



DEBATE PACK

Number CDP 2016/0078, 11 April 2016

Tackling HIV in women and girls

This pack has been prepared ahead of the debate in Westminster Hall on Tuesday 12 April 2016 at 2.30pm on **Tackling HIV in women and girls**. The Member in charge is **Mike Freer MP**

Dr Sarah Barber

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The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Summary

Globally, HIV/AIDS is the leading cause of death among women of reproductive age and in some parts of the world, young women are twice as likely to be infected as young men.¹ There are around 380,000 new HIV infections in young women (aged 15-24 years) each year.²

Gender inequality, a lack of education and access to information, gender violence and stigma are amongst those factors cited as why women are more vulnerable to infection.²

These can result in women and girls:

- having less knowledge about how HIV is transmitted and how it can be prevented;
- being unable to access effective prevention and treatment services; and
- having less power to control their exposure to infection.

Sustainable development goals

On World AIDS Day, the World Health Organisation (WHO) reported that there had been progress in tackling the spread of HIV. It highlighted a fall in new infections by 35% and AIDs related deaths by 24% since 2000.³ The United Nations Millennium Development Goal to halt and reverse the HIV epidemic⁴ was reached prior to the 2015 target.⁵ However, it emphasised that more work needs to be done to reach the new targets within the Sustainable development goals.

At the UN General Assembly in September 2015, a new set of Sustainable Development Goals and Milestones was agreed. This included a call to end the AIDs epidemic by 2030. The first milestones towards this goal are to reduce the number of new infections by 75% and double the number of people on antiretroviral treatment by 2020.

Alongside the Sustainable development Goals, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has developed a new Strategy, [UNAIDS 2016–2021 Strategy](#) which highlights the need to achieve gender equality and eliminate gender violence, alongside advancing the rights of women- including improved access to healthcare and education.

In response to a Parliamentary Question on Government steps to tackle HIV/AIDS in November 2015, the Minister for International Development reported that the UK are firmly committed to the Sustainable Development Goals and already working towards this:

The UK remains firmly committed to the Sustainable Development Goals agreed in New York in September, including the target to end the AIDS epidemic by 2030. We are already working towards

¹ 'Women's health', World Health Organisation, 2013

² [UNAIDS, The Gap report, 2014](#)

³ WHO, [World AIDS Day - 1 December 2015](#)

⁴ WHO, [MDG 6: combat HIV/AIDS, malaria and other diseases](#), December 2014

⁵ UNAIDS, [UNAIDS announces that the goal of 15 million people on life-saving HIV treatment by 2015 has been met nine months ahead of schedule](#)

this goal not only through our substantial support to the Global Fund to fight AIDS, TB and Malaria, but also through our work with UNAIDS and the Clinton Health Access Initiative to make testing and treatment more accessible and affordable.

We will continue to concentrate on the critical gaps in reducing new infections, particularly among women and girls and key affected populations while continuing to address the barriers that limit access to treatment. These include strengthening health systems and tackling the broader structural drivers of the HIV epidemic such as stigma and discrimination, and gender inequality.⁶

On International Women's Day 2016 (8 March), UNAIDS called for a reaffirmed commitment to women's human rights. It said that closing the gender gap was an important part of the Sustainable Development Goals and was crucial to ending the AIDS epidemic by 2030. It reported that although progress has been made in this area, the speed of change is slow and many challenges remained:

Every day, more than 40 000 girls are married before their 18th birthday, complications linked to pregnancy and childbirth remain the second leading cause of death among adolescent girls aged 15 to 19 and it is estimated that around 120 million girls worldwide have experienced rape or other forced sexual acts at some point in their lives.

The vulnerabilities and risks associated with HIV are closely linked to the gender inequalities woven into the political, economic and social fabric of our societies. AIDS-related illnesses are the leading cause of death globally among women of reproductive age. In 2014, there were around 220 000 new HIV infections worldwide among adolescents aged 10 to 19, with adolescent girls accounting for 62% of new infections among this age group. In sub-Saharan Africa, adolescent girls aged 10 to 19 make up 72% of total new HIV infections among this age group. Gender-based violence and a lack of control over decisions affecting their own lives increase the risk of HIV infection among women and girls.

One week before the sixtieth session of the Commission on the Status of Women and three months ahead of the United Nations General Assembly High-Level Meeting on Ending AIDS, the world must recognize the undeniable link between achieving social justice and creating the foundations for an end to the AIDS epidemic. No one must be left behind.

The UNAIDS Fast-Track approach to ending the AIDS epidemic has a set of time-bound targets, including reducing the number of people newly infected with HIV from 2 million in 2014 to fewer than 500 000 in 2020, reducing the number of people dying from AIDS-related illnesses from 1.2 million in 2014 to fewer than 500 000 in 2020 and eliminating HIV-related discrimination. These targets will not be reached without much stronger progress on ensuring that women's human rights are respected so they are free to take informed decisions about their health and well-being.⁷

⁶ [HC Written Question 14103: Developing Countries: HIV Infection](#), 5 November 2015

⁷ UNAIDS, [Respecting women's human rights is key to creating a safer, fairer and healthier world](#), 8 March 2016

Government policy to tackle HIV in women and girls

In 2011, the Department for International Development (DFID) published a UK position paper on HIV in the developing world, '[Towards Zero Infections](#)'⁸, with a particular focus on HIV-infected women and girls. DFID pledged to help reduce HIV infections by at least half a million among women in Africa by 2015. The paper outlines the following strategic priorities:

To significantly reduce HIV new infections, particularly for women, girls, children and key populations, through the scale up of evidence-based approaches, filling gaps in the evidence base for prevention and paying attention to underlying risk factors.

To scale up access to HIV and TB diagnosis, treatment care and support, including early infant diagnosis, within integrated services, focusing on sustainability so that treatment for all is achievable.

To significantly reduce stigma and discrimination by working for policy change for most at risk populations and to empower women and girls, including with sexual and reproductive health and rights.

A further aim of the position paper was to support the Global Fund so that 37,000 HIV-positive women could be treated.

A review, [Towards Zero Infections - Two Years On](#) (November 2013), reiterated a commitment to universal access to comprehensive prevention programmes, treatment, care and support, and noted that DFID was making progress against its expected results. It also pointed to changes in funding mechanisms, with DFID moving increasingly to work with global and regional mechanisms and partners. The review reported that DFID had achieved its aim of treating 37,000 HIV-positive women but progress at reducing new infections among women was slow. The review also states DFID's continued commitment to treating and preventing HIV in women and girls:

DFID has committed to putting girls and women at the heart of its development assistance. As well as continuing a focus on women and girls in DFID's bilateral HIV programmes, more work is required to capture, measure and maximise the HIV related benefits of DFID's wider work with women and girls. Global progress on reducing new infections in women and girls remains a priority for DFID.

On 23 November 2015, the current Government published a new aid strategy for the UK, [UK aid: tackling global challenges in the national interest](#). Underpinning the strategy is the principle that the UK's development spending "*will meet our moral obligation to the world's poorest and also support our national interest*". While there is no explicit mention of AIDS/HIV in the strategy, tackling disease features prominently. For example the strategy highlights a new £1 billion commitment to global public health (the "Ross Fund") which will fund work to tackle the most dangerous infectious diseases, as well as

⁸ '[Towards Zero Infections](#)', DFID, 2011

diseases of epidemic potential, neglected tropical diseases, and drug resistant infections.

A March 2016 Parliamentary question enquired about DFID spending on HIV and AIDs over the comprehensive spending review period. The Secretary of State for International development reported that the results of the bilateral aid review will be set out over the coming weeks but support for organisations such as the Global Fund will continue:

The hon. Gentleman will be aware that we plan to set out the results of our bilateral aid review over the coming weeks, but I can assure him that our support for multilateral mechanisms, such as the Global Fund, that do so much great work on tackling aid, will continue, and he will obviously be aware that HIV and AIDS particularly affect adolescent girls in a growing proportion, so it is important that we stay the course on this.⁹

⁹ [HC Deb 16 March 2016, c934](#)

2. News items

The Guardian

Slashing aid to emerging economies undercuts HIV fight, activists warn

24 March 2016 Sam Jones

<http://www.theguardian.com/global-development/2016/mar/24/slashing-aid-emerging-economies-undercuts-aids-hiv-fight-activists-warn>

BBC News

HIV: UN meets goal to treat 15 million

14 July 2015

<http://www.bbc.co.uk/news/health-33509656>

BBC News

Fighting HIV where no-one admits it's a problem

20 May 2015

<http://www.bbc.co.uk/news/magazine-32792830>

The Guardian

HIV stigma causing avoidable maternal deaths in South Africa, says Amnesty

9 October 2014 Clar Ni Chonghaile

<http://www.theguardian.com/global-development/2014/oct/09/hiv-stigma-maternal-deaths-south-africa-amnesty>

The Guardian

The link in Africa between violence to women and HIV must be broken

1 December 2013 Lynne Featherstone MP and Annie Lennox

<http://www.theguardian.com/commentisfree/2013/dec/01/lynne-featherstone-annie-lennox-aids-malawi>

3. Press releases

**Global Fund
Removing Human Rights Barriers to End the HIV Epidemic
11 March 2016**

The Global Fund made a strong appeal to address human rights issues as a key component of efforts to end epidemics such as AIDS, tuberculosis and malaria.

"To end HIV, we must overcome discrimination in laws and policies, in practice and in our hearts," Mark Dybul, Executive Director of the Global Fund, said at a session of the United Nations Human Rights Council. "We must grasp the historic opportunity to become better people and societies built on the firm foundation of an inclusive human family."

Despite extraordinary progress against HIV in the last decade, human rights barriers are preventing millions of people from being able to access prevention, treatment and care, Dr. Dybul said. In order to maximize health investments and achieve greater impact, the global community needs to do more to overcome these barriers, including by increasing investment in programs to fight stigma and discrimination, reduce violence against women, provide access to justice, and sensitize law-makers and law enforcement officials, Dr. Dybul said. "We need to do better on removing human rights barriers, because it is the right thing to do, and because it is essential to our efforts to invest more strategically to end HIV," he added.

Dr. Dybul spoke at a panel discussion on progress and challenges of addressing human rights issues in the context of efforts to end the HIV epidemic, as part of a current session of the Human Rights Council that is underway in Geneva this month.

Dr. Dybul pointed out that in many settings, the impact of investments in health is greatly reduced because of human rights-related barriers to services. In many countries, women and girls often do not access testing and treatment, or are not retained in treatment, because of stigma and discrimination and gender-based violence. Men who have sex with men, people who use drugs, sex workers, transgender people, migrants, and prisoners also often cannot access prevention and treatment because of the discrimination they experience in health-care settings, or the violence perpetrated by police. The Global Fund partnership was founded with a strong commitment to advancing human rights. Dr. Dybul said the Global Fund had learned from the work done in recent years, and that it was intensifying efforts. The Global Fund's new investment strategy, for 2017-2022, lists as one of its main objectives to "introduce and scale up programs that remove human rights barriers to accessing services".

In this sense, Dr. Dybul said the Global Fund will concentrate efforts on 15 to 20 countries with particular needs and opportunities.

The target in these countries will be to implement comprehensive programs to address human rights-related barriers. This will result in increased uptake of and retention in services, thanks to decreased stigma and discrimination, particularly in health-care settings; increased access to justice; reduction of violence and discrimination against women and girls; greater support among law enforcement officials for prevention and treatment services; a more conducive policy environment; and strengthened participation of affected persons in programs linked to these interventions.

UNAIDS

Respecting women's human rights is key to creating a safer, fairer and healthier world 8 March 2016

On International Women's Day, the world must reaffirm its commitment to achieving full respect for women's human rights both as a moral obligation and as a keystone for a safer, fairer and healthier world. Empowering this generation of women and girls and closing the gender gap is a central component of the Sustainable Development Goals and is crucial to ending the AIDS epidemic by 2030.

Despite some progress in moving towards gender parity in certain areas, such as education and political representation, many challenges remain. The pace of change in reducing inequality is unacceptably slow. For example, women continue to earn far less than men and face problems in accessing essential health-care services, including sexual and reproductive health care. Every day, more than 40 000 girls are married before their 18th birthday.^[1] complications linked to pregnancy and childbirth remain the second leading cause of death among adolescent girls aged 15 to 19^[2] and it is estimated that around 120 million girls worldwide have experienced rape or other forced sexual acts at some point in their lives.^[3]

The vulnerabilities and risks associated with HIV are closely linked to the gender inequalities woven into the political, economic and social fabric of our societies. AIDS-related illnesses are the leading cause of death globally among women of reproductive age. In 2014, there were around 220 000 new HIV infections worldwide among adolescents aged 10 to 19, with adolescent girls accounting for 62% of new infections among this age group. In sub-Saharan Africa, adolescent girls aged 10 to 19 make up 72% of total new HIV infections among this age group. Gender-based violence and a lack of control over decisions affecting their own lives increase the risk of HIV infection among women and girls.

One week before the sixtieth session of the Commission on the Status of Women and three months ahead of the United Nations General Assembly High-Level Meeting on Ending AIDS, the world must recognize the undeniable link between achieving social justice and creating the foundations for an end to the AIDS epidemic. No one must be left behind.

The UNAIDS Fast-Track approach to ending the AIDS epidemic has a set of time-bound targets, including reducing the number of people newly infected with HIV from 2 million in 2014 to fewer than 500 000 in 2020, reducing the number of people dying from AIDS-related illnesses from 1.2 million in 2014 to fewer than 500 000 in 2020 and eliminating HIV-related discrimination. These targets will not be reached without much stronger progress on ensuring that women's human rights are respected so they are free to take informed decisions about their health and well-being.

[1] <https://plan-international.org/child-marriage?gclid=COSA7uzWpssCFUwq0wodMslBvQ> .

[2] <http://www.who.int/mediacentre/factsheets/fs345/en/> .

[3] Hidden in plain sight, http://www.unicef.org/publications/index_74865.html .

UNAIDS

More investment needed in developing female-controlled HIV prevention options **23 February 2016**

Results from two large-scale studies of a vaginal ring that releases the antiretroviral medicine dapivirine to prevent HIV among women have shown protection of around 30% against HIV. The results are encouraging and show the urgent need to expand investment in research and development for female-controlled methods of HIV prevention.

Although less effective than hoped for, the results are the first to show that a sustained release mechanism for antiretroviral medicine is feasible, safe and partially effective in preventing HIV infection among women. Follow-up studies are needed to build on these results and there is a need to better understand how to optimize the HIV prevention effect and support adherence.

“Women urgently need better options for HIV prevention, especially options that allow them greater control,” said Luiz Loures, Deputy Executive Director, UNAIDS. “The path to an effective microbicide has been a long one. The important results from these two studies take us one step closer towards an HIV prevention product that could protect millions of women worldwide.”

The two studies, presented on 22 February 2016 at the annual Conference on Retroviruses and Opportunistic Infections, being held in Boston, United States of America, were carried out across four African countries and recruited more than 4500 women. Each participant was randomly assigned to use either an active ring that slowly released the antiretroviral medicine dapivirine over the course of one month or to receive an inactive placebo ring containing no medicine. The risk of HIV infection was compared between women using the active rings and women using the placebo rings after two to four years of follow-up.

The ASPIRE/MTN-020 trial was carried out by the Microbicide Trials Network and the Ring Study/IPM 027 trial was carried out by the

International Partnership for Microbicides. As the two trials were independent, it is encouraging that they achieved similar results (27% protection in ASPIRE and 31% protection in the Ring Study). Despite the high levels of adherence to the ring (82% in ASPIRE and 73% in the Ring Study), the results are lower than hoped for.

Another important finding from both studies was that there was little protection against HIV for women aged 21 years and below, with better protection for women 22 years and above. At least part of this difference was explained by better adherence in the older age group. Young women in sub-Saharan Africa remain most affected by HIV. Around 79% of all women living with HIV (aged 15 years and older) live in the region. The results from this, and previous studies into female-controlled HIV prevention methods, reinforce the urgent need to find better HIV prevention methods that offer more choices for women.

UN Women

Fast-tracking the end of the AIDS epidemic for women 1 December 2015

From 29 November to 4 December 2015, close to 10,000 of the world's leading scientists, policy makers, activists, people living with HIV, government leaders, as well as a number of Heads of State and civil society representatives are meeting in Harare, Zimbabwe to deliberate on ending AIDS by 2030 in Africa at the 18th session of the International Conference on AIDS and STIs in Africa (ICASA). Ahead of the ICASA, UN Women together with partners, organized a women's pre-conference under the theme "Fast-tracking the end of the AIDS epidemic for women in the post-2015 development framework." The pre-conference sought to promote a shared understanding of the needs and agenda of women living with HIV and AIDS within the SDG framework as well as the need to focus on gender equality and women's empowerment in efforts to end AIDS. Despite the tremendous progress that has been made in addressing HIV and AIDS across the world, HIV is the leading cause of death among women between the ages of 15-44 years [1] and adolescent girls and young women account for one in four new HIV infections in sub-Saharan Africa [2].

In order to reduce HIV among women, participants stressed the importance of confronting stigma and discrimination, violence against women and new infections among young women, while promoting women's empowerment, the engagement of women's groups and networks, as well as increasing access to sexual reproductive health information and services.

"Across the world, violence against women and girls remains one of the most serious and, unfortunately, most tolerated human rights violations. Indeed, there is an inter-linkage between the high levels of violence against women and girls and the high rates of HIV infection among this group. This is a problem that needs to be addressed by all, governments, civil society and communities," said Zimbabwe's Minister of Women's Affairs, Gender and Community Development, Nyasa E. Chikwinya, in a speech read on his behalf by the

Permanent Secretary of Women's Affairs, Gender and Community Development, Perpetua Gumbo.

With declining global resources dedicated to HIV and AIDS, participants called on African governments to increase spending to fight the epidemic by allocating 15 per cent of their budgets for universal health care, as per their commitment in the Abuja Declaration, in an effort to end AIDS by 2030.

The need to empower young women as the new generation of leaders was echoed repeatedly. Those attending the pre-ICASA women's conference asserted their need to speak for themselves and called upon all actors to engage them as change agents and not mere beneficiaries of AIDS responses.

"Youth are greatly affected by HIV, especially in new infections, yet most times they do not seek treatment because for fear of stigma," said Nacugo Sharifah from Uganda. "For these reason we need to be actively involved in discussions as well as in decisions in fighting the epidemic to ensure that the youth are fully sensitized about prevention as well as treatment."

Queen Nana Adwoa Awindor of Ghana, who chairs the African Queens and Women Cultural Leaders Network, underscored the important role that cultural and traditional leaders have to play in the fight against HIV and AIDS. "It is our responsibility to ensure that harmful traditional practices that promote the spread of HIV such as early marriages and female genital mutilation are eradicated," she said.

Most of the gender issues discussed at the pre-conference, including the actions proposed to address them, were also raised during the official opening ceremony of ICASA, which was presided over by Zimbabwean Vice-President Emmerson Mnangagwa on 30 November.

The pre-ICASA women's conference was attended by about 130 people ranging from women living with HIV, members of the High-Level Task Force, women cultural leaders, civil society organizations and young women advocates. At the main ICASA conference, UN Women will hold a session on "Transformative leadership: the role of African women in sustaining the AIDS response" and a skills-building workshop on engendering the national AIDS response.

Notes

[1] [WHO Fact Sheet N. 334](#).

[2] UNAIDS, 2014, [The Gap Report](#), p. 5.

UNAIDS calls on countries to put the health and rights of women and girls at the centre of efforts to end the AIDS epidemic by 2030

25 November 2015

On the International Day for the Elimination of Violence against Women, UNAIDS is urging countries to put women and girls at the centre of efforts to end the AIDS epidemic by 2030.

AIDS is the leading cause of death of women of reproductive age (15–49 years) and adolescent girls and young women are most affected by HIV. Every year around 380 000 adolescent girls and young women become newly infected with HIV and in sub-Saharan Africa adolescent girls and young women aged 15–24 years account for one in every four new HIV infections.

“AIDS-related deaths are increasing among adolescents and we are seeing increased violence against young women,” said UNAIDS Executive Director Michel Sidibé. “Our call is to address the root cause—gender inequality, which can result in violence, lack of esteem, growing vulnerability and difficulty for young women and girls to make empowered and informed decisions about their health and well-being.”

In some regions, women who have experienced physical or sexual partner violence are 1.5 times more likely to acquire HIV compared to women who have not. While the experiences of violence faced by women living with HIV mirror those of women generally, living with HIV exposes women and girls to other forms of violence, including forced and coerced sterilization, because of their HIV-positive status. The heightened vulnerability of women and girls to HIV is intricately linked to the sociocultural, economic and political inequalities they experience. Ending the AIDS epidemic will depend on a social justice agenda that demands equity in education, employment, political representation and access to justice and health, free from violence. At the start of the annual [16 Days of Activism against Gender-Based Violence](#), which is being held under the 2015 theme of “From peace in the home to peace in the world: make education safe for all,” UNAIDS is urging all countries to ensure the engagement and empowerment of women as a top priority to enable women and girls to live in a world free of inequalities and violence.

The newly adopted Sustainable Development Goals, as well as the [UNAIDS 2016–2021 Strategy](#), reflect a collective global commitment to achieve gender equality, eliminate gender-based violence and advance the rights of women and girls, including sexual and reproductive health and rights, and their empowerment. Significantly, they provide a bold blueprint for action. These goals and targets call for true collaboration across sectors and generations to scale up efforts to ensure the safety and empowerment of women and girls everywhere.

UN Women**UN Women to highlight the unique barriers to treatment faced by women living with HIV/AIDS****16 July 2015**

At the pivotal International AIDS Society Conference in Vancouver, Canada from 19-22 July, the focus will be on HIV care and treatment as new data highlights the effectiveness of earlier treatment initiation. Commissioned by UN Women, AVAC, ATHENA network and Salamander Trust will present initial findings from a new global review of the status of access to care and antiretroviral therapy (ART) for women living with HIV. Unique in its methodology, the study was designed and governed by women living with HIV and aims to ensure that their voices, and concerns about specific barriers to access, remain front-and-centre in discussions.

A new report released this week by UNAIDS “How AIDS changed everything,” says the Millennium Development Goal of having 15 million people on life-saving HIV treatment by 2015 has been met – with 40 per cent of all people living with HIV accessing antiretroviral therapy in 2014, a 22-fold increase over 2000. Over the same period, the percentage of pregnant women living with HIV with access to ART rose to 73 per cent.

While celebrating these achievements, challenges persist in ensuring access and adherence to antiretroviral therapy for all. More sex-disaggregated data is needed, particularly of women from marginalized populations. In fact, although women’s enrolment in treatment has increased, data shows that women have lower rates of retention in care in the long-term than men. For a range of reasons related to unequal gender norms and inequalities, women living with HIV often face specific barriers in gaining access to treatment or following it through.

In the first phases of the global study, more than 200 women were interviewed one-on-one or through focus group discussions in four countries from different regions. The next phase in the global study will involve further interviews and country-level policy reviews to provide a fuller picture of women’s access in specific contexts. The final report is expected to be out later this year.

Department for International Development**Featherstone: Young women being ‘left behind’ in efforts to tackle HIV****12 July 2013**

Despite the progress made in preventing HIV across the globe, rates of infection in Southern Africa are still unacceptably high, with adolescent girls worst affected, Lynne Featherstone has announced.

The International Development Minister is visiting Malawi this week as part of a major review into Britain’s HIV strategy, which will contribute to preventing half a million new HIV infections among women by 2015.

As part of her wider visit to Southern Africa, Lynne Featherstone launched a new £10.7 million regional research programme to generate evidence in the region on how to make HIV prevention methods more effective, especially for adolescents and prisoners.

International Development Minister Lynne Featherstone said:

Across the world, we have made huge strides in tackling HIV over the past decade. Yet new infection rates remain too high, particularly amongst adolescent girls. It is a sad fact that this vulnerable group is being left behind.

I want to see zero new infections, zero deaths from HIV/AIDS and zero discrimination. This won't happen unless we prioritise marginalised groups. This means addressing stigma, empowering women and girls and reducing the violence against them that makes them so vulnerable to the epidemic.

The Southern Africa region accounts for the highest HIV prevalence rates in the world and remains the global epicentre of the epidemic. The region is home to 11.3 million people living with HIV/AIDS, an increase of nearly one-third over the past decade. However, evidence on the effectiveness of various HIV prevention methods is still insufficient and the contribution of vulnerable groups to the epidemic is widely ignored.

The new UK-funded Southern African Regional Programme on HIV Prevention Evidence aims to mount a more effective and efficient prevention effort in the region through a regional fund for operations and innovation research among vulnerable groups.

The 4 year programme, which will be hosted by UNAIDS, will help to improve the skills of policy makers to analyse and utilise data and address the drivers of HIV transmission in vulnerable groups.

While in Malawi, Lynne Featherstone visited a health centre which is preventing the transmission of HIV from mothers to children as well a support centre for victims of violence against women – a major contributing factor to HIV infection.

Malawi has some of the highest rates of HIV infection in the world. One in 10 adults has the disease and 450,000 of Malawi's million orphans have lost one or both parents to HIV. In March, Justine Greening announced £21 million of support to help 164,000 couples undertake joint counselling and testing for HIV as well as the distribution of 23 million condoms.

Notes to editors

- To contribute to the Department for International Development's review of the HIV position paper, go to <https://www.surveymonkey.com/s/towards-zero-infections>
- The new UK HIV regional research programme, worth £10.7 million from 2013 until 2016/17, will generate evidence for HIV prevention among a target group of an estimated 33.6 million adolescents, of which 16.5 million are women, and approximately 250,000 prisoners

- The UK is the world's second biggest donor to HIV programmes, having contributed £1 billion over the last 3 years
- For more information on March's announcement of UK support for Malawi, go to <https://www.gov.uk/government/news/new-support-to-tackle-hiv-and-aids-in-malawi>
- Adolescent is defined as between the ages of 9 and 24.

Department for International Development
DFID Research: Shaping the future of HIV: Drivers and women
28 January 2013

With a larger proportion of women now living with HIV than men, STRIVE examine the network of influences which cause this increased vulnerability, and work to develop effective interventions.

Tackling the [Structural Drivers of the HIV Epidemic](#) (STRIVE) is a DFID funded research consortium designed to conduct coordinated rigorous research across India, South Africa and Tanzania. Each of these countries experiences its own unique battles with HIV. Led by the [London School of Hygiene and Tropical Medicine](#), STRIVE uses a comparative lens to establish a strong evidence base and build understanding of the diverse factors which contribute to the continued spread of HIV.

Since its discovery in 1981, over 30 years of research have gone into developing methods for preventing the spread of HIV AIDS; some preventative methods have succeeded, others have not. STRIVE works towards building better understanding of the social, economic and cultural forces that have impeded the success of interventions in its target countries and more specifically in key social groups.

The consortium identifies four key upstream determinants that shape its research:

1. Gender and Inequality
2. Poor livelihood options
3. Alcohol availability and drinking norms
4. Stigma and criminalisation

Empirical evidence clearly links each of these factors with the HIV epidemic. STRIVE research examines not only how these forces impact upon populations but how they interact with one another creating a network of forces around certain individuals.

This is clearly illustrated in a [***new video**](#) released by STRIVE depicting how these multiple drivers specifically combine and impact upon women**.

With a larger proportion of women now living with HIV than men, researchers are working towards understanding this increased vulnerability in the hope of developing effective interventions.

However, tackling this challenge involves identifying the right questions and finding the right entry points for intervention. By unpacking the aspects of each determinant in relation to women, core themes begin to emerge which help develop effective interventions.

The video outlines the varying manifestations of each determinant in the lives of women. Often these factors are beyond the woman's control.

1. It highlights how gender inequality and the restrictions placed upon women mean that it is often the male partner's sexual behaviour which puts the woman at risk
2. This is further compounded by lack of education or opportunity for employment making the woman dependent on her partner, giving her less power in the relationship
3. The stigma surrounding HIV is exacerbated by the stigma surrounding sexual relationships and unmarried women, meaning many do not discuss it or come forward for treatment
4. Availability of alcohol in unsupervised premises means that women are more likely to suffer abuse leading to further disempowerment

These issues demand interventions which look at the social and cultural aspects that increase vulnerabilities. STRIVE and its partners are already working on community programmes that attempt to combat these drivers.

The video outlines the different pathways to solutions, interventions which are already being implemented by different STRIVE affiliated programmes:

1. [Parivartan](#) is a programme operating across Mumbai which uses coaching in cricket to promote gender equity among young athletes between 10 and 16 years old
2. [Sex-worker Community Based Organisations](#) are providing forums for women to discuss HIV, reducing stigma and raising awareness of access to resources
3. [Phuza Wize](#) is a campaign run by STRIVE affiliate [Soul City](#) which aims to change social norms around drinking and domestic abuse through local media, booklets and factsheets

By examining the complex structures that shape each social group, STRIVE is able to identify the different pathways which lead to HIV. Working with communities to build networks and reduce marginalization, the programme can develop social interventions for the drivers of HIV, rather than medical interventions for the consequences of HIV, in the hope that this will provide a gradual way out of a thirty-year struggle.

4. Parliamentary material

4.1 PQs

[Overseas Development Assistance](#)

Asked by: Mr Gareth Thomas

Given the changes to the definition of overseas development assistance, and given that there are still some 37 million people living worldwide with HIV and AIDS, as well as 2 million new infections each year, can the Secretary of State tell the House whether her Department's spending on HIV and AIDS will be rising or falling over the comprehensive spending review period?

Answering member: Justine Greening | Department: International Development

The hon. Gentleman will be aware that we plan to set out the results of our bilateral aid review over the coming weeks, but I can assure him that our support for multilateral mechanisms, such as the Global Fund, that do so much great work on tackling aid, will continue, and he will obviously be aware that HIV and AIDS particularly affect adolescent girls in a growing proportion, so it is important that we stay the course on this.

HC Deb 16 March 2016 | Vol 607 c934

[Africa: Infectious Diseases](#)

Asked by: Lord McConnell of Glenscorrodale

To ask Her Majesty's Government what assessment they have made of which infectious diseases are among the leading causes of death for girls and women aged 10 to 19 in Africa, and what steps they are taking, working with individual countries bilaterally, to tackle those diseases.

Answering member: Baroness Verma | Department: Department for International Development

World Health Organisation (WHO) data show that the leading causes of death from infectious diseases amongst adolescent girls and women in Africa are HIV/AIDS, diarrhoeal diseases, respiratory infections, meningitis and malaria. HIV/AIDS is not only the leading cause of death itself, but is also responsible for deaths from many other infectious diseases. The UK is the second largest funder of HIV prevention, care and treatment, and has pledged up to £1 billion for the 2014-16 replenishment of the Global Fund to Fight AIDS, TB and Malaria. Half of Global Fund resources are used to tackle HIV and almost 60% are invested in programmes that reach women and children.

The UK puts the empowerment of girls and women at the heart of everything we do. Through our multilateral and bilateral investments we are tackling the barriers that limit their access to services, strengthening

health systems, and tackling the stigma and gender-based violence and inequality they face.

HL Deb 18 February 2016 | PQ HL6191

[International Assistance](#)

Asked by: Baroness Tonge

To ask Her Majesty's Government what were the core and non-core contributions made by the Department for International Development to the United Nations Population Fund, UNICEF, the World Health Organisation, the Joint United Nations Programme on HIV/AIDS, and UN Women in (1) 2013–14, and (2) 2014–15.

Answering member: Earl of Courtown | Department: Department for International Development

The core and non-core contributions (in £ millions) made by the Department for International Development in the years 2013 and 2014 can be found in the table below. These figures are from the latest figures published by the Office for National Statistics.

	United Nations Population Fund (UNFPA)	UNICEF	World Health Organisation (WHO)	Joint United Nations Programme on HIV/AIDS (UNAIDS)	UN Women
Core contributions 2013	20	46	14.5	15	12.5
Non-core contributions 2013	41.9	286.9	163.5	-0.1	0.8
Core contributions 2014	20	48	14.5	15	12.5
Non-core contributions 2014	203.3	274.6	84.5	0	0.5

HL Deb 11 January 2016 | PQ HL4876

Women and Girls: HIV

Asked by: Lord Crisp (CB)

My Lords, the noble Baroness is well aware that many young people and young people's organisations are active in advocacy, on both the prevention and treatment of HIV/AIDS, and they are, of course, very well placed to influence those most at risk. What are Her Majesty's Government doing to support the work of young people in this field?

Answering member: Baroness Verma | Department: Department for International Development

My Lords, the noble Lord and I enjoyed a very good session earlier today at which we listened to very eloquent testimonials from three young people who are not only living and dealing with HIV infection themselves but doing the broader work they are trying to deliver for others. It is important that, through the work I do with my department, DfID, and the FCO, we collectively ensure that we are engaged with all organisations across the civil society base and Government to Government.

HL Deb 01 December 2015 | vol 767 c1028

[Sustainable Development Goals: HIV](#)

Asked by: Lord Cashman (Lab)

I thank the Minister for that Answer. Today is World AIDS Day. AIDS is the biggest killer of women of reproductive age. AIDS is the second-biggest killer of adolescents. In 2014, 1.2 million people died of an HIV/AIDS-related illness. There are 36.9 million people living with HIV, and most people living with HIV are in middle-income countries. Therefore, it is vital that when addressing the possible withdrawal of programmes and funding from middle-income countries, the Government look at indicators other than the blunt instrument of GNI.

Answering member: Baroness Verma | Department: Department for International Development

My Lords, I reassure the noble Lord that approximately 50% of Global Fund resources are directed to middle-income countries. We use our seat on its board to encourage it to focus on key populations, as the noble Lord is aware. As middle-income countries graduate from aid, we work with the Global Fund, UNAIDS, national Governments and civil society to encourage stronger national responses and greater domestic resource mobilisation.

HL Deb 01 December 2015 | vol 767 c1025

[Topical Questions](#)

Asked by: Mike Freer

AIDS remains the No. 1 global killer of women of reproductive age. What more can DfID Ministers do to ensure that tackling this remains a priority for this Government?

Answered by: Justine Greening | Department: International Development

My hon. Friend is right. In fact, in 2013 we had stats that showed that an adolescent girl gets infected with HIV every two minutes. We very much put the empowerment of girls and women at the heart of our development agenda. We are the second largest funder of HIV prevention, care and treatment, and we have pledged up to £1 billion to the global fund.

HC Deb 16 March 2016 | vol 607 c939

[Developing Countries: HIV Infection](#)

Asked by: Thomas, Gareth

To ask the Secretary of State for International Development, what steps the Government is taking to promote steps to tackle HIV/Aids; and if she will make a statement.

Answering member: Grant Shapps | Department: Department for International Development

The UK remains firmly committed to the Sustainable Development Goals agreed in New York in September, including the target to end the AIDS epidemic by 2030. We are already working towards this goal not only through our substantial support to the Global Fund to fight AIDS, TB and Malaria, but also through our work with UNITAID and the Clinton Health Access Initiative to make testing and treatment more accessible and affordable.

We will continue to concentrate on the critical gaps in reducing new infections, particularly among women and girls and key affected populations while continuing to address the barriers that limit access to treatment. These include strengthening health systems and tackling the broader structural drivers of the HIV epidemic such as stigma and discrimination, and gender inequality.

HC Deb 05 November 2015 | PQ 14103

[Sub-Saharan Africa: HIV Infection](#)

Asked by: Rosindell, Andrew

To ask the Secretary of State for International Development, what steps her Department is taking to reduce the number of new HIV infections in sub-Saharan Africa.

Answering member: Grant Shapps | Department: Department for International Development

DFID is focussing its bilateral programme on reducing new HIV infection rates in southern Africa, the region hardest-hit by the epidemic. Our efforts are focused on the integration of HIV prevention and treatment services within sexual and reproductive health programmes. A particular emphasis is on the needs of women and girls and those populations most at risk.

DFID is increasingly working through multilateral organisations, which can work in many more countries than the UK can reach on its own and at a much larger scale. That is why the UK made a commitment of up to a £1 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for the 2014–16 replenishment.

HC Deb 19 October 2015 | PQ 11689

[Developing Countries: HIV Infection](#)

Asked by: Baroness Gould of Potternewton

To ask Her Majesty's Government how they are addressing (1) the impact of HIV/AIDS on women in developing countries; and (2) barriers to women accessing safe sexual choices and healthcare. [HL942]

Answering member: Baroness Northover (LD) | Department: Department for International Development

Women and girls' empowerment lies at the heart of the UK Government's development agenda. Our approach to addressing the impact of HIV on women and girls and the barriers to accessing information on sexual and reproductive healthcare is set out in the UK Government's 2011 HIV Position Paper and the recent review, "Towards Zero Infections-Two Years On" published in November 2013. For example, we are supporting the generation of new evidence to improve outcomes for women and girls, including supporting the development of female initiated HIV prevention technologies, research into how gender inequality drives epidemics and a particular focus on improving what works for adolescent girls in Southern Africa in accessing reproductive health needs.

HL Deb 17 July 2014 | vol 755 cc133-4W

4.2 Debates

[HIV and AIDS, Questions for Short Debate](#)

HL Deb 18 January 2016 | vol 768 cc585-7

Backbench Business debate: [Global Fund to Fight AIDS, TB and Malaria](#)

HC Deb 12 January 2016 | Vol 604 cc247-269WH

Westminster Hall debate: [HIV Treatment: Low and Middle-income Countries](#)

HC Deb 11 March 2015 | vol 594 cc95-115WH

5. Useful links and further reading

House of Commons International Development Committee DFID's contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria HC126 2012-13

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmintdev/126/126.pdf>

Vol II Additional evidence

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmintdev/126/126vw.pdf>

Government response HC609 2012-13

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmintdev/609/609.pdf>

Fast-track now to end AIDS within a generation: World AIDS Day 2015 infographics

<http://www.who.int/hiv/pub/arv/wad-2015-infographic/en/>

WHO support to countries in accessing and utilizing resources from the Global Fund – a Handbook November 2014

http://www.who.int/malaria/publications/atoz/handbook_global_fund_web.pdf?ua=1

UNAIDS Gap report

http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

UN Women

[Facts and Figures: HIV and AIDS](#)

UN Women, AVAC, ATHENA network and Salamander Trust, *Key barriers to women's access to HIV treatment: Making "Fast-track" a reality*, July 2015

http://www2.unwomen.org/~media/headquarters/attachments/sections/news/stories/2015/web_athena_ias%20treatment%20access-4pp.pdf?v=1&d=20150716T205419

All Party Parliamentary Group on HIV and AIDS, *Access Denied*, December 2014

<http://www.appghiv aids.org.uk/reports/2014/access14.html>

UNAIDS Gap Report How do we close the gap between the people moving forward and the people being left behind? July 2014

http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

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