

2nd Canadian Microbicides Symposium: Advancing HIV Prevention

March 10 & 11, 2005
Ottawa, Ontario, Canada

Report

Co-organizers

- Canadian AIDS Society (CAS) on behalf of the Microbicides Advocacy Group Network (MAG-Net)
- Action Canada for Population and Development (ACPD)
- Canadian Association for HIV Research (CAHR)
- Canadian Institutes of Health Research (CIHR)
- Canadian International Development Agency (CIDA)
- Global Campaign for Microbicides (GCM)
- Health Canada
- Interagency Coalition on AIDS and Development (ICAD)
- International Partnership for Microbicides (IPM)
- Public Health Agency of Canada (PHAC)

Sponsors

- Canadian Institutes of Health Research
- Canadian International Development Agency
- GlaxoSmithKline in partnership with Shire BioChem
- Health Canada
- International Partnership for Microbicides
- Public Health Agency of Canada

Background

On October 30, 2003, eight partners hosted a one-day symposium to update participants on progress concerning microbicides research and development in Canada. The symposium included researchers, private sector firms, government and community organizations and provided concrete recommendations on what each sector should do to further work in this area in Canada. A copy of the report from the first Symposium can be found at www.icad-cisd.com.

This second Symposium had two objectives:

- To build commitment for multi-sectoral contributions to microbicides from Canada by defining what each sector—government; community; research; private sector—can contribute domestically and/or globally
- To provide opportunities for networking and collaboration which could lead to joint initiatives in programming, advocacy, and mutual support

The intended outcome of the symposium was to create an action plan outlining Canada's role in microbicide development and access across sectors, domestically and internationally.

At the opening reception, attended by Symposium participants and several other guests from government and community, the **Honorable Aileen Carroll**, Canada's federal Minister of International Cooperation, made an impassioned speech about the importance of microbicides for HIV prevention among women, and the key role Canada could play.

The next day, facilitator Ross Hammond opened the symposium by welcoming participants, outlining how the symposium would proceed, and introducing six speakers and respondents who presented on three key areas.

Global Microbicides Field— Progress and Gaps

Presenter **Dr. Lulu Oguda** (Clinical/Regulatory Regional Manager, International Partnership for Microbicides) provided statistics on current HIV trends, and outlined IPM's involvement in microbicide development, research, and regulatory affairs, including a recent phase one trial in Belgium, plans for phase two trials in South Africa, Rwanda, and Tanzania, and a male tolerance study in the United States. Plans are underway for a large-scale efficacy trial (2006) which would require 15,000 to 25,000 local participants. IPM is trying to build capacity within those regions where the trials are occurring.

Areas that need to be addressed:

- richer pipeline of candidate drugs
- developing new delivery approaches
- establishing clinical sites, especially for efficacy trials
- building of expertise in developing products and in social marketing
- obtaining political commitment at all levels
- establishing funding through national research institutions
- researching sexual practices in the most affected areas
- researching new microbicides, including rectal microbicides

Respondent **Anna Forbes** (Global North Programs Coordinator, Global Campaign for Microbicides) outlined briefly GCM's position as a civil society organization, and addressed two additional areas of concern:

- community mobilization: the community is defined as those involved in trials, as well as the population at large, including NGOs and advocates that are serving that population
- building community capacity to participate

in ethical negotiations that arise from clinical trials

GCM has developed a “crash course” on biomedical ethics and is trying to build a common vocabulary to ensure that certain concerns are addressed, including:

- what does the trial provide to participants
- what constitutes informed consent
- what treatment is available to participants, and how will it be provided.

■ *Canada and Microbicides—Needs and Opportunities for Contributions*

Presenter **Marc-André LeBlanc** (Programs Consultant: Vaccines, Microbicides and International Portfolio, Canadian AIDS Society; and Coordinator, Microbicides Advocacy Group Network) identified two key points to keep in mind:

- current prevention efforts must be re-invigorated
- microbicides are part of a continuum in terms of treatment and care

New prevention options are needed, particularly by young women, as well as other disproportionately at-risk groups, including youth, gay men, aboriginal communities, ethno-cultural communities, people living with HIV/AIDS, people who use drugs, and prisoners. Mr. LeBlanc also stressed that strides have been made over the past two years, including in the areas of community mobilization, research, funding, and policy, but that more needs to be done.

CAS has called for the development of a Canadian microbicides plan which would outline Canada’s contribution domestically and internationally from multiple sectors (government, research, community, and pri-

vate). Canada could show strong leadership by being the first country to develop such a plan.

Canadians can contribute through:

- advocacy
- twinning between NGOs
- basic, clinical, socio-behavioural, and community-based research
- supportive programming and policy
- resource mobilization

Respondent **Louise Binder** (Chair, Canadian Treatment Action Council; Co-chair, Ministerial Council on HIV/AIDS; Vice-chair, Voices of Positive Women) agreed that microbicides represent only one aspect of prevention. Canada has more options than other countries, and needs to look at targeted prevention programs. There is a perception that microbicides are targeted to the developing world; there are many Canadian communities that are equally powerless. Several questions need to be addressed:

- how could programs reach the prison population
- how would Aboriginal populations be reached
- how can we ensure that drug plans cover microbicides
- how can HIV be addressed in the school curriculum
- how do we support those who have become infected, even when using microbicides

■ *Microbicides in Africa—Challenges and Opportunities*

Manju Chatani (Coordinator, African Microbicides Advocacy Group) reviewed current activities in Africa, which include roughly 20 clinical trials that are underway and which involve thousands of participants and

hundreds of researchers. African-led research and advocacy efforts are broad, and Ms. Chatani stressed the need to share lessons among those involved and consolidate findings.

The AMAG e-mail forum involves 180 participants, including a large number of scientists and researchers, indicating that those interested in microbicides are not limited to advocates.

AMAG aims to promote and facilitate a coordinated African voice as well as African-based implementation of research and development while creating a dialogue about, and raising awareness of, microbicides.

Over the next four years, areas of strategic focus will include:

- setting an African agenda for microbicides
- setting a rights-based research agenda
- addressing the needs and issues of women living with HIV/AIDS
- preparing for access

Solidarity, including partnerships between the north and south, is needed.

Respondent **Gail Steckley** (Senior Advisor, HIV/AIDS and International Issues, International Affairs Directorate, Health Canada) identified the similarities between AMAG's work and the Global Engagement Component of the *Federal Initiative to Address HIV/AIDS in Canada*. Ms. Steckley emphasized the need to engage all stakeholders at federal and provincial levels. Challenges facing the microbicides field include raising awareness, especially among women who do not realize that they are at risk. Principles that underlie the *Federal Initiative* include reaching marginalized groups and providing equal access to treatment.

Issues: Moving Forward

In an open discussion, participants outlined a list of key issues that emerged from the comments of the panelists and from the plenary discussion in order to move ahead.

Summarized below are four overall areas of concern, as well as specific issues that they encompass.

A. Partnerships: Building relationships between stakeholders would ensure a continuous flow of information as well as continued momentum. Areas that relate to the building of partnerships include:

- engaging youth
- recognizing diversity of groups in need
- engaging disenfranchised communities
- involving pharmaceutical and small biotech firms
- ensuring product development involves all partners
- including “enfranchised” communities in discussions (i.e. women with higher socioeconomic status who do not perceive themselves to be at risk)
- looking at whether the “enfranchised” community can attract interest from large pharmaceutical firms
- recognizing the realities facing vulnerable groups
- involving gay men
- forming linkages between fields in terms of resources and to build on work that has been done (e.g. vaccines, treatment, microbicides)
- recognizing spiritual and religious concerns

B. Domestic/Global Issues: Looking at microbicides in light of both global and domestic concerns, and where they intersect, would involve:

- identifying relationships between Canada

and the global south

- looking at microbicides vis-à-vis the global context (e.g. UNAIDS prevention strategy, WHO “3by5”, 2005 G8 Summit)
- looking at some similarities in terms of needs and vulnerabilities between African and Aboriginal communities
- recognizing the growing need in Eastern Europe and Asia

C. Context of Microbicides: Exploring how microbicides can contribute to overall HIV efforts would involve:

- recognizing underlying gender inequalities
- linking microbicides with a comprehensive approach – prevention, treatment, care and support
- capitalizing on lessons learned
- looking at ethical issues, including informed consent
- recognizing that the need is urgent
- advocating to keep issue alive

D. Programming and Policy: Encouraging changes to policies and programs in terms of advancing the microbicides issue would involve:

- increasing resource requirements
- encouraging community mobilization and building capacity at the community level
- building capacity for research in Canada
- developing communications and public relations strategies
- researching social acceptability of microbicides
- discussing regulatory issues as they will have an impact on access
- developing a strategy vis-à-vis provincial regulators
- determining who will use microbicide products
- researching Aboriginal ownership vis-à-vis access and control

- ensuring support for access (i.e. making sure microbicides reach those who need them)
- researching methods of delivery vis-à-vis cultural acceptability
- researching effectiveness and safety for HIV-positive women
- encouraging development of rectal microbicides

Participants then condensed these issues into a few specific “areas of focus” which then served as a basis for discussion among smaller group discussions. These areas of focus were identified as:

- political commitment
- resources
- research and development
- market development
- communications
- partnerships
- policy
- population engagement
- lessons learned
- theory to practice (i.e. community mobilizations; recognizing people’s realities; acceptability etc)
- advocacy
- networking
- sex and the “right wing agenda” (i.e. need to be prepared to make the case for microbicides in the current global political context)
- approach vis-à-vis gender inequality
- determinants of health

Action Plan

Symposium members divided into three groups—government, community, and research—for discussion in terms of action to be taken over the next 8 to 12 months, with a view to establishing desired outcomes for each particular sector.

Community

Desired outcomes:

1. By end of 2005: Found steering committee formed of members from this symposium which would develop an action plan. The steering committee would:
 - coordinate the development of a multi-sectoral microbicides action plan
 - seek private and public commitment to funding
 - lobby for the development and implementation of the action plan
2. Develop a communications strategy around a microbicides framework that would press specific issues and would include:
 - microbicides as part of broader prevention strategies, and as part of the continuum of prevention, diagnosis, care, treatment, and support
 - the need for resources
 - planning for accessibility and delivery of microbicidesThe strategy would engage multiple stakeholders, including HIV/AIDS, development, and the sexual and reproductive health communities, and would include a population-specific social marketing plan.
3. Form partnerships between:
 - North and South
 - AMAG, Asia, Europe, and MAG-net

Research

Desired outcomes:

1. Over the next six months: Map out Canadian research abilities by:
 - identifying who researchers are, what they are working on, and where their research is taking place
 - undertaking a SWOT* analysis
 - identifying research priorities in terms of science, behaviour, and social practices* Strengths (researchers, hospitals and laboratories, global movement); Weaknesses (inadequate funding, lack of awareness); Opportunities (partnerships, large pharmaceutical firms, communities, government); and Threats
2. Ongoing: Lobby government and create advocacy for microbicides by:
 - building awareness of microbicides within research groups, large pharmaceutical firms, and community groups, with a view to encouraging government to fund their efforts
3. Ongoing: Develop partnerships by:
 - linking with vaccine initiatives, community organizations, small and large pharmaceutical firms, international NGOs, and multilateral organizations, including UNAIDS

Government

Desired outcomes:

1. Ongoing: Engage political leadership by:

- ensuring microbicides are on the federal HIV agenda
- keeping parliamentarians informed
- advising and educating relevant cabinet ministers and encouraging them to include microbicides in speeches
- ensuring microbicides are discussed both externally and internally at domestic and international levels
- dealing with “sex and the right wing agenda”

2. Over the next 8 to 12 months: Increase and improve resources by:

- planning allocations for the next 5 years
- ensuring microbicides are included as part of CIDA, Health Canada and CIHR HIV funding programs
- exploring possibilities with the Global Health Research Initiative
- funding biomedical and psycho-social research
- working with other government departments to support microbicide research
- assigning staff resources to work on a microbicides plan

3. Over the next 8 to 12 months: Review lessons learned by:

- looking at the vaccine planning process
- reviewing the female condom experience
- documenting the processes and indicators of these reviews
- retaining corporate memory (i.e. document experience)
- reviewing population-specific experiences

4. Over the next 8 to 12 months: Establish a plan for partnerships by:

- engaging specific communities
- engaging equity groups, including those involved in settlement and the refugee community, and those involved in the prevention of violence against women
- consulting with the community on prevention and population-specific approaches
- forming global partnerships
- being involved in setting the agenda for the 2006 International AIDS Conference in Toronto
- working with the Canadian Women’s Health Network and the Atlantic Centre of Excellence for Women’s Health

5. Over the next 8 to 12 months: Develop policies and programs by:

- including microbicide research and community readiness in calls for new programs
- working with regulators
- working with regional organizations, both domestically and internationally, including through the AIDS Community Action Program (ACAP) and the First Nations & Inuit Health Branch (FNIHB)
- including microbicides in program priorities

6. Advance research efforts by:

- facilitating communication with other government departments to support private sector research
- setting priorities for CIHR research
- prioritizing community-based and Aboriginal community-based research

Summary

There is a high level of support for action in the microbicide field. It was agreed among those present at the symposium that the founding of a steering committee would be the most effective way to advance interest, awareness, research and development, dissemination, and communication on the microbicide front. The ultimate goal of the committee would be to develop a microbicides action plan. By involving a number of members from various sectors, the committee would be able to keep each of its members apprised of activities within their individual organizations, and pursue a coordinated effort.

CAS agreed to spearhead such a committee, and organize its first meeting. Funders attending the symposium agreed to host the initial teleconference meetings to get the steering committee off the ground. Polydex Pharmaceuticals agreed to fund teleconferences to help develop the research component of the action plan.

A number of participants offered their involvement in the proposed committee:

Louise Binder,
Canadian Treatment Action Council

Llana James,
African Canadian HIV/AIDS Capacity-Building Project

Leila Khalaf,
Canadian International Development Agency

Paula Kirton,
Canadian Institutes of Health Research

Marc-André LeBlanc,
Canadian AIDS Society

Michael O'Connor,
Interagency Coalition on AIDS and Development

Kevin Perkins,
Canada Africa Project on AIDS

Janet Rowe,
Voices of Positive Women

Gail Steckley,
International Affairs Directorate, Health Canada

Trevor Stratton,
Canadian Aboriginal AIDS Network

Esther Tharao,
Women's Health in Women's Hands

George Usher,
Polydex Pharmaceuticals

Cortleigh Vowles,
Atlantic Centre of Excellence for Women's Health

Ingrid Wellmeier,
Public Health Agency of Canada

Jennifer Kitts,
Action Canada for Population and Development