

# Voluntary Contraceptive Services are Key to Global AIDS Prevention Efforts

## The Mexico City/Global Gag Rule Policy Would Only Impede Progress

The current draft (February 12) of the “United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008” would provide for a more integrated approach to combating AIDS, including support for contraceptive services as long as these services are focused on stopping the transmission of HIV. Specifically, the bill drafted by Foreign Affairs Committee Acting Chairman Howard Berman would allow (but not require) assistance to coordinate and integrate contraceptive services with HIV prevention, care and treatment programs. In addition, the bill would maximize the capacity of health care and family planning providers in preventing HIV.

Unfortunately, these provisions have been mischaracterized as blurring PEPFAR’s focus and duplicating family planning programs managed by USAID. Moreover, some say these provisions “will pour billions into the hands of abortion providers with little or no regard for the pro-life, pro-family cultures of recipient countries.”<sup>1</sup> Nothing could be further from the truth.

- **The bill would not support abortion-related services.** Under current law, no U.S. funds, including PEPFAR funds, may be used for abortion. The Helms amendment to the Foreign Assistance Act applies to PEPFAR as it does to all foreign aid. Nothing in the bill would change this long-standing policy.
- **Nothing in the bill would make family planning groups more eligible for PEPFAR funding than they are under current law.** The new provisions relating to contraception would have no effect on which organizations would be eligible for PEPFAR funds. Instead, the new provisions recognize the value of contraception in fighting HIV. The purpose is to make it easier for organizations already engaged in HIV prevention to receive support for more integrated programs.
- **Nothing in the bill would render any current or prospective recipient of PEPFAR funds less eligible than they are now.** Current law contains a “conscience clause” that explicitly exempts PEPFAR partners from participating in prevention or treatment methods to which they have religious or moral objection. The bill restates this policy.
- **The bill would strengthen support for contraceptive services for the purpose of augmenting the HIV prevention effort.** Many women living with HIV *do* want to have a child, or another child, and they clearly need special counseling

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<sup>1</sup> Media advisory, Rep. Mike Pence (R-IN), February 6, 2008.

and support. At the same time, many HIV-positive women express an explicit desire to prevent pregnancy. The provisions in the Berman bill would ensure that HIV-positive women who wish to delay or prevent a subsequent pregnancy have access to contraceptives. In the words of the late Chairman Lantos, “Do the people objecting to this provision want to stand in the way of a sick woman trying to avoid getting pregnant?”

- **Family planning within PEPFAR to prevent perinatal transmission is nothing new.** PEPFAR already requires the provision of voluntary family planning counseling and referral as part of its “minimum package” for prevention of mother-to-child transmission (PMTCT) services.<sup>2</sup> The Office of the Global AIDS Coordinator encourages integration of family planning activities and HIV prevention and treatment activities in its guidance to countries with programs receiving PEPFAR funds.<sup>3</sup> The Berman bill would strengthen these efforts to make it easier for HIV-positive women who want to prevent a pregnancy to have access to contraceptive services.

### **Voluntary Contraceptive Services for HIV-positive Women Who Want to Avoid Unintended Pregnancies are Key to Global AIDS Prevention Efforts**

A revitalized and more robust effort focused on HIV prevention cannot afford *not* to fully capitalize on the critical role of contraceptive services in fighting AIDS. Indeed,

- **There is an international consensus that provision of voluntary family planning services is a critical component of mother-to-child HIV prevention activities.** Prevention of unintended pregnancies is one of the four components of the United Nations/World Health Organization PMTCT strategy, and access to contraceptives is essential to helping women avoid such pregnancies.
- **Many people living with HIV want to avoid pregnancy but need help accessing contraceptive services.** The Centers for Disease Control and Prevention (CDC) reported in 2008 that among pregnant women receiving antiretroviral treatment in Uganda, 93% said their pregnancies were unintended. Another study reports that 84% of pregnancies among women in three PMTCT programs in South Africa were unintended.
- **Enhancing access to voluntary contraceptive services—beyond condoms—has been one of the best-kept secrets in contributing towards the prevention of new HIV infection.** USAID estimates that adding contraceptive services to PMTCT programs to make it easier for women to avoid future unintended pregnancies can prevent almost twice the number of pediatric HIV infections and almost four times the number of child deaths from AIDS as can nevirapine alone.

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<sup>2</sup> Definition of minimum PMTCT package of services, OGAC FY07 Reporting/FY08 Planning Indicators Reference Guide.

<sup>3</sup> PEPFAR FY2008 Country Operation Plan Guidance, page 101.

## **The Global Gag Rule and PEPFAR**

The Global Gag Rule/Mexico City policy is an administrative policy imposed by President Bush as of January, 2001 that forbids the distribution of foreign assistance for family planning to any “foreign nongovernmental organization which performs or actively promotes abortion as a method of family planning.”

- **President Bush issued a memorandum in August, 2003 explicitly exempting PEPFAR from the global gag rule restrictions** (see <http://www.whitehouse.gov/news/releases/2003/08/print/20030829-3.html>). Five years ago, in creating PEPFAR, then-Chairman Henry Hyde, a staunch anti-abortion advocate, agreed that there was a moral imperative to get immediate help to those afflicted by AIDS and that the gag rule would only impede that effort.
- **The inclusion of condoms under PEPFAR was no reason to add the gag rule in 2003; adding other contraceptives under PEPFAR is no different today.** HIV prevention efforts have long focused on encouraging correct and consistent condom use as part of a combination prevention strategy. Condoms, of course, are also a method of family planning—and yet condoms paid for by PEPFAR are exempt from the global gag rule. Similarly, contraceptives serve a “dual” purpose, preventing unintended pregnancy as well as mother-to-child transmission of HIV, and thus should also not be subject to the gag rule under PEPFAR.
- **Applying the gag rule to PEPFAR funding would inhibit the effectiveness of the U.S. AIDS strategy and impose restrictions based on ideology, not on best practices in health.** As recognized by the President in 2003, the global gag rule would encumber the fight against HIV by disqualifying those partners who may be the most needed and qualified to implement HIV programs on the ground. Attempts to prohibit PEPFAR assistance to family planning organizations, which are eligible for funding under current law, are driven by ideological stances on abortion that are non-germane to the purpose of the bill—namely, combating AIDS.
- **The Global Gag Rule on the USAID family planning program has not made abortion more rare; adding it to PEPFAR would not accomplish that either.** The policy’s main effect on the U.S. family planning program has been only to interfere with access to family planning services in certain areas and increase the likelihood of unsafe abortion. It would make no sense to extend the same failed policy to PEPFAR where the president and the Congress agreed in 2003 that doing so would impede the U.S. fight against HIV around the world.