

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

### Presentations to Watch for Thursday:

Getting Our Voices Heard: Shaping Public Policy  
Session Room 10  
9:00-10:30

Male Circumcision: To Cut or Not to Cut?  
Session Room 2  
11:00-12:30

Human Rights, HIV and Sex Work Policy  
Session Room 8  
13:15 - 14:15

The Needle and the Damage Done: HIV Among IDUs  
Session Room 10  
14:30-16:00

Sex and Sensibility  
Skills Building Room 4  
18:30-20:30

# Caucus for Evidence-Based Prevention

Founded by SIECUS, PAI, and amfAR

AUGUST 7, 2008 Issue 12

## Engaging Reproductive Health Providers in this Fight

As this conference demonstrates, the global AIDS community has been undergoing a paradigm shift—from a short-term emergency to a long-term challenge requiring sustained effort. In large part, this means renewing a focus on HIV prevention as evidenced by the call to action released August 6 in *the Lancet*.

Embedded within the call to action is an increased focus on the need for linkages between HIV prevention and sexual and reproductive health services, especially when it comes to reaching women and girls at risk of HIV infection. Just released UNAIDS data show that more women than men are living with HIV in Africa, and new infections are relentlessly increasing in women—especially young women—in every region of the world. But the call to action published in *the Lancet* could be much more explicit on the question of what must be done to provide girls and women with the services and information they need to be safe from infection.

In a nutshell, it's about taking advantage of what's already in place and what people are already doing. The call to action points directly to the need to expand long-established reproductive health services that already reach millions of women and young people in developing countries who are at the center of the global HIV/AIDS pandemic.

By virtue of their experience in providing a range of services—including, sometimes, HIV services—reproductive health service providers could make a significant contribution in closing the gap in HIV prevention. They have the capacity to provide:

- HIV prevention information and counseling, including information on correct and consistent condom use and counseling for

couples who want to become pregnant where one partner is HIV-positive;

- HIV testing for sexually transmitted infections, including HIV, and referral for HIV treatment when necessary;
- Care before and during pregnancy, including referral for prevention of mother-to-child transmission services for HIV-positive women;
- Screening for violence against women and appropriate care and support; and
- Services that put women and girls at the center of prevention.

Billions of women and girls worldwide are HIV-negative. They have the right to stay negative. The world, including global agencies and national governments, cannot afford to miss the opportunities to strengthen HIV prevention by linking sexual and reproductive health and HIV services.

*Heather D. Boonstra, Guttmacher Institute and Beth Fredrick, International Women's Health Coalition*

### In this issue:

- ◆ Los Católicos se Oponen a las Enseñanzas del Vaticano que Prohíben los Condomes  
Page 2
- ◆ Peter Taback interviews Congresswoman Barbara Lee (D-CA)  
Page 4
- ◆ Vanessa Brocato relays *the Lancet* Call for a Renewed Prevention Movement  
Page 5
- ◆ David Nolan responds to U.S. Senator Coburn's Confusion  
Page 6

# Los Católicos se Oponen a las Enseñanzas del Vaticano que Prohíben los Condones

By David J. Nolan, Catholics for Choice (Translated by Carmen Valenzuela)

La jerarquía Católica ha estado a la vanguardia de los esfuerzos en oposición al uso de los condones para prevenir la diseminación del VIH —yendo tan lejos que incluso los ha prohibido a los católicos, ha denunciado repetidamente su uso y se los ha negado a los usuarios en los numerosos establecimientos de salud que maneja la iglesia alrededor del mundo.

No obstante, una encuesta multinacional revela que los católicos alrededor del mundo creen que usar condones está en favor de la vida porque previene la diseminación del letal virus. La encuesta, en la que participaron católicas/os de Ghana, Irlanda, México, las Filipinas y los Estados Unidos, mostró que el apoyo al uso del condón es abrumador.

Cuando se les preguntó si "usar el condón está en favor de la vida porque ayuda a salvar vidas previniendo la diseminación de VIH/SIDA", 90% de católicas/os en México, 86% en Irlanda, 79% en los Estados Unidos, 77% en las Filipinas y 59% en Ghana estuvieron de acuerdo.

Cuando se les preguntó sobre la responsabilidad de la Iglesia de ayudar a prevenir la diseminación del VIH/SIDA en el contexto de la atención a la salud, 87% de feligreses irlandeses; 86% de mejicanos; 73% de estadounidenses; 65% de filipinos y 60% de

granéanos admitieron creer que "a los hospitales y clínicas católicas financiados por el gobierno, se les debería requerir que incluyan condones como parte de la prevención en contra del SIDA".

Desafortunadamente, la posición de la jerarquía católica tiene una mayor influencia en los países menos capaces de lidiar económica y médicamente con la enfermedad. Mientras los católicos en Irlanda (79%), en los Estados Unidos (63%) y en México (60%) abrumadoramente concuerdan con que "la posición de la Iglesia con respecto a los condones está equivocada y debería cambiar", las cifras en las Filipinas (47%) y en Ghana (37%) fueron más bajas. Estos resultados no son sorprendentes, especialmente en las Filipinas, en donde los obispos de la Conferencia Episcopal tienen una tremenda influencia en la política pública.

Para ver el informe completo de esta encuesta, visite la página de Internet de Catholics for Choice, [www.catholicsforchoice.org](http://www.catholicsforchoice.org).

Para saber más sobre la campaña que afirma que los "Buenos Católicos Usan Condones", por favor visite la página de Internet: [www.condoms4life.org](http://www.condoms4life.org).

## New Frontiers in Prevention Sciences

By Ariana Grebe, SIECUS

The session "New Frontiers in HIV Prevention Sciences" offered a riveting array of models and lessons learned from the ever-evolving field of research on HIV prevention technologies and interventions.

Julia Kim, from the School of Public Health at the University of Witwatersrand, discussed HIV prevention oriented towards structural determinants, such as gender-based violence, and how to measure an intervention's impact.

Inherent in this model is a shift away from the individual level to that of the population. Her research focused on

women who received training in gender inequalities and HIV while also participating in a microfinance program. This allowed for prolonged and consistent contact with the research group, more so than in a clinical setting. The research demonstrated that change in a factor such as gender-based violence, which is often deemed to be "too culturally entrenched and resistant to change," is not only possible but measurable.

The widespread impact of such interventions occurs through scale-up to a broader base of people. Ashokh Alexander, Director of Avahan India AIDS Initiative, added how the integration of business models aided in crafting research to scale from the outset, and she emphasized the importance of designing, managing, and evaluating to scale. Building research into program implementation allows for service us-

ers to be data gatherers as well, which panelist Jeffrey O'Malley of United Nations Development Programme echoed, and allows for more immediate assessment of program impact to identify areas in need of modification.

Tom Coates, Associate Director of the UCLA AIDS Institute, cautioned that not all forms of information are equally useful, and that we can neither rely exclusively on randomized controlled testing nor on self-reported data to measure the impact of prevention technologies and interventions.

Such HIV research has long posed unique challenges since the data is often difficult to quantify. The panelists briefly reviewed the evolution of that research and conceptualization of that research which has led to better planning and design of interventions.

# *The Lancet* Calls for Renewed Prevention Movement

By Vanessa Brocato, Gay Men's Health Crisis

The venerable medical journal *The Lancet* dedicated its pre-IAC issue to HIV-prevention, what editor Richard Horton called "the neglected issue in the AIDS response." On Wednesday, contributing authors called for a reinvigorated movement for prevention that demands a comprehensive, multifaceted approach, including structural change. Mirroring Caucus critiques of narrow definitions of evidence, the distinguished panel also called for investment in new monitoring and evaluation mechanisms.

Jeffery O'Malley, director of the HIV/AIDS Group in the U.N. Development Program, opened with the history of HIV-prevention. In the early 80s, he recalled, "gay men and drag queens invented safe sex, and they still haven't been given the Nobel prize." The 80s saw not only community response in the face of immense public fear and ignorance but also political leadership in countries that became success stories: Thailand, Senegal, Uganda, the U.K., and Australia. The 90s were the decade of scientific advance and opportunities lost to bad politics, decreasing funding, and the transition from the WHO AIDS program to UNAIDS. In the new millennium, Dr. Peter Piot revitalized UN efforts and money began to flow through private foundations and bilateral programs.

New prevention funding, however, is not flowing fast enough to the communities that need it. Today, fewer than half of men who have sex with men and injection drug users worldwide have access to prevention. Only slightly more than half of sex workers do.

---

## Multi-Level Barriers to HIV and TB Treatment for IDUs

By Andrea Weddle, HIV Medicine Association

There are 13 million injection drug users (IDUs) worldwide and injection drug use remains the second most prevalent risk factor for contracting HIV. "Injection Drug Use and Infectious Diseases" examined the comprehensive services and systems of care needed to address the healthcare needs of this population.

Eric Goosby, MD, emphasized that antiretroviral treatment (ART) works with IDUs, and they should not be denied care because of their drug use.

Goosby discussed as well the many challenges in treating IDUs. Despite the evidence to the contrary, systems of care still often treat addiction as "substance abuse" rather than a medical disease. In addition, they lack the continuum of services necessary to treat it, and so the relapse rate is high. Meanwhile, complications abound, from psychiatric illness, hepatitis C, and renal failure to compounding conditions such as unemployment, homelessness, and decayed family relations.

Effective HIV-prevention campaigns, especially among these most vulnerable groups, requires more than adequate funding, however. Social structures must change.

Jessica Ogden, consultant with the International Center for Research on Women, provided a stark example: Gender inequity can manifest as men's social and physical domination of women, often making condom negotiation frightening or dangerous, which leads to unprotected sex. Clearly, social change is necessary to make prevention options meaningful.

Programs for young people that teach gender equity and relationship skills are an example of a long-term strategy for changing such societal structure. But, because they are "upstream" from immediate risk behaviors, it is difficult to document their outcomes quickly, and funding to do so is lacking.

Dr. Piot concluded by saying prevention is about coming to terms with complexity. Programs have focused on short term results for 25 years. Social change takes time, so start now.

To read a fuller version of this article, visit [www.AIDS2008.com](http://www.AIDS2008.com).

---

Twenty-five percent of IDUs reside in Eastern Europe—their sheer number posing an additional challenge—and largely account for the rise in TB and HIV in the former countries of the Soviet Union.

Daria Podkareua, PhD, presented sobering data on both epidemics along with the intersecting barriers to addressing IDU, TB, and HIV in this region. 250,000 Eastern Europeans contract TB each year and in Russia alone 30,000 die annually from TB, while another 30,000 are left disabled.

Nonetheless, IDU-focused harm-reduction programs are scarce due to very limited government support, with only 2% of Russian IDUs having access. Also, the decentralized health system forces IDUs to navigate a complex system, making reliable epidemiology studies difficult.

Podkareua insisted an integrated approach to addressing TB, IDU, and HIV is needed along with support for harm reduction, improved screening, and access to prophylaxis TB treatment improved access to ART for IDUs, as well as increased public education.

## Promoting HIV Prevention Supported by Sound Science

### 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  
amfAR, the Foundation for AIDS  
Research  
California Microbicides Initiative  
CARE USA  
Catholics for Choice  
Center for Health and Gender Equity  
Community Education Group  
Community HIV/AIDS Mobilization  
Project (CHAMP)  
CONRAD  
Constella Group  
Elizabeth Glaser Pediatric AIDS  
Foundation  
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

## U.S. Senator Coburn: Transgendered Confusion

By David J. Nolan, Catholics for Choice

Senator Tom Coburn's conflicted relationship with the global battle against HIV and AIDS took another turn Tuesday when he released a statement denouncing U.S. government expenditure on the AIDS 2008 conference.

Credit where it's due, Coburn supports funding the fight against HIV and AIDS, despite his self-declared and very public battle against anything he regards as unnecessary and wasteful government spending. He regards PEPFAR as "America's most significant foreign policy accomplishment since the Marshall Plan" and when he was in the House, he supported a law that sought to limit mother-to-child transmission of HIV as well as the reauthorization of the Ryan-White CARE Act. So far, so good.

It's also true, however, that while the PEPFAR legislation is flawed (criticism of many of its flaws has appeared in previous editions of this newsletter), Coburn was on the wrong side of most if not all of those flaws. Conscience clause? He supported its expansion. Clean needle-exchange programs? Against. De-stigmatizing sex workers and men who have sex with men? Against, with bells on. Funding for abstinence-only education? Decoupling family planning assistance? Big thumbs up from Senator Tom. In each of these battles, Tom was on the wrong (if sadly, triumphant) side.

However, Coburn's condemnation of the \$400,000 the U.S. government is spending to send key officials to this conference is way off

base. In whose world is it wasteful to send representatives of the National Institutes for Health (NIH), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), U.S. Agency for International Development (USAID) and Office of the U.S. Global AIDS Coordinator (OGAC) to the world's largest conference on AIDS? Welcome to Senator Tom Land.

Sure, we all have ideas to make these events better. And putting 25,000 people in one space is a sure-fire recipe for a few missteps, though the ones Coburn picked out were a mite strange. Specifically, he highlighted a 'Sex Workers Mini Film Festival,' (darn, missed it) and a session by another group of sex workers who have the temerity to be "proud" of their work. A workshop on sex after a positive HIV diagnosis also came under fire, as did, mystifyingly, a session titled "Good Catholics Use Condoms: How to Answer the Tough Questions Surrounding HIV/AIDS Prevention and Religion." (Full disclosure: I was part of the team that presented at that workshop.)

His spies though, were clearly overcome by the event, or perhaps merely over-sensitive to the potential presence of transgendered people. They saw a woman moderating that one, when everybody present could clearly see that Jon O'Brien is a man.

His sign-off, "Talk or treatment? Conference or care?" presents a dichotomy that simply does not exist. These conferences provide so many rich opportunities to network with and learn from our colleagues. As a doctor, Tom should know that. As the self-styled guardian of American's tax dollars, there are many, many better targets than AIDS 2008.

### Spotlight on Members of the Caucus for Evidence-Based Prevention:

- ◆ **Advocates for Youth** will be presenting "**Rights. Respect. Responsibility ®**" A social marketing campaign to promote open, honest discussion about condoms and their important place in the fight against unintended pregnancy and HIV. It will take place today from 10:45-11:30 in Session Room 2
- ◆ **Population Services International** will be presenting, "**Comprehensive Condom Programming: So Much Potential, Yet So Little Progress.**" The session will take place today from 18:30 to 20:30 in Session Room 6.
- ◆ **IPAS and IPPF** will be presenting, "**Sex and Sensibility: Meeting the Sexual and Reproductive Health Needs of People Living with HIV (PLHIV).**" This interactive session will address a number of key questions in assessing how far we have come in meeting the sexual and reproductive needs of people living with HIV and what more needs to be done. It will take place today from 18:30 to 20:30 in Skills Building Room 4.

#### General Caucus Inquiries

Sonia M. Kandathil  
Cell: 425-577-3412  
Sonia.kandathil@yahoo.com

Activities of the Caucus for Evidence-Based Prevention are made possible by generous donations from The UN Foundation, Population Services International, The AIDS Institute, San Francisco AIDS Foundation, CHAMP, Advocates for Youth, International Women's

#### Media Inquiries

Tyler LePard:  
Cell: 202-468-3635  
tlepard@popact.org  
Dave Ellison  
dellison@sfa.org  
Cell: 510-493-3531