



# Why Women and Girls Need an AIDS Vaccine:

## The Urgency for New and Better Prevention Options

### The Increasing Impact of AIDS on Women

Two and a half decades into the HIV/AIDS pandemic, the disease continues to outpace the global response. According to new data released by the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 38.6 million people are now living with HIV worldwide, and the rates of infection among women have been rising in almost every region of the world. In 2005, women represented 48% of HIV-infected adults worldwide and 59% in sub-Saharan Africa.<sup>1</sup> Among young people ages 15 to 24 in sub-Saharan Africa, the difference in rates of infection is even more striking: HIV-infected young women outnumber their male counterparts three to one.<sup>2</sup>

*“Today, AIDS has a woman’s face.”*

*Kofi Annan, Secretary General, United Nations*

Women’s and girls’ increased biological vulnerability to HIV infection, coupled with social and economic inequities, fuel the epidemic in resource-poor nations. Entrenched gender norms and inequalities result in power imbalances in relationships, affecting women’s ability 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. Also, cultural norms that preclude women’s access to knowledge about sexuality and the threat of violence or loss of economic support can

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

In addition to the impact of the disease itself on HIV-positive women, the burden of caring for those with HIV-related illnesses and for children orphaned by AIDS typically falls on women and girls. HIV-affected women and families are increasingly impoverished, further increasing their vulnerability to infectious diseases. Additionally, women who are infected or affected by HIV often face stigma and discrimination, at times leading to ostracism, abuse, and destitution.



Jean-Marc Giboux

Women on a pilgrimage in India, where IAVI partners with the Tuberculosis Research Centre in Chennai, Tamil Nadu and the National AIDS Research Institute in Pune, Maharashtra

## The Effect of AIDS on Women and Girls<sup>3</sup>

- Worldwide, 17.3 million women aged 15 years and older are living with HIV
- 76% of all HIV-positive women live in sub-Saharan Africa
- 74% of young people living with HIV in sub-Saharan Africa are women
- Female infections are on the rise in Southeast Asia, Eastern Europe, the US, and Latin America
- In 2005, fewer than 10% of women living in low- and middle-income countries received antiretroviral treatment to prevent HIV transmission to newborns

### Women Need a Range of Prevention Options and Approaches

Given the complex web of physiological and socioeconomic factors increasing women's vulnerability to infection, a comprehensive response to HIV/AIDS today requires a scaling up and strengthening of a range of prevention approaches. Such interventions include access to HIV and sexual and reproductive health education, particularly for young people; efforts to positively shift gender norms and combat sexual coercion and violence; initiatives to increase access and availability of male and female condoms; promotion of mutual fidelity and abstinence, where feasible; increasing access to voluntary HIV counseling and testing with referrals to appropriate treatment, care, and support; and programs for the prevention of mother-to-child transmission.

Currently available approaches to HIV prevention, however, are insufficient. New and better long-term prevention tools—especially methods that women can initiate or control—are needed. Vaccines and microbicides, currently under development, are promising new technologies. Microbicides, for use by women to prevent or reduce the risk of HIV infection during sexual intercourse, could increase women's level of control and ability to protect themselves. An effective AIDS vaccine offers a long-term solution to the epidemic. Women would be able to access and use 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 or microbicides would be significant options alone or could be used as dual protection with other new HIV prevention methods, such as cervical barriers, or existing technologies, such as the female condom, to augment their effectiveness. Together, these tools provide a range of choices that must be available to meet women's and girls' 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 Find an AIDS Vaccine

Today, scientists think that an AIDS vaccine is possible. As of June 2006, there are about 30 ongoing clinical trials of preventive AIDS vaccine candidates in approximately two dozen countries around the world.<sup>4</sup> To support research and development (R&D) to discover a vaccine, sustained and strategically-targeted funding and political commitment are critical.

Resources for R&D have risen from around US\$535 million in 2002 to US\$759 million in 2005.<sup>5</sup> Scientific consortia comprising leading HIV researchers are now tackling the most critical questions. However, the effort still is not commensurate with the challenge. In the past 30 years, we have not been able to develop a licensed

vaccine without private-sector involvement, and to date, industry engagement in vaccine R&D has been minimal. Currently, pharmaceutical and biotechnology companies contribute less than 10% of total investment in preventive AIDS vaccine R&D.

*“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, President, International Center for Research on Women*

## Conclusion

Vaccines and microbicides hold the promise of being among the most powerful health and equity tools in the world. For this reason, the international community must ensure the inclusion of AIDS vaccine and microbicide R&D within broader HIV/AIDS, development, and poverty reduction agendas.

Accelerated vaccine and microbicide research must be among the top global health—and women’s health—priorities. Women’s advocates, policy makers, researchers, development organizations, and others committed to improving women’s lives around the world should advocate for AIDS vaccine research, become actively involved in the vaccine development process, and thereby help ensure women’s future access to critical AIDS preventive technology.

**The International AIDS Vaccine Initiative (IAVI)** is a global not-for-profit organization whose mission is to ensure the development of safe, effective, accessible, preventive HIV vaccines for use throughout the world. Founded in 1996 and operational in 23 countries, IAVI and its network of collaborators research and develop vaccine candidates. IAVI’s financial and in-kind supporters include the Alfred P. Sloan Foundation, the Bill & Melinda Gates Foundation, The New York Community Trust, The Rockefeller Foundation, and The Starr Foundation; the Governments of the Basque Country, Canada, Denmark, European Union, Ireland, The Netherlands, Norway, Sweden, United Kingdom, and the United States; multilateral organizations such as The World Bank; corporate donors including BD (Becton, Dickinson & Co.), Continental Airlines, DHL, Merck & Co. Inc., and Pfizer Inc.; leading AIDS charities such as Broadway Cares/Equity Fights AIDS, Crusaid, Deutsche AIDS-Stiftung, and Until There’s A Cure Foundation; other private donors such as the Haas Charitable Trusts; and many generous individuals from around the world. For more information, see [www.iavi.org](http://www.iavi.org).

<sup>1</sup>UNAIDS, 2006 Report on the Global AIDS Epidemic, 30 May 2006, available from [http://www.unaids.org/en/HIV\\_data/2006GlobalReport/default.asp](http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp).

<sup>2</sup>UNAIDS, The Female AIDS Epidemic: 2005 Statistics (Geneva: UNAIDS, November 2005).

<sup>3</sup>UNAIDS, 2006.

<sup>4</sup>International AIDS Vaccine Initiative, IAVI Database of AIDS Vaccines in Human Trials, June 2006, available from <http://www.iavireport.org/trialsdb/>.

<sup>5</sup>HIV Vaccines and Microbicides Resource Tracking Working Group, Adding It All Up: Funding for HIV Vaccine and Microbicide Development, 2000-2006 (New York: IAVI, August 2006).

Imagine a world without AIDS



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