

UNITED STATES LEADERSHIP AGAINST HIV/AIDS,  
TUBERCULOSIS, AND MALARIA ACT OF 2003

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APRIL 7, 2003.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

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Mr. HYDE, from the Committee on International Relations,  
submitted the following

R E P O R T

[To accompany H.R. 1298]

[Including cost estimate of the Congressional Budget Office]

The Committee on International Relations, to whom was referred the bill (H.R. 1298) to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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THE AMENDMENT

The amendment is as follows:  
Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the “United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Purpose.
- Sec. 5. Authority to consolidate and combine reports.

**TITLE I—POLICY PLANNING AND COORDINATION**

- Sec. 101. Development of a comprehensive, five-year, global strategy.
- Sec. 102. HIV/AIDS Response Coordinator.

**TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS**

- Sec. 201. Sense of Congress on public-private partnerships.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sec. 203. Voluntary contributions to international vaccine funds.

**TITLE III—BILATERAL EFFORTS****Subtitle A—General Assistance and Programs**

- Sec. 301. Assistance to combat HIV/AIDS.
- Sec. 302. Assistance to combat tuberculosis.
- Sec. 303. Assistance to combat malaria.
- Sec. 304. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.
- Sec. 305. Report on treatment activities by relevant executive branch agencies.

**Subtitle B—Assistance for Children and Families**

- Sec. 311. Findings.
- Sec. 312. Policy and requirements.
- Sec. 313. Annual reports on prevention of mother-to-child transmission of the HIV infection.
- Sec. 314. Pilot program of assistance for children and families affected by HIV/AIDS.
- Sec. 315. Pilot program on family survival partnerships.

**TITLE IV—AUTHORIZATION OF APPROPRIATIONS**

- Sec. 401. Authorization of appropriations.
- Sec. 402. Sense of Congress.
- Sec. 403. Allocation of funds.

**SEC. 2. FINDINGS.**

Congress makes the following findings:

(1) During the last 20 years, HIV/AIDS has assumed pandemic proportions, spreading from the most severely affected regions, sub-Saharan Africa and the Caribbean, to all corners of the world, and leaving an unprecedented path of death and devastation.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 65,000,000 individuals worldwide have been infected with HIV since the epidemic began, more than 25,000,000 of these individuals have lost their lives to the disease, and more than 14,000,000 children have been orphaned by the disease. HIV/AIDS is the fourth-highest cause of death in the world.

(3)(A) At the end of 2002, an estimated 42,000,000 individuals were infected with HIV or living with AIDS, of which more than 75 percent live in Africa or the Caribbean. Of these individuals, more than 3,200,000 were children under the age of fifteen and more than 19,200,000 were women.

(B) Women are four times more vulnerable to infection than are men and are becoming infected at increasingly high rates, in part because many societies do not provide poor women and young girls with the social, legal, and cultural protections against high risk activities that expose them to HIV/AIDS.

(C) Women and children who are refugees or are internally displaced persons are especially vulnerable to sexual exploitation and violence, thereby increasing the possibility of HIV infection.

(4) As the leading cause of death in sub-Saharan Africa, AIDS has killed more than 19,400,000 individuals (more than 3 times the number of AIDS deaths in the rest of the world) and will claim the lives of one-quarter of the population, mostly adults, in the next decade.

(5) An estimated 2,000,000 individuals in Latin America and the Caribbean and another 7,100,000 individuals in Asia and the Pacific region are infected with HIV or living with AIDS. Infection rates are rising alarmingly in Eastern Europe (especially in the Russian Federation), Central Asia, and China.

(6) HIV/AIDS threatens personal security by affecting the health, lifespan, and productive capacity of the individual and the social cohesion and economic well-being of the family.

(7) HIV/AIDS undermines the economic security of a country and individual businesses in that country by weakening the productivity and longevity of the labor force across a broad array of economic sectors and by reducing the potential for economic growth over the long term.

(8) HIV/AIDS destabilizes communities by striking at the most mobile and educated members of society, many of whom are responsible for security at the local level and governance at the national and subnational levels as well as many teachers, health care personnel, and other community workers vital to community development and the effort to combat HIV/AIDS. In some countries the overwhelming challenges of the HIV/AIDS epidemic are accelerating the outward migration of critically important health care professionals.

(9) HIV/AIDS weakens the defenses of countries severely affected by the HIV/AIDS crisis through high infection rates among members of their military forces and voluntary peacekeeping personnel. According to UNAIDS, in sub-Saharan Africa, many military forces have infection rates as much as five times that of the civilian population.

(10) HIV/AIDS poses a serious security issue for the international community by—

(A) increasing the potential for political instability and economic devastation, particularly in those countries and regions most severely affected by the disease;

(B) decreasing the capacity to resolve conflicts through the introduction of peacekeeping forces because the environments into which these forces are introduced pose a high risk for the spread of HIV/AIDS; and

(C) increasing the vulnerability of local populations to HIV/AIDS in conflict zones from peacekeeping troops with HIV infection rates significantly higher than civilian populations.

(11) The devastation wrought by the HIV/AIDS pandemic is compounded by the prevalence of tuberculosis and malaria, particularly in developing countries where the poorest and most vulnerable members of society, including women, children, and those individuals living with HIV/AIDS, become infected. According to the World Health Organization (WHO), HIV/AIDS, tuberculosis, and malaria accounted for more than 5,700,000 deaths in 2001 and caused debilitating illnesses in millions more.

(12) Together, HIV/AIDS, tuberculosis, malaria and related diseases are undermining agricultural production throughout Africa. According to the United Nations Food and Agricultural Organization, 7,000,000 agricultural workers throughout 25 African countries have died from AIDS since 1985. Countries with poorly developed agricultural systems, which already face chronic food shortages, are the hardest hit, particularly in sub-Saharan Africa, where high HIV prevalence rates are compounding the risk of starvation for an estimated 14,400,000 people.

(13) Tuberculosis is the cause of death for one out of every three people with AIDS worldwide and is a highly communicable disease. HIV infection is the leading threat to tuberculosis control. Because HIV infection so severely weakens the immune system, individuals with HIV and latent tuberculosis infection have a 100 times greater risk of developing active tuberculosis diseases thereby increasing the risk of spreading tuberculosis to others. Tuberculosis, in turn, accelerates the onset of AIDS in individuals infected with HIV.

(14) Malaria, the most deadly of all tropical parasitic diseases, has been undergoing a dramatic resurgence in recent years due to increasing resistance of the malaria parasite to inexpensive and effective drugs. At the same time, increasing resistance of mosquitoes to standard insecticides makes control of transmission difficult to achieve. The World Health Organization estimates that between 300,000,000 and 500,000,000 new cases of malaria occur each year, and annual deaths from the disease number between 2,000,000 and 3,000,000. Persons infected with HIV are particularly vulnerable to the malaria parasite. The spread of HIV infection contributes to the difficulties of controlling resurgence of the drug resistant malaria parasite.

(15) HIV/AIDS is first and foremost a health problem. Successful strategies to stem the spread of the HIV/AIDS pandemic will require clinical medical interventions, the strengthening of health care delivery systems and infrastructure, and determined national leadership and increased budgetary allocations for the health sector in countries affected by the epidemic as well as measures to address the social and behavioral causes of the problem and its impact on families, communities, and societal sectors.

(16) Basic interventions to prevent new HIV infections and to bring care and treatment to people living with AIDS, such as voluntary counseling and testing and mother-to-child transmission programs, are achieving meaningful

results and are cost-effective. The challenge is to expand these interventions from a pilot program basis to a national basis in a coherent and sustainable manner.

(17) Appropriate treatment of individuals with HIV/AIDS can prolong the lives of such individuals, preserve their families, prevent children from becoming orphans, and increase productivity of such individuals by allowing them to lead active lives and reduce the need for costly hospitalization for treatment of opportunistic infections caused by HIV.

(18) Nongovernmental organizations, including faith-based organizations, with experience in health care and HIV/AIDS counseling, have proven effective in combating the HIV/AIDS pandemic and can be a resource in assisting indigenous organizations in severely affected countries in their efforts to provide treatment and care for individuals infected with HIV/AIDS.

(19) Faith-based organizations are making an important contribution to HIV prevention and AIDS treatment programs around the world. Successful HIV prevention programs in Uganda, Jamaica, and elsewhere have included local churches and faith-based groups in efforts to promote behavior changes to prevent HIV, to reduce stigma associated with HIV infection, to treat those afflicted with the disease, and to care for orphans. The Catholic Church alone currently cares for one in four people being treated for AIDS worldwide. Faith-based organizations possess infrastructure, experience, and knowledge that will be needed to carry out these programs in the future and should be an integral part of United States efforts.

(20)(A) Uganda has experienced the most significant decline in HIV rates of any country in Africa, including a decrease among pregnant women from 20.6 percent in 1991 to 7.9 percent in 2000.

(B) Uganda made this remarkable turnaround because President Yoweri Museveni spoke out early, breaking long-standing cultural taboos, and changed widespread perceptions about the disease. His leadership stands as a model for ways political leaders in Africa and other developing countries can mobilize their nations, including civic organizations, professional associations, religious institutions, business and labor to combat HIV/AIDS.

(C) Uganda's successful AIDS treatment and prevention program is referred to as the ABC model: "Abstain, Be faithful, use Condoms", in order of priority. Jamaica, Zambia, Ethiopia and Senegal have also successfully used the ABC model. Beginning in 1986, Uganda brought about a fundamental change in sexual behavior by developing a low-cost program with the message: "Stop having multiple partners. Be faithful. Teenagers, wait until you are married before you begin sex."

(D) By 1995, 95 percent of Ugandans were reporting either one or zero sexual partners in the past year, and the proportion of sexually active youth declined significantly from the late 1980s to the mid-1990s. The greatest percentage decline in HIV infections and the greatest degree of behavioral change occurred in those 15 to 19 years old. Uganda's success shows that behavior change, through the use of the ABC model, is a very successful way to prevent the spread of HIV.

(21) The magnitude and scope of the HIV/AIDS crisis demands a comprehensive, long-term, international response focused upon addressing the causes, reducing the spread, and ameliorating the consequences of the HIV/AIDS pandemic, including—

(A) prevention and education, care and treatment, basic and applied research, and training of health care workers, particularly at the community and provincial levels, and other community workers and leaders needed to cope with the range of consequences of the HIV/AIDS crisis;

(B) development of health care infrastructure and delivery systems through cooperative and coordinated public efforts and public and private partnerships;

(C) development and implementation of national and community-based multisector strategies that address the impact of HIV/AIDS on the individual, family, community, and nation and increase the participation of at-risk populations in programs designed to encourage behavioral and social change and reduce the stigma associated with HIV/AIDS; and

(D) coordination of efforts between international organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), national governments, and private sector organizations, including faith-based organizations.

(22) The United States has the capacity to lead and enhance the effectiveness of the international community's response by—

(A) providing substantial financial resources, technical expertise, and training, particularly of health care personnel and community workers and leaders;

(B) promoting vaccine and microbicide research and the development of new treatment protocols in the public and commercial pharmaceutical research sectors;

(C) making available pharmaceuticals and diagnostics for HIV/AIDS therapy;

(D) encouraging governments and faith-based and community-based organizations to adopt policies that treat HIV/AIDS as a multisectoral public health problem affecting not only health but other areas such as agriculture, education, the economy, the family and society, and assisting them to develop and implement programs corresponding to these needs;

(E) promoting healthy lifestyles, including abstinence, delaying sexual debut, monogamy, marriage, faithfulness, use of condoms, and avoiding substance abuse; and

(F) encouraging active involvement of the private sector, including businesses, pharmaceutical and biotechnology companies, the medical and scientific communities, charitable foundations, private and voluntary organizations and nongovernmental organizations, faith-based organizations, community-based organizations, and other nonprofit entities.

(23) Prostitution and other sexual victimization are degrading to women and children and it should be the policy of the United States to eradicate such practices. The sex industry, the trafficking of individuals into such industry, and sexual violence are additional causes of and factors in the spread of the HIV/AIDS epidemic. One in nine South Africans is living with AIDS, and sexual assault is rampant, at a victimization rate of one in three women. Meanwhile in Cambodia, as many as 40 percent of prostitutes are infected with HIV and the country has the highest rate of increase of HIV infection in all of Southeast Asia. Victims of coercive sexual encounters do not get to make choices about their sexual activities.

(24) Strong coordination must exist among the various agencies of the United States to ensure effective and efficient use of financial and technical resources within the United States Government with respect to the provision of international HIV/AIDS assistance.

(25) In his address to Congress on January 28, 2003, the President announced the Administration's intention to embark on a five-year emergency plan for AIDS relief, to confront HIV/AIDS with the goals of preventing 7,000,000 new HIV/AIDS infections, treating at least 2,000,000 people with life-extending drugs, and providing humane care for millions of people suffering from HIV/AIDS, and for children orphaned by HIV/AIDS.

(26) In this address to Congress, the President stated the following: "Today, on the continent of Africa, nearly 30,000,000 people have the AIDS virus—including 3,000,000 children under the age of 15. There are whole countries in Africa where more than one-third of the adult population carries the infection. More than 4,000,000 require immediate drug treatment. Yet across that continent, only 50,000 AIDS victims—only 50,000—are receiving the medicine they need."

(27) Furthermore, the President focused on care and treatment of HIV/AIDS in his address to Congress, stating the following: "Because the AIDS diagnosis is considered a death sentence, many do not seek treatment. Almost all who do are turned away. A doctor in rural South Africa describes his frustration. He says, 'We have no medicines. Many hospitals tell people, you've got AIDS, we can't help you. Go home and die.' In an age of miraculous medicines, no person should have to hear those words. AIDS can be prevented. Anti-retroviral drugs can extend life for many years . . . Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many."

(28) Finally, the President stated that "[w]e have confronted, and will continue to confront, HIV/AIDS in our own country", proposing now that the United States should lead the world in sparing innocent people from a plague of nature, and asking Congress "to commit \$15,000,000,000 over the next five years, including nearly \$10,000,000,000 in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean".

### SEC. 3. 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 Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives.

(3) **GLOBAL FUND.**—The term “Global Fund” means the public-private partnership known as the Global Fund to Fight AIDS, Tuberculosis and Malaria established pursuant to Article 80 of the Swiss Civil Code.

(4) **HIV.**—The term “HIV” means the human immunodeficiency virus, the pathogen that causes AIDS.

(5) **HIV/AIDS.**—The term “HIV/AIDS” means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(6) **RELEVANT EXECUTIVE BRANCH AGENCIES.**—The term “relevant executive branch agencies” means the Department of State, the United States Agency for International Development, and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or the Foreign Assistance Act of 1961.

**SEC. 4. PURPOSE.**

The purpose of this Act is to strengthen United States leadership and the effectiveness of the United States response to certain global infectious diseases by—

(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS that encompasses a plan for phased expansion of critical programs and improved coordination among relevant executive branch agencies and between the United States and foreign governments and international organizations;

(2) providing increased resources for multilateral efforts to fight HIV/AIDS;

(3) providing increased resources for United States bilateral efforts, particularly for technical assistance and training, to combat HIV/AIDS, tuberculosis, and malaria;

(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

(5) intensifying efforts to support the development of vaccines and treatment for HIV/AIDS, tuberculosis, and malaria.

**SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE REPORTS.**

With respect to the reports required by this Act to be submitted by the President, to ensure an efficient use of resources, the President may, in his discretion and notwithstanding any other provision of this Act, consolidate or combine any of these reports, except for the report required by section 101 of this Act, so long as the required elements of each report are addressed and reported within a 90-day period from the original deadline date for submission of the report specified in this Act. The President may also enter into contracts with organizations with relevant expertise to develop, originate, or contribute to any of the reports required by this Act to be submitted by the President.

## **TITLE I—POLICY PLANNING AND COORDINATION**

**SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-YEAR, GLOBAL STRATEGY.**

(a) **STRATEGY.**—The President shall establish a comprehensive, integrated, five-year strategy to combat global HIV/AIDS that strengthens the capacity of the United States to be an effective leader of the international campaign against HIV/AIDS. Such strategy shall maintain sufficient flexibility and remain responsive to the ever-changing nature of the HIV/AIDS pandemic and shall—

(1) include specific objectives, multisectoral approaches, and specific strategies to treat individuals infected with HIV/AIDS and to prevent the further spread of HIV infections, with a particular focus on the needs of families with children (including the prevention of mother-to-child transmission), women, young people, and children (such as unaccompanied minor children and orphans);

(2) as part of the strategy, implement a tiered approach to direct delivery of care and treatment through a system based on central facilities augmented by expanding circles of local delivery of care and treatment through local systems and capacity;

(3) assign priorities for relevant executive branch agencies;

(4) provide that the reduction of HIV/AIDS behavioral risks shall be a priority of all prevention efforts in terms of funding, educational messages, and activities by promoting abstinence from sexual activity and substance abuse, en-

couraging monogamy and faithfulness, promoting the effective use of condoms, and eradicating prostitution, the sex trade, rape, sexual assault and sexual exploitation of women and children;

(5) improve coordination among relevant executive branch agencies, foreign governments, and international organizations;

(6) project general levels of resources needed to achieve the stated objectives;

(7) expand public-private partnerships and the leveraging of resources; and

(8) maximize United States capabilities in the areas of technical assistance and training and research, including vaccine research.

(b) REPORT.—

(1) IN GENERAL.—Not later than 270 days after the date of enactment of this Act, the President shall submit to the appropriate congressional committees a report setting forth the strategy described in subsection (a).

(2) REPORT CONTENTS.—The report required by paragraph (1) shall include a discussion of the elements described in paragraph (3) and may include a discussion of additional elements relevant to the strategy described in subsection (a). Such discussion may include an explanation as to why a particular element described in paragraph (3) is not relevant to such strategy.

(3) REPORT ELEMENTS.—The elements referred to in paragraph (2) are the following:

(A) The objectives, general and specific, of the strategy.

(B) A description of the criteria for determining success of the strategy.

(C) A description of the manner in which the strategy will address the fundamental elements of prevention and education, care, and treatment (including increasing access to pharmaceuticals and to vaccines), the promotion of abstinence, monogamy, avoidance of substance abuse, and use of condoms, research (including incentives for vaccine development and new protocols), training of health care workers, the development of health care infrastructure and delivery systems, and avoidance of substance abuse.

(D) A description of the manner in which the strategy will promote the development and implementation of national and community-based multi-sectoral strategies and programs, including those designed to enhance leadership capacity particularly at the community level.

(E) A description of the specific strategies developed to meet the unique needs of women, including the empowerment of women in interpersonal situations, young people and children, including those orphaned by HIV/AIDS and those who are victims of the sex trade, rape, sexual abuse, assault, and exploitation.

(F) A description of the programs to be undertaken to maximize United States contributions in the areas of technical assistance, training (particularly of health care workers and community-based leaders in affected sectors), and research, including the promotion of research on vaccines and microbicides.

(G) An identification of the relevant executive branch agencies that will be involved and the assignment of priorities to those agencies.

(H) A description of the role of each relevant executive branch agency and the types of programs that the agency will be undertaking.

(I) A description of the mechanisms that will be utilized to coordinate the efforts of the relevant executive branch agencies, to avoid duplication of efforts, to enhance on-site coordination efforts, and to ensure that each agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical capabilities, and potential for success.

(J) A description of the mechanisms that will be utilized to ensure greater coordination between the United States and foreign governments and international organizations including the Global Fund, UNAIDS, international financial institutions, and private sector organizations.

(K) The level of resources that will be needed on an annual basis and the manner in which those resources would generally be allocated among the relevant executive branch agencies.

(L) A description of the mechanisms to be established for monitoring and evaluating programs, promoting successful models, and for terminating unsuccessful programs.

(M) A description of the manner in which private, nongovernmental entities will factor into the United States Government-led effort and a description of the type of partnerships that will be created to maximize the capabilities of these private sector entities and to leverage resources.

(N) A description of the ways in which United States leadership will be used to enhance the overall international response to the HIV/AIDS pan-

demic and particularly to heighten the engagement of the member states of the G-8 and to strengthen key financial and coordination mechanisms such as the Global Fund and UNAIDS.

(O) A description of the manner in which the United States strategy for combating HIV/AIDS relates to and supports other United States assistance strategies in developing countries.

(P) A description of the programs to be carried out under the strategy that are specifically targeted at women and girls to educate them about the spread of HIV/AIDS.

(Q) A description of efforts being made to address the unique needs of families with children with respect to HIV/AIDS, including efforts to preserve the family unit.

(R) An analysis of the emigration of critically important medical and public health personnel, including physicians, nurses, and supervisors from sub-Saharan African countries that are acutely impacted by HIV/AIDS, including a description of the causes, effects, and the impact on the stability of health infrastructures, as well as a summary of incentives and programs that the United States could provide, in concert with other private and public sector partners and international organizations, to stabilize health institutions by encouraging critical personnel to remain in their home countries.

(S) A description of the specific strategies developed to promote sustainability of HIV/AIDS pharmaceuticals (including antiretrovirals) and the effects of drug resistance on HIV/AIDS patients.

(T) A description of the specific strategies to ensure that the extraordinary benefit of HIV/AIDS pharmaceuticals (especially antiretrovirals) are not diminished through the illegal counterfeiting of pharmaceuticals and black market sales of such pharmaceuticals.

(U) An analysis of the prevalence of Human Papilloma Virus (HPV) in sub-Saharan Africa and the impact that condom usage has upon the spread of HPV in sub-Saharan Africa.

**SEC. 102. HIV/AIDS RESPONSE COORDINATOR.**

(a) ESTABLISHMENT OF POSITION.—Section 1 of the State Department Basic Authorities Act of 1956 (22 U.S.C. 265(a)) is amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

“(f) HIV/AIDS RESPONSE COORDINATOR.—

“(1) IN GENERAL.—There shall be established within the Department of State in the immediate office of the Secretary of State a Coordinator of United States Government Activities to Combat HIV/AIDS Globally, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary.

“(2) AUTHORITIES AND DUTIES; DEFINITIONS.—

“(A) AUTHORITIES.—The Coordinator, acting through such nongovernmental organizations (including faith-based and community-based organizations) and relevant executive branch agencies as may be necessary and appropriate to effect the purposes of this section, is authorized—

“(i) to operate internationally to carry out prevention, care, treatment, support, capacity development, and other activities for combating HIV/AIDS;

“(ii) to transfer and allocate funds to relevant executive branch agencies; and

“(iii) to provide grants to, and enter into contracts with, nongovernmental organizations (including faith-based and community-based organizations) to carry out the purposes of section.

“(B) DUTIES.—

“(i) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight and coordination of all resources and international activities of the United States Government to combat the HIV/AIDS pandemic, including all programs, projects, and activities of the United States Government relating to the HIV/AIDS pandemic under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 or any amendment made by that Act.

“(ii) SPECIFIC DUTIES.—The duties of the Coordinator shall specifically include the following:

“(I) Ensuring program and policy coordination among the relevant executive branch agencies and nongovernmental organizations, including auditing, monitoring, and evaluation of all such programs.



“(II) Ensuring that each relevant executive branch agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical capabilities, and potential for success.

“(III) Avoiding duplication of effort.

“(IV) Ensuring coordination of relevant executive branch agency activities in the field.

“(V) Pursuing coordination with other countries and international organizations.

“(VI) Resolving policy, program, and funding disputes among the relevant executive branch agencies.

“(VII) Directly approving all activities of the United States (including funding) relating to combatting HIV/AIDS in each of Botswana, Cote d’Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, and other countries designated by the President, which other designated countries may include those countries in which the United States is implementing HIV/AIDS programs as of the date of the enactment of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

“(VIII) Establishing due diligence criteria for all recipients of funds section and all activities subject to the coordination and appropriate monitoring, evaluation, and audits carried out by the Coordinator necessary to assess the measurable outcomes of such activities.

“(C) DEFINITIONS.—In this paragraph:

“(i) AIDS.—The term ‘AIDS’ means acquired immune deficiency syndrome.

“(ii) HIV.—The term ‘HIV’ means the human immunodeficiency virus, the pathogen that causes AIDS.

“(iii) HIV/AIDS.—The term ‘HIV/AIDS’ means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

“(iv) RELEVANT EXECUTIVE BRANCH AGENCIES.—The term ‘relevant executive branch agencies’ means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including the Public Health Service), and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or this Act.”.

(b) RESOURCES.—Not later than 90 days after the date of enactment of this Act, the President shall specify the necessary financial and personnel resources, from funds appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance, that shall be assigned to and under the direct control of the Coordinator of United States Government Activities to Combat HIV/AIDS Globally to establish and maintain the duties and supporting activities assigned to the Coordinator by this Act and the amendments made by this Act.

(c) ESTABLISHMENT OF SEPARATE ACCOUNT.—There is established in the general fund of the Treasury a separate account which shall be known as the “Activities to Combat HIV/AIDS Globally Fund” and which shall be administered by the Coordinator of United States Government Activities to Combat HIV/AIDS Globally. There shall be deposited into the Fund all amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance, except for amounts appropriated for United States contributions to the Global Fund.

## **TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS**

### **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PARTNERSHIPS.**

(a) FINDINGS.—Congress makes the following findings:

(1) Innovative partnerships between governments and organizations in the private sector (including foundations, universities, corporations, faith-based and community-based organizations, and other nongovernmental organizations) have proliferated in recent years, particularly in the area of health.

(2) Public-private sector partnerships multiply local and international capacities to strengthen the delivery of health services in developing countries and to accelerate research for vaccines and other pharmaceutical products that are

essential to combat infectious diseases decimating the populations of these countries.

(3) These partnerships maximize the unique capabilities of each sector while combining financial and other resources, scientific knowledge, and expertise toward common goals which neither the public nor the private sector can achieve alone.

(4) Sustaining existing public-private partnerships and building new ones are critical to the success of the international community's efforts to combat HIV/AIDS and other infectious diseases around the globe.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the sustainment and promotion of public-private partnerships should be a priority element of the strategy pursued by the United States to combat the HIV/AIDS pandemic and other global health crises; and

(2) the United States should systematically track the evolution of these partnerships and work with others in the public and private sector to profile and build upon those models that are most effective.

**SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA.**

(a) AUTHORITY FOR UNITED STATES PARTICIPATION.—

(1) UNITED STATES PARTICIPATION.—The United States is hereby authorized to participate in the Global Fund.

(2) PRIVILEGES AND IMMUNITIES.—The Global Fund shall be considered a public international organization for purposes of section 1 of the International Organizations Immunities Act (22 U.S.C. 288).

(b) REPORTS TO CONGRESS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the Global Fund, the President shall submit to the appropriate congressional committees a report on the Global Fund, including contributions pledged to, contributions (including donations from the private sector) received by, and projects funded by the Global Fund, and the mechanisms established for transparency and accountability in the grant-making process.

(c) UNITED STATES FINANCIAL PARTICIPATION.—

(1) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funds authorized to be appropriated for bilateral or multilateral HIV/AIDS, tuberculosis, or malaria programs, of the amounts authorized to be appropriated under section 401, there are authorized to be appropriated to the President up to \$1,000,000,000 in the fiscal year 2004, and such sums as may be necessary for the fiscal years 2005–2008, for contributions to the Global Fund.

(2) AVAILABILITY OF FUNDS.—Amounts appropriated under paragraph (1) are authorized to remain available until expended.

(3) REPROGRAMMING OF FISCAL YEAR 2001 FUNDS.—Funds made available for fiscal year 2001 under section 141 of the Global AIDS and Tuberculosis Relief Act of 2000—

(A) are authorized to remain available until expended; and

(B) shall be transferred to, merged with, and made available for the same purposes as, funds made available for fiscal years 2004 through 2008 under paragraph (1).

(4) LIMITATION.—

(A)(i) At any time during fiscal years 2004 through 2008, no United States contribution to the Global Fund may cause the total amount of United States Government contributions to the Global Fund to exceed 33 percent of the total amount of funds contributed to the Global Fund from all other sources. Contributions to the Global Fund from the International Bank for Reconstruction and Development and the International Monetary Fund shall not be considered in determining compliance with this paragraph.

(ii) If, at any time during any of the fiscal years 2004 through 2008, the President determines that the Global Fund has provided assistance to a country, the government of which the Secretary of State has determined, for purposes of section 6(j)(1) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(1)), has repeatedly provided support for acts of international terrorism, then the United States shall withhold from its contribution for the next fiscal year an amount equal to the amount expended by the Fund to the government of each such country.

(B) Any amount made available under this subsection that is withheld by reason of subparagraph (A) shall be contributed to the Global Fund as soon as practicable, subject to subparagraph (A), after additional contributions to the Global Fund are made from other sources.

(C)(i) The President may suspend the application of subparagraph (A) with respect to a fiscal year if the President determines that an international health emergency threatens the national security interests of the United States.

(ii) The President shall notify the Committee on International Relations of the House of Representatives and the Committee on Foreign Relations of the Senate not less than 5 days before making a determination under clause (i) with respect to the application of subparagraph (A)(i) and shall include in the notification—

(I) a justification as to why increased United States Government contributions to the Global Fund is preferable to increased United States assistance to combat HIV/AIDS, tuberculosis, and malaria on a bilateral basis; and

(II) an explanation as to why other government donors to the Global Fund are unable to provide adequate contributions to the Fund.

(d) INTERAGENCY TECHNICAL REVIEW PANEL.—

(1) ESTABLISHMENT.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally, established in section 1(f)(1) of the State Department Basic Authorities Act of 1956 (as added by section 102(a) of this Act), shall establish in the executive branch an interagency technical review panel.

(2) DUTIES.—The interagency technical review panel shall serve as a “shadow” panel to the Global Fund by—

(A) periodically reviewing all proposals received by the Global Fund; and

(B) providing guidance to the United States persons who are representatives on the panels, committees, and boards of the Global Fund, on the technical efficacy, suitability, and appropriateness of the proposals, and ensuring that such persons are fully informed of technical inadequacies or other aspects of the proposals that are inconsistent with the purposes of this or any other Act relating to the provision of foreign assistance in the area of AIDS.

(3) MEMBERSHIP.—The interagency technical review panel shall consist of qualified medical and development experts who are officers or employees of the Department of Health and Human Services, the Department of State, and the United States Agency for International Development.

(4) CHAIR.—The Coordinator referred to in paragraph (1) shall chair the interagency technical review panel.

(e) MONITORING BY COMPTROLLER GENERAL.—

(1) MONITORING.—The Comptroller General shall monitor and evaluate projects funded by the Global Fund.

(2) REPORT.—The Comptroller General shall on a biennial basis shall prepare and submit to the appropriate congressional committees a report that contains the results of the monitoring and evaluation described in paragraph (1) for the preceding 2-year period.

**SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS.**

(a) VACCINE FUND.—Section 302(k) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(k)) is amended—

(1) by striking “\$50,000,000 for each of the fiscal years 2001 and 2002” and inserting “such sums as may be necessary for each of the fiscal years 2004 through 2008”; and

(2) by striking “Global Alliance for Vaccines and Immunizations” and inserting “Vaccine Fund”.

(b) INTERNATIONAL AIDS VACCINE INITIATIVE.—Section 302(l) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(l)) is amended by striking “\$10,000,000 for each of the fiscal years 2001 and 2002” and inserting “such sums as may be necessary for each of the fiscal years 2004 through 2008”.

(c) SUPPORT FOR THE DEVELOPMENT OF MALARIA VACCINE.—Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended by adding at the end the following new subsection:

“(m) In addition to amounts otherwise available under this section, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2004 through 2008 to be available for United States contributions to malaria vaccine development programs, including the Malaria Vaccine Initiative of the Program for Appropriate Technologies in Health (PATH).”.

## TITLE III—BILATERAL EFFORTS

### Subtitle A—General Assistance and Programs

#### SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.

(a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

- (1) in section 104(c) (22 U.S.C. 2151b(c)), by striking paragraphs (4) through (7); and
- (2) by inserting after section 104 the following new section:

#### “SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

“(a) FINDING.—Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa, the Caribbean, and other developing countries is a major global health, national security, development, and humanitarian crisis.

“(b) POLICY.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, treatment, and control of HIV/AIDS. The United States and other developed countries should provide assistance to countries in sub-Saharan Africa, the Caribbean, and other countries and areas to control this crisis through HIV/AIDS prevention, treatment, monitoring, and related activities, particularly activities focused on women and youth, including strategies to protect women and prevent mother-to-child transmission of the HIV infection.

“(c) AUTHORIZATION.—

“(1) IN GENERAL.—Consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including to prevent, treat, and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, and other countries and areas.

“(2) ROLE OF NGOS.—It is the sense of Congress that the President should provide an appropriate level of assistance under paragraph (1) through nongovernmental organizations (including faith-based and community-based organizations) in countries in sub-Saharan Africa, the Caribbean, and other countries and areas affected by the HIV/AIDS pandemic.

“(3) COORDINATION OF ASSISTANCE EFFORTS.—The President shall coordinate the provision of assistance under paragraph (1) with the provision of related assistance by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria and other appropriate international organizations (such as the International Bank for Reconstruction and Development), relevant regional multilateral development institutions, national, state, and local governments of foreign countries, appropriate governmental and nongovernmental organizations, and relevant executive branch agencies.

“(d) ACTIVITIES SUPPORTED.—Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

“(1) PREVENTION.—Prevention of HIV/AIDS through activities including—

“(A) programs and efforts that are designed or intended to impart knowledge with the exclusive purpose of helping individuals avoid behaviors that place them at risk of HIV infection, including integration of such programs into health programs and the inclusion in counseling programs of information on methods of avoiding infection of HIV, including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, and where appropriate, use of condoms;

“(B) assistance to establish and implement culturally appropriate HIV/AIDS education and prevention programs that focus on helping individuals avoid infection of HIV/AIDS, implemented through nongovernmental organizations, including faith-based and community-based organizations, particularly those organizations that utilize both professionals and volunteers with appropriate skills, experience, and community presence;

“(C) assistance for the purpose of providing voluntary testing and counseling (including the incorporation of confidentiality protections with respect to such testing and counseling);

“(D) assistance for the purpose of preventing mother-to-child transmission of the HIV infection, including medications to prevent such trans-

mission and access to infant formula and other alternatives for infant feeding;

“(E) assistance to ensure a safe blood supply and sterile medical equipment; and

“(F) assistance to help avoid substance abuse and intravenous drug use that can lead to HIV infection.

“(2) TREATMENT.—The treatment and care of individuals with HIV/AIDS, including—

“(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the treatment of individuals with HIV/AIDS, including clinical training for indigenous organizations and health care providers;

“(B) assistance to strengthen and expand hospice and palliative care programs to assist patients debilitated by HIV/AIDS, their families, and the primary caregivers of such patients, including programs that utilize faith-based and community-based organizations; and

“(C) assistance for the purpose of the care and treatment of individuals with HIV/AIDS through the provision of pharmaceuticals, including antiretrovirals and other pharmaceuticals and therapies for the treatment of opportunistic infections, nutritional support, and other treatment modalities.

“(3) PREVENTATIVE INTERVENTION EDUCATION AND TECHNOLOGIES.—(A) With particular emphasis on specific populations that represent a particularly high risk of contracting or spreading HIV/AIDS, including those exploited through the sex trade, victims of rape and sexual assault, individuals already infected with HIV/AIDS, and in cases of occupational exposure of health care workers, assistance with efforts to reduce the risk of HIV/AIDS infection including post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

“(B) Bulk purchases of available test kits, condoms, and, when proven effective, microbicides that are intended to reduce the risk of HIV/AIDS transmission and for appropriate program support for the introduction and distribution of these commodities, as well as education and training on the use of the technologies.

“(4) MONITORING.—The monitoring of programs, projects, and activities carried out pursuant to paragraphs (1) through (3), including—

“(A) monitoring to ensure that adequate controls are established and implemented to provide HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS;

“(B) appropriate evaluation and surveillance activities;

“(C) monitoring to ensure that appropriate measures are being taken to maintain the sustainability of HIV/AIDS pharmaceuticals (especially antiretrovirals) and ensure that drug resistance is not compromising the benefits of such pharmaceuticals; and

“(D) monitoring to ensure appropriate law enforcement officials are working to ensure that HIV/AIDS pharmaceuticals are not diminished through illegal counterfeiting or black market sales of such pharmaceuticals.

“(5) PHARMACEUTICALS.—

“(A) PROCUREMENT.—The procurement of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections.

“(B) MECHANISMS FOR QUALITY CONTROL AND SUSTAINABLE SUPPLY.—Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines are quality-controlled and sustainably supplied.

“(C) DISTRIBUTION.—The distribution of such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

“(6) RELATED ACTIVITIES.—The conduct of related activities, including—

“(A) the care and support of children who are orphaned by the HIV/AIDS pandemic, including services designed to care for orphaned children in a family environment which rely on extended family members;

“(B) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including training and the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions; and

“(C) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world.

“(7) COMPREHENSIVE HIV/AIDS PUBLIC-PRIVATE PARTNERSHIPS.—The establishment and operation of public-private partnership entities within countries in sub-Saharan Africa, the Caribbean, and other countries affected by the HIV/AIDS pandemic that are dedicated to supporting the national strategy of such countries regarding the prevention, treatment, and monitoring of HIV/AIDS. Each such public-private partnership should—

“(A) support the development, implementation, and management of comprehensive HIV/AIDS plans in support of the national HIV/AIDS strategy;

“(B) operate at all times in a manner that emphasizes efficiency, accountability, and results-driven programs;

“(C) engage both local and foreign development partners and donors, including businesses, government agencies, academic institutions, nongovernmental organizations, foundations, multilateral development agencies, and faith-based organizations, to assist the country in coordinating and implementing HIV/AIDS prevention, treatment, and monitoring programs in accordance with its national HIV/AIDS strategy;

“(D) provide technical assistance, consultant services, financial planning, monitoring and evaluation, and research in support of the national HIV/AIDS strategy; and

“(E) establish local human resource capacities for the national HIV/AIDS strategy through the transfer of medical, managerial, leadership, and technical skills.

“(e) ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than January 31 of each year, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives a report on the implementation of this section for the prior fiscal year.

“(2) REPORT ELEMENTS.—Each report shall include—

“(A) a description of efforts made by each relevant executive branch agency to implement the policies set forth in this section, section 104B, and section 104C;

“(B) a description of the programs established pursuant to such sections; and

“(C) a detailed assessment of the impact of programs established pursuant to such sections, including—

“(i)(I) the effectiveness of such programs in reducing the spread of the HIV infection, particularly in women and girls, in reducing mother-to-child transmission of the HIV infection, and in reducing mortality rates from HIV/AIDS; and

“(II) the number of patients currently receiving treatment for AIDS in each country that receives assistance under this Act.

“(ii) the progress made toward improving health care delivery systems (including the training of adequate numbers of staff) and infrastructure to ensure increased access to care and treatment;

“(iii) with respect to tuberculosis, the increase in the number of people treated and the increase in number of tuberculosis patients cured through each program, project, or activity receiving United States foreign assistance for tuberculosis control purposes; and

“(iv) with respect to malaria, the increase in the number of people treated and the increase in number of malaria patients cured through each program, project, or activity receiving United States foreign assistance for malaria control purposes.

“(f) FUNDING LIMITATION.—Of the funds made available to carry out this section in any fiscal year, not more than 7 percent may be used for the administrative expenses of the United States Agency for International Development in support of activities described in section 104(c), this section, section 104B, and section 104C. Such amount shall be in addition to other amounts otherwise available for such purposes.

“(g) DEFINITIONS.—In this section:

“(1) AIDS.—The term ‘AIDS’ means acquired immune deficiency syndrome.

“(2) HIV.—The term ‘HIV’ means the human immunodeficiency virus, the pathogen that causes AIDS.

“(3) HIV/AIDS.—The term ‘HIV/AIDS’ means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

“(4) RELEVANT EXECUTIVE BRANCH AGENCIES.—The term ‘relevant executive branch agencies’ means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including its agencies and offices), and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or this Act.”.

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out section 104A of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(3) ALLOCATION OF FUNDS.—Of the amount authorized to be appropriated by paragraph (1) for the fiscal years 2004 through 2008, such sums as may be necessary are authorized to be appropriated to carry out section 104A(d)(4) of the Foreign Assistance Act of 1961 (as added by subsection (a)), relating to the procurement and distribution of HIV/AIDS pharmaceuticals.

(c) RELATIONSHIP TO ASSISTANCE PROGRAMS TO ENHANCE NUTRITION.—In recognition of the fact that malnutrition may hasten the progression of HIV to AIDS and may exacerbate the decline among AIDS patients leading to a shorter life span, the Administrator of the United States Agency for International Development shall, as appropriate—

(1) integrate nutrition programs with HIV/AIDS activities, generally;

(2) provide, as a component of an anti-retroviral therapy program, support for food and nutrition to individuals infected with and affected by HIV/AIDS; and

(3) provide support for food and nutrition for children affected by HIV/AIDS and to communities and households caring for children affected by HIV/AIDS.

(d) ELIGIBILITY FOR ASSISTANCE.—An organization that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961 (as added by subsection (a)) or under any other provision of this Act (or any amendment made by this Act) to prevent, treat, or monitor HIV/AIDS shall not be required, as a condition of receiving the assistance, to endorse or utilize a multisectoral approach to combatting HIV/AIDS.

(e) LIMITATION.—No funds made available to carry out this Act, or any amendment made by this Act, may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(f) LIMITATION.—No funds made available to carry out this Act, or any amendment made by this Act, may be used to provide assistance to any group or organization that does not have a policy explicitly opposing prostitution and sex trafficking.

#### SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by section 301 of this Act, is further amended by inserting after section 104A the following new section:

##### “SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.

“(a) FINDINGS.—Congress makes the following findings:

“(1) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those countries that had previously largely controlled the disease.

“(2) Congress further recognizes that the means exist to control and treat tuberculosis through expanded use of the DOTS (Directly Observed Treatment Short-course) treatment strategy, including DOTS-Plus to address multi-drug resistant tuberculosis, and adequate investment in newly created mechanisms to increase access to treatment, including the Global Tuberculosis Drug Facility established in 2001 pursuant to the Amsterdam Declaration to Stop TB and the Global Alliance for TB Drug Development.

“(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for International Development has established development programs.

“(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

“(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and other organizations with respect to the development and implementation of a comprehensive tuberculosis control program.

“(e) PRIORITY TO DOTS COVERAGE.—In furnishing assistance under subsection (c), the President shall give priority to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis where needed using DOTS-Plus, including funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development. In order to meet the requirement of the preceding sentence, the President should ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS-Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.

“(f) DEFINITIONS.—In this section:

“(1) DOTS.—The term ‘DOTS’ or ‘Directly Observed Treatment Short-course’ means the World Health Organization-recommended strategy for treating tuberculosis.

“(2) DOTS-PLUS.—The term ‘DOTS-Plus’ means a comprehensive tuberculosis management strategy that is built upon and works as a supplement to the standard DOTS strategy, and which takes into account specific issues (such as use of second line anti-tuberculosis drugs) that need to be addressed in areas where there is high prevalence of multi-drug resistant tuberculosis.

“(3) GLOBAL ALLIANCE FOR TUBERCULOSIS DRUG DEVELOPMENT.—The term ‘Global Alliance for Tuberculosis Drug Development’ means the public-private partnership that brings together leaders in health, science, philanthropy, and private industry to devise new approaches to tuberculosis and to ensure that new medications are available and affordable in high tuberculosis burden countries and other affected countries.

“(4) GLOBAL TUBERCULOSIS DRUG FACILITY.—The term ‘Global Tuberculosis Drug Facility (GDF)’ means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

“(5) STOP TUBERCULOSIS PARTNERSHIP.—The term ‘Stop Tuberculosis Partnership’ means the partnership of the World Health Organization, donors including the United States, high tuberculosis burden countries, multilateral agencies, and nongovernmental and technical agencies committed to short- and long-term measures required to control and eventually eliminate tuberculosis as a public health problem in the world.”

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out section 104B of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) are authorized to remain available until expended.

(3) TRANSFER OF PRIOR YEAR FUNDS.—Unobligated balances of funds made available for fiscal year 2001, 2002, or 2003 under section 104(c)(7) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)(7)) (as in effect immediately before the date of enactment of this Act) shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2004 through 2008 under paragraph (1).



**SEC. 303. ASSISTANCE TO COMBAT MALARIA.**

(a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT OF 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sections 301 and 302 of this Act, is further amended by inserting after section 104B the following new section:

**“SEC. 104C. ASSISTANCE TO COMBAT MALARIA.**

“(a) FINDING.—Congress finds that malaria kills more people annually than any other communicable disease except tuberculosis, that more than 90 percent of all malaria cases are in sub-Saharan Africa, and that children and women are particularly at risk. Congress recognizes that there are cost-effective tools to decrease the spread of malaria and that malaria is a curable disease if promptly diagnosed and adequately treated.

“(b) POLICY.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, control, and cure of malaria.

“(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of malaria.

“(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (the Centers for Disease Control and Prevention and the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive malaria control program.”.

**(b) AUTHORIZATION OF APPROPRIATIONS.—**

(1) IN GENERAL.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for fiscal years 2004 through 2008 to carry out section 104C of the Foreign Assistance Act of 1961, as added by subsection (a), including for the development of anti-malarial pharmaceuticals by the Medicines for Malaria Venture.

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(3) TRANSFER OF PRIOR YEAR FUNDS.—Unobligated balances of funds made available for fiscal year 2001, 2002, or 2003 under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) (as in effect immediately before the date of enactment of this Act) and made available for the control of malaria shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal years 2004 through 2008 under paragraph (1).

(c) CONFORMING AMENDMENT.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 301 of this Act, is further amended by adding after paragraph (3) the following:

“(4) RELATIONSHIP TO OTHER LAWS.—Assistance made available under this subsection and sections 104A, 104B, and 104C, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection and the provisions cited in this paragraph, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries, except for the provisions of this subsection, the provisions of law cited in this paragraph, subsection (f), section 634A of this Act, and provisions of law that limit assistance to organizations that support or participate in a program of coercive abortion or involuntary sterilization included under the Child Survival and Health Programs Fund heading in the Consolidated Appropriations Resolution, 2003 (Public Law 108–7).”.

**SEC. 304. PILOT PROGRAM FOR THE PLACEMENT OF HEALTH CARE PROFESSIONALS IN OVERSEAS AREAS SEVERELY AFFECTED BY HIV/AIDS, TUBERCULOSIS, AND MALARIA.**

(a) IN GENERAL.—The President should establish a program to demonstrate the feasibility of facilitating the service of United States health care professionals in those areas of sub-Saharan Africa and other parts of the world severely affected by HIV/AIDS, tuberculosis, and malaria.

(b) REQUIREMENTS.—Participants in the program shall—

(1) provide basic health care services for those infected and affected by HIV/AIDS, tuberculosis, and malaria in the area in which they are serving;

(2) provide on-the-job training to medical and other personnel in the area in which they are serving to strengthen the basic health care system of the affected countries;

- (3) provide health care educational training for residents of the area in which they are serving;
  - (4) serve for a period of up to three years; and
  - (5) meet the eligibility requirements in subsection (d).
- (c) **ELIGIBILITY REQUIREMENTS.**—To be eligible to participate in the program, a candidate shall—

(1) be a national of the United States who is a trained health care professional and who meets the educational and licensure requirements necessary to be such a professional such as a physician, nurse, physician assistant, nurse practitioner, pharmacist, other type of health care professional, or other individual determined to be appropriate by the President; or

(2) be a retired commissioned officer of the Public Health Service Corps.

(d) **RECRUITMENT.**—The President shall ensure that information on the program is widely distributed, including the distribution of information to schools for health professionals, hospitals, clinics, and nongovernmental organizations working in the areas of international health and aid.

(e) **PLACEMENT OF PARTICIPANTS.**—

(1) **IN GENERAL.**—To the maximum extent practicable, participants in the program shall serve in the poorest areas of the affected countries, where health care needs are likely to be the greatest. The decision on the placement of a participant should be made in consultation with relevant officials of the affected country at both the national and local level as well as with local community leaders and organizations.

(2) **COORDINATION.**—Placement of participants in the program shall be coordinated with the United States Agency for International Development in countries in which that Agency is conducting HIV/AIDS, tuberculosis, or malaria programs. Overall coordination of placement of participants in the program shall be made by the Coordinator of United States Government Activities to Combat HIV/AIDS Globally (as described in section 1(f) of the State Department Basic Authorities Act of 1956 (as added by section 102(a) of this Act)).

(f) **INCENTIVES.**—The President may offer such incentives as the President determines to be necessary to encourage individuals to participate in the program, such as partial payment of principal, interest, and related expenses on government and commercial loans for educational expenses relating to professional health training and, where possible, deferment of repayments on such loans, the provision of retirement benefits that would otherwise be jeopardized by participation in the program, and other incentives.

(g) **REPORT.**—Not later than 18 months after the date of enactment of this Act, the President shall submit to the appropriate congressional committees a report on steps taken to establish the program, including—

- (1) the process of recruitment, including the venues for recruitment, the number of candidates recruited, the incentives offered, if any, and the cost of those incentives;
- (2) the process, including the criteria used, for the selection of participants;
- (3) the number of participants placed, the countries in which they were placed, and why those countries were selected; and
- (4) the potential for expansion of the program.

(h) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—In addition to amounts otherwise available for such purpose, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.

(2) **AVAILABILITY OF FUNDS.**—Amounts appropriated pursuant to the authorization of appropriations under paragraph (1) are authorized to remain available until expended.

**SEC. 305. REPORT ON TREATMENT ACTIVITIES BY RELEVANT EXECUTIVE BRANCH AGENCIES.**

(a) **IN GENERAL.**—Not later than 15 months after the date of enactment of this Act, the President shall submit to appropriate congressional committees a report on the programs and activities of the relevant executive branch agencies that are directed to the treatment of individuals in foreign countries infected with HIV or living with AIDS.

(b) **REPORT ELEMENTS.**—The report shall include—

- (1) a description of the activities of relevant executive branch agencies with respect to—
  - (A) the treatment of opportunistic infections;
  - (B) the use of antiretrovirals;
  - (C) the status of research into successful treatment protocols for individuals in the developing world;

(D) technical assistance and training of local health care workers (in countries affected by the pandemic) to administer antiretrovirals, manage side effects, and monitor patients' viral loads and immune status;

(E) the status of strategies to promote sustainability of HIV/AIDS pharmaceuticals (including antiretrovirals) and the effects of drug resistance on HIV/AIDS patients; and

(F) the status of appropriate law enforcement officials working to ensure that HIV/AIDS pharmaceutical treatment is not diminished through illegal counterfeiting and black market sales of such pharmaceuticals;

(2) information on existing pilot projects, including a discussion of why a given population was selected, the number of people treated, the cost of treatment, the mechanisms established to ensure that treatment is being administered effectively and safely, and plans for scaling up pilot projects (including projected timelines and required resources); and

(3) an explanation of how those activities relate to efforts to prevent the transmission of the HIV infection.

## **Subtitle B—Assistance for Children and Families**

### **SEC. 311. FINDINGS.**

Congress makes the following findings:

(1) Approximately 2,000 children around the world are infected each day with HIV through mother-to-child transmission. Transmission can occur during pregnancy, labor, and delivery or through breast feeding. Over ninety percent of these cases are in developing nations with little or no access to public health facilities.

(2) Mother-to-child transmission is largely preventable with the proper application of pharmaceuticals, therapies, and other public health interventions.

(3) The drug nevirapine reduces mother-to-child transmission by nearly 50 percent. Universal availability of this drug could prevent up to 400,000 infections per year and dramatically reduce the number of AIDS-related deaths.

(4) At the United Nations Special Session on HIV/AIDS in June 2001, the United States committed to the specific goals with respect to the prevention of mother-to-child transmission, including the goals of reducing the proportion of infants infected with HIV by 20 percent by the year 2005 and by 50 percent by the year 2010, as specified in the Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly at the Special Session.

(5) Several United States Government agencies including the United States Agency for International Development and the Centers for Disease Control are already supporting programs to prevent mother-to-child transmission in resource-poor nations and have the capacity to expand these programs rapidly by working closely with foreign governments and nongovernmental organizations.

(6) Efforts to prevent mother-to-child transmission can provide the basis for a broader response that includes care and treatment of mothers, fathers, and other family members who are infected with HIV or living with AIDS.

(7) HIV/AIDS has devastated the lives of countless children and families across the globe. Since the epidemic began, an estimated 13,200,000 children under the age of 15 have been orphaned by AIDS, that is they have lost their mother or both parents to the disease. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that this number will double by the year 2010.

(8) HIV/AIDS also targets young people between the ages of 15 to 24, particularly young women, many of whom carry the burden of caring for family members living with HIV/AIDS. An estimated 10,300,000 young people are now living with HIV/AIDS. One-half of all new infections are occurring among this age group.

### **SEC. 312. POLICY AND REQUIREMENTS.**

(a) **POLICY.**—The United States Government's response to the global HIV/AIDS pandemic should place high priority on the prevention of mother-to-child transmission, the care and treatment of family members and caregivers, and the care of children orphaned by AIDS. To the maximum extent possible, the United States Government should seek to leverage its funds by seeking matching contributions from the private sector, other national governments, and international organizations.

(b) **REQUIREMENTS.**—The 5-year United States Government strategy required by section 101 of this Act shall—

(1) provide for meeting or exceeding the goal to reduce the rate of mother-to-child transmission of HIV by 20 percent by 2005 and by 50 percent by 2010;

- (2) include programs to make available testing and treatment to HIV-positive women and their family members, including drug treatment and therapies to prevent mother-to-child transmission; and
- (3) expand programs designed to care for children orphaned by AIDS.

**SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF THE HIV INFECTION.**

(a) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, and annually thereafter for a period of five years, the President shall submit to appropriate congressional committees a report on the activities of relevant executive branch agencies during the reporting period to assist in the prevention of mother-to-child transmission of the HIV infection.

(b) **REPORT ELEMENTS.**—Each report shall include—

- (1) a statement of whether or not all relevant executive branch agencies have met the goal described in section 312(b)(1); and
- (2) a description of efforts made by the relevant executive branch agencies to expand those activities, including—
  - (A) information on the number of sites supported for the prevention of mother-to-child transmission of the HIV infection;
  - (B) the specific activities supported;
  - (C) the number of women tested and counseled; and
  - (D) the number of women receiving preventative drug therapies.

(c) **REPORTING PERIOD DEFINED.**—In this section, the term “reporting period” means, in the case of the initial report, the period since the date of enactment of this Act and, in the case of any subsequent report, the period since the date of submission of the most recent report.

**SEC. 314. PILOT PROGRAM OF ASSISTANCE FOR CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS.**

(a) **IN GENERAL.**—The President, acting through the United States Agency for International Development, should establish a program of assistance that would demonstrate the feasibility of the provision of care and treatment to orphans and other children and young people affected by HIV/AIDS in foreign countries.

(b) **PROGRAM REQUIREMENTS.**—The program should—

- (1) build upon and be integrated into programs administered as of the date of enactment of this Act by the relevant executive branch agencies for children affected by HIV/AIDS;
- (2) work in conjunction with indigenous community-based programs and activities, particularly those that offer proven services for children;
- (3) reduce the stigma of HIV/AIDS to encourage vulnerable children infected with HIV or living with AIDS and their family members and caregivers to avail themselves of voluntary counseling and testing, and related programs, including treatments;
- (4) provide, in conjunction with other relevant executive branch agencies, the range of services for the care and treatment, including the provision of antiretrovirals and other necessary pharmaceuticals, of children, parents, and caregivers infected with HIV or living with AIDS;
- (5) provide nutritional support and food security, and the improvement of overall family health;
- (6) work with parents, caregivers, and community-based organizations to provide children with educational opportunities; and
- (7) provide appropriate counseling and legal assistance for the appointment of guardians and the handling of other issues relating to the protection of children.

(c) **REPORT.**—Not later than 18 months after the date of enactment of this Act, the President should submit a report on the implementation of this section to the appropriate congressional committees.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—

- (1) **IN GENERAL.**—In addition to amounts otherwise available for such purpose, there are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.
- (2) **AVAILABILITY OF FUNDS.**—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

**SEC. 315. PILOT PROGRAM ON FAMILY SURVIVAL PARTNERSHIPS.**

(a) **PURPOSE.**—The purpose of this section is to authorize the President to establish a program, through a public-private partnership, for the provision of medical care and support services to HIV positive parents and their children identified through existing programs to prevent mother-to-child transmission of HIV in coun-

tries with or at risk for severe HIV epidemic with particular attention to resource constrained countries.

(b) GRANTS.—

(1) IN GENERAL.—The President is authorized to establish a program for the award of grants to eligible administrative organizations to enable such organizations to award subgrants to eligible entities to expand activities to prevent the mother-to-child transmission of HIV by providing medical care and support services to HIV infected parents and their children.

(2) USE OF FUNDS.—Amounts provided under a grant awarded under paragraph (1) shall be used—

(A) to award subgrants to eligible entities to enable such entities to carry out activities described in subsection (c);

(B) for administrative support and subgrant management;

(C) for administrative data collection and reporting concerning grant activities;

(D) for the monitoring and evaluation of grant activities;

(E) for training and technical assistance for subgrantees; and

(F) to promote sustainability.

(c) SUBGRANTS.—

(1) IN GENERAL.—An organization awarded a grant under subsection (b) shall use amounts received under the grant to award subgrants to eligible entities.

(2) ELIGIBILITY.—To be eligible to receive a subgrant under paragraph (1), an entity shall—

(A) be a local health organization, an international organization, or a partnership of such organizations; and

(B) demonstrate to the awarding organization that such entity—

(i) is currently administering a proven intervention to prevent mother-to-child transmission of HIV in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, as determined by the President;

(ii) has demonstrated support for the proposed program from relevant government entities; and

(iii) is able to provide HIV care, including antiretroviral treatment when medically indicated, to HIV positive women, men, and children with the support of the project funding.

(3) LOCAL HEALTH AND INTERNATIONAL ORGANIZATIONS.—For purposes of paragraph (2)(A)—

(A) the term “local health organization” means a public sector health system, nongovernmental organization, institution of higher education, community-based organization, or nonprofit health system that provides directly, or has a clear link with a provider for the indirect provision of, primary health care services; and

(B) the term “international organization” means—

(i) a nonprofit international entity;

(ii) an international charitable institution;

(iii) a private voluntary international entity; or

(iv) a multilateral institution.

(4) PRIORITY REQUIREMENT.—In awarding subgrants under this subsection, the organization shall give priority to eligible applicants that are currently administering a program of proven intervention to HIV positive individuals to prevent mother-to-child transmission in countries with or at risk for severe HIV epidemic with particular attention to resource constrained countries, and who are currently administering a program to HIV positive women, men, and children to provide life-long care in family-centered care programs using non-Federal funds.

(5) SELECTION OF SUBGRANT RECIPIENTS.—In awarding subgrants under this subsection, the organization should—

(A) consider applicants from a range of health care settings, program approaches, and geographic locations; and

(B) if appropriate, award not less than 1 grant to an applicant to fund a national system of health care delivery to HIV positive families.

(6) USE OF SUBGRANT FUNDS.—An eligible entity awarded a subgrant under this subsection shall use subgrant funds to expand activities to prevent mother-to-child transmission of HIV by providing medical treatment and care and support services to parents and their children, which may include—

(A) providing treatment and therapy, when medically indicated, to HIV-infected women, their children, and families;

(B) the hiring and training of local personnel, including physicians, nurses, other health care providers, counselors, social workers, outreach personnel, laboratory technicians, data managers, and administrative support personnel;

(C) paying laboratory costs, including costs related to necessary equipment and diagnostic testing and monitoring (including rapid testing), complete blood counts, standard chemistries, and liver function testing for infants, children, and parents, and costs related to the purchase of necessary laboratory equipment;

(D) purchasing pharmaceuticals for HIV-related conditions, including antiretroviral therapies;

(E) funding support services, including adherence and psychosocial support services;

(F) operational support activities; and

(G) conducting community outreach and capacity building activities, including activities to raise the awareness of individuals of the program carried out by the subgrantee, other communications activities in support of the program, local advisory board functions, and transportation necessary to ensure program participation.

(d) **REPORTS.**—The President shall require that each organization awarded a grant under subsection (b)(1) to submit an annual report that includes—

(1) the progress of programs funded under this section;

(2) the benchmarks of success of programs funded under this section; and

(3) recommendations of how best to proceed with the programs funded under this section upon the expiration of funding under subsection (e).

(e) **FUNDING.**—There are authorized to be appropriated to the President, from amounts authorized to be appropriated under section 401, such sums as may be necessary for each of the fiscal years 2004 through 2008 to carry out the program.

(f) **LIMITATION ON ADMINISTRATIVE EXPENSES.**—An organization shall ensure that not more than 7 percent of the amount of a grant received under this section by the organization is used for administrative expenses.

## **TITLE IV—AUTHORIZATION OF APPROPRIATIONS**

### **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

(a) **IN GENERAL.**—There are authorized to be appropriated to the President to carry out this Act and the amendments made by this Act \$3,000,000,000 for each of the fiscal years 2004 through 2008.

(b) **AVAILABILITY.**—Amounts appropriated pursuant to the authorization of appropriations in subsection (a) are authorized to remain available until expended.

(c) **AVAILABILITY OF AUTHORIZATIONS.**—Authorizations of appropriations under subsection (a) shall remain available until the appropriations are made.

### **SEC. 402. SENSE OF CONGRESS.**

(a) **INCREASE IN HIV/AIDS ANTIRETROVIRAL TREATMENT.**—It is a sense of the Congress that an urgent priority of United States assistance programs to fight HIV/AIDS should be the rapid increase in distribution of antiretroviral treatment so that—

(1) by the end of fiscal year 2004, at least 500,000 individuals with HIV/AIDS are receiving antiretroviral treatment through United States assistance programs;

(2) by the end of fiscal year 2005, at least 1,000,000 such individuals are receiving such treatment; and

(3) by the end of fiscal year 2006, at least 2,000,000 such individuals are receiving such treatment.

(b) **EFFECTIVE DISTRIBUTION OF HIV/AIDS FUNDS.**—It is the sense of Congress that, of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance, an effective distribution of such amounts would be—

(1) 55 percent of such amounts for treatment of individuals with HIV/AIDS;

(2) 15 percent of such amounts for palliative care of individuals with HIV/AIDS;

(3) 20 percent of such amounts for HIV/AIDS prevention consistent with section 104A(d) of the Foreign Assistance Act of 1961 (as added by section 301 of this Act); and

(4) 10 percent of such amounts for orphans and vulnerable children.

**SEC. 403. ALLOCATION OF FUNDS.**

For fiscal years 2006 through 2008, not less than 55 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for therapeutic medical care of individuals infected with HIV, of which such amount at least 75 percent should be expended for the purchase and distribution of antiretroviral pharmaceuticals and at least 25 percent should be expended for related care.

**PURPOSE AND SUMMARY**

The United States Leadership Against HIV/AIDS Act of 2003 (H.R. 1298), as ordered favorably reported out of the Committee on International Relations with an amendment in the nature of a substitute incorporating the 10 amendments adopted by the Committee, authorizes the expansion of United States efforts to fight HIV/AIDS in Africa, the Caribbean, and other countries in the developing world.

Specifically, H.R. 1298 authorizes the provision of care and treatment to individuals and families affected by HIV/AIDS; promotes the preservation of the family unit so that fewer children will be orphaned by AIDS; promotes the ABC approach successfully employed in Uganda's fight against AIDS ("Abstinence, Be Faithful, Condoms"); endorses the work of non-governmental organizations (including faith-based and community-based organizations) which are essential partners in effective AIDS prevention; and provides increased emphasis on mother-to-child transmission activities, as well as support for the routine voluntary counseling and testing of pregnant women and access to treatment by women and children.

H.R. 1298 authorizes a multisectoral approach to fighting AIDS, and endorses education, research, prevention, treatment and care of those infected with HIV and those individuals living with AIDS. H.R. 1298 is consistent with and endorses President Bush's \$15 billion, 5-year strategy to arrest the spread of HIV, the virus that causes AIDS, and will provide the President with great flexibility to use the various agencies of the Federal Government to fight AIDS and assist those infected with the disease.

H.R. 1298 authorizes a significant increase over existing levels of assistance, and over the course of the 5-year authorization (FY2004–FY2008) will result in an additional \$10 billion made available to fight AIDS worldwide. The bill creates accountability through the establishment of a position in the U.S. State Department of Coordinator for HIV/AIDS Assistance. H.R. 1298 will authorize the use of life-extending pharmaceuticals and the provision of other drugs to reduce mother-to-child transmission. The bill amends the Foreign Assistance Act of 1961 to update it with the President's proposal that emphasizes treatment and care of those individuals infected with HIV and living with AIDS. It endorses and supports United States financial participation in the Global Fund, authorizing up to \$1 billion in FY2004 and such sums as may be necessary in 2005 through 2008. The legislation requires that the U.S. contribution be limited to one third of all contributions to the Fund in any given year in order to promote burden-sharing and the follow-through of pledges by other countries. The bill creates an oversight body within the Executive Branch that will carefully review all Global Fund applications in order to recommend coherence with U.S. policies and laws.

H.R. 1298, as ordered favorably reported, plays a critical role in building capacity within affected countries to educate youth and society at large of the tremendous risk that AIDS creates to individual and public health, agricultural production, culture and society, the education sector, and national security. The legislation will assist in reducing the threat that AIDS presents to social stability and security, in particular on the African continent, in Asia, and closer to home, in the Caribbean.

#### BACKGROUND AND NEED FOR THE LEGISLATION

The HIV/AIDS pandemic is a crisis that threatens the stability, economy and democratic institutions of many nations. The United States National Intelligence Council estimates that the disease could reduce Gross Domestic Product in some sub-Saharan African countries by 20 percent or more by 2010. The U.S. Census Bureau estimates that the average human lifespan in certain nations will decrease well below the age of 40 by the end of the decade.

AIDS is a disease that affects and afflicts women, men and children. Caused by a virus that is changing the face of families in Africa, Asia, Europe, and the Americas, AIDS creates orphans, breaks apart families, and erases the gains of development. AIDS is responsible for a catastrophic reduction in the life expectancy of tens of millions of people with whom we share this planet. Not a day goes by when Americans are not exposed to images of AIDS and its destructive impact.

To date, 40 million people are infected and 25 million have died of AIDS worldwide, including more than 3 million last year. More than 8,600 persons die daily from complications and opportunistic infections brought on by this disease. Tragically, the number is growing, and by the end of this decade, AIDS may claim up to 80 million lives.

The HIV/AIDS pandemic is more than a humanitarian crisis. Increasingly, it is a threat to the security of the developed world. Left unchecked, this plague will further rip the fabric of developing societies, pushing fragile governments and economies to the point of collapse. There can be no question that the spectre of failed states across the world most certainly threatens U.S. security interests, particularly at a time where unstable nations have proven fertile ground for the development of terrorist organizations.

In this regard, Africa is a central concern. Today radical Islam is spreading in several African countries, especially Nigeria. This trend threatens to undercut democracy and make Nigeria a failed state. It is in American interests to counter this movement by doing what we can to help build democracy and a growing economy in Nigeria and elsewhere. The spread of HIV/AIDS frustrates this most important mission. We also have a strong interest in seeing the development of professional African militaries; militaries capable of maintaining stability in their country, but also capable of contributing to peacekeeping operations elsewhere. Yet, an examination of the HIV/AIDS rates among the armed forces of key African countries, including Nigeria, South Africa and Kenya, reveals infection rates between 30 and 40 percent. Military and police forces in other countries with high HIV/AIDS prevalence rates are among the highest risk populations in the world. The increase in HIV-infected military personnel is weakening the capacity of these



forces to defend their nations and to serve as peacekeepers in crisis situations. High prevalence rates among police forces undermine their ability to maintain civil order. AIDS indeed presents a national security threat—a threat to the stability and viability of many nations in the developing world.

Building on the bipartisan work accomplished in the 107th Congress, the Committee reports favorably an updated AIDS bill that focuses on treatment, prevention and care, and authorizes treatment for more than 2 million people.

In the 107th Congress, the Committee on International Relations reported favorably H.R. 2069, introduced by Chairman Henry J. Hyde, the “Global Access to HIV/AIDS Prevention, Awareness, Education and Treatment Act of 2001.” That bill was passed by the House and sent to the Senate, which struck all after the enacting clause and inserted a new text and returned H.R. 2069 to the House as the “United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2002.” The House and Senate were unable to reconcile the two versions of the bill, but both chambers agreed upon the need for expanded assistance to fight the HIV/AIDS pandemic. Both versions of the bill supported increases in funding for bilateral and multilateral approaches to fighting HIV/AIDS. Both bills stressed the urgency of the need for the President to develop a comprehensive strategy to expand U.S. assistance to encompass treatment of HIV/AIDS through the use of antiretroviral therapy.

Chairman Hyde, accompanied by Ranking Member Lantos, Representative Weldon of Florida, Representative Lee and Representative Leach, introduced H.R. 1298 on March 17, 2003. The bill supports the President’s plan to increase U.S. assistance for AIDS relief, and will create a more responsive, coordinated and effective approach among the various agencies of the U.S. Government involved in the global fight against HIV/AIDS. H.R. 1298 builds on the Chairman’s bill, H.R. 2069, from the 107th Congress.

H.R. 1298 includes important protections for accountability and transparency of the Global Fund. As reported, the legislation authorizes up to \$1 billion for fiscal year 2004 for contributions to the Global Fund, and such sums as may be necessary for the fiscal years 2005–2008. While the President’s budget request is expected to be \$200 million for each of the next 5 fiscal years for the Global Fund, in FY2003 the Congress appropriated nearly twice the amount requested by the President. The one billion dollar figure represents a carefully crafted compromise that builds bipartisan support for the bill while at the same time includes additional safeguards. United States financial support would be limited to 33 percent of the total amounts contributed by other donors. This means that in order for the U.S. to provide \$350 million, other donors would have to actually contribute \$700 million in the same year. This provision promotes better burden-sharing and follow-through for the donations of other countries. H.R. 1298 requires continual monitoring and evaluation of the Global Fund by the Comptroller General, and requires him to issue a report every 2 years on the Global Fund, including whether objectives are being met by projects supported by the Global Fund. The legislation creates a U.S. Government interagency technical review panel that will “shadow” the work of the Global Fund’s Technical Review Panel.

This will ensure that all grant applications submitted to the Global Fund will undergo thorough review, and that concerns and questions about problematic proposals can be provided to U.S. persons who sit on the panels of the Global Fund.

H.R. 1298 stresses the importance of behavior change (including the promotion of abstinence, faithfulness, the delay of “sexual debut,” and the effective use of condoms) as the foundation of efforts to fight AIDS. The legislation expands U.S. efforts at combating the HIV/AIDS pandemic in the developing world—in those countries already facing crisis of unprecedented proportions, and also in those countries with alarming recent increases in HIV prevalence.

It encourages a strategy that extends palliative care for people living with AIDS and supports efforts to find vaccines for HIV/AIDS and malaria. H.R. 1298 emphasizes the need to keep families together, with particular focus on the assistance needs of children and young people with HIV and of orphans and other vulnerable children caused by the HIV/AIDS pandemic. The bill also contributes to multilateral initiatives that leverage the funds of others, and endorses wider application of the successful “ABC” approach that has reduced HIV prevalence in certain countries by acknowledging the importance of individual behavior change in fighting this disease.

The legislation creates a position within the U.S. Department of State—a “Coordinator of United States Government Activities to Combat HIV/AIDS Globally,” who will be appointed by the President. The coordinator will ensure cohesion and unity of effort among the various agencies of the United States Government that contribute to our overall AIDS effort. H.R. 1298 updates the AIDS-related authorities in the Foreign Assistance Act—authorities for the President to support the widest variety of AIDS treatment and prevention programs overseas. The legislation endorses prevention programs that include the promotion of abstinence, faithfulness, the delay of “sexual debut,” and the effective use of condoms, and authorizes United States participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Education is one of the most effective ways to combat HIV/AIDS. Education systems provide a cost-effective infrastructure for delivering HIV/AIDS prevention messages and life skills training to two vital populations, particularly girls—those least likely to be infected (children ages 5 to 14) and those most vulnerable to infection (youths 15 to 24 years old)—but also to the broader population through the engagement of parents and community leaders in activities in and around schools.

Funds designed for educational efforts can most effectively be used in conjunction with other efforts and institutions engaged in schools and educational institutions. Relevant education activities include developing and integrating HIV/AIDS materials in the educational curriculum, training teachers in such curriculum, and strengthening the capabilities of schools so that they are better able to address health education needs.

At the same time that education systems are vital to combating HIV/AIDS, they are also its victims. The disease is decimating teacher corps, undermining the quality of education, and straining

already tight national education budgets as countries try to train replacements.

The HIV/AIDS pandemic is also one of the great moral challenges of our era, and is a scourge of unparalleled proportions in modern times. Entire villages of orphans are being created because adults are dead or dying from this plague. The United States has an obligation to use its leadership and resources to stop this virus and the destruction it causes. The AIDS pandemic touches our national security, our civilization, and our humanity. We can and should leverage other countries to contribute to help prevent and fight the spread of HIV and furnish care, treatment and cure for those individuals infected with this terrible disease. Compromise must be at the heart and soul of this process. Certain groups and interests disagree with specific elements of H.R. 1298. While no piece of legislation will please all quarters, the Committee on International Relations has done its best to craft a compromise that demonstrates our common cause against AIDS. Members of the Committee may differ on approaches, but do agree on goals and objectives.

As our Nation wages war in Iraq, the American people can and must fight on many fronts to protect our interests, promote our values, and provide hope to captive, destitute and vulnerable people across the globe.

The United States Congress has waited too long to address the global HIV/AIDS crisis in a truly systematic and comprehensive way. This is one of the most ambitious pieces of legislation in the Committee's long history—\$15 billion authorized in the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 is an enormous sum by any measure. It is five times the amount we considered for the cause in the 107th Congress through the Committee's consideration of H.R. 2069. As impressive as these amounts appear, they are no more than this crisis demands. Every day, AIDS claims the lives of innocent men and women, old and young, sick and able-bodied, destitute and affluent, unemployed and professional, African, Asian, American, atheist and faithful. This disease does not discriminate. It targets us all. In so doing, it ruins families, communities and whole nations; and it fuels violence and bloodshed across borders. The political, economic, social and health impacts of HIV/AIDS cannot be contained in one region or one population. It is a global human challenge that demands a global humanitarian response with the United States in the lead. H.R. 1298 is unprecedented legislation that will lead the way for increased U.S. engagement and leadership to contain the spread of the pandemic.

#### HEARINGS

The Committee did not hold hearings on HIV/AIDS during the 108th Congress prior to consideration of H.R. 1298.

#### COMMITTEE CONSIDERATION

H.R. 1298 was introduced by Chairman Hyde on March 17, 2003, and was referred to the Committee on International Relations. On April 2, 2003, the Committee met in open session, pursuant to notice, to consider the bill. A motion offered by Chairman Hyde to fa-

vorably report H.R. 1298 to the House of Representatives, as amended, was agreed to by a record vote of 37 ayes to 8 noes, a quorum being present.

#### SUMMARY OF AMENDMENTS

The Committee adopted several amendments. The first was offered by Chairman Hyde as an en bloc amendment (#1), and was approved by voice vote.

Rep. Pitts (R-PA) offered an amendment (#2) to provide prioritized funding for programs promoting abstinence over those that focus on condom use. Rep. Lee (D-CA) offered a substitute amendment (#3) to the Pitts amendment. The Lee amendment requires the President's AIDS prevention strategy to prioritize behavioral risk reduction by promoting abstinence, encouraging monogamy and faithfulness, promoting the effective use of condoms, and eradicating prostitution, the sex trade, rape, sexual assault and the sexual exploitation of women and children. The Lee substitute amendment was approved by a record vote of 24 ayes to 20 nays [Record Vote #1]. The Pitts amendment, as amended by the Lee amendment, was agreed to by voice vote.

The Committee approved by voice vote an amendment (#4) offered by Rep. Brown (D-OH), as amended by Chairman Hyde's amendment (#5), to Section 302 of the bill requiring the President to ensure that not less than 75 percent of tuberculosis funding *should* be spent on antituberculosis drugs, supplies, direct patient services, and training.

The Committee approved by voice vote an amendment (#6) offered by Rep. Rohrabacher (R-CA) recommending that 10% of the funding be used to help orphans and vulnerable children affected by HIV/AIDS.

The Committee approved by voice vote an amendment (#7) offered by Rep. Napolitano (D-CA) regarding awarding subgrants in a new pilot program on family survival partnerships—giving priority for consideration to groups that already provide mother-to-child HIV transmission prevention programs.

The Committee defeated, by a record vote of 15 ayes to 25 nays, an amendment (#8) offered by Rep. Smith (R-MI) that would have reduced the authorization levels in fiscal years 2004 and 2005, and shifted such funds to fiscal years 2007 and 2008 [Record Vote #2].

The Committee approved by voice vote an amendment (#9) offered by Rep. Berman (D-CA) that would include, as eligible to receive funding, the public-private partnership "Medicines for Malaria Venture" for developing new anti-malarial medicines.

The Committee approved by voice vote an amendment (#10) offered by Rep. Flake (R-AZ), as amended by the Lantos (#11) and Berman (#12) amendments, that would reduce the amount of Federal funding for the Global Fund by an amount equal to the amount provided by the Fund to governments on the State Department's terrorist list.

The Committee approved by voice vote an amendment (#13) offered by Rep. McCollum (D-MN) that would make physician's assistants eligible to participate in a pilot program for the placement of health care professionals in countries severely affected by HIV/AIDS, TB and malaria.

An amendment (#14) to add Malawi to the list of countries specifically listed to receive HIV/AIDS assistance was offered and withdrawn by Rep. McCollum.

The Committee approved by unanimous consent an en bloc amendment (#15) with language by Rep. Harris (R-FL) to add the word “abstinence” to the list of other methods that should be promoted to reduce HIV/AIDS, and language by Rep. Davis (R-VA) that would require an analysis of Human Papilloma Virus (HPV) in sub-Saharan Africa and the impact that condom usage has upon the spread of HPV in sub-Saharan Africa.

The Committee defeated, by a record vote of 21 ayes to 23 noes [Record Vote #3], an amendment (#16) offered by Rep. Pitts which would have required the HIV/AIDS Coordinator to respect the views of faith-based organizations by not requiring such organizations to participate in any aspect of any assistance program if it violated their views as a matter of conscience.

The Committee approved, by a record vote of 24 ayes to 22 noes [Record Vote #5], an amendment (#17) offered by Rep. Smith (R-NJ) that would prohibit funds from going to any group or organization that does not have a policy “explicitly opposing prostitution and sex trafficking.” The Committee defeated, by a record vote of 21 ayes to 22 noes, an amendment (#18) offered by Rep. Lantos (D-CA) to the Smith amendment that would have provided exceptions to the prostitution policy [Record Vote #4].

By a record vote of 37 ayes to 8 noes, the Committee favorably reported to the House H.R. 1298, as amended [Record Vote #6].

By unanimous consent the Committee ordered H.R. 1298 reported as a single amendment in the nature of a substitute incorporating the perfecting amendments adopted during markup.

#### VOTES OF THE COMMITTEE

Clause (3)(b) of rule XIII of the Rules of the House of Representatives requires that the results of each record vote on an amendment or motion to report, together with the names of those voting for or against, be printed in the Committee report.

#### *Description of Amendment, Motion, Order, or Other Proposition:*

Vote #1 (11:34 a.m.): Lee substitute amendment (#3) [to Pitts amendment (#2)] regarding the approach to a reduction of HIV/AIDS behavioral risks.

Voting yes: Leach, Houghton, Lantos, Berman, Ackerman, Payne, Menendez, Brown, Sherman, Wexler, Engel, Delahunt, Meeks, Lee, Crowley, Hoeffel, Blumenauer, Berkley, Napolitano, Schiff, Watson, Smith (WA), McCollum and Bell.

Voting no: Hyde, Smith (NJ), Burton, Gallegly, Ballenger, Rohrabacher, Royce, Chabot, Tancredo, Paul, Smith (MI), Pitts, Flake, Davis, Green, Weller, Pence, McCotter, Janklow and Harris.

Ayes 24. Noes 20.

Vote #2 (1:42 p.m.): Smith (MI) amendment (#8) regarding gradual increases for the authorized funding for FY04–08.

Voting yes: Bereuter, Ballenger, Rohrabacher, Royce, Chabot, Houghton, Smith (MI), Pitts, Flake, Davis, Green, Pence, McCotter, Janklow and Harris.

Voting no: Hyde, Leach, King, Weller, Lantos, Berman, Ackerman, Payne, Menendez, Brown, Wexler, Engel, Delahunt, Meeks, Lee, Crowley, Hoeffel, Blumenauer, Berkley, Napolitano, Schiff, Watson, Smith (WA), McCollum and Bell.

Ayes 15. Noes 25.

Vote #3 (3:25 p.m.): Pitts amendment (#16) regarding respecting the views of faith-based organizations when carrying out assistance relating to matters of conscience.

Voting yes: Hyde, Leach, Bereuter, Smith (NJ), Ballenger, Rohrabacher, Royce, King, Chabot, Tancredo, Paul, Smith (MI), Pitts, Flake, Davis, Green, Weller, Pence, McCotter, Janklow and Harris.

Voting no: Houghton, Lantos, Berman, Ackerman, Payne, Menendez, Brown, Sherman, Wexler, Engel, Delahunt, Meeks, Lee, Crowley, Hoeffel, Blumenauer, Berkley, Napolitano, Schiff, Watson, Smith (WA), McCollum and Bell.

Ayes 21. Noes 23.

Vote #4 (3:50 p.m.): Lantos amendment (#18) [to Smith (NJ) amendment (#17)] regarding funds to organizations that do not have a policy opposing sexual trafficking and prostitution—adding exceptions to the policy.

Voting yes: Leach, Lantos, Berman, Ackerman, Payne, Menendez, Brown, Wexler, Engel, Delahunt, Meeks, Lee, Crowley, Hoeffel, Blumenauer, Berkley, Napolitano, Schiff, Watson, Smith (WA) and McCollum.

Voting no: Hyde, Bereuter, Smith (NJ), Burton, Gallegly, Ballenger, Rohrabacher, Royce, King, Chabot, Houghton, Tancredo, Paul, Pitts, Flake, Davis, Green, Weller, Pence, McCotter, Janklow and Harris.

Ayes 21. Noes 22.

Vote #5 (4:00 p.m.): Smith (NJ) amendment (#17) providing that no funds may be made available to organizations that do not have a policy opposing sexual trafficking and prostitution.

Voting yes: Hyde, Leach, Bereuter, Smith (NJ), Burton, Gallegly, Ballenger, Rohrabacher, Royce, King, Chabot, Houghton, Tancredo, Paul, Smith (MI), Pitts, Flake, Davis, Green, Weller, Pence, McCotter, Janklow and Harris.

Voting no: Lantos, Berman, Ackerman, Payne, Menendez, Brown, Sherman, Wexler, Engel, Delahunt, Meeks, Lee, Crowley, Hoeffel, Blumenauer, Berkley, Napolitano, Schiff, Watson, Smith (WA), McCollum and Bell.

Ayes 24. Noes 22.

Vote #6 (4:04 p.m.): Report H.R. 1298, as amended, favorably to the House.

Voting yes: Hyde, Leach, Bereuter, Smith (NJ), Burton, Gallegly, Ballenger, Rohrabacher, Royce, King, Houghton, Green, Weller, McCotter, Janklow, Harris, Lantos, Ber-

man, Ackerman, Payne, Menendez, Brown, Sherman, Wexler, Engel, Delahunt, Meeks, Lee, Crowley, Hoeffel, Berkley, Napolitano, Schiff, Watson, Smith (WA), McCollum and Bell.

Voting no: Chabot, Tancredo, Paul, Smith (MI), Pitts, Flake, Davis, and Pence.

Ayes 37. Noes 8.

#### COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee reports that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

#### NEW BUDGET AUTHORITY AND TAX EXPENDITURES

Clause 3(c)(2) of House Rule XIII is inapplicable because this legislation does not provide new budgetary authority or increased tax expenditures.

#### CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

In compliance with clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the Committee sets forth, with respect to the bill, H.R.1298, the following estimate and comparison prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, April 7, 2003.*

Hon. HENRY J. HYDE, *Chairman,*  
*Committee on International Relations,*  
*House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1298, the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Joseph C. Whitehill, who can be reached at 226-2840.

Sincerely,

DOUGLAS HOLTZ-EAKIN.

Enclosure

cc: Honorable Tom Lantos,  
*Ranking Member.*

*H.R. 1298—United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.*

SUMMARY

H.R. 1298 would require the President to develop a comprehensive strategy for the prevention, treatment, and monitoring of acquired immune deficiency syndrome (AIDS) caused by the human immunodeficiency virus (HIV) and would authorize the appropriation of \$3 billion a year over the 2004–2008 period to fund those efforts. Specifically, the bill would authorize appropriations for contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria and to various international vaccine funds. It would authorize funding for bilateral assistance programs to prevent, treat, and monitor HIV/AIDS, tuberculosis, and malaria and for assistance to the families and children of persons affected by those diseases. Assuming appropriation of the authorized amounts, CBO estimates implementing H.R. 1298 would cost \$568 million in 2004 and \$11 billion over the 2004–2008 period. The bill would not affect direct spending or receipts.

H.R. 1298 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no significant costs on the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 1298 is shown in the following table. The costs of this legislation fall within budget functions 150 (international affairs) and 550 (health). For this estimate, CBO assumes that the bill will be enacted by September 30, 2003, that authorized amounts will be provided in annual appropriation acts near the start of each fiscal year, and that outlays will follow historical spending patterns.

	By fiscal year, in millions of dollars					
	2003	2004	2005	2006	2007	2008
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law for International HIV/AIDS, Tuberculosis, Malaria, and Vaccine Programs						
Budget Authority <sup>1</sup>	1,639	0	0	0	0	0
Estimated Outlays	955	1,098	382	167	78	21
Proposed Changes						
Authorization Level	0	3,000	3,000	3,000	3,000	3,000
Estimated Outlays	0	568	2,107	2,606	2,817	2,924
Spending Under H.R. 1298						
Authorization Level <sup>1</sup>	1,639	3,000	3,000	3,000	3,000	3,000
Estimated Outlays	955	1,666	2,489	2,773	2,895	2,945

<sup>1</sup>The 2003 level is the amount appropriated for that year.

BASIS OF ESTIMATE

H.R. 1298 would identify HIV/AIDS as being of particular concern to the United States and would require the President to develop a comprehensive strategy to combat it on a global basis. The bill would establish within the Department of State the position of



Coordinator of U.S. Government Activities to Combat HIV/AIDS Globally with the responsibility to oversee and to coordinate U.S. programs with those of other countries and international organizations. The bill also would require numerous reports to the Congress, and it would permit a portion of the authorized amounts to be used for administrative expenses.

The bill would give the Coordinator discretion to allocate funds to the various programs authorized. For the purpose of the estimate, CBO assumed that programs under the Public Health Services agencies would be funded at the amounts identified in the President's budget request for 2004 and that the additional amounts authorized by H.R. 1298, about \$0.9 billion of the \$3 billion annual authorization, would be allocated by the Coordinator consistent with the plan to be developed by the President.

#### INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 1298 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no significant costs on the budgets of state, local, or tribal governments.

#### PERFORMANCE GOALS AND OBJECTIVES

The goals and objectives of this legislation are to provide for the national security of the United States and other nations by increasing HIV/AIDS assistance to those countries most affected by the pandemic for the purpose of reducing the spread of the pandemic and its effects on the health of populations in the developing world.

#### CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds the authority for this legislation in article I, section 8, clause 18 of the Constitution (relating to making all laws necessary and proper for carrying into execution powers vested by the Constitution in the Government of the United States).

#### SECTION-BY-SECTION ANALYSIS AND DISCUSSION

*Section 1. Short Title.* Section 1 contains a short title and table of contents.

*Section 2. Findings.* Section 2 articulates findings on the state of the HIV/AIDS pandemic in the developing world, including latest statistics on the numbers infected and dead; the particular effect of AIDS on, and the vulnerability of, women and children; the effect of the AIDS crisis on the economic security of countries; its effect on society, labor, military readiness and peacekeeping; the relationship of HIV/AIDS to tuberculosis and malaria; the types of strategies appropriate for dealing with the pandemic; the importance of treatment and care of people living with AIDS; the role of NGOs and faith-based organizations in assisting those people living with AIDS; the positive track record of countries such as Uganda in facing AIDS directly, resulting in significant progress by adopting strategies based on behavior change; the demand for a comprehensive, long-term international response, founded upon addressing the crisis, reducing the spread, and ameliorating the consequence of the pandemic; that prostitution, sex trafficking and

sexual violence are additional causes and factors in the spread of HIV/AIDS; the need for strong coordination among the various agencies of the United States to ensure effective and efficient use of financial and technical resources with respect to the provision of international HIV/AIDS assistance; and findings summarizing and emphasizing the importance of the President's support of greatly increased and expanded United States efforts to control the pandemic.

*Section 3. Definitions.* Section 3 defines terms used throughout the bill.

*Section 4. Purpose.* Section 4 articulates in general terms the purposes of the act: to establish a comprehensive, 5-year strategy; to provide increased resources for bilateral and multilateral efforts to fight the pandemic; to encourage the expansion of private sector efforts and public-private partnerships; and to intensify care and treatment for individuals with HIV/AIDS, and development of vaccines for HIV/AIDS, tuberculosis, and malaria.

*Section 5. Authority to consolidate and combine reports.* Section 5 authorizes the President to consolidate the various reports required by the act, and to enter into contracts for the purpose of developing, originating, or contributing to any of the required reports.

#### *Title I—Policy Planning and Coordination*

*Section 101. Development of a comprehensive, 5-year global strategy.* Section 101 requires the President to: establish a comprehensive, integrated 5-year strategy to combat HIV/AIDS globally, and articulates that the required elements of the strategy should include objectives and approaches to treat those infected, and prevent further spread of infections; improve coordination and assign priorities for relevant executive branch agencies; expand public-private partnerships; maximize U.S. capabilities in the areas of technical assistance, training, and research; and report on the strategy not later than 270 days after the date of enactment of the law.

*Section 102. HIV/AIDS Response Coordinator.* Section 102(a) creates the position of Coordinator of United States Government Activities to Combat HIV/AIDS Globally and enumerates the duties and responsibilities of that individual, generally and specifically. Section 102(b) requires the President to specify the necessary financial resources that shall be assigned to, and under the direct control of, the Coordinator. Section 102(c) establishes a separate account in the Treasury into which shall be deposited all amounts appropriated pursuant to the authorization of appropriations under section 401, except for amounts appropriated for U.S. contributions to the Global Fund.

#### *Title II—Support for Multilateral Funds, Programs, and Public-Private Partnerships*

*Section 201. Sense of Congress on public-private partnerships.* Section 201 includes findings and a Sense of Congress supportive of public-private partnerships in strengthening the delivery of health services and accelerating research in the fight against HIV/AIDS.

*Section 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.* Section 202 authorizes U.S. financial participation in the Global Fund to Fight AIDS, Tuberculosis and Ma-

alaria (the Global Fund), and requires an annual report on contributions pledged to, received by, and projects funded by the Global Fund, and the mechanisms established for transparency and accountability in the grant-making process. It authorizes up to \$1 billion for fiscal year 2004, and such sums as may be necessary for FY2005–2008, available until expended, with the limitation that the U.S. contribution may not be more than 33 percent of the total amounts contributed to the Fund from all other sources, unless the President waives this requirement. It also requires the establishment of an interagency technical review panel that will analyze proposals received by the Global Fund and provide recommendations to U.S. representatives on the committees, panels and executive board of the Global Fund. It requires the GAO to monitor and evaluate projects and report to Congress every 2 years the results of the monitoring and evaluation.

*Section 203. Voluntary contributions to international vaccine funds.* Section 203 authorizes such sums as may be necessary to be contributed by the United States Government to the “Vaccine Fund,” the “International AIDS Vaccine Initiative (IAVI),” and malaria vaccine development programs such as the “Malaria Vaccine Initiative of the Program for Appropriate Technologies in Health.”

### *Title III—Bilateral Efforts*

#### *Subtitle A—General Assistance and Programs*

*Section 301. Assistance to combat HIV/AIDS.* Section 301(a) amends and updates the Foreign Assistance Act (FAA) by inserting a new section, Section 104A—“Assistance to Combat HIV/AIDS.” This new section: recognizes that the alarming spread of HIV/AIDS in developing countries is a major health, national security, development and humanitarian crisis; states that a major objective of the foreign assistance program of the United States is to provide assistance for the prevention, treatment and control of HIV/AIDS; authorizes the President to furnish assistance to prevent, treat and monitor HIV/AIDS, and carry out related activities in sub-Saharan Africa and other countries and areas; describes in general the types of assistance activities that shall be supported to the maximum extent practicable (prevention, treatment, prevention intervention education and technologies, monitoring, pharmaceuticals, and related activities); requires an annual report on the implementation of the new Section 104A; provides a limitation on administrative expenses for activities described in Section 104(c) and Sections 104A, 104B, and 104C; and defines terms used in Section 104A. Section 301(b) authorizes the appropriation of such sums as may be necessary for FY2004–2008 to carry out the new Section 104A of the FAA as added by Section 301(a), and authorizes such sums to remain available until expended.

In order to promote effective and efficient use of financial and technical resources with respect to the provision of U.S. HIV/AIDS assistance, the Committee expects that the Coordinator will establish in-country mechanisms under which all organizations receiving U.S. HIV/AIDS funds in a particular country will closely coordinate their activities to decrease overlap in programming and ensure maximum success for each program supported by U.S. funds.

*Section 302. Assistance to combat tuberculosis.* Section 302 amends the FAA by adding a new section, Section 104B, that authorizes assistance to combat tuberculosis, and authorizes the appropriation of such sums as may be necessary to carry out this new section of the FAA.

*Section 303. Assistance to combat malaria.* Section 303 amends the FAA by adding a new Section 104C that authorizes assistance to combat malaria, and authorizes the appropriation of such sums as may be necessary to carry out this new Section 104C of the FAA.

*Section 304. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.* Section 304 authorizes the President to establish a pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis and malaria, including foreign-born health care workers living permanently in the United States; and from the amounts authorized to be appropriated to the President under Section 401, authorizes the appropriation of such sums as may be necessary for FY2004–2008 to carry out the program.

*Section 305. Report on treatment activities by relevant executive branch agencies.* Section 305 requires a report by the President on the programs and activities of relevant executive branch agencies that are directed to the treatment of individuals in foreign countries infected with HIV or living with AIDS.

#### *Subtitle B—Assistance for Children and Families*

*Section 311. Findings.* Section 311 includes findings on the effect of AIDS on children and families in foreign countries.

*Section 312. Policy and requirements.* Section 312 states that the United States Government response to the pandemic should place a high priority on the prevention of mother-to-child transmission, the care and treatment of family members, and the care of children orphaned by AIDS.

*Section 313. Annual reports on prevention of mother-to-child transmission of the HIV infection.* Section 313 requires an annual report on the activities of relevant executive branch agencies to assist in the prevention of mother-to-child transmission of HIV infection.

*Section 314. Pilot program of assistance for children and families affected by HIV/AIDS.* Section 314 authorizes the President to establish a pilot program to demonstrate the feasibility of the provision of care and treatment to orphans and other children and young people affected by HIV/AIDS in foreign countries, and from the amounts authorized to be appropriated to the President under Section 401, authorizes the appropriation of such sums as may be necessary for FY2004–2008 to carry out the program.

*Section 315. Pilot programs on family survival partnerships.* Section 315 authorizes the President to establish a program, through a public-private partnership, for the provision of medical care and support services to HIV-positive parents and their children identified through existing programs to prevent mother-to-child transmission of HIV in countries with or at risk for severe HIV epidemic, with particular attention to resource-constrained countries, and from the amounts authorized to be appropriated to the Presi-

dent under Section 401, authorizes the appropriation of such sums as may be necessary for FY2004–2008 to carry out the program.

*Title IV—Authorization of Appropriations.*

*Section 401. Authorization of Appropriations.* Section 401 authorizes to be appropriated to the President to carry out the act and the amendments made by the act \$3 billion for each of the fiscal years 2004 through 2008. Amounts are authorized to remain available until expended and the authorization of appropriations therein shall remain available until the appropriations are made.

*Section 402. Sense of Congress.* Section 402(a) includes a sense of the Congress that an urgent priority of U.S. assistance programs to fight HIV/AIDS should be the rapid increase in distribution of antiretroviral treatment (ARV) so that by the end of FY2004, at least 500,000 individuals are receiving ARV; by the end of FY2005, at least 1,000,000 individuals are receiving such treatment; and by the end of FY2006, at least 2,000,000 individuals are receiving treatment. Section 402(b) includes a sense of the Congress that of the amounts appropriated pursuant to the authorization of appropriations under Section 401 for HIV/AIDS assistance, an effective distribution of such funds would be 55 percent for treatment of individuals with HIV/AIDS, 15 percent for palliative care of individuals with HIV/AIDS, 20 percent for HIV/AIDS prevention, and 10 percent for orphans and vulnerable children.

*Section 403. Allocation of Funds.* Section 403 requires that for fiscal years 2006 through 2008, not less than 55 percent of the amounts appropriated under Section 401 for HIV/AIDS assistance for each fiscal year shall be expended for therapeutic medical care of individuals infected with HIV, of which at least 75 percent should be expended for the purchase and distribution of ARV drugs and at least 25 percent should be expended for related care.

NEW ADVISORY COMMITTEES

H.R. 1298 does not establish or authorize any new advisory committees.

CONGRESSIONAL ACCOUNTABILITY ACT

H.R. 1298 does not apply to the legislative branch.

FEDERAL MANDATES

H.R. 1298 imposes no Federal mandates.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

**SECTION 1 OF THE STATE DEPARTMENT BASIC  
AUTHORITIES ACT OF 1956**

ORGANIZATION OF THE DEPARTMENT OF STATE

SECTION 1. (a) \* \* \*

\* \* \* \* \*

(f) *HIV/AIDS RESPONSE COORDINATOR.*—

(1) *IN GENERAL.*—*There shall be established within the Department of State in the immediate office of the Secretary of State a Coordinator of United States Government Activities to Combat HIV/AIDS Globally, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary.*

(2) *AUTHORITIES AND DUTIES; DEFINITIONS.*—

(A) *AUTHORITIES.*—*The Coordinator, acting through such nongovernmental organizations (including faith-based and community-based organizations) and relevant executive branch agencies as may be necessary and appropriate to effect the purposes of this section, is authorized—*

(i) *to operate internationally to carry out prevention, care, treatment, support, capacity development, and other activities for combatting HIV/AIDS;*

(ii) *to transfer and allocate funds to relevant executive branch agencies; and*

(iii) *to provide grants to, and enter into contracts with, nongovernmental organizations (including faith-based and community-based organizations) to carry out the purposes of section.*

(B) *DUTIES.*—

(i) *IN GENERAL.*—*The Coordinator shall have primary responsibility for the oversight and coordination of all resources and international activities of the United States Government to combat the HIV/AIDS pandemic, including all programs, projects, and activities of the United States Government relating to the HIV/AIDS pandemic under the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 or any amendment made by that Act.*

(ii) *SPECIFIC DUTIES.*—*The duties of the Coordinator shall specifically include the following:*

(I) *Ensuring program and policy coordination among the relevant executive branch agencies and nongovernmental organizations, including auditing, monitoring, and evaluation of all such programs.*

(II) *Ensuring that each relevant executive branch agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical capabilities, and potential for success.*

(III) *Avoiding duplication of effort.*

(IV) *Ensuring coordination of relevant executive branch agency activities in the field.*

(V) Pursuing coordination with other countries and international organizations.

(VI) Resolving policy, program, and funding disputes among the relevant executive branch agencies.

(VII) Directly approving all activities of the United States (including funding) relating to combatting HIV/AIDS in each of Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, and other countries designated by the President, which other designated countries may include those countries in which the United States is implementing HIV/AIDS programs as of the date of the enactment of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

(VIII) Establishing due diligence criteria for all recipients of funds section and all activities subject to the coordination and appropriate monitoring, evaluation, and audits carried out by the Coordinator necessary to assess the measurable outcomes of such activities.

(C) DEFINITIONS.—In this paragraph:

(i) AIDS.—The term “AIDS” means acquired immune deficiency syndrome.

(ii) HIV.—The term “HIV” means the human immunodeficiency virus, the pathogen that causes AIDS.

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

(iv) RELEVANT EXECUTIVE BRANCH AGENCIES.—The term “relevant executive branch agencies” means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including the Public Health Service), and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or this Act.

**[(f)] (g) QUALIFICATIONS OF CERTAIN OFFICERS OF THE DEPARTMENT OF STATE.—**

(1) \* \* \*

\* \* \* \* \*

**FOREIGN ASSISTANCE ACT OF 1961**

\* \* \* \* \*

**PART I**

**CHAPTER 1—POLICY; DEVELOPMENT ASSISTANCE AUTHORIZATIONS**

\* \* \* \* \*

## SEC. 104. POPULATION AND HEALTH.—(a) \* \* \*

\* \* \* \* \*

## (c) ASSISTANCE FOR HEALTH AND DISEASE PREVENTION.—

(1) \* \* \*

\* \* \* \* \*

[(4)(A) Congress recognizes the growing international dilemma of children with the human immunodeficiency virus (HIV) and the merits of intervention programs aimed at this problem. Congress further recognizes that mother-to-child transmission prevention strategies can serve as a major force for change in developing regions, and it is, therefore, a major objective of the foreign assistance program to control the acquired immune deficiency syndrome (AIDS) epidemic.

[(B) The agency primarily responsible for administering this part shall—

[(i) coordinate with UNAIDS, UNICEF, WHO, national and local governments, and other organizations to develop and implement effective strategies to prevent vertical transmission of HIV; and

[(ii) coordinate with those organizations to increase intervention programs and introduce voluntary counseling and testing, antiretroviral drugs, replacement feeding, and other strategies.

[(5)(A) Congress expects the agency primarily responsible for administering this part to make the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) a priority in the foreign assistance program and to undertake a comprehensive, coordinated effort to combat HIV and AIDS.

[(B) Assistance described in subparagraph (A) shall include help providing—

[(i) primary prevention and education;

[(ii) voluntary testing and counseling;

[(iii) medications to prevent the transmission of HIV from mother to child; and

[(iv) care for those living with HIV or AIDS.

[(6)(A) In addition to amounts otherwise available for such purpose, there is authorized to be appropriated to the President \$300,000,000 for each of the fiscal years 2001 and 2002 to carry out paragraphs (4) and (5).

[(B) Of the funds authorized to be appropriated under subparagraph (A), not less than 65 percent is authorized to be available through United States and foreign nongovernmental organizations, including private and voluntary organizations, for-profit organizations, religious affiliated organizations, educational institutions, and research facilities.

[(C)(i) Of the funds authorized to be appropriated by subparagraph (A), not less than 20 percent is authorized to be available for programs as part of a multidonor strategy to address the support and education of orphans in sub-Saharan Africa, including AIDS orphans.

[(ii) Assistance made available under this subsection, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection, may be made available notwith-



standing any other provision of law that restricts assistance to foreign countries.

[(D) Of the funds authorized to be appropriated under subparagraph (A), not less than 8.3 percent is authorized to be available to carry out the prevention strategies for vertical transmission referred to in paragraph (4)(A).

[(E) Of the funds authorized to be appropriated by subparagraph (A), not more than 7 percent may be used for the administrative expenses of the agency primarily responsible for carrying out this part of this Act in support of activities described in paragraphs (4) and (5).

[(F) Funds appropriated under this paragraph are authorized to remain available until expended.

[(7)(A) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those nations that had previously largely controlled the disease. Congress further recognizes that the means exist to control and treat tuberculosis, and that it is therefore a major objective of the foreign assistance program to control the disease. To this end, Congress expects the agency primarily responsible for administering this part—

[(i) to coordinate with the World Health Organization, the Centers for Disease Control, the National Institutes of Health, and other organizations toward the development and implementation of a comprehensive tuberculosis control program; and

[(ii) to set as a goal the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, in those countries in which the agency has established development programs, by December 31, 2010.

[(B) There is authorized to be appropriated to the President, \$60,000,000 for each of the fiscal years 2001 and 2002 to be used to carry out this paragraph. Funds appropriated under this subparagraph are authorized to remain available until expended.]

*(4) RELATIONSHIP TO OTHER LAWS.—Assistance made available under this subsection and sections 104A, 104B, and 104C, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection and the provisions cited in this paragraph, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries, except for the provisions of this subsection, the provisions of law cited in this paragraph, subsection (f), section 634A of this Act, and provisions of law that limit assistance to organizations that support or participate in a program of coercive abortion or involuntary sterilization included under the Child Survival and Health Programs Fund heading in the Consolidated Appropriations Resolution, 2003 (Public Law 108–7).*

\* \* \* \* \*

**SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.**

*(a) FINDING.—Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa, the Caribbean, and other developing countries is a major global health, national security, development, and humanitarian crisis.*

(b) *POLICY.*—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, treatment, and control of HIV/AIDS. The United States and other developed countries should provide assistance to countries in sub-Saharan Africa, the Caribbean, and other countries and areas to control this crisis through HIV/AIDS prevention, treatment, monitoring, and related activities, particularly activities focused on women and youth, including strategies to protect women and prevent mother-to-child transmission of the HIV infection.

(c) *AUTHORIZATION.*—

(1) *IN GENERAL.*—Consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including to prevent, treat, and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, and other countries and areas.

(2) *ROLE OF NGOS.*—It is the sense of Congress that the President should provide an appropriate level of assistance under paragraph (1) through nongovernmental organizations (including faith-based and community-based organizations) in countries in sub-Saharan Africa, the Caribbean, and other countries and areas affected by the HIV/AIDS pandemic.

(3) *COORDINATION OF ASSISTANCE EFFORTS.*—The President shall coordinate the provision of assistance under paragraph (1) with the provision of related assistance by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria and other appropriate international organizations (such as the International Bank for Reconstruction and Development), relevant regional multilateral development institutions, national, state, and local governments of foreign countries, appropriate governmental and nongovernmental organizations, and relevant executive branch agencies.

(d) *ACTIVITIES SUPPORTED.*—Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

(1) *PREVENTION.*—Prevention of HIV/AIDS through activities including—

(A) programs and efforts that are designed or intended to impart knowledge with the exclusive purpose of helping individuals avoid behaviors that place them at risk of HIV infection, including integration of such programs into health programs and the inclusion in counseling programs of information on methods of avoiding infection of HIV, including delaying sexual debut, abstinence, fidelity and monogamy, reduction of casual sexual partnering, and where appropriate, use of condoms;

(B) assistance to establish and implement culturally appropriate HIV/AIDS education and prevention programs that focus on helping individuals avoid infection of HIV/AIDS, implemented through nongovernmental organizations, including faith-based and community-based organizations, particularly those organizations that utilize both

professionals and volunteers with appropriate skills, experience, and community presence;

(C) assistance for the purpose of providing voluntary testing and counseling (including the incorporation of confidentiality protections with respect to such testing and counseling);

(D) assistance for the purpose of preventing mother-to-child transmission of the HIV infection, including medications to prevent such transmission and access to infant formula and other alternatives for infant feeding;

(E) assistance to ensure a safe blood supply and sterile medical equipment; and

(F) assistance to help avoid substance abuse and intravenous drug use that can lead to HIV infection.

(2) TREATMENT.—The treatment and care of individuals with HIV/AIDS, including—

(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the treatment of individuals with HIV/AIDS, including clinical training for indigenous organizations and health care providers;

(B) assistance to strengthen and expand hospice and palliative care programs to assist patients debilitated by HIV/AIDS, their families, and the primary caregivers of such patients, including programs that utilize faith-based and community-based organizations; and

(C) assistance for the purpose of the care and treatment of individuals with HIV/AIDS through the provision of pharmaceuticals, including antiretrovirals and other pharmaceuticals and therapies for the treatment of opportunistic infections, nutritional support, and other treatment modalities.

(3) PREVENTATIVE INTERVENTION EDUCATION AND TECHNOLOGIES.—(A) With particular emphasis on specific populations that represent a particularly high risk of contracting or spreading HIV/AIDS, including those exploited through the sex trade, victims of rape and sexual assault, individuals already infected with HIV/AIDS, and in cases of occupational exposure of health care workers, assistance with efforts to reduce the risk of HIV/AIDS infection including post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(B) Bulk purchases of available test kits, condoms, and, when proven effective, microbicides that are intended to reduce the risk of HIV/AIDS transmission and for appropriate program support for the introduction and distribution of these commodities, as well as education and training on the use of the technologies.

(4) MONITORING.—The monitoring of programs, projects, and activities carried out pursuant to paragraphs (1) through (3), including—

(A) monitoring to ensure that adequate controls are established and implemented to provide HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS;

(B) appropriate evaluation and surveillance activities;

(C) monitoring to ensure that appropriate measures are being taken to maintain the sustainability of HIV/AIDS pharmaceuticals (especially antiretrovirals) and ensure that drug resistance is not compromising the benefits of such pharmaceuticals; and

(D) monitoring to ensure appropriate law enforcement officials are working to ensure that HIV/AIDS pharmaceuticals are not diminished through illegal counterfeiting or black market sales of such pharmaceuticals.

(5) PHARMACEUTICALS.—

(A) PROCUREMENT.—The procurement of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections.

(B) MECHANISMS FOR QUALITY CONTROL AND SUSTAINABLE SUPPLY.—Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines are quality-controlled and sustainably supplied.

(C) DISTRIBUTION.—The distribution of such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

(6) RELATED ACTIVITIES.—The conduct of related activities, including—

(A) the care and support of children who are orphaned by the HIV/AIDS pandemic, including services designed to care for orphaned children in a family environment which rely on extended family members;

(B) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including training and the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions; and

(C) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world.

(7) COMPREHENSIVE HIV/AIDS PUBLIC-PRIVATE PARTNERSHIPS.—The establishment and operation of public-private partnership entities within countries in sub-Saharan Africa, the Caribbean, and other countries affected by the HIV/AIDS pandemic that are dedicated to supporting the national strategy of such countries regarding the prevention, treatment, and moni-

toring of HIV/AIDS. Each such public-private partnership should—

(A) support the development, implementation, and management of comprehensive HIV/AIDS plans in support of the national HIV/AIDS strategy;

(B) operate at all times in a manner that emphasizes efficiency, accountability, and results-driven programs;

(C) engage both local and foreign development partners and donors, including businesses, government agencies, academic institutions, nongovernmental organizations, foundations, multilateral development agencies, and faith-based organizations, to assist the country in coordinating and implementing HIV/AIDS prevention, treatment, and monitoring programs in accordance with its national HIV/AIDS strategy;

(D) provide technical assistance, consultant services, financial planning, monitoring and evaluation, and research in support of the national HIV/AIDS strategy; and

(E) establish local human resource capacities for the national HIV/AIDS strategy through the transfer of medical, managerial, leadership, and technical skills.

(e) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than January 31 of each year, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives a report on the implementation of this section for the prior fiscal year.

(2) REPORT ELEMENTS.—Each report shall include—

(A) a description of efforts made by each relevant executive branch agency to implement the policies set forth in this section, section 104B, and section 104C;

(B) a description of the programs established pursuant to such sections; and

(C) a detailed assessment of the impact of programs established pursuant to such sections, including—

(i)(I) the effectiveness of such programs in reducing the spread of the HIV infection, particularly in women and girls, in reducing mother-to-child transmission of the HIV infection, and in reducing mortality rates from HIV/AIDS; and

(II) the number of patients currently receiving treatment for AIDS in each country that receives assistance under this Act.

(ii) the progress made toward improving health care delivery systems (including the training of adequate numbers of staff) and infrastructure to ensure increased access to care and treatment;

(iii) with respect to tuberculosis, the increase in the number of people treated and the increase in number of tuberculosis patients cured through each program, project, or activity receiving United States foreign assistance for tuberculosis control purposes; and

(iv) with respect to malaria, the increase in the number of people treated and the increase in number of malaria patients cured through each program,

project, or activity receiving United States foreign assistance for malaria control purposes.

(f) **FUNDING LIMITATION.**—Of the funds made available to carry out this section in any fiscal year, not more than 7 percent may be used for the administrative expenses of the United States Agency for International Development in support of activities described in section 104(c), this section, section 104B, and section 104C. Such amount shall be in addition to other amounts otherwise available for such purposes.

(g) **DEFINITIONS.**—In this section:

(1) **AIDS.**—The term “AIDS” means acquired immune deficiency syndrome.

(2) **HIV.**—The term “HIV” means the human immunodeficiency virus, the pathogen that causes AIDS.

(3) **HIV/AIDS.**—The term “HIV/AIDS” means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(4) **RELEVANT EXECUTIVE BRANCH AGENCIES.**—The term “relevant executive branch agencies” means the Department of State, the United States Agency for International Development, the Department of Health and Human Services (including its agencies and offices), and any other department or agency of the United States that participates in international HIV/AIDS activities pursuant to the authorities of such department or agency or this Act.

**SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.**

(a) **FINDINGS.**—Congress makes the following findings:

(1) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those countries that had previously largely controlled the disease.

(2) Congress further recognizes that the means exist to control and treat tuberculosis through expanded use of the DOTS (Directly Observed Treatment Short-course) treatment strategy, including DOTS-Plus to address multi-drug resistant tuberculosis, and adequate investment in newly created mechanisms to increase access to treatment, including the Global Tuberculosis Drug Facility established in 2001 pursuant to the Amsterdam Declaration to Stop TB and the Global Alliance for TB Drug Development.

(b) **POLICY.**—It is a major objective of the foreign assistance program of the United States to control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for International Development has established development programs.

(c) **AUTHORIZATION.**—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

(d) *COORDINATION.*—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and other organizations with respect to the development and implementation of a comprehensive tuberculosis control program.

(e) *PRIORITY TO DOTS COVERAGE.*—In furnishing assistance under subsection (c), the President shall give priority to activities that increase Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis where needed using DOTS-Plus, including funding for the Global Tuberculosis Drug Facility, the Stop Tuberculosis Partnership, and the Global Alliance for TB Drug Development. In order to meet the requirement of the preceding sentence, the President should ensure that not less than 75 percent of the amount made available to carry out this section for a fiscal year should be expended for antituberculosis drugs, supplies, direct patient services, and training in diagnosis and treatment for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS-Plus, including substantially increased funding for the Global Tuberculosis Drug Facility.

(f) *DEFINITIONS.*—In this section:

(1) *DOTS.*—The term “DOTS” or “Directly Observed Treatment Short-course” means the World Health Organization-recommended strategy for treating tuberculosis.

(2) *DOTS-PLUS.*—The term “DOTS-Plus” means a comprehensive tuberculosis management strategy that is built upon and works as a supplement to the standard DOTS strategy, and which takes into account specific issues (such as use of second line anti-tuberculosis drugs) that need to be addressed in areas where there is high prevalence of multi-drug resistant tuberculosis.

(3) *GLOBAL ALLIANCE FOR TUBERCULOSIS DRUG DEVELOPMENT.*—The term “Global Alliance for Tuberculosis Drug Development” means the public-private partnership that brings together leaders in health, science, philanthropy, and private industry to devise new approaches to tuberculosis and to ensure that new medications are available and affordable in high tuberculosis burden countries and other affected countries.

(4) *GLOBAL TUBERCULOSIS DRUG FACILITY.*—The term “Global Tuberculosis Drug Facility (GDF)” means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

(5) *STOP TUBERCULOSIS PARTNERSHIP.*—The term “Stop Tuberculosis Partnership” means the partnership of the World Health Organization, donors including the United States, high tuberculosis burden countries, multilateral agencies, and non-governmental and technical agencies committed to short- and long-term measures required to control and eventually eliminate tuberculosis as a public health problem in the world.

**SEC. 104C. ASSISTANCE TO COMBAT MALARIA.**

(a) *FINDING.*—Congress finds that malaria kills more people annually than any other communicable disease except tuberculosis, that more than 90 percent of all malaria cases are in sub-Saharan Africa, and that children and women are particularly at risk. Congress recognizes that there are cost-effective tools to decrease the

*spread of malaria and that malaria is a curable disease if promptly diagnosed and adequately treated.*

*(b) POLICY.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, control, and cure of malaria.*

*(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of malaria.*

*(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (the Centers for Disease Control and Prevention and the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive malaria control program.*

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CHAPTER 3—INTERNATIONAL ORGANIZATIONS AND PROGRAMS

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SEC. 302. AUTHORIZATION.—(a) \* \* \*

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*(k) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President **[\$50,000,000 for each of the fiscal years 2001 and 2002]** such sums as may be necessary for each of the fiscal years 2004 through 2008 to be available only for United States contributions to the **[Global Alliance for Vaccines and Immunizations]** *Vaccine Fund*.*

*(l) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President **[\$10,000,000 for each of the fiscal years 2001 and 2002]** such sums as may be necessary for each of the fiscal years 2004 through 2008 to be available only for United States contributions to the International AIDS Vaccine Initiative.*

*(m) In addition to amounts otherwise available under this section, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2004 through 2008 to be available for United States contributions to malaria vaccine development programs, including the Malaria Vaccine Initiative of the Program for Appropriate Technologies in Health (PATH).*

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