

110TH CONGRESS
1ST SESSION

S. 1553

To provide additional assistance to combat HIV/AIDS among young people,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 6, 2007

Mrs. FEINSTEIN (for herself, Ms. SNOWE, Mr. LEAHY, Mr. DURBIN, Mr. LAUTENBERG, Mrs. CLINTON, Mr. BROWN, Mr. KERRY, Mr. DODD, Mrs. MURRAY, Mr. FEINGOLD, and Mrs. BOXER) introduced the following bill;
which was read twice and referred to the Committee on Foreign Relations

A BILL

To provide additional assistance to combat HIV/AIDS among
young people, 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 “HIV Prevention Act
5 of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The President’s Emergency Plan for AIDS
9 Relief (in this Act referred to as “PEPFAR”) is an

1 unprecedented effort to combat the global AIDS epi-
2 demic, with \$9,000,000,000 targeted for initiatives
3 in 15 focus countries.

4 (2) The PEPFAR prevention goal is to avert
5 7,000,000 HIV infections in the 15 focus coun-
6 tries—most in sub-Saharan Africa, where hetero-
7 sexual intercourse is by far the predominant mode of
8 HIV transmission.

9 (3) According to the Joint United Nations Pro-
10 gramme on HIV/AIDS, young people between the
11 ages of 15 and 24 years old are “the most threat-
12 ened by AIDS” and “are at the centre of HIV vul-
13 nerability”. Globally, young people between the ages
14 of 10 and 24 years old account for 1/2 of all new
15 HIV cases each year. About 7,000 young people in
16 this cohort contract the virus every day.

17 (4) A recent review funded by the United
18 States Agency for International Development found
19 that sex and HIV education programs that encour-
20 age abstinence but also discuss the use of condoms
21 do not increase sexual activity as critics of sex edu-
22 cation have long alleged. Sex education can help
23 delay the initiation of intercourse, reduce the fre-
24 quency of sex and the number of sexual partners,
25 and also increase condom use.

1 (5) The United States Leadership Against HIV/
2 AIDS, Tuberculosis, and Malaria Act of 2003 (22
3 U.S.C. 7601 et seq.) requires that at least $\frac{1}{3}$ of all
4 prevention funds be reserved for abstinence-until-
5 marriage programs.

6 (6) A congressionally mandated review by the
7 Institute of Medicine of the first 3 years of
8 PEPFAR unequivocally recommends greater flexi-
9 bility in the global fight against AIDS. The March
10 2007 Institute of Medicine report entitled
11 “PEPFAR Implementation: Progress and Promise”
12 calls for greater emphasis on prevention than the
13 law currently allows and says that “removal of the
14 abstinence-until-marriage” earmark, among other
15 changes, “could enhance the quality, accountability,
16 and flexibility” of prevention efforts.

17 (7) The Institute of Medicine report further
18 found that the abstinence-until-marriage earmark
19 “has greatly limited the ability of Country Teams to
20 develop and implement comprehensive prevention
21 programs that are well integrated with each other
22 and with counseling and testing, care and treatment
23 programs and that target those populations at great-
24 est risk”.

1 (8) The Institute of Medicine report also found
2 that the earmark has “limited PEPFAR’s ability to
3 tailor its activities in each country to the local epi-
4 demic and to coordinate with . . . the countries’ na-
5 tional plans”.

6 (9) The Institute of Medicine report is in keep-
7 ing with the conclusions of a report issued in 2006
8 by the Government Accountability Office. The GAO
9 report, entitled “Spending Requirement Presents
10 Challenges for Allocating Funding under the Presi-
11 dent’s Emergency Plan for AIDS Relief”, found
12 “significant challenges” associated with meeting the
13 earmark for abstinence-until-marriage programs.

14 (10) The Government Accountability Office
15 found that a majority of country teams report that
16 fulfilling the requirement presents challenges to their
17 ability to respond to local epidemiology and cultural
18 and social norms.

19 (11) The Government Accountability Office
20 found that, although some country teams may be ex-
21 empted from the abstinence-until-marriage spending
22 requirement, country teams that are not exempted
23 have to spend more than the 33 percent of preven-
24 tion funds on abstinence-until-marriage activities—
25 sometimes at the expense of other programs.

1 (12) The Government Accountability Office
2 found that, as a result of the abstinence-until-mar-
3 riage spending requirement, some countries have had
4 to reduce planned funding for Prevention of Mother-
5 to-Child Transmission programs, thereby limiting
6 services for pregnant women and their children.

7 (13) The Government Accountability Office
8 found that the abstinence-until-marriage spending
9 requirement limited or reduced funding for programs
10 directed to high-risk groups, such as services for
11 married discordant couples, sexually active youth,
12 and commercial sex workers.

13 (14) The Government Accountability Office
14 found that the abstinence-until-marriage spending
15 requirement made it difficult for countries to fund
16 medical and blood safety activities.

17 (15) The Government Accountability Office
18 found that, because of the abstinence-until-marriage
19 spending requirement, some countries would likely
20 have to reduce funding for condom procurement and
21 condom social marketing.

22 (16) In addition, the Government Account-
23 ability Office found that $\frac{2}{3}$ of focus country teams
24 reported that the policy for implementing
25 PEPFAR's ABC model (defined as "Abstain, Be

faithful, use Condoms”) is unclear and open to varying interpretations, causing confusion about which groups may be targeted and whether youth may receive the ABC message.

(17) The Government Accountability Office found that the ABC guidance does not clearly delineate permissible “C” activities under the ABC model. Program staff reported that they feel “constrained” by restrictions on promoting or marketing condoms to youth. Other country teams reported confusion about whether PEPFAR funds may be used for broad condom social marketing, even to adults in a generalized epidemic.

(18) Young people are our greatest hope for changing the course of the AIDS epidemic. According to the World Health Organization, “[f]ocusing on young people is likely to be the most effective approach to confronting the epidemic, particularly in high prevalence countries”.

SEC. 3. ENSURING BALANCED FUNDING FOR HIV PREVENTION METHODS.

(a) SENSE OF CONGRESS ON ABSTINENCE-UNTIL-MARRIAGE FUNDING REQUIREMENT.—Section 402(b)(3) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.

1 7672(b)(3)) is amended by striking “, of which such
2 amount at least 33 percent should be expended for absti-
3 nence-until-marriage programs”.

4 (b) ELIMINATION OF ABSTINENCE-UNTIL-MARRIAGE
5 FUNDING REQUIREMENT.—Section 403(a) of such Act
6 (22 U.S.C. 7673(a)) is amended by striking the second
7 sentence.

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