

International Rectal Microbicides Working Group (IRMWG)

Monthly Teleconference

March 30, 2007

Present: Marc-André LeBlanc (IRMWG SC Secretary, Global Campaign for Microbicides, Canada), John Shaw (IRMWG SC member, USA), Robert Reinhard (USA), Shaleena Theophilus (Canadian AIDS Society/MAG-Net, Canada), Jessica Terlikowski (AIDS Foundation of Chicago, USA), Trina Nelson (AIDS Foundation of Chicago) Roy Wadia (IRMWG SC member, BC CDC, Canada), Ellen Marshall (International Women's Health Coalition, USA), Paul Perchal (Engender Health, USA), Latifa Boyce (Alliance for Microbicides Development, USA), Sean Barry (CHAMP, USA), Bindiya Patel (GCM, USA), Jim Pickett (IRMWG Chair, AIDS Foundation of Chicago, USA), Kevin Cranston (USA), Capri, Doreen Hardy (USA), Steve Wakefield (USA)

1. Jim welcomed participants and thanked the Canadian AIDS Society for sponsoring this call as well as Roy Wadia for presenting. Apologies for the technical glitches that did not allow us to proceed with the online presentation as planned!!

2. Roy presented on risk communications as it relates to rectal microbicides, using his slides as guide. Supplementary information to the slides is included below.

Roy started by sharing his previous work experience in China, working on communications for the WHO, as well as on awareness campaign targeted to MSM through his more recent work at the BC CDC.

Slide 38: In many ways, we can think of rectal microbicides as an issue that fits the profile of a “high hazard – low outrage” public relations issue.

Slide 41: An example of “high hazard – high outrage” scenario might be SARS in China, once people realized the government had been hiding information from the public.

Discussion

Robert asked about how we might apply these concepts to our current efforts surrounding sensitive and politicized issues such as the MDA, and the reluctance of some to specifically name “rectal” issues. Roy responded that his experience in China shows that once professionals, including medical professionals, public health and policy folks get behind an issue, it is possible to address controversial issues. But this depends on WHO is addressing those issues, and it depends on the WAY it is conveyed. Discussion of these issues in the context of a medical or public health debate by medical professionals will be received differently than in the context of advocacy messages from community groups.

Latifa asked how we can choose between different levels of messages, as presented in the slides (overarching vs main vs secondary). Roy responded that you usually start with your overarching theme, and from there identify your main message and secondary messages. There will be overlap, so there is no need to worry too much about making very mutually exclusive distinctions between these levels of messages. Ask yourself if the overarching message stands the test of time. Does it make sense at this stage of your campaign? It may need to be adjusted along the way.

3. Announcements:

- Many thanks again to CAS and Roy for this call!!!