



## World Aids Day

Globally, almost half of people living with HIV/AIDS are women

1<sup>st</sup> December 2014

HIV/AIDS was considered a disease predominantly affecting men, however, this is no longer the case. According to WHO/UNAIDS' latest global estimate, women make up over 50% of the people infected with HIV, rising to 60% in sub-Saharan Africa.<sup>i</sup> Globally, HIV is the leading cause of death and disease in women of reproductive age.

HIV has become a growing health concern for women in Europe, particularly in Eastern Europe, where one of the steepest rises in HIV rates among women in the world has occurred.<sup>ii</sup> The proportion of women living with HIV has been increasing in the last 10 years. The World Health Organization (WHO) cites gender inequalities as a key driver of the epidemic in women.<sup>iii, iv</sup>

Their biological make-up and society's gender norms, make women and girls more susceptible than men to sexually transmitted infections, including HIV. According to the WHO report, gender inequalities in HIV are a key driver of the epidemic in several ways:<sup>v,vi</sup> Violence against women (physical, sexual and emotional), which is experienced by 10 to 60% of women (ages 15-49 years) worldwide, increases vulnerability to HIV. Women who fear or experience violence often lack the power to ask their partners to use condoms or refuse unprotected sex. Fear of violence can prevent women from learning and/or sharing their HIV status and accessing treatment.

Most HIV infection in children results from mother-to-child transmission (MTCT). If pregnant women with HIV do not receive drug treatment during pregnancy, delivery and postpartum, it is estimated that in 25% of cases, their infants will acquire HIV. However, with a multi-care approach to pregnancy and delivery, the likelihood of HIV transmission to the infant is reduced to less than 2%. Specifically, the risk of HIV transmission during childbirth is 10-20% if no prevention is undertaken. Approximately 15% of babies born to HIV-positive women will become infected if they breastfeed for 24 months or longer.<sup>vii, viii</sup>

Strategies for HIV testing vary across Europe, but widespread, unacceptably high rates of late diagnosis among women suggests that current testing strategies are not adequately reaching the female population.<sup>ix</sup> Research has found, for example, that women miss chances for HIV

testing more than men and are more impacted by the potential negative effects of HIV testing such as the disclosure to partners.

Globally, almost half the people living with HIV/AIDS are women. However, historically, women have been underrepresented in clinical trials for HIV/AIDS medications, making it difficult to draw conclusions on gender-based differences with regard to HIV treatment efficacy and effectiveness. Lack of scientific research makes fighting HIV more difficult in women than in men. For example, in the 18 randomised controlled trials of new HIV drugs submitted to the Food and Drug Administration (FDA) from 2000 and 2008, only 15% of patients enrolled were women. Women from minority and ethnic groups have been particularly underrepresented in trials.

Support must be given to end sex and gender-based violence, which often is associated with the transmission of HIV to women.<sup>x</sup> Poverty frequently impedes HIV treatment, as therapies are expensive. Women with limited financial resources are especially susceptible. In comparison to men, women are more likely to be excluded from health plans. Women often put the needs of their families over their own health needs, negatively impacting effective treatment.<sup>xi</sup>

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<sup>i</sup> UN AIDS. 2012a. *Global Factsheet: World AIDS Day 2012*.

[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_FactSheet\\_Global\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_FactSheet_Global_en.pdf)

<sup>ii</sup> WHO. 2004. *Number of women living with HIV increases in each region of the world*.

[http://www.who.int/mediacentre/news/releases/2004/pr\\_unaids/en/](http://www.who.int/mediacentre/news/releases/2004/pr_unaids/en/)

<sup>iii</sup> WHO. 2013. *Gender inequities and HIV*. [http://www.who.int/gender/hiv\\_aids/en/](http://www.who.int/gender/hiv_aids/en/)

<sup>iv</sup> UNAIDS. 2012b. *HIV increasingly threatens women in Eastern Europe and Central Asia*.

<http://www.unaids.org/en/resources/presscentre/featurestories/2012/march/20120312alaskerwomeneeca/>

<sup>v</sup> WHO. 2013. *Gender inequities and HIV*.

<sup>vi</sup> Ibid.

<sup>vii</sup> Colin Tidy. 2011. "Management of HIV during pregnancy."

<sup>viii</sup> American Pregnancy Association. 2007. HIV/AIDS during Pregnancy.

<sup>ix</sup> Johnson M, Afonina L, Haanyama O. 2013 "The challenges of testing for HIV in women: experience from the UK and other European countries." *Antivir Ther*. 18(2):19-25. <http://www.ncbi.nlm.nih.gov/pubmed/23784671>.

<sup>x</sup> Ibid.

<sup>xi</sup> Canadian AIDS Society. 2013. *Women and HIV/AIDS: Treatment Issues*.