

## **Women, HIV/AIDS and the search for an AIDS vaccine**

### **Women's vulnerability to HIV/AIDS**

Although early in the epidemic, many more men were infected with HIV than women, today almost 20 million women are infected with HIV, up from just 2 million in 1985. Of the 14,000 new HIV infections that occur each day, nearly half are among women. And in Africa, almost 60% of people infected with HIV are women.

Studies show that women, when exposed to HIV, are 2.5 times as likely to become infected with HIV as their male counterparts, suggesting a higher biological vulnerability to the disease than men. In parts of sub-Saharan Africa, girls and young women are up to six times more likely to be infected than their male peers. Since 2002, the number of women living with HIV has increased in every region—the sharpest increase was in East Asia where 58% more women became infected in just two years.

Women's vulnerability to HIV and their social inequalities are *not* independent. Despite women's higher biological vulnerability, it is the legal, social and economic disadvantages faced by women and girls in most societies that greatly increase their HIV vulnerability. Marriage and monogamous relationships do not protect women from HIV. In a recent study in Zambia, for example, only 11% of women felt they had the right to ask their husband to wear a condom, even if they knew he was unfaithful or already HIV-positive. The still-alarming prevalence of sexual violence also increases women's risk of HIV. Stigma, fear of violence, and discrimination prevent women from determining their HIV status, accessing HIV and AIDS information and services, and gaining access to care and treatment. Unequal property and inheritance rights further intensify women's vulnerability to HIV.

### **Prevention now – and in the future**

For many women, the current prevention strategies – abstinence, mutual fidelity, reducing number of sexual partners, and Condom use – are insufficient.

Strategies for addressing gender inequality are urgently needed. They should focus on violence prevention, property and inheritance rights, access to basic education, and employment opportunities for women and girls. At the same time, there is an urgent need for additional technologies and tools – especially microbicides and vaccines – that would empower women and help them protect themselves.

A safe, effective and affordable vaccine against HIV/AIDS could make a powerful difference for both men and women. Like microbicides and the female condom, an AIDS vaccine could be accessed by women without permission from male partners.

Today, more than 30 promising new candidate AIDS vaccines are being tested in human clinical trials in 19 countries. Although finding and testing a vaccine will take years, it is crucial to continue – and accelerate – vigorous AIDS vaccine research.

The need to include adequate numbers of women in AIDS vaccine trials is paramount. Health equity requires that women be involved in all appropriate clinical research so they can benefit from the education, counselling and care components that reduce every participant's risk of

contracting HIV. Clinical trials that involve adequate numbers of women could also reveal whether AIDS vaccines offer the same level of protection for women as for men. Legally, before an AIDS vaccine can be submitted for licensure, it has to be tested in relevant populations, which means that women must make up an appropriate share of the trial cohort.

### **Obstacles and solutions to enrolling women in AIDS vaccine trials**

In spite of the epidemiological, ethical and legal realities, women have historically had minimal involvement in clinical trials of AIDS vaccines compared to men. This is in spite of the fact that they would be major beneficiaries of a future AIDS vaccine.

Obstacles to women's participation in AIDS vaccine clinical trials to date are numerous and include: social isolation; discrimination; lack of empowerment, independent decision-making and education; pregnancy and the potential effects of a candidate vaccine on a fetus; stigma associated with high-risk behavior; trial enrolment criteria and time requirements; and issues concerning confidentiality and informed consent.

Overcoming these obstacles will require changes in procedure, attitude and behavior from scientists, donors, governments, and society itself.

*Vaccine developers, sponsors and clinical trial sites*, for example, can do more to be gender sensitive in terms of: 1) basic physical requirements such as convenient locations to enable women to attend, non-intimidating and welcoming reception area, privacy in not being seen or heard during interviews, waiting area with space for children, and child care during medical examinations and counseling sessions; and 2) organizational aspects such as gender balance of staff who have volunteer contact; trained and gender-matched counselors; support systems for volunteers to communicate potential difficulties; clinic hours and days to suit work schedules of women and men; and trial-related services placed within broader health-care service so that participation in a trial is not apparent.

*Policymakers and governments* can make policies that encourage gender sensitivity in research; mandate that trial sites are integrated within the health care system along with all other types of HIV/AIDS testing and treatment services; and show leadership in the effort to reduce stigma and discrimination around HIV/AIDS.

*Donors* can allow for more flexibility in their funding so that vaccine trials are integrated within the health system along with testing and treatment for HIV/AIDS. While keeping streams of money separate may simplify things for the donor, it only makes it more difficult for communities to gain access to the services they need.

*Communities* must also take responsibility to reduce stigma and discrimination around HIV/AIDS. By minimizing the stigma and risks of participating in trials, communities can help vulnerable groups overcome the fear and reluctance to participate in research they so desperately need.

Although we are still a long way from a safe, effective, affordable and accessible AIDS vaccine, overcoming such long-neglected challenges is a significant step in building trust among vulnerable communities and ultimately controlling the spread of AIDS.

### **For more information**

#### About women and HIV/AIDS

- The Global Coalition on Women and AIDS, <http://womenandaids.unaids.org>

#### About World AIDS Day

- The Joint United National Programme on HIV/AIDS, [http://www.unaids.org/wac2004/index\\_en.htm](http://www.unaids.org/wac2004/index_en.htm)
- World AIDS Day Campaign, <http://www.worldaidsday.org/index.asp>

#### About vaccines:

- The AIDS Vaccine Advocacy Coalition, [www.avac.org](http://www.avac.org)
- The AIDS Vaccine Clearinghouse, [www.aidsvaccineclearinghouse.org](http://www.aidsvaccineclearinghouse.org)
- The International AIDS Vaccine Initiative, [www.iavi.org](http://www.iavi.org)

#### About microbicides:

- The Alliance for Microbicide Development, <http://www.microbicide.org>
- The Global Campaign for Microbicides, <http://www.global-campaign.org>
- The International Partnership for Microbicides, <http://www.ipm-microbicides.org>