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 Prophylaxis

- The Sydney Declaration and HIV/AIDS Policy
- New Report on Prevention Scale-up
- More Bad News: Microbicide Candidate may work in 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 Conference issued a call to the international public health community to sign the Sydney Declaration after the host city of the 4th IAS Conference on Prevention, which took place from July 22-25. Emphasizing the need to scale-up the best methods of HIV prevention, treatment and care to respond to 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 more than 100 international organizations.

This call for the integration and scale-up of research efforts could be the key to fighting HIV/AIDS. Governments and international donors have been realizing the necessity of allocating greater resources to scale-up and care. Unfortunately, there has been no parallel realization at the international level. HIV researchers have seen their budgets continuously floundering. International donor programs such as the President’s Emergency 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 essential in getting people—particularly those in resource-poor countries—access to care. While these efforts are absolutely necessary, new infection 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 crisis.

New Report on Prevention Scale-up
Judy Auerbach, San Francisco AIDS Foundation

In advance of the IAS conference in Sydney, the Global HIV Prevention Working Group convened by the Bill and the Henry J. Kaiser Family Foundation, issued a report titled "Scale: An Urgent Global Priority." The report calls for a significant increase in funding for evidence-based HIV prevention programs, citing new data—commissioned by the PWG—that expanded access to HIV prevention could avert one-half of the additional infections expected to occur by 2015.

The PWG notes that advances made in expanding HIV treatment, citing UNAIDS estimates that for every dollar spent on antiretroviral therapy in 2006, six people were newly infected. As such, 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 sex with men have been tested for HIV, and fewer than 20% of sex workers have access to medical services. Only 12% of men and 10% of women in the most high-risk countries have had an HIV test and know their status. And, in 2005, only 1 in 10 women in low- and middle-income countries had access to low-cost contraception to prevent mother-to-child transmission—among the most effective prevention strategies.

The Global HIV Prevention Working Group, convened by the Bill and the Henry J. Kaiser Family Foundation, was launched in 2002, with the goal of convening an international panel of more than 50 people representing public health organizations, civil society, and decision-makers, to issue a report titled "Scale: An Urgent Global Priority." The report calls for a significant increase in funding for evidence-based HIV prevention programs, citing new data—commissioned by the PWG—that expanded access to HIV prevention could avert one-half of the additional infections expected to occur by 2015.

New Technology to Prevent HIV Among Women Part 2
Annette Larkin, Consultant

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

The data from the CONRAD study showed that the difference in the CS group and the placebo group was not statistically significant. There were more infections among women using CS than there were among women using a placebo product, and that difference was statistically significant. The possibility that it could have occurred by chance was not large enough for us to be concerned. The well-being of participants was our top priority, and we halted the trial in January when we saw a trend in the data. The 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 when carefully scrutinized and monitored as a matter of course. When immediate consideration is given to the best course of action, with participants and host communities being the first priority. Other methods may benefit from the data gleaned from these clinical trials, better and developers of emerging and future microbicide candidates to CONRAD will continue to support a number of activities over the several hypotheses: additional analyses on the datasets from this gathering in ongoing animal studies of CS, additional in vitro testing study in women at two US sites to explore specific vaginal response.

MIRA Diaphragm Trial Results
By Julia Matthews, Ibis Reproductive Health and Cervical Barrier

Results from the Methods for Improving Reproductive Health in A measurement of the effectiveness of the diaphragm and lubricant among women, were presented at the IAS Conference in Sydney of the University of California, San Francisco and lead investigator 5,000 sexually active women from South Africa and Zimbabwe participated in counseling and testing, safer-sex counseling, free male condoms sexually transmitted infections. Half of these participants, random group, also received a latex diaphragm and Replens gel, a non-o

Unfortunately, the MIRA results showed no statistical difference in reduction of HIV risk. Therefore, the results do not support the addition of the diaphragm strategies. Although these results are disappointing, the MIRA trial contributed to the HIV prevention field by providing valuable data of these trials, offering health services to trial participants and the women and their communities about HIV prevention options. Add findings will inform future research on female-controlled preventiv

The MIRA team concluded that the potential of cervical barriers to be studied. Future research may have to tackle how to validate study participants and adherence to study products and find ways to meet protection. 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 female-initiated HIV prevention method. Improving uptake equally as important as continued research on female-controlled effective microbicide and AIDS vaccine. Greater access to existing female-controlled HIV prevention methods will be key steps to stop the 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 reduce HIV risk. Conducted by Dr. Kristen Underhill at the University searched 30 databases for other research assessing the efficacy of developed countries, including the US. Thirteen studies, with a study’s criteria for scientific rigor, comparing the intervention with programs or other control groups. Findings indicated that programs as the only means of HIV prevention were not effective in achieving...
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 million federal government.

Earlier this summer, the United States Congress House Subcommit 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 version after the Senate vote and when committee members meet in Con 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 of worldwide; nearly 1500 children are infected with HIV everyday; requiring antiretroviral therapy are currently receiving treatment. l Emergency Plan for HIV/AIDS Relief (PEPFAR), children within for 15 percent of those in need of AIDS treatment. However, they are receiving treatment within PEPFAR programs. This means that a treatment is urgently needed to respond to this dreadful pandemic.

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 have service delivery to children has been a common failure of the overall

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.

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**Caucus Member Publications:**

**Population Council**

The latest issue of the *Horizons Report*, PMTCT, examines stral programs, which include training HIV-positive women to provide 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 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, research trial staff from around the world on this new draft guidance. The Participatory Practice Guidelines for Biomedical HIV Prevention framework for stakeholders in HIV-prevention research to implement engagement in clinical trials. It has been through one round of review and currently being widely circulated in revised draft form.

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

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**Member Organizations**


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