Aids In Africa Essay, Research Paper

WOMEN will get the power to protect themselves against AIDS, if the World Health Organisation has its way. Encouraging men to use condoms, it has decided, is not enough. They work, but many men dislike them; and women, especially very young ones, often lack the sexual bargaining clout to insist. Instead, the WHO believes, pharmaceutical companies could have still-to-be-perfected microbicidal vaginal gels or sprays on the market within two years–if they are given a bit of a push.

Vaginal gels have been around for decades, but until recently were not taken into account by AIDS researchers. Most were contraceptive barriers; some were aimed against sexually transmitted diseases like gonorrhea. Early trials for use against the AIDS virus, HIV, involved a spermicide called nonoxynol-9. Results were mixed. It seemed to give results in Cameroon and Zambia, but some Kenyan prostitutes developed ulcers, which might make infection easier rather than more difficult. But a prostitute’s sexual life is hardly typical; and other products or other methods of use might prove better.

For any product to be acceptable, says Eka Esu-Williams, the Nigerian president of the Society for Women and AIDS in Africa, it must be possible to separate the spermicidal or contraceptive function from that of killing harmful micro-organisms such as HIV. In third-world countries, many women (and still more men) value protection against AIDS, but not against procreation. WHO could add, though it does not, that one of the men, ecclesiastically speaking, could be the pope.

Why has it taken more than a decade of AIDS to get serious attention paid to a form of protection that sounds so simple? One reason is that microbicides are old-fashioned stuff, less glamorous for researchers–and less profitable for their employers–than, say, genetically engineered vaccines or other drugs based on molecular biology. Another reason, Ms Esu-Williams thinks, is that, consciously or not, men in charge of most health and research programmes resist any method that would give control to women.

Still the potential market is huge. The WHO, though, sees one reason why drug companies may be cautious: American lawyers. Any new drug faces the hazard of litigation. But imagine a widely used gel, easily available, whose failure could be literally deadly to the person concerned. Then add American stretcher-chasing and the risk that some legal eagle could get a suit accepted by an American court. Throw in the fiery mixture of sex and third-world research trials (transmission of HIV there is usually heterosexual), and the drug companies have some reason not to rush in.