WHAT **WOMFN**

ISSUES AND OPPORTUNITIES

Women with more education tend to marry later, bear children later and exercise greater control over their fertility



with HIV every day

Another 208 children are infected through

MATERNAL AND NEWBORN HEALTH

98% of new HIV infections among children are preventable



The number of children aged 0–14 years on antiretroviral therapy globally has increased fourfold in the past 10 years

Globally, cervical cancer claims the lives of 300 000 women each year

INTEGRATED HEALTH SERVICES

The HPV vaccine given to girls between nine and 13 years, before they become sexually active, prevents cervical cancer develop cervical cancer





THROUGH THE LIFE CYCLE

Providing information on gender and power results in lower rates of sexually transmitted infections and unintended pregnancies

Studies in sub-Saharan Africa show that girls who don't finish high school are twice as likely to be infected with HIV

EDUCATION

In sub-Saharan Africa, seven in

out of 10 girls do not attend secondary school

Providing integrated HIV and sexual and reproductive health services prevents HIV infections, prevents unwanted pregnancies and helps ensure safer deliveries

HEALTH SERVICES



Post-exposure prophylaxis can prevent HIV infection

Zero tolerance for violence against children



women report having experienced forced sex



or legal guardians to access HIV testing in

POLICY AND LEGAL BARRIERS

Lowering the age of consent for HIV testing in South Africa increased knowledge of HIV status among young women



Globally, only 48.5% of women participate in the labour force

Provision of a comprehensive package of community-based prevention and treatment services for female sex workers resulted in zero new HIV infections in a cohort in Burkina Faso

HIV SERVICES

Female sex workers are 21 times more



EMPLOYMENT

A cash transfer programme in Malawi reduced the school dropout rate of girls by 35% and saw a 40% reduction in early marriages, a 30% reduction in teenage pregnancies and a 64% reduction in HIV risk

> Community-based programmes like SASA! in Kampala, Uganda, which combined community mobilization on HIV and intimate partner violence prevention, helped change



Women living with HIV who are taking antiretroviral therapy can

BURDEN OF CARE

unequal distribution of



Empowering community health workers can increase access to antiretroviral therapy

HEALTH SERVICES

High mortality due to AIDS among



Regular screening and treatment for precancerous cervical lesions could prevent 300 000 women from dying each year

HEALTH SERVICES

main cause of death

norms around intimate partner violence

PROTECTION FROM INTIMATE PARTNER VIOLENCE

require the consent of a spouse/

at higher risk of acquiring HIV

RISK

Girls and women are at the centre of the AIDS response. Factors including age, ethnicity, gender inequities, disability, sexual orientation, profession and socioeconomic status compound to influence girls' and women's ability to protect themselves from HIV. Programming efforts must recognize the complexity of the everyday lives of girls and women as they mature and grow and build the response around their needs. Placing the individual—not the virus—at the centre of all our efforts creates the space for inclusion of the diverse opportunities and needs of girls and women and improves HIV outcomes.



have life expectancies comparable to people

who have not acquired HIV