



The Republic of Uganda

Uganda Virus
Research Institute

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Another AIDS Vaccine Awareness Day Observed



Working together: L-R Dr. Kihumuro Apuuli (Director General-UAC), Rev. Fr. Christopher Kiwanuka (IAVI CAB Chairperson), Dr. Hannah Kibuuka (Director Clinical Programs-MUWRP) and Prof. Francis Miiro (PI-MUJHU) at the celebrations.

May 18th 2006 marked yet another AIDS Vaccine Awareness Day for the world to appreciate and support the need for an effective AIDS vaccine, under the theme 'Support HIV Vaccine research'.

The annual World AIDS Vaccine Awareness Day is an opportunity for researchers to thank volunteers who have participated in vaccine trials and call for more support in the search for an effective vaccine.

In Uganda, more than 2,500 people celebrated this day at Centenary Park in Kampala. Among the guests were; national, district and religious leaders, health practitioners, members of the civil society, HIV/AIDS service providers and school children. The event was organized by AIDS vaccine stakeholders who included the International AIDS Vaccine Initiative (IAVI), Makerere University Walter Reed Project (MUWRP) and Makerere University Johns Hopkins University Project (MUJHU) and Uganda AIDS Commission (UAC).

A number of activities took place prior to the event to raise awareness and call upon the public to participate in the day's activities. Radio programs and television talk shows,

posters, flyers and banners were used to raise more awareness.

The activities of the day began with a 5km procession from Constitutional Square through Kampala and Jinja roads to Centenary Park. The purpose of the procession was to create more awareness among the public about the need for an AIDS vaccine. Popular musicians, in solidarity with AIDS vaccine stakeholders, took part in this procession.

HIV Counseling and Testing (HCT)

Vaccine research and HIV counseling and testing are closely related in a way that HCT provides an entry point to AIDS-related services. Consequently, AIDS Information Centre (AIC) provided free HIV counselling and testing at the celebration venue and more than 150 people were tested.

Blood Pressure Measurement

There was also free blood pressure measurement and those with abnormal BP readings were referred to appropriate institutions for further management.

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From the

EDITOR'S DESK

Emmanuel Mugisha

Dear Readers,

We are so privileged to bring before you Issue 9 of the Uganda AIDS Vaccine Update.

This issue covers the launch of the "Uganda Guidelines for AIDS Vaccine Research" the formation of the Gender and Advisory Committee for AIDS Vaccine Trials; Community Advisory Board activities, promotion of voluntary counseling and testing among others.

We all appreciate the fact that an AIDS vaccine is the world's best hope against HIV/AIDS. 18th May 2006 saw the renewal of the world's commitment and support for AIDS vaccine research as we commemorated the "World AIDS Vaccine Awareness Day".

Even after 25 years of battling with the epidemic, HIV/AIDS can and will only be won if we put our efforts together. Together we can make an AIDS vaccine a reality!

We are confident that you will find this issue a great resource. We shall appreciate your feedback in terms of articles, letters, comments, clarifications and updates in any areas that you feel need to be echoed.

We thank you for your continued support and hope that you will enjoy reading this newsletter.



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The Editor welcomes your views and comments, please send them to: information@iavi.or.ug for consideration for future newsletter issues.

Exhibition

Many HIV/AIDS service providers were given an opportunity to show case their work to the general public. The exhibitors included; IAVI, TASO, Infectious Diseases Institute, Reach Out Mbuya, Straight Talk, Uganda AIDS Commission, Makerere University Walter Reed Project, Makerere University Johns Hopkins University Project, Uganda Youth Anti AIDS Association, Mildmay and NAFOPHANU - PLA Network among others.

Education and Entertainment

Various drama groups made presentations aimed at raising awareness on HIV/AIDS and the AIDS vaccine. The presentations also focused on promoting behavioral change as the search for a vaccine goes on. Entertainment groups included; TASO Mulago Drama Group, AIDS Information Centre Post Test Club, Lake Victoria Primary School Entebbe, Emmanuel Forever, Entebbe Miracle Saints. Uganda's top pop stars and artists such as Chameleone, Joanita Kawalya, Halima Namakula, Bobi Wine, Klear Kut, Sweet Kid, Extra Mile, Nandujja, Sophie Gombya, Winnie Munyenga to mention but a few, also entertained the public.

Placards with key messages on AIDS vaccine research such as; "An AIDS Vaccine cannot cause HIV infection", "Women and men need to equally support AIDS Vaccine research", "An AIDS Vaccine is our best hope against HIV/AIDS" and many others were placed at strategic points for the general public to read.



Top Ugandan Artists educate and entertain guests during the AIDS Vaccine Awareness Day celebrations.

Speeches

Speeches from academicians, researchers, politicians and other stakeholders were made, enumerating the efforts so far made in vaccine research and development.

In one of the speeches, Dr. Hannah Kibuuka, the Director of Clinical Programs, Makerere University Walter Reed Project (MUWRP) noted that 6.4% of the adult population in Uganda are infected with HIV.

She expressed concern over the difficulty in accessing ante-retroviral treatment by people living with HIV/AIDS despite the fact that about 28 million people in

Africa are infected with HIV. "AIDS is still in our midst. Do not take to promiscuity. Instead, live responsibly," Dr. Kibuuka cautioned, calling upon the public to support efforts aimed at getting an AIDS vaccine.

The Guest of Honor, Dr. Kihumuro Apuuli, the Director General of Uganda AIDS Commission revealed that in the year 2005 alone, more than 130,000 people in Uganda were infected with HIV. This was compared to 70,000 people who were infected with HIV in 2003.

He emphasized the fact that an AIDS vaccine will unfold the final blow to HIV/AIDS which has caused untold suffering to mankind. He appealed to everyone to care for those infected and affected by HIV/AIDS.

Dr. Kihumuro urged the donor community to rapidly increase the amount of funds for AIDS vaccine research, adding that of the \$ 1.2b (about UGX 218.4 trillion) which is need to conduct AIDS vaccine research, only \$650 (UGX 118.3 billion) is available.

The organizing committee of this year's celebrations would like to thank the different organizations and the general public that took part in the event.

The solidarity and support expressed on the World AIDS Vaccine Awareness day is vital in the search for a safe and effective vaccine. □



A procession through Kampala City roads on the AIDS Vaccine Awareness Day.

Uganda Guidelines for AIDS Vaccine Research finally launched

By Simon Sigurenda



Here it is: IAVI CEO Dr. Seth Berkley (L) and Hon. Prof. Mondo Kagonyera (R) at the launch.

In an effort to streamline and harmonise AIDS vaccine research in Uganda, the “Uganda Guidelines for AIDS Vaccine Research” were launched by H.E. the Vice President, represented by Hon. Prof. Mondo Kagonyera, at Kabira Country Club in Kampala on 30th March 2006.

The “Uganda Guidelines for AIDS Vaccine Research” is the revised edition of the National Vaccine Plan. The first plan was published in 1992, as part of Uganda’s preparations for the first vaccine trial in 1999.

The guidelines which are designed to provide a frame work for all HIV/AIDS vaccine research-related activities in Uganda are expected to contribute to more harmonized HIV/AIDS vaccine research efforts.

In his opening remarks, Uganda AIDS Commission Chairperson, Rtd Bishop Barnabas Halem’Imana said that Uganda has been a torch bearer in the fight against HIV/AIDS, and that different interventions are expected to make a positive impact on people’s lives. “The guidelines are marking another milestone in the struggle against HIV/AIDS in Uganda,” the Bishop said.

He thanked the different development

partners who funded the process of developing the guidelines and the drafting team for a job well done.

Highlights of the launch

With regard to the background and meeting objectives, Dr. David Kihumuro Apuuli, the Director General of Uganda

“Africa has a big role to play in AIDS vaccine research given the effects the epidemic has brought. Vaccine research is a marathon not a sprint.”

AIDS Commission reminded the guests of the early efforts against HIV/AIDS in Uganda which saw the country host the first AIDS vaccine trial in Africa in 1999, after which other trials have been

conducted.

The objectives of the meeting were enumerated as follows;

- To share updates on current advances in AIDS vaccine research and development at global, regional and national levels
- To launch and disseminate the Uganda Guidelines for AIDS Vaccine Research to national stakeholders in HIV/AIDS Vaccine research.

Dr. Pontiano Kaleebu, Chairperson - African AIDS Vaccine Program and Principal Investigator, UVRI-IAVI HIV Vaccine Program gave an overview of the progress of vaccine research in Uganda by the different organizations. He gave details of the trials conducted and those planned. He added that Uganda and the collaborating partners have made significant contributions towards the search for an AIDS vaccine and in capacity building. “The launch of the AIDS vaccine research guidelines is a positive step in the search for a safe, effective, affordable and accessible vaccine. Government and community support have been key to these successes,” Dr Kaleebu said.

On Global AIDS Vaccine Research Perspectives, Dr Seth Berkley, President and C.E.O, IAVI noted that the struggle against the HIV epidemic lies in new preventive technologies like vaccines and microbicides. He added that investment in vaccine research previously faced the challenge of manufacturers looking at profitability; hence vaccine research was never a priority. “Over the years, support for vaccine research has increased politically and financially,” Dr Berkley noted.

About political support, he singled out H.E. President Yoweri Museveni of the Republic of Uganda who wrote to the leaders of the G8 (the richest countries of the world) in 2005 asking them to increase their support for AIDS vaccine research.

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Dr Berkley also briefed the audience about IAVI and its activities, adding that advocacy is essential for the world to know and support vaccine research efforts. "Africa has a big role to play in AIDS vaccine research given the effects the epidemic has brought. Vaccine research is a marathon not a sprint," he said.

He appealed for the motivation of young scientists to get involved in vaccine research keeping in mind that vaccines might be overshadowed by other treatment interventions and yet their involvement would sustain vaccine research efforts at all levels. "I am so grateful to the real heroes of vaccine research; the volunteers who offer to take part in vaccine trials," Dr Berkley concluded.

Dr Sam Okware, Commissioner - Communicable Diseases, Ministry of Health who represented the Director General of Health Services, Ministry of Health, expressed his gladness that the AIDS Vaccine Research Guidelines were finally in place, which is a sign that HIV/AIDS vaccine research is progressing. He informed the guests that the government of Uganda has embraced international

"I am so grateful to the real heroes of vaccine research; the volunteers who offer to take part in vaccine trials," Dr Berkley concluded.

efforts in AIDS vaccine research.

He added that the guidelines will ensure that right steps are taken in vaccine research and that acceptable standards are adhered to by all actors.

Dr Okware emphasized that Uganda will continue to be part of the search for a safe and effective vaccine and that once a vaccine is found, it will be accessible to all. "In the fight against HIV, failure isn't an option," he added.

The Guest of Honor, who was represented by Prof. Mondo Kagonyera, Minister of General Duties in the Prime Minister's Office, described the effects of the HIV/AIDS epidemic on poverty at micro and macro economic levels. He said that the existing prevention technologies are costly to sustain and as a result, microbicides and vaccines, once available, will considerably reduce the burden of HIV/AIDS.

"An AIDS vaccine will enable Uganda to go a long way in achieving the Millennium Development Goals," the Guest of Honor noted, emphasizing the need to look at cost and sustainability issues while initiating and implementing HIV/AIDS programs.

He ended by thanking the different organisations that supported the development of the guidelines and the team that put the document together.

The Uganda AIDS Commission in close collaboration with UVRI-IAVI and funding from the European Union facilitated the production and launch of the guidelines□

CABs - The Eyes and Ears of the Researcher

By Mrs. Rose Tumusiime, CAB Member UVRI-IAVI

The Community Advisory Board (CAB), when first heard of, creates the impression of those thousands of prestigious Boards in organizations where men and women sit in air-conditioned offices and earn handsomely. On many occasions, several of our friends have asked, "How did you get to that international body?"

Well, it is very interesting to note that CABs comprise committed volunteers coming out to advocate for a cause that will contribute to the well being of humanity; a safe and effective AIDS vaccine. CAB members belong to diverse cultures, professions and religions. The role of the CAB is advisory and the members act as a link between the researchers and the community where research is conducted; thus the eyes and ears of the researchers.

CABs from all IAVI-sponsored sites in developing countries namely; Kenya, Uganda, Rwanda, Zambia, South Africa and India converged in Nairobi on 14th and 15th June 2006 to share experiences



We do it like this: CAB members at the International CAB Workshop in Nairobi.

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related to community work being carried out in the different sites and for skills-building. The workshop involved informative, practical experience-sharing from the different sites and training in vaccine literacy emphasizing community mobilisation.

The experiences shared reflected the great efforts and commitment in the search for an AIDS vaccine. I was particularly moved and inspired by the enthusiasm of men and women all over IAVI sites some in their retirement age spearheading the work of CABs. One could see in them strong advocates for the community by defending research participants' rights and at the same time being very knowledgeable on the needs of the researcher, in efforts to develop an AIDS vaccine.

The workshop brought in very experienced Guest Speakers with vast knowledge on AIDS vaccines and community work. "CABs are the eyes and ears of the researcher and a centre of analysis for all institutions," Dr Chrispin Kambili said. Prof. Elizabeth Ngugi on her part said, "Research can only be given a human face through the CAB."

However, whilst impressive numbers of women are involved in mobilizing the community as CABs for participation in the vaccine trials, women participation remains a major challenge because they have no control over their sexual lives and remain at high risk of HIV infection. This is due to gender inequalities in society.

According to Prof. Ngugi, global efforts should be geared towards couple counseling through different institutions to enable women participate freely in the vaccine trials. Women have the will but are constrained by social, cultural, economic and religious aspects that affect their decision-making. This is why the CABs are important.

On behalf of CAB members from UVRI-IAVI, we wish to thank Emmanuel, the Chairman, Organizing Committee, Alex, Bonnie, Roselyn and Rose for the wonderful arrangement and IAVI for enabling its CABs to share experiences and get exposed to recent developments in vaccine research.

We are proud to be part of the process of developing a vaccine, not today or tomorrow, but for the future; it is a marathon, not a sprint. Imagine a world without AIDS! □

IAVI-MRC Reproductive Health Project starts in Entebbe

By Simon Sigirenda



Work in progress: Dr. Muwanga, Medical Superintendent, Entebbe Hospital and Ms. Leslie Nielsen, IAVI Country Manager at the Entebbe site.

A reproductive health project, which is a collaborative effort between the Medical Research Council (MRC), the Uganda Research Unit on AIDS and Entebbe General Hospital/Wakiso District and funded by the International AIDS Vaccine Initiative (IAVI) has started. The project's main objective is to expand and improve reproductive health services at Entebbe Hospital.

This initiative has enabled services such as; pregnancy testing; testing and treatment for syphilis; HIV voluntary counseling and testing (VCT); and defining level of infection for individuals found to be HIV-infected (staging), to be available to the general public at no cost. Originally, pregnancy testing syphilis testing and treatment and VCT were only available for pregnant women in the antenatal clinic's program for Prevention of Mother to Child

Transmission (PMTCT).

"The project has succeeded in formalizing VCT services for the general public at the hospital and integrating these with PMTCT activities," the Site's Principal Investigator, Dr. Anthony Kebba disclosed in an interview. Dr Kebba also reported that there has been an increase in the number of males utilizing these services.

"In May 2006, males made up 42 per cent of the population seeking the above services outside of the antenatal clinic. This was up from approximately 2 percent over the last five years. He further said that the project provides treatment for all RPR (individuals with reactive syphilis test) as well as encouraging them to bring in their spouse(s), partner(s) or family members for HIV testing irrespective of

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their result. This is in harmony with the Uganda Government's Ministry of Health guidelines.

Dr Kebba also revealed that the project enables all individuals found to be HIV-infected to know their immune level (CD4 T-cell counts) to determine the stage of the infection, and whether they require treatment (Antiretroviral Therapy-ART). Clients requiring such therapy are referred to the ART clinic in the hospital or any other institutions of their choice.

The project will identify and follow up 400 HIV sero-discordant couples (cohort). The interest in discordant couples arose from previous observations which showed that HIV incidence in this population was higher than that in the general population. The overall aim will be to determine the rate of infection of HIV in this group despite receiving regular counseling to reduce risk behaviors. Individuals newly infected with HIV will also be thoroughly studied.

The related research protocols (IAVI Protocol B & C) have been submitted to the Uganda Virus Research Institute's

Science & Ethics Committee and are pending approval.

A study team has also been assembled and consists of a study coordinator, a clinician, 2 counselors, a nurse, a field worker and an office assistant. A permanent office block that will house the study offices as well as VCT clinics and laboratories is currently being constructed and will be opened in September 2006.

The project will carry out activities to increase awareness and uptake of the reproductive health services at the hospital. It is collaborating with the Mother and Baby Study (MAB) in this respect. MAB, whose Principal Investigator is Dr. Alison Elliott, has a well established

community outreach program and a network of community health workers.

This set up has enabled it to establish and follow up a cohort of 2,500 mothers as well as increase uptake of antenatal services□



IAVI donates a computer to Entebbe Hospital.

IAVI supports human ethics research guidelines development

At a workshop held on 23rd November 2005 at Hotel Africana, it was noted that the human ethics research guidelines being used in Uganda at the time were outdated and needed revision and update.

The participants at this IAVI-sponsored workshop, who included researchers and government representatives recommended that the Uganda Council of Science and Technology (UNCST) sets up a task force that would begin reviewing and updating the current guidelines. At that meeting, UVRI-IAVI HIV Vaccine Program pledged to provide financial and logistical support to ensure that new and comprehensive guidelines on human ethics research are put in place.

After its formation, the task force, comprising senior researchers and government representatives has been meeting to revise and update the guidelines. The final draft has already been produced and will soon be out for larger audience review. It is expected that



Need for protection: Some of the participants at the Vaccine Awareness day.

an updated and revised set of guidelines will be launched by the end of the year□

KISUBI-IAVI PROJECT MAKES PROGRESS

The Kisubi Hospital initiative for the prevention and care for people living with HIV/AIDS (KICA) that was launched in March 2006 is progressing very well and nearing completion.

This project is in partnership with IAVI, as part of its efforts aimed at promoting VCT in communities hosting HIV vaccine trials and related studies.

Just three months after its inception, 3921 persons aged 15 years and above from the selected parishes of Kabale and Namulanda in Wakiso district, have been tested. (See table 1 below, for details.) Those that test positive are referred to care and support centers.



Get tested at home! A counseling session during the home-based VCT program.

Table 1:

Table showing the number of Clients Tested between March and May by Age Group and Sex

| Age Group/Sex | 15 - 24 yr | | 25 - 35 yr | | 36 - 45 yr | | > 45 yr | | Sub Total | | Total |
|-----------------------------------|------------|-----|------------|-----|------------|-----|---------|-----|--------------|--------------|--------------|
| | M | F | M | F | M | F | M | F | M | F | |
| Total no. of people tested | 866 | 968 | 612 | 599 | 228 | 246 | 180 | 222 | 1,886 | 2,035 | 3,921 |

This idea of home-based VCT was a result of the desire to reach as many people as possible since some of them cannot access the VCT services.

This pilot project is offering a number of services namely de-worming of children; Vitamin A supplementation to children <5 years; intermittent Presumptive Treatment of malaria (IPT) in pregnant women; Iron and Folic acid supplementation to children and pregnant women; distribution of Homapak (malaria treatment) to people found with fever; and referral of HIV positive clients to the Kisubi Hospital AIDS Clinic for ongoing counseling, care, support and treatment.

Project highlights

- An orientation meeting for the health workers of Kisubi Hospital was held in January. Fifty health workers attended this meeting, which was aimed at sensitizing the health workers about the Home Based HIV Counseling and Testing project.
- Forty community leaders such as Local Councilors, Church Leaders and CBOs were sensitized about the activities of the new project.
- A one-day sensitization workshop for five community mobilizers was held at Kisubi Hospital.

- A five-day Health workers' workshop for fifty participants was conducted. Home Based HIV Counseling and Testing Training manuals that were used for this workshop were developed by Centers for Disease Control and Prevention (CDC).

Final results of the project will be published in our next issue

VAX Primer: Understanding Capacity Building at Vaccine Trial Sites

How can AIDS vaccine trials help build infrastructure and capacity in developing countries?

In order to determine whether an AIDS vaccine candidate is effective it must be tested in the populations that are most affected by the disease. Clinical trials have to take place in communities where there is a high enough incidence of HIV infection for researchers to determine positive benefits from the vaccine. This often requires running trials in developing countries, where there is the highest HIV/AIDS burden. It is also essential that vaccines be evaluated in the communities that need them the most.

Many organizations involved in AIDS vaccine research, including the [Global HIV Vaccine Enterprise](#) and the [European & Developing Countries Clinical Trials Partnership \(EDCTP\)](#), have recently published reports emphasizing the importance of developing both the physical infrastructure and the human resources at clinical trial sites in developing countries. This is the strategy used by organizations like Walter Reed Army Institute of Research, the US Centers for Disease Control and Prevention, and IAVI that have been running vaccine trials in Africa and Asia. The idea of building trial site capacity involves both establishing clinics and laboratories and training medical professionals.

Both of these steps help ensure that the research site is sustainable over the long term and can be used for future clinical trials. Developing these sites also benefits the community by providing career opportunities for healthcare workers that can serve the community long after the trial ends or by attracting other medical services to the area, such as HIV treatment programs (see [VAX February 2006 Primer on Understanding the Benefits and Risks of Participating in Clinical Research](#)).

Infrastructure

The first step in building an AIDS vaccine clinical trial site involves constructing the actual buildings that will serve as clinics

and laboratories or modifying those that already exist. These facilities are then equipped with the instruments necessary to process laboratory samples obtained from volunteers during the trial and preparing these specimens for storage or shipment. Some sites may even develop sophisticated HIV immunology and virology laboratories that can analyze samples and process the data from the trial in the country where it takes place. India recently started an AIDS vaccine trial sponsored by IAVI in partnership with the Indian Council of Medical Research and the National AIDS Control Organization at the Tuberculosis Research Center (TRC) in Chennai. The TRC, a newly-established center of excellence for the clinical evaluation of vaccines in the country, features a safety and immunology laboratory where all laboratory tests will be run.

Human capacity

Once the clinics and laboratories are established it is also important to build human capacity at AIDS vaccine trial sites. Sponsor organizations spend significant amounts of time hiring and training medical professionals in developing countries to handle the activities associated with the trial.

This occurs through a series of instructional workshops that cover all aspects of the clinical trial process, from screening and enrolling volunteers to collecting and analyzing data, and are based on a set of work practices developed specifically for each site. All trials are certified according to a set of international guidelines, known as Good Clinical Practice (GCP). Compliance with GCP guidelines ensures that the trial is run properly, that the rights and needs of the volunteers are protected, and that the data collected during the trial is of high quality.

Counselors and nurses are trained to work with potential volunteers and to administer the informed consent process (see [VAX June 2005 Primer on Understanding Informed Consent](#)). These individuals may also receive specialized training on enrolling women in AIDS vaccine trials and other gender-related issues.

For the staff working in the laboratories the training includes how to handle and process the laboratory samples and the procedures for data management. All tests run in the laboratories are verified by quality control processes to ensure that the results of the trial are meaningful.

The process of site development continues even after the trial has started. Many organizations continue working to enhance the site's ability to deliver HIV prevention and treatment services and to provide referrals to other clinics in the community. This can involve additional training sessions or meetings arranged with the staff from other AIDS vaccine clinical trial sites in order to learn from shared experiences.

Providing the site staff with such extensive training helps strengthen the human resources in that community. Once the trial is complete, these medical professionals can work in many other areas, including research, nursing, or in conducting other clinical trials.

Sustainable trial sites

Developing both the physical infrastructure and human capacity at a site are necessary steps for conducting an AIDS vaccine clinical trial in developing countries, but once established these sites can continue to function well beyond the end of the current trial. The staff's expertise in HIV could make the site suitable for other types of HIV prevention trials, including trials of microbicides, or for clinical research studies that contribute to the understanding of the HIV/AIDS epidemic in that country.

These sites may also attract HIV treatment programs or other healthcare services that can continue adding benefit to the community. Keeping these sites active is also of great interest to organizations sponsoring AIDS vaccine trials, since many vaccine candidates will need to be evaluated in the future and these trials will require experienced sites and surrounding communities that have successfully conducted past trials□

This article was reprinted from the March 2006 issue of *Vax*, published by the International AIDS Vaccine Initiative (IAVI) www.iavi.org/iavireport.



Raising awareness: IAVI Materials on the AIDS Vaccine Awareness day.

Uganda Vaccine Literacy meeting held

A meeting aimed at reaching out to partners involved in the promotion of vaccine literacy was organised by IAVI between 19th and 20th April 2006 at Lake Victoria Windsor Hotel.

The meeting, which was attended by different organisations involved in HIV/AIDS aimed at developing an internal strategy for stakeholder outreach activities in Uganda using the VaxLit materials as resources. It was also aimed at gaining consensus among a group of national level partners about the relevance of vaccine-related activities to their work so as to potentially make a commitment to serve as 'vaccine stakeholders'.

At the meeting, all participants were introduced to the VaxLit program and were given a copy of the Core Content - the AIDS Vaccine literacy tool kit. Each individual gave a brief summary of his or her organization and activities. All the

representatives agreed that it would be beneficial to add vaccine literacy activities into their existing programmes.

The degree of interest varied according to a particular sector or type of work represented by the individual. Part of the day was spent testing selected sessions from the draft VaxLit Training manual, to introduce participants to the manual, but more importantly, to gain feedback from some of the expert trainers present.

Participants discussed the need to join hands to affirm that AIDS vaccine research needs a multi-sectoral approach.

All participants were keen to consider using VaxLit tools and information in their ongoing activities. They also committed themselves to meeting again in the near future to plan more detailed activities, and to serve in an advisory capacity for national level outreach activities in Uganda.

Specific action points agreed upon include:

- IAVI to follow up with the group to give participants an opportunity to provide further feedback, and to plan a follow-up meeting
- IAVI to head the development of a corporate relationship between the stakeholders present at this meeting, to form an informal Stakeholder Advisory Group (as discussed above).

Participants discussed potential

activities that could be undertaken in the future, including:

- Using the Core Content/Toolkit to develop materials with Key Messages for Ugandan audiences
- Providing a monthly update to media groups with Vaccine Literacy information, for potential use in various media outlets (e.g. newspapers, radio shows etc.)
- Planning regular information sharing sessions between researchers and stakeholders
- Developing (or adding to) a standardized training manual with training sessions on AIDS vaccine topics

Welcome new TEAM members

The UVRI/IAVI Program in Uganda continues to grow. The following team members recently joined us;

- Dr Fiona Kalinda was appointed Senior Trials Physician. She was previously working with the Uganda People's Defence Forces as the AIDS Control Program Officer in charge of Care and Support. *"I feel proud to be part of the UVRI-IAVI HIV Vaccine Program because this is one of the most noble researches that seek to put an end to the HIV/AIDS epidemic,"* says Dr Kalinda.
- Dr Apolo P. Balyegisawa was appointed Clinical Monitor. He was formerly the Antiretroviral Therapy (ART) Team Leader and Co-Investigator at TASO Jinja. *"Am happy to be part of the struggle to get an AIDS Vaccine,"* says Dr Balyegisawa.
- Mr Angelo Aubrey Kaggwa was appointed Documentation Officer for the Project. He was previously the Public Relations Assistant at *The Mildmay Centre Uganda*. Asked about his new appointment, Angelo said, *"I feel privileged to join the team at UVRI-IAVI and I look forward to contributing to the search for an AIDS Vaccine."*

A very warm welcome from the HIV Vaccine Trials team at UVRI/IAVI to these new colleagues!

Participants discussed the need to join hands to affirm that AIDS vaccine research needs a multi-sectoral approach.

VCT SERVICE PROVIDERS IN REFRESHER TRAINING

By Dr Fiona Kalinda

Background

VCT is an entry point for all HIV programs including prevention, treatment, care and support as well as new preventive technologies like AIDS vaccine research. It is therefore crucial that all VCT service providers at all levels be up to date not only to have factual information on HIV/AIDS, but also on National Policy and trends as well as counselling skills and ethics in research settings. The quality of counselling contributes to the retention of volunteers or clients in a clinical or research setting.

The AIDS Information Centre conducted a two-week VCT refresher training workshop from 24th April to 5th May 2006. The training registered twenty-five trainees among whom were; Hospital Administrators, Physicians, Nurses and Counsellors from UVRI-IAVI, UVRI Clinic, MRC Entebbe and Masaka, Entebbe, and Kisubi Hospitals. This training was sponsored by IAVI.

The objectives of the training were;

- To equip Participants with basic factual information on HIV and AIDS, Sexually Transmitted Infections (STIs), family planning and TB.
- To enable participants to appreciate and provide integrated information on HIV/AIDS /STIs/FP, and TB.
- To equip participants with appropriate counselling skills and positive attitudes in order to provide effective counselling
- To equip participants with appropriate skills in counselling for research-based counseling
- To equip participants with appropriate skills of data collection and documentation
- To enable participants to identify clients referral needs during counselling and be able to make appropriate referrals

The course was highly interactive involving presentations, group discussions and role plays. Among the topics covered were the following;



Getting facts: A trial participant being counselled at the Trials Unit.

A: HIV/STI/TB/FP

- a) HIV pandemic - Global and National updates
- b) Progress of HIV infection
- c) Antenatal care and PMTCT
- d) Use of ARVs in prevention and treatment
- e) Review facts on STIs, TB, and Family Planning and Integration
- f) Models of HIV Counselling and Testing(HCT)
- g) Paediatric AIDS

B: COUNSELLING

- a) Qualities of counsellors, attitudes, skills and ethics
- b) Pre, Post and Test decision counselling
- c) Disclosure and Discordance-issues arising.
- d) Risk assessment and risk reduction
- e) Group and couple counselling
- f) HCT in Research settings
- g) Quality assurance and data management

Issues /gaps identified

- Varying information base among participants with some having none or outdated information.
- Program policies vary e.g. some have religious issues which may affect

“We learnt that there is a close relationship between HIV/AIDS, TB, STI, and Family Planning and that they should be blended with counseling,”

quality and outcome of counselling.

- Counselling methods may be influenced by program policies e.g. some do not do pre -test counselling
- Lack of supervision leads to laxity
- Lack of knowledge on referral services

Recommendations

- Regular refresher training on HCT for counsellors and other health workers involved in VCT services be put in place
- Close supervision of counsellors be observed in order to ensure that the

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Gender Advisory Committee for HIV vaccine trials formed

By Emmanuel Mugisha

In recent years, the number of women infected with HIV worldwide has grown at an alarmingly rapid pace. In 1998, women accounted for 41% of HIV infected adults. By 2004, women made up almost 50% of HIV infected adults worldwide and nearly 60% in sub-Saharan Africa. Among young people, gender inequality and AIDS is even more striking: in sub-Saharan Africa, a woman between

women and girls given the limitations of current technologies.

In order to know that a vaccine works for women, and also to ensure licensure, it is important to enroll sufficient numbers of women in trials. However, women face many barriers to participation. These include; issues around pregnancy and concerns about contraception and future

It is against this background that the International AIDS Vaccine (IAVI) in partnership with Uganda Women's Network (UWONET) have undertaken the task of forming a Gender Advisory Committee (GAC). The aim of the GAC is to engender and advocate for AIDS vaccine research as well as microbicides, since they are the research technologies that women need most in preventing themselves against HIV/AIDS. This is in an effort to accelerate the development of new HIV preventive technologies, through addressing obstacles that hinder women from participating, as well as addressing issues of gender in AIDS vaccine research.

The main role of the GAC is to support and advise the AIDS vaccine research stakeholders on matters related to gender in vaccine clinical trials and other HIV preventive technologies while advocating for their accelerated development. To achieve its role, the GAC will provide guidance on gender training and sensitization.

This committee is composed of professionals drawn from mainstream ministries, relevant NGOs working in the HIV/AIDS field, academia, human rights organizations, the community advisory board and other key stakeholders.



Gender Advisory Committee members at the inaugural meeting.

15 and 24 years is 2.5 times more likely to be infected than her male peer.

Vaccines are among the most promising technologies on the horizon, and along with microbicides will be important for

fertility; limitations on women's freedom and decision-making power (this will be particularly important in future large scale efficacy trials, which are likely to target more vulnerable women) among others.

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quality of counselling is maintained and also that correct information is being disseminated to volunteers/clients during these sessions

- Mapping of referral services be made to ensure that relevant referrals are made

Relevance of the training

The Nurse Counselors at UVRI- IAVI said that they benefited a lot from the training, as all the topics covered were relevant to their day-to-day activities.

There was experience sharing in

counseling from various sites in PMTCT, ART in Children and Adults, Infant feeding of babies with HIV positive mothers, care, couple counseling, follow up and integration of services.

"We learnt that there is a close relationship between HIV/AIDS, TB, STI, and Family Planning and that they should be blended with counseling," said Carol Pool Konde, IAVI's Senior Health Educator. "We also realized that risk assessment and risk reduction counseling are very vital components in a research setting since counselors deal with people at low risk of contracting HIV. This has to be done through out the study period in

order to retain volunteers who are HIV negative," Carol added.

At the end of the training, the counselors affirmed that such refresher courses are of great benefit and importance to their daily work as they have to be updated with the developments in the HIV/AIDS field.

Personally, I thought we Clinicians didn't need a course in counseling. But right from the first day, I realized that this course is very useful to every medical worker. Everyone who interacts with clients needs to have good counseling skills.