

Research into female controlled HIV prevention in the region

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Why we need more HIV prevention tools

- Sex 'happens'
- Prevention tools that can be separated from sex are desirable
- Condoms can reduce male sensation, affecting willingness to use
- Conception may be desired
- Women may lack power to negotiate condom use
- Marriage is a risk for HIV acquisition for women (undisclosed partner activity)
- Prevention that does not require partner negotiation is required.

Biomedical HIV prevention context

■ Proven:

- Mother-to-child transmission
- Post-exposure prophylaxis (PEP)
- antiretroviral coverage to reduce population viral load
- STI treatment
- Circumcision*

■ Experimental

- Microbicides
- Pre-exposure prophylaxis (PrEP)
- Vaccines

Key issues in biomedical prevention research

- The vaccine goal is elusive; current generation likely only to ameliorate disease
- Microbicides are unlikely to be 100% effective in first generation products
- PrEP raises issues of toxicity, adherence, cost and unequal gender dynamics
- Biomedical prevention should be an adjunct to behavioural prevention

Issues in trial design

- Communities should have some power to negotiate changes to research protocols
- Volunteers should have access to HIV treatment and care if they seroconvert, or are found to be positive when volunteering
- Trial participants should have access to best practice HIV prevention
- Will populations on whom the intervention is tested have access to a proven product?
- Decent healthcare is not an undue inducement

Microbicides: topical protection

- Safe? (non-oxynol 9 *increased* HIV transmission)
- Prevent HIV?
- Prevent STIs (which?)
- Contraceptive?
- Safe in pregnancy?
- Effective for anal sex?
- Acceptable (or undetectable) to partners?

PrEP: A pill a day HIV prevention?

- Cost
- Toxicity
- Safe in pregnancy?
- Adherence
- Less than 100% effective?
- Long-term toxicity
- Who is expected to take it (women/men)?

Community participation in research

- Research should be conducted with people not on them
- Communities need to be involved before major decisions have been made
- Industry model of 'community advisory boards' is ineffective and tokenistic, lacking any clear power.

Building capacity to participate

- Strategies needed now
- Prevention studies are large, international and multicentred, held in lower-income countries with high HIV prevalence
- Factors like epidemiology and existing research links affect choice of trial populations
- Community capacity building around research should ideally be complementary to, but independent of, research

The task

- Create a coalition of experts and advocates in SRH, HIV and community work for the primary purpose of facilitating effective community participation in research through:
 - Developing communication strategies between communities and researchers
 - Facilitating community input into setting research priorities
 - Involving communities in debate about research
 - Improving research literacy and developing skills
 - Promoting critical analysis and ethical practice in research

Partnerships not tokenism

- Lived experience
- Women's and men's sexual and reproductive health
- Family planning
- HIV community sector
- Primary care
- Education and communication

Failure and success

- PrEP trials in Africa and Cambodia have been failing largely due to community concerns.
- Meaningful community participation in research requires investment, support and the development of some infrastructure.
- Developing stronger partnerships between existing community and health sector organisations and civil society in the region is the way forward.