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COST-EFFECTIVENESS OF A HYPOTHETICAL MICROBICIDE INTERVENTION

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Under investigation for the past twenty years, microbicides intend to provide women with an adequate and acceptable technology for the prevention of HIV transmission that they can control. In the last few years, closures of phase III clinical trials of several microbicide candidates have questioned the ongoing research and development in the field. In particular, besides scientific research and advocacy mobilization, very little attention has been paid to the public health foundations of the potential implementation of a microbicide intervention. In that regard, we offer here a cost-effectiveness analysis of a hypothetical microbicide intervention in two very different epidemiological settings, in a developing country with a high level generalized epidemic such as in South Africa and in a developed country presenting epidemiological features similar to the United States. We use a simple methodology that leads us to insightful conclusions, which can in the end inform policy makers. In particular, we explore the impact of a 30% effective microbicide, following recent findings for the Pro2000 microbicide gel from the HPTN 035 Trial. We show that the chosen hypothetical microbicide intervention will be cost-effective in a developing country presenting a high prevalence rate of HIV such as South Africa. It will be more costly than antiretroviral therapy in a developed country presenting a low prevalence rate of HIV such as the United States.