International Partnerships for Microbicides (IPM) is dedicated to providing women with affordable and self-initiated human immunodeficiency virus (HIV)-prevention strategies they can use to protect their own health. Founded in 2002 as a product development partnership, IPM has become an important partner in the microbicide field.

**Mission**

IPM’s work is guided by a singular global health mission: (a) provide women with safe, effective, and affordable products they can use to protect themselves against HIV infection and (b) make these products available as quickly as possible where the need is most urgent.

IPM is developing microbicides that are based on the same types of antiretroviral (ARV) drugs that are already being used successfully to treat HIV/AIDS and to prevent mother-to-child transmission and that have been shown in various studies to prevent HIV when used consistently.

IPM’s work, like that of other nonprofit organizations in the field, is focused on turning that promise...
into a scientific reality.

**Consortium History**

2002: IPM founded

**Structure & Governance**

IPM’s Board of Directors (BOD) oversees the organization’s strategic planning, operations, and finances.

Board members have extensive experience in public health, HIV prevention, pharmaceutical development, economic development, healthcare financing, and government operations in developing and developed countries.

The current Board consists of 12 members, representing countries in Africa, Asia, Europe, and North America, who work in academia, government, and the for-profit and nonprofit private sectors. Each member serves on a volunteer basis for three-year terms. IPM’s chief executive officer serves as an ex officio nonvoting member of the Board.

IPM’s Scientific Advisory Board (SAB) was created in 2002 to provide ongoing, high-level, scientific advice to IPM’s staff and BOD. The scientific agenda is based on a set of decision-making criteria first approved by the SAB in 2003. The original SAB did not meet regularly, but IPM established an Executive Committee of its SAB to convene annually, beginning in 2006. In 2009, the SAB created two subcommittees, with ad hoc subcommittees to be formed if product development and clinical activities and timelines require more defined expert discussion. The SAB consists of members with expertise in drug development, HIV and ARV science, microbicide development, clinical evaluation, delivery system expertise, regulatory knowledge, and other relevant areas.

IPM’s BOD reviews, approves, and updates, as needed, the “Terms of Reference for the SAB” and is consulted on SAB composition and leadership.

IPM is committed to conducting its work in an ethical manner. IPM’s Foreign Corrupt Practices Act Policy can be found on its website.
Financing


Patent Engagement

At IPM, clinical trials are designed with the safety and well-being of all participants as the highest priority. Research center staff closely monitor clinical trial participants’ safety throughout the course of the study. In addition, a Safety Evaluation Committee or Data Safety Monitoring Board periodically reviews data from IPM’s ongoing studies and makes recommendations, if necessary, to ensure the continued well-being of the participants.

IPM’s clinical trials follow strict ethical guidelines in accordance with the principles of the World Medical Association Declaration of Helsinki, the International Conference on Harmonisation (ICH) Good Clinical Practice (GCP) guidelines, and country-specific clinical trial guidelines and regulations.

Each of IPM’s research studies is approved in advance by in-country regulatory authorities and by provincial and local ethics committees. IPM clinical trials are monitored frequently to ensure the conduct of the trial is in compliance with the protocol, GCP, and applicable regulatory requirements.

Informed Consent

IPM is committed to ensuring that all those participating in research studies provide informed consent based on a clear understanding of the study, including the potential risks and benefits of participation.
Clinical research must be conducted in full partnership with the countries and communities hosting the clinical trials.

**Partnering with Local Communities**
IPM works closely with local research center partners in all aspects of clinical trial planning, including protocol development, approvals, and implementation.

**Reaching out to Communities**
Community involvement is essential because health policy is often heavily influenced by public opinion, and potential new HIV prevention methods cannot be effectively studied without the support of the surrounding community. IPM supports its research center partners in developing and implementing community engagement plans designed to build broad community support for and understanding of microbicides and IPM research studies. The cornerstone of this outreach is a set of extensive community outreach activities designed to:

**Impact/Accomplishment**
IPM researchers publish scientific and technical articles on a variety of topics from product development and clinical trial results to regulatory policy.

IPM announced in May 2014 that it received exclusive worldwide rights to a promising HIV prevention medicine called dapivirine from Janssen R&D Ireland, one of the Janssen Pharmaceutical Companies of Johnson & Johnson. The agreement expands on IPM’s existing rights to develop, manufacture, and commercialize dapivirine-based products for use by women in developing countries and will now give women in developed countries access to products containing dapivirine, such as a vaginal ring that combines dapivirine and a contraceptive.

Since IPM’s inception in 2002, its pipeline has included products based on ARVs — the same types of drugs that have proven successful in treating HIV/AIDS and preventing mother-to-child transmission in millions of people around the world. The pipeline of ARV compounds at IPM is a result of its partnerships with pharmaceutical companies. Through royalty-free licensing agreements for seven ARVs or active pharmaceutical ingredients and exclusive worldwide rights for one ARV called dapivirine, IPM has access to an array of drugs with a variety of mechanisms of action against HIV infection.
IPM’s clinical trials are carried out sequentially: first to determine the safety of a product and then to test its efficacy or ability to prevent HIV infection. Its initial safety trials, Phase I trials, involve small numbers of women under carefully controlled clinical conditions. Expanded safety trials, Phase I/II, are then conducted to gain additional safety data among more participants over longer periods of time. When the safety trials are complete, longer-term safety and efficacy trials are conducted. IPM has carried out 24 clinical trials to date.

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Points of Contact

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