



**INTERNATIONAL PARTNERSHIP *for* MICROBICIDES**

**GENDER AND MICROBICIDES:  
MAKING THE CONNECTIONS**

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JUNE 2004

Thanks to Hilde Haug, Wanjiku Kamau and Elizabeth McGrory who contributed to successive drafts of this paper. Thanks also to Lori Heise and Michael Gross who provided valuable comments.

## **Introduction**

The development of safe, effective and affordable vaginal microbicides to prevent HIV transmission for women in resource-poor settings is among the most urgent global public health priorities. A number of new approaches to HIV prevention are being explored, including vaccines, microbicides and oral prophylaxis. Although there has been progress in all these areas, all the first-generation products are likely to offer only partial protection. Coupled with the challenges in access and acceptability for the diverse populations at risk, partial effectiveness suggests that HIV prevention strategies will require the application of a combination of methods. It is therefore critical to develop a range of new prevention technologies. The alarming growth in the incidence of HIV in women underscores the particularly urgent need to develop specific tools that give women more power to protect themselves from HIV.

Microbicides are topical substances that could reduce transmission of HIV when applied vaginally or rectally before sex. As yet, there are no products on the market, but a number of promising approaches and greater policy interest are accelerating research. As a female-initiated method, microbicides would greatly increase women's ability to protect themselves from HIV. The limitations of current prevention options have contributed to a situation in which millions of women are simply unable to protect themselves from HIV and other sexually transmitted infections.

Globally, more women than men are infected with HIV, and an estimated 90% of all cases of

HIV infection occur through vaginal intercourse. In Africa, 12 to 13 women are infected for every 10 men. There is growing evidence that biological, social, economic and cultural factors collude to make women more vulnerable to HIV infection than men. Recent research confirms that heterosexual sex carries a higher risk of infection for women than it does for men, and the risk is still higher for younger women. Poverty, physical and sexual violence, ill health, unequal power relations, and harmful practices such as female circumcision and polygamy further predispose women to acquiring HIV infection.

Women also bear a disproportionate burden of the impact of the growing epidemic. They are often responsible for caring for the sick and dying in their families and communities, and many women are primary caregivers for children whose parents have died of AIDS even as their own health deteriorates. Women's poor access to health and information services increases and compounds their susceptibility to HIV and hampers their access to available treatment programs. Early evidence from the World Health Organization's initiative to provide HIV treatment to at least 3 million people by 2005 suggests that special measures are needed to ensure that women have equal access to expanded treatment programs.

In many ways, the inequity that women and girls suffer as a result of HIV/AIDS is a barometer of the general status of women and girls in society and the discrimination they encounter in many realms, including health, education and employment. The higher incidence of HIV/AIDS among women and the pandemic's impact on them offer strong and visible confirmation of existing gender inequities.

This paper describes the critical role that safe, effective and accessible microbicides could play in helping to stem the HIV/AIDS epidemic and explores ways in which microbicides could contribute to meeting objectives of gender equity. The first section provides an overview of microbicide research, acceptability, and potential impact. This is followed by a description of the ways in which sex, gender and the limitations of current prevention approaches condition women's susceptibility to HIV/AIDS, and how microbicides could ameliorate these effects. Finally, it suggests ways that microbicides could contribute to gender equity aims reflected in several key areas: economic inequality; research; reproductive and sexual health; and fulfilling international agreements.

### **Microbicides Now under Development**

Microbicide research and product development are moving forward rapidly. Initial efforts to develop microbicides focused on killing HIV by disrupting its outer surface using surfactants. With increasing knowledge of the virus and sexual transmission, other products that rely on alternative mechanisms of action are now under development. These approaches include selectively and specifically blocking HIV entry, or preventing the virus from spreading even after it has infected initial target cells. Eleven potential microbicides have proven safe and effective in animals and have advanced into human safety trials; several are scheduled to enter large-scale efficacy trials in 2004.

Microbicides could potentially be formulated in

a variety of ways: as topical gels, creams or films; in sponges; in time-released suppositories; or in intra-vaginal rings that could potentially remain in place for months at a time. Some of the products under development may be contraceptive as well as microbicidal, while others may allow conception while providing protection from infection. Several appear to be broad-spectrum products capable of reducing the risk of other sexually transmitted infections (STIs) as well as HIV. Products that combine several approaches or active agents are being explored to maximize efficacy, to provide protection against a range of STIs in addition to HIV, and to offer users a broader array of options.

Microbicides currently under development are expected to offer only partial effectiveness against HIV infection and would be less effective on a per-use basis than physical barriers such as condoms. However, their use when condoms are not feasible or as a back up if condoms fail is expected to offset their relatively lower level of efficacy compared to physical barriers. Initially microbicides will need to be offered along with other prevention options, as part of a hierarchy of possible methods to reduce risk. Offering a range of prevention approaches will allow people to choose what is most appropriate and feasible for them, or to switch among different strategies. Studies of both contraception and HIV/STD prevention show that offering a range of options increases the likelihood that people will use some form of protection, suggesting that overall levels of protection will increase. It will be critically important to ensure that potential users understand their options and the degree of protection each offers in order to make informed choices.

## Acceptability and Demand for Microbicides

Studies of user perspectives in a range of settings confirm the urgent need women feel for a prevention method they control; this view is echoed increasingly by policy makers and providers as they recognize the epidemic's devastating impact on women and the limitations of current prevention strategies. In general, women have expressed very positive attitudes toward the concept of microbicide products as a prevention method they control, and say they will use them.

To optimize the benefits of introducing microbicides, attention must be focused on ensuring that products are available in a form women want to use. A number of studies have sought to determine the 'ideal' product characteristics for women. Several key characteristics emerge from such studies: products should be safe and effective, long-acting, and not too messy. However, women's preferences for specific formulations vary within and between cultures, classes and age groups. This suggests that developing products with varied formulations and characteristics would ultimately meet the broadest range of consumer needs. The first microbicides being tested are all gel formulations. More recent formulation efforts focus on developing longer-acting products and devices that could be left in place to release the active ingredient slowly to maximize effectiveness and ease of use.

The development of means of protection that women could use without depending on the assent and active cooperation of male partners has been a predominant motivation since the

earliest research efforts in microbicides. It remains a priority as influential policymakers increasingly acknowledge the importance of a prevention strategy compatible with autonomous decision-making that empowers women to protect themselves.

Paradoxically, there has been a growing appreciation of values, attitudes, and practical considerations that influence married women or others in primary partnerships who are among the priority populations for such products. In the context of such relationships women may feel that so called "covert use" violates intimacy and their preference for candid communication with their partner. Some voice concern that if their partner becomes aware that they are using a product secretly, it will be considered a sign that the women are either mistrusting or unfaithful, with the risk of potential abuse, and abandonment. This is a particular concern for products that must be applied close to the time of coitus in order to be effective. It may be a less important consideration for longer acting products such as those designed to be applied daily or less often, or expected to be less obtrusive.

But even for the current generation of gels applied in close proximity to sexual contact, these findings support the critical importance of methods of prevention that women can use irrespective of male compliance. However, they do suggest that the development and dissemination of such products will introduce subtleties with regard to product properties, promotional messages, counselling and educational strategies, and policies that support their adoption and widespread, effective dissemination.

Microbicides offer an important potential means of addressing inequities that impose a harsh differential health burden on women. However, no biomedical technology can be separated from the context in which it is made available. To truly address concerns about gender inequities, microbicides need to be developed and made available to provide women with a range of life styles, risk profiles and relationships with greater control over the sexual lives.

### Impact of Microbicides

Researchers, policy makers, and activists have raised concerns that introducing a partially effective microbicide might increase overall risk by encouraging people to choose a less effective option (microbicides) over a more effective one (condoms). Researchers at the London School of Hygiene and Tropical Medicine have estimated the potential impact of a partially effective product on population and individual risk, using dynamic models that included four groups with different sexual networking patterns and actual country-specific data. Their estimates are based on modest assumptions about per-use effectiveness (60%), coverage (20% of women already in contact with health services), and consistency of use (half the sexual encounters where condoms are not used).

Based on these data, the model suggests that some 2.5 million infections could be averted over three years in lower-income countries. Health system costs averted over this period would equal an estimated \$2.7 billion, with an additional \$1 billion in productivity-related savings. Importantly, these projections

underestimate potential savings that factor in the cost of drugs and services associated with providing antiretrovirals, which were not anticipated to be widely available at the time the model was developed. Finally, the model suggests that the strongest determinant of impact is coverage, or the extent to which a product is available to people at risk. This underscores the need for early attention to strategies to make microbicides widely and rapidly available in highly affected settings.

Subsequent work has suggested that the only settings in which 'condom substitution' - that is, microbicides being used instead of condoms - should be of concern is where overall consistent condom use is greater than 70%. As HIV infection rates tragically demonstrate, such settings are extremely rare. Policy development in relation to microbicide introduction should consider actual condom use rather than some ideal scenario.

Finally, such concerns about the potential risks of introducing partially effective products undermine offering women more options for HIV prevention. Policy discussions must be premised on microbicides as a means to provide women with more choices, more control, and more protection. To advance gender equity aims it is critical that microbicides are considered in a context of options and empowerment, with information and counselling that supports women's decision making.

## Women's Greater Susceptibility to HIV

Women's higher risk of contracting HIV is attributable to factors associated with both their sex and their gender. Although the terms are often used interchangeably, they are not synonymous: 'sex' refers to biological characteristics (anatomical, physiological and genetic) that define a person as male or female, while 'gender' describes the socially constructed nature of men's and women's identities, that is, what society defines as 'masculine' and 'feminine'. Gender roles are the socially and culturally determined attitudes, behaviors, responsibilities and expectations for males and females.

Women are far more susceptible than men to contracting HIV infection during a single sexual encounter. In general, male-female transmission of HIV is more efficient than female-male transmission, for several reasons. First, infected semen contains a higher concentration of the virus than female vaginal secretions. Second, the vaginal lining is mucosal tissue and as such is more permeable and vulnerable than the epithelium of circumcised men. Third, the exposed surface area of women's reproductive tract tissue is larger than the vulnerable surface area in men, even when uncircumcised. Young women whose reproductive tissues are still developing have an even higher risk of being infected.

The presence of other sexually transmitted infections (STIs) increases this risk. Both men and women face a greater risk of acquiring HIV in the presence of STIs, but the risk is greater for

women. Sexually transmitted infections in women are often asymptomatic and go undiagnosed, further increasing women's susceptibility. The stigma of STIs can also discourage women from getting treatment.

Gender roles, norms and expectations vary over the life cycle, as well as within and between cultures. What is fairly consistent across cultures, however, is a distinct difference between women's and men's roles and access to productive resources and decision-making authority. Gender gaps between women and men in literacy, school enrollment, labour force participation, land ownership, and access to credit render women more economically vulnerable than men. While the extent of these gaps varies considerably, it almost always persists. Worldwide, there are increasingly more poor women than poor men, a phenomenon commonly referred to as the 'feminization of poverty'. At the same time, women are the sole economic providers in up to one-third of households in the developing world. All these factors condition risk of HIV infection and its consequences for women.

Sexual behavior is highly influenced by gender, and culture also plays a strong role in reinforcing values related to sex and sexual behavior. Gender norms play an important part in determining what men and women are supposed to know about sex and how they should behave. There are significant differences in expectations about how men and women should behave sexually both within and outside marriage. Promiscuity in men is often condoned and sometimes encouraged, while it is not accepted in women. In many societies, sexual innocence, virginity and motherhood are highly

valued in women, while at the same time men are encouraged to have multiple sex partners even if they are married. Strong cultural norms may hinder women from seeking information about sex and prevention of STIs or treatment for STIs. In many societies, a culture of silence surrounds sex; 'good' women are expected to be ignorant about sex and passive in sexual interactions. This makes it difficult for women to be informed about risk reduction and, even when informed, to be proactive in negotiating safer sex. This situation can be particularly acute for young women where tradition dictates that girls are not supposed to know anything about sex or contraception.

### Current Prevention Options

Current strategies to prevent HIV and STI transmission - including HIV counselling and testing, promotion of abstinence, mutual fidelity, partner reduction, delay of sexual debut, condom use, early diagnosis and treatment of STIs, programs to prevent mother-to-child transmission and provision of safe blood supplies - must be expanded and sustained. The growing incidence of HIV suggests, however, that on their own, these strategies - even when implemented in combination and on a broad scale - are unlikely to halt spread of HIV. New prevention tools are needed urgently to broaden, strengthen and increase the effectiveness of current prevention strategies. To understand how best to integrate microbicides with current prevention strategies, it is important to appreciate the strengths and drawbacks of current prevention approaches.

The most widely used approaches now rely heavily on the ABC strategy which calls on women and men to use risk-reduction that includes sexual abstinence, mutual monogamy ("being faithful"), partner reduction and use of condoms. While it has been effective in some settings, this approach does not accommodate existing gender roles or widespread sexual values and attitudes. In most settings strongly entrenched gender roles discourage women's sexual autonomy and reinforce their subordinate position in relationships and in society more broadly. Therefore, the ABC approach often little relevance for the majority of women at risk.

Abstinence or mutual monogamy is not an option for any woman who cannot control the timing or circumstances of sex. Many women endure coerced sex; a recent study confirmed, for example, that between one-fifth and one-half of women around the globe reported that their first sexual experience was forced. Even when women have only one partner, they can be at risk of infection through the high-risk sexual behavior of their partner. According to UNAIDS, the risk of HIV infection is particularly high in apparently monogamous marriages and partnerships. In up to 80% of cases where women in long-term stable relationships are HIV-positive, they acquired the virus from their partners who had become infected through sexual activity outside the relationship or drug use.

Mutual monogamy is a challenge for many men and women, especially where industrialization and the concentration of employment in urban centres contributes to the separation of couples. It is a common practice for men to have more than one wife, and polygamy remains widely

practiced, particularly in African societies. Furthermore, in a number of high-prevalence settings, aspects of masculinity encourage men to engage in activities that put themselves and their sexual partners at increased risk of acquiring HIV.

The fact that condoms must be applied during each episode of intercourse means that their use interferes with spontaneity, contributing to a perception that condoms are inconvenient to use. Female condoms offer women a greater degree of control and have provided an important option for many women. However, there has not been sufficient policy commitment to make female condoms affordable and widely available; some women and men have also found them inconvenient or difficult to use. Numerous studies have reported that as a mechanical barrier that prevents skin-to-skin contact, many couples find that both male and female condoms reduce the level of intimacy and sexual satisfaction during intercourse.

It is particularly difficult to maintain consistent condom use in marriage or other primary relationships. Women report that trying to negotiate condom use can result in accusations that they have been unfaithful or that they suspect their husbands of being unfaithful and can result in violence. This leaves women in long term relationships with few strategies for prevention.

Economic dependency and fear of sexual violence often compel women to accept unsafe sex even when they have concerns about a partner's sexual behavior. Women are often fearful of insisting on condoms because of the risk that the husband or primary partner may abandon them without means of support and

rejection by their families. In addition to the economic risks this could entail, in many societies, a woman's social identity and status are closely constructed around her relationship with her husband. Moreover, in many communities, a woman's standing depends heavily on her fertility, and children are highly valued. This is particularly problematic for women where societal expectations, social status or their own desire for children mean that they would rather risk infection than childlessness. None of the current prevention options offers both protection from HIV or other STIs and the possibility of conception. When women wish to conceive, they face potential exposure to a host of STIs, including HIV.

As women make daily decisions to manage these complex risks, it is not surprising that the potential consequences of insisting on or even suggesting condom use can sometimes be perceived as too high.

### **Microbicides: Another Tool for Prevention**

Microbicides will potentially mitigate a number of the limitations for women of current prevention approaches. Microbicides may not require active participation by the male partner, may interfere less with sexual pleasure and intimacy, and may also raise fewer concerns about trust. As such, they may be particularly useful in offering protection for women in the context of long term relationships. Both contraceptive and non-contraceptive products are under development. A non-contraceptive microbicide would provide a critically important

option for women facing the terrible dilemma of risky sex being the only way to fulfill social expectation or personal desire for children.

It is anticipated that microbicides could be delivered in a variety of ways, some of which will allow them to be used independently of sex. Feasibility studies are underway, for example, that will seek to refine how microbicides can be delivered through a vaginal ring with the active agent being released over time. Delivery mechanisms that are not coitally-dependent would likely improve acceptability and consistency of use.

The future use of microbicides is compatible with and reinforces the ABC approach. Given that microbicides are likely to be partially effective, they would be integrated into current prevention programs and provide a critically important option for women. Microbicides could potentially be presented as beneficial for the sexual health of both men and women, and positioned as a product that enhances sexual pleasure. As a female-initiated product, microbicides could empower women, giving them more control over their sexual and reproductive lives.

### **Microbicides and HIV-infected Women**

Because microbicides have been advocated and designed principally as an additional means to protect women from infection with HIV, there has been relatively less attention to the potential of microbicides for HIV-infected women.

However, several strategies in development would reduce or eliminate infectious HIV from the cervico-vaginal vault. In turn, this could be expected to reduce the rate of transmission from women to male sexual partners or to neonates at delivery. The practical considerations of designing and conducting appropriate trials have limited the exploration of these additional benefits of microbicides.

Although most directly of benefit to HIV - infected women's sexual partners or children, microbicides would also allow HIV - infected women to more freely express and enjoy their sexuality. Importantly, it could have additional benefits for women in reducing their vulnerability to stigmatization, abuse, abandonment, or other forms of oppression associated with being HIV-infected.

### **Economic Inequality and Women's Susceptibility to HIV**

Women's lack of access to employment, education, and other productive resources condition their risk of HIV infection in many ways. In the absence of economic options, women may feel forced to stay in risky or harmful relationships, be hesitant to suggest or unable to insist on condom use, and have little choice but to exchange sex for money, food, shelter or other necessities.

Much of this sex is unsafe; women risk losing economic support from men by insisting on safer sex. For example, in a study of low-income women in long-term relationships in Mumbai, India, the women believed that the immediate

and certain economic consequences of leaving a relationship they perceived as risky were far worse than the potential future health risks of staying in the relationship.

Structural adjustment policies imposed by international financial institutions have worsened the situation for women, many of whom earn their livelihoods as agricultural producers. Low commodity prices, continuing retrenchment of workers in the formal sector, and lack of employment opportunities have resulted in women and girls resorting to both commercial sex work and other forms of transactional sex.

The forces of globalization have led to an increasing number of women and children being forced into prostitution and sexual slavery. An estimated two million girls between the ages of 5 and 15 are introduced into the commercial sex market each year. Rural women may find themselves deceived into joining the sex trade after taking up offers of work in urban areas. Many women also decide to sell sex in the absence of other means of making a livelihood.

The so-called 'sugar daddy' phenomenon represents another form of transactional sex that puts women at risk. Young girls or women have a sexual relationship with an older man in return for material or financial support. Such arrangements are conditioned by chronic poverty and lack of economic opportunity and are increasingly prevalent in poor communities. The alarming increase in HIV incidence in young women aged 15 to 24 is attributable in part to this growing trend. The arrangement contributes further to a young woman's susceptibility, since the older man may already have several sexual partners.

Microbicides clearly will not transform the sharp economic inequalities that place women at risk, nor the realities that mean that women bear the burden of care in their families and communities. However, the availability of microbicides would play a critical role in mitigating the risk of HIV for women who, because of lack of economic options, must engage in risky sex. Because they may raise fewer concerns about trust and intimacy, microbicides may be a more acceptable option within marriage or other long-term relationships, and other transactional sexual relationships. While commercial sex workers are often better able to negotiate condom use with their clients, microbicides could offer an important additional option for use with clients and with these women's long term partners. Finally, in reducing the incidence of HIV among women and in communities, microbicides would contribute toward reducing the enormous burden of caring for the sick that are predicated on women's unremunerated labour and that strain household resources.

### **Research on Women and HIV/AIDS**

Research on microbicides is focusing attention on a number of new research questions. For example, research is now improving understanding of precisely how vaginal transmission of HIV occurs, what happens after exposure, and how the virus moves from the site of infection to the rest of the body. Microbicide research is increasing knowledge about women's bodies, the mucosal environment in the vagina, the cells targeted by HIV, and the way HIV establishes itself in women. Such research to

understand vaginal anatomy and ecology and the specific mechanisms of sexual transmission of HIV contributes to better understanding of women's broader reproductive and sexual health.

Women's participation in clinical trials of microbicides has a number of benefits for them as well as for women more broadly. In exchange for adhering to the often demanding requirements of a clinical trial, participants gain access to free, high-quality gynaecological and other medical care; they also receive information and education on a wide range of topics, including reproductive physiology, sexuality, HIV, and research. All trials include extensive information on safer sex strategies, and many also include support groups and counselling on negotiating skills. Through these processes, as well as interviews and questionnaires, women in the studies have an opportunity to voice their perspectives in a way that is new to many of them.

As a research agenda focused specifically on women, microbicide trials have helped highlight the feasibility and importance of recruiting women into clinical trials, including those for HIV vaccines. The trials have helped to resolve research design issues, identify targeted recruitment approaches, and address practical considerations. Microbicide trials have demonstrated that recruiting and retaining women in trials is possible using special strategies to facilitate their participation. These include designing community outreach and recruitment to target women; adapting models of identifying and consulting with community leaders; and providing convenient clinic hours and child care. Microbicide trials have

demonstrated that achieving equity in clinical research is feasible.

### **Microbicides and Women's Sexual and Reproductive Health**

Microbicide research and introduction also have many potential benefits for women's sexual and reproductive health. As described above, basic research related to microbicide development is significantly increasing knowledge of the biology and physiology of the reproductive tract. Contraceptive microbicides will offer women dual protection from infection and conception, while non-contraceptive products may allow women to conceive while reducing the risk of contracting HIV or other STIs.

The development and distribution of microbicides will also contribute to meeting gender equality objectives in reproductive and sexual health. For example, microbicides offering broad-spectrum protection against STIs in addition to HIV have the potential to contribute to a dramatic improvement in a number of reproductive health outcomes. Ideally, such efforts should be a part of broader programs aiming at empowering women, including sexual and reproductive health programs that improve women's access to information, skills, services and technologies and increase women's awareness of their sexual and reproductive health, their reproductive choices, and their reproductive rights. By offering women more power and control, microbicide use could reduce some of the risks, concerns and fear associated with unprotected sex. Ideally, this would contribute toward women more fully experiencing and enjoying healthy sexuality.

## Fulfilling International Agreements

International agreements recognize women's rights and autonomy as fundamental to human rights. Several of these documents specifically identify sexual and reproductive health and rights as critical elements of women's rights and autonomy; some also recognize the contribution that new technologies could make to women's ability to realize these rights. The Declaration of the World Conference on Human Rights (1993), the Programme of Action from the International Conference on Population and Development (1994), and the Platform for Action and Beijing Declaration from the Fourth World Conference on Women (1995) include the right to reproductive and sexual health as a component of overall lifelong health; equality and equity for women and men to enable individuals to make free and informed choices in all spheres of life; and sexual and reproductive security, including freedom from sexual violence and coercion and the right to privacy.

While the ICPD and Beijing documents address the impact of HIV/AIDS on women, they were developed a decade ago, when the epidemic's devastating impact on women was not as widely known. Numerous international agreements have been negotiated since then to address HIV/AIDS: a number identify the impact on women, and some highlight microbicides as a priority area of research and investment.

For example, the Declaration of Commitment emerging from the United Nations General Assembly Special Session on HIV/AIDS (2001) calls on the international community to

"accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female controlled methods and microbicides." The Barcelona Bill of Rights, developed by women activists at the XIV International Conference on HIV/AIDS (2002), further specifies women's rights and governments' responsibilities in the context of the HIV/AIDS epidemic, stating that women and girls have the right to:

- a broader array of preventive and therapeutic technologies that respond to the needs of all women and girls regardless of age, HIV status or sexual orientation;

- access to user-friendly and affordable prevention technologies such as female condoms and microbicides with skills building on negotiation and use; and to live their sexuality in safety and with pleasure irrespective of age, HIV status or sexual orientation.

Clearly, the rapid development, testing and availability of microbicides can make a substantial contribution toward realizing these global aspirations and commitments.

## Conclusion

In the face of the global HIV/AIDS crisis, microbicides have enormous potential to help stem the epidemic while advancing gender equality by giving women a method of HIV

prevention they can initiate and control.

Microbicides have the potential to enhance women's autonomy and their health and to help reduce the negative consequences of risky sex conditioned by gender norms that perpetuate economic dependency, low social status, and legal discrimination. Given the rapidly growing rate of infection among women, such products are urgently needed on epidemiological, gender, and ethical grounds.

But these very attributes may also create particular barriers to microbicides achieving their potential. As products that frankly acknowledge the many challenges facing women and that give them more power and control over their sexual lives, microbicides challenge traditional gender norms. As such, they may face significant obstacles to introduction and use arising from gender bias: policy makers, providers, merchants and women themselves may be reluctant to approve, recommend, sell, or purchase and use microbicides.

Clearly, microbicides can be an important tool to enhance women's control and autonomy while helping to turn back the AIDS epidemic. However, microbicides must not be perceived or positioned as a 'magic bullet' to end the AIDS epidemic or transform women's lives. The search for new technologies, no matter how important or how urgently needed, should not distract from or replace broader efforts to address the underlying causes of gender inequality - the laws, policies, practices and beliefs that contribute to women's subordination and contribute to their risk of HIV infection.

**[www.ipm-microbicides.org](http://www.ipm-microbicides.org)**

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