

Composed of more than fifty organizations, the Caucus for Evidence-Based Prevention will monitor the use of evidence in HIV prevention programs and policies at the IAC, report on HIV prevention-related conference proceedings to a wide audience, and alert the community when ideology, prejudice, or opinion interfere with evidence-based approaches to reducing the further spread of HIV/AIDS.

## Promoting HIV Prevention Supported by Sound Science

### Presentations to Watch for Wednesday:

To Transmit or Not to Transmit: Is that really the Question?  
Session Room 1  
11:00-12:30

Harm Reduction: Anything New?  
Skills Building Room 6  
13:00-14:00

Implementing Novel Prevention Programs  
Session Room 11  
14:30 - 16:00

The US HIV Epidemic in 2008  
Session Room 5  
17:30 - 20:30

Weighing the Evidence: Prioritizing HIV Prevention in the Fight Ahead  
Skills Building Room 4  
7:00 - 8:00

# Caucus for Evidence-Based Prevention

Founded by SIECUS, PAI, and amfAR

AUGUST 6, 2008 Issue 11

## Comprehensive Sex Education as HIV Prevention

As we think through how best to stem the tide of HIV infections around the globe, we now have very strong research documenting that a comprehensive approach to sex education can be a successful and foundational element to our work.

A comprehensive approach to sex education (one that includes more than just abstinence and marriage promotion) has been shown to delay sexual activity, not increase the number of sexual partners, and to improve the utilization of condoms and contraception when sex does occur. It is win, win, win and it needs to be embraced and scaled up in every corner of the globe.

Yet, the political and ideological obstacles to embracing comprehensive sex education as a foundation to living healthier, HIV-free lives persist and even thrive in some countries. Clearly, in the United States, the prioritization of abstinence-only-until-marriage programs by the current Administration drags on despite federally sponsored studies reporting that the programs do not work. Perpetuation of these programs is a deliberate and dogged violation of basic standards of decency and human rights. That this same non-sense persists in our global HIV assistance via the President's Emergency Plan for AIDS Relief (PEPFAR) is even more shameful. The world wants and deserves better.

On August 1<sup>st</sup>, just prior to the IAC, health and education ministers from every country in the Latin American and Caribbean region agreed to an unprecedented declaration on sex education. The Mexico City Declaration commits these nations to a multi-sectoral approach to scale up comprehensive sex education based on both public health and human rights frameworks. We must recognize and thank our Mexican hosts for their leadership in this area.

Two years ago, Mexico launched its own national campaign to promote sex education as a foundation for HIV prevention. It has taken hold and it is working.

Comprehensive sex education works. As the United States lags behind and does a disservice by its ongoing devotion to failed approaches like abstinence-until-marriage, the HIV/AIDS health community to our south has leaped over us by allowing their own policies to be guided by the evidence.

*William Smith*  
Sexuality Information and Education Council  
of the United States (SIECUS)

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## Ministros de Salud y Educación Firmaron la Declaración

Por José Aguilar, Demyxex

Reunidos en la XVII Conferencia Internacional de SIDA, con el objetivo de fortalecer la respuesta a la epidemia del VIH en el contexto educativo formal y no formal, los Ministros de Salud y de Educación de América Latina y el Caribe firmaron la declaratoria "Prevenir con educación" que promueve la educación integral de la sexualidad con medidas preventivas, y asegura la calidad de la atención a los jóvenes en los servicios de salud.

Con el reconocimiento de que la sexualidad, como parte constitutiva de los seres humanos, se expresa durante toda la vida, y que un porcentaje considerable de la población inicia su vida sexual en edades tempranas, los ministros de Salud y Educación de Latinoamérica y el Caribe acordaron aplicar y/o fortalecer programas intersectoriales de educación integral en la materia desde la infancia, con enfoque de género y respeto a la diversidad sexual.

El texto fue aprobado por consenso luego de un intenso debate generado por los participantes, y las y los ministros se comprometieron a que antes de que termine 2010 se habrán actualizado los contenidos y metodologías de los programas educativos, con la finalidad de incluir temas de educación integral en sexualidad, en colaboración con los ministerios de salud y con base en la mejor evidencia científica. Para el año 2015, se habrá reducido en 75% la brecha en el número de escuelas que actualmente no han institucionalizado la educación integral en sexualidad, para los centros educativos bajo la jurisdicción de los Ministerios de Educación.

En el ámbito de la salud, los ministros convinieron en asegurar que los servicios para jóvenes sean *amigables* y se presten con respeto a la dignidad humana y que, en el contexto de la legislación de cada país, atiendan necesidades y demandas específicas de salud sexual y reproductiva de este sector de la población.

## From ABC to DEF: Don't Eliminate the Future

By Dave J. Nolan, Catholics for Choice

[A Report on "Raising Women's Voices from the Margins — A Progressive Platform for the U.S. Global AIDS Response in PEPFAR II."]

Serra Sippel, the executive director of the Center for Health and Gender Equity (CHANGE), started the session by outlining the session's objective to create a space for women from different parts of the world to explain and discuss solutions to the challenges of HIV/AIDS prevention. Serra was followed by Gill Greer, director of the International Planned Parenthood Federation (IPPF), who gave a global tour of IPPF's work assisting the poorest of the poor.

Mary Robinson, the former United Nations Commissioner for Human Rights, moderated a lively discussion and noted that she has been constantly reminded that stigma and discrimination cost women's lives. She insisted that the current dogmatic and ideological approach taken by many policymakers needs to be replaced by a human rights approach.

Several speakers, including Gabriela Leite (the Brazilian Network of Sex Professionals) and Axela Romero (Salud Integral Para La Mujer in Mexico), derided how moralism seems to drive prevention strategies, not prudent public policies. They outlined a sex-positive message, insisting that sexuality not be hidden under the carpet. Leite noted, "Sex is part of our lives. Abstinence does work, of course, but life without sex is not life." Romero said, "We need to re-inject the concept of pleasure into discussions of sexuality. We are tired of obsessing over risk."

PEPFAR, the U.S. government's response to AIDS, was frequently criticized — specifically the anti-prostitution pledge — as well as the Abstain, Be Faithful, Use Condoms (ABCs) policy. Robinson recounted an experience in Ethiopia, when a woman she met bemoaned the obsession over the first three letters of the alphabet. When asked what she would do with the next three, she paused and then replied: "Don't Eliminate the Future."

## Is the HIV Prevention World Ready for PrEP?

By Deirdre Grant, AIDS Vaccine Advocacy Coalition

By the end of 2009, there will be initial results from trials of pre-exposure prophylaxis (PrEP), a strategy in which HIV-negative people would take antiretrovirals once daily to help prevent HIV infection. Are we prepared for the results? On Sunday afternoon, a range of stakeholders discussed this question at the AIDS Vaccine Advocacy Coalition's (AVAC) satellite session, "Expecting (and managing) the unexpected: Reality check for PrEP and other new prevention options."

The panelists for the session included normative agencies, researchers, communities, advocacy groups, national governments and industry. Each was asked to discuss the issues related to different PrEP trial.

Panelists were given a hypothetical scenario asking them to consider the implications of the partial efficacy of PrEP in a clinical trial among injecting drug users. The questions are many and complex. Would the stakeholders initiate a policy recommendation based on partial data? What would national health departments do with these results? How do we communicate these complicated results to communities that express an

interest in using PrEP for prevention? What additional studies need to happen next?

The discussion among panelists and the audience made it clear that these issues need to be addressed now, in broad consultations, *before* PrEP trial results are available. Strong leadership from WHO and UNAIDS is necessary to engage civil society and other actors to consider the answers to these questions.

Moreover, it was clear that everyone must be an advocate. The work ahead for all stakeholders is immense, but absolutely necessary. PrEP may work, and if we are not prepared, the opportunity missed would be great.

For AVAC's new report, "Anticipating the Results of PrEP trials: A powerful new HIV prevention tool may be on the horizon. Are we prepared?" and for more on PrEP visit

[www.prepwatch.org](http://www.prepwatch.org).

## What is the Role of Evidence in Public Policy?

Andrea Weddle, HIV Medicine Association

Mounting evidence in support of harm reduction strategies has not translated to the government support needed in many countries to endorse the widespread adoption of proven HIV and STD prevention tools such as comprehensive sexual education programs, syringe exchange, and substitution therapy. In the session “Research-Based Public Policy: Why is it not the Golden Standard?” a diverse panel discussed the data on harm reduction and why many policymakers refuse to be swayed by it.

In his extensive reviews of sexual education programs targeted at young people between the ages of 19 and 25, Douglas Kirby, PhD, has produced convincing evidence that comprehensive sexual education programs are more effective at positively influencing the sexual behaviors of young people. Of the eight evaluations conducted of abstinence-only programs, only one was found to delay initiation of sexual activity. However, in 32 evaluations of comprehensive sexual education programs, 15 programs were effective at delaying sexual initiation. Dr. Kirby has presented his findings to some federal policymakers in the United States whose response is that

the sexual education of young people should be driven by morals, not evidence. Maybe their response should not be so surprising. According to Gerry Stinson, executive director of the International Harm Reduction Association, policies are driven by many factors, including politics, funders, ideals, values, theories on human behaviors – but, in most cases, not evidence. As Stinson shared, “evidence is important, but only one small component of effective advocacy.”

Nandee Bandyopadhyay, an advocate for sex workers in India, agreed and questioned whether the goals of public policy are for the public good as policies are created to appease competing constituent groups. Bandyopadhyay recommended defining “rights” rather than talking about what is right – using activism not just advocacy -- along with incorporating evidence into advocacy messages. Unfortunately, the data does not speak for itself.

## ¿Política Pública Basada en Evidencia:?

Por Angelica Ospina, PSI Mexico

Programas basados en la reducción del daño, la descriminalización de la homosexualidad y el trabajo sexual, y el reconocimiento de los derechos sexuales y reproductivos de los jóvenes, si bien han mostrado impactos positivos en la prevención del VIH, siguen siendo controversiales al momento de diseñar políticas públicas para la prevención del VIH. Este fue el eje de la discusión del panel: *Research-based public policy, Why it is not the golden standard.*

Douglas Kirby, evidenció que los programas de promoción de la salud sexual dirigidos a jóvenes diseñados desde una perspectiva comprensiva tienen una efectividad 12 veces mayor que los programas basados en la promoción de la abstinencia. Aún así, desde los espacios de diseño de política pública, la promoción de la abstinencia sigue siendo la perspectiva que rige la prevención del VIH en jóvenes en muchos países.

Gerry Stinson resaltó que aunque los programas de intercambio de jeringas y de tratamiento de metadona han demostrado desde hace 20 años su efectividad en la reducción de la incidencia del VIH entre los usuarios de drogas inyectables (UDI's), aún hoy, la mitad de los países donde existen UDI's no cuentan con programas de reducción del daño; y en los que existen, su cobertura es baja y siempre están bajo la ame-

naza de ser suspendidos.

Roy Chan, subrayó la relación existente entre prevalencia de VIH entre Hombres que tienen Sexo con Hombres (HSH) y las políticas de criminalización de las prácticas homoeróticas. La institucionalización de la homofobia en las sociedades, conlleva a una negación radical de los derechos fundamentales de la población HSH, al limitar su acceso a servicios de salud y las posibilidades de atender sus necesidades específicas. En estos contextos, es radicalmente cierto que “La homofobia mata”.

¿Qué podemos hacer si los hacedores de política rechazan los hechos cuando éstos no se ajustan a sus paradigmas ideológicos? La evidencia es crucial, pero no siempre es comprensible y oportuna; la *advocacy* es necesaria, pero no suficiente por sí misma; el activismo es fundamental, pero limitado para incidir en los ámbitos de toma de decisión política. La construcción de espacios de encuentro entre académicos, activistas, *advocates* y tomadores de decisión, es fundamental para caminar hacia el diseño de políticas públicas inspiradas más en el bien común y menos en la competencia por votos.

## Expecting More of Stakeholders: Why Not Commit to Young People?

By Abbey Marr, International Youth Leadership Council, Advocates for Youth

Young people make up 40 percent of new HIV infections around the world, yet most of the policy surrounding prevention of the disease ignores youth (ages 15-24). Building on their previous success, the Mexico 2008 YouthForce decided to continue this dialogue with a commitments desk. The commitments desk was created to help decision-makers commit to youth.

Some commitments to date include pledges to make youth sexual and reproductive health and rights (SRHR) services more youth-friendly; to create leadership positions for young people, and to start an SRHR campaign for young women.

It was exciting when Ban Ki-Moon, the Secretary General of the United Nations, visited the Youth Pavilion to address young people on his work with HIV/AIDS. He spoke briefly to a strictly screened audience (no one over 29 years old). He emphasized the problems of stigma and discrimination towards people living with HIV and AIDS, but failed to take advantage of the opportunity to make a commitment to youth.

As a member of YouthForce, I was disappointed that Ban Ki-Moon did not provide us with the respect of acknowledging our rights. Furthermore, he failed to make a pledge at the commitments desk. Why is it so difficult for many leaders to commit to youth?

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### Caucus Members

Academy for Educational Development  
Adventist Development and Relief Agency  
Advocates for Youth  
AIDS Action  
AIDS Alliance for Children, Youth, and Families  
AIDS Foundation of Chicago  
The AIDS Institute  
AIDS Vaccine Advocacy Coalition  
Alliance for Microbicide Development  
American Academy of HIV Medicine  
American Jewish World Service  
amfAR, the Foundation for AIDS Research  
California Microbicides Initiative  
CARE USA  
Catholics for Choice  
Center for Health and Gender Equity  
Community Education Group  
Community HIV/AIDS Mobilization Project (CHAMP)  
CONRAD  
Constella Group  
Elizabeth Glaser Pediatric AIDS Foundation  
EngenderHealth  
Family Care International  
Family Health International  
The Female Health Foundation  
Futures Group  
Gay Men's Health Crisis  
Global AIDS Alliance  
Global Campaign for Microbicides  
Global Health Council  
Global Youth Coalition on HIV/AIDS  
Guttmacher Institute  
Harm Reduction Coalition  
HIV Medicine Association  
Ibis Reproductive Health  
International AIDS Vaccine Initiative  
International Partnership for Microbicides  
International Planned Parenthood Federation/ Western Hemisphere  
International Women's Health Coalition  
Ipas  
Management Sciences for Health  
Minnesota AIDS Project  
National Association of People With AIDS  
National Minority AIDS Council  
Pathfinder International  
Planned Parenthood-Golden Gate  
Planned Parenthood Federation of America  
Population Action International  
Population Council  
Population Services International  
San Francisco AIDS Foundation  
SIECUS, the Sexuality Information and Education Council of the United States  
The Female Health Foundation  
Treatment Action Group

## Faith-Based Organizations: Their Role in Public Health

By Ariana Grebe, SIECUS

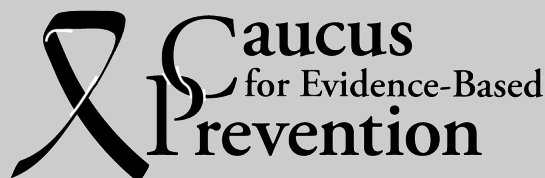
Questions about the role that religion and faith-based organizations (FBO) can play in addressing the HIV/AIDS epidemic have been few during this IAC. The satellite session "The Global P.E.A.C.E. Coalition Model: Teaming Public, Private and Faith Sectors" chaired by Dr. Rick and Kay Warren of Saddleback Church sought to illustrate what they deemed to be a new model of collaboration to successfully address the HIV/AIDS epidemic. This model asserts that NGOs and governments can not, and will not succeed without bringing in the faith sector.

The guiding premise behind this model is that a majority of people globally belong to some sort of faith tradition, whose religious institutions and places of worship are more pervasive and accessible than health care institutions. In the Western Province of Rwanda, for example, while there are only 3 hospitals and 26 clinics serving 650,000 individuals, often at a great distance from their homes, there are 726 local

churches for the same number of people.

FBOs have a long history in providing HIV/AIDS related services, demonstrating remarkable expertise in areas such as care of orphans and hospice care. The challenge, however, is whether that same moral framework which guides religious institutions to conduct outreach and serve the "least among us", might also impede the ability to deliver the full range of information and services that evidence has shown to be necessary in addressing the epidemic. Comprehensive HIV prevention necessitates addressing a range of issues regarding sexuality, which some deem contradictory to their religious beliefs. Geographic accessibility, therefore, should not mean that FBOs are the primary choice for delivery of all HIV services. Donors and policymakers must select implementing organizations based on their ability to promote sound, evidence-based public health programs, and not simply because they are in the neighborhood.

You are cordially invited to



**Weighing the Evidence: Prioritizing HIV Prevention in the Fight Ahead**

**A reception and roundtable discussion  
17:30-20:30, Session Room 7**

**Moderator:**

**Stephen Lewis, Co Director**  
AIDS-Free World

**Panelists:**

**Helen Gayle**  
CEO, CARE International

**Peter Figueroa**  
Chief of Epidemiology and AIDS,  
Ministry of Health, Jamaica

**Vuyiseka Dubula**  
Secretary General  
Treatment Action Campaign

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