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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. DOGGETT, 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

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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.

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 ''New United States Global HIV Prevention Strategy to Address the Needs of Women and Girls Act of 2004''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Globally, the United Nations Joint Programme on HIV/AIDS (UNAIDS) estimates that there are more than 40,000,000 people infected with HIV/AIDS, the vast majority of whom live in the developing world. For a number of reasons, women and girls are biologically, socially, and economically more vulnerable to HIV infection, and today they represent more than half of all individuals who are infected with HIV worldwide.

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

(3) Gender disparities in the rates of HIV infection are the result of a number of factors, including—

(A) inadequate knowledge about how HIV is transmitted;

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

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

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

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

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

(4) Current HIV prevention programs designed to support the ABC model: ''Abstain, Be faithful, use Condoms'', are not always effective at addressing the central fact that women and girls are often powerless to abstain from sex, ensure their partner's faithfulness, or to insist on condom use even within marriage, and especially in the case of early- or child-marriages. Women may also be coerced into unprotected sex and they 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.

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

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

(7) Unfortunately, current HIV prevention programs do not place enough importance on responding to violence against women, changing the social norms that shape the attitudes and behaviors of men and boys toward women and girls, or using strategies to promote effective communication among couples on matters of sex and reproduction.

(8) The 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 transmission, or receiving treatment and counseling even when they already know they have been infected with HIV.

(9) Economic and social disparities between men and women amplify the effects of stigma and discrimination, the fear of domestic violence, and other risks of HIV infection faced by women and girls. Unequal access to education, income, land, and other productive resources leaves many women and girls dependent on men for income, housing, sustenance and social security.

(10) For women and girls, gender discrimination in the ownership and retention of property also

contributes to an increased risk of sexual abuse, exploitation, and HIV infection. As women's property rights are violated on a massive scale by in-laws, relatives, communities, and government officials, the impact on women and their dependents is catastrophic. Many women end up homeless or living in slums, begging for food and water, unable to afford health care or school fees for their children, and many women resort to working as commercial sex workers in order to make ends meet.

(11) For many women, the combination of stigma, violence, and 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.

(12) Women also face additional obstacles due to the pervasiveness of discriminatory legal frameworks that fail to guarantee equal rights or equal protection before the law. In many cases, inequitable divorce and property laws make it difficult for women to leave abusive relationships, and in countries where laws against gender violence exist, insufficient resources, coupled with discriminatory prac-

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

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

(14) There are several reasons that sexually active unmarried girls are less vulnerable to HIV infection than married adolescent girls, including the fact that they tend to have sex less frequently, are more likely to have sex with those closer to their own age, and because they are more likely to use condoms during sex. The result is that in many countries today, most sexually transmitted HIV infections in females occur either inside marriage or in relationships women believe to be monogamous.

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

of HIV, and to the attainment of overall health and development goals. For women and girls, 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.

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

(17) As a result of these studies, HIV prevention programs that strictly focus on promoting abstinence-until-marriage and do not provide comprehensive health and sexuality education fail to adequately address the true vulnerabilities faced by women, especially younger women, or to equip them properly with the full range of tools they need to protect themselves.

(18) A substantial body of evidence also exists to support the coordination of HIV prevention initiatives, including programs to prevent the transmission of HIV from mother-to-child, with existing health care services, especially family planning and reproductive health programs, as the health and well-being of women and girls is improved when they have access to comprehensive care that is designed to address their needs.

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

(20) The United States already works to coordinate HIV prevention services with existing family planning and reproductive health care programs, as they represent a readily available platform upon

which to build new initiatives. Such efforts should continue as part of any global expansion of HIV prevention services in order to produce an efficient and effective global health policy.

(21) 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.

(22) 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 (22 U.S.C. 7611), does not adequately focus or provide sufficient details on United States Government strategies to prevent HIV infection among women and girls.

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

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

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

(b) STRATEGY.—Not later than 90 days after the date of the enactment of this Act, the President shall establish a comprehensive, integrated, and culturally appropriate HIV prevention strategy for each country for which the United States provides assistance to combat HIV/AIDS. Each such strategy shall encompass comprehensive health and HIV prevention education beyond the ABC model: ''Abstain, Be faithful, use Condoms'', as a means to reduce HIV infections, particularly among women and girls, and which strengthens the capacity of the United States to be an effective leader of the international campaign against HIV/AIDS. Each such strategy shall also include the following:

(1) Increasing access to female-controlled prevention methods, most immediately, access to female condoms, and including training to ensure effective and consistent use of such condoms.

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

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

(4) Reducing violence against women.

(5) Supporting the development of microenterprise programs and other such efforts to assist women in developing and retaining independent economic means.

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

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

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

(9) Coordinating HIV prevention services with existing health care services, including programs intended to reduce the transmission of HIV between mother-to-child, and family planning and reproductive health services.

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

ation and effective enforcement of legal frameworks that guarantee women equal rights and equal protection under the law.

(c) COORDINATION.—

(1) IN GENERAL.—In formulating each 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 government of the country involved and with other donor countries and organizations through the Three Ones Principles. Such coordination shall include proper consultation and dialogue with both indigenous and international nongovernmental organizations (including faith- and community-based organizations) that work to combat HIV/AIDS or that specifically work to address the needs of women and girls through comprehensive health care, education, or income-generating programs.

(2) DEFINITION.—In paragraph (1), the term ''Three Ones Principles'' means the following three guiding principles which provide a framework for coordinated action on HIV/AIDS at the country level, as developed by the United Nations Joint Programme on HIV/AIDS (UNAIDS) and agreed to by

the United States and other donor countries and organizations on April 25, 2004:

(A) One national HIV/AIDS action framework that provides the basis for coordinating the work of the national government and all organizations in a country.

(B) One national HIV/AIDS coordinating authority for the country, with a broad multisector mandate.

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

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

(1) contains a description of each HIV prevention strategy established pursuant to subsection (b) and a description of any ongoing United States-supported activities that relate to the elements of each such strategy as described in paragraphs (1) through (10) of subsection (b); and

(2) includes a list of the nongovernmental organizations (including faith- and community-based organizations) in each country that carry out such activities, the amount and the source of funding re-

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

SEC. 4. BALANCING FUNDING FOR HIV PREVENTION METHODS.

(a) FINDING.—Congress finds that while in some cases abstinence programs may help to delay sexual debut among young people, when such programs are not combined with comprehensive sexuality and life skills education, these programs can leave young people who eventually do become sexually active without the appropriate knowledge to protect themselves from sexually-transmitted diseases such as HIV.

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

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

(2) to ensure that unnecessary requirements are not imposed with respect to how funds made available for such programs can be obligated and expended.

(c) AMENDMENTS TO FUNDING PROVISIONS OF PUBLIC LAW 108–25.—

(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 International Relations 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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