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GENDER
EQUITY

*Advancing
gender equity
and social justice
in international
population and
health policy*

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PRESS RELEASE

U.S. Congress Introduces New PEPFAR Bill: Two Steps Forward, Three Steps Back

Center for Health and Gender Equity praises removal of abstinence earmark and support for female condoms; criticizes ambiguous abstinence language, compromise over family planning language, and re-insertion of the anti-prostitution pledge

(Washington, D.C.)— Today, the Center for Health and Gender Equity applauded Acting Chairman Howard Berman (D-CA), and distinguished members of the House Committee on Foreign Affairs, for passing a bill that is an important step toward expanding U.S. efforts to combat HIV and AIDS globally. However, it is important to recognize that this bill does not adequately address the vulnerabilities of women and girls.

On a more positive note, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008, (H.R.5501), authorizes \$50 billion for HIV/AIDS, TB, and Malaria efforts over a five year period, strikes a controversial provision that required 33% of all HIV prevention funding be spent on abstinence-until-marriage programs, supports linkages between family planning and HIV/AIDS programs, and, for the first time, recognizes the vital role of female condoms in HIV prevention.

However, on a more disturbing note, the bill restricts funding to U.S.-funded family planning programs—ensuring that restrictive U.S. policies such as the Mexico City Policy could extend to PEPFAR-funded programs that seek to link family planning and HIV prevention, re-inserts the requirement that recipients of PEPFAR funding pledge their opposition to prostitution, and leaves remaining abstinence language dangerously ambiguous.

“We want to give the benefit of the doubt to members of Congress that they are truly supportive of evidence-based HIV interventions that address the prevention needs of women and girls within PEPFAR, but we are frustrated that political compromise has diluted attempts to fully support comprehensive approaches to HIV prevention and integrate HIV and family planning programs, which could save lives,” stated Serra Sippel Executive Director of the Center for Health and Gender Equity. “And while the 33% abstinence earmark is gone, it has been replaced by ambiguous jargon and reporting requirements that conceal an attempt to continue funding abstinence-only programs. We need to ensure that individuals have the necessary skills, tools and information to make healthy, informed and voluntary decisions about sex and reproduction in order to live longer, healthier lives.”

Sippel added that, “We are also concerned about Congress’ continued conflation of sex work with sex trafficking. As a population that is highly vulnerable to HIV infection and transmission, enlisting the support of female and male sex workers is central to combating the global AIDS pandemic. Recognizing the rights and autonomy of these individuals is central to ensuring that HIV prevention programs meet their needs. Requiring organizations to oppose sex work severely undermines their capacity for providing sex workers with effective prevention interventions.”

“Given the AIDS toll on women and girls, this bill is a first step, and we will continue to work with the House and Senate, as well as the Administration, to ensure that America delivers for women and girls in PEPFAR’s next generation of programs.”

The Center for Health and Gender Equity (CHANGE) is a US-based non-governmental organization that seeks to ensure that U.S. international policies and programs promote sexual and reproductive health and rights through effective, evidence-based approaches to prevention and treatment of critical reproductive and sexual health concerns, and through increased funding for critical international programs and institutions.

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