110TH CONGRESS
1ST SESSION

# S. 2415

To require the President and the Office of the Global AIDS Coordinator to establish a comprehensive and integrated HIV prevention strategy to address the vulnerabilities of women and girls in countries for which the United States provides assistance to combat HIV/AIDS, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

DECEMBER 5, 2007

Mr. REID (for Mrs. CLINTON) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

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# A BILL

To require the President and the Office of the Global AIDS Coordinator to establish a comprehensive and integrated HIV prevention strategy to address the vulnerabilities of women and girls in countries for which the United States provides assistance to combat HIV/AIDS, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Protection Against
5 Transmission of HIV for Women and Youth Act of 2007".

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The United Nations Joint Program on
4 AIDS (referred to in this Act as ''UNAIDS'') esti-
5 mates that more than 33,000,000 people were in-
6 fected with HIV/AIDS at the end of 2007, the vast
7 majority of whom are living in the developing world.

8 (2) According to the World Health Organiza-
9 tion, unprotected heterosexual sex is a major factor
10 in the spread of HIV infections worldwide.

11 (3) According to UNAIDS, women and adoles-
12 cent girls account for about 50 percent of all HIV
13 infections worldwide. In sub-Saharan Africa, women
14 and girls make up about 60 percent of all infections
15 and 76 percent of infections among those who are
16 between 15 and 24 years of age.

17 (4) Women and girls are biologically, socially,
18 and economically more vulnerable to HIV infection.
19 Gender disparities in the rate of HIV infection are
20 the result of a number of factors, including—

21 (A) cross generational sex with older men
22 who are more likely to be infected with HIV, a
23 lack of choice regarding when and whom to
24 marry, leading to early marriages and high
25 rates of child marriages with older men, and
26 the fact, according to UNICEF, that about 42

1 percent of all adolescent females in Africa and
2 about 48 percent of adolescent females in South
3 Asia are married by age 18;
4 (B) high rates of infection within marriage
5 because married girls are more likely to have
6 unprotected sex and have far more frequent sex
7 than their unmarried peers, indicating that
8 marriage cannot be considered a protective fac-
9 tor against HIV infection;
10 (C) an inability to negotiate safe sex in
11 marriage or with regular partners, the fact that
12 married women and married and unmarried ad-
13 olescent females often are unable to negotiate
14 the frequency and timing of sexual intercourse,
15 ensure their partner's faithfulness, or insist on
16 condom use, and the fact that women often run
17 the risk of being infected by husbands or male
18 partners in societies in which it is common or
19 accepted for men to have more than 1 partner;
20 (D) social and economic inequalities based
21 largely on gender which limit access for women
22 and girls to education and employment opportu-
23 nities and which prevent them from asserting
24 their inheritance and property rights, including,
25 for many women, a lack of independent eco-

1 nomic means sustains their fear of abandonment, eviction, or ostracism from their homes and communities, and can leave many more of them trapped within relationships where they are vulnerable to HIV infection;

(E) a lack of educational opportunities for women and girls, since access to education is linked to delayed intercourse, increased age-at-marriage, delayed childbearing, increased child survival, improved nutrition, and reduced risk of HIV infection, among other positive outcomes;

(F) high rates of gender-based violence, rape, and sexual coercion within and outside of marriage, including, according to the World Health Organization, between $1/6$ and $3/4$ of women in various countries and settings have experienced some form of physical or sexual violence since age 15;

(G) fear of domestic violence and the continuing stigma and discrimination associated with HIV/AIDS prevents many women from accessing information about HIV/AIDS, getting tested, disclosing their HIV status, accessing services to prevent mother-to-child trans-

1 mission, or receiving treatment and counseling
2 even when they already know they have been in-
3 fected with HIV;
4 (H) an increase in commercial sex for sur-
5 vival, due to pervasive poverty, social disloca-
6 tion, war and internal conflicts, and other fac-
7 tors, including, according to UNAIDS, the vul-
8 nerability of sex workers to HIV infection is
9 heightened by stigmatization and
10 marginalization, limited economic options, lim-
11 ited access to health, social, and legal services,
12 limited access to information and prevention
13 means, gender-related differences and inequal-
14 ities, sexual exploitation and trafficking, harm-
15 ful or nonprotective legislation and policies, and
16 exposure to risks associated with commercial
17 sex such as violence, substance use, and in-
18 creased mobility;
19 (I) lack of access to basic HIV prevention
20 information, education, and services, and lack
21 of coordination with existing reproductive
22 health services to reduce stigma and maximize
23 coverage;
24 (J) lack of access to currently available fe-
25 male-controlled HIV prevention methods, such

1 as the female condom, and lack of training on
2 proper use of either male or female condoms;
3 (K) high rates of other sexually trans-
4 mitted infections, unintended pregnancy, and
5 complications during pregnancy and childbirth;
6 and
7 (L) an absence of legal frameworks de-
8 signed to protect the rights of women and girls
9 and the lack of accountable and effective en-
10 forcement of such frameworks, where they exist.
11 (5) Efforts to increase women's access to com-
12 prehensive prevention information and services, ad-
13 dress gender violence, increase women's economic
14 and social status, and foster equitable partnerships
15 between women and men are all central to reducing
16 the spread of HIV/AIDS worldwide and to enhanc-
17 ing the success of effective treatment and care pro-
18 grams supported by the United States.
19 (6) The comprehensive, integrated, 5-year strat-
20 egy to combat global HIV/AIDS submitted to Con-
21 gress on February 23, 2004 (as required by section
22 101 of the United States Leadership Against HIV/
23 AIDS, Tuberculosis, and Malaria Act of 2003 (Pub-
24 lic Law 108–25; 22 U.S.C. 7611)), does not ade-
25 quately focus or provide sufficient details on how the

1 United States Government plans to address the fac-
2 tors that lead to gender disparities in the rate of
3 HIV infection in order to successfully prevent HIV
4 infection among both married and unmarried women
5 and girls. The March 2007 Institute of Medicine re-
6 port, entitled "PEPFAR Implementation: Progress
7 and Promise", affirms that additional programming
8 is required to address the factors that put women
9 and girls at risk of contracting HIV.

10 **SEC. 3. STRATEGY TO PREVENT HIV INFECTIONS AMONG**
11 **MARRIED AND UNMARRIED WOMEN AND**
12 **GIRLS.**

13 (a) STATEMENT OF POLICY.—In order to meet the
14 stated goal of preventing 7,000,000 new HIV infections
15 worldwide, as announced by President George W. Bush
16 in his address to Congress on January 28, 2003, it is the
17 policy of the United States to pursue a global HIV preven-
18 tion strategy that emphasizes the immediate and ongoing
19 needs of married and unmarried women and girls and ad-
20 dresses the factors that lead to gender disparities in the
21 rate of HIV infection.

22 (b) STRATEGY.—Not later than 180 days after the
23 date of the enactment of this Act, the President shall for-
24 mulate, submit to the appropriate congressional commit-
25 tees, and make available to the public, a comprehensive,

integrated, and culturally relevant global HIV prevention strategy that addresses the vulnerabilities of married and unmarried women and girls to HIV infection and seeks to reduce the factors that lead to gender disparities in the rate of HIV infection. The strategy shall encompass comprehensive health and HIV prevention education at the individual and population level beyond the ABC model (''Abstain, Be faithful, use Condoms'') as a means to reduce HIV infections and shall include the following strategies:

(1) Empowering women and girls to avoid cross-generational sex and to decide when and whom to marry in order to reduce the incidence of early- or child-marriage.

(2) Dramatically increasing access to currently available female-controlled prevention methods and including investments in training to increase the effective and consistent use of both male and female condoms.

(3) Accelerating the destigmatization of HIV/AIDS, as women are generally at a disadvantage in combating stigma.

(4) Addressing and preventing the consequences of gender based violence and rape against women and girls.

1 (5) Promoting male attitudes and behavior that
2 respect the human rights of women and girls and
3 that support and foster gender equality.
4 (6) Supporting the development of micro-enter-
5 prise initiatives, job training programs, and other
6 such efforts to assist women in developing and re-
7 taining independent economic means.
8 (7) Supporting expanded educational opportuni-
9 ties for women and girls.
10 (8) Protecting the property and inheritance
11 rights of women.
12 (9) Coordinating HIV prevention information
13 and education services and programs for all people,
14 including people living with HIV/AIDS, with existing
15 health care services targeted to women and girls,
16 such as family planning, comprehensive reproductive
17 health services, and programs to reduce the trans-
18 mission of HIV between parents and children, and
19 expanding the reach of such health services.
20 (10) Promoting gender equality by supporting
21 the development of civil society organizations focused
22 on the needs of women and utilizing such organiza-
23 tions that are already empowering women and girls
24 at the community level.

1 (11) Encouraging the creation and effective en-
2 forcement of legal frameworks that guarantee
3 women equal rights and equal protection under the
4 law.

5 (12) Encouraging the participation and involve-
6 ment of women in drafting, coordinating, and imple-
7 menting the national HIV/AIDS strategic plans of
8 their countries.

9 (13) Responding to other economic and social
10 factors that increase the vulnerability of women and
11 girls to HIV infection.

12 (c) COORDINATION.—In formulating and imple-
13 menting the global HIV prevention strategy pursuant to
14 subsection (b), the President shall ensure that the United
15 States coordinates its overall HIV/AIDS policy and pro-
16 grams with the national governments of the countries for
17 which the United States provides assistance to combat
18 HIV/AIDS and with international organizations, other
19 donor countries, and indigenous organizations, includ-
20 ing—

21 (1) organizations focused on or providing serv-
22 ices to expanding and enforcing women's rights, im-
23 proving women's health, and expanding education
24 for women and girls; and

1 (2) organizations providing services to, and ad-
2 vocating on behalf of, individuals living with and af-
3 fected by HIV/AIDS.

4 (d) GUIDANCE.—The President shall—

5 (1) provide clear guidance to field missions of
6 the United States Government in countries for which
7 the United States provides assistance to combat
8 HIV/AIDS, based on the strategies specified under
9 subsection (b); and

10 (2) submit the guidance described in paragraph
11 (1) to the appropriate congressional committees and
12 make the guidance available to the public.

13 (e) COUNTRY OPERATIONAL PLANS.—In formulating
14 and implementing the global HIV prevention strategy re-
15 quired under subsection (b), the President, acting through
16 the Office of the Global AIDS Coordinator and field mis-
17 sions of the Federal Government in countries for which
18 the United States provides assistance to combat HIV/
19 AIDS, shall consult with appropriate local and national
20 organizations regarding the vulnerability of women and
21 girls at risk of, or living or affected by, HIV and AIDS
22 as part of the development of country operational plans.

23 (f) REPORT.—

24 (1) IN GENERAL.—Not later than 1 year after
25 the date of the enactment of this Act, and annually

1 thereafter as part of the annual report required
2 under section 104A(e) of the Foreign Assistance Act
3 of 1961 (22 U.S.C. 2151b–2(e)), the President
4 shall—
5 (A) submit a report on the implementation
6 of this Act during the prior fiscal year to the
7 appropriate congressional committees; and
8 (B) make the report described in para-
9 graph (1) available to the public.
10 (2) CONTENTS.—The report prepared under
11 paragraph (1) shall include—
12 (A) a description of the prevention pro-
13 grams designed to address the vulnerabilities to
14 HIV/AIDS of married and unmarried women
15 and youth; and
16 (B) a list of all nongovernmental organiza-
17 tions in each country that receive assistance
18 from the United States to carry out HIV pre-
19 vention activities, including the amount and the
20 source of funding received.
21 **SEC. 4. BALANCING FUNDING FOR HIV PREVENTION METH-**
22 **ODS.**
23 (a) FINDINGS.—Congress finds the following:
24 (1) While effective evidence-based and measur-
25 able strategies for delaying sexual debut are critical

1 components of comprehensive HIV prevention pro-
2 grams, current United States funded HIV preven-
3 tion programs based on the ABC model of ‘‘Abstain,
4 Be faithful, use Condoms’’ are too narrow in scope
5 and do not respond to the circumstances that put
6 women and girls at risk of contracting HIV.
7 (2) In order to maximize the impact of United
8 States foreign assistance to combat HIV/AIDS, all
9 sexually active persons in each country should be
10 equipped with all the skills and tools necessary to
11 avoid infection, including information and training
12 on delay of sexual debut and the practice of safer
13 sex, whether sexual activity begins within or outside
14 of marriage.
15 (3) Under section 403(a) of the United States
16 Leadership Against HIV/AIDS, Tuberculosis, and
17 Malaria Act of 2003 (Public Law 108–25; 22 U.S.C.
18 7673), 33 percent of all United States foreign assist-
19 ance provided for preventing the spread of HIV
20 must be spent on abstinence-until-marriage pro-
21 grams. Based on operational guidance to field mis-
22 sions of the United States Government, in order to
23 meet this requirement, 50 percent of all United
24 States foreign assistance provided for preventing the
25 spread of HIV at the country level must be spent on

1 prevention of sexual transmission and 66 percent of
2 all such funding for sexual transmission must be
3 spent on the Abstinence and Be faithful components
4 of the ABC model.

5 (4) A recent report by the Government Ac-
6 countability Office, entitled Global Health: Spending
7 Requirement Presents Challenges for Allocating Pre-
8 vention Funding under the President's Emergency
9 Plan for AIDS Relief (GAO–06–395, April 4, 2006)
10 found the following:

11 (A) Because it requires country teams to
12 segregate the Abstinence and Be faithful com-
13 ponents of the ABC model from funding for
14 ''other prevention'', the abstinence-until-mar-
15 riage spending requirement can undermine the
16 team's ability to design and implement pro-
17 grams that integrate the components of the
18 ABC model, 1 of the guiding principles of the
19 President's Emergency Plan for AIDS Relief
20 sexual transmission prevention strategy. Eight
21 of the 15 focus country teams indicated that
22 segregating the Abstinence and Be faithful
23 components of the ABC model from ''other pre-
24 vention'' funding compromised the integration

1 of their programs. Examples of the problems
2 they cited include the following:
3 (i) Segregating program funding com-
4 promises the integration of ABC activities,
5 especially for at-risk groups that need com-
6 prehensive messages.
7 (ii) Segregating program funding lim-
8 its some country teams' ability to shift pro-
9 gram focuses to meet changing prevention
10 needs.
11 (B) A large majority of the 20 country
12 teams required to meet the abstinence-until-
13 marriage spending requirement or obtain ex-
14 emptions reported that the requirement pre-
15 sented challenges to their efforts to respond to
16 local prevention needs. Seventeen of these
17 teams reported, either through documents sub-
18 mitted to the Office of the Global AIDS Coordi-
19 nator (referred to in this section as "OGAC")
20 or through structured interviews, that meeting
21 the spending requirement, including OGAC's 50
22 percent and 66 percent policies implementing it,
23 challenged their ability to develop interventions
24 that are responsive to local epidemiology and
25 social norms.

1 (C) Between September 2005 and January
2 2006, 10 of these teams submitted documents
3 to OGAC requesting exemption from the spend-
4 ing requirement as it was defined in OGAC's
5 August 2005 guidance. These documents high-
6 light various challenges that the country teams
7 associated with meeting the spending require-
8 ment, including the following:
9 (i) Reduced spending for Prevention
10 of Mother to Child Transmission.
11 (ii) Limited funding to deliver appro-
12 priate prevention messaging to high-risk
13 groups.
14 (iii) Lack of responsiveness to cultural
15 and social norms.
16 (iv) Cuts in medical and blood safety
17 activities.
18 (v) Elimination of care programs.
19 (D) In addition, 7 teams that did not sub-
20 mit documents requesting exemption from the
21 spending requirement (they did not meet
22 OGAC's proposed criteria for requesting exemp-
23 tions) identified, in structured interviews, spe-
24 cific program constraints related to meeting the

1 abstinence-until-marriage spending requirement,
2 including the following:
3 (i) Difficulty reaching certain popu-
4 lations with comprehensive ABC messages.
5 (ii) Limited or reduced funding for
6 programs targeted at high-risk groups.
7 (iii) Reduced funding for services to
8 prevent mother to child transmission.
9 (iv) Difficulty funding programs for
10 condom procurement and condom social
11 marketing.
12 (b) STATEMENT OF POLICY.—In carrying out the ac-
13 tivities required by the United States Leadership Against
14 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public
15 Law 108–25; 22 U.S.C. 7601 et seq.) and the amend-
16 ments made by that Act, it is the policy of the United
17 States—
18 (1) to provide flexibility to support the imple-
19 mentation of culturally relevant HIV prevention pro-
20 grams that are carried out in accordance with the
21 global HIV prevention strategy established pursuant
22 to section 3;
23 (2) to ensure that onerous requirements are not
24 imposed with respect to how funds made available

for such programs can be obligated and expended; and

(3) to prevent the unnecessary reduction in funding for effective HIV programs in order to meet any such onerous requirements.

(c) AMENDMENTS TO FUNDING PROVISIONS OF THE UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA ACT OF 2003.—

(1) SENSE OF CONGRESS.—Section 402(b)(3) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7672(b)(3)) is amended by striking '', of which such amount at least 33 percent should be expended for abstinence-until-marriage programs''.

(2) ALLOCATION OF FUNDS.—Section 403(a) of such Act (22 U.S.C. 7673(a)) is amended by striking the second sentence.

**SEC. 5. DEFINITIONS.**

In this Act:

(1) AIDS.—The term ''AIDS'' means the acquired immune deficiency syndrome.

(2) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ''appropriate congressional committees'' means the Committee on Foreign Affairs of

1 the House of Representatives and the Committee on
2 Foreign Relations of the Senate.
3 (3) HIV.—The term ''HIV'' means the human
4 immunodeficiency virus, the pathogen that causes
5 AIDS.
6 (4) HIV/AIDS.—The term ''HIV/AIDS''
7 means, with respect to an individual, an individual
8 who is infected with HIV or living with AIDS.

○