

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 Tuesday:

Prevention of the Sexual Transmission of HIV:  
Session Room 1  
9:00-10:30

Research-Based Public Policy  
Session Room 4  
11:00-13:00

The Lancet Series on HIV Prevention  
Session Room 9  
13:15 - 14:15

Operation Change via Public Policies  
Session Room 5  
16:30 - 18:00

International Harm Reduction Development  
Skills Building Room 4  
7:00 - 8:00

# Caucus for Evidence-Based Prevention

Founded by SIECUS, PAI, and amfAR

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## Confronting the “Evidence” in Evidence-Based Prevention

As HIV prevention research has recognized the interaction of biology, behavior, and social structure, interesting questions have surfaced about gathering and interpreting evidence to know what works in HIV prevention, including:

- What kinds of evidence can and should be used to determine whether HIV prevention programs and interventions really work?
- How do we best derive evidence related to social drivers of HIV epidemics and strategies to address them?
- Are there significant methodological limitations to determining efficacy and effectiveness?
- What are the implications of evidence emerging from recent clinical trials of biomedical technologies with null or negative findings?

On the one hand, HIV prevention science, like public health science more generally, privileges the randomized controlled trial (RCT) as the “gold standard” method of obtaining scientific evidence. On the other hand, observational studies and program evaluations have provided compelling data on the efficacy and effectiveness of community-derived strategies, such as the declining incidence and prevalence rates in Uganda in the early 1990s that are attributed to community mobilization and social change.

Moreover, while RCT methodology is appropriate for studies of HIV prevention technologies and products—such as vaccines, microbicides, STI treatment, and ART for prevention, which, like new drugs and medical devices, can be subjected to rigorous experimental evaluations—it is inappropriate for answering certain questions, particularly those that address social drivers of HIV that cannot be controlled in research studies. Other methods—such as

modeling, ethnography, and other qualitative designs, case studies, and policy analysis—must be employed for these. Yet these other methodological approaches are under-appreciated by the biomedical community and under-funded by grant-giving institutions.

We hope that the continuing debate about evidence produces a consensus across sectors that can allow for the generation of new knowledge using a range of methodological approaches appropriate to the questions under investigation. Towards that end, the San Francisco AIDS Foundation and the Caucus are hosting a Satellite Session today, 18:30 to 20:30 pm, Session Room 5: “Confronting the Evidence in Evidence-Based HIV Prevention.”

Judy Auerbach  
San Francisco AIDS Foundation

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## MSM in the Global AIDS Epidemic

By Jeffrey Stanton, amfAR

More than 500 delegates from 82 countries attended the Pre-Conference “The Invisible Men: Gay Men & Other Men who have Sex with Men in Global HIV/AIDS Epidemic.” Topics included HIV epidemics among MSM in Africa, MSM in China, new community research from the Caribbean on vulnerability among gay, bisexual and other MSM, the state of current research with ethnic minority MSM in the U.S., research on rectal microbicides, HIV prevention with male sex workers in Mombasa, and policy reform.

Dr. David Wilson of the World Bank and Dr. Peter Piot, Executive Director of UNAIDS, warned that “We are seeing rates of HIV infection among gay men in global south countries not seen since the ‘invisible’ epidemics in early 1980s in North America, Australia and Western Europe.”

Jeff O’Malley, from the United Nations Development Programme (UNDP), shared that UNDP is developing a strategy for the UNAIDS co-sponsors to be discussed and hopefully approved at the next UNAIDS Programme Coordinating Board meeting in December, 2008.

David Winter of the Global Fund reported on a global consultation held in Kathmandu, Nepal, in July to develop the Global Fund’s strategy on sexual minorities. Christian Fung of USAID mentioned that the reauthorization of the President’s Emergency Plan for AIDS Relief (PEPFAR) approved \$48 billion dollars in funding for a five year period. He acknowledged PEPFAR could do much better in addressing populations most at risk, including MSM.

Perhaps MSM have finally made it onto the global HIV and AIDS agenda, and with this new recognition, HIV/AIDS prevention, care, treatment and support programs will be scaled up in the coming years.

## Mexico YouthForce: Power Generation

by Annelies Mesman, youth rapporteur and CHOICE board member  
Vanessa Brocato, Gay Men’s Health Crisis

“Universal Action Now!”— For three days prior to this International AIDS Conference, more than 300 young people from around the world gathered to empower each other to move beyond rhetoric to action. As part of Mexico YouthForce, these young leaders led discussions on not only HIV and AIDS prevention, treatment, and care, but also on sexual and reproductive health and rights, as well as myriad other social justice issues that intersect with and complicate responses to AIDS.

“Adults don’t know the challenges we are facing; they are guessing,” said Igor Mocerro, a 21 year old from the Philippines. “You can never be successful if you design any program for young people without them. This is for all the adults here: Let the Mexico YouthForce speak!”

Prior to this event, 125 young people from 46 countries worked together, communicating virtually, to create key messages of the Mexico YouthForce. Throughout the Global Village, posters will carry their resulting slogans:

- **Rights:** We have a right to comprehensive, accurate information and services to protect our sexual health.

## Integrating Sexual and Reproductive Health

By Janna Zinzi, Guttmacher Institute

At a satellite session Sunday afternoon, the Guttmacher Institute promoted closer integration of HIV prevention and sexual and reproductive health (SRH) services.

Guttmacher’s Heather Boonstra led a panel of experts with backgrounds in advocacy, policy, research, and on-the-ground programs to jointly explore how SRH services, including family planning, can strengthen and complement HIV prevention efforts.

Speaking on behalf of the Global Network of People Living with HIV/AIDS (GNP+), Morolake Odetoyinbo provided a perspective of a woman living with HIV in Nigeria. She explained how healthcare workers, society, and even family members often assume that sexual and reproductive life stops with an HIV diagnosis. She described many of the daily challenges HIV-positive women face, including laws that prohibit adoption by HIV-positive people.

Rose Wilcher of Family Health International reviewed the evidence for how meeting the contraceptive needs of HIV-positive women is essential to global HIV pre-

- **Respect:** for our realities, our experiences, and our contributions.
- **Responsibility:** Together, we must create an environment where we have power over the decisions that affect our health and lives.
- **Resources:** We need training, mentorship, funding, and opportunities.

The “**Our Realities**” poster shows a young Asian man preparing to shoot up, an image selected to illustrate one of the most ignored realities of young people today.

Together, these messages demand one thing: programs and policies based on young people’s realities. “Hope is here,” Mocerro said.

One of the few adults to address the meeting, Thoraya Obaid, Executive Director of UNFPA- the United Nations Population Fund, emphasized the need for youth-adult partnerships: “We don’t always understand what you say. We don’t always understand what you do. But engage us so we can speak out and support you.”

vention efforts, calling contraception “the best kept secret in HIV prevention.” She stressed that effective contraception for HIV-positive women who do not wish to become pregnant not only prevents infants from becoming infected, it decreases the number of future orphans and, most of all, helps women manage their own childbearing goals.

Anna Miller of the Elizabeth Glaser Pediatric AIDS Foundation examined current efforts to prevent mother-to-child transmission of HIV. She, too, highlighted the importance of ensuring that women have healthy pregnancies and access to a wide range of services, from syphilis and cervical screening to post-natal contraceptive services. Miller stressed that the distinctions between HIV prevention, care, and support and SRH are often artificial.

Wrapping up the panel discussion, Boonstra summarized the recent debate over integration. Using the recently reauthorized U.S. PEPFAR program as an example, she illustrated the many challenges—from taboos around sex, contraception, and abortion to a fundamental lack of understanding of the benefits of integration for the lives of HIV-positive individuals.

Boonstra concluded, “not only is integration the right thing to do for women and their human rights, but it’s also an integral step toward stemming the global AIDS epidemic.”

## Male Circumcision:

# A Double-Edged Knife?

By Cinda Feuer, AIDS Vaccine Advocacy Coalition

Male circumcision has emerged as a new opportunity to help stop HIV. Three randomized clinical trials in sub-Saharan Africa have proven its efficacy to be more than 50 percent in heterosexual males.

"From Scalpel to Scale Up: Shaping Perceptions of Male Circumcision," a Saturday satellite sponsored by University of California Los Angeles and the U.S. National Institutes for Health (NIH), grappled with the question: Is this new WHO-approved prevention intervention the virtual vaccine some tout it to be? The answer, according to most in attendance, may lie in the specifics of its rollout.

Advocates and scientists alike agreed that sub-Saharan Africa, due to its generalized epidemics, is a region that would greatly benefit from population-level male circumcision; but they struggled over its implications for Latin America, the Caribbean and gay and MSM populations no matter where they live.

## Catholics Oppose Vatican's Teachings against Condoms

By David Nolan, Catholics for Choice

The Ecumenical Pre-Conference that brought together leaders and activists from many faith communities demonstrated the conflict between many people of faith who support comprehensive approaches to prevention and official doctrine or the obstinance of leadership, particularly for Catholics.

The Catholic Church hierarchy has led efforts opposing the use of condoms to prevent the spread of HIV, going so far as to prohibit their use for Catholics and for the church's many health-care facilities around the world. A multinational poll, however, showed that Catholics the world over believe using condoms prevents the spread of the deadly virus.

The poll, which surveyed Catholics living in Ghana, Ireland, Mexico, the Philippines, and the U.S., revealed overwhelming support for condom use. When asked if "using condoms is pro-life because it helps save lives by preventing the spread of AIDS," 90% of Catholics in Mexico, 86% in Ireland, 79% in the U.S., 77% in the Philippines, and 59% in Ghana agreed.

Catholics surveyed also indicated the church has responsibility to help prevent the spread of AIDS in a healthcare context. In fact, 87% of Irish Catholics, 86% of Mexican Catholics, 73% of American Catholics, 65% of Filipino Catholics, and 60% of Ghanaian Catholics believe "Catholic hospitals and clinics that the government funds should be required to include condoms as parts of AIDS prevention."

Even so, the Catholic hierarchy's position holds sway in the countries least able to deal economically and medically with the disease. While Catholics in Ireland (79%), the U.S. (63%), and Mexico (60%) overwhelmingly agreed that "the church's position on condoms is wrong and should be changed," the numbers for

In many parts of Latin America and the Caribbean, however, where male circumcision rates are low and HIV prevalence is concentrated within specific populations, the benefits of widespread circumcision may not outweigh the costs, and scarce resources could be used for other interventions. On the other hand, limiting circumcision promotion to high-risk populations may stigmatize the procedure, deterring men who might otherwise benefit.

There was no consensus in the meeting about male circumcision in gay and MSM populations. For example, Kate Hankins of UNAIDS, argued, "The logistics of targeting insertive partners, whose risks are low—0.29 in Peru, for example—are not justified."

Nonetheless, it was agreed that male circumcision may bring men into sexual and reproductive health services, providing an opportunity to address gender equity and violence, as well as to treat for STIs and penile cancer, which will have secondary benefits for women. However, if rollout does not include comprehensive services as well as messaging around circumcision's partial efficacy, male circumcision could prove catastrophic.

Catholics in the Philippines (47%) and Ghana (37%) were lower. These results are not surprising, especially in the Philippines where the bishops' conference has tremendous political influence.

According to UNAIDS, "Condom use is a critical element in a comprehensive, effective and sustainable approach to HIV prevention and treatment. The male latex condom is the single, most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections." At the Ecumenical meeting, however, key speaker Msgr. Gustavo Rodriguez, President of the National Social Commission of the Catholic Church in Mexico did not address the vital issue of preventing the spread of HIV at all. In a pre-conference interview with the Vatican news service Zenit, Monsignor Vitillo maintained the Vatican's intransigence on the matter of condoms. He insisted that "observing sexual abstinence outside marriage and life-long, mutual fidelity within marriage," is the only way to prevent the spread of HIV.

Meanwhile, Paul Bekker, the Dutch AIDS ambassador, highlighted a recent Open Letter to the Pope by 60 Catholic groups that called for a reversal of the ban on contraception, including condoms. Bekker argued such a reversal was vital in fostering openness and real progress in the battle against HIV and AIDS.

More information about the Open Letter to the Pope is available from [www.CatholicsForChoice.org](http://www.CatholicsForChoice.org).

To see the complete poll of Catholics on condoms, visit the Catholics for Choice Web site at [www.catholicsforchoice.org](http://www.catholicsforchoice.org). To learn more about the campaign, "Good Catholics Use Condoms," please visit [www.condoms4life.org](http://www.condoms4life.org).

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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  
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

## Clinton's Speech: Mixed Review

By Diane Rubino, Population Council and Sonia Kandathil, Caucus for Evidence-Based

Setting the stage for former President Bill Clinton, Julio Frenk, former Minister of Health of Mexico, raised the polemic between disease specific initiatives versus strengthening health care systems, arguing that the goals were not mutually exclusive. A disease specific approach could, in fact, lead to solutions for other public health issues, as has often been the case in many countries responding to AIDS. Frenk concluded by citing a statement Clinton had made at the IAC in Toronto: if the power to cure AIDS could be unleashed, we could then turn that same power toward other major health crises such as TB and malaria.

Clinton followed, beginning by highlighting the importance of the International AIDS Conference to (re)turn the world's attention to the pandemic, recognize progress, acknowledge challenges, and identify next steps.

Calling AIDS a "very big dragon" which would require a million foot soldiers to slay, Clinton sug-

gested we acknowledge that treatment and care go hand in hand with prevention, and start with what we know works, such as prevention of mother-to-child transmission programs, efforts to reduce viral loads, and increasing access to male circumcision. He noted, however, that undertaking such strategies inevitably requires strengthening health care systems, and so echoed Frenk's opening point.

Clinton did make several statements of concern to the Caucus. First, he cited the effectiveness of treatment as prevention. While observational studies have noted the treatment/prevention effect, randomized controlled studies have yet to confirm this data.

Second, while Clinton mentioned substitution therapy as an effective strategy for reducing HIV infection among injection drug users, he failed to highlight the strong evidence-base supporting needle exchange as strategy to prevent the acquisition of HIV/AIDS.

Finally, Clinton's strong support of integrating other important health and development issues such as food and income security into HIV and AIDS programming overlooked family planning, which emerging evidence shows to be an important part of a comprehensive AIDS strategy.

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

- ◆ **The San Francisco AIDS Foundation in partnership with the Caucus for Evidence-Based Prevention** will be presenting "**Confronting the Evidence in Evidence-Based HIV Prevention.**" This will be a moderated panel discussion on current controversies, opportunities, and challenges in defining and evaluating evidence for program and policy decisions. It will take place today from 18:30-20:30 in Session Room 5.
- ◆ **Advocates for Youth** will be presenting "**Integrating Evidence-Based Prevention Policy for Youth into the President's Emergency Plan for AIDS Relief.**" It will take place today from 10:30-18:30 in Hall D, Level 2. Exhibitors will be available between 12:30 and 14:30 to answer questions.
- ◆ **Population Services International** will be presenting, "**What Does It Mean to "Be a Man"? Insight into Men's Experiences from Around the Globe?"** The session will discuss what it's like to "be a man" in different cultural contexts and how pressure to fit a masculine norm affects men's risk for HIV. Participants will interact with exhibits that highlight issues related to masculinity in developing countries. It will take place today from 18:30—20:30 in Skills Building Room 1.
- ◆ **IPAS and ICW Namibia** will be presenting, "**Understanding and Claiming Reproductive Rights,**" This workshop will give participants a chance to review reproductive rights and mechanisms that can be used at local and other levels to report rights violations and prevent future violations. It will be held today in the Women's Networking Zone from 15:45-16:45.
- ◆ **Global AIDS Alliance and United Nations Foundation** will be presenting, "**Scaling Up for Zero Tolerance: Responding to Violence against Women and Girls.**" This session will explore activities of multilateral and bilateral donors, as well as focusing on civil society initiatives to respond to violence in their own countries. It will be held today from 7:00-8:30 am in Skills Building Room 1.

#### General Caucus Inquiries

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

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#### Media Inquiries

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