathdee, et. Al (2008) encontraron una prevalencia de VIH del 4% y de Hepatitis C del 95%. Pese a ello, en México, los programas de prevención de VIH dirigidos a UDI's son escasos. Sólo Tijuana, cuenta con un programa de intercambio de jeringas y sólo en Ciudad existe

una clínica pública de tratamiento de metadona.

A la fecha no se reportan programas específicos diseñados para jóvenes usuarios, quienes se encuentran en mayor vulnerabilidad al VIH, pues dada su condición etárea deben enfrentar una doble discriminación y estigmatización: Por ser jóvenes y por usuarios de drogas. Al respecto, es conveniente señalar que los jóvenes usuarios de drogas tienen necesidades específicas que requieren ser reconocidas y atendidas de manera integral. Así pues, un programa de reducción del daño no consiste sólo en proveer agujas/jeringas nuevas, sino en brindar las condiciones necesarias para la minimización de los riesgos a la salud asociados al consumo.

## Jóvenes y VIH en México

By Angelica Ospina Escobar, PSI Mexico

En México los jóvenes menores de 25 años han ido aumentando de manera progresiva sus tasas de incidencia frente a infecciones de transmisión sexual y de VIH. En respuesta a esta realidad, el Instituto Mexicano de la Juventud lanzó el día de ayer dentro de las actividades de la Aldea Global, el número 28 de la revista *Jóvenes*, dedicada a analizar la relación entre jóvenes y VIH. El evento estuvo acompañado entre otras personas por el Dr. Javier Cabral, jefe de prevención del Centro Nacional para la Prevención del VIH/SIDA (CENSIDA).

La revista publica cinco artículos donde se aborda los temas de la violencia de género y su relación con el VIH, la pedagogía de prevención del VIH dirigida a jóvenes, las tendencias de la epidemia entre esta población, y las percepciones de los y las jóvenes de una ciudad mexicana frente a la sexualidad y la prevención del VIH.

Los temas pendientes en la agenda fueron el estudio de las necesidades de los y las jóvenes que viven con VIH, de las realidades de los y las jóvenes usuarios de drogas inyectables y de los y las jóvenes que se encuentran en contexto de comercio sexual. La inclusión de ejes estructurales en el análisis de la vulnerabilidad de los jóvenes frente al VIH es un tema que sigue estando pendiente en el debate: Es necesario visibilizar que condiciones como la pobreza, la inequidad de género, y la falta de oportunidades laborales y educativas son factores que profundizan la vulnerabilidad de los y las jóvenes al VIH.

El principal llamado de los asistentes al lanzamiento de este número de la revista *Jóvenes* fue el continuar generando espacios de reflexión y debate desde los cuales se posicionen en la agenda pública los factores de vulnerabilidad al VIH de los y las jóvenes mexicanas. Así mismo, los asistentes clamaron por la necesidad de incluir de manera participativa a los mismos jóvenes en el diseño de políticas y programas de prevención dirigidos a ellos, de modo que sus experiencias, sus necesidades, sus códigos y sus derechos sean reconocidos y legitimados.

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