

108TH CONGRESS
1ST SESSION

H. R. 1298

To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 17, 2003

Mr. HYDE (for himself, Mr. LANTOS, Mr. WELDON of Florida, Ms. LEE, and Mr. LEACH) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “United States Leadership Against HIV/AIDS, Tuber-
6 culosis, and Malaria Act of 2003”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Purpose.

Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

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

Sec. 102. HIV/AIDS Response Coordinator.

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

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

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

Sec. 203. Voluntary contributions to international vaccine funds.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 301. Assistance to combat HIV/AIDS.

Sec. 302. Assistance to combat tuberculosis.

Sec. 303. Assistance to combat malaria.

Sec. 304. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.

Sec. 305. Report on treatment activities by relevant Executive branch agencies.

Subtitle B—Assistance for Children and Families

Sec. 311. Findings.

Sec. 312. Policy and requirements.

Sec. 313. Annual reports on prevention of mother-to-child transmission of the HIV infection.

Sec. 314. Pilot program of assistance for children and families affected by HIV/AIDS.

Sec. 315. Pilot program on family survival partnerships.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) During the last 20 years, HIV/AIDS has
4 assumed 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.

1 (2) According to the Joint United Nations Pro-
2 gramme on HIV/AIDS (UNAIDS), more than
3 65,000,000 individuals worldwide have been infected
4 with HIV since the epidemic began, more than
5 25,000,000 of these individuals have lost their lives
6 to the disease, and more than 14,000,000 children
7 have been orphaned by the disease. HIV/AIDS is the
8 fourth-highest cause of death in the world.

9 (3)(A) At the end of 2002, an estimated
10 42,000,000 individuals were infected with HIV or
11 living with AIDS. Of these individuals, more than
12 3,200,000 were children under the age of fifteen and
13 more than 19,200,000 were women.

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

21 (C) Women and children who are refugees or
22 are internally displaced persons are especially vul-
23 nerable to sexual exploitation and violence, thereby
24 increasing the possibility of HIV infection.

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

7 (5) An estimated 1,900,000 individuals in Latin
8 America and the Caribbean and another 7,200,000
9 individuals in Asia and the Pacific region are in-
10 fected with HIV or living with AIDS. Infection rates
11 are rising alarmingly in Eastern Europe (especially
12 in the Russian Federation), Central Asia, and
13 China.

14 (6) HIV/AIDS threatens personal security by
15 affecting the health, lifespan, and productive capac-
16 ity of the individual and the social cohesion and eco-
17 nomic well-being of the family.

18 (7) HIV/AIDS undermines the economic secu-
19 rity of a country and individual businesses in that
20 country by weakening the productivity and longevity
21 of the labor force across a broad array of economic
22 sectors and by reducing the potential for economic
23 growth over the long term.

24 (8) HIV/AIDS destabilizes communities by
25 striking at the most mobile and educated members

1 of society, many of whom are responsible for secu-
2 rity at the local level and governance at the national
3 and subnational levels as well as many teachers,
4 health care personnel, and other community workers
5 vital to community development and the effort to
6 combat HIV/AIDS. In some countries the over-
7 whelming challenges of the HIV/AIDS epidemic are
8 accelerating the outward migration of critically im-
9 portant health care professionals.

10 (9) HIV/AIDS weakens the defenses of coun-
11 tries severely affected by the HIV/AIDS crisis
12 through high infection rates among members of their
13 military forces and voluntary peacekeeping per-
14 sonnel. According to UNAIDS, in sub-Saharan Afri-
15 ca, many military forces have infection rates as
16 much as five times that of the civilian population.

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

19 (A) increasing the potential for political in-
20 stability and economic devastation, particularly
21 in those countries and regions most severely af-
22 fected by the disease;

23 (B) decreasing the capacity to resolve con-
24 flicts through the introduction of peacekeeping
25 forces because the environments into which

1 these forces are introduced pose a high risk for
2 the spread of HIV/AIDS; and

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

7 (11) The devastation wrought by the HIV/
8 AIDS pandemic is compounded by the prevalence of
9 tuberculosis and malaria, particularly in developing
10 countries where the poorest and most vulnerable
11 members of society, including women, children, and
12 those individuals living with HIV/AIDS, become in-
13 fected. According to the World Health Organization
14 (WHO), HIV/AIDS, tuberculosis, and malaria ac-
15 counted for more than 5,700,000 deaths in 2001
16 and caused debilitating illnesses in millions more.

17 (12) Together, HIV/AIDS, tuberculosis, ma-
18 laria and related diseases are undermining agricul-
19 tural production throughout Africa. According to the
20 United Nations Food and Agricultural Organization,
21 7,000,000 agricultural workers throughout 25 Afri-
22 can countries have died from AIDS since 1985.
23 Countries with poorly developed agricultural sys-
24 tems, which already face chronic food shortages, are
25 the hardest hit, particularly in sub-Saharan Africa,

1 where high HIV prevalence rates are compounding
2 the risk of starvation for an estimated 14,400,00
3 people.

4 (13) Tuberculosis is the cause of death for one
5 out of every three people with AIDS worldwide and
6 is a highly communicable disease. HIV infection is
7 the leading threat to tuberculosis control. Because
8 HIV infection so severely weakens the immune sys-
9 tem, individuals with HIV and latent tuberculosis in-
10 fection have a 100 times greater risk of developing
11 active tuberculosis diseases thereby increasing the
12 risk of spreading tuberculosis to others. Tuber-
13 culosis, in turn, accelerates the onset of AIDS in in-
14 dividuals infected with HIV.

15 (14) Malaria, the most deadly of all tropical
16 parasitic diseases, has been undergoing a dramatic
17 resurgence in recent years due to increasing resist-
18 ance of the malaria parasite to inexpensive and ef-
19 fective drugs. At the same time, increasing resist-
20 ance of mosquitoes to standard insecticides makes
21 control of transmission difficult to achieve. The
22 World Health Organization estimates that between
23 300,000,000 and 500,000,000 new cases of malaria
24 occur each year, and annual deaths from the disease
25 number between 2,000,000 and 3,000,000. Persons

1 infected with HIV are particularly vulnerable to the
2 malaria parasite. The spread of HIV infection con-
3 tributes to the difficulties of controlling resurgence
4 of the drug resistant malaria parasite.

5 (15) HIV/AIDS is first and foremost a health
6 problem. Successful strategies to stem the spread of
7 the pandemic will require medical interventions, the
8 strengthening of health care delivery systems and in-
9 frastructure, and determined national leadership and
10 increased budgetary allocations for the health sector
11 in countries affected by the epidemic as well as
12 measures to address the social and behavioral causes
13 of the problem and its impact on families, commu-
14 nities, and societal sectors.

15 (16) Basic interventions to prevent new HIV in-
16 fections and to bring care and treatment to people
17 living with AIDS, such as voluntary counseling and
18 testing and mother-to-child transmission programs,
19 are achieving meaningful results and are cost-effec-
20 tive. The challenge is to expand these interventions
21 from a pilot program basis to a national basis in a
22 coherent and sustainable manner.

23 (17) Appropriate treatment of individuals with
24 HIV/AIDS can prolong the lives of such individuals,
25 preserve their families, prevent children from becom-

1 ing orphans, and increase productivity of such indi-
2 viduals by allowing them to lead active lives and re-
3 duce the need for costly hospitalization for treatment
4 of opportunistic infections caused by HIV.

5 (18) Nongovernmental organizations, including
6 faith-based organizations, with experience in health
7 care and HIV/AIDS counseling, have proven effec-
8 tive in combating the HIV/AIDS pandemic and can
9 be a resource in assisting indigenous organizations
10 in severely affected countries in their efforts to pro-
11 vide treatment and care for individuals infected with
12 HIV/AIDS.

13 (19) Faith-based organizations are making an
14 important contribution to HIV prevention and AIDS
15 treatment programs around the world. Successful
16 HIV prevention programs in Uganda, Jamaica, and
17 elsewhere have included local churches and faith-
18 based groups in efforts to promote behavior changes
19 to prevent HIV, to reduce stigma associated with
20 HIV infection, to treat those afflicted with the dis-
21 ease, and to care for orphans. The Catholic Church
22 alone currently cares for one in four people being
23 treated for AIDS worldwide. Faith-based organiza-
24 tions possess infrastructure, experience, and knowl-
25 edge that will be needed to carry out these programs

1 in the future and should be an integral part of
2 United States efforts.

3 (20)(A) Uganda has experienced the most sig-
4 nificant decline in HIV rates of any country in Afri-
5 ca, including a decrease among pregnant women
6 from 20.6 percent in 1991 to 7.9 percent in 2000.

7 (B) Uganda made this remarkable turnaround
8 because President Yoweri Museveni spoke out early,
9 breaking long-standing cultural taboos, and changed
10 widespread perceptions about the disease. His lead-
11 ership stands as a model for ways political leaders
12 in Africa and other developing countries can mobi-
13 lize their nations, including civic organizations, pro-
14 fessional associations, religious institutions, business
15 and labor to combat HIV/AIDS.

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

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

11 (21) The magnitude and scope of the HIV/
12 AIDS crisis demands a comprehensive, long-term,
13 international response focused upon addressing the
14 causes, reducing the spread, and ameliorating the
15 consequences of the HIV/AIDS pandemic, includ-
16 ing—

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

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

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

3 (C) development and implementation of
4 national and community-based multisector
5 strategies that address the impact of HIV/
6 AIDS on the individual, family, community, and
7 nation and increase the participation of at-risk
8 populations in programs designed to encourage
9 behavioral and social change and reduce the
10 stigma associated 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/
15 AIDS (UNAIDS), the World Health Organiza-
16 tion (WHO), national governments, and private
17 sector organizations, including faith-based orga-
18 nizations.

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

22 (A) providing substantial financial re-
23 sources, technical expertise, and training, par-
24 ticularly of health care personnel and commu-
25 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) making available pharmaceuticals and
6 diagnostics for HIV/AIDS therapy;

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

15 (E) promoting healthy lifestyles, including
16 delaying sexual debut, monogamy, marriage,
17 faithfulness, use of condoms, and avoiding sub-
18 stance abuse; and

19 (F) encouraging active involvement of the
20 private sector, including businesses, pharma-
21 ceutical and biotechnology companies, the med-
22 ical and scientific communities, charitable foun-
23 dations, private and voluntary organizations
24 and nongovernmental organizations, faith-based

1 organizations, community-based organizations,
2 and other nonprofit entities.

3 (23) Strong coordination must exist among the
4 various agencies of the United States to ensure ef-
5 fective and efficient use of financial and technical re-
6 sources within the United States Government with
7 respect to the provision of international HIV/AIDS
8 assistance.

9 (24) In his address to Congress on January 28,
10 2003, the President announced the Administration's
11 intention to embark on a five-year emergency plan
12 for AIDS relief, to confront HIV/AIDS with the
13 goals of preventing 7,000,000 new HIV/AIDS infec-
14 tions, treating at least 2,000,000 people with life-ex-
15 tending drugs, and providing humane care for mil-
16 lions of people suffering from HIV/AIDS, and for
17 children orphaned by HIV/AIDS.

18 (25) In this address to Congress, the President
19 stated the following: "Today, on the continent of Af-
20 rica, nearly 30,000,000 people have the AIDS
21 virus—including 3,000,000 children under the age of
22 15. There are whole countries in Africa where more
23 than one-third of the adult population carries the in-
24 fection. More than 4,000,000 require immediate
25 drug treatment. Yet across that continent, only

1 50,000 AIDS victims—only 50,000—are receiving
2 the medicine they need.”.

3 (26) Furthermore, the President focused on
4 care and treatment of HIV/AIDS in his address to
5 Congress, stating the following: “Because the AIDS
6 diagnosis is considered a death sentence, many do
7 not seek treatment. Almost all who do are turned
8 away. A doctor in rural South Africa describes his
9 frustration. He says, ‘We have no medicines. Many
10 hospitals tell people, you’ve got AIDS, we can’t help
11 you. Go home and die.’ In an age of miraculous
12 medicines, no person should have to hear those
13 words. AIDS can be prevented. Anti-retroviral drugs
14 can extend life for many years. And the cost of those
15 drugs has dropped from \$12,000 a year to under
16 \$300 a year—which places a tremendous possibility
17 within our grasp. Ladies and gentlemen, seldom has
18 history offered a greater opportunity to do so much
19 for so many.”.

20 (27) Finally, the President stated that “[w]e
21 have confronted, and will continue to confront, HIV/
22 AIDS in our own country”, proposing now that the
23 United States should lead the world in sparing inno-
24 cent people from a plague of nature, and asking
25 Congress “to commit \$15,000,000,000 over the next

1 five years, including nearly \$10,000,000,000 in new
2 money, to turn the tide against AIDS in the most
3 afflicted nations of Africa and the Caribbean”.

4 **SEC. 3. DEFINITIONS.**

5 In this Act:

6 (1) AIDS.—The term “AIDS” means the ac-
7 quired immune deficiency syndrome.

8 (2) APPROPRIATE CONGRESSIONAL COMMIT-
9 TEES.—The term “appropriate congressional com-
10 mittees” means the Committee on Foreign Relations
11 of the Senate and the Committee on International
12 Relations of the House of Representatives.

13 (3) GLOBAL FUND.—The term “Global Fund”
14 means the public-private partnership known as the
15 Global Fund to Fight AIDS, Tuberculosis and Ma-
16 laria established pursuant to Article 80 of the Swiss
17 Civil Code.

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

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

24 (6) RELEVANT EXECUTIVE BRANCH AGEN-
25 CIES.—The term “relevant executive branch agen-

1 cies” means the Department of State, the United
2 States Agency for International Development, and
3 any other department or agency of the United States
4 that participates in international HIV/AIDS activi-
5 ties pursuant to the authorities of such department
6 or agency or the Foreign Assistance Act of 1961.

7 **SEC. 4. PURPOSE.**

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

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

18 (2) providing significant resources for multilat-
19 eral efforts to fight HIV/AIDS;

20 (3) providing increased resources for United
21 States bilateral efforts, particularly for technical as-
22 sistance and training, to combat HIV/AIDS, tuber-
23 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, tu-
6 berculosis, and malaria.

7 **SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**
8 **PORTS.**

9 With respect to the reports required by this Act to
10 be submitted by the President, to ensure an efficient use
11 of resources, the President may, in his discretion and not-
12 withstanding any other provision of this Act, consolidate
13 or combine any of these reports, except for the report re-
14 quired by section 101 of this Act, so long as the required
15 elements of each report are addressed and reported within
16 a 90-day period from the original deadline date for sub-
17 mission of the report specified in this Act. The President
18 may also enter into contracts with organizations with rel-
19 evant expertise to develop, originate, or contribute to any
20 of the reports required by this Act to be submitted by the
21 President.

1 **TITLE I—POLICY PLANNING AND**
2 **COORDINATION**

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

5 (a) STRATEGY.—The President shall establish a com-
6 prehensive, integrated, five-year strategy to combat global
7 HIV/AIDS that strengthens the capacity of the United
8 States to be an effective leader of the international cam-
9 paign against HIV/AIDS. Such strategy shall—

10 (1) include specific objectives, multisectoral ap-
11 proaches, and specific strategies to treat individuals
12 infected with HIV/AIDS and to prevent the further
13 spread of HIV infections, with a particular focus on
14 the needs of families with children, women, young
15 people, and children (such as unaccompanied minor
16 children and orphans);

17 (2) assign priorities for relevant executive
18 branch agencies;

19 (3) improve coordination among relevant execu-
20 tive branch agencies, foreign governments, and inter-
21 national organizations;

22 (4) project general levels of resources needed to
23 achieve the stated objectives;

24 (5) expand public-private partnerships and the
25 leveraging of resources; and

1 (6) maximize United States capabilities in the
2 areas of technical assistance and training and re-
3 search, including vaccine research.

4 (b) REPORT.—

5 (1) IN GENERAL.—Not later than 270 days
6 after the date of enactment of this Act, the Presi-
7 dent shall submit to the appropriate congressional
8 committees a report setting forth the strategy de-
9 scribed in subsection (a).

10 (2) REPORT CONTENTS.—The report required
11 by paragraph (1) shall include a discussion of the
12 elements described in paragraph (3) and may in-
13 clude a discussion of additional elements relevant to
14 the strategy described in subsection (a). Such dis-
15 cussion may include an explanation as to why a par-
16 ticular element described in paragraph (3) is not rel-
17 evant to such strategy.

18 (3) REPORT ELEMENTS.—The elements re-
19 ferred to in paragraph (2) are the following:

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

22 (B) A description of the criteria for deter-
23 mining success of the strategy.

24 (C) A description of the manner in which
25 the strategy will address the fundamental ele-

1 ments of prevention and education, care, and
2 treatment (including increasing access to phar-
3 maceuticals and to vaccines), research (includ-
4 ing incentives for vaccine development and new
5 protocols), training of health care workers, the
6 development of health care infrastructure and
7 delivery systems, and the promotion of absti-
8 nence, monogamy, faithfulness, use of condoms,
9 and avoidance of substance abuse.

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

16 (E) A description of the specific strategies
17 developed to meet the unique needs of women,
18 including the empowerment of women in inter-
19 personal situations, young people and children,
20 including those orphaned by HIV/AIDS and
21 those who are victims of the sex trade, rape,
22 sexual abuse, assault, and exploitation.

23 (F) A description of the programs to be
24 undertaken to maximize United States con-
25 tributions in the areas of technical assistance,

1 training (particularly of health care workers
2 and community-based leaders in affected sec-
3 tors), and research, including the promotion of
4 research on vaccines and microbicides.

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

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

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

19 (J) A description of the mechanisms that
20 will be utilized to ensure greater coordination
21 between the United States and foreign govern-
22 ments and international organizations including
23 the Global Fund, UNAIDS, international finan-
24 cial institutions, and private sector organiza-
25 tions.

1 (K) The level of resources that will be
2 needed on an annual basis and the manner in
3 which those resources would generally be allo-
4 cated among the relevant executive branch
5 agencies.

6 (L) A description of the mechanisms to be
7 established for monitoring and evaluating pro-
8 grams, promoting successful models, and for
9 terminating unsuccessful programs.

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

17 (N) A description of the ways in which
18 United States leadership will be used to en-
19 hance the overall international response to the
20 HIV/AIDS pandemic and particularly to height-
21 en the engagement of the member states of the
22 G-8 and to strengthen key financial and coordi-
23 nation mechanisms such as the Global Fund
24 and UNAIDS.

1 (O) 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 (P) A description of the programs to be
7 carried out under the strategy that are specifi-
8 cally targeted at women and girls to educate
9 them about the spread of HIV/AIDS.

10 (Q) A description of efforts being made to
11 address the unique needs of families with chil-
12 dren with respect to HIV/AIDS, including ef-
13 forts to preserve the family unit.

14 (R) An analysis of the emigration of criti-
15 cally important medical and public health per-
16 sonnel, including physicians, nurses, and super-
17 visors from sub-Saharan African countries that
18 are acutely impacted by HIV/AIDS, including a
19 description of the causes, effects, and the im-
20 pact on the stability of health infrastructures,
21 as well as a summary of incentives and pro-
22 grams that the United States could provide, in
23 concert with other private and public sector
24 partners and international organizations, to sta-

1 bilize health institutions by encouraging critical
2 personnel to remain in their home countries.

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

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

7 (1) by redesignating subsections (f) and (g) as
8 subsections (g) and (h), respectively; and

9 (2) by adding after subsection (e) the following:

10 “(f) HIV/AIDS RESPONSE COORDINATOR.—

11 “(1) IN GENERAL.—There shall be within the
12 Department of State a Coordinator of United States
13 Government Activities to Combat HIV/AIDS Glob-
14 ally, who shall be appointed by the President.

15 “(2) DUTIES.—

16 “(A) IN GENERAL.—The Coordinator shall
17 have primary responsibility for the oversight
18 and coordination of all international activities of
19 the United States Government to combat the
20 HIV/AIDS pandemic, including all programs,
21 projects, and activities of the United States
22 Government relating to the HIV/AIDS pan-
23 demic under the United States Leadership
24 Against HIV/AIDS, Tuberculosis, and Malaria

1 Act of 2003 or any amendment made by that
2 Act.

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

6 “(i) Ensuring program and policy co-
7 ordination among the relevant executive
8 branch agencies.

9 “(ii) Ensuring that each relevant ex-
10 ecutive branch agency undertakes pro-
11 grams primarily in those areas where the
12 agency has the greatest expertise, technical
13 capabilities, and potential for success.

14 “(iii) Avoiding duplication of effort.

15 “(iv) Ensuring coordination of rel-
16 evant executive branch agency activities in
17 the field.

18 “(v) Pursuing coordination with other
19 countries and international organizations.

20 “(vi) Resolving policy, program, and
21 funding disputes among the relevant execu-
22 tive branch agencies.”.

23 (b) FIRST COORDINATOR.—The President may des-
24 ignate the incumbent Special Representative of the Sec-
25 retary of State for HIV/AIDS as of the date of enactment

1 of this Act as the first Coordinator of United States Gov-
2 ernment Activities to Combat HIV/AIDS Globally.

3 (c) RESOURCES.—Not later than 90 days after the
4 date of enactment of this Act, the President shall identify
5 the necessary financial and personnel resources that would
6 be assigned to the HIV/AIDS Response Coordinator to es-
7 tablish and maintain the duties and supporting activities
8 assigned to the Coordinator by this Act.

9 **TITLE II—SUPPORT FOR MULTI-**
10 **LATERAL FUNDS, PROGRAMS,**
11 **AND PUBLIC-PRIVATE PART-**
12 **NERSHIPS**

13 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
14 **NERSHIPS.**

15 (a) FINDINGS.—Congress makes the following find-
16 ings:

17 (1) Innovative partnerships between govern-
18 ments and organizations in the private sector (in-
19 cluding foundations, universities, corporations, faith-
20 based and community-based organizations, and other
21 nongovernmental organizations) have proliferated in
22 recent years, particularly in the area of health.

23 (2) Public-private sector partnerships multiply
24 local and international capacities to strengthen the
25 delivery of health services in developing countries

1 and to accelerate research for vaccines and other
2 pharmaceutical products that are essential to combat
3 infectious diseases decimating the populations of
4 these countries.

5 (3) These partnerships maximize the unique ca-
6 pabilities of each sector while combining financial
7 and other resources, scientific knowledge, and exper-
8 tise toward common goals which neither the public
9 nor the private sector can achieve alone.

10 (4) Sustaining existing public-private partner-
11 ships and building new ones are critical to the suc-
12 cess of the international community's efforts to com-
13 bat HIV/AIDS and other infectious diseases around
14 the globe.

15 (b) SENSE OF CONGRESS.—It is the sense of Con-
16 gress that—

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

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

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

3 (a) **AUTHORITY FOR UNITED STATES PARTICIPA-**
4 **TION.—**

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

8 (2) **PRIVILEGES AND IMMUNITIES.—**The Global
9 Fund shall be considered a public international orga-
10 nization for purposes of section 1 of the Inter-
11 national Organizations Immunities Act (22 U.S.C.
12 288).

13 (b) **REPORTS TO CONGRESS.—**Not later than 1 year
14 after the date of the enactment of this Act, and annually
15 thereafter for the duration of the Global Fund, the Presi-
16 dent shall submit to the appropriate congressional com-
17 mittees a report on the Global Fund, including contribu-
18 tions pledged to, contributions (including donations from
19 the private sector) received by, and projects funded by the
20 Global Fund, and the mechanisms established for trans-
21 parency and accountability in the grant-making process.

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

23 (1) **AUTHORIZATION OF APPROPRIATIONS.—**In
24 addition to any other funds authorized to be appro-
25 priated for bilateral or multilateral HIV/AIDS, tu-
26 berculosis, or malaria programs, of the amounts au-

1 thorized to be appropriated under section 401, there
2 are authorized to be appropriated to the President
3 up to \$1,000,000,000 in the fiscal year 2004, and
4 such sums as may be necessary for the fiscal years
5 2005–2008, for contributions to the Global Fund.

6 (2) AVAILABILITY OF FUNDS.—Amounts appro-
7 priated under paragraph (1) are authorized to re-
8 main available until expended.

9 (3) REPROGRAMMING OF FISCAL YEAR 2001
10 FUNDS.—Funds made available for fiscal year 2001
11 under section 141 of the Global AIDS and Tuber-
12 culosis Relief Act of 2000—

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

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

19 (4) LIMITATION.—

20 (A) At any time during fiscal years 2004
21 through 2008, no United States contribution to
22 the Global Fund may cause the total amount of
23 United States Government contributions to the
24 Global Fund to exceed 33 percent of the total
25 amount of funds contributed to the Global

1 Fund from all other sources. Contributions to
2 the Global Fund from the International Bank
3 for Reconstruction and Development and the
4 International Monetary Fund shall not be con-
5 sidered in determining compliance with this
6 paragraph.

7 (B) Any amount made available under this
8 subsection that is withheld by reason of sub-
9 paragraph (A) shall be contributed to the Glob-
10 al Fund as soon as practicable, subject to sub-
11 paragraph (A), after additional contributions to
12 the Global Fund are made from other sources.

13 (C)(i) The President may suspend the ap-
14 plication of subparagraph (A) with respect to a
15 fiscal year if the President determines that an
16 international health emergency threatens the
17 national security interests of the United States.

18 (ii) The President shall notify the Com-
19 mittee on International Relations of the House
20 of Representatives and the Committee on For-
21 eign Relations of the Senate not less than 5
22 days before making a determination under
23 clause (i) and shall include in the notification—

24 (I) a justification as to why increased
25 United States Government contributions to

1 the Global Fund is preferable to increased
2 United States assistance to combat HIV/
3 AIDS, tuberculosis, and malaria on a bilat-
4 eral basis; and

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

9 (d) INTERAGENCY TECHNICAL REVIEW PANEL.—

10 (1) ESTABLISHMENT.—The Coordinator of
11 United States Government Activities to Combat
12 HIV/AIDS Globally, established in section 1(f)(1) of
13 the State Department Basic Authorities Act of 1956
14 (as added by section 102(a) of this Act), shall estab-
15 lish in the Executive Branch an interagency tech-
16 nical review panel.

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

20 (A) periodically reviewing all proposals re-
21 ceived by the Global Fund; and

22 (B) providing guidance to the United
23 States persons who are representatives on the
24 panels, committees, and boards of the Global
25 Fund, on the technical efficacy, suitability, and

1 appropriateness of the proposals, and ensuring
2 that such persons are fully informed of tech-
3 nical inadequacies or other aspects of the pro-
4 posals that are inconsistent with the purposes
5 of this or any other Act relating to the provi-
6 sion of foreign assistance in the area of AIDS.

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

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

16 (e) MONITORING BY COMPTROLLER GENERAL.—

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

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

1 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**
2 **NATIONAL VACCINE FUNDS.**

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

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

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

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

17 (c) SUPPORT FOR THE DEVELOPMENT OF MALARIA
18 VACCINE.—Section 302 of the Foreign Assistance Act of
19 1961 (22 U.S.C. 2222)) is amended by adding at the end
20 the following new subsection:

21 “(m) In addition to amounts otherwise available
22 under this section, there are authorized to be appropriated
23 to the President such sums as may be necessary for each
24 of the fiscal years 2004 through 2008 to be available for
25 United States contributions to malaria vaccine develop-
26 ment programs, including the Malaria Vaccine Initiative

1 of the Program for Appropriate Technologies in Health
2 (PATH).”.

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

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

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

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

12 (2) by inserting after section 104 the following
13 new section:

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

15 “(a) FINDING.—Congress recognizes that the alarm-
16 ing spread of HIV/AIDS in countries in sub-Saharan Afri-
17 ca, the Caribbean, and other developing countries is a
18 major global health, national security, development, and
19 humanitarian crisis.

20 “(b) POLICY.—It is a major objective of the foreign
21 assistance program of the United States to provide assist-
22 ance for the prevention, treatment, and control of HIV/
23 AIDS. The United States and other developed countries
24 should provide assistance to countries in sub-Saharan Af-
25 rica and other countries and areas to control this crisis

1 through HIV/AIDS prevention, treatment, monitoring,
2 and related activities, particularly activities focused on
3 women and youth, including strategies to protect women
4 and prevent mother-to-child transmission of the HIV in-
5 fection.

6 “(c) AUTHORIZATION.—

7 “(1) IN GENERAL.—Consistent with section
8 104(c), the President is authorized to furnish assist-
9 ance, on such terms and conditions as the President
10 may determine, to prevent, treat, and monitor HIV/
11 AIDS, and carry out related activities, in countries
12 in sub-Saharan Africa and other countries and
13 areas.

14 “(2) ROLE OF NGOS.—It is the sense of Con-
15 gress that the President should provide an appro-
16 priate level of assistance under paragraph (1)
17 through nongovernmental organizations in countries
18 in sub-Saharan Africa and other countries and areas
19 affected by the HIV/AIDS pandemic.

20 “(3) COORDINATION OF ASSISTANCE EF-
21 FORTS.—The President shall coordinate the provi-
22 sion of assistance under paragraph (1) with the pro-
23 vision of related assistance by the Joint United Na-
24 tions Programme on HIV/AIDS (UNAIDS), the
25 United Nations Children’s Fund (UNICEF), the

1 World Health Organization (WHO), the United Na-
2 tions Development Programme (UNDP), the Global
3 Fund to Fight AIDS, Tuberculosis and Malaria and
4 other appropriate international organizations (such
5 as the International Bank for Reconstruction and
6 Development), relevant regional multilateral develop-
7 ment institutions, national, state, and local govern-
8 ments of foreign countries, appropriate governmental
9 and nongovernmental organizations, and relevant ex-
10 ecutive branch agencies.

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

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

16 “(A) programs and efforts that are de-
17 signed or intended to impart knowledge with
18 the exclusive purpose of helping individuals
19 avoid behaviors that place them at risk of HIV
20 infection, including integration of such pro-
21 grams into health programs and the inclusion
22 in counseling programs of information on meth-
23 ods of avoiding infection of HIV, including de-
24 laying sexual debut, abstinence, fidelity and mo-

1 nogamy, reduction of casual sexual partnering,
2 and where appropriate, use of condoms;

3 “(B) assistance to establish and implement
4 culturally appropriate HIV/AIDS education and
5 prevention programs that focus on helping indi-
6 viduals avoid infection of HIV/AIDS, imple-
7 mented through nongovernmental organizations,
8 including faith-based and community-based or-
9 ganizations, particularly those organizations
10 that utilize both professionals and volunteers
11 with appropriate skills, experience, and commu-
12 nity presence;

13 “(C) assistance for the purpose of pro-
14 viding voluntary testing and counseling (includ-
15 ing the incorporation of confidentiality protec-
16 tions with respect to such testing and coun-
17 seling);

18 “(D) assistance for the purpose of pre-
19 venting mother-to-child transmission of the
20 HIV infection, including medications to prevent
21 such transmission and access to infant formula
22 and other alternatives for infant feeding;

23 “(E) assistance to ensure a safe blood sup-
24 ply and sterile medical equipment; and

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

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

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

14 “(B) assistance to strengthen and expand
15 hospice and palliative care programs to assist
16 patients debilitated by HIV/AIDS, their fami-
17 lies, and the primary caregivers of such pa-
18 tients, including programs that utilize faith-
19 based and community-based organizations; and

20 “(C) assistance for the purpose of the care
21 and treatment of individuals with HIV/AIDS
22 through the provision of pharmaceuticals, in-
23 cluding antiretrovirals and other pharma-
24 ceuticals and therapies for the treatment of op-

1 portunistic infections, nutritional support, and
2 other treatment modalities.

3 “(3) PREVENTATIVE INTERVENTION EDU-
4 CATION AND TECHNOLOGIES.—(A) With particular
5 emphasis on specific populations that represent a
6 particularly high risk of contracting or spreading
7 HIV/AIDS, including those exploited through the
8 sex trade, victims of rape and sexual assault, indi-
9 viduals already infected with HIV/AIDS, and in
10 cases of occupational exposure of health care work-
11 ers, assistance with efforts to reduce the risk of
12 HIV/AIDS infection including post-exposure phar-
13 maceutical prophylaxis, and necessary pharma-
14 ceuticals and commodities, including test kits,
15 condoms, and, when proven effective, microbicides.

16 “(B) Bulk purchases of available test kits,
17 condoms, and, when proven effective, microbicides
18 that are intended to reduce the risk of HIV/AIDS
19 transmission and for appropriate program support
20 for the introduction and distribution of these com-
21 modities, as well as education and training on the
22 use of the technologies.

23 “(4) MONITORING.—The monitoring of pro-
24 grams, projects, and activities carried out pursuant
25 to paragraphs (1) through (3), including—

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

6 “(B) appropriate evaluation and surveil-
7 lance activities.

8 “(5) PHARMACEUTICALS.—

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

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

19 “(C) DISTRIBUTION.—The distribution of
20 such HIV/AIDS pharmaceuticals, antiviral
21 therapies, and other appropriate medicines (in-
22 cluding medicines to treat opportunistic infec-
23 tions) to qualified national, regional, or local or-
24 ganizations for the treatment of individuals
25 with HIV/AIDS in accordance with appropriate

1 HIV/AIDS testing and monitoring requirements
2 and treatment protocols and for the prevention
3 of mother-to-child transmission of the HIV in-
4 fection.

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

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

12 “(B) improved infrastructure and institu-
13 tional capacity to develop and manage edu-
14 cation, prevention, and treatment programs, in-
15 cluding training and the resources to collect
16 and maintain accurate HIV surveillance data to
17 target programs and measure the effectiveness
18 of interventions; and

19 “(C) vaccine research and development
20 partnership programs with specific plans of ac-
21 tion to develop a safe, effective, accessible, pre-
22 ventive HIV vaccine for use throughout the
23 world.

24 “(e) ANNUAL REPORT.—

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

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

9 “(A) a description of efforts made by each
10 relevant executive branch agency to implement
11 the policies set forth in this section, section
12 104B, and section 104C;

13 “(B) a description of the programs estab-
14 lished pursuant to such sections; and

15 “(C) a detailed assessment of the impact
16 of programs established pursuant to such sec-
17 tions, including—

18 “(i)(I) the effectiveness of such pro-
19 grams in reducing the spread of the HIV
20 infection, particularly in women and girls,
21 in reducing mother-to-child transmission of
22 the HIV infection, and in reducing mor-
23 tality rates from HIV/AIDS; and

24 “(II) the number of patients currently
25 receiving treatment for AIDS in each

1 country that receives assistance under this
2 Act.

3 “(ii) the progress made toward im-
4 proving health care delivery systems (in-
5 cluding the training of adequate numbers
6 of staff) and infrastructure to ensure in-
7 creased access to care and treatment;

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

15 “(iv) with respect to malaria, the in-
16 crease in the number of people treated and
17 the increase in number of malaria patients
18 cured through each program, project, or
19 activity receiving United States foreign as-
20 sistance for malaria control purposes.

21 “(f) FUNDING LIMITATION.—Of the funds made
22 available to carry out this section in any fiscal year, not
23 more than 7 percent may be used for the administrative
24 expenses of the United States Agency for International
25 Development in support of activities described in section

1 104(c), this section, section 104B, and section 104C. Such
2 amount shall be in addition to other amounts otherwise
3 available for such purposes.

4 “(g) DEFINITIONS.—In this section:

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

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

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

13 “(4) RELEVANT EXECUTIVE BRANCH AGEN-
14 CIES.—The term “relevant executive branch agen-
15 cies” means the Department of State, the United
16 States Agency for International Development, the
17 Department of Health and Human Services (includ-
18 ing the Public Health Service), and any other de-
19 partment or agency of the United States that par-
20 ticipates in international HIV/AIDS activities pursu-
21 ant to the authorities of such department or agency
22 or this Act.”.

23 (b) AUTHORIZATION OF APPROPRIATIONS.—

24 (1) IN GENERAL.—In addition to funds avail-
25 able under section 104(c) of the Foreign Assistance

1 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
2 or under any other provision of that Act, there are
3 authorized to be appropriated to the President, from
4 amounts authorized to be appropriated under section
5 401, such sums as may be necessary for each of the
6 fiscal years 2004 through 2008 to carry out section
7 104A of the Foreign Assistance Act of 1961, as
8 added by subsection (a).

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

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

20 (c) RELATIONSHIP TO ASSISTANCE PROGRAMS TO
21 ENHANCE NUTRITION.—In recognition of the fact that
22 malnutrition may hasten the progression of HIV to AIDS
23 and may exacerbate the decline among AIDS patients
24 leading to a shorter life span, the Administrator of the

1 United States Agency for International Development shall,
2 as appropriate—

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

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

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

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

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

22 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT
23 OF 1961.—Chapter 1 of part I of the Foreign Assistance
24 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-

1 tion 301 of this Act, is further amended by inserting after
2 section 104A the following new section:

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

4 “(a) FINDINGS.—Congress makes the following find-
5 ings:

6 “(1) Congress recognizes the growing inter-
7 national problem of tuberculosis and the impact its
8 continued existence has on those countries that had
9 previously largely controlled the disease.

10 “(2) Congress further recognizes that the
11 means exist to control and treat tuberculosis
12 through expanded use of the DOTS (Directly Ob-
13 served Treatment Short-course) treatment strategy,
14 including DOTS-Plus to address multi-drug resist-
15 ant tuberculosis, and adequate investment in newly
16 created mechanisms to increase access to treatment,
17 including the Global Tuberculosis Drug Facility es-
18 tablished in 2001 pursuant to the Amsterdam Dec-
19 laration to Stop TB and the Global Alliance for TB
20 Drug Development.

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

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

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

12 “(d) COORDINATION.—In carrying out this section,
13 the President shall coordinate with the World Health Or-
14 ganization, the Global Fund to Fight AIDS, Tuberculosis,
15 and Malaria, and other organizations with respect to the
16 development and implementation of a comprehensive tu-
17 berculosis control program.

18 “(e) PRIORITY TO DOTS COVERAGE.—In furnishing
19 assistance under subsection (c), the President shall give
20 priority to activities that increase Directly Observed
21 Treatment Short-course (DOTS) coverage and treatment
22 of multi-drug resistant tuberculosis where needed using
23 DOTS-Plus, including funding for the Global Tuberculosis
24 Drug Facility, the Stop Tuberculosis Partnership, and the
25 Global Alliance for TB Drug Development.

1 “(f) DEFINITIONS.—In this section:

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

6 “(2) DOTS-PLUS.—The term ‘DOTS-Plus’
7 means a comprehensive tuberculosis management
8 strategy that is built upon and works as a supple-
9 ment to the standard DOTS strategy, and which
10 takes into account specific issues (such as use of sec-
11 ond line anti-tuberculosis drugs) that need to be ad-
12 dressed in areas where there is high prevalence of
13 multi-drug resistant tuberculosis.

14 “(3) GLOBAL ALLIANCE FOR TUBERCULOSIS
15 DRUG DEVELOPMENT.—The term ‘Global Alliance
16 for Tuberculosis Drug Development’ means the pub-
17 lic-private partnership that brings together leaders
18 in health, science, philanthropy, and private industry
19 to devise new approaches to tuberculosis and to en-
20 sure that new medications are available and afford-
21 able in high tuberculosis burden countries and other
22 affected countries.

23 “(4) GLOBAL TUBERCULOSIS DRUG FACIL-
24 ITY.—The term ‘Global Tuberculosis Drug Facility
25 (GDF)’ means the new initiative of the Stop Tuber-

1 culosis Partnership to increase access to high-quality
2 tuberculosis drugs to facilitate DOTS expansion.

3 “(5) STOP TUBERCULOSIS PARTNERSHIP.—The
4 term ‘Stop Tuberculosis Partnership’ means the
5 partnership of the World Health Organization, do-
6 nors including the United States, high tuberculosis
7 burden countries, multilateral agencies, and non-
8 governmental and technical agencies committed to
9 short- and long-term measures required to control
10 and eventually eliminate tuberculosis as a public
11 health problem in the world.”.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—

13 (1) IN GENERAL.—In addition to funds avail-
14 able under section 104(c) of the Foreign Assistance
15 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
16 or under any other provision of that Act, there are
17 authorized to be appropriated to the President, from
18 amounts authorized to be appropriated under section
19 401, such sums as may be necessary for each of the
20 fiscal years 2004 through 2008 to carry out section
21 104B of the Foreign Assistance Act of 1961, as
22 added by subsection (a).

23 (2) AVAILABILITY OF FUNDS.—Amounts appro-
24 priated pursuant to the authorization of appropria-

1 tions under paragraph (1) are authorized to remain
2 available until expended.

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

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

13 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT
14 OF 1961.—Chapter 1 of part I of the Foreign Assistance
15 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-
16 tions 301 and 302 of this Act, is further amended by in-
17 serting after section 104B the following new section:

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

19 “(a) FINDING.—Congress finds that malaria kills
20 more people annually than any other communicable dis-
21 ease except tuberculosis, that more than 90 percent of all
22 malaria cases are in sub-Saharan Africa, and that children
23 and women are particularly at risk. Congress recognizes
24 that there are cost-effective tools to decrease the spread

1 of malaria and that malaria is a curable disease if prompt-
2 ly diagnosed and adequately treated.

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

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 malaria.

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

19 (b) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—In addition to funds avail-
21 able under section 104(c) of the Foreign Assistance
22 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
23 or under any other provision of that Act, there are
24 authorized to be appropriated to the President, from
25 amounts authorized to be appropriated under section

1 401, such sums as may be necessary for fiscal years
2 2004 through 2008 to carry out section 104C of the
3 Foreign Assistance Act of 1961, as added by sub-
4 section (a).

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

8 (3) TRANSFER OF PRIOR YEAR FUNDS.—Unob-
9 ligated balances of funds made available for fiscal
10 year 2001, 2002, or 2003 under section 104(c) of
11 the Foreign Assistance Act of 1961 (22 U.S.C.
12 2151b(c) (as in effect immediately before the date of
13 enactment of this Act) and made available for the
14 control of malaria shall be transferred to, merged
15 with, and made available for the same purposes as
16 funds made available for fiscal years 2004 through
17 2008 under paragraph (1).

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

22 “(4) RELATIONSHIP TO OTHER LAWS.—Assist-
23 ance made available under this subsection and sec-
24 tions 104A, 104B, and 104C, and assistance made
25 available under chapter 4 of part II to carry out the

1 purposes of this subsection and the provisions cited
2 in this paragraph, may be made available notwith-
3 standing any other provision of law, except for the
4 provisions of this subsection, the provisions of law
5 cited in this paragraph, subsection (f), and section
6 634A of this Act.”.

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

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

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

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

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

1 (3) provide health care educational training for
2 residents of the area in which they are serving;

3 (4) serve for a period of up to three years; and

4 (5) meet the eligibility requirements in sub-
5 section (d).

6 (c) ELIGIBILITY REQUIREMENTS.—To be eligible to
7 participate in the program, a candidate shall—

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

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

17 (d) RECRUITMENT.—The President shall ensure that
18 information on the program is widely distributed, includ-
19 ing the distribution of information to schools for health
20 professionals, hospitals, clinics, and nongovernmental or-
21 ganizations working in the areas of international health
22 and aid.

23 (e) PLACEMENT OF PARTICIPANTS.—

24 (1) IN GENERAL.—To the maximum extent
25 practicable, participants in the program shall serve

1 in the poorest areas of the affected countries, where
2 health care needs are likely to be the greatest. The
3 decision on the placement of a participant should be
4 made in consultation with relevant officials of the af-
5 fected country at both the national and local level as
6 well as with local community leaders and organiza-
7 tions.

8 (2) COORDINATION.—Placement of participants
9 in the program shall be coordinated with the United
10 States Agency for International Development in
11 countries in which that Agency is conducting HIV/
12 AIDS, tuberculosis, or malaria programs. Overall co-
13 ordination of placement of participants in the pro-
14 gram shall be made by the Coordinator of United
15 States Government Activities to Combat HIV/AIDS
16 Globally (as described in section 1(f) of the State
17 Department Basic Authorities Act of 1956 (as
18 added by section 102(a) of this Act)).

19 (f) INCENTIVES.—The President may offer such in-
20 centives as the President determines to be necessary to
21 encourage individuals to participate in the program, such
22 as partial payment of principal, interest, and related ex-
23 penses on government and commercial loans for edu-
24 cational expenses relating to professional health training
25 and, where possible, deferment of repayments on such

1 loans, the provision of retirement benefits that would oth-
2 erwise be jeopardized by participation in the program, and
3 other incentives.

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

8 (1) the process of recruitment, including the
9 venues for recruitment, the number of candidates re-
10 cruited, the incentives offered, if any, and the cost
11 of those incentives;

12 (2) the process, including the criteria used, for
13 the selection of participants;

14 (3) the number of participants placed, the coun-
15 tries in which they were placed, and why those coun-
16 tries were selected; and

17 (4) the potential for expansion of the program.

18 (h) AUTHORIZATION OF APPROPRIATIONS.—

19 (1) IN GENERAL.—In addition to amounts oth-
20 erwise available for such purpose, there are author-
21 ized to be appropriated to the President, from
22 amounts authorized to be appropriated under section
23 401, such sums as may be necessary for each of the
24 fiscal years 2004 through 2008 to carry out the pro-
25 gram.

1 (2) AVAILABILITY OF FUNDS.—Amounts appro-
2 priated pursuant to the authorization of appropria-
3 tions under paragraph (1) are authorized to remain
4 available until expended.

5 **SEC. 305. REPORT ON TREATMENT ACTIVITIES BY REL-**
6 **EVANT EXECUTIVE BRANCH AGENCIES.**

7 (a) IN GENERAL.—Not later than 15 months after
8 the date of enactment of this Act, the President shall sub-
9 mit to appropriate congressional committees a report on
10 the programs and activities of the relevant executive
11 branch agencies that are directed to the treatment of indi-
12 viduals in foreign countries infected with HIV or living
13 with AIDS.

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

15 (1) a description of the activities of relevant ex-
16 ecutive branch agencies with respect to—

17 (A) the treatment of opportunistic infec-
18 tions;

19 (B) the use of antiretrovirals;

20 (C) the status of research into successful
21 treatment protocols for individuals in the devel-
22 oping world; and

23 (D) technical assistance and training of
24 local health care workers (in countries affected
25 by the pandemic) to administer antiretrovirals,

1 manage side effects, and monitor patients' viral
2 loads and immune status;

3 (2) information on existing pilot projects, in-
4 cluding a discussion of why a given population was
5 selected, the number of people treated, the cost of
6 treatment, the mechanisms established to ensure
7 that treatment is being administered effectively and
8 safely, and plans for scaling up pilot projects (in-
9 cluding projected timelines and required resources);
10 and

11 (3) an explanation of how those activities relate
12 to efforts to prevent the transmission of the HIV in-
13 fection.

14 **Subtitle B—Assistance for Children** 15 **and Families**

16 **SEC. 311. FINDINGS.**

17 Congress makes the following findings:

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

1 (2) Mother-to-child transmission is largely pre-
2 ventable with the proper application of pharma-
3 ceuticals, therapies, and other public health interven-
4 tions.

5 (3) The drug nevirapine reduces mother-to-child
6 transmission by nearly 50 percent. Universal avail-
7 ability of this drug could prevent up to 400,000 in-
8 fections per year and dramatically reduce the num-
9 ber of AIDS-related deaths.

10 (4) At the United Nations Special Session on
11 HIV/AIDS in June 2001, the United States com-
12 mitted to the specific goals with respect to the pre-
13 vention of mother-to-child transmission, including
14 the goals of reducing the proportion of infants in-
15 fected with HIV by 20 percent by the year 2005 and
16 by 50 percent by the year 2010, as specified in the
17 Declaration of Commitment on HIV/AIDS adopted
18 by the United Nations General Assembly at the Spe-
19 cial Session.

20 (5) Several United States Government agencies
21 including the United States Agency for International
22 Development and the Centers for Disease Control
23 are already supporting programs to prevent mother-
24 to-child transmission in resource-poor nations and
25 have the capacity to expand these programs rapidly

1 by working closely with foreign governments and
2 nongovernmental organizations.

3 (6) Efforts to prevent mother-to-child trans-
4 mission can provide the basis for a broader response
5 that includes care and treatment of mothers, fa-
6 thers, and other family members who are infected
7 with HIV or living with AIDS.

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

16 (8) HIV/AIDS also targets young people be-
17 tween the ages of 15 to 24, particularly young
18 women, many of whom carry the burden of caring
19 for family members living with HIV/AIDS. An esti-
20 mated 10,300,000 young people are now living with
21 HIV/AIDS. One-half of all new infections are occur-
22 ring among this age group.

23 **SEC. 312. POLICY AND REQUIREMENTS.**

24 (a) POLICY.—The United States Government's re-
25 sponse to the global HIV/AIDS pandemic should place

1 high priority on the prevention of mother-to-child trans-
2 mission, the care and treatment of family members and
3 caregivers, and the care of children orphaned by AIDS.
4 To the maximum extent possible, the United States Gov-
5 ernment should seek to leverage its funds by seeking
6 matching contributions from the private sector, other na-
7 tional governments, and international organizations.

8 (b) REQUIREMENTS.—The 5-year United States Gov-
9 ernment strategy required by section 101 of this Act
10 shall—

11 (1) provide for meeting or exceeding the goal to
12 reduce the rate of mother-to-child transmission of
13 HIV by 20 percent by 2005 and by 50 percent by
14 2010;

15 (2) include programs to make available testing
16 and treatment to HIV-positive women and their
17 family members, including drug treatment and
18 therapies to prevent mother-to-child transmission;
19 and

20 (3) expand programs designed to care for chil-
21 dren orphaned by AIDS.

1 **SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
2 **TO-CHILD TRANSMISSION OF THE HIV INFEC-**
3 **TION.**

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

11 (b) **REPORT ELEMENTS.**—Each report shall in-
12 clude—

13 (1) a statement of whether or not all relevant
14 executive branch agencies have met the goal de-
15 scribed in section 312(b)(1); and

16 (2) a description of efforts made by the relevant
17 executive branch agencies to expand those activities,
18 including—

19 (A) information on the number of sites
20 supported for the prevention of mother-to-child
21 transmission of the HIV infection;

22 (B) the specific activities supported;

23 (C) the number of women tested and coun-
24 seled; and

25 (D) the number of women receiving pre-
26 ventative drug therapies.

1 (c) REPORTING PERIOD DEFINED.—In this section,
2 the term “reporting period” means, in the case of the ini-
3 tial report, the period since the date of enactment of this
4 Act and, in the case of any subsequent report, the period
5 since the date of submission of the most recent report.

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

8 (a) IN GENERAL.—The President, acting through the
9 United States Agency for International Development,
10 should establish a program of assistance that would dem-
11 onstrate the feasibility of the provision of care and treat-
12 ment to orphans and other children and young people af-
13 fected by HIV/AIDS in foreign countries.

14 (b) PROGRAM REQUIREMENTS.—The program
15 should—

16 (1) build upon and be integrated into programs
17 administered as of the date of enactment of this Act
18 by the relevant executive branch agencies for chil-
19 dren affected by HIV/AIDS;

20 (2) work in conjunction with indigenous com-
21 munity-based programs and activities, particularly
22 those that offer proven services for children;

23 (3) reduce the stigma of HIV/AIDS to encour-
24 age vulnerable children infected with HIV or living
25 with AIDS and their family members and caregivers

1 to avail themselves of voluntary counseling and test-
2 ing, and related programs, including treatments;

3 (4) provide, in conjunction with other relevant
4 executive branch agencies, the range of services for
5 the care and treatment, including the provision of
6 antiretrovirals and other necessary pharmaceuticals,
7 of children, parents, and caregivers infected with
8 HIV or living with AIDS;

9 (5) provide nutritional support and food secu-
10 rity, and the improvement of overall family health;

11 (6) work with parents, caregivers, and commu-
12 nity-based organizations to provide children with
13 educational opportunities; and

14 (7) provide appropriate counseling and legal as-
15 sistance for the appointment of guardians and the
16 handling of other issues relating to the protection of
17 children.

18 (c) REPORT.—Not later than 18 months after the
19 date of enactment of this Act, the President should submit
20 a report on the implementation of this section to the ap-
21 propriate congressional committees.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—

23 (1) IN GENERAL.—In addition to amounts oth-
24 erwise available for such purpose, there are author-
25 ized to be appropriated to the President, from

1 amounts authorized to be appropriated under section
2 401, such sums as may be necessary for each of the
3 fiscal years 2004 through 2008 to carry out the pro-
4 gram.

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

8 **SEC. 315. PILOT PROGRAM ON FAMILY SURVIVAL PART-**
9 **NERSHIPS.**

10 (a) PURPOSE.—The purpose of this section is to au-
11 thorize the President to establish a program, through a
12 public-private partnership, for the provision of medical
13 care and support services to HIV positive parents and
14 their children identified through existing programs to pre-
15 vent mother-to-child transmission of HIV in countries
16 with or at risk for severe HIV epidemic with particular
17 attention to resource constrained countries.

18 (b) GRANTS.—

19 (1) IN GENERAL.—The President is authorized
20 to establish a program for the award of grants to el-
21 igible administrative organizations to enable such or-
22 ganizations to award subgrants to eligible entities to
23 expand activities to prevent the mother-to-child
24 transmission of HIV by providing medical care and

1 support services to HIV infected parents and their
2 children.

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

6 (A) to award subgrants to eligible entities
7 to enable such entities to carry out activities de-
8 scribed in subsection (c);

9 (B) for administrative support and
10 subgrant management;

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

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

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

17 (F) to promote sustainability.

18 (c) SUBGRANTS.—

19 (1) IN GENERAL.—An organization awarded a
20 grant under subsection (b) shall use amounts re-
21 ceived under the grant to award subgrants to eligible
22 entities.

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

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

4 (B) demonstrate to the awarding organiza-
5 tion that such entity—

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

12 (ii) has demonstrated support for the
13 proposed program from relevant govern-
14 ment entities; and

15 (iii) is able to provide HIV care, in-
16 cluding antiretroviral treatment when
17 medically indicated, to HIV positive
18 women, men, and children with the support
19 of the project funding.

20 (3) LOCAL HEALTH AND INTERNATIONAL OR-
21 GANIZATIONS.—For purposes of paragraph (2)(A)—

22 (A) the term “local health organization”
23 means a public sector health system, non-
24 governmental organization, institution of higher
25 education, community-based organization, or

1 nonprofit health system that provides directly,
2 or has a clear link with a provider for the indi-
3 rect provision of, primary health care services;
4 and

5 (B) the term “international organization”
6 means—

7 (i) a nonprofit international entity;

8 (ii) an international charitable institu-
9 tion;

10 (iii) a private voluntary international
11 entity; or

12 (iv) a multilateral institution.

13 (4) SELECTION OF SUBGRANT RECIPIENTS.—In
14 awarding subgrants under this subsection, the orga-
15 nization should—

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

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

22 (5) USE OF SUBGRANT FUNDS.—An eligible en-
23 tity awarded a subgrant under this subsection shall
24 use subgrant funds to expand activities to prevent
25 mother-to-child transmission of HIV by providing

1 medical treatment and care and support services to
2 parents and their children, which may include—

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

6 (B) the hiring and training of local per-
7 sonnel, including physicians, nurses, other
8 health care providers, counselors, social work-
9 ers, outreach personnel, laboratory technicians,
10 data managers, and administrative support per-
11 sonnel;

12 (C) paying laboratory costs, including costs
13 related to necessary equipment and diagnostic
14 testing and monitoring (including rapid test-
15 ing), complete blood counts, standard chem-
16 istries, and liver function testing for infants,
17 children, and parents, and costs related to the
18 purchase of necessary laboratory equipment;

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

22 (E) funding support services, including ad-
23 herence and psychosocial support services;

24 (F) operational support activities; and

1 (G) conducting community outreach and
2 capacity building activities, including activities
3 to raise the awareness of individuals of the pro-
4 gram carried out by the subgrantee, other com-
5 munications activities in support of the pro-
6 gram, local advisory board functions, and trans-
7 portation necessary to ensure program partici-
8 pation.

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

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

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

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

19 (e) FUNDING.—There are authorized to be appro-
20 priated to the President, from amounts authorized to be
21 appropriated under section 401, such sums as may be nec-
22 essary for each of the fiscal years 2004 through 2008 to
23 carry out the program.

24 (f) LIMITATION ON ADMINISTRATIVE EXPENSES.—
25 An organization shall ensure that not more than 7 percent

1 of the amount of a grant received under this section by
2 the organization is used for administrative expenses.

3 **TITLE IV—AUTHORIZATION OF**
4 **APPROPRIATIONS**

5 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

6 (a) IN GENERAL.—There are authorized to be appro-
7 priated to the President to carry out this Act and the
8 amendments made by this Act \$3,000,000,000 for each
9 of the fiscal years 2004 through 2008.

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

13 (c) AVAILABILITY OF AUTHORIZATIONS.—Authoriza-
14 tions of appropriations under subsection (a) shall remain
15 available until the appropriations are made.

16 **SEC. 402. SENSE OF CONGRESS.**

17 It is the sense of Congress that, of the amounts ap-
18 propriated pursuant to the authorization of appropriations
19 under section 401 for HIV/AIDS assistance, an effective
20 distribution of such amounts would be—

21 (1) 55 percent of such amounts for treatment
22 of individuals with HIV/AIDS;

23 (2) 15 percent of such amounts for palliative
24 care of individuals with HIV/AIDS; and

- 1 (3) 20 percent of such amounts for educational
- 2 efforts for HIV/AIDS prevention.

○