Criticism swells against AIDS program's abstinence policy

The US program for overseas AIDS assistance expires next year, and, anticipating its renewal, critics are calling for changes in what they allege are serious flaws in its implementation.

Critics of the program, who have included scientists and activists, have been joined by the venerable Institute of Medicine (IOM), which was asked by the State Department to evaluate the President's Emergency Plan for AIDS Relief, dubbed PEPFAR.

PEPFAR began distributing aid in 2004 and aimed to spend \$15 billion over five years toward HIV prevention, treatment and care in 15 countries. On 30 March, a panel convened by the IOM reported that although PEPFAR is making strong early progress toward its goals, some of its policies are hindering its effectiveness.

The panel specifically urged the State Department office overseeing PEPFAR to revise two policies that have been controversial from the program's outset.

The first is a requirement that the program disburse money in certain ways—including a mandate that one-third of its prevention dollars support abstinence-until-marriage programs. Critics have long alleged that this mandate has limited the number of groups who can work with PEPFAR money, and biased its approach in favor of abstinence, which has not been proven to prevent the spread of HIV.

"We were really looking at the evidence," says Jaime Sepulveda, immediate past director of Mexico's National Institutes of Health, who chaired the IOM panel. "The budget allocations are not evidence based, and they predetermine a one-size-fits-all approach that is not helpful," Sepulveda says. "There should be a shift from budget allocations to performance targets."

The IOM panel also recommended that PEPFAR work to streamline its process for approving drugs for distribution through the program. Every drug bought with PEPFAR money must first be approved by the US Food and Drug Administration (FDA). This seemingly reasonable policy has prevented PEPFAR from delivering cheap generic drugs in many cases because they are not FDA approved. The IOM panel recommended that the State Department determine whether the World Health Organization's generic drug approval process could instead serve as the international standard.

Ambassador Mark Dybul, who oversees PEPFAR, welcomed the IOM report, but told reporters that criticism of the FDA requirement is outdated because the agency has approved more than 40 generic HIV drugs. Dybul also disagreed with the conclusion that the program's spending requirements, including its abstinence provisions, are counterproductive.

The panel's report signals rising resistance to the Bush administration's support of abstinence policies. Even within the US, a growing number of states are beginning to refuse federal funds that specifically support abstinence programs in schools.

Critics of the policy hope that the IOM report boosts their efforts to change PEPFAR policies.

Democratic Congresswoman Barbara Lee on 27 March introduced a bill that would

Political science: The US AIDS program reserves a third of its prevention dollars for abstinence schemes.

remove PEPFAR's abstinence requirement. The bill, nicknamed the PATHWAY Act, was first introduced last year and languished in a Republican Congress. But with growing skepticism about abstinence—and a Democrat-controlled Congress—Lee's supporters say they hope the bill goes farther this time.

Erika Check, San Francisco

Epilepsy controlled by low-carb diet's effect on brain channels

Doctors have for nearly a century prescribed a low-carbohydrate diet to help prevent seizures in people with epilepsy, but they had no idea why it works—until now.

Harvard University researchers in April reported that the strict diet—dubbed the ketogenic diet because it induces a state of ketosis, in which the body is forced to use fat for energy—may enhance the function of electrical switches in an area of the brain that controls seizures (*J. Neurosci.* 27, 3618–3625; 2007). With further testing, the mechanism could reveal potential drug targets, experts say.

"They picked a very tempting target," says Jeffrey Noebels, a neuroscientist at Baylor College

of Medicine who was not associated with the study.

In more than a third of people with epilepsy, seizures cannot be controlled with medication and many, mostly children, turn to the ketogenic diet as an alternative. Up to a third of those people become completely seizure free on the diet and up to another third see significant improvement (*Epilepsia* 44, 26–29; 2003).

How the diet works, however, has long been a mystery. "It's a total black box," says James O. McNamara, a neuroscientist at Duke University. "The theories are all over the place."

Developing a drug that could replace the diet is key because the eating regimen is arduous. The diet consists entirely of fats and protein in portions that are precisely weighed and timed, and dieters must be