

Data Gaps on Women and Girls

The quality, quantity and detail of data on the world's women and girls is severely lacking. Without improvements in the type of information about broad and HIV-specific indicators, it is not possible to design good programs, track progress and make comparisons between and within countries. Once available, data on education, employment and overall health outcomes can be mined for associations with HIV risk. In this way, HIV prevention can be better tailored to find and meet the needs of the women and girls who need it the most.

Broad Data Needs for Women and Girls

How many are there?

- › Birth registries

How are they educated?

- › Rates of school completion
- › Learning outcomes
- › Transition rates to higher education or employment

How do they meet basic needs/spend their time?

- › Unpaid work
- › Informal employment
- › Earnings
- › Asset ownership

What is their overall health and well-being?

- › Mental health
- › Disease burden
- › Adolescent health
- › Utilization of health services
- › Experience of violence and more

Adapted from www.data2x.org/what-is-gender-data/gender-data-gaps/.



Data gaps related to HIV prevention for HIV-negative women and girls

Who needs prevention?

- › What are the known characteristics of the most at-risk adolescent girls and young women based on information from PrEP demo projects, trials, DREAMS, etc.?

What do they need?

- › What are the facilitators and barriers to accessing various types of prevention services?

How should programs find them?

- › What are the best practices for identifying at-risk individuals?

How do they use it?

- › For those accessing PrEP, what are the barriers to adherence?
- › For those accessing strategies to build social capital (girl-only spaces, training, etc.) what are barriers and facilitators to completing programs and using skills to improve their well-being after completion?

These and other indicators are not routinely collected and disaggregated for women and girls. Looking globally, when these data are collected, there are issues with the quality, level of detail and comparability between countries. So it's difficult to interpret, make international comparisons and get a complete global picture. Having these type of data provides a foundation for research to identify indicators that are proxies for HIV risk and other forms of vulnerability. These, in turn, can be used to guide HIV programming and answer specific questions such as those shown here.

Source: Global Review of Women's Access to ART, commissioned by UN Women and developed by AVAC, ATHENA Network and Salamander Trust. Summary findings available at www.avac.org/global-women-treatment-review.



Data gaps related to women and girls living with HIV

What are the details of women and girls' experiences with ART?

- › After initiation, what influences retention in care or decisions to stop taking ART, and what facilitates or inhibits adherence (at the individual, facility and societal level)?
- › What does the treatment "cascade" of initiation, retention, adherence and virologic suppression look like in women from marginalized populations or partners of men who are at increased risk (such as female sex workers, transgender women, women who inject drugs or whose partners inject drugs and wives/female partners of men who have sex with men), who face high levels of stigma and discrimination that impede their access to treatment?