WOMEN & HIV: A GLOBAL UPDATE

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Objectives

• Review the current global burden of HIV among women
  • Trends and progress to date
  • Groups with heightened risk

• Examine key elements of the HIV response for women
  • Ongoing gaps in response
  • Areas for future research
Global HIV Burden among Women

35 million people are living with HIV
32 million adults and 3.2 million children
17.6 million women and girls

HIV is the leading cause of death among women of reproductive age (15-49) globally

Women are more than half of all people living with HIV/AIDS worldwide.

Reference: UNAIDS 2014
People Living with HIV by Region

58% of PLHIV in Africa are women or 15 million women and girls

71% of all PLHIV live in Africa or 25 million people

Number of people (millions), by WHO region

- Eastern Mediterranean: 280 000 [200 000–420 000]
- Western Pacific: 1 300 000 [1 100 000–1 700 000]
- Europe: 2 100 000 [1 900 000–2 300 000]
- Americas: 3 200 000 [2 800 000–4 000 000]
- South-East Asia: 3 400 000 [2 800 000–4 000 000]
- Africa: 24 700 000 [23 500 000–26 100 000]

Total: 35 000 000 [33 200 000–37 200 000]

Reference: WHO 2014
Trends, Progress & Gaps

- In 2013: 2.1 million new HIV infections
  - Incident HIV infections are down 38% since 2001
  - Much slower declines among young women

- AIDS mortality has declined significantly
  - 1.5 million deaths in 2013, down 35% since 2005
  - Declining steadily in women; not in 10-19 year olds

Reference: UNAIDS 2014
Young Women & Girls

- In 2013, >60% of all new HIV infections globally in youth occurred among young women
  - 380,000 adolescent girls were infected in 2013
  - AIDS is 2\textsuperscript{nd} leading cause death in adolescents

- Young women twice as likely to be infected then men in Africa
  - Young women represent 25% of all new infections in the region
  - Girls are 80% of incident HIV infections among adolescents

2013: 860 girls vs. 170 boys infected per week in South Africa

Reference: UNAIDS 2014
HIV among Young Women in Africa

Young women are infected with HIV 5 to 7 years earlier on average.

Reference: UNAIDS 2014
Key Populations of Women

Transgender women: Transgender women had a 48.8 times (95% CI 21·2–76·3) increased odds of being HIV-infected compared to adults overall.

Female sex workers: Female sex workers had a 13.5 times (95% CI 10.0-18.1) increased odds of being HIV-infected compared to adult women.

These groups often experience increased risk due to criminalization, stigma, discrimination and violence.

References: Baral et al 2013; Kerrigan 2013; Baral 2012
HIV among Female Sex Workers

Reference: Beyrer et al 2014
Biological, Behavioral and Structural Risks

- Biologically women twice as likely to become infected with HIV through unprotected heterosexual sex with an infected partner
  - Heterosexual sex is main mode of transmission among women
  - Young women and girls are particularly biologically vulnerable

- Lower social status of women and girls is reflected in a number of socio-structural determinants of their increased risk for HIV
  - Inequitable gender norms
  - Gender-based violence
  - Discriminatory laws and policies
  - Unequal opportunity structures

- Need for tailored, comprehensive combination HIV prevention for women (biomedical, behavioral and structural interventions)

References: Boily et al 2009; Rao Gupta 2000
**PrEP, Adherence and Gender**

![Graph showing effectiveness (%)](image)

- Pearson correlation = 0.86, p=0.003

Reference: S. Abdool Karim, CAPRISA
Women and ART

• Women generally have greater access to HIV testing and ART than men through antenatal care (ANC):
  • 67% of pregnant women in low and middle income countries received ART for PMTCT in 2013
  • Significant increase from 47% coverage in 2010
  • ANC screening often leaves out young women and girls, limiting HIV diagnosis and linkages to care
  • FSW also found to have lower ART access

• Number of studies documented significantly lower levels of ART adherence among women compared to men
  • FSW lower adherence than women overall
  • Estimated 50% of FSW virally suppressed

References: UNAIDS 2014; Mountain et al 2014
Expanding Women’s Options

Need for new ART-based prevention and treatment modalities more responsive to the lives of women

- Phase III RCTs of Vaginal Microbicide Rings
  - RING Study (IPM 027)
  - ASPIRE (MTN 020)

- Phase II RCTs of Long Acting Injectables (LAI)
  - LAI for both PReP & ART
  - Are LAI right for women?
Intimate Partner Violence & HIV

VIOLENCE AGAINST WOMEN: HEALTH IMPACT

Women exposed to intimate partner violence are:

**Mental Health**
- TWICE as likely to experience depression
- ALMOST TWICE as likely to have alcohol use disorders

**Sexual and Reproductive Health**
- 16% more likely to have a low birth-weight baby
- 1.5 times more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

**Death and Injury**
- 42% of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result
- 38% of all murders of women globally were reported as being committed by their intimate partners

Reference: WHO 2013
Integrating IPV into HIV Prevention

• The **SHARE evaluation** from Rakai, Uganda is first study to demonstrate a significant impact on both IPV and HIV incidence.

• Individuals in the intervention reported less physical and sexual IPV and significant reductions in HIV incidence:
  
  • aIRR 0.67; 95% CI 0.46–0.97
  • 33% reduction in risk of HIV

Reference: Wagman et al 2014
Cash Transfer Interventions

**Malawi:** RCT with 1300 young women/girls (13-22); 3 arms: control, cash conditioned on school attendance & unconditional cash transfer—up to $15/month

- 60% lower in HIV prevalence in cash transfer arms
- 76% lower HSV-2 & 35% lower pregnancy rate
- 25% less sexual partners including < older partners
- Benefits in both conditioned and unconditioned arms

**South Africa:** 2 RCTs w/ HIV incidence outcomes in young women and girls will be key in impacting future programs:

- CAPRISA 007 & HPTN 078

Reference: Baird et al 2012
Reducing HIV among FSW

Critical to address structural determinants of HIV risk through a comprehensive, community-led response:

• Elimination of sexual violence alone could avert 17-20% of HIV infections in Kenya and Canada over next decade
• Decriminalization of sex work could have the largest impact within both generalized and concentrated epidemics, averting 33-46% of HIV infections over the next decade
• Community empowerment responses (integrating biomedical, behavioral and structural interventions within human rights framework) associated with 32% reduction in odds of HIV

References: Shannon et al 2014; Kerrigan et al 2014
Conclusions

• To sustainably reduce the HIV risk experienced by women we need both biomedical innovation and social change.

• This will take a multisectoral and transdisciplinary approach integrating public health with the social sciences, human rights and economic development.

• A more effective response to HIV will ultimately be grounded in the experiences and needs of women.