

108TH CONGRESS
2D SESSION

H. R. 4792

To require the President to establish a comprehensive, integrated, and culturally appropriate HIV prevention strategy that emphasizes the needs of women and girls for each country for which the United States provides assistance to combat HIV/AIDS, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2004

Ms. LEE (for herself, Mr. LANTOS, Mr. WEXLER, Mr. PAYNE, Mr. MCGOVERN, Mr. GRIJALVA, Ms. CORRINE BROWN of Florida, Mr. OWENS, Mr. RUSH, Ms. WATERS, Ms. NORTON, Mr. CONYERS, Mr. BROWN of Ohio, Mr. BELL, Mr. McDERMOTT, Mr. CROWLEY, Mr. GUTIERREZ, Ms. CARSON of Indiana, Mr. PALLONE, Mr. DAVIS of Illinois, Mrs. MALONEY, Mr. DELAHUNT, Mrs. CHRISTENSEN, Mr. CUMMINGS, Mr. DOGETT, Mr. OLVER, Mr. FRANK of Massachusetts, Ms. JACKSON-LEE of Texas, Mr. WAXMAN, Ms. WATSON, Ms. KILPATRICK, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. THOMPSON of Mississippi, Mr. JACKSON of Illinois, Mr. SCOTT of Virginia, Mr. SCOTT of Georgia, Mr. LEWIS of Georgia, Mr. CLYBURN, Ms. MILLENDER-MCDONALD, Mr. BISHOP of Georgia, Ms. MCCOLLUM, Mr. WYNN, Mr. KUCINICH, Mr. RANGEL, Ms. SOLIS, Mr. DICKS, Ms. SCHAKOWSKY, Mrs. MCCARTHY of New York, Mr. MEEKS of New York, Mr. DINGELL, Mr. BERMAN, Ms. DELAURO, Mrs. JONES of Ohio, Mr. MORAN of Virginia, and Mr. SERRANO) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To require the President to establish a comprehensive, integrated, and culturally appropriate HIV prevention strategy that emphasizes the needs of women and girls for each country 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 “New United States
5 Global HIV Prevention Strategy to Address the Needs of
6 Women and Girls Act of 2004”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) Globally, the United Nations Joint Pro-
10 gramme on HIV/AIDS (UNAIDS) estimates that
11 there are more than 40,000,000 people infected with
12 HIV/AIDS, the vast majority of whom live in the de-
13 veloping world. For a number of reasons, women
14 and girls are biologically, socially, and economically
15 more vulnerable to HIV infection, and today they
16 represent more than half of all individuals who are
17 infected with HIV worldwide.

18 (2) In sub-Saharan Africa, women and girls
19 make up 60 percent of those individuals infected
20 with HIV. Data from several countries in Africa in-
21 dicate that women ages 15 to 24 are from two and
22 a half to thirteen times more likely to be infected
23 with HIV as their male counterparts.

1 (3) Gender disparities in the rates of HIV in-
2 fection are the result of a number of factors, includ-
3 ing—

4 (A) inadequate knowledge about how HIV
5 is transmitted;

6 (B) lack of access to basic HIV prevention
7 and reproductive health services;

8 (C) an inability to negotiate safer sex with
9 regular partners;

10 (D) social norms that prevent frank and
11 open discussions about sex;

12 (E) a lack of access to female-controlled
13 HIV prevention methods, such as the female
14 condom and, when available, microbicides; and

15 (F) social and economic inequalities based
16 largely on gender.

17 (4) Current HIV prevention programs designed
18 to support the ABC model: “Abstain, Be faithful,
19 use Condoms”, are not always effective at address-
20 ing the central fact that women and girls are often
21 powerless to abstain from sex, ensure their partner’s
22 faithfulness, or to insist on condom use even within
23 marriage, and especially in the case of early- or
24 child-marriages. Women may also be coerced into
25 unprotected sex and they often run the risk of being

1 infected by husbands or male partners in societies
2 where it is common or accepted for men to have
3 more than one partner.

4 (5) Recognizing that current international HIV
5 prevention and protection efforts are failing women
6 and girls, UNAIDS officially launched the Global
7 Coalition on Women and AIDS on February 2,
8 2004, to focus on preventing new HIV infections
9 among women and girls, promoting equal access to
10 HIV care and treatment, increasing access to fe-
11 male-controlled prevention methods such as female
12 condoms, accelerating microbicides research, pro-
13 tecting women's property and inheritance rights,
14 supporting ongoing efforts toward reaching universal
15 primary education for girls, and reducing violence
16 against women.

17 (6) Violence against women, perpetuated by
18 their intimate partners, is a major human rights and
19 public health problem throughout the world and it is
20 also a major contributing factor to the spread of
21 HIV. According to the World Health Organization
22 (WHO), one-fifth to one-third of women ages 15 to
23 49 have experienced some form of physical abuse or
24 sexual coercion in their lifetimes, the vast majority
25 within marriage.

1 (7) Unfortunately, current HIV prevention pro-
2 grams do not place enough importance on respond-
3 ing to violence against women, changing the social
4 norms that shape the attitudes and behaviors of men
5 and boys toward women and girls, or using strate-
6 gies to promote effective communication among cou-
7 ples on matters of sex and reproduction.

8 (8) The fear of domestic violence and the con-
9 tinuing stigma and discrimination associated with
10 HIV/AIDS prevents many women from accessing in-
11 formation about HIV/AIDS, getting tested, dis-
12 closing their HIV status, accessing services to pre-
13 vent mother-to-child transmission, or receiving treat-
14 ment and counseling even when they already know
15 they have been infected with HIV.

16 (9) Economic and social disparities between
17 men and women amplify the effects of stigma and
18 discrimination, the fear of domestic violence, and
19 other risks of HIV infection faced by women and
20 girls. Unequal access to education, income, land, and
21 other productive resources leaves many women and
22 girls dependent on men for income, housing, suste-
23 nance and social security.

24 (10) For women and girls, gender discrimina-
25 tion in the ownership and retention of property also

1 contributes to an increased risk of sexual abuse, ex-
2 ploitation, and HIV infection. As women's property
3 rights are violated on a massive scale by in-laws, rel-
4 atives, communities, and government officials, the
5 impact on women and their dependents is cata-
6 strophic. Many women end up homeless or living in
7 slums, begging for food and water, unable to afford
8 health care or school fees for their children, and
9 many women resort to working as commercial sex
10 workers in order to make ends meet.

11 (11) For many women, the combination of stig-
12 ma, violence, and a lack of independent economic
13 means sustains their fear of abandonment, eviction,
14 or ostracism from their homes and communities, and
15 can leave many more of them trapped within rela-
16 tionships where they are vulnerable to HIV infec-
17 tion.

18 (12) Women also face additional obstacles due
19 to the pervasiveness of discriminatory legal frame-
20 works that fail to guarantee equal rights or equal
21 protection before the law. In many cases, inequitable
22 divorce and property laws make it difficult for
23 women to leave abusive relationships, and in coun-
24 tries where laws against gender violence exist, insuf-
25 ficient resources, coupled with discriminatory prac-

1 tices by police and courts and a lack of institutional
2 support, leave women without access to adequate
3 protection.

4 (13) Recently, numerous studies have emerged
5 indicating that early or child marriage cannot be
6 considered a protective factor against HIV infection.
7 These studies show that young women between the
8 ages of 15–19 who are married are at significantly
9 higher risk of contracting HIV/AIDS than single
10 women of the same age, in some cases by as much
11 as 10 percent.

12 (14) There are several reasons that sexually ac-
13 tive unmarried girls are less vulnerable to HIV infec-
14 tion than married adolescent girls, including the fact
15 that they tend to have sex less frequently, are more
16 likely to have sex with those closer to their own age,
17 and because they are more likely to use condoms
18 during sex. The result is that in many countries
19 today, most sexually transmitted HIV infections in
20 females occur either inside marriage or in relation-
21 ships women believe to be monogamous.

22 (15) Efforts to expand access to education for
23 women and girls and to increase the age at which
24 they marry are also critical to increasing the social
25 and economic power of women, reducing the spread

1 of HIV, and to the attainment of overall health and
2 development goals. For women and girls, education
3 is linked to delayed intercourse, increased age-at-
4 marriage, delayed childbearing, increased child sur-
5 vival, improved nutrition, and reduced risk of HIV
6 infection, among other positive outcomes.

7 (16) Although attendance at school is consid-
8 ered a protective factor in preventing transmission
9 of HIV, recent studies indicate that young women
10 between the ages of 15–19 who are married and do
11 not have children are less likely to be in school than
12 single women of the same age who do not have chil-
13 dren. In some instances the difference is striking, as
14 in the case of Nigeria, where 3 percent of young
15 married women are in school, as compared to 70
16 percent of young single women.

17 (17) As a result of these studies, HIV preven-
18 tion programs that strictly focus on promoting absti-
19 nence-until-marriage and do not provide comprehen-
20 sive health and sexuality education fail to adequately
21 address the true vulnerabilities faced by women, es-
22 pecially younger women, or to equip them properly
23 with the full range of tools they need to protect
24 themselves.

1 (18) A substantial body of evidence also exists
2 to support the coordination of HIV prevention initia-
3 tives, including programs to prevent the trans-
4 mission of HIV from mother-to-child, with existing
5 health care services, especially family planning and
6 reproductive health programs, as the health and
7 well-being of women and girls is improved when they
8 have access to comprehensive care that is designed
9 to address their needs.

10 (19) Over the last forty years, the United
11 States has made substantial investments in building
12 basic health care services for mothers and children,
13 including family planning and reproductive health
14 care programs. In many cases these programs serve
15 as a trusted source of health information and re-
16 sources to women, both for their own health and
17 well-being, and that of their children. Frequently,
18 these types of coordinated programs can also serve
19 as a source of information and resources free from
20 the stigma frequently associated with stand-alone
21 HIV prevention programs.

22 (20) The United States already works to coordi-
23 nate HIV prevention services with existing family
24 planning and reproductive health care programs, as
25 they represent a readily available platform upon

1 which to build new initiatives. Such efforts should
2 continue as part of any global expansion of HIV pre-
3 vention services in order to produce an efficient and
4 effective global health policy.

5 (21) Efforts to increase women's access to com-
6 prehensive prevention information and services, ad-
7 dress gender violence, increase women's economic
8 and social status, and foster equitable partnerships
9 between women and men are all central to reducing
10 the spread of HIV/AIDS worldwide and to enhanc-
11 ing the success of effective treatment and care pro-
12 grams supported by the United States.

13 (22) The comprehensive, integrated, five-year
14 strategy to combat global HIV/AIDS submitted to
15 Congress on February 23, 2004, as required by sec-
16 tion 101 of the United States Leadership Against
17 HIV/AIDS, Tuberculosis, and Malaria Act of 2003
18 (22 U.S.C. 7611), does not adequately focus or pro-
19 vide sufficient details on United States Government
20 strategies to prevent HIV infection among women
21 and girls.

22 **SEC. 3. STRATEGY TO PREVENT HIV INFECTIONS ON A**
23 **COUNTRY-BY-COUNTRY BASIS.**

24 (a) STATEMENT OF POLICY.—In order to meet the
25 stated goal of preventing 7,000,000 new HIV infections,

1 as announced by the President in his address to Congress
2 on January 28, 2003, it shall be the policy of the United
3 States to pursue an HIV prevention strategy for each
4 country for which the United States provides assistance
5 to combat HIV/AIDS that emphasizes the immediate and
6 ongoing needs of women and girls in those countries.

7 (b) STRATEGY.—Not later than 90 days after the
8 date of the enactment of this Act, the President shall es-
9 tablish a comprehensive, integrated, and culturally appro-
10 priate HIV prevention strategy for each country for which
11 the United States provides assistance to combat HIV/
12 AIDS. Each such strategy shall encompass comprehensive
13 health and HIV prevention education beyond the ABC
14 model: “Abstain, Be faithful, use Condoms”, as a means
15 to reduce HIV infections, particularly among women and
16 girls, and which strengthens the capacity of the United
17 States to be an effective leader of the international cam-
18 paign against HIV/AIDS. Each such strategy shall also
19 include the following:

20 (1) Increasing access to female-controlled pre-
21 vention methods, most immediately, access to female
22 condoms, and including training to ensure effective
23 and consistent use of such condoms.

1 (2) Accelerating destigmatization of HIV/AIDS,
2 as women are generally at a disadvantage in com-
3 bating stigma.

4 (3) Empowering women and girls to avoid
5 cross-generational sex and reduce the incidence of
6 early- or child-marriage.

7 (4) Reducing violence against women.

8 (5) Supporting the development of microenter-
9 prise programs and other such efforts to assist
10 women in developing and retaining independent eco-
11 nomic means.

12 (6) Promoting positive male behavior toward
13 women and girls.

14 (7) Supporting expanded educational opportuni-
15 ties for women and girls.

16 (8) Protecting the property and inheritance
17 rights of women.

18 (9) Coordinating HIV prevention services with
19 existing health care services, including programs in-
20 tended to reduce the transmission of HIV between
21 mother-to-child, and family planning and reproduc-
22 tive health services.

23 (10) Promoting gender equality by supporting
24 the development of civil society organizations focused
25 on the needs of women, and by encouraging the cre-

1 ation and effective enforcement of legal frameworks
2 that guarantee women equal rights and equal protec-
3 tion under the law.

4 (c) COORDINATION.—

5 (1) IN GENERAL.—In formulating each HIV
6 prevention strategy pursuant to subsection (b), the
7 President shall ensure that the United States coordi-
8 nates its overall HIV/AIDS policy and programs
9 with the national government of the country involved
10 and with other donor countries and organizations
11 through the Three Ones Principles. Such coordina-
12 tion shall include proper consultation and dialogue
13 with both indigenous and international nongovern-
14 mental organizations (including faith- and commu-
15 nity-based organizations) that work to combat HIV/
16 AIDS or that specifically work to address the needs
17 of women and girls through comprehensive health
18 care, education, or income-generating programs.

19 (2) DEFINITION.—In paragraph (1), the term
20 “Three Ones Principles” means the following three
21 guiding principles which provide a framework for co-
22 ordinated action on HIV/AIDS at the country level,
23 as developed by the United Nations Joint Pro-
24 gramme on HIV/AIDS (UNAIDS) and agreed to by

1 the United States and other donor countries and or-
2 ganizations on April 25, 2004:

3 (A) One national HIV/AIDS action frame-
4 work that provides the basis for coordinating
5 the work of the national government and all or-
6 ganizations in a country.

7 (B) One national HIV/AIDS coordinating
8 authority for the country, with a broad multi-
9 sector mandate.

10 (C) One national HIV/AIDS monitoring
11 and evaluation system for the country.

12 (d) REPORT.—Not later than 180 days after the date
13 of the enactment of this Act, the President shall transmit
14 to the appropriate congressional committees and make
15 available to the public a report that—

16 (1) contains a description of each HIV preven-
17 tion strategy established pursuant to subsection (b)
18 and a description of any ongoing United States-sup-
19 ported activities that relate to the elements of each
20 such strategy as described in paragraphs (1)
21 through (10) of subsection (b); and

22 (2) includes a list of the nongovernmental orga-
23 nizations (including faith- and community-based or-
24 ganizations) in each country that carry out such ac-
25 tivities, the amount and the source of funding re-

1 ceived, and the overall goals and implementation
2 strategy of such activities

3 **SEC. 4. BALANCING FUNDING FOR HIV PREVENTION METH-**
4 **ODS.**

5 (a) FINDING.—Congress finds that while in some
6 cases abstinence programs may help to delay sexual debut
7 among young people, when such programs are not com-
8 bined with comprehensive sexuality and life skills edu-
9 cation, these programs can leave young people who eventu-
10 ally do become sexually active without the appropriate
11 knowledge to protect themselves from sexually-transmitted
12 diseases such as HIV.

13 (b) STATEMENT OF POLICY.—In carrying out the ac-
14 tivities required by the United States Leadership Against
15 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
16 U.S.C. 7601 et seq.; Public Law 108–25), and the amend-
17 ments made by that Act, it shall be the policy of the
18 United States—

19 (1) to provide flexibility to support a variety of
20 culturally appropriate HIV prevention programs that
21 are carried out in accordance with the HIV preven-
22 tion strategy for each country for which the United
23 States provides assistance to combat HIV/AIDS, as
24 established pursuant to section 3 of this Act; and

1 (2) to ensure that unnecessary requirements are
 2 not imposed with respect to how funds made avail-
 3 able for such programs can be obligated and ex-
 4 pended.

5 (c) AMENDMENTS TO FUNDING PROVISIONS OF PUB-
 6 LIC LAW 108–25.—

7 (1) SENSE OF CONGRESS.—Section 402(b)(3)
 8 of the United States Leadership Against HIV/AIDS,
 9 Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
 10 7672(b)(3)) is amended by striking “, of which such
 11 amount at least 33 percent should be expended for
 12 abstinence-until-marriage programs”.

13 (2) ALLOCATION OF FUNDS.—Section 403(a) of
 14 such Act (22 U.S.C. 7673(a)) is amended by strik-
 15 ing the second sentence.

16 **SEC. 5. DEFINITIONS.**

17 In this Act:

18 (1) AIDS.—The term “AIDS” means the ac-
 19 quired immune deficiency syndrome.

20 (2) APPROPRIATE CONGRESSIONAL COMMIT-
 21 TEES.—The term “appropriate congressional com-
 22 mittees” means the Committee on International Re-
 23 lations of the House of Representatives and the
 24 Committee on Foreign Relations of the Senate.

1 (3) HIV.—The term “HIV” means the human
2 immunodeficiency virus, the pathogen that causes
3 AIDS.

4 (4) HIV/AIDS.—The term “HIV/AIDS”
5 means, with respect to an individual, an individual
6 who is infected with HIV or living with AIDS.

○