



## New Approaches to U.S. Foreign Policy and Global AIDS Strategy: What it Means for Women and Girls Living With HIV and AIDS

### Background

The Obama administration has made positive changes in U.S. foreign policy, embracing scientific, evidence-based, and human rights approaches to health and HIV. These key changes directly impact women and girls living with HIV/AIDS and overall efforts for HIV/AIDS prevention, treatment, and care. However, problems with implementation and legislative barriers continue to impede progress towards a comprehensive approach to sexual and reproductive health and rights.

POLICY CHANGE	THE GOOD: WHAT IT DOES FOR WOMEN AND GIRLS LIVING WITH HIV	THE BAD: WHAT IS MISSING	AND THE ACTION: NEXT STEPS
<b>PEPFAR's Five-Year Strategy</b> <i>December 2009</i>	Aims to address the needs of women and girls living with HIV by: 1) Recognizing women as a critical part of the AIDS response 2) Acknowledging that prevention, care, and treatment must be evidenced-based 3) Acknowledging that the marginalization of women negatively affects their access to healthcare	1) Does not ensure access to condom information for adolescents under age 15, many of whom are already sexually active. 2) Has not rescinded Bush-era abstinence and faithfulness guidelines, which strictly limit condom information and provision and gives preference to abstinence and faithfulness programs	The Administration must: 1) Effectively implement the principles of the Five-Year Strategy 2) Issue new guidance on comprehensive prevention programming to ensure access to lifesaving information for all 3) Monitor progress towards new goals
<b>Repeal of the Global Gag Rule/"Mexico City Policy"</b> <i>January 2009</i>	The reversal of this policy allows organizations receiving U.S. family planning funding to provide all needed reproductive health services and information to women, so that they can lead healthy lives.	The policy can be easily reinstated by future U.S. presidents without consultation with Congress, putting women's access to uninterrupted services at risk. Also, many reproductive health providers in the field do not understand that the policy has changed.	1) Congress must pass H.R. 4879/S. 311, a legislative repeal of the Gag Rule. 2) USAID should ensure that all its grantees and sub-grantees understand what reproductive health services and counseling they can provide.
<b>Restored funding to UNFPA</b> <i>March 2009</i>	Contributing to UNFPA provides support for comprehensive, cost-effective interventions for women and girls, including care for those living with HIV.	The Kemp-Kasten Amendment should be revised and clarified in order to prevent misuse of it.	Congress must ensure continued, robust funding for UNFPA.
<b>Ending of the AIDS Travel Ban</b> <i>January 2010</i>	As of Jan. 4, 2010, persons living with HIV are now allowed to enter the U.S. as short-term travelers and HIV testing is no longer required when applying for permanent residency. This helps combat stigma and discrimination against those living with HIV.	A U.S. travel ban still exists against those who have worked as sex workers in the previous ten years, regardless of whether they have been convicted of a crime. This perpetuates stigma against sex workers and denies them a place at the table in international forums at the United Nations and U.S. conferences on HIV/AIDS.	1) U.S. government agencies must clearly communicate the policy change to those seeking to enter the country and consular officers. 2) U.S. immigration law should be changed to allow sex workers the same access to U.S. travel as others.
<b>Ending the Syringe Exchange Funding Ban</b> <i>December 2009</i>	People who use drugs, including women, are at high risk for HIV because of the use of shared needles. Stigma, discrimination, and criminal sanctions often restrict access to HIV-prevention services for people who use drugs, compounding their risk of infection and impeding worldwide efforts to slow the spread of HIV.	Needle exchange programs (NEPs) are not regularly integrated as part of PEPFAR prevention efforts where needed. Sexual and reproductive health (SRH) is not integrated and linked to NEPs.	The Office of the Global AIDS Coordinator (OGAC) must issue new guidance on the use of PEPFAR funds for NEPs so that there is no confusion on the ground, incorporate NEPs into PEPFAR prevention efforts in countries where such programs are needed, and link NEPs with SRH services.
<b>Integration of HIV/AIDS in the Global Health Initiative (GHI)</b> <i>May 2009</i>	President Obama's Global Health Initiative (GHI) adopts a comprehensive and integrated approach to global health that links HIV/AIDS, family planning, maternal and child health, tuberculosis, malaria, and neglected tropical diseases. Two of the core principles of the GHI, integration and a woman-centered approach, support women and girls.	It remains to be seen how GHI will be implemented in the field, and whether integration and a woman-centered approach will be meaningfully adopted. Bureaucratic and budgetary barriers to integration remain.	The Obama Administration must ensure that women's groups—especially groups representing women living with HIV—are included in the planning, implementation, and evaluation of GHI programs.

### Continued Barriers in U.S. Policy and Programs Impeding Universal Access to Sexual and Reproductive Health and Rights

- Many of the positive changes made in Washington have not resulted in behavior change at the country level because of inadequate education about the new policies. This confusion impedes HIV/AIDS prevention and care efforts, and threatens to make many of the changes mere rhetoric.
- Key barriers remain that seriously undermine prevention efforts, particularly among women and girls:
  - Current PEPFAR law requires all organizations that receive U.S. HIV/AIDS funding to sign an oath explicitly stating opposition to prostitution and sex trafficking and that no funds may be used to promote or advocate the legalization or practice of prostitution.
  - PEPFAR includes a funding directive that encourages abstinence and fidelity programs over effective, comprehensive prevention interventions.
  - The Helms amendment prohibits U.S. funding to perform abortions "as a method of family planning."

Presented by: Kiki Kalkstein and Maeve McKean,  
[kkalkstein@genderhealth.org](mailto:kkalkstein@genderhealth.org), [mmckean@genderhealth.org](mailto:mmckean@genderhealth.org)  
 For more information please visit: [www.genderhealth.org](http://www.genderhealth.org)

