

In the Senate of the United States,

July 12 (legislative day, July 10), 2002.

Resolved, That the bill from the House of Representatives (H.R. 2069) entitled “An Act to amend the Foreign Assistance Act of 1961 and the Global AIDS and Tuberculosis Relief Act of 2000 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries.”, do pass with the following

AMENDMENTS:

Strike out all after the enacting clause and insert:

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

2 (a) *SHORT TITLE.*—*This Act may be cited as the*
3 *“United States Leadership Against HIV/AIDS, Tuber-*
4 *culosis, and Malaria Act of 2002”.*

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.

TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of a comprehensive, five-year, global strategy.

Sec. 102. Comprehensive plan to empower women to prevent the spread of HIV/AIDS.

Sec. 103. HIV/AIDS Response Coordinator.

Sec. 104. Report on reversing the exodus of critical talent.

TITLE II—PUBLIC-PRIVATE PARTNERSHIPS

Sec. 201. Sense of Congress on public-private partnerships.

Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Sec. 203. Voluntary contributions to international vaccine funds.

TITLE III—MULTILATERAL EFFORTS

Sec. 301. Improvement of the Enhanced HIPC Initiative.

Sec. 302. Reports on implementation of improvements to the Enhanced HIPC Initiative.

TITLE IV—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 401. Assistance to combat HIV/AIDS.

Sec. 402. Assistance to combat tuberculosis.

Sec. 403. Assistance to combat malaria.

Sec. 404. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.

Sec. 405. Department of Defense HIV/AIDS prevention assistance program.

Sec. 406. Report on treatment activities by relevant Executive branch agencies.

Subtitle B—Assistance for Children and Families

Sec. 411. Findings.

Sec. 412. Policy and requirements.

Sec. 413. Annual reports on prevention of mother-to-child transmission of the HIV infection.

Sec. 414. Pilot program of assistance for children and families affected by HIV/AIDS.

TITLE V—BUSINESS PRINCIPLES

Sec. 501. Principles for United States firms operating in countries affected by the HIV/AIDS pandemic.

TITLE VI—ADDITIONAL AUTHORITIES

Sec. 601. Authority of the Department of Health and Human Services.

Sec. 602. Microbicide research at the National Institutes of Health.

Sec. 603. Authority of the Department of Labor.

Sec. 604. Authority for international programs.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) During the last 20 years, HIV/AIDS has as-
4 sumed pandemic proportions, spreading from the
5 most severely affected region, sub-Saharan Africa, to
6 all corners of the world, and leaving an unprece-
7 dented path of death and devastation.

8 (2) According to the Joint United Nations Pro-
9 gramme on HIV/AIDS (UNAIDS), more than
10 60,000,000 people worldwide have been infected with
11 HIV since the epidemic began; more than 22,000,000
12 of these have lost their lives to the disease; and more
13 than 13,000,000 children have been orphaned by the
14 disease. HIV/AIDS is the fourth-highest cause of death
15 in the world.

16 (3) At the end of 2001, an estimated 40,000,000
17 people were infected with HIV or living with AIDS.
18 Of these, more than 2,700,000 were children under the
19 age of fifteen and more than 17,600,000 were women.
20 Women are four times more vulnerable to infection
21 than are men and are becoming infected at increas-
22 ingly high rates because in many societies women

1 *lack control over sexual encounters and cannot insist*
2 *on the use of protective measures. Women and chil-*
3 *dren who are refugees or are internally displaced per-*
4 *sons are especially vulnerable to sexual violence,*
5 *thereby increasing the possibility of HIV infection.*

6 *(4) As the leading cause of death in sub-Saharan*
7 *Africa, AIDS has killed more than 17,000,000 people*
8 *(more than 3 times the number of AIDS deaths in the*
9 *rest of the world) and will claim the lives of one-quar-*
10 *ter of the population, mostly adults, in the next dec-*
11 *ade.*

12 *(5) An estimated 1,800,000 people in Latin*
13 *America and the Caribbean and another 7,100,000*
14 *people in Asia and the Pacific region are infected*
15 *with HIV or living with AIDS. Infection rates are*
16 *rising alarmingly in Eastern Europe (especially in*
17 *the Russian Federation), Central Asia, and China.*

18 *(6) HIV/AIDS threatens personal security by af-*
19 *fecting the health, lifespan, and productive capacity*
20 *of the individual and the social cohesion and eco-*
21 *nomic well-being of the family.*

22 *(7) HIV/AIDS undermines the economic security*
23 *of a country and individual businesses in that coun-*
24 *try by weakening the productivity and longevity of*
25 *the labor force across a broad array of economic sec-*

1 *tors and by reducing the potential for economic*
2 *growth over the long term.*

3 *(8) HIV/AIDS destabilizes communities by strik-*
4 *ing at the most mobile and educated members of soci-*
5 *ety, many of whom are responsible for security at the*
6 *local level and governance at the national and sub-*
7 *national levels as well as many teachers, health care*
8 *personnel, and other community workers vital to com-*
9 *munity development and the effort to combat HIV/*
10 *AIDS. In some countries the overwhelming challenges*
11 *of the HIV/AIDS epidemic are accelerating the out-*
12 *ward migration of critically important health care*
13 *professionals.*

14 *(9) HIV/AIDS weakens the defenses of countries*
15 *severely affected by the HIV/AIDS crisis through high*
16 *infection rates among members of their military*
17 *forces. According to UNAIDS, in sub-Saharan Africa,*
18 *many military forces have infection rates as much as*
19 *five times that of the civilian population.*

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

22 *(A) increasing the potential for political in-*
23 *stability and economic devastation, particularly*
24 *in those countries and regions most severely af-*
25 *ected by the disease; and*

1 (B) decreasing the capacity to resolve con-
2 flicts through the introduction of peacekeeping
3 forces because the environments into which these
4 forces are introduced pose a high risk for the
5 spread of HIV/AIDS.

6 (11) The devastation wrought by the HIV/AIDS
7 pandemic is compounded by the prevalence of tuber-
8 culosis and malaria, particularly in developing coun-
9 tries where the poorest and most vulnerable members
10 of society, including women, children, and those liv-
11 ing with HIV/AIDS, become infected. According to the
12 World Health Organization (WHO), HIV/AIDS, tu-
13 berculosis, and malaria accounted for more than
14 5,700,000 deaths in 2001 and caused debilitating ill-
15 nesses in millions more.

16 (12) Tuberculosis is the cause of death for one
17 out of every three people with AIDS worldwide and
18 is a highly communicable disease. HIV infection is
19 the leading threat to tuberculosis control. Because
20 HIV infection so severely weakens the immune system,
21 individuals with HIV and latent tuberculosis infec-
22 tion have a 100 times greater risk of developing active
23 tuberculosis diseases thereby increasing the risk of
24 spreading tuberculosis to others. Tuberculosis, in turn,

1 *accelerates the onset of AIDS in individuals infected*
2 *with HIV.*

3 *(13) Malaria, the most deadly of all tropical*
4 *parasitic diseases, has been undergoing a dramatic*
5 *resurgence in recent years due to increasing resistance*
6 *of the malaria parasite to inexpensive and effective*
7 *drugs. At the same time, increasing resistance of mos-*
8 *quitoes to standard insecticides makes control of*
9 *transmission difficult to achieve. The World Health*
10 *Organization estimates that between 300,000,000 and*
11 *500,000,000 new cases of malaria occur each year,*
12 *and annual deaths from the disease number between*
13 *2,000,000 and 3,000,000. Persons infected with HIV*
14 *are particularly vulnerable to the malaria parasite.*
15 *The spread of HIV infection contributes to the dif-*
16 *iculties of controlling resurgence of the drug resistant*
17 *malaria parasite.*

18 *(14) Although HIV/AIDS is first and foremost a*
19 *health problem, successful strategies to stem the*
20 *spread of the pandemic will require not only medical*
21 *interventions, the strengthening of health care delivery*
22 *systems and infrastructure and determined national*
23 *leadership and increased budgetary allocations for the*
24 *health sector in countries affected by the epidemic but*
25 *also measures to address the social and behavioral*

1 *causes of the problem and its impact on families,*
2 *communities, and societal sectors.*

3 *(15) Basic interventions to prevent new HIV in-*
4 *fections and to bring care and treatment to people liv-*
5 *ing with AIDS, such as voluntary counseling and*
6 *testing and mother-to-child transmission programs,*
7 *are achieving meaningful results and are cost-effec-*
8 *tive. The challenge is to expand these interventions*
9 *from a pilot program basis to a national basis in a*
10 *coherent and sustainable manner.*

11 *(16) The magnitude and scope of the HIV/AIDS*
12 *crisis demands a comprehensive, long-term, inter-*
13 *national response focused upon addressing the causes,*
14 *reducing the spread, and ameliorating the con-*
15 *sequences of the HIV/AIDS pandemic, including—*

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

23 *(B) development of health care infrastruc-*
24 *ture and delivery systems through cooperative*

1 *and coordinated public efforts and public and*
2 *private partnerships;*

3 (C) *development and implementation of na-*
4 *tional and community-based multisector strate-*
5 *gies that address the impact of HIV/AIDS on the*
6 *individual, family, community, and nation and*
7 *increase the participation of at-risk populations*
8 *in programs designed to encourage behavioral*
9 *and social change and reduce the stigma associ-*
10 *ated with HIV/AIDS; and*

11 (D) *coordination of efforts between inter-*
12 *national organizations such as the Global Fund*
13 *to Fight AIDS, Tuberculosis and Malaria, the*
14 *Joint United Nations Programme on HIV/AIDS*
15 *(UNAIDS), the World Health Organization*
16 *(WHO), national governments, and private sec-*
17 *tor organizations.*

18 (17) *The United States has the capacity to lead*
19 *and enhance the effectiveness of the international com-*
20 *munity's response by—*

21 (A) *providing substantial financial re-*
22 *sources, technical expertise, and training, par-*
23 *ticularly of health care personnel and commu-*
24 *nity workers and leaders;*

1 (B) promoting vaccine and microbicide re-
2 search and the development of new treatment
3 protocols in the public and commercial pharma-
4 ceutical research sectors;

5 (C) encouraging governments and commu-
6 nity-based organizations to adopt policies that
7 treat HIV/AIDS as a multisectoral problem af-
8 fecting not only health but other areas such as
9 education, the economy, the family and society,
10 and assisting them to develop and implement
11 programs corresponding to these needs; and

12 (D) encouraging active involvement of the
13 private sector, including businesses, pharma-
14 ceutical and biotechnology companies, the med-
15 ical and scientific communities, charitable foun-
16 dations, private and voluntary organizations
17 and nongovernmental organizations, faith-based
18 organizations, community-based organizations,
19 and other nonprofit entities.

20 **SEC. 3. DEFINITIONS.**

21 *In this Act:*

22 (1) *AIDS.*—The term “AIDS” means the ac-
23 quired immune deficiency syndrome.

24 (2) *APPROPRIATE CONGRESSIONAL COMMIT-*
25 *TEES.*—The term “appropriate congressional commit-

1 *tees” means the Committee on Foreign Relations of*
2 *the Senate and the Committee on International Rela-*
3 *tions of the House of Representatives.*

4 (3) *DESIGNATED CONGRESSIONAL COMMIT-*
5 *TEES.—The term “designated congressional commit-*
6 *tees” means the Committee on Foreign Relations and*
7 *the Committee on Health, Education, Labor, and*
8 *Pensions of the Senate and the Committee on Inter-*
9 *national Relations and the Committee on Energy and*
10 *Commerce of the House of Representatives.*

11 (4) *GLOBAL FUND.—The term “Global Fund”*
12 *means the public-private partnership known as the*
13 *Global Fund to Fight AIDS, Tuberculosis and Ma-*
14 *laria that was established upon the call of the United*
15 *Nations Secretary General in April 2001.*

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

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

22 (7) *RELEVANT EXECUTIVE BRANCH AGENCIES.—*
23 *The term “relevant Executive branch agencies” means*
24 *the Department of State, the United States Agency for*
25 *International Development, the Department of Health*

1 *and Human Services (including the Centers for Dis-*
2 *ease Control and Prevention, the Health Resources*
3 *and Services Administration, the National Institutes*
4 *of Health, the Agency for Health Care Research and*
5 *Quality, and the Food and Drug Administration), the*
6 *Department of Labor, the Department of Commerce,*
7 *the Department of the Treasury, and the Department*
8 *of Defense.*

9 **SEC. 4. PURPOSE.**

10 *The purpose of this Act is to strengthen United States*
11 *leadership and the effectiveness of the United States re-*
12 *sponse to certain global infectious diseases by—*

13 *(1) establishing a comprehensive, integrated five-*
14 *year, global strategy to fight HIV/AIDS that encom-*
15 *passes a plan for phased expansion of critical pro-*
16 *grams and improved coordination among relevant*
17 *Executive branch agencies and between the United*
18 *States and foreign governments and international or-*
19 *ganizations;*

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

22 *(3) providing increased resources for United*
23 *States bilateral efforts, particularly for technical as-*
24 *sistance and training, to combat HIV/AIDS, tuber-*
25 *culosis, and malaria;*

1 (4) *encouraging the expansion of private sector*
2 *efforts and expanding public-private sector partner-*
3 *ships to combat HIV/AIDS; and*

4 (5) *intensifying efforts to support the develop-*
5 *ment of vaccines and treatment for HIV/AIDS, tuber-*
6 *culosis, and malaria.*

7 **TITLE I—POLICY PLANNING AND**
8 **COORDINATION**

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

11 (a) *STRATEGY.—The President shall establish a com-*
12 *prehensive, integrated, five-year strategy to combat global*
13 *HIV/AIDS that promotes the goals and objectives of the*
14 *Declaration of Commitment on HIV/AIDS, adopted by the*
15 *United Nations General Assembly at its Special Session on*
16 *HIV/AIDS in June 2001, and strengthens the capacity of*
17 *the United States to be an effective leader of the inter-*
18 *national campaign against HIV/AIDS. Such strategy*
19 *shall—*

20 (1) *include specific objectives, multisectoral ap-*
21 *proaches, and specific strategies to treat individuals*
22 *infected with HIV/AIDS and to prevent the further*
23 *spread of HIV infections, with a particular focus on*
24 *the needs of women, young people, and children;*

1 (2) *assign priorities for relevant Executive*
2 *branch agencies;*

3 (3) *improve coordination among relevant Execu-*
4 *tive branch agencies and foreign governments and*
5 *international organizations;*

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

8 (5) *expand public-private partnerships and the*
9 *leveraging of resources; and*

10 (6) *maximize United States capabilities in the*
11 *areas of technical assistance and training and re-*
12 *search, including vaccine research.*

13 *(b) REPORT.—*

14 (1) *IN GENERAL.—Not later than 180 days after*
15 *the date of enactment of this Act, the President shall*
16 *submit to designated congressional committees a re-*
17 *port setting forth the strategy described in subsection*
18 *(a).*

19 (2) *REPORT ELEMENTS.—The report required by*
20 *paragraph (1) shall include a discussion of the fol-*
21 *lowing:*

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

24 (B) *A description of the criteria for deter-*
25 *mining success of the strategy.*

1 (C) A description of the manner in which
2 the strategy will address the fundamental ele-
3 ments of prevention and education; care and
4 treatment, including increasing access to phar-
5 maceuticals and to vaccines and microbicides
6 when available; research, including incentives for
7 vaccine development and new protocols; and
8 training of health care workers, and the develop-
9 ment of health care infrastructure and delivery
10 systems.

11 (D) A description of the manner in which
12 the strategy will promote the development and
13 implementation of national and community-
14 based multisectoral strategies and programs, in-
15 cluding those designed to enhance leadership ca-
16 pacity particularly at the community level.

17 (E) A description of the specific strategies
18 developed to meet the unique needs of women, in-
19 cluding the empowerment of women in inter-
20 personal situations, young people and children,
21 including those orphaned by HIV/AIDS.

22 (F) A description of the programs to be un-
23 dertaken to maximize United States contribu-
24 tions in the areas of technical assistance, train-
25 ing particularly of health care workers and com-

1 *munity-based leaders in affected sectors, and re-*
2 *search including the promotion of research on*
3 *vaccines.*

4 *(G) An identification of the relevant Execu-*
5 *tive branch agencies that will be involved and*
6 *the assignment of priorities to those agencies.*

7 *(H) A description of the role of each rel-*
8 *evant Executive branch agency and the types of*
9 *programs that the agency will be undertaking.*

10 *(I) A description of the mechanisms that*
11 *will be utilized to coordinate the efforts of the*
12 *relevant Executive branch agencies, to avoid du-*
13 *plication of efforts, to enhance on-site coordina-*
14 *tion efforts, and to ensure that each agency un-*
15 *dertakes programs primarily in those areas*
16 *where the agency has the greatest expertise, tech-*
17 *nical capabilities, and potential for success.*

18 *(J) A description of the mechanisms that*
19 *will be utilized to ensure greater coordination be-*
20 *tween the United States and foreign governments*
21 *and international organizations including the*
22 *Global Fund, UNAIDS, international financial*
23 *institutions, and private sector organizations.*

24 *(K) The level of resources that will be need-*
25 *ed on an annual basis and the manner in which*

1 *those resources would generally be allocated*
2 *among relevant Executive agencies.*

3 *(L) A description of the mechanisms to be*
4 *established for monitoring and evaluating pro-*
5 *grams and for terminating unsuccessful pro-*
6 *grams.*

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

13 *(N) A description of the manner in which*
14 *the United States strategy for combating HIV/*
15 *AIDS relates to and promotes the goals and ob-*
16 *jectives of the United Nations General Assembly's*
17 *Declaration of Commitment on HIV/AIDS.*

18 *(O) A description of the ways in which*
19 *United States leadership will be used to enhance*
20 *the overall international response to the HIV/*
21 *AIDS pandemic and particularly to heighten the*
22 *engagement of the member states of the G-8 and*
23 *to strengthen key financial and coordination*
24 *mechanisms such as the Global Fund and*
25 *UNAIDS.*

1 (P) *A description of the manner in which*
2 *the United States strategy for combating HIV/*
3 *AIDS relates to and enhances other United*
4 *States assistance strategies in developing coun-*
5 *tries.*

6 **SEC. 102. COMPREHENSIVE PLAN TO EMPOWER WOMEN TO**
7 **PREVENT THE SPREAD OF HIV/AIDS.**

8 (a) *STATEMENT OF POLICY.—It is in the national in-*
9 *terest of the United States—*

10 (1) *to assist in empowering women socially, eco-*
11 *nomically, and intellectually to prevent coercive prac-*
12 *tices which contribute to the spread of HIV/AIDS;*

13 (2) *to ensure that there are affordable effective fe-*
14 *male controlled preventative technologies widely avail-*
15 *able;*

16 (3) *to assist in providing adequate pre- and*
17 *post-natal care to women infected with HIV or living*
18 *with AIDS to prevent an increase in the number of*
19 *AIDS orphans; and*

20 (4) *to educate communities in order to lessen the*
21 *stigma facing women who are infected with HIV or*
22 *living with AIDS.*

23 (b) *DEVELOPMENT OF PLAN.—The United States*
24 *Agency for International Development, working in conjunc-*
25 *tion with other relevant Executive branch agencies, shall*

1 *develop a comprehensive plan to empower women to protect*
2 *themselves against the spread of HIV/AIDS. The plan shall*
3 *include—*

4 (1) *immediately providing women greatly in-*
5 *creased access to and program support for currently*
6 *available prevention technologies for women and*
7 *microbicides when they become available;*

8 (2) *providing funding for research to develop*
9 *safe, effective, usable microbicides, including support*
10 *for—*

11 (A) *development and preclinical evaluation*
12 *of topical microbicides;*

13 (B) *the conduct of clinical studies of can-*
14 *didate microbicides to assess safety, accept-*
15 *ability, and effectiveness in reducing the HIV in-*
16 *fection and other sexually transmitted infections;*

17 (C) *behavioral and social science research*
18 *relevant to microbicide development, testing, ac-*
19 *ceptability, and use; and*

20 (D) *introductory studies of safe and effective*
21 *microbicides in developing countries;*

22 (3) *increasing women's access to microfinance*
23 *programs;*

24 (4) *comprehensive education for women and girls*
25 *including health education that emphasizes skills*

1 *building on negotiation and the prevention of sexu-*
2 *ally transmitted infections and other related repro-*
3 *ductive health risks and strategies that emphasize the*
4 *delay of sexual debut;*

5 *(5) community-based strategies to combat gen-*
6 *der-based violence and sexual coercion of women and*
7 *minors;*

8 *(6) expansion of peer education strategies for*
9 *men which emphasize responsible sexual behavior and*
10 *consultation with their wives and partners in making*
11 *decisions about sex and reproduction;*

12 *(7) resources for households headed by females*
13 *caring for AIDS orphans;*

14 *(8) followup monitoring of and care and support*
15 *for post-natal women living with HIV or at high risk*
16 *of infection; and*

17 *(9) targeted plans to reduce the vulnerability of*
18 *HIV/AIDS for women, young people, and children*
19 *who are refugees or internally displaced persons.*

20 *(c) REQUIREMENT.—The plan shall specify, for the as-*
21 *sistance to achieve each of the objectives set forth in para-*
22 *graphs (1) through (9) of subsection (b), the section of the*
23 *Foreign Assistance Act of 1961 or other law that authorizes*
24 *such assistance.*

1 (d) *STAFFING.*—*The Administrator of the United*
2 *States Agency for International Development shall ensure*
3 *that the Agency dedicates a sufficient number of employees*
4 *to implementing the plan described in subsection (b).*

5 (e) *REPORT.*—*Not later than 270 days after the date*
6 *of enactment of this Act and every year for the next 3 years*
7 *thereafter, the Administrator of the United States Agency*
8 *for International Development shall submit to the appro-*
9 *priate congressional committees a report on the plan being*
10 *implemented by the United States Agency for International*
11 *Development on empowering women in order to prevent the*
12 *spread of HIV/AIDS. The report shall include a description*
13 *of—*

14 (1) *the programs being carried out that are spe-*
15 *cifically targeted at women and girls to educate them*
16 *about the spread of HIV/AIDS and the use and avail-*
17 *ability of currently available prevention technologies*
18 *for women, together with the number of women and*
19 *girls reached through these programs;*

20 (2) *the steps taken to increase the availability of*
21 *such technologies; and*

22 (3) *the progress on developing a safe, effective,*
23 *user-friendly microbicide.*

1 **SEC. 103. HIV/AIDS RESPONSE COORDINATOR.**

2 (a) *ESTABLISHMENT OF POSITION.*—Section 1 of the
3 *State Department Basic Authorities Act of 1956 (22 U.S.C.*
4 *265(a)) is amended—*

5 (1) *by redesignating subsections (f) and (g) as*
6 *subsections (g) and (h), respectively; and*

7 (2) *by adding after subsection (e) the following:*

8 “(f) *HIV/AIDS RESPONSE COORDINATOR.*—

9 “(1) *IN GENERAL.*—*There shall be within the De-*
10 *partment of State a Coordinator of United States*
11 *Government Activities to Combat HIV/AIDS Glob-*
12 *ally, who shall be appointed by the President, by and*
13 *with the advice and consent of the Senate. The Coor-*
14 *dinator shall report directly to the Secretary of State*
15 *and shall have the rank and status of ambassador.*

16 “(2) *DUTIES.*—

17 “(A) *IN GENERAL.*—*The Coordinator shall*
18 *have primary responsibility for the oversight and*
19 *coordination of all activities of the United States*
20 *Government to combat the international HIV/*
21 *AIDS pandemic, including all programs,*
22 *projects, and activities of the United States Gov-*
23 *ernment under titles I through V of the United*
24 *States Leadership Against HIV/AIDS, Tubercu-*
25 *losis, and Malaria Act of 2002 or any amend-*
26 *ment made by those titles.*

1 “(B) *SPECIFIC DUTIES.*—*The duties of the*
2 *Coordinator shall specifically include the fol-*
3 *lowing:*

4 “(i) *Ensuring program and policy co-*
5 *ordination among the relevant Executive*
6 *branch agencies.*

7 “(ii) *Ensuring that each relevant Exec-*
8 *utive branch agency undertakes programs*
9 *primarily in those areas where the agency*
10 *has the greatest expertise, technical capa-*
11 *bilities, and potential for success.*

12 “(iii) *Avoiding duplication of effort.*

13 “(iv) *Enhancing onsite coordination.*

14 “(v) *Pursuing coordination with other*
15 *countries and international organizations.*

16 “(vi) *Resolving policy, program, and*
17 *funding disputes among the relevant Exec-*
18 *utive branch agencies.”.*

19 (b) *FIRST COORDINATOR.*—*The President may des-*
20 *ignate the incumbent Special Representative of the Sec-*
21 *retary of State for HIV/AIDS as of the date of enactment*
22 *of this Act as the first Coordinator of United States Govern-*
23 *ment Activities to Combat HIV/AIDS Globally.*

1 **SEC. 104. REPORT ON REVERSING THE EXODUS OF CRIT-**
2 **ICAL TALENT.**

3 (a) *IN GENERAL.*—Not later than one year after the
4 date of enactment of this Act, the President shall submit
5 a report to designated congressional committees analyzing
6 the emigration of critically important medical and public
7 health personnel, including physicians, nurses, and super-
8 visors from sub-Saharan African countries that are acutely
9 impacted by HIV/AIDS.

10 (b) *ELEMENTS OF THE REPORT.*—The report shall
11 include—

12 (1) *an analysis of the causes for the exodus of*
13 *such personnel, the present and projected trend lines,*
14 *and the impact on the stability of health infrastruc-*
15 *tures; and*

16 (2) *a description of incentives and programs*
17 *that the United States could provide, in concert with*
18 *other private and public sector partners and inter-*
19 *national organizations, to stabilize health institutions*
20 *by encouraging critical personnel to remain in their*
21 *home countries.*

22 **TITLE II—PUBLIC-PRIVATE**
23 **PARTNERSHIPS**

24 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
25 **nerships.**

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

1 (1) *Innovative partnerships between governments*
2 *and organizations in the private sector (including*
3 *foundations, universities, corporations, faith-based*
4 *and community-based organizations, and other non-*
5 *governmental organizations) have proliferated in re-*
6 *cent years, particularly in the area of health.*

7 (2) *Public-private sector partnerships multiply*
8 *local and international capacities to strengthen the*
9 *delivery of health services in developing countries and*
10 *to accelerate research for vaccines and other pharma-*
11 *ceutical products that are essential to combat infec-*
12 *tious diseases decimating the populations of these*
13 *countries.*

14 (3) *These partnerships maximize the unique ca-*
15 *pabilities of each sector while combining financial*
16 *and other resources, scientific knowledge, and exper-*
17 *tise toward common goals which neither the public*
18 *nor the private sector can achieve alone.*

19 (4) *Sustaining existing public-private partner-*
20 *ships and building new ones are critical to the success*
21 *of the international community's efforts to combat*
22 *HIV/AIDS and other infectious diseases around the*
23 *globe.*

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

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

6 (2) *the United States should systematically track*
7 *the evolution of these partnerships and work with oth-*
8 *ers in the public and private sector to profile and*
9 *build upon those models that are most effective.*

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

12 (a) *AUTHORITY FOR UNITED STATES PARTICIPA-*
13 *TION.—*

14 (1) *UNITED STATES PARTICIPATION.—The*
15 *United States is hereby authorized to participate in*
16 *the Global Fund to Fight AIDS, Tuberculosis and*
17 *Malaria.*

18 (2) *PRIVILEGES AND IMMUNITIES.—The Global*
19 *Fund shall be considered a public international orga-*
20 *nization for purposes of section 1 of the International*
21 *Organizations Immunities Act (22 U.S.C. 288).*

22 (b) *REPORTS TO CONGRESS.—Not later than one year*
23 *after the date of the enactment of this Act, and annually*
24 *thereafter for the duration of the Global Fund, the President*
25 *shall submit to the appropriate congressional committees a*

1 *report on the Global Fund, including contributions pledged,*
2 *contributions received (including donations from the pri-*
3 *vate sector), projects funded, and the mechanisms estab-*
4 *lished for transparency and accountability in the grant*
5 *making process.*

6 (c) *UNITED STATES FINANCIAL PARTICIPATION.*—

7 (1) *AUTHORIZATION OF APPROPRIATIONS.*—*In*
8 *addition to funds otherwise available for such pur-*
9 *pose, there are authorized to be appropriated to the*
10 *President \$1,000,000,000 for the fiscal year 2003 and*
11 *\$1,200,000,000 for the fiscal year 2004 for contribu-*
12 *tions to the Global Fund.*

13 (2) *AVAILABILITY OF FUNDS.*—*Amounts appro-*
14 *priated pursuant to paragraph (1) are authorized to*
15 *remain available until expended.*

16 (3) *REPROGRAMMING OF FISCAL YEAR 2001*
17 *FUNDS.*—*Funds made available for fiscal year 2001*
18 *under section 141 of the Global AIDS and Tuber-*
19 *culosis Relief Act of 2000—*

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

22 (B) *shall be transferred to, merged with,*
23 *and made available for the same purposes as,*
24 *funds made available for fiscal year 2002 under*
25 *paragraph (1).*

1 (4) *STATUTORY CONSTRUCTION*.—*Nothing in this*
 2 *Act may be construed to substitute for, or reduce re-*
 3 *sources provided under any other law for bilateral*
 4 *and multilateral HIV/AIDS, tuberculosis, and ma-*
 5 *laria programs.*

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

8 (a) *VACCINE FUND*.—*Section 302(k) of the Foreign As-*
 9 *istance Act of 1961 (22 U.S.C. 2222(k)) is amended—*

10 (1) *by striking “\$50,000,000” and all that fol-*
 11 *lows through “2002” and inserting “\$60,000,000 for*
 12 *the fiscal year 2003 and \$70,000,000 for the fiscal*
 13 *year 2004”;* and

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

16 (b) *INTERNATIONAL AIDS VACCINE INITIATIVE*.—*Sec-*
 17 *tion 302(l) of the Foreign Assistance Act of 1961 (22 U.S.C.*
 18 *2222(l)) is amended by striking “\$10,000,000” and all that*
 19 *follows through “2002” and inserting “\$12,000,000 for the*
 20 *fiscal year 2003 and \$15,000,000 for the fiscal year 2004”.*

21 (c) *MALARIA VACCINE INITIATIVE OF THE PROGRAM*
 22 *FOR APPROPRIATE TECHNOLOGIES IN HEALTH (PATH)*.—
 23 *Section 302 of the Foreign Assistance Act of 1961 (22*
 24 *U.S.C. 2222)) is amended by adding at the end the fol-*
 25 *lowing new subsection:*

1 “(m) *In addition to amounts otherwise available under*
 2 *this section, there are authorized to be appropriated to the*
 3 *President \$5,000,000 for the fiscal year 2003 and*
 4 *\$6,000,000 for the fiscal year 2004 to be available only for*
 5 *United States contributions to the Malaria Vaccine Initia-*
 6 *tive of the Program for Appropriate Technologies in Health*
 7 *(PATH).”.*

8 (d) *EFFECTIVE DATE.*—*The amendments made by this*
 9 *section shall take effect October 1, 2002.*

10 ***TITLE III—MULTILATERAL***
 11 ***EFFORTS***

12 ***SEC. 301. IMPROVEMENT OF THE ENHANCED HIPC INITIA-***
 13 ***TIVE.***

14 (a) *AMENDMENT OF THE INTERNATIONAL FINANCIAL*
 15 *INSTITUTIONS ACT.*—*Title XVI of the International Finan-*
 16 *cial Institutions Act (22 U.S.C. 262p–262p–5) is amended*
 17 *by adding at the end the following new section:*

18 ***“SEC. 1625. IMPROVEMENT OF THE ENHANCED HIPC INITIA-***
 19 ***TIVE.***

20 “(a) *AUTHORITY.*—*In order to ensure that the En-*
 21 *hanced HIPC Initiative achieves the objective of substan-*
 22 *tially increasing resources available for human development*
 23 *and poverty reduction in heavily indebted poor countries,*
 24 *the Secretary of the Treasury is authorized and requested*
 25 *to conclude as soon as possible an agreement within the*

1 *Paris Club of Official Creditors, as well as the International*
2 *Bank for Reconstruction and Development (World Bank),*
3 *the International Monetary Fund, and other appropriate*
4 *multilateral development institutions to accomplish the*
5 *modifications in the Enhanced HIPC Initiative described*
6 *in subsection (b).*

7 “(b) *AGREEMENT.*—*The agreement referred to in sub-*
8 *section (a) is an agreement that provides the following:*

9 “(1) *LEVEL OF EXPORTS AND REVENUES.*—

10 “(A) *IN GENERAL.*—*The amount of debt*
11 *stock reduction approved for a country eligible*
12 *for debt relief under the Enhanced HIPC Initia-*
13 *tive shall be sufficient to reduce, for at least each*
14 *of the first 3 years after date of enactment of this*
15 *section or the Decision Point, whichever is*
16 *later—*

17 “(i) *the net present value of the out-*
18 *standing public and publicly guaranteed*
19 *debt of the country to not more than 150*
20 *percent of the annual value of exports of the*
21 *country for the year preceding the Decision*
22 *Point; and*

23 “(ii) *the annual payments due on such*
24 *public and publicly guaranteed debt to not*
25 *more than 10 percent or, in the case of a*

1 country suffering a public health crisis (as
2 defined in subsection (c)), not more than 5
3 percent, of the amount of the annual cur-
4 rent revenues received by the country from
5 internal sources.

6 “(B) *LIMITATION.*—In financing the objec-
7 tives of the Enhanced HIPC Initiative, an inter-
8 national financial institution shall give priority
9 to using its own resources.

10 “(2) *RELATION TO POVERTY AND THE ENVIRON-*
11 *MENT.*—The debt cancellation under the Enhanced
12 HIPC Initiative shall not be conditioned on any
13 agreement by an impoverished country to implement
14 or comply with policies that deepen poverty or de-
15 grade the environment, including any policy that—

16 “(A) implements or extends user fees on pri-
17 mary education or primary health care, includ-
18 ing prevention and treatment efforts for HIV/
19 AIDS, tuberculosis, malaria, and infant, child,
20 and maternal well-being;

21 “(B) provides for increased cost recovery
22 from poor people to finance basic public services
23 such as education, health care, clean water, or
24 sanitation;

1 “(C) reduces the country’s minimum wage
2 to a level of less than \$2 per day or undermines
3 workers’ ability to exercise effectively their inter-
4 nationally recognized worker rights, as defined
5 under section 526(e) of the Foreign Operations,
6 Export Financing and Related Programs Appro-
7 priations Act, 1995 (22 U.S.C. 262p–4p); or

8 “(D) promotes unsustainable extraction of
9 resources or results in reduced budget support for
10 environmental programs.

11 “(3) FOREIGN GOVERNMENT POLICIES.—A coun-
12 try shall not be eligible for cancellation of debt under
13 the Enhanced HIPC Initiative if the government of
14 the country—

15 “(A) has repeatedly provided support for
16 acts of international terrorism, as determined by
17 the Secretary of State under section 6(j)(1) of the
18 Export Administration Act of 1979 (50 U.S.C.
19 App. 2405(j)(1)) or section 620A(a) of the For-
20 eign Assistance Act of 1961 (22 U.S.C. 2371(a));
21 and

22 “(B) engages in a consistent pattern of
23 gross violations of internationally recognized
24 human rights (including its military or other se-
25 curity forces).

1 “(4) *PROGRAMS TO COMBAT HIV/AIDS, TUBER-*
2 *CULOSIS, AND MALARIA.*—*A country that is otherwise*
3 *eligible to receive cancellation of debt under the En-*
4 *hanced HIPC Initiative may receive such cancellation*
5 *only if the country has agreed—*

6 “(A) *in the case of a country suffering a*
7 *public health crisis (as defined in subsection (c)),*
8 *to ensure that, where practicable, 10 to 20 per-*
9 *cent of the financial benefits of debt cancellation*
10 *are applied to programs to combat HIV/AIDS,*
11 *tuberculosis, and malaria in that country;*

12 “(B) *to ensure that the financial benefits of*
13 *debt cancellation are applied to programs to*
14 *combat poverty (in particular through concrete*
15 *measures to improve basic services in education,*
16 *nutrition, and health), and to redress environ-*
17 *mental degradation;*

18 “(C) *to ensure that the financial benefits of*
19 *debt cancellation are in addition to the govern-*
20 *ment’s total spending on programs to combat*
21 *HIV/AIDS and poverty reduction for the pre-*
22 *vious year or the average total of such expendi-*
23 *tures for the previous 3 years, whichever is great-*
24 *er;*

1 “(D) to implement transparent and
2 participatory policymaking and budget proce-
3 dures, good governance, and effective
4 anticorruption measures; and

5 “(E) to broaden public participation and
6 popular understanding of the principles and
7 goals of poverty reduction.

8 “(c) *DEFINITIONS.*—*In this section:*

9 “(1) *COUNTRY SUFFERING A PUBLIC HEALTH*
10 *CRISIS.*—*The term ‘country suffering a public health*
11 *crisis’ means—*

12 “(A) a country in which *HIV/AIDS, tuber-*
13 *culosis, or malaria is causing significant family,*
14 *community, or societal disruption; and*

15 “(B) a country that has rapidly rising rates
16 of incidence of at least one of such diseases that
17 is likely to lead to conditions described in sub-
18 paragraph (A).

19 “(2) *DECISION POINT.*—*The term ‘Decision*
20 *Point’ means the date on which the executive boards*
21 *of the World Bank and the International Monetary*
22 *Fund review the debt sustainability analysis for a*
23 *country and determine that the country is eligible for*
24 *debt relief under the Enhanced HIPC Initiative.*

1 “(3) *ENHANCED HIPC INITIATIVE.*—*The term*
2 *‘Enhanced HIPC Initiative’ means the multilateral*
3 *debt initiative for heavily indebted poor countries*
4 *presented in the Report of G–7 Finance Ministers on*
5 *the Cologne Debt Initiative to the Cologne Economic*
6 *Summit, Cologne, June 18–20, 1999.’”.*

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

8 (1) *IN GENERAL.*—*There are authorized to be ap-*
9 *propriated to the President such sums as may be nec-*
10 *essary for the fiscal year 2003 and each fiscal year*
11 *thereafter to carry out section 1625 of the Inter-*
12 *national Financial Institutions Act, as added by sub-*
13 *section (a).*

14 (2) *AVAILABILITY OF FUNDS.*—*Amounts appro-*
15 *priated pursuant to paragraph (1) are authorized to*
16 *remain available until expended.*

17 **SEC. 302. REPORTS ON IMPLEMENTATION OF IMPROVE-**
18 **MENTS TO THE ENHANCED HIPC INITIATIVE.**

19 (a) *INITIAL REPORT.*—*Not later than 180 days after*
20 *the date of enactment of this Act, the Secretary of the Treas-*
21 *ury shall submit to the appropriate congressional commit-*
22 *tees a report describing the progress made in concluding*
23 *an agreement under section 1625(b) of the International Fi-*
24 *nanacial Institutions Act (as added by section 301 of this*
25 *Act) to modify the Enhanced HIPC Initiative.*

1 (b) *SUBSEQUENT REPORT*.—Not later than one year
 2 after the date of submission of the initial report under sub-
 3 section (a), the Secretary of the Treasury shall submit to
 4 the appropriate congressional committees a report describ-
 5 ing the actions taken by countries to satisfy the conditions
 6 set forth in the agreement referred to in subsection (a).

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

10 ***SEC. 401. ASSISTANCE TO COMBAT HIV/AIDS.***

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

14 (1) in section 104(c) (22 U.S.C. 2151b(c)), by
 15 striking paragraphs (4) through (7); and

16 (2) by inserting after section 104 the following
 17 new section:

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

19 “(a) *FINDING*.—Congress recognizes that the alarming
 20 spread of HIV/AIDS in countries in sub-Saharan Africa
 21 and other developing countries is a major global health, na-
 22 tional security, and humanitarian crisis.

23 “(b) *POLICY*.—It is a major objective of the foreign as-
 24 sistance program of the United States to provide assistance
 25 for the prevention, treatment, and control of HIV/AIDS.

1 *The United States and other developed countries should pro-*
2 *vide assistance to countries in sub-Saharan Africa and*
3 *other countries and areas to control this crisis through HIV/*
4 *AIDS prevention, treatment, monitoring, and related ac-*
5 *tivities, particularly activities focused on women and*
6 *youth, including strategies to prevent mother-to-child trans-*
7 *mission of the HIV infection.*

8 “(c) *AUTHORIZATION.—*

9 “(1) *IN GENERAL.—*Consistent with section
10 104(c), the President is authorized to furnish assist-
11 ance, on such terms and conditions as the President
12 may determine, to prevent, treat, and monitor HIV/
13 AIDS, and carry out related activities, in countries
14 in sub-Saharan Africa and other countries and areas.

15 “(2) *ROLE OF NGOS.—*It is the sense of Congress
16 that the President should provide an appropriate level
17 of assistance under paragraph (1) through nongovern-
18 mental organizations in countries in sub-Saharan Af-
19 rica and other countries and areas affected by the
20 HIV/AIDS pandemic.

21 “(3) *COORDINATION OF ASSISTANCE EFFORTS.—*
22 *The President shall coordinate the provision of assist-*
23 *ance under paragraph (1) with the provision of re-*
24 *lated assistance by the Joint United Nations Pro-*
25 *gramme on HIV/AIDS (UNAIDS), the United Na-*

1 *tions Children’s Fund (UNICEF), the World Health*
2 *Organization (WHO), the United Nations Develop-*
3 *ment Programme (UNDP), the Global Fund to Fight*
4 *AIDS, Tuberculosis and Malaria and other appro-*
5 *prate international organizations (such as the Inter-*
6 *national Bank for Reconstruction and Development),*
7 *relevant regional multilateral development institu-*
8 *tions, national, state, and local governments of for-*
9 *foreign countries, appropriate governmental and non-*
10 *governmental organizations, and relevant Executive*
11 *branch agencies.*

12 “(d) *ACTIVITIES SUPPORTED.*—*Assistance provided*
13 *under subsection (c) shall, to the maximum extent prac-*
14 *ticable, be used to carry out the following activities:*

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

17 “(A) *education, voluntary testing, and*
18 *counseling (including the incorporation of con-*
19 *fidentiality protections with respect to such test-*
20 *ing and counseling), including integration of*
21 *such programs into health programs and the in-*
22 *clusion in counseling programs of information*
23 *on methods of preventing transmission of the*
24 *HIV infection, including delaying sexual debut,*
25 *abstinence, reduction of casual sexual*

1 *partnering, and, where appropriate, the use of*
2 *condoms;*

3 “(B) *assistance for the purpose of pre-*
4 *venting mother-to-child transmission of the HIV*
5 *infection, including medications to prevent such*
6 *transmission and access to infant formula and*
7 *other alternatives for infant feeding;*

8 “(C) *assistance to ensure a safe blood sup-*
9 *ply, to provide—*

10 “(i) *post-exposure prophylaxis to vic-*
11 *tims of rape and sexual assault and in*
12 *cases of occupational exposure of health care*
13 *workers; and*

14 “(ii) *necessary commodities, including*
15 *test kits, pharmaceuticals, and condoms;*

16 “(D) *assistance through nongovernmental*
17 *organizations, including faith-based organiza-*
18 *tions, particularly those organizations that uti-*
19 *lize both professionals and volunteers with ap-*
20 *propriate skills and experience, to establish and*
21 *implement culturally appropriate HIV/AIDS*
22 *education and prevention programs;*

23 “(E) *research on microbicides which prevent*
24 *the spread of HIV/AIDS; and*

1 “(F) bulk purchases of available prevention
2 technologies for women and for appropriate pro-
3 gram support for the introduction and distribu-
4 tion of these technologies, as well as education
5 and training on the use of the technologies.

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

8 “(A) assistance to establish and implement
9 programs to strengthen and broaden indigenous
10 health care delivery systems and the capacity of
11 such systems to deliver HIV/AIDS pharma-
12 ceuticals and otherwise provide for the treatment
13 of individuals with HIV/AIDS, including clin-
14 ical training for indigenous organizations and
15 health care providers;

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

22 “(C) assistance for the purpose of the care
23 and treatment of individuals with HIV/AIDS
24 through the provision of pharmaceuticals, includ-
25 ing antiretrovirals and other pharmaceuticals

1 *and therapies for the treatment of opportunistic*
2 *infections, nutritional support, and other treat-*
3 *ment modalities.*

4 “(3) *MONITORING.*—*The monitoring of pro-*
5 *grams, projects, and activities carried out pursuant to*
6 *paragraphs (1) and (2), including—*

7 “(A) *monitoring to ensure that adequate*
8 *controls are established and implemented to pro-*
9 *vide HIV/AIDS pharmaceuticals and other ap-*
10 *propriate medicines to poor individuals with*
11 *HIV/AIDS; and*

12 “(B) *appropriate evaluation and surveil-*
13 *lance activities.*

14 “(4) *PHARMACEUTICALS.*—

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

19 “(B) *MECHANISMS FOR QUALITY CONTROL*
20 *AND SUSTAINABLE SUPPLY.*—*Mechanisms to en-*
21 *sure that such HIV/AIDS pharmaceuticals,*
22 *antiretroviral therapies, and other appropriate*
23 *medicines are quality-controlled and sustainably*
24 *supplied.*

1 “(C) *DISTRIBUTION.*—*The distribution of*
2 *such HIV/AIDS pharmaceuticals, antiviral*
3 *therapies, and other appropriate medicines (in-*
4 *cluding medicines to treat opportunistic infec-*
5 *tions) to qualified national, regional, or local or-*
6 *ganizations for the treatment of individuals with*
7 *HIV/AIDS in accordance with appropriate HIV/*
8 *AIDS testing and monitoring requirements and*
9 *treatment protocols and for the prevention of*
10 *mother-to-child transmission of the HIV infec-*
11 *tion.*

12 “(5) *RELATED ACTIVITIES.*—*The conduct of re-*
13 *lated activities, including—*

14 “(A) *the care and support of children who*
15 *are orphaned by the HIV/AIDS pandemic, in-*
16 *cluding services designed to care for orphaned*
17 *children in a family environment which rely on*
18 *extended family members;*

19 “(B) *improved infrastructure and institu-*
20 *tional capacity to develop and manage edu-*
21 *cation, prevention, and treatment programs, in-*
22 *cluding training and the resources to collect and*
23 *maintain accurate HIV surveillance data to tar-*
24 *get programs and measure the effectiveness of*
25 *interventions;*

1 “(C) vaccine research and development
2 partnership programs with specific plans of ac-
3 tion to develop a safe, effective, accessible, pre-
4 ventive HIV vaccine for use throughout the
5 world; and

6 “(D) the development and expansion of fi-
7 nancially sustainable microfinance institutions
8 and other income generation programs that
9 strengthen the economic and social viability of
10 communities afflicted by the HIV/AIDS pan-
11 demic, including support for the savings and
12 productive capacity of affected poor households
13 caring for orphans.

14 “(e) ANNUAL REPORT.—

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

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

23 “(A) a description of efforts made to imple-
24 ment the policies set forth in this section;

1 “(B) a description of the programs estab-
2 lished pursuant to this section; and

3 “(C) a detailed assessment of the impact of
4 programs established pursuant to this section,
5 including—

6 “(i) the effectiveness of such programs
7 in reducing the spread of the HIV infection,
8 particularly in women and girls, in reduc-
9 ing mother-to-child transmission of the HIV
10 infection, and in reducing mortality rates
11 from HIV/AIDS; and

12 “(ii) the progress made toward im-
13 proving health care delivery systems (in-
14 cluding the training of adequate numbers of
15 staff) and infrastructure to ensure increased
16 access to care and treatment.

17 “(f) *FUNDING LIMITATION.*—Of the funds made avail-
18 able to carry out this section in any fiscal year, not more
19 than 7 percent may be used for the administrative expenses
20 of the United States Agency for International Development
21 in support of activities described in this section. Such
22 amount shall be in addition to other amounts otherwise
23 available for such purposes.

24 “(g) *DEFINITIONS.*—In this section:

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

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

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

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

10 (1) *IN GENERAL*.—In addition to funds available
11 under section 104(c) of the Foreign Assistance Act of
12 1961 (22 U.S.C. 2151b(c)) for such purpose or under
13 any other provision of that Act, there are authorized
14 to be appropriated to the President \$800,000,000 for
15 the fiscal year 2003 and \$900,000,000 for the fiscal
16 year 2004 to carry out section 104A of the Foreign
17 Assistance Act of 1961, as added by subsection (a).

18 (2) *AVAILABILITY OF FUNDS*.—Amounts appro-
19 priated pursuant to paragraph (1) are authorized to
20 remain available until expended.

21 (3) *ALLOCATION OF FUNDS*.—

22 (A) *RESEARCH ON MICROBICIDES*.—Of the
23 amounts authorized to be appropriated by para-
24 graph (1) for the fiscal years 2003 and 2004,
25 \$20,000,000 for the fiscal year 2003 and

1 \$24,000,000 for the fiscal year 2004 are author-
2 ized to be available to carry out section
3 104A(d)(1)(D) of the Foreign Assistance Act of
4 1961 (as added by subsection (a)), relating to re-
5 search on microbicides which prevent the spread
6 of HIV/AIDS.

7 (B) PHARMACEUTICALS.—Of the amounts
8 authorized to be appropriated by paragraph (1)
9 for the fiscal years 2003 and 2004, \$100,000,000
10 for the fiscal year 2003 and \$120,000,000 for the
11 fiscal year 2004 are authorized to be available to
12 carry out section 104A(d)(4) of the Foreign As-
13 sistance Act of 1961 (as added by subsection (a)),
14 relating to the procurement and distribution of
15 HIV/AIDS pharmaceuticals.

16 (4) TRANSFER OF PRIOR YEAR FUNDS.—Unobli-
17 gated balances of funds made available for the fiscal
18 year 2001 or the fiscal year 2002 under section
19 104(c)(6) of the Foreign Assistance Act of 1961 (22
20 U.S.C. 2151b(c)(6) (as in effect immediately before
21 the date of enactment of this Act) shall be transferred
22 to, merged with, and made available for the same
23 purposes as funds made available for fiscal year 2003
24 under paragraph (1).

1 **SEC. 402. ASSISTANCE TO COMBAT TUBERCULOSIS.**

2 (a) *AMENDMENT OF THE FOREIGN ASSISTANCE ACT*
3 *OF 1961.*—Chapter 1 of part I of the Foreign Assistance
4 *Act of 1961 (22 U.S.C. 2151 et seq.), as amended by section*
5 *401 of this Act, is further amended by inserting after section*
6 *104A the following new section:*

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

8 “(a) *FINDINGS.*—Congress makes the following find-
9 *ings:*

10 “(1) *Congress recognizes the growing inter-*
11 *national problem of tuberculosis and the impact its*
12 *continued existence has on those countries that had*
13 *previously largely controlled the disease.*

14 “(2) *Congress further recognizes that the means*
15 *exist to control and treat tuberculosis through ex-*
16 *panded use of the DOTS (Directly Observed Treat-*
17 *ment Short-course) treatment strategy and adequate*
18 *investment in newly created mechanisms to increase*
19 *access to treatment, including the Global Tuberculosis*
20 *Drug Facility established in 2001 pursuant to the*
21 *Amsterdam Declaration to Stop TB.*

22 “(b) *POLICY.*—*It is a major objective of the foreign as-*
23 *sistance program of the United States to control tuber-*
24 *culosis, including the detection of at least 70 percent of the*
25 *cases of infectious tuberculosis, and the cure of at least 85*
26 *percent of the cases detected, not later than December 31,*

1 2005, in those countries classified by the World Health Or-
2 ganization as among the highest tuberculosis burden, and
3 not later than December 31, 2010, in all countries in which
4 the United States Agency for International Development
5 has established development programs.

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

11 “(d) *COORDINATION.*—In carrying out this section, the
12 President shall coordinate with the World Health Organiza-
13 tion, the Global Fund to Fight AIDS, Tuberculosis, and
14 Malaria, the Department of Health and Human Services
15 (including the Centers for Disease Control and Prevention
16 and the National Institutes of Health), and other organiza-
17 tions with respect to the development and implementation
18 of a comprehensive tuberculosis control program.

19 “(e) *ANNUAL REPORT.*—Not later than January 31 of
20 each year, the President shall submit a report to the Com-
21 mittee on Foreign Relations of the Senate and the Com-
22 mittee on International Relations of the House of Rep-
23 resentatives specifying the increases in the number of people
24 treated and the increases in number of tuberculosis patients
25 cured through each program, project, or activity receiving

1 *United States foreign assistance for tuberculosis control*
2 *purposes.*

3 “(f) *PRIORITY TO DOTS COVERAGE.*—*In furnishing*
4 *assistance under subsection (c), the President shall give pri-*
5 *ority to activities that increase directly observed treatment*
6 *shortcourse (DOTS) coverage, including funding for the*
7 *Global Tuberculosis Drug Facility and the Stop Tubercu-*
8 *losis Partnership.*

9 “(g) *DEFINITIONS.*—*In this section:*

10 “(1) *DOTS.*—*The term ‘DOTS’ or ‘Directly Ob-*
11 *served Treatment Short-course’ means the World*
12 *Health Organization-recommended strategy for treat-*
13 *ing tuberculosis.*

14 “(2) *GLOBAL TUBERCULOSIS DRUG FACILITY.*—
15 *The term ‘Global Tuberculosis Drug Facility (GDF)’*
16 *means the new initiative of the Stop Tuberculosis*
17 *Partnership to increase access to high-quality tuber-*
18 *culosis drugs to facilitate DOTS expansion.*

19 “(3) *STOP TUBERCULOSIS PARTNERSHIP.*—*The*
20 *term ‘Stop Tuberculosis Partnership’ means the part-*
21 *nership of the World Health Organization, donors in-*
22 *cluding the United States, high tuberculosis burden*
23 *countries, multilateral agencies, and nongovernmental*
24 *and technical agencies committed to short- and long-*
25 *term measures required to control and eventually*

1 *eliminate tuberculosis as a public health problem in*
2 *the world.”.*

3 *(b) AUTHORIZATION OF APPROPRIATIONS.—*

4 *(1) IN GENERAL.—In addition to funds available*
5 *under section 104(c) of the Foreign Assistance Act of*
6 *1961 (22 U.S.C. 2151b(c)) for such purpose or under*
7 *any other provision of that Act, there are authorized*
8 *to be appropriated to the President \$150,000,000 for*
9 *the fiscal year 2003 and \$200,000,000 for the fiscal*
10 *year 2004 to carry out section 104B of the Foreign*
11 *Assistance Act of 1961, as added by subsection (a).*

12 *(2) AVAILABILITY OF FUNDS.—Amounts appro-*
13 *priated pursuant to paragraph (1) are authorized to*
14 *remain available until expended.*

15 *(3) TRANSFER OF PRIOR YEAR FUNDS.—Unobli-*
16 *gated balances of funds made available for the fiscal*
17 *year 2001 or the fiscal year 2002 under section*
18 *104(c)(7) of the Foreign Assistance Act of 1961 (22*
19 *U.S.C. 2151b(c)(7) (as in effect immediately before*
20 *the date of enactment of this Act) shall be transferred*
21 *to, merged with, and made available for the same*
22 *purposes as funds made available for fiscal year 2003*
23 *under paragraph (1).*

1 **SEC. 403. ASSISTANCE TO COMBAT MALARIA.**

2 (a) *AMENDMENT OF THE FOREIGN ASSISTANCE ACT*
3 *OF 1961.*—Chapter 1 of part I of the Foreign Assistance
4 *Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sections*
5 *401 and 402 of this Act, is further amended by inserting*
6 *after section 104B the following new section:*

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

8 “(a) *FINDING.*—Congress finds that malaria kills more
9 *people annually than any other communicable disease ex-*
10 *cept tuberculosis, that more than 90 percent of all malaria*
11 *cases are in sub-Saharan Africa, and that children and*
12 *women are particularly at risk. Congress recognizes that*
13 *there are cost-effective tools to decrease the spread of ma-*
14 *laria and that malaria is a curable disease if promptly di-*
15 *agnosed and adequately treated.*

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

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

24 “(d) *COORDINATION.*—In carrying out this section, the
25 *President shall coordinate with the World Health Organiza-*
26 *tion, the Global Fund to Fight AIDS, Tuberculosis, and*

1 *Malaria, the Department of Health and Human Services*
2 *(the Centers for Disease Control and Prevention and the*
3 *National Institutes of Health), and other organizations*
4 *with respect to the development and implementation of a*
5 *comprehensive malaria control program.*

6 “(e) *ANNUAL REPORT.*—Not later than January 31 of
7 each year, the President shall submit a report to the Com-
8 mittee on Foreign Relations of the Senate and the Com-
9 mittee on International Relations of the House of Rep-
10 resentatives specifying the increases in the number of people
11 treated and the increases in number of malaria patients
12 cured through each program, project, or activity receiving
13 United States foreign assistance for malaria control pur-
14 poses.”.

15 (b) *AUTHORIZATION OF APPROPRIATIONS.*—

16 (1) *IN GENERAL.*—In addition to funds available
17 under section 104(c) of the Foreign Assistance Act of
18 1961 (22 U.S.C. 2151b(c)) for such purpose or under
19 any other provision of that Act, there are authorized
20 to be appropriated to the President \$70,000,000 for
21 the fiscal year 2003 and \$80,000,000 for the fiscal
22 year 2004 to carry out section 104C of the Foreign
23 Assistance Act of 1961, as added by subsection (a).

1 (2) *AVAILABILITY OF FUNDS.*—Amounts appro-
2 priated pursuant to paragraph (1) are authorized to
3 remain available until expended.

4 (3) *TRANSFER OF PRIOR YEAR FUNDS.*—Unobli-
5 gated balances of funds made available for the fiscal
6 year 2001 or the fiscal year 2002 under section 104(c)
7 of the Foreign Assistance Act of 1961 (22 U.S.C.
8 2151b(c) (as in effect immediately before the date of
9 enactment of this Act) and made available for the
10 control of malaria shall be transferred to, merged
11 with, and made available for the same purposes as
12 funds made available for fiscal year 2003 under para-
13 graph (1).

14 (c) *CONFORMING AMENDMENT.*—Section 104(c) of the
15 Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as
16 amended by section 401 of this Act, is further amended by
17 adding after paragraph (3) the following:

18 “(4) *RELATIONSHIP TO OTHER LAWS.*—Assist-
19 ance made available under this subsection and sec-
20 tions 104A, 104B, and 104C, and assistance made
21 available under chapter 4 of part II to carry out the
22 purposes of this subsection and such other sections of
23 this Act, may be made available in accordance with
24 this subsection and such other provisions of this Act
25 notwithstanding any other provision of law.”.

1 **SEC. 404. PILOT PROGRAM FOR THE PLACEMENT OF**
2 **HEALTH CARE PROFESSIONALS IN OVERSEAS**
3 **AREAS SEVERELY AFFECTED BY HIV/AIDS, TU-**
4 **BERCULOSIS, AND MALARIA.**

5 (a) *IN GENERAL.*—*The President shall establish a pro-*
6 *gram to demonstrate the feasibility of facilitating the serv-*
7 *ice of American health care professionals in sub-Saharan*
8 *Africa and other parts of the world severely affected by HIV/*
9 *AIDS, tuberculosis, and malaria.*

10 (b) *REQUIREMENTS.*—*Participants in the program*
11 *shall—*

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

15 (2) *provide on-the-job training to medical and*
16 *other personnel in the area in which they are serving*
17 *to strengthen the basic health care system of the af-*
18 *ected countries;*

19 (3) *provide health care educational training for*
20 *residents of the area in which they are serving;*

21 (4) *serve for a period of up to two years; and*

22 (5) *meet the eligibility requirements in sub-*
23 *section (d).*

24 (c) *ELIGIBILITY REQUIREMENTS.*—*To be eligible to*
25 *participate in the program, a candidate shall—*

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

7 (2) *a retired commissioned officer of the Public*
8 *Health Service Corps.*

9 (d) *RECRUITMENT.*—*The President shall ensure that*
10 *information on the program is widely distributed, includ-*
11 *ing the distribution of information to schools for health pro-*
12 *fessionals, hospitals, clinics, and nongovernmental organi-*
13 *zations working in the areas of international health and*
14 *aid.*

15 (e) *PLACEMENT OF PARTICIPANTS.*—*To the maximum*
16 *extent practicable, participants in the program shall serve*
17 *in the poorest areas of the affected countries, where health*
18 *care needs are likely to be the greatest. The decision on the*
19 *placement of a participant should be made in consultation*
20 *with relevant officials of the affected country at both the*
21 *national and local level as well as with local community*
22 *leaders and organizations.*

23 (f) *EXTENDED PERIOD OF SERVICE.*—*The President*
24 *may extend the period of service of a participant by an*
25 *additional period of 6 to 12 months.*

1 (g) *INCENTIVES.*—*The President may offer such incen-*
2 *tives as the President determines to be necessary to encour-*
3 *age individuals to participate in the program, such as par-*
4 *tial payment of principal, interest, and related expenses on*
5 *government and commercial loans for educational expenses*
6 *relating to professional health training and, where possible,*
7 *deferral of repayments on such loans, the provision of re-*
8 *tirement benefits that would otherwise be jeopardized by*
9 *participation in the program, and other incentives.*

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

14 (1) *the process of recruitment, including the*
15 *venues for recruitment, the number of candidates re-*
16 *cruted, the incentives offered, if any, and the cost of*
17 *those incentives;*

18 (2) *the process, including the criteria used, for*
19 *the selection of participants;*

20 (3) *the number of participants placed, the coun-*
21 *tries in which they were placed, and why those coun-*
22 *tries were selected; and*

23 (4) *the potential for expansion of the program.*

24 (i) *AUTHORIZATION OF APPROPRIATIONS.*—

1 (1) *IN GENERAL.*—*In addition to amounts other-*
2 *wise available for such purpose, there is authorized to*
3 *be appropriated to the President \$10,000,000 for the*
4 *fiscal year 2003 and \$20,000,000 for the fiscal year*
5 *2004 to carry out the program.*

6 (2) *AVAILABILITY OF FUNDS.*—*Amounts appro-*
7 *priated pursuant to paragraph (1) are authorized to*
8 *remain available until expended.*

9 **SEC. 405. DEPARTMENT OF DEFENSE HIV/AIDS PREVEN-**
10 **TION ASSISTANCE PROGRAM.**

11 (a) *EXPANSION OF PROGRAM.*—*The Secretary of De-*
12 *fense is authorized to expand, in accordance with this sec-*
13 *tion, the Department of Defense program of HIV/AIDS pre-*
14 *vention educational activities undertaken in connection*
15 *with the conduct of United States military training, exer-*
16 *cises, and humanitarian assistance in sub-Saharan African*
17 *countries.*

18 (b) *ELIGIBLE COUNTRIES.*—*The Secretary of Defense*
19 *may carry out the program in all eligible countries. A coun-*
20 *try shall be eligible for activities under the program if the*
21 *country—*

22 (1) *is a country suffering a public health crisis*
23 *(as defined in subsection (e)); and*

24 (2) *participates in the military-to-military con-*
25 *tacts program of the Department of Defense.*

1 (c) *PROGRAM ACTIVITIES.*—*The Secretary of Defense*
2 *shall provide for the activities under the program—*

3 (1) *to focus, to the extent possible, on military*
4 *units that participate in peace keeping operations;*
5 *and*

6 (2) *to include HIV/AIDS-related voluntary coun-*
7 *seling and testing and HIV/AIDS-related surveil-*
8 *lance.*

9 (d) *AUTHORIZATION OF APPROPRIATIONS.*—

10 (1) *IN GENERAL.*—*Of the amount authorized to*
11 *be appropriated to the Department of Defense for op-*
12 *eration and maintenance of the Defense Health Pro-*
13 *gram for the fiscal year 2003, \$30,000,000 may be*
14 *available for carrying out the program described in*
15 *subsection (a) as expanded pursuant to this section.*

16 (2) *AVAILABILITY OF FUNDS.*—*Amounts appro-*
17 *priated pursuant to paragraph (1) are authorized to*
18 *remain available until expended.*

19 (e) *COUNTRY SUFFERING A PUBLIC HEALTH CRISIS*
20 *DEFINED.*—*In this section, the term “country suffering a*
21 *public health crisis” means a country that has rapidly ris-*
22 *ing rates of incidence of HIV/AIDS or in which HIV/AIDS*
23 *is causing significant family, community, or societal dis-*
24 *ruption.*

1 **SEC. 406. REPORT ON TREATMENT ACTIVITIES BY REL-**
2 **EVANT EXECUTIVE BRANCH AGENCIES.**

3 (a) *IN GENERAL.*—Not later than 15 months after the
4 date of enactment of this Act, the President shall submit
5 to designated congressional committees a report on the pro-
6 grams and activities of the United States Agency for Inter-
7 national Development, the Centers for Disease Control and
8 Prevention, and other relevant Executive branch agencies
9 that are directed to the treatment of individuals in foreign
10 countries infected with HIV or living with AIDS.

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

12 (1) a description of the activities of relevant Ex-
13 ecutive branch agencies with respect to—

14 (A) the treatment of opportunistic infec-
15 tions;

16 (B) the use of antiretrovirals;

17 (C) the status of research into successful
18 treatment protocols for individuals in the devel-
19 oping world; and

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

25 (2) information on existing pilot projects, in-
26 cluding a discussion of why a given population was

1 *selected, the number of people treated, the cost of*
2 *treatment, the mechanisms established to ensure that*
3 *treatment is being administered effectively and safely,*
4 *and plans for scaling up pilot projects (including*
5 *projected timelines and required resources); and*

6 *(3) an explanation of how those activities relate*
7 *to efforts to prevent the transmission of the HIV infec-*
8 *tion.*

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

11 ***SEC. 411. FINDINGS.***

12 *Congress makes the following findings:*

13 *(1) Approximately 2,000 children around the*
14 *world are infected each day with HIV through moth-*
15 *er-to-child transmission. Transmission can occur dur-*
16 *ing pregnancy, labor, and delivery or through breast*
17 *feeding. Over ninety percent of these cases are in de-*
18 *veloping nations with little or no access to public*
19 *health facilities.*

20 *(2) Mother-to-child transmission is largely pre-*
21 *ventable with the proper application of pharma-*
22 *ceuticals, therapies, and other public health interven-*
23 *tions.*

24 *(3) The drug nevirapine, reduces mother-to-child*
25 *transmission by nearly 50 percent. Universal avail-*

1 *ability of this drug could prevent up to 400,000 infec-*
2 *tions per year and dramatically reduce the number of*
3 *AIDS-related deaths.*

4 *(4) At the United Nations Special Session on*
5 *HIV/AIDS in June 2001, the United States com-*
6 *mitted to the specific goals with respect to the preven-*
7 *tion of mother-to-child transmission, including the*
8 *goals of reducing the proportion of infants infected*
9 *with HIV by 20 percent by the year 2005 and by 50*
10 *percent by the year 2010, as specified in the Declara-*
11 *tion of Commitment on HIV/AIDS adopted by the*
12 *United Nations General Assembly at the Special Ses-*
13 *sion.*

14 *(5) Several United States Government agencies*
15 *including the United States Agency for International*
16 *Development and the Centers for Disease Control are*
17 *already supporting programs to prevent mother-to-*
18 *child transmission in resource-poor nations and have*
19 *the capacity to expand these programs rapidly by*
20 *working closely with foreign governments and non-*
21 *governmental organizations.*

22 *(6) Efforts to prevent mother-to-child trans-*
23 *mission can provide the basis for a broader response*
24 *that includes care and treatment of mothers, fathers,*

1 *and other family members that are infected with HIV*
2 *or living with AIDS.*

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

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

17 **SEC. 412. POLICY AND REQUIREMENTS.**

18 *(a) POLICY.—The United States Government's re-*
19 *sponse to the global HIV/AIDS pandemic should place high*
20 *priority on the prevention of mother-to-child transmission,*
21 *the care and treatment of family members and caregivers,*
22 *and the care of children orphaned by AIDS. To the max-*
23 *imum extent possible, the United States Government should*
24 *seek to leverage its funds by seeking matching contributions*

1 *from the private sector, other national governments, and*
2 *international organizations.*

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

5 (1) *provide for meeting or exceeding the goal set*
6 *by the United Nations General Assembly Declaration*
7 *of Commitment on HIV/AIDS to reduce the rate of*
8 *mother-to-child transmission of HIV by 20 percent by*
9 *2005 and by 50 percent by 2010;*

10 (2) *include programs to make available testing*
11 *and treatment to HIV-positive women and their fam-*
12 *ily members, including drug treatment and therapies*
13 *to prevent mother-to-child transmission; and*

14 (3) *expand programs designed to care for chil-*
15 *dren orphaned by AIDS.*

16 **SEC. 413. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
17 **TO-CHILD TRANSMISSION OF THE HIV INFEC-**
18 **TION.**

19 (a) *IN GENERAL.*—*Beginning 270 days after the date*
20 *of enactment of this Act, and annually thereafter for the*
21 *ensuing eight years, the President shall submit to des-*
22 *ignated congressional committees a report on the activities*
23 *of relevant Executive branch agencies during the reporting*
24 *period to assist in the prevention of mother-to-child trans-*
25 *mission of the HIV infection.*

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

2 (1) *a statement of whether or not all relevant*
3 *Executive branch agencies have adopted the targets set*
4 *by the United Nations General Assembly at the Spe-*
5 *cial Session for HIV/AIDS, held June 25 to 27, 2001,*
6 *with respect to mother-to-child transmission of the*
7 *HIV infection;*

8 (2) *a description of efforts made by the United*
9 *States Agency for International Development and the*
10 *Centers for Disease Control and Prevention to expand*
11 *those activities, including—*

12 (A) *information on the number of sites sup-*
13 *ported for the prevention of mother-to-child*
14 *transmission of the HIV infection;*

15 (B) *the specific activities supported;*

16 (C) *the number of women tested and coun-*
17 *seled; and*

18 (D) *the number of women receiving prevent-*
19 *ative drug therapies;*

20 (3) *a statement of the percentage of funds ex-*
21 *pended out of the budget of each relevant Executive*
22 *branch agency for activities to prevent mother-to-child*
23 *transmission of the HIV infection and, in the case of*
24 *United States Agency for International Development,*
25 *whether or not its expenditures on bilateral assistance*

1 *have met the 8.3 percent target in section*
2 *104(c)(6)(D) of the Foreign Assistance Act of 1961*
3 *(22 U.S.C. 2151b(c)(6)(D)), as in effect immediately*
4 *before the date of enactment of this Act, with respect*
5 *to strategies to prevent mother-to-child transmission*
6 *of the HIV infection;*

7 *(4) a discussion of the extent to which the pro-*
8 *grams of the relevant Executive branch agencies are*
9 *meeting targets set by the United Nations General As-*
10 *sembly; and*

11 *(5) a description of efforts made by the Centers*
12 *for Disease Control and Prevention and the United*
13 *States Agency for International Development to ex-*
14 *pend care and treatment services for families at es-*
15 *tablished sites for the prevention of mother-to-child*
16 *transmission of HIV infection.*

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

22 **SEC. 414. PILOT PROGRAM OF ASSISTANCE FOR CHILDREN**
23 **AND FAMILIES AFFECTED BY HIV/AIDS.**

24 *(a) IN GENERAL.—The President, acting through the*
25 *United States Agency for International Development, shall*

1 *establish a program of assistance that would demonstrate*
2 *the feasibility of the provision of care and treatment to or-*
3 *phans and other children and young people affected by*
4 *HIV/AIDS in foreign countries.*

5 (b) *PROGRAM REQUIREMENTS.—The program shall—*

6 (1) *build upon and be integrated into programs*
7 *administered as of the date of enactment of this Act*
8 *by the United States Agency for International Devel-*
9 *opment for children affected by HIV/AIDS;*

10 (2) *work in conjunction with indigenous commu-*
11 *nity-based programs and activities, particularly those*
12 *that offer proven services for children;*

13 (3) *reduce the stigma of HIV/AIDS to encourage*
14 *vulnerable children infected with HIV or living with*
15 *AIDS and their family members and caregivers to*
16 *avail themselves of voluntary counseling and testing,*
17 *and related programs, including treatments;*

18 (4) *provide, in conjunction with other relevant*
19 *Executive branch agencies, the range of services for*
20 *the care and treatment, including the provision of*
21 *antiretrovirals and other necessary pharmaceuticals,*
22 *of children, parents, and caregivers infected with HIV*
23 *or living with AIDS;*

24 (5) *provide nutritional support and food secu-*
25 *rity, and the improvement of overall family health;*

1 (6) *work with parents, caregivers, and commu-*
2 *nity-based organizations to provide children with*
3 *educational opportunities; and*

4 (7) *provide appropriate counseling and legal as-*
5 *sistance for the appointment of guardians and the*
6 *handling of other issues relating to the protection of*
7 *children.*

8 (c) *REPORT.*—*Not later than 18 months after the date*
9 *of enactment of this Act, the President, acting through the*
10 *United States Agency for International Development, shall*
11 *submit a report on the implementation of this section to*
12 *the appropriate congressional committees. The report shall*
13 *include a plan for scaling up the program over the following*
14 *year.*

15 (d) *AUTHORIZATION OF APPROPRIATIONS.*—

16 (1) *IN GENERAL.*—*In addition to amounts other-*
17 *wise available for such purpose, there is authorized to*
18 *be appropriated to the President \$15,000,000 for the*
19 *fiscal year 2003 and \$30,000,000 for the fiscal year*
20 *2004 to carry out the program.*

21 (2) *AVAILABILITY OF FUNDS.*—*Amounts appro-*
22 *priated pursuant to paragraph (1) are authorized to*
23 *remain available until expended.*

1 **TITLE V—BUSINESS PRINCIPLES**

2 **SEC. 501. PRINCIPLES FOR UNITED STATES FIRMS OPER-**
3 **ATING IN COUNTRIES AFFECTED BY THE HIV/**
4 **AIDS PANDEMIC.**

5 (a) *FINDINGS.*—Congress finds that the global spread
6 of HIV/AIDS presents not only a health crisis but also a
7 crisis in the workplace that affects—

8 (1) *the productivity, earning power, and lon-*
9 *gevity of individual workers;*

10 (2) *the productivity, competitiveness, and finan-*
11 *cial solvency of individual businesses; and*

12 (3) *the economic productivity and development*
13 *of individual communities and the United States as*
14 *a whole.*

15 (b) *SENSE OF CONGRESS.*—It is the sense of Congress
16 that United States firms operating in countries affected by
17 the HIV/AIDS pandemic can make significant contribu-
18 tions to the United States effort to respond to this pandemic
19 through the voluntary adoption of the principles and prac-
20 tices described in subsection (c).

21 (c) *PRINCIPLES AND PRACTICES.*—The principles and
22 practices referred to in subsection (b) are the following:

23 (1) *With respect to employment and health poli-*
24 *cies and practices, the treatment of HIV/AIDS in the*
25 *same manner as any other illness.*

1 (2) *The promotion of policies and practices that*
2 *eliminate discrimination and stigmatization against*
3 *employees on the basis of real or perceived HIV/AIDS*
4 *status, including—*

5 (A) *assessing employees on merit and abil-*
6 *ity to perform;*

7 (B) *not subjecting employees to personal*
8 *discrimination or abuse; and*

9 (C) *imposing disciplinary measures where*
10 *discrimination occurs.*

11 (3) *A prohibition on compulsory HIV/AIDS test-*
12 *ing for recruitment, promotion, or career develop-*
13 *ment.*

14 (4) *An assurance of the confidentiality of an em-*
15 *ployee's HIV/AIDS status.*

16 (5) *Permission for employees with HIV/AIDS-re-*
17 *lated illnesses to work as long as they are medically*
18 *fit and, when they are no longer able to work and sick*
19 *leave has been exhausted, an assurance that the em-*
20 *ployment relationship will be terminated in accord-*
21 *ance with antidiscrimination and labor laws and re-*
22 *spect for general procedures and full benefits.*

23 (6) *An assurance that employment practices will*
24 *comply, at a minimum, with national and inter-*
25 *national employment and labor laws and codes.*

1 (7) *The involvement of employees and individ-*
2 *uals infected with HIV or living with AIDS, drawn*
3 *from the workplace or the community, in the develop-*
4 *ment and assessment of HIV/AIDS policies and pro-*
5 *grams for the workplace.*

6 (8) *An offer to all employees of access to cul-*
7 *turally appropriate preventive education programs*
8 *and services to support those programs.*

9 (9) *An assurance that programs offered in the*
10 *workplace will support and be integrated into larger*
11 *community-based responses to the problems posed by*
12 *HIV/AIDS.*

13 (10) *Work with community leaders to expand the*
14 *availability of treatment for those employees and oth-*
15 *ers infected with HIV or living with AIDS.*

16 **TITLE VI—ADDITIONAL**
17 **AUTHORITIES**

18 **SEC. 601. AUTHORITY OF THE DEPARTMENT OF HEALTH**
19 **AND HUMAN SERVICES.**

20 (a) *IN GENERAL.*—*Title III of the Public Health Serv-*
21 *ice Act (42 U.S.C. 241 et seq.) is amended by adding at*
22 *the end the following:*

1 **“PART R—HIV/AIDS, TUBERCULOSIS, AND MA-**
2 **LARIA PREVENTION, CARE AND TREATMENT**
3 **IN DEVELOPING COUNTRIES**

4 **“SEC. 399AA. GENERAL AUTHORITY OF THE CENTERS FOR**
5 **DISEASE CONTROL AND PREVENTION.**

6 *“(a) PURPOSE.—It is the purpose of this section to*
7 *provide the Secretary, acting through the Director of the*
8 *Centers for Disease Control and Prevention, with the au-*
9 *thority to act internationally to carry out prevention, care,*
10 *treatment, support, capacity development, and other activi-*
11 *ties (determined appropriate by the Secretary) for HIV/*
12 *AIDS, tuberculosis, and malaria in countries determined*
13 *by the Secretary to have or be at risk for severe HIV epi-*
14 *demic with particular attention to resource constrained*
15 *countries.*

16 *“(b) ACTIVITIES AND ASSISTANCE.—In carrying out*
17 *the purpose described in subsection (a), the Secretary, act-*
18 *ing through the Director of the Centers for Disease Control*
19 *and Prevention, in coordination with the Administrator of*
20 *the United States Agency for International Development*
21 *and the Administrator of the Health Resources and Services*
22 *Administration, may provide support and assistance under*
23 *this section relating to—*

24 *“(1) HIV prevention services provided through—*
25 *“(A) education and voluntary counseling*
26 *and testing activities, including rapid testing,*

1 *the development and application of confiden-*
2 *tiality protections with respect to such coun-*
3 *seling and testing, and the integration of such*
4 *activities into programs serving women and chil-*
5 *dren;*

6 “(B) *programs to reduce the mother-to-child*
7 *transmission of HIV, including the treatment*
8 *and care of HIV-infected women, their children,*
9 *and families, and including the involvement of*
10 *fathers in such programs;*

11 “(C) *activities involving behavioral inter-*
12 *ventions for youth, women, and other vulnerable*
13 *populations;*

14 “(D) *programs to prevent the transmission*
15 *of HIV and other pathogens at health care facili-*
16 *ties (including the use of universal precautions,*
17 *equipment sterilization, post-exposure prophy-*
18 *laxis for health care workers and other individ-*
19 *uals determined to be appropriate, and other*
20 *interventions appropriate to the resources avail-*
21 *able), and to support the use of post exposure*
22 *prophylaxis, when indicated, for patients;*

23 “(E) *activities to ensure a safe blood sup-*
24 *ply;*

1 “(F) programs to provide prevention, care,
2 treatment, and patient management services for
3 sexually transmitted infections to infected indi-
4 viduals and individuals at risk of infection; and

5 “(G) activities, including laboratory sup-
6 port, to collect and maintain accurate HIV/
7 AIDS surveillance and epidemiologic data, to
8 target and monitor programs, and to measure
9 the effectiveness of interventions;

10 “(2) HIV/AIDS care and treatment services pro-
11 vided through—

12 “(A) programs to provide care and treat-
13 ment, integrated with prevention services to fur-
14 ther reduce the transmission of HIV, for individ-
15 uals living with HIV/AIDS, including the treat-
16 ment of opportunistic infections (including tu-
17 berculosis) and the provision of antiretroviral
18 therapies and nutritional services;

19 “(B) programs to provide support services
20 that are needed to enhance the effectiveness of
21 health services and to promote family stability,
22 including services for family members affected
23 by, but not infected with, HIV such as children
24 orphaned by AIDS; and

1 “(C) programs that link care and treatment
2 services to proven prevention programs, includ-
3 ing linkages with voluntary counseling and test-
4 ing efforts (including rapid testing);

5 “(3) infrastructure and training through—

6 “(A) activities to improve the health infra-
7 structure and institutional capacity within par-
8 ticipating countries, including the training of
9 appropriate personnel, and to assist such coun-
10 tries in expanding and improving the avail-
11 ability of health care facilities, to enable such
12 countries to develop and manage HIV/AIDS edu-
13 cation, prevention, care and treatment programs
14 and to conduct evaluations of such programs;
15 and

16 “(B) activities to provide laboratory sup-
17 port as well as technical assistance and training
18 to increase the capacity for the diagnosis, care,
19 and treatment of HIV/AIDS and related health
20 conditions (including rapid testing);

21 “(4) HIV/AIDS treatment protocols through—

22 “(A) the provision of support and assistance
23 to countries determined by the Secretary to have
24 or be at risk for severe HIV epidemic with par-
25 ticular attention to resource constrained coun-

1 tries for the development of treatment protocols
2 for the delivery of HIV/AIDS treatment and pre-
3 vention services; and

4 “(B) the provision of assistance to countries
5 determined by the Secretary to have or be at risk
6 for severe HIV epidemic with particular atten-
7 tion to resource constrained countries, and to be
8 ready to implement the protocols described in
9 subparagraph (A); and

10 “(5) other activities determined appropriated by
11 the Secretary.

12 “(c) UTILIZATION OF EXISTING CAPACITIES.—In car-
13 rying out activities under subsection (b), the Secretary, act-
14 ing through the Director of the Centers for Disease Control
15 and Prevention and in coordination with the Administrator
16 of the United States Agency for International Development
17 and the Administrator of the Health Resources and Services
18 Administration, shall, to the maximum extent practicable,
19 utilize existing indigenous capacity in developing countries,
20 including coordinating with relevant government ministries
21 and carrying out activities in partnership with non-govern-
22 mental organizations and affected communities.

23 “(d) HEALTH RESOURCES AND SERVICES ADMINIS-
24 TRATION.—In carrying out activities under paragraphs (2)
25 and (3) of subsection (b), the Secretary, acting through the

1 *Director of the Centers for Disease Control and Prevention,*
2 *shall enter into interagency agreements, monetary transfers,*
3 *and contracts with the Administrator of the Health Re-*
4 *sources and Services Administration to ensure that such ac-*
5 *tivities benefit from the specialized expertise of such Admin-*
6 *istration related to the assessment of needs as well as the*
7 *development and implementation of community-based sys-*
8 *tems of care and appropriate infrastructure, including the*
9 *training of health care providers and community workers.*

10 “(e) *BLOOD SUPPLY.—In carrying out activities under*
11 *subsection (b)(1)(E), the Secretary, acting through the Di-*
12 *rector of the Centers for Disease Control and Prevention,*
13 *shall assist participating countries in developing national,*
14 *regional, or local systems to—*

15 “(1) *monitor, manage, and test the blood supply*
16 *to ensure that such supply is screened for HIV;*

17 “(2) *increase recruitment and retention of ap-*
18 *propriate blood donors; and*

19 “(3) *provide for technology transfer and capacity*
20 *building in proven best blood safety practices appro-*
21 *priate to local conditions, including anemia preven-*
22 *tion efforts.*

23 “(f) *AUTHORIZATION OF APPROPRIATIONS.—There are*
24 *authorized to be appropriated to carry out this section,*
25 *\$400,000,000 for fiscal year 2003, and such sums as may*

1 *be necessary for fiscal year 2004. Of the amount appro-*
2 *priated under the preceding sentence for each fiscal year,*
3 *the Secretary shall make available \$45,000,000 in fiscal*
4 *year 2003 and \$30,000,000 in fiscal year 2004 to carry*
5 *out section 399DD. Amounts appropriated under this sub-*
6 *section shall remain available until expended.*

7 **“SEC. 399BB. GENERAL AUTHORITY OF THE HEALTH RE-**
8 **SOURCES AND SERVICES ADMINISTRATION.**

9 “(a) *PURPOSE.—It is the purpose of this section to*
10 *provide the Secretary, acting through the Administrator of*
11 *the Health Resources and Services Administration, with the*
12 *authority to act internationally to carry out prevention,*
13 *care, treatment, support, capacity development, and other*
14 *activities (determined appropriate by the Secretary) for*
15 *HIV/AIDS, tuberculosis, and malaria in countries deter-*
16 *mined by the Secretary to have or be at risk for severe HIV*
17 *epidemic with particular attention to resource constrained*
18 *countries.*

19 “(b) *ACTIVITIES AND ASSISTANCE.—In carrying out*
20 *the purpose described in subsection (a), the Secretary, act-*
21 *ing through the Administrator of the Health Resources and*
22 *Services Administration, in coordination with the Director*
23 *of the Centers for Disease Control and Prevention and the*
24 *Administrator of the United States Agency for Inter-*

1 *national Development, may provide assistance under this*
2 *section relating to—*

3 “(1) *activities to assist communities in assessing*
4 *the strengths and capabilities of the existing system of*
5 *care and treatment relating to HIV/AIDS and other*
6 *opportunistic infections, including critical unmet*
7 *needs;*

8 “(2) *activities to assist communities in the devel-*
9 *opment and implementation of appropriate systems of*
10 *care that provide for a continuum of HIV/AIDS-re-*
11 *lated services for prevention, treatment, palliative*
12 *care, and hospice services based on an assessment*
13 *under paragraph (1);*

14 “(3) *activities to improve the health-related in-*
15 *frastructure and institutional capacity of partici-*
16 *parting countries, including the training of health care*
17 *providers and community workers, to enable such*
18 *countries to develop and manage HIV/AIDS edu-*
19 *cation, prevention, care and treatment programs and*
20 *to conduct evaluations of such programs;*

21 “(4) *activities to assist in the development of*
22 *training modules and curricula on HIV/AIDS and*
23 *associated conditions as part of the professional train-*
24 *ing programs for physicians, nurses, dentists, phar-*
25 *macists, and other health care providers;*

1 “(5) activities to improve the coordination be-
2 tween American medical centers and hospitals and
3 indigenous hospitals and clinics in participating
4 countries; and

5 “(6) other activities determined appropriated by
6 the Secretary.

7 “(c) *UTILIZATION OF EXISTING CAPACITIES.*—In car-
8 rying out activities under subsection (b), the Secretary, act-
9 ing through the Administrator of the Health Resources and
10 Services Administration and in consultation with the Di-
11 rector of the Centers for Disease Control and Prevention
12 and the Administrator of the United States Agency for
13 International Development, shall, to the maximum extent
14 practicable, utilize existing indigenous capacity in coun-
15 tries determined by the Secretary to have or be at risk for
16 severe HIV epidemic with particular attention to resource
17 constrained countries, including coordinating with relevant
18 government ministries and carrying out activities in part-
19 nership with non-governmental organizations and affected
20 communities.

21 “(d) *AUTHORIZATION OF APPROPRIATIONS.*—There
22 are authorized to be appropriated to carry out this section,
23 \$40,000,000 for fiscal year 2003, and such sums as may
24 be necessary for fiscal year 2004. Amounts appropriated
25 under this subsection shall remain available until expended.

1 **“SEC. 399CC. HIV/AIDS TRAINING PARTNERSHIP.**

2 “(a) *IN GENERAL.*—*The Secretary, acting through the*
3 *Director of the National Institutes of Health and in coordi-*
4 *nation with the Administrator of the Health Resources and*
5 *Services Administration, shall award supplemental grants*
6 *to eligible entities to enable such entities to provide support*
7 *for clinical education and training in the delivery of HIV/*
8 *AIDS care and treatment services.*

9 “(b) *ELIGIBLE ENTITIES.*—*To be eligible to receive a*
10 *supplemental grant under subsection (a), an entity shall—*

11 “(1) *be a recipient of an international HIV/*
12 *AIDS clinical research, education, or training grant*
13 *awarded by the National Institutes of Health or the*
14 *Health Resources and Services Administration;*

15 “(2) *provide assurances to the Secretary that the*
16 *entity has developed a partnership with a hospital-*
17 *based or community-based health care entity in the*
18 *host country for the purpose of providing services*
19 *under each grant; and*

20 “(3) *prepare and submit to the Secretary an ap-*
21 *plication at such time, in such manner, and con-*
22 *taining such information as the Secretary may re-*
23 *quire, including a description of the activities to be*
24 *carried out with amounts received under the grant.*

25 “(c) *USE OF FUNDS.*—*An entity shall use amounts re-*
26 *ceived under a supplemental grant under subsection (a) to*

1 *provide clinical education and training in the delivery of*
2 *HIV/AIDS care and treatment services. Such education and*
3 *training shall be designed to develop health care provider*
4 *capacity to deliver HIV/AIDS care and treatment services*
5 *in a variety of institutional and community-based settings.*

6 “(d) *PRIORITY.—In awarding grants under subsection*
7 *(a), the Secretary shall give priority to applicants that will*
8 *carry out activities that assess existing provider capacity*
9 *and address the training needs of a range of health care*
10 *providers (from physicians to nurses to other health care*
11 *providers).*

12 “(e) *AUTHORIZATION OF APPROPRIATIONS.—There are*
13 *authorized to be appropriated to carry out this section,*
14 *\$50,000,000 for fiscal year 2003, and such sums as may*
15 *be necessary for fiscal year 2004. Amounts appropriated*
16 *under this subsection shall remain available until expended.*

17 **“SEC. 399DD. FAMILY SURVIVAL PARTNERSHIPS.**

18 “(a) *PURPOSE.—The purpose of this section is to pro-*
19 *vide support, through a public-private partnership, for the*
20 *provision of medical care and support services to HIV posi-*
21 *tive parents and their children identified through existing*
22 *programs to prevent mother-to-child transmission of HIV*
23 *in countries with or at risk for severe HIV epidemic with*
24 *particular attention to resource constrained countries, as*
25 *determined by the Secretary.*

1 “(b) *GRANTS.*—

2 “(1) *IN GENERAL.*—*The Secretary, acting*
3 *through the Director of the Centers for Disease Con-*
4 *trol and Prevention, is authorized to award a grant*
5 *to an eligible administrative organization to enable*
6 *the organization to award subgrants to eligible enti-*
7 *ties to expand activities to prevent the mother-to-child*
8 *transmission of HIV by providing medical care and*
9 *support services to HIV infected parents and their*
10 *children.*

11 “(2) *ADMINISTRATIVE ORGANIZATION.*—*To be el-*
12 *igible to receive a grant under paragraph (1), an ad-*
13 *ministrative organization shall—*

14 “(A) *have a demonstrable record in man-*
15 *aging large scale maternal and child health pro-*
16 *grams in countries with or at risk for severe*
17 *HIV epidemic with particular attention to re-*
18 *source constrained countries, as determined by*
19 *the Secretary, and sufficient HIV/AIDS exper-*
20 *tise;*

21 “(B) *have established relationships with*
22 *major international organizations and multilat-*
23 *eral institutions;*

24 “(C) *provide an assurance to the Secretary*
25 *that the organization will contribute (either di-*

1 rectly or through private sector financial sup-
2 port) non-Federal funds to the costs of the activi-
3 ties to be carried out under this section in an
4 amount that is not less than the amount of funds
5 provided to the organization under a grant this
6 section; and

7 “(D) prepare and submit an application to
8 the Secretary at such time, in such manner, and
9 accompanied by such information as the Sec-
10 retary may require.

11 “(3) *USE OF FUNDS.*—Amounts provided under
12 a grant awarded under paragraph (1) shall be used—

13 “(A) to award subgrants to eligible entities
14 to enable such entities to carry out activities de-
15 scribed in subsection (c);

16 “(B) for administrative support and
17 subgrant management;

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

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

22 “(E) for training and technical assistance
23 for subgrantees; and

24 “(F) to promote sustainability.

25 “(c) *SUBGRANTS.*—

1 “(1) *IN GENERAL.*—*An organization awarded a*
2 *grant under subsection (b) shall use amounts received*
3 *under the grant to award subgrants to eligible enti-*
4 *ties.*

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

7 “(A) *be a local health organization, an*
8 *international organization, or a partnership of*
9 *such organizations;*

10 “(B) *demonstrate to the awarding organiza-*
11 *tion that such entity—*

12 “(i) *is currently administering a prov-*
13 *en intervention to prevent mother-to-child*
14 *transmission of HIV in countries with or at*
15 *risk for severe HIV epidemic with par-*
16 *ticular attention to resource constrained*
17 *countries, as determined by the Secretary;*

18 “(ii) *serves a catchment area with a*
19 *minimum HIV seroprevalence of 3 percent*
20 *in pregnant women;*

21 “(iii) *has demonstrated support for the*
22 *proposed program from relevant government*
23 *entities;*

24 “(iv) *is able to provide HIV care, in-*
25 *cluding antiretroviral treatment when*

1 *medically indicated, to HIV positive*
2 *women, men, and children with the support*
3 *of the project funding; and*

4 *“(v) has the ability to enroll a min-*
5 *imum of 250 HIV infected women per serv-*
6 *ice site, based on the current uptake rate,*
7 *into existing HIV mother-to-child trans-*
8 *mission programs; and*

9 *“(C) prepare and submit to the awarding*
10 *organization an application at such time, in*
11 *such manner, and containing such information*
12 *as the organization may require.*

13 *“(3) LOCAL HEALTH AND INTERNATIONAL ORGA-*
14 *NIZATIONS.—For purposes of paragraph (2)(A)—*

15 *“(A) the term ‘local health organization’*
16 *means a public sector health system, non-govern-*
17 *mental organization, institution of higher edu-*
18 *cation, community-based organization, or non-*
19 *profit health system that provides directly, or*
20 *has a clear link with a provider for the indirect*
21 *provision of, primary health care services; and*

22 *“(B) the term ‘international organization’*
23 *means—*

24 *“(i) a non-profit international entity;*

1 “(ii) an international charitable insti-
2 tution;

3 “(iii) a private voluntary inter-
4 national entity; or

5 “(iv) a multilateral institution.

6 “(4) SELECTION OF SUBGRANT RECIPIENTS.—In
7 awarding subgrants under this subsection, the organi-
8 zation shall—

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

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

15 “(5) USE OF SUBGRANT FUNDS.—An eligible en-
16 tity awarded a subgrant under this subsection shall
17 use subgrant funds to expand activities to prevent
18 mother-to-child transmission of HIV by providing
19 medical treatment and care and support services to
20 parents and their children, including—

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

24 “(B) the hiring and training of local per-
25 sonnel, including physicians, nurses, other health

1 *care providers, counselors, social workers, out-*
2 *reach personnel, laboratory technicians, data*
3 *managers, and administrative support personnel;*
4 “(C) *paying laboratory costs, including*
5 *costs related to necessary equipment and diag-*
6 *nostic testing and monitoring (including rapid*
7 *testing), complete blood counts, standard chem-*
8 *istries, and liver function testing for infants,*
9 *children, and parents, and costs related to the*
10 *purchase of necessary laboratory equipment;*
11 “(D) *purchasing pharmaceuticals for HIV-*
12 *related conditions, including antiretroviral*
13 *therapies;*
14 “(E) *funding support services including ad-*
15 *herence and psychosocial support services;*
16 “(F) *operational support activities; and*
17 “(G) *conducting community outreach and*
18 *capacity building activities, including activities*
19 *to raise the awareness of individuals of the pro-*
20 *gram carried out by the subgrantee, other com-*
21 *munications activities in support of the pro-*
22 *gram, local advisory board functions, and trans-*
23 *portation necessary to ensure program participa-*
24 *tion.*

1 “(d) *REPORTS.*—Not later than 6 months after the
2 date of enactment of this section, and annually thereafter,
3 an administrative organization awarded a grant under
4 subsection (b)(1) shall submit to the Secretary and the ap-
5 propriate committees of Congress, a report that includes—

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

8 “(2) the benchmarks of success of programs fund-
9 ed under this section; and

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

13 “(e) *FUNDING.*—In making amounts available under
14 section 399AA(f) to carry out this section, the Secretary
15 shall ensure that not less than—

16 “(1) \$45,000,000 is made available to carry out
17 this section for fiscal year 2003; and

18 “(2) \$30,000,000 is made available to carry out
19 this section for fiscal year 2004.

20 “(f) *LIMITATION ON ADMINISTRATIVE EXPENSES.*—An
21 administrative organization shall ensure that not more
22 than 12 percent of the amount of a grant received under
23 this section by the organization is used for the administra-
24 tive activities described in subparagraphs (B), (C), (D),
25 and (E) of subsection (b)(3) and subsection (b)(5)(E).

1 **“SEC. 399EE. INTRA-AGENCY COORDINATION OF GLOBAL**
2 **HIV/AIDS INITIATIVES.**

3 “(a) *IN GENERAL.*—*The Secretary, acting through the*
4 *Director of the Office of Global Health Affairs (referred to*
5 *in this section as the ‘Director’)* of the Department of
6 *Health and Human Services (referred to in this section as*
7 *the ‘Department’), shall ensure—*

8 “(1) *the coordination of all Department pro-*
9 *grams related to the prevention, treatment, and moni-*
10 *toring of HIV/AIDS, tuberculosis, and malaria in*
11 *countries with or at risk for severe HIV epidemic*
12 *with particular attention to resource constrained*
13 *countries, as determined by the Secretary (referred to*
14 *in this section as ‘Department programs’); and*

15 “(2) *that global HIV/AIDS, tuberculosis, and*
16 *malaria activities are conducted in a coordinated,*
17 *strategic fashion, utilizing the expertise from the var-*
18 *ious agencies within the Department, to the max-*
19 *imum extent practicable.*

20 “(b) *DUTIES.*—*In carrying out this section, the Sec-*
21 *retary shall—*

22 “(1) *review all Departmental programs to ensure*
23 *proper coordination and compatibility of the activi-*
24 *ties, strategies, and policies of such programs; and*

25 “(2) *ensure that the Departmental programs uti-*
26 *lize the best possible practices for HIV/AIDS preven-*

1 *tion, treatment, and monitoring to improve the effec-*
2 *tiveness of Department programs in countries in*
3 *which the Department operates.*

4 “(c) *REPORT.—*

5 “(1) *IN GENERAL.—The Director shall prepare*
6 *an annual report that—*

7 “(A) *describes the actions that are being*
8 *taken to coordinate the multiple roles and poli-*
9 *cies of, and foster collaboration among, the of-*
10 *fices and agencies of the Department that con-*
11 *tribute to global HIV/AIDS activities;*

12 “(B) *describes the respective roles and ac-*
13 *tivities of each of the offices and agencies of the*
14 *Department;*

15 “(C) *contains any recommendations for leg-*
16 *islative and funding actions that are needed to*
17 *create a coherent, effective departmental ap-*
18 *proach to global HIV/AIDS that achieves the*
19 *goals for Department programs; and*

20 “(D) *describes the progress made towards*
21 *meeting the HIV/AIDS goals and outcomes as*
22 *identified by the Director.*

23 “(2) *SUBMISSION TO CONGRESS.—Not later than*
24 *1 year after the date of enactment of this part, and*
25 *annually thereafter, the Secretary shall submit the re-*

1 port described in paragraph (1) to the appropriate
2 committees of Congress.”.

3 (b) *EXTENSION OF TUBERCULOSIS PREVENTION PRO-*
4 *GRAM.*—Section 317E(g) of the Public Health Service Act
5 (42 U.S.C. 247b–6(g)) is amended—

6 (1) in paragraph (1)(A), by striking “2002” and
7 inserting “2004”;

8 (2) in paragraph (2), by striking “2002” and in-
9 serting “2004”; and

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

11 “(3) *COORDINATION.*—Activities under this sec-
12 tion shall, to the extent practicable, be coordinated
13 with related activities carried out under title VI of
14 the United States Leadership Against HIV/AIDS, Tu-
15 berculosis, and Malaria Act of 2002 (and the amend-
16 ments made by that title).”.

17 **SEC. 602. MICROBICIDE RESEARCH AT THE NATIONAL IN-**
18 **STITUTES OF HEALTH.**

19 Subpart I of part D of title XXIII of the Public Health
20 Service Act (42 U.S.C. 300cc-40 et seq.) is amended by in-
21 serting after section 2351 the following:

1 **“SEC. 2351A. MICROBICIDES FOR PREVENTING TRANS-**
2 **MISSION OF HIV AND OTHER SEXUALLY**
3 **TRANSMITTED INFECTIONS.**

4 “(a) *EXPANSION AND COORDINATION OF ACTIVI-*
5 *TIES.—The Secretary, acting through the Director of the Of-*
6 *fice of AIDS Research and in coordination with other rel-*
7 *evant institutes and offices, shall expand, intensify, and co-*
8 *ordinate the activities of all appropriate institutes and*
9 *components of the National Institutes of Health with respect*
10 *to research on the development of microbicides to prevent*
11 *the transmission of HIV and other sexually transmitted in-*
12 *fections (in this section referred to as ‘microbicide re-*
13 *search’).*

14 “(b) *RESEARCH PLAN.—The Secretary, acting through*
15 *the Director of the Office of AIDS Research and in consulta-*
16 *tion with the Director of the Institute of Allergy and Infec-*
17 *tious Diseases, shall expedite the implementation of the*
18 *strategic plan for the conduct and support of microbicide*
19 *research, and shall annually review and as appropriate re-*
20 *vis the plan. In developing, implementing, and reviewing*
21 *the plan, the Director of the Office of AIDS Research shall*
22 *coordinate with the heads of other Federal agencies, includ-*
23 *ing the Director of the Centers for Disease Control and Pre-*
24 *vention and the Administrator of the United States Agency*
25 *for International Development, involved in microbicide re-*

1 *search, with the microbicide research community, and with*
2 *health advocates.*

3 “(c) *MICROBICIDE RESEARCH AND DEVELOPMENT*
4 *TEAMS.—*

5 “(1) *IN GENERAL.—The Secretary, acting*
6 *through the Director of the National Institutes of*
7 *Health, shall award grants or contracts to public and*
8 *private entities for the development and operation of*
9 *multidisciplinary teams to conduct research on inno-*
10 *vative microbicide concepts, including combination*
11 *microbicides.*

12 “(2) *PEER REVIEW REQUIREMENT.—The Direc-*
13 *tor shall award a grant or contract to an entity*
14 *under paragraph (1) only if the grant or contract has*
15 *been recommended after technical and scientific peer*
16 *review in accordance with regulations under section*
17 *492.*

18 “(d) *REPORT.—Not later than 1 year after the date*
19 *of the initial submission of the research plan under sub-*
20 *section (b), and annually thereafter, the Secretary, acting*
21 *through the Director of the Office of AIDS Research and*
22 *in consultation with the Director of the Institute of Allergy*
23 *and Infectious Diseases, shall submit to the Committee on*
24 *Energy and Commerce and the Committee on Appropria-*
25 *tions of the House of Representatives and the Committee*

1 *on Health, Education, Labor, and Pensions and the Com-*
2 *mittee on Appropriations of the Senate a report that de-*
3 *scribes the activities of the National Institutes of Health*
4 *regarding microbicide research. Each such report shall*
5 *include—*

6 “(1) *an updated research plan;*

7 “(2) *a description and evaluation of the progress*
8 *made, during the period for which such report is pre-*
9 *pared, in research on microbicides;*

10 “(3) *a summary and analysis of expenditures*
11 *made, during the period for which the report is made,*
12 *for activities with respect to microbicides research*
13 *conducted and supported by the National Institutes of*
14 *Health, including the number of full-time equivalent*
15 *employees; and*

16 “(4) *recommendations as the Director of the Of-*
17 *fice of AIDS Research considers appropriate.*

18 “(f) *DEFINITION.—In this section, the term ‘HIV’*
19 *means the human immunodeficiency virus. Such term in-*
20 *cludes acquired immune deficiency syndrome.”.*

21 **SEC. 603. AUTHORITY OF THE DEPARTMENT OF LABOR.**

22 “(a) *PURPOSE.—It is the purpose of this section to pro-*
23 *vide the Secretary of Labor with the authority to carry out*
24 *workplace-based HIV/AIDS programs in countries with or*
25 *at risk for severe HIV epidemic with particular attention*

1 *to resource constrained countries, as determined by the Sec-*
2 *retary.*

3 (b) *ACTIVITIES AND ASSISTANCE.*—*In carrying out the*
4 *purpose described in subsection (a), the Secretary of Labor,*
5 *in coordination with the Secretary of Health and Human*
6 *Services and the Administrator of the United States Agency*
7 *for International Development, may provide assistance*
8 *under this section relating to—*

9 (1) *the establishment and implementation of*
10 *workplace HIV/AIDS prevention and education pro-*
11 *grams in countries with or at risk for severe HIV epi-*
12 *demic with particular attention to resource con-*
13 *strained countries, as determined by the Secretary,*
14 *including programs that emphasize protections*
15 *against discrimination and the creation of supportive*
16 *environments for individuals living with HIV/AIDS;*

17 (2) *the development and implementation of on-*
18 *site care and wellness programs that enhance the*
19 *health and productivity of the workforce in countries*
20 *with or at risk for severe HIV epidemic with par-*
21 *ticular attention to resource constrained countries, as*
22 *determined by the Secretary;*

23 (3) *activities to strengthen collaboration among*
24 *governments, business, and labor leaders to respond to*
25 *the HIV/AIDS pandemic; and*

1 (4) *other activities determined appropriated by*
2 *the Secretary.*

3 (c) *AUTHORIZATION OF APPROPRIATIONS.—There are*
4 *authorized to be appropriated to carry out this section,*
5 *\$10,000,000 for fiscal year 2003, and such sums as may*
6 *be necessary for fiscal year 2004. Amounts appropriated*
7 *under this subsection shall remain available until expended.*

8 **SEC. 604. AUTHORITY FOR INTERNATIONAL PROGRAMS.**

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

11 (1) *in subsection (b)—*

12 (A) *in paragraph (6), by adding “and” at*
13 *the end;*

14 (B) *in paragraph (7), by striking “; and”*
15 *and inserting a period;*

16 (C) *in the flush sentence after paragraph*
17 *(7), by inserting “new” before “facility in any*
18 *foreign country”; and*

19 (D) *by striking paragraph (8); and*

20 (2) *by adding at the end the following:*

21 “(d)(1) *The Secretary is authorized to utilize the au-*
22 *thority contained in section 2 of the State Department*
23 *Basic Authorities Act of 1956 (22 U.S.C. 2669), subject to*
24 *the limitations set forth in subsection (e).*

1 “(2) *The Secretary is authorized to use the authority*
2 *contained in section 1 of the Act of April 18, 1930 (46 Stat.*
3 *177; 22 U.S.C. 291) and section 1 of the Foreign Service*
4 *Buildings Act (22 U.S.C. 292) directly or through contract,*
5 *grant, or cooperative agreement to lease, alter, or renovate*
6 *facilities in foreign countries as necessary to conduct pro-*
7 *grams of assistance for international health activities, in-*
8 *cluding activities relating to HIV/AIDS and other infec-*
9 *tious diseases, chronic and environmental diseases, and*
10 *other health activities abroad.*

11 “(e) *In exercising the authority set forth in paragraphs*
12 *(1) and (2) of subsection (d), the Secretary shall consult*
13 *with the Secretary of State to ensure that planned activities*
14 *are within the legal strictures of the State Department*
15 *Basic Authorities Act of 1956 and other applicable laws.”.*

Amend the title so as to read: “An Act to amend the Foreign Assistance Act of 1961 to increase assistance for foreign countries seriously affected by HIV/AIDS, tuberculosis, and malaria; to amend the Public Health Service Act with respect to the authority of the Department of Health and Human Services to act internationally with respect to HIV/AIDS, tuberculosis, and malaria; and for other purposes.”.

Attest:

Secretary.

107TH CONGRESS
2D SESSION

H. R. 2069

AMENDMENTS