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The President's Emergency Plan for AIDS Relief (PEPFAR) is the most recent international social program instituted by the U.S. Government to combat HIV/AIDS. Since its inception in 2003, this foreign policy initiative has dedicated $63 billion for HIV/AIDS prevention and treatment in foreign countries. Despite PEPFAR's many accomplishments, it continues to promote controversial prevention strategies. This paper analyzes these prevention strategies,

utilizing social work values as described in the NASW Code of Ethics. Policy, practice, and research implications are discussed.

Key words: *HIV/AIDS, social work, international development, foreign policy, ethics*

Since the first reported cases of HIV/AIDS in 1981 (Center for Disease Control, 1981), there have been extraordinary advances in the prevention and treatment of HIV/AIDS, as well as a number of successful social programs. A U.S. expression of international concern has been the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which over the past five years has provided an unprecedented $15 billion to fight the international HIV/AIDS pandemic. In September 2008, PEPFAR was reauthorized for an additional five years and $48 billion.

Despite PEPFAR's accomplishments, its policies promote controversial prevention activities that can be seen as antithetical to social work ethical values. Social workers have a plethora of reasons to care about PEPFAR and about international HIV/AIDS prevention policy, not the least of which are ethical mandates as articulated in the National Association of Social Workers (NASW) *Code of Ethics* (1999) and by the International Federation of Social Workers (2004).

On January 28th, 2003, President George W. Bush introduced PEPFAR during his State of the Union address. According to President Bush, this comprehensive plan would prevent 7 million new AIDS infections, treat at least 2 million people with life-extending drugs, and provide humane care for 10 million people suffering from or impacted by AIDS. This level of assistance is unprecedented, and is the largest commitment by any nation to combat a single disease in human history (Dietrich, 2007). In May 2003, PEPFAR was signed into law under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act (Silverberg, 2007).

The Office of the Global AIDS Coordinator, which was established under the U.S. Department of State, administers and controls PEPFAR funds. These funds are distributed by a number of U.S. government agencies, including the United States Agency for International Development (USAID). Originally, 15 focus countries received PEPFAR funding: Botswana,

Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia (HIV Insite, 2007).

PEPFAR has achieved a number of notable goals. As of 2008, approximately 2.1 million individuals have received HIV/AIDS antiretroviral therapy through the PEPFAR program. Prophylactic antiretroviral therapy has been administered to 1.2 million HIV infected mothers, blocking nearly 240,000 cases of mother-to-child transmission. Services have been provided to over 4 million orphans and children affected by HIV/AIDS. Care services have been provided to approximately 10.1 million people living with HIV/AIDS and another 57 million received testing and counseling (PEPFAR, 2009).

A quick review of historical HIV/AIDS policies indicates that efforts to curtail the HIV/AIDS pandemic have been rife with controversy. In the United States, where HIV/AIDS was first identified among gay men, issues of stigma have been a consistent barrier for public health officials addressing the crisis (Derr, 1998). Efforts to curtail the HIV/AIDS pandemic in the international arena have also been inhibited by stigma and prejudice (Bethel, 1995). This prejudice has taken many forms, including the unquestioned perception that HIV/AIDS originated in Africa, and that minority and impoverished groups who are affected by this disease in the non-western world somehow promote its spread.

Social barriers and prejudices continue to affect the way HIV/AIDS prevention is addressed. PEPFAR has received similar criticism for these types of controversies. By analyzing PEPFAR's prevention policies, we advance further understanding of the ethical dilemmas inherent in PEPFAR's international mission, and identify areas in which this program can be improved upon.

Social justice is defined as "social change with and on behalf of vulnerable and oppressed individuals and groups of people" (NASW, 1999, n.p.). One of the most detrimental consequences of HIV is its impact on vulnerable populations. Groups who are at significant risk of contracting HIV/AIDS include minority groups, the poor (Bethel, 1995), men who have sex with men, injection drug users (Crandall, 1991), and sex workers (Hogan, Baltussen, Hayashi, Lauer, & Salomen,

2005). Historically, these vulnerable populations have not only been oppressed and marginalized by dominant groups, but have also faced prejudice when diagnosed with HIV/AIDS. This frightening combination often leaves these groups with multiple stigmas which contribute to their further marginalization by society (Crandall, 1991).

One of the most prominent features of PEPFAR has been its focus on providing HIV/AIDS treatment, care, and prevention to some of the poorest countries in the world. With the majority of its finances focused on sub-Saharan Africa, PEPFAR has ensured that its efforts are aimed at serving some of the world's most vulnerable and marginalized populations. Despite these efforts, PEPFAR has undergone criticism for excluding some vulnerable groups within recipient nations.

One example of a specific PEPFAR policy that contradicts the value of social justice among vulnerable groups is the requirement that recipient organizations sign documents affirming their opposition to sex work. Although this policy does not prohibit programs from providing services to sex workers, PEPFAR's effort to establish itself in moral opposition to prostitution obscures the fact that sex workers are a group at high risk for contracting HIV/AIDS. Especially within Africa, HIV/AIDS has spread among sex workers at explosive rates. Much of this proliferation has been linked to the migratory workers of the trucking industry (Bethel, 1995). Major trucking lines have been developed to allow for the quick exportation of natural resources, and truck drivers who spend long periods of time on these routes, away from their homes, become major consumers of the sex industry. Sex workers all along these lines are exposed to HIV/AIDS from a variety of distant geographic locations, and continue to be in great need of HIV/AIDS prevention efforts, especially within PEPFAR recipient countries such as Uganda and Kenya (Morris & Ferguson, 2006). By focusing on establishing the moral "wrongs" of sex work, PEPFAR inevitably discriminates against sex workers, draws focus away from the vulnerability of sex workers to HIV/AIDS, and excludes them from prevention activities.

The results of this anti-prostitution policy have already had the negative effect of causing recipient programs to scale back prevention efforts among sex workers (Dietrich, 2007). Some

countries have voiced their opposition to this policy, the most notable being Brazil, who rejected $40 million from PEPFAR, believing that PEPFAR's anti-sex work policy would further stigmatize sex workers, and make this important target group harder to reach with future prevention efforts. Despite these limited protests, most countries that receive PEPFAR funding are too impoverished to risk a loss of U.S. dollars (Dietrich, 2007), and follow PEPFAR's no sex work policy.

Another vulnerable group within the field of HIV/AIDS is Intravenous Drug Users (IDUs). In the early years of PEPFAR, this program was criticized for not devoting enough attention to IDUs (Morrison, Kates, & Nieburg, 2005). To the benefit of PEPFAR, many of these deficits were corrected through the 2008 reauthorization, which began to mandate annual reporting of research indicators relating to IDUs, and increased efforts with recipient countries to make services for IDUs national priorities (Lantos & Hyde, 2008). In the spirit of continued improvement, it should be noted that more work needs to be done with needle exchange programs. Despite research indicating that harm reduction programs such as needle exchange are effective ways to slow HIV/AIDS infection amongst IDUs (Sinding, 2005), the U.S. Congress' ban on needle exchange programs extends to PEPFAR programs implemented abroad (Gill, 2006). This policy prevents IDUs from receiving an effective HIV/AIDS prevention mechanism, and permits the disease to be spread through inaction.

The social work value of dignity and worth of each person is closely related to social justice. Respecting the dignity and worth of each person or groups of people means behaving in a manner that respects and supports that group's cultural realities. Furthermore, it means promoting persons' rights to live out their cultural realities through socially responsible self-determined goals and actions (NASW, 1999). This principle has even deeper implications in the international arena. In international social work, *dignity and worth* relate to another concept known as *indigenous knowledge*. Hart and Vorster (2006) explained that indigenous knowledge is a body of information that people in a local community have developed and continue to develop in light of their cultural, historical, social, and environmental context. A strong focus on indigenous knowledge

often encourages local groups to invest in projects. This investment helps to promote capacity building and the sustainability of projects after foreign funding ceases (Ife, 2000; Donnelly-Roark, 1998).

PEPFAR is dedicated to supporting the unique needs and challenges of each nation where the program is implemented, resulting in a mandate to "(adapt) U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work" (PEPFAR, n.d., n.p.). By establishing this precedent, PEPFAR has set itself in opposition to historical patterns among foreign assistance programs that have imposed Western solutions on non-Western contexts, ignoring the importance of indigenous knowledge systems.

Despite a commitment to promote contextually appropriate programs, a closer examination of PEPFAR reveals that certain policies may inhibit the ability of host countries to make decisions about how to address HIV/AIDS prevention. One example of this inhibited decision-making is PEPFAR's general use of the ABC model: (a) abstinence for youth; (b) being faithful in marriage; and (c) consistent use of condoms, in all of the focus countries (Kanabus & Noble, 2007). One of the more controversial aspects of the ABC model has been its heavy emphasis on promoting abstinence until marriage, despite the lack of conclusive evidence to support its use as an effective prevention strategy both in the U.S. (Collins, Alagiri, Summers, & Morin, 2002; Trenholm et al., 2007) and internationally (Casbarro & Jäger, 2007; Cohen & Tate, 2005; Steele, Bukusi, Cohen, Shell-Duncan, & Holmes, 2006).

Between 2004-2008, legislation required that one-third of all PEPFAR prevention funding be spent on ABC programs (Sepúlveda et al., 2007). The recent reauthorization of PEPFAR for 2009-2013 has removed this spending requirement, but now requires recipient programs to provide written justification when at least one half of all prevention funding is *not* spent on ABC programs (Tom Lantos and Henry J. Hyde, 2008). Laying aside all of the controversies surrounding the ABC prevention strategy, it should be recognized that these requirements deny the possibility that solutions could come from within the foreign countries that PEPFAR seeks to benefit. Instead, PEPFAR has simply required that the ABC prevention model

be translated into local cultures, which does not allow recipient groups to address prevention based upon local epistemologies, values, and needs.

Another example of PEPFAR programming not having enough cultural flexibility is found in the vulnerability of women to HIV/AIDS infection. In many of the cultures that receive PEPFAR funding, married women are at high risk for contracting HIV/AIDS from their husbands. For many of these women, prevention messages of abstinence and being faithful are not applicable, and may even increase the risk of HIV infection in ways that are beyond their control (Fleischman, 2003; Fleischman, 2005; Gordon & Vincent, 2006; Rawls, 2006). For instance, Fleischman (2003) reported that in countries where PEPFAR programming has been implemented, women between the ages of 15 and 24 are at greatest risk of HIV infection. Much of the increased risk for these young women can be attributed to the fact that there is a "feminization of the epidemic, rooted in their economic dependency and the denial of their rights" (Fleischman, 2003, p. 1). Women's lack of education and employment in many of these nations also leaves them at a uniquely increased danger for participation in high-risk behaviors such as sex work, as many of the male household breadwinners die from HIV/AIDS, leaving women alone to provide for their families' subsistence (Rawls, 2006).

During its first five years, PEPFAR made limited progress in focusing on the cultural implications of these gender-related issues (Cohen & Tate, 2005; Fleishman, 2005; Fleishman, 2007; Gordon & Vincent, 2006; Rawls, 2006). In 2008, PEPFAR's reauthorization made a number of provisions to address the vulnerabilities of women in the foreign context, including micro loans to women affected by HIV/AIDS, and coordination of HIV/AIDS programs with efforts to improve the economic and legal status of women and girls. Despite these improvements, advocates continue to question whether the PEPFAR reauthorization provides enough emphasis on the needs of women in non-Western nations. One major criticism has been that the reauthorization failed to integrate family planning programs into PEPFAR's prevention efforts, thereby denying HIV/AIDS services at a critical point of entry (Center for Health and Gender Equity, 2008).

The final social work value we will address is competence, which is expressed as the application of knowledge and skill to practice (NASW, 1999). This knowledge is expected to be based on reliable research or practice wisdom, and drives practice in ensuring that interventions are designed to serve the interests of those who are most in need.

Within the foreign context, PEPFAR's prevention strategies may have a number of unintended consequences that detract from the competency of its programs. Perhaps one of the most compelling ways to illustrate this is provided by Cohen and Tate (2005), who reported on the HIV/AIDS situation in Uganda. In this report, Uganda was described as one of the early success stories of HIV efforts on the African continent. This success has been attributed to Uganda's quick prevention efforts during the earliest years of the HIV/AIDS pandemic, as well as the transparency of politics concerning the issues of HIV/AIDS and sexual behavior. However, in 2004, strongly influenced by U.S. PEPFAR funding, Uganda passed an abstinence-based HIV prevention policy. As new services that promoted abstinence-only programs achieved increasing political support in Uganda, Non-Governmental Organizations (NGOs) became unable to distance themselves from these prevention strategies. This policy not only advocated for abstinence, but also withheld important information about HIV/AIDS, and spread inaccurate information about condom use (Cohen & Tate, 2005).

Another example of an unintended effect in PEPFAR practices can be found in Zambia. Gordon and Vincent (2006) described how abstinence programs were pushed to such an extent that prevention funds were restricted from being used for any marketing and promotion programs concerning condoms. It was the contention of these researchers that efforts to minimize condom use represented a deprivation of information concerning reproductive health. As a result of these practices, collaborative work between NGOs began to break down because of disagreements regarding effective HIV prevention strategies. Another result was the stigmatization of condom use by abstinence programs. Instead of promoting proper condom usage, messages began to circulate stating that condoms do not work, they have holes, and that wearing one will not make a

difference. Perhaps the most damaging aspect of this demonization of condom use was found in how individuals began to use them less frequently, and were less open to discuss them as a prevention strategy (Gordon & Vincent, 2006).

In addition to producing unintended consequences, PEPFAR's strict adherence to the ABC model also appears to be a barrier to improvement. Ironically, HIV/AIDS has been heavily researched, resulting in numerous publications that detail effective prevention interventions. The list of effective HIV/AIDS prevention strategies includes prevention of mother-to-child transmission, sex education and treatment of sexually transmitted infections, voluntary counseling and testing, interventions for sex workers, school based education programs (Hogan et al., 2005), needle exchange programs (Sinding, 2005), condom use (Morris & Ferguson, 2006), and a reduction in the number of sexual partners (Green, Halperin, Nantulya, & Hogle, 2006).

In the realm of international HIV/AIDS prevention, it has been suggested that only prevention strategies that have established credibility through evidence-based practice should be considered. However, evidence-based practice predicts that a universal HIV/AIDS prevention strategy is simply not possible. Evidence-based practice embraces the reality that strategies may need to be adapted or even discarded for alternatives that are more conducive to the foreign context (McKelroy et al., 2006). Within each country and community, there exists a host of socio-cultural factors that require different target populations to be addressed, and different intervention strategies to be utilized (Sepúlveda et al., 2007). PEPFAR's required use of the ABC model of HIV/AIDS prevention denies this socio-cultural reality, and may prohibit the development and improvement of prevention strategies.

Recommendations

Within the U.S., the social work community has historically played an important advocacy role among persons living with HIV/AIDS. Following the NASW's (1999) guidelines for social workers to concern themselves with global issues, it is our belief that members of the social work community need to

voice their concerns about how PEPFAR may alienate already vulnerable populations. Methods of voicing concerns can include: (a) advocating for change in national and international policies that discriminate against vulnerable and oppressed populations; (b) contacting legislators and other public representatives and advocating for changes in PEPFAR policies that are not supported by the value of social justice; (c) creating dialogue within professional organizations, such as NASW, about launching advocacy campaigns to address questionable PEPFAR policies; and (d) informing other social workers about this issue to raise awareness in the broader social work community.

One of the changes we recommend for PEPFAR is to discontinue claims about the universal applicability of the ABC model as an HIV/AIDS prevention strategy. These claims carry the assumption that Western programs contain the most advanced technologies to address social problems in the non-Western world (McKelroy et al., 2006). In contrast, we suggest a more additive model, such as the one proposed by Tsang, Yan, and Shera (2000). This model focuses on using traditional *recipient* communities to select evidence-based prevention programs that most closely reflect the values of their local communities. Such a process would include researching both Western and non-Western nations for solutions that would be most appropriately modified to the local context, and to the populations most vulnerable to HIV. As recipient communities become involved in this decision-making process, more symmetrical partnerships can be developed (Afwerki, 1997), and in addition program sustainability can be ensured in local communities after PEPFAR funding ceases (Donnelly-Roark, 1998).

The application of this additive approach extends far beyond PEPFAR. In fact, this call for a more culturally sensitive and additive approach to social policy should extend to all U.S. foreign social policies. It may even be appropriate to consider this approach for use in domestic social policies that involve different cultural groups.

A final important implication of this paper relates to social work research. A review of the social work literature from the past five years, the time period in which PEPFAR has been in

existence, revealed a dearth of information regarding PEPFAR, especially as it relates to social work. Since PEPFAR exists as an international social policy, social workers are in ideal positions to identify the gaps and to contribute to the further improvement of the program through research and evaluation. Social work researchers need to focus on investigating the needs of indigenous populations, weighing the benefits of alternative prevention programs, and evaluating the outcomes and effectiveness of PEPFAR programs within indigenous contexts.

A couple of factors must be kept in mind in considering the analysis of PEPFAR from a social work value perspective and the conclusions drawn from this analysis. The lack of academic research concerning the effectiveness of PEPFAR limited our access to information needed in order to comprehensively assess the benefits and drawbacks of PEPFAR. Therefore, we only concentrated on issues that are important to social workers, but may not have represented all of the issues that are important to PEPFAR recipient communities. An additional factor to consider is that not all of the values that are included in the NASW Code of Ethics (1999) were included in our analysis. A number of other important points have yet to be highlighted about the degree to which PEPFAR addresses the values of service, integrity, and the importance of human relationships.

PEPFAR is an important and historical program that has provided for the unprecedented appropriation of funds to fight global HIV/AIDS. The ethical analysis presented here is not aimed at the abolishment of PEPFAR—in fact, we advocate for increased U.S. involvement—but it is aimed at ensuring improved prevention efforts, so that those efforts are equitable, just, and promote self-determination and dignity of *all* those at risk or suffering from HIV/AIDS. It is important that the social work profession remains diligent in scrutinizing PEPFAR and other U.S. programs with the goal of improving, through practice and research initiatives, those policies that threaten social justice, the dignity and worth of individuals and groups, and competent practice.

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