

108TH CONGRESS  
1ST SESSION

**H. R. 1298**

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**AN ACT**

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



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## AN ACT

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,*

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

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

5 (b) TABLE OF CONTENTS.—The table of contents for  
 6 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 over-  
 seas areas severely affected by HIV/AIDS, tuberculosis, and  
 malaria.
- Sec. 305. Report on treatment activities by relevant executive branch agencies.
- Sec. 306. Strategies to improve injection safety.
- Sec. 307. Study on illegal diversions of prescription drugs.

Subtitle B—Assistance for Children and Families

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

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

Sec. 404. Assistance from the United States private sector to prevent and reduce HIV/AIDS in sub-Saharan Africa.

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 regions, sub-Saharan Africa  
6 and the Caribbean, to all corners of the world, and  
7 leaving an unprecedented path of death and devasta-  
8 tion.

9 (2) According to the Joint United Nations Pro-  
10 gramme on HIV/AIDS (UNAIDS), more than  
11 65,000,000 individuals worldwide have been infected  
12 with HIV since the epidemic began, more than  
13 25,000,000 of these individuals have lost their lives  
14 to the disease, and more than 14,000,000 children  
15 have been orphaned by the disease. HIV/AIDS is the  
16 fourth-highest cause of death in the world.

17 (3)(A) At the end of 2002, an estimated  
18 42,000,000 individuals were infected with HIV or  
19 living with AIDS, of which more than 75 percent  
20 live in Africa or the Caribbean. Of these individuals,  
21 more than 3,200,000 were children under the age of  
22 fifteen and more than 19,200,000 were women.

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

8           (C) Women and children who are refugees or  
9           are internally displaced persons are especially vul-  
10          nerable to sexual exploitation and violence, thereby  
11          increasing the possibility of HIV infection.

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

18          (5) An estimated 2,000,000 individuals in Latin  
19          America and the Caribbean and another 7,100,000  
20          individuals in Asia and the Pacific region are in-  
21          fected with HIV or living with AIDS. Infection rates  
22          are rising alarmingly in Eastern Europe (especially  
23          in the Russian Federation), Central Asia, and  
24          China.

1           (6) HIV/AIDS threatens personal security by  
2           affecting the health, lifespan, and productive capac-  
3           ity of the individual and the social cohesion and eco-  
4           nomic well-being of the family.

5           (7) HIV/AIDS undermines the economic secu-  
6           rity of a country and individual businesses in that  
7           country by weakening the productivity and longevity  
8           of the labor force across a broad array of economic  
9           sectors and by reducing the potential for economic  
10          growth over the long term.

11          (8) HIV/AIDS destabilizes communities by  
12          striking at the most mobile and educated members  
13          of society, many of whom are responsible for secu-  
14          rity at the local level and governance at the national  
15          and subnational levels as well as many teachers,  
16          health care personnel, and other community workers  
17          vital to community development and the effort to  
18          combat HIV/AIDS. In some countries the over-  
19          whelming challenges of the HIV/AIDS epidemic are  
20          accelerating the outward migration of critically im-  
21          portant health care professionals.

22          (9) HIV/AIDS weakens the defenses of coun-  
23          tries severely affected by the HIV/AIDS crisis  
24          through high infection rates among members of their  
25          military forces and voluntary peacekeeping per-

1 sonnel. According to UNAIDS, in sub-Saharan Afri-  
2 ca, many military forces have infection rates as  
3 much as five times that of the civilian population.

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

6 (A) increasing the potential for political in-  
7 stability and economic devastation, particularly  
8 in those countries and regions most severely af-  
9 fected by the disease;

10 (B) decreasing the capacity to resolve con-  
11 flicts through the introduction of peacekeeping  
12 forces because the environments into which  
13 these forces are introduced pose a high risk for  
14 the spread of HIV/AIDS; and

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

19 (11) The devastation wrought by the HIV/  
20 AIDS pandemic is compounded by the prevalence of  
21 tuberculosis and malaria, particularly in developing  
22 countries where the poorest and most vulnerable  
23 members of society, including women, children, and  
24 those individuals living with HIV/AIDS, become in-  
25 fected. According to the World Health Organization

1 (WHO), HIV/AIDS, tuberculosis, and malaria ac-  
2 counted for more than 5,700,000 deaths in 2001  
3 and caused debilitating illnesses in millions more.

4 (12) Together, HIV/AIDS, tuberculosis, ma-  
5 laria and related diseases are undermining agricul-  
6 tural production throughout Africa. According to the  
7 United Nations Food and Agricultural Organization,  
8 7,000,000 agricultural workers throughout 25 Afri-  
9 can countries have died from AIDS since 1985.  
10 Countries with poorly developed agricultural sys-  
11 tems, which already face chronic food shortages, are  
12 the hardest hit, particularly in sub-Saharan Africa,  
13 where high HIV prevalence rates are compounding  
14 the risk of starvation for an estimated 14,400,000  
15 people.

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

1       culosis, in turn, accelerates the onset of AIDS in in-  
2       dividuals infected with HIV.

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

18              (15) HIV/AIDS is first and foremost a health  
19      problem. Successful strategies to stem the spread of  
20      the HIV/AIDS pandemic will require clinical medical  
21      interventions, the strengthening of health care deliv-  
22      ery systems and infrastructure, and determined na-  
23      tional leadership and increased budgetary allocations  
24      for the health sector in countries affected by the epi-  
25      demic as well as measures to address the social and

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

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

11 (17) Appropriate treatment of individuals with  
12 HIV/AIDS can prolong the lives of such individuals,  
13 preserve their families, prevent children from becom-  
14 ing orphans, and increase productivity of such indi-  
15 viduals by allowing them to lead active lives and re-  
16 duce the need for costly hospitalization for treatment  
17 of opportunistic infections caused by HIV.

18 (18) Nongovernmental organizations, including  
19 faith-based organizations, with experience in health  
20 care and HIV/AIDS counseling, have proven effec-  
21 tive in combating the HIV/AIDS pandemic and can  
22 be a resource in assisting indigenous organizations  
23 in severely affected countries in their efforts to pro-  
24 vide treatment and care for individuals infected with  
25 HIV/AIDS.

1           (19) Faith-based organizations are making an  
2           important contribution to HIV prevention and AIDS  
3           treatment programs around the world. Successful  
4           HIV prevention programs in Uganda, Jamaica, and  
5           elsewhere have included local churches and faith-  
6           based groups in efforts to promote behavior changes  
7           to prevent HIV, to reduce stigma associated with  
8           HIV infection, to treat those afflicted with the dis-  
9           ease, and to care for orphans. The Catholic Church  
10          alone currently cares for one in four people being  
11          treated for AIDS worldwide. Faith-based organiza-  
12          tions possess infrastructure, experience, and knowl-  
13          edge that will be needed to carry out these programs  
14          in the future and should be an integral part of  
15          United States efforts.

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

20          (B) Uganda made this remarkable turnaround  
21          because President Yoweri Museveni spoke out early,  
22          breaking long-standing cultural taboos, and changed  
23          widespread perceptions about the disease. His lead-  
24          ership stands as a model for ways political leaders  
25          in Africa and other developing countries can mobi-

1 lize their nations, including civic organizations, pro-  
2 fessional associations, religious institutions, business  
3 and labor to combat HIV/AIDS.

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

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

24 (21) The magnitude and scope of the HIV/  
25 AIDS crisis demands a comprehensive, long-term,

1 international response focused upon addressing the  
2 causes, reducing the spread, and ameliorating the  
3 consequences of the HIV/AIDS pandemic,  
4 including—

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

12 (B) development of health care infrastruc-  
13 ture and delivery systems through cooperative  
14 and coordinated public efforts and public and  
15 private partnerships;

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

24 (D) coordination of efforts between inter-  
25 national organizations such as the Global Fund

1 to Fight AIDS, Tuberculosis and Malaria, the  
2 Joint United Nations Programme on HIV/  
3 AIDS (UNAIDS), the World Health Organiza-  
4 tion (WHO), national governments, and private  
5 sector organizations, including faith-based orga-  
6 nizations.

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

10 (A) providing substantial financial re-  
11 sources, technical expertise, and training, par-  
12 ticularly of health care personnel and commu-  
13 nity workers and leaders;

14 (B) promoting vaccine and microbicide re-  
15 search and the development of new treatment  
16 protocols in the public and commercial pharma-  
17 ceutical research sectors;

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

20 (D) encouraging governments and faith-  
21 based and community-based organizations to  
22 adopt policies that treat HIV/AIDS as a multi-  
23 sectoral public health problem affecting not only  
24 health but other areas such as agriculture, edu-  
25 cation, the economy, the family and society, and

1 assisting them to develop and implement pro-  
2 grams corresponding to these needs;

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

7 (F) encouraging active involvement of the  
8 private sector, including businesses, pharma-  
9 ceutical and biotechnology companies, the med-  
10 ical and scientific communities, charitable foun-  
11 dations, private and voluntary organizations  
12 and nongovernmental organizations, faith-based  
13 organizations, community-based organizations,  
14 and other nonprofit entities.

15 (23) Prostitution and other sexual victimization  
16 are degrading to women and children and it should  
17 be the policy of the United States to eradicate such  
18 practices. The sex industry, the trafficking of indi-  
19 viduals into such industry, and sexual violence are  
20 additional causes of and factors in the spread of the  
21 HIV/AIDS epidemic. One in nine South Africans is  
22 living with AIDS, and sexual assault is rampant, at  
23 a victimization rate of one in three women. Mean-  
24 while in Cambodia, as many as 40 percent of pros-  
25 titutes are infected with HIV and the country has

1 the highest rate of increase of HIV infection in all  
2 of Southeast Asia. Victims of coercive sexual encoun-  
3 ters do not get to make choices about their sexual  
4 activities.

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

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

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

1 fection. More than 4,000,000 require immediate  
2 drug treatment. Yet across that continent, only  
3 50,000 AIDS victims—only 50,000—are receiving  
4 the medicine they need.”.

5 (27) Furthermore, the President focused on  
6 care and treatment of HIV/AIDS in his address to  
7 Congress, stating the following: “Because the AIDS  
8 diagnosis is considered a death sentence, many do  
9 not seek treatment. Almost all who do are turned  
10 away. A doctor in rural South Africa describes his  
11 frustration. He says, ‘We have no medicines. Many  
12 hospitals tell people, you’ve got AIDS, we can’t help  
13 you. Go home and die.’ In an age of miraculous  
14 medicines, no person should have to hear those  
15 words. AIDS can be prevented. Anti-retroviral drugs  
16 can extend life for many years ... Ladies and gen-  
17 tlemen, seldom has history offered a greater oppor-  
18 tunity to do so much for so many.”.

19 (28) Finally, the President stated that “[w]e  
20 have confronted, and will continue to confront, HIV/  
21 AIDS in our own country”, proposing now that the  
22 United States should lead the world in sparing inno-  
23 cent people from a plague of nature, and asking  
24 Congress “to commit \$15,000,000,000 over the next  
25 five years, including nearly \$10,000,000,000 in new

1 money, to turn the tide against AIDS in the most  
2 afflicted nations of Africa and the Caribbean”.

3 **SEC. 3. DEFINITIONS.**

4 In this Act:

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

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

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

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

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

23 (6) RELEVANT EXECUTIVE BRANCH AGEN-  
24 CIES.—The term “relevant executive branch agen-  
25 cies” means the Department of State, the United

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

6 **SEC. 4. PURPOSE.**

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

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

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

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

23 (4) encouraging the expansion of private sector  
24 efforts and expanding public-private sector partner-  
25 ships to combat HIV/AIDS; and

1           (5) intensifying efforts to support the develop-  
2           ment of vaccines and treatment for HIV/AIDS, tu-  
3           berculosis, and malaria.

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

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

19 **TITLE I—POLICY PLANNING AND**  
20 **COORDINATION**

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

23          (a) STRATEGY.—The President shall establish a com-  
24          prehensive, integrated, five-year strategy to combat global  
25          HIV/AIDS that strengthens the capacity of the United

1 States to be an effective leader of the international cam-  
2 paign against HIV/AIDS. Such strategy shall maintain  
3 sufficient flexibility and remain responsive to the ever-  
4 changing nature of the HIV/AIDS pandemic and shall—

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

13          (2) as part of the strategy, implement a tiered  
14          approach to direct delivery of care and treatment  
15          through a system based on central facilities aug-  
16          mented by expanding circles of local delivery of care  
17          and treatment through local systems and capacity;

18          (3) assign priorities for relevant executive  
19          branch agencies;

20          (4) provide that the reduction of HIV/AIDS be-  
21          havioral risks shall be a priority of all prevention ef-  
22          forts in terms of funding, educational messages, and  
23          activities by promoting abstinence from sexual activ-  
24          ity and substance abuse, encouraging monogamy and  
25          faithfulness, promoting the effective use of condoms,

1 and eradicating prostitution, the sex trade, rape,  
2 sexual assault and sexual exploitation of women and  
3 children;

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

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

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

11 (8) maximize United States capabilities in the  
12 areas of technical assistance and training and re-  
13 search, including vaccine research;

14 (9) establish priorities for the distribution of re-  
15 sources based on factors such as the size and demo-  
16 graphics of the population with HIV/AIDS, tuber-  
17 culosis, and malaria and the needs of that popu-  
18 lation and the existing infrastructure or funding lev-  
19 els that may exist to cure, treat, and prevent HIV/  
20 AIDS, tuberculosis, and malaria; and

21 (10) include initiatives describing how the  
22 President will maximize the leverage of private sec-  
23 tor dollars in reduction and treatment of HIV/AIDS,  
24 tuberculosis, and malaria.

25 (b) REPORT.—

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

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

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

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

18               (B) A description of the criteria for deter-  
19 mining success of the strategy.

20               (C) A description of the manner in which  
21 the strategy will address the fundamental ele-  
22 ments of prevention and education, care, and  
23 treatment (including increasing access to phar-  
24 maceuticals and to vaccines), the promotion of  
25 abstinence, monogamy, avoidance of substance

1 abuse, and use of condoms, research (including  
2 incentives for vaccine development and new pro-  
3 tocols), training of health care workers, the de-  
4 velopment of health care infrastructure and de-  
5 livery systems, and avoidance of substance  
6 abuse.

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

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

20 (F) a description of the specific strategies  
21 developed to encourage men to be responsible in  
22 their sexual behavior, child rearing and to re-  
23 spect women including the reduction of sexual  
24 violence and coercion;

1 (G) a description of the specific strategies  
2 developed to increase women's access to employ-  
3 ment opportunities, income, productive re-  
4 sources, and microfinance programs;

5 (H) A description of the programs to be  
6 undertaken to maximize United States con-  
7 tributions in the areas of technical assistance,  
8 training (particularly of health care workers  
9 and community-based leaders in affected sec-  
10 tors), and research, including the promotion of  
11 research on vaccines and microbicides.

12 (I) An identification of the relevant execu-  
13 tive branch agencies that will be involved and  
14 the assignment of priorities to those agencies.

15 (J) A description of the role of each rel-  
16 evant executive branch agency and the types of  
17 programs that the agency will be undertaking.

18 (K) A description of the mechanisms that  
19 will be utilized to coordinate the efforts of the  
20 relevant executive branch agencies, to avoid du-  
21 plication of efforts, to enhance on-site coordina-  
22 tion efforts, and to ensure that each agency un-  
23 dertakes programs primarily in those areas  
24 where the agency has the greatest expertise,  
25 technical capabilities, and potential for success.

1           (L) A description of the mechanisms that  
2 will be utilized to ensure greater coordination  
3 between the United States and foreign govern-  
4 ments and international organizations including  
5 the Global Fund, UNAIDS, international finan-  
6 cial institutions, and private sector organiza-  
7 tions.

8           (M) The level of resources that will be  
9 needed on an annual basis and the manner in  
10 which those resources would generally be allo-  
11 cated among the relevant executive branch  
12 agencies.

13           (N) A description of the mechanisms to be  
14 established for monitoring and evaluating pro-  
15 grams, promoting successful models, and for  
16 terminating unsuccessful programs.

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

24           (P) A description of the ways in which  
25 United States leadership will be used to en-

1           hance the overall international response to the  
2           HIV/AIDS pandemic and particularly to height-  
3           en the engagement of the member states of the  
4           G-8 and to strengthen key financial and coordi-  
5           nation mechanisms such as the Global Fund  
6           and UNAIDS.

7           (Q) A description of the manner in which  
8           the United States strategy for combating HIV/  
9           AIDS relates to and supports other United  
10          States assistance strategies in developing coun-  
11          tries.

12          (R) A description of the programs to be  
13          carried out under the strategy that are specifi-  
14          cally targeted at women and girls to educate  
15          them about the spread of HIV/AIDS.

16          (S) A description of efforts being made to  
17          address the unique needs of families with chil-  
18          dren with respect to HIV/AIDS, including ef-  
19          forts to preserve the family unit.

20          (T) An analysis of the emigration of criti-  
21          cally important medical and public health per-  
22          sonnel, including physicians, nurses, and super-  
23          visors from sub-Saharan African countries that  
24          are acutely impacted by HIV/AIDS, including a  
25          description of the causes, effects, and the im-

1 pact on the stability of health infrastructures,  
2 as well as a summary of incentives and pro-  
3 grams that the United States could provide, in  
4 concert with other private and public sector  
5 partners and international organizations, to sta-  
6 bilize health institutions by encouraging critical  
7 personnel to remain in their home countries.

8 (U) A description of the specific strategies  
9 developed to promote sustainability of HIV/  
10 AIDS pharmaceuticals (including  
11 antiretrovirals) and the effects of drug resist-  
12 ance on HIV/AIDS patients.

13 (V) A description of the specific strategies  
14 to ensure that the extraordinary benefit of HIV/  
15 AIDS pharmaceuticals (especially  
16 antiretrovirals) are not diminished through the  
17 illegal counterfeiting of pharmaceuticals and  
18 black market sales of such pharmaceuticals.

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

23 (c) STUDY; DISTRIBUTION OF RESOURCES.—

24 (1) STUDY.—Not later than 3 years after the  
25 date of the enactment of this Act, the Institute of

1 Medicine shall publish findings comparing the suc-  
2 cess rates of the various programs and methods used  
3 under the strategy described in subsection (a) to re-  
4 duce, prevent, and treat HIV/AIDS, tuberculosis,  
5 and malaria.

6 (2) DISTRIBUTION OF RESOURCES.—In  
7 prioritizing the distribution of resources under the  
8 strategy described in subsection (a), the President  
9 shall consider the findings published by the Institute  
10 of Medicine under this subsection.

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

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

15 (1) by redesignating subsection (f) as sub-  
16 section (g); and

17 (2) by inserting after subsection (e) the fol-  
18 lowing:

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

20 “(1) IN GENERAL.—There shall be established  
21 within the Department of State in the immediate of-  
22 fice of the Secretary of State a Coordinator of  
23 United States Government Activities to Combat  
24 HIV/AIDS Globally, who shall be appointed by the  
25 President, by and with the advice and consent of the

1 Senate. The Coordinator shall report directly to the  
2 Secretary.

3 “(2) AUTHORITIES AND DUTIES; DEFINI-  
4 TIONS.—

5 “(A) AUTHORITIES.—The Coordinator,  
6 acting through such nongovernmental organiza-  
7 tions (including faith-based and community-  
8 based organizations) and relevant executive  
9 branch agencies as may be necessary and ap-  
10 propriate to effect the purposes of this section,  
11 is authorized—

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

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

18 “(iii) to provide grants to, and enter  
19 into contracts with, nongovernmental orga-  
20 nizations (including faith-based and com-  
21 munity-based organizations) to carry out  
22 the purposes of section.

23 “(B) DUTIES.—

24 “(i) IN GENERAL.—The Coordinator  
25 shall have primary responsibility for the

1 oversight and coordination of all resources  
2 and international activities of the United  
3 States Government to combat the HIV/  
4 AIDS pandemic, including all programs,  
5 projects, and activities of the United  
6 States Government relating to the HIV/  
7 AIDS pandemic under the United States  
8 Leadership Against HIV/AIDS, Tubercu-  
9 culosis, and Malaria Act of 2003 or any  
10 amendment made by that Act.

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

14 “(I) Ensuring program and pol-  
15 icy coordination among the relevant  
16 executive branch agencies and non-  
17 governmental organizations, including  
18 auditing, monitoring, and evaluation  
19 of all such programs.

20 “(II) Ensuring that each relevant  
21 executive branch agency undertakes  
22 programs primarily in those areas  
23 where the agency has the greatest ex-  
24 pertise, technical capabilities, and po-  
25 tential for success.

1                   “(III) Avoiding duplication of ef-  
2 fort.

3                   “(IV) Ensuring coordination of  
4 relevant executive branch agency ac-  
5 tivities in the field.

6                   “(V) Pursuing coordination with  
7 other countries and international or-  
8 ganizations.

9                   “(VI) Resolving policy, program,  
10 and funding disputes among the rel-  
11 evant executive branch agencies.

12                   “(VII) Directly approving all ac-  
13 tivities of the United States (including  
14 funding) relating to combatting HIV/  
15 AIDS in each of Botswana, Cote  
16 d’Ivoire, Ethiopia, Guyana, Haiti,  
17 Kenya, Mozambique, Namibia, Nige-  
18 ria, Rwanda, South Africa, Tanzania,  
19 Uganda, Zambia, and other countries  
20 designated by the President, which  
21 other designated countries may in-  
22 clude those countries in which the  
23 United States is implementing HIV/  
24 AIDS programs as of the date of the  
25 enactment of the United States Lead-

1                   ership Against HIV/AIDS, Tuber-  
2                   culosis, and Malaria Act of 2003.

3                   “(VIII) Establishing due dili-  
4                   gence criteria for all recipients of  
5                   funds section and all activities subject  
6                   to the coordination and appropriate  
7                   monitoring, evaluation, and audits  
8                   carried out by the Coordinator nec-  
9                   essary to assess the measurable out-  
10                  comes of such activities.

11                 “(C) DEFINITIONS.—In this paragraph:

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

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

17                   “(iii) HIV/AIDS.—The term ‘HIV/  
18                   AIDS’ means, with respect to an indi-  
19                   vidual, an individual who is infected with  
20                   HIV or living with AIDS.

21                   “(iv) RELEVANT EXECUTIVE BRANCH  
22                   AGENCIES.—The term ‘relevant executive  
23                   branch agencies’ means the Department of  
24                   State, the United States Agency for Inter-  
25                   national Development, the Department of

1 Health and Human Services (including the  
2 Public Health Service), and any other de-  
3 partment or agency of the United States  
4 that participates in international HIV/  
5 AIDS activities pursuant to the authorities  
6 of such department or agency or this  
7 Act.”.

8 (b) RESOURCES.—Not later than 90 days after the  
9 date of enactment of this Act, the President shall specify  
10 the necessary financial and personnel resources, from  
11 funds appropriated pursuant to the authorization of ap-  
12 propriations under section 401 for HIV/AIDS assistance,  
13 that shall be assigned to and under the direct control of  
14 the Coordinator of United States Government Activities  
15 to Combat HIV/AIDS Globally to establish and maintain  
16 the duties and supporting activities assigned to the Coor-  
17 dinator by this Act and the amendments made by this Act.

18 (c) ESTABLISHMENT OF SEPARATE ACCOUNT.—  
19 There is established in the general fund of the Treasury  
20 a separate account which shall be known as the “Activities  
21 to Combat HIV/AIDS Globally Fund” and which shall be  
22 administered by the Coordinator of United States Govern-  
23 ment Activities to Combat HIV/AIDS Globally. There  
24 shall be deposited into the Fund all amounts appropriated  
25 pursuant to the authorization of appropriations under sec-

1 tion 401 for HIV/AIDS assistance, except for amounts ap-  
2 propriated for United States contributions to the Global  
3 Fund.

4 **TITLE II—SUPPORT FOR MULTI-**  
5 **LATERAL FUNDS, PROGRAMS,**  
6 **AND PUBLIC-PRIVATE PART-**  
7 **NERSHIPS**

8 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**  
9 **NERSHIPS.**

10 (a) FINDINGS.—Congress makes the following find-  
11 ings:

12 (1) Innovative partnerships between govern-  
13 ments and organizations in the private sector (in-  
14 cluding foundations, universities, corporations, faith-  
15 based and community-based organizations, and other  
16 nongovernmental organizations) have proliferated in  
17 recent years, particularly in the area of health.

18 (2) Public-private sector partnerships multiply  
19 local and international capacities to strengthen the  
20 delivery of health services in developing countries  
21 and to accelerate research for vaccines and other  
22 pharmaceutical products that are essential to combat  
23 infectious diseases decimating the populations of  
24 these countries.



1           (1) The establishment of the Global Fund in  
2           January 2002 is consistent with the general prin-  
3           ciples for an international AIDS trust fund first out-  
4           lined by the Congress in the Global AIDS and Tu-  
5           berculosis Relief Act of 2000 (Public Law 106–264).

6           (2) Section 2, Article 5 of the bylaws of the  
7           Global Fund provides for the International Bank for  
8           Reconstruction and Development to serve as the ini-  
9           tial collection trustee for the Global Fund.

10          (3) The trustee agreement signed between the  
11          Global Fund and the International Bank for Recon-  
12          struction and Development narrows the range of du-  
13          ties to include receiving and investing funds from  
14          donors, disbursing the funds upon the instruction of  
15          the Global Fund, reporting on trust fund resources  
16          to donors and the Global Fund, and providing an  
17          annual external audit report to the Global Fund.

18          (b) **AUTHORITY FOR UNITED STATES PARTICIPA-**  
19          **TION.—**

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

23               (2) **PRIVILEGES AND IMMUNITIES.—**The Global  
24          Fund shall be considered a public international orga-  
25          nization for purposes of section 1 of the Inter-

1 national Organizations Immunities Act (22 U.S.C.  
2 288).

3 (c) REPORTS TO CONGRESS.—Not later than 1 year  
4 after the date of the enactment of this Act, and annually  
5 thereafter for the duration of the Global Fund, the Presi-  
6 dent shall submit to the appropriate congressional com-  
7 mittees a report on the Global Fund, including contribu-  
8 tions pledged to, contributions (including donations from  
9 the private sector) received by, and projects funded by the  
10 Global Fund, and the mechanisms established for trans-  
11 parency and accountability in the grant-making process.

12 (d) UNITED STATES FINANCIAL PARTICIPATION.—

13 (1) AUTHORIZATION OF APPROPRIATIONS.—In  
14 addition to any other funds authorized to be appro-  
15 priated for bilateral or multilateral HIV/AIDS, tu-  
16 berculosis, or malaria programs, of the amounts au-  
17 thorized to be appropriated under section 401, there  
18 are authorized to be appropriated to the President  
19 up to \$1,000,000,000 for the period of fiscal year  
20 2004 beginning on January 1, 2004, and such sums  
21 as may be necessary for the fiscal years 2005–2008,  
22 for contributions to the Global Fund.

23 (2) AVAILABILITY OF FUNDS.—Amounts appro-  
24 priated under paragraph (1) are authorized to re-  
25 main available until expended.

1           (3) REPROGRAMMING OF FISCAL YEAR 2001  
2 FUNDS.—Funds made available for fiscal year 2001  
3 under section 141 of the Global AIDS and Tuberculosis Relief Act of 2000—  
4

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

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

11          (4) LIMITATION.—

12           (A)(i) At any time during fiscal years 2004  
13 through 2008, no United States contribution to  
14 the Global Fund may cause the total amount of  
15 United States Government contributions to the  
16 Global Fund to exceed 33 percent of the total  
17 amount of funds contributed to the Global  
18 Fund from all other sources. Contributions to  
19 the Global Fund from the International Bank  
20 for Reconstruction and Development and the  
21 International Monetary Fund shall not be con-  
22 sidered in determining compliance with this  
23 paragraph.

24           (ii) If, at any time during any of the fiscal  
25 years 2004 through 2008, the President deter-

1           mines that the Global Fund has provided assist-  
2           ance to a country, the government of which the  
3           Secretary of State has determined, for purposes  
4           of section 6(j)(1) of the Export Administration  
5           Act of 1979 (50 U.S.C. App. 2405(j)(1)), has  
6           repeatedly provided support for acts of inter-  
7           national terrorism, then the United States shall  
8           withhold from its contribution for the next fis-  
9           cal year an amount equal to the amount ex-  
10          pended by the Fund to the government of each  
11          such country.

12           (iii) If at any time the President deter-  
13          mines that the expenses of the Governing, Ad-  
14          ministrative, and Advisory Bodies (including  
15          the Partnership Forum, the Foundation Board,  
16          the Secretariat, and the Technical Review  
17          Board) of the Global Fund exceed 10 percent of  
18          the total expenditures of the Fund for any 2-  
19          year period, the United States shall withhold  
20          from its contribution for the next fiscal year an  
21          amount equal the to the average annual amount  
22          expended by the Fund for such 2-year period  
23          for the expenses of the Governing, Administra-  
24          tive, and Advisory Bodies in excess of 10 per-  
25          cent of the total expenditures of the Fund.

1           (iv) The President may waive the applica-  
2           tion of clause (iii) if the President determines  
3           that extraordinary circumstances warrant such  
4           a waiver. No waiver under this clause may be  
5           for any period that exceeds 1 year.

6           (v) If, at any time during any of the fiscal  
7           years 2004 through 2008, the President deter-  
8           mines that the salary of any individual em-  
9           ployed by the Global Fund exceeds the salary of  
10          the Vice President of the United States (as de-  
11          termined under section 104 of title 3, United  
12          States Code) for that fiscal year, then the  
13          United States shall withhold from its contribu-  
14          tion for the next fiscal year an amount equal to  
15          the aggregate amount by which the salary of  
16          each such individual exceeds the salary of the  
17          Vice President of the United States.

18          (B)(i) Any amount made available under  
19          this subsection that is withheld by reason of  
20          subparagraph (A)(i) shall be contributed to the  
21          Global Fund as soon as practicable, subject to  
22          subparagraph (A)(i), after additional contribu-  
23          tions to the Global Fund are made from other  
24          sources.

1           (ii) Any amount made available under this  
2 subsection that is withheld by reason of sub-  
3 paragraph (A)(iii) shall be transferred to the  
4 Activities to Combat HIV/AIDS Globally Fund  
5 and shall remain available under the same  
6 terms and conditions as funds appropriated  
7 pursuant to the authorization of appropriations  
8 under section 401 for HIV/AIDS assistance.

9           (iii) Any amount made available under this  
10 subsection that is withheld by reason of clause  
11 (ii) or (iii) of subparagraph (A) is authorized to  
12 be made available to carry out section 104A of  
13 the Foreign Assistance Act of 1961 (as added  
14 by section 301 of this Act). Amounts made  
15 available under the preceding sentence are in  
16 addition to amounts appropriated pursuant to  
17 the authorization of appropriations under sec-  
18 tion 401 of this Act for HIV/AIDS assistance.

19           (C)(i) The President may suspend the ap-  
20 plication of subparagraph (A) with respect to a  
21 fiscal year if the President determines that an  
22 international health emergency threatens the  
23 national security interests of the United States.

24           (ii) The President shall notify the Com-  
25 mittee on International Relations of the House

1 of Representatives and the Committee on For-  
2 eign Relations of the Senate not less than 5  
3 days before making a determination under  
4 clause (i) with respect to the application of sub-  
5 paragraph (A)(i) and shall include in the  
6 notification—

7 (I) a justification as to why increased  
8 United States Government contributions to  
9 the Global Fund is preferable to increased  
10 United States assistance to combat HIV/  
11 AIDS, tuberculosis, and malaria on a bilat-  
12 eral basis; and

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

17 (e) INTERAGENCY TECHNICAL REVIEW PANEL.—

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

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

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

6           (B) providing guidance to the United  
7 States persons who are representatives on the  
8 panels, committees, and boards of the Global  
9 Fund, on the technical efficacy, suitability, and  
10 appropriateness of the proposals, and ensuring  
11 that such persons are fully informed of tech-  
12 nical inadequacies or other aspects of the pro-  
13 posals that are inconsistent with the purposes  
14 of this or any other Act relating to the provi-  
15 sion of foreign assistance in the area of AIDS.

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

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

25           (f) MONITORING BY COMPTROLLER GENERAL.—

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

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

10          (g) PROVISION OF INFORMATION TO CONGRESS.—  
11 The Coordinator of United States Government Activities  
12 to Combat HIV/AIDS Globally shall make available to the  
13 Congress the following documents within 30 days of a re-  
14 quest by the Congress for such documents:

15           (1) All financial and accounting statements for  
16 the Global Fund and the Activities to Combat HIV/  
17 AIDS Globally Fund, including administrative and  
18 grantee statements.

19           (2) Reports provided to the Global Fund and  
20 the Activities to Combat HIV/AIDS Globally Fund  
21 by organizations contracted to audit recipients of  
22 funds.

23           (3) Project proposals submitted by applicants  
24 for funding from the Global Fund and the Activities

1 to Combat HIV/AIDS Globally Fund, but which  
2 were not funded.

3 (4) Progress reports submitted to the Global  
4 Fund and the Activities to Combat HIV/AIDS Glob-  
5 ally Fund by grantees.

6 (h) SENSE OF THE CONGRESS REGARDING ENCOUR-  
7 AGEMENT OF PRIVATE CONTRIBUTIONS TO THE GLOBAL  
8 FUND.—It is the sense of the Congress that the President  
9 should—

10 (1) conduct an outreach campaign that is de-  
11 signed to—

12 (A) inform the public of the existence of—

13 (i) the Global Fund; and

14 (ii) any entity that will accept private  
15 contributions intended for use by the Glob-  
16 al Fund; and

17 (B) encourage private contributions to the  
18 Global Fund; and

19 (2) encourage private contributions intended for  
20 use by the Global Fund by—

21 (A) establishing and operating an Internet  
22 website, and publishing information about the  
23 website; and

24 (B) making public service announcements  
25 on radio and television.

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, the Caribbean, and other countries and areas to con-

1 trol this crisis through HIV/AIDS prevention, treatment,  
2 monitoring, and related activities, particularly activities  
3 focused on women and youth, including strategies to pro-  
4 tect women and prevent mother-to-child transmission of  
5 the HIV infection.

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, for HIV/AIDS, including to prevent,  
11 treat, and monitor HIV/AIDS, and carry out related  
12 activities, in countries in sub-Saharan Africa, the  
13 Caribbean, and other countries and 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 (including  
18 faith-based and community-based organizations) in  
19 countries in sub-Saharan Africa, the Caribbean, and  
20 other countries and areas affected by the HIV/AIDS  
21 pandemic.

22 “(3) COORDINATION OF ASSISTANCE EF-  
23 FORTS.—The President shall coordinate the provi-  
24 sion of assistance under paragraph (1) with the pro-  
25 vision of related assistance by the Joint United Na-

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

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

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

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

1           laying sexual debut, abstinence, fidelity and mo-  
2           nogamy, reduction of casual sexual partnering,  
3           reducing sexual violence and coercion, including  
4           child marriage, widow inheritance, and polyg-  
5           amy, and where appropriate, use of condoms;

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

16          “(C) assistance for the purpose of encour-  
17          aging men to be responsible in their sexual be-  
18          havior, child rearing, and to respect women;

19          “(D) assistance for the purpose of pro-  
20          viding voluntary testing and counseling (includ-  
21          ing the incorporation of confidentiality protec-  
22          tions with respect to such testing and coun-  
23          seling);

24          “(E) assistance for the purpose of pre-  
25          venting mother-to-child transmission of the

1 HIV infection, including medications to prevent  
2 such transmission and access to infant formula  
3 and other alternatives for infant feeding;

4 “(F) assistance to ensure a safe blood sup-  
5 ply and sterile medical equipment;

6 “(G) assistance to help avoid substance  
7 abuse and intravenous drug use that can lead  
8 to HIV infection; and

9 (H) assistance for the purpose of increas-  
10 ing women’s access to employment opportuni-  
11 ties, income, productive resources, and micro-  
12 finance programs, where appropriate.

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

15 “(A) assistance to establish and implement  
16 programs to strengthen and broaden indigenous  
17 health care delivery systems and the capacity of  
18 such systems to deliver HIV/AIDS pharma-  
19 ceuticals and otherwise provide for the treat-  
20 ment of individuals with HIV/AIDS, including  
21 clinical training for indigenous organizations  
22 and health care providers;

23 “(B) assistance to strengthen and expand  
24 hospice and palliative care programs to assist  
25 patients debilitated by HIV/AIDS, their fami-

1           lies, and the primary caregivers of such pa-  
2           tients, including programs that utilize faith-  
3           based and community-based organizations; and

4                   “(C) assistance for the purpose of the care  
5           and treatment of individuals with HIV/AIDS  
6           through the provision of pharmaceuticals, in-  
7           cluding antiretrovirals and other pharma-  
8           ceuticals and therapies for the treatment of op-  
9           portunistic infections, nutritional support, and  
10          other treatment modalities.

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

24                   “(B) Bulk purchases of available test kits,  
25          condoms, and, when proven effective, microbicides

1 that are intended to reduce the risk of HIV/AIDS  
2 transmission and for appropriate program support  
3 for the introduction and distribution of these com-  
4 modities, as well as education and training on the  
5 use of the technologies.

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

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

14 “(B) appropriate evaluation and surveil-  
15 lance activities;

16 “(C) monitoring to ensure that appropriate  
17 measures are being taken to maintain the sus-  
18 tainability of HIV/AIDS pharmaceuticals (espe-  
19 cially antiretrovirals) and ensure that drug re-  
20 sistance is not compromising the benefits of  
21 such pharmaceuticals; and

22 “(D) monitoring to ensure appropriate law  
23 enforcement officials are working to ensure that  
24 HIV/AIDS pharmaceuticals are not diminished

1 through illegal counterfeiting or black market  
2 sales of such pharmaceuticals.

3 “(5) PHARMACEUTICALS.—

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

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

14 “(C) DISTRIBUTION.—The distribution of  
15 such HIV/AIDS pharmaceuticals, antiviral  
16 therapies, and other appropriate medicines (in-  
17 cluding medicines to treat opportunistic infec-  
18 tions) to qualified national, regional, or local or-  
19 ganizations for the treatment of individuals  
20 with HIV/AIDS in accordance with appropriate  
21 HIV/AIDS testing and monitoring requirements  
22 and treatment protocols and for the prevention  
23 of mother-to-child transmission of the HIV in-  
24 fection.

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

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

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

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

20           “(7) COMPREHENSIVE HIV/AIDS PUBLIC-PRI-  
21           VATE PARTNERSHIPS.—The establishment and oper-  
22           ation of public-private partnership entities within  
23           countries in sub-Saharan Africa, the Caribbean, and  
24           other countries affected by the HIV/AIDS pandemic  
25           that are dedicated to supporting the national strat-

1       egy of such countries regarding the prevention,  
2       treatment, and monitoring of HIV/AIDS. Each such  
3       public-private partnership should—

4               “(A) support the development, implementa-  
5               tion, and management of comprehensive HIV/  
6               AIDS plans in support of the national HIV/  
7               AIDS strategy;

8               “(B) operate at all times in a manner that  
9               emphasizes efficiency, accountability, and re-  
10              sults-driven programs;

11              “(C) engage both local and foreign devel-  
12              opment partners and donors, including busi-  
13              nesses, government agencies, academic institu-  
14              tions, nongovernmental organizations, founda-  
15              tions, multilateral development agencies, and  
16              faith-based organizations, to assist the country  
17              in coordinating and implementing HIV/AIDS  
18              prevention, treatment, and monitoring pro-  
19              grams in accordance with its national HIV/  
20              AIDS strategy;

21              “(D) provide technical assistance, consult-  
22              ant services, financial planning, monitoring and  
23              evaluation, and research in support of the na-  
24              tional HIV/AIDS strategy; and

1           “(E) establish local human resource capaci-  
2           ties for the national HIV/AIDS strategy  
3           through the transfer of medical, managerial,  
4           leadership, and technical skills.

5           “(e) ANNUAL REPORT.—

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

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

14               “(A) a description of efforts made by each  
15               relevant executive branch agency to implement  
16               the policies set forth in this section, section  
17               104B, and section 104C;

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

20               “(C) a detailed assessment of the impact  
21               of programs established pursuant to such sec-  
22               tions, including—

23                       “(i)(I) the effectiveness of such pro-  
24                       grams in reducing the spread of the HIV  
25                       infection, particularly in women and girls,

1 in reducing mother-to-child transmission of  
2 the HIV infection, and in reducing mor-  
3 tality rates from HIV/AIDS; and

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

8 “(ii) the progress made toward im-  
9 proving health care delivery systems (in-  
10 cluding the training of adequate numbers  
11 of staff) and infrastructure to ensure in-  
12 creased access to care and treatment;

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

20 “(iv) with respect to malaria, the in-  
21 crease in the number of people treated and  
22 the increase in number of malaria patients  
23 cured through each program, project, or  
24 activity receiving United States foreign as-  
25 sistance for malaria control purposes.

1       “(f) FUNDING LIMITATION.—Of the funds made  
2 available to carry out this section in any fiscal year, not  
3 more than 7 percent may be used for the administrative  
4 expenses of the United States Agency for International  
5 Development in support of activities described in section  
6 104(c), this section, section 104B, and section 104C. Such  
7 amount shall be in addition to other amounts otherwise  
8 available for such purposes.

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

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

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

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

18           “(4) RELEVANT EXECUTIVE BRANCH AGEN-  
19 CIES.—The term ‘relevant executive branch agencies’  
20 means the Department of State, the United States  
21 Agency for International Development, the Depart-  
22 ment of Health and Human Services (including its  
23 agencies and offices), and any other department or  
24 agency of the United States that participates in  
25 international HIV/AIDS activities pursuant to the

1 authorities of such department or agency or this  
2 Act.”.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) IN GENERAL.—In addition to funds avail-  
5 able under section 104(c) of the Foreign Assistance  
6 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose  
7 or under any other provision of that Act, there are  
8 authorized to be appropriated to the President, from  
9 amounts authorized to be appropriated under section  
10 401, such sums as may be necessary for each of the  
11 fiscal years 2004 through 2008 to carry out section  
12 104A of the Foreign Assistance Act of 1961, as  
13 added by subsection (a).

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

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

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

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

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

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

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

1 endorse, utilize, or participate in a prevention method or  
2 treatment program to which the organization has a reli-  
3 gious or moral objection.

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

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

18 (g) SENSE OF CONGRESS RELATING TO FOOD AS-  
19 SISTANCE FOR INDIVIDUALS LIVING WITH HIV/AIDS.—

20 (1) FINDINGS.—Congress finds the following:

21 (A) The United States provides more than  
22 60 percent of all food assistance worldwide.

23 (B) According to the United Nations  
24 World Food Program and other United Nations  
25 agencies, food insecurity of individuals infected

1 or living with HIV/AIDS is a major problem in  
2 countries with large populations of such individ-  
3 uals, particularly in African countries.

4 (C) Although the United States is willing  
5 to provide food assistance to these countries in  
6 need, a few of the countries object to part or  
7 all of the assistance because of fears of benign  
8 genetic modifications to the foods.

9 (D) Healthy and nutritious foods for indi-  
10 viduals infected or living with HIV/AIDS are an  
11 important complement to HIV/AIDS medicines  
12 for such individuals.

13 (E) Individuals infected with HIV have  
14 higher nutritional requirements than individuals  
15 who are not infected with HIV, particularly  
16 with respect to the need for protein. Also, there  
17 is evidence to suggest that the full benefit of  
18 therapy to treat HIV/AIDS may not be  
19 achieved in individuals who are malnourished,  
20 particularly in pregnant and lactating women.

21 (2) SENSE OF CONGRESS.—It is therefore the  
22 sense of Congress that United States food assistance  
23 should be accepted by countries with large popu-  
24 lations of individuals infected or living with HIV/

1       AIDS, particularly African countries, in order to  
2       help feed such individuals.

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

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

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

10       “(a) FINDINGS.—Congress makes the following find-  
11       ings:

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

16               “(2) Congress further recognizes that the  
17       means exist to control and treat tuberculosis  
18       through expanded use of the DOTS (Directly Ob-  
19       served Treatment Short-course) treatment strategy,  
20       including DOTS-Plus to address multi-drug resist-  
21       ant tuberculosis, and adequate investment in newly  
22       created mechanisms to increase access to treatment,  
23       including the Global Tuberculosis Drug Facility es-  
24       tablished in 2001 pursuant to the Amsterdam Dec-

1       laration to Stop TB and the Global Alliance for TB  
2       Drug Development.

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

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

19       “(d) COORDINATION.—In carrying out this section,  
20 the President shall coordinate with the World Health Or-  
21 ganization, the Global Fund to Fight AIDS, Tuberculosis,  
22 and Malaria, and other organizations with respect to the  
23 development and implementation of a comprehensive tu-  
24 berculosis control program.

1       “(e) PRIORITY TO DOTS COVERAGE.—In furnishing  
2 assistance under subsection (c), the President shall give  
3 priority to activities that increase Directly Observed  
4 Treatment Short-course (DOTS) coverage and treatment  
5 of multi-drug resistant tuberculosis where needed using  
6 DOTS-Plus, including funding for the Global Tuberculosis  
7 Drug Facility, the Stop Tuberculosis Partnership, and the  
8 Global Alliance for TB Drug Development. In order to  
9 meet the requirement of the preceding sentence, the Presi-  
10 dent should ensure that not less than 75 percent of the  
11 amount made available to carry out this section for a fiscal  
12 year should be expended for antituberculosis drugs, sup-  
13 plies, direct patient services, and training in diagnosis and  
14 treatment for Directly Observed Treatment Short-course  
15 (DOTS) coverage and treatment of multi-drug resistant  
16 tuberculosis using DOTS-Plus, including substantially in-  
17 creased funding for the Global Tuberculosis Drug Facility.

18       “(f) DEFINITIONS.—In this section:

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

23               “(2) DOTS-PLUS.—The term ‘DOTS-Plus’  
24 means a comprehensive tuberculosis management  
25 strategy that is built upon and works as a supple-

1 ment to the standard DOTS strategy, and which  
2 takes into account specific issues (such as use of sec-  
3 ond line anti-tuberculosis drugs) that need to be ad-  
4 dressed in areas where there is high prevalence of  
5 multi-drug resistant tuberculosis.

6 “(3) GLOBAL ALLIANCE FOR TUBERCULOSIS  
7 DRUG DEVELOPMENT.—The term ‘Global Alliance  
8 for Tuberculosis Drug Development’ means the pub-  
9 lic-private partnership that brings together leaders  
10 in health, science, philanthropy, and private industry  
11 to devise new approaches to tuberculosis and to en-  
12 sure that new medications are available and afford-  
13 able in high tuberculosis burden countries and other  
14 affected countries.

15 “(4) GLOBAL TUBERCULOSIS DRUG FACIL-  
16 ITY.—The term ‘Global Tuberculosis Drug Facility  
17 (GDF)’ means the new initiative of the Stop Tuber-  
18 culosis Partnership to increase access to high-quality  
19 tuberculosis drugs to facilitate DOTS expansion.

20 “(5) STOP TUBERCULOSIS PARTNERSHIP.—The  
21 term ‘Stop Tuberculosis Partnership’ means the  
22 partnership of the World Health Organization, do-  
23 nors including the United States, high tuberculosis  
24 burden countries, multilateral agencies, and non-  
25 governmental and technical agencies committed to

1 short- and long-term measures required to control  
2 and eventually eliminate tuberculosis as a public  
3 health problem in the world.”.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—

5 (1) IN GENERAL.—In addition to funds avail-  
6 able under section 104(c) of the Foreign Assistance  
7 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose  
8 or under any other provision of that Act, there are  
9 authorized to be appropriated to the President, from  
10 amounts authorized to be appropriated under section  
11 401, such sums as may be necessary for each of the  
12 fiscal years 2004 through 2008 to carry out section  
13 104B of the Foreign Assistance Act of 1961, as  
14 added by subsection (a).

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

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

1 poses as funds made available for fiscal years 2004  
2 through 2008 under paragraph (1).

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

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

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

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

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

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

1       “(d) COORDINATION.—In carrying out this section,  
2 the President shall coordinate with the World Health Or-  
3 ganization, the Global Fund to Fight AIDS, Tuberculosis,  
4 and Malaria, the Department of Health and Human Serv-  
5 ices (the Centers for Disease Control and Prevention and  
6 the National Institutes of Health), and other organiza-  
7 tions with respect to the development and implementation  
8 of a comprehensive malaria control program.”.

9       (b) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

15          “(4) RELATIONSHIP TO OTHER LAWS.—Assistance  
16          made available under this subsection and sections 104A,  
17          104B, and 104C, and assistance made available under  
18          chapter 4 of part II to carry out the purposes of this sub-  
19          section and the provisions cited in this paragraph, may  
20          be made available notwithstanding any other provision of  
21          law that restricts assistance to foreign countries, except  
22          for the provisions of this subsection, the provisions of law  
23          cited in this paragraph, subsection (f), section 634A of  
24          this Act, and provisions of law that limit assistance to or-  
25          ganizations that support or participate in a program of

1 coercive abortion or involuntary sterilization included  
2 under the Child Survival and Health Programs Fund  
3 heading in the Consolidated Appropriations Resolution,  
4 2003 (Public Law 108–7).”.

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

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

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

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

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

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

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

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

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

5           (1) be a national of the United States who is  
6           a trained health care professional and who meets the  
7           educational and licensure requirements necessary to  
8           be such a professional such as a physician, nurse,  
9           physician assistant, nurse practitioner, pharmacist,  
10          other type of health care professional, or other indi-  
11          vidual determined to be appropriate by the Presi-  
12          dent; or

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

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

21          (e) PLACEMENT OF PARTICIPANTS.—

22          (1) IN GENERAL.—To the maximum extent  
23 practicable, participants in the program shall serve  
24 in the poorest areas of the affected countries, where  
25 health care needs are likely to be the greatest. The

1 decision on the placement of a participant should be  
2 made in consultation with relevant officials of the af-  
3 fected country at both the national and local level as  
4 well as with local community leaders and organiza-  
5 tions.

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

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

1 erwise be jeopardized by participation in the program, and  
2 other incentives.

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

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

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

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

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

17 (h) AUTHORIZATION OF APPROPRIATIONS.—

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

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

7 (F) the status of appropriate law enforce-  
8 ment officials working to ensure that HIV/  
9 AIDS pharmaceutical treatment is not dimin-  
10 ished through illegal counterfeiting and black  
11 market sales of such pharmaceuticals;

12 (2) information on existing pilot projects, in-  
13 cluding a discussion of why a given population was  
14 selected, the number of people treated, the cost of  
15 treatment, the mechanisms established to ensure  
16 that treatment is being administered effectively and  
17 safely, and plans for scaling up pilot projects (in-  
18 cluding projected timelines and required resources);  
19 and

20 (3) an explanation of how those activities relate  
21 to efforts to prevent the transmission of the HIV in-  
22 fection.

1 **SEC. 306. STRATEGIES TO IMPROVE INJECTION SAFETY.**

2 Section 307 of the Public Health Service Act (42  
3 U.S.C. 242l) is amended by adding at the end the fol-  
4 lowing:

5 “(d) In carrying out immunization programs and  
6 other programs in developing countries for the prevention,  
7 treatment, and control of infectious diseases, including  
8 HIV/AIDS, tuberculosis, and malaria, the Director of the  
9 Centers for Disease Control and Prevention, in coordina-  
10 tion with the Coordinator of United States Government  
11 Activities to Combat HIV/AIDS Globally, the National In-  
12 stitutes of Health, national and local government, and  
13 other organizations, such as the World Health Organiza-  
14 tion and the United Nations Children’s Fund, shall de-  
15 velop and implement effective strategies to improve injec-  
16 tion safety, including eliminating unnecessary injections,  
17 promoting sterile injection practices and technologies,  
18 strengthening the procedures for proper needle and sy-  
19 ringe disposal, and improving the education and informa-  
20 tion provided to the public and to health professionals.”.

21 **SEC. 307. STUDY ON ILLEGAL DIVERSIONS OF PRESCRIP-**  
22 **TION DRUGS.**

23 Not later than 180 days after enactment of this Act,  
24 the Secretary of Health and Human Services, in coordina-  
25 tion with other agencies, shall submit a report to the Con-  
26 gress that includes the following:



1 are in developing nations with little or no access to  
2 public health facilities.

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

7 (3) Certain antiretroviral drugs reduce mother-  
8 to-child transmission by nearly 50 percent. Universal  
9 availability of this drug could prevent up to 400,000  
10 infections per year and dramatically reduce the num-  
11 ber of AIDS-related deaths.

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

22 (5) Several United States Government agencies  
23 including the United States Agency for International  
24 Development and the Centers for Disease Control  
25 are already supporting programs to prevent mother-

1 to-child transmission in resource-poor nations and  
2 have the capacity to expand these programs rapidly  
3 by working closely with foreign governments and  
4 nongovernmental organizations.

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

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

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

1 **SEC. 312. POLICY AND REQUIREMENTS.**

2 (a) POLICY.—The United States Government’s re-  
3 sponse to the global HIV/AIDS pandemic should place  
4 high priority on the prevention of mother-to-child trans-  
5 mission, the care and treatment of family members and  
6 caregivers, and the care of children orphaned by AIDS.  
7 To the maximum extent possible, the United States Gov-  
8 ernment should seek to leverage its funds by seeking  
9 matching contributions from the private sector, other na-  
10 tional governments, and international organizations.

11 (b) REQUIREMENTS.—The 5-year United States Gov-  
12 ernment strategy required by section 101 of this Act  
13 shall—

14 (1) provide for meeting or exceeding the goal to  
15 reduce the rate of mother-to-child transmission of  
16 HIV by 20 percent by 2005 and by 50 percent by  
17 2010;

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

23 (3) expand programs designed to care for chil-  
24 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  
12 include—

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) ensure the importance of inheritance rights  
4 of women, particularly women in African countries,  
5 due to the exponential growth in the number of  
6 young widows, orphaned girls, and grandmothers be-  
7 coming heads of households as a result of the HIV/  
8 AIDS pandemic;

9 (5) provide, in conjunction with other relevant  
10 executive branch agencies, the range of services for  
11 the care and treatment, including the provision of  
12 antiretrovirals and other necessary pharmaceuticals,  
13 of children, parents, and caregivers infected with  
14 HIV or living with AIDS;

15 (6) provide nutritional support and food secu-  
16 rity, and the improvement of overall family health;

17 (7) work with parents, caregivers, and commu-  
18 nity-based organizations to provide children with  
19 educational opportunities; and

20 (8) provide appropriate counseling and legal as-  
21 sistance for the appointment of guardians and the  
22 handling of other issues relating to the protection of  
23 children.

24 (c) REPORT.—Not later than 18 months after the  
25 date of enactment of this Act, the President should submit

1 a report on the implementation of this section to the ap-  
2 propriate congressional committees. Such report should  
3 include a description of activities undertaken to carry out  
4 subsection (b)(4).

5 (d) AUTHORIZATION OF APPROPRIATIONS.—

6 (1) IN GENERAL.—In addition to amounts oth-  
7 erwise available for such purpose, there are author-  
8 ized to be appropriated to the President, from  
9 amounts authorized to be appropriated under section  
10 401, such sums as may be necessary for each of the  
11 fiscal years 2004 through 2008 to carry out the pro-  
12 gram. A significant percentage of the amount appro-  
13 priated pursuant to the authorization of appropria-  
14 tions under the preceding sentence for a fiscal year  
15 should be made available to carry out subsection  
16 (b)(4).

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

20 **SEC. 315. PILOT PROGRAM ON FAMILY SURVIVAL PART-**  
21 **NERSHIPS.**

22 (a) PURPOSE.—The purpose of this section is to au-  
23 thorize the President to establish a program, through a  
24 public-private partnership, for the provision of medical  
25 care and support services to HIV positive parents and

1 their children identified through existing programs to pre-  
2 vent mother-to-child transmission of HIV in countries  
3 with or at risk for severe HIV epidemic with particular  
4 attention to resource constrained countries.

5 (b) GRANTS.—

6 (1) IN GENERAL.—The President is authorized  
7 to establish a program for the award of grants to el-  
8 igible administrative organizations to enable such or-  
9 ganizations to award subgrants to eligible entities to  
10 expand activities to prevent the mother-to-child  
11 transmission of HIV by providing medical care and  
12 support services to HIV infected parents and their  
13 children.

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

17 (A) to award subgrants to eligible entities  
18 to enable such entities to carry out activities de-  
19 scribed in subsection (c);

20 (B) for administrative support and  
21 subgrant management;

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

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

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

3 (F) to promote sustainability.

4 (c) SUBGRANTS.—

5 (1) IN GENERAL.—An organization awarded a  
6 grant under subsection (b) shall use amounts re-  
7 ceived under the grant to award subgrants to eligible  
8 entities.

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

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

14 (B) demonstrate to the awarding organiza-  
15 tion that such entity—

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

22 (ii) has demonstrated support for the  
23 proposed program from relevant govern-  
24 ment entities; and

1           (iii) is able to provide HIV care, in-  
2           cluding antiretroviral treatment when  
3           medically indicated, to HIV positive  
4           women, men, and children with the support  
5           of the project funding.

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

8           (A) the term “local health organization”  
9           means a public sector health system, non-  
10          governmental organization, institution of higher  
11          education, community-based organization, or  
12          nonprofit health system that provides directly,  
13          or has a clear link with a provider for the indi-  
14          rect provision of, primary health care services;  
15          and

16          (B) the term “international organization”  
17          means—

- 18               (i) a nonprofit international entity;  
19               (ii) an international charitable institu-  
20               tion;  
21               (iii) a private voluntary international  
22               entity; or  
23               (iv) a multilateral institution.

24          (4) PRIORITY REQUIREMENT.—In awarding  
25          subgrants under this subsection, the organization

1 shall give priority to eligible applicants that are cur-  
2 rently administering a program of proven interven-  
3 tion to HIV positive individuals to prevent mother-  
4 to-child transmission in countries with or at risk for  
5 severe HIV epidemic with particular attention to re-  
6 source constrained countries, and who are currently  
7 administering a program to HIV positive women,  
8 men, and children to provide life-long care in family-  
9 centered care programs using non-Federal funds.

10 (5) SELECTION OF SUBGRANT RECIPIENTS.—In  
11 awarding subgrants under this subsection, the orga-  
12 nization should—

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

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

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

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

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

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

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

20 (E) funding support services, including ad-  
21 herence and psychosocial support services;

22 (F) operational support activities; and

23 (G) conducting community outreach and  
24 capacity building activities, including activities  
25 to raise the awareness of individuals of the pro-

1           gram carried out by the subgrantee, other com-  
2           munications activities in support of the pro-  
3           gram, local advisory board functions, and trans-  
4           portation necessary to ensure program partici-  
5           pation.

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

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

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

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

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

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

1     **TITLE IV—AUTHORIZATION OF**  
2                     **APPROPRIATIONS**

3     **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

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

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

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

14    **SEC. 402. SENSE OF CONGRESS.**

15            (a) INCREASE IN HIV/AIDS ANTIRETROVIRAL  
16    TREATMENT.—It is a sense of the Congress that an ur-  
17    gent priority of United States assistance programs to fight  
18    HIV/AIDS should be the rapid increase in distribution of  
19    antiretroviral treatment so that—

20                (1) by the end of fiscal year 2004, at least  
21                500,000 individuals with HIV/AIDS are receiving  
22                antiretroviral treatment through United States as-  
23                sistance programs;

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

4           (3) by the end of fiscal year 2006, at least  
5           2,000,000 such individuals are receiving such treat-  
6           ment.

7           (b) EFFECTIVE DISTRIBUTION OF HIV/AIDS  
8 FUNDS.—It is the sense of Congress that, of the amounts  
9 appropriated pursuant to the authorization of appropria-  
10 tions under section 401 for HIV/AIDS assistance, an ef-  
11 fective distribution of such amounts would be—

12           (1) 55 percent of such amounts for treatment  
13           of individuals with HIV/AIDS;

14           (2) 15 percent of such amounts for palliative  
15           care of individuals with HIV/AIDS;

16           (3) 20 percent of such amounts for HIV/AIDS  
17           prevention consistent with section 104A(d) of the  
18           Foreign Assistance Act of 1961 (as added by section  
19           301 of this Act), of which such amount at least 33  
20           percent should be expended for abstinence-until-mar-  
21           riage programs; and

22           (4) 10 percent of such amounts for orphans  
23           and vulnerable children.

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

2 (a) THERAPEUTIC MEDICAL CARE.—For fiscal years  
3 2006 through 2008, not less than 55 percent of the  
4 amounts appropriated pursuant to the authorization of ap-  
5 propriations under section 401 for HIV/AIDS assistance  
6 for each such fiscal year shall be expended for therapeutic  
7 medical care of individuals infected with HIV, of which  
8 such amount at least 75 percent should be expended for  
9 the purchase and distribution of antiretroviral pharma-  
10 ceuticals and at least 25 percent should be expended for  
11 related care. For fiscal years 2006 through 2008, not less  
12 than 33 percent of the amounts appropriated pursuant to  
13 the authorization of appropriations under section 401 for  
14 HIV/AIDS prevention consistent with section 104A(d) of  
15 the Foreign Assistance Act of 1961 (as added by section  
16 301 of this Act) for each such fiscal year shall be expended  
17 for abstinence-until-marriage programs.

18 (b) ORPHANS AND VULNERABLE CHILDREN.—For  
19 fiscal years 2006 through 2008, not less than 10 percent  
20 of the amounts appropriated pursuant to the authorization  
21 of appropriations under section 401 for HIV/AIDS assist-  
22 ance for each such fiscal year shall be expended for assist-  
23 ance for orphans and vulnerable children affected by HIV/  
24 AIDS, of which such amount at least 50 percent shall be  
25 provided through non-profit, nongovernmental organiza-

1 tions, including faith-based organizations, that implement  
2 programs on the community level.

3 **SEC. 404. ASSISTANCE FROM THE UNITED STATES PRIVATE**  
4 **SECTOR TO PREVENT AND REDUCE HIV/AIDS**  
5 **IN SUB-SAHARAN AFRICA.**

6 It is the sense of Congress that United States busi-  
7 nesses should be encouraged to provide assistance to sub-  
8 Saharan African countries to prevent and reduce the inci-  
9 dence of HIV/AIDS in sub-Saharan Africa. In providing  
10 such assistance, United States businesses should be en-  
11 couraged to consider the establishment of an HIV/AIDS  
12 Response Fund in order to provide for coordination among  
13 such businesses in the collection and distribution of the  
14 assistance to sub-Saharan African countries.

Passed the House of Representatives May 1, 2003.

Attest:

*Clerk.*