



**Health GAP Report - Between the Lines**  
**GAO Report on PEPFAR Prevention Programs:**  
**U.S. Abstinence/Being Faithful-Only Programs Produce**  
**Stigma and Death**  
April 5, 2006

On April 4, 2006, the U.S. Government Accountability Office released a stinging indictment of U.S. prevention policies that prioritize sexual abstinence and being faithful to an HIV-negative partner over scientifically proven methods of reducing the tide of infections. Although the GAO Report on PEPFAR Prevention Programs documented the negative consequences of rigid guidelines requiring that 1/3 of the overall prevention budget (and 2/3 of the behavioral prevention budget) must be spent on abstinence/being faithful (A/B-only) programming (see box below), it failed to highlight the negative consequences of that ideologically narrow focus on the lives of people living with HIV and their sexual partners in terms of stigmatization and lost opportunities for risk reduction.

Abstinence and partner reduction messaging is appropriate as part of a comprehensive prevention program, but over-reliance on these messages ultimately stigmatizes and demoralizes people who become infected. Promoted evangelically, even in the context of generalized epidemics and where 90% of the population do not know their HIV status, the A/B-only message suggests that HIV negative people can prevent infection by moral fortitude and by detecting and avoiding “carriers.” If “negatives” fail to protect themselves from these “positive” agents of harm, A/B-only messages convey that the newly infected have no one to blame but themselves and the virulent transmitters who infected them.

What does A/B-only programming do for faithful partners of people who are already HIV-positive, most whom do not know their status? What does it do for young people, 50% of whom become sexually active while school-age and who comprise 50% of the newly infected? What does it do for sex workers and their customers or for poor women forced by economic circumstances to engage in transactional sex? What does it do for people who aren't or can't be married including men who have sex with men, for victims of sexual assault, or for injecting drug users and their partners? In the la-la land of religious zealotry and universal chastity and in the Republican's cynical political courtship of anti-sex fundamentalists, the U.S. A/B-only policy makes sense, but what does it say to the 40 million people who are already HIV-positive and to the tens of millions of people with whom they will be sexually intimate?

Current U.S. A/B-only prevention policy, despite spending hundreds of millions of dollars, is adding bodies to the viral death march. Treatment rollout cannot match the pace of new infections. Safer-sex education, cultural norms, and social messaging, ready access to male and female condoms, and rapid development of female-controlled prevention methods like microbicides are all essential components to behavior-led reductions in the sexual transmission of HIV. Full funding for prevention of vertical

transmission, for harm reduction and needle exchange programs, and for blood supply safety and universal precautions are essential for non-sexual prevention. And upstream economic and cultural work on poverty reduction, gender norms, human rights, and public health are necessary for structural prevention of the pandemic.

The GAO report is a useful but sterile critique of the U.S.'s head-in-the-sand prevention programming overseas. But, it does not go far enough in bringing the human face of HIV prevention to the fore. It does not clarify the pernicious presence of stigmatization and distain in U.S. A/B-only policies. The only solution is Congressional repeal of the A/B earmark and the embrace of scientifically proven and truly comprehensive prevention programming.

The GAO Report criticized U.S. prevention priorities, specifying that country programs had:

1. been forced to reduce spending on Mother-to-Child Transmission prevention programs putting thousands of infants at avoidable risk,
2. reduced prevention work with high-risk groups and discordant couples thereby increasing the incidence of preventable transmission,
3. cut back health-care precaution and blood safety programs exposing health care workers and patients at risk,
4. scaled-up the abstinence-until-marriage earmark to all overseas accounts instead of just the required Global HIV/AIDS Initiative account (affecting \$33 million),
5. avoided providing information about correct and consistent use of condoms out of fear that it would be interpreted as “promoting or marketing” condoms in violation of spending restrictions,
6. thwarted efforts to respond to local conditions, epidemiology, and cultural/social norms, and
7. ultimately undermined efforts to implement integrated ABC programs.

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