

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5674

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 HOUSE OF REPRESENTATIVES

JUNE 22, 2006

Ms. LEE (for herself, Mr. LEACH, Mr. LANTOS, Mrs. MALONEY, Ms. CORRINE BROWN of Florida, Ms. JACKSON-LEE of Texas, Mr. JEFFERSON, Mr. PAYNE, Mr. GUTIERREZ, Ms. NORTON, Mr. HONDA, Ms. SCHAKOWSKY, Mr. McDERMOTT, Mr. CONYERS, Mr. WAXMAN, Mr. BERMAN, Ms. WOOLSEY, Ms. WATERS, Mr. MCGOVERN, Mr. CROWLEY, Mr. BROWN of Ohio, Mrs. MCCARTHY, Mr. WEXLER, Mrs. CHRISTENSEN, Mr. MEEKS of New York, Ms. MCCOLLUM of Minnesota, Mr. CAPUANO, Mr. SHAYS, Mr. PALLONE, Mrs. CAPPS, Mr. BLUMENAUER, Ms. MCKINNEY, Mr. OWENS, Mr. CUMMINGS, Mr. CARNAHAN, Mr. WYNN, Ms. SOLIS, Mr. NADLER, Mr. DAVIS of Illinois, Mr. STARK, Mr. FRANK of Massachusetts, Mr. MORAN of Virginia, Mr. SCOTT of Virginia, Mr. CLYBURN, Mr. DELAHUNT, Ms. KILPATRICK of Michigan, Mr. SANDERS, Ms. WATSON, Mr. RUSH, Mr. KUCINICH, Mr. GRIJALVA, Mr. LEWIS of Georgia, Mrs. TAUSCHER, Mr. JACKSON of Illinois, Mr. BISHOP of Georgia, Ms. CARSON, and Ms. HARMAN) introduced the following bill; which was referred to the Committee on International 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 2006”.

6 **SEC. 2. FINDINGS.**

7       Congress finds the following:

8           (1) Globally, the United Nations Joint Program  
9       on AIDS (UNAIDS) estimates that at the end of  
10       2005 there were more than 38,600,000 people in-  
11       fected with HIV/AIDS, the vast majority of whom  
12       are living in the developing world.

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

18           (3) According to UNAIDS, women and adoles-  
19       cent girls account for about half of all HIV infec-  
20       tions worldwide. In sub-Saharan Africa, women and  
21       girls make up 60 percent of all infections and 76  
22       percent of infections among those ages 15–24.

23           (4) Women and girls are biologically, socially,  
24       and economically more vulnerable to HIV infection.

1 Gender disparities in the rate of HIV infection are  
2 the result of a number of factors, including the fol-  
3 lowing:

4 (A) Cross generational sex with older men  
5 who are more likely to be infected with HIV,  
6 and a lack of choice regarding when and whom  
7 to marry, leading to early marriages and high  
8 rates of child marriages with older men. About  
9 half of all adolescent females in Africa and two-  
10 thirds of adolescent in Asia are married by age  
11 18.

12 (B) High rates of infection within mar-  
13 riage. Research shows that married girls are  
14 more likely to have unprotected sex and have  
15 far more frequent sex than their unmarried  
16 peers, indicating that marriage cannot be con-  
17 sidered a protective factor against HIV infec-  
18 tion.

19 (C) An inability to negotiate safe sex in  
20 marriage or with regular partners. Studies show  
21 that married women and married and unmar-  
22 ried adolescent females often are unable to ne-  
23 gotiate the frequency and timing of sexual  
24 intercourse, ensure their partner's faithfulness,  
25 or insist on condom use. Women often run the

1 risk of being infected by husbands or male part-  
2 ners in societies where it is common or accepted  
3 for men to have more than one partner.

4 (D) Social and economic inequalities based  
5 largely on gender which limit access for women  
6 and girls to education and employment opportu-  
7 nities and which prevent them from asserting  
8 their inheritance and property rights. For many  
9 women, a lack of independent economic means  
10 sustains their fear of abandonment, eviction, or  
11 ostracism from their homes and communities,  
12 and can leave many more of them trapped with-  
13 in relationships where they are vulnerable to  
14 HIV infection.

15 (E) A lack of educational opportunities for  
16 women and girls which are linked to delayed  
17 intercourse, increased age-at-marriage, delayed  
18 childbearing, increased child survival, improved  
19 nutrition, and reduced risk of HIV infection,  
20 among other positive outcomes.

21 (F) High rates of gender-based violence,  
22 rape, and sexual coercion within and outside of  
23 marriage. According to the WHO, between one-  
24 sixth and three-quarters of women in various

1 countries and settings have experienced some  
2 form of physical or sexual violence since age 15.

3 (G) Fear of domestic violence and the con-  
4 tinuing stigma and discrimination associated  
5 with HIV/AIDS prevents many women from ac-  
6 cessing information about HIV/AIDS, getting  
7 tested, disclosing their HIV status, accessing  
8 services to prevent mother-to-child trans-  
9 mission, or receiving treatment and counseling  
10 even when they already know they have been in-  
11 fected with HIV.

12 (H) An increase in commercial sex for sur-  
13 vival, due to pervasive poverty, social disloca-  
14 tion, war and internal conflicts, and other fac-  
15 tors. According to UNAIDS, the vulnerability  
16 of sex workers to HIV infection is heightened  
17 by stigmatization and marginalization, limited  
18 economic options, limited access to health, so-  
19 cial, and legal services, limited access to infor-  
20 mation and prevention means, gender-related  
21 differences and inequalities, sexual exploitation  
22 and trafficking, harmful or nonprotective legis-  
23 lation and policies, and exposure to risks associ-  
24 ated with commercial sex such as violence, sub-  
25 stance use, and increased mobility.

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

6 (J) Lack of access to currently available  
7 female-controlled HIV prevention methods, such  
8 as the female condom, and lack of training on  
9 proper use of either male or female condoms.

10 (K) High rates of other sexually trans-  
11 mitted infections, unintended pregnancy, and  
12 complications during pregnancy and childbirth.

13 (L) An absence of legal frameworks de-  
14 signed to protect the rights of women and girls  
15 and the lack of accountable and effective en-  
16 forcement of such frameworks, where they exist.

17 (5) Efforts to increase women's access to com-  
18 prehensive prevention information and services, ad-  
19 dress gender violence, increase women's economic  
20 and social status, and foster equitable partnerships  
21 between women and men are all central to reducing  
22 the spread of HIV/AIDS worldwide and to enhanc-  
23 ing the success of effective treatment and care pro-  
24 grams supported by the United States.

1           (6) The comprehensive, integrated, five-year  
2 strategy to combat global HIV/AIDS submitted to  
3 Congress on February 23, 2004, as required by sec-  
4 tion 101 of the United States Leadership Against  
5 HIV/AIDS, Tuberculosis, and Malaria Act of 2003  
6 (Public Law 108–25; 22 U.S.C. 7611), does not  
7 adequately focus or provide sufficient details on how  
8 the United States Government plans to address the  
9 factors that lead to gender disparities in the rate of  
10 HIV infection in order to successfully prevent HIV  
11 infection among both married and unmarried women  
12 and girls.

13 **SEC. 3. STRATEGY TO PREVENT HIV INFECTIONS AMONG**  
14 **MARRIED AND UNMARRIED WOMEN AND**  
15 **GIRLS.**

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

1           (b) STRATEGY.—Not later than 180 days after the  
2 date of the enactment of this Act, the President shall for-  
3 mulate and submit to the appropriate congressional com-  
4 mittees, and make available to the public, a comprehen-  
5 sive, integrated, and culturally appropriate global HIV  
6 prevention strategy that addresses the vulnerabilities of  
7 married and unmarried women and girls to HIV infection  
8 and seeks to reduce the factors that lead to gender dispari-  
9 ties in the rate of HIV infection. The strategy shall encom-  
10 pass comprehensive health and HIV prevention education  
11 at the individual and population level beyond the ABC  
12 model (“Abstain, Be faithful, use Condoms”) as a means  
13 to reduce HIV infections and shall include the following  
14 strategies:

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

19           (2) Dramatically increasing access to currently  
20 available female-controlled prevention methods and  
21 including investments in training to increase the ef-  
22 fective and consistent use of both male and female  
23 condoms.

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

4           (4) Addressing gender based violence and rape  
5           against women and girls.

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

9           (6) Supporting the development of micro-enter-  
10          prise initiatives, job training programs, and other  
11          such efforts to assist women in developing and re-  
12          taining independent economic means.

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

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

17          (9) Coordinating HIV prevention information  
18          and education services with existing health care serv-  
19          ices targeted to women and girls, such as family  
20          planning, comprehensive reproductive health serv-  
21          ices, and programs to reduce the transmission of  
22          HIV between parents and children, and expanding  
23          the reach of such health services.

24          (10) Promoting gender equality by supporting  
25          the development of civil society organizations focused

1 on the needs of women and utilizing such organiza-  
2 tions that are already empowering women and girls  
3 at the community level.

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

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

11 (c) COORDINATION.—In formulating and imple-  
12 menting the global HIV prevention strategy pursuant to  
13 subsection (b), the President shall ensure that the United  
14 States coordinates its overall HIV/AIDS policy and pro-  
15 grams with the national governments of the countries for  
16 which the United States provides assistance to combat  
17 HIV/AIDS and with international organizations, other  
18 donor countries and indigenous organizations, including  
19 specifically organizations focused on expanding and en-  
20 forcing women’s rights, improving women’s health, and ex-  
21 panding education for women and girls, and organizations  
22 advocating on behalf of individuals infected with and af-  
23 fected by HIV/AIDS.

24 (d) GUIDANCE.—The President shall provide clear  
25 guidance to field missions of the United States Govern-

1 ment in countries for which the United States provides  
2 assistance to combat HIV/AIDS, based on the strategies  
3 specified under subsection (b), and shall submit to the ap-  
4 propriate congressional committees and make available to  
5 the public such guidance. Such guidance shall also include  
6 operational definitions and a clear articulation of accept-  
7 able and prohibited activities related to funding limitations  
8 for organizations working with vulnerable and  
9 marginalized populations such as commercial sex workers,  
10 in accordance with subsections (e) and (f) of section 301  
11 of the United States Leadership Against HIV/AIDS, Tu-  
12 berculosis, and Malaria Act of 2003 (Public Law 108–25;  
13 22 U.S.C. 7631).

14 (e) MONITORING AND EVALUATION SYSTEM.—

15 (1) IN GENERAL.—The President shall develop  
16 and implement a monitoring and evaluation system  
17 in order to measure the effectiveness of United  
18 States assistance in preventing HIV infection among  
19 women and girls and in addressing the factors that  
20 lead to gender disparities in the rate of HIV infec-  
21 tion.

22 (2) REQUIREMENTS.—For each of the countries  
23 for which the United States provides assistance to  
24 combat HIV/AIDS, and in consultation with na-  
25 tional governments, international organizations, in-

1 digenous organizations, and other donor countries,  
2 the monitoring and evaluation system under this  
3 subsection shall—

4 (A) establish performance goals for such  
5 assistance and express such goals in an objec-  
6 tive and quantifiable form, to the maximum ex-  
7 tent practicable;

8 (B) establish performance indicators to be  
9 used in measuring or assessing the achievement  
10 of the performance goals established pursuant  
11 to subparagraph (A);

12 (C) measure rates of HIV incidence and  
13 prevalence among women and girls by age and  
14 marital status;

15 (D) measure rates of marriage for girls  
16 under the age of 18;

17 (E) measure rates for children in school;

18 (F) measure access rates to primary health  
19 care, including primary reproductive health and  
20 HIV prevention programs, services, and tech-  
21 nologies;

22 (G) measure utilization rates by married  
23 and unmarried women of HIV prevention serv-  
24 ices and commodities directly funded or sup-  
25 ported by the United States;

1 (H) measure rates of reported gender-  
2 based violence and sexual coercion; and

3 (I) measure the prevalence of social norms  
4 and beliefs supporting gender-based violence  
5 among women and men, to the maximum extent  
6 practicable.

7 (3) USE OF SCIENTIFIC SURVEYS.—Where ap-  
8 propriate, the President may utilize any existing sci-  
9 entific surveys to augment the measurements re-  
10 quired under subparagraphs (C) through (I) of para-  
11 graph (2).

12 (f) REPORT.—Not later than one year after the date  
13 of the enactment of this Act and annually thereafter as  
14 part of the annual report required under section 104A(e)  
15 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-  
16 2(e)) the President shall submit to the appropriate con-  
17 gressional committees and make available to the public a  
18 report on the implementation of this Act for the prior fis-  
19 cal year. The report shall include the following informa-  
20 tion:

21 (1) The results of the monitoring and evalua-  
22 tion system required under subsection (e).

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



1           (3) Under section 403(a) of the United States  
2 Leadership Against HIV/AIDS, Tuberculosis, and  
3 Malaria Act of 2003 (Public Law 108–25; 22 U.S.C.  
4 7673), 33 percent of all United States foreign assist-  
5 ance provided for preventing the spread of HIV  
6 must be spent on abstinence-until-marriage pro-  
7 grams. Based on operational guidance to field mis-  
8 sions of the United States Government, in order to  
9 meet this requirement, 50 percent of all United  
10 States foreign assistance provided for preventing the  
11 spread of HIV at the country level must be spent on  
12 prevention of sexual transmission and 66 percent of  
13 all such funding for sexual transmission must be  
14 spent on the Abstinence and Be faithful components  
15 of the ABC model.

16           (4) A recent report by the Government Ac-  
17 countability Office (Global Health: Spending Re-  
18 quirement Presents Challenges for Allocating Pre-  
19 vention Funding under the President’s Emergency  
20 Plan for AIDS Relief, GAO–06–395, April 4, 2006)  
21 found the following:

22           (A) Because it requires country teams to  
23 segregate the Abstinence and Be faithful com-  
24 ponents of the ABC model from funding for  
25 “other prevention”, the abstinence-until-mar-

1 riage spending requirement can undermine the  
2 teams' ability to design and implement pro-  
3 grams that integrate the components of the  
4 ABC model, one of the guiding principles of the  
5 President's Emergency Plan for AIDS Relief  
6 (PEPFAR) sexual transmission prevention  
7 strategy. Eight of the 15 focus country teams  
8 indicated that segregating the Abstinence and  
9 Be faithful components of the ABC model from  
10 "other prevention" funding compromised the in-  
11 tegration of their programs. Examples of the  
12 problems they cited include the following:

13 (i) Segregating program funding com-  
14 promises the integration of ABC activities,  
15 especially for at-risk groups that need com-  
16 prehensive messages.

17 (ii) Segregating program funding lim-  
18 its some country teams' ability to shift pro-  
19 gram focuses to meet changing prevention  
20 needs.

21 (B) A large majority of the 20 PEPFAR  
22 country teams required to meet the abstinence-  
23 until-marriage spending requirement or obtain  
24 exemptions reported that the requirement pre-  
25 sented challenges to their efforts to respond to

1 local prevention needs. Seventeen of these  
2 teams reported, either through documents sub-  
3 mitted to Office of the Global AIDS Coordi-  
4 nator (OGAC) or through structured interviews,  
5 that meeting the spending requirement, includ-  
6 ing OGAC's 50 percent and 66 percent policies  
7 implementing it, challenged their ability to de-  
8 velop interventions that are responsive to local  
9 epidemiology and social norms.

10 (C) Between September 2005 and January  
11 2006, ten of these teams submitted documents  
12 to OGAC requesting exemption from the spend-  
13 ing requirement as it was defined in OGAC's  
14 August 2005 guidance. These documents high-  
15 light various challenges that the country teams  
16 associated with meeting the spending require-  
17 ment, including the following:

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

21 (ii) Limited funding to deliver appro-  
22 priate prevention messaging to high-risk  
23 groups.

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

1 (iv) Cuts in medical and blood safety  
2 activities.

3 (v) Elimination of care programs.

4 (D) In addition, seven teams that did not  
5 submit documents requesting exemption from  
6 the spending requirement (they did not meet  
7 OGAC's proposed criteria for requesting exemp-  
8 tions) identified, in structured interviews, spe-  
9 cific program constraints related to meeting the  
10 abstinence-until-marriage spending requirement.

11 These constraints included the following:

12 (i) Difficulty reaching certain popu-  
13 lations with comprehensive ABC messages.

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

16 (iii) Reduced funding for PMTCT  
17 services.

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

21 (b) STATEMENT OF POLICY.—In carrying out the ac-  
22 tivities required by the United States Leadership Against  
23 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public  
24 Law 108–25; 22 U.S.C. 7601 et seq.) and the amend-

1 ments made by that Act, it shall be the policy of the  
2 United States—

3 (1) to provide flexibility to support the imple-  
4 mentation of culturally appropriate HIV prevention  
5 programs that are carried out in accordance with the  
6 global HIV prevention strategy established pursuant  
7 to section 3 of this Act;

8 (2) to ensure that onerous requirements are not  
9 imposed with respect to how funds made available  
10 for such programs can be obligated and expended;  
11 and

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

15 (c) AMENDMENTS TO FUNDING PROVISIONS OF  
16 UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TU-  
17 BERCULOSIS, AND MALARIA ACT OF 2003.—

18 (1) SENSE OF CONGRESS.—Section 402(b)(3)  
19 of the United States Leadership Against HIV/AIDS,  
20 Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
21 7672(b)(3)) is amended by striking “, of which such  
22 amount at least 33 percent should be expended for  
23 abstinence-until-marriage programs”.

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

4 **SEC. 5. DEFINITIONS.**

5           In this Act:

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

8           (2) APPROPRIATE CONGRESSIONAL COMMIT-  
9           TEES.—The term “appropriate congressional com-  
10          mittees” means the Committee on International Re-  
11          lations of the House of Representatives and the  
12          Committee on Foreign Relations of the Senate.

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

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

○