



United States Department of State

*Washington, D.C. 20520*

**AUG 13 2007**

Dear Mr. Chairman:

Thank you for your July 16 letter regarding the President's Emergency Plan for AIDS Relief's (PEPFAR) work to support HIV prevention programming for youth around the world.

HIV prevention is a cornerstone of the Emergency Plan's five-year, \$15 billion initiative. In 2006 alone, UNAIDS estimates 4.3 million people were newly infected with HIV, contributing to 39.5 million people living with HIV worldwide. Although rates of infections are increasing globally, the epidemic is extremely heterogeneous. Prevention approaches must be responsive to specific epidemiologic contexts and focused on how new infections are occurring.

PEPFAR supports comprehensive, evidence-based approaches to HIV prevention, targeting interventions to the driving factors of HIV transmission and the cultural context in each country. Interventions focus on sexual transmission, mother-to-child transmission, unsafe blood and medical injections, and injecting drug use, and on increasing awareness of HIV through counseling and testing. The Emergency Plan also integrates new prevention methods and technologies as evidence is accumulated and normative guidance is provided, such as the recent adaptation of male circumcision as an HIV prevention strategy when consistent with local norms and policies. Effective prevention must be community-owned, inclusive of people living with HIV/AIDS, gender-sensitive, appropriate for the local culture, and tailored to local circumstances.

Efforts to prevent sexual transmission of HIV are of paramount importance since over 80 percent of all HIV infections worldwide are believed to be sexually-transmitted. The Emergency Plan supports the ABC approach ("abstain, be faithful, correct and consistent use of condoms"), which was developed in Africa to provide comprehensive HIV prevention programs tailored to the range of risks

The Honorable

Henry A. Waxman, Chairman,  
Committee on Oversight and Government Reform,  
House of Representatives.

individuals face of HIV infection. The approach is adaptable by countries based on whether the epidemic is prevalent in the general population or concentrated in groups at highest risk for HIV infection.

According to the April 2006 supplement to the journal, *Sexually Transmitted Infections*, an increasing number of countries are experiencing national or subnational declines in HIV transmission associated with the widespread delivery of the ABC prevention approach, including Uganda, Kenya, Zimbabwe, Tanzania, Zambia, Haiti, India, Cambodia, and Thailand. National youth behavior surveys suggest that youth in Kenya and Zimbabwe, for example, report delayed sexual debut, reductions in the number of sex partners, and increased use of condoms, while HIV prevalence among this population is declining.<sup>1</sup>

From 1998 to 2003 in Kenya, the percentage of 20-24 year old men with more than one sexual partner dropped from 35 to 18 percent, while the median age of first sex among women increased from 16.7 to 17.8. HIV prevalence during this same period dropped from 10 to 6.1 percent. Similar behavior change in Zimbabwe -- including increases in condom use with casual partners -- was associated with declines in HIV prevalence between 1997 and 2004. The journal, *Science* reported in 2006 a 23 percent reduction in prevalence among young men and a remarkable 49 percent decline in HIV among young women in Zimbabwe from 1998 to 2003, which authors associate with significant ABC behavior change.<sup>2</sup>

As your inquiry suggests, the Emergency Plan has developed strong, evidence-based technical guidance to help partners implement effective, comprehensive ABC prevention programs for youth. Programs that only provide AB messages to youth are strongly encouraged to establish linkages with programs that provide comprehensive prevention messages and condoms for older and sexually active youth. Prevention programs are also encouraged to establish linkages and referrals with counseling and testing, treatment for sexually transmitted infections (STIs), and care and treatment for HIV-positive youth. These linkages and referrals are described in the Country Operational Plan, and are later approved by interagency panels of technical and programmatic experts.

The MEASURE report highlights some of the challenges in implementing youth HIV prevention programs in diverse local and national contexts. Indeed, the

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<sup>1</sup> Hallett, T B, et al. "Declines in HIV prevalence can be associated with changing sexual behaviour in Uganda, urban Kenya, Zimbabwe, and urban Haiti." *Sexually Transmitted Infections*. April 1, 2006, 82(suppl\_1): i1-i8.

<sup>2</sup> Gregson, S, et al. "HIV Decline in Zimbabwe". *Science*. February 3, 2006, Vol. 311, no. 5761, p. 573.

report findings could be generalized to all prevention programs. Upon release of the MEASURE report, the Emergency Plan conducted three immediate follow-up actions: (1) shared the MEASURE report with all ABY partners visited by the MEASURE evaluation team; (2) shared the report and partner-specific feedback to all USAID field staff managing Emergency Plan programs; and (3) had MEASURE provide partner-specific feedback and recommendations following their site visits to individual partners.

As a result, a number of partners have already modified their programs and materials in response to report recommendations. For example, one partner has developed supplemental fact sheets on topics including condoms and sexually-transmitted infections to address gaps in their existing curriculum. Similarly, another partner has developed a supplemental curriculum on faithfulness for married and cohabiting youth. A third partner has developed wall banners which display the addresses of specific facilities in the immediate locality where condoms and services such as HIV counseling and testing are available.

Furthermore, over the past six months, Emergency Plan staff has conducted follow-up visits to many ABY partners, to review actions taken to address the MEASURE recommendations. As part of these visits, staff recommend improvements to existing prevention activities, and identify new activities that can be integrated into FY 2008 Country Operational Plans.

In particular, the Emergency Plan has started providing more concentrated technical assistance to country teams and partners on strategies for addressing cross-generational and transactional sex as part of existing prevention activities. For example, the Emergency Plan's interagency General Population and Youth Technical Working Group recently compiled a document of best practices in this issue area to strengthen countries' FY 2008 activity plans. This working group also recently met with USG partners in Botswana and South Africa to disseminate technical advances in cross-generational and transactional sex HIV prevention activities and to help plan activities to address gaps in current country portfolios.

Reducing transactional and cross-generational sex, as well as multiple and concurrent partnerships, is a high priority for the Emergency Plan. The Emergency Plan has allocated FY 2007 central funds to provide technical leadership specific to these two areas. Emergency Plan strategy in this area focuses on young women and male and community norms that place young women at risk. For example, the "Something for Something Love" media campaign in Uganda targets young women with messages about the risks of transactional sex with older men, together

with the parallel “B a Man” campaign that seeks to change the male norms that support risky behavior, such as concurrent sexual partners. In several other countries, the Emergency Plan is supporting programs to address the male norms and behaviors that drive transactional and cross-generational sex.

Through technical guidance and support to our funded partners and national governments, the Emergency Plan also has supported the development of age-appropriate HIV prevention curricula and interventions for youth across the developmental context. For example in Botswana, the Emergency Plan has worked closely with the Ministry of Education to develop “Living: Botswana’s Window of Hope...”, a life-skills educational curriculum for primary and secondary students. The materials are the first comprehensive set of national materials in Botswana that address HIV/AIDS and STIs and that help youth develop skills for making healthy life choices. The state-of-the-art, culturally appropriate materials include targeted, age-appropriate information for every level throughout the 12 years of schooling. The curriculum was developed by a team of teachers and curricula specialists, and was based on the findings from a needs assessment conducted in 2003.

A needs assessment among local youth also guided the development of Kenya’s Comprehensive Youth Intervention, which targets the multiple factors contributing to high-risk behavior among youth, from the individual, group, and community level. At the individual level, young people are offered age-appropriate life skills training, using an evidence-based prevention curriculum that addresses cross-generational and transactional sex. Youth who have dropped out of school are also offered HIV counseling and testing and training in livelihood skills. At the family level, parents and caregivers of children aged 9-12 years are offered a parent-child communication intervention, addressing sexual development and sexual risk reduction. At the community level, the program sponsors a youth center with adolescent friendly health services, including information on reducing risky sexual behavior, family planning and antenatal care, treatment for STIs, voluntary counseling and testing, post-test clubs, and peer outreach, tailored for general and at-risk youth.

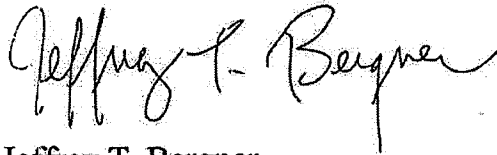
Due to our experience using needs assessment in the design and implementation of our prevention programming, the Emergency Plan supports the MEASURE report’s recommendation to make greater use of needs assessments in youth prevention activities. The Emergency Plan will support country teams that wish to integrate needs assessments into their annual Country Operational Plans,

and will provide technical assistance as needed to design and implement these assessments.

We recognize the challenge of protecting the next generation of young people around the world from HIV/AIDS. By consistently improving implementation of the comprehensive, evidence-based ABC approach, we are making significant gains in preventing new HIV infections and in enhancing the knowledge and life skills among youth to promote healthy sexual decision-making.

Thank you for your consideration and support for the President's Emergency Plan for AIDS Relief. Please let us know if we can provide more information on this or on any other matter.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey T. Bergner". The signature is written in a cursive style with a large, sweeping initial "J".

Jeffrey T. Bergner  
Assistant Secretary  
Legislative Affairs