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Bush Efforts on AIDS will Fail Without New Policies

Women's Health and Rights Group Calls for Lifting Restrictions on Prevention Efforts and Real Commitments to Women's Rights

Washington, DC—In response to President Bush's call for a U.S. investment of an additional \$30 billion for global HIV and AIDS programs over the next 5 years, the Center for Health and Gender Equity (CHANGE) called on Congress to remove onerous restrictions on prevention funding under the President's Emergency Plan for AIDS Relief (PEPFAR) that are grossly undermining efforts to stem the spread of HIV.

"Increased funding for global AIDS is a necessary but far from sufficient response to the global AIDS epidemic," said Jodi Jacobson, executive director of the Center for Health and Gender Equity. "No amount of money will make up for the ideologically driven prevention policies now promoted by PEPFAR. Today, unprotected sex is the single greatest factor in the spread of HIV worldwide, and is responsible for 80 percent of new infections in sub-Saharan Africa, but the Bush Administration insists on funding abstinence-only programs that have now been discredited by the Institute of Medicine, the Government Accountability Office, and numerous independent research studies. U.S. citizens have the right to know that their tax dollars are being spent on the best and most effective programs aimed at slowing the spread of HIV while promoting the basic human rights of all persons."

The law that created the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003 requires that 33% of all HIV prevention funds be spent on abstinence-until-marriage programs. This requirement, known as the abstinence-until-marriage earmark, applies to all prevention activities, including for example, prevention of maternal-to-child transmission. As a result, well more than 33% of the budget to prevent the sexual transmission of HIV is spent on what are, in effect, abstinence-only-until-marriage programs in the field.

In fiscal year 2006, PEPFAR spent 56% of its budget to prevent the sexual transmission of HIV on programs that preached only abstinence and/or abstinence and faithfulness without providing instructions on safer sex practices, such as effective use of condoms. In that year, 11 million people in the highest risk categories received only abstinence programs, and an additional 29 million received messages only about abstaining and being faithful.

"This is not a prevention strategy," stated Jacobson, "it is an exercise in unreality."

"Eighty percent of the women worldwide who are living with HIV contracted the virus from their husband or primary partner; it is clear that abstinence-until-marriage programs are failing them," explained Serra Sippel, deputy director of CHANGE. "The abstinence-until-marriage earmark is denying women, youth, and other vulnerable populations access to the prevention information and tools they need to protect themselves."

According to National Institute of Medicine's (IOM) review of PEPFAR implementation, IOM investigators were "unable to find evidence for the position that abstinence can stand alone or that 33 percent is the appropriate allocation for such activities even within integrated programs."

Congress needs to act expeditiously to remove the earmark and can do so most quickly through the appropriations process now underway. It can also remove the earmark during reauthorization of PEPFAR next year.

“There is no reason to wait” stated Jacobson, “when the evidence is overwhelming that the earmark is undermining effective programs on the ground. Waiting until reauthorization means leaving that many more people at risk of HIV infections that could have been prevented through effective programs.”

The abstinence-until-marriage spending requirement isn't the only problematic aspect of PEPFAR. The Center for Health and Gender Equity also called for increased support for generic AIDS drugs that are pre-qualified by the World Health Organization (WHO); removal of the prostitution pledge; strong linkages with and increased funding of family planning and reproductive health programs; a focus on the intersection of gender based violence and HIV; expansion of prevention interventions to include funding for clean syringe programs; greater support for the multilateral Global Fund to fight AIDS, TB, and Malaria; and an increased emphasis on funding established and effective local organizations rather than U.S.-based contractors.

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