AIDS, Abortion and Effective U.S. Policy

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Dear Colleague:

HIV/AIDS is sweeping through the continent of Africa. Past programs, based on the myth that African HIV/AIDS was spread by heterosexual sex, have failed to stop the epidemic. This is because most HIV/AIDS in Africa is the product of poor medical care, especially in "sexual and reproductive health" (abortion, sterilization, and contraception) programs. A new approach, based on abstinence and the rebuilding of primary health care systems in Africa, is needed.

Steven W. Mosher

President

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The need for effective AIDS relief in Africa, as called for by President Bush, is tragically self-evident. Of the estimated 42 million people worldwide who are currently HIV positive, nearly 30 million reside in Africa. One in eleven adults is infected with the disease. According to conservative demographic projections, there will be 300 million fewer Africans in 2050 because of the scourge of AIDS. Millions die each year, yet transmission rates in many of these countries are so startlingly high that the HIV/AIDS epidemic continues to spread. Three and a half million people were newly infected with the disease in 2002.

Past programs have been ineffective or, what's worse, have actually contributed to the spread of the disease. They have been based on a false premise—that HIV/AIDS in Africa is transmitted mainly by sex between men and women.

Many influential AIDS experts believe that heterosexual transmission and the sexual behavior of Africans accounts for 90% of HIV infections in African adults. But several new meta-analyses reveal that the real culprit may be medical transmission. These studies posit that unsafe injections and other medical exposures to contaminated blood may account for two-thirds or more of the new cases of HIV/AIDS. In this new view, heterosexual sex is, at most, responsible for one-third of the spread of HIV in Africa.

These findings have serious implications for current HIV/AIDS programs as practiced by USAID and the United Nations Global Fund. Their programs combine, or "integrate," HIV/AIDS relief programs with "sexual and reproductive health" (SRH) programs. Such "integrated" programs certainly raise the possibility of increased nonsexual transmission. They bring HIV positive and HIV negative patients together in the same setting, ramshackle clinics, and subject both to invasive medical procedures.

Among the procedures that may have directly contributed to the spread of HIV/AIDS in Africa are the reuse of injection equipment and multi-dose vials of injectable contraceptives such as Depo-Provera, or other medications used for STD treatment and antenatal care. Other family planning procedures which may serve as vectors for nonsexual transmission are Norplant implantation and abortion (called "post-abortion care") by manual vacuum aspirator (MVA).

This problem has been exacerbated by foreign aid programs which emphasize reproductive health procedures (contraception, sterilization, and

abortion) to the near exclusion of primary health care. Clinics are well supplied with Depo-Provera, IUDs, and condoms, but lack health care essentials such as rubber gloves, needles, and disinfectant. Medical equipment, such as syringes and manual vacuum aspirators, cannot be properly disinfected before they are reused. The local blood supply may be tainted, providing yet another vector for HIV transmission.

The over-reliance upon condoms that characterizes these programs is not without its drawbacks as well. The accompanying "safe sex" message creates a false sense of security that may encourage promiscuous behavior. New studies show that the condom does not provide absolute protection against HIV.

President Bush has proposed a program based on abstinence before marriage, fidelity within marriage, and condoms for the intemperate. Abstinence stops heterosexual transmission absolutely and should be promoted without hesitation or equivocation.

But the safe sex message alone is insufficient. Millions of married and monogamous couples on the African continent have gotten HIV/AIDS from poor medical procedures. To stop the infection of additional innocents we need to stop funding existing “integrated” HIV/SRH programs. These resources can then be shifted back into primary health care where they belong. Hundreds of millions of lives are at stake.