

THURSDAY, 21 OCTOBER 1993

# Anti-fertility vaccines in eye of storm

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A GLOBAL campaign calling for an immediate halt to research in a number of anti-fertility vaccines will be launched next month by women's organisations. These groups assert that the development of such vaccines has given rise to serious concern about health risks to the users. They say that the vaccines offer women no advantage over the existing range of contraceptives.

The groups are likely to demand a radical reorientation of contraceptive research policy, with a redirection of public funds the world over (10 per cent of which is now being used for developing anti-fertility vaccines) towards the development of contraceptives that give women greater control without any detriment to their health.

The women's organisations from countries including India, Switzerland, the Netherlands, Argentina, Zimbabwe and Egypt, which attended an international workshop in Germany on the subject, have also decided to appeal to funding agencies such as the World Bank, the United Nations Population Fund and the United Nations Development Programme, among others to stop financing research projects for such contraceptives targeted at

women in the LACAAP countries (Latin America, the Caribbean, Africa and Asia).

Anti-fertility vaccines induce temporary infertility by turning the immune system of the human body against body components that are essential for human reproduction. A variety of such vaccines are reportedly being clinically tested on humans by five major institutions, including the World Health Organisation, the Population Council, the Contraceptive Research and Development Programme, and the National Institute for Child Health and Development.

India is also trying to develop an indigenous vaccine along these lines with the National Institute of Immunology, New Delhi, using the most advanced technique—neutralising the human pregnancy hormone hCG (human chorionic gonadotrophin), produced in a woman's body by a fertilised egg shortly after conception. The hormone is altered and coupled with a bacterial or viral carrier so that the immune system of the body mistakes the pregnancy hormone for an infectious germ, reacts against it and expels the egg.

A major objection to such vaccines is the fact that they are inherently unreliable because they use the immune system. The organisations which have been

following the issue closely point out that individuals can react differently to the same kind of immunological contraceptive. For example, they say, the Indian Anti-hCG did not work for 20 per cent of the women while its effect lasted from six months to two years in other women. While stress, malnutrition and disease may have a role to play in this, these organisations feel the vaccine may cause life-long sterility in men and women predisposed to allergies and autoimmune diseases.

Women also fear the potential risks of tampering with the delicate and complex immunological and reproductive process, like exacerbation of infectious diseases and immune disturbances and the high risk of fetal exposure to ongoing immune reactions. They point out that as research on this subject started 20 years ago, little or no thought was given to how such contraceptives may directly or indirectly increase risks of HIV infection or hasten the onset of full-blown Aids. They point out that any 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 the incidence of infectious diseases is on the rise.

Various groups assert that the immunological contraceptive offers no advantage over the existing options in terms of efficacy, reversibility, safety or protection against sexually transmitted diseases, as required by international standards of ethics in clinical trials.

Another major objection is that the enrolment of women is not based on informed consent. Women's organisations allege that consent forms have compared the contraceptives to anti-disease

vaccines. Objection is also being raised on the grounds that there is very little data about the adverse effects on women and children born to women during trials.

Clinical trials of the vaccines have taken place in Brazil, Sweden, Finland, the Dominican Republic, Chile and Australia, but India is the only country where tests have entered the second phase of clinical trials and women's groups here have been pressing for the dropping of research on the vaccine.

In fact, they insist that clinical trials are being carried out in an unethical manner with women patients at a reputed public hospital in the capital being injected with the vaccine under the guise of other medication.

Activists and organisations across the country are, meanwhile, preparing for next month's campaign which will take off with an education programme for the media organised by the Forum for Women's Health to discuss the issue.