

Protection Against Transmission of HIV for Women and Youth Act of 2007

PATHWAY Act: H.R. 1713

April 2007

Lead Sponsors:

Congresswoman Barbara Lee, Democrat–California (9th Congressional District)
Congressman Chris Shays, Republican–Connecticut (4th Congressional District)

Legislative Goals and Effects:

- Requires the President to establish a comprehensive and integrated HIV prevention strategy to address the vulnerabilities of women and girls in each country receiving U.S. assistance to combat HIV/AIDS, including sexual violence and coercion and early marriage as integral components of prevention efforts.
- Strikes funding earmark requiring at least one-third of HIV prevention funds be spent on abstinence-until-marriage programs.
- Ensures that *all* individuals participating in U.S.-funded programs at risk of HIV infection gain the skills and have access to the information, methods and services necessary to protect themselves throughout their lives, thereby averting infections.
- Integrates HIV prevention services into basic health care services to ensure increased access.
- Increases access to and effective use of both male and female condoms.

Congressionally Mandated Reports and the Abstinence Earmark

The United States Government Accountability Office (GAO) reviewed PEPFAR prevention programs between February 2005 and released its findings in April 2006. PEPFAR's authorizing legislation also directed the National Institute of Medicine (IOM) to perform a midterm evaluation of PEPFAR implementation. The IOM began its evaluation in February 2005 and released its report in March of 2007. Findings of these studies include:

- The abstinence-until-marriage earmark undermines efforts to provide evidence-based, comprehensive prevention services as outlined by the Office of the Global AIDS Coordinator's (OGAC) guidance around ABC (GAO, IOM).
- The earmark has limited the ability of Country Teams to develop and implement comprehensive prevention programs that are well integrated with each other and with counseling and testing, care, and treatment programs (IOM).
- The abstinence-until-marriage earmark hampers implementing prevention programs that are harmonized with country plans and priorities and appropriate to each country's unique epidemiological context (GAO, IOM).
- Some countries receive an exemption from the earmark, but non-exempted countries suffer because they must, in turn, spend more on abstinence-until-marriage (GAO).
- OGAC requires abstinence-until-marriage programs without companion efforts to promote safer sex and spends more on these programs than required by law (GAO).
- Evidence for the position that abstinence can stand alone or that 33 percent is the appropriate allocation for such activities even within integrated programs is lacking (IOM).

Abstinence–Until–Marriage Programs Fail Women and Youth

Abstinence-until-marriage/abstinence-only-until marriage programs fail to address real needs:

- In 2006, there were 4.3 million new HIV infections.
- 80% of HIV infections among women worldwide result from sex with their husbands or primary partners.
- 40% of new HIV infections are in youth aged 15-24; the majority of youth are already sexually active.
- Prevention programs need to be comprehensive for individuals. Segregating “abstain” or “be faithful” messages from messages about condoms and negotiating safer sex leaves people vulnerable.
- Violence against women and girls must be addressed as part of a comprehensive prevention intervention.

To Co-Sponsor the Bill or Learn More:

Congressional offices interested in co-sponsoring the bill or learning more should contact Christos Tsentas (Christos.Tsentas@mail.house.gov) in Representative Lee's office at 5-2661 or Jordan Press (Jordan.Press@mail.house.gov) in Representative Shays's office at 5-5541.

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