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for women. Speakers provided updates on research findings and studies under way on the female condom, cervical barrier methods (e.g., diaphragm and cervical cap), and microbicides, and discussed the scientific and policy issues related to the development, testing, availability, use, and acceptability of these methods.

In conjunction with the International AIDS Society's HIV Pathogenesis and Treatment Conference held in Rio de Janeiro, Brazil, in July 2005, amfAR sponsored an official satellite symposium on the topic of women, sexual violence, and HIV. The satellite session presented and discussed findings from clinical, social, and public policy research that have demonstrated the links between sexual violence and HIV infection among women and girls, and participants discussed future directions for research, policy, and advocacy.

At the XVI International AIDS Conference in Toronto in August 2006, amfAR organized a symposium on drug use, HIV, and harm reduction among women. Drug use, especially injecting drug use, continues to be a significant route of HIV infection among women in many communities in North America and globally. Panelists agreed that the specific needs and vulnerabilities of drug-using women must be taken into account when devising strategies to curb the spread of HIV.

amfAR also convened and facilitated meetings that led to the formation of the Women and HIV/AIDS Coalition and its initial steering committee. Working groups were formed to develop the education and policy agenda that will serve as the basis for enlisting additional members in the Coalition.

Women, Sexual Health, and HIV/AIDS: An amfAR Initiative

One area in which women have now reached parity with men is HIV/AIDS. In 2005, about one-half of all people living with HIV/AIDS globally were women, almost 18 million total. In some locales and age groups, the percentage of females with HIV/AIDS has already surpassed that of males. Recent evidence suggests that the numbers and rates of HIV infections in women will continue to rise.

Responding to this increasing "feminization" of AIDS requires raising awareness of the public health catastrophe threatening women and girls worldwide and the urgent need for greater efforts to protect them. The challenge is a demanding one, for the biological, social, and economic underpinnings of the pandemic cut across continents and national boundaries. Women's vulnerability to HIV infection and the gender inequalities that fuel that vulnerability threaten individuals, families, and communities around the world.

Women and HIV in the U.S.

In the minds of many, AIDS in the United States is no longer a crisis. But the changing picture of the epidemic is cause for grave concern.

- Women represent more than one in three new HIV infections and one in four new AIDS cases.
- HIV is most often transmitted to women through heterosexual sex and during their childbearing years.
- The incidence of HIV infection among young women is rising sharply: girls now account for 43 percent of new HIV infections among youth aged 13 to 19.
- AIDS is now the leading cause of death for African-American women aged 25 to 34. African-American women are 24 times more likely to have AIDS than white women, and Hispanic women are 6 times more likely.



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The International Picture

Although HIV-positive women in the U.S. have greater access to care and treatment than do women in developing countries, the factors that govern their vulnerability to HIV infection in the first place are strikingly similar. Women are more than twice as likely to contract HIV from men during sexual intercourse than vice versa. In some countries, marriage—particularly early marriage—may increase a woman's HIV risk. In a study of two cities in Kenya and Zambia, married adolescent girls had a 10 percent higher HIV infection rate than their sexually active, unmarried peers. Similarly, a study in New York found that women were twice as likely to acquire HIV infection from a husband or long-term partner than from a casual sex partner.

Sub-Saharan Africa is the region most devastated by HIV/AIDS in the world—women there account for 59 percent of those living with HIV/AIDS. Among young people aged 15 to 24, women account for 76 percent of HIV infections. In parts of Eastern and Southern Africa, more than one-third of all teenage girls are infected. South and Southeast Asia, especially India and China, are poised to follow the disastrous course the disease has taken in Sub-Saharan Africa. Rapid increases in HIV infection are also occurring in Eastern Europe and Central Asia, and AIDS represents a serious threat in Latin America and the Caribbean.

How Did It Come to This?

The vulnerabilities of women to HIV/AIDS are rooted in almost every aspect of life, from biological conditions to economic, social, and political realities. Despite the obvious differences in women's lives across the globe, particularly between those in resource-limited settings and the developed world, HIV/AIDS presents a consistent set of issues for all women.



Women are at least twice as likely to acquire HIV from men during sexual intercourse than vice versa.

Biology

The physiology of the female genital tract makes women inherently more vulnerable to HIV than men. Women are twice as likely to acquire HIV from men during intercourse than vice versa, and young women may be especially vulnerable because of the changing anatomy of the reproductive tract during adolescence.

A number of HIV-related conditions occur solely or more frequently in women than in men. Most significant are gynecological complications, including invasive cervical cancer, which occurs five times more frequently among HIV-infected women than among the general female population. And for those few women fortunate enough to have access to HIV treatment, there are still many open questions about how women respond differently to antiretroviral drugs.

Economic and Social Factors

Economic and social forces place women at additional risk for HIV. All around the globe, women have less economic power than men. This situation is often compounded by reduced social and legal rights and has a number of consequences in the context of HIV/AIDS. Women and even girls are often forced to marry as a means of economic support, but if their husbands are not monogamous they can neither insist that the men remain faithful nor that they use condoms. Women are also placed under enormous social pressure to produce children, which rules out the use of condoms altogether. The result is that in some parts of the world, a woman's greatest risk of acquiring HIV occurs when she is married and monogamous. A female-controlled prevention method such as a microbicide, which could be used discreetly to prevent sexual transmission of HIV, would represent one of the most important advances that could be made to prevent HIV infection.

Economic pressures sometimes force families to make choices, and often they may choose to trade off a daughter's education for her contribution as a wage earner. This leaves girls and women not only less informed about health issues but also less able to obtain information that might help protect them from HIV infection. In the long term, educational and economic disadvantages for women perpetuate poverty and a reliance on men, and they make women less able to take simple steps to protect their own lives.

Such economic disparities are not limited to the developing world. In the United States, for example, men with HIV are more than twice as likely to have private health insurance as women, while women constitute 71 percent of adult Medicaid beneficiaries.

Superimposed on the increased vulnerability of women to HIV is the fact that women are most often the primary caregivers in society and play a central role in holding families and communities together. As women are increasingly dying of AIDS, the communities in which they live are falling apart.

Our ability to thwart the advance of HIV/AIDS among women and girls before it overwhelms us is dependent on many factors, both scientific and political. But the most important may be the strength and resilience of women themselves. "Supporting these women must be our strategy for the future," said U.N. Secretary-General Kofi Annan. "It is among them that the real heroes of this war are to be found. It is our job to furnish them with strength, resources, and hope."

amfAR's Women, Sexual Health, and HIV/AIDS Initiative

amfAR's response to this growing epidemic has been to establish the Women, Sexual Health, and HIV/AIDS initiative, which was launched in 2004. Its goal is to raise awareness about the HIV/AIDS epidemic among women and girls, both in the U.S. and globally, and to promote research, education, and policy activities to address the disease. New efforts will be integrated into and build on some of amfAR's ongoing activities and programs.

Supporting Research

amfAR provides targeted, early-career awards and fellowships to support scientists focusing on women, sexual health, and HIV across a range of disciplines, including basic biomedical, clinical, behavioral, and social sciences. To support the continued development of female-controlled prevention methods, amfAR funds innovative projects such as those pursuing an effect anti-HIV microbicide. amfAR convenes consultations and think tanks that rely on the expertise of researchers, policy makers, advocates, and community members to identify effective ways in which to ameliorate the social, political, and economic vulnerabilities that intensify the HIV/AIDS epidemic among women.

Evaluating, Translating, and Disseminating Research Results

amfAR's TREAT Asia program targets many Asian countries in which women's vulnerability to HIV/AIDS is especially acute. TREAT Asia is a network of clinics, hospitals, and research institutions working to ensure the safe and effective delivery of HIV/AIDS treatments throughout Asia and the Pacific. TREAT Asia aims to increase treatment literacy and build capacity among physicians, health-care workers, and civil society so that they can provide those infected with HIV with up-to-date information on cutting-edge therapies, their benefits, and possible side effects. TREAT Asia is also developing capacity to conduct region-wide clinical research studies. The TREAT Asia HIV Observational Database is the first database to assess the natural history of HIV disease among both male and female treated and untreated patients in the Asia-Pacific region.

As part of its continuing medical education program, amfAR will continue to focus attention on the unique needs of women and HIV/AIDS. The Foundation's programs have highlighted often-neglected women-specific topics of epidemiology, prevention, treatment, and adherence, including sessions that emphasize racial and ethnic differences and metabolic and body composition complications affecting women during the clinical course of HIV.

amfAR will continue to hold briefings and symposia for Congressional members and staff and at national and international conferences to address the HIV/AIDS epidemic among women and girls. These briefings and symposia will highlight current scientific and policy issues that affect women and HIV, such as gender-based violence, female-initiated prevention methods, harm reduction, and economic dependence. amfAR will continue to raise awareness and



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educate the public about the disparate impact of HIV/AIDS on women throughout the world, using targeted media campaigns, publications, and its website to disseminate critical information to multiple audiences.

Putting Research Results into Practice

In 2005, in collaboration with other organizations, amfAR facilitated the creation of the Women and HIV/AIDS Coalition (WHAC), the goal of which is to raise awareness and advocate around the invisible epidemic of HIV/AIDS among women in the U.S., and around the U.S. government's HIV/AIDS-related policies as they affect women globally. amfAR remains committed to supporting WHAC as it further develops its membership, operating structures, and policy and advocacy agenda. amfAR will continue to develop issue briefs, fact sheets, and reports that evaluate and summarize the scientific evidence on issues related to women and HIV/AIDS. These are distributed to Congressional members and staff, educators, the media, advocacy groups, and other community members to help inform evidence-driven policies that benefit women.

Accomplishments

On November 30, 2004, amfAR held a symposium highlighting the biological, social, and environmental factors that contribute to the feminization of AIDS. A panel of experts in research, clinical practice, and patient advocacy explored the commonalities among women around the world with respect to increased vulnerability to HIV infection and the gender inequalities that fuel it. The symposium audience included researchers, global opinion leaders in HIV/AIDS and public health, foundation heads, non-governmental organizations, women's health groups, and invited press.

In April 2005, amfAR held a symposium at the 17th National HIV/AIDS Update Conference focusing on HIV prevention technologies