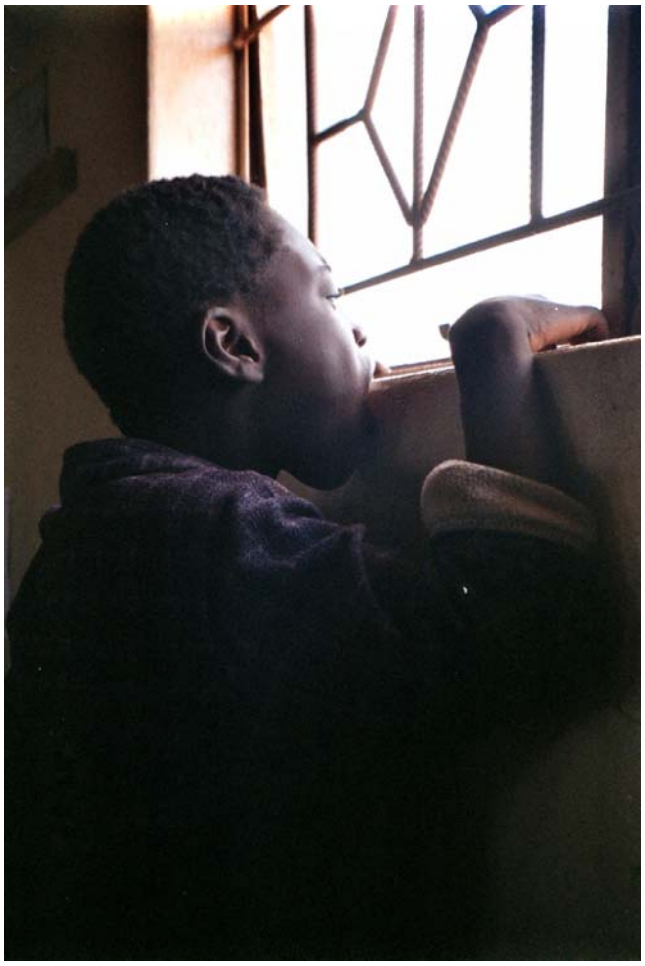


Making Prevention Work: Lessons from Zambia on Reshaping the U.S. Response to the Global HIV/AIDS Epidemic

By Ariana Childs Graham

SIECUS | Sexuality Information and Education Council of the United States

90 John Street, Suite 704, New York, NY 10038 t 212 819 9770 f 212 819 9776 | 1706 R Street NW, Washington, DC 20009 t 202 265 2405 f 202 462 2340 siecus.org

Acknowledgements

Thanks go to SIECUS staff members William Smith and Ariana Childs Graham for spearheading the work that is brought to life in this publication. Thanks also to Martha Kempner and Patrick Malone, both of SIECUS, for assisting in the editing and promotion of this report. We also owe much to our many colleagues in Zambia who assisted in our learning about their amazing country. Finally, thanks to colleagues from Population Action International and the International Women's Health Coalition for reviewing drafts and providing feedback.

Dedication

This publication is dedicated to the incredible individuals we had the pleasure of working with in Zambia.

"The great majority of good actions are intended, not for the benefit of the world, but for that of individuals, of which the good of the world is made up."

John Stuart Mill

Photos by William Smith

Introduction

The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, commonly referred to as the President's Emergency Plan for AIDS Relief (PEPFAR), marked a significant evolution in the United States' response to the global HIV/AIDS epidemic, as well as a shift in the nature of U.S. foreign assistance. Through PEPFAR, the U.S. government committed $15 billion over a five-year period, eventually spending approximately $19 billion, primarily to 15 designated "focus countries," and directed smaller funding streams at approximately 100 additional countries. The focus countries (12 African nations as well as Vietnam, Guyana, and Haiti) were selected because they were the hardest hit by the epidemic and the least equipped to adequately respond on their own. The first funding allocations were distributed to implementers on the ground in 2004 to address the prevention, care, and treatment needs of those living with and affected by HIV and AIDS.

While PEPFAR has significantly broadened the scope and reach of HIV/AIDS treatment and care services there are numerous shortcomings in the areas of prevention. Some of these limitations had a statutory root, such as the legislative funding restriction requiring that 33 percent of prevention funding be used for abstinence-until-marriage programs, and others played out through the interpretations of implementers on the ground. The PEPFAR prevention framework is based upon the ABC model: abstinence-until-marriage, be-faithful, and correct and consistent use of condoms. While these are all key components in a comprehensive HIV prevention approach, the PEPFAR model historically has prioritized abstinence and be faithful messages and relegated messages about condom use to certain high-risk populations, thereby stigmatizing their use by the general population. Whether this fact will be relegated to a descriptive history of the PEPFAR initiated during the administration of President Bush -- as opposed to a prescription for its future -- is a question whose answer becomes abundantly clear in this report and is indeed the fundamental challenge for the Obama administration as it seeks to infuse the program with its own vision and principles.

The Sexuality Information and Education Council of the United States (SIECUS) has been monitoring the implementation of PEPFAR-funded and -guided programs since its inception, tracking funding channels as well as the interpretation of policy directives on the ground, with a particular focus on the area of HIV prevention. SIECUS international policy staff researched and wrote the *PEPFAR Country Profiles* in 2004 and updated this publication in 2008. The *Profiles* examined HIV prevention in all 15 focus countries in order to provide a snapshot of the epidemic in each country, explain funding breakdowns by program area, describe implementers and the programs they carry out, and highlight characteristics particular to each country's epidemic and response. Through this research we uncovered some unsettling findings, such as programs receiving PEPFAR funding that were imparting medically inaccurate information and populations, including commercial sex workers, not receiving the attention and resources they need to protect themselves from acquiring HIV.

Seeking to take a more in-depth look at PEPFAR's impact at the country level, we embarked on a multi-part, on-the-ground research project. In the first part, SIECUS engaged in on-the-ground

research in Vietnam, conducting meetings and interviews and published our findings in a report titled, *PEPFAR in Vietnam: Are the Prevention Needs of Youth Being Met?*, which can be viewed at http://www.siecus.org/_data/global/images/PEPFAR_Vietnam.pdf.

For the second part of this research project, we focused on Zambia. We chose Zambia because it is an ideal country through which to explore and answer many questions about the effects of U.S. policy and funding. Long before PEFPAR's arrival, a conservative religious environment defined Zambian society, within which the promotion of abstinence and marriage were already strong currents in everyday life. Despite this background, there was also a history of successful condom promotion spearheaded by the Planned Parenthood Association of Zambia (PPAZ). Given this backdrop we sought to understand the tensions between the ideology driving much of the abstinence-until-marriage programming and the clear need for effective prevention interventions. Perhaps most importantly, we hoped to better understand the needs of the healthcare workers on the ground and the Zambian people themselves as they strive to stem the generalized HIV epidemic in the country.

In 2008, SIECUS staff traveled to Zambia with partners from Population Action International to meet directly with those who shape how PEPFAR's mandate is interpreted on the ground and those who experience the impact of that interpretation. In seeking out interviews and site visits in Zambia, we cast the net broadly in order to capture the fullest picture of the programs being carried out so far from Washington where PEPFAR was conceived; we met with PEPFAR grantees and non-PEPFAR funded HIV/AIDS program implementers, representatives from secular and faith-based organizations (FBOs), human rights activists, community leaders, peer educators, program participants, medical professionals, advocates, policymakers, officials from bi-lateral agencies, and religious and community leaders. These individuals are the ones living the reality of the HIV/AIDS epidemic in Zambia, and they are the ones who guided us through schools and dusty play yards where young people participate in HIV-prevention programs, to ad hoc meeting spaces and community centers where peer educators gather for training and support, and into small town bars along heavily trafficked trade routes where sex is sold yet condoms are rarely free of charge or readily available.

We pulled together all of the valuable information and insights these individuals and visits provided into this case study on HIV prevention in Zambia. The central theme revealed by our research and thus the focus of this study is the narrow vision of prevention and the structural obstacles which have had a harmful impact on the country's ability to effectively prevent HIV transmission. Here we highlight our findings regarding the following topics:

- Ideological Artifacts: A Disproportionate Emphasis on Abstinence-Until-Marriage
- (Mis)interpretation of PEPFAR's Mandates: Widespread Confusion on the Ground
- Putting Abstinence in Context: The Notable Absence of Comprehensive Sexuality Education
- The Silent "C": Obstacles Preventing Access to Condoms
- Populations at Risk but Ignored: The Impact of the Anti-Prostitution Loyalty Oath
- No Seat at the Table: Local NGOs Being Left Out of Planning and Implementation

We follow this analysis with our recommendations to the Obama administration, policymakers, and the Office of the Global AIDS Coordinator (OGAC) of the steps needed to improve the quality of HIV prevention carried out through PEPFAR. These recommendations take into consideration the reauthorization of PEFPAR in July 2008 which included some policy modifications in the area of prevention that were not in place when we conducted our research.

The abbreviated list of recommendations appears here, the details of which are fleshed out at the end of this report:

RECOMMENDATIONS
Shift Away from Ideological Emphasis on Abstinence-until-marriage
Increase Transparency of PEPFAR Prevention Funds
Strengthen Participation and Integration of Local NGOs
Rescind the Anti-Prostitution Loyalty Oath
Implement Programming and Policy Connecting HIV/AIDS to Other Sexual and Reproductive Health Issues
Eliminate the Refusal Clause
Incorporate Comprehensive Sexuality Education as Foundational Element of HIV-Prevention Strategy

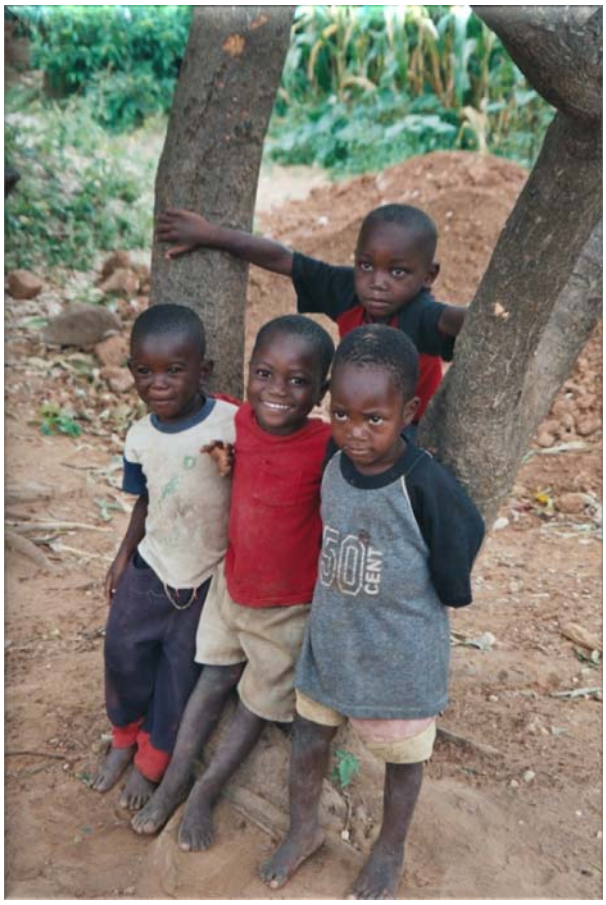
Finally, we offer our concluding remarks on the impact of PEPFAR policy in Zambia and possible next steps.

HIV/AIDS Epidemic and Response in Zambia

In conducting the research in Zambia, we sought to assess the impact that over four years of U.S. influence and nearly $577 million in HIV/AIDS assistance was having on the response to the HIV/AIDS epidemic. We were particularly interested in looking at prevention efforts because historically, there has been significantly more attention and funding given to the areas of treatment and care. We also sought to better understand how PEPFAR policies were being interpreted and implemented in this environment. We wished to find out whether PEPFAR policies had improved or, instead, exacerbated the already dire sexual and reproductive health and rights situation in Zambia.

The first known case of AIDS in Zambia was reported in 1984 yet, despite this early awareness, government and civil society were slow to respond to the emerging epidemic. Zambia has an estimated population of less than 12 million people and an estimated HIV prevalence of 15.2 percent, making it one of the Sub-Saharan African countries most affected by the HIV/AIDS pandemic.[1] Zambia's HIV prevalence rose drastically in a short period of time from less than 10 percent in 1990 to around 15 percent in 1993, where it has remained.[2]

Zambia is one of the more urbanized countries in Africa, with approximately 39 percent of its population living in urban areas, where the HIV-prevalence rate tends to be higher than in rural areas, with some exception.[3] In Zambia, the cities and towns along two major transportation routes, between Zimbabwe and the capital, Lusaka, as well as in the Copperbelt area, which is along the border with the Democratic Republic of Congo, have the highest HIV-prevalence rates (17.6 percent).[4]



Young boys near town of Kafue

The high prevalence of HIV throughout the country has contributed to the decline in life expectancy which dropped to the astonishingly low number of 38.7 years in 2008.[5] And, the toll of the epidemic has been extraordinary: approximately one million people have died due to AIDS-related illnesses in Zambia since 1990. While the annual number of deaths has been in decline since 2003, the fact that nearly 56,000 children and adults died in 2007 alone proves there is continued cause for concern.[6]

The primary mode of HIV transmission in Zambia is through heterosexual sexual contact, which accounts for 78 percent of cases.[7] And, as is true in much of the world and particularly in the PEPFAR focus countries, women are disproportionately affected by the epidemic. HIV prevalence among pregnant women, for example, varies greatly from less than 10 percent in some regions of the country to 30 percent in others.[8] Young women ages 15–24 are the population's most affected group; prevalence among these women is nearly four times that of men their age (11.3 percent and 3.6 percent, respectively).[9] A number of factors contribute to the heightened risk of HIV transmission for these young women, including certain cultural practices and proscriptions that both perpetuate and are perpetuated by gender inequity. These include cultural norms inscribed from an early age which instill in a

woman a duty to oblige her husband's or partner's desire for sex, regardless of the number of extra-marital partners he may have, his unwillingness to use condoms, or whether he is suspected of being HIV-positive or having other STDs.[10]

PEPFAR-funded treatment and care programs have demonstrated the greatest success. Still, as has been repeated time and again by advocates around the world, we can not treat our way out of this epidemic. We heard repeatedly the concerns of organizations, such as the Zambian AIDS Law Research and Advocacy Network (ZARAN) and Treatment Action Literacy Campaign (TALC), that the disproportionate emphasis on treatment is not viable in the long-term and that more sustainable approaches are needed. These may seem like stale cries here in Washington, as advocates and policymakers know all too well of this problem, however the need still remains: for every two people put on treatment, another five become newly infected with HIV. Scaling up effective, evidence-based HIV prevention is a necessary and complementary element to successfully curbing the epidemic. PEPFAR has made important strides in the area of prevention, including an increase in prevention funding in Zambia since the beginning, however there are flaws in the structure and underlying approach which create obstacles to successful HIV-prevention efforts. The next section addresses how prevention funds are being used, which organizations are receiving funding and how these factors epitomize a comprehensive prevention agenda derailed from evidence by the ideological imperatives of the Bush administration.

PEPFAR Funding for Prevention Programs

Zambia received $224 million in overall PEPFAR funding in 2008, $56 million (25.2 percent) was allocated for prevention programs, $68 million (30.3 percent) was allocated for care services, and $99 million (44.5 percent) was allocated for treatment services. Because of the stipulation in the original legislation that mandated that 33 percent of prevention funding go toward abstinence-until-marriage programs, prevention funding under PEPFAR was channeled according to two categories: Abstinence-until-marriage and Be-faithful programs (AB) and Other Prevention (OP) programs.

These funding allocations are broken down according to program area and implementing organization in the annual Country Operational Plan (COP) devised by each PEPFAR Country team. The COP is a tool used in carrying out the mandate of the President's Emergency Plan for AIDS Relief (PEPFAR). Each COP is submitted annually by country teams, and provides both descriptive and budgetary information of proposed programming as well as progress updates of PEPFAR activities already in place.

In 2008, a total of $20,544,658 in PEPFAR funding for AB programs was channeled to Zambia, an increase of over $5 million in AB funds from the previous year. This funding was estimated to reach 1.5 million people. In contrast, $12,427,000 in PEPFAR funding was allocated for OP programs, an increase of nearly $4 million from the previous year, with an estimated reach of almost 700,000 people through community outreach.[11]

According to the 2008 Country Operational Plan for Zambia, within the area of prevention, PEPFAR funded a total of 11 organizations to implement only Abstinence-until-marriage and Be-faithful programs (AB), such as anti-AIDS clubs in schools and "life skills programs," and 12 organizations to implement programs which fell under the Other Prevention (OP) category, such as promoting male circumcision and conducting research on prevention interventions. Eight additional organizations received funding to implement both AB and OP programs. Given the nature of the epidemic and the importance of imparting information on the full range of prevention strategies, it is quite surprising to find that in 2008 only four organizations receiving OP funding were slated to promote the correct and consistent use of a condom.[12]

U.S. Government supported activities within each prevention funding stream*	
Abstinence-until-marriage and be-faithful programs (AB)	Life skills training; interpersonal counseling; peer education; age-appropriate information education and communication (IEC), including IEC material development; community and social mobilization; abstinence programs; support for community-based HIV prevention activities; institutional capacity building; addressing gender disparities; referral systems, and promotion of responsible sexual behaviors
Other Prevention (OP)	Purchase, promotion and distribution of condoms; behavior change communication and education; STI management; post-exposure prophylaxis (PEP); substance abuse treatment; male circumcision; and linkages to other services

**As reported in the 2008 Country Operational Plan for Zambia*

AB related activities supported by the U.S. government through PEPFAR targeted the "general population," whereas the PEPFAR-funded OP activities targeted the most at-risk populations (MARPs). In Zambia, the MARPs have been identified as discordant couples, those engaged in transactional sex and intergenerational sex, sex workers and their clients, men who have sex with men (MSM), mobile populations, sexually active youth, victims of sexual violence, and uniformed civilian and military personnel, among others.[13]

One example of an AB-funding recipient is the RAPIDS (Reaching HIV/AIDS Affected People with Integrated Development and Support) Consortium which is one of the largest entities engaged in HIV/AIDS work in Zambia The consortium is comprised of five faith-based and two secular organizations and has a presence in 49 of the 72 districts in Zambia. In 2008, the RAPIDS Consortium received just over $2.4 million in AB funding with the intended goals of reaching 45,437 individuals "through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful."[14] This is carried out through training local religious leaders, teachers, and peer educators at community meetings, schools, church meetings, in one-to-one counseling, sporting events, during visits to home-based care clients, and in work with youth. The RAPIDS Consortium promotes abstinence to unmarried young people ages 10–24 and "faithfulness" among young married people. The "life skills" training is the mainstay of its outreach, although it does support modest livelihood training as well.

In contrast, Central Contraceptive Procurement, received $600,000 for the purchase of condoms for the "prevention of HIV transmission among high risk groups…such as discordant couples" (couples in which one is HIV-positive and the other is HIV-negative). According to the 2008 COP, Central Contraceptive Procurement was set to procure 10 million condoms for distribution by Population Services International (PSI) and their local affiliate Society for Family Health (FSH). These condoms were to be "socially marketed to high-risk groups through 2,462 outlets operated by PSI/FSH and Corridors of Hope II."

PEPFAR FUNDED ORGANIZATIONS: PREVENTION

Organizations receiving Abstinence- Be Faithful Funding:

Comforce
Nazarene Compassionate Ministries
RAPIDS
Academy for Educational Development
Pact, Inc.
Tulane University
Kara Counseling Center
U.S. Peace Corps
American Institutes for Research
International Youth Foundation
Development Alternatives, Inc.
Luapula Foundation
Cooperative League of the USA

Organizations Receiving Other Prevention Funding:

Partnership Supply Chain Management
Provincial Health Office—Southern Province
University of Zambia School of Medicine
Development Aid People to People Zambia
Central Contraceptive Procurement
Elizabeth Glaser Pediatric AIDS Foundation
Provincial Health Office—Eastern Province
Provincial Health Office—Western Province
U.S. Centers for Disease Control and Prevention

Organizations Receiving both Abstinence- Be Faithful and Other Prevention funding:

JHPIEGO
Project Concern International
Population Services International (PSI)
Research Triangle Institute (Corridors of Hope II)
Johns Hopkins Center for Communication Program
United Nations High Commissioner for Refugees
John Snow Research and Training Institute

Findings on the Ground: Narrow Vision of Prevention and Structural Obstacles

Sifting through the Country Operational Plans, reports, and updates issued by the implementers themselves provides a good picture of how the PEPFAR-funded programs are playing out in individual countries. Such resources, however, oriented more towards demonstrating the success of the programs, possibly downplaying areas of weakness or shortcomings in need of remedying. Reports of outside observers, such as those conducted by the General Accounting Office and Institutes of Medicine, add yet another dimension to the picture. SIECUS felt that it was important to conduct on-the-ground research, and while the scope of our research in Zambia could by no means be considered exhaustive, we hoped to contribute to the body of research that offers explanation of current practices and a critical analysis of changes necessary to better serve those in need.

In conducting research in Zambia, we met with individuals—from executive directors to peer educators—who were engaged in and dedicated to the work of preventing the spread of HIV. These are dedicated, hard-working people, many of whom had lived through darker days when a positive diagnosis for family, friends, and community members meant a certain death. In short, we observed and documented some impressive prevention programming funded through PEPFAR during its first phase.

Nonetheless, when stepping back and observing the whole picture, it becomes apparent that the overall approach of PEPFAR dollars to HIV prevention is far from comprehensive. Instead, it is overly restrictive, adhering to a narrow vision of a moralistic ideal, rather than responding to the reality of the epidemic and the needs of the entire population. For example, populations experiencing higher rates of HIV transmission, such as commercial sex workers, while recognized, remain mostly neglected by PEPFAR-funded prevention programs. In fact, they are rarely talked about despite the fact that the country has major trucking routes and new copper mines that draw migrant workers from throughout the region and fuel the sex trade.

Moreover, condoms are not as actively promoted or distributed among the general population as they were pre-PEPFAR in Zambia despite the fact that HIV-prevalence is around 15 percent and rises to 30 percent or more in some parts of the country. Based on our conversations with NGO staff, both Zambian and expatriate, there is a lot of confusion about what one can and can't say about condoms under PEPFAR and this is clearly having an impact on prevention programs. And, whereas it might seem like common sense that sexuality education should be the foundation for effective prevention of the sexual transmission of HIV/AIDS, it appears to be without institutional support from PEPFAR and is therefore not surprisingly nearly non-existent in Zambia.

PEPFAR in Zambia operates largely in isolation from other donors. This has been observed in other PEPFAR focus countries and has been endemic to the U.S. approach to foreign policy in still other settings. This has profound implications for coordinating with the Zambian Ministry of Health and its priorities for tackling the epidemic, as well as for coordinating with other donors

to minimize duplication and maximize comparative advantages. And, while it is true that the Zambian government works with the PEPFAR country team to develop an annual Country Operation Plan, in-country implementers and advocates repeatedly told SIECUS staff – here we ought to point out that every one of these interviews began with a literal closing of doors so that we could have truly candid conversations – that U.S. political priorities drive PEPFAR planning and programming, not the reality of HIV/AIDS on the ground. That the Office of the Global AIDS Coordinator has expressed a strong commitment to a country driven process is promising.

Ideological Artifacts: A Disproportionate Emphasis on Abstinence-Until-Marriage

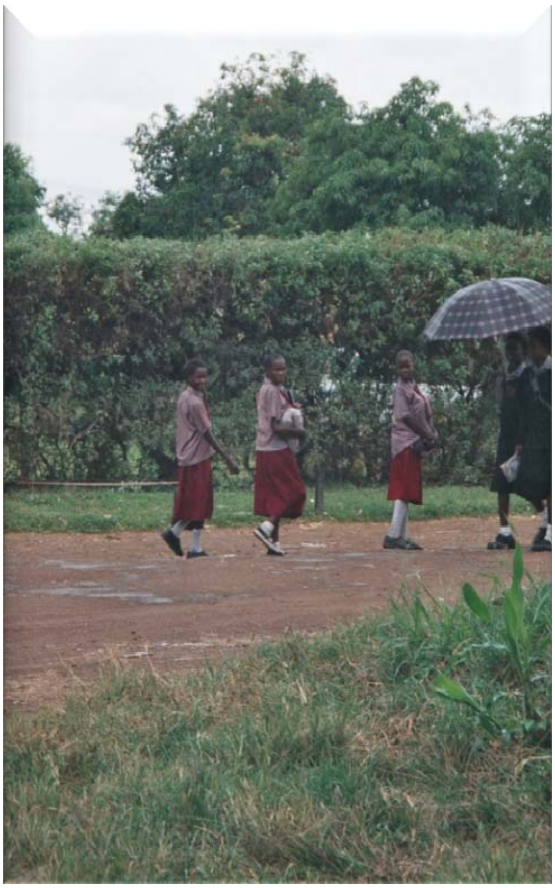
The arrival of PEPFAR funding brought with it a drastic and intensified shift in strategy toward an almost exclusive focus on abstinence-until-marriage programs and messaging. Along with this shift emerged the rhetoric that only the abstinence-until-marriage approach was capable of preventing transmission of HIV 100 percent of the time. These messages are often conveyed through "life skills" training programs that are aimed at developing communication and negotiation skills, building self-esteem, and encouraging participants to abstain from sex until they are married. The central message of these programs is the importance of preserving your virginity or chastity, or achieving "secondary" abstinence if already sexually active. In Zambia, this theme is reinforced by the ubiquitous "abstinence ili che" ("abstinence is cool") campaign which runs on billboards across the country. According to the ABC policy implementation guidance issued by the Office of the Global AIDS Coordinator in 2006, this abstinence-until-marriage approach is mandatory for young people ages 10–14 and is deemed most appropriate for young people ages 15–24.[15] Such arbitrary guidelines are not appropriate given the context of child marriage and early marriage in Zambia. Zambia ranks as one of the 20 countries with the highest rates of child marriage and in the poorest 20% of households in Zambia, nearly 50% of the girls marry before reaching 18 years of age.[16]

Social marketing promoting abstinence

This narrow vision of prevention has proven more harmful than beneficial in Zambia. Research demonstrates that that while such programs

may influence individuals to perceive that abstinence is the "correct" or "moral" choice, they do not significantly impact the behavior of individuals.[17]

The abstinence-until-marriage approach also excludes consideration of social and economic factors that may increase an individual's vulnerability to infection. In conducting our research, SIECUS staff met with Father Michael Kelly, a Jesuit priest originally from Ireland who relocated to Zambia in the 1950s and has become a widely respected HIV/AIDS advocate and expert. He pointed to the interconnections of gender-based violence, subjugation of women, and food insecurity as factors which heighten vulnerability to HIV transmission. He urged us to consider that sexuality in Zambia is a far more complicated element than is often considered, as it is intertwined with seeking affection, approval, and economic stability. These factors are inextricably entangled so that when prevention efforts focus almost exclusively on the moment of sexual transmission, and do take into consideration the compounding factors which heighten risk or lead to that moment, they are significantly less effective. PEPFAR funds do support some "livelihood programs" which enable individuals to improve their economic situation through internships, vocational training, micro-credit, and job placement. The RAPIDS Program Manager from Africare initiated and procured PEPFAR funding for one such program. She explained that 66 percent of youth in Zambia have no employment prospects, and that lessons taught in the standard AB life skills course on such topics as assertiveness, negotiations, values, goal setting, and refusing unwanted advances would not be as meaningful to a young person who does not have the possibility of a livelihood. Some livelihood programs, for example, address girls in need of food, school supplies, or other essential goods that their families are unable to afford and support their prospects of finding employment. Without such programs, girls and young women in this situation might have a heightened risk of engaging in transactional sex in order to satisfy those material needs.



Young girls in the town of Kafue

Unfortunately livelihood programs require greater financial output per person than standard abstinence-until-marriage programs. And, as many people we interviewed expressed, PEPFAR is a target driven program which emphasizes "quantity over quality." Implementers are pushed to meet exceedingly high targets for the number of people reached, and are often pressed to do so with limited resources.

During our interview, the Africare representative explained that her organization's standard abstinence-until-marriage life skills program costs about $3.00 cost per participant whereas the cost per participant for a livelihood program is $46.00. Abstinence-until-marriage programs, therefore, seem more cost-effective because of the higher number of persons reached per dollar though, of course, no program can be cost-effective if it is inherently ineffective.

Another shortcoming of abstinence-until-marriage programs that we observed in our interviews is their promotion of marriage as a protective factor for HIV transmission. Not only can HIV transmission occur within the bounds of marriage, marriage is not an option for all couples. SIECUS interviewed key staff of the Treatment Advocacy Literacy Campaign (TALC) in Zambia, and discussed the impact of abstinence-until-marriage programs on lesbian, gay, bisexual, and transgender individuals who cannot marry in Zambia. They explained that this is a particularly underserved and often ignored population in Zambia, and that these individuals often already experience stigma and discrimination from their families and communities. By ignoring the unique needs of these populations and prescribing marriage as a solution, abstinence-until-marriage programs further stigmatize and marginalize these individuals. The cumulative effect, they concluded, is to drive those in need of services further underground.

These lessons learned about the real impact of abstinence-until-marriage programs from the first phase of implementation demonstrate the complexities inherent in the epidemic, yet they are often lost on the ground in favor of strict interpretation of PEPFAR's rules. Every attempt must be made to promote evidence-based strategies in prevention programming, not the ideological and hypermoralistic framework that characterizes the promotion of abstinence-until-marriage.

(Mis)interpretation of PEPFAR's Mandates: Widespread Confusion on the Ground

For years from our perch in Washington we had been hearing murmurings and rumors about the on-the-ground interpretation of the PEPFAR prevention mandate. We had been told that the interpretation of the original legal provision requiring that 33 percent of prevention funds be directed toward abstinence-until-marriage programs had generated widespread confusion. Unfortunately, this confusion was confirmed by several of the implementers interviewed in Zambia. While this provision has been struck from the reauthorized version of PEPFAR, experience has taught us that translating such policy changes into practice is not always so simple or accomplished with speed.

The head of one PEPFAR-funded organization reported to us in an interview that initially many implementers in Zambia assumed a conservative interpretation of what they believed to be the abstinence-until-marriage requirements. For example, we learned that several PEPFAR-funded implementers of AB programs in Zambia completely eliminated any reference to condoms in their program content out of fear that their funding would be revoked. These implementers even argued that this extreme rule was required.

In 2006, the Office of the Global AIDS Coordinator (OGAC) issued the ABC guidance which provides guidelines for implementing programs to adhere to the ABC model. The guidance includes information on addressing condoms even within abstinence-until-marriage programs. Not only was this guidance issued quite late, some PEPFAR-funded implementers still did not know how to access it, and so they continue to adhere to a more conservative interpretation of the ABC framework than is required. Such a lapse could have been corrected by the U.S. government through greater education and assistance to implementers. Moreover, even those implementers in Zambia who learned of the guidance were slow to make modifications as materials had already been created, programs were already in progress, and the ideological predilection of the Bush administration was well-known.

Since our research trip to Zambia, Congress has reauthorized the legislation that controls PEFPAR funds and made several significant language changes that includes replacing the restriction that required 33 percent of prevention funds to be spent on abstinence-until-marriage programming. While the restriction was replaced with a seemingly innocuous reporting requirement, the new language continues to give the impression that the abstinence-until-marriage approach is still favored. As long as there is a clear bias toward abstinence-until-marriage promotion programming in the law without clear explanation and guidance, countries seeking to please the U.S. government will funnel more monies into this failed approach. This wastes enormous resources on the ground and has created a situation that, if left unchecked much longer, will continue to destroy a comprehensive approach to HIV-prevention in many of the former focus countries.

Putting Abstinence in Context: The Notable Absence of Comprehensive Sexuality Education

During our time in Zambia we were struck by the notable absence of comprehensive sexuality education in the overall HIV-prevention strategy. Many abstinence-until-marriage programs in Zambia do not include any information about condoms and contraceptives, puberty, or broader issues regarding sexual and emotional development. Messages promoting abstinence as an HIV-prevention method when delivered out of context are ultimately less meaningful.

This disconnect became utterly apparent while observing HIV-prevention programs in action. One such site visit we conducted was to a program run by Grassroot Soccer (GRS), an organization largely carried out by international and local volunteers in South Africa, Zambia, and Zimbabwe. Its innovative programs reach both in-school and out-of-school youth, through community soccer leagues, with lessons about how the HIV epidemic is affecting their communities, how HIV is transmitted, and how to protect themselves. It is an example of exceptional goodwill and creativity, and it addresses head on some of the key information that is vital for young people to know about preventing the transmission of HIV.

We observed a Saturday session held in a community school in the outskirts of Lusaka. Next to the school sat a large, dusty soccer field where league after league of young boys and some girls played throughout the day. We observed a group of about fifteen, shy yet playful, ten-year-old boys who were all part of the same soccer league, participating in a peer-educator-led, HIV-

prevention program. The more senior peer educators walked them through a range of educational activities and quizzes, an engaging mix of cheers and games. During one part of the session, a peer educator was reviewing the possible modes of HIV- transmission with the boys. The boys seemed to understand the peer educator's explanation of breast milk and blood as possible carriers of the virus, having been exposed to both in their day to day lives. However, at the mention of semen and vaginal fluid, they demonstrated a visible lack of comprehension. It became clear that without such basic information about reproductive and sexual biology, the boys would not leave with all of the knowledge necessary to prevent HIV. While they are not likely to be sexually active at that age, laying the foundation with age-appropriate and medically accurate information is critical to the safety of these youth. The peer educator leading the discussion noticed the boys' confusion and was able to provide them with some basic, impromptu information to fill in the gaps in their knowledge.

SIECUS staff with GRS peer-educators

Despite the structural obstacles and restrictions inherent in the PEPFAR legislation and policy guidance, some implementers are seeking to infuse their programs with this missing information. Africare, which is part of the RAPIDS consortium, is one such forward-thinking organization that is at the cutting edge of HIV prevention within a PEPFAR-funded context. Staff at this organization explained to us that they recognized the shortcomings in their own life-skills training and had begun to develop a new sexuality education segment in their curriculum. This positive development needs broader support, both through policy and funding, in order to be successful and replicated by other implementers.

Abstinence from sexual activity is a critical HIV-prevention strategy, can be the healthiest choice for youth to make, and is indeed the appropriate choice for the age group mentioned in the Grassroot Soccer example. Still, isolating this message from the complete range of information

on sexuality and reproductive health denies individuals the ability to make fully informed decisions. This is particularly the case when early or child marriage is involved. While some may fear that providing comprehensive sexuality education may accelerate sexual debut, the evidence demonstrates the opposite. Programs that teach about both abstinence and contraception, for example, have been found to be more effective at delaying sexual debut, reducing the number of sexual partners, and increasing the likelihood that young people in these programs will use condoms when they do have sex.[18]

Other critics of sexuality education in an HIV-prevention context argue that parents are natural educators of their children and that sexuality education is their domain. While this is true, placing the full burden of this responsibility on parents or guardians is an unrealistic expectation especially in a country like Zambia in which many families have already experienced devastating losses; approximately 600,000 youth have lost one or both parents, and countless more have become the primary caregiver and provider in the family. [19] Often the most basic needs of these youth can not be provided for in the home, not for lack of love, but for the unyielding demands of a positive status or AIDS-related care giving of family members in the home.

Comprehensive sexuality education that is evidence-based, age-appropriate, and medically accurate, is a fundamental element of any effective HIV-prevention strategy. While such an approach has not yet taken widespread hold within the PEPFAR framework, it has increasingly come to be seen as common sense and common place for other providers and funders of HIV-prevention interventions. For example, the United Nations Economic, Social and Cultural Organization (UNESCO) has created an extensive curriculum on sexuality education and HIV prevention to be used through the United Nations networks, and most Latin American and Caribbean countries have committed to integrating comprehensive sexuality education as a fundamental HIV-prevention strategy in their own countries. It is time for PEPFAR to follow suit. The Office of the Global AIDS Coordinator must follow this lead by dismantling the hold of the narrow abstinence-until-marriage ideology and ushering in effective, evidence-based, comprehensive strategies that ultimately will save lives.

The Silent "C": Obstacles to Access and Information about Condoms

Male and female condoms are important prevention tools, and, when used consistently and correctly, are highly protective against the sexual transmission of HIV. Despite the significant success of condom social marketing campaigns by the Planned Parenthood Association of Zambia and PSI prior to the arrival of PEPFAR funding, condoms have been displaced in Zambia as a central HIV-prevention tool, in favor of the abstinence-until-marriage approach.

Success brand condoms, once promoted by Planned Parenthood Association of Zambia (PPAZ)

Planned Parenthood Association of Zambia (PPAZ) had spearheaded a successful, long-standing condom promotion campaign branding the "Success" condom. PPAZ was known for its ability to train and mobilize peer educators at the community level, which enabled the organization to ensure that its reach was far and wide. The organization was well-funded, strongly committed to its mission of ensuring access to sexual and reproductive health services, and well-respected and trusted in communities across Zambia.

In 2001, however, the reinstatement of the Mexico City Policy brought the thriving outreach of this organization to a near standstill. The Mexico City Policy, more commonly known as the Global Gag Rule, stipulated that U.S. foreign aid may not be provided to organizations that offer abortion services, make referrals for, or counsel women about abortion even if services, information, or referrals are provided with non U.S. funds. The policy was originally instituted by President Reagan in 1984, reversed by President Clinton in 1993, reinstated by President George W. Bush in 2001, and just recently reversed by President Obama in January 2009. PPAZ relied heavily on United States government funding and was forced to discontinue many of its programs when this funding was cut off. The social marketing campaign which made Success condoms one of the most sought after brands of condoms in the country was cut down at the knees.

Though the PEPFAR ABC guidance issued in 2006 technically prohibits disparagement of condoms, the disproportionate emphasis on abstinence-until-marriage, as well as other aspects of PEPFAR, has created a distinctly anti-condom atmosphere. Zambia's Education Minister, Andrew Mulenga, prohibited schools and school-based programs from making condoms available through a ban instituted in March 2004. In issuing this ban, he cited his belief that increased availability of condoms in schools promotes immorality and encourages premarital sex. Nkandu Luo, former Minister of Health and well-known HIV/AIDS activist in Zambia, responded to this development, warning that "we can't continue living in denial. We need to protect the young from this deadly disease."[20] Despite the ban on distributing condoms in primary and secondary schools, condoms may be distributed at the university level.

Condom availability in Zambia varies widely, with greater accessibility to condoms in urban areas. Some data are available regarding the numbers of condoms donated to Zambia from the U.S. government. For example, the U.S. government donated 40 million male condoms to Zambia in September 2007, citing this donation as a two year supply. The data is less clear, however, about how many of these donated condoms are actually distributed.

Old condom social marketing slogan, no longer in use

Today in Zambia, messaging promoting abstinence as an HIV-prevention strategy has supplanted messaging promoting condom use. Condom social marketing was firmly established in Zambia with great success and coexisted with abstinence messaging prior to the arrival of PEPFAR. We saw evidence of this dual message approach painted on the walls of the courtyard of a youth center we visited in Lusaka: signs with distinct messages from old campaigns talking about both abstinence and responsible condom use.

Condom social marketing campaign, no longer in use

In Lusaka itself, where much of the country's population resides, dozens of billboards are for rent and countless sit empty, yet we did not observe a single one in the country's capital promoting condom use. This, despite the fact, that it costs only $600 to rent a billboard for a 6 month period. Given that the country has a generalized epidemic, it is regrettable that such low cost opportunities to educate so many people should go unused.

In fact, within the PEPFAR ABC guidance, condoms are not seen as a primary tool for use in generalized epidemics, but rather for targeted, "high risk" populations such as incarcerated persons, mobile populations, and commercial sex workers. The PEPFAR decree that condom use should be targeted at specific populations and not used as an important prevention tool for the general public clearly reflects a moralistic dictate rather than the actual needs of the population. Moreover, this decree has not just resulted in diminished social marketing but also diminished availability of condoms

themselves. What is perhaps even more disturbing is the prevalence of misinformation about condoms. Several program implementers, PEPFAR-funded and otherwise, reported hearing about a widely used scare tactic purported to demonstrate that condoms do indeed have holes in them, claiming that the holes (are invisible to the eye but allow HIV to pass through. To "prove" this, demonstrators will fill a condom with cold water, thus causing condensation from the ambient humidity to form droplets of water on the outside of the latex. The loud and clear message of this exercise is that condoms are unreliable.

While observing the Grassroot Soccer HIV-prevention program, we witnessed first hand how such fears generated by unreliable sources have taken hold. During one activity, the peer educator leading the group asked if it were "fact" or "nonsense" that condoms have holes in them. The two teams of young boys huddled together, consulting with each other, in search of the correct answer. Excited, nervous and looking to each other for validation during their brief period of consultation, one group replied "fact" and the other "nonsense."

Life skills class taught by Grassroot Soccer peer-educators

Though the goal of such misinformation campaigns may be to scare individuals into abstaining from sex, it is just as likely that they will not abstain from sex, but *will* abstain from using a condom. Organizations like Grassroot Soccer that address such topics with compassionate objectivity have incredible obstacles to overcome in ensuring that youth are equipped with accurate information.

Still, despite the clear need to provide medically accurate and age-appropriate information about condoms, they are not widely discussed with youth within HIV-prevention programs. In large part, this is due to the lack of clarity that many implementers have on guidelines for discussing condoms. It is also due, however, to the protection provided by the refusal clause. The refusal clause in the original legislation enabled providers of prevention and treatment services to opt out of providing information they may deem to contradict their own beliefs and values. A representative from a PEPFAR-funded, faith-based organization who we interviewed explained to us that her organization could not in good faith impart information about condoms and condom use within the same program that promoted abstinence-until-marriage as an HIV-prevention strategy. She claimed that this would both appear contradictory to those receiving the message and would violate the Christian leanings of the organization. She deferred the promotion of condoms to secular organizations that were part of the same consortium, although could offer no guarantees that such organizations were indeed offering information about or access to condoms or had the funding to do so.

PEPFAR-funded programs that have opted out of providing information on condoms through the refusal clause are required to refer the individual out to another provider. Unfortunately, it is often unclear to whom they are referring the individual, and needs seem to go unmet. Despite the fact that health clinics in Zambia have been declared "youth friendly" by the government, young people have difficulty accessing condoms there. Some young people do not have direct access to condoms because there is no clinic nearby, the clinic close to them may not stock condoms, or the nearest clinic may be experiencing a shortage of condoms. Lack of access to transportation or funds to pay for transportation make stepping outside of their immediate communities to reach a service site that might have condoms an impossibility for many teens. Other teens may feel unable to access condoms because the clinic in their community is run by an adult they know.

Condoms have been greatly politicized and stigmatized, undermining the function which they are intended for: preventing the transmission of HIV and other STIs and preventing unintended pregnancy. Those opposed to condoms often frame their concerns that condoms are being "thrown at the problem" rather than embracing the holistic response to the HIV/AIDS epidemic. Condoms are not the panacea in this epidemic; however, neither are they the problem and should not be treated as such. Condoms must simply be treated as one tool in the range of tools and interventions that support efforts to prevent HIV infection. The barriers to accessing accurate and meaningful information about condoms, their proper use and their shortcomings as well as the barriers to accessing the condoms themselves can not be justified. In order to be fully informed on the means of protecting themselves from HIV transmission, individuals must not be denied access.

What is clear is that anecdotal evidence serves as a starting point for unraveling how implementers are selecting what information to impart, but more representative data is needed to understand the full extent of this policy's impact. The new administration must lay the groundwork so that this refusal clause can be fully repealed in the next authorization of this law. We offer precise recommendations at the end of this report to help guide this course of action.

Population At-Risk but Ignored: The Impact of the Anti-Prostitution Loyalty Oath

A clause in the original law authorizing PEPFAR, and upheld in the recent reauthorization, requires organizations who receive PEPFAR funding to adopt an organizational policy explicitly stating their opposition to prostitution and sex-trafficking. While this requirement does not preclude organizations from providing services and outreach to sex workers, it has created the impression that the U.S. government opposes sex work and anything to do with sex workers. This has had a chilling effect in that it decreases the likelihood that organizations will conduct outreach to this population, and creates the impression that this population does not deserve prevention, care, or treatment services. This is particularly upsetting in a country like Zambia which has an unemployment rate over 50 percent and nearly 70 percent of the population living below the national poverty line.[21] In such an environment, it is not surprising that many women turn to transactional sex for economic survival.

Moreover, within transactional sex arrangements, sex without a condom often fetches a significantly higher rate. One interviewee told us that the difference between sex with a condom and without can be as much as $25. For those in the US it may seem unfathomable that a person could risk so much for so little money, but the immediate consequences of poverty often rule out the consideration of such risk. For many women, the prospect of AIDS-related illnesses, which may be many years away, pales in comparison with the more immediate demands of satisfying a family's basic needs, such as paying rent or putting food on the table. It is not surprising then that the HIV prevalence rate is so high among commercial sex workers, reaching as high as 65.4 percent in the country's capital.[22]

Commercial sex flourishes along the trade and trucking routes in Zambia, and despite this reality there are only three organizations conducting outreach to sex workers in Zambia, only one of which receives PEPFAR funding.

One of these organizations, Youth Vision Zambia (YVZ), is a local, small-scale NGO founded by youth activists that operates without any PEPFAR funding. We traveled with colleagues from YVZ to Kafue; a community located about 50 km outside of Lusaka, where they conduct community-based outreach. Kafue is a town that has been hard hit by a shifting economy. Sitting in the shadow of chemical plants whose doors are no longer open, the unemployment of the people living there is staggering; many families are unable to satisfy even their most basic nutritional needs.

Its location along a major trucking route between Zimbabwe and Democratic Republic of Congo has given life to another economy which has seen an influx of customers and cash. Bars and nightclubs have sprung up along the highway, grounding the commercial sex trade. It is here, in these bars, and standing along the highway that we saw women, young and old, trying to make a living for their families. As our colleagues from YVZ pointed out, some women come with regularity; others come as the need arises to make ends meet.

Despite the best efforts of YVZ, finding a condom in Kafue, especially since the collapse of PPAZ's Success condom, is often an exercise in futility. YVZ is the only presence on the streets each night trying to meet demand with free condoms and urging people to go for testing and

counseling. PPAZ still stocks designated boxes, called "love jars," with free condoms in some of Kafue's bars but it simply cannot meet demand. During one visit to a neighborhood bar where young men congregated, we found an empty "love jar" that had been filled the night before. Condoms can be purchased in some of the bars, but it is a stretch in logic to believe that a girl or woman who is engaging in sex work to buy food for her family would spend what little she has to purchase condoms. One implementer in Zambia referred to this as the "AB, silent C" approach, meaning that despite the fact that while the ABC framework purports to reach the populations most in need, of condoms, such as commercial sex workers, even their needs largely go unmet.

For a population so acutely at risk of acquiring HIV, there is simply not enough emphasis on meeting the needs of women engaged in commercial sex work and unfortunately there is not sufficient evidence being gathered to fully understand the impact of the anti-prostitution loyalty oath.

No Seat at the Table: Local NGOs Left Out of Planning and Implementation

Over the past five years that PEFAR funding has been distributed, it has become disturbingly clear that PEPFAR has transformed the landscape of HIV-prevention programming in each of the 15 focus countries in some worrisome ways. Not the least of these is that the vast majority of PEFAR funding is going to international or U.S.-based NGOs and that indigenous NGOs in the focus countries are failing to benefit from this record investment. A quick look at the list of grantees in each country testifies to a lack of investment in building up the capacity for prevention programming among local NGOs, and distributing funds so that they may also carry out HIV-prevention programming. PEPFAR's largesse will not continue in perpetuity and, therefore, investments in local capacity seem among the wisest of investments in a long-term strategy to assist these countries.

As seen in other focus countries, PEPFAR has created a discernible break between local NGOs and the international and U.S.-based entities working in the country. International and U.S. NGOs are clearly doing impressive work in the areas of treatment and care under PEPFAR, but the relatively tiny investment in the efforts of Zambian NGOs on the prevention side raises concerns about sustainability and the further development of Zambian professionals to lead this work in the future. Some will undoubtedly argue that local NGOs do not have the capacity to handle the scope and scale of the programmatic goals and financial flow, but this is not an acceptable answer. Given that part of PEPFAR's goal is to shift away from an emergency mentality toward a long term plan, it is time to remedy the shortcomings in capacity and pave the way for Zambian organizations to play a greater role. The will to assume a broader role is great among the many organizations already hard at work.

Many of the program implementers that we interviewed spoke to the logistical barriers which preclude a greater participation of locally-based NGOs. The networks through which word travels about funding opportunities is often closed off to those who are not already receiving

PEPFAR funding or working directly with organizations that do. Locally-based organizations that do learn of the requests for application are often unprepared to satisfy application requirements and when their applications are rejected, there is no mechanism to communicate how they could perform better in future attempts. Some organizations have gone as far as to hire legal assistance to navigate the cumbersome application process, often at a great expense, in the hopes of procuring funding to be able to contribute to the prevention, care and treatment efforts that PEPFAR funds. This does not mean that Zambians are not already deeply involved in these efforts, as volunteerism is a deeply entrenched practice in the face of the HIV/AIDS epidemic, as peer-educators and community-based caregivers among other roles. Such goodwill deserves the financial and institutional support to further ensure the viability of these contributions to addressing the epidemic.

Peer educators from Youth Vision Zambia

Recommendations: Improving the Next Phase of PEPFAR

Drawing from our findings of PEPFAR's overall impact in the 15 countries designated as "focus countries" in the first five-year phase of PEPFAR, and specifically in Zambia, we collaborated with colleague organizations and congressional staff, in the hopes of improving PEPFAR through key strategic fixes during the PEPFAR reauthorization process in 2008. While some important gains were made in the reauthorization of PEPFAR, including the historic financial commitment of $48 billion to address global HIV/AIDS, tuberculosis, and malaria, several fundamental shortcomings remain.

We believe these shortcomings can be remedied, and here we offer our recommendations to the Obama administration, policymakers, and the Office of the Global AIDS Coordinator:

1. Shift Away from Ideological Emphasis on Abstinence-Until-Marriage

The reauthorization of PEPFAR in July 2008 brought about a technical change in which the hard earmark in the original legislation requiring that one-third of all prevention funding be spent on abstinence-until-marriage programming was replaced with a reporting requirement. This requirement states that if funding in the area of abstinence-until-marriage and be faithful falls below 50 percent of the total allocation for prevention of sexual transmission of HIV in any country, the Office of the Global AIDS Coordinator (OGAC) must issue a report to Congress explaining the rationale.

Since the responsibility for the reporting requirement falls squarely on the shoulders of OGAC staff, it should not impede the efforts of USAID missions in country or the implementers themselves. Instead, it presents an opportunity to educate Congress of the shift toward evidence-based prevention interventions while carrying out programs that actually respond to the prevention needs of each country. OGAC needs to clarify to USAID missions in country and to country teams developing the Country Operational Plans that they can and should address the prevention of sexual transmission needs as they see fit, and that the abstinence-until-marriage reporting requirement need not hinder their work.

The countries receiving PEPFAR funds no longer need be held to the ideologically driven, HIV-prevention standards of the previous administration as laid out in the original PEPFAR legislation. It is time to pay heed to the overwhelming evidence that abstinence-until-marriage programs are ineffective at preventing the transmission of HIV and ensure that they do not remain the cornerstone of PEPFAR's prevention protocol.

2. Increase Transparency of PEPFAR Prevention Funds

Since 2005, some progress has been made on the part of the Office of the Global AIDS Coordinator (OGAC) in providing a somewhat clearer understanding of which organizations in the 15 PEPFAR focus countries are receiving PEPFAR funding and what sort of programs are being carried out. For example, there is a greater delineation between prevention providers solely engaged in AB programming and those doing more comprehensive

interventions. However, the substance of the actual initiatives being carried out remains elusive, particularly when it comes to entities receiving pass-through, sub-grants from a primary agency.

OGAC must provide fuller documentation of the content and delivery of prevention initiatives. This recommendation should not prove unduly onerous to OGAC given the existing grant-making and reporting requirements imposed on implementers that have generated a wealth of information already in OGAC's possession.

3. Strengthen Participation and Integration of Local NGOs

As PEPFAR has unfolded, it has become clear that countries and local NGOs have been relegated to the back seat. The reauthorization of PEPFAR includes clear support for country driven processes and setting of priorities. We welcome this step and hope that ensuring the participation and integration of local NGOs follows this lead.

PEPFAR funding is largely channeled to large-scale international organizations. OGAC should be directed to begin an immediate scaling up of investment in indigenous prevention program providers and to set escalating targets over the next five years that will ensure than at least 50 percent of prevention program funding goes directly to indigenous NGOs. We have a responsibility to these countries and to U.S. taxpayers to invest in systemic change, and that begins with building and investing in NGOs on the ground.

Emerging evidence suggests that the Country Operational Plans are written predominantly by OGAC and U.S. personnel in the USAID missions of the countries to meet ideological mandates. As a result, Country Operational Plans too often fail to conform to the needs and realities of the countries. We therefore call on Congress to conduct a systematic review of the process by which countries are involved in the development of their annual Country Operational Plans.

4. Rescind the Anti-Prostitution Loyalty Oath

The anti-prostitution loyalty oath requires all recipients of PEPFAR funds to denounce commercial sex work in order to receive U.S. government funding. Even if it were not deliberate, the anti-prostitution loyalty oath would be more than just a piece of paper. As it stands, it has manifested into one of the strongest of ideological weapons deterring outreach to women engaged in sex work and leaving them at an even greater risk for infection. As the United States Congress began debate in 2008 on the reauthorization of PEPFAR, one message was sent loud and clear from social conservatives and the Bush White House: the anti-prostitution loyalty oath was non-negotiable. The lack of political courage in Congress has meant the continuation of this dangerous policy.

We urge the Office of the Global AIDS Coordinator to issue a directive to countries receiving PEPFAR funding stating that the anti-prostitution loyalty oath should not impact their response to the programmatic needs of the country. This directive would serve to clarify any misperception that the anti-prostitution loyalty oath prohibits any prevention, care, or treatment outreach to commercial sex workers.

In addition, Congress must request that the General Accounting Office (GAO) undertake a survey in each of the countries designated as "focus countries" in the first five-year phase of PEPFAR to determine the impact of the anti-prostitution loyalty on previous HIV-prevention program delivery to women and men engaged in sex work. This will provide the basis for new work with focus country governments to scale-up HIV-prevention programming to this population and to issue a specific call for proposals to work with this population in countries, like Zambia, where there is a clear and compelling need. And of course, when the opportunity presents itself in the next reauthorization, this provision must be removed from the law itself.

5. Implement Programming and Policy Connecting HIV/AIDS to Other Sexual and Reproductive Health Issues

The current trend of separating public-health foreign aid into disease-specific silos, such as HIV/AIDS, malaria, and tuberculosis, purports to create a strong enough resource flow to significantly reduce the manifestations of each disease. However, such segmentation has also contributed to too narrow a framework. Sexual transmission is the strongest driver of the HIV/AIDS epidemic globally, requiring greater integration of sexual and reproductive health services to provide the education, services, and commodities needed to prevent the spread of HIV, whether through sexual transmission between partners, or mother to child transmission. Sexual and reproductive health service delivery sites are often the only interface a woman has with healthcare, offering HIV-prevention providers the opportunity to engage with and gain access to someone who may not seek out information and services elsewhere. For reasons of stigma and discrimination, a woman may not be able to seek out services at healthcare delivery sites specifically oriented towards HIV/AIDS.

While OGAC has promoted "wraparound" with reproductive health services funded through funding streams outside of that authorized by PEPFAR, this has not proved to be adequate. Such a narrow focus on HIV/AIDS-specific health services has actually meant less money, not just a comparatively lower amount to the PEPFAR funding, on the ground for general sexual and reproductive health services. The "wraparound," while it may seem sound in theory, is not, in fact, a solution on the ground.

From a public health perspective, integration of sexual and reproductive health with HIV/AIDS is simply good medicine, but, on the policy end, the individual ideologies of policymakers have interfered with the creation of strong policy to support this end. OGAC needs to work with international sexual and reproductive health and rights advocates and program implementers to identify programming and policy priorities which connect HIV/AIDS to other issues of sexual and reproductive health. The recommendations need to be explicitly outlined in policy guidance to clearly indicate to program implementers receiving PEPFAR funds how to optimally integrate services and that doing so is a priority.

6. Eliminate the Refusal Clause

The original PEPFAR legislation included a provision permitting implementers of prevention and treatment programs to opt out of delivery of services that they deemed to go against their religious beliefs. This provision offered a loophole which benefited the implementer more than those in need of prevention and treatment services by granting the authority to the implementer to pick and choose which elements of a comprehensive approach to utilize, even when doing so undermined the integrity and effectiveness of the overall program and jeopardized the health and rights of the individual seeking information and services.

This troublesome provision raised the concerns of advocates early on as to whether ideology would trump evidence, and in time this provision has shown to be particularly problematic. Many faith-based organizations have experienced a "moral panic" over the delivery of comprehensive prevention services, fearing a contradiction with the moral frameworks on sexuality derived from their faith traditions. Despite this, the new law expanded this provision to apply to care services in addition to prevention and treatment services. This move is clearly a step in the wrong direction and must be remedied by fully repealing this clause in the next authorization so that discrimination against individuals, such as sex workers, MSM, unmarried sexually active people, by a recipient of U.S. taxpayer's money is no longer codified into law.

We also recommend that OGAC collect data and report on the organizations taking advantage of the refusal clause and for what reason. In doing so, OGAC must provide for a systematic review of their prevention programs, including didactic materials, and on-the-ground monitoring of program delivery. This information seems even more critical given the history of abstinence-until-marriage and partner reduction programs eclipsing those that include condom instruction. Tracking this information more closely would allow better analysis about the extent to which the clause is invoked and the impact of taking such action, such as the extent to which condom related services are not being provided.

Despite the restrictions in the existing law, the Obama administration can make clear in public statements that the needs of the populations being served supersedes that of the provider. Such action can foster a culture of aid which is oriented towards the values and needs the recipient.

7. Incorporate Comprehensive Sexuality Education as Foundational Element of HIV-Prevention Strategy

Since its inception, PEPFAR has been shackled by the obligation to an ideological emphasis on abstinence-until-marriage as the primary HIV-prevention message and methodology. This approach is clearly flawed not simply for it's moralistic overtones, but because it is ineffective at preventing HIV transmission. The growing cry around the world among leaders at the forefront of HIV prevention is that comprehensive sexuality education is key to encouraging abstinence, delaying sexual debut, promoting appropriate condom use, and teaching communication skills necessary to navigate their relationships. The Regional Director's Group, comprised of the Heads of ten United Nations Agencies, recommends that comprehensive sexuality education should begin before youth are sexually active in order to lay the foundation with the

"development of life skills, communication, and focus on healthy relationships as well as human rights."[23] And, in August 2008, Ministers of Education and Health from throughout Latin America and the Caribbean committed in a formal declaration to strengthening and implementing comprehensive sexuality education as a fundamental strategy to prevent the spread of HIV and other STIs.

PEPFAR must follow their lead. As we are accountable to the countries we seek to serve through PEPFAR funding, we must ensure that the highest standards of prevention are being upheld. Consequently, OGAC must prioritize the systemic development of comprehensive sexuality education as a foundation for HIV-prevention efforts in all countries receiving HIV/AIDS assistance. Efforts should focus on the creation of country-level guidelines to support systemic change and the immediate supports of model pilot projects to jump start this work.

Concluding Thoughts

Phase one of PEPFAR is coming to a close and the legislation reauthorizing the next phase has been set in place. Although, how PEPFAR will unfold in the next phase is far from certain. The Obama administration, the new Congress, and the Office of the Global AIDS Coordinator have an enormous opportunity to modify the shape that U.S. global HIV/AIDS assistance takes, ensuring that PEPFAR's mandate to curb the spread of HIV is carried out according to evidence and not ideology. They can achieve this by heeding the lessons learned on the ground, and making the institutional changes to respond to the real needs in the design of each country operational plan, instead of perceived or projected needs, of those most at risk and affected by the HIV/AIDS epidemic.

The people of Zambia have experienced unimaginable loss due to the HIV/AIDS epidemic. Many there have stepped up to the challenge of caring for friends and neighbors affected by HIV and AIDS, ensuring access to treatment and teaching the skills and knowledge necessary to prevent the spread of HIV — much of which could only have been possible through the solidarity and generosity conveyed through PEPFAR. But, in addition to the overwhelming gratitude, we also heard from many voices who shared compassionate concern about misguided policy. These individuals shared their insight on which of PEPFAR's approaches to the HIV/AIDS epidemic were actually causing harm, instead of the intended good, or perhaps were just shy of making the mark. Listening to our partners who are living this reality is invaluable as we shape the future course that this historic initiative will take.

The legacy of PEPFAR is still coming into being. While the accomplishments achieved under PEPFAR's mantle have already been historic, the Obama administration can guide PEPFAR's implementation so that it continues to break barriers and set higher standards for prevention, treatment, and care throughout the lifespan of the program. We are moving from an emergency mentality to one of thoughtful consideration for the long-term sustainability of the HIV/AIDS response. A spirit of partnership, a reliance on science to guide sound policy implementation, and a willingness to break from ideological drivers is what is now required of the current administration.

[1] *Zambia Country Report: Multisectoral AIDS Response Monitoring and Evaluation Biennial Report 2006-2007*, Ministry of Health and National AIDS Council, (Republic of Zambia), accessed 1 July 2008, <http://data.unaids.org/pub/Report/2008/zambia_2008_country_progress_report_en.pdf >.
[2] *Epidemiological Country Profile on HIV and AIDS*, 2008, UNAIDS/WHO, (New York, NY; Geneva, Switzerland) accessed 29 August 2008, <http://www.who.int/globalatlas/predefinedReports/EFS2008/short/EFSCountryProfiles2008_ZM.pdf>.
[3] Ibid.
[4] *Epidemiological Country Profile on HIV and AIDS*; *Zambia HIV/AIDS Service Provision Assessment Survey 2005*, (Republic of Zambia; UNAIDS; WHO; PEPFAR), Zambia, accessed 8 September 2008, <http://www.measuredhs.com/pubs/pdf/SR122/SR122.pdf>.
[5] *The World Factbook*, (Washington, D.C.: Central Intelligence Agency, 2009), <https://www.cia.gov/library/publications/the-world-factbook/geos/za.html>.
[6] *2008 Report on the Global AIDS Epidemic Annex 1*, 217-218.
[7] *Zambia Country Report: Multisectoral AIDS Response Monitoring and Evaluation Biennial Report 2006-2007*, Ministry of Health and National AIDS Council, (Republic of Zambia), accessed 10 September 2008, 15, <http://data.unaids.org/pub/Report/2008/zambia_2008_country_progress_report_en.pdf>.
[8] *Epidemiological Fact Sheet on HIV and AIDS, Zambia 2008 Update*, UNAIDS/WHO, (New York, NY; Geneva, Switzerland) accessed 29 August 2008, 8 <http://www.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_ZM.pdf>.
[9] *2008 Report on the Global AIDS Epidemic Annex 1*, 217.
[10] *Zambia Country Report: Multisectoral AIDS Response Monitoring and Evaluation Biennial Report 2006-2007*, 18.
[11] Ibid., 196-197, 99-100.
[12] *Zambia FY 2008 Country Operational Plan*, 235, 239, 249, 261.
[13] Ibid, 230.
[14] Ibid. 160.
[15] "ABC Guidance #1," *Office of the Global AIDS Coordinator, 2006,* <*http://www.state.gov/documents/organization/57241.pdf*>.
[16]*Child Marriage and Poverty*, International Center for Research on Women, 2006, <http://www.icrw.org/docs/2006_cmtoolkit/cm_all.pdf> .
Child Marriage, Laws and Civil Society Action, International Center for Research on Women, 2006, <http://www.icrw.org/docs/2006_cmtoolkit/cm_all.pdf>.
[17] Doug Kirby, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.
Doug Kirby, et al. Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People Throughout the World, *Journal of Adolescent Health,* 2007 (40):206–217.
[18] Ibid.
[19] *2008 Report on the Global AIDS Epidemic Annex 1: HIV and AIDS estimates and data, 2007 and 2001*, UNAIDS, (New York, NY) accessed 19 August 2008, 214, <**http://data.unaids.org**>.
[20] "Zambia Bans Condoms in Schools," *BBC News,* 15 March 2004, accessed on 8 April 2009, <http://news.bbc.co.uk/2/hi/africa/3512652.stm>.
[21] *2007/2008 Human Development Report,* United Nations Development Programme, 2008.
[22] *Epidemiological Fact Sheet on HIV/AIDS* , 8.
[23] "United Nations: Countries in Latin America and the Caribbean Should Improve, Expand Sexuality Education," Pan American Health Organization, 31 July 2008, <http://www.paho.org/English/dd/pin/pr080731c.htm>.