I

110TH CONGRESS
1ST SESSION

H. R. 1713

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.

IN THE HOUSE OF REPRESENTATIVES

MARCH 27, 2007

Ms. LEE (for herself and Mr. SHAYS) introduced the following bill; which was referred to the Committee on Foreign Affairs

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

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

SEC. 2. FINDINGS.

Congress finds the following:

(1) Globally, the United Nations Joint Program on AIDS (UNAIDS) estimates that at the end of 2006 there were more than 39,500,000 people infected with HIV/AIDS, the vast majority of whom are living in the developing world.

(2) According to the World Health Organization (WHO) unprotected heterosexual sex is now the single most important factor in the spread of HIV infections worldwide, representing 80 percent of new infections in sub-Saharan Africa.

(3) According to UNAIDS, women and adolescent girls account for about half of all HIV infections worldwide. In sub-Saharan Africa, women and girls make up 60 percent of all infections and 76 percent of infections among those aged 15–24.

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

(A) Cross generational sex with older men who are more likely to be infected with HIV, and a lack of choice regarding when and whom to marry, leading to early marriages and high

rates of child marriages with older men. About half of all adolescent females in Africa and two-thirds of adolescent females in Asia are married by age 18.

(B) High rates of infection within marriage. Research shows that married girls are more likely to have unprotected sex and have far more frequent sex than their unmarried peers, indicating that marriage cannot be considered a protective factor against HIV infection.

(C) An inability to negotiate safe sex in marriage or with regular partners. Studies show that married women and married and unmarried adolescent females often are unable to negotiate the frequency and timing of sexual intercourse, ensure their partner's faithfulness, or insist on condom use. Women often run the risk of being infected by husbands or male partners in societies where it is common or accepted for men to have more than one partner.

(D) Social and economic inequalities based largely on gender which limit access for women and girls to education and employment opportunities and which prevent them from asserting

their inheritance and property rights. For many women, a lack of independent economic 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 which are 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. According to the WHO, between one-sixth and three-quarters 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-

mission, or receiving treatment and counseling even when they already know they have been infected with HIV.

(H) An increase in commercial sex for survival, due to pervasive poverty, social dislocation, war and internal conflicts, and other factors. According to UNAIDS, the vulnerability of sex workers to HIV infection is heightened by stigmatization and marginalization, limited economic options, limited access to health, social, and legal services, limited access to information and prevention means, gender-related differences and inequalities, sexual exploitation and trafficking, harmful or nonprotective legislation and policies, and exposure to risks associated with commercial sex such as violence, substance use, and increased mobility.

(I) Lack of access to basic HIV prevention information, education, and services, and lack of coordination with existing reproductive health services to reduce stigma and maximize coverage.

(J) Lack of access to currently available female-controlled HIV prevention methods, such

as the female condom, and lack of training on proper use of either male or female condoms.

(K) High rates of other sexually transmitted infections, unintended pregnancy, and complications during pregnancy and childbirth.

(L) An absence of legal frameworks designed to protect the rights of women and girls and the lack of accountable and effective enforcement of such frameworks, where they exist.

(5) Efforts to increase women's access to comprehensive prevention information and services, address gender violence, increase women's economic and social status, and foster equitable partnerships between women and men are all central to reducing the spread of HIV/AIDS worldwide and to enhancing the success of effective treatment and care programs supported by the United States.

(6) The comprehensive, integrated, five-year strategy to combat global HIV/AIDS submitted to Congress on February 23, 2004, as required by section 101 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108–25; 22 U.S.C. 7611), does not adequately focus or provide sufficient details on how the United States Government plans to address the

factors that lead to gender disparities in the rate of HIV infection in order to successfully prevent HIV infection among both married and unmarried women and girls.

SEC. 3. STRATEGY TO PREVENT HIV INFECTIONS AMONG MARRIED AND UNMARRIED WOMEN AND GIRLS.

(a) STATEMENT OF POLICY.—In order to meet the stated goal of preventing 7,000,000 new HIV infections worldwide, as announced by President George W. Bush in his address to Congress on January 28, 2003, it shall be the policy of the United States to pursue a global HIV prevention strategy that emphasizes the immediate and ongoing needs of married and unmarried women and girls and addresses the factors that lead to gender disparities in the rate of HIV infection.

(b) STRATEGY.—Not later than 180 days after the date of the enactment of this Act, the President shall formulate and submit to the appropriate congressional committees, 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.

(5) Promoting male attitudes and behavior that respect the human rights of women and girls and that support and foster gender equality.

(6) Supporting the development of micro-enterprise initiatives, job training programs, and other

such efforts to assist women in developing and retaining independent economic means.

(7) Supporting expanded educational opportunities for women and girls.

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

(9) Coordinating HIV prevention information and education services and programs for people living with HIV/AIDS with existing health care services targeted to women and girls, such as family planning, comprehensive reproductive health services, and programs to reduce the transmission of HIV between parents and children, and expanding the reach of such health services.

(10) Promoting gender equality by supporting the development of civil society organizations focused on the needs of women and utilizing such organizations that are already empowering women and girls at the community level.

(11) Encouraging the creation and effective enforcement of legal frameworks that guarantee women equal rights and equal protection under the law.

(12) Encouraging the participation and involvement of women in drafting, coordinating, and imple-

menting the national HIV/AIDS strategic plans of their countries.

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

(c) COORDINATION.—In formulating and implementing the global HIV prevention strategy pursuant to subsection (b), the President shall ensure that the United States coordinates its overall HIV/AIDS policy and programs with the national governments of the countries for which the United States provides assistance to combat HIV/AIDS and with international organizations, other donor countries, and indigenous organizations, including, specifically, organizations focused on or providing services to expanding and enforcing women's rights, improving women's health, and expanding education for women and girls, and organizations providing services to and advocating on behalf of individuals living with and affected by HIV/AIDS.

(d) GUIDANCE.—The President shall provide clear guidance to field missions of the United States Government in countries for which the United States provides assistance to combat HIV/AIDS, based on the strategies specified under subsection (b), and shall submit to the ap-

propriate congressional committees and make available to the public such guidance.

(e) REPORT.—Not later than one year after the date of the enactment of this Act and annually thereafter as part of the annual report required under section 104A(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)), the President shall submit to the appropriate congressional committees and make available to the public a report on the implementation of this Act for the prior fiscal year. The report shall include the following information:

(1) A description of the prevention programs designed to address the vulnerabilities to HIV/AIDS of married and unmarried women and girls.

(2) A list of all nongovernmental organizations in each country that receive assistance from the United States to carry out HIV prevention activities, including the amount and the source of funding received.

SEC. 4. BALANCING FUNDING FOR HIV PREVENTION METHODS.

(a) FINDINGS.—Congress finds the following:

(1) While effective evidence-based and measurable strategies for delaying sexual debut are critical components of comprehensive HIV prevention pro-

grams, current United States funded HIV prevention programs based on the ABC model of ''Abstain, Be faithful, use Condoms'' are too narrow in scope and do not respond to the specific vulnerabilities of women and girls.

(2) In order to maximize the impact of United States foreign assistance to combat HIV/AIDS, all sexually active persons in each country must be equipped with all the skills and tools necessary to avoid infection, including information and training on delay of sexual debut and the practice of safer sex, whether sexual activity begins within or outside of marriage.

(3) Under section 403(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108–25; 22 U.S.C. 7673), 33 percent of all United States foreign assistance provided for preventing the spread of HIV must be spent on abstinence-until-marriage programs. Based on operational guidance to field missions of the United States Government, in order to meet this requirement, 50 percent of all United States foreign assistance provided for preventing the spread of HIV at the country level must be spent on prevention of sexual transmission and 66 percent of

all such funding for sexual transmission must be spent on the Abstinence and Be faithful components of the ABC model.

(4) A recent report by the Government Accountability Office (Global Health: Spending Requirement Presents Challenges for Allocating Prevention Funding under the President's Emergency Plan for AIDS Relief, GAO–06–395, April 4, 2006) found the following:

(A) Because it requires country teams to segregate the Abstinence and Be faithful components of the ABC model from funding for ''other prevention'', the abstinence-until-marriage spending requirement can undermine the team's ability to design and implement programs that integrate the components of the ABC model, one of the guiding principles of the President's Emergency Plan for AIDS Relief (PEPFAR) sexual transmission prevention strategy. Eight of the 15 focus country teams indicated that segregating the Abstinence and Be faithful components of the ABC model from ''other prevention'' funding compromised the integration of their programs. Examples of the problems they cited include the following:

(i) Segregating program funding compromises the integration of ABC activities, especially for at-risk groups that need comprehensive messages.

(ii) Segregating program funding limits some country teams' ability to shift program focuses to meet changing prevention needs.

(B) A large majority of the 20 PEPFAR country teams required to meet the abstinence-until-marriage spending requirement or obtain exemptions reported that the requirement presented challenges to their efforts to respond to local prevention needs. Seventeen of these teams reported, either through documents submitted to the Office of the Global AIDS Coordinator (OGAC) or through structured interviews, that meeting the spending requirement, including OGAC's 50 percent and 66 percent policies implementing it, challenged their ability to develop interventions that are responsive to local epidemiology and social norms.

(C) Between September 2005 and January 2006, ten of these teams submitted documents to OGAC requesting exemption from the spend-

ing requirement as it was defined in OGAC's August 2005 guidance. These documents highlight various challenges that the country teams associated with meeting the spending requirement, including the following:

(i) Reduced spending for Prevention of Mother to Child Transmission (PMTCT).

(ii) Limited funding to deliver appropriate prevention messaging to high-risk groups.

(iii) Lack of responsiveness to cultural and social norms.

(iv) Cuts in medical and blood safety activities.

(v) Elimination of care programs.

(D) In addition, seven teams that did not submit documents requesting exemption from the spending requirement (they did not meet OGAC's proposed criteria for requesting exemptions) identified, in structured interviews, specific program constraints related to meeting the abstinence-until-marriage spending requirement. These constraints included the following:

(i) Difficulty reaching certain populations with comprehensive ABC messages.

(ii) Limited or reduced funding for programs targeted at high-risk groups.

(iii) Reduced funding for PMTCT services.

(iv) Difficulty funding programs for condom procurement and condom social marketing.

(b) STATEMENT OF POLICY.—In carrying out the activities required by the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public Law 108–25; 22 U.S.C. 7601 et seq.) and the amendments made by that Act, it shall be the policy of the United States—

(1) to provide flexibility to support the implementation of culturally relevant HIV prevention programs that are carried out in accordance with the global HIV prevention strategy established pursuant to section 3 of this Act;

(2) to ensure that onerous requirements are not 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 the House of Representatives and the Committee on Foreign Relations of the Senate.

(3) HIV.—The term ''HIV'' means the human immunodeficiency virus, the pathogen that causes AIDS.

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

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