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Zosia Kmietowicz

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Zosia Kmietowicz *London*

Women in developing countries, and in sub-Saharan Africa in particular, are being let down in efforts to stem the HIV/AIDS crisis because the issues that affect them are being ignored, said representatives of a new pressure group this week.

The ABC prevention strategy (A for Abstinence, B for Be faithful, and C for use a Condom), which is being promoted by some charities in Africa, is wholly inappropriate in many countries where women know little if anything about HIV and are afraid to ask their husband or boyfriend to use a condom, said members of the Global Coalition on Women and AIDS.

Fear of violence and destitution stifles many HIV/AIDS education efforts in countries such as Kenya, Uganda, and Mozambique. Women found to have HIV in these places are often blamed for bringing the virus into the home and are abandoned by their families. Unequal property and inheritance rights also reduce women's security, which can lead them to endure abusive relationships and be left homeless when their partner dies of an AIDS related disease.

"We are deeply concerned that women's issues are still very marginal when it comes to responses to AIDS in the world," said Dr Peter Piot, executive director of the joint United Nations programme on HIV/AIDS. "Because of their lack of social and economic power, many women and girls are unable to negotiate relationships based on abstinence, faithfulness, and use of condoms. It is precisely to address these inequalities and reduce women's vulnerability to HIV that the Global Coalition on Women and AIDS has been created."

About half of the people living with HIV/AIDS in the world are women. But in sub-Saharan Africa women and girls make up 60% of those affected by the disease, he said. In addition, girls and young women are 2.5 times more likely to become infected with HIV than young men.

The coalition, which is made up of activists, government representatives, community workers, and celebrities, hopes to be able teach women negotiating skills to help them assert themselves in the bedroom. It also aims to tackle education issues about HIV with whole communities, so that women no longer fear being tested for HIV and can go forward for treatment and counselling.

ANDY BUTTERTON/PA

Actress Emma Thompson, Ludfine Anyango (national HIV/AIDS coordinator for ActionAid Kenya), and Dr Peter Piot (executive director of UNAIDS Kenya), want AIDS campaigns to tackle women's needs

Another ambition is to galvanise research into a microbicide, which women could use as a gel, film, sponge, or lubricant to reduce their risk of becoming infected through sex. An estimated 2.5 million cases of HIV infection could be prevented in just three years if a microbicide was available that was only 60% effective, say researchers at the London School for Hygiene and Tropical Medicine. However, research in to a microbicide is severely underfunded, with only $343m (£190m; €275m) available.

"For me the coalition brings a lot of hope that we can develop strategies and methods that will help women gain control," said Ludfine Anyango, who has HIV and is the national HIV/AIDS coordinator for ActionAid Kenya.

Actress Emma Thompson, an ambassador for ActionAid International, said: "It is utterly disgraceful that no pharmaceutical company has taken up the issue of developing a microbicide. We have to put this power into the hands of the women so that they can have jurisdiction over their own bodies." □

Another HRT trial is stopped early

Owen Dyer *London*

Another trial of hormone replacement therapy (HRT) has been stopped early by researchers after preliminary findings showed an "unacceptably high risk" of recurrent or new breast cancer associated with the treatment.

The Swedish HABITS (hormonal replacement therapy after breast cancer diagnosis—is it safe?) study was intended to follow 1300 women previously treated successfully for breast cancer. Only 434 women had been randomised when it was stopped on 17 December 2003, two years into its planned five year course. By that stage, 26 participants had developed breast cancer out of 174 women assigned to HRT with at least one follow up. Eighty nine women were not included in the analysis. This represented a relative hazard for the treatment group of 3.3 (95% confidence interval 1.5 to 7.4). The study was published this week on the *Lancet*'s website (www.thelancet.com).

The study's lead investigator, Lars Holmberg, from University Hospital, Uppsala, Sweden, said: "The HABITS trial was terminated because women with a history of breast cancer allocated to receive HRT for menopausal symptoms experienced an unacceptably high risk of breast cancer compared with breast cancer survivors allocated to best symptomatic treatment without hormones. Women on active treatment have been advised to discontinue."

The first strong evidence of a link between HRT and breast cancer came in 2002, when the women's health initiative study, an American investigation involving 16 000 women, was stopped three years early after running for five years (*JAMA* 2002;288:321-33). Preliminary results suggested that taking a combined HRT pill increased the risk of breast cancer, heart attack, and stroke.

That same year the Medical Research Council decided to stop the British WISDOM (women's international study of long duration oestrogen after menopause) trial, arguing that new evidence from other trials made it unlikely that the study would yield fresh insights.

When the HABITS trial was stopped, another Swedish trial, known as the Stockholm study, was also examining HRT and the risk of recurrent breast cancer. The Stockholm researchers had intended to pool their final results with the HABITS trial, but both trials were stopped when the relative hazard to their combined treatment groups was found to have passed a predefined limit of 1.36.

Questions remain, however, over wide disparities in the findings of the two trials. Relative risk of a breast cancer event in the Stockholm HRT treatment group was only 0.82 (95% confidence interval 0.35 to 1.90) when the trial was stopped.

The HABITS study suggested a protective effect of tamoxifen, but not enough of the HABITS participants were taking tamoxifen to allow meaningful analysis. It's unknown how many of the Stockholm participants were taking tamoxifen. □