Public Law 106–264
106th Congress

An Act

Aug. 19, 2000
[H.R. 3519]

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Global AIDS and Tuberculosis Relief Act of 2000.
Health and health care.
Diseases.
22 USC 6801 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Global AIDS and Tuberculosis Relief Act of 2000".

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TITLE I—ASSISTANCE TO COUNTRIES WITH LARGE POPULATIONS HAVING HIV/AIDS

Global AIDS Research and Relief Act of 2000.

SEC. 101. SHORT TITLE.

22 USC 6801 note.

This title may be cited as the "Global AIDS Research and Relief Act of 2000".

SEC. 102. DEFINITIONS.

22 USC 6801 note.

In this title:

(1) AIDS.—The term "AIDS" means the acquired immune deficiency syndrome.

(2) ASSOCIATION.—The term "Association" means the International Development Association.

(3) BANK.—The term "Bank" or "World Bank" means the International Bank for Reconstruction and Development.

(4) HIV.—The term "HIV" means the human immunodeficiency virus, the pathogen which causes AIDS.

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

SEC. 103. FINDINGS AND PURPOSES.

22 USC 6802.

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

(1) According to the Surgeon General of the United States, the epidemic of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) will soon become the worst epidemic of infectious disease in recorded history, eclipsing both the bubonic plague of the 1300's and the influenza epidemic of 1918–1919 which killed more than 20,000,000 people worldwide.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 34,300,000 people in the world today are living with HIV/AIDS, of which approximately 95 percent live in the developing world.

(3) UNAIDS data shows that among children age 14 and under worldwide, more than 3,800,000 have died from AIDS, more than 1,300,000 are living with the disease; and in 1 year alone—1999—an estimated 620,000 became infected, of which over 90 percent were babies born to HIV-positive women.

(4) Although sub-Saharan Africa has only 10 percent of the world's population, it is home to more than 24,500,000—roughly 70 percent—of the world's HIV/AIDS cases.

(5) Worldwide, there have already been an estimated 18,800,000 deaths because of HIV/AIDS, of which more than 80 percent occurred in sub-Saharan Africa.

(6) The gap between rich and poor countries in terms of transmission of HIV from mother to child has been increasing. Moreover, AIDS threatens to reverse years of steady progress of child survival in developing countries. UNAIDS believes that by the year 2010, AIDS may have increased

mortality of children under 5 years of age by more than 100 percent in regions most affected by the virus.

(7) According to UNAIDS, by the end of 1999, 13,200,000 children have lost at least one parent to AIDS, including 12,100,000 children in sub-Saharan Africa, and are thus considered AIDS orphans.

(8) At current infection and growth rates for HIV/AIDS, the National Intelligence Council estimates that the number of AIDS orphans worldwide will increase dramatically, potentially increasing threefold or more in the next 10 years, contributing to economic decay, social fragmentation, and political destabilization in already volatile and strained societies. Children without care or hope are often drawn into prostitution, crime, substance abuse, or child soldiery.

(9) Donors must focus on adequate preparations for the explosion in the number of orphans and the burden they will place on families, communities, economies, and governments. Support structures and incentives for families, communities, and institutions which will provide care for children orphaned by HIV/AIDS, or for the children who are themselves afflicted by HIV/AIDS, will be essential.

(10) The 1999 annual report by the United Nations Children's Fund (UNICEF) states "[t]he number of orphans, particularly in Africa, constitutes nothing less than an emergency, requiring an emergency response" and that "finding the resources needed to help stabilize the crisis and protect children is a priority that requires urgent action from the international community.".

(11) The discovery of a relatively simple and inexpensive means of interrupting the transmission of HIV from an infected mother to the unborn child—namely with nevirapine (NVP), which costs US$4 a tablet—has created a great opportunity for an unprecedented partnership between the United States Government and the governments of Asian, African and Latin American countries to reduce mother-to-child transmission (also known as "vertical transmission") of HIV.

(12) According to UNAIDS, if implemented this strategy will decrease the proportion of orphans that are HIV-infected and decrease infant and child mortality rates in these developing regions.

(13) A mother-to-child antiretroviral drug strategy can be a force for social change, providing the opportunity and impetus needed to address often long-standing problems of inadequate services and the profound stigma associated with HIV-infection and the AIDS disease. Strengthening the health infrastructure to improve mother-and-child health, antenatal, delivery and postnatal services, and couples counseling generates enormous spillover effects toward combating the AIDS epidemic in developing regions.

(14) United States Census Bureau statistics show life expectancy in sub-Saharan Africa falling to around 30 years of age within a decade, the lowest in a century, and project life expectancy in 2010 to be 29 years of age in Botswana, 30 years of age in Swaziland, 33 years of age in Namibia and Zimbabwe, and 36 years of age in South Africa, Malawi, and Rwanda, in contrast to a life expectancy of 70 years of

age in many of the countries without a high prevalence of AIDS.

(15) A January 2000 United States National Intelligence Estimate (NIE) report on the global infectious disease threat concluded that the economic costs of infectious diseases—especially HIV/AIDS—are already significant and could reduce GDP by as much as 20 percent or more by 2010 in some sub-Saharan African nations.

(16) According to the same NIE report, HIV prevalence among militias in Angola and the Democratic Republic of the Congo are estimated at 40 to 60 percent, and at 15 to 30 percent in Tanzania.

(17) The HIV/AIDS epidemic is of increasing concern in other regions of the world, with UNAIDS estimating that there are more than 5,600,000 cases in South and South-east Asia, that the rate of HIV infection in the Caribbean is second only to sub-Saharan Africa, and that HIV infections have doubled in just 2 years in the former Soviet Union.

(18) Despite the discouraging statistics on the spread of HIV/AIDS, some developing nations—such as Uganda, Senegal, and Thailand—have implemented prevention programs that have substantially curbed the rate of HIV infection.

(19) AIDS, like all diseases, knows no national boundaries, and there is no certitude that the scale of the problem in one continent can be contained within that region.

(20) Accordingly, United States financial support for medical research, education, and disease containment as a global strategy has beneficial ramifications for millions of Americans and their families who are affected by this disease, and the entire population which is potentially susceptible.

(b) PURPOSES.—The purposes of this title are to—

(1) help prevent human suffering through the prevention, diagnosis, and treatment of HIV/AIDS; and

(2) help ensure the viability of economic development, stability, and national security in the developing world by advancing research to—

(A) understand the causes associated with HIV/AIDS in developing countries; and

(B) assist in the development of an AIDS vaccine.

Subtitle A—United States Assistance

SEC. 111. ADDITIONAL ASSISTANCE AUTHORITIES TO COMBAT HIV AND AIDS.

Children and youth.

(a) ASSISTANCE FOR PREVENTION OF HIV/AIDS AND VERTICAL TRANSMISSION.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by adding at the end the following new paragraphs:

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

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

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

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

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

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

"(i) primary prevention and education;

"(ii) voluntary testing and counseling;

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

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

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

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

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

"(ii) Assistance made available under this subsection, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries.

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

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

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

(b) TRAINING AND TRAINING FACILITIES IN SUB-SAHARAN AFRICA.—Section 496(i)(2) of the Foreign Assistance Act of 1961 (22 U.S.C. 2293(i)(2)) is amended by adding at the end the following

new sentence: "In addition, providing training and training facilities, in sub-Saharan Africa, for doctors and other health care providers, notwithstanding any provision of law that restricts assistance to foreign countries.".

SEC. 112. VOLUNTARY CONTRIBUTION TO GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATIONS AND INTERNATIONAL AIDS VACCINE INITIATIVE.

(a) AUTHORIZATION OF APPROPRIATIONS.—Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended by adding at the end the following new subsections:

"(k) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President $50,000,000 for each of the fiscal years 2001 and 2002 to be available only for United States contributions to the Global Alliance for Vaccines and Immunizations.

"(l) In addition to amounts otherwise available under this section, there is authorized to be appropriated to the President $10,000,000 for each of the fiscal years 2001 and 2002 to be available only for United States contributions to the International AIDS Vaccine Initiative.".

(b) REPORT.—At the close of fiscal year 2001, the President shall submit a report to the appropriate congressional committees on the effectiveness of the Global Alliance for Vaccines and Immunizations and the International AIDS Vaccine Initiative during that fiscal year in meeting the goals of— Deadline. President.

(1) improving access to sustainable immunization services;

(2) expanding the use of all existing, safe, and cost-effective vaccines where they address a public health problem;

(3) accelerating the development and introduction of new vaccines and technologies;

(4) accelerating research and development efforts for vaccines needed primarily in developing countries; and

(5) making immunization coverage a centerpiece in international development efforts.

(c) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In subsection (b), the term "appropriate congressional committees" means the Committee on Foreign Relations and the Committee on Appropriations of the Senate and the Committee on International Relations and the Committee on Appropriations of the House of Representatives.

SEC. 113. COORDINATED DONOR STRATEGY FOR SUPPORT AND EDUCATION OF ORPHANS IN SUB-SAHARAN AFRICA. 22 USC 6811.

(a) STATEMENT OF POLICY.—It is in the national interest of the United States to assist in mitigating the burden that will be placed on sub-Saharan African social, economic, and political institutions as these institutions struggle with the consequences of a dramatically increasing AIDS orphan population, many of whom are themselves infected by HIV and living with AIDS. Effectively addressing that burden and its consequences in sub-Saharan Africa will require a coordinated multidonor strategy.

(b) DEVELOPMENT OF STRATEGY.—The President shall coordinate the development of a multidonor strategy to provide for the support and education of AIDS orphans and the families, communities, and institutions most affected by the HIV/AIDS epidemic in sub-Saharan Africa. President.

(c) DEFINITION.—In this section, the term "HIV/AIDS" means, with respect to an individual, an individual who is infected with the human immunodeficiency virus (HIV), the pathogen that causes the acquired immune deficiency virus (AIDS), or living with AIDS.

22 USC 6812.

SEC. 114. AFRICAN CRISIS RESPONSE INITIATIVE AND HIV/AIDS TRAINING.

(a) FINDINGS.—Congress finds that—

(1) the spread of HIV/AIDS constitutes a threat to security in Africa;

(2) civil unrest and war may contribute to the spread of the disease to different parts of the continent;

(3) the percentage of soldiers in African militaries who are infected with HIV/AIDS is unknown, but estimates range in some countries as high as 40 percent; and

(4) it is in the interests of the United States to assist the countries of Africa in combating the spread of HIV/AIDS.

(b) EDUCATION ON THE PREVENTION OF THE SPREAD OF AIDS.—In undertaking education and training programs for military establishments in African countries, the United States shall ensure that classroom training under the African Crisis Response Initiative includes military-based education on the prevention of the spread of AIDS.

Subtitle B—World Bank AIDS Trust Fund

CHAPTER 1—ESTABLISHMENT OF THE FUND

22 USC 6821.

SEC. 121. ESTABLISHMENT.

(a) NEGOTIATIONS FOR ESTABLISHMENT OF TRUST FUND.—The Secretary of the Treasury shall seek to enter into negotiations with the World Bank or the Association, in consultation with the Administrator of the United States Agency for International Development and other United States Government agencies, and with the member nations of the World Bank or the Association and with other interested parties, for the establishment within the World Bank of—

(1) the World Bank AIDS Trust Fund (in this subtitle referred to as the "Trust Fund") in accordance with the provisions of this chapter; and

(2) the Advisory Board to the Trust Fund in accordance with section 124.

(b) PURPOSE.—The purpose of the Trust Fund should be to use contributed funds to—

(1) assist in the prevention and eradication of HIV/AIDS and the care and treatment of individuals infected with HIV/AIDS; and

(2) provide support for the establishment of programs that provide health care and primary and secondary education for children orphaned by the HIV/AIDS epidemic.

(c) COMPOSITION.—

(1) IN GENERAL.—The Trust Fund should be governed by a Board of Trustees, which should be composed of representatives of the participating donor countries to the Trust Fund. Individuals appointed to the Board should have demonstrated

knowledge and experience in the fields of public health, epidemiology, health care (including delivery systems), and development.

(2) UNITED STATES REPRESENTATION.—

(A) IN GENERAL.—Upon the effective date of this paragraph, there shall be a United States member of the Board of Trustees, who shall be appointed by the President, by and with the advice and consent of the Senate, and who shall have the qualifications described in paragraph (1). President. Congress.

(B) EFFECTIVE AND TERMINATION DATES.—

(i) EFFECTIVE DATE.—This paragraph shall take effect upon the date the Secretary of the Treasury certifies to Congress that an agreement establishing the Trust Fund and providing for a United States member of the Board of Trustees is in effect. Certification.

(ii) TERMINATION DATE.—The position established by subparagraph (A) is abolished upon the date of termination of the Trust Fund.

SEC. 122. GRANT AUTHORITIES. 22 USC 6822.

(a) PROGRAM OBJECTIVES.—

(1) IN GENERAL.—In carrying out the purpose of section 121(b), the Trust Fund, acting through the Board of Trustees, should provide only grants, including grants for technical assistance to support measures to build local capacity in national and local government, civil society, and the private sector to lead and implement effective and affordable HIV/AIDS prevention, education, treatment and care services, and research and development activities, including access to affordable drugs.

(2) ACTIVITIES SUPPORTED.—Among the activities the Trust Fund should provide grants for should be—

(A) programs to promote the best practices in prevention, including health education messages that emphasize risk avoidance such as abstinence;

(B) measures to ensure a safe blood supply;

(C) voluntary HIV/AIDS testing and counseling;

(D) measures to stop mother-to-child transmission of HIV/AIDS, including through diagnosis of pregnant women, access to cost-effective treatment and counseling, and access to infant formula or other alternatives for infant feeding;

(E) programs to provide for the support and education of AIDS orphans and the families, communities, and institutions most affected by the HIV/AIDS epidemic;

(F) measures for the deterrence of gender-based violence and the provision of post-exposure prophylaxis to victims of rape and sexual assault; and

(G) incentives to promote affordable access to treatments against AIDS and related infections.

(3) IMPLEMENTATION OF PROGRAM OBJECTIVES.—In carrying out the objectives of paragraph (1), the Trust Fund should coordinate its activities with governments, civil society, nongovernmental organizations, the Joint United Nations Program on HIV/AIDS (UNAIDS), the International Partnership Against AIDS in Africa, other international organizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(b) PRIORITY.—In providing grants under this section, the Trust Fund should give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate.

(c) ELIGIBLE GRANT RECIPIENTS.—Governments and nongovernmental organizations should be eligible to receive grants under this section.

(d) PROHIBITION.—The Trust Fund should not make grants for the purpose of project development associated with bilateral or multilateral bank loans.

22 USC 6823.

SEC. 123. ADMINISTRATION.

(a) APPOINTMENT OF AN ADMINISTRATOR.—The Board of Trustees, in consultation with the appropriate officials of the Bank, should appoint an Administrator who should be responsible for managing the day-to-day operations of the Trust Fund.

(b) AUTHORITY TO SOLICIT AND ACCEPT CONTRIBUTIONS.—The Trust Fund should be authorized to solicit and accept contributions from governments, the private sector, and nongovernmental entities of all kinds.

(c) ACCOUNTABILITY OF FUNDS AND CRITERIA FOR PROGRAMS.—As part of the negotiations described in section 121(a), the Secretary of the Treasury shall, consistent with subsection (d)—

(1) take such actions as are necessary to ensure that the Bank or the Association will have in effect adequate procedures and standards to account for and monitor the use of funds contributed to the Trust Fund, including the cost of administering the Trust Fund; and

(2) seek agreement on the criteria that should be used to determine the programs and activities that should be assisted by the Trust Fund.

(d) SELECTION OF PROJECTS AND RECIPIENTS.—The Board of Trustees should establish—

(1) criteria for the selection of projects to receive support from the Trust Fund;

(2) standards and criteria regarding qualifications of recipients of such support;

(3) such rules and procedures as may be necessary for cost-effective management of the Trust Fund; and

(4) such rules and procedures as may be necessary to ensure transparency and accountability in the grant-making process.

(e) TRANSPARENCY OF OPERATIONS.—The Board of Trustees should ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the Trust Fund.

22 USC 6824.

SEC. 124. ADVISORY BOARD.

(a) IN GENERAL.—There should be an Advisory Board to the Trust Fund.

(b) APPOINTMENTS.—The members of the Advisory Board should be drawn from—

(1) a broad range of individuals with experience and leadership in the fields of development, health care (especially HIV/AIDS), epidemiology, medicine, biomedical research, and social sciences; and

(2) representatives of relevant United Nations agencies and nongovernmental organizations with on-the-ground experience in affected countries.

(c) RESPONSIBILITIES.—The Advisory Board should provide advice and guidance to the Board of Trustees on the development and implementation of programs and projects to be assisted by the Trust Fund and on leveraging donations to the Trust Fund.

(d) PROHIBITION ON PAYMENT OF COMPENSATION.—

(1) IN GENERAL.—Except for travel expenses (including per diem in lieu of subsistence), no member of the Advisory Board should receive compensation for services performed as a member of the Board.

(2) UNITED STATES REPRESENTATIVE.—Notwithstanding any other provision of law (including an international agreement), a representative of the United States on the Advisory Board may not accept compensation for services performed as a member of the Board, except that such representative may accept travel expenses, including per diem in lieu of subsistence, while away from the representative's home or regular place of business in the performance of services for the Board.

CHAPTER 2—REPORTS

SEC. 131. REPORTS TO CONGRESS. 22 USC 6831.

(a) ANNUAL REPORTS BY TREASURY SECRETARY.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the Trust Fund, the Secretary of the Treasury shall submit to the appropriate committees of Congress a report on the Trust Fund. Deadline.

(2) REPORT ELEMENTS.—The report shall include a description of—

(A) the goals of the Trust Fund;

(B) the programs, projects, and activities, including any vaccination approaches, supported by the Trust Fund;

(C) private and governmental contributions to the Trust Fund; and

(D) the criteria that have been established, acceptable to the Secretary of the Treasury and the Administrator of the United States Agency for International Development, that would be used to determine the programs and activities that should be assisted by the Trust Fund.

(b) GAO REPORT ON TRUST FUND EFFECTIVENESS.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the appropriate committees of the Congress a report evaluating the effectiveness of the Trust Fund, including— Deadline.

(1) the effectiveness of the programs, projects, and activities described in subsection (a)(2)(B) in reducing the worldwide spread of AIDS; and

(2) an assessment of the merits of continued United States financial contributions to the Trust Fund.

(c) APPROPRIATE COMMITTEES DEFINED.—In subsection (a), the term "appropriate committees" means the Committee on Foreign Relations and the Committee on Appropriations of the Senate and the Committee on International Relations, the Committee on Banking and Financial Services, and the Committee on Appropriations of the House of Representatives.

CHAPTER 3—UNITED STATES FINANCIAL PARTICIPATION

22 USC 6841.

SEC. 141. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to HIV/AIDS or economic development, there is authorized to be appropriated to the Secretary of the Treasury $150,000,000 for each of the fiscal years 2001 and 2002 for payment to the Trust Fund.

(b) ALLOCATION OF FUNDS.—Of the amounts authorized to be appropriated by subsection (a) for the fiscal years 2001 and 2002, $50,000,000 are authorized to be available each such fiscal year only for programs that benefit orphans.

22 USC 6842.

SEC. 142. CERTIFICATION REQUIREMENT.

(a) IN GENERAL.—Prior to the initial obligation or expenditure of funds appropriated pursuant to section 141, the Secretary of the Treasury shall certify that adequate procedures and standards have been established to ensure accountability for and monitoring of the use of funds contributed to the Trust Fund, including the cost of administering the Trust Fund.

(b) TRANSMITTAL OF CERTIFICATION.—The certification required by subsection (a), and the bases for that certification, shall be submitted by the Secretary of the Treasury to Congress.

International Tuberculosis Control Act of 2000.

TITLE II—INTERNATIONAL TUBERCULOSIS CONTROL

22 USC 2151 note.

SEC. 201. SHORT TITLE.

This title may be cited as the "International Tuberculosis Control Act of 2000".

22 USC 2151b note.

SEC. 202. FINDINGS.

Congress makes the following findings:

(1) Since the development of antibiotics in the 1950s, tuberculosis has been largely controlled in the United States and the Western World.

(2) Due to societal factors, including growing urban decay, inadequate health care systems, persistent poverty, overcrowding, and malnutrition, as well as medical factors, including the HIV/AIDS epidemic and the emergence of multidrug resistant strains of tuberculosis, tuberculosis has again become a leading and growing cause of adult deaths in the developing world.

(3) According to the World Health Organization—

(A) in 1998, about 1,860,000 people worldwide died of tuberculosis-related illnesses;

(B) one-third of the world's total population is infected with tuberculosis; and

(C) tuberculosis is the world's leading killer of women between 15 and 44 years old and is a leading cause of children becoming orphans.

(4) Because of the ease of transmission of tuberculosis, its international persistence and growth pose a direct public

health threat to those nations that had previously largely controlled the disease. This is complicated in the United States by the growth of the homeless population, the rate of incarceration, international travel, immigration, and HIV/AIDS.

(5) With nearly 40 percent of the tuberculosis cases in the United States attributable to foreign-born persons, tuberculosis will never be controlled in the United States until it is controlled abroad.

(6) The means exist to control tuberculosis through screening, diagnosis, treatment, patient compliance, monitoring, and ongoing review of outcomes.

(7) Efforts to control tuberculosis are complicated by several barriers, including—

(A) the labor intensive and lengthy process involved in screening, detecting, and treating the disease;

(B) a lack of funding, trained personnel, and medicine in virtually every nation with a high rate of the disease;

(C) the unique circumstances in each country, which requires the development and implementation of country-specific programs; and

(D) the risk of having a bad tuberculosis program, which is worse than having no tuberculosis program because it would significantly increase the risk of the development of more widespread drug-resistant strains of the disease.

(8) Eliminating the barriers to the international control of tuberculosis through a well-structured, comprehensive, and coordinated worldwide effort would be a significant step in dealing with the increasing public health problem posed by the disease.

SEC. 203. ASSISTANCE FOR TUBERCULOSIS PREVENTION, TREATMENT, CONTROL, AND ELIMINATION.

Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 111(a) of this Act, is further amended by adding at the end the following:

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

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

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

"(B) There is authorized to be appropriated to the President, $60,000,000 for each of the fiscal years 2001 and 2002 to be used

to carry out this paragraph. Funds appropriated under this subparagraph are authorized to remain available until expended.".

TITLE III—ADMINISTRATIVE AUTHORITIES

SEC. 301. EFFECTIVE PROGRAM OVERSIGHT.

Section 635 of the Foreign Assistance Act of 1961 (22 U.S.C. 2395) is amended by adding at the end thereof the following new subsection:

"(l) The Administrator of the agency primarily responsible for administering part I may use funds made available under that part to provide program and management oversight for activities that are funded under that part and that are conducted in countries in which the agency does not have a field mission or office.".

SEC. 302. TERMINATION EXPENSES.

Section 617 of the Foreign Assistance Act of 1961 (22 U.S.C. 2367) is amended to read as follows:

"SEC. 617. TERMINATION EXPENSES.

"(a) IN GENERAL.—Funds made available under this Act and the Arms Export Control Act, may remain available for obligation for a period not to exceed 8 months from the date of any termination of assistance under such Acts for the necessary expenses of winding up programs related to such termination and may remain available until expended. Funds obligated under the authority of such Acts prior to the effective date of the termination of assistance may remain available for expenditure for the necessary expenses of winding up programs related to such termination notwithstanding any provision of law restricting the expenditure of funds. In order to ensure the effectiveness of such assistance, such expenses for orderly termination of programs may include the obligation and expenditure of funds to complete the training or studies outside their countries of origin of students whose course of study or training program began before assistance was terminated.

"(b) LIABILITY TO CONTRACTORS.—For the purpose of making an equitable settlement of termination claims under extraordinary contractual relief standards, the President is authorized to adopt as a contract or other obligation of the United States Government, and assume (in whole or in part) any liabilities arising thereunder, any contract with a United States or third-country contractor that had been funded with assistance under such Acts prior to the termination of assistance.

"(c) TERMINATION EXPENSES.—Amounts certified as having been obligated for assistance subsequently terminated by the President, or pursuant to any provision of law, shall continue to remain available and may be reobligated to meet any necessary expenses arising from the termination of such assistance.

"(d) GUARANTY PROGRAMS.—Provisions of this or any other Act requiring the termination of assistance under this or any other Act shall not be construed to require the termination of guarantee commitments that were entered into prior to the effective date of the termination of assistance.

"(e) RELATION TO OTHER PROVISIONS.—Unless specifically made inapplicable by another provision of law, the provisions of this section shall be applicable to the termination of assistance pursuant to any provision of law.".

Approved August 19, 2000.

LEGISLATIVE HISTORY—H.R. 3519:

HOUSE REPORTS: No. 106–548 (Comm. on Banking and Financial Services).
CONGRESSIONAL RECORD, Vol. 146 (2000):
May 15, considered and passed House.
July 26, considered and passed Senate, amended.
July 27, House concurred in Senate amendment.
WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 36 (2000):
Aug. 19, Presidential statement.