

## Women and HIV/AIDS Worldwide: Fast-Tracking the End of an Epidemic

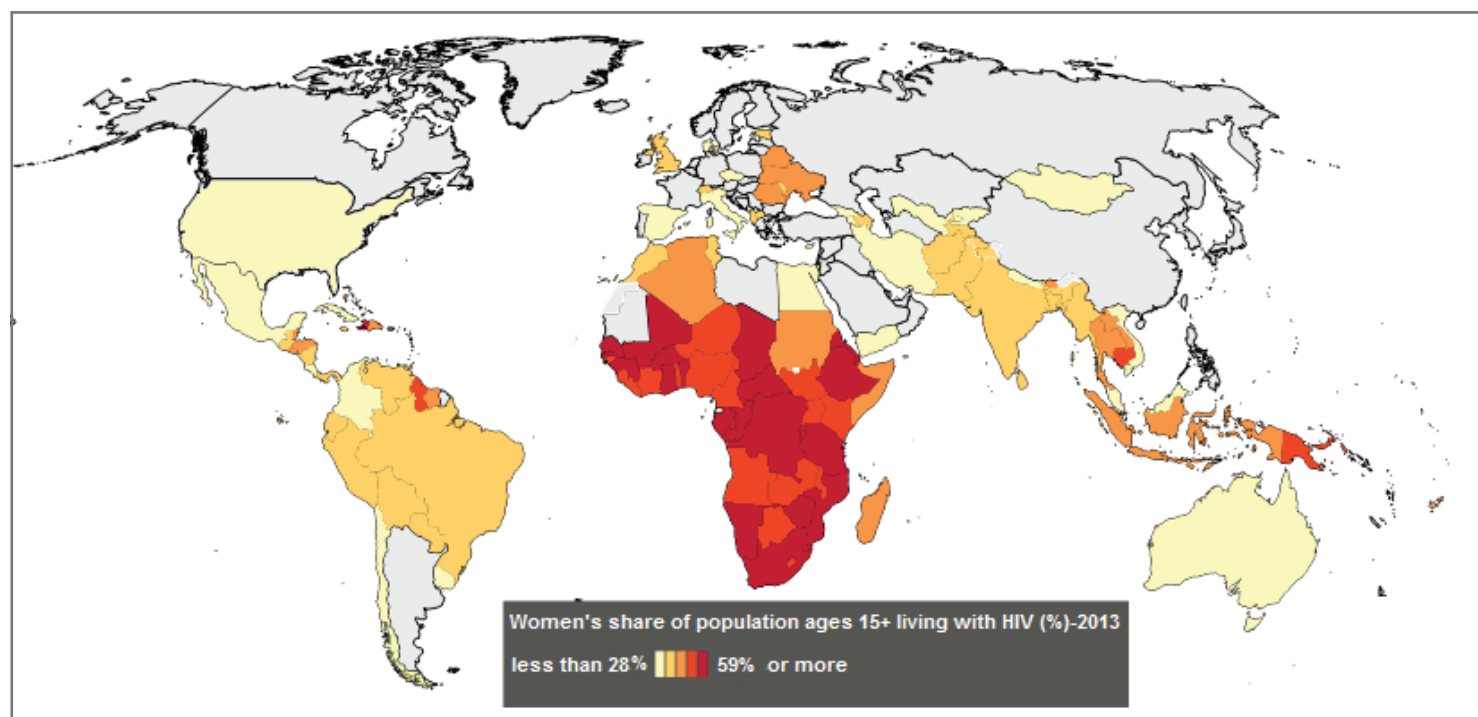
### The Statistics Are Startling

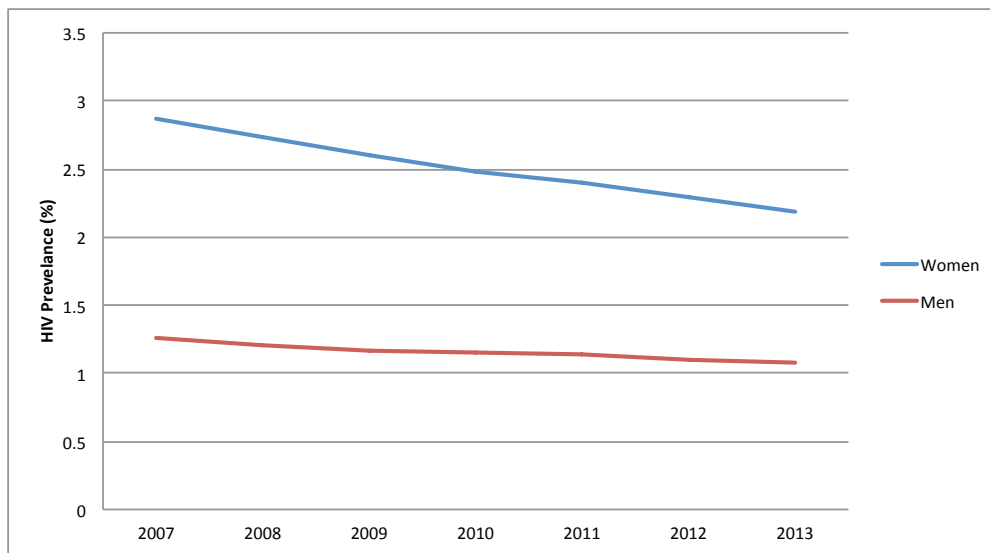
Women comprise half of all adults living with HIV across the globe and represent an even greater proportion of the epidemic in regions such as sub-Saharan Africa (58%) and the Caribbean (53%).<sup>1</sup> HIV/AIDS is the leading cause of death among women of reproductive age. New infections disproportionately affect young women aged 15–24, with rates twice those for young men in many parts of the world. Of all new infections among young people aged 15–24 in low- and middle-income countries, 60% occur among young women. In sub-Saharan Africa, an alarming 80% of new infections among adolescents occur among girls. Despite decreasing HIV prevalence among both women and men in sub-Saharan Africa over the past seven years, this gender disparity has persisted (Figure 2). Every week, 4,600 young women are infected with HIV.<sup>2</sup>

According to UNAIDS, new HIV infections are at their lowest levels this century—2.1 million in 2013. In the last three years alone, new infections have fallen by 12% among women and 8% among men. AIDS-related deaths are at their lowest level since their peak in 2005, having declined by 35%. From 2010 to 2013, AIDS-related mortality declined 25% among women and 58% among children.<sup>3</sup> As a result of antiretroviral therapy (ART) provided to HIV-positive pregnant women, there has also been a 52% decline in the number of infants infected with HIV worldwide since 2001.<sup>4</sup>

At last there is hope, but much work remains to be done if we are to achieve an HIV-free generation in the years ahead. The time has come for nations to fast-track the implementation of evidence-based interventions to reach women and girls by rapidly scaling up prevention, testing and treatment efforts.

**Figure 1. HIV Burden Among Women Worldwide**



**Figure 2. Average HIV Prevalence Among Young Women and Men in Sub-Saharan Africa**

physical and/or sexual violence, and some national studies report rates as high as 70%. Violence increases women's risk of HIV infection and takes an enormous toll on families, communities and countries.

These concerns are amplified for vulnerable populations: sex workers, people who inject drugs, and transgender women. They are often subjected to stigma, discrimination, violence and legal obstacles that hinder their efforts to protect themselves from infection or from seeking treatment if diagnosed with HIV.

Investing in research must be a priority to discover a cure and a vaccine. As we fight to end the HIV/AIDS epidemic in the future, a focus on women and girls is central to these efforts.

### The Impact of HIV/AIDS on Women and Girls

In general, women are more vulnerable than heterosexual men to becoming infected with HIV. In addition to increased biological vulnerability to HIV infection, the effects of poverty, discrimination, lack of education, child marriage, economic instability and gender-based violence can impede a woman's ability to prevent infection and result in poorer health outcomes if she becomes infected. The World Health Organization reports that one in three women (35%) worldwide has experienced

A cornerstone in ending AIDS is early diagnosis and treatment. When virally suppressed as the result of effective therapy, transmission of infection to others can be reduced by as much as 96%. While in most regions of the world and especially those with a high burden of HIV infection, women are more likely to be receiving ART than men, obstacles to obtaining therapy remain. Across all low- and middle-income countries, only 57% of treatment eligible men and 73% of treatment eligible women received ART in 2012, without which viral suppression is impossible.<sup>5</sup>

**“Poverty, discrimination, lack of education, child marriage, economic instability and gender-based violence can impede a woman's ability to prevent infection.”**



In the same year, approximately 66% of women in low- and middle-income countries did not know their HIV status and only 58% of pregnant women living with HIV received ART to prevent mother-to-child transmission.<sup>6</sup> Stigma, discrimination, socio-economic challenges and inequities including gender-based violence and lack of control over healthcare decisions are all obstacles that must be removed to increase women's access to prevention, treatment and care.

Prevention is critical to ending the AIDS epidemic worldwide. There are now many tools available to keep women from becoming infected with HIV, including education, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), male

and female condoms, and harm reduction services for women who inject drugs. New technologies are under development including long-acting microbicides, combination PrEP with contraceptives, and vaccines.

## A Roadmap for Ending AIDS in Women Worldwide: amfAR's Action Steps

The following are Policy Action Steps recommended by amfAR to achieve an AIDS-free generation and help more women living with the disease to survive and thrive:

- Prioritize and mainstream issues of gender, sex differences, and women's rights in all national strategic plans to fight HIV/AIDS as well as the United Nations' Sustainable Development Goals.
- Increase investments in lifesaving initiatives including PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Expand HIV testing of women and provide them with the tools they need to prevent HIV infection, including education, condoms, PrEP, PEP, and harm reduction services for women who inject drugs.
- Eradicate mother-to-child transmission worldwide.
- Increase women's access to integrated, comprehensive health services including reproductive healthcare.
- Engage men as important allies and collaborators to fight gender inequalities in their countries. Provide treatment and prevention services to all men in need, which will also help decrease HIV transmission to women.
- Use mobile technology and social media for education, surveillance, training, consultations, conducting research and engaging more women in testing and care.
- Develop necessary infrastructure, including legal processes, to prevent and respond to violence against women.
- Provide gender responsive programming for key populations of women.
- Invest in research on women and AIDS. Ensure that females are adequately represented in HIV/AIDS basic and clinical research and that sex differences are analyzed and reported. Prioritize research to discover an HIV cure and vaccine.
- Ensure publications on HIV/AIDS from government and private sector organizations report findings by sex and other socio-demographic variables.
- Establish innovative public/private sector partnerships engaging diverse stakeholders across sectors to achieve sustainability in controlling and ending the epidemic.

For too long, women's health was neglected in AIDS research, in clinical settings, and in public policies. Now, as a result of an increased focus on women's health and HIV/AIDS, there are hopeful signs that the number of new HIV infections is declining for females globally. However, much more needs to be done. To achieve a world without AIDS, the special needs of women in the HIV epidemic must be a top priority.

## References

- 1 UNAIDS. Global Report: UNAIDS report on the global AIDS epidemic 2013. 2013
- 2 UNAIDS, The Gap Report, 2014
- 3 UNAIDS. Global Report: UNAIDS report on the global AIDS epidemic 2013. 2013
- 4 CDC. HIV Among Pregnant Women, Infants and Children Fact Sheet, 2014
- 5 UNAIDS. Global Report: UNAIDS report on the global AIDS epidemic 2013. 2013
- 6 UNAIDS. Global Report: UNAIDS report on the global AIDS epidemic 2013. 2013

# amfAR

MAKING AIDS HISTORY

amfAR, The Foundation for AIDS Research

[www.amfar.org](http://www.amfar.org)

Public Policy Office  
1150 17th Street, NW  
Suite 406  
Washington, DC 20036  
USA  
+1.202.331.8600