The HIV Prevention Act of 2007 (S. 1553) was introduced on June 5, 2007 by Senators Dianne Feinstein (D-CA) and Olympia Snowe (R-Maine), along with 10 original co-sponsors. It calls for implementation of a comprehensive approach to prevention strategies funded under the President’s Emergency Plan for AIDS Relief (PEPFAR). If passed, the HIV Prevention Act would repeal the earmark from PEPFAR’s authorizing legislation that mandates at least 33 percent of HIV prevention programs funding be spent on abstinence-until-marriage programs.¹

**Background**

Today, young people represent nearly half of all new HIV infections.² Every day, more than 6,000 young people ages 14 though 24 become infected with HIV.³

PEPFAR’s current HIV prevention strategy ignores the realities of young people’s lives. There are roughly 11 million sexually active youth in PEPFAR countries.⁴ In these countries, over half of young men ages 15-19 are sexually experienced, as are almost one third of young women of the same age group.⁵ Unprotected sexual contact between heterosexual partners represents 80 percent of new infections in Sub-Saharan Africa.⁶ The earmark requiring that 33 percent of HIV prevention funds be used for abstinence-until-marriage programs severely hinders program effectiveness.

**Why is the HIV Prevention Act Needed?**

When Congress authorized PEPFAR, it mandated that the Institute of Medicine (IOM) evaluate PEPFAR’s implementation after three years. In fulfilling this mandate, the IOM released *PEPFAR Implementation: Progress and Promise* in March 2007. Findings include:

- No scientific evidence supports the 33 percent abstinence-until-marriage earmark mandated by Congress in the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*. Specifically, the report stated: “There is, however, little evidence to show that ABC when separated out into its components is as effective as the comprehensive approach.”⁷
- All of PEPFAR’s budget allocations, not just the abstinence-until-marriage earmark, have created major challenges for country teams trying to tailor to the local epidemic. The budget allocations lead to a one size fits all approach instead of one that is flexible.
- “The lack of an evidence base for the budget allocations and a rationale linking the allocations to performance targets and goals has adversely affected implementation.” Additionally, “the budget allocations do not allow program implementers sufficient flexibility to respond to change.”⁸

The IOM report confirmed the findings of an April 2006 Government Accountability Office (GAO) report that found the following impediments caused by the abstinence-until marriage-earmark in PEPFAR’s HIV prevention funding:

- The lack of clarity from the Office of the U.S. Global AIDS Coordinator (OGAC) on how to implement Abstinence, Be Faithful, Use Condoms (ABC) programs has caused major confusion and challenges for U.S. government staff and partners implementing programs in PEPFAR countries.⁹
A lack of clarity about what is permitted in regard to “C” (condom activities) has created a culture of fear among PEPFAR implementing partners who are concerned about “crossing the line between providing information about condoms and promoting or marketing condoms.” The report said of one PEPFAR partner that “although the organization views condom demonstrations as appropriate in some settings it believes that condom demonstrations, even to adults, are prohibited under PEPFAR.”

The abstinence-until-marriage earmark thwarts the ability of country teams to respond to local needs. Seventeen of the 20 PEPFAR country teams interviewed reported that the earmark “presents challenges to their ability to respond to local epidemiology and cultural and social norms.” Constraints include being forced to reduce spending for prevention of mother-to-child transmission (PMTCT) programs and limiting funding for prevention messages to high risk groups. Funding limitations also mean that countries lack the ability to change program focus to respond to changing prevention needs.

Despite the fact that OGAC’s guidance on ABC programs requires the programs be integrated, “about half of the 15 focus country teams reported that meeting the abstinence-until-marriage earmark undermines their ability to integrate ABC programs as required.” Country teams went even further to say that segregating AB from other prevention funding compromises prevention programs for at-risk groups that need comprehensive messages.

How would the HIV Prevention Act help?

The HIV Prevention Act would amend the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 by repealing the earmark that requires that 33 percent of HIV prevention funding be used for abstinence-until-marriage programs. Such a strategy would:

- Require the President use a comprehensive prevention plan for all those at risk for sexual transmission of HIV, youth included.
- Allow country teams to determine appropriate allocation of HIV prevention funds for all prevention activities such as mother-to-child transmission and blood supply safety, as well as promoting abstinence and encouraging the correct and consistent use of condoms.
- Increase the flexibility of OGAC and country teams to respond quickly to the local epidemic and support public health best practices tailored to meet local and cultural needs.

To co-sponsor the HIV Prevention Act, please contact Rich Harper in Senator Feinstein’s office.

References

8 Ibid. p. 80
10 Ibid. p. 32
11 Ibid. p. 33
12 Ibid. p. 6
13 Ibid. p. 6
14 Ibid. p. 34

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