

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To provide a complete substitute.

**IN THE SENATE OF THE UNITED STATES—110th Cong., 2d Sess.**

**S. 2731**

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended  
to be proposed by Mr. BIDEN (for himself and Mr. LUGAR)

Viz:

1 Strike all after the enacting clause and insert the fol-  
2 lowing:

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

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Tom Lantos and Henry J. Hyde United States Global  
6 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
7 Reauthorization Act of 2008”.

1 (b) TABLE OF CONTENTS.—The table of contents for  
2 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 an updated, comprehensive, 5-year, global strategy.
- Sec. 102. Interagency working group.
- Sec. 103. Sense of Congress.

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

- Sec. 201. Voluntary contributions to international vaccine funds.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sec. 203. Research on methods for women to prevent transmission of HIV and other diseases.
- Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.
- Sec. 205. Facilitating effective operations of the Centers for Disease Control.
- Sec. 206. Facilitating vaccine development.

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. Malaria Response Coordinator.
- Sec. 305. Amendment to Immigration and Nationality Act.
- Sec. 306. Clerical amendment.
- Sec. 307. Requirements.
- Sec. 308. Annual report on prevention of mother-to-child transmission of HIV.
- Sec. 309. Prevention of mother-to-child transmission expert panel.

TITLE IV—FUNDING ALLOCATIONS

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

TITLE V—MISCELLANEOUS

- Sec. 501. Machine readable visa fees.

1 **SEC. 2. FINDINGS.**

2 Section 2 of the United States Leadership Against  
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
4 U.S.C. 7601) is amended by adding at the end the fol-  
5 lowing:

6 “(29) On May 27, 2003, the President signed  
7 this Act into law, launching the largest international  
8 public health program of its kind ever created.

9 “(30) Between 2003 and 2008, the United  
10 States, through the President’s Emergency Plan for  
11 AIDS Relief (PEPFAR) and in conjunction with  
12 other bilateral programs and the multilateral Global  
13 Fund has helped to—

14 “(A) provide antiretroviral therapy for over  
15 1,900,000 people;

16 “(B) ensure that over 150,000 infants,  
17 most of whom would have likely been infected  
18 with HIV during pregnancy or childbirth, were  
19 not infected; and

20 “(C) provide palliative care and HIV pre-  
21 vention assistance to millions of other people.

22 “(31) While United States leadership in the  
23 battles against HIV/AIDS, tuberculosis, and malaria  
24 has had an enormous impact, these diseases con-  
25 tinue to take a terrible toll on the human race.

1           “(32) According to the 2007 AIDS Epidemic  
2 Update of the Joint United Nations Programme on  
3 HIV/AIDS (UNAIDS)—

4           “(A) an estimated 2,100,000 people died  
5 of AIDS-related causes in 2007; and

6           “(B) an estimated 2,500,000 people were  
7 newly infected with HIV during that year.

8           “(33) According to the World Health Organiza-  
9 tion, malaria kills more than 1,000,000 people per  
10 year, 70 percent of whom are children under 5 years  
11 of age.

12           “(34) According to the World Health Organiza-  
13 tion,  $\frac{1}{3}$  of the world’s population is infected with the  
14 tuberculosis bacterium, and tuberculosis is 1 of the  
15 greatest infectious causes of death of adults world-  
16 wide, killing 1,600,000 people per year.

17           “(35) Efforts to promote abstinence, fidelity,  
18 the correct and consistent use of condoms, the delay  
19 of sexual debut, and the reduction of concurrent sex-  
20 ual partners represent important elements of strate-  
21 gies to prevent the transmission of HIV/AIDS.

22           “(36) According to UNAIDS—

23           “(A) women and girls make up nearly 60  
24 percent of persons in sub-Saharan Africa who  
25 are HIV positive;

1           “(B) women and girls are more bio-  
2           logically, economically, and socially vulnerable  
3           to HIV infection; and

4           “(C) gender issues are critical components  
5           in the effort to prevent HIV/AIDS and to care  
6           for those affected by the disease.

7           “(37) Children who have lost a parent to HIV/  
8           AIDS, who are otherwise directly affected by the dis-  
9           ease, or who live in areas of high HIV prevalence  
10          may be vulnerable to the disease or its socioeconomic  
11          effects.

12          “(38) Lack of health capacity, including insuffi-  
13          cient personnel and inadequate infrastructure, in  
14          sub-Saharan Africa and other regions of the world  
15          is a critical barrier that limits the effectiveness of ef-  
16          forts to combat HIV/AIDS, tuberculosis, and ma-  
17          laria, and to achieve other global health goals.

18          “(39) On March 30, 2007, the Institute of  
19          Medicine of the National Academies released a re-  
20          port entitled ‘PEPFAR Implementation: Progress  
21          and Promise’, which found that budget allocations  
22          setting percentage levels for spending on prevention,  
23          care, and treatment and for certain subsets of activi-  
24          ties within the prevention category—

1           “(A) have ‘adversely affected implementa-  
2           tion of the U.S. Global AIDS Initiative’;

3           “(B) have inhibited comprehensive, inte-  
4           grated, evidence based approaches;

5           “(C) ‘have been counterproductive’;

6           “(D) ‘may have been helpful initially in en-  
7           suring a balance of attention to activities within  
8           the 4 categories of prevention, treatment, care,  
9           and orphans and vulnerable children’;

10          “(E) ‘have also limited PEPFAR’s ability  
11          to tailor its activities in each country to the  
12          local epidemic and to coordinate with the level  
13          of activities in the countries’ national plans’;  
14          and

15          “(F) should be removed by Congress and  
16          replaced with more appropriate mechanisms  
17          that—

18                 “(i) ‘ensure accountability for results  
19                 from Country Teams to the U.S. Global  
20                 AIDS Coordinator and to Congress’; and

21                 “(ii) ‘ensure that spending is directly  
22                 linked to and commensurate with nec-  
23                 essary efforts to achieve both country and  
24                 overall performance targets for prevention,

1 treatment, care, and orphans and vulner-  
2 able children’.

3 “(40) The United States Government has en-  
4 dored the principles of harmonization in coordi-  
5 nating efforts to combat HIV/AIDS commonly re-  
6 ferred to as the ‘Three Ones’, which includes—

7 “(A) 1 agreed HIV/AIDS action frame-  
8 work that provides the basis for coordination of  
9 the work of all partners;

10 “(B) 1 national HIV/AIDS coordinating  
11 authority, with a broadbased multisectoral man-  
12 date; and

13 “(C) 1 agreed HIV/AIDS country-level  
14 monitoring and evaluating system.

15 “(41) In the Abuja Declaration on HIV/AIDS,  
16 Tuberculosis and Other Related Infectious Diseases,  
17 of April 26–27, 2001 (referred to in this Act as the  
18 ‘Abuja Declaration’), the Heads of State and Gov-  
19 ernment of the Organization of African Unity  
20 (OAU)—

21 “(A) declared that they would ‘place the  
22 fight against HIV/AIDS at the forefront and as  
23 the highest priority issue in our respective na-  
24 tional development plans’;

1           “(B) committed ‘TO TAKE PERSONAL  
2           RESPONSIBILITY AND PROVIDE LEAD-  
3           ERSHIP for the activities of the National  
4           AIDS Commissions/Councils’;

5           “(C) resolved ‘to lead from the front the  
6           battle against HIV/AIDS, Tuberculosis and  
7           Other Related Infectious Diseases by personally  
8           ensuring that such bodies were properly con-  
9           vened in mobilizing our societies as a whole and  
10          providing focus for unified national policy-  
11          making and programme implementation, ensur-  
12          ing coordination of all sectors at all levels with  
13          a gender perspective and respect for human  
14          rights, particularly to ensure equal rights for  
15          people living with HIV/AIDS’; and

16          “(D) pledged ‘to set a target of allocating  
17          at least 15% of our annual budget to the im-  
18          provement of the health sector’.”.

19 **SEC. 3. DEFINITIONS.**

20          Section 3 of the United States Leadership Against  
21          HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
22          U.S.C. 7602) is amended—

23                 (1) in paragraph (2), by striking “Committee  
24                 on International Relations” and inserting “Com-  
25                 mittee on Foreign Affairs of the House of Rep-



1       representatives, the Committee on Appropriations of the  
2       Senate, and the Committee on Appropriations”;

3           (2) by redesignating paragraph (6) as para-  
4       graph (12);

5           (3) by redesignating paragraphs (3) through  
6       (5), as paragraphs (4) through (6), respectively;

7           (4) by inserting after paragraph (2) the fol-  
8       lowing:

9           “(3) GLOBAL AIDS COORDINATOR.—The term  
10       ‘Global AIDS Coordinator’ means the Coordinator of  
11       United States Government Activities to Combat  
12       HIV/AIDS Globally.”; and

13          (5) by inserting after paragraph (6), as redesign-  
14       ated, the following:

15          “(7) IMPACT EVALUATION RESEARCH.—The  
16       term ‘impact evaluation research’ means the applica-  
17       tion of research methods and statistical analysis to  
18       measure the extent to which change in a population-  
19       based outcome can be attributed to program inter-  
20       vention instead of other environmental factors.

21          “(8) OPERATIONS RESEARCH.—The term ‘oper-  
22       ations research’ means the application of social  
23       science research methods, statistical analysis, and  
24       other appropriate scientific methods to judge, com-  
25       pare, and improve policies and program outcomes,

1 from the earliest stages of defining and designing  
2 programs through their development and implemen-  
3 tation, with the objective of the rapid dissemination  
4 of conclusions and concrete impact on programming.

5 “(9) PARAPROFESSIONAL.—The term ‘para-  
6 professional’ means an individual who is trained and  
7 employed as a health agent for the provision of basic  
8 assistance in the identification, prevention, or treat-  
9 ment of illness or disability.

10 “(10) PARTNER GOVERNMENT.—The term  
11 ‘partner government’ means a government with  
12 which the United States is working to provide assist-  
13 ance to combat HIV/AIDS, tuberculosis, or malaria  
14 on behalf of people living within the jurisdiction of  
15 such government.

16 “(11) PROGRAM MONITORING.—The term ‘pro-  
17 gram monitoring’ means the collection, analysis, and  
18 use of routine program data to determine—

19 “(A) how well a program is carried out;

20 and

21 “(B) how much the program costs.”.

22 **SEC. 4. PURPOSE.**

23 Section 4 of the United States Leadership Against  
24 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
25 U.S.C. 7603) is amended to read as follows:

1 **“SEC. 4. PURPOSE.**

2 “The purpose of this Act is to strengthen and en-  
3 hance United States leadership and the effectiveness of  
4 the United States response to the HIV/AIDS, tuber-  
5 culosis, and malaria pandemics and other related and pre-  
6 ventable infectious diseases as part of the overall United  
7 States health and development agenda by—

8 “(1) establishing comprehensive, coordinated,  
9 and integrated 5-year, global strategies to combat  
10 HIV/AIDS, tuberculosis, and malaria by—

11 “(A) building on progress and successes to  
12 date;

13 “(B) improving harmonization of United  
14 States efforts with national strategies of part-  
15 ner governments and other public and private  
16 entities; and

17 “(C) emphasizing capacity building initia-  
18 tives in order to promote a transition toward  
19 greater sustainability through the support of  
20 country-driven efforts;

21 “(2) providing increased resources for bilateral  
22 and multilateral efforts to fight HIV/AIDS, tuber-  
23 culosis, and malaria as integrated components of  
24 United States development assistance;

25 “(3) intensifying efforts to—

26 “(A) prevent HIV infection;

1 “(B) ensure the continued support for, and  
2 expanded access to, treatment and care pro-  
3 grams;

4 “(C) enhance the effectiveness of preven-  
5 tion, treatment, and care programs; and

6 “(D) address the particular vulnerabilities  
7 of girls and women;

8 “(4) encouraging the expansion of private sec-  
9 tor efforts and expanding public-private sector part-  
10 nerships to combat HIV/AIDS, tuberculosis, and  
11 malaria;

12 “(5) reinforcing efforts to—

13 “(A) develop safe and effective vaccines,  
14 microbicides, and other prevention and treat-  
15 ment technologies; and

16 “(B) improve diagnostics capabilities for  
17 HIV/AIDS, tuberculosis, and malaria; and

18 “(6) helping partner countries to—

19 “(A) strengthen health systems;

20 “(B) expand health workforce; and

21 “(C) address infrastructural weaknesses.”.

22 **SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**  
23 **PORTS.**

24 Section 5 of the United States Leadership Against  
25 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22

1 U.S.C. 7604) is amended by inserting “, with the excep-  
2 tion of the 5-year strategy” before the period at the end.

3 **TITLE I—POLICY PLANNING AND**  
4 **COORDINATION**

5 **SEC. 101. DEVELOPMENT OF AN UPDATED, COMPREHEN-**  
6 **SIVE, 5-YEAR, GLOBAL STRATEGY.**

7 (a) STRATEGY.—Section 101(a) of the United States  
8 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
9 Act of 2003 (22 U.S.C. 7611(a)) is amended to read as  
10 follows:

11 “(a) STRATEGY.—The President shall establish a  
12 comprehensive, integrated, 5-year strategy to expand and  
13 improve efforts to combat global HIV/AIDS. This strategy  
14 shall—

15 “(1) further strengthen the capability of the  
16 United States to be an effective leader of the inter-  
17 national campaign against this disease and strength-  
18 en the capacities of nations experiencing HIV/AIDS  
19 epidemics to combat this disease;

20 “(2) maintain sufficient flexibility and remain  
21 responsive to—

22 “(A) changes in the epidemic;

23 “(B) challenges facing partner countries in  
24 developing and implementing an effective na-  
25 tional response; and

1           “(C) evidence-based improvements and in-  
2           novations in the prevention, care, and treatment  
3           of HIV/AIDS;

4           “(3) situate United States efforts to combat  
5           HIV/AIDS, tuberculosis, and malaria within the  
6           broader United States global health and development  
7           agenda, establishing a roadmap to link investments  
8           in specific disease programs to the broader goals of  
9           strengthening health systems and infrastructure and  
10          to integrate and coordinate HIV/AIDS, tuberculosis,  
11          or malaria programs with other health or develop-  
12          ment programs, as appropriate;

13          “(4) provide a plan to—

14                 “(A) prevent 12,000,000 new HIV infec-  
15                 tions worldwide;

16                 “(B) support—

17                         “(i) the increase in the number of in-  
18                         dividuals with HIV/AIDS receiving  
19                         antiretroviral treatment above the goal es-  
20                         tablished under section 402(a)(3) and in-  
21                         creased pursuant to paragraphs (1)  
22                         through (3) of section 403(d); and

23                         “(ii) additional treatment through co-  
24                         ordinated multilateral efforts;

1           “(C) support care for 12,000,000 individ-  
2 uals infected with or affected by HIV/AIDS, in-  
3 cluding 5,000,000 orphans and vulnerable chil-  
4 dren affected by HIV/AIDS, with an emphasis  
5 on promoting a comprehensive, coordinated sys-  
6 tem of services to be integrated throughout the  
7 continuum of care;

8           “(D) help partner countries in the effort to  
9 achieve goals of 80 percent access to counseling,  
10 testing, and treatment to prevent the trans-  
11 mission of HIV from mother to child, empha-  
12 sizing a continuum of care model;

13           “(E) help partner countries to provide care  
14 and treatment services to children with HIV in  
15 proportion to their percentage within the HIV-  
16 infected population in each country;

17           “(F) promote preservice training for health  
18 professionals designed to strengthen the capac-  
19 ity of institutions to develop and implement  
20 policies for training health workers to combat  
21 HIV/AIDS, tuberculosis, and malaria;

22           “(G) equip teachers with skills needed for  
23 HIV/AIDS prevention and support for persons  
24 with, or affected by, HIV/AIDS;

1           “(H) provide and share best practices for  
2 combating HIV/AIDS with health professionals;

3           “(I) promote pediatric HIV/AIDS training  
4 for physicians, nurses, and other health care  
5 workers, through public-private partnerships if  
6 possible, including through the designation, if  
7 appropriate, of centers of excellence for training  
8 in pediatric HIV/AIDS prevention, care, and  
9 treatment in partner countries; and

10           “(J) help partner countries to train and  
11 support retention of health care professionals  
12 and paraprofessionals, with the target of train-  
13 ing and retaining at least 140,000 new health  
14 care professionals and paraprofessionals with  
15 an emphasis on training and in country deploy-  
16 ment of critically needed doctors and nurses  
17 and to strengthen capacities in developing coun-  
18 tries, especially in sub-Saharan Africa, to de-  
19 liver primary health care with the objective of  
20 helping countries achieve staffing levels of at  
21 least 2.3 doctors, nurses, and midwives per  
22 1,000 population, as called for by the World  
23 Health Organization;

24           “(5) include multisectoral approaches and spe-  
25 cific strategies to treat individuals infected with



1 HIV/AIDS and to prevent the further transmission  
2 of HIV infections, with a particular focus on the  
3 needs of families with children (including the preven-  
4 tion of mother-to-child transmission), women, young  
5 people, orphans, and vulnerable children;

6 “(6) establish a timetable with annual global  
7 treatment targets with country-level benchmarks for  
8 antiretroviral treatment;

9 “(7) expand the integration of timely and rel-  
10 evant research within the prevention, care, and  
11 treatment of HIV/AIDS;

12 “(8) include a plan for program monitoring, op-  
13 erations research, and impact evaluation and for the  
14 dissemination of a best practices report to highlight  
15 findings;

16 “(9) support the in-country or intra-regional  
17 training, preferably through public-private partner-  
18 ships, of scientific investigators, managers, and  
19 other staff who are capable of promoting the system-  
20 atic uptake of clinical research findings and other  
21 evidence-based interventions into routine practice,  
22 with the goal of improving the quality, effectiveness,  
23 and local leadership of HIV/AIDS health care;

24 “(10) expand and accelerate research on and  
25 development of HIV/AIDS prevention methods for

1 women, including enhancing inter-agency collabora-  
2 tion, staffing, and organizational infrastructure dedi-  
3 cated to microbicide research;

4 “(11) provide for consultation with local leaders  
5 and officials to develop prevention strategies and  
6 programs that are tailored to the unique needs of  
7 each country and community and targeted particu-  
8 larly toward those most at risk of acquiring HIV in-  
9 fection;

10 “(12) make the reduction of HIV/AIDS behav-  
11 ioral risks a priority of all prevention efforts by—

12 “(A) promoting abstinence from sexual ac-  
13 tivity and encouraging monogamy and faithful-  
14 ness;

15 “(B) encouraging the correct and con-  
16 sistent use of male and female condoms and in-  
17 creasing the availability of, and access to, these  
18 commodities;

19 “(C) promoting the delay of sexual debut  
20 and the reduction of multiple concurrent sexual  
21 partners;

22 “(D) promoting education for discordant  
23 couples (where an individual is infected with  
24 HIV and the other individual is uninfected or

1           whose status is unknown) about safer sex prac-  
2           tices;

3           “(E) promoting voluntary counseling and  
4           testing, addiction therapy, and other prevention  
5           and treatment tools for illicit injection drug  
6           users and other substance abusers;

7           “(F) educating men and boys about the  
8           risks of procuring sex commercially and about  
9           the need to end violent behavior toward women  
10          and girls;

11          “(G) supporting partner country and com-  
12          munity efforts to identify and address social,  
13          economic, or cultural factors, such as migration,  
14          urbanization, conflict, gender-based violence,  
15          lack of empowerment for women, and transpor-  
16          tation patterns, which directly contribute to the  
17          transmission of HIV;

18          “(H) supporting comprehensive programs  
19          to promote alternative livelihoods, safety, and  
20          social reintegration strategies for commercial  
21          sex workers and their families;

22          “(I) promoting cooperation with law en-  
23          forcement to prosecute offenders of trafficking,  
24          rape, and sexual assault crimes with the goal of  
25          eliminating such crimes; and

1                   “(J) working to eliminate rape, gender-  
2                   based violence, sexual assault, and the sexual  
3                   exploitation of women and children;

4                   “(13) include programs to reduce the trans-  
5                   mission of HIV, particularly addressing the height-  
6                   ened vulnerabilities of women and girls to HIV in  
7                   many countries; and

8                   “(14) support other important means of pre-  
9                   venting or reducing the transmission of HIV, includ-  
10                  ing—

11                   “(A) medical male circumcision;

12                   “(B) the maintenance of a safe blood sup-  
13                  ply; and

14                   “(C) other mechanisms to reduce the  
15                  transmission of HIV;

16                   “(15) increase support for prevention of moth-  
17                  er-to-child transmission;

18                   “(16) build capacity within the public health  
19                  sector of developing countries by improving health  
20                  systems and public health infrastructure and devel-  
21                  oping indicators to measure changes in broader pub-  
22                  lic health sector capabilities;

23                   “(17) increase the coordination of HIV/AIDS  
24                  programs with development programs;

1           “(18) provide a framework for expanding or de-  
2           veloping existing or new country or regional pro-  
3           grams, including—

4                   “(A) drafting compacts or other agree-  
5                   ments, as appropriate;

6                   “(B) establishing criteria and objectives for  
7                   such compacts and agreements; and

8                   “(C) promoting sustainability;

9           “(19) provide a plan for national and regional  
10           priorities for resource distribution and a global in-  
11           vestment plan by region;

12           “(20) provide a plan to address the immediate  
13           and ongoing needs of women and girls, which—

14                   “(A) addresses the vulnerabilities that con-  
15                   tribute to their elevated risk of infection;

16                   “(B) includes specific goals and targets to  
17                   address these factors;

18                   “(C) provides clear guidance to field mis-  
19                   sions to integrate gender across prevention,  
20                   care, and treatment programs;

21                   “(D) sets forth gender-specific indicators  
22                   to monitor progress on outcomes and impacts of  
23                   gender programs;

24                   “(E) supports efforts in countries in which  
25                   women or orphans lack inheritance rights and

1 other fundamental protections to promote the  
2 passage, implementation, and enforcement of  
3 such laws;

4 “(F) supports life skills training, especially  
5 among women and girls, with the goal of reduc-  
6 ing vulnerabilities to HIV/AIDS;

7 “(G) addresses and prevents gender-based  
8 violence; and

9 “(H) addresses the posttraumatic and psy-  
10 chosocial consequences and provides  
11 postexposure prophylaxis protecting against  
12 HIV infection to victims of gender-based vio-  
13 lence and rape;

14 “(21) provide a plan to—

15 “(A) determine the local factors that may  
16 put men and boys at elevated risk of con-  
17 tracting or transmitting HIV;

18 “(B) address male norms and behaviors to  
19 reduce these risks, including by reducing alco-  
20 hol abuse;

21 “(C) promote responsible male behavior;  
22 and

23 “(D) promote male participation and lead-  
24 ership at the community level in efforts to pro-  
25 mote HIV prevention, reduce stigma, promote

1 participation in voluntary counseling and test-  
2 ing, and provide care, treatment, and support  
3 for persons with HIV/AIDS;

4 “(22) provide a plan to address the  
5 vulnerabilities and needs of orphans and children  
6 who are vulnerable to, or affected by, HIV/AIDS;

7 “(23) encourage partner countries to develop  
8 health care curricula and promote access to training  
9 tailored to individuals receiving services through, or  
10 exiting from, existing programs geared to orphans  
11 and vulnerable children;

12 “(24) provide a framework to work with inter-  
13 national actors and partner countries toward uni-  
14 versal access to HIV/AIDS prevention, treatment,  
15 and care programs, recognizing that prevention is of  
16 particular importance;

17 “(25) enhance the coordination of United  
18 States bilateral efforts to combat global HIV/AIDS  
19 with other major public and private entities;

20 “(26) enhance the attention given to the na-  
21 tional strategic HIV/AIDS plans of countries receiv-  
22 ing United States assistance by—

23 “(A) reviewing the planning and pro-  
24 grammatic decisions associated with that assist-  
25 ance; and

1           “(B) helping to strengthen such national  
2 strategies, if necessary;

3           “(27) support activities described in the Global  
4 Plan to Stop TB, including—

5           “(A) expanding and enhancing the cov-  
6 erage of the Directly Observed Treatment  
7 Short-course (DOTS) in order to treat individ-  
8 uals infected with tuberculosis and HIV, includ-  
9 ing multi-drug resistant or extensively drug re-  
10 sistant tuberculosis; and

11           “(B) improving coordination and integra-  
12 tion of HIV/AIDS and tuberculosis program-  
13 ming;

14           “(28) ensure coordination between the Global  
15 AIDS Coordinator and the Malaria Coordinator and  
16 address issues of comorbidity between HIV/AIDS  
17 and malaria; and

18           “(29) include a longer term estimate of the pro-  
19 jected resource needs, progress toward greater sus-  
20 tainability and country ownership of HIV/AIDS pro-  
21 grams, and the anticipated role of the United States  
22 in the global effort to combat HIV/AIDS during the  
23 10-year period beginning on October 1, 2013.”.

24           (b) REPORT.—Section 101(b) of such Act (22 U.S.C.  
25 7611(b)) is amended to read as follows:



1 “(b) REPORT.—

2 “(1) IN GENERAL.—Not later than October 1,  
3 2009, the President shall submit a report to the ap-  
4 propriate congressional committees that sets forth  
5 the strategy described in subsection (a).

6 “(2) CONTENTS.—The report required under  
7 paragraph (1) shall include a discussion of the fol-  
8 lowing elements:

9 “(A) The purpose, scope, methodology, and  
10 general and specific objectives of the strategy.

11 “(B) The problems, risks, and threats to  
12 the successful pursuit of the strategy.

13 “(C) The desired goals, objectives, activi-  
14 ties, and outcome-related performance measures  
15 of the strategy.

16 “(D) A description of future costs and re-  
17 sources needed to carry out the strategy.

18 “(E) A delineation of United States Gov-  
19 ernment roles, responsibility, and coordination  
20 mechanisms of the strategy.

21 “(F) A description of the strategy—

22 “(i) to promote harmonization of  
23 United States assistance with that of other  
24 international, national, and private actors  
25 as elucidated in the ‘Three Ones’; and

1                   “(ii) to address existing challenges in  
2                   harmonization and alignment.

3                   “(G) A description of the manner in which  
4                   the strategy will—

5                   “(i) further the development and im-  
6                   plementation of the national multisectoral  
7                   strategic HIV/AIDS frameworks of partner  
8                   governments; and

9                   “(ii) enhance the centrality, effective-  
10                  ness, and sustainability of those national  
11                  plans.

12                  “(H) A description of how the strategy will  
13                  seek to achieve the specific targets described in  
14                  subsection (a) and other targets, as appro-  
15                  priate.

16                  “(I) A description of, and rationale for, the  
17                  timetable for annual global treatment targets  
18                  with country-level estimates of numbers of per-  
19                  sons in need of antiretroviral treatment, coun-  
20                  try-level benchmarks for United States support  
21                  for assistance for antiretroviral treatment, and  
22                  numbers of persons enrolled in antiretroviral  
23                  treatment programs receiving United States  
24                  support. If global benchmarks are not achieved  
25                  within the reporting period, the report shall in-

1           clude a description of steps being taken to en-  
2           sure that global benchmarks will be achieved  
3           and a detailed breakdown and justification of  
4           spending priorities in countries in which bench-  
5           marks are not being met, including a descrip-  
6           tion of other donor or national support for  
7           antiretroviral treatment in the country, if ap-  
8           propriate.

9           “(J) A description of how operations re-  
10          search is addressed in the strategy and how  
11          such research can most effectively be integrated  
12          into care, treatment, and prevention activities  
13          in order to—

14                 “(i) improve program quality and effi-  
15                 ciency;

16                 “(ii) ascertain cost effectiveness;

17                 “(iii) ensure transparency and ac-  
18                 countability;

19                 “(iv) assess population-based impact;

20                 “(v) disseminate findings and best  
21                 practices; and

22                 “(vi) optimize delivery of services.

23          “(K) An analysis of United States-assisted  
24          strategies to prevent the transmission of HIV/  
25          AIDS, including methodologies to promote ab-

1 stinence, monogamy, faithfulness, the correct  
2 and consistent use of male and female condoms,  
3 reductions in concurrent sexual partners, and  
4 delay of sexual debut, and of intended moni-  
5 toring and evaluation approaches to measure  
6 the effectiveness of prevention programs and  
7 ensure that they are targeted to appropriate au-  
8 diences.

9 “(L) Within the analysis required under  
10 subparagraph (K), an examination of additional  
11 planned means of preventing the transmission  
12 of HIV including medical male circumcision,  
13 maintenance of a safe blood supply, and other  
14 tools.

15 “(M) A description of efforts to assist  
16 partner country and community to identify and  
17 address social, economic, or cultural factors,  
18 such as migration, urbanization, conflict, gen-  
19 der-based violence, lack of empowerment for  
20 women, and transportation patterns, which di-  
21 rectly contribute to the transmission of HIV.

22 “(N) A description of the specific targets,  
23 goals, and strategies developed to address the  
24 needs and vulnerabilities of women and girls to  
25 HIV/AIDS, including—

1                   “(i) activities directed toward men  
2                   and boys;

3                   “(ii) activities to enhance educational,  
4                   microfinance, and livelihood opportunities  
5                   for women and girls;

6                   “(iii) activities to promote and protect  
7                   the legal empowerment of women, girls,  
8                   and orphans and vulnerable children;

9                   “(iv) programs targeted toward gen-  
10                  der-based violence and sexual coercion;

11                  “(v) strategies to meet the particular  
12                  needs of adolescents;

13                  “(vi) assistance for victims of rape,  
14                  sexual abuse, assault, exploitation, and  
15                  trafficking; and

16                  “(vii) programs to prevent alcohol  
17                  abuse.

18                  “(O) A description of strategies to address  
19                  male norms and behaviors that contribute to  
20                  the transmission of HIV, to promote respon-  
21                  sible male behavior, and to promote male par-  
22                  ticipation and leadership in HIV/AIDS preven-  
23                  tion, care, treatment, and voluntary counseling  
24                  and testing.

25                  “(P) A description of strategies—

1                   “(i) to address the needs of orphans  
2                   and vulnerable children, including an anal-  
3                   ysis of—

4                                 “(I) factors contributing to chil-  
5                                 dren’s vulnerability to HIV/AIDS; and

6                                 “(II) vulnerabilities caused by  
7                                 the impact of HIV/AIDS on children  
8                                 and their families; and

9                                 “(ii) in areas of higher HIV/AIDS  
10                                 prevalence, to promote a community-based  
11                                 approach to vulnerability, maximizing com-  
12                                 munity input into determining which chil-  
13                                 dren participate.

14                                 “(Q) A description of capacity-building ef-  
15                                 forts undertaken by countries themselves, in-  
16                                 cluding adherents of the Abuja Declaration and  
17                                 an assessment of the impact of International  
18                                 Monetary Fund macroeconomic and fiscal poli-  
19                                 cies on national and donor investments in  
20                                 health.

21                                 “(R) A description of the strategy to—

22   “(i) strengthen capacity building with-  
23   in the public health sector;

24   “(ii) improve health care in those  
25   countries;

1           “(iii) help countries to develop and  
2           implement national health workforce strat-  
3           egies;

4           “(iv) strive to achieve goals in train-  
5           ing, retaining, and effectively deploying  
6           health staff;

7           “(v) promote the use of codes of con-  
8           duct for ethical recruiting practices for  
9           health care workers; and

10          “(vi) increase the sustainability of  
11          health programs.

12          “(S) A description of the criteria for selec-  
13          tion, objectives, methodology, and structure of  
14          compacts or other framework agreements with  
15          countries or regional organizations, including—

16               “(i) the role of civil society;

17               “(ii) the degree of transparency;

18               “(iii) benchmarks for success of such  
19          compacts or agreements; and

20               “(iv) the relationship between such  
21          compacts or agreements and the national  
22          HIV/AIDS and public health strategies  
23          and commitments of partner countries.

1           “(T) A strategy to better coordinate HIV/  
2           AIDS assistance with nutrition and food assist-  
3           ance programs.

4           “(U) A description of transnational or re-  
5           gional initiatives to combat regionalized  
6           epidemics in highly affected areas such as the  
7           Caribbean.

8           “(V) A description of planned resource dis-  
9           tribution and global investment by region.

10          “(W) A description of coordination efforts  
11          in order to better implement the Stop TB  
12          Strategy and to address the problem of coinfect-  
13          tion of HIV/AIDS and tuberculosis and of pro-  
14          jected challenges or barriers to successful imple-  
15          mentation.

16          “(X) A description of coordination efforts  
17          to address malaria and comorbidity with ma-  
18          laria and HIV/AIDS.”.

19          (c) STUDY.—Section 101(c) of such Act (22 U.S.C.  
20          7611(c)) is amended to read as follows:

21          “(c) STUDY OF PROGRESS TOWARD ACHIEVEMENT  
22          OF POLICY OBJECTIVES.—

23                 “(1) DESIGN AND BUDGET PLAN FOR DATA  
24          EVALUATION.—The Global AIDS Coordinator shall  
25          enter into a contract with the Institute of Medicine



1 of the National Academies that provides that not  
2 later than 18 months after the date of the enact-  
3 ment of the Tom Lantos and Henry J. Hyde United  
4 States Global Leadership Against HIV/AIDS, Tu-  
5 berculosis, and Malaria Reauthorization Act of  
6 2008, the Institute, in consultation with the Global  
7 AIDS Coordinator and other relevant parties rep-  
8 resenting the public and private sector, shall provide  
9 the Global AIDS Coordinator with a design plan and  
10 budget for the evaluation and collection of baseline  
11 and subsequent data to address the elements set  
12 forth in paragraph (2)(B). The Global AIDS Coordi-  
13 nator shall submit the budget and design plan to the  
14 appropriate congressional committees.

15 “(2) STUDY.—

16 “(A) IN GENERAL.—Not later than 4 years  
17 after the date of the enactment of the Tom  
18 Lantos and Henry J. Hyde United States Glob-  
19 al Leadership Against HIV/AIDS, Tuberculosis,  
20 and Malaria Reauthorization Act of 2008, the  
21 Institute of Medicine of the National Academies  
22 shall publish a study that includes—

23 “(i) an assessment of the performance  
24 of United States-assisted global HIV/AIDS  
25 programs; and

1                   “(ii) an evaluation of the impact on  
2 health of prevention, treatment, and care  
3 efforts that are supported by United States  
4 funding, including multilateral and bilat-  
5 eral programs involving joint operations.

6                   “(B) CONTENT.—The study conducted  
7 under this paragraph shall include—

8                   “(i) an assessment of progress toward  
9 prevention, treatment, and care targets;

10                   “(ii) an assessment of the effects on  
11 health systems, including on the financing  
12 and management of health systems and  
13 the quality of service delivery and staffing;

14                   “(iii) an assessment of efforts to ad-  
15 dress gender-specific aspects of HIV/AIDS,  
16 including gender related constraints to ac-  
17 cessing services and addressing underlying  
18 social and economic vulnerabilities of  
19 women and men;

20                   “(iv) an evaluation of the impact of  
21 treatment and care programs on 5-year  
22 survival rates, drug adherence, and the  
23 emergence of drug resistance;

1                   “(v) an evaluation of the impact of  
2                   prevention programs on HIV incidence in  
3                   relevant population groups;

4                   “(vi) an evaluation of the impact on  
5                   child health and welfare of interventions  
6                   authorized under this Act on behalf of or-  
7                   phans and vulnerable children;

8                   “(vii) an evaluation of the impact of  
9                   programs and activities authorized in this  
10                  Act on child mortality; and

11                  “(viii) recommendations for improving  
12                  the programs referred to in subparagraph  
13                  (A)(i).

14                  “(C) METHODOLOGIES.—Assessments and  
15                  impact evaluations conducted under the study  
16                  shall utilize sound statistical methods and tech-  
17                  niques for the behavioral sciences, including  
18                  random assignment methodologies as feasible.  
19                  Qualitative data on process variables should be  
20                  used for assessments and impact evaluations,  
21                  wherever possible.

22                  “(3) CONTRACT AUTHORITY.—The Institute of  
23                  Medicine may enter into contracts or cooperative  
24                  agreements or award grants to conduct the study  
25                  under paragraph (2).

1           “(4) AUTHORIZATION OF APPROPRIATIONS.—

2           There are authorized to be appropriated such sums  
3           as may be necessary to carry out the study under  
4           this subsection.”.

5           (d) REPORT.—Section 101 of such Act, as amended  
6           by this section, is further amended by adding at the end  
7           the following:

8           “(d) COMPTROLLER GENERAL REPORT.—

9           “(1) REPORT REQUIRED.—Not later than 3  
10          years after the date of the enactment of the Tom  
11          Lantos and Henry J. Hyde United States Global  
12          Leadership Against HIV/AIDS, Tuberculosis, and  
13          Malaria Reauthorization Act of 2008, the Comp-  
14          troller General of the United States shall submit a  
15          report on the global HIV/AIDS programs of the  
16          United States to the appropriate congressional com-  
17          mittees.

18          “(2) CONTENTS.—The report required under  
19          paragraph (1) shall include—

20                 “(A) a description and assessment of the  
21                 monitoring and evaluation practices and policies  
22                 in place for these programs;

23                 “(B) an assessment of coordination within  
24                 Federal agencies involved in these programs,  
25                 examining both internal coordination within

1           these programs and integration with the larger  
2           global health and development agenda of the  
3           United States;

4                   “(C) an assessment of procurement policies  
5           and practices within these programs;

6                   “(D) an assessment of harmonization with  
7           national government HIV/AIDS and public  
8           health strategies as well as other international  
9           efforts;

10                   “(E) an assessment of the impact of global  
11           HIV/AIDS funding and programs on other  
12           United States global health programming; and

13                   “(F) recommendations for improving the  
14           global HIV/AIDS programs of the United  
15           States.

16           “(e) BEST PRACTICES REPORT.—

17                   “(1) IN GENERAL.—Not later than 1 year after  
18           the date of the enactment of the Tom Lantos and  
19           Henry J. Hyde United States Global Leadership  
20           Against HIV/AIDS, Tuberculosis, and Malaria Re-  
21           authorization Act of 2008, and annually thereafter,  
22           the Global AIDS Coordinator shall publish a best  
23           practices report that highlights the programs receiv-  
24           ing financial assistance from the United States that  
25           have the potential for replication or adaption, par-

1           ticularly at a low cost, across global AIDS programs,  
2           including those that focus on both generalized and  
3           localized epidemics.

4           “(2) DISSEMINATION OF FINDINGS.—

5           “(A) PUBLICATION ON INTERNET  
6           WEBSITE.—The Global AIDS Coordinator shall  
7           disseminate the full findings of the annual best  
8           practices report on the Internet website of the  
9           Office of the Global AIDS Coordinator.

10          “(B) DISSEMINATION GUIDANCE.—The  
11          Global AIDS Coordinator shall develop guid-  
12          ance to ensure timely submission and dissemi-  
13          nation of significant information regarding best  
14          practices with respect to global AIDS programs.

15          “(f) INSPECTORS GENERAL.—

16          “(1) OVERSIGHT PLAN.—

17          “(A) DEVELOPMENT.—The Inspectors  
18          General of the Department of State and Broad-  
19          casting Board of Governors, the Department of  
20          Health and Human Services, and the United  
21          States Agency for International Development  
22          shall jointly develop 5 coordinated annual plans  
23          for oversight activity in each of the fiscal years  
24          2009 through 2013, with regard to the pro-  
25          grams authorized under this Act and sections

1           104A, 104B, and 104C of the Foreign Assist-  
2           ance Act of 1961 (22 U.S.C. 2151b–2, 2151b–  
3           3, and 2151b–4).

4           “(B) CONTENTS.—The plans developed  
5           under subparagraph (A) shall include a sched-  
6           ule for financial audits, inspections, and per-  
7           formance reviews, as appropriate.

8           “(C) DEADLINE.—

9           “(i) INITIAL PLAN.—The first plan  
10          developed under subparagraph (A) shall be  
11          completed not later than the later of—

12                   “(I) September 1, 2008; or

13                   “(II) 60 days after the date of  
14                   the enactment of the Tom Lantos and  
15                   Henry J. Hyde United States Global  
16                   Leadership Against HIV/AIDS, Tu-  
17                   berculosis, and Malaria Reauthoriza-  
18                   tion Act of 2008.

19          “(ii) SUBSEQUENT PLANS.—Each of  
20          the last four plans developed under sub-  
21          paragraph (A) shall be completed not later  
22          than 30 days before each of the fiscal  
23          years 2010 through 2013, respectively.

24          “(2) COORDINATION.—In order to avoid dupli-  
25          cation and maximize efficiency, the Inspectors Gen-

1           eral described in paragraph (1) shall coordinate their  
2           activities with—

3                   “(A) the Government Accountability Of-  
4                   fice; and

5                   “(B) the Inspectors General of the Depart-  
6                   ment of Commerce, the Department of Defense,  
7                   the Department of Labor, and the Peace Corps,  
8                   as appropriate, pursuant to the 2004 Memo-  
9                   randum of Agreement Coordinating Audit Cov-  
10                  erage of Programs and Activities Implementing  
11                  the President’s Emergency Plan for AIDS Re-  
12                  lief, or any successor agreement.

13                  “(3) FUNDING.—The Global AIDS Coordinator  
14                  and the Coordinator of the United States Govern-  
15                  ment Activities to Combat Malaria Globally shall  
16                  make available necessary funds not exceeding  
17                  \$15,000,000 during the 5-year period beginning on  
18                  October 1, 2008 to the Inspectors General described  
19                  in paragraph (1) for the audits, inspections, and re-  
20                  views described in that paragraph.”.

21                  (e) ANNUAL STUDY.—Section 101 of such Act, as  
22                  amended by this section, is further amended by adding  
23                  at the end the following:

24                   “(g) ANNUAL STUDY.—



1           “(1) IN GENERAL.—Not later than September  
2           30, 2009, and annually thereafter through Sep-  
3           tember 30, 2013, the Global AIDS Coordinator shall  
4           complete a study of treatment providers that—

5                   “(A) represents a range of countries and  
6                   service environments;

7                   “(B) estimates the per-patient cost of  
8                   antiretroviral HIV/AIDS treatment and the  
9                   care of people with HIV/AIDS not receiving  
10                  antiretroviral treatment, including a comparison  
11                  of the costs for equivalent services provided by  
12                  programs not receiving assistance under this  
13                  Act;

14                  “(C) estimates per-patient costs across the  
15                  program and in specific categories of service  
16                  providers, including—

17                           “(i) urban and rural providers;

18                           “(ii) country-specific providers; and

19                           “(iii) other subcategories, as appro-  
20                           priate.

21           “(2) PUBLICATION.—Not later than 90 days  
22           after the completion of each study under paragraph  
23           (1), the Global AIDS Coordinator shall make the re-  
24           sults of such study available on a publicly accessible  
25           Web site.”.

1 **SEC. 102. INTERAGENCY WORKING GROUP.**

2 Section 1(f)(2) of the State Department Basic Au-  
3 thorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amend-  
4 ed—

5 (1) in subparagraph (A), by inserting “, part-  
6 ner country finance, health, and other relevant min-  
7 istries,” after “community based organizations)”  
8 each place it appears;

9 (2) in subparagraph (B)(ii)—

10 (A) by striking subclauses (IV) and (V);

11 (B) by inserting after subclause (III) the  
12 following:

13 “(IV) Establishing an inter-  
14 agency working group on HIV/AIDS  
15 headed by the Global AIDS Coordi-  
16 nator and comprised of representa-  
17 tives from the United States Agency  
18 for International Development and the  
19 Department of Health and Human  
20 Services, for the purposes of coordina-  
21 tion of activities relating to HIV/  
22 AIDS, including—

23 “(aa) meeting regularly to  
24 review progress in partner coun-  
25 tries toward HIV/AIDS preven-

1 tion, treatment, and care objec-  
2 tives;

3 “(bb) participating in the  
4 process of identifying countries to  
5 consider for increased assistance  
6 based on the epidemiology of  
7 HIV/AIDS in those countries, in-  
8 cluding clear evidence of a public  
9 health threat, as well as govern-  
10 ment commitment to address the  
11 HIV/AIDS problem, relative  
12 need, and coordination and joint  
13 planning with other significant  
14 actors;

15 “(cc) assisting the Coordi-  
16 nator in the evaluation, execu-  
17 tion, and oversight of country  
18 operational plans;

19 “(dd) reviewing policies that  
20 may be obstacles to reaching tar-  
21 gets set forth for HIV/AIDS pre-  
22 vention, treatment, and care; and

23 “(ee) consulting with rep-  
24 resentatives from additional rel-  
25 evant agencies, including the Na-

1                    tional Institutes of Health, the  
2                    Health Resources and Services  
3                    Administration, the Department  
4                    of Labor, the Department of Ag-  
5                    riculture, the Millennium Chal-  
6                    lenge Corporation, the Peace  
7                    Corps, and the Department of  
8                    Defense.

9                    “(V) Coordinating overall United  
10                    States HIV/AIDS policy and pro-  
11                    grams, including ensuring the coordi-  
12                    nation of relevant executive branch  
13                    agency activities in the field, with ef-  
14                    forts led by partner countries, and  
15                    with the assistance provided by other  
16                    relevant bilateral and multilateral aid  
17                    agencies and other donor institutions  
18                    to promote harmonization with other  
19                    programs aimed at preventing and  
20                    treating HIV/AIDS and other health  
21                    challenges, improving primary health,  
22                    addressing food security, promoting  
23                    education and development, and  
24                    strengthening health care systems.”;

1 (C) by redesignating subclauses (VII) and  
2 VIII) as subclauses (IX) and (XII), respec-  
3 tively;

4 (D) by inserting after subclause (VI) the  
5 following:

6 “(VII) Holding annual consulta-  
7 tions with nongovernmental organiza-  
8 tions in partner countries that provide  
9 services to improve health, and advo-  
10 cating on behalf of the individuals  
11 with HIV/AIDS and those at par-  
12 ticular risk of contracting HIV/AIDS,  
13 including organizations with members  
14 who are living with HIV/AIDS.

15 “(VIII) Ensuring, through inter-  
16 agency and international coordination,  
17 that HIV/AIDS programs of the  
18 United States are coordinated with,  
19 and complementary to, the delivery of  
20 related global health, food security,  
21 development, and education.”;

22 (E) in subclause (IX), as redesignated by  
23 subparagraph (C)—

24 (i) by inserting “Vietnam,” after  
25 “Uganda,”;

1 (ii) by inserting after “of 2003” the  
2 following: “and other countries in which  
3 the United States is implementing HIV/  
4 AIDS programs as part of its foreign as-  
5 sistance program”; and

6 (iii) by adding at the end the fol-  
7 lowing: “In designating additional coun-  
8 tries under this subparagraph, the Presi-  
9 dent shall give priority to those countries  
10 in which there is a high prevalence of HIV  
11 or risk of significantly increasing incidence  
12 of HIV within the general population and  
13 inadequate financial means within the  
14 country.”;

15 (F) by inserting after subclause (IX), as  
16 redesignated by subparagraph (C), the fol-  
17 lowing:

18 “(X) Working with partner coun-  
19 tries in which the HIV/AIDS epidemic  
20 is prevalent among injection drug  
21 users to establish, as a national pri-  
22 ority, national HIV/AIDS prevention  
23 programs.

24 “(XI) Working with partner  
25 countries in which the HIV/AIDS epi-

1           demic is prevalent among individuals  
2           involved in commercial sex acts to es-  
3           tablish, as a national priority, national  
4           prevention programs, including edu-  
5           cation, voluntary testing, and coun-  
6           seling, and referral systems that link  
7           HIV/AIDS programs with programs  
8           to eradicate trafficking in persons and  
9           support alternatives to prostitution.”;

10           (G) in subclause (XII), as redesignated by  
11           subparagraph (C), by striking “funds section”  
12           and inserting “funds appropriated for HIV/  
13           AIDS assistance pursuant to the authorization  
14           of appropriations under section 401 of the  
15           United States Leadership Against HIV/AIDS,  
16           Tuberculosis, and Malaria Act of 2003 (22  
17           U.S.C. 7671)”;

18           (H) by adding at the end the following:

19                   “(XIII) Publicizing updated drug  
20                   pricing data to inform the purchasing  
21                   decisions of pharmaceutical procure-  
22                   ment partners.”.

23   **SEC. 103. SENSE OF CONGRESS.**

24           Section 102 of the United States Leadership Against  
25   HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22

1 U.S.C. 7612) is amended by adding at the end the fol-  
2 lowing:

3 “(d) SENSE OF CONGRESS.—It is the sense of Con-  
4 gress that—

5 “(1) full-time country level coordinators, pref-  
6 erably with management experience, should head  
7 each HIV/AIDS country team for United States  
8 missions overseeing significant HIV/AIDS programs;

9 “(2) foreign service nationals provide critically  
10 important services in the design and implementation  
11 of United States country-level HIV/AIDS programs  
12 and their skills and experience as public health pro-  
13 fessionals should be recognized within hiring and  
14 compensation practices; and

15 “(3) staffing levels for United States country-  
16 level HIV/AIDS teams should be adequately main-  
17 tained to fulfill oversight and other obligations of the  
18 positions.”.



1 **TITLE II—SUPPORT FOR MULTI-**  
2 **LATERAL FUNDS, PROGRAMS,**  
3 **AND PUBLIC-PRIVATE PART-**  
4 **NERSHIPS**

5 **SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTER-**  
6 **NATIONAL VACCINE FUNDS.**

7 Section 302 of the Foreign Assistance Act of 1961  
8 (22 U.S.C. 2222) is amended—

9 (1) by inserting after subsection (c) the fol-  
10 lowing:

11 “(d) TUBERCULOSIS VACCINE DEVELOPMENT PRO-  
12 GRAMS.—In addition to amounts otherwise available under  
13 this section, there are authorized to be appropriated to  
14 the President such sums as may be necessary for each of  
15 the fiscal years 2009 through 2013, which shall be used  
16 for United States contributions to tuberculosis vaccine de-  
17 velopment programs, which may include the Aeras Global  
18 TB Vaccine Foundation.”;

19 (2) in subsection (k)—

20 (A) by striking “fiscal years 2004 through  
21 2008” and inserting “fiscal years 2009 through  
22 2013”; and

23 (B) by striking “Vaccine Fund” and in-  
24 serting “GAVI Fund”.

1           (3) in subsection (l), by striking “fiscal years  
2           2004 through 2008” and inserting “fiscal years  
3           2009 through 2013”; and

4           (4) in subsection (m), by striking “fiscal years  
5           2004 through 2008” and inserting “fiscal years  
6           2009 through 2013”.

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

9           (a) **FINDINGS; SENSE OF CONGRESS.**—Section  
10 202(a) of the United States Leadership Against HIV/  
11 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
12 7622(a)) is amended to read as follows:

13           “(a) **FINDINGS; SENSE OF CONGRESS.**—

14                   “(1) **FINDINGS.**—Congress makes the following  
15 findings:

16                           “(A) The establishment of the Global  
17 Fund in January 2002 is consistent with the  
18 general principles for an international AIDS  
19 trust fund first outlined by Congress in the  
20 Global AIDS and Tuberculosis Relief Act of  
21 2000 (Public Law 106–264).

22                           “(B) The Global Fund is an innovative fi-  
23 nancing mechanism which—

1 “(i) has made progress in many areas  
2 in combating HIV/AIDS, tuberculosis, and  
3 malaria; and

4 “(ii) represents the multilateral com-  
5 ponent of this Act, extending United  
6 States efforts to more than 130 countries  
7 around the world.

8 “(C) The Global Fund and United States  
9 bilateral assistance programs—

10 “(i) are demonstrating increasingly ef-  
11 fective coordination, with each possessing  
12 certain comparative advantages in the fight  
13 against HIV/AIDS, tuberculosis, and ma-  
14 laria; and

15 “(ii) often work most effectively in  
16 concert with each other.

17 “(D) The United States Government—

18 “(i) is the largest supporter of the  
19 Global Fund in terms of resources and  
20 technical support;

21 “(ii) made the founding contribution  
22 to the Global Fund; and

23 “(iii) is fully committed to the success  
24 of the Global Fund as a multilateral pub-  
25 lic-private partnership.

1           “(2) SENSE OF CONGRESS.—It is the sense of  
2 Congress that—

3           “(A) transparency and accountability are  
4 crucial to the long-term success and viability of  
5 the Global Fund;

6           “(B) the Global Fund has made significant  
7 progress toward addressing concerns raised by  
8 the Government Accountability Office by—

9           “(i) improving risk assessment and  
10 risk management capabilities;

11           “(ii) providing clearer guidance for  
12 and oversight of Local Fund Agents; and

13           “(iii) strengthening the Office of the  
14 Inspector General for the Global Fund;

15           “(C) the provision of sufficient resources  
16 and authority to the Office of the Inspector  
17 General for the Global Fund to ensure that of-  
18 fice has the staff and independence necessary to  
19 carry out its mandate will be a measure of the  
20 commitment of the Global Fund to trans-  
21 parency and accountability;

22           “(D) regular, publicly published financial,  
23 programmatic, and reporting audits of the  
24 Fund, its grantees, and Local Fund Agents are  
25 also important benchmarks of transparency;

1           “(E) the Global Fund should establish and  
2 maintain a system to track—

3           “(i) the amount of funds disbursed to  
4 each subrecipient on the grant’s fiscal  
5 cycle; and

6           “(ii) the distribution of resources, by  
7 grant and principal recipient, for preven-  
8 tion, care, treatment, drug and commodity  
9 purchases, and other purposes;

10          “(F) relevant national authorities in recipi-  
11 ent countries should exempt from duties and  
12 taxes all products financed by Global Fund  
13 grants and procured by any principal recipient  
14 or subrecipient for the purpose of carrying out  
15 such grants;

16          “(G) the Global Fund, UNAIDS, and the  
17 Global AIDS Coordinator should work together  
18 to standardize program indicators wherever pos-  
19 sible;

20          “(H) for purposes of evaluating total  
21 amounts of funds contributed to the Global  
22 Fund under subsection (d)(4)(A)(i), the time-  
23 table for evaluations of contributions from  
24 sources other than the United States should

1 take into account the fiscal calendars of other  
2 major contributors; and

3 “(I) the Global Fund should not support  
4 activities involving the ‘Affordable Medicines  
5 Facility-Malaria’ or similar entities pending  
6 compelling evidence of success from pilot pro-  
7 grams as evaluated by the Coordinator of  
8 United States Government Activities to Combat  
9 Malaria Globally.”.

10 (b) STATEMENT OF POLICY.—Section 202(b) of such  
11 Act is amended by adding at the end the following:

12 “(3) STATEMENT OF POLICY.—The United  
13 States Government regards the imposition by recipi-  
14 ent countries of taxes or tariffs on goods or services  
15 provided by the Global Fund, which are supported  
16 through public and private donations, including the  
17 substantial contribution of the American people, as  
18 inappropriate and inconsistent with standards of  
19 good governance. The Global AIDS Coordinator or  
20 other representatives of the United States Govern-  
21 ment shall work with the Global Fund to dissuade  
22 governments from imposing such duties, tariffs, or  
23 taxes.”.

1 (c) UNITED STATES FINANCIAL PARTICIPATION.—

2 Section 202(d) of such Act (22 U.S.C. 7622(d)) is amend-

3 ed—

4 (1) in paragraph (1)—

5 (A) by striking “\$1,000,000,000 for the  
6 period of fiscal year 2004 beginning on January  
7 1, 2004” and inserting “\$2,000,000,000 for fis-  
8 cal year 2009,”; and

9 (B) by striking “the fiscal years 2005–  
10 2008” and inserting “each of the fiscal years  
11 2010 through 2013”;

12 (2) in paragraph (4)—

13 (A) in subparagraph (A)—

14 (i) in clause (i), by striking “fiscal  
15 years 2004 through 2008” and inserting  
16 “fiscal years 2009 through 2013”;

17 (ii) in clause (ii)—

18 (I) by striking “during any of the  
19 fiscal years 2004 through 2008” and  
20 inserting “during any of the fiscal  
21 years 2009 through 2013”; and

22 (II) by adding at the end the fol-  
23 lowing: “The President may waive the  
24 application of this clause with respect  
25 to assistance for Sudan that is over-

1           seen by the Southern Country Coordi-  
2           nating Mechanism, including Southern  
3           Sudan, Southern Kordofan, Blue Nile  
4           State, and Abyei, if the President de-  
5           termines that the national interest or  
6           humanitarian reasons justify such a  
7           waiver. The President shall publish  
8           each waiver of this clause in the Fed-  
9           eral Register and, not later than 15  
10          days before the waiver takes effect,  
11          shall consult with the Committee on  
12          Foreign Relations of the Senate and  
13          the Committee on Foreign Affairs of  
14          the House of Representatives regard-  
15          ing the proposed waiver.”; and

16          (iii) in clause (vi)—

17                 (I) by striking “for the purposes”  
18                 and inserting “For the purposes”;

19                 (II) by striking “fiscal years  
20                 2004 through 2008” and inserting  
21                 “fiscal years 2009 through 2013”;  
22                 and

23                 (III) by striking “prior to fiscal  
24                 year 2004” and inserting “before fis-  
25                 cal year 2009”;



1 (B) in subparagraph (B)(iv), by striking  
2 “fiscal years 2004 through 2008” and inserting  
3 “fiscal years 2009 through 2013”; and

4 (C) in subparagraph (C)(ii), by striking  
5 “Committee on International Relations” and in-  
6 serting “Committee on Foreign Affairs”; and  
7 (3) by adding at the end the following:

8 “(5) WITHHOLDING FUNDS.—Notwithstanding  
9 any other provision of this Act, 20 percent of the  
10 amounts appropriated pursuant to this Act for a  
11 contribution to support the Global Fund for each of  
12 the fiscal years 2010 through 2013 shall be withheld  
13 from obligation to the Global Fund until the Sec-  
14 retary of State certifies to the appropriate congres-  
15 sional committees that the Global Fund—

16 “(A) has established an evaluation frame-  
17 work for the performance of Local Fund Agents  
18 (referred to in this paragraph as ‘LFAs’);

19 “(B) is undertaking a systematic assess-  
20 ment of the performance of LFAs;

21 “(C) has adopted, and is implementing, a  
22 policy to publish on a publicly available Web  
23 site—

24 “(i) grant performance reviews;

1                   “(ii) all reports of the Inspector Gen-  
2                   eral of the Global Fund, in a manner that  
3                   is consistent with the Policy for Disclosure  
4                   of Reports of the Inspector General, ap-  
5                   proved at the 16th Meeting of the Board  
6                   of the Global Fund;

7                   “(iii) decision points of the Board of  
8                   the Global Fund;

9                   “(iv) reports from Board committees  
10                  to the Board; and

11                  “(v) a regular collection and analysis  
12                  of performance data and funding of grants  
13                  of the Global Fund, which shall cover all  
14                  principal recipients and all subrecipients;

15                  “(D) is maintaining an independent, well-  
16                  staffed Office of the Inspector General that—

17                         “(i) reports directly to the Board of  
18                         the Global Fund; and

19                         “(ii) compiles regular, publicly pub-  
20                         lished audits of financial, programmatic,  
21                         and reporting aspects of the Global Fund,  
22                         its grantees, and LFAs;

23                         “(E) has established, and is reporting pub-  
24                         licly on, standard indicators for all program  
25                         areas;

1           “(F) has established a methodology to  
2 track and is publicly reporting on—

3           “(i) all subrecipients and the amount  
4 of funds disbursed to each subrecipient on  
5 the grant’s fiscal cycle; and

6           “(ii) the distribution of resources, by  
7 grant and principal recipient, for preven-  
8 tion, care, treatment, drugs and commod-  
9 ities purchase, and other purposes;

10          “(G) has established a policy on tariffs im-  
11 posed by national governments on all goods and  
12 services financed by the Global Fund;

13          “(H) through its Secretariat, has taken  
14 meaningful steps to prevent national authorities  
15 in recipient countries from imposing taxes or  
16 tariffs on goods or services provided by the  
17 Fund;

18          “(I) is maintaining its status as a financ-  
19 ing institution focused on programs directly re-  
20 lated to HIV/AIDS, malaria, and tuberculosis;  
21 and

22          “(J) is maintaining and making progress  
23 on—

1 “(i) sustaining its multisectoral ap-  
2 proach, through country coordinating  
3 mechanisms; and

4 “(ii) the implementation of grants, as  
5 reflected in the proportion of resources al-  
6 located to different sectors, including gov-  
7 ernments, civil society, and faith- and com-  
8 munity-based organizations.

9 “(6) SUMMARIES OF BOARD DECISIONS AND  
10 UNITED STATES POSITIONS.—Following each meet-  
11 ing of the Board of the Global Fund, the Coordi-  
12 nator of United States Government Activities to  
13 Combat HIV/AIDS Globally shall report on the pub-  
14 lic website of the Coordinator a summary of Board  
15 decisions and how the United States Government  
16 voted and its positions on such decisions.”.

17 **SEC. 203. RESEARCH ON METHODS FOR WOMEN TO PRE-**  
18 **VENT TRANSMISSION OF HIV AND OTHER**  
19 **DISEASES.**

20 (a) SENSE OF CONGRESS.—Congress recognizes the  
21 need and urgency to expand the range of interventions for  
22 preventing the transmission of human immunodeficiency  
23 virus (HIV), including nonvaccine prevention methods  
24 that can be controlled by women.

1 (b) NIH OFFICE OF AIDS RESEARCH.—Subpart 1  
2 of part D of title XXIII of the Public Health Service Act  
3 (42 U.S.C. 300cc–40 et seq.) is amended by inserting  
4 after section 2351 the following:

5 **“SEC. 2351A. MICROBICIDE RESEARCH.**

6 “(a) FEDERAL STRATEGIC PLAN.—The Director of  
7 the Office shall—

8 “(1) expedite the implementation of the Federal  
9 strategic plans required by section 403(a) of the  
10 Public Health Service Act (42 U.S.C. 283(a)(5)) re-  
11 garding the conduct and support of research on, and  
12 development of, a microbicide to prevent the trans-  
13 mission of the human immunodeficiency virus; and

14 “(2) review and, as appropriate, revise such  
15 plan to prioritize funding and activities relative to  
16 their scientific urgency and potential market readi-  
17 ness.

18 “(b) COORDINATION.—In implementing, reviewing,  
19 and prioritizing elements of the plan described in sub-  
20 section (a), the Director of the Office shall consult, as ap-  
21 propriate, with—

22 “(1) representatives of other Federal agencies  
23 involved in microbicide research, including the Coor-  
24 dinator of United States Government Activities to  
25 Combat HIV/AIDS Globally, the Director of the

1 Centers for Disease Control and Prevention, and the  
2 Administrator of the United States Agency for  
3 International Development;

4 “(2) the microbicide research and development  
5 community; and

6 “(3) health advocates.”

7 (c) NATIONAL INSTITUTE OF ALLERGY AND INFEC-  
8 TIOUS DISEASES.—Subpart 6 of part C of title IV of the  
9 Public Health Service Act (42 U.S.C. 285f et seq.) is  
10 amended by adding at the end the following:

11 **“SEC. 447C. MICROBICIDE RESEARCH AND DEVELOPMENT.**

12 “The Director of the Institute, acting through the  
13 head of the Division of AIDS, shall, consistent with the  
14 peer-review process of the National Institutes of Health,  
15 carry out research on, and development of, safe and effec-  
16 tive methods for use by women to prevent the transmission  
17 of the human immunodeficiency virus, which may include  
18 microbicides.”

19 (d) CDC.—Part B of title III of the Public Health  
20 Service Act (42 U.S.C. 243 et seq.) is amended by insert-  
21 ing after section 317S the following:

22 **“SEC. 317T. MICROBICIDE RESEARCH.**

23 “(a) IN GENERAL.—The Director of the Centers for  
24 Disease Control and Prevention is strongly encouraged to  
25 fully implement the Centers’ microbicide agenda to sup-

1 port research and development of microbicides for use to  
2 prevent the transmission of the human immunodeficiency  
3 virus.

4 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
5 are authorized to be appropriated such sums as may be  
6 necessary for each of fiscal years 2009 through 2013 to  
7 carry out this section.”.

8 (e) UNITED STATES AGENCY FOR INTERNATIONAL  
9 DEVELOPMENT.—

10 (1) IN GENERAL.—The Administrator of the  
11 United States Agency for International Develop-  
12 ment, in coordination with the Coordinator of  
13 United States Government Activities to Combat  
14 HIV/AIDS Globally, may facilitate availability and  
15 accessibility of microbicides, provided that such  
16 pharmaceuticals are approved, tentatively approved,  
17 or otherwise authorized for use by—

18 (A) the Food and Drug Administration;

19 (B) a stringent regulatory agency accept-  
20 able to the Secretary of Health and Human  
21 Services; or

22 (C) a quality assurance mechanism accept-  
23 able to the Secretary of Health and Human  
24 Services.

1           (2) AUTHORIZATION OF APPROPRIATIONS.—Of  
2           the amounts authorized to be appropriated under  
3           section 401 of the United States Leadership Against  
4           HIV/AIDS, Tuberculosis, and Malaria Act of 2003  
5           (22 U.S.C. 7671) for HIV/AIDS assistance, there  
6           are authorized to be appropriated to the President  
7           such sums as may be necessary for each of the fiscal  
8           years 2009 through 2013 to carry out this sub-  
9           section.

10 **SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**  
11 **LARIA BY STRENGTHENING HEALTH POLI-**  
12 **CIES AND HEALTH SYSTEMS OF PARTNER**  
13 **COUNTRIES.**

14           (a) IN GENERAL.—Title II of the United States  
15 Leadership Against HIV/AIDS, Tuberculosis, and Malaria  
16 Act of 2003 (22 U.S.C. 7621) is amended by adding at  
17 the end the following:

18 **“SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**  
19 **LARIA BY STRENGTHENING HEALTH POLI-**  
20 **CIES AND HEALTH SYSTEMS OF PARTNER**  
21 **COUNTRIES.**

22           “(a) STATEMENT OF POLICY.—It shall be the policy  
23 of the United States Government—

24                   “(1) to invest appropriate resources authorized  
25 under this Act—



1           “(A) to carry out activities to strengthen  
2           HIV/AIDS, tuberculosis, and malaria health  
3           policies and health systems; and

4           “(B) to provide workforce training and ca-  
5           pacity-building consistent with the goals and  
6           objectives of this Act; and

7           “(2) to support the development of a sound poli-  
8           cy environment in partner countries to increase the  
9           ability of such countries—

10           “(A) to maximize utilization of health care  
11           resources from donor countries;

12           “(B) to increase national investments in  
13           health and education and maximize the effec-  
14           tiveness of such investments;

15           “(C) to improve national HIV/AIDS, tu-  
16           berculosis, and malaria strategies;

17           “(D) to deliver evidence-based services in  
18           an effective and efficient manner; and

19           “(E) to reduce barriers that prevent recipi-  
20           ents of services from achieving maximum ben-  
21           efit from such services.

22           “(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE  
23           MANAGEMENT SYSTEMS.—

24           “(1) IN GENERAL.—Consistent with the author-  
25           ity under section 129 of the Foreign Assistance Act

1 of 1961 (22 U.S.C. 2152), the Secretary of the  
2 Treasury, acting through the head of the Office of  
3 Technical Assistance, is authorized to provide assist-  
4 ance for advisors and partner country finance,  
5 health, and other relevant ministries to improve the  
6 effectiveness of public finance management systems  
7 in partner countries to enable such countries to re-  
8 ceive funding to carry out programs to combat HIV/  
9 AIDS, tuberculosis, and malaria and to manage  
10 such programs.

11 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of  
12 the amounts authorized to be appropriated under  
13 section 401 for HIV/AIDS assistance, there are au-  
14 thorized to be appropriated to the Secretary of the  
15 Treasury such sums as may be necessary for each  
16 of the fiscal years 2009 through 2013 to carry out  
17 this subsection.

18 “(c) PLAN REQUIRED.—The Global AIDS Coordi-  
19 nator, in collaboration with the Administrator of the  
20 United States Agency for International Development  
21 (USAID), shall develop and implement a plan to combat  
22 HIV/AIDS by strengthening health policies and health  
23 systems of partner countries as part of USAID’s ‘Health  
24 Systems 2020’ project. Recognizing that human and insti-  
25 tutional capacity form the core of any health care system

1 that can sustain the fight against HIV/AIDS, tuber-  
2 culosis, and malaria, the plan shall include a strategy to  
3 encourage postsecondary educational institutions in part-  
4 ner countries, particularly in Africa, in collaboration with  
5 United States postsecondary educational institutions, in-  
6 cluding historically black colleges and universities, to de-  
7 velop such human and institutional capacity and in the  
8 process further build their capacity to sustain the fight  
9 against these diseases.”.

10 (b) CLERICAL AMENDMENT.—The table of contents  
11 for the United States Leadership Against HIV/AIDS, Tu-  
12 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)  
13 is amended by inserting after the item relating to section  
14 203, as added by section 203 of this Act, the following:

“Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening  
health policies and health systems of partner countries.”.

15 **SEC. 205. FACILITATING EFFECTIVE OPERATIONS OF THE**  
16 **CENTERS FOR DISEASE CONTROL.**

17 Section 307 of the Public Health Service Act (42  
18 U.S.C. 242*l*) is amended—

19 (1) by amending subsection (a) to read as fol-  
20 lows:

21 “(a) The Secretary may participate with other coun-  
22 tries in cooperative endeavors in—

23 “(1) biomedical research, health care tech-  
24 nology, and the health services research and statis-

1 tical analysis authorized under section 306 and title  
2 IX; and

3 “(2) biomedical research, health care services,  
4 health care research, or other related activities in  
5 furtherance of the activities, objectives or goals au-  
6 thorized under the Tom Lantos and Henry J. Hyde  
7 United States Global Leadership Against HIV/  
8 AIDS, Tuberculosis, and Malaria Reauthorization  
9 Act of 2008.”; and

10 (2) in subsection (b)—

11 (A) in paragraph (7), by striking “and”  
12 after the semicolon at the end;

13 (B) by striking “The Secretary may not, in  
14 the exercise of his authority under this section,  
15 provide financial assistance for the construction  
16 of any facility in any foreign country.”

17 (C) in paragraph (8), by striking “for any  
18 purpose.” and inserting “for the purpose of any  
19 law administered by the Office of Personnel  
20 Management;”; and

21 (D) by adding at the end the following:

22 “(9) provide such funds by advance or reim-  
23 bursement to the Secretary of State, as may be nec-  
24 essary, to pay the costs of acquisition, lease, con-  
25 struction, alteration, equipping, furnishing or man-

1           agement of facilities outside of the United States;  
2           and

3           “(10) in consultation with the Secretary of  
4           State, through grant or cooperative agreement, make  
5           funds available to public or nonprofit private institu-  
6           tions or agencies in foreign countries in which the  
7           Secretary is participating in activities described  
8           under subsection (a) to acquire, lease, construct,  
9           alter, or renovate facilities in those countries.”.

10           (3) in subsection (c)—

11           (A) by striking “1990” and inserting  
12           “1980”; and

13           (B) by inserting or “or section 903 of the  
14           Foreign Service Act of 1980 (22 U.S.C. 4083)”  
15           after “Code”.

16 **SEC. 206. FACILITATING VACCINE DEVELOPMENT.**

17           (a) TECHNICAL ASSISTANCE FOR DEVELOPING  
18 COUNTRIES.—The Administrator of the United States  
19 Agency for International Development, utilizing public-  
20 private partners, as appropriate, and working in coordina-  
21 tion with other international development agencies, is au-  
22 thorized to strengthen the capacity of developing coun-  
23 tries’ governmental institutions to—

24           (1) collect evidence for informed decision-mak-  
25           ing and introduction of new vaccines, including po-

1        potential HIV/AIDS, tuberculosis, and malaria vac-  
2        cines, if such vaccines are determined to be safe and  
3        effective;

4            (2) review protocols for clinical trials and im-  
5        pact studies and improve the implementation of clin-  
6        ical trials; and

7            (3) ensure adequate supply chain and delivery  
8        systems.

9        (b) **ADVANCED MARKET COMMITMENTS.**—

10            (1) **PURPOSE.**—The purpose of this subsection  
11        is to improve global health by requiring the United  
12        States to participate in negotiations for advance  
13        market commitments for the development of future  
14        vaccines, including potential vaccines for HIV/AIDS,  
15        tuberculosis, and malaria.

16            (2) **NEGOTIATION REQUIREMENT.**—The Sec-  
17        retary of the Treasury shall enter into negotiations  
18        with the appropriate officials of the International  
19        Bank of Reconstruction and Development (World  
20        Bank) and the GAVI Alliance, the member nations  
21        of such entities, and other interested parties to es-  
22        tablish advanced market commitments to purchase  
23        vaccines to combat HIV/AIDS, tuberculosis, malaria,  
24        and other related infectious diseases.

1           (3) REQUIREMENTS.—In negotiating the  
2 United States participation in programs for ad-  
3 vanced market commitments, the Secretary of the  
4 Treasury shall take into account whether programs  
5 for advance market commitments include—

6           (A) legally binding contracts for product  
7 purchase that include a fair market price for up  
8 to a maximum number of treatments, creating  
9 a strong market incentive;

10           (B) clearly defined and transparent rules  
11 of program participation for qualified devel-  
12 opers and suppliers of the product;

13           (C) clearly defined requirements for eligi-  
14 ble vaccines to ensure that they are safe and ef-  
15 fective and can be delivered in developing coun-  
16 try contexts;

17           (D) dispute settlement mechanisms; and

18           (E) sufficient flexibility to enable the con-  
19 tracts to be adjusted in accord with new infor-  
20 mation related to projected market size and  
21 other factors while still maintaining the pur-  
22 chase commitment at a fair price.

23           (4) REPORT.—Not later than 1 year after the  
24 date of the enactment of this Act—

1           (A) the Secretary of the Treasury shall  
2 submit a report to the appropriate congress-  
3 sional committees on the status of the United  
4 States negotiations to participate in programs  
5 for the advanced market commitments under  
6 this subsection; and

7           (B) the President shall produce a com-  
8 prehensive report, written by a study group of  
9 qualified professionals from relevant Federal  
10 agencies and initiatives, nongovernmental orga-  
11 nizations, and industry representatives, that  
12 sets forth a coordinated strategy to accelerate  
13 development of vaccines for infectious diseases,  
14 such as HIV/AIDS, malaria, and tuberculosis,  
15 which includes—

16           (i) initiatives to create economic in-  
17 centives for the research, development, and  
18 manufacturing of vaccines for HIV/AIDS,  
19 tuberculosis, malaria, and other infectious  
20 diseases;

21           (ii) an expansion of public-private  
22 partnerships and the leveraging of re-  
23 sources from other countries and the pri-  
24 vate sector; and



1 (iii) efforts to maximize United States  
2 capabilities to support clinical trials of vac-  
3 cines in developing countries and to ad-  
4 dress the challenges of delivering vaccines  
5 in developing countries to minimize delays  
6 in access once vaccines are available.

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

10 **SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.**

11 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE  
12 ACT OF 1961.—

13 (1) FINDING.—Section 104A(a) of the Foreign  
14 Assistance Act of 1961 (22 U.S.C. 2151b–2(a)) is  
15 amended by inserting “Central Asia, Eastern Eu-  
16 rope, Latin America” after “Caribbean,”.

17 (2) POLICY.—Section 104A(b) of such Act is  
18 amended to read as follows:

19 “(b) POLICY.—

20 “(1) OBJECTIVES.—It is a major objective of  
21 the foreign assistance program of the United States  
22 to provide assistance for the prevention and treat-  
23 ment of HIV/AIDS and the care of those affected by  
24 the disease. It is the policy objective of the United  
25 States, by 2013, to—

1 “(A) assist partner countries to—

2 “(i) prevent 12,000,000 new HIV in-  
3 fections worldwide;

4 “(ii) support—

5 “(I) the increase in the number  
6 of individuals with HIV/AIDS receiv-  
7 ing antiretroviral treatment above the  
8 goal established under section  
9 402(a)(3) and increased pursuant to  
10 paragraphs (1) through (3) of section  
11 403(d); and

12 “(II) additional treatment  
13 through coordinated multilateral ef-  
14 forts;

15 “(iii) support care for 12,000,000 in-  
16 dividuals infected with or affected by HIV/  
17 AIDS, including 5,000,000 orphans and  
18 vulnerable children affected by HIV/AIDS,  
19 with an emphasis on promoting a com-  
20 prehensive, coordinated system of services  
21 to be integrated throughout the continuum  
22 of care;

23 “(iv) provide at least 80 percent of  
24 the target population with access to coun-  
25 seling, testing, and treatment to prevent

1 the transmission of HIV from mother-to-  
2 child;

3 “(v) provide care and treatment serv-  
4 ices to children with HIV in proportion to  
5 their percentage within the HIV-infected  
6 population of a given partner country; and

7 “(vi) train and support retention of  
8 health care professionals, paraprofes-  
9 sionals, and community health workers in  
10 HIV/AIDS prevention, treatment, and  
11 care, with the target of providing such  
12 training to at least 140,000 new health  
13 care professionals and paraprofessionals  
14 with an emphasis on training and in coun-  
15 try deployment of critically needed doctors  
16 and nurses;

17 “(B) strengthen the capacity to deliver pri-  
18 mary health care in developing countries, espe-  
19 cially in sub-Saharan Africa;

20 “(C) support and help countries in their  
21 efforts to achieve staffing levels of at least 2.3  
22 doctors, nurses, and midwives per 1,000 popu-  
23 lation, as called for by the World Health Orga-  
24 nization; and

1                   “(D) help partner countries to develop  
2                   independent, sustainable HIV/AIDS programs.

3                   “(2) COORDINATED GLOBAL STRATEGY.—The  
4                   United States and other countries with the sufficient  
5                   capacity should provide assistance to countries in  
6                   sub-Saharan Africa, the Caribbean, Central Asia,  
7                   Eastern Europe, and Latin America, and other  
8                   countries and regions confronting HIV/AIDS  
9                   epidemics in a coordinated global strategy to help  
10                  address generalized and concentrated epidemics  
11                  through HIV/AIDS prevention, treatment, care,  
12                  monitoring and evaluation, and related activities.

13                  “(3) PRIORITIES.—The United States Govern-  
14                  ment’s response to the global HIV/AIDS pandemic  
15                  and the Government’s efforts to help countries as-  
16                  sume leadership of sustainable campaigns to combat  
17                  their local epidemics should place high priority on—

18                         “(A) the prevention of the transmission of  
19                         HIV; and

20                         “(B) moving toward universal access to  
21                         HIV/AIDS prevention counseling and serv-  
22                         ices.”.

23                  (b) AUTHORIZATION.—Section 104A(c) of such Act  
24                  is amended—

1           (1) in paragraph (1), by striking “and other  
2 countries and areas.” and inserting “Central Asia,  
3 Eastern Europe, Latin America, and other countries  
4 and areas, particularly with respect to refugee popu-  
5 lations or those in postconflict settings in such coun-  
6 tries and areas with significant or increasing HIV  
7 incidence rates.”;

8           (2) in paragraph (2), by striking “and other  
9 countries and areas affected by the HIV/AIDS pan-  
10 demic” and inserting “Central Asia, Eastern Eu-  
11 rope, Latin America, and other countries and areas  
12 affected by the HIV/AIDS pandemic, particularly  
13 with respect to refugee populations or those in post-  
14 conflict settings in such countries and areas with  
15 significant or increasing HIV incidence rates.”; and

16           (3) in paragraph (3)—

17           (A) by striking “foreign countries” and in-  
18 serting “partner countries, other international  
19 actors,”; and

20           (B) by inserting “within the framework of  
21 the principles of the Three Ones” before the pe-  
22 riod at the end.

23           (c) ACTIVITIES SUPPORTED.—Section 104A(d) of  
24 such Act is amended—

25           (1) in paragraph (1)—

1 (A) in subparagraph (A)—

2 (i) by inserting “and multiple concu-  
3 rent sexual partnering,” after “casual sex-  
4 ual partnering”; and

5 (ii) by striking “condoms” and insert-  
6 ing “male and female condoms”;

7 (B) in subparagraph (B)—

8 (i) by striking “programs that” and  
9 inserting “programs that are designed with  
10 local input and”; and

11 (ii) by striking “those organizations”  
12 and inserting “those locally based organi-  
13 zations”;

14 (C) in subparagraph (D), by inserting  
15 “and promoting the use of provider-initiated or  
16 ‘opt-out’ voluntary testing in accordance with  
17 World Health Organization guidelines” before  
18 the semicolon at the end;

19 (D) by redesignating subparagraphs (F),  
20 (G), and (H) as subparagraphs (H), (I), and  
21 (J), respectively;

22 (E) by inserting after subparagraph (E)  
23 the following:

24 “(F) assistance to—

1                   “(i) achieve the goal of reaching 80  
2                   percent of pregnant women for prevention  
3                   and treatment of mother-to-child trans-  
4                   mission of HIV in countries in which the  
5                   United States is implementing HIV/AIDS  
6                   programs by 2013; and

7                   “(ii) promote infant feeding options  
8                   and treatment protocols that meet the  
9                   most recent criteria established by the  
10                  World Health Organization;

11                  “(G) medical male circumcision programs  
12                  as part of national strategies to combat the  
13                  transmission of HIV/AIDS;”;

14                  (F) in subparagraph (I), as redesignated,  
15                  by striking “and” at the end; and

16                  (G) by adding at the end the following:

17                  “(K) assistance for counseling, testing,  
18                  treatment, care, and support programs, includ-  
19                  ing—

20                         “(i) counseling and other services for  
21                         the prevention of reinfection of individuals  
22                         with HIV/AIDS;

23                         “(ii) counseling to prevent sexual  
24                         transmission of HIV, including—

1                   “(I) life skills development for  
2 practicing abstinence and faithfulness;

3                   “(II) reducing the number of sex-  
4 ual partners;

5                   “(III) delaying sexual debut; and

6                   “(IV) ensuring correct and con-  
7 sistent use of condoms;

8                   “(iii) assistance to engage underlying  
9 vulnerabilities to HIV/AIDS, especially  
10 those of women and girls;

11                   “(iv) assistance for appropriate HIV/  
12 AIDS education programs and training  
13 targeted to prevent the transmission of  
14 HIV among men who have sex with men;

15                   “(v) assistance to provide male and  
16 female condoms;

17                   “(vi) diagnosis and treatment of other  
18 sexually transmitted infections;

19                   “(vii) strategies to address the stigma  
20 and discrimination that impede HIV/AIDS  
21 prevention efforts; and

22                   “(viii) assistance to facilitate wide-  
23 spread access to microbicides for HIV pre-  
24 vention, if safe and effective products be-  
25 come available, including financial and



1 technical support for culturally appropriate  
2 introductory programs, procurement, dis-  
3 tribution, logistics management, program  
4 delivery, acceptability studies, provider  
5 training, demand generation, and  
6 postintroduction monitoring.”; and

7 (2) in paragraph (2)—

8 (A) in subparagraph (B), by striking  
9 “and” at the end;

10 (B) in subparagraph (C)—

11 (i) by inserting “pain management,”  
12 after “opportunistic infections,”; and

13 (ii) by striking the period at the end  
14 and inserting a semicolon; and

15 (C) by adding at the end the following:

16 “(D) as part of care and treatment of  
17 HIV/AIDS, assistance (including prophylaxis  
18 and treatment) for common HIV/AIDS-related  
19 opportunistic infections for free or at a rate at  
20 which it is easily affordable to the individuals  
21 and populations being served;

22 “(E) as part of care and treatment of  
23 HIV/AIDS, assistance or referral to available  
24 and adequately resourced service providers for  
25 nutritional support, including counseling and

1 where necessary the provision of commodities,  
2 for persons meeting malnourishment criteria  
3 and their families;”;

4 (3) in paragraph (4)—

5 (A) in subparagraph (C), by striking  
6 “and” at the end;

7 (B) in subparagraph (D), by striking the  
8 period at the end and inserting a semicolon;  
9 and

10 (C) by adding at the end the following:

11 “(E) carrying out and expanding program  
12 monitoring, impact evaluation research and  
13 analysis, and operations research and dissemi-  
14 nating data and findings through mechanisms  
15 to be developed by the Coordinator of United  
16 States Government Activities to Combat HIV/  
17 AIDS Globally, in coordination with the Direc-  
18 tor of the Centers for Disease Control, in order  
19 to—

20 “(i) improve accountability, increase  
21 transparency, and ensure the delivery of  
22 evidence-based services through the collec-  
23 tion, evaluation, and analysis of data re-  
24 garding gender-responsive interventions,  
25 disaggregated by age and sex;

1 “(ii) identify and replicate effective  
2 models; and

3 “(iii) develop gender indicators to  
4 measure outcomes and the impacts of  
5 interventions; and

6 “(F) establishing appropriate systems to—

7 “(i) gather epidemiological and social  
8 science data on HIV; and

9 “(ii) evaluate the effectiveness of pre-  
10 vention efforts among men who have sex  
11 with men, with due consideration to stigma  
12 and risks associated with disclosure.”;

13 (4) in paragraph (5)—

14 (A) by redesignating subparagraph (C) as  
15 subparagraph (D); and

16 (B) by inserting after subparagraph (B)  
17 the following:

18 “(C) MECHANISM TO ENSURE COST-EF-  
19 FECTIVE DRUG PURCHASING.—Subject to sub-  
20 paragraph (B), mechanisms to ensure that safe  
21 and effective pharmaceuticals, including  
22 antiretrovirals and medicines to treat opportu-  
23 nistic infections, are purchased at the lowest pos-  
24 sible price at which such pharmaceuticals may  
25 be obtained in sufficient quantity on the world

1 market, provided that such pharmaceuticals are  
2 approved, tentatively approved, or otherwise au-  
3 thorized for use by—

4 “(i) the Food and Drug Administra-  
5 tion;

6 “(ii) a stringent regulatory agency ac-  
7 ceptable to the Secretary of Health and  
8 Human Services; or

9 “(iii) a quality assurance mechanism  
10 acceptable to the Secretary of Health and  
11 Human Services.”;

12 (5) in paragraph (6)—

13 (A) by amending the paragraph heading to  
14 read as follows:

15 “(6) RELATED AND COORDINATED ACTIVI-  
16 TIES.—”;

17 (B) in subparagraph (B), by striking  
18 “and” at the end;

19 (C) in subparagraph (C), by striking the  
20 period at the end and inserting “; and”; and

21 (D) by adding at the end the following:

22 “(D) coordinated or referred activities to—

23 “(i) enhance the clinical impact of  
24 HIV/AIDS care and treatment; and

1                   “(ii) ameliorate the adverse social and  
2                   economic costs often affecting AIDS-im-  
3                   pacted families and communities through  
4                   the direct provision, as necessary, or  
5                   through the referral, if possible, of support  
6                   services, including—

7                               “(I) nutritional and food support;

8                               “(II) safe drinking water and  
9                   adequate sanitation;

10                              “(III) nutritional counseling;

11                              “(IV) income-generating activi-  
12                   ties and livelihood initiatives;

13                              “(V) maternal and child health  
14                   care;

15                              “(VI) primary health care;

16                              “(VII) the diagnosis and treat-  
17                   ment of other infectious or sexually  
18                   transmitted diseases;

19                              “(VIII) substance abuse and  
20                   treatment services; and

21                              “(IX) legal services;

22                              “(E) coordinated or referred activities to  
23                   link programs addressing HIV/AIDS with pro-  
24                   grams addressing gender-based violence in  
25                   areas of significant HIV prevalence to assist

1 countries in the development and enforcement  
2 of women’s health, children’s health, and HIV/  
3 AIDS laws and policies that—

4 “(i) prevent and respond to violence  
5 against women and girls;

6 “(ii) promote the integration of  
7 screening and assessment for gender-based  
8 violence into HIV/AIDS programming;

9 “(iii) promote appropriate HIV/AIDS  
10 counseling, testing, and treatment into  
11 gender-based violence programs; and

12 “(iv) assist governments to develop  
13 partnerships with civil society organiza-  
14 tions to create networks for psychosocial,  
15 legal, economic, or other support services;

16 “(F) coordinated or referred activities to—

17 “(i) address the frequent coinfection  
18 of HIV and tuberculosis, in accordance  
19 with World Health Organization guide-  
20 lines;

21 “(ii) promote provider-initiated or  
22 ‘opt-out’ HIV/AIDS counseling and testing  
23 and appropriate referral for treatment and  
24 care to individuals with tuberculosis or its

1 symptoms, particularly in areas with sig-  
2 nificant HIV prevalence; and

3 “(iii) strengthen programs to ensure  
4 that individuals testing positive for HIV  
5 receive tuberculosis screening and to im-  
6 prove laboratory capacities, infection con-  
7 trol, and adherence; and

8 “(G) activities to—

9 “(i) improve the effectiveness of na-  
10 tional responses to HIV/AIDS;

11 “(ii) strengthen overall health systems  
12 in high-prevalence countries, including sup-  
13 port for workforce training, retention, and  
14 effective deployment, capacity building,  
15 laboratory development, equipment mainte-  
16 nance and repair, and public health and  
17 related public financial management sys-  
18 tems and operations; and

19 “(iii) encourage fair and transparent  
20 procurement practices among partner  
21 countries; and

22 “(iv) promote in-country or intra-re-  
23 gional pediatric training for physicians and  
24 other health professionals, preferably  
25 through public-private partnerships involv-

1                   ing colleges and universities, with the goal  
2                   of increasing pediatric HIV workforce ca-  
3                   pacity. .”; and

4                   (6) by adding at the end the following:

5                   “(8) COMPACTS AND FRAMEWORK AGREE-  
6                   MENTS.—The development of compacts or frame-  
7                   work agreements, tailored to local circumstances,  
8                   with national governments or regional partnerships  
9                   in countries with significant HIV/AIDS burdens to  
10                  promote host government commitment to deeper in-  
11                  tegration of HIV/AIDS services into health systems,  
12                  contribute to health systems overall, and enhance  
13                  sustainability.”.

14                  (d) COMPACTS AND FRAMEWORK AGREEMENTS.—  
15                  Section 104A of such Act is amended—

16                   (1) by redesignating subsections (e) through (g)  
17                   as subsections (f) through (h); and

18                   (2) by inserting after subsection (d) the fol-  
19                   lowing:

20                   “(e) COMPACTS AND FRAMEWORK AGREEMENTS.—

21                   “(1) FINDINGS.—Congress makes the following  
22                   findings:

23                   “(A) The congressionally mandated Insti-  
24                   tute of Medicine report entitled ‘PEPFAR Im-  
25                   plementation: Progress and Promise’ states:



1           ‘The next strategy [of the U.S. Global AIDS  
2 Initiative] should squarely address the needs  
3 and challenges involved in supporting sustain-  
4 able country HIV/AIDS programs, thereby  
5 transitioning from a focus on emergency relief.’.

6           “(B) One mechanism to promote the tran-  
7 sition from an emergency to a public health and  
8 development approach to HIV/AIDS is through  
9 compacts or framework agreements between the  
10 United States Government and each partici-  
11 pating nation.

12           “(2) ELEMENTS.—Compacts on HIV/AIDS au-  
13 thorized under subsection (d)(8) shall include the  
14 following elements:

15           “(A) Compacts whose primary purpose is  
16 to provide direct services to combat HIV/AIDS  
17 are to be made between—

18                   “(i) the United States Government;  
19 and

20                   “(ii)(I) national or regional entities  
21 representing low-income countries served  
22 by an existing United States Agency for  
23 International Development or Department  
24 of Health and Human Services presence or  
25 regional platform; or

1 “(II) countries or regions—

2 “(aa) experiencing significantly  
3 high HIV prevalence or risk of signifi-  
4 cantly increasing incidence within the  
5 general population;

6 “(bb) served by an existing  
7 United States Agency for Inter-  
8 national Development or Department  
9 of Health and Human Services pres-  
10 ence or regional platform; and

11 “(cc) that have inadequate finan-  
12 cial means within such country or re-  
13 gion.

14 “(B) Compacts whose primary purpose is  
15 to provide limited technical assistance to a  
16 country or region connected to services provided  
17 within the country or region—

18 “(i) may be made with other countries  
19 or regional entities served by an existing  
20 United States Agency for International  
21 Development or Department of Health and  
22 Human Services presence or regional plat-  
23 form;



1           “(D) Compacts shall take into account the  
2 overall national health and development and na-  
3 tional HIV/AIDS and public health strategies of  
4 each country.

5           “(E) Compacts shall contain—

6           “(i) consideration of the specific ob-  
7 jectives that the country and the United  
8 States expect to achieve during the term of  
9 a compact;

10           “(ii) consideration of the respective  
11 responsibilities of the country and the  
12 United States in the achievement of such  
13 objectives;

14           “(iii) consideration of regular bench-  
15 marks to measure progress toward achiev-  
16 ing such objectives;

17           “(iv) an identification of the intended  
18 beneficiaries, disaggregated by gender and  
19 age, and including information on orphans  
20 and vulnerable children, to the maximum  
21 extent practicable;

22           “(v) consideration of the methods by  
23 which the compact is intended to—

1                   “(I) address the factors that put  
2 women and girls at greater risk of  
3 HIV/AIDS; and

4                   “(II) strengthen elements such as  
5 the economic, educational, and social  
6 status of women, girls, orphans, and  
7 vulnerable children and the inherit-  
8 ance rights and safety of such individ-  
9 uals;

10                   “(vi) consideration of the methods by  
11 which the compact will—

12                   “(I) strengthen the health care  
13 capacity, including factors such as the  
14 training, retention, deployment, re-  
15 cruitment, and utilization of health  
16 care workers;

17                   “(II) improve supply chain man-  
18 agement; and

19                   “(III) improve the health systems  
20 and infrastructure of the partner  
21 country, including the ability of com-  
22 pact participants to maintain and op-  
23 erate equipment transferred or pur-  
24 chased as part of the compact;

1                   “(vii) consideration of proposed mech-  
2                   anisms to provide oversight;

3                   “(viii) consideration of the role of civil  
4                   society in the development of a compact  
5                   and the achievement of its objectives;

6                   “(ix) a description of the current and  
7                   potential participation of other donors in  
8                   the achievement of such objectives, as ap-  
9                   propriate; and

10                  “(x) consideration of a plan to ensure  
11                  appropriate fiscal accountability for the  
12                  use of assistance.

13                  “(F) For regional compacts, priority shall  
14                  be given to countries that are included in re-  
15                  gional funds and programs in existence as of  
16                  the date of the enactment of the Tom Lantos  
17                  and Henry J. Hyde United States Global Lead-  
18                  ership Against HIV/AIDS, Tuberculosis, and  
19                  Malaria Reauthorization Act of 2008.

20                  “(3) LOCAL INPUT.—In entering into a com-  
21                  pact on HIV/AIDS authorized under subsection  
22                  (d)(8), the Coordinator of United States Govern-  
23                  ment Activities to Combat HIV/AIDS Globally shall  
24                  seek to ensure that the government of a country—

1           “(A) takes into account the local perspec-  
2 tives of the rural and urban poor, including  
3 women, in each country; and

4           “(B) consults with private and voluntary  
5 organizations, including faith-based organiza-  
6 tions, the business community, and other do-  
7 nors in the country.

8           “(4) CONGRESSIONAL AND PUBLIC NOTIFICA-  
9 TION AFTER ENTERING INTO A COMPACT.—Not later  
10 than 10 days after entering into a compact author-  
11 ized under subsection (d)(8), the Global AIDS Coor-  
12 dinator shall—

13           “(A) submit a report containing a detailed  
14 summary of the compact and a copy of the text  
15 of the compact to—

16           “(i) the Committee on Foreign Rela-  
17 tions of the Senate;

18           “(ii) the Committee on Appropriations  
19 of the Senate;

20           “(iii) the Committee on Foreign Af-  
21 fairs of the House of Representatives; and

22           “(iv) the Committee on Appropria-  
23 tions of the House of Representatives; and

1                   “(B) publish such information in the Fed-  
2                   eral Register and on the Internet website of the  
3                   Office of the Global AIDS Coordinator.”.

4           (e) ANNUAL REPORT.—Section 104A(f) of such Act,  
5 as redesignated, is amended—

6           (1) in paragraph (1), by striking “Committee  
7           on International Relations” and inserting “Com-  
8           mittee on Foreign Affairs”; and

9           (2) in paragraph (2)—

10           (A) in subparagraph (B), by striking  
11           “and” at the end;

12           (B) by striking subparagraph (C) and in-  
13           serting the following:

14           “(C) a detailed breakdown of funding allo-  
15           cations, by program and by country, for preven-  
16           tion activities; and

17           “(D) a detailed assessment of the impact  
18           of programs established pursuant to such sec-  
19           tions, including—

20           “(i)(I) the effectiveness of such pro-  
21           grams in reducing—

22           “(aa) the transmission of HIV,  
23           particularly in women and girls;

24           “(bb) mother-to-child trans-  
25           mission of HIV, including through



1 drug treatment and therapies, either  
2 directly or by referral; and

3 “(cc) mortality rates from HIV/  
4 AIDS;

5 “(II) the number of patients receiving  
6 treatment for AIDS in each country that  
7 receives assistance under this Act;

8 “(III) an assessment of progress to-  
9 wards the achievement of annual goals set  
10 forth in the timetable required under the  
11 5-year strategy established under section  
12 101 of the United States Leadership  
13 Against HIV/AIDS, Tuberculosis, and Ma-  
14 laria Act of 2003 and, if annual goals are  
15 not being met, the reasons for such failure;  
16 and

17 “(IV) retention and attrition data for  
18 programs receiving United States assist-  
19 ance, including mortality and loss to fol-  
20 low-up rates, organized overall and by  
21 country;

22 “(ii) the progress made toward—

23 “(I) improving health care deliv-  
24 ery systems (including the training of  
25 health care workers, including doctors,

1 nurses, midwives, pharmacists, labora-  
2 tory technicians, and compensated  
3 community health workers, and the  
4 use of codes of conduct for ethical re-  
5 cruiting practices for health care  
6 workers);

7 “(II) advancing safe working  
8 conditions for health care workers;  
9 and

10 “(III) improving infrastructure  
11 to promote progress toward universal  
12 access to HIV/AIDS prevention, treat-  
13 ment, and care by 2013;

14 “(iii) with respect to tuberculosis—

15 “(I) the number of tuberculosis  
16 cases diagnosed and the number of  
17 cases cured in countries receiving  
18 United States bilateral foreign assist-  
19 ance for tuberculosis control purposes;

20 “(II) a description of activities  
21 supported with United States tuber-  
22 culosis resources in each country, in-  
23 cluding a description of how those ac-  
24 tivities specifically contribute to in-

1           creasing the number of people diag-  
2           nosed and treated for tuberculosis;

3                   “(III) in each country receiving  
4           bilateral United States foreign assist-  
5           ance for tuberculosis control purposes,  
6           the percentage provided for direct tu-  
7           berculosis services in countries receiv-  
8           ing United States bilateral foreign as-  
9           sistance for tuberculosis control pur-  
10          poses;

11                   “(IV) a description of research  
12          efforts and clinical trials to develop  
13          new tools to combat tuberculosis, in-  
14          cluding diagnostics, drugs, and vac-  
15          cines supported by United States bi-  
16          lateral assistance;

17                   “(V) number of persons diag-  
18          nosed and started treatment for  
19          multidrug-resistant tuberculosis in  
20          countries receiving United States bi-  
21          lateral foreign assistance for tuber-  
22          culosis control programs;

23                   “(VI) a description of the col-  
24          laboration and coordination of United  
25          States anti-tuberculosis efforts with

1 the World Health Organization, the  
2 Global Fund, and other major public  
3 and private entities within the Stop  
4 TB Strategy;

5 “(VII) the constraints on imple-  
6 mentation of programs posed by  
7 health workforce shortages and capaci-  
8 ties;

9 “(VIII) the number of people  
10 trained in tuberculosis control; and

11 “(IX) a breakdown of expendi-  
12 tures for direct patient tuberculosis  
13 services, drugs and other commodities,  
14 drug management, training in diag-  
15 nosis and treatment, health systems  
16 strengthening, research, and support  
17 costs; and

18 “(iv) a description of coordination ef-  
19 forts with relevant executive branch agen-  
20 cies to link HIV/AIDS clinical and social  
21 services with non-HIV/AIDS services as  
22 part of the United States health and devel-  
23 opment agenda;

1           “(v) a detailed description of inte-  
2           grated HIV/AIDS and food and nutrition  
3           programs and services, including—

4                   “(I) the amount spent on food  
5                   and nutrition support;

6                   “(II) the types of activities sup-  
7                   ported; and

8                   “(III) an assessment of the effec-  
9                   tiveness of interventions carried out to  
10                  improve the health status of persons  
11                  with HIV/AIDS receiving food or nu-  
12                  tritional support;

13                  “(vi) a description of efforts to im-  
14                  prove harmonization, in terms of relevant  
15                  executive branch agencies, coordination  
16                  with other public and private entities, and  
17                  coordination with partner countries’ na-  
18                  tional strategic plans as called for in the  
19                  ‘Three Ones’;

20                  “(vii) a description of—

21                   “(I) the efforts of partner coun-  
22                   tries that were signatories to the  
23                   Abuja Declaration on HIV/AIDS, Tu-  
24                   berculosis and Other Related Infec-  
25                   tious Diseases to adhere to the goals

1 of such Declaration in terms of invest-  
2 ments in public health, including HIV/  
3 AIDS; and

4 “(II) a description of the HIV/  
5 AIDS investments of partner coun-  
6 tries that were not signatories to such  
7 Declaration;

8 “(viii) a detailed description of any  
9 compacts or framework agreements  
10 reached or negotiated between the United  
11 States and any partner countries, including  
12 a description of the elements of compacts  
13 described in subsection (e);

14 “(ix) a description of programs serv-  
15 ing women and girls, including—

16 “(I) HIV/AIDS prevention pro-  
17 grams that address the vulnerabilities  
18 of girls and women to HIV/AIDS;

19 “(II) information on the number  
20 of individuals served by programs  
21 aimed at reducing the vulnerabilities  
22 of women and girls to HIV/AIDS and  
23 data on the types, objectives, and du-  
24 ration of programs to address these  
25 issues;

1                   “(III) information on programs  
2                   to address the particular needs of ad-  
3                   olescent girls and young women; and

4                   “(IV) programs to prevent gen-  
5                   der-based violence or to assist victims  
6                   of gender based violence as part of, or  
7                   in coordination with, HIV/AIDS pro-  
8                   grams;

9                   “(x) a description of strategies, goals,  
10                  programs, and interventions to—

11                  “(I) address the needs and  
12                  vulnerabilities of youth populations;

13                  “(II) expand access among young  
14                  men and women to evidence-based  
15                  HIV/AIDS health care services and  
16                  HIV prevention programs, including  
17                  abstinence education programs; and

18                  “(III) expand community-based  
19                  services to meet the needs of orphans  
20                  and of children and adolescents af-  
21                  fected by or vulnerable to HIV/AIDS  
22                  without increasing stigmatization;

23                  “(xi) a description of—





1 a full-time coordinator was on staff for the  
2 year.”.

3 (f) AUTHORIZATION OF APPROPRIATIONS.—Section  
4 301(b) of the United States Leadership Against HIV/  
5 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
6 7631(b)) is amended—

7 (1) in paragraph (1), by striking “fiscal years  
8 2004 through 2008” and inserting “fiscal years  
9 2009 through 2013”; and

10 (2) in paragraph (3), by striking “fiscal years  
11 2004 through 2008” and inserting “fiscal years  
12 2009 through 2013”.

13 (g) RELATIONSHIP TO ASSISTANCE PROGRAMS TO  
14 ENHANCE NUTRITION.—Section 301(c) of such Act is  
15 amended to read as follows:

16 “(c) FOOD AND NUTRITIONAL SUPPORT.—

17 “(1) IN GENERAL.—As indicated in the report  
18 produced by the Institute of Medicine, entitled  
19 ‘PEPFAR Implementation: Progress and Promise’,  
20 inadequate caloric intake has been clearly identified  
21 as a principal reason for failure of clinical response  
22 to antiretroviral therapy. In recognition of the im-  
23 pact of malnutrition as a clinical health issue for  
24 many persons living with HIV/AIDS that is often  
25 associated with health and economic impacts on

1 these individuals and their families, the Global AIDS  
2 Coordinator and the Administrator of the United  
3 States Agency for International Development shall—

4 “(A) follow World Health Organization  
5 guidelines for HIV/AIDS food and nutrition  
6 services;

7 “(B) integrate nutrition programs with  
8 HIV/AIDS activities through effective linkages  
9 among the health, agricultural, and livelihood  
10 sectors and establish additional services in cir-  
11 cumstances in which referrals are inadequate or  
12 impossible;

13 “(C) provide, as a component of care and  
14 treatment programs for persons with HIV/  
15 AIDS, food and nutritional support to individ-  
16 uals infected with, and affected by, HIV/AIDS  
17 who meet established criteria for nutritional  
18 support (including clinically malnourished chil-  
19 dren and adults, and pregnant and lactating  
20 women in programs in need of supplemental  
21 support), including—

22 “(i) anthropometric and dietary as-  
23 sessment;

24 “(ii) counseling; and

1                   “(iii) therapeutic and supplementary  
2                   feeding;

3                   “(D) provide food and nutritional support  
4                   for children affected by HIV/AIDS and to com-  
5                   munities and households caring for children af-  
6                   fected by HIV/AIDS; and

7                   “(E) in communities where HIV/AIDS and  
8                   food insecurity are highly prevalent, support  
9                   programs to address these often intersecting  
10                  health problems through community-based as-  
11                  sistance programs, with an emphasis on sus-  
12                  tainable approaches.

13                  “(2) AUTHORIZATION OF APPROPRIATIONS.—Of  
14                  the amounts authorized to be appropriated under  
15                  section 401, there are authorized to be appropriated  
16                  to the President such sums as may be necessary for  
17                  each of the fiscal years 2009 through 2013 to carry  
18                  out this subsection.”.

19                  (h) ELIGIBILITY FOR ASSISTANCE.—Section 301(d)  
20                  of such Act is amended to read as follows:

21                  “(d) ELIGIBILITY FOR ASSISTANCE.—An organiza-  
22                  tion, including a faith-based organization, that is other-  
23                  wise eligible to receive assistance under section 104A of  
24                  the Foreign Assistance Act of 1961, under this Act, or  
25                  under any amendment made by this Act or by the Tom

1 Lantos and Henry J. Hyde United States Global Leader-  
2 ship Against HIV/AIDS, Tuberculosis, and Malaria Reau-  
3 thorization Act of 2008, for HIV/AIDS prevention, treat-  
4 ment, or care—

5 “(1) shall not be required, as a condition of re-  
6 ceiving such assistance—

7 “(A) to endorse or utilize a multisectoral  
8 or comprehensive approach to combating HIV/  
9 AIDS; or

10 “(B) to endorse, utilize, make a referral to,  
11 become integrated with, or otherwise participate  
12 in any program or activity to which the organi-  
13 zation has a religious or moral objection; and

14 “(2) shall not be discriminated against in the  
15 solicitation or issuance of grants, contracts, or coop-  
16 erative agreements under such provisions of law for  
17 refusing to meet any requirement described in para-  
18 graph (1).”.

19 **SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.**

20 (a) **POLICY.**—Section 104B(b) of the Foreign Assist-  
21 ance Act of 1961 (22 U.S.C. 2151b–3(b)) is amended to  
22 read as follows:

23 “(b) **POLICY.**—It is a major objective of the foreign  
24 assistance program of the United States to control tuber-  
25 culosis. In all countries in which the Government of the

1 United States has established development programs, par-  
2 ticularly in countries with the highest burden of tuber-  
3 culosis and other countries with high rates of tuberculosis,  
4 the United States should support the objectives of the  
5 Global Plan to Stop TB, including through achievement  
6 of the following goals:

7           “(1) Reduce by half the tuberculosis death and  
8 disease burden from the 1990 baseline.

9           “(2) Sustain or exceed the detection of at least  
10 70 percent of sputum smear-positive cases of tuber-  
11 culosis and the successful treatment of at least 85  
12 percent of the cases detected in countries with estab-  
13 lished United States Agency for International Devel-  
14 opment tuberculosis programs.

15           “(3) In support of the Global Plan to Stop TB,  
16 the President shall establish a comprehensive, 5-year  
17 United States strategy to expand and improve  
18 United States efforts to combat tuberculosis glob-  
19 ally, including a plan to support—

20           “(A) the successful treatment of 4,500,000  
21 new sputum smear tuberculosis patients under  
22 DOTS programs by 2013, primarily through di-  
23 rect support for needed services, commodities,  
24 health workers, and training, and additional

1 treatment through coordinated multilateral ef-  
2 forts; and

3 “(B) the diagnosis and treatment of  
4 90,000 new multiple drug resistant tuberculosis  
5 cases by 2013, and additional treatment  
6 through coordinated multilateral efforts.”.

7 (b) PRIORITY TO STOP TB STRATEGY.—Section  
8 104B(e) of such Act is amended to read as follows:

9 “(e) PRIORITY TO STOP TB STRATEGY.—In fur-  
10 nishing assistance under subsection (c), the President  
11 shall give priority to—

12 “(1) direct services described in the Stop TB  
13 Strategy, including expansion and enhancement of  
14 Directly Observed Treatment Short-course (DOTS)  
15 coverage, rapid testing, treatment for individuals in-  
16 fected with both tuberculosis and HIV, and treat-  
17 ment for individuals with multi-drug resistant tuber-  
18 culosis (MDR–TB), strengthening of health systems,  
19 use of the International Standards for Tuberculosis  
20 Care by all providers, empowering individuals with  
21 tuberculosis, and enabling and promoting research to  
22 develop new diagnostics, drugs, and vaccines, and  
23 program-based operational research relating to tu-  
24 berculosis; and

1           “(2) funding for the Global Tuberculosis Drug  
2           Facility, the Stop Tuberculosis Partnership, and the  
3           Global Alliance for TB Drug Development.”.

4           (c) ASSISTANCE FOR THE WORLD HEALTH ORGANI-  
5           ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—  
6           Section 104B of such Act is amended—

7           (1) by redesignating subsection (f) as sub-  
8           section (g); and

9           (2) by inserting after subsection (e) the fol-  
10          lowing:

11          “(f) ASSISTANCE FOR THE WORLD HEALTH ORGANI-  
12          ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—

13          In carrying out this section, the President, acting through  
14          the Administrator of the United States Agency for Inter-  
15          national Development, is authorized to provide increased  
16          resources to the World Health Organization and the Stop  
17          Tuberculosis Partnership to improve the capacity of coun-  
18          tries with high rates of tuberculosis and other affected  
19          countries to implement the Stop TB Strategy and specific  
20          strategies related to addressing multiple drug resistant tu-  
21          berculosis (MDR-TB) and extensively drug resistant tu-  
22          berculosis (XDR-TB).”.

23          (d) DEFINITIONS.—Section 104B(g) of such Act, as  
24          redesignated, is amended—

1           (1) in paragraph (1), by striking the period at  
2           the end and inserting the following: “including—  
3                   “(A) low-cost and effective diagnosis,  
4                   treatment, and monitoring of tuberculosis;  
5                   “(B) a reliable drug supply;  
6                   “(C) a management strategy for public  
7                   health systems;  
8                   “(D) health system strengthening;  
9                   “(E) promotion of the use of the Inter-  
10                  national Standards for Tuberculosis Care by all  
11                  care providers;  
12                  “(F) bacteriology under an external quality  
13                  assessment framework;  
14                  “(G) short-course chemotherapy; and  
15                  “(H) sound reporting and recording sys-  
16                  tems.”; and  
17           (2) by redesignating paragraph (5) as para-  
18           graph (6); and  
19           (3) by inserting after paragraph (4) the fol-  
20           lowing:  
21                   “(5) STOP TB STRATEGY.—The term ‘Stop TB  
22                   Strategy’ means the 6-point strategy to reduce tu-  
23                   berculosis developed by the World Health Organiza-  
24                   tion, which is described in the Global Plan to Stop  
25                   TB 2006–2015: Actions for Life, a comprehensive



1 plan developed by the Stop TB Partnership that sets  
2 out the actions necessary to achieve the millennium  
3 development goal of cutting tuberculosis deaths and  
4 disease burden in half by 2015.”.

5 (e) AUTHORIZATION OF APPROPRIATIONS.—Section  
6 302 (b) of the United States Leadership Against HIV/  
7 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.  
8 7632(b)) is amended—

9 (1) in paragraph (1), by striking “such sums as  
10 may be necessary for each of the fiscal years 2004  
11 through 2008” and inserting “a total of  
12 \$4,000,000,000 for the 5-year period beginning on  
13 October 1, 2008.”; and

14 (2) in paragraph (3), by striking “fiscal years  
15 2004 through 2008” and inserting “fiscal years  
16 2009 through 2013.”.

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

18 (a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT  
19 OF 1961.—Section 104C(b) of the Foreign Assistance Act  
20 of 1961 (22 U.S.C. 2151–4(b)) is amended by inserting  
21 “treatment,” after “control,”.

22 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
23 303 of the United States Leadership Against HIV/AIDS,  
24 Tuberculosis, and Malaria Act of 2003, and Malaria Act  
25 of 2003 (22 U.S.C. 7633) is amended—

1 (1) in subsection (b)—

2 (A) in paragraph (1), by striking “such  
3 sums as may be necessary for fiscal years 2004  
4 through 2008” and inserting “\$5,000,000,000  
5 during the 5-year period beginning on October  
6 1, 2008”; and

7 (B) in paragraph (3), by striking “fiscal  
8 years 2004 through 2008” and inserting “fiscal  
9 years 2009 through 2013”; and

10 (2) by adding at the end the following:

11 “(c) STATEMENT OF POLICY.—Providing assistance  
12 for the prevention, control, treatment, and the ultimate  
13 eradication of malaria is—

14 “(1) a major objective of the foreign assistance  
15 program of the United States; and

16 “(2) 1 component of a comprehensive United  
17 States global health strategy to reduce disease bur-  
18 dens and strengthen communities around the world.

19 “(d) DEVELOPMENT OF A COMPREHENSIVE 5-YEAR  
20 STRATEGY.—The President shall establish a comprehen-  
21 sive, 5-year strategy to combat global malaria that—

22 “(1) strengthens the capacity of the United  
23 States to be an effective leader of international ef-  
24 forts to reduce malaria burden;

1           “(2) maintains sufficient flexibility and remains  
2 responsive to the ever-changing nature of the global  
3 malaria challenge;

4           “(3) includes specific objectives and multisecc-  
5 toral approaches and strategies to reduce the preva-  
6 lence, mortality, incidence, and spread of malaria;

7           “(4) describes how this strategy would con-  
8 tribute to the United States’ overall global health  
9 and development goals;

10          “(5) clearly explains how outlined activities will  
11 interact with other United States Government global  
12 health activities, including the 5-year global AIDS  
13 strategy required under this Act;

14          “(6) expands public-private partnerships and le-  
15 verage of resources;

16          “(7) coordinates among relevant Federal agen-  
17 cies to maximize human and financial resources and  
18 to reduce duplication among these agencies, foreign  
19 governments, and international organizations;

20          “(8) coordinates with other international enti-  
21 ties, including the Global Fund;

22          “(9) maximizes United States capabilities in the  
23 areas of technical assistance and training and re-  
24 search, including vaccine research; and

1           “(10) establishes priorities and selection criteria  
2           for the distribution of resources based on factors  
3           such as—

4                   “(A) the size and demographics of the pop-  
5           ulation with malaria;

6                   “(B) the needs of that population;

7                   “(C) the country’s existing infrastructure;

8           and

9                   “(D) the ability to closely coordinate  
10           United States Government efforts with national  
11           malaria control plans of partner countries.”.

12 **SEC. 304. MALARIA RESPONSE COORDINATOR.**

13           Section 304 of the United States Leadership Against  
14           HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
15           U.S.C. 7634) is amended to read as follows:

16 **“SEC. 304. MALARIA RESPONSE COORDINATOR.**

17           “(a) **IN GENERAL.**—There is established within the  
18           United States Agency for International Development a Co-  
19           ordinator of United States Government Activities to Com-  
20           bat Malaria Globally (referred to in this section as the  
21           ‘Malaria Coordinator’), who shall be appointed by the  
22           President.

23           “(b) **AUTHORITIES.**—The Malaria Coordinator, act-  
24           ing through nongovernmental organizations (including  
25           faith-based and community-based organizations), partner

1 country finance, health, and other relevant ministries, and  
2 relevant executive branch agencies as may be necessary  
3 and appropriate to carry out this section, is authorized  
4 to—

5 “(1) operate internationally to carry out preven-  
6 tion, care, treatment, support, capacity development,  
7 and other activities to reduce the prevalence, mor-  
8 tality, and incidence of malaria;

9 “(2) provide grants to, and enter into contracts  
10 and cooperative agreements with, nongovernmental  
11 organizations (including faith-based organizations)  
12 to carry out this section; and

13 “(3) transfer and allocate executive branch  
14 agency funds that have been appropriated for the  
15 purposes described in paragraphs (1) and (2).

16 “(c) DUTIES.—

17 “(1) IN GENERAL.—The Malaria Coordinator  
18 has primary responsibility for the oversight and co-  
19 ordination of all resources and international activi-  
20 ties of the United States Government relating to ef-  
21 forts to combat malaria.

22 “(2) SPECIFIC DUTIES.—The Malaria Coordi-  
23 nator shall—

24 “(A) facilitate program and policy coordi-  
25 nation of antimalarial efforts among relevant

1 executive branch agencies and nongovernmental  
2 organizations by auditing, monitoring, and eval-  
3 uating such programs;

4 “(B) ensure that each relevant executive  
5 branch agency undertakes antimalarial pro-  
6 grams primarily in those areas in which the  
7 agency has the greatest expertise, technical ca-  
8 pability, and potential for success;

9 “(C) coordinate relevant executive branch  
10 agency activities in the field of malaria preven-  
11 tion and treatment;

12 “(D) coordinate planning, implementation,  
13 and evaluation with the Global AIDS Coordi-  
14 nator in countries in which both programs have  
15 a significant presence;

16 “(E) coordinate with national govern-  
17 ments, international agencies, civil society, and  
18 the private sector; and

19 “(F) establish due diligence criteria for all  
20 recipients of funds appropriated by the Federal  
21 Government for malaria assistance.

22 “(d) ASSISTANCE FOR THE WORLD HEALTH ORGA-  
23 NIZATION.—In carrying out this section, the President  
24 may provide financial assistance to the Roll Back Malaria  
25 Partnership of the World Health Organization to improve

1 the capacity of countries with high rates of malaria and  
2 other affected countries to implement comprehensive ma-  
3 laria control programs.

4 “(e) COORDINATION OF ASSISTANCE EFFORTS.—In  
5 carrying out this section and in accordance with section  
6 104C of the Foreign Assistance Act of 1961 (22 U.S.C.  
7 2151b–4), the Malaria Coordinator shall coordinate the  
8 provision of assistance by working with—

9 “(1) relevant executive branch agencies, includ-  
10 ing—

11 “(A) the Department of State (including  
12 the Office of the Global AIDS Coordinator);

13 “(B) the Department of Health and  
14 Human Services;

15 “(C) the Department of Defense; and

16 “(D) the Office of the United States Trade  
17 Representative;

18 “(2) relevant multilateral institutions, includ-  
19 ing—

20 “(A) the World Health Organization;

21 “(B) the United Nations Children’s Fund;

22 “(C) the United Nations Development Pro-  
23 gramme;

24 “(D) the Global Fund;

25 “(E) the World Bank; and

1                   “(F) the Roll Back Malaria Partnership;  
2                   “(3) program delivery and efforts to lift bar-  
3                   riers that would impede effective and comprehensive  
4                   malaria control programs; and  
5                   “(4) partner or recipient country governments  
6                   and national entities including universities and civil  
7                   society organizations (including faith- and commu-  
8                   nity-based organizations).  
9                   “(f) RESEARCH.—To carry out this section, the Ma-  
10                  laria Coordinator, in accordance with section 104C of the  
11                  Foreign Assistance Act of 1961 (22 U.S.C. 1151d-4),  
12                  shall ensure that operations and implementation research  
13                  conducted under this Act will closely complement the clin-  
14                  ical and program research being undertaken by the Na-  
15                  tional Institutes of Health. The Centers for Disease Con-  
16                  trol and Prevention should advise the Malaria Coordinator  
17                  on priorities for operations and implementation research  
18                  and should be a key implementer of this research.  
19                  “(g) MONITORING.—To ensure that adequate ma-  
20                  laria controls are established and implemented, the Cen-  
21                  ters for Disease Control and Prevention should advise the  
22                  Malaria Coordinator on monitoring, surveillance, and eval-  
23                  uation activities and be a key implementer of such activi-  
24                  ties under this Act. Such activities shall complement, rath-



1 er than duplicate, the work of the World Health Organiza-  
2 tion.

3 “(h) ANNUAL REPORT.—

4 “(1) SUBMISSION.—Not later than 1 year after  
5 the date of the enactment of the Tom Lantos and  
6 Henry J. Hyde United States Global Leadership  
7 Against HIV/AIDS, Tuberculosis, and Malaria Re-  
8 authorization Act of 2008, and annually thereafter,  
9 the President shall submit a report to the appro-  
10 priate congressional committees that describes  
11 United States assistance for the prevention, treat-  
12 ment, control, and elimination of malaria.

13 “(2) CONTENTS.—The report required under  
14 paragraph (1) shall describe—

15 “(A) the countries and activities to which  
16 malaria resources have been allocated;

17 “(B) the number of people reached  
18 through malaria assistance programs, including  
19 data on children and pregnant women;

20 “(C) research efforts to develop new tools  
21 to combat malaria, including drugs and vac-  
22 cines;

23 “(D) the collaboration and coordination of  
24 United States antimalarial efforts with the  
25 World Health Organization, the Global Fund,

1 the World Bank, other donor governments,  
2 major private efforts, and relevant executive  
3 agencies;

4 “(E) the coordination of United States  
5 antimalarial efforts with the national malarial  
6 strategies of other donor or partner govern-  
7 ments and major private initiatives;

8 “(F) the estimated impact of United  
9 States assistance on childhood mortality and  
10 morbidity from malaria;

11 “(G) the coordination of antimalarial ef-  
12 forts with broader health and development pro-  
13 grams; and

14 “(H) the constraints on implementation of  
15 programs posed by health workforce shortages  
16 or capacities; and

17 “(I) the number of personnel trained as  
18 health workers and the training levels  
19 achieved.”.

20 **SEC. 305. AMENDMENT TO IMMIGRATION AND NATION-**  
21 **ALITY ACT.**

22 Section 212(a)(1)(A)(i) of the Immigration and Na-  
23 tionality Act (8 U.S.C. 1182(a)(1)(A)(i)) is amended by  
24 striking “, which shall include infection with the etiologic

1 agent for acquired immune deficiency syndrome,” and in-  
2 serting a semicolon.

3 **SEC. 306. CLERICAL AMENDMENT.**

4 Title III of the United States Leadership Against  
5 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
6 U.S.C. 7631 et seq.) is amended by striking the heading  
7 for subtitle B and inserting the following:

8 **“Subtitle B—Assistance for Women,**  
9 **Children, and Families”.**

10 **SEC. 307. REQUIREMENTS.**

11 Section 312(b) of the United States Leadership  
12 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
13 2003 (22 U.S.C. 7652(b)) is amended by striking para-  
14 graphs (1), (2), and (3) and inserting the following:

15 “(1) establish a target for the prevention and  
16 treatment of mother-to-child transmission of HIV  
17 that, by 2013, will reach at least 80 percent of preg-  
18 nant women in those countries most affected by  
19 HIV/AIDS in which the United States has HIV/  
20 AIDS programs;

21 “(2) establish a target that, by 2013, the pro-  
22 portion of children receiving care and treatment  
23 under this Act is proportionate to their numbers  
24 within the population of HIV infected individuals in  
25 each country;

1           “(3) integrate care and treatment with preven-  
2           tion of mother-to-child transmission of HIV pro-  
3           grams to improve outcomes for HIV-affected women  
4           and families as soon as is feasible and support strat-  
5           egies that promote successful follow-up and con-  
6           tinuity of care of mother and child;

7           “(4) expand programs designed to care for chil-  
8           dren orphaned by, affected by, or vulnerable to HIV/  
9           AIDS;

10           “(5) ensure that women in prevention of moth-  
11           er-to-child transmission of HIV programs are pro-  
12           vided with, or referred to, appropriate maternal and  
13           child services; and

14           “(6) develop a timeline for expanding access to  
15           more effective regimes to prevent mother-to-child  
16           transmission of HIV, consistent with the national  
17           policies of countries in which programs are adminis-  
18           tered under this Act and the goal of achieving uni-  
19           versal use of such regimes as soon as possible.”.

20 **SEC. 308. ANNUAL REPORT ON PREVENTION OF MOTHER-**  
21 **TO-CHILD TRANSMISSION OF HIV.**

22           Section 313(a) of the United States Leadership  
23           Against HIV/AIDS, Tuberculosis, and Malaria Act of  
24           2003 (22 U.S.C. 7653(a)) is amended by striking “5  
25           years” and inserting “10 years”.

1 **SEC. 309. PREVENTION OF MOTHER-TO-CHILD TRANS-**  
2 **MISSION EXPERT PANEL.**

3 Section 312 of the United States Leadership Against  
4 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
5 U.S.C. 7652) is amended by adding at the end the fol-  
6 lowing:

7 “(c) PREVENTION OF MOTHER-TO-CHILD TRANS-  
8 MISSION EXPERT PANEL.—

9 “(1) ESTABLISHMENT.—The Global AIDS Co-  
10 ordinator shall establish a panel of experts to be  
11 known as the Prevention of Mother-to-Child Trans-  
12 mission Panel (referred to in this subsection as the  
13 ‘Panel’) to—

14 “(A) provide an objective review of activi-  
15 ties to prevent mother-to-child transmission of  
16 HIV; and

17 “(B) provide recommendations to the Glob-  
18 al AIDS Coordinator and to the appropriate  
19 congressional committees for scale-up of moth-  
20 er-to-child transmission prevention services  
21 under this Act in order to achieve the target es-  
22 tablished in subsection (b)(1).

23 “(2) MEMBERSHIP.—The Panel shall be con-  
24 vened and chaired by the Global AIDS Coordinator,  
25 who shall serve as a nonvoting member. The Panel  
26 shall consist of not more than 15 members (exclud-

1       ing the Global AIDS Coordinator), to be appointed  
2       by the Global AIDS Coordinator not later than 1  
3       year after the date of the enactment of this Act, in-  
4       cluding—

5               “(A) 2 members from the Department of  
6               Health and Human Services with expertise re-  
7               lating to the prevention of mother-to-child  
8               transmission activities;

9               “(B) 2 members from the United States  
10              Agency for International Development with ex-  
11              pertise relating to the prevention of mother-to-  
12              child transmission activities;

13              “(C) 2 representatives from among health  
14              ministers of national governments of foreign  
15              countries in which programs under this Act are  
16              administered;

17              “(D) 3 members representing organiza-  
18              tions implementing prevention of mother-to-  
19              child transmission activities under this Act;

20              “(E) 2 health care researchers with exper-  
21              tise relating to global HIV/AIDS activities; and

22              “(F) representatives from among patient  
23              advocate groups, health care professionals, per-  
24              sons living with HIV/AIDS, and non-govern-  
25              mental organizations with expertise relating to

1 the prevention of mother-to-child transmission  
2 activities, giving priority to individuals in for-  
3 eign countries in which programs under this  
4 Act are administered.

5 “(3) DUTIES OF PANEL.—The Panel shall—

6 “(A) assess the effectiveness of current ac-  
7 tivities in reaching the target described in sub-  
8 section (b)(1);

9 “(B) review scientific evidence related to  
10 the provision of mother-to-child transmission  
11 prevention services, including programmatic  
12 data and data from clinical trials;

13 “(C) review and assess ways in which the  
14 Office of the United States Global AIDS Coor-  
15 dinator collaborates with international and mul-  
16 tilateral entities on efforts to prevent mother-to-  
17 child transmission of HIV in affected countries;

18 “(D) identify barriers and challenges to in-  
19 creasing access to mother-to-child transmission  
20 prevention services and evaluate potential mech-  
21 anisms to alleviate those barriers and chal-  
22 lenges;

23 “(E) identify the extent to which stigma  
24 has hindered pregnant women from obtaining  
25 HIV counseling and testing or returning for re-

1           sults, and provide recommendations to address  
2           such stigma and its effects;

3           “(F) identify opportunities to improve link-  
4           ages between mother-to-child transmission pre-  
5           vention services and care and treatment pro-  
6           grams; and

7           “(G) recommend specific activities to facili-  
8           tate reaching the target described in subsection  
9           (b)(1).

10          “(4) REPORT.—

11           “(A) IN GENERAL.—Not later than 1 year  
12           after the date on which the Panel is first con-  
13           vened, the Panel shall submit a report con-  
14           taining a detailed statement of the rec-  
15           ommendations, findings, and conclusions of the  
16           Panel to the appropriate congressional commit-  
17           tees.

18           “(B) AVAILABILITY.—The report sub-  
19           mitted under subparagraph (A) shall be made  
20           available to the public.

21           “(C) CONSIDERATION BY COORDINATOR.—  
22           The Coordinator shall—

23           “(i) consider any recommendations  
24           contained in the report submitted under  
25           subparagraph (A); and



1                   “(ii) include in the annual report re-  
2                   quired under section 104A(f) of the For-  
3                   eign Assistance Act of 1961 a description  
4                   of the activities conducted in response to  
5                   the recommendations made by the Panel  
6                   and an explanation of any recommenda-  
7                   tions not implemented at the time of the  
8                   report.

9                   “(5) AUTHORIZATION OF APPROPRIATIONS.—  
10                  There are authorized to be appropriated to the  
11                  Panel such sums as may be necessary for each of  
12                  the fiscal years 2009 through 2011 to carry out this  
13                  section.

14                  “(6) TERMINATION.—The Panel shall terminate  
15                  on the date that is 60 days after the date on which  
16                  the Panel submits the report to the appropriate con-  
17                  gressional committees under paragraph (4).”.

18                                   **TITLE IV—FUNDING**  
19                                   **ALLOCATIONS**

20   **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

21                  (a) IN GENERAL.—Section 401(a) of the United  
22   States Leadership Against HIV/AIDS, Tuberculosis, and  
23   Malaria Act of 2003 (22 U.S.C. 7671(a)) is amended by  
24   striking “\$3,000,000,000 for each of the fiscal years 2004

1 through 2008” and inserting “\$50,000,000,000 for the 5-  
2 year period beginning on October 1, 2008”.

3 (b) SENSE OF CONGRESS.—It is the sense of the  
4 Congress that the appropriations authorized under section  
5 401(a) of the United States Leadership Against HIV/  
6 AIDS, Tuberculosis, and Malaria Act of 2003, as amended  
7 by subsection (a), should be allocated among fiscal years  
8 2009 through 2013 in a manner that allows for the appro-  
9 priations to be gradually increased in a manner that is  
10 consistent with program requirements, absorptive capac-  
11 ity, and priorities set forth in such Act, as amended by  
12 this Act.

13 **SEC. 402. SENSE OF CONGRESS.**

14 Section 402(b) of the United States Leadership  
15 Against HIV/AIDS, Tuberculosis, and Malaria Act of  
16 2003 (22 U.S.C. 7672(b)) is amended by striking “an ef-  
17 fective distribution of such amounts would be” and all that  
18 follows through “10 percent of such amounts” and insert-  
19 ing “10 percent should be used”.

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

21 Section 403 of the United States Leadership Against  
22 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22  
23 U.S.C. 7673) is amended—

24 (1) by amending subsection (a) to read as fol-  
25 lows:

1 “(a) BALANCED FUNDING REQUIREMENT.—

2 “(1) IN GENERAL.—The Global AIDS Coordi-  
3 nator shall—

4 “(A) provide balanced funding for preven-  
5 tion activities for sexual transmission of HIV/  
6 AIDS; and

7 “(B) ensure that activities promoting ab-  
8 stinence, delay of sexual debut, monogamy, fi-  
9 delity, and partner reduction are implemented  
10 and funded in a meaningful and equitable way  
11 in the strategy for each host country based on  
12 objective epidemiological evidence as to the  
13 source of infections and in consultation with the  
14 government of each host county involved in  
15 HIV/AIDS prevention activities.

16 “(2) PREVENTION STRATEGY.—

17 “(A) ESTABLISHMENT.—In carrying out  
18 paragraph (1), the Global AIDS Coordinator  
19 shall establish a HIV sexual transmission pre-  
20 vention strategy governing the expenditure of  
21 funds authorized under this Act to prevent the  
22 sexual transmission of HIV in any host country  
23 with a generalized epidemic.

24 “(B) REPORT.—In each host country de-  
25 scribed in subparagraph (A), if the strategy es-

1            established under subparagraph (A) provides less  
2            than 50 percent of the funds described in sub-  
3            paragraph (A) for activities promoting absti-  
4            nence, delay of sexual debut, monogamy, fidel-  
5            ity, and partner reduction, the Global AIDS Co-  
6            ordinator shall, not later than 30 days after the  
7            issuance of this strategy, report to the appro-  
8            priate congressional committees on the justifica-  
9            tion for this decision.

10           “(3) EXCLUSION.—Programs and activities that  
11           implement or purchase new prevention technologies  
12           or modalities, such as medical male circumcision,  
13           pre-exposure pharmaceutical prophylaxis to prevent  
14           transmission of HIV, or microbicides and programs  
15           and activities that provide counseling and testing for  
16           HIV or prevent mother-to-child prevention of HIV,  
17           shall not be included in determining compliance with  
18           paragraph (2).

19           “(4) REPORT.—Not later than 1 year after the  
20           date of the enactment of the Tom Lantos and Henry  
21           J. Hyde United States Global Leadership Against  
22           HIV/AIDS, Tuberculosis, and Malaria Reauthoriza-  
23           tion Act of 2008, and annually thereafter as part of  
24           the annual report required under section 104A(e) of

1 the Foreign Assistance Act of 1961 (22 U.S.C.  
2 2151b–2(e)), the President shall—

3 “(A) submit a report on the implementa-  
4 tion of paragraph (2) for the most recently con-  
5 cluded fiscal year to the appropriate congres-  
6 sional committees; and

7 “(B) make the report described in sub-  
8 paragraph (A) available to the public.”;  
9 (2) in subsection (b)—

10 (A) by striking “fiscal years 2006 through  
11 2008” and inserting “fiscal years 2009 through  
12 2013”; and

13 (B) by striking “vulnerable children af-  
14 fected by” and inserting “other children af-  
15 fected by, or vulnerable to,”; and

16 (3) by adding at the end the following:

17 “(c) FUNDING ALLOCATION.—For each of the fiscal  
18 years 2009 through 2013, more than half of the amounts  
19 appropriated for bilateral global HIV/AIDS assistance  
20 pursuant to section 401 shall be expended for—

21 “(1) antiretroviral treatment for HIV/AIDS;

22 “(2) clinical monitoring of HIV-seropositive  
23 people not in need of antiretroviral treatment;

24 “(3) care for associated opportunistic infec-  
25 tions;

1           “(4) nutrition and food support for people liv-  
2           ing with HIV/AIDS; and

3           “(5) other essential HIV/AIDS-related medical  
4           care for people living with HIV/AIDS.

5           “(d) TREATMENT, PREVENTION, AND CARE  
6 GOALS.—For each of the fiscal years 2009 through  
7 2013—

8           “(1) the treatment goal under section 402(a)(3)  
9           shall be increased above 2,000,000 by at least the  
10          percentage increase in the amount appropriated for  
11          bilateral global HIV/AIDS assistance for such fiscal  
12          year compared with fiscal year 2008;

13          “(2) any increase in the treatment goal under  
14          section 402(a)(3) above the percentage increase in  
15          the amount appropriated for bilateral global HIV/  
16          AIDS assistance for such fiscal year compared with  
17          fiscal year 2008 shall be based on long-term require-  
18          ments, epidemiological evidence, the share of treat-  
19          ment needs being met by partner governments and  
20          other sources of treatment funding, and other appro-  
21          priate factors;

22          “(3) the treatment goal under section 402(a)(3)  
23          shall be increased above the number calculated  
24          under paragraph (1) by the same percentage that  
25          the average United States Government cost per pa-

1       tient of providing treatment in countries receiving  
2       bilateral HIV/AIDS assistance has decreased com-  
3       pared with fiscal year 2008; and

4               “(4) the prevention and care goals established  
5       in clauses (i) and (iv) of section 104A(b)(1)(A) of  
6       the Foreign Assistance Act of 1961 (22 U.S.C.  
7       2151b-2(b)(1)(A)) shall be increased consistent with  
8       epidemiological evidence and available resources.”.

## 9       **TITLE V—MISCELLANEOUS**

### 10   **SEC. 501. MACHINE READABLE VISA FEES.**

11       (a) FEE INCREASE.—Notwithstanding any other pro-  
12       vision of law—

13               (1) not later than October 1, 2008, the Sec-  
14       retary of State shall increase by \$1 the fee or sur-  
15       charge authorized under section 140(a) of the For-  
16       eign Relations Authorization Act, Fiscal Years 1994  
17       and 1995 (Public Law 103-236; 8 U.S.C. 1351  
18       note) for processing machine readable nonimmigrant  
19       visas and machine readable combined border cross-  
20       ing identification cards and nonimmigrant visas; and

21               (2) not later than October 1, 2013, the Sec-  
22       retary shall increase the fee or surcharge described  
23       in paragraph (1) by an additional \$1.

24       (b) DEPOSIT OF AMOUNTS.—Notwithstanding sec-  
25       tion 140(a)(2) of the Foreign Relations Authorization Act,

1 Fiscal Years 1994 and 1995 (Public Law 103–236; 8  
2 U.S.C. 1351 note), fees collected under the authority of  
3 subsection (a) shall be deposited in the Treasury.