

ACTIONDAY

Stop Research on Antifertility 'Vaccines'

Geneva, 2nd of May 1994



Today, on the opening day of the World Health Assembly of the World Health Organization (WHO), numerous women from all over Switzerland are taking part in the protest against the development of antifertility 'vaccines' in front of the Palais de Nations in Geneva. Supported by street performances and banners, WHO is asked to call an immediate halt to the research on immunological contraceptives, including all clinical trials.

WHO is one of the five institutions (see following page) working on research on such contraceptive methods.

Right now, Sweden has started on Phase II of clinical trials. The first women out of a total of 50 have already been 'vaccinated'.

The antifertility 'vaccine' as a new form of contraceptive for women presents no advantages at all over existing options – neither in terms of efficacy; reversibility, safety, protection against sexually transmitted diseases nor control by the user.

On the contrary, immunological contraceptives have a high abuse and danger potential:

- * They can be administrated to women without their knowledge or with false or inadequate information. This can happen especially in Third World countries where the popularity and wide-spread acceptance of anti-disease vaccines facilitates the introduction of antifertility 'vaccines'.
- * Once applied they cannot be 'switched off'.
- * They interfere with the immune system.
- * Women have to undergo questionable clinical trials.

In addition, the motives for developing immunological contraceptive methods work against the poor and especially women of Third World countries. As many researchers readily admit the concept of antifertility 'vaccines' is developed as population measures - meaning the reduction of the population of the South. According to these motives the major trend in contraceptive development is to create technologies which are long-acting, which have a low user failure rate, which are out of the control range of the user and which lend themselves for mass fertility control. Thus the woman's body is seen and treated as a machine to be mastered.

Facing the numerous family planning programs with coercive characteristics in Third World countries where medical care is totally inadequate, the antifertility 'vaccine' is clearly, directed against the interests of the poor and women. Therefore 338 Women's Organisations from all over the world have signed until today the "Call for a Stop of Research on Antifertility 'Vaccines'". The development of immunological contraceptives reflects the interests of the rich North: the growth of the population in the South is to be stopped in order not to jeopardize the exploitative international economic system and the unequal consumption of the world's resources.

Today we protest against the WHO as one of the institutions responsible for the development of immunological contraceptives, against the exploitation of the South by the North and of women by population controllers.

No to Antifertility 'Vaccines'
No to Population Control

ACTION DAY FOR A STOP OF RESEARCH ON ANTIFERTILITY ‘VACCINES’

We, the undersigned, support the Action Day of the 2nd of May 1994 on the occasion of the World Health Assembly of the World Health Organization WHO. The aim of this Action Day is to reinforce the “Call for a Stop of Research on Antifertility ‘Vaccines’”¹ that has been signed by 338 Women’s Organisations from all over the world until today. We call for an immediate halt to the development of immunological contraceptives because of concerns about health risks, potential for abuse, unethical research, and the assumptions underlying this direction of contraceptive research. Groups of contraceptive researchers worldwide have been developing a completely new class of contraceptives for the past two decades. Immunological contraceptives, also known as antifertility ‘vaccines’, are being developed primarily for women in LACAAP² countries.

The World Health Organization (WHO) is one of five institutions³ working on the development of such ‘vaccines’. Inside WHO the Human Reproduction Programme (HRP) is in charge of the research on immunological contraceptives. Its donors are: United Nations Development Programme (UNDP), United Nations Fund for Population Activities (UNFPA), World Bank, the governments of Denmark, Norway, Sweden, Great Britain and Germany.

The stated aim of those developing antifertility ‘vaccines’ is to induce temporary infertility by turning the immune system against body components which are essential for human reproduction. The ‘vaccine’ of WHO-HRP aims to neutralize the human pregnancy hormone hCG (human chorionic gonadotrophin), a hormone produced in a woman’s body by a fertilized egg shortly after conception. This hormone is altered, then coupled to a bacterial or viral carrier (for example, a diphteria) so that the immune system mistakes the natural pregnancy hormone for an infectious germ and reacts against it. The body thus does not get a signal to prepare for pregnancy and the fertilized egg is expelled.

We oppose the development of immunological contraceptives. Our main reasons are:

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1. The Call for a Stop of Research on Antifertility ‘Vaccines’ can be ordered at: Women’s Global Network for Reproductive Rights, NZ Voorburgwal 32, NL-1012 RZ Amsterdam
 2. Latin American, Carribbean, African, Asian and Pacific countries.
 3. The National Institute of Immunology, New Dehli, India / The Population Council, New York, USA / The Contraceptive Research and Development Programme (CONRAD), Norfolk, USA / The National Institute for Child Health and Development (NICHD), Bethesda, USA

1. ABUSE POTENTIAL

Immunological contraceptives will not give women greater control over their fertility but rather less. Immunological contraceptives, have a higher abuse potential than an existing method. They will be long acting (depending on the type they may last from one year to life-long). They cannot be 'switched off', and they are easy to administer on a mass scale because they will be injectables or a single pill. Researchers claim that the popularity and wide-spread acceptance of anti-disease vaccines could facilitate the introduction of antifertility 'vaccines', especially in LACAAP countries. This compounds our concern about mass administration of immunological contraceptives without women's knowledge or informed consent.

2. MANIPULATION OF THE IMMUNE SYSTEM FOR CONTRACEPTIVE PURPOSES

Immunological contraceptives present no advantage for women over existing contraceptives. Because they use the immune system, they are inherently unreliable. Individuals can react completely differently to the same kind of immunological contraceptive. In addition, stress, malnutrition and disease will cause unpredictable failures of the contraceptive. In women with a predisposition to allergies and autoimmune diseases, on the other hand, the 'vaccine' may cause life-long sterility. There will be no outward sign to know whether and when an immunological contraceptive is working.

Immunological contraceptives are unlikely to ever be harmless. They interfere with delicate and complex immunological and reproductive processes. There are many potential risks: induction of autoimmune diseases and allergies, exacerbation of infectious diseases and immune disturbances (AIDS).

Interference with the immune system for contraceptive purposes is indefensible at a time when primary health care systems in many countries are being dismantled and when the incidence of many infectious diseases are increasing.

3. UNETHICAL CLINICAL TRIALS ON WOMEN

We are not only concerned about what is being developed, but also how it is being developed.

Clinical trials conducted by the WHO-HRP have taken place in Australia. The Karolinska Institute in Stockholm and the University Hospital of Uppsala in Sweden have been designated for Phase n of clinical trials. Just recently the first women out of a total of 50 who shall be involved have been 'vaccinated' at the Karolinska Institute.

The four institutions mentioned in footnote 2 carried out clinical trials in India, Brazil, Finland, Dominican Republic and Chile.

International standards of ethics in clinical trials state that human experimentation should only take place if the product being developed offers advantages over existing options. Immunological contraceptives offer no advantage in terms of efficacy, reversibility, safety, protection against sexually transmitted diseases or control by the user. The risks to women cannot be justified.

In addition to not adhering to international standards, these trials are also unethical because:

The enrolment of women was not based on informed consent everywhere. Consent forms have compared immunological contraceptives to anti-disease vaccines. This analogy obscures the differences in principle of action and purpose between the manipulation of the immune system for contraception and the induction of immune defense against harmful microorganisms.

There has been insufficient data collection about adverse effects to women and children born to women during trials.

4. FRAMEWORK OF CONTRACEPTIVE RESEARCH

As many researchers readily admit, the concept of antifertility 'vaccines' was conceived in a "demographic driven, science led" framework. The major funders of contraceptive research want to increase the effectiveness of population control programmes. Most of the scientists involved in the research see the women's body as a machine to be mastered. The major trend in contraceptive development has

been to create technologies which are long acting, have a low user failure rate, which lend themselves for mass fertility control – and which interfere with delicate and complex processes in the human body. Most contraceptive research is still directed at methods for women. Research on intrauterine devices, long-acting hormonal injectables and implants (Norplant) has been given precedence over user controlled low-tech methods such as diaphragms and condoms, or over existing local practices of fertility control. Antifertility ‘vaccines’ are a logical culmination of this framework.

WHAT DO WE WANT?

We call for a radical reorientation of contraceptive research. Population control ideology should not guide the development of contraceptives. Approximately 10% of public funding for new contraceptive research worldwide is currently being spent on antifertility ‘vaccines’. We would like to see this funding redirected. The aim must be to enable people - particularly women - to exert greater control over their fertility without sacrificing their integrity, health and well being. Contraceptive development must be orientated at the realities of women’s lives. Above all it must consider local health care conditions and the position of women in society.

We call on the World Health Organization-HRP in particular and on all the other research institutions involved in the development of immunological contraceptives, to immediately stop all research on these methods.

We call on all Hinders to stop financing this type of contraceptives.

Signing Organizations of this Action Day:

Antígena, Women’s Group against Population Policy and Genetic Engineering, Zurich

EFI, Espace Femmes International, Geneva

FINRRAGE, Feminist International Network of Resistance to Reproductive and Genetic Engineering, ICG, Hamburg

WGNRR, Women’s Global Network for Reproductive Rights, Coordination Office, Amsterdam

WEMOS, Amsterdam

WHAF, Women’s Health Action Foundation, Amsterdam

ENWRAC, European Network for Women’s Rights to Abortion and Contraception, London

UBINIG, Bangladesh

All India Drug Action Network, India
Forum for Women's Health, Bombay
International People's Health Council (Asia), India
Medico Friends Circle, India
People's Health Network, India
Voluntary Health Association of India, India
Women's Health Philippines, Philippines
Women's Resources Research Center, Philippines
REDEH, Brazil
CISAS, Nicaragua
FINRRAGE, Australia
National Abortion Campaign, London .
BUKO Pharma Campaign, Germany
Declaration of Berne, Lausanne and Zurich
MoZ, Women's Group against Forced Motherhood, Zurich
NOGERETE, National Women's Organisation against Genetic and Reproductive Engineering, Switzerland