

Microbicides Messaging

Themes to emphasise and avoid

Over the course of hundreds of presentations, we have identified a few key themes that are important to emphasise and some implications that are important to avoid. We ask our partners to consider these carefully before speaking on behalf of the Global Campaign for Microbicides. Our core values shape the way in which we discuss the need for expanded HIV/STI prevention options. This means our messages:

- Affirm the need for expanded HIV-prevention options, first and foremost, as a human rights issue
- Recognise that expanded prevention options (including microbicides and female condom access) constitute only one part of the complex struggle toward gender equality
- Refrain from over promising and creating false expectations about microbicides

To this end, we ask you to join us in paying attention to the following points in your discussion of the issue:

1. We start by clarifying that microbicides are not yet available
2. We emphasise that microbicides would be part of a prevention spectrum, not “a magic bullet”
3. We avoid portraying women as victims
4. We know that technological tools cannot replace women’s empowerment
5. We recognise that user-initiated prevention doesn’t necessarily imply covert prevention
6. We include discussion of the female condom as an important HIV-prevention option and support increased access to and use of female condoms
7. We recognise the need for complementary, but different, organising strategies in different parts of the world

Microbicides are not yet available

The enthusiasm that surrounds microbicides and the high profile given to clinical trials sometimes leads people to assume that some form of microbicide is already available. This is not the case and it is important to emphasise that the goal of the current research is to identify one or more products that are both effective and safe for long-term use.

Many scientists are confident that this goal can be met. The speed with which we can achieve this goal, however, depends largely on the level of funding available to support product development and clinical trials. Right now, potentially viable products are sitting on lab shelves while developers struggle to come up with the funding to test them. The process of finding a workable microbicide – like the process of developing any new drugs – is a long one. To date no product has proven to be effective in large-scale clinical testing. Even if none of the products currently in phase III trials prove to be effective, this would not signify failure on the part of those trials or the field as a whole. It is simply part of the process. In any drug development process, dozens (often hundreds) of candidate products are tested before one is found that is both safe and effective.

What is critical to emphasise in our messaging is that:

- Microbicides are a scientifically viable product. It can be done.
- Finding a microbicide that is both safe and effective is a challenge that may not be met quickly.

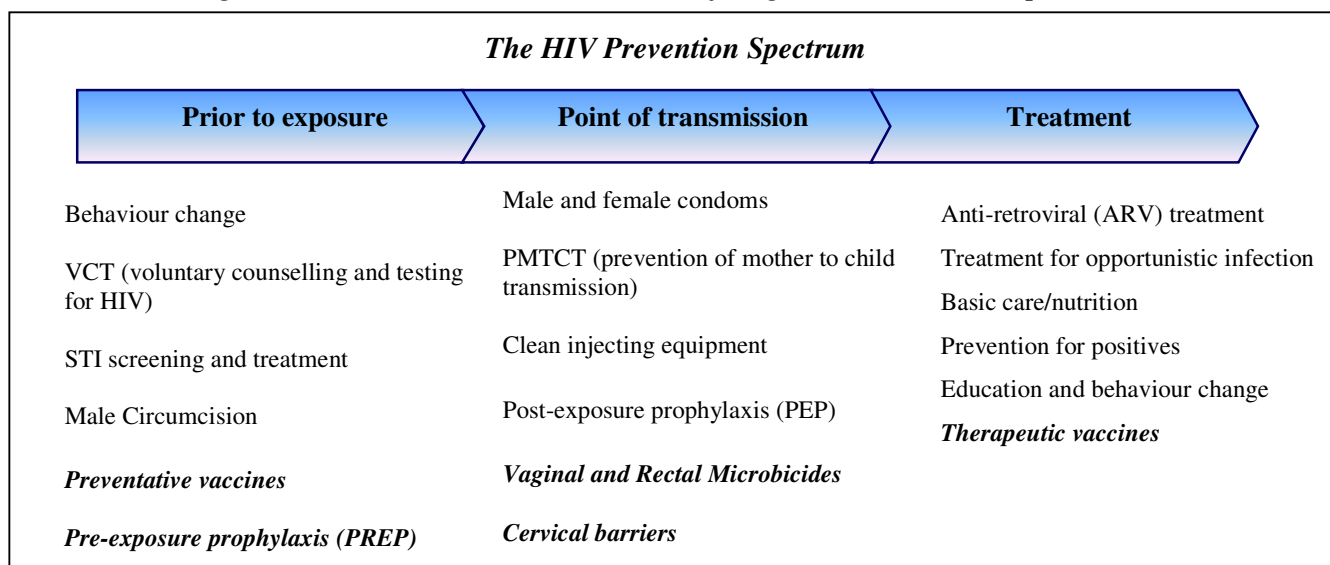


- It is impossible to say how long it will take to find a microbicide that is both safe and effective. On average, new drug development takes over a decade from discovery in a research lab to availability on the market. Ninety percent of candidates that enter preclinical testing are rejected before they enter clinical trials.
- Each day, approximately 6,800 people are becoming HIV positive. Thousands of these infections might be prevented with access to an approved microbicide. The cost of delay, therefore, is paid in human lives.

Microbicides would not be “a magic bullet”

No one prevention technology is sufficient to address the HIV/AIDS pandemic. It is important that we describe microbicides as part of what should be a full spectrum of HIV prevention options. While male and female condoms are the only tools currently available to prevent sexual transmission of HIV, we envision the toolbox expanding as other options are proven safe and effective. In addition to microbicides, the toolbox may also eventually include other cervical barriers, HIV vaccines, and pre- and post-exposure prophylaxis regimens. Other risk reduction options available through therapeutic and/or behavioural interventions include those listed here:

This diagram illustrates where we see microbicides fitting into the Prevention Spectrum.



Please note that the items in ***bold and italicized*** are currently not proven

Avoid portraying women as victims

In 1983, a small group of people living with AIDS, drawing on the self-empowerment principles articulated by the feminist and civil rights struggles of previous decades, developed a document known as the Denver Principles. The statement opens with the words, “We condemn attempts to label us as ‘victims’, a term which implies defeat.”ⁱⁱ

While women and girls worldwide are becoming HIV positive in increasingly large numbers, women are also leading efforts in every region to address the enormous, gender-based power imbalances that fuel this trend. Determined to fight for the survival of their communities and families, they are far from defeated. Mobilising through national and regional organisations, women are fighting the spread of HIV and caring for those who are HIV positive and/or affected by AIDS on every continent. They are also demanding with increasing force that their governments take substantive action to improve women's social and economic status, thus reducing their vulnerability to HIV, violence, and poverty.

The Campaign works with any and all civil society actors (individuals, NGOs, community groups, etc.) whose lives are influenced by the microbicide enterprise – whether as eventual microbicide users, clinical trial participants, taxpayers, people living with HIV/AIDS, or people at risk of HIV. As women’s health advocates and HIV/AIDS activists, we are well aware that community members have a crucial role to play in all phases of technology development and introduction. Roles include, helping to structure the research agenda, ensuring that community views and perspectives are included in the design of clinical trials, and creating political pressure for widespread and timely access to safe and effective products. This involvement can only be achieved by demanding a seat at the table.

Rather than passively awaiting the largesse of science, we work with partners worldwide to actively transform the process of technology development – putting users at the centre of scientific innovation.

We do not see ourselves as working on behalf of “victims” who are unable to advocate for themselves. We are, rather, joining with determined women and men in every part of the world to forge a global response to one of the most important issue of our time.

Technological tools cannot replace women’s empowerment

In many societies, women are denied control over when and how they have sex. In studies conducted all over the world, women report that even **suggesting** condom use can put them in danger—because it raises the question of whether one partner or the other has been unfaithful.

A combination of factors places women at higher risk of HIV infection than men:

Biologically, semen carries more HIV than vaginal secretions, and a greater mucosal surface area is exposed in women during sexual intercourse. They are also exposed to HIV for a longer duration, as semen remains in the body for hours after the sexual act is finished. Young girls are especially at risk because their bodies are not fully mature and their cervixes and vaginal linings are more easily damaged.

Economically, women generally receive less education, lower wages, fewer job opportunities, and more limited property rights than men, making them more dependent on their partners financially. Often, women cannot afford to leave relationships that put them at risk.

Culturally, in many societies, women are expected to be faithful but men are not. Whether through socially sanctioned polygamy or extramarital liaisons, lack of male partner fidelity is one of the greatest HIV risks women face. Other cultural norms, such as older men partnering with younger women and the prevalence of sexual coercion and violence against women, also add to women’s disproportionate risk. By permitting women no role in sexual decision-making and condoning male infidelity, societies can effectively put condom use (and, often, material access to condoms) beyond a woman’s reach. Violence, coercion, economic dependency, and stigma render millions of women of all ages unable either to negotiate condom use or to abandon partners who put them at risk. At the same time, many cultures expect women to be fertile and bear children, so they are unlikely to want to use condoms in this context.

The United Nations’ (UN) Global Coalition on Women and AIDS has identified seven key areas of action needed to address the fundamental gender inequalities that fuel HIV spread among women and girls. These are:

1. Reducing **violence** against women
2. Protecting the **property and inheritance rights** of women and girls
3. Ensuring equal access by women and girls to **care and treatment**
4. Supporting improved **community-based care**, with special focus on women and girls
5. Promoting access to **new prevention options**, including female condoms and microbicides

6. Supporting on-going efforts toward **universal education for girls**
7. **Preventing HIV infection among adolescents**, focusing on improved reproductive health care

In 2004, the UN's Global Coalition designated specific organisations to lead collective action in each of these areas. The Global Campaign for Microbicides and the International Partnership for Microbicides were asked to co-convene a partners group to address area of action #6—promoting access to new prevention options. We welcome the opportunity to situate our advocacy within the context of this much broader agenda and fully recognise that it is only one part of what needs to be done to address the underlying socio-cultural and economic issues that shape women's risk.

While microbicides are only one tool among many, they are an important component of the comprehensive response because they may improve women's ability to protect themselves while the international development community addresses the massive cultural and economic issues that comprise the rest of the agenda. Microbicides would improve women's ability to exercise their rights to health and well-being by having protection when they can't convince their partners to use condoms.

User-initiated prevention doesn't necessarily imply covert prevention

Unlike the male or female condom, a microbicide could be used without gaining a partner's active cooperation at each act of intercourse. This is what we mean by user-initiated, rather than partner-controlled, tools.

Social scientists have interviewed women in several countries to explore how they felt about the possibility of a user-initiated method. A large proportion of respondents said that, if they planned to use a microbicide in the future, they would probably discuss the issue in advance with their husbands or boyfriends. But, they said, this could be a one-time conversation and would not have to be repeated each time the couple has sex.

Instead of interrupting passion, a woman could initiate the conversation in a neutral setting, simply as information sharing. Gaining the man's passive agreement to the use of a microbicide in that context might well be easier for many women than asking the man to either put on a male condom or allow insertion of a female condom during sex. Thus microbicides could enable receptive sex partners to manage their own protection without the need to negotiate or interrupt sexual spontaneity every time.

Some women, however, may choose to use a microbicide without any partner discussion. Microbicides may initially come in gels or creams – products that will somewhat increase vaginal lubrication. This may make using them secretly a bit of a problem for women in long-term partnerships. However microbicides that come in the form of vaginal rings and films are also being formulated. A flexible, microbicide-loaded vaginal ring, for example, could provide time-released protection with minimal lubrication change, thus meeting the needs of women who can't or don't want to discuss the issue of protection with their male partners.

Include discussion on the female condom

The female condom is the first woman-initiated barrier method that protects against HIV and STIs as well as pregnancy. Since its introduction in 1992, the female condom has become available in more than 90 countries. In addition to benefiting women's sexual and reproductive health, the female condom contributes to women's sense of empowerment, especially if supported by education and informational activities.ⁱⁱ

Unfortunately, access to the female condom has been somewhat limited, and uptake of it has been negatively affected by a number of factors including cost, which remains the major barrier to access. The public sector must play a role in making female condoms widely available and affordable, as well as generating awareness of their benefits. Guaranteeing accessibility requires a sustained commitment to providing ongoing support for users and providers, through informational

materials, promotional messages, and training. As a device inserted by the woman, the female condom remains the only available HIV prevention method under women's direct control. As such, it is a vital part of the range of prevention options for women we are demanding. Our advocacy agenda includes promoting the use of, and expanding access to, the female condom.

Complementary, but different, organising strategies in different parts of the world

In regions with donor governments:

How quickly microbicides become a reality depends on how forcefully we demand them. AIDS is the biggest pandemic in the history of the world. In the face of such an overwhelming catastrophe, it is often hard to know how to respond, especially since it seems like such a distant issue to many people in Europe and North America.

While global relief efforts are making important progress on getting ART (anti-retroviral treatment) to people who have never had access to it before, we still need to do everything we can to help people protect themselves from infection. Demanding adequate public investment into microbicide research and development and female condom access is one concrete thing that citizens of donor nations can do to help make this happen.

We have the power to demand that our governments invest in this research. We have an obligation to do so.

In regions without donor governments:

In the developing world where governments cannot afford to contribute to research funding, we undertake activities and cultivates partnerships in countries hosting microbicide trials. Stakeholder engagement is crucial in trial countries both because the trials cannot proceed effectively without positive community engagement and because trial countries will likely be among the first in which any new products are introduced. We believe it is essential to maintain a tight focus these communications because premature advocacy among the general public in developing countries could raise unrealistic hopes among those desperate for more prevention options.

Too often, commitments to involve consumers or community groups in clinical trials devolve into tokenism. We are working in close collaboration with partner groups in Africa, India, and southeast Asia to help create community involvement plans that are grounded in principles of partnership, mobilisation, and sustainability and through which communities and research institutions can join together to implement clinical trials that are both scientifically rigorous and ethically sound.

Notes

ⁱ For a complete copy of the Denver Principles, see <http://www.aidspolicyproject.org/denverprinciples.htm>.

ⁱⁱ UNAIDS. 1997. The Female Condom and AIDS. UNAIDS Best Practice Collection, UNAIDS, October 1997.