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PEPFAR REAUTHORIZATION MUST PROTECT WOMEN FROM HIV RISKS BY INTEGRATING HIV/AIDS SERVICES INTO REPRODUCTIVE HEALTH PROGRAMS

ICRW President Geeta Rao Gupta commends House Committee for adopting HIV prevention strategy for women and girls, but adds reproductive health services are key to strategy

WASHINGTON, D.C., Feb. 28, 2008 – The International Center for Research on Women (ICRW) commends the House Foreign Affairs Committee for the recent bipartisan agreement to develop a comprehensive HIV prevention strategy for women and girls as part of the U.S. global AIDS plan reauthorization legislation.

But to fully protect women and girls from HIV infection, ICRW calls for lawmakers to re-insert a provision that would integrate family planning services into HIV/AIDS services, saying its deletion is “shortsighted,” especially for many countries hardest hit by HIV and AIDS in sub-Saharan Africa.

“The recent bipartisan agreement to develop an HIV-prevention strategy for women and girls should be applauded because it is the first to recognize this strategy’s importance in fighting the spread of HIV,” says Geeta Rao Gupta, president of ICRW, a leading Washington, D.C.-based research organization on women and international development.

“That’s why it is so surprising to see that the same decision decouples family planning and HIV/AIDS services,” she says, adding that HIV-positive women who are being treated by antiretroviral drugs provided through PEPFAR funding are now living longer, productive lives and need access to family planning services. “Striking out a provision to integrate voluntary reproductive health and family planning services into HIV/AIDS programs is simply shortsighted.”

The reauthorization of the President’s Emergency Program for AIDS Relief – or PEPFAR – would extend U.S. international assistance to combat HIV and AIDS in Africa and other regions for five additional years. The proposed House committee legislation would more than triple AIDS funding from \$15 billion for fiscal years 2004 to 2008, to \$50 billion for fiscal years 2009 to 2013.

Democratic and Republican House committee members and White House officials met Feb. 26 to renegotiate the committee’s original draft reauthorization bill. The agreement would:

- Eliminate the one-third earmark for abstinence-until-marriage programs, but replace it with a requirement to report to Congress if countries spend less than half of funding for behavioral change interventions within programs to prevent sexual transmission of HIV.
- Allow PEPFAR to support HIV/AIDS services within family planning programs – but not authorize the provision of family planning services within HIV/AIDS services, other than allowing funding to be used for purchasing condoms.

- Require the administration to develop a separate strategy on preventing HIV infection among women, girls and youth.
- Reinsert the prostitution pledge requirement.
- Retain the provision on nutrition and HIV.

Women and girls currently account for approximately 60 percent of the HIV-infected population in sub-Saharan Africa. The United Nations estimates that young women between the ages of 15 and 24 there are three times more likely to be infected than young men of the same age.

The reauthorization bill should promote a systemic health response to protect women from HIV infection, according to ICRW. To do this, the final reauthorization bill must maintain the requirement that the administration develop a clear strategy that addresses the factors that increase women's and girls' risk of HIV infection and expand funding for HIV prevention, treatment and care services to women and girls, ICRW adds, including women's access to reproductive health information and services.

Research from the U.S. Agency for International Development (USAID) recently found that offering contraceptive services as part of prevention of mother-to-child transmission (PMTCT) programs helps HIV-positive women avoid unintended pregnancies. USAID estimates that the approach can prevent nearly twice the number of pediatric HIV infections and approximately four times the number of child deaths from AIDS as the anti-AIDS drug nevirapine when used alone.

ICRW also commends lawmakers and White House officials for reaching a compromise to remove the earmark to set aside one-third of HIV prevention money for abstinence-until-marriage programs. Yet Rao Gupta points out that the bill must ensure that programs provide comprehensive sexuality and reproductive health information and services to women, men and youth that include all three elements of the "ABC" approach.

Moreover, prevention efforts must build on the ABCs to address broader social causes of HIV infection. Coined the "ABC plus" approach, Rao Gupta says the strategy should expand women's and girls' access to education and economic empowerment programs, and result in appropriate legal reforms.

"Women and girls with access to employment, economic assets and education, are better able to manage choices and situations that may increase their vulnerability to HIV," says Rao Gupta. "Property and other economic assets also help protect women and girls from destitution if left widowed or orphaned by AIDS."

ICRW expresses regret that the agreement kept the pledge that required funding recipients to declare their opposition to prostitution. Rao Gupta notes that the policy would undermine the effectiveness of programs and outreach to women who are most at risk.

"The anti-prostitution pledge policy effectively is an anti-woman policy," Rao Gupta says. "Instead of helping women to escape poverty and fight the spread of HIV, the policy serves to alienate sex workers – a group of mostly very poor women who are at high risk of HIV – from the organizations and people who are trying to help them.

"It also impedes work with groups who choose not to sign the pledge, even if they are better able to reach sex workers."

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