



U.S. Policy, Ideology and the HIV Epidemic: Undermining Effective Prevention Strategies

Presentation to Reproductive Health Matters
Meeting on Condoms and Prevention
Strategies

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About CHANGE

- Who we are
- What we do
- How we do it



What is the ultimate goal?

- Safe, healthy, consensual sexual lives
- Prevention of disease
- Reduction of risk
- The needs of all populations met, and their rights protected and promoted



U.S. Global AIDS Policy

- What is the President's Emergency Plan for AIDS Relief (PEPFAR)
 - \$15 billion over 5 years (in theory)
 - Treat 2 million; provide care and support for 10 million; prevent 7 million new infections
 - 15 focus countries; 85 non-focus countries



Purpose of the Analysis:

- To identify the implications of U.S. global AIDS policies, programs, and funding streams on:
 - Comprehensive, evidence- and rights-based prevention programs
 - Existing reproductive health services (including integration)
 - Influence of ideology over evidence
 - “Health” of the Health system



Levels of inquiry:

- Central level:

- Legislative and policy analysis
- Analysis of operational policies and interpretation of law
- Analysis of funding streams, RFAs/RFPs and contracts

- Country Level:

- Analysis of funding streams in-country
- Country operational plans (one- and five-year)
- Implementation of law, policy, and operational strategies
- Interviews with key actors
- Grant recipients and program activities
- Government, donor, and NGO/CS cooperation
- Ongoing in-country engagement (networks, monitoring, field visits)



Conditions, Conditionalities and Policy Shifts

- “ABC”
- Shifts in condom funding and distribution
- Shifts in funding of “partners”
- Pressure on “partners”
- “Prostitution Loyalty Oath”
- Rejection of harm reduction strategies
- Global Gag Rule
- Other pressures on RH/SH/evidence



Prostitution Loyalty Oath

- Denies funding to organizations that refuse to sign a pledge stating that they do not support the promotion or legalization of prostitution.
- Vague policy stymies speech and action for vulnerable and marginalized populations; rescue and rehabilitation focus may be counterproductive.



ABC as a conditionality

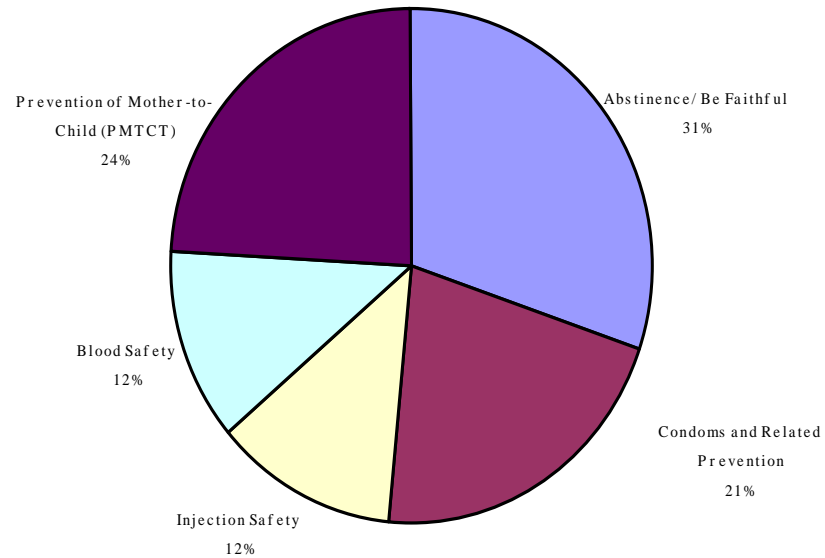
- What does the law say?
- What does the policy say?
- How a bad law has been made into even worse policy....

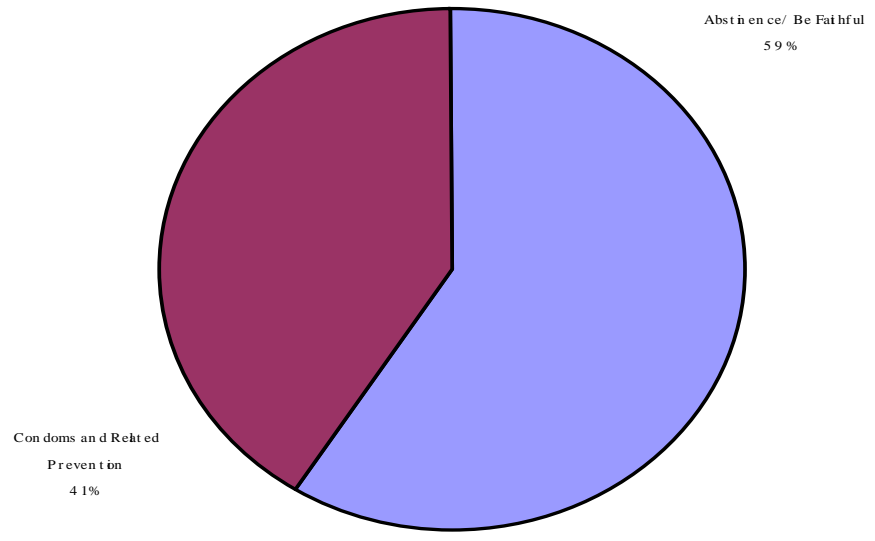
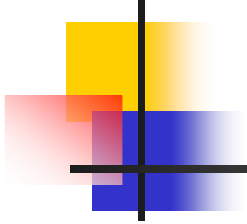


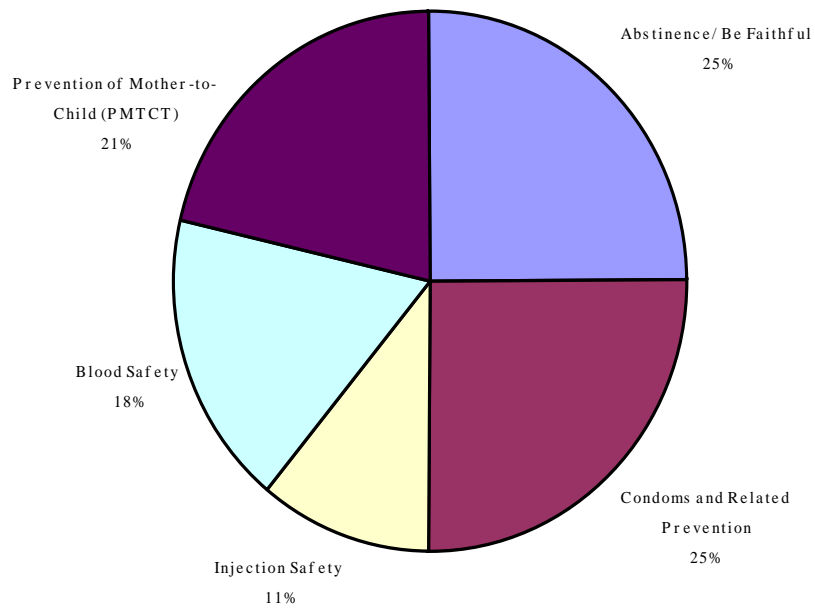
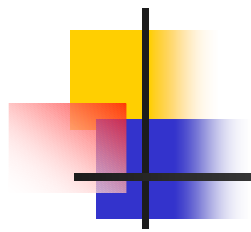
ABC: what it looks like under PEPFAR

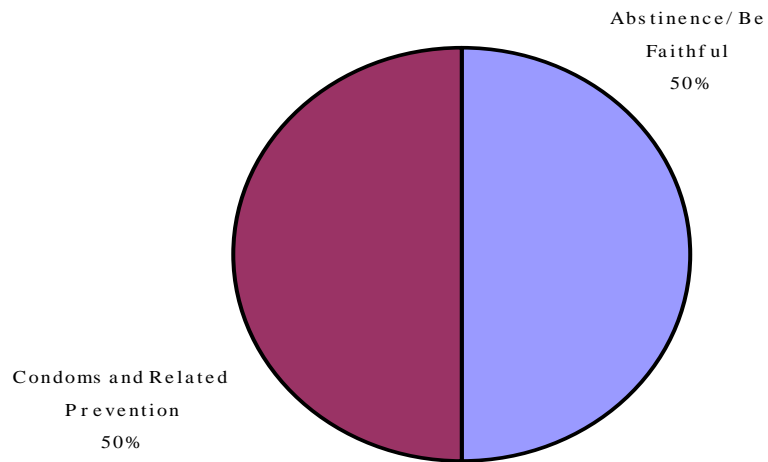
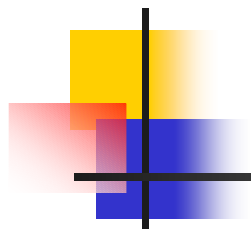
- **Ab-based programs make up the lion's share of programs focused on prevention of sexual transmission and a higher share of prevention funding than is commonly assumed.**
- **Abstinence versus "be faithful" versus condoms for "targeted populations;" segregated funding streams**
- **New USAID guidelines on bilateral AIDS programs emphasis that youth should *never* be given condoms "indiscriminately."**
- **Funding for Ab/Faithful programs 59 percent of all funding for prevention of sexual transmission in 2004; approximately 55 percent in 2005**
- **In-country level can be higher/lower**
 - **Uganda 56 percent in 2004**
 - **Nigeria 69 percent**
- **No category of comprehensive programmatic effort of funding exists within OGAC budget.**

Funding numbers











Country-level documents, 2002-3 to FYI 2004

- **Country level programs as described in OGAC budget reinforce emphasis on abstinence-only until marriage.**
- **All but one mission had changed language and content of HIV/AIDS prevention programs**
- **Cote-d'Ivoire, Uganda, and Rwanda mention comprehensive programming for youth, but these are exceptions**
- **USAID Congressional Budget Justifications suggested that comprehensive programs being phased out.**



Shifts in condom procurement, distribution, and messaging

- **The overall budget for condoms under the PEPFAR has not increased.** Despite the passage of the historic global AIDS legislation, which dramatically increased available funding, FY2004-05 funding available for male and female condoms remained the same.
- **In 2004, the first year of PEPFAR, fewer condoms were distributed to the focus countries than in the previous year.** Nine of the twelve focus countries receiving condoms from the US received less in 2004 than in 2003 for a total decrease of 75 million male condoms. Additionally, four countries that had received condoms in 2003 received *none* in 2004.
- Shifts in condom procurement by countries and delivery in countries.
- **Female condoms are not being talked about, supported, or scaled-up.** Pilot programs in numerous countries show that female condoms are acceptable, as effective as the male condom at preventing transmission, and can increase the overall condom use in a population. Yet very few female condoms are being procured or programmed by the U.S.
- **U.S. policy on condoms is reducing their availability to the groups most in need,** effectively restigmatizing them, and aggravating condom gaps and shortages. In some countries, condom shortages have become chronic, even as HIV spreads rapidly.

Table 4. Total US Global Condom Procurement 1990-2005

Year	Condoms	Fund
1990	807,660,000	<i>n/a</i>
1991	794,430,000	<i>n/a</i>
1992	280,014,000	<i>n/a</i>
1993	519,180,000	<i>n/a</i>
1994	438,480,000	<i>n/a</i>
1995	520,158,000	<i>n/a</i>
1996	341,646,000	<i>n/a</i>
1997	305,112,000	<i>n/a</i>
1998	472,638,000	<i>n/a</i>
1999	186,090,000	<i>n/a</i>
2000	363,672,000	<i>n/a</i>
2001	348,876,000	<i>n/a</i>
2002	233,262,000	\$25,000,000
2003	458,217,000	\$27,800,000
2004	442,458,000	\$27,800,000
2005	567,975,000	\$27,800,000

SOURCE: Compiled with data from OGAC and USAID, Shipment Summary by Method: Condom 1990-2005.



Condoms in Country-level documents

- Marked shift in CBJs on condoms between 2003 and 2004:
 - Only Kenya mentions condoms in prevention in comprehensive way
 - Namibia, Nigeria, Rwanda, and Tanzania had modified, limited or eliminated aspects of prevention programs
 - South Africa and Zambia completely eliminated condoms, “comprehensive programs, and/or risk reduction from prevention programs between 2003-04
- Shift in funding for condom social marketing in several countries



New information from FY 2006

- **Key points from the Department of State Congressional Budget Justification for FY2006 on PEPFAR focus countries:**
- Only two focus countries include condoms in their HIV/AIDS program description: Ethiopia and Mozambique
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- All but one focus country includes a description of their abstinence prevention program. Thus there are only two references of condoms and 21 references of abstinence within the focus country program descriptions.
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- Only five of the fifteen countries bother to mention prevention programming for “high-risk” populations and most of these descriptions are vague (Cote D’Ivoire, Guyana, Haiti, Namibia, Zambia)
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- Only two focus countries substantively mention gender or women in reference to programming other than PMTCT. One of these references is in regards to specifically targeting young women with virginity messages.



Institutionalized misinformation, stigma, and discrimination

- Tobias comments at hearings
- Debate in US and similar shifts
- Funding of organizations that provide misinformation, moralization, and ideology



Other conditions, conditionalities, ideologies

- New partners focus on FBOS 'of a certain kind.... '
- Global Gag Rule
- Circumventing accountability process



Some country examples...

- Uganda
- Kenya
- Nigeria



Undermining Prevention in a Generalized epidemic

- Limiting “high-risk” in a generalized epidemic
- Ignores current sexual activity
- Ignores sexual and reproductive health needs of women and girls, men and boys
- Denies information and access



Why are we here?

- Key challenges in:
 - Global AIDS/SRH advocacy
 - US constituencies
 - Bono Effect
 - Not enough focus on monitoring and accountability at the donor and country level