

Comprised of dozens of diverse organizations, the Caucus for Evidence-Based Prevention will monitor the use of evidence in HIV prevention programs and policies, 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.

Creating a forum for progress

Presentations to Watch for Tuesday:

Latino Youth in Action: An HIV Prevention and Leadership Program for Inner City Latino Youth-Workshop
Session 4: 3:00 pm

How to Effectively Implement and Evaluate Internet HIV Outreach Prevention Projects in Health Departments and Community-Based Organizations-Roundtable
Session 4: 3:00 pm

Presentations to Watch for Wednesday:

Creating a Continuum of HIV Prevention Services: New Strategies for Getting FAST (Fostering, Adapting and Sustaining the Target Population) with DEBIs-Roundtable
Session 5: 8:30 am

Caucus for Evidence-Based Prevention

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Caucus for Evidence-Based Prevention at HPLS: Our Work Has Just Begun

Evidence-based science matters—at least when it comes to HIV prevention. Two years ago, this important idea brought together three diverse organizations to highlight evidence-based HIV prevention at the International AIDS Conference in Toronto in 2006. The Caucus grew to include more than 60 organizations dedicated to raising awareness about HIV prevention methodologies based on the best available scientific evidence.

Each day, the Caucus distributed a daily newsletter to inform participants about the politics of HIV prevention and provided coverage of conference sessions promoting evidence-based prevention. The newsletter was disseminated not only to conference participants, but to both domestic and international advocates unable to attend the conference. Thanks in part to the work of Caucus members, the topic of HIV prevention was a prominent part of the conference agenda. Scientists, politicians, business leaders, and advocates renewed their commitment to promoting evidence-based HIV prevention.

To build on our success in Toronto, the Caucus reconvened in January to discuss future efforts to promote evidence-based HIV prevention. Members dedicated themselves to the core Caucus mission: *monitoring and analyzing evidence about HIV prevention programs and policies and alerting the community when ideology, prejudice, or opinion interferes with evidence-based approaches to reducing the further spread of HIV/AIDS.*

Now more than ever, evidence-based prevention efforts must be integral parts of comprehensive HIV policies. Several key pieces of legislation are on the near horizon, including

the reauthorization of the President's Emergency Plan for AIDS Relief. As we prepare for upcoming legislative discussion and the 2008 International AIDS Conference in Mexico, we must remember that there is still work to be done on both the domestic and international fronts. With your help the Caucus will continue to keep evidence-based HIV prevention on the global radar.

William Smith,
Vice President of Public Policy, the Sexuality Information and Education Council of the U.S. (SIECUS)

Founding Member, Caucus for Evidence-Based Prevention

Inside this issue:

- ◆ Mitchell Warren Cuts Through the Red Tape of Male Circumcision
Page 2
- ◆ Jim Pickett Provides the 411 on Gay Men and Male Circumcision
- ◆ "ER's" Gloria Rueben Gets Real About HIV
Page 3
- ◆ Gene Copello Reviews HIV Prevention Funding
Page 3
- ◆ Julie Gamble on Shifting the Latino Health Paradigm
Page 3
- ◆ Spotlight on HIV Prevention Leadership Sessions
Page 4

A New Way to Protect against HIV? Making Sense of Male Circumcision for HIV Prevention

By Mitchell Warren

In December 2006, new evidence from clinical trials confirmed male circumcision as the first new biomedical HIV prevention strategy in more than a decade.

This announcement brings exciting opportunities as well as challenges. Based on data from three trials, it appears that male circumcision reduces men's risk of HIV infection during vaginal sex by roughly 50 percent. Even though the rates of protection may not be as high outside of the controlled environment of a clinical trial, this is still a striking finding.

Adding safe, sterile, voluntary male circumcision to existing HIV prevention programs could avert many infections and save many lives. Circumcision programs could also provide a new way to reach men and adolescent boys who are frequently under-represented in health clinics and HIV prevention programs.

As exciting as these findings are, they are not a silver bullet. We still need all the other proven approaches to HIV prevention. Circumcision will not be universally relevant. In fact, there are many questions which need answers before we can understand whether male circumcision would be a useful HIV prevention strategy in the United States and around the world.

It is absolutely critical to continue to study male circumcision and determine whether it provides any protective benefit to women who are sexual partners of circumcised HIV-positive men and whether it has any

protective benefit outside of vaginal sex, particularly in the context of anal sex.

But not having all the answers should not stop us from taking the first big steps now to use these findings to help reduce new infections.

Making and resourcing clear plans for filling in these gaps must be given equal priority to roll-out based on what we know today.

The benefits of male circumcision can only be realized if male circumcision is offered in programs that contain clear, cultural and context-specific messages and that explain the benefits and limitations of the procedure for men and their sexual partners and the importance of proper wound healing before resuming sexual activity.

Policymakers, programmers and advocates face complex decisions as they seek to translate the research findings into real public health benefits. Decisions about targeting high-risk men should

be made with the utmost care. It is essential that circumcision not become falsely viewed as an indicator of HIV-negative serostatus. Programs must develop communications strategies and packages of services that counter this impression and meet the needs of HIV-negative men, HIV-positive men, and especially their partners.

Mitchell Warren is the Executive Director of the AIDS Vaccine Advocacy Coalition, www.avac.org

Does Male Circumcision cut it for Gay Men?

By Jim Pickett

In the last couple of months, I have found myself in the middle, or on one side, of passionate debates with other gay men concerning the potential implementation of male circumcision as an HIV prevention intervention among gay and other men who have sex with men. These conversations have been marked by frustration, stridency for each position, and comparisons to female genital mutilation. More than once, they have devolved into yelling matches. I decided to take the gloves off and chat with a few folks in the community and learn their reactions.

"Wait, what about condoms?" asks Bill Stackhouse, Director of the Institute for Gay Men's Health at Gay Men's Health Crisis. "Have we done enough to support and encourage the use of condoms? Circumcision for adults is a serious, medically invasive procedure which does not eliminate the risk of HIV transmission. We clearly do not know how the research out of Africa is relevant to gay men," he says, highlighting a chief concern among many in the community.

Can we interpret research done with African heterosexual men for gay guys in the Bronx, Berlin or Buenos Aires? While he has reservations and is not enthusiastic about the idea of male circumcision for gay men, Stackhouse would support a sufficiently powered multinational trial with

sites in the West, Central and South America to determine if male circumcision would have an effect on the domestic and global HIV/AIDS epidemic.

Karl Grant is a party promoter and the Chair of the Chicago Black Gay Men's Caucus. "If we had data to prove that this would be effective among the MSM population, and my partner of 10 years wanted to talk about it, I would definitely be willing to talk about it," he says. "But I don't like pain or anything associated with it. As an uncircumcised top man, I am used to being uncircumcised and understand the importance of hygiene."

"I think some people in our community are excited about circumcision because they are grasping for the answer, the silver bullet," says Simone Koehlinger, the Director of LGBT Health for the City of Chicago. "I would definitely like to have the question answered about its relevance for our community, but also want to remain mindful of the important cultural implications of such an intervention. And we must not dismiss the fact that removing the foreskin also removes a significant degree of sexual pleasure for men. That is not something to take lightly."

Jim Pickett is the Director of Public Policy for the AIDS Foundation of Chicago, www.aidsfoundation.org

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Gloria Rueben on Why the Fight Against AIDS Still Matters



Q: It's been some time since you played Jeanie Boulet on TV's "ER," yet you remain fully in the fight against HIV/AIDS. What keeps you going?

A: You know, when I left "ER," I was emotionally exhausted and I initially felt my work was done. But about three and half years ago, the skyrocketing rates of HIV infection among young black women was just something that I couldn't look the other way on. I

thought I had to get back on the advocacy bandwagon and help sound the alarm.

Q: Why do you think the rates have gone up among young black women?

A: I think there are lots of issues at play but ongoing stigma and discrimination are at the top of the list. People will not seek testing on an ongoing basis unless we can address HIV as a disease and not as a disease among sinners. Add homophobia and the decline of the black family into the mix and you have the perfect storm. What's worse is that real leadership is lacking at the political level to meet the real needs of real people.

Q: Would you say more about the political angle and how you think it is affecting prevention?

A: The head of the country is in denial about the fact that young people need more than just abstinence-only-until-marriage. Until the message from the decision makers in Washington changes, new infections will only continue to rise. We need to mobilize the grass roots—that is our only hope in the midst of a system that doesn't actively support condoms to prevent infection. We need to give [people] a voice. I just finished a film for HBO called *Life Support* and a new project I'm working on with Cable Positive will be out in June and both of these projects give [black] women a voice. They are what matters.

Q: Any final thoughts for the people across the country who are gathering in New Orleans for the HIV Prevention Leadership Summit?

A: Please keep doing what you are doing. It makes the world of difference!

For more information about Gloria Rueben, please visit www.gloriareuben.com

Domestic HIV Prevention Funding Declines

By Gene Copello

Funding to the U.S. Centers for Diseases Control and Prevention (CDC) for HIV prevention has steadily declined since 2000. This year, Congress appropriated \$652 million to the CDC, nearly \$400 million less than what the AIDS Budget and Appropriations Coalition, has established as a total community need to address HIV prevention. This shortfall occurs at a time when at least 40,000 new HIV infections occur in the United States annually. Complicating matters, CDC has established expanded HIV testing guidelines which will require additional funding if implementation is to be successful.

Minimizing new domestic HIV infections will not only require testing, but counseling, public awareness campaigns, culturally competent programs for higher risk populations, prevention programs for people living with HIV, and innovative behavioral change efforts. These programs will not be possible without adequate federal resources. An analysis by Dr. David Holtgrave, Chair of the Department of Health, Behavior, and Society at the Johns Hopkins School of Public Health, indicates a direct correlation between prevention funding and HIV incidence. As the nation's investment in prevention funding declined, HIV incidence stabilized and did not decrease. According to the study, HIV incidence may be rising annually.

While there may be many reasons for the inability to reduce annual infections rates, lack of resources is clearly one of them. As world leaders in HIV prevention, treatment, and research, advocates urge the United States to make investing in adequate resources for CDC's HIV prevention efforts a national priority.

Gene Copello is the Executive Director of The AIDS Institute, www.theaidsinstitute.org

New Efforts to End AIDS in Latino Communities

By Julie Gamble

Recently, leaders from the National Network to Eliminate Disparities (NNEED) gathered in Long Beach, California to discuss critical issues facing the Latino community. Leaders wanted to create a new paradigm for Latino health. Promoting a global view, they insisted on embracing differences within dynamic communities, investing in and including Latinos in health dialogue, and discussing the need for connection with community-based and cultural organizations and leaders.

One topic of discussion was traditional evidence-based Western models to address HIV prevention. They argued that while some fixed practices tailored for Latino communities do intervene appropriately and have been proven effective, "evidence-based practices" often fall short of culturally sound research within Latino communities. The challenge, then, becomes maintaining and scaling up those interventions that work and re-formulating the others to work within

fluid populations. Addressing the specific behavioral and cultural needs is an essential element in mobilizing Latino communities.

Fighting HIV/AIDS in the Latino community is an ongoing challenge, but as long as there is some flexibility in intervention implementation, the prognosis is good. To this end, BIENESTAR and The Latino Commission on AIDS will launch The Latino Leadership Summit at the 2007 HIV Prevention Leadership Summit to further solidify an agenda that will address a culturally appropriate and equitable front against HIV/AIDS.

Julie Gamble is a Public Policy Assistant for the National Minority AIDS Council, www.nmac.org

Creating a forum for progress

Caucus Members

Academy for Educational Development
Adventist Development and Relief Agency
Advocates for Youth
AIDS Alliance for Women, Children, and Families

AIDS Foundation of Chicago
AIDS Project Los Angeles
The AIDS Institute
AIDS Vaccine Advocacy Coalition
Alliance for Microbicide Development
amfAR, the Foundation for AIDS Research

CARE USA
Catholics for a Free Choice
Center for Health and Gender Equity
Community HIV/AIDS Mobilization Project

CONRAD
Constella Group
EngenderHealth
Family Care International
Family Health International
The Female Health Foundation
Gay Men's Health Crisis
Global AIDS Alliance
Global Campaign for Microbicides
Global Health Council
Global Health Strategies
Global Youth Coalition on HIV/AIDS
Guttmacher Institute
Harm Reduction Coalition
HIV Medicine Association
International Women's Health Coalition
Ipas

Management Sciences for Health
National Minority AIDS Council
PAHO
PATH
Population Action International
Population Council
Population Services International
PP-Golden Gate
San Francisco AIDS Foundation
SIECUS, the Sexuality Information and Education Council of the United States

Evidence-Based and Home-Grown Interventions: How Do They Fit Together?

By Julie Gamble

The Centers for Disease Control and Prevention (CDC) will offer a skills-building institute to determine how HIV prevention studies become evidence-based. They will also offer practical evaluation strategies for agencies implementing home-grown interventions.

The recent CDC recommendation that HIV prevention providers implement evidence-based interventions (EBIs), along with home-grown interventions has left communities confused about which strategy is more effective. EBIs are rigorously-evaluated studies determined to be effective in reducing HIV risk behaviors. Home-grown interventions, often known as locally-developed interventions, are based on the unique needs of their communities. Although these interventions may be better suited for a community, many have not been evaluated.

Whether implementing an EBI or home-grown intervention, agencies need to know if their programs are making a difference, but often believe they don't have time or resources to evaluate them. Using a continuum of evidence, presenters will compare the rigor used in research with real-world program realities, and provide examples for process and outcome monitoring and evaluation. The institute will include small group activities for participants to develop a framework for their home-grown interventions, and build evidence to determine their effectiveness. This model aims to help CBOs better understand how their home-grown interventions fit into established CDC criteria for EBIs and will offer practical evaluation activities that they can carry out. The workshop participants will take the skills learned from the session back to their

work settings to develop interventions that result in positive community outcomes.

While EBIs have proven to be effective, they may not always meet the unique needs of a given community. This is why many communities also stress the importance of home-grown interventions. Conversely, while home-grown interventions may meet specific cultural needs they may not have been evaluated to determine their effectiveness. To address how these seemingly opposing concepts can be integrated, this institute will examine ways in which to deliver the best interventions to reduce HIV in our communities.

Julie Gamble is a Public Policy Assistant at the National Minority AIDS Council, www.nmac.org

This session will be presented on Wednesday, May 22 at 8:30 am.

Spotlight on the National Minority AIDS Council's HIV Prevention Leadership Conference

The theme of this year's HIV Prevention Leadership Conference (HPLS) is "The Changing Landscape of HIV/AIDS: Rising to the Challenge." The conference will offer participants a forum for information exchange, skills building, sharing lessons learned and networking.

The goal of the meeting is to bring together leaders in HIV prevention to disseminate and exchange information to enhance program planning and management. HPLS sessions will address the prevention needs of people living with HIV/AIDS, counseling and testing (including rapid testing), and creating effective linkages between prevention and care.

Additionally, to educate participants about the effect of Hurricane Katrina on New Orleans, the HPLS Host Committee has scheduled special bus tours to devastated communities around the city. A number of volunteer opportunities are being offered to HPLS participants interested in assisting with rebuilding efforts. For more information, please visit , <http://www.dhh.louisiana.gov/>.



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