

The President's Emergency Plan for AIDS Relief

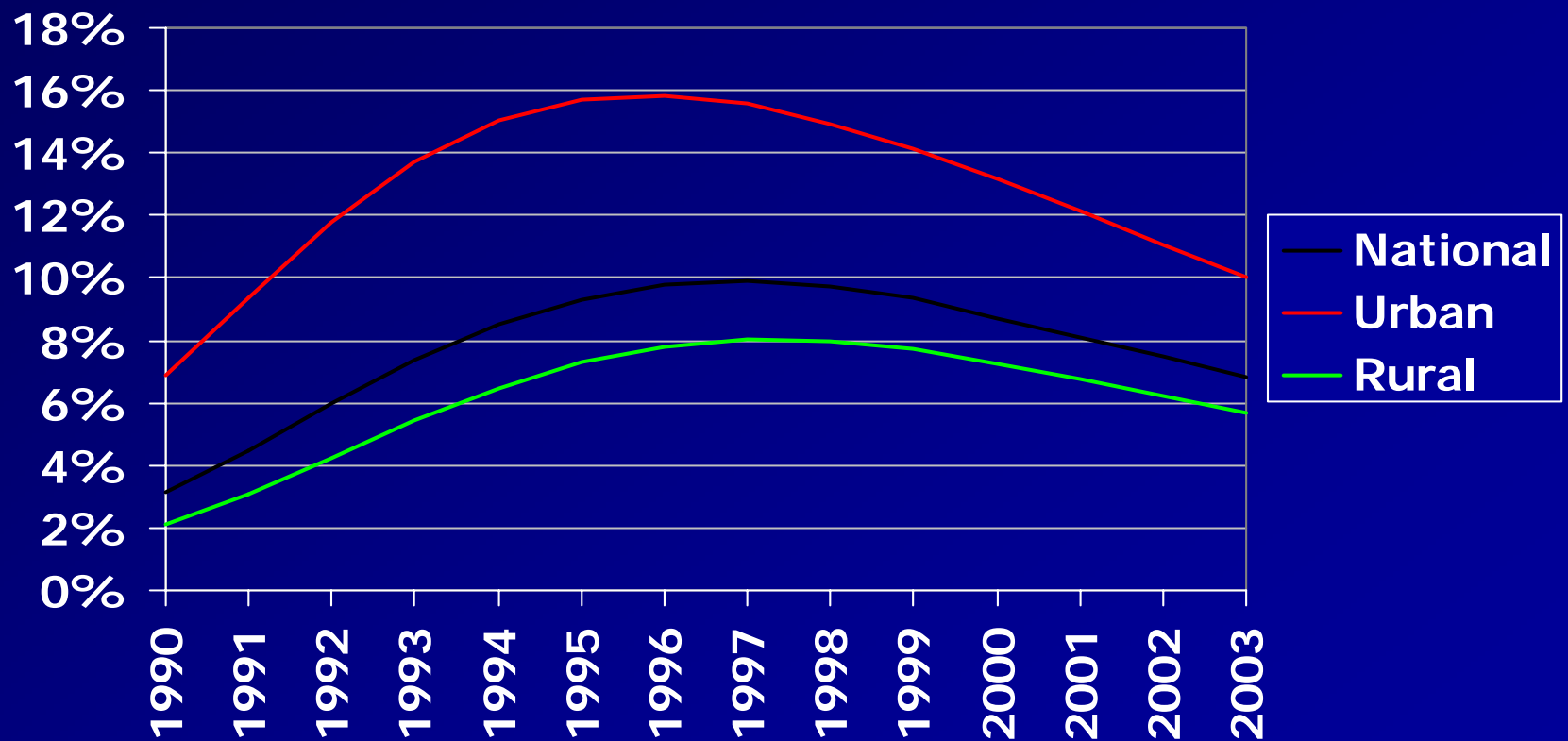


Sexual Transmission of HIV and the
ABC Approach to Prevention

December 2005

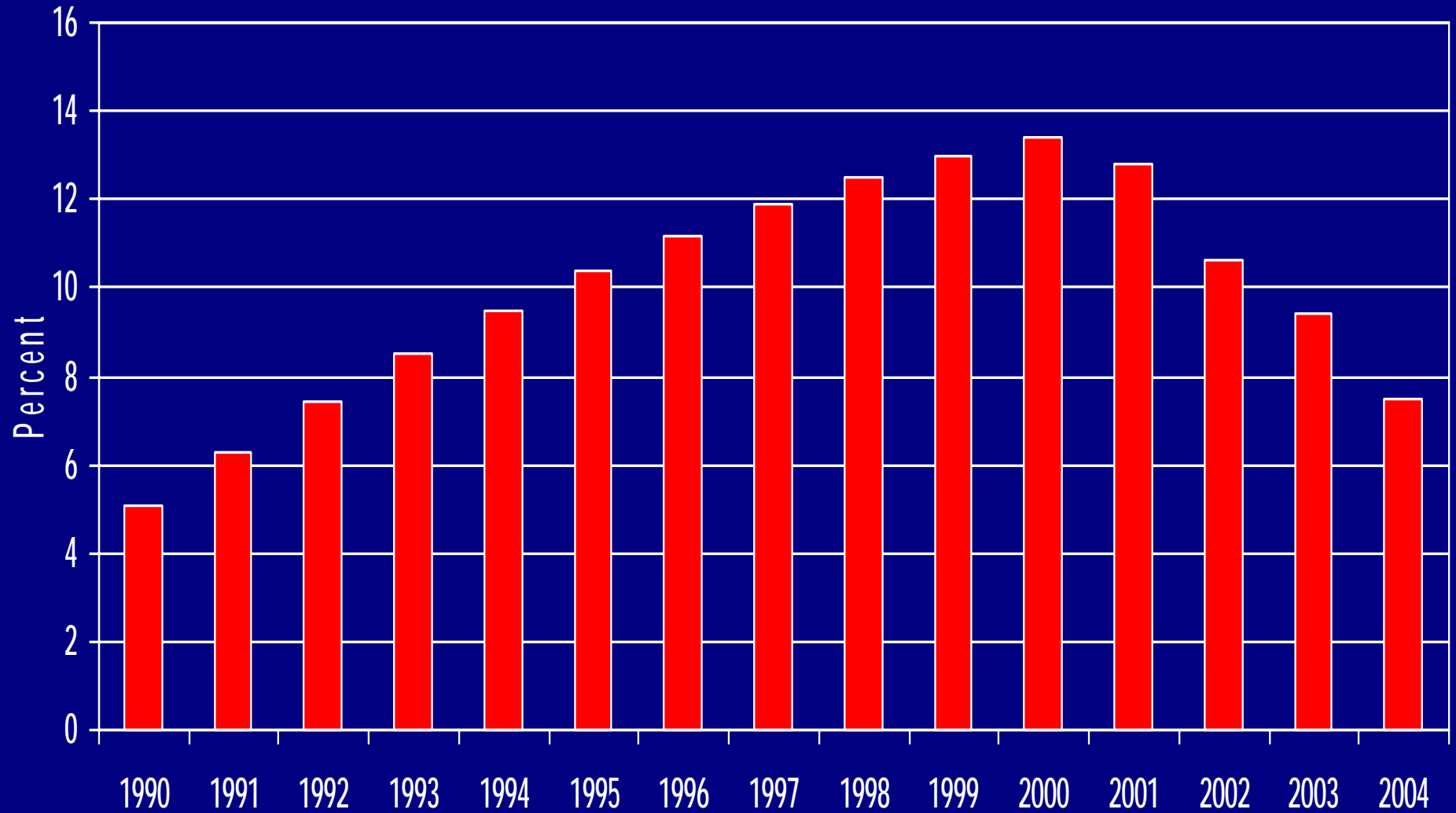
**Recent data on behavior change in
countries with generalized
HIV/AIDS epidemics**

Kenya: Adult HIV prevalence trend



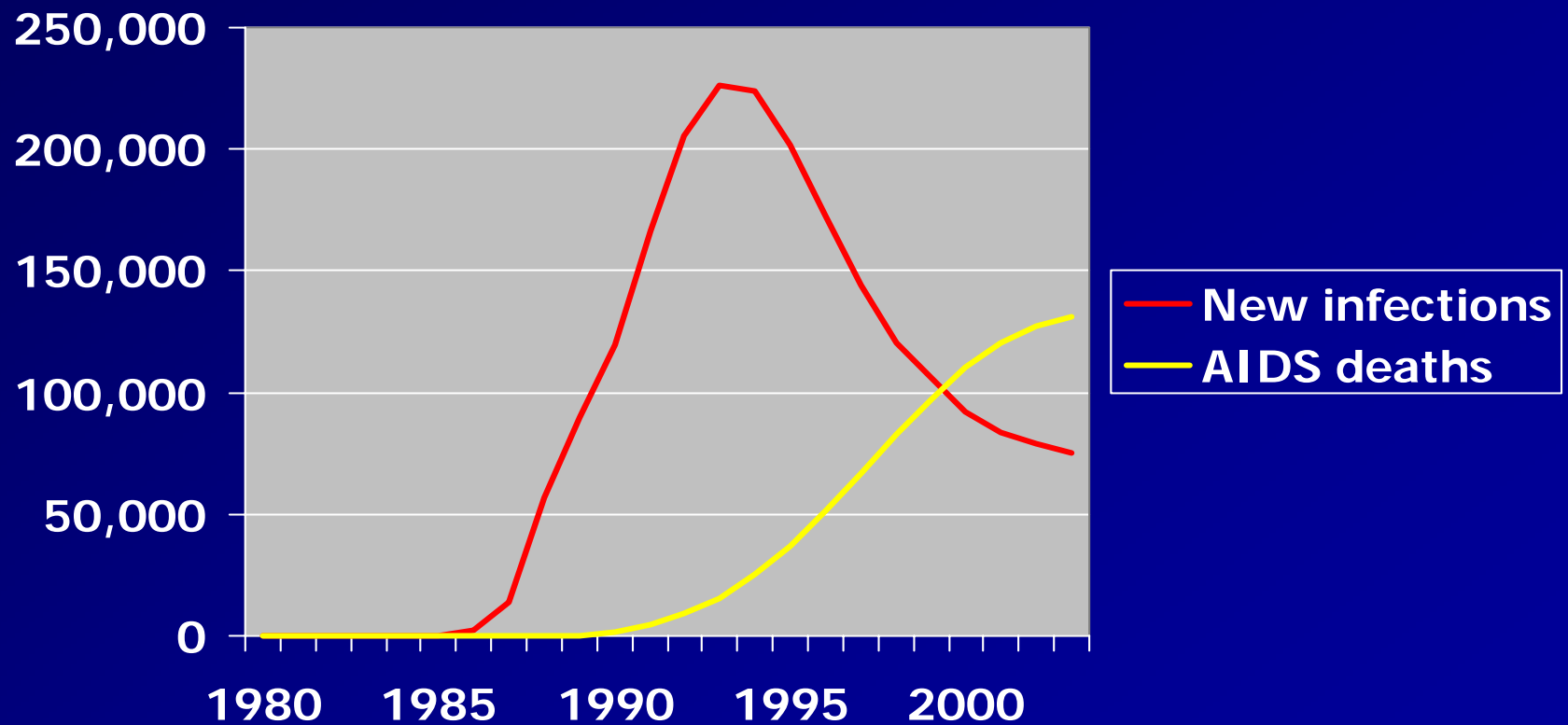
Source: Kenya MOH

Estimated HIV Prevalence in pregnant women in Kenya: ANC Sentinel Surveillance 1990-2004



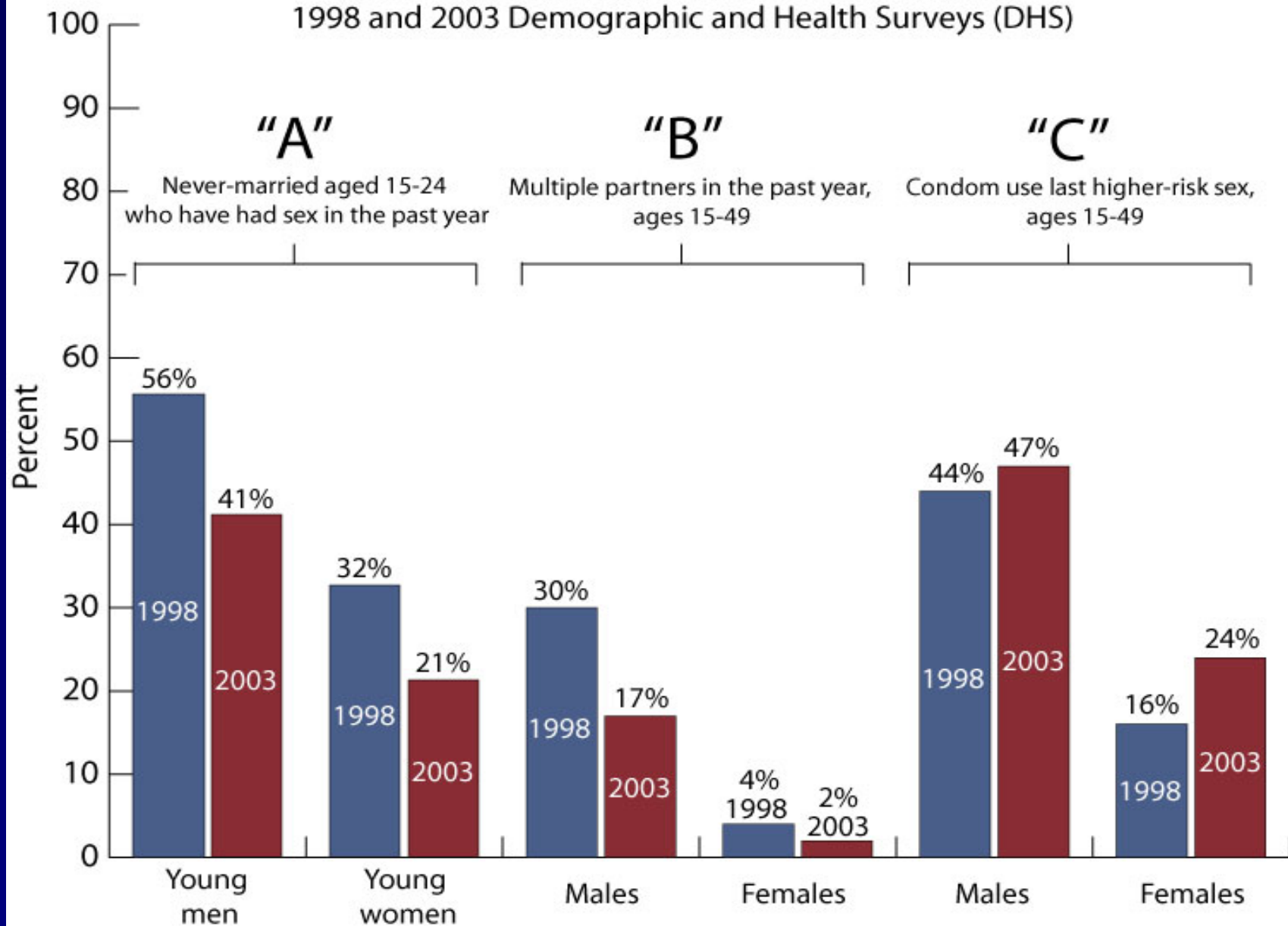
Source: Kenya MOH

Kenya: Estimated new adult infections and AIDS deaths

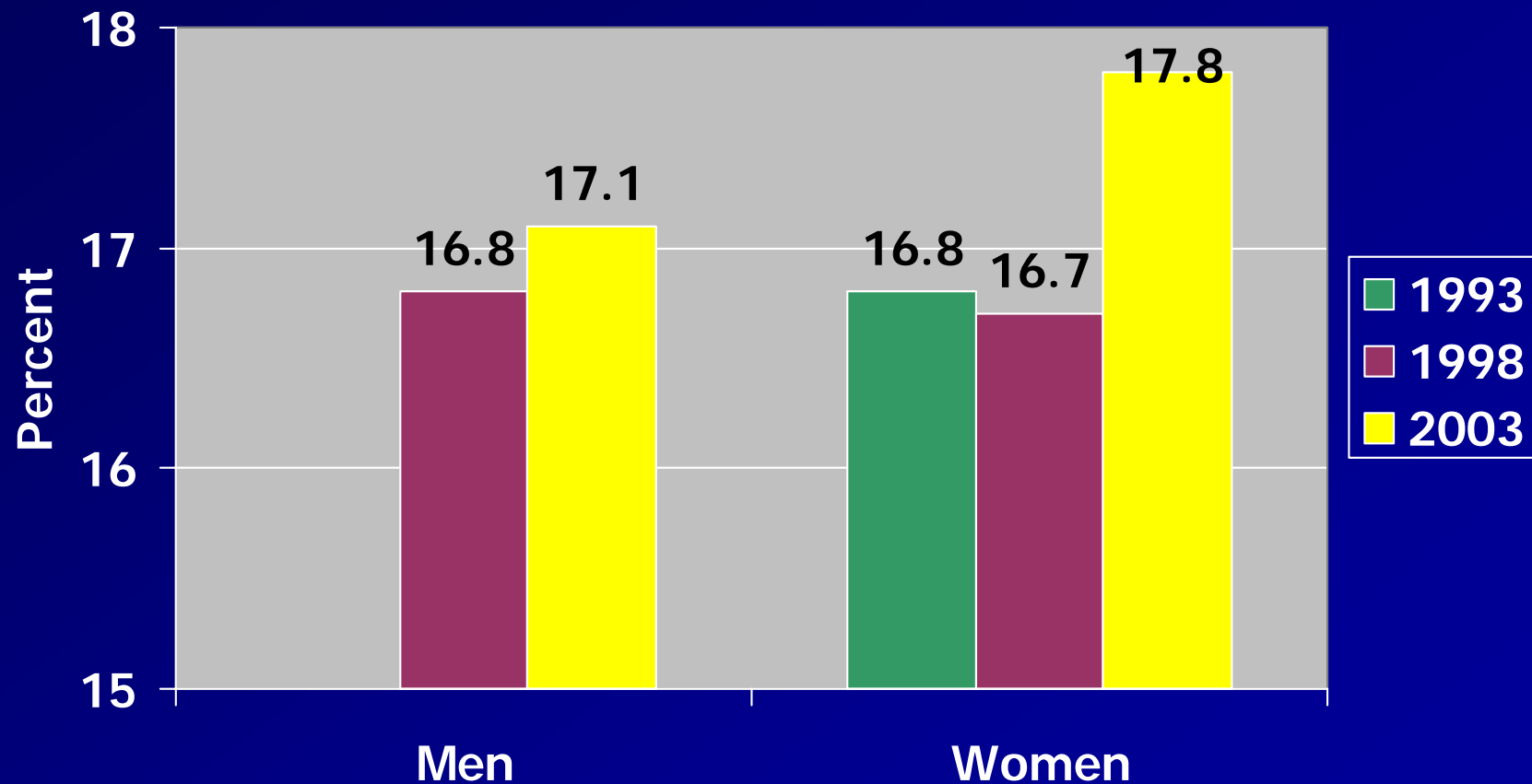


Source: Kenya MOH

Kenya: Changes in "ABC" indicators between the 1998 and 2003 Demographic and Health Surveys (DHS)

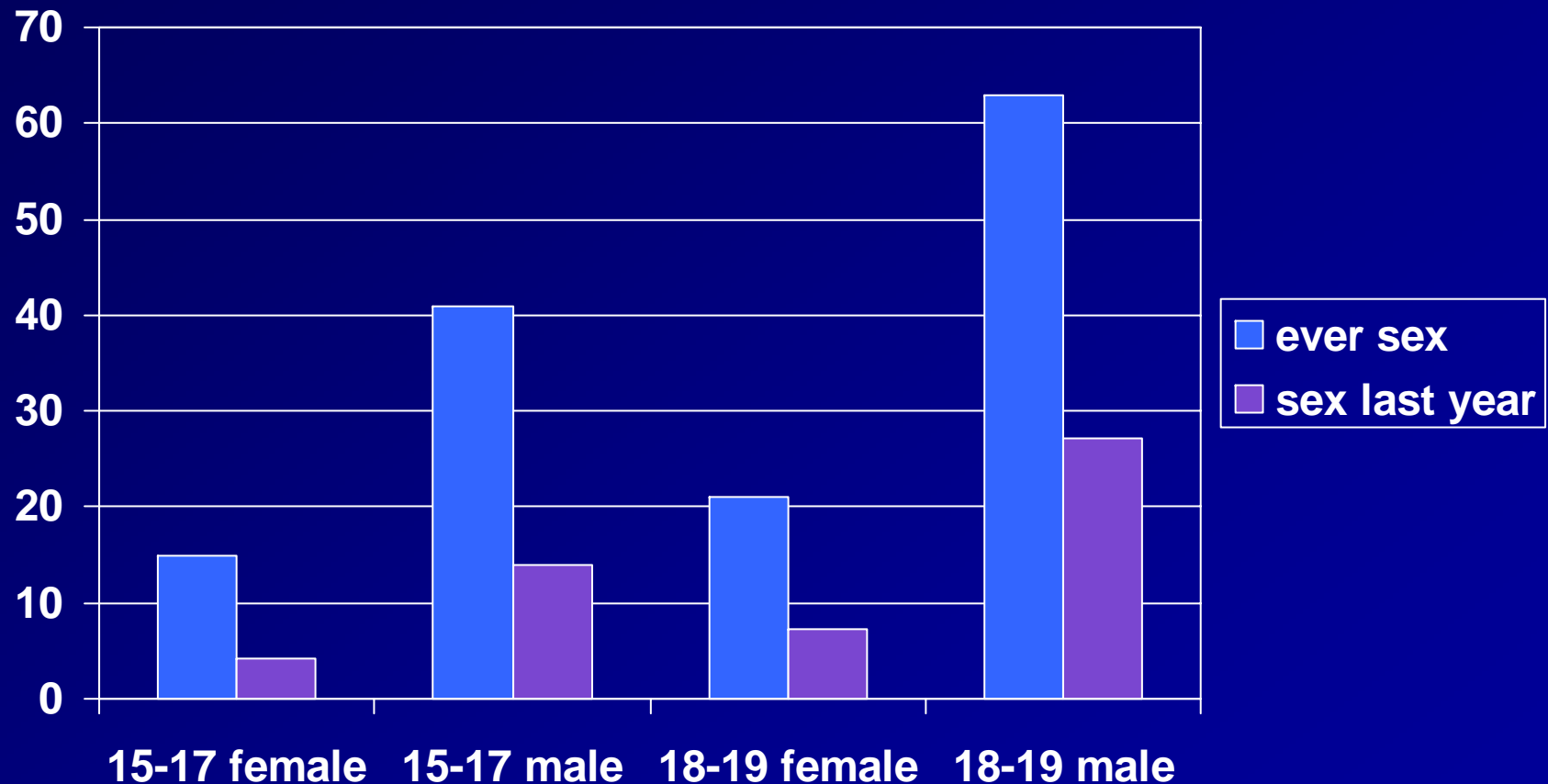


Kenya: Median Age at First Sex



Source: Kenya MOH

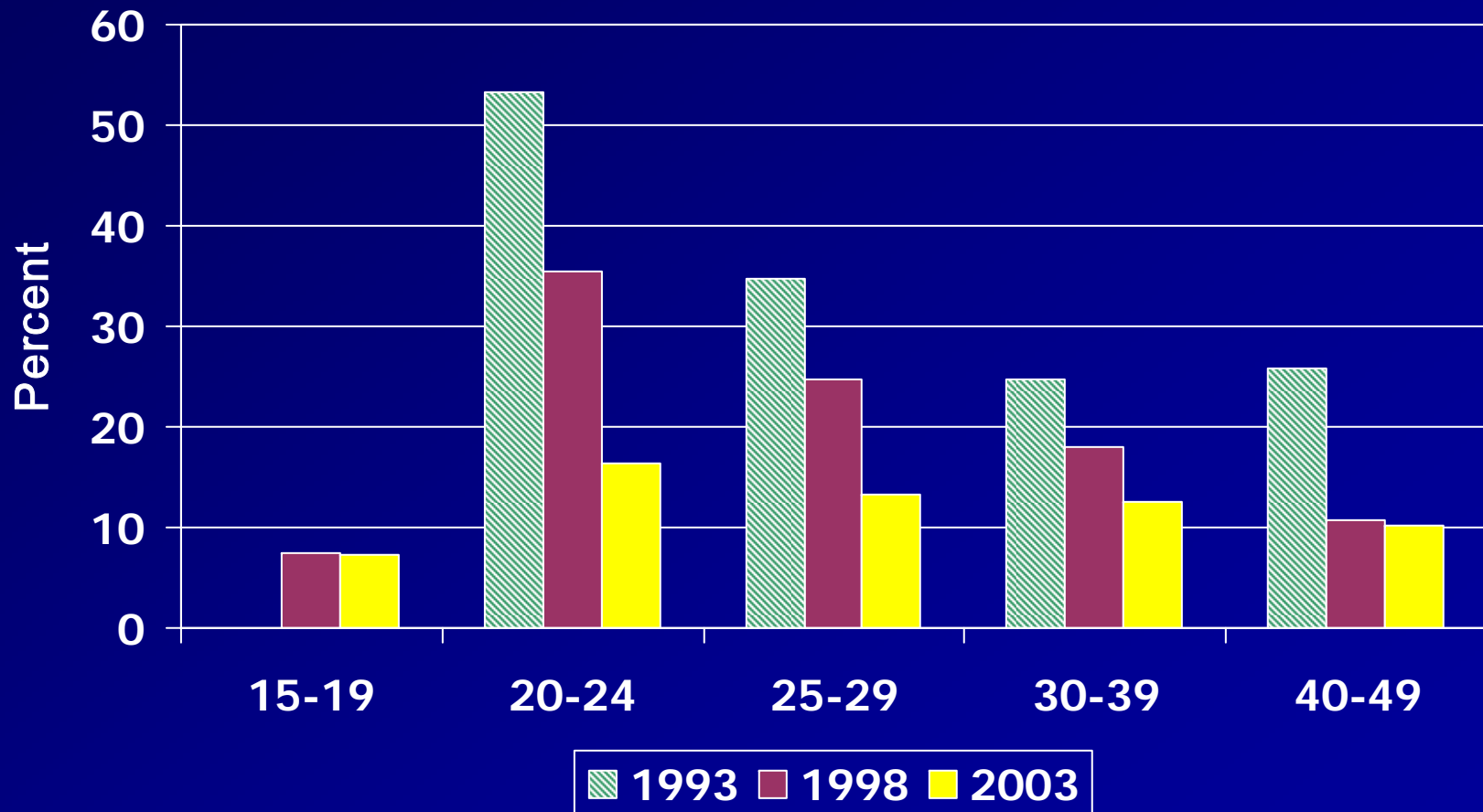
Kenya: Youth in school (BSS 2003): high levels of primary and secondary abstinence



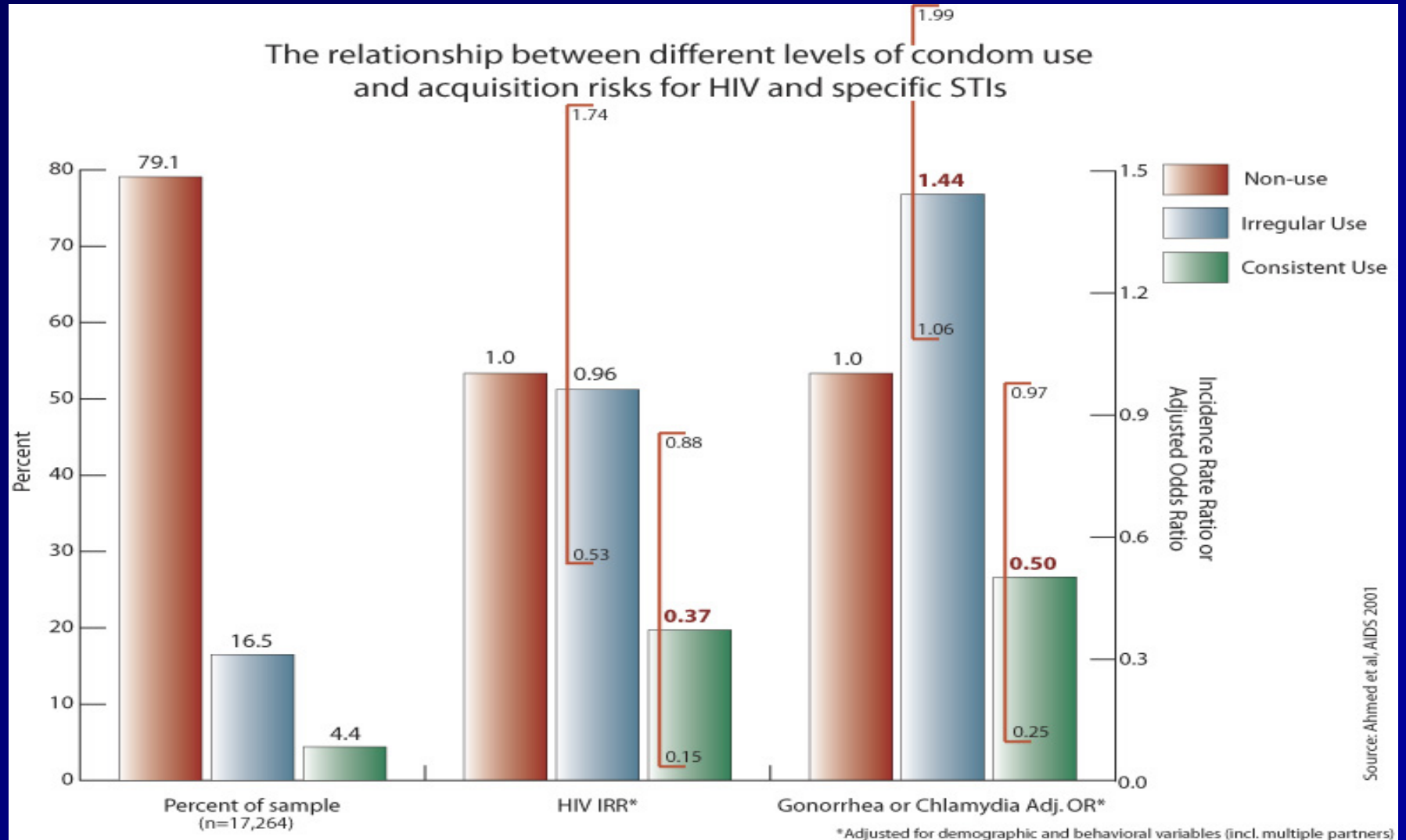
Kenya: men with multiple partners by age:

93 KDHS: >1 partner in last 6 months (all men)

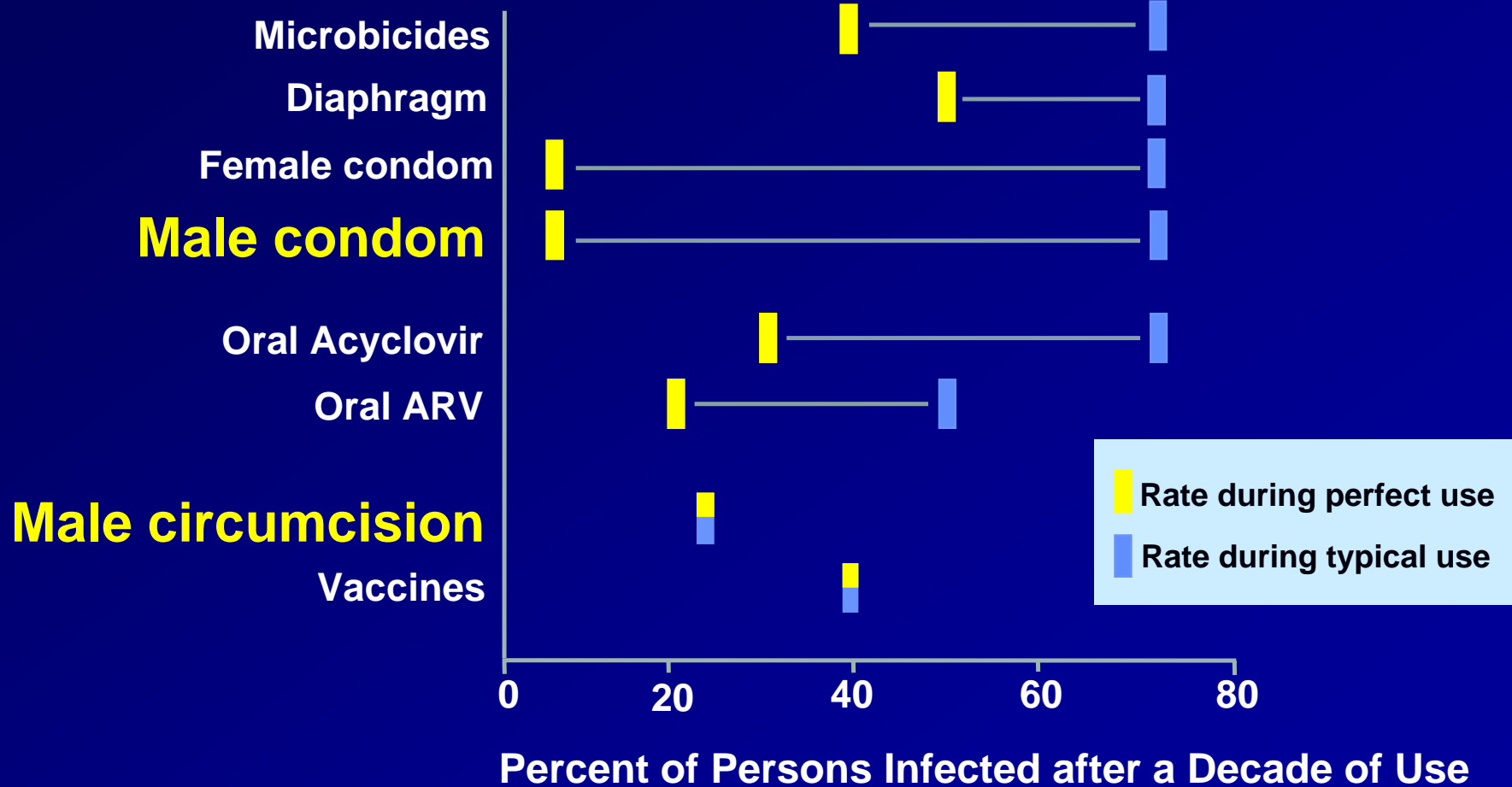
98 & 03 KDHS: >1 partner in last 12 mo. (ever sex)



Inconsistent condom use affords little to no protection



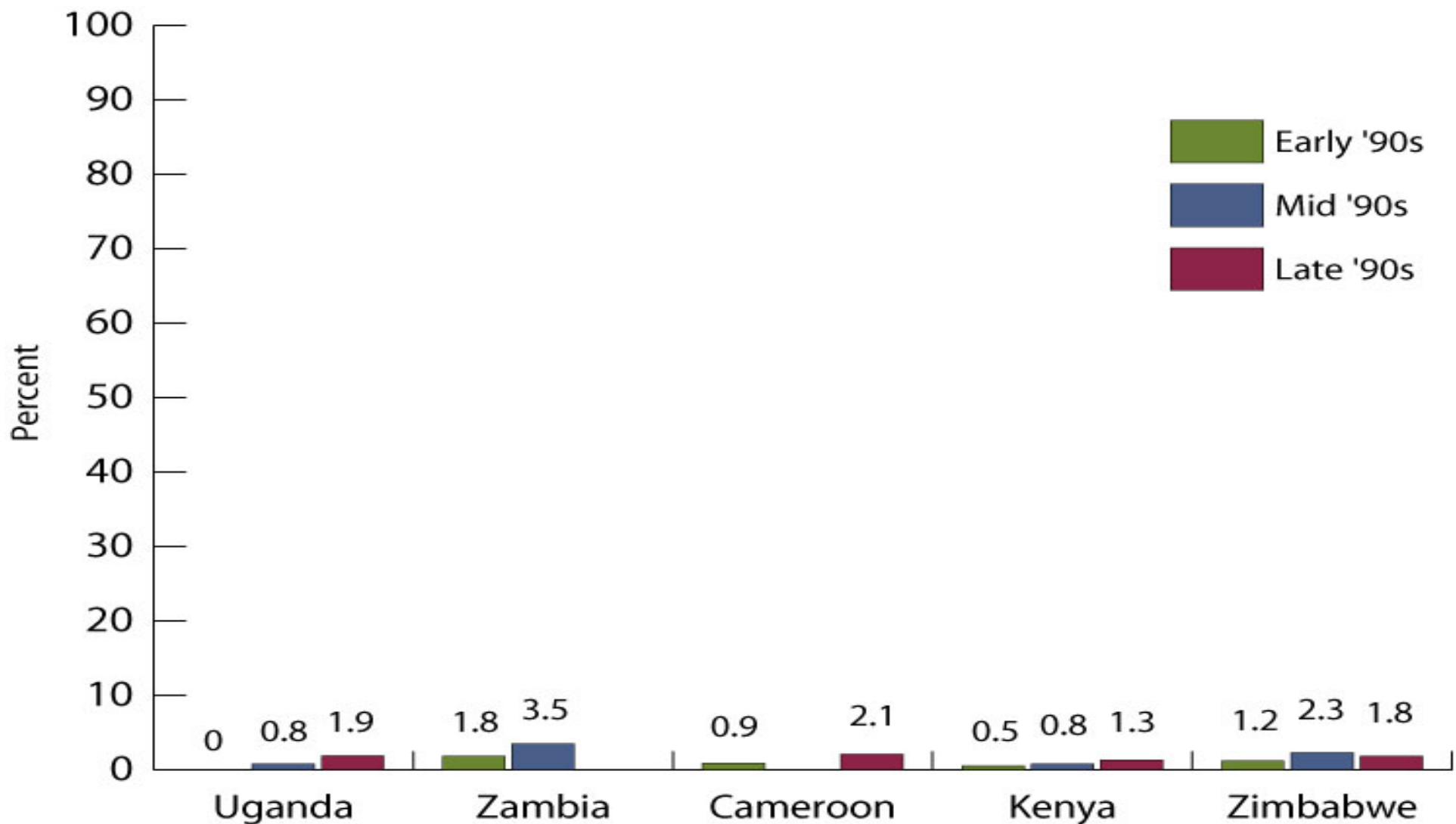
HIV Prevention Tools - Infection Rates



Source: FHI 2005

Condom use in regular partnerships

Current use of condoms among married women (DHS data)



Source: ORC Macro

Zimbabwe

- UNAIDS reports that HIV prevalence among pregnant women declined from 26% in 2002 to 21% in 2004.
- The report attributes decline to higher levels of condom use with casual partners (86% among men and 83% among women) and reductions in the number of sexual partners (Mahomva, 2004).

The view from UNAIDS

In Kenya and Zimbabwe, "[T]he declines in HIV rates have been due to changes in behaviour, including increased use of condoms, people delaying the first time they have sexual intercourse, and people having fewer sexual partners."

Dr. Peter Piot

November 2005

Other countries with generalized epidemics and evidence of ABC behavior change

- Ethiopia
- Zambia
- South Africa
- Haiti
- Zimbabwe
- Tanzania

**ABC and the
President's Emergency Plan**

Overall approach

- Evidence-based, public health approach.
- ABC provides hard data so people can decide how to protect themselves: the only 100 percent effective way to avoid HIV is to abstain or to be faithful to a single, HIV-negative partner, while correct and consistent use of condoms reduces risk by approximately 80-90 percent. With that knowledge, if one chooses risky behavior, condoms must be available to that person.
- Support for national strategies of host nations.

Earlier work on ABC

- 2002: USAID's Population, Health and Nutrition Information Project publishes "The 'ABCs' of HIV Prevention," a meeting report reviewing evidence on behavior changes approaches
- 2003: USAID's Measure Evaluation publishes "Sexual Behavior, HIV and Fertility Trends: A Comparative Analysis of Six Countries – Phase I of the ABC Study."

ABC: Balance/Synergy

- The ABC approach is distinctive in its targeting of specific populations, the circumstances they face, and behaviors within those populations for change
- This targeted approach results in a comprehensive and effective prevention strategy that helps individuals personalize risk and develop tools to avoid risky behaviors under their control



ABC Guidance #1
For United States Government In-Country Staff and Implementing Partners
Applying the ABC Approach
To Preventing Sexually-Transmitted HIV Infections
Within The President's Emergency Plan For AIDS Relief



The President's Emergency Plan for AIDS Relief
Office of the U.S. Global AIDS Coordinator

JANUARY 2005

Structure of the Guidance

- Defining the ABC Approach
- Implementing the ABC Approach
 - Overarching Considerations
 - Priority Interventions:
 - Abstinence and Behavior Change for Youth
 - Promoting Healthy Norms and Behavior
 - Prevention of HIV Infection in Most at Risk Populations
- Conclusions
- Appendix:
 - Determining the Appropriate Mix of ABC Interventions

Defining the ABC approach

- **Balanced**
- Targeted to specific needs of and circumstances of different populations and individuals
- Building/Expanding the human resources necessary to implement prevention – engaging a wide range of partners

Abstinence

- These programs should promote the following:
 - Abstaining from sexual activity as the most effective and only certain way to avoid HIV infection;
 - The development of skills for practicing abstinence;
 - The importance of abstinence in eliminating the risk of HIV transmission among unmarried individuals;
 - The decision of unmarried individuals to delay sexual debut until marriage; and
 - The adoption of social and community norms that support delaying sex until marriage and that denounce cross-generational sex; transactional sex; and rape, incest, and other forced sexual activity

Be faithful

- Be faithful programs should promote the following:
 - The elimination of casual sexual partnerships;
 - The development of skills for sustaining marital fidelity;
 - The importance of mutual faithfulness with an uninfected partner in reducing the transmission of HIV among individuals in long-term sexual partnerships;
 - HIV counseling and testing with their partner for those couples that do not know their HIV status;
 - The endorsement of social and community norms supportive of refraining from sex outside of marriage, partner reduction, and marital fidelity, by using strategies that respect and respond to local cultural customs and norms; and
 - The adoption of social and community norms that denounce cross-generational sex; transactional sex; and rape, incest, and other forced sexual activity

Correct and Consistent Condom use

- Condom use programs promote the following:
 - The understanding that abstaining from sexual activity is the most effective and only certain way to avoid HIV infection;
 - The understanding of how different behaviors increase risk of HIV infections;
 - The importance of risk reduction and a consistent risk-reduction strategy when risk elimination is not practiced;
 - The importance of correctly and consistently using condoms during every sexual encounter with partners known to be HIV-positive (discordant couples), or partners whose status is unknown;
 - The critical role of HIV counseling and testing as a risk-reduction strategy;
 - The development of skills for obtaining and correctly and consistently using condoms, including skills for vulnerable persons; and
 - The knowledge that condoms do not protect against all STIs

Priority Interventions: Abstinence and Behavior Change for Youth

- Emergency Plan funds may be used in schools to support programs that deliver age-appropriate “ABC” information for young people above age 14;
- Emergency Plan funds may be used to support integrated ABC programs that include condom provision in out-of-school programs for youth identified as engaging in or at high risk for engaging in risky sexual behaviors;
- Emergency Plan funds may **not** be used to physically distribute or provide condoms in school settings;
- Emergency Plan funds may **not** be used in schools for marketing efforts to promote condoms to youth; and
- Emergency Plan funds may **not** be used in any setting for marketing campaigns that target youth and encourage condom use as the primary intervention for HIV prevention.

Priority Interventions: Promoting Healthy Norms and Behaviors – Types of Activities

- Educating parents to improve parent-child communication on HIV, sexuality, and broader issues such as limit-setting through parent-teacher associations, local social and civic clubs, and faith-based groups;
- Training local religious and other traditional leaders in HIV concerns and supporting them in publicizing the risks of early sexual activity, multiple partners, and cross-generational sex;
- Organizing campaigns and events to educate local communities about sexual violence against youth and strengthen community sanctions against such behaviors;
- Implementing workplace programs for older men and school-based programs for young boys to provide education about preventing sexual violence;
- Training health care providers, teachers, and peer educators to identify, counsel, and refer young victims of sexual abuse for other health services; and
- Working with governments and NGOs to eliminate gender inequalities in the civil and criminal code

Priority Interventions: Prevention of HIV infection in persons engaging in high-risk activity

The Emergency Plan supports:

- Interpersonal approaches to behavior change, such as counseling, mentoring and peer outreach;
- Community and workplace interventions to eliminate or reduce risky behaviors;
- Initiatives to promote the use of testing and counseling services;
- Promoting HIV counseling and testing, prevention, and treatment in substance abuse and STI services;
- Promotion of condom use during high risk sexual activity; and
- Mass media interventions with specially tailored messages.

Priority Interventions: Prevention of HIV infection in persons engaging in high-risk activity (continued)

- The Emergency Plan will fund those activities that target at-risk populations with specific outreach, comprehensive prevention messages, and condom information and provision
- Populations include commercial sex workers and their clients, sexually active discordant couples, substance abusers, mobile male populations, men who have sex with men, people living with HIV/AIDS, and those who have sex with an HIV-positive partner or one whose status is unknown
- Experiences of Thailand, Cambodia, Dominican Republic, Senegal, and other countries illustrate that targeted efforts to promote condom use with specific high-risk groups can prevent concentrated epidemics from maturing into generalized epidemics. In generalized epidemics, such targeted approaches remain crucial but must be augmented by balanced ABC approaches that can reach broader audiences in order to provide information to those who may be having sex with a partner whose status is unknown.

PEPFAR's Allocation of Resources for Prevention

June 9, 2004 Report to Congress: abstinence-until-marriage programs include AB activities

- **Abstinence-until-marriage programs focus on two goals:**
 - Encouraging individuals to be abstinent from sexual activity outside of marriage as a way to be protected from exposure to HIV and other STIs.
 - Encouraging individuals to practice fidelity in sexual relationships, including marriage, as a way to reduce risk of exposure to HIV.

Meeting the statutory 33% requirement for AB programs

Public Law 108-25:

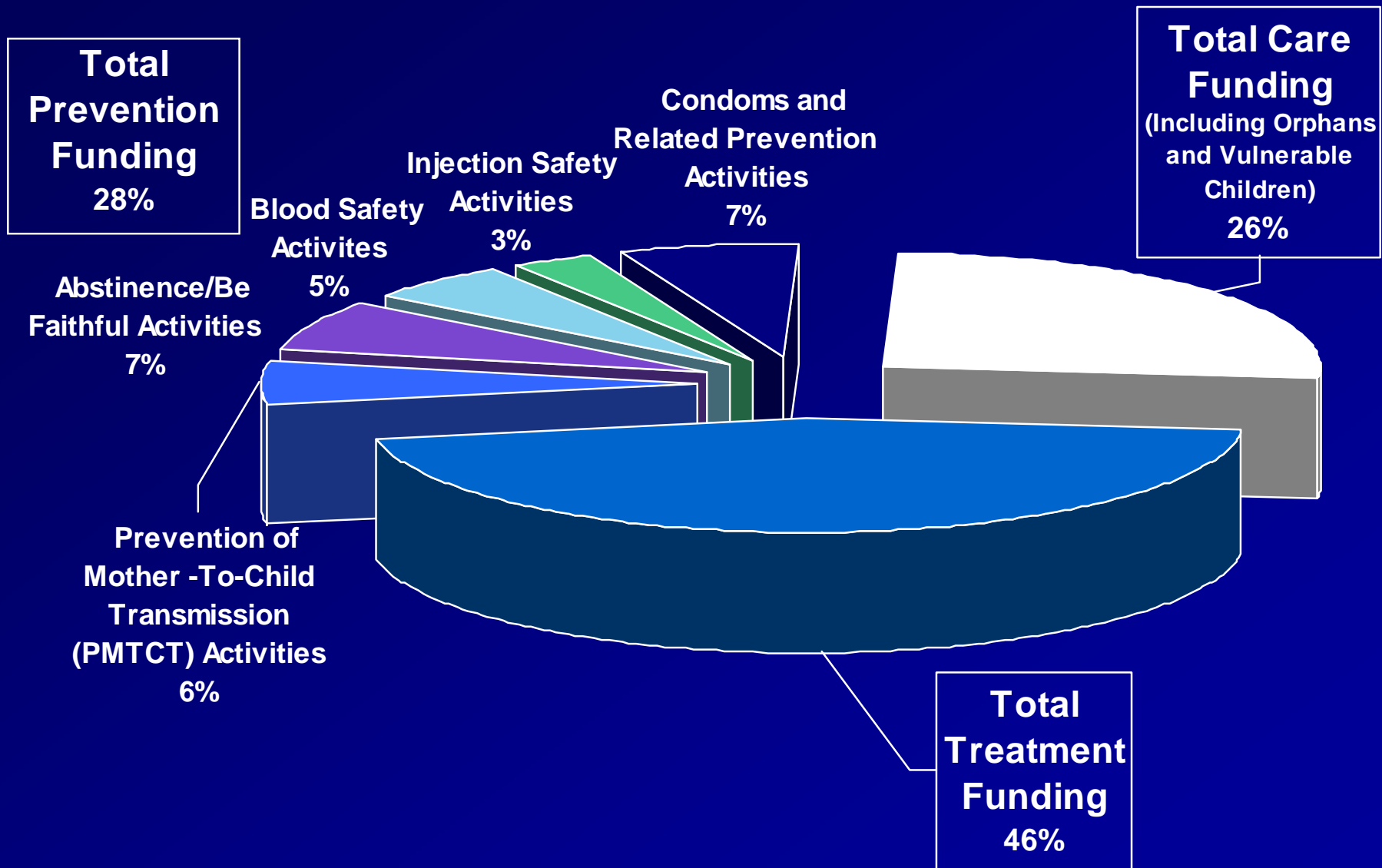
“For fiscal years 2006 through 2008, not less than 33 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS prevention consistent with section 104A(d) of the Foreign Assistance Act of 1961 (as added by section 301 of this Act) for each such fiscal year shall be expended for abstinence-until-marriage programs.”

2006 COP Guidance:

“In 2006, each country should strive to dedicate at least 50% of total prevention funds to sexual transmission, and within sexual transmission funds, to dedicate at least 66% to AB. If a country does not meet these expectations, a justification is required.”

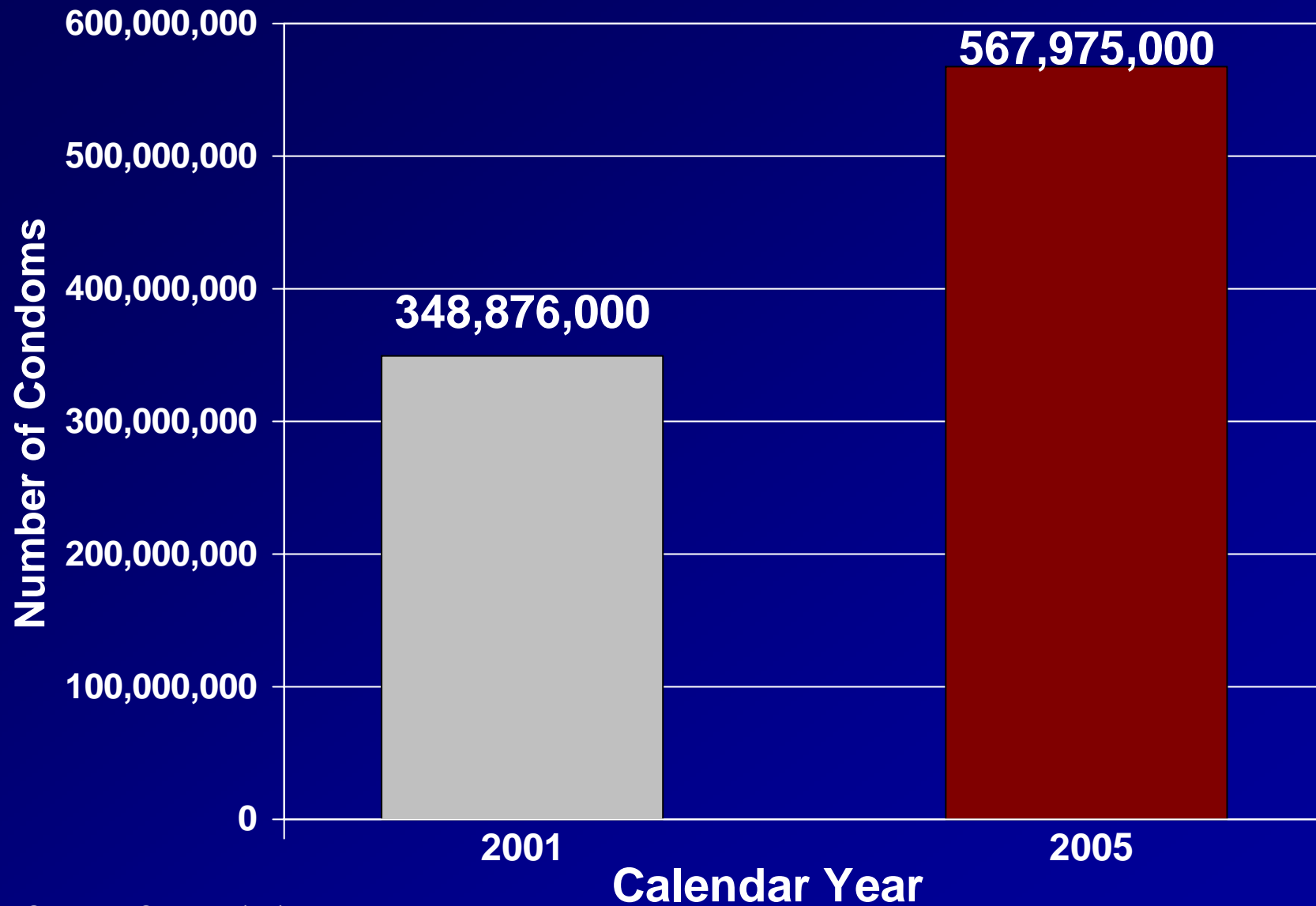
66% of 50% = 33% of 100%

FY 2005 Funding for Prevention, Care, and Treatment in the Focus Countries



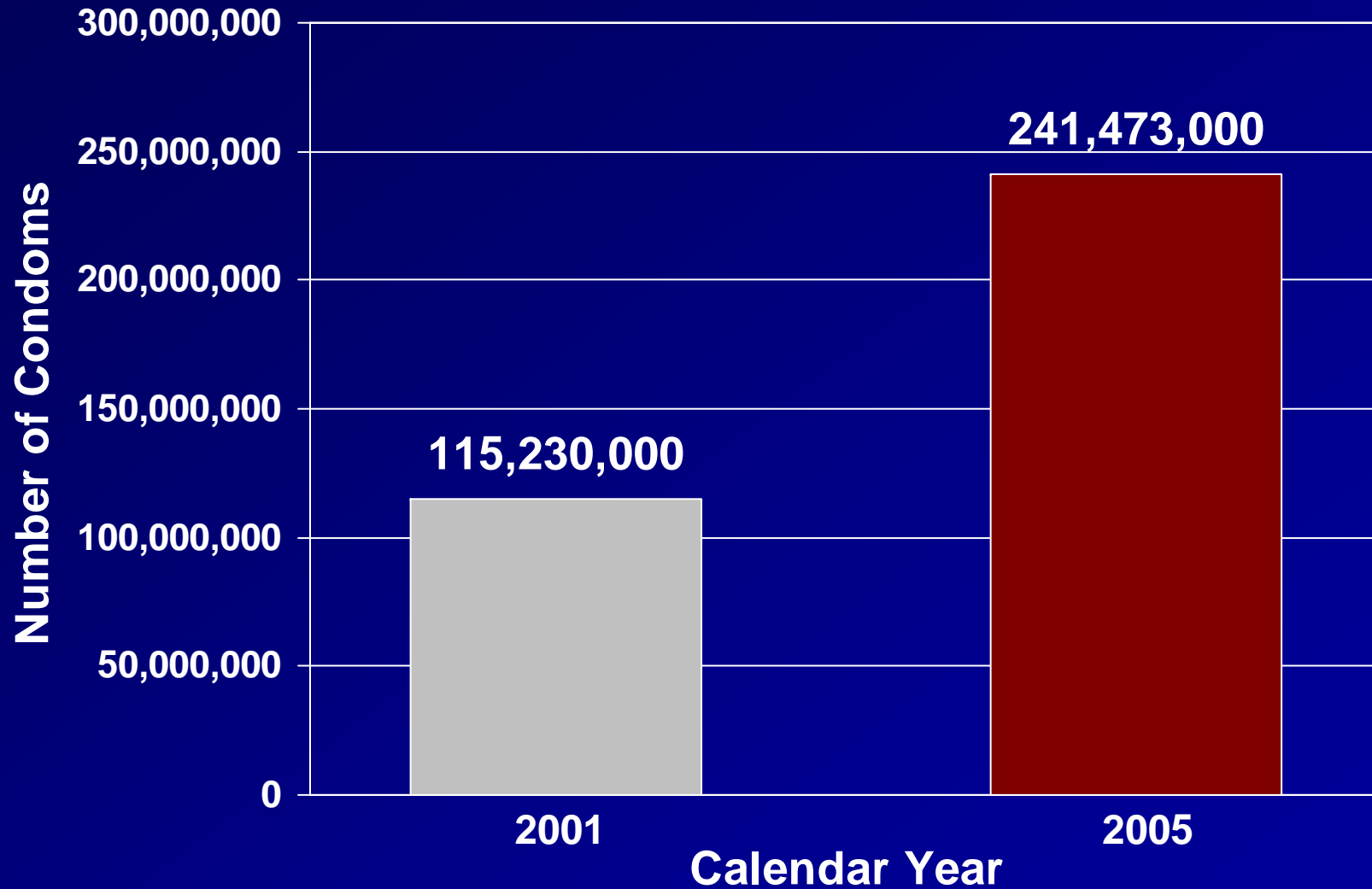
Source: OGAC

USG total condom procurement worldwide 2001 & 2005



Source: USAID, 11/18/05

USG total condom procurement to focus countries 2001 & 2005



Source: USAID, 11/18/05

USG total condom procurement, by focus country, 2001 & 2005

	CY2001	CY2005
Botswana	0	5,367,000
Cote d'Ivoire	0	1,716,000
Ethiopia	71,292,000	78,177,000
Guyana	0	0
Haiti	0	12,105,000
Kenya	0	0
Mozambique	4,524,000	20,238,000
Namibia	0	0
Nigeria	234,000	3,204,000
Rwanda	0	10,002,000
South Africa	21,420,000	0
Tanzania	0	42,510,000
Uganda	7,140,000	47,007,000
Vietnam	0	10,344,000
Zambia	10,620,000	10,803,000
TOTAL	115,230,000	241,473,000

Source: USAID, 11/18/05

PEPFAR: Focus on gender issues



Through an Emergency Plan-supported partnership between Moi University in Kenya and Indiana University, Kenyan women living with HIV/AIDS benefit from a comprehensive program that provides antiretroviral treatment as well as income-generating opportunities.

"Jennifer Birungi is a widow who lives in Uganda's capital, Kampala. She has two children. She has HIV, and earlier this year she was diagnosed with meningitis ... Without treatment, her life expectancy would have been six days. Because America acted, because the American people acted, she's getting treatment, and the extra years she now hopes for will mean everything to her children."

President George W. Bush
June 23, 2004

CHAPTER 4

GENDER AND HIV/AIDS: RESPONDING TO CRITICAL ISSUES

The President's Emergency Plan for AIDS Relief (PEPFAR/Emergency Plan) recognizes that social inequalities between women and men, in conjunction with harmful gender-based cultural norms and practices, not only perpetuate women's vulnerability to HIV but also continue to fuel the HIV epidemic among both men and women. Strategies to address these issues, critical to achievement of the President's "2-7-10" goals in the focus countries, are highlighted in the U.S. Five-Year Global HIV/AIDS Strategy and incorporated in the Emergency Plan's prevention, treatment, and care efforts. Specifically, the Emergency Plan is supporting interventions to increase gender equity in HIV/AIDS programs and services, reduce violence and coercion, address male norms and behaviors, increase women's access to income and productive resources, and increase women's legal protection. Planned activities for fiscal year 2005, the first year for which data will be consistently available, already indicate that 32 percent of all Emergency Plan program activities will have a component addressing gender issues.

Issues and Challenges

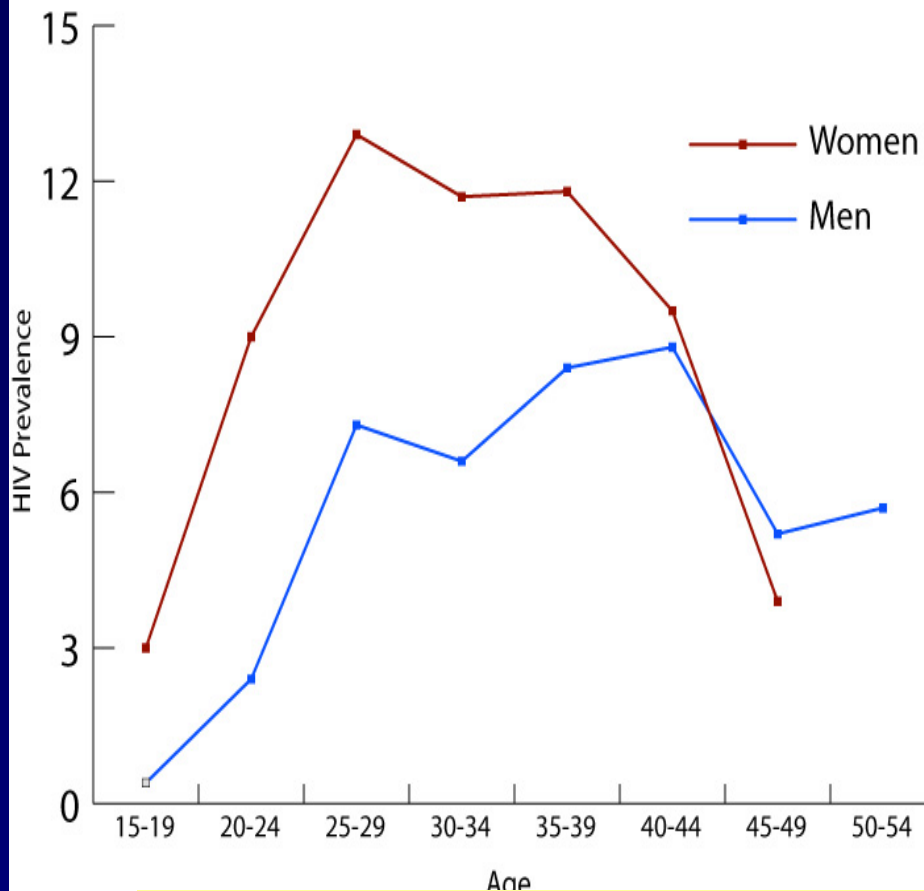
The number of women and girls living with HIV is growing rapidly. In 1998, 41 percent of adults living with HIV were women; this number rose to 50 percent by 2004. Sixty percent of people living with HIV in sub-Saharan Africa are female. Girls and young women are especially at risk. In some of the worst-affected countries, girls between the ages of 15 and 19 are infected at rates three to six times higher than boys their age. This disproportionate impact is linked to biology and to harmful gender-based societal norms and practices. Women, especially young women, are biologically more susceptible to HIV infection than men; male-to-female transmission of HIV is estimated to be eight times more likely than female-to-male. Harmful social norms and practices include those that 1) restrict women's access to HIV/AIDS information and services; 2) severely limit women's control over their sexual lives, leaving them vulnerable to sexual violence and abuse as well as putting them at increased risk of HIV transmission; and 3) deprive them of economic resources and legal rights necessary to protect themselves from HIV/AIDS and contribute productively to caring for others affected by the disease. Some of the implica-

In many PEPFAR countries a high proportion of girls' sexual activity occurs within marriage

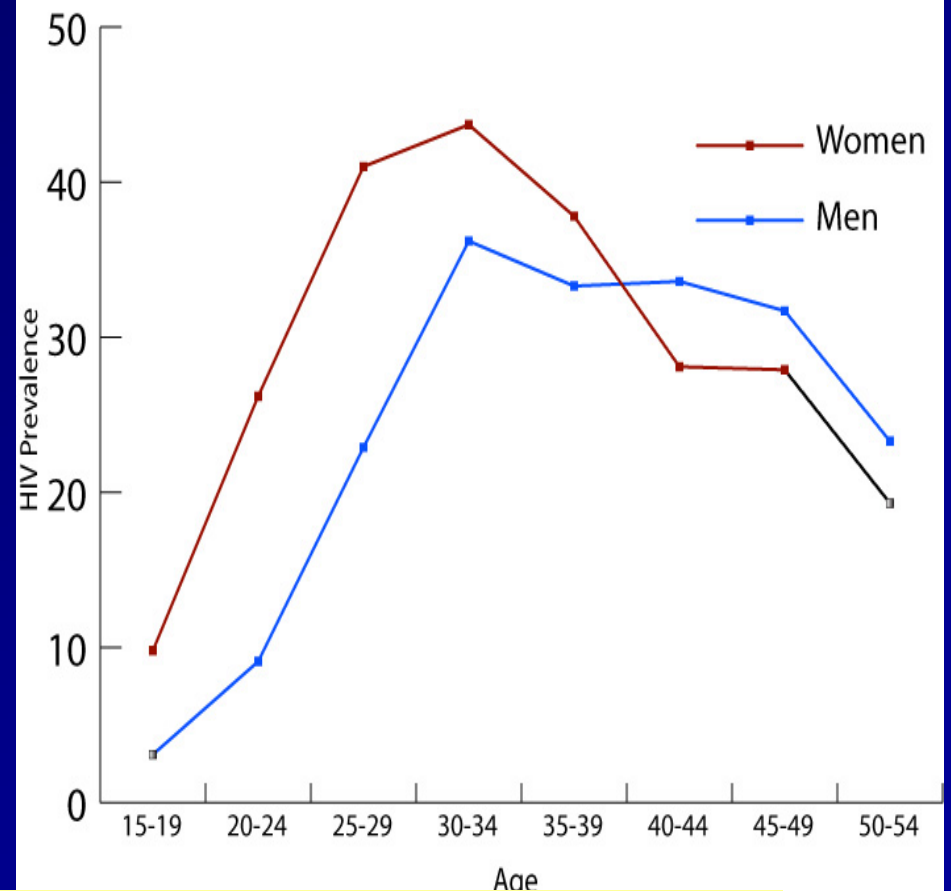
Country	Percent married among sexually active girls aged 15-19	Percent married among girls who had unprotected sex last week aged 15-19
Ethiopia	94	98
Haiti	52	83
Kenya	36	72
Mozambique	67	82
Nigeria	61	89
Rwanda	51	97
South Africa	7	13
Tanzania	50	77
Uganda	80	96
Zambia	44	82

Cross-generational sex

HIV Prevalence by Age and Gender: Kenya 2003 DHS



HIV Prevalence by Age and Gender: Botswana 2004 BAIS



***Older men make riskier partners than young men...
...it is essential to address adult male behavior
to reduce the HIV risks faced by young women***

*See in particular Gray et al in Lancet 357: 1149-1153, 2001

Sexual coercion among females, Rakai, Uganda

■ Coercive first sex	14.4%
■ Coercive sex 15-19	20.6%
■ Coercive sex 20-24	31.1%
■ All women	34.2%
■ Increased coercion risk in:	
– Younger women <15	OR=1.6
– Earlier age at first sex	OR=1.5
– Alcohol* use by male	OR=2.8
– Perception of HIV risk	OR=2.9

Source: Koenig *Soc Sci Med* 2004, Zablotska 2004

Gender as a priority for PEPFAR

- Gender TWG established to provide TA to countries to improve gender equality and gender equity across programs
- Gender impacts the success of:
 - Prevention (males with multiple partners, women's inability to negotiate condom use)
 - Care (limited property/inheritance rights)
 - Treatment (fear of consequence of disclosure)
- New developments
 - Upcoming Gender Consultation (1st quarter 2006)
 - Increased focus in 2006 COPS on men and B
 - Continued support for microbicide research, availability of female condoms and sharing of best practices, such as rape prevention programs and PEP

Examples of PEPFAR Gender Programming

- ***Preventing gender-based violence in Zambia and Kenya***
 - NGOs train healthcare providers in PEP provision.
 - Integrated post-rape services includes pharmacists, police, and social workers.
 - HIV-positive rape survivors are referred to hospitals or clinics for ongoing clinical care, psychosocial support, and ART assessment.
- ***Working with men to change social norms in S. Africa***
 - The Men as Partners (MAP) program trains NGOs in strategies for increasing male responsibility for HIV prevention.
 - Traditional leaders mobilize communities to challenge norms of masculinity that contribute to high-risk behavior.
- ***Stopping cross-generational sex in Uganda***
 - Young women in Uganda disproportionately infected with HIV (3x higher).
 - PEPFAR-funded activity focuses on advocacy, peer education, internships for young girls, parent-child communication and mass media to help reduce the number of men and young girls who engage in cross-generational sex.
 - Go-Getters program works with female university students -- with over 800 registered in the program and 60 trained as peer educators – focus includes risk perception, planning for your dreams and self respect.
- ***Improving women's access to services***
 - 56% of reported fiscal year 2004 ART clients were women.

Alcohol and HIV

- *Alcohol may also prove an important focal point for prevention efforts, as it may increase both biological and behavioral risk for HIV infection.**
- In August 2005, the Emergency Plan held an African regional meeting on alcohol, HIV and risk behaviors to help USG country teams identify evidence-based best practices to incorporate into their program planning for 2006.

¹Talbot, EA, et al, Int J STD AIDS 13(5),2002; CDC AIDS Surv Rept. 13(1), 2001; Bagby, G et al, Alcoholism: Clinical and Exp. Res., 2003

Commitment to supporting host nations' ABC interventions

- “We're working with our partners to expand prevention efforts that emphasize abstinence, being faithful in marriage, and using condoms correctly. This strategy -- pioneered by Africans -- has proven its effectiveness, and America stands behind the ABC approach to prevention.”

President George W. Bush

World AIDS Day

December 1, 2005