

Priorities for Action Gender and PEPFAR Reauthorization

A Report of the Task Force on HIV/AIDS
Center for Strategic and International Studies

Executive Director
J. Stephen Morrison

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Priorities for Action

Gender and PEPFAR Reauthorization

Janet Fleischman

Introduction

If [women] are at the epicenter of the crisis, we have to be the epicenter of the solution.—Graça Machel, May 2004

This is a defining moment for U.S. AIDS policy, as Congress and the Bush administration prepare for the reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR), which expires in September 2008. The reauthorization process offers U.S. policymakers the chance to reflect on the evolution of the epidemic, to analyze the data collected, and to apply the lessons learned during PEPFAR's first phase, in order to strengthen U.S. AIDS strategy going forward.

Policymakers recognize that gender is an essential component in the fight against the global AIDS epidemic, and PEPFAR has made progress in implementing gender strategies.¹ But the time has come to move beyond consensus statements on the importance of gender and limited programs to develop a stronger, elevated, and comprehensive approach that has real impact on the lives of women and girls in a world of AIDS. As a matter of national policy, Congress and the administration should mandate that the new phase of PEPFAR expand upon the gender strategies already developed and articulate a comprehensive and sustainable approach that makes gender a central component of U.S. AIDS policy and programs. This would require demonstrating the political will to commit new resources to identify what works and to bring gender approaches to scale in national programs. To accomplish this, the next phase of PEPFAR would have to build on the progress thus far by mandating appropriate benchmarks, monitoring mechanisms, and operations research to inform U.S. policy and to ensure that effective gender strategies are embedded in PEPFAR strategies and country programs.

The facts of the epidemic present a compelling case for elevating gender as a priority issue: The number of HIV infections among women and girls continues to rise in every region of the world—reaching almost 60 percent of those living with

¹ PEPFAR's five priority gender strategies are: increasing gender equity, addressing male norms, reducing violence and sexual coercion, increasing women's legal protection, and increasing women's access to income and productive resources.

HIV/AIDS in sub-Saharan Africa, including a startling three-quarters of 15- to 24-year olds in that region.² Recent progress in expanding access to AIDS treatment has not halted the epidemic's disproportionate impact on women and girls; that would require far higher attention to critical influences that lie outside treatment. Not only are women being hit by AIDS in their economically most productive years, but they shoulder the largest burdens of caring for others infected and affected in their families and communities. Violations of women's rights, including violence and the threat of violence, increase women and girls' risk of infection and then limit their ability to access services and to protect themselves and their families. Women and girls' lack of access to economic resources, education, and skills magnify their vulnerability to HIV/AIDS.

This paper will discuss the centrality of gender strategies and programs for the success of U.S. HIV/AIDS policy, based on existing data, interviews with policymakers, and research conducted in the field. It is intended to help inform the debate about PEPFAR reauthorization, as Congress and the administration consider how the next phase of PEPFAR can be strengthened and what policy and programmatic adjustments should be made. It will argue that, for U.S. HIV/AIDS programs to be effective and sustainable, they must be based on a far better understanding of the needs of women and girls and of the constraints they face in accessing AIDS information and services. The paper calls on Congress to invest resources in what works and strengthen program evaluation to demonstrate impact; expand prevention of mother-to-child-transmission (PMTCT) coverage and strengthen linkages with reproductive health and family planning; expand comprehensive prevention approaches; and operationalize gender programs.

Opportunity for U.S. Action

Fighting the gendered dynamic that is frequently transmitted with the disease itself must become a critical component of any expanded HIV-prevention programs in the next phase of U.S. HIV/AIDS efforts.—Senator Russell Feingold, May 2007

On May 30, 2007, President George W. Bush called on Congress to reauthorize PEPFAR and to increase funding to \$30 billion over five years, from the current level of \$15 billion.³ This constituted an important signal of the U.S. commitment to remain a global leader on HIV/AIDS.

There is broad, bipartisan support for U.S. AIDS policy to address the gender impact of HIV/AIDS. During the first phase of PEPFAR, U.S. policymakers have struggled with some of the most polarizing issues relating to gender in the

² UNAIDS, "AIDS Epidemic Update 2006," p. 11, http://data.unaids.org/pub/EpiReport/2006/04-Sub_Saharan_Africa_2006_EpiUpdate_eng.pdf.

³ PEPFAR, "President Bush Announces Five-Year, \$30 Billion AIDS Plan," May 30, 2007, <http://www.pepfar.gov/press/85771.htm>. Senator Richard Lugar introduced legislation in August to reauthorize the legislation at the \$30-billion level, in the hopes of reauthorizing the bill during 2007, rather than waiting until its expiration in September 2008.

legislation, notably the abstinence earmark,⁴ the prostitution pledge,⁵ and the Mexico City policy (HIV funding is exempt from Mexico City restrictions, see below).⁶ These are all critical issues, which many public health professionals, national and international AIDS organizations, and members of Congress believe have had adverse consequences on AIDS programs; however, even eliminating these restrictions is insufficient on its own to ensure an effective gender strategy in PEPFAR's next phase. Ultimately, PEPFAR reauthorization presents an opportunity for all those who understand the need to strengthen the gender dimension of the U.S. AIDS strategy to come together to present clear priorities for action. To achieve this kind of impact on the AIDS epidemic will require bold action.

Such an effort will face many challenges, and some country programs will inevitably do better than others. But as will be described below, much has been learned during PEPFAR's first phase, and many tools are available. What is needed is to demonstrate what works, and how best to address the epidemic's impact in different program areas and among different populations. In so doing, the second phase of PEPFAR will have to clearly address how "wrap-around" programs⁷ can coordinate funding and programming with other health and

⁴ This provision requires that 33 percent of all prevention funds be used for abstinence-until-marriage programs, which the Office of the Global AIDS Coordinator (OGAC) later interpreted to include A and B programs. PEPFAR's approach to prevention is known as "ABC"—Abstinence, Be faithful, Condoms.

⁵ In the 2003 PEPFAR authorizing legislation, Congress required that foreign nongovernmental organizations (NGOs) seeking U.S. AIDS funds pledge that they do not support "the legalization or the practice of prostitution." Organizations receiving U.S. funds must pledge their opposition to prostitution and sex trafficking in order to continue their U.S. government-funded HIV work. In 2005, the Bush administration extended this to apply to U.S. organizations as well, even in their privately funded programs. Two lawsuits were brought against the U.S. government—one by the Alliance for Open Society International (AOSI) and Pathfinder International in New York and another by DKT International in Washington, D.C. In May 2006, the federal judges in both cases ruled that these restrictions on the privately funded speech of groups participating in the federal government's international HIV/AIDS program were unconstitutional. The government appealed these decisions, and in February 2007, the U.S. Court of Appeals for the D.C. Circuit ruled in favor of the government in the DKT case. In the AOSI-Pathfinder case in June 2007, the government proposed that it be allowed to issue regulations permitting U.S. NGOs to establish a legally separate entity receiving no federal funds in order to speak freely about the relationship between sex work and HIV/AIDS. The appeals court in New York agreed, and the U.S. Agency for International Development (USAID) and the U.S. Department of Health and Human Services (HHS) issued new guidance in late July 2007. Litigation by U.S. NGOs on the constitutionality of the pledge and the recently issued guidance is expected to continue.

⁶ The Mexico City policy was announced by the Reagan administration at the 1984 Mexico City population meeting. The policy mandates that no U.S. funding can be provided to any foreign nongovernmental organization that performs or promotes abortions. In 1993, President Clinton ended the policy by executive order. In 2001, President Bush reinstated the ban for all USAID population programs. In August 2003, a presidential memorandum clarified that HIV/AIDS assistance was exempt from these restrictions. This means that if a foreign NGO receives U.S. family planning assistance, it has to comply with the Mexico City policy; if the organization is receiving only HIV/AIDS funding, it is not subject to these restrictions.

⁷ "Wrap-around" funding and services refer to ways that PEPFAR funds can be leveraged with other programs that are supportive of HIV/AIDS programs, such as nutrition, family planning services for women with HIV, education, and microeconomic activities.

development programs, especially related to the linkages between HIV/AIDS and education for girls, women's access to economic assets, violence against women, and access to reproductive health and family planning.

Members of both the House of Representatives and the Senate have recently taken steps to focus legislative attention on aspects of U.S. policy relating to women and AIDS.⁸ Nevertheless, efforts to promote a more comprehensive approach on gender and AIDS are awaiting the PEPFAR reauthorization process.

U.S. Response

The societal issues around gender and HIV/AIDS are complex, and in some cases the issues vary from one country to another, requiring different approaches. Addressing these challenges successfully, however, is critical to the achievement of the Emergency Plan's ambitious prevention, treatment, and care goals.—The Power of Partnerships: Third Annual Report to Congress on PEPFAR (2007)

The legislation creating PEPFAR, the U.S. Leadership against HIV/AIDS, TB and Malaria Act, envisioned significant programs and strategies to target women and girls. It required PEPFAR to report on its specific strategies for women, including the empowerment of women in interpersonal situations, orphans and vulnerable children, and victims of the sex trade, rape, sexual abuse, and exploitation), and increasing women's access to employment, income, and productive resources. The legislation also included some restrictions, notably the requirement that 33 percent of the prevention funds be used for abstinence-until-marriage programs, which was later expanded to include "A" and "B"—Abstinence and Being faithful.

During its initial start-up, the Office of the Global AIDS Coordinator (OGAC) did not consider gender to be a priority issue. Most of its focus was on getting systems up and running to meet the numeric goals on care, prevention, and

⁸ In March 2007, Representative Barbara Lee (D-Calif.) reintroduced a bipartisan bill to reduce the vulnerability of women and girls to HIV infection and to eliminate the requirement that 33 percent of AIDS prevention funds be spent for abstinence-only programs. The Protection Against Transmission of HIV for Women and Youth (PATHWAY) Act of 2007, would require the president to address 12 key issues that contribute to gender disparities in the rate of HIV infection, including the social and cultural factors that contribute to women's vulnerability. In June 2007, Senators Dianne Feinstein (D-Calif.) and Olympia Snow (R-Maine) introduced a bill to waive the requirement that 33 percent of the prevention funding for PEPFAR be used for abstinence-until-marriage programs in FY08. The measure aims to provide greater flexibility for countries to design prevention programs. Also in June, the House of Representatives passed the FY08 State/Foreign Operations Appropriations Bill, which included a measure that nullifies the mandatory earmark for abstinence-until-marriage programs and allows the administration more flexibility to respond to the AIDS epidemic in specific countries. The bill also included an amendment to allow overseas organizations that had been banned from receiving U.S. assistance because they support abortion (the Mexico City policy) to receive U.S. contraceptives. The Senate is expected to consider the bill after the August recess.

treatment (2-7-10)⁹ and on launching the treatment roll out. However, it soon became apparent that reaching these goals and ensuring the quality of programs and services would require addressing the gender dimension of the AIDS epidemic.

PEPFAR has adopted five priority gender strategies: increasing gender equity, addressing male norms, reducing violence and sexual coercion, increasing women's legal protection, and increasing women's access to income and productive resources.¹⁰ These are important strategies that should be institutionalized and expanded in the next phase of PEPFAR. Yet little information is available on the impact of these strategies. As the report on PEPFAR by the Institute of Medicine (IOM)¹¹ put it: “[N]o information is yet available with which to determine either the individual or collective impact of these activities on the status of and risks to women and girls.”¹²

PEPFAR Progress on Gender

OGAC has increasingly articulated a commitment to reach women and girls with prevention, treatment, and care services and has put some mechanisms and financing in place to translate that commitment into programs. According to OGAC, in FY06, a total of \$442 million supported more than 830 interventions on gender.

OGAC has taken some important steps to enhance its work on gender and AIDS:

- PEPFAR was the first international AIDS program to collect sex disaggregated data, which can provide critical information to inform program design.
- PEPFAR has made particular strides on expanding treatment access; as of March 2007, some 61 percent of the 1,101,000 people receiving antiretroviral treatment were women.¹³ PEPFAR acknowledges that it has yet to build on this success by identifying gender-related barriers to access that women face, although it is a stated goal for the future.¹⁴
- PEPFAR established a U.S. government interagency gender technical working group in late 2005, which was able to review PEPFAR's 2006 country operational plans (COPs). Although it was formed somewhat late, the technical working group is designed to support the implementation of

⁹ PEPFAR's goals are: to support treatment for 2 million people infected with HIV/AIDS; to prevent 7 million new infections; and to support care for 10 million people infected and affected by HIV/AIDS.

¹⁰ See OGAC, *The Power of Partnerships: The President's Emergency Plan for AIDS Relief, Third Annual Report to Congress* (Washington, D.C.: PEPFAR, 2007), chapter 5, <http://www.pepfar.gov/pepfar/press/81164.htm>.

¹¹ Institute of Medicine (IOM), *PEPFAR Implementation: Progress and Promise* (Washington, D.C.: National Academies Press, 2007).

¹² *Ibid.*, p. 207.

¹³ See OGAC, *The Power of Partnerships*, chapter 5.

¹⁴ *Ibid.*

evidence-based, gendered approaches to meet the requirements of the legislation. The working group has engaged with several PEPFAR country programs to provide technical assistance and to help evaluate ways to mainstream gender throughout their AIDS programs.

- In June 2006, OGAC convened a gender consultation, which OGAC officials said will lead to gender-related programmatic interventions. The consultation included representatives from U.S. government agencies, as well as nongovernmental organizations, with the aim of reviewing the latest findings on gender and global HIV/AIDS and informing PEPFAR gender programming priorities. As a result of the consultation, in August 2006 PEPFAR allocated an initial \$8 million in central funding to launch initiatives on gender, based on the priority topics identified through the gender consultation: creating positive change in male norms, roles, and behaviors; strengthening services for gender-based violence within the health setting; and addressing HIV vulnerabilities among young girls and women.¹⁵

Gaps and Shortcomings

PEPFAR can build on the progress it has made by operationalizing its stated commitments on gender and addressing the gaps of PEPFAR's first phase. By establishing targets and indicators on gender, PEPFAR will be better able to promote the policy innovation and scale-up required to make an impact on prevention, care, and treatment for women and girls.

Some of the gaps and weaknesses in PEPFAR's approach to women and girls include the following:

- Lack of documentation about what works and little investment in measuring PEPFAR's impact on women and girl's vulnerability to HIV/AIDS. This is linked to a lack of operations research, monitoring mechanisms, and indicators to demonstrate and track the gender impact.
- Low coverage of prevention of mother-to-child-transmission (PMTCT) programs. While PEPFAR has increased the number of women accessing PMTCT programs, with some 6 million women benefiting from PMTCT programs in the focus countries, only half a million HIV-positive women in the focus countries were supported with antiretroviral (ARV) prophylaxis during pregnancy.¹⁶ In fact, coverage of PMTCT remains very low—less than 10 percent of HIV-infected women in low- and middle-income countries are benefiting from ARVs to prevent HIV transmission to their babies.¹⁷ Another shortfall related to PMTCT programs is that the emphasis of most of these programs has been on treatment, with little focus on preventing unintended

¹⁵ Ibid.

¹⁶ Ibid., chapter 1, <http://www.pepfar.gov/pepfar/press/81279.htm>.

¹⁷ WHO/UNAIDS, "Progress in scaling up access to HIV treatment in low and middle-income countries, June 2006," WHO/UNAIDS fact sheet, Geneva, Switzerland, August 2006, http://www.who.int/hiv/toronto2006/FS_Treatment_en.pdf.

pregnancies. PEPFAR-supported PMTCT programs are not required to report on any family-planning–related indicators.

- Weak integration between HIV/AIDS and reproductive health/family-planning programs. With over 80 percent of HIV infections sexually transmitted, linking reproductive health and HIV/AIDS programs—either within individual programs or by referral—would better serve the needs of clients and health care providers in a more comprehensive, cost-effective, and efficient manner. By preventing unplanned pregnancies, PEPFAR can reduce costs related to PMTCT services and ultimately the number of children orphaned by HIV and in need of care and support.¹⁸ Evidence on the contribution of family planning (FP) to the prevention of new HIV infections clearly show why FP/HIV integration makes sense for PEPFAR. Yet this area has not been made a priority for PEPFAR.¹⁹
- Confusion and lack of guidance about how to link with other development programs and how to implement wrap-around programs, especially with education, economic empowerment, legal reform, and family planning. Even though other presidential initiatives address gender issues, including the African Education Initiative and the Women’s Justice and Empowerment Initiative, the links between these programs and PEPFAR are limited.²⁰ This is exacerbated by separate funding streams and associated restrictions, especially relating to population and family planning funding.
- Narrow approach to prevention. The legislative earmark requiring that 33 percent of all prevention funds be used for abstinence-until-marriage programs, which later was interpreted to include A and B programs, has affected PEPFAR’s ability to design effective and balanced prevention programs.²¹

¹⁸ USAID, “Adding Family Planning to PMTCT Sites Increases PMTCT benefits,” *Issue Brief* (July 2006), http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/mtct_issue_brief.pdf; and Heidi Reynolds et al., “The Value of Contraception to Prevent Perinatal HIV Transmission,” *Sexually Transmitted Diseases* 33, no. 6 (2006): 350–356.

¹⁹ See Janet Fleischman, *Integrating Reproductive Health and HIV/AIDS Programs: Strategic Opportunities for PEPFAR* (Washington, D.C.: CSIS, July 2006), http://www.csis.org/media/csis/pubs/060712_hiv aids.pdf.

²⁰ In testimony in April 2007 before the House International Relations Committee, U.S. AIDS coordinator Mark Dybul addressed the issue of PEPFAR and development as follows: “Yet the impact of our program is not—and need not be—limited to HIV/AIDS. PEPFAR’s programs are increasingly linked to other important Presidential initiatives in other areas of health and development—the Millennium Challenge Corporation, the President’s Malaria Initiative, the African Education Initiative, the Women’s Justice and Empowerment Initiative and others. Together, they represent a renaissance in development.” He went on to clarify that PEPFAR does not finance education programs: “Although education *per se* is beyond the scope of PEPFAR’s mission, we do support OVC attendance programs which include providing school fees, books and uniforms, as well as HIV prevention and life skills programs. We also leverage our comprehensive OVC care program, to wrap around other programs that provide educational access to children who are infected with and affected by HIV/AIDS.” See <http://www.internationalrelations.house.gov/110/dyb042407.htm>.

²¹ See U.S. Government Accountability Office (GAO), *Global Health: Spending Requirement Presents Challenges for Allocating Prevention Funding Under the President’s Emergency Plan*

Recommendations for PEPFAR Reauthorization

The United States has played a leading role in mobilizing resources and commitment to fight the global AIDS epidemic, and much has been learned during PEPFAR's first phase. With PEPFAR reauthorization, U.S. policymakers have a unique opportunity to develop a strong, comprehensive strategy on gender as a central pillar of U.S. AIDS policy and programs.

The reauthorization process enables Congress to present legislative changes to PEPFAR to strengthen the gender dimension of U.S. AIDS policy and to ensure that the progress made on gender strategies in PEPFAR's first phase is institutionalized and expanded for the next phase. In addition, this process provides OGAC the opportunity to ensure that PEPFAR's progress on implementing gender programs is continued and that the necessary guidance and technical support is provided to replicate and scale up promising models. As the debates on funding levels and specific allocations for the next phase of PEPFAR proceed, Congress should recognize the fundamental importance of gender policies and programs for an effective, sustainable, and cost-effective global AIDS strategy. Accordingly, Congress should mandate that gender-related programs receive significant levels of new U.S. investment.

The new phase of PEPFAR will allow Congress and OGAC to more effectively craft strategies to reach women and girls with AIDS prevention, care, and treatment, and to build on promising program models. In particular, PEPFAR reauthorization should focus on the following key areas: strengthening evaluation of gender programs and investing resources in what works; expanding PMTCT coverage and integrating it with reproductive health and family planning; expanding comprehensive prevention approaches, beyond "ABC," to address the gender-related barriers that women face in prevention; and operationalizing gender programs. Taken together, these steps will serve to leverage investments in HIV/AIDS services, as well as in development assistance and health systems to achieve a comprehensive and sustainable response to global AIDS.

PEPFAR's first phase has made significant progress in responding to the global AIDS epidemic, and there has been a corresponding increase in the evolution of the U.S. consciousness surrounding gender issues. Looking ahead to the next phase of PEPFAR, the United States has an unprecedented opportunity to elevate these gender strategies and programs to another level and to make gender a priority area for action in its HIV/AIDS response.

The following recommendations address the opportunities for both Congress and OGAC in the reauthorization process.

1. Strengthen evaluation and invest resources in what works.

- Develop indicators and monitoring mechanisms on gender to monitor the access of women and girls and to track progress in implementation. Ensure

that the indicators are linked to specific program areas and gender strategies.

- Conduct gender assessments of PEPFAR country programs and support the collection of best practices to strengthen the gender dimension of the country programs and ensure that lessons learned can be transferred and replicated. Ensure that gender is a specific focus of PEPFAR's public health evaluation system and that the evaluation groups work with the interagency gender technical working group to monitor the gender impact of PEPFAR programs.
- Strengthen PEPFAR's technical capacity on gender, including the interagency gender technical working group, to expand work with PEPFAR country teams and ensure that gender programs are embedded in their country strategies. As part of this, provide funding for human resources and capacity building on gender and AIDS for PEPFAR country teams, PEPFAR partners (including women's groups and women living with HIV/AIDS), and national governments.
- Invest in wrap-around programs and coordinate funding and programming with other health and development programs. Target programs to address gender inequities that increase HIV risk, such as education for girls, gender-based violence, legal reform, access to economic assets, and reproductive health/family planning.
- Invest in evaluations of reproductive health/HIV integrated programs in order to identify effective models and plan for scale-up.

2. Expand PMTCT coverage and strengthen linkages with reproductive health and family planning.

- Require country-specific strategies to increase PMTCT coverage and to strengthen linkages with maternal child health and reproductive health programs. Reports should also address barriers that women face in accessing PMTCT programs, including stigma and discrimination, fear of violence, distance to health facilities, and cost of services.
- Ensure that women accessing PMTCT services receive a minimum package of reproductive health services, including information about preventing unplanned pregnancies, contraceptive commodities, pap smears, and cervical cancer screening.
- Increase the capacity of service providers to address the fertility desires of HIV-infected women.
- Support training for PMTCT, ARV, and voluntary counseling and testing (VCT) service providers to include additional training on family planning and reproductive health issues; similarly, support family planning providers to receive basic training in HIV/AIDS, PMTCT, and VCT.
- Strengthen reproductive health programs in PEPFAR focus countries to expand entry points for women and to promote linkages with HIV/AIDS programs.

3. Expand comprehensive prevention approaches.

- Expand and strengthen prevention approaches beyond “ABC,” and especially beyond “AB,” to address the gender-related barriers that women face in prevention. This includes programs in the social and economic areas, as well as reproductive health, prevention of unintended pregnancies, sexually transmitted infection (STI) prevention programs, and dual protection messages. Formulate comprehensive, evidence-based guidance on prevention.
- Increase programs focusing on eliminating violence against women, which raises their risk of HIV infection, or which results from their HIV status. This includes strengthening social, medical, and legal referral systems for survivors of sexual violence, integrating screening for violence into HIV programs, and providing post-exposure prophylaxis and emergency contraception.
- Strengthen prevention programs working with boys and men and addressing male norms with communities.
- Modify policy restrictions emanating from both the legislative and executive branches that create barriers to preventing HIV among certain populations, notably the abstinence earmark, prostitution pledge, and the Mexico City policy. Congress should request that President Bush issue a new executive memorandum under Mexico City clarifying that reproductive health and family planning organizations working on integrated HIV/AIDS–reproductive health programs can receive U.S. funding for their work on both HIV/AIDS and reproductive health.

4. Operationalize gender programs.

- Issue guidance to PEPFAR country teams and implementing partners from OGAC that outlines expectations for programs targeting women and girls under care, prevention, and treatment.
- Expand PEPFAR’s existing gender strategies by adding a new strategy that focuses on integrating reproductive health and family planning with HIV/AIDS and develop appropriate indicators to monitor program implementation.
- Create a gender focal point in every PEPFAR country team to champion gender issues, to assist the country team in expanding gender programming, and to link with OGAC’s technical working group on gender.
- Enhance coordination of gender strategies with other partners, including national governments, international donors, and civil society groups.
- Ensure women living with HIV/AIDS and women’s groups participate in the design and implementation of programs targeting women and girls.