

## **U.S. Global AIDS Program to Emphasize Abstinence and Fidelity**

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(April 3, 2008) Because fifteen years of massive condom distribution programs have done nothing to curb the spread of HIV/AIDS, the U.S. House of Representatives is considering new legislation that will direct funds to global HIV/AIDS programs that encourage changes in sexual behavior rather than on condom use.

The bill, named the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 (H.R. 5501), would extend and expand a similar act passed in 2003 and ease curbs placed on the \$15 billion dollar President's Emergency Plan for AIDS Relief (PEPFAR).

The new plan calls for \$50 billion dollars in aid for the global fight against HIV/AIDS, which is mostly centered in Sub-Saharan Africa where almost 70 percent of the world's HIV cases are located. The international community has previously focused its efforts on condom distribution programs but a July report from southern African AIDS experts and officials is now listing "reducing multiple and concurrent partnerships" as their first priority for preventing the spread of HIV.

"No generalized HIV epidemic has ever been rolled back by a prevention strategy primarily based on condoms," said Rep. Chris Smith (R-NJ) during the April 2 House debate of the new bill.

"Instead, the few successes in turning around generalized HIV epidemics, such as Uganda, were achieved not through condoms but by getting people to change their sexual behavior . . . Researchers increasingly agree that curbing behavior is key to slowing the spread of AIDS in Africa."

The only other African nations that have seen a dramatic drop in HIV infection rates are Zimbabwe and Kenya, both of which adopted Uganda's successful model, known as the "ABC - Abstinence, Be Faithful and Correct and Consistent Condom Use" approach.

"These three countries with generalized epidemics . . . have demonstrated reductions in HIV prevalence, and in each country the data point to significant AB behavior change and modest but important changes to C," Smith pointed out. "Where sexual behaviors have changed, as evidenced by increased primary and secondary abstinence, fidelity, and condom use, HIV prevalence has declined."

Studies show that during a ten year period from 1991 to 2001, the government of Uganda aggressively promoted the ABC program among its population and saw HIV infection rates drop from 15 to only five percent of the population. In Zimbabwe, employing the same program saw HIV prevalence among young men fall by 23 percent between 1998 and 2003. The prevalence among women aged 15 to 24 dropped by a remarkable 49 percent.

In addition, the active promotion abstinence among people ages 17-19 caused the percentage who had begun sexual activity to drop from 45 to 27 among men and from 21 to 9 percent among women. Emphasis on the Be faithful message brought the proportion of sexually men who reported a recent casual partner to fall by 49 percent.

Instead of focusing on these results, however, most major programs continue to focus on condom-distribution, an approach that has seen no results.

In September, 2007, Dr. Norman Hearst of the University of California, an expert in AIDS prevention, addressed the Foreign Affairs Committee and said: “Five years ago, I was commissioned by UNAIDS to conduct a technical review of how well condoms have worked for AIDS prevention in the developing world. My associates and I collected mountains of data, and here’s what we found.... we then looked for evidence of public health impact for condoms in generalized epidemics. To our surprise, we couldn’t find any.”

Instead, the few successes they found in turning around generalized HIV epidemics, such as in Uganda, were achieved “not through condoms but by getting people to change their sexual behavior,” he said.

“These are not just our conclusions. A recent consensus statement in *The Lancet* was endorsed by 150 AIDS experts, including Nobel laureates, the president of Uganda, and officials of most international AIDS organizations... [it said] the priority for adults should be B (limiting one’s partners). The priority for young people should be A (not starting sexual activity too soon . . . . This contrasted with other funders that often officially endorse ABC but in practice continue to put their money into the same old strategies that have been unsuccessful in Africa for the past 15 years . . . .”

These considerations were taken into account when forging the new bill. Global AIDS Coordinators will now be required to provide balanced funding for sexual transmission prevention including abstinence, delay of sexual debut, monogamy, fidelity and partner reduction.

“If less than 50 percent of sexual transmission prevention monies are spent on the Abstinence and the Be faithful parts of the ABC model, the Coordinator must provide a written justification,” Smith said.

An earlier version of the bill actually called for cuts in abstinence funding and a requirement that providers refer for family planning services, which might include abortion, thus cutting faith-based groups from participating. This language has been stripped from the bill, along with references to “reproductive health” and “family planning” services which too often result in billions of U.S. taxpayer dollars going to pro-abortion organizations.

The new legislation also contains an anti-prostitution/sex trafficking pledge, Smith said, a policy designed to ensure that pimps and brothel owners don’t become U.S. government partners.

“Prostitution and sex trafficking exploit and degrade women and children and exacerbate the HIV/AIDS pandemic,” Smith said. “Our tax dollars should not subsidize and promote prostitution and/or sex trafficking.”

The new bill has a hefty price tag, but as Smith points out, “That sum of money will likely prevent 12 million new HIV infections worldwide, and support treatment for 3 million people including an estimated 450,000 children. That sum of money will also provide care to 12 million individuals with HIV/AIDS including 5 million orphans and vulnerable children and will help train and deploy at least 140,000 new health care professionals and workers for HIV/AIDS prevention, treatment, and care.”

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