

### The Killing Potential of Patents & Trade Agreements

Experience has shown that bilateral free trade agreements between developed and developing countries leave developing countries even further disempowered to pull themselves out of poverty. Bilateral negotiations particularly with the USA have shown that developing countries can be forced to give up on their ability to:

- 1) import and develop generic drugs
- 2) continue to use and adapt open source and free software
- 3) ensure the transference of technology and technical know-how
- 4) ensure the affordability of basic goods and services (healthcare, water, sanitation, electricity, housing) to meet basic needs

Thailand is already experiencing the negative impact of patenting, as access to affordable ARVs is very difficult.<sup>10</sup> The Thais have also halted negotiations with the USA for a bilateral free trade agreement. Malaysia is currently in negotiations and there is now a mobilisation among NGOs and other interested stakeholders to halt negotiations. To what extent microbicides will be ethically and effectively marketed and made affordable in Southeast Asian countries is not known. It is therefore important that efforts begin to start seeking spaces and opportunities to influence the decision-making around pricing and marketing of microbicides and other forms of HIV/AIDS prevention and treatment.

### Addressing Ethical Issues in Microbicides R&D

Clinical trials on microbicides can only be conducted in countries where there is a high prevalence of HIV/AIDS in the country's population which is predominantly caused through heterosexual sex, and where migration of the population is low. Currently, clinical trials have been conducted in Thailand and there is a strong likelihood that clinical trials will increasingly be conducted in Southeast Asia. Issues raised by the Thai advocates include building capacity among Community Advisory Boards (CABs) and other stakeholders to better respond to community needs such as improving transparency and information exchange mechanisms.

### Critical Outcomes & Key Recommendations

As a result of the mapping and consultation with key stakeholders in the region, some of the critical outcomes include:

- 1) Increased expressed interest in obtaining information surrounding microbicides R&D by all three countries;
- 2) Due to clinical trials, stronger communication linkages between Thai NGOs and CABs with the GCM; and
- 3) Increased expressed interest in raising awareness about microbicides and other woman-controlled prevention methods among a wider circle of stakeholders in-country (Malaysia and the Philippines).

National action plans by the three countries to push forward microbicides awareness-raising and advocacy in-country and regionally were complemented by the call for:

- 1) Research into the integration and application of the CEDAW Convention to advocate for women's rights in the area of HIV/AIDS; and
- 2) Stronger linkages and integration with the advocacies of the women's sexual and reproductive health and rights movement.

### CONCLUSION

Acknowledgement and response to women's rising HIV infection is slow. There is prevailing denial among policymakers, government and religious authorities that HIV/AIDS is largely transmitted through heterosexual intercourse and that women, who have no other risk factors except for a partner who is HIV+, are getting infected. This study highlights an urgent need to address the "head in the sand syndrome" and the "immunity syndrome" within the region. With microbicides on the horizon, advocates need to address now the issues of acceptability and accessibility so that women will have a product that they can use to protect themselves against HIV. Included in that is the monitoring of clinical trials to ensure that women and their communities participate in a meaningful way that ensures ethical trial practices.

**Supplementary information materials:** Microbicides: A "MUST HAVE" for Women in Southeast Asia [Factsheet]

Women in Southeast Asia and their right to user-controlled HIV prevention tools: Myths, challenges and facts [Factsheet, tentative title, forthcoming]

**Supplementary sources of information:** Global Campaign for Microbicides: [www.global-campaign.org](http://www.global-campaign.org)

<sup>10</sup> Laphimon, Monrueedee and Chonwilai, Sulaiporn. 2006. "Preparing Civil Society in Thailand for Microbicides Advocacy". p.12. Unpublished.

## Preparing Civil Society for Microbicides Advocacy in Southeast Asia



### Abstract

In Southeast Asia, microbicides remain to a large extent a hard-to-grasp concept. The difficulties faced by women's rights advocates and HIV/AIDS groups in advocating and promoting a prevention product that is yet to enter the markets are further compounded by the lack of information and awareness in Southeast Asia surrounding microbicides and their research and development. These are some of the findings of a mapping of the HIV/AIDS advocacy landscape in Malaysia, Philippines and Thailand, in order to prepare and assess the readiness of civil society for microbicides advocacy. Most respondents voiced concern over acceptability issues and how microbicides should be introduced so that women will use them. In addition, there is a real fear that there will be different levels of accessibility and affordability once safe and effective microbicides are available, particularly over patenting and recent trade agreements. Issues raised by the Thai advocates include building capacity among Community Advisory Boards (CABs) and other stakeholders to better respond to community needs such as improving transparency and information exchange mechanisms.

On the other end of this scenario are governments who have been slow to respond to the rising consequences of the HIV/AIDS pandemic. Most efforts towards addressing the problem are guided by official percentages of prevalence, and by the official classifications by the World Health Organisation of what is a "concentrated epidemic" and what is not. As a result, HIV/AIDS is still implied as a "men's problem", and primarily a high-risk group problem. Women who are increasingly infected through heterosexual intercourse and within the context of marriage are not seen as a priority beneficiary group. The lack of commitment to confront the issues and be more explicit in communication messages surrounding HIV/AIDS is fed by conservative fears of encouraging promiscuity and sex outside marriage. The sad reality is that women continue to bear the brunt of the consequences that result from this "head in the sand" syndrome.

Voices from medical practitioners, policymakers and NGOs share country experiences that give insight to possible challenges in acceptability and introduction of microbicides, but also provide possible alternatives. The study offers a rich dialogue that contributes to the whole global microbicides advocacy platform. In conclusion, the study recommends that HIV/AIDS and women's sexual and reproductive rights groups join efforts for an effective and sustained microbicides advocacy movement.

### INTRODUCTION

HIV prevalence for women in Southeast Asia, particularly married women, is rising.<sup>1</sup> The awareness for the need of a woman-controlled microbicide is growing. The Asia Pacific Council of AIDS Services Organizations (APCASO) in partnership with the Global Campaign for Microbicides (GCM) undertook a mapping of the HIV/AIDS advocacy landscape in selected countries in Southeast Asia, in order to prepare and assess the readiness of civil society for microbicides advocacy. The project aimed to: 1) assess positions of non-governmental organisations (NGOs) and civil society towards microbicides; 2) identify stakeholders; 3) facilitate discussions within a country context on the merits and disadvantages of microbicides; and 4) prepare organisations to organise and position themselves for effective microbicides advocacy. The impetus for the mapping exercise was further fuelled by the fact that there was a considerable lack of Southeast Asian presence and voice in the microbicides movement as well as the possibility of more microbicides clinical trials in Southeast Asia.

### METHODOLOGY

Due to religious, socio-political and economic differences and varying levels of knowledge of microbicides research and development (R&D), and direct experiences with advocacy, the selected countries were Thailand, Philippines and Malaysia. A focal point was designated for each country to help identify stakeholders; develop and test tools and methodology; and finally, to co-ordinate the implementation of the study. The main tool developed was a 45 minute-long questionnaire focused on respondents' attitudes to women's prevention methods such as microbicides; their perception on their country's population willingness to accept and use microbicides; and civil society's ability to advocate for microbicides. This questionnaire was used in group discussions, face-to-face in-depth interviews and telephone interviews.

<sup>1</sup> See UNAIDS website for more information.

Respondents were from an assortment of NGO staff, people living with and affected by HIV/AIDS (PLWHAs), health practitioners, journalists, policymakers and influential leaders. There were significant differences in the respondent groups approached by the different countries, with Thailand focusing on PLWHAs and groups (e.g. women's rights groups and HIV/AIDS groups) that could take the policy advocacy further. Malaysia relied more on the voices and views of intermediaries (e.g. Malaysian AIDS council, women's rights groups, family planning associations, lawyers, journalists and medical professionals), i.e. mainly groups or individuals who have worked with women, sex workers, injecting drug users and PLWHAs. The Philippines unfortunately faced a high level of reluctance to the face-to-face interviews from key stakeholders, especially government, and interviewed PLWHAs and NGOs in the end.

## RESULTS

### HIV/AIDS Trends

The mapping exercise showed that HIV/AIDS is still very much perceived as a male problem and a high-risk group problem. Malaysia further perceived the HIV/AIDS epidemic as a concentrated epidemic even though the number of women with HIV/AIDS is rising. In the Philippines, gender-disaggregated data show that women make up a substantial chunk of the country's total number of seropositives—their number almost equaling that of heterosexual men with HIV/AIDS. The three-country mapping exercise showed that more than 50 to as high as 90 per cent of reported HIV/AIDS cases among women is primarily through heterosexual transmission of the disease. The rise in women's HIV infections in Malaysia is exponential, rising from zero incidence in 1986 to 696 in 2004.<sup>2</sup> In Thailand, the HIV/AIDS ratio of women to men has dropped sharply from 5:1 in 2002 to 3:1 in 2003.<sup>3</sup> Among these, young people, and increasingly, young women, make up the larger proportion of people infected with HIV/AIDS. In Malaysia, HIV/AIDS data show that those most affected are youth (age 20 to 29) and those aged 30 to 39 years' old.<sup>4</sup> In 2004 in Thailand, at least 70,000 young people aged 15 to 24 years were HIV-infected, and 60 per cent of these were female youths.<sup>5</sup> About nine per cent of young Thai women between the ages of 15 to 19 were found to engage in their first sexual intercourse at a younger age than before; and about eight per cent of young Thai women below the age of 20 have experienced forced or coercive sex.

### Persistent Myths, Personal Fears and Social Acceptance of Male Sexual Behavior

Societal norms and value systems about sex and sexuality have continued to place women and men in different positions of power and self-autonomy. In Thailand, for example, engaging in multiple sexual relationships and being sexually active is tolerated, accepted and common for men. Thai women would prefer that the men go to sex workers for sexual favours rather than have an affair with another woman, which could possibly lead to an intimate and longer-term relationship. In Malaysia, religious and cultural norms dictate women's perception of their bodies and sexuality, and these perceptions tend to be more disempowering within the family framework.

"I did a survey with the university students to ask them whether it's alright for women to be slapped by their boyfriends, and all of them answered very correctly. But, when I asked them, 'if you're married, do you need to ask your husband to visit your friend, most of them replied yes'. Male and female, majority of them said yes. So, it's a very funny thinking that when you're not married, you can do anything you want. When you're in a family framework, the mental frame of mind shifts, they have to ask their husband—despite of their awareness on the VAW, HIV/AIDS campaigns."

*Maria Chin Abdullah, Executive Director, Women's Development Collective (WDC)*

In the Philippines, there is the common notion that only women in the sex industry use the condom. Despite the country's AIDS awareness campaigns entering its tenth year (2004), many Filipinos in the provinces still believe that STDs and HIV are acquired only through commercial sex, or through casual contact and mosquitoes. A number of Malaysian respondents also expressed that Malaysia seems to still be at the first stage of addressing HIV/AIDS—awareness-raising—despite more than ten years of efforts.<sup>6</sup>

"... I still feel we haven't really gotten to step one, just educating people properly about HIV itself. The amount of myths involved are still there, you still get it. It's like we don't do that well, we can't even get into all these other issues, ... I mean people still don't really realize that there's treatment. And we know that because there's still this impulse to go to *bomohs*<sup>7</sup>, alternative treatment and things like that. So, we actually need to educate people better about prevention and treatment ... we're still getting all these silly questions, and the frightening thing about it is that this fuzziness even exists among officials. ... The sad thing is that even 15, 20 years down the line, we're still not that far away from step one, general education.

*Datin Paduka Marina Mahathir, President [at the time], MAC*<sup>8</sup>

<sup>2</sup> While the rise in HIV/AIDS infections among men is steeper compared to women, the overall figures are much influenced by the way data is collected, generally focusing on men in high-risk groups.

<sup>3</sup> Laphimon, Monrueedee and Chonwilai, Sulaiporn. 2006. "Preparing Civil Society in Thailand for Microbicides Advocacy", p.4. Unpublished.

<sup>4</sup> Kuga Thas, Angela M. 2006. "Preparing Civil Society for Microbicides Advocacy: The Case of Malaysia", p.9. Unpublished.

<sup>5</sup> Laphimon and Chonwilai. 2006. p.4.

<sup>6</sup> Malaysian AIDS Council, the main lead NGO is an umbrella body of 39 affiliates as at 21st February 2006, which acts as the liaison between NGOs and community-based organisations with the government.

<sup>7</sup> It was established in 1992.

<sup>8</sup> Traditional healers.

<sup>9</sup> Transcript, interview on 26th September 2005.

### Acceptability of Microbicides: Lessons from Condom Promotion and Use

The use of condoms is often associated with negative connotations such as promiscuity or being unfaithful. Respondents fear that in the same way, once microbicides are available, women who will purchase them may be seen as "immoral" or as sex workers, thus discouraging women from using it. Access to sexual healthcare prevention methods and treatment is extremely difficult for women and girls, who face obstacles ranging from stigmatisation and even to various forms of persecution. Some mapping respondents suggested that microbicides be marketed as a general health product if it is to lose this automatic but very stigmatised association.

"...It must be accessible through the 30-Baht Scheme. It should be advocated wider than in HIV/AIDS prevention. Make it sounds as an establishment of good health..."

*Nattaya Boonpakdee, Women's Health Advocacy Foundation*

I think how we package it might be also important. I'm just wondering would people link microbicides to HIV/AIDS. The whole development of microbicides actually is because of HIV/AIDS. If we can sell it not just as [something to help prevent] HIV/AIDS, that it will also protect you from other STDs, you know, even simple ones like itchiness or whatever, it will present microbicides in a better picture, of what microbicides is all about.

*Professor Datin Dr. Rashidah Shuib, Women's Development Research Centre (ICANITA), Universiti Sains Malaysia*<sup>9</sup>

### Conditions and Influential Factors for Women's Acceptance of Microbicides

The study also showed that the importance of microbicides for women in Southeast Asia, should not overshadow the important factors that will influence whether a woman will use it or not. Table 1 gives a summary of the prerequisites, realities and potential obstacles raised by respondents.

**Table 1: Conditions and Influential Factors for Women's Acceptance of Microbicides in Southeast Asia**

Probability of Acceptance	Prerequisites	Realities/Obstacles
High	<p><i>Form:</i> Oral pill, injectibles. Not easily detectible, clear if in the form of a cream or foam (no smell, no physical difference if applied within the vaginal walls.).</p> <p><i>Use:</i> Does not require partner's consent; can be used before the start of the sexual act (i.e. does not interrupt the sexual act).</p> <p><i>Cost:</i> Cheap (as affordable as condoms if possible)</p> <p><i>Availability:</i> Widely and easily available</p> <p><i>Purpose:</i> Multipurpose, but preferably identified with vaginitis and other similar "common" health issues.</p> <p><i>Pharmacological Characteristics:</i> Will not damage the natural flora of the vagina; Will not damage the vagina walls with frequency of use.</p> <p><i>Storage:</i> Ease of storage as for other medication, no special conditions required.</p> <p><i>Effectiveness:</i> Over 90 per cent efficacy</p>	<p>Women must understand exactly what it is for and how it is used, and why they need to use it.</p> <p>Women most often than not have much less purchasing power, most times lower than 50 per cent of that of men. On the other hand, patents can also hamper the accessibility of microbicides and increase costs if governments are unwilling to subsidise.</p> <p>Can further absolve men from their irresponsible sexual behaviour and practices.</p>
Medium to low	<p><i>Form:</i> Gel, insertion pill.</p> <p><i>Use:</i> Just before having sex.</p> <p><i>Cost:</i> Not subsidised, medium affordability, affordable only to middle and upper income classes.</p> <p><i>Availability:</i> Have to make specific requests for it because it is the type of product that women would be embarrassed to buy.</p> <p><i>Purpose:</i> More broadly identified with prevention of unwanted pregnancies.</p> <p><i>Pharmacological Characteristics:</i> Has side-effects for the woman which are common with known or regularly used contraceptive methods.</p> <p><i>Storage:</i> Some special requirements but easily accommodated in homes.</p> <p><i>Effectiveness:</i> 70 to 80 per cent</p>	<p>It is unclear whether women are comfortable inserting anything into their vagina such as the insertion pill. For example, in Thailand and the Philippines, women tend to prefer to use the sanitary pad rather than the tampon. In terms of gels, their effectiveness may be dependent on how well they are evenly spread around the vaginal walls.</p> <p>Many women are not familiar either with KY jelly and do not use it because many are still non-initiators of sex and are not educated on how to negotiate around sexual acts and ensuring their own sexual pleasure. Many women do not know why they are dry during sex.</p> <p>Even if easily and widely available but if directly identified with the sex act, can make it difficult for women to buy, especially if they are not married.</p>
Low	<p><i>Form:</i> Diaphragm, vaginal ring, applicator.</p> <p><i>Use:</i> Interrupts the sexual act</p> <p><i>Cost:</i> High</p> <p><i>Availability:</i> Only by prescription.</p> <p><i>Purpose:</i> Narrowly identified with HIV/AIDS—and so becomes a stigmatized product.</p> <p><i>Pharmacological Characteristics:</i> Has unfamiliar and severe side-effects for the woman, and stings the penis.</p> <p><i>Storage:</i> Special conditions required.</p> <p><i>Effectiveness:</i> 50 to 60 per cent efficacy.</p>	<p>Applicators may cause lesions depending on their design and ease of use. Vaginal rings may be dependent on the suitability of sizes it comes in for Asian women, and so may prove difficult for women to "find the right size".</p> <p>Assumes that different sexual practices, that are more aggressive and may cause lesions, are not considered. The incidence of forced sex or rape is also not considered.</p> <p>Communication messages may be even more confusing since the efficacy of microbicides is so low without the complementary use of the condom. If messages are not delivered accurately, women (and men) may develop a false sense of security with a product that has a very low efficacy rate even by contraceptive standards. People do not respond positively either to messages on death and disease (e.g. pap smear screening is still very low among women).</p>

<sup>9</sup> Transcript, interview on 29th September 2005.