

Microbicide Development and HIV Prevention: The Need for Knowledge, Political Will, and Funding

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Good afternoon, and thanks for having me. The idea and the demand for microbicides—even the word itself—came from women. Not from scientists or academics, not from AIDS treatment activists or policymakers, but from 44 women from 20 countries, at a meeting co-convened by IWHC and the Women and Development Unit of the University of the West Indies in Barbados.

Before I get into what an ideal microbicide would look like, I'd like to first address why we wanted a microbicide – a topical agent that, when applied to the mucosal surface of the vagina, would act as a chemical barrier to prevent the spread of sexually transmitted diseases (STDs) including HIV. Sadly, the reasons are the same now as in 1990 when we met. Worldwide, in diverse contexts, many, if not most, women and girls do not control when, where, with whom, or even whether they have sex. And, they are biologically twice as likely as men to become infected with HIV during sexual intercourse with an infected partner. Further, research from South Africa suggests that a violent partner dramatically increases their risk. Violence, or the fear of it, inhibits women from negotiating condom use or talking with partners about their risky behaviors, such as having multiple partners. Each year, an estimated 10 million young girls are married to older men, who demand frequent and unprotected sex from young brides too disempowered to resist.

As I will talk about later, these deeper social problems—the root causes of women's vulnerability—can be changed. But it takes generations to do. Although most of us in the women's movement are skeptical of technical "fixes," we who met in Barbados decided that women must have a means of protection that we could use without our partners' permission or interference.

The Barbados meeting participants charged IWHC with finding scientists and money, and then ensuring that women would be closely involved as research moved forward. Through the early 1990s, we worked first to find an interested researcher, who turned out to be David Phillips at the Population Council; then to secure funding from the Swedish government; and finally, to establish and facilitate the advisory group, Women's Health Advocates on Microbicides, or WHAM.

So now, I'll turn to what women wanted in a microbicide. We knew that, to be effective, microbicides had to be developed in the context of women's real, lived experiences with sex. For example, according to many women, a microbicide needed to be undetectable by men, so that women using it need not fear violent reprisals. That meant no smell and no taste. For some, it also meant no mess—like contraceptive jelly produces—because their men like dry sex. Some women wished to avoid pregnancy as well as HIV, and

wanted a microbicide that would also serve as a contraceptive. Other women, especially those living with HIV/AIDS or afraid of other STDs, wanted a microbicide that was not a contraceptive, so that they could both protect themselves and their partner from infection and also conceive a child safely. Women's diverse needs required that scientists consider multiple formulations of microbicides.

Through WHAM, women also provided significant input into research practices themselves. We understood that the bulk of research would need to take place in communities with relatively high rates of HIV infection. This meant research in some of the world's poorest countries, among subjects with limited agency in their individual lives—who had little to no education, who couldn't read or write, who had had little previous contact with any formal health system and no experience with making deliberate choices in their lives. It also meant that many participants would be sex workers, often in countries where sex work is illegal. The ethics of recruiting and involving human subjects in such circumstances were extensively discussed. WHAM required that communities be consulted and engaged throughout the research, and that trials would promote condom use and risk avoidance. We grappled with tough questions: for example, if participants became HIV-positive during the trials, what was the obligation to provide treatment—especially if they would not need it until several years in the future?

Then, of course, WHAM provided input about delivery mechanisms. We knew that, for the product to ultimately be affordable and available, issues of access would have to be tackled early on. We wanted an over-the-counter product, and one that could be available in diverse health settings—private and public sector, reproductive health services or HIV/AIDS clinics.

Before Mitchell Warren moves us from what women wanted to where we are now, I'd like to briefly address the broader context of microbicides research and development, and identify three of the most important gaps between what is needed and what exists. I hope this might help frame our discussion.

First, there is a knowledge gap. We still don't know enough about how to build programs to deliver information, tools, and services—like microbicides—in ways that communities will embrace. Greater investment in local organizations working with women, men, and young people on sexuality can build a foundation for such interventions in the future. On a trip to Cameroun this spring, I watched one of our partner organizations, the Society for Women Against AIDS in Africa, conduct a female condom demonstration in a marketplace in Yaoundé. They were exceptionally skilled in getting people interested in and excited about the condoms, and the women, men, and young people present were eager to engage in dialogue about sex and health. Local groups like these will be essential: they not only know their own communities, but are sophisticated in navigating local, national, regional, and even global policy environments. Such knowledge and skills will be invaluable as we develop more and more prevention technologies.

Second, there is a gap in political will. Women's lives are still not valued. It is inexcusable that more than half a million women die unnecessarily from preventable complications of pregnancy and childbirth every year—all but 1 percent of them in developing countries—and that 20 million women each year suffer severe harm, because we have not invested in the simple, low-cost reproductive health services that save women's lives, and enable them to protect their families. It is also inexcusable that,

in sub-Saharan Africa, 76 percent of young people ages 15-24 living with HIV/AIDS are female—76 percent. Until this indifference to women's well-being is overcome, widespread and equitable distribution, and even effective use of microbicides, will be impossible.

Finally—and I think you'll see that these gaps are closely related—there is a funding gap. Money for microbicides, and sexual and reproductive health and rights in general, falls short of what is needed. I've recently been in touch with colleagues at the International Partnership for Microbicides, who estimate that we need \$280 million per year for at least five years to get a microbicide into the hands of women in developing countries—a total of \$1.4 billion. In 2005, the most recent year for which data are available, we fell short of the annual amount needed by about \$120 million. If that pattern continues over five years, we will need an additional \$600 million to close the gap in microbicides funding. Think about it—only \$600 million over 5 years. Compared to the total spent on international assistance for HIV/AIDS—\$3.9 billion disbursed by donor governments in 2006 alone—\$600 million is nothing.

To illustrate the impact of these gaps in knowledge, political will, and funding, I'd like to return to the female condom demonstration in the marketplace in Yaoundé. Following our exhilarating time there, Camerounian colleagues told me that, despite the demand I had seen firsthand and that is documented at national level, USAID stopped their funding of female condoms in 2003, and no other donor had yet picked it up. Supplies were running out, and not a single donor would provide the \$180,000 needed annually. We went to see various donor representatives, and when I got back to New York, I contacted their headquarters, as well as other donors I hoped would fill the gap. At the end of May, UNFPA agreed to do so.

Frankly, this is no way to run a railroad—or, I should say, no way to empower women against HIV, other sexually transmitted diseases, and unwanted pregnancy. We cannot rely on happenstance solutions. My point is that, when we have a safe and effective microbicide, it will take much more to ensure that it's available to women. We will need strong advocates on the ground, as well as the political commitment of those who control programs and funding. I look forward to hearing more from all of you about how we can work together. Thank you.