

FACTSheet

Abstaining from Reality: U.S. Restrictions on HIV Prevention

Filmed in Kenya and Uganda, this 9-minute documentary provides a snapshot of the Bush administration's abstinence-only approach to HIV prevention as part of its global HIV/AIDS assistance. *Abstaining from Reality* examines how these ideologically-driven programs are actually endangering the lives of the people they're supposed to be protecting. This policy is disconnected from the reality of the lives of women and young people, who are disproportionately affected by the epidemic. The film urges a balanced, comprehensive approach to preventing HIV infections by providing full and accurate information and a range of services that empower individuals to make informed decisions.

Why This Film Was Made

- *Abstaining from Reality* was produced by Population Action International (PAI) to raise awareness about the abstinence-only approach to HIV prevention, one of several harmful policies burdening U.S. family planning and HIV/AIDS assistance to developing countries. This film is intended to be used as an advocacy tool to inform and mobilize political and financial support for evidence-based HIV prevention efforts and sexual and reproductive health and rights programs worldwide.

About the President's Emergency Plan for AIDS Relief (PEPFAR)

- Announced by President Bush in January 2003, PEPFAR is a five-year, \$15 billion initiative to fight the HIV/AIDS pandemic in 15 of the most-affected countries in Africa, the Caribbean, and Asia – where nearly half of global HIV infections have occurred.
- Eighty percent of PEPFAR funds are dedicated to treatment and care; the remaining 20 percent support prevention activities.
- The principal prevention strategy of the U.S. government is the "ABC" model – "Abstinence, Being faithful, and as appropriate, cor-

rectly and consistently using Condoms" (as interpreted by the Bush administration).

- In practice, this leads to a rigid programmatic emphasis on abstinence for youth and faithfulness for married couples, with promotion of condoms limited to those "who practice high-risk behaviors."
- PEPFAR program guidance requires that condom promotion efforts include information about condom failure rates and state that abstinence is the best way to protect against HIV.

Funding Earmark Prioritizes Abstinence

- The small funding pot reserved for HIV prevention comes with restrictions: At least one-third of these funds must be spent on "abstinence-until-marriage" programs.
- The U.S. Government Accountability Office (GAO) assessed the impact of this funding earmark on other prevention efforts. It found that the abstinence spending requirement curtailed the ability of U.S. assistance to respond to local needs. In some countries, funding for needed prevention programs was reduced or cut completely in order to comply with the abstinence spending requirement.



“PEPFAR really shifted the emphasis to A and B just because of the amounts of money being put into these programs.”

– Dr. Sam Okware, a senior Health Ministry official and architect of Uganda’s ABC plan (Associated Press, 2/28/06)

■ **In Kenya, for example, the vast majority of HIV infections are sexually transmitted, but less than half of PEPFAR’s prevention funds in Kenya are allocated for the prevention of sexual transmission of HIV.** And of that funding, more than half is for abstinence and related behavior change programs. “Other prevention” activities – condom promotion, management of sexually transmitted infections, and reduction of injection drug use (a growing problem in Mombasa, Kenya’s second largest city) – compete for the remaining funds.

Why is Uganda Significant?

■ **Uganda pioneered the “ABC” model** that the Bush administration adopted and re-interpreted to emphasize abstinence-only over other prevention strategies.

■ **Uganda was an HIV/AIDS success story.** In the 1990s, there was a significant decline in the country’s HIV/AIDS prevalence due to strong political support for a wide range of prevention strategies, including condom use.

■ **Prevalence in Uganda is now rising due to a shift in HIV prevention policies and programs.** According to UNAIDS, areas of rural Uganda are

showing an increase in prevalence and incidence of HIV/AIDS, eroding some of the gains Uganda made against the epidemic in the 1990s. This change is attributed to the government’s move away from condom promotion and distribution and substantial U.S. assistance for abstinence-only activities that has distorted Uganda’s once-balanced approach.

Sources

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KENYA:

- National HIV/AIDS prevalence is 6.1 percent
- Sixty-two percent of Kenyans living with HIV/AIDS are women
- Among youth aged 10-24, nearly 11 percent are infected with HIV/AIDS
- 65.7 percent of Kenya’s population is 24 or younger
- Prevalence among teenage girls and young women between the ages of 15-24 is 5.2 percent compared to 1 percent among young men the same age
- Average births per woman of reproductive age is 4.9
- Unmet need for family planning among married women is 24.5 percent
- The proportion of teenage girls who are pregnant or are already mothers is high: 22 percent in urban areas and 23 percent in rural areas

UGANDA:

- National HIV/AIDS prevalence is 6.7 percent
- Women represent 58 percent of Ugandans living with HIV/AIDS
- Among youth aged 10-24, more than three percent are living with HIV/AIDS
- 70.9% of Uganda’s population is 24 or younger
- Prevalence among teenage girls and young women between the ages of 15-24 is 5 percent compared to 2.3 percent among young men the same age
- Average births per woman of reproductive age is very high at 6.7
- Unmet need for family planning among married women is 40.6 percent
- The proportion of teenage girls who are pregnant or are already mothers is high, particularly in rural communities: 23 percent in urban areas and more than 34 percent in rural areas



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