

# Treatment

## Anti-gay oppression undermines prevention efforts targeting MSM around the world

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In many parts of the world, men who have sex with men (MSM) remain the group most heavily impacted by HIV/AIDS. UNAIDS data from 2000 shows that the HIV prevalence among MSM is about 25% in Latin America, close to 10% (and climbing) in Asia, and about 7% in Eastern Europe. Even though there is a dearth of data on the role of MSM in the epidemic from Africa, we do know that in several

data collection, and anti-sodomy laws.<sup>2</sup> Even in 2008, gay men and MSM face arrest if they overtly state their sexual orientation in 85 countries around the world.<sup>3</sup>

In various countries of Latin America and the Caribbean, for example, laws prohibit “acts of gross indecency” (which may be interpreted as any kind of physical intimacy) between men in public or private. The penalties associated with expressions of

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African cities 20–40% of MSM are HIV positive compared to the general population rate of 0.2–6%.<sup>1</sup> Pervasive anti-gay stigma on all continents, however, may inhibit self-reporting of homosexual behavior, so rates may be significantly higher.

Among gay men and other MSM, the need to address HIV related concerns comes with the need to confront stigma, discrimination, violations of human rights, homophobia, heterosexism, and poverty—the universal issues commonly found to be root causes of the epidemic. Some countries face additional challenges, such as deep tensions between church/religion and state, political and economic instability, weak health care infrastructures, significant challenges in

same-sex behavior include imprisonment. Such laws lead to widespread intimidation and harassment of gay men and MSM by law enforcement and health care providers.<sup>4</sup> Laws are also misused to target and harass gay men in India, China, and Egypt.

Two thirds of African countries ban homosexual sex or, at least, male-to-male sex. Punishments include imprisonment (five years in Cameroon, Senegal, and Ghana; life in Uganda) and death (Mauritania, Sudan, and parts of Nigeria).<sup>5</sup> In addition to criminalization, current HIV prevention efforts are not effective in reaching MSM, to the detriment of both men and women. Limited research in Kenya and Ghana has shown that men who have sex

### 1 Prevention among MSM

*The impact of anti-gay laws on HIV prevention*

### 3 Results from Carraguard microbicides trial

*And a report from the New Delhi Microbicides Conference in February 2008*

with men in Africa do not consider themselves at risk for HIV, since all of the prevention messages thus far have focused on heterosexual couples.<sup>6,7</sup> Many men who have sex with men also have sex with women, thus contributing to the risk women face.<sup>8,9</sup>

Even in countries where homosexuality has been officially decriminalized, lingering homophobia can be equally destructive. The countries of the former Soviet Union remain rife with homophobia, regardless of the decriminalization of homosexual conduct.<sup>10</sup> In recent years, nationalists, neo-fascists, and religious fundamentalists have attacked gay pride rallies in Poland and Russia.<sup>11</sup> Political leaders in Moldova, Latvia, and elsewhere have attacked gay people and gay rights as western cultural imports alien to local values.<sup>12</sup>

## Catalysts for continued change

### 1. The Global Forum on MSM and HIV

At the 2006 International AIDS Conference (IAC) in Toronto, an international network of civil society groups, AIDS organizations, MSM groups, and other agencies formed the Global Forum on MSM and HIV to address this question. This network advocates for improved HIV programming for MSM at the global, regional, and national levels. It works to increase the body of literature about MSM and HIV, with research that is localized and that supports MSM-related advocacy; to secure a long-term commitment to fund MSM programs by public and private donors; to create opportunities for new networks to exchange ideas; and to promote collaborative work among countries and regions. The Global Forum on MSM and HIV also raises human rights concerns affecting MSM, promotes MSM issues at relevant international meetings, and encourages MSM participation in them.

With support from its Secretariat, housed at AIDS Project Los Angeles (APLA), the Global Forum on MSM and HIV is planning a satellite event August 1st and 2nd 2008, preceding the IAC in Mexico City. The goals of the event are to share information; develop strategies for expanding research and resources for HIV prevention, treatment, and care among MSM; and enhance advocacy campaigns to address the repressive laws and policies that underlie data, resource, and service shortages.

### 2. International programs

APLA recently collaborated with the Coalition of Gay Organizations in Central America (CONGA) to

produce the publication *No más en el Tintero: Hombres Gay: Nuestras Vidas y el VIH en Centro América y el Caribe (No Longer in the Inkwell {Closet}: Gay Men: Our Lives and HIV in Central America and the Caribbean)*. *No más en el Tintero* documents repression of gay men and MSM in an area where corroborating evidence is difficult to generate or difficult to access where available. APLA released the study in November 2007 in Nicaragua at the CONCASIDA Conference (Central American Conference on HIV).

APLA is also analyzing MSM and HIV in China, working closely with local partners to identify training, research, and capacity building opportunities.

For more information about the Global Forum on MSM and HIV, please visit [www.msmandhiv.org](http://www.msmandhiv.org)

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# Microbicides trials produce mixed results, raise ethical issues

Katie West

Seventeen years ago, a Ugandan woman, a peer educator in her community, stood up at the 1991 AIDS Prevention Conference and asked, “If they can put a man on the moon, why can’t they make something we can use to protect ourselves from HIV?” Since then, researchers and advocates have tried to answer her call. In a world where most new HIV infections occur among women and where a young African girl is now much more likely to get HIV than an African boy, finding new, effective methods of HIV prevention has never been more urgent.

One of the answers may be found in microbicides. Microbicides are substances that can prevent HIV (and possibly other sexually transmitted infections) from spreading. Some are designed for vaginal use and some for rectal use. They may take the form of gels, creams, suppositories, films, lubricants, or even a sponge or a vaginal ring. (For more on microbicides, visit [www.global-campaign.org](http://www.global-campaign.org).)

More than 1,200 people gathered in New Delhi, India, on February 24–27, 2008 for the Microbicides 2008 Conference (M2008) to discuss recent developments and determine the way forward. Participants in the conference learned the latest facts about antiretroviral-based microbicides and talked about their concerns. Advocates spoke about the ethical issues involved in microbicide research and the need to include the voices of HIV-positive women. Researchers shared the results of the first microbicide trials.

## Carraguard trial results

Although two microbicide trials ended prematurely in 2007, a major trial to test a possible microbicide called Carraguard, begun in 1996 by the Population Council, finished on schedule. This was a milestone in itself because microbicide trials are very difficult to conduct. People participating in trials may not use the products correctly, so researchers need to test a very large group. In the Carraguard study, more than 6,200 participants were followed for up to two years.

The trial showed that Carraguard was safe and acceptable to women, but it did not show that it kept women from getting HIV. This was disappointing to everyone who had been watching the progress of this possible microbicide for 12 years.

The 2007 trial results can teach us how to adapt our research so that it better responds to some of the challenges seen. For example, we saw that people had a difficult time sharing personal information about their sex lives, including how they use the study products during sex. Without this information, we cannot tell if a product does not work because of a problem with the product itself, or because it wasn’t used consistently or correctly.

As every doctor knows, most people do not tell the truth about sex. We also have different ideas of what sex is. And many of us tell people what we think they want to hear. In order to deal with these realities, researchers have developed creative research strategies. Some trials have used computers for the interviews, since people may be more honest with a machine than with an individual asking personal questions. Another trial has people answer the questions on special Blackberries (remote communication devices).

## ARV-based microbicides

The microbicide field is also focusing on a new class of products, ARV-based microbicides. The first trial of an ARV-based microbicide was started in 2007 by the Centre for the AIDS Programme of Research in South Africa. Almost 1,000 South African women will be involved in testing a gel that is vaginally inserted before and after sexual activity. A number of other ARV-based microbicide trials are also being planned.

While the new ARV-based microbicides are very exciting, concerns about the potential for drug resistance are being raised. If someone is HIV-negative while using an ARV-based microbicide, drug resistance will not be a problem. But what happens if a woman becomes infected while using an ARV-based microbicide, either because the microbicide did not work or because it was not used during every single sex act? What if she does not know her HIV status or knows she is positive but uses the microbicide to try to protect her partner? Is it possible that the HIV in her body will learn to fight off the ARV in the microbicide and, if so, will this affect her future treatment? The likelihood of this

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depends on how much of the ARV in this microbicide is absorbed into the user's bloodstream. Researchers are now trying to figure this out.

## HIV-positive women

Women attending the HIV-Positive Roundtable at M2008 in New Dehli discussed, in depth, their concerns about resistance to ARV-based microbicides. Researcher Jeanne Marrazzo noted that resistance is a concern on everyone's minds, and that researchers will do everything possible to prevent resistance by "giving people monthly HIV tests and giving people only a month supply of [microbicide study product], to help minimize the likelihood that [women] will be on a test product for any length of time while HIV-positive."

HIV-positive women in attendance also expressed concern that microbicides were only being developed for HIV-negative women. Louise Binder, a

well-known Canadian activist, warned researchers not to "make the same mistake that was made with treatment fifteen years ago—failing to take us up on our offer to get involved with shaping trials," and urged researchers to involve positive women at all levels of planning and implementation.

## Ethics of clinical trial research

Another topic that received considerable attention at the M2008 Conference was the standard of care provided to women who seroconvert (become HIV-positive) in the course of their study participation, and the ethical obligations of researchers to provide them with care.

Women in the Carraguard trial—both those who seroconverted (were diagnosed with HIV during the course of the trial) and those who tested HIV-positive at initial screening—were referred to medical, psychological, and supportive services in their communities. Some of the trial sites offered additional services including CD4 (t-cell) counts, nutritional counseling, physician check-ups, and support groups. Women who seroconverted were also invited to come back to the study clinic after the trial was over for an additional follow-up visit. At these visits, they were offered CD4 counts, Pap smears, testing and treatment for sexually transmitted infections, counseling, and, for women who were medically eligible, direct referrals to government antiretroviral treatment programs.

But how do trials meet the needs of participants who remain HIV-negative throughout the trial and their partners—as well as those who seroconvert during the study and those who "screen out" (cannot join the trial) because they are already HIV-positive? The Global Campaign for Microbicides presented preliminary findings from a 2006–2007 Standard of Care mapping exercise they conducted to learn more about this. Through independent assessment of the health care and prevention services provided in trials, the mapping sought to better understand how care-related decisions at trial sites are made. It also assessed how much progress is being made toward achieving the ethical aspirations laid out in key ethics guidance documents. Thus, it provides a basis for recommendations to strengthen the field's ability to respond to care-related challenges in future trials.

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