

Why Women and Girls Need an AIDS Vaccine

The Search for New and Better Prevention Options

The increasing impact of HIV on women

Two and a half decades into the AIDS pandemic, new HIV infections continue to outpace the global response. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 33.4 million people are now living with HIV worldwide, and 2.7 million are newly infected every year. Women comprise about half of all HIV infected individuals globally. In sub-Saharan Africa, where the pandemic is most severe, women account for some 60% of all HIV infections. Also in sub-Saharan Africa, HIV is the leading cause of death and disease among women of reproductive age.¹

Women are more biologically vulnerable to HIV than men. And entrenched gender norms and inequalities result in power imbalances in relationships that

HIV and women

- Worldwide, 15.5 million women ages 15 years and older are living with HIV²
- In southern Africa, HIV prevalence among women 15 to 24 years old is about three times higher than among men of the same age³
- In a survey, 47% of men and 40% of women in Lesotho said women have no right to refuse sex with their husbands or boyfriends¹

affect the ability of women to control or negotiate the terms of sexual relations and condom use. Poverty and reliance on men for economic support also limit women's power to protect themselves and force some to turn to transactional sex for survival. Cultural norms that preclude women's access to knowledge about sexuality, and the threat of violence or loss of economic



JEAN-MARC GIBOUX—GETTY IMAGES

“To empower women, we must support the development of an AIDS vaccine that is safe, effective, and accessible to women and girls.”

—Geeta Rao Gupta, former president, International Center for Research on Women

support can impede women’s ability to communicate with their partners about HIV prevention.

While experiencing the impact of the disease on their own health, women and girls also typically shoulder the burden of caring for orphans and other children made vulnerable by AIDS and people with HIV-related illnesses. HIV-affected women and families often are or become impoverished, further increasing their vulnerability to infectious diseases. Furthermore, women who are infected with or affected by HIV often face stigma and discrimination, which can lead to ostracism, abuse and destitution.

Women need a range of prevention options

Given the complex web of physiological and socioeconomic factors increasing women’s vulnerability to infection, a comprehensive response to HIV and AIDS requires a scaling-up and strengthening of a range of prevention approaches. Such interventions include: increasing access to sexual and reproductive health education and services, particularly for young people; positively shifting gender norms and combating sexual coercion and violence; increasing access to and availability of male and female condoms; promoting partner reduction and abstinence, where feasible and appropriate; increasing access to voluntary HIV counseling and testing, with referrals to appropriate treatment, care and support; expanding safe male circumcision services; and preventing mother-to-child transmission of HIV.

However, with current approaches to

prevention, HIV incidence remains alarmingly high, at 7,400 infections a day. There is a real need for new and better long-term prevention tools, particularly methods that women can initiate or control, such as vaccines and microbicides. Microbicides are substances that are being developed to prevent or reduce the risk of HIV infection during sexual intercourse. A microbicide could be applied vaginally or rectally, in the form of a gel, cream or ring. An effective AIDS vaccine would offer a long-term solution to the global epidemic. Women would be able to access a vaccine with or without their partners’ knowledge. Adolescent girls, who are particularly vulnerable to infection, could potentially be vaccinated as pre-adolescents before the onset of sexual activity or other potentially high-risk behaviors.

Vaccines would be a significant option alone or could be used in combination with other potential new HIV prevention tools, such as microbicides and the preventive use of antiretroviral drugs, or with existing methods such as the female condom. Together, these tools provide a range of choices that must be available to meet women’s and girls’ varied needs and preferences. A wider range of options would also increase the likelihood of use and thus reduce HIV infection rates.

The global effort to develop an AIDS vaccine

Recent advances have created a renaissance in the AIDS vaccine development field. In a trial in Thailand, an experimental AIDS vaccine for the first time proved effective at preventing HIV infection in humans. The efficacy was modest, about 30%. But the trial



told researchers they can make an AIDS vaccine. Now their challenge is to make a better one. Other developments suggest how. New, promising vaccine approaches are advancing toward clinical trials. And researchers have identified certain antibodies against HIV that reveal vulnerable targets on the virus that are now being exploited for vaccine design.

To support the progress toward an AIDS vaccine, funding and political commitment must be sustained. Support from governments, researchers, civil societies and communities in both developing and developed countries is needed. And it

is paramount that women are engaged so as to ensure that a future AIDS vaccine meets their needs and desires.

Conclusion

Better—much better—prevention tools must become available to meet the needs and rights of women and girls and to significantly reduce the number of HIV infections. Vaccines are one of the most powerful health and equity tools in the world. For this reason, the international community must ensure the inclusion of AIDS vaccine R&D within the HIV and AIDS, sexual and reproductive health and rights, development and poverty-reduction agendas.

“[I] call upon global leaders and my fellow African women to better the daily lives of women and girls ... through the more rapid development of an AIDS vaccine.”

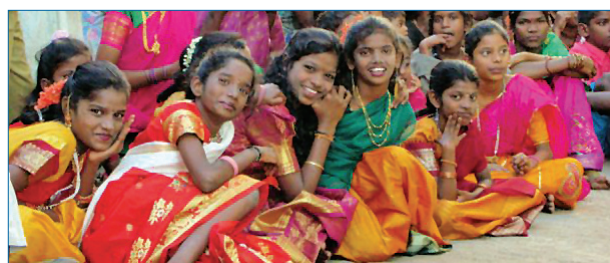
—Madame Jeannette Kagame, First Lady of Rwanda

programs with targeted investments in new AIDS prevention technologies. It also works to ensure a future vaccine will be accessible to all who need it.

IAVI is committed to promoting AIDS vaccine education worldwide and to engaging communities in the trial process. With four main offices worldwide (New York, Amsterdam, New Delhi and Nairobi), IAVI collaborates with the public and private sectors in both industrialized and developing countries.

Notes

1. World Health Organization. "Women and Health: Today's Evidence Tomorrow's Agenda." Geneva. 2009.
2. AIDS Epidemic Update: December 2009. Geneva: UNAIDS.
3. UNAIDS. "Women, Girls and HIV." 2010



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Alfred P. Sloan Foundation* ■ Basque Autonomous Government (Spain) ■ Becton, Dickinson and Company (BD) ■ Bill & Melinda Gates Foundation ■ Bristol-Myers Squibb (BMS) ■ Broadway Cares/Equity Fights AIDS ■ Canadian International Development Agency ■ The City of New York, Economic Development Corporation ■ Continental Airlines ■ European Union ■ Foundation for the National Institutes of Health ■ Google Inc. ■ Irish Aid ■ James B. Pendleton Charitable Trust ■ The John D. Evans Foundation ■ Ministry of Foreign Affairs and Cooperation, Spain ■ Ministry of Foreign Affairs of Denmark ■ Ministry of Foreign Affairs of The Netherlands ■ Ministry of Science & Technology, Government of India ■ National Institute of Allergy and Infectious Diseases ■ The New York Community Trust ■ Norwegian Royal Ministry of Foreign Affairs ■ The OPEC Fund for International Development ■ Pfizer Inc ■ The Rockefeller Foundation* ■ The Starr Foundation* ■ Swedish International Development Cooperation Agency ■ Thermo Fisher Scientific Inc. ■ U.K. Department for International Development ■ Until There's a Cure Foundation* ■ The U.S. President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development ■ The World Bank through its Development Grant Facility

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