Women could obtain an AIDS vaccine confidentially, without needing partner consent. Girls could be vaccinated before exposure to HIV. Healthy girls would be more likely to finish school. Healthy women can work and provide for their families. Women and girls that have choices can take more control of their health.

HIV continues to disproportionately impact women and girls. Their greater biological vulnerability to HIV, compounded by a lethal mix of legal, social and economic inequities – child marriage, limited power to negotiate condom use and widespread gender-based violence – fuels the AIDS epidemic.

AIDS remains the leading cause of death among women of reproductive age – driven by the epidemic in Sub-Saharan Africa where women account for almost 60% of people living with HIV and three girls become infected for every two boys. With half of the population in Sub-Saharan Africa being younger than 19, the proportion of women living with and dying from HIV is likely to rise even more.

• In 2015, young women (15–24) represented 20% of new HIV infections, even though they only represent 11% of the global population
• Young women (15-24) in eastern and southern Africa are up to five times as likely as young men to become infected with HIV
• Young women who experience intimate partner violence are 50% more likely to acquire HIV
• Women often bear the burden of caring for others with HIV-related illnesses and for children orphaned by AIDS

IAVI and partners engage women and girls in AIDS vaccine research and development – trying to address their constraints and preferences in HIV prevention early in the research process, educating them on vaccine research, training clinical staff; and advocating for inclusive and right-based research and health policies.
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And many other generous individuals from around the world

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