

Female-initiated HIV prevention methods



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Women, particularly young adults and those who are married or in a long-term relationship, represent a growing share of people living with HIV. It is urgent to reach them with HIV prevention methods they can initiate and control.

About half of the 33 million people living with HIV are women. The large majority of these women are infected through heterosexual intercourse, mostly through unprotected sex with their husbands or long-term primary partners. Young people are especially vulnerable. In 2007, about 45 per cent of the 2.7 million people newly infected with HIV were 15 to 24 years old, with young women at greater risk of infection than young men.

HIV prevention is vital to halting the epidemic, and should include gender-sensitive approaches such as expanding access to and use of female-initiated protection products.

Equally important is engaging the support of men. In 2001, the United Nations General Assembly Special Session on HIV/AIDS unanimously adopted a Declaration of Commitment that cited the need to support prevention programmes, especially expanded access to essential commodities, including male and female condoms. A follow-up meeting in 2006 echoed this sentiment and stressed the need to scale up universal access to prevention, treatment, care and support. The Global HIV Prevention Working Group reinforced this view by strongly supporting access to female and male condoms as central to the success of a global prevention strategy. In 2009, the UNAIDS PCB requested continued action on both condoms and development of new prevention tools.

Male and female condoms are the only available barrier methods that prevent sexually transmitted HIV.

UNFPA estimates that 18 billion condoms would have been needed to meet global demand in 2006 – 13.5 billion for HIV prevention and

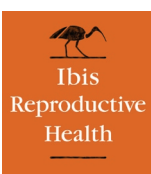
4.4 billion to avoid unintended pregnancy. An estimated 7 billion condoms, including 26 million female condoms, were actually available in 2007, or about 39 per cent of the required total.

Of these 7 billion, 3.2 billion male condoms and 16.4 million female condoms were provided by the donor community, mostly to sub-Saharan Africa. Yet even when condoms are available, women tend to have limited access to them. Moreover, women in many countries often lack the power to negotiate the use of male condoms with their partners.

Since the launch of the UNFPA Female Condom Initiative, a collaboration involving governments, national and international NGOs, other stakeholders and the donor community, the number of female condoms distributed has increased dramatically, reaching a record 50 million in 2009. However, this success is relative. Supply and access are still very low. In 2009, for example, donors purchased 71 male condoms for every 1 female condom.

Research shows that the female condom is an effective barrier against unintended pregnancy and sexually transmitted infections (STIs). In studies in Kenya, Thailand and the United States of America, the prevalence of STIs declined by about the same amount among women who were given female or male condoms as among those who were given only male condoms. In Madagascar, distribution of female condoms to sex workers who had access to male condoms contributed to a further decline in STIs. Studies supported by the World Health Organization show that male and female condoms are equally effective in preventing unintended pregnancy.

Furthermore, the female condom is the only technology currently available that enables women to protect themselves. Access to the female condom empowers women by giving them more control over their own bodies and reproductive health. It offers a life-saving alternative when male condoms are not used and helps reduce unprotected sexual activity.





We therefore call on governments and the donor community to expand their support to

- Create an enabling environment among policy makers and providers so that users will be made aware of their risk, feel free to demand and access male and female condoms and have the knowledge to use them correctly and consistently.
- Augment their funding for essential commodities, including male and female condoms.
- Allocate funds for integrated programming, including capacity-strengthening for service provision, global awareness campaigns on the important role of condoms, demand-creation to stimulate and sustain their use, and monitoring and evaluation systems to improve programme delivery and measure the effectiveness and impact of condom use.

OTHER PRODUCTS THAT CAN BE INITIATED BY WOMEN TO PREVENT HIV INFECTION ARE ALSO BEING RESEARCHED AND DEVELOPED.

Microbicides that prevent HIV transmission are promising, but still in the development stage.

Scientists are evaluating more than 50 leads to develop a microbicide that women can use to reduce their risk of HIV infection. The most advanced products are in the form of gels. Some products are being evaluated for their effectiveness in protecting against HIV infection while others are still being assessed for safety and acceptability. Some contain low doses of antiretroviral drugs that will either prevent entry of the HIV virus or prevent an infection from becoming established. These drugs are similar to those being studied in oral pre-exposure prophylaxis (PrEP) trials.

Ideally, a range of products will become available in various formulations (such as gels or tablets), using different means of delivery, including slow-release vaginal rings, so that a woman can choose the product that is most suitable and convenient for her. Neither of the more advanced microbicide candidates has any contraceptive effect, which would be an advantage for women who wish to reduce their risk of HIV while still being able to become pregnant.

The first microbicides may be only partially effective. However, even a microbicide with modest efficacy would give millions of women the opportunity to reduce their risk of HIV infection during sexual intercourse. Given the high rate of new HIV infections, efforts are needed to get a safe and effective microbicide on the market as soon as possible while continuing research to develop other products.

Cervical barriers (diaphragms and cervical caps) may provide some protection against HIV, though their effectiveness has not yet been demonstrated.

Observational studies indicate that women who used a diaphragm with spermicide had a lower risk of acquiring STIs compared to women who used other contraceptive methods. A large trial of the diaphragm for HIV prevention did not show additional benefit over condoms as part of a state-of-the-art HIV prevention package. Planned studies will investigate the safety, acceptability and effectiveness of other cervical barriers, in combination with lubricants or candidate microbicides, to reduce transmission of HIV and other sexually transmitted infections.

Making female-initiated HIV prevention methods a global reality requires world leaders to recognize that, unless the rising tide of new HIV infections among adolescent and adult women is addressed, global and national efforts to curb the spread of HIV and to make progress towards other Millennium Development Goals will be impossible.

For additional reading

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