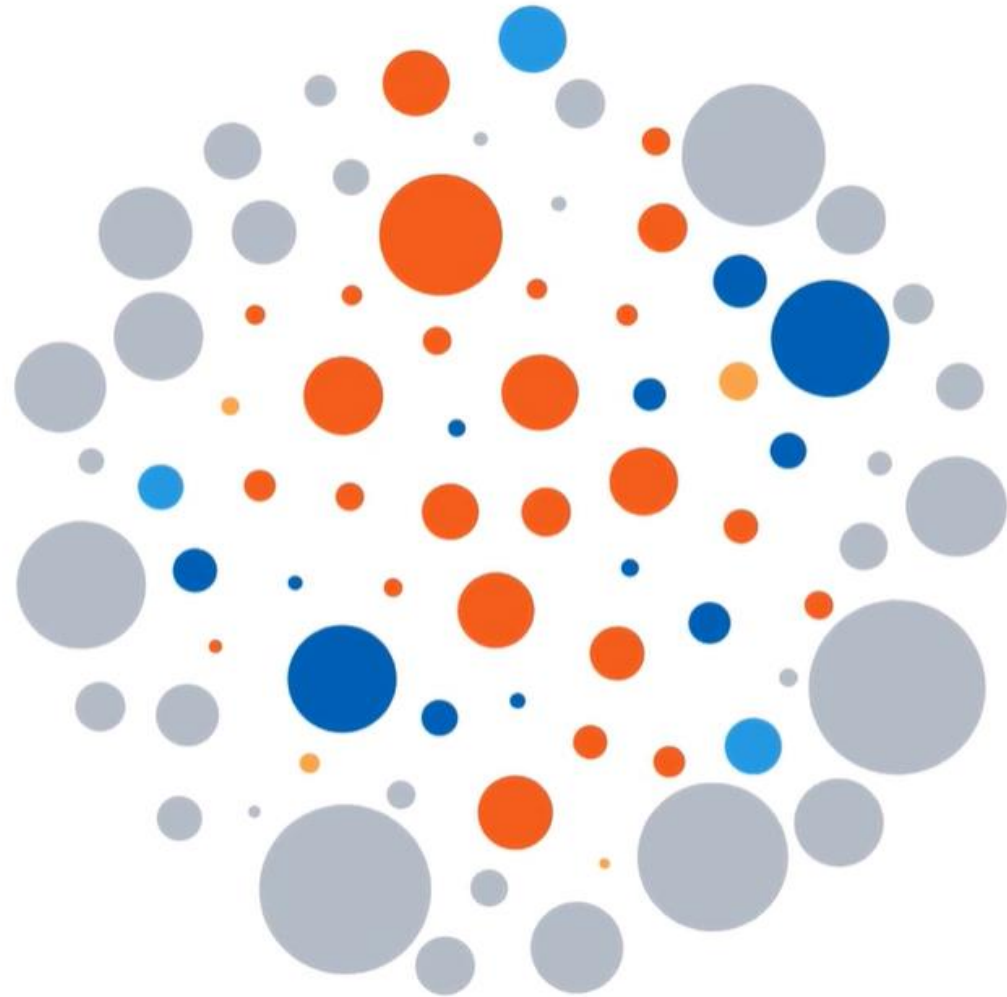




What's wrong with women?

Sherihane Bensemmane, Aide Info SIDA

24-25 May 2024, Dolce, La Hulpe
7th BREACH Spring Meeting : “HIV Cure”



Women's health research lacks funding – these charts show how

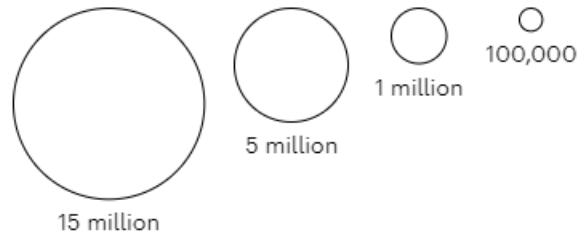
Conditions that affect women more than men garner less funding. But boosting investment could reap big rewards.

By Kerri Smith
03 May 2023

Each of these circles represents a disease, with circle area representing disease burden – a measure of how much death and disability it causes.

2022 burden of disease

Disability-adjusted life years (DALYs)

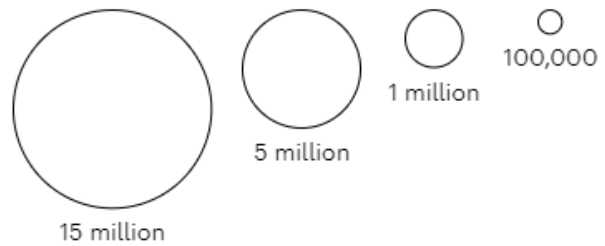


Female-dominant Female semi-dominant Male-dominant Male semi-dominant Neutral



2022 burden of disease

Disability-adjusted life years (DALYs)



Female-dominant Male-dominant

raines

Anxiety disorders

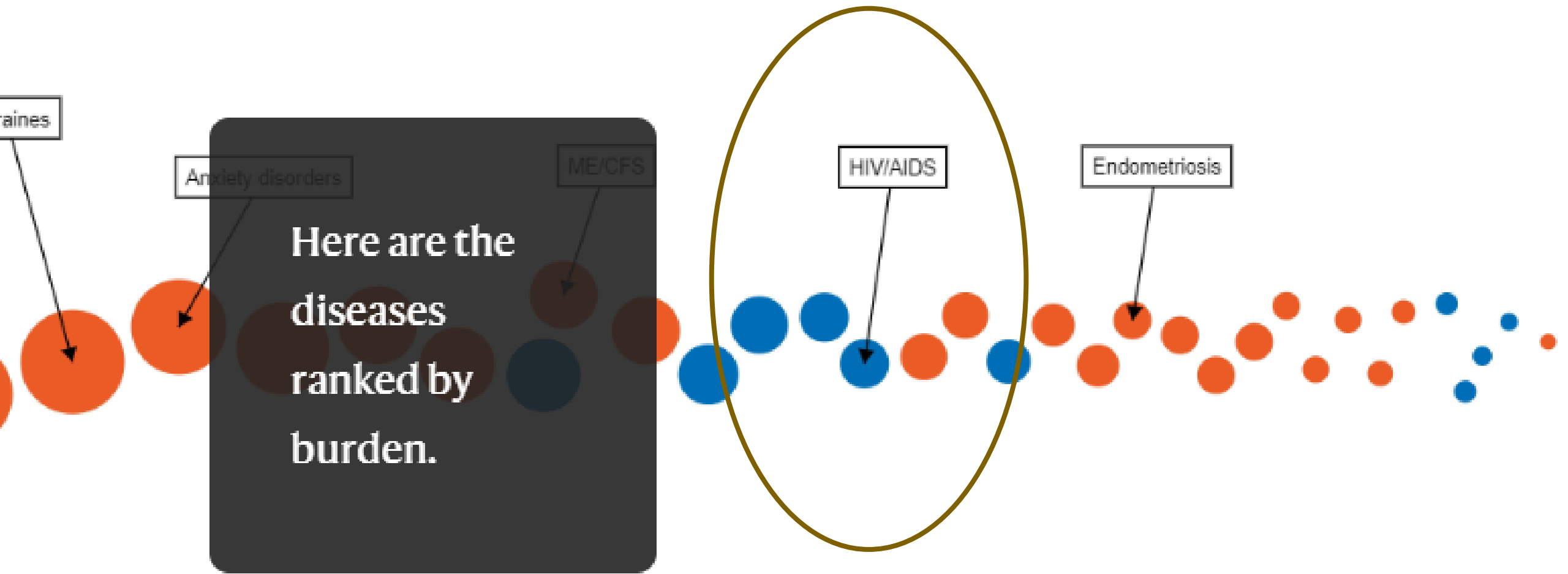
ME/CFS

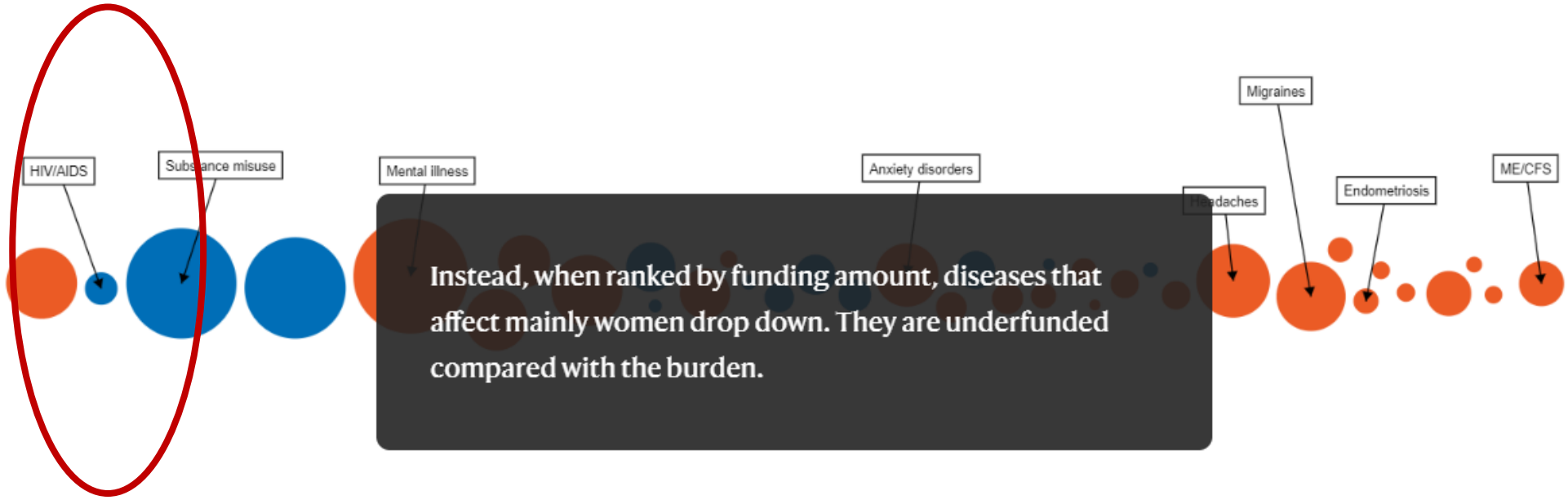
Here are the diseases ranked by burden.

HIV/AIDS

Endometriosis

Greater burden
←

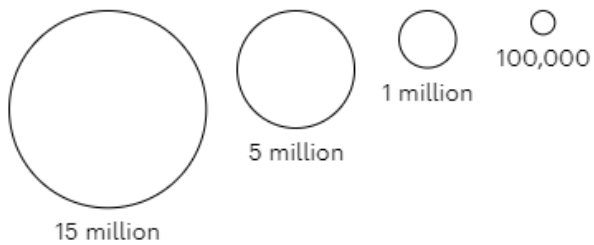




Greater funding ←

2022 burden of disease

Disability-adjusted life years (DALYs)



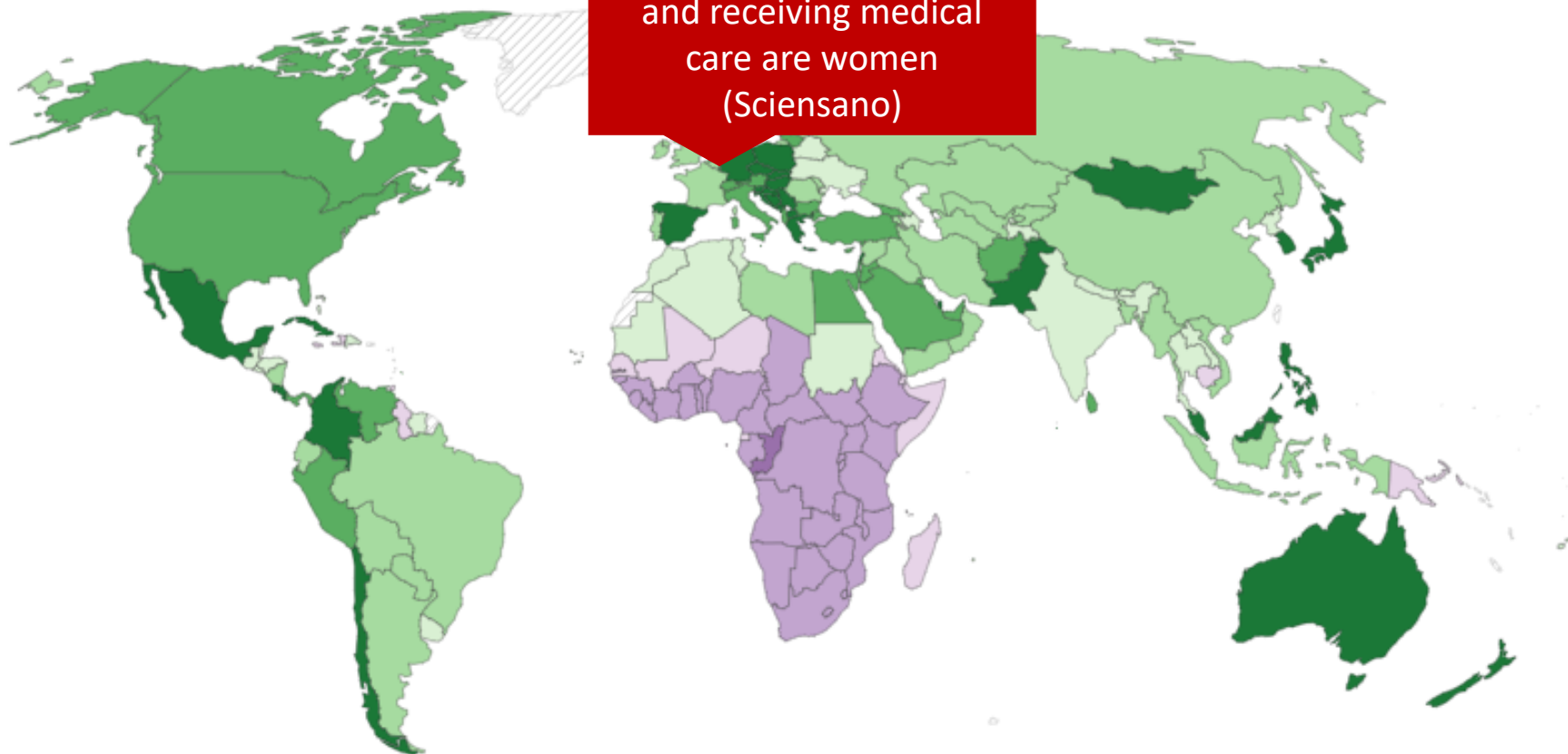
Female-dominant Male-dominant

What share of the population living with HIV are women?, 2021

Among those aged 15 years and older.

Our World
in Data

In Belgium, around 35%
of people living with HIV
and receiving medical
care are women
(Sciensano)



No data



20%

30%

40%

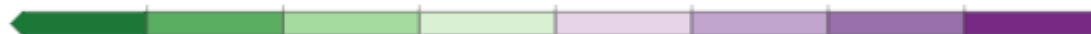
50%

60%

70%

80%

90%



How many women are enrolled in HIV studies?

Women only represented:

- 19.2% of participants on antiretroviral (ARV) studies
- 38.1% in HIV vaccine studies
- 11.1% in HIV cure studies

➔ Why? The exclusion or limitation of pregnant and breastfeeding women in trials

Other reasons: socioeconomic Inequities, violence and Coercion, cultural Norms and Stigma, limited Decision-Making Power

Source : Curno MJ, Rossi S, Hodges-Mameletzis I, et al. A systematic review of the inclusion (or exclusion) of women in HIV research: from clinical studies of antiretrovirals and vaccines to cure strategies. *J Acquir Immune Defic Syndr* 2016; 71: 181–188.

Namiba A, Kwardem L, Dhairyawan R, et al. From presumptive exclusion towards fair inclusion: perspectives on the involvement of women living with HIV in clinical trials, including stakeholders' views. *Ther Adv Infect Dis.* 2022;9:20499361221075454.

The risk of pregnancy

‘women of childbearing potential’

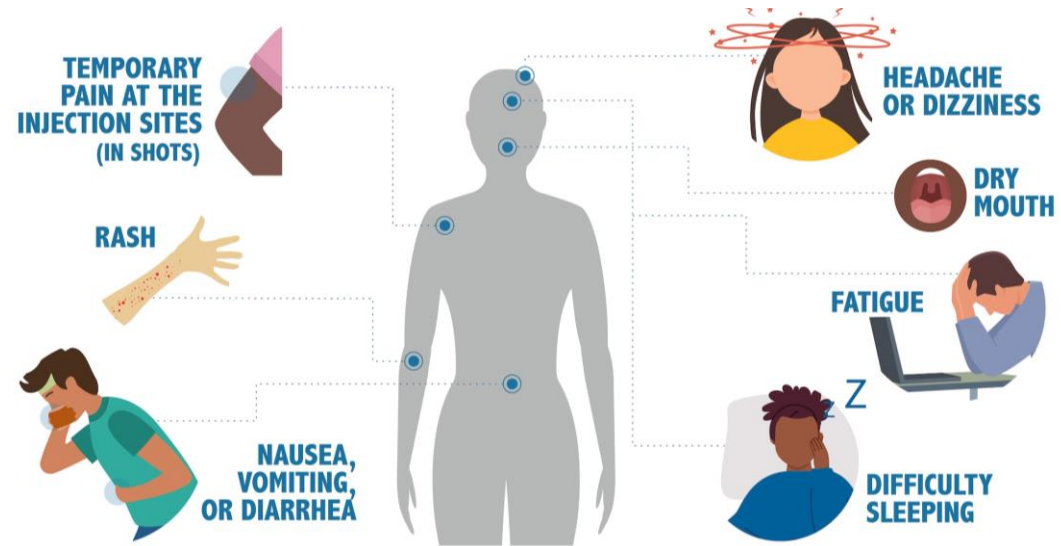
‘Inform us immediately if you get pregnant’

« *Our choices should not be removed from us. Access to DTG CANNOT be solely defined by our potential, or an assumed, biological capacity to have children irrespective of our age, HIV status, profession, drug use status, and our sexual orientation or gender identity.* » (SOGI)

Specific (potential) health issues

- Gynecological health issues
 - E.g. menstrual cycle problems, harder to treat vaginal yeast infections
- Increased risk of cervical cancer
- Increased risk of heart disease
 - Women living with HIV are three times more likely to have a heart attack than women without HIV
- HIV medicine side effects and drug interactions
- Aging-related issues
 - E.g. premature menopause

HIV treatment side effects



Source: <https://www.cdc.gov/hiv/treatment/>

Women may experience more often certain side effects or treatment affect women differently:

- Vomiting and diarrhea
- Pancreas issues
- Liver function test abnormalities

HIV treatment effect on contraception

«I had problems with my contraceptive, like abnormal spots. I told my gynecologist, she tried to figure out what was going on. She made the connection with my [HIV] treatment and we found a solution by modifying my treatment. In fact, I should either have taken a stronger contraceptive pill, or changed my antiviral medication. After discussion, we opted for the latter.» A participant of Aide Info SIDA support group

HIV and Birth Control

Women with HIV can use all forms of birth control to prevent pregnancy.

Barrier Methods
block sperm from reaching an egg.

- CONDOM
- INTERNAL CONDOM
- DIAPHRAGM/CERVICAL CAP
- CONTRACEPTIVE SPONGE

Short-Acting Hormonal Methods
interfere with ovulation, fertilization, and/or implantation of a fertilized egg.

- BIRTH CONTROL PILLS
- VAGINAL RING
- PROGESTIN SHOTS
- PATCH

Long-Acting Reversible Contraceptives
interfere with ovulation, fertilization, and/or implantation of a fertilized egg.

- IMPLANTABLE ROD
- INTRAUTERINE DEVICE (IUD)

Emergency Contraception
can be used after unprotected sex or when another form of birth control fails.

- EMERGENCY CONTRACEPTIVE PILL
- COPPER IUD

Some HIV medicines may make hormonal birth control less effective. Some women may need to use an additional form of birth control to prevent pregnancy.

The Bottom Line

Women with HIV can safely use any form of birth control to prevent pregnancy. However, condoms are the only form of birth control that can prevent HIV transmission and protect against other STDs such as gonorrhea or syphilis. Talk to your health care provider about the form of birth control that's best for you.

For more information about HIV, visit HIVinfo.nih.gov
For more information about birth control, visit fda.gov and womenshealth.gov

Source: <https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/womens-health-issues>

→ Call for a paradigm shift from ‘a paternalistic framework of protecting women from research to a perspective of protecting women through research’

« stratification can include pregnant women in clinical trials, concurrent with Phase II/III trials in non-pregnant adults, and ultimately to postmarketing surveillance for outcomes in pregnant women and their infants. »

« Physiological changes to the body in pregnancy which may affect pharmacokinetics and pharmacodynamics of a drug »

Source : Weld ED, Bailey TC, Waitt C. Ethical issues in therapeutic use and research in pregnant and breastfeeding women. Br J Clin Pharmacol. Epub ahead of print 14 May 2021. DOI: 10.1111/bcp.14914.

Namiba A, Kwardem L, Dhairyawan R, et al. From presumptive exclusion towards fair inclusion: perspectives on the involvement of women living with HIV in clinical trials, including stakeholders' views. Ther Adv Infect Dis. 2022;9:20499361221075454.

THE LANCET

HIV

Volume 6, Issue 7, July 2019, Page e411



Editorial

For the HIV epidemic to end so must gender inequality

[The Lancet HIV](#)

Thank you for your attention

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Tous les jours de 18 à 21h

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