The NIH must NOT leave us behind: We demand funding for microbicides research

As members and allies of International Rectal Microbicide Advocates (IRMA), we express our gratitude for NIH leadership in the field of HIV prevention research and our strong support for the continuation of robust NIH funding for the research and development of a range of HIV prevention tools, including not only long-acting systemic products such as vaccines, implants and injectables, but also topical on-demand products such as vaginal and rectal microbicides. Sexually active women and men around the world who are vulnerable to HIV require a range of choices for protection.

Withdrawing funding support for research and development of topical on-demand HIV prevention tools is irresponsible from a financial perspective, illogical from a scientific perspective, and short-sighted from a strategic perspective.

Microbicide research is fiscally responsible

We fully support funding for the development of long-acting systemic products. Doing so at the expense of other classes of products however, is a serious mistake. Funding on-going development of topical on-demand products is a sound investment.

Each year, vaccines receive significantly more funding than microbicides. The Resource Tracking for HIV Prevention Research and Development Working Group estimates that between 2000-2016, US$12.8 billion was spent globally on vaccine R&D, while only US$3.0 billion was spent on microbicides—four times less. This disparity keeps getting larger. In 2016, vaccines received five times more funding than microbicides globally (US$868 million versus US$167 million).1 Despite such a glaring disparity, a vaginal ring is already under regulatory review and is being tested further for multi-purpose use, while a potential vaccine regimen is still being tested and optimized in clinical trials.

In 2016, the US contributed 84% of the global funding in microbicides R&D. Purely from a business angle, it is irresponsible to discontinue investment in an area that shows such promise and seems poised to produce dividends.

Microbicide research is evidence-based science

In addition to the vaginal ring mentioned above, a number of studies testing candidate vaginal and rectal microbicide products are underway.

Looking at rectal microbicides specifically, a tenofovir gel has already shown promise in an international phase II trial. By early 2020 no less than eight safety studies testing candidate products should be completed. These include a variety of formulations: inserts, suppositories, and gels with applicators, but also behaviourally congruent formulations such as douches and lube-like products. The active ingredients include five different antiretrovirals (ARVs) as well as one non-ARV-based product. Two of these products will be tested for multi-purpose use (HIV and STI endpoints) and for dual compartment use (vaginal and rectal).

STI rates are increasing in many populations vulnerable to HIV. Products that could reduce the incidence of both HIV and STIs would be valuable. Many of the proposed long-acting systemic products (i.e., oral PrEP, injectables, implants, vaccines) will only target HIV and will not be active against other STIs. Products that could

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be formulated to be multi-purpose should be developed, including topical gels, suppositories, inserts, douches, enemas, and vaginal rings. Furthermore, women the world over utilize an array of contraceptive options. Products co-formulated to address HIV prevention and contraception—and potentially other STIs—are highly desired by women. A birth control indication for a product that also offers HIV protection could reach women who see themselves at low risk for HIV but high risk for unintended pregnancy.

However, given the timing of the NIH funding cycle, a decision to drop support for ongoing research into topical products would effectively stop this work in its tracks, just as we are poised to get answers about several potentially promising products. Indeed while the studies currently running will continue to operate, it is unclear whether and how the products they are testing could move forward without ongoing NIH support.

**Microbicide research is strategic**

It is foolish to put all our eggs in one basket, or in one category of products. We need long-acting systemic products that don’t require daily administration, just as we need topical on-demand products that don’t require an intense clinical interface and long-term commitment. People want different modalities to suit a wide variety of circumstances. We know from the experience of the contraceptive field that the more options we provide to people, the more sexual acts are protected. The answer to adherence challenges is more options from a variety of product classes, not less.

No single product or class of product will meet all the needs of all vulnerable people over their life courses nor be the answer to ending the epidemic. We recognize the challenges inherent in topical products. However, long-acting systemic products are not without their own significant operational and implementation challenges. For example, injectables such as Cabotegravir will require clinic visits every two months for injections, and taking an oral dose for four weeks before the first injection and for a year after discontinuing the injections. For people attracted to this modality because they don’t wish to take a daily pill, this is a major challenge.

We recognize that long-acting systemic products present one way to deal with the adherence obstacles faced by some users. Offering products that users find desirable, that are behaviourally congruent, and that enhance pleasure could be equally effective at dealing with adherence challenges faced by others. Communities tell us they want products that fit their life circumstances. Many are interested in products that can be used only when needed, thereby avoiding systemic exposure to drugs for long periods of time.

Finally, there are significant opportunity costs associated with dropping the research into topical on-demand products now. Commentary to date seems to reflect an unscientific faith in the certainty of efficacy trials being currently conducted—for which results are still several years away. While they’ve shown promise, long-acting injectables could yet fail to demonstrate sufficient efficacy and serious challenges may not be seen until implementation is attempted. We still don’t know if monoclonal antibodies or current vaccine candidates will prove useful. It is imperative we continue research into topical on-demand products as viable alternatives in the meantime. However, without ongoing funding support, microbicide research infrastructure and the substantial body of knowledge within microbicide scientists will have been lost or become obsolete and momentum and time will be lost—the microbicide field may wither and die. Whether to broaden HIV

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3 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4168565/

4 Oral PrEP will be used in conjunction with injectables both before the initial injection and after the last injection. Before: Because there is no way to remove the drug once injected, a 4-week “lead-in” strategy using an oral form of the active drug will be utilized to establish safety parameters. After: Following the final injection, drug concentration will slowly diminish, providing less and less protection against HIV. Oral PrEP would be recommended to reduce the risk of infection during this period and (if infection were to occur) to reduce the risk of resistance in the face of low drug levels.

prevention choices or to keep topical options alive should injectable PrEP fail to demonstrate protective efficacy years from now, it will be extraordinarily difficult (if not impossible) to revitalize the microbicide program if we discard the opportunities at hand to develop desperately needed new HIV and STI prevention tools.

It is critically important that the upcoming funding announcement be designed strategically to leverage retention of the expertise and infrastructure necessary to pursue expanded safety and efficacy assessment of the most promising topical products to emerge from currently funded clinical studies.

Again, we fully support funding for the development of long-acting systemic HIV prevention options. Topical on-demand products, including vaginal and rectal microbicides, are also a wise investment equally worthy of sustained funding support.

We the undersigned demand a continued commitment to the research and development of microbicides. We demand appropriate, sustained funding for these activities.

Organizational endorsements (153)

1. ABEFAB (Bien être de l'Enfant et de la Femme au Burkina), Ouagadougou, Burkina Faso
2. ACT UP New York
3. Advocacy for Prevention of HIV & AIDS - South Africa, Cape Town, South Africa
4. African Alliance for HIV Prevention, Johannesburg, South Africa
5. AIDS Alabama, Birmingham
6. AIDS Foundation of Chicago, Chicago
7. AIDS Project of the East Bay (APEB), Oakland, CA
8. AIDS Research Consortium of Atlanta
9. AIDS Resource Center of Wisconsin and Rocky Mountain CARES (DENVER)
10. AIDS United, Washington, DC
11. Alliance of Women Advocating for Change, Kampala, Uganda
12. American Sexual Health Association, Research Triangle Park, NC
13. amfAR, Washington, DC
14. APLA Health, Los Angeles
15. Association of Nurses in AIDS Care, Philadelphia
16. ATHENA Initiative, London, UK
17. AVAC, New York, NY
18. AVE de México / GayLatino, Mexico City, Mexico
20. Callen-Lorde Community Health Center, New York, NY
21. Cascade AIDS Project, Portland, OR
22. CATIE, Toronto, Canada
23. Center for Nanomedicine - Johns Hopkins University, Baltimore
24. Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health, Baltimore
25. Center on Halsted, Chicago
26. Centre for the AIDS Programme of Research in South Africa (CAPRISA), Durban, South Africa
27. Centre Stage Media Arts Foundation, Bulawayo, Zimbabwe
28. CHANGE Coalition, New Orleans
29. Chicago Black Gay Men's Caucus
30. Chicago House and Social Service Agency
31. Chicago Recovery Alliance
32. Chicago Women’s AIDS Project
33. Church Ladies for Choice (of New York City)
34. CNS (Citizen News Service), Lucknow, India
35. COCQ-SIDA (Coalition des organismes communautaires québécois de lutte contre le sida), Montreal, Canada
36. College of Medicine-Johns Hopkins Project Malawi, Blantyre, Malawi
37. Community Access National Network (CANN)
38. Community and Family Aid Foundation-Ghana, Accra
39. CONERELA, Kinshasa, Democratic Republic of Congo
40. Counter Narrative Project, Atlanta
41. David Geffen School of Medicine at UCLA, UCLA AIDS Institute, Los Angeles
42. Delaware HIV Consortium, Wilmington
43. Department of Obstetrics and Gynecology University of Washington, Seattle
44. Desert AIDS Project, Palm Springs, CA
45. Desmond Tutu HIV Foundation, Cape Town, South Africa
46. Diaspora Community Services, Brooklyn, New York
47. Drustvo SKUC Metelkova, Ljubljana, Slovenia
48. Empower U Community Health Center, Miami
49. Empowered At Dusk Women's Association, Kampala, Uganda
50. End AIDS Now & Let's Kick ASS NY, New York, NY
51. Equal Health and Rights Access Advocacy Initiative (EHRAAI), Lagos, Nigeria
52. Equitas Health, Columbus, Ohio
53. Esperanza Health Centers, Chicago
54. FaciliChange, Nepan, Canada
55. Fundación Hábitat Verde, Santa Cruz de la Sierra, Bolivia
56. Gay Men's Health Crisis (GMHC), New York, NY
57. Girl Inspiration Group Zambia Lusaka
58. GLMA: Health Professionals Advancing LGBT Equality, Washington, DC
59. Global Alert for Defence of Youth and the Less Privileged (GADYLP), Owerri, Nigeria
60. Global Forum on MSM and HIV (MSMGF), Oakland, CA
61. Global Network of People Living with HIV (GNP+), Amsterdam, Netherlands
62. GSSG - Charitable Foundation Sexuality and Health, Cologne, Germany
63. Harm Reduction Coalition, Oakland, CA
64. Health GAP (Global Access Project), Boston, MA
65. HealthHIV, Washington, DC
66. Hispanic Health Network, New York, NY
67. HIV i-Base, London, UK
68. HIV Modernization Movement Indiana, Indianapolis
69. HIVE, San Francisco
70. HMM and Brother's United of Indy, Indianapolis
71. Housing Works, Inc., New York, NY
72. Howard Brown Health, Chicago
73. Human Rights Campaign, Washington, DC
74. ICASO, Toronto, Canada
75. Improved Sexual Health and Rights Advocacy Initiative (ISHRAI), Lagos, Nigeria
76. Interagency Coalition on AIDS and Development, Ottawa, Canada
77. International Community of Women Living With HIV North America Chapter, Seattle
78. International Foundation for Alternative Research in AIDS, Portland, OR
79. International HIV Partnerships (IHP) and ReShape, London, UK
80. International HIV/AIDS Alliance, Brighton, UK
81. International Partnership for Microbicides, Silver Spring
82. International Rectal Microbicide Advocates, Chicago
83. International Rectal Microbicides Advocates - IRMA Nigeria, Nigeria
84. Kentuckiana AIDS Alliance, Louisville
85. KwaAfrica Office G Poynter House Queensdale Crescent, London, UK
86. Ladder for Rural Development Organization, Lilongwe, Malawi
87. LaGender Inc Positively Trans, Eastpoint, Georgia
88. Latino Commission on AIDS, NYC
89. Los Angeles LGBT Center
90. Louisiana Latino Health Commission, Baton Rouge
91. Makerere University – Johns Hopkins University (MU-JHU), Kampala, Uganda
92. Medical Scientific Advisory Services LTD, London, UK
93. Men Against AIDS Youth Group (MAAYGO), Kisumu, Kenya
94. METRO Charity, London, UK
95. Minnesota AIDS Project, St. Paul
96. Mobilizing Our Brothers Initiative (MOBI), New York City
97. Most at Risk Populations' Society in Uganda (MARPS in Uganda), Kampala
98. Nashville CARES
99. NASTAD, Washington, DC
100. National Black Gay Men’s Advocacy Coalition, Washington, DC
101. National Coalition for LGBT Health, Washington, DC
102. National Council of Jewish Women, Washington, DC
103. National Female Condom Coalition, Chicago
104. New HIV Vaccine and Microbicide Advocacy Society (NHVMAS), Lagos, Nigeria
105. New York City Department of Health Division of Disease Control
106. NMAC, Washington, DC
107. NO/AIDS Task Force (d.b.a. CrescentCare), New Orleans
108. Okaloosa AIDS Support and Informational Services, Inc (OASIS), Fort Walton, FL
109. Open Door Clinic of Greater Elgin, Elgin, IL
110. Pan African Positive Women's Coalition, Nairobi, Nigeria
111. Pan African Positive Women's Coalition-Zimbabwe, Kadoma, Zimbabwe
112. PATH, Seattle
113. Pediatric AIDS Chicago Prevention Initiative, Chicago
114. Planning Familial, Paris, France
115. PleasePrEPMe, San Francisco
116. Population Council, New York, NY
117. Positive Women’s Network – USA, Oakland, CA
118. PrEP Program in the Division of Infectious Diseases at Washington University in St. Louis,
119. Prevention Access Campaign, Brooklyn, NY
120. Pride Action Tank, Chicago
121. Project Inform, San Francisco
122. Research Institute for Health Sciences Chiang Mai University, Chiang Mai, Thailand
123. Resource Center, Dallas
124. Sahayogi Samaj, Rajbiraj, Nepal
125. San Francisco AIDS Foundation, San Francisco
126. San Patten and Associates, Inc., Halifax, Canada
127. Senior Support Services, Kampala, Uganda
128. Serving Lives Under Marginalization (SLUM), Kampala, Uganda
129. Sexuality Information and Education Council of the United States (SIECUS), Washington, DC
130. Silver Creek Strategies, Novelty, OH
131. SisterLove, Inc., Atlanta
132. Sophia Forum, London, UK
133. Southern AIDS Coalition, Birmingham, AL
134. Southern HIV/AIDS Strategy Initiative (SASI), Durham, NC
135. Stigmaless, Kampala, Uganda
136. TAPWA Tennessee Association of People With AIDS, Knoxville
137. Teens Link Uganda, Wakiso, Uganda
138. Test Positive Aware Network/TPAN, Chicago
139. Thrive Alabama, Huntsville
140. Tororo Forum for People Living with HIV Networks in Uganda, Tororo, Uganda
141. TRANSGressing Intercultural Collective - TIC (Colectivo Intercultural TRANSgrediendo) – CITG, New York, NY
142. Treatment Action Group, New York, NY
143. UCLA Center for HIV Prevention Research, Los Angeles
144. United Nations of Youth Network Nigeria (UNOY), Lagos
145. University of Chicago Center for HIV Elimination
146. University of Louisiana at Lafayette, New Iberia, LA
147. University of Zimbabwe College of Health Science, Harare, Zimbabwe
148. Valley AIDS Information Network Inc., Corvallis, OR
149. VOCAL New York, Brooklyn
150. William Way LGBT Community Center, Philadelphia
151. Wits Reproductive Health and HIV Research Institute, Johannesburg, South Africa
152. Youth Builders Initiative – Nigeria, Ebute Metta, Nigeria
153. Youth Network on HIV/AIDS in Nigeria – Lagos State Chapter

Individual endorsements (352)

1. Abigail Bartus, Pittsburgh, PA, United States
2. Adekemi Sekoni, Lagos, Nigeria
3. Aditi Sharma, Brighton, UK
4. AJ King, Washington, DC, United States
5. Akankwasa Desire, Kampala, Uganda
6. Alan Sheinfel, Syracuse, NY, United States
7. Albert Liu, San Francisco, CA, United States
8. Alex Carballo-Dieuz, New York, NY, United States
9. Alexander McKenzie, Montreal, Canada
10. Alexious Zindoga, Harare, Zimbabwe
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<td>Alyssa Colwill</td>
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<td>Amit Mirani</td>
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<td>Anna Forbes</td>
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<td>Annet Davis</td>
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<td>Audu Kadiri</td>
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<td>Panama City, Panama</td>
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<td>Caitlyn Copp-Millward</td>
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<td>Carlos García de León</td>
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57. Chris Aucoin, Halifax, Canada
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91. Elizabeth Faber, Oakland, CA, United States
92. Elizabeth Gugu Mlangeni, Johannesburg, South Africa
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94. Emily Kekana, Gauteng, South Africa
95. Eric Zimmerman, Baltimore, MD, United States
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99. Florence Mathebula, Johannesburg, South Africa
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102. Gabriel Boichat, Barcelona, Spain
103. George Ayala, Oakland, CA, United States
104. Georgina Caswell, Cape Town, South Africa
105. Godfrey Kammunda, Lilongwe, Malawi
106. Hala Fawal, Birmingham, AL, United States
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108. Helen Patterson, Swansea, MA, United States
109. Hellen Awuoh, Kisumu, Kenya
110. Hlalifi Rampyapedi, Johannesburg, South Africa
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113. Iman Little, Chicago, IL, United States
114. Ioannis Hodges-Mameletzis, Geneva, Switzerland
115. Irene Lukas, Johannesburg, South Africa
116. Ishana Harkoo, Durban, South Africa
117. Ivan Balan, New York, NY, United States
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124. Jean Dussault, Montreal, Canada
125. Jeff Berry, Chicago, IL, United States
126. Jen Balkus, Seattle, WA, United States
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131. Jessica Terlikowski, Portland, OR, United States
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140. Jonathan Lucas, Greensboro, NC, United States
141. Jontraye Davis, Durham, NC, United States
142. Jose Bauermeister, Philadelphia, PA, United States
143. Jose Fernandez Romero, New York, NY, United States
144. Joseph Senyo Kwashie, Accra, Ghana
145. Josephine Ayankoya, Oakland, CA, United States
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147. Judith Mthethwa, Johannesburg, South Africa
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149. Jung Soo Suk, Baltimore, MD, United States
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151. Kanokpan Pancharoen, Bangkok, Thailand
152. Kate Alexander, Niagara Falls, Canada
153. Kate Guthrie, Pawtucket, RI, United States
154. Katharine Kripke, Washington, DC, United States
155. Kathleen MacQueen, Chapel Hill, NC, United States
156. Kauda Caroline, Kampala, Uganda
157. Kay Marshall, Brooklyn, NY, United States
158. Kayita Innocent, Kampala, Uganda
159. Kelly Curran, Silver Spring, MD, United States
160. Kennedy Olango, Kisumu, Kenya
161. Kenneth Mayer, Boston, MA, United States
162. Kenneth Ngure, Nairobi, Kenya
163. Kenneth Palmer, Louisville, KY, United States
164. Kerushini Moodley, Johannesburg, South Africa
165. Keyira Jones, Chicago, IL, United States
166. Kimberleigh Smith, New York, NY, United States
167. Krishnaveni Reddy, Johannesburg, South Africa
168. Kyomya Macklean, Kampala, Uganda
169. Lakshmi Goparaju, Washington, DC, United States
170. Lark Jarvis, Livingston, TX, United States
171. Larry Baxter, Halifax, Canada
172. Larry Misedah, Houston, TX, United States
173. Laura Ensign, Towson, MD, United States
174. Laura Lazar, San Francisco, CA, United States
175. Laurel Sprague, Amsterdam, Netherlands
176. Lauren Thaxton, Albuquerque, NM, United States
177. Laurie Banks, Salt Lake City, UT, United States
178. Lebo Maila, Johannesburg, South Africa
179. Leila Mansoor, Durban, South Africa
180. Lillian Esther Mulinga, Kampala, Uganda
181. Linda-Gail Bekker, Cape Town, South Africa
182. Lisa Levy, Washington, DC, United States
183. Lisa Noguchi, Washington, DC, United States
184. Lisa Nugent, Tampa, FL, United States
185. Lisa Posvar Rossi, Pittsburgh, PA, United States
186. Lisa Rohan, Pittsburgh, PA, United States
187. Liz Montgomery, Los Angeles, CA, United States
188. Lizzy Bopape, Gauteng, South Africa
189. Lori Heise, Baltimore, MD, United States
190. Lucia Stirbu Sirbu, Bucharest, Romania
191. Luis Duran, Pittsburgh, PA, United States
192. Luis Santiago, New York, NY, United States
193. Luisa Helena Andrade da Silva, Baltimore, MD, United States
194. Lynn Morris, Johannesburg, South Africa
195. Manju Chatani, New York, NY, United States
196. Marc-André LeBlanc, Gatineau, Canada
197. Marcelo Maia, New York, NY, United States
198. Marianne Callahan, Boston, MA, United States
199. Marie Michele Umulisa, Kigali, Rwanda
200. Mark Hubbard, Nashville, TN, United States
201. Mark Ing, New York, NY, United States
202. Mark King, Baltimore, MD, United States
203. Mark Marzinke, Baltimore, MD, United States
204. Martez Smith, Rochester, NY, United States
205. Martha Tholanah, Harare, Zimbabwe
206. Mary Elizabeth Marr, Huntsville, AL, United States
207. Matheus Mathipa, Johannesburg, South Africa
208. Matt Lowther, Chicago, IL, United States
209. Matteo Cassolato, Venice, Italy
210. Matthew Pagnotti, Birmingham, AL, United States
211. Maureen Luba, Lilongwe, Malawi
212. Megan Canon, Houston, TX, United States
213. Melissa Byrne, Pittsburgh, PA, United States
214. Meme Ezra, Kampala, Uganda
215. Memory Makamba, Marondera, Zimbabwe
216. Michael Louella, Seattle, WA, United States
217. Michele Lanham, Durham, NC, United States
218. Michelle Harris, Fort Wayne, IN, United States
219. Michelle Leszczewski, Pittsburgh, PA, United States
220. Miguel Aguero, Washington, DC, United States
221. Miguel Rocha, Lisbon, Portugal
222. Milly Katana, Kampala, Uganda
223. Miran Solinc, Ljubljana, Slovenia
224. Mitchell Creinin, Sacramento, CA, United States
225. Mitchell Warren, New York, NY, United States
226. Mitzy Gafos, London, UK
227. Mmathabo Mashego, Johannesburg, South Africa
228. Mogobalale Corlett Shogole, Pretoria, South Africa
229. Moisés Agosto, Oxon Hill, MD, United States
230. Morenike Folyan, Lagos, Nigeria
231. Morgan Garcia, Durham, NC, United States
232. Msizi Dladla, Durban, South Africa
233. Mukhwana Fred, Kampala, Uganda
234. Mukundi Mashapa, Johannesburg, South Africa
235. Nakanjako Justine, Kampala, Uganda
236. Nanlesta Pilgrim, Washington, DC, United States
237. Nazneen Cassim, Johannesburg, South Africa
238. Ncedo Brian Ntlatleng, Johannesburg, South Africa
239. Neetha Shagan Morar, Durban, South Africa
240. Nicholas Carlisle, Birmingham, AL, United States
241. Nicholas Feustel, Hamburg, Germany
242. Nick Melloan-Ruiz, Bloomington, IN, United States
243. Nicole Hernandez, Baltimore, MD, United States
244. Noaa Shimoni, Fair Lawn, NJ, United States
245. Noel Twilbeck, New Orleans, LA, United States
246. Nonkululeko Mayisela, Johannesburg, South Africa
247. Odimegwu Obi, Owerri, Nigeria
248. Olanrewaju Onigbogbi, Lagos, Nigeria
249. Olivier Sarah, Kampala, Uganda
250. Oluwatosin Alaka, Lagos, Nigeria
251. Omar Martinez, Philadelphia, PA, United States
252. Paige Hessel, Louisville, KY, United States
253. Pamella Shaninga, Harare, Zimbabwe
254. Patricia LiWang, Merced, CA, United States
255. Paul Causey, Bangkok, Thailand
256. Paulina Paw, Pittsburgh, PA, United States
257. Pedro Alonso Serrano, Chicago, IL, United States
258. Peng Xiao, New Iberia, LA, United States
259. Perry Maier, Elgin, IL, United States
260. Peter Anton, Los Angeles, CA, United States
261. Peter Houle, Wilmington, DL, United States
262. Peter McLoyd, Chicago, IL, United States
263. Polly Harrison, Washington, DC, United States
264. Portia Duma, Johannesburg, South Africa
265. Precious Nemutenzi, Mutare, Zimbabwe
266. Prince Goodluck Obi, Lagos, Nigeria
267. Promise Duma, Johannesburg, South Africa
268. Quadri Rabiat, Lagos, Nigeria
269. Rachel Scheckter, Durham, NC, United States
270. Rada Savic, San Francisco, California
271. Ramon Olanrewaju Babamole, Lagos, Nigeria
272. Ratiya Kunjaranaayudhya, Pittsburgh, PA, United States
273. Rebecca Giguere, New York, NY, United States
274. Rebecca Nabbosa, Kampala, Uganda
275. Rebekah Webb, Dorchester, UK
276. Rebone Frengelina Mohuba, Johannesburg, South Africa
277. Reginah Stuurman, Johannesburg, South Africa
278. Renier Louie Bona, Manila, Philippines
279. Rhonda White, Fuquay Varina, NC, United States
280. Ricardo Cifuentes, Chicago, IL, United States
281. Richard Cone, Baltimore, MD, United States
282. Rickey Sain, Chicago, IL, United States
283. Rob Camp, Barcelona, Spain
284. Robbie Neff, Danville, IL, United States
285. Robert Skinner, Corvallis, OR, United States
286. Rosalind Coleman, Prevessin, France
287. Roscoe Boyd, New York, NY, United States
288. Rosemary Forbes, Gatineau, Canada
289. Ross Cranston, Barcelona, Spain
290. Rowan Cade, Washington, DC, United States
291. Rupa Patel, St. Louis, MO, United States
292. Sabrine Bensouda, Baltimore, MD, United States
293.San Patten, Halifax, Canada
294. Sandy Naidoo, Johannesburg, South Africa
295. Sanjeev Gumber, Atlanta, GA, United States
296. Sarah Michienzi, Chicago, IL, United States
297. Sarah Roberts, Oakland, CA, United States
298. Sarah Steimer, Sacramento, CA, United States
299. Sean Cahill, Boston, MA, United States
300. Seanokeng Mbatha, Johannesburg, South Africa
301. Sergio Farfan, New Orleans, LA, United States
302. Shannon Weber, San Francisco, CA, United States
303. Sharon Achilles, Pittsburgh, PA, United States
304. Sharon Riddler, Pittsburgh, PA, United States
305. Shayna Buhler, Ottawa, Canada
306. Sheena McCormack, London, UK
307. Sherri Johnson, Washington, DC, United States
308. Sherri Karas, Pittsburgh, PA, United States
309. Sicelo Mthimkhulu, Johannesburg, South Africa
310. Siddharth Shenoy, Baltimore, MD, United States
311. Sinikiwe Mtetwa, Harare, Zimbabwe
312. Siyanda Tenza, Johannesburg, South Africa
313. Sophie Morudu, Johannesburg, South Africa
314. Sophie Strachan, London, UK
315. Stacey Edick, Pittsburgh, PA, United States
316. Stanford Chimutimunzeve, Harare, Zimbabwe
317. Stella Nwokolo, Lagos, Nigeria
318. Stephanie Sober, Philadelphia, PA, United States
319. Steve Miralles, Lima, Peru
320. Supercharger Moses, Kampala, Uganda
321. Suraj Madoori, Arlington, VA, United States
322. Susan Buchbinder, San Francisco, CA, United States
323. Susie Hoffman, New York, NY, United States
324. Suwat Chariyalertsak, Chiang Mai, Thailand
325. Sybil Hosek, Oak Park, IL, United States
326. Sylvia Sibeko, Gauteng, South Africa
327. Sylvie Rouby, Lyon, France
328. Syrus Ajuna, Kampala, Uganda
329. Takesure Jume, Harare, Zimbabwe
330. Tariq Bhanjee, Nepean, Canada
331. Temantfulini Mamba, Johannesburg, South Africa
332. Teopista Nakyanzi, Kampala, Uganda
333. Terry Saunders, Los Angeles, CA, United States
334. Thembisile Mogodiri, Johannesburg, South Africa
335. Thesla Palane-Phillips, Johannesburg, South Africa
336. Thom Bauer, Fort Wayne, IN, United States
337. Thomas Haig, Montreal, Canada
338. Thomas Moench, Baltimore, MD, United States
339. Thuy Hoang, Baltimore, MD, United States
340. Tian Johnson, Johannesburg, South Africa
341. Tim Menza, Boston, MA, United States
342. Timothy Lunceford-Stevens, New York, NY, United States
343. Ting-Wei Young, Baltimore, MD, United States
344. Tom Muyungu-Mukasa, Kampala, Uganda
345. Tony Benfield, Manila, Philippines
346. Tshepo Sagela, Johannesburg, South Africa
347. Victoria Hoverman, Gaithersburg, MD, United States
348. Vutomi Cibi, Johannesburg, South Africa
349. Wendy Mkhize, Durban, South Africa
350. William Karchner, Albany, NY, United States
351. Wipas Wimonsate, Bangkok, Thailand
352. Zoe Duby, Cape Town, South Africa

Founded in 2005, IRMA is a Chicago-based global network of over 1,200 advocates, policymakers and leading scientists from six continents working together to advance a robust rectal microbicide research and development agenda—from basic science to behavioural research. IRMA’s goal is to support the creation of safe, effective, acceptable and accessible rectal microbicides for cisgender and transgender women and men around the world who engage in anal intercourse. IRMA partners with other advocacy organizations around the world to help advance rectal microbicide research.

Microbicides are products that could be used in the vagina or rectum to reduce the risk of HIV infection. These products could also be formulated to reduce the risk of STI infection and/or unintended pregnancy.