



Microbicide 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 this need, first and foremost, as a human rights issue
- ?? Recognize 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 do not exist yet
2. We emphasise that microbicides are 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 recognize that user-controlled prevention doesn’t necessarily imply covert prevention
6. We include discussion of the female condom
7. We endorse a joint microbicides, treatment and vaccines (MTV) advocacy agenda – it’s not a competition
8. We recognize the need for complementary, but different, organizing strategies in different parts of the world

Microbicides do not exist yet

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.

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 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. It is important to prepare people for the possibility that none of the five products now in Phase 3 trials may, in fact, prove to be effective. While this would be disappointing news, it 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.

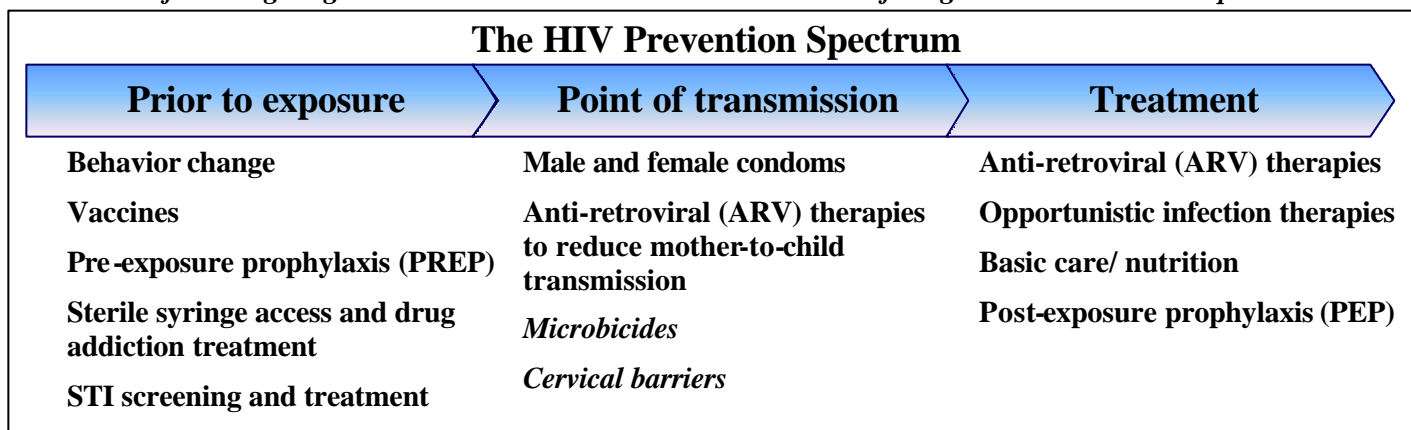
What is critical to emphasize in our messaging is that:

- ?? 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.
- ?? How quickly the research proceeds depends in part on funding. At present, under-funding is slowing down the process.
- ?? Each day, approximately 14,000 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 are not “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:

The following diagram illustrates where we see microbicides as fitting into the Prevention Spectrum.



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”.¹

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 HIV spread and caring for those who are HIV positive and/or orphaned 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 Global Campaign for Microbicides 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, from helping to structure the research agenda and ensuring that community views and perspectives are included in the design of clinical trials, to creating political pressure for widespread and timely access to any resulting product. 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 transform actively the process of technology development – putting users at the centre of scientific innovation.

¹ For a complete copy of the Denver Principles, see <http://www.aidspolicyproject.org/denverprinciples.htm>.

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 the single 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 place 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. **Preventing HIV infection among adolescents**, focusing on improved reproductive health care
2. Reducing **violence** against women
3. Protecting the **property and inheritance rights** of women and girls
4. Ensuring equal access by women and girls to **care and treatment**
5. Supporting improved **community-based care**, with special focus on women and girls
6. Promoting access to **new prevention options**, including female condoms and microbicides
7. Supporting on-going efforts toward **universal education for girls**

In 2004, the UN’s Global Coalition designated specific organizations 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 recognize 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 we simultaneously address the massive cultural and economic issues that comprise the rest of the agenda. They improve women's ability to exercise their rights to health and well-being by putting protection into the hands of millions of women who, right now, can't convince their partners to use condoms.

User-controlled 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-controlled, rather than partner-controlled, tools.

Social scientists have interviewed women in several countries to explore how they felt about the possibility of a user-controlled 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. Initiating covert microbicide use in long-term partnerships could be somewhat challenging because several of the products now under development are likely to increase vaginal lubrication. Delivery systems are under development, however, that may minimize this effect. A flexible, microbicide-loaded vaginal ring, for example, offers the possibility of 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 over 70 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.²

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 worn by the woman, not the man, 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.

² UNAIDS. 1997. The Female Condom and AIDS. UNAIDS Best Practice Collection. Geneva: UNAIDS. October 1997.

Microbicides, treatment and vaccines (the MTV advocacy agenda) – it's not a competition

The task of advocating for microbicides does not, in any way, require us to undermine the importance of HIV treatment, vaccine research, male condoms or other prospective prevention modalities. In fact, the most effective way for us to promote microbicides is by placing them firmly in the context of a collaborative, mutually supportive advocacy agenda within the global funding environment.

With advocates from other areas of HIV treatment and prevention, we are pursuing what is sometimes called an **MTV (Microbicides, Treatment and Vaccines) agenda** and have signed onto a collaborative Statement of Commitment that notes (among other things), that:

Treatment strategies will not succeed if prevention efforts are failing, as there will always be more people requiring treatment. Prevention strategies will not succeed if treatments are not accessible. Where treatments are accessible, the nexus between AIDS and death is broken. Hope is generated and stigma is reduced. As a result, people are more willing to come forward for testing and are more likely to access prevention services. Treatment access also provides a supportive context for peer based prevention work with and by people living with HIV/AIDS.³

To support this on-going collaboration, it is vitally important that we not articulate our support for microbicides in ways that are divisive or that imply that we are competing for resources with other areas of HIV/AIDS prevention, care and research. For example:

Accurate MTV language +	Divisive, inaccurate language –
We need to continue to encourage people to use condoms whenever they can. But we also need microbicides so that people who can't or don't use condoms will also have a way of protecting themselves.	If condom promotion really worked, we wouldn't even be talking about microbicides.
What we need is an expanded toolbox for HIV prevention. Microbicides and vaccines will fill different needs and we need as many prevention tools as possible to combat this massive pandemic.	Vaccine research is stalled. More money should be put into microbicides because at least they show some hope of getting a product on the market in the near future.
Prevention and treatment are complementary. Both need to be fully funded because neither one will work without the other.	Prevention is the real hope. We'll never be able to get treatment to everyone who needs it so we should just concentrate on saving those who are not yet HIV positive.
	- or -
	Prevention is a waste of money. There will always be people becoming HIV positive, so why not just concentrate on treatment – perhaps a cure.
The first microbicides, like the first AIDS vaccines,	Microbicides are really the only viable option for

³ This statement is part of an on-going international collaboration organized by several partners and staffed by the Canadian HIV/AIDS Legal Network. It is available online at <http://www.aidslaw.ca/Maincontent/issues/vaccines/MTV/MTVStatofC.pdf>

are likely to be only partially effective. This does not mean that they don't have a huge role to play in combating AIDS. Among people who currently have no way of protecting themselves from HIV – such as women whose male partners refuse to use condoms – partially effective methods could save millions of lives. This is especially true if they can be used in combination with each other.

women.

-or-

Until there is a vaccine, we need microbicides (this suggests that there will be no role for microbicides once a vaccine becomes available).

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

In regions with donor governments (primarily in the Global North):

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 North America and Europe.

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. 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 (primarily in the Global South):

In the developing world where governments cannot afford to contribute to research funding, we undertake activities and cultivate partnerships in countries hosting the 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 also maintain this tight focus out of concern that 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.

The Global Campaign for Microbicides is a broad based, international coalition of organizations working to accelerate access to new HIV prevention options. Visit our website: www.global-campaign.org or contact us:

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