



Towards Microbicide Rollout in sub-Saharan Africa:

Ensuring microbicides are an effective
tool for HIV prevention and women's
empowerment



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Microbicides are a development priority. I can think of no other technology that has potential to dramatically improve the health of women in developing countries..." (Stephen Lewis, Former UN Special Envoy for HIV/AIDS in Africa, 2008)

Microbicides have moved to the centre of HIV-prevention globally with the release of the CAPRISA 004 results, demonstrating a 39 percent reduction in HIV incidence amongst the women involved. This is a very important result, for the first time demonstrating that a microbicide can work to reduce HIV incidence – although there is still a long way until it is available on national markets.

A female controlled HIV prevention technology is especially important in the context of sub-Saharan Africa, where women account for 60 percent of all adults living with HIV, and where the majority of these infections are through heterosexual sexual-transmission.

Social and economic inequalities, along with biological factors, place women at higher risk of HIV infection compared to men. Social norms that enable male high risk behavior, women's social and economic dependence on partners, and the inability of many HIV prevention interventions to make notable impact on the epidemic, places the issue of women's empowerment at the centre of HIV prevention.

Vaginal microbicides are medical products – in

development – that would protect women from becoming infected with HIV during vaginal sexual intercourse. They are also being developed to be used rectally by men or women. Microbicides could come in various forms such as creams, gels, films, rings, suppositories, diaphragms, which could be applied or inserted around the time of sexual intercourse, or once daily, or once a month.

Efforts to develop a microbicide have been gathering momentum over the last decade. Introduced correctly, a microbicide could offer the chance to be a tool for women's empowerment and HIV-prevention

Microbicides offer an opportunity to integrate HIV prevention and women's empowerment

In the context of unequal gender relations a fundamental HIV prevention strategy must be women's empowerment. Gender inequalities, unequal decision-making power and poor communication within sexual relationships all undermine HIV prevention tools. Women's empowerment – enabling women to take control of their life in general and their sexual health in particular – is therefore seen as an essential approach in reducing the heterosexual sexual-transmission of HIV.

Microbicides have been hailed as both a tool for women's empowerment and HIV prevention. To date research from microbicide clinical trials have shown three key ways in which microbicides may contribute to

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- ⌘ Ensuring microbicides lead to women's empowerment requires greater discussion between social scientists, civil society, practitioners and policy makers on key issues**

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women's empowerment.

1. Microbicides can be used "discreetly" when necessary:

As microbicides are applied in the vagina, they can be used by women without the knowledge or consent of a partner. Such application allows women to take control of their sexual health and reduce the risk of HIV infection. The unfortunate reality is that in a situation of inequality, poor communication about sex, and sexual abuse, such 'discreet' use may be necessary to allow women to protect themselves.

However, some evidence thus far shows that in long term or primary sexual relationships covert use appears less likely than in short term, casual sexual relationships, with women often 'choosing' to disclose they are using a microbicide to their long term partner. This then can lead to improved negotiation between the two partners.

2. As a female initiated HIV prevention tool women are given decision making power:

The majority of HIV prevention tools require the consent of the male partner, such as the male condom, female condom, medical male circumcision and even more 'social' tools such as the reduction of multiple concurrent partnerships. These rely significantly on male active participation in their uptake and use.

Conversely, microbicides are prevention products that women could use to protect themselves from HIV, without requiring action from their male partners. In this sense, women can protect themselves and, indirectly, protect their partners. This then offers the possibility of women playing a significantly more active role in negotiations and decisions around using these prevention tools.

3. Microbicides can create space for communication, discussion, and building trust:

Research from some microbicide acceptability studies and clinical trials suggests that microbicide use, and specifically the discussion of microbicides, offers men

and women new spaces for open dialogue and discussion about sex and sexuality. These discussions can build trust in and strengthen relationships. Through such dialogue new understandings and opportunities for negotiations of ways of relating can be raised.

Microbicides therefore offer an opportunity to link women's empowerment to HIV prevention through expanding women's abilities to take control of their sexual health and new spaces for discussion and dialogue in sexual relationships.

Ensuring microbicides lead to women's empowerment requires greater discussion between social scientists, civil society, practitioners and policy makers on key issues

To date, social scientists, civil society, practitioners and policy makers have had engagement and dialogue around the introduction of microbicides. If microbicides are to be successful in linking the prevention of HIV and women's empowerment, women's rights need to be central to the discussions on implementation, and distribution of an efficacious microbicide.

There is no guarantee that a microbicide that can successfully reduce the sexual transmission of HIV will also be successful in empowering women. Therefore, we highlight four key issues that need to be addressed when considering a microbicide as both a tool for HIV prevention and women's empowerment.

1. What level of efficacy should be attained before a microbicide is introduced as a viable prevention option?

No microbicide will be 100 percent effective at preventing the sexual transmission of HIV from men to women, indeed the CAPRISA 004 microbicide trial shows a 39 percent efficacy. Medical male circumcision is only 40-60 percent effective and questions have been raised about whether or not women's rights activists should be promoting it as it is not clear whether it may offer protection against HIV transmission, at least in the short term, for women.

Where should the bar be set - 40, 50, 60 percent efficacious or more? Too low and we face the possibility of placing women's lives at risk by providing a microbicide that is not very effective, too high and we delay the introduction of a new technology that has huge potential to support women's empowerment and HIV prevention. Identifying the correct balance is crucial if microbicides are to support women's rights rather than undermine them.

In addition, how do we ensure that microbicides are used in combination with other HIV-prevention technologies to 'increase' the overall level of HIV-prevention that a combination of technologies can provide?

2. Should microbicides, once available, be free at the point of access for women?

User fees at the point of access for healthcare and medicines limit women's access. This suggests that microbicides should be freely available at the point of access to all women who wish to use them to ensure maximum uptake and impact on women's reproductive health. However, the countries in which microbicides will have the greatest benefits are also often the countries with constrained and unpredictable healthcare financing. Not charging for microbicides could potentially limit the amount of funding that is available for their purchase, particularly as donor support for HIV is waning. As activists, it is important that we ensure that microbicides are free at the point of access, and financing is sustainable enough to ensure all women who wish to use microbicides can do so.

3. How do we bring men into the conversation around microbicide use, while still empowering women?

Men need to be part of the conversation around microbicide introduction and use. From some clinical

research, we know that women discuss microbicide use with their partners, particularly in long-term relationships. How can we work to ensure that when these discussions emerge, men have the necessary knowledge, framed in appropriate ways that allows them to support microbicide use, particularly given the social interpretations of sexual faithfulness that HIV prevention tools often suggest? More widely, how do we make sure the focus always remains on women, and male perceptions do not become the main concern?

4. How can microbicides be marketed in ways that do not stigmatise them or women who use them?

Microbicides, once proven safe and effective, will be marketed as an HIV prevention tool. Therefore, any woman (or man) who decides to use microbicides is clearly sexually active. As sexuality remains relatively un-discussed and stigmatised, the challenge is how to develop a social marketing strategy that avoids stigmatising women and the product, and actively promotes women's sexuality and reproductive health. We need to learn from the mistakes made in introducing the male and female condoms.

As microbicides move towards becoming a reality for women in sub-Saharan Africa, we need to ensure that women's empowerment is integral in the promotion and distribution of microbicides – at all levels.

Moving forward to support women's empowerment

As we celebrate the CAPRISA 004 microbicide trial results, we can be assured that there will be continued support for an HIV prevention tool that allows women to take control of their sexual and reproductive health. This is unanimously seen by women, policy makers, health practitioners, social scientists and communities

Four central issues in ensuring the rollout of a microbicide is a tool for HIV prevention and women's rights

- 1. What level of efficacy should be attained before a microbicide is introduced as a viable prevention option?**
- 2. Should microbicides, once available, be free at the point of access for women?**
- 3. How do we bring men into the conversation around microbicide use, while still empowering women?**
- 4. How can microbicides be marketed in ways that do not stigmatise them or women who use them?**

as a key tool in the prevention of HIV.

Such a tool will not only work to prevent HIV, but if introduced sensitively, can also support women's rights and empowerment. We can only ensure that this happens if we start to discuss and mobilise around some of the key issues around access to microbicides.

Gender inequalities underpin high HIV prevalence in sub-Saharan Africa. Microbicides have the potential to roll back HIV infection rates and positively reshape gender relationships if we ensure that they are actively programmed both as a tool for HIV prevention *and* women's empowerment.

Key Resources

Academic Articles and Reports

Attawell, K. (2000) *The Case for Microbicides: A Global Priority*. 2nd Ed. Population Council and International Family Health

Global Campaign for Microbicides (2004) *Mobilization for Community Involvement in Microbicide Trials: Report from a Dialogue in Southern Africa*. Global Campaign for Microbicides

International Partnership for Microbicides (2007) *Supporting Access to Future Microbicides*. August, 2007

MacPhail, C., F. Terris-Prestholt, et al. (2009). "Managing men: women's dilemmas about overt and covert use of barrier methods for HIV prevention." *Culture Health and Sexuality* 11(5): 485-97

Montgomery, C. M., S. Lees, et al. (2008). "The role of partnership dynamics in determining the acceptability of condoms and microbicides." *AIDS Care* 20(6): 733-40.

Orner, P., J. Harries, et al. (2006). "Challenges to microbicide introduction in South Africa." *Social Science and Medicine* 63(4): 968-78.

Severy, L. J., E. Tolley, et al. (2005). "A framework for examining the sustained acceptability of microbicides." *AIDS & Behavior* 9(1): 121-31.

Watts, C. et al. (2008) *Identifying Optimal Strategies for Microbicide Distribution in India and South Africa: Modeling and cost-effectiveness analyses*. International Partnerships for Microbicides and London School of Hygiene and Tropical Medicine. December 2008

Woodsong, C. and P. Alleman (2008). "Sexual pleasure, gender power and microbicide acceptability in Zimbabwe and Malawi." *AIDS Education and Prevention* 20(2): 171-87.

Useful websites

AVAC – Global Advocacy for HIV Prevention – a global source for updates, advocacy, and information on biomedical HIV prevention: www.avac.org

IPM – International Partnership on Microbicides – developing HIV-prevention options for women worldwide: www.ipmglobal.org

GPM – Global Campaign for Microbicides – expanding HIV prevention options, especially for women: www.global-campaign.org

UNAIDS – Joint United Nations Programme on HIV/AIDS – has a section devoted to new HIV prevention technologies: <http://www.unaids.org/en/PolicyAndPractice/Prevention/NewHIVprevTech/>