Women’s Empowerment and Containing the HIV Epidemic

[Three African women sitting on a sofa.]
Copywrite Jonathan Wallen.

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Albert Einstein College of Medicine,
Montefiore Medical Center.
Executive Director,
Women’s Equity in Access to Care and Treatment,
WE-ACTx

WE-ACTx
Women’s Equity in Access to Care and Treatment
[Two women holding a basket of food.]
www.we-actx.org

In all countries, many/most women are responsible for:
- All childcare
- All care of others
  - In family
  - In community
  - Of orphans
- Food preparation
- Health care
- Agriculture (many, not all, countries)

Stephen Lewis:
“Women carry the entire burden of care and sustaining the entire society.”

[Three African children.]
Copywrite Jonathan Wallen.

In all countries, many/most/some women cannot control their, and their children’s:
- Risk of HIV infection
- Access to care
- Economic stability, family finances and Food security
In many countries, ALL women are unable to control their, and their children’s:
- Risk of HIV infection
- Access to care
- Economic stability, family finances and Food security
- Fertility
- Physical safety

In all countries, many/most/some women cannot control their, and their children’s:
- Risk of HIV infection
- Access to care
- Economic stability, family finances and Food security
- Fertility
- Physical safety

Burden of HIV infection in Women Globally

Percent of adults (15+) living with HIV who are female, 1990-2007.

Sub-Saharan Africa.
Ranges from approximately 54 percent in 1990 to 61 percent in 2007.

Global.
Ranges from approximately 45 percent in 1990 to 50 percent in 2007.

Caribbean.
Ranges from approximately 23 percent in 1990 to 42 percent in 2007.

Asia.
Ranges from approximately 12 percent in 1990 to 29 percent in 2007.

Eastern Europe and Central Asia.
Ranges from approximately 18 percent in 1990 to 26 percent in 2007.

Latin America.
Ranges from approximately 12 percent in 1990 to 26 percent in 2007.

UNAIDS 2007 AIDS Epidemic Update
HIV prevalence by sex in sub-Saharan African Countries through 2005

15-49 Years old, by gender.

Southern.
Lesotho. Women, 27 percent. Men, 19 percent.
South Africa. Women, 18 percent. Men, 13 percent.
Zambia. Women, 18 percent. Men, 13 percent.

East.
Kenya. Women, 9 percent. Men, 4 percent.
Uganda. Women, 8 percent. Men, 6 percent.
U.R. Tanzania. Women, 8 percent. Men, 6 percent.

West.
Burkina Faso. Women, 2 percent. Men, 3 percent.
Ghana. Women, 3 percent. Men, 2 percent.
Guinea. Women, 3 percent. Men, 1 percent.
Senegal. Women, 2 percent. Men, 1 percent.

15-24 Years old, by gender.

Southern.
Lesotho. Women, 15 percent. Men, 6 percent.
South Africa. Women, 15 percent. Men, 5 percent.
Zambia. Women, 11 percent. Men, 3 percent.

East.
Kenya. Women, 6 percent. Men, 2 percent.
Uganda. Women, 5 percent. Men, 2 percent.

West.
Burkina Faso. Women, 2 percent. Men, 1 percent.
Ghana. Women, 2 percent. Men, 0 percent.
Guinea. Women, 2 percent. Men, 1 percent.
Senegal. Women, 1 percent. Men, 0 percent.

Percentages are approximate.

Women/girls 50-300% higher prevalence
Trends in Annual Rates of Death Due to Leading Causes of Death Among Persons 25-44 Years Old, USA, 1987-2001

Mortality (per 100,000 population)

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<th>Heart disease</th>
<th>Suicide</th>
<th>Homicide</th>
<th>HIV infection</th>
<th>Chronic liver disease</th>
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For comparison with 1999-2001 data, 1987-1998 data were modified to account for ICD-10 rules instead of ICD-9 rules for selecting the underlying cause of death. 2001 data are preliminary.

CDC, HIV Statistics 2003
## Trends in Rates of Death From HIV Among White Men 25-44 Years Old, 1987-2001

Mortality (per 100,000 population).

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Mortality (per 100,000 population)

<table>
<thead>
<tr>
<th>Year</th>
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For comparison with 1999-2001 data, 1987-1998 data were modified to account for ICD-10 rules instead of ICD-9 rules for selecting the underlying cause of death. 2001 data are preliminary.

CDC, HIV Statistics 2003
Trends in Rates of Death From HIV Among Black Women 25-44 Years Old, 1987-2001

Mortality (per 100,000 population)

<table>
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CDC, HIV Statistics 2003
In Africa, HIV infection in women is:
- Overwhelmingly heterosexually transmitted
- More likely at higher incomes
- Highly likely to be transmitted by her husband
- Transmitted to younger women by older men
- Transmitted to children by pregnancy, delivery and breastfeeding—and 99% preventable

Disappointing news on the prevention front
- Circumcision does not protect women from HIV infection (although some protection from other STDs)
- Suppressing Herpes Simplex infection does not decrease HIV transmission (although it does decrease ulcers)
- Microbicides- need new safety assessment (some are increasing HIV transmission)
- Vaccines not protective

One known mechanism by which Nonoxynol-9 enhances HIV transmission
Intact genital tract mucosal epithelium is impervious to HIV.
HIV-1.
Mucosal.
Epithelium.
T-cells.

[Viruses and T cells in groups.]
[arrow]

Disrupted epithelium allows HIV to migrate across the barrier and infect target cells.
Disruptive microbicide (N-9).
[Viruses and T cells jumbled up together.]

Therefore, other forms of prevention are critical
- Barrier Protection: condoms, condoms, condoms
- Abstinence--not achievable for women if they do not have control in the bedroom
- Be faithful--man needs to be faithful also; none of us knows for certain that our partner is faithful
- Women cannot prevent HIV-infection until
  - They can control their risk
  - The sexual behavior of men changes
In all countries, many/most women cannot control their, and their children’s:
- Risk of HIV infection
- Access to care
- Economic stability, family finances and Food security
- Fertility
- Physical safety

Scale up of antiretroviral therapy worldwide in ART-LINC sites.
Sub Saharan Africa.
2001. 2.
2002. 4.
2003. 9.
2005-2006. 54.

Asia.
2003. 18.
2005-2006. 36.

South America.
2002. 8.
2003. 15.
2004. 11.
2005-2006. 16.

Keiser, ART-LINC, unpublished data (submitted)

Time trend in number of patients initiating ART by site.
AMPATH.
CEPREF.
GUGULETHU.
KHAYELITSHA.
LIGHTHOUSE.
WITS.
2002.
2003.
2004.
2005.
Proportion of women among patients initiating ART

Sub Saharan Africa.
2001. 57.
2002. 58.
2004. 67.
2005-2006. 65.

South America.
2003. 38.
2004. 36.

Asia.
2001. 22.
2003. 33.
2004. 31.

Keiser, ART-LINC, CROI 2008

Women more likely to access care for themselves and their children
- Worldwide, in all groups of equal socioeconomic status --same degree of barriers to care
- For themselves and their children
- Three examples in Rwanda and Uganda
  - HIV testing and care
  - Childhood vaccinations
  - Cervical cancer screening
In all countries, many/most/some women cannot control their, and their children’s:

- Risk of HIV infection
- Access to care
- Economic stability, family finances and Food security
- Fertility
- Physical safety
- Low or absent ability to earn money
- Other activities by men in the family, especially alcohol
- Many families are hungry
- Yet, this does NOT impair adherence

**Ability to create income**

- Immediately changes the family dynamic-shifts the balance of power
- She becomes a source of hope for the community and the family
- Women and girls become more valuable
- Downstream social effects for:
  - Daughters--see different scope of opportunity
  - Sons--see women differently, and their own role

**Example-Business for Peace (Bpeace), in Afghanistan**

- Bpeace develops entrepreneurial talent in women
- “Rangina”—one woman’s business, now employs 400 women creating beaded products for export
- One family, nine daughters, father angry and disappointed, abusive
- Now mother and all daughters working--father is proud, no longer abusive

www.bpeace.org

**Entrepreneurship and Small Business**

- Have been the fuel for economic development in every successful economy
- To foster this: Find and nurture talent through
  - Access to capital--micro or not so micro-credit
  - Training and development in specific skills
    - Finding a market
    - Choosing product according to available markets
    - Choose local market if possible--more sustainable
    - Understand trend, duty, what the customer wants
    - Marketing, signage etc.
In all countries, many/most/some women cannot control their, and their children’s:

- Risk of HIV infection
- Access to care
- Economic stability, family finances and Food security
- Fertility
- Physical safety

Control of Fertility

- Fewer children spaced further apart
- Decreases maternal mortality
- Decreases infant and child mortality
- Improves family circumstances and health
- Important for community and nation, not only the individual and family
- Overpopulation extends poverty, especially in settings of limited resources

Family Planning Services

- Need broad reach
- More effective if highly community based
- Bring the service to the patients when possible
- Make it a community value
- Make all methods available
  - Hormonal
  - IUD
  - Barrier protection--also prevent HIV-infection

THIS IS ACHIEVABLE

- Change paradigm of care
- Community based primary care--mobile teams
  - HIV counseling and testing, HIV Care, PMTCT
  - Family planning
  - Cervical cancer screening and prevention
- Leverage information technology
- Make services cost effective
In all countries, many/most/some women cannot control their, and their children’s:
- Risk of HIV infection
- Access to care
- Economic stability, family finances and Food security
- Fertility
- Physical safety

In all countries
- Violence from men is tolerated to a greater or lesser degree
- Women at risk of violence
  - Within the family
  - Within the community
  - From strangers

Domestic and sexual violence
- In RWISA (Rwanda) prevalence of any history of
  - Domestic violence is ~20% in both HIV+ and negative women
  - Of sexual violence is ~5%
- In United States, in Women’s Interagency HIV Study Prevalence of any history of
  - Domestic Violence is 72% in both the HIV+ and HIV-negative women
  - Sexual violence is 35%

Is there a solution?
OF COURSE

Stephen Lewis, UN Ambassador for AIDS in Africa, until 2006:
“We must zero in on the inappropriate male behavior and put them in jail for long periods when they engage in rape and sexual violence, and change the laws that give them the free run of the land. There just has to be very firm dealing with the men who are making such a dreadful hash of gender equality.”
Legal Solutions
- Equality can be legislated--and then quantum leaps occur generationally
- Key parameters:
  - Property rights
  - Inheritance rights
  - Children
  - Fertility control

www.we-actx.org

Rwanda
- Paradigm shift for women after the genocide
- Embedded in the constitution
- Part of “Never Again”
- Previously property, now in nearly all positions of power
- Very successful PEPFAR program
- Best in world?

Rwanda’s PEPFAR Evaluation.
- 92% of adults and 93% of children retained in care at 12 months;
- of those not retained, 2.6% of children and 4.4% of adults were known dead.
- Estimate the one-third to one-half of others are have in fact died, so very very low lost to follow up rates
- Have set goal of “zero transmission”, needs Prevention with Positive

Primary Care Services
We should develop and assess models that are:
- Community/village based, family centered
- Mobile services--bring the services closer to the patient
- Combine services that utilize same infrastructure, and have high impact on leading causes of death:
  - HIV counseling, testing and care
  - PMTCT
  - Family planning
  - Prenatal care
  - Cervical cancer screening/prevention incl. vaccination
The HIV Epidemic is fueled by:
Women’s lack of control of
• Risk of HIV infection
• Access to care
• Economic stability, family finances and Food security
• Fertility
• Physical safety

And for each of these there are clear and achievable solutions.

[ Elderly African woman. ]
Copywrite Jonathan Wallen.