INTERNATIONAL PARTNERSHIP FOR MICROBICIDES

Why Microbicides for Women?

Women and Girls Bear the Burden of the HIV/AIDS Epidemic

HIV/AIDS is the world's leading cause of death in women ages 15-44.[i] Fifty percent of all adults living with HIV/AIDS are women. The epidemic takes a disproportionate toll in sub-Saharan Africa, where nearly six out of every 10 HIV-positive adults are women.[ii]

New HIV infections among women and girls continue at an alarming rate. Each day, nearly 3,000 women and girls become infected with HIV/AIDS.[iii] An IPM incidence study conducted in South Africa, which has some of the highest rates of HIV in the world, found that in certain areas of KwaZulu-Natal province HIV prevalence among women ages 18-35 reaches higher than 40 percent.[iv]

In some parts of sub-Saharan Africa, **women** ages 15-24 are **twice as likely** to be infected with HIV **than men** in the same age group.[v]

Women are particularly vulnerable to HIV infection. Heterosexual sex remains the primary mode of HIV transmission in sub-Saharan Africa, and a mix of biology and gender inequality renders women more susceptible to HIV infection than men.

Marriage is not a refuge from the epidemic. Many new HIV infections occur in married women and women in long-term relationships. More married and widowed women in Kenya are HIV positive than those who have never married.[v] In Zambia, 60 percent of people infected with HIV through heterosexual transmission acquired the virus while married or living with their partners.[vi]

The responsibility of caring for those with HIV/AIDS falls on women and girls, creating a cycle of vulnerability.[vii] Many female caregivers have little extra time to earn money, produce food, attend school and support their families. Consequently, these women and girls, along with their families are more likely to be malnourished, in poor health and impoverished – all factors that further increase their susceptibility to HIV infection.

While **maternal mortality** is decreasing in most of the world, it is **increasing in regions with high burdens of HIV/AIDS**.

HIV/AIDS is a leading cause of death among pregnant women and mothers and is a major barrier to global efforts to reduce maternal mortality. Women of reproductive age are most at-risk for HIV infection, and many HIV-positive women in developing countries learn that they are infected with the virus only after they are pregnant. Pregnancy exacerbates the symptoms and effects of HIV. New HIV prevention tools designed specifically to address the needs of women are required to support the fight against maternal and child mortality and help reverse these statistics.

continued

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New Female-Initiated HIV Prevention Options are Urgently Needed

Current prevention strategies are not enough to stop the spread of HIV among women. Many women are unable to negotiate with their partners to use condoms or remain faithful. Abstinence is not a practical option for women who are married, who want to have children or who are at risk for violence.

Microbicides would give women a new way to prevent HIV and protect their own health. Vaginal microbicides are products being developed to help prevent transmission of HIV to women during sex with a HIV-positive male partner. Microbicides are based on the same types of antiretroviral (ARV) drugs used successfully to treat HIV-positive individuals and to prevent mother-to-child transmission of the virus. Microbicide development has entered a promising chapter, with recent research showing that ARVs can be effective in preventing HIV.

Microbicides and multipurpose prevention technologies (MPTs) are being developed to address women's sexual and reproductive health needs. These include microbicide gels used around the time of sex, vaginal films and tablets, as well as long-acting products such as IPM's monthly vaginal ring designed to gradually release the ARV dapivirine over time to protect against HIV. MPTs that combine an ARV with a contraceptive could expand women's options to prevent both HIV and pregnancy. There are multiple MPTs being developed, including IPM's 60-day ring designed to release dapivirine along with the contraceptive hormone levonorgestrel.

Microbicides would complement existing HIV prevention methods. Microbicides would be a vital part of a comprehensive HIV prevention strategy, alongside behavior change, abstinence, male and female condoms and male circumcision — as well as other approaches being studied, including oral or injectable ARV-based products (known as pre-exposure prophylaxis or PrEP) and HIV vaccines.

Give women and girls the power to protect themselves from HIV. We are already facing a recession of care. We cannot allow HIV to contribute further to this burden.

Michel Sidibé
Executive Director, UNAIDS

Meeting the promise of microbicides requires continued support. Between 2010 and 2011, funding for microbicide research dropped from US$247 million to US$186 million.[viii] Without additional support, the pace of microbicide research will fail to meet the urgency of the epidemic. Safe and effective microbicides would empower women to protect themselves from HIV/AIDS and could help alter the course of the epidemic.

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[i] Kaiser Family Foundation, "The Global HIV/AIDS Epidemic," 2012

[ii] UNAIDS, "Sub-Saharan Africa – AIDS epidemic facts and figures," 2012

[iii] UNAIDS, "UNAIDS World AIDS Day report 2012: Epidemiology slides," 2012

[iv] A Cross-Sectional and Prospective, Observational, Cohort Study to Estimate HIV Incidence among Sexually Active Adult Females; www.IPMglobal.org

[v] UNAIDS, "Fact sheet: Adolescents, young people and HIV," 2012

[vi] UNAIDS/WHO, "Report on the Global AIDS Epidemic," November 2010

[vii] UK Consortium on AIDS and International Development, "Gender and HIV/AIDS: Working Group Paper," 2008

[viii] HIV Vaccines and Microbicides Resource Tracking Working Group, "Investing to End the AIDS Epidemic," 2012