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MAKING AIDS HISTORY
The Foundation for AIDS Research

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ISSUE BRIEF

Women and HIV/AIDS in the United States: Fast-Tracking the End of an Epidemic

Encouraging News

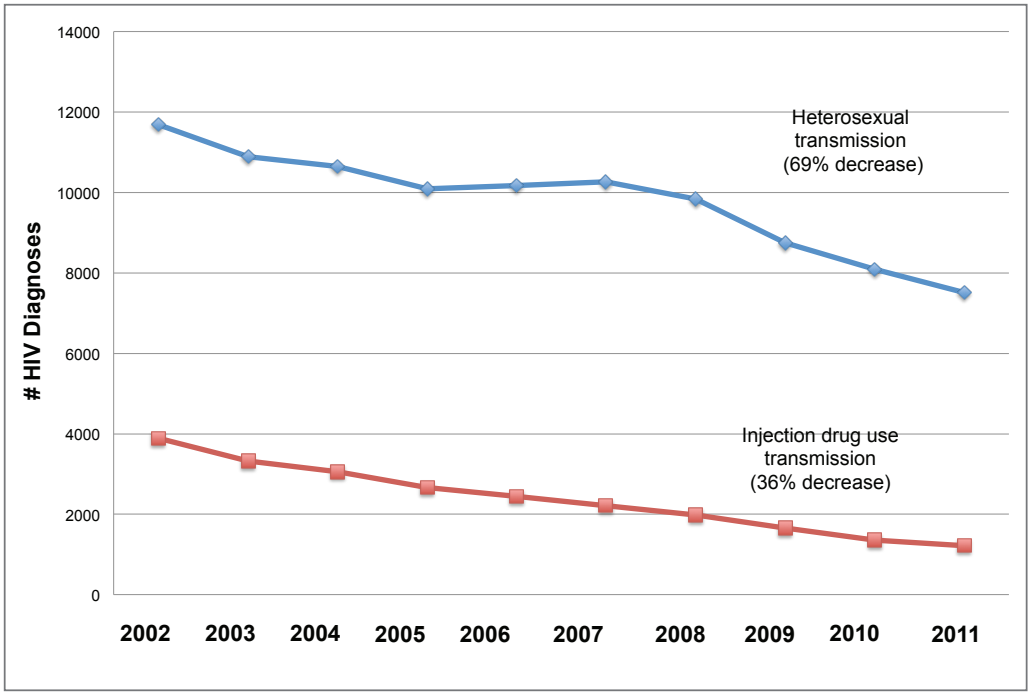
In recent years, there have been promising signs that HIV infections are declining among women in the United States, including African American women, who account for approximately two-thirds of all new female HIV infections. Overall, 270,000 women out of a total of 1.2 million Americans are living with HIV and women account for 20% of all new infections.[1] The encouraging news is that the Centers for Disease Control and Prevention (CDC) recently announced that HIV diagnoses among women in the U.S. due to heterosexual sex and injection drug use declined by 49% over the 10-year period, 2002–2011 (Figure 1).[2] Furthermore, there was a 21% decrease in new infections among women from 2008 to 2010, representing the first significant reduction in rates after more than a decade of relatively steady HIV incidence. Additionally, as a result of effective treatment of pregnant women, mother-to-child transmission of HIV has been virtually eliminated in the U.S.

Women and HIV: Transmission Trends in the United States

Women represent one in four people living with HIV and one in five new infections in the U.S., but these statistics do not tell the whole story. In 2013, HIV was the 11th leading cause of death for women aged 35–44.[3] In 2012, an estimated 3,561 American women died of AIDS-related causes, for a cumulative total of 117,797 deaths since the beginning of the epidemic. Eighty-four percent of new HIV infections among American women are attributable to heterosexual contact and 16% are associated with injection drug use. There are also striking racial disparities in HIV infections among women. In 2010, the proportion of new HIV infections among African American, White and Hispanic/Latina women were 64%, 18%, and 15%, respectively.[4] While African American women represent 13% of all women living in the U.S., they constitute 64% of new female HIV infections.[5] Additionally, in 2010, African American women were 14 times more likely to die from AIDS-related causes than White women. Teens and young adults are at elevated risk, with those under 35 years of age accounting for 56% of new HIV infections in 2010 (youth aged 13–24 accounted for 26% of new infections and those aged 25–34 accounted for 31%).[4] Most young people are infected through sexual transmission.

In general, women are more vulnerable than heterosexual men to becoming infected with HIV. In addition to

Figure 1. HIV diagnoses among US women have declined over 10 years (2002–2011)



increased biological vulnerability, the effects of poverty, discrimination, socioeconomic factors, and gender-based violence (which affects more than one in five females in the U.S.), can impede a woman's ability to prevent infection and results in poorer health outcomes if she does become infected. Vulnerable populations including sex workers, people who inject drugs and transgender women experience an even higher risk of acquiring HIV. These groups are often subjected to stigma, discrimination, violence and legal obstacles that hinder their efforts to protect themselves from infection or to seek treatment if diagnosed with HIV.

The Impact of Geography on HIV/AIDS in Women

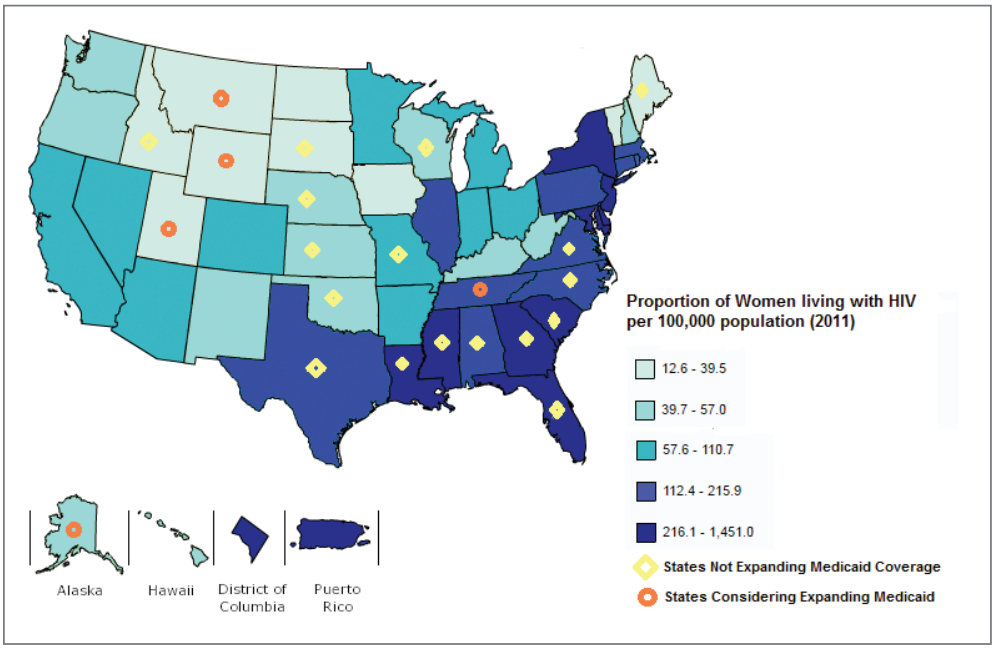
HIV/AIDS impacts every state and the District of Columbia. However, there are areas that are hit particularly hard, especially for women. Ten states (New York, Florida, Texas, California, New Jersey, Maryland, Pennsylvania, Georgia, North Carolina and Illinois) accounted for the majority (68%) of HIV cases among women in the U.S. in 2010. And shockingly, HIV prevalence for women in Washington, D.C., and some other major U.S. cities is higher than those for women living in Ethiopia, Mali, the Democratic Republic of the Congo, Liberia and some other African nations.[6]

While the South contains 37% of the U.S. population, it accounts for 50% of new HIV infections. AIDS-related mortality is also highest in the South.[7] Contributing to elevated HIV incidence for women in this region of the country are high poverty rates, lower educational attainment, violence, and a large number of women who lack access to healthcare. The *Affordable Care Act* (ACA) provides unprecedented expansion of insurance coverage and care for people living with HIV/AIDS; however, the legislation's provisions for Medicaid expansion have not been implemented in every state. Under the ACA, a woman cannot be denied coverage because she has HIV, and lifetime caps for care are prohibited. Moreover, HIV testing and treatment services must be provided by insurance plans participating in the ACA. If the ACA's provisions for Medicaid expansion were adopted across all states in the U.S, further declines in HIV infections could be expected.

Prevention and Treatment

Preventing HIV infection is a critical priority and there are a range of tools that can help, including targeted education, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), male and female condoms, and harm reduction services for people who inject drugs. To maximize reductions in new HIV infections, a high impact strategy must be employed to use the most efficient, evidence-based, cost-effective and scalable prevention methods to target those at highest risk in the most affected areas.[8] New technologies under development, including long-acting microbicides and a vaccine, could be game changers for HIV prevention in the future.

Figure 2. Women in the Southern United States are disproportionately affected by HIV, and are more likely to live in a state that has not expanded Medicaid



On the treatment front, among women living with HIV in America, almost nine in 10 (88%) have been diagnosed, but only 45% are engaged in care and only 32% have achieved viral suppression.[9] A cornerstone to ending AIDS is early diagnosis and treatment. When virally suppressed as the result of effective therapy, transmission of infection to others can be reduced by as much as 96%. Since treatment is prevention, the low percentage of virally suppressed women in the U.S. represents a missed opportunity for dramatically reducing transmission of the virus. Federal initiatives including the Ryan White Program and Medicaid, for those who are eligible, provide services for the majority

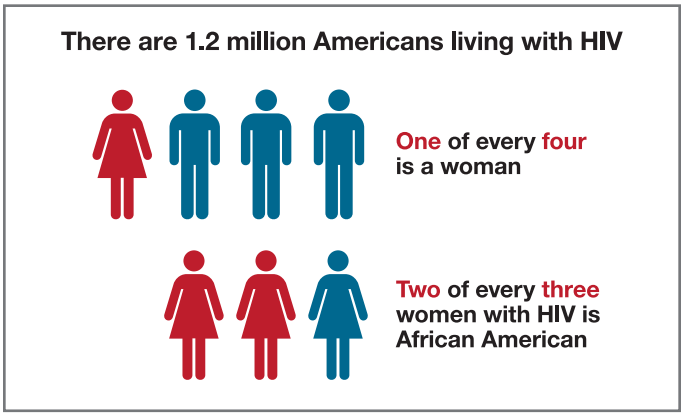
of women with HIV/AIDS.[10] Medicare provides services for seniors with HIV/AIDS, a growing population given the aging of the baby boom generation and the effectiveness of ART. Implementation of the ACA legislation will further expand access to HIV prevention and treatment services in the U.S.

A Roadmap for Ending HIV/AIDS in Women in the U.S.: amfAR's Action Steps

The following are Policy Action Steps recommended by amfAR to achieve an AIDS-free generation and help more women living with the disease in the U.S. to survive and thrive:

- Mainstream the issues of gender and sex differences in the National HIV/AIDS Strategy for the United States.
- Ensure women are adequately represented as participants in public and private sector research. Significantly invest in the discovery of a cure and vaccine for HIV/AIDS.
- Analyze and report data from HIV/AIDS research and intervention studies by sex.
- Implement high impact prevention strategies that target communities with women at highest risk. Ensure that prevention and treatment efforts particularly target the needs of African American women who remain at considerably greater risk than other female population groups.
- Develop new prevention technologies for women, including combination PrEP and contraceptives, as well as long-acting microbicides.
- Scale up effective interventions that address the intersection of HIV and violence against women.
- Provide gender sensitive programming for vulnerable populations of women, including syringe exchange programs for women who inject drugs.

Figure 3



- Increase women's access to and retention in comprehensive HIV/AIDS healthcare services, including reproductive healthcare.
- Engage men as important allies to end HIV in women. Because the majority of infections among females occur from sex with male partners, a priority must be placed on diagnosing, treating, and virally suppressing men to prevent transmission to women.
- Support the ACA, a vital source of health services and HIV care for women, including Medicaid expansion across all states.

There are now hopeful signs that the number of new HIV infections and HIV diagnoses in women are declining in the U.S. To make further progress, a fast-tracked, comprehensive strategy is needed, mobilizing all sectors of society to prevent HIV infection in women, their partners and children, provide testing and early treatment of HIV to all those in need, combat discrimination and stigma, and eliminate violence against women. More research on women and HIV/AIDS is also critical, including intensified efforts to discover a cure and a vaccine. The tide is turning. Working together and making these investments, we can achieve an AIDS-free America in the years ahead.

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