

Out of the Public's View: The Battle for Quinacrine

Madeline Weld

All of the world's nations have fallen short of the commitments they made in Cairo to make contraception universally available. Canada's expenditures to support international family planning at just over \$30 million annually, are well short of the \$200 million plus it should be spending.

In the developing world, sterilization accounts for 45% of all contraceptive use. Most couples complete their families within ten years, leaving another 25-30 years requiring contraception. To stay on course for the UN median projection of 12 billion people by the end of the 21st century, replacement fertility (2.1 children per woman) must be achieved by the year 2035. To meet this goal, developing country contraceptive rates will have to rise by one half percent a year. According to UN Family Planning Agency estimates, this will require an estimated 200 mil-

lion sterilizations over the next 10 years. Some experts consider this figure an underestimate, because scares over other contraceptives could stimulate an increased demand for terminal methods. Barring a rapid change of attitude on the part of men in the developing world toward vasectomies, most of the demand for sterilization will be from women.

Given the above, one might expect that the World Health Organization (WHO) would jump at the chance to test a female sterilizing agent that earlier trials have **shown** to be safe, low cost, effective and easy to administer under developing world conditions. Precisely such an agent is available in the form of quinacrine.

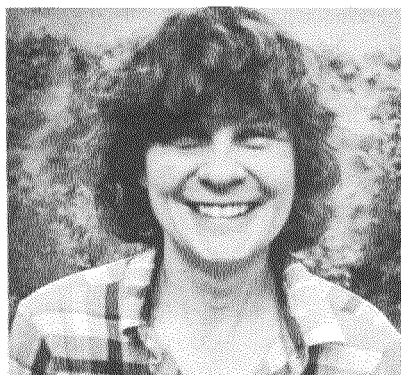
Since 1930, millions of people have used quinacrine for prolonged periods as an antimalarial agent, and to treat active malaria. Three million U.S. troops used it during World War II, and its importance during wartime generated 20,000 scientific papers. Though replaced by newer anti-malarial drugs, it is still used to treat other diseases.

Quinacrine's ability to induce scarring led to its testing as a chemical sterilizing agent in Chile in the 1970s. Introduced into the uterus, it caused scarring of the Fallopian tubes. Later small clinical trials of quinacrine were mounted in 13 countries in Asia, the Middle East and Latin America. In 1989, Vietnam undertook a very large field trial. It has a rapidly growing population, inadequate medical facilities, and a budget

which assigns 20a per woman per year on family planning. In all 31,781 procedures were done over four years. Only 818 pregnancies resulted, there were no deaths and only 8 serious complications. Comparable figures for surgical tubal ligations would be 30 deaths and 1000 or more serious complications. No sterilization (and therefore childbearing), leads to estimates of 242 maternal deaths. In 1993, the medical journal *The Lancet* published an article saying that quinacrine held great promise for meeting the needs of Vietnam, given its low cost, ease of application and high success rate (Vo1324: 213-217).

Within two months of publication of the article, a critical response was circulated privately by the medical director of the Association of Voluntary Surgical Contraception, who had much to lose were chemical sterilizations to replace surgical sterilization. Then an officer of the WHO raised the **spectre** of cancer, although quinacrine had never been linked to cancer in the millions of people who had used it since 1930. The opposition groups did not follow the standard scientific route of writing to the *Lancet's* editors and allowing the original authors to answer their criticisms. Notwithstanding their unsubstantiated arguments and unscientific procedures, they have stopped the trials in Vietnam, where 7 million **women** wish to be sterilized, and a lack of contraception has resulted in one abortion for every live birth.

The WHO has no plans to undertake its own clinical trials, which would allow it to give the drug its approval, but has in fact killed any further studies on quinacrine. Quinacrine is not offered by any UN agency nor by most governments; however, Chile has approved the method under a strict protocol. In some countries it is available through Marie Stopes International, or privately through



Dr. Weld is a physiologist who chairs Global Population Concerns-Ottawa.

doctors.

Quinacrine has also received bad press. The 1995 BBC video, *The Human Laborutoy*, savages the contraceptive Norplant and population control programs. In a section on quinacrine, a feminist activist calls it an unethical contraceptive whose advocates are driven by racist fears. The millions of people who have used quinacrine safely over several decades, including 100,000 women who used it as a chemical sterilant, are never mentioned. The allegedly responsible BBC tells us that the WHO is refusing to test quinacrine. It fails to mention that the medical director of WHO's Human Reproduction Program, Dr. Giuseppe Benagiano, is the son of the Pope's dentist, works at a Catholic university in Rome and is believed by many to have been appointed under pressure from the Vatican. Nor does it raise the issue of the WHO's abysmal record in the area of family planning, starting with the successful attempt by the Vatican to have family planning removed from WHO's general health care umbrella right at its inception.

Some say the Vatican got creamed in Cairo. What a powerful loser it has shown itself to be, with apparent allies in unexpected places. ■