30 FOR 30 CAMPAIGN

Ending HIV-Related Health Disparities by Making HIV Prevention, Care, and Treatment Work for Women

Advocacy • Equity • Action

What We Know About HIV-Related Health Disparities for Women[3]

- Women enter **later into HIV care**;
- Women have a **lower likelihood of receiving antiretroviral therapy**;
- Women have twice as many **HIV-related illnesses**;
- Women have **higher mortality** rates;
- Women living with and at risk for HIV are **disproportionately low income** – 64% of HIV-positive women in care have annual incomes below $10,000, compared to 41% of men;
- Women most at risk or living with HIV are more likely to have **caretaking responsibilities** – 76% of women in HIV care have children under 18 in their homes, which can make accessing care more complicated;
- **Transgender women** living with HIV are likely to **face unique challenges** in adhering to HIV care and treatment regiments, due to stigma and past negative experiences with providers and concerns about adverse interactions between antiretroviral medication and hormone therapy; and
- Women most at risk or living with HIV are more likely to have experienced sexual or **intimate partner violence** at some point in their lives - Nearly one in four women report they have been subjected to "severe physical violence" by an intimate partner compared to one in seven men, increasing women's risk for HIV and fear of disclosure. Transgender women and girls in particular face pervasive violence from their families, partners, strangers, institutions, colleagues, teachers and peers.

This phenomenon is fueled by multiple types of discrimination experienced by a majority of women of color and poor women, including transgender women, in the U.S., as well as the discrimination and neglect experienced by much of the larger HIV community in the form of underfunded health care systems, discrimination in the work place, discrimination in or lack of affordable housing, and HIV-specific criminalization.

The 30 for 30 Campaign is dedicated to ensuring that the unique needs of women living with and affected by HIV, including transgender women, are addressed in the national HIV response. We are especially committed to illuminating and eliminating the gaps in prevention and care services for Black and Latina women who currently make up over 80% of the epidemic among women but only 12% and 14% of the US female population respectively.[1]

The Campaign is concerned with the current state of HIV prevention and care for women as studies continue to show that women, especially women of color, have consistently poorer health outcomes despite there being no significant clinical difference in treating men or women living with HIV.[2]

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What We Know About HIV Prevention for Women[4]

Addressing women's most urgent HIV prevention needs requires moving beyond interventions solely focused on individual behavior to those that tackle the epidemic's structural drivers such as sexism, poverty and racism — strategies that (as the CDC notes) address and modify the societal, rather than individual, determinants of disease transmission and risk. Social scientists note that, "one of the most important justifications for an increased use of structural approaches is to avoid past failures in oversimplified, individually oriented behavioral interventions across diverse populations."

What We Know About HIV Care and Treatment for Women[5]

In the U.S. death rates are 20% higher among women living with HIV than among their male counterparts. It is estimated that transgender women of color are contracting HIV at rates faster than any other population and face multiple barriers to care. Women in the U.S. also have higher rates of hospitalization than men and experience more than twice as many HIV-related and AIDS-defining illnesses per person than men, even after controlling for injection drug use and differences in follow-up time.

TAKE ACTION NOW!

HIV Prevention, Care and Treatment for Women!

1. **ACTION NEEDED: Expand and expedite the provision of facilitative support services and housing services for women living with and affected by HIV.** Linking and retaining women in HIV care requires adequate transportation assistance, childcare options, nutritional adequacy (which, unmet, leads to skipped appointments due to illness), assurance of transgender-competent care and services, and case management and peer facilitation services to guide and support their efforts to obtain HIV testing, medical and social services. Access to stable housing is an evidence-based HIV prevention strategy, as well as an essential component of effective, sustained medical care.

2. **ACTION NEEDED: Make women-centered care more widely and readily available.** Integrate provision of the three health care delivery areas of greatest importance to women: (1) HIV prevention, treatment and care; (2) sexual and reproductive health services; and (3) intimate partner violence prevention and counseling.

3. **ACTION NEEDED: Produce better data and more targeted research to meet women's needs.** Available data on service and treatment delivery is rarely disaggregated by sex or gender, making it impossible to accurately quantify existing gaps in services and their impact on women and girls, including transgender women and girls. Male condoms aren't enough. Women urgently need expanded investment in and research into current and future HIV prevention tools including female condoms, Treatment as Prevention (TasP), Pre-exposure Prophylaxis (PrEP), microbicides and the potential impact of hormonal contraception use on HIV risk.

REFERENCES

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[5] American Foundation for AIDS Research. Fact Sheet #2: Women and HIV/AIDS. (2008 March) New York: amFAR. Available online at http://www.amfar.org/uploadedFiles/In_the_Community/Publications/Fact%20Sheet%20Women%20and%20HIV%20AIDS.pdf; Fleishman JA, et al. (2005 September). Hospital and Outpatient Health Services Utilization Among HIV-Infected Adults in Care 2000–2002. Medical Care, Vol. 43, No. 9, Supplement; Meditz AL, MaWhinney S, Allshouse A, et al. (2011). Sex, Race, and Geographic Region Influence Clinical Outcomes Following Primary HIV-1 Infection. J Inf Dis; 203:442–451.