

Congress of the United States
Washington, DC 20515

July 16, 2007

Ambassador Mark R. Dybul
U.S. Global AIDS Coordinator
Office of the United States Global AIDS Coordinator
Department of State
2201 C Street, NW, 2nd Floor, Mail Code SA-29
Washington, DC 20522-2920

Dear Ambassador Dybul:

U.S.-funded HIV prevention programs should be providing crucial, life-saving information to participants to reduce their risk for infection. However, a recently completed impact evaluation that the Administration commissioned suggests that U.S.-funded “abstinence and be faithful” programs are failing to meet the needs of sexually active youth.

According to the study, many of the evaluated programs lack age-appropriate, skill-based lessons on partner reduction, mutual fidelity, and cross-generational and transactional sex. It appears that some of the programs teach the same lessons regardless of participant age, and many do not adequately train leaders to answer questions about sexuality. Furthermore, most of the programs do not seem to have procedures in place to refer sexually active or “at-risk” youth to more comprehensive programs, despite your office’s direction that they do so.

We are writing to urge you to respond to the findings and recommendations of this evaluation and ensure that young people in all U.S.-funded programs receive the health information they need. Our concerns are detailed below.

The U.S. Global AIDS Program and “Abstinence and Be Faithful for Youth”

The United States provides funds for the treatment, care, and prevention of HIV/AIDS internationally. On top of an existing \$5 billion commitment for global HIV/AIDS over five years, the law creating the “President’s Emergency Plan for AIDS Relief” (PEPFAR) authorized \$10 billion for a new Global HIV/AIDS Initiative Account.¹

The PEPFAR law includes a nonbinding recommendation that 20% of funds appropriated under the Act go toward prevention activities.² It also directs that 33% of any prevention funds be expended on abstinence-only programs.³ Under these provisions, 7% of \$15 billion —

¹ P.L. 108-25.

² P.L. 108-25 §402

³ 22 USC 7672. The 33% requirement was a recommendation for the first two years of the program, and became binding in 2006.

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approximately \$1 billion — goes to abstinence-only programs.⁴ Abstinence-only grants are awarded both centrally from Washington and by PEPFAR staff in the field referred to as “country teams.”

The U.S. approach to the prevention of sexual transmission of HIV under PEPFAR has been based on the “ABC” model — abstinence, be faithful, and correct and consistent use of condoms. Your office has issued a guidance for these programs that includes very specific requirements for those that target youth.⁵ Generally, youth aged fourteen and under may only be taught “AB” messages. For those above age fourteen, programs may provide “ABC” messages in schools, but may not physically distribute or “promote” condoms in school. However, noting that “[a] significant minority of youth experience first sex before age 15,” the guidance states that “[w]hen individual students are identified as engaging in or at high risk for engaging in risky sexual behaviors, they should be appropriately referred to integrated ‘ABC’ programs.”⁶

In 2004 and 2005, the Administration announced a central award of \$100 million over five years in grants for “ABY” programs — those that teach abstinence and be-faithful messages to youth (defined as ages 10-24).⁷ A total of 14 organizations, largely faith-based and most headquartered in the United States, received five-year, multi-country grants.⁸ They partner with

⁴ The Office of the Global AIDS Coordinator informed Congress that AB programs will qualify as abstinence-only for the spending requirement.

⁵ Office of the U.S. Global AIDS Coordinator, *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* (online at www.state.gov/documents/organization/57241.pdf).

⁶ Office of the U.S. Global AIDS Coordinator, *ABC Guidance #1* at 6. The guidance states that the programs to which these youth are referred “should have the following characteristics: (1) be located in communities where youth engaging in high-risk behaviors congregate; (2) be coordinated with school-based abstinence programs so that high risk in-school youth can be easily referred, and (3) be targeted to specific high-risk individuals or groups (i.e. not involve the marketing of condoms to broad audiences of young people). Again, for programs that include a ‘C’ component, information about correct and consistent use of condoms must be coupled with information about abstinence as the only 100 percent effective method of eliminating risk of HIV infection; and the importance of HIV counseling and testing, partner reduction, and mutual faithfulness as methods of risk reduction.”

⁷ *\$100 Million in Abstinence-Focused Grants for HIV/AIDS Prevention Awarded Under President Bush’s Emergency Plan for AIDS Relief; Faith-Based Community Plays Key Role in Expansion* (Oct. 5, 2004) (online at www.usaid.gov/press/releases/2004/pr041005.html).

⁸ The organizations receiving central ABY funds are: Adventist Development Relief Agency (ADRA), American Red Cross, Catholic Relief Services (CRS), Children’s AIDS Fund,

local faith- and community-based organizations to provide programs for youth in schools and communities.

The Targeted Evaluation

In 2006, the U.S. Administration for International Development (USAID) asked MEASURE Evaluation to conduct a “targeted evaluation” of the ABY program.⁹ The evaluation was to proceed in two phases: first, by evaluating the programs and making recommendations for strengthening them, and second, by evaluating their impact. For the first phase, MEASURE evaluators developed a program evaluation tool based on evidence and expert advice on effective youth programming. They then conducted 20 site visits with 13 ABY partners and met with both program planners and field implementers.

The report on this phase was recently completed. Evaluators identified a number of strengths at certain program sites, including some grantees that had developed clear programmatic frameworks. They also developed programmatic recommendations to address gaps and weaknesses.

Our primary concern is the finding that “few programs had specific activities and strategies for sexually-active youth, beyond recommending a return to abstinence.”¹⁰ The evaluators found that most programs lacked adequate information about partner reduction, fidelity, condom use, and cross-generational and transactional sex. The evaluators also found that most programs did not contain age-appropriate content, especially for older youth, and failed to refer participants appropriately to more comprehensive programs.

Partner Reduction and Mutual Faithfulness

Experts call the rate of change of sexual partners a “crucial determinant” in the spread of HIV.¹¹ Reducing the number of partners, whether inside or outside marriage, decreases the risk of HIV infection. Because infectiousness is higher for a period following initial infection,

Food for the Hungry, Fresh Ministries, HOPE Worldwide South Africa, International Youth Federation, Pact, Program for Appropriate Technology in Health (PATH), Salesian Missions, Samaritan’s Purse, World Relief, and World Vision.

⁹ The evaluators did not assess programs that were awarded grants at the country level.

¹⁰ MEASURE Evaluation, *Field Assessment of Emergency Plan Centrally-Funded HIV Prevention Programs for Youth* 32 (Mar. 2007) (online at ww.cpc.unc.edu/measure/publications/pdf/sr-07-34.pdf).

¹¹ James Shelton et al., *Partner reduction is crucial for balanced "ABC" approach to HIV prevention*, *BMJ (British Medical Journal)* (Apr. 10, 2004).

concurrent partnerships are particularly risky because a newly infected person is more likely to infect the next partner.¹²

An “AB” program would seem by definition to include “be faithful” messages. However, the evaluators found that many programs did not have adequate components dealing with partner reduction and fidelity:

Notable gaps in most of the funded activities are specific messages, skills-based lessons, and strategies on partner reduction or mutual fidelity for sexually active youth. This was true for programs that targeted the youngest youth (10-14 years of age), programs that targeted youth aged 15-24, and both faith-based and non-faith-based partners.¹³

The evaluators found that even discussions of fidelity within marriage were limited:

[T]here was a gap in skills-based activities with a focus on faithfulness in marriage, partner reduction, and mutual monogamy. Some partners reported that they felt it was inconsistent to be promoting abstinence until marriage and also discussing the need to be faithful (the unspoken assumption was that if you are abstinent until marriage, you will be faithful in marriage).¹⁴

Age-Appropriateness

The evaluators found that in many cases ABY programming is not being appropriately tailored to specific age groups. The program announcement defined “youth” as people aged 10-24, a wide range. However, while some of the ABY partners use different curricula for different age groups, others use one same curriculum for all youth regardless of age or even marital status.¹⁵

The evaluators recommend that program strategies be developed for the “oldest” youth, noting that at ages 20-24, the majority are sexually active. They propose that programs for this age group consider including information on sexually transmitted infections, voluntary counseling and testing, and condom use.¹⁶

¹² *Id.*

¹³ MEASURE Evaluation at 20.

¹⁴ MEASURE Evaluation at 32.

¹⁵ MEASURE Evaluation at 19.

¹⁶ MEASURE Evaluation at 32.

The evaluators also found that despite your office's guidance document, programs in the field often fail to refer sexually active youth to comprehensive programs:

[F]or older youth, programs often lacked strategies to identify which youth were the "high-risk" youth, meaning that all youth were being targeted with A (and sometimes B) messages predominantly, rather than taking a more targeted approach as recommended by the guidance.¹⁷

Sexuality and Condoms

Evaluators found that few of the programs trained leaders for youth ages 10-19 or school-based programs on how to respond to questions about sexuality, including condoms:

[P]eer educators and teachers do not receive formal training on how to respond to the inquisitive youth, nor do they learn how to refer youth to sources of better information. When asked difficult questions, the teachers and peer educators reported that they refused to answer (stating that this is an abstinence program and condoms or sexuality were not part of their program), gave a personal opinion, gave inaccurate information, or were simply stymied by the question. The results are that the program messengers (i.e., teachers and peer educators) risk appearing to be an unreliable source of information for the participating youth.¹⁸

The evaluators recommend that both peer and adult program leaders be trained to answer such questions accurately and appropriately.¹⁹

Cross-Generational and Transactional Sex

Finally, the evaluators found that few of the curricula had specific skill-based lessons to deal with issues of gender inequality, including cross-generational and transactional sex.

Sex with adult men is a significant factor in HIV risk for adolescent girls, contributing to higher rates of infection among girls than boys the same age.²⁰ There is a public health

¹⁷ MEASURE Evaluation at 12.

¹⁸ MEASURE Evaluation at 30.

¹⁹ MEASURE Evaluation at 30.

²⁰ Nancy Luke and Kathleen M. Kurz, *Cross-generational and Transactional Sexual Relations in Sub-Saharan Africa: Prevalence of Behavior and Implications for Negotiating Safer Sexual Practices*, International Center for Research on Women (2002) (online at www.icrw.org/docs/CrossGenSex_Report_902.pdf).

consensus that prevention programs should address gender inequality, and cross-generational and transactional sex.²¹ However, the evaluators found that while some programs mention these issues, few had specific skills-based lessons.²²

The evaluators wrote: “Incorporating focused lessons on important gender-based issues, including cross-generational and transactional sex, is likely to be more effective than only promoting abstinence and ignoring issues of power imbalance that put youth at risk of coercive and unwanted sex.”²³

Assessing Need During Program Design and Development

As part of several recommendations for designing or improving ABY programs, the evaluators recommended that ABY program partners “conduct a needs assessment to improve the relevance and potential impact of the program activities” and “secure community buy-in for program activities.”²⁴

An initial needs assessment of groups within the target community might have helped ABY program partners avoid the gaps identified by the evaluators and might have led to greater involvement and support at the local level. Although your office apparently did not require ABY program partners to conduct such an assessment following the initial grant awards, the evaluators conclude that there is still value in the process:

[U]ndertaking a needs assessment can provide the program with information on whether the strategies underway are meeting the needs of the community that is being served and gives the program an opportunity to adapt the strategies to better meet community needs.²⁵

²¹ Halperin et al., *The time has come for common ground on preventing sexual transmission of HIV*, *The Lancet* (Nov. 2004).

²² MEASURE Evaluation at 32.

²³ MEASURE Evaluation at 33.

²⁴ MEASURE Evaluation at 3.

²⁵ MEASURE Evaluation at 34.

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Conclusion

We know that you share our concern that U.S.-funded programs for youth respond as effectively as possible to the needs of their participants. As your office's guidance to grantees acknowledges, many young people are sexually active. Your recommendation that these participants be referred to comprehensive programs reflects an understanding that at-risk youth should receive the information and support they need. However, the evaluation that your office commissioned suggests that this is not happening in the field for ABY programs.

The purpose of phase I of this evaluation was to inform "mid-course corrections" for ABY programs. We therefore ask that you describe how you plan to respond to the findings and recommendations of this report as they relate to the needs of sexually active youth. Please include a description of how you plan to assess and monitor this issue among AB programs that are funded at the country level.

We request a response by July 30, 2007.



Henry A. Waxman, Chair
House Committee on
Oversight and Government Reform

Sincerely,



Tom Lantos, Chair
House Committee on
Foreign Affairs

Barbara Lee
Member of Congress