

107TH CONGRESS
2^D SESSION

S. 15

To amend the Foreign Assistance Act of 1961 to increase assistance for foreign countries seriously affected by HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2002

Mr. KERRY (for himself, Mr. FRIST, Mr. BIDEN, and Mr. LEVIN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

To amend the Foreign Assistance Act of 1961 to increase assistance for foreign countries seriously affected by HIV/AIDS, tuberculosis, and malaria, and for other purposes.

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

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

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

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Purpose.
- Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of a comprehensive, five-year, global strategy.
- Sec. 102. Comprehensive plan to empower women to prevent the spread of HIV/AIDS.
- Sec. 103. HIV/AIDS Response Coordinator.
- Sec. 104. Report on reversing the exodus of critical talent.

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

- Sec. 201. Sense of Congress on public-private partnerships.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis, and Malaria.
- Sec. 203. Voluntary contributions to international vaccine funds.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

- Sec. 301. Assistance to combat HIV/AIDS.
- Sec. 302. Assistance to combat tuberculosis.
- Sec. 303. Assistance to combat malaria.
- Sec. 304. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.
- Sec. 305. Report on treatment activities by relevant Executive branch agencies.

Subtitle B—Assistance for Children and Families

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

TITLE IV—BUSINESS PRINCIPLES

- Sec. 401. Principles for United States firms operating in countries affected by the HIV/AIDS pandemic.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

- 3 (1) During the last 20 years, HIV/AIDS has
- 4 assumed pandemic proportions, spreading from the
- 5 most severely affected region, sub-Saharan Africa, to

1 all corners of the world, and leaving an unprece-
2 dented path of death and devastation.

3 (2) According to the Joint United Nations Pro-
4 gramme on HIV/AIDS (UNAIDS), more than
5 60,000,000 people worldwide have been infected with
6 HIV since the epidemic began; more than
7 22,000,000 of these have lost their lives to the dis-
8 ease; and more than 13,000,000 children have been
9 orphaned by the disease. HIV/AIDS is the fourth-
10 highest cause of death in the world.

11 (3) At the end of 2001, an estimated
12 40,000,000 people were infected with HIV or living
13 with AIDS. Of these, more than 2,700,000 were
14 children under the age of fifteen and more than
15 17,600,000 were women. Women are four times
16 more vulnerable to infection than are men and are
17 becoming infected at increasingly high rates because
18 in many societies women lack control over sexual en-
19 counters and cannot insist on the use of protective
20 measures. Women and children who are refugees or
21 are internally displaced persons are especially vul-
22 nerable to sexual violence, thereby increasing the
23 possibility of HIV infection.

24 (4) As the leading cause of death in sub-Saha-
25 ran Africa, AIDS has killed more than 17,000,000

1 people (more than 3 times the number of AIDS
2 deaths in the rest of the world) and will claim the
3 lives of one-quarter of the population, mostly adults,
4 in the next decade.

5 (5) An estimated 1,800,000 people in Latin
6 America and the Caribbean and another 7,100,000
7 people in Asia and the Pacific region are infected
8 with HIV or living with AIDS. Infection rates are
9 rising alarmingly in Eastern Europe (especially in
10 the Russian Federation), Central Asia, and China.

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

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

21 (8) HIV/AIDS destabilizes communities by
22 striking at the most mobile and educated members
23 of society, many of whom are responsible for secu-
24 rity at the local level and governance at the national
25 and subnational levels as well as many teachers,

1 health care personnel, and other community workers
2 vital to community development and the effort to
3 combat HIV/AIDS. In some countries the over-
4 whelming challenges of the HIV/AIDS epidemic are
5 accelerating the outward migration of critically im-
6 portant health care professionals.

7 (9) HIV/AIDS weakens the defenses of coun-
8 tries severely affected by the HIV/AIDS crisis
9 through high infection rates among members of their
10 military forces. According to UNAIDS, in sub-Saha-
11 ran Africa, many military forces have infection rates
12 as much as five times that of the civilian population.

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

15 (A) increasing the potential for political in-
16 stability and economic devastation, particularly
17 in those countries and regions most severely af-
18 fected by the disease; and

19 (B) decreasing the capacity to resolve con-
20 flicts through the introduction of peacekeeping
21 forces because the environments into which
22 these forces are introduced pose a high risk for
23 the spread of HIV/AIDS.

24 (11) The devastation wrought by the HIV/
25 AIDS pandemic is compounded by the prevalence of

1 tuberculosis and malaria, particularly in developing
2 countries where the poorest and most vulnerable
3 members of society, including women, children, and
4 those living with HIV/AIDS, become infected. Ac-
5 cording to the World Health Organization (WHO),
6 HIV/AIDS, tuberculosis, and malaria accounted for
7 more than 5,700,000 deaths in 2001 and caused de-
8 bilitating illnesses in millions more.

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

20 (13) Malaria, the most deadly of all tropical
21 parasitic diseases, has been undergoing a dramatic
22 resurgence in recent years due to increasing resist-
23 ance of the malaria parasite to inexpensive and ef-
24 fective drugs. At the same time, increasing resist-
25 ance of mosquitoes to standard insecticides makes

1 control of transmission difficult to achieve. The
2 World Health Organization estimates that between
3 300,000,000 and 500,000,000 new cases of malaria
4 occur each year, and annual deaths from the disease
5 number between 2,000,000 and 3,000,000. Persons
6 infected with HIV are particularly vulnerable to the
7 malaria parasite. The spread of HIV infection con-
8 tributes to the difficulties of controlling resurgence
9 of the drug resistant malaria parasite.

10 (14) Although HIV/AIDS is first and foremost
11 a health problem, successful strategies to stem the
12 spread of the pandemic will require not only medical
13 interventions, the strengthening of health care deliv-
14 ery systems and infrastructure and determined na-
15 tional leadership and increased budgetary allocations
16 for the health sector in countries affected by the epi-
17 demic but also measures to address the social and
18 behavioral causes of the problem and its impact on
19 families, communities, and societal sectors.

20 (15) Basic interventions to prevent new HIV in-
21 fections and to bring care and treatment to people
22 living with AIDS, such as voluntary counseling and
23 testing and mother-to-child transmission programs,
24 are achieving meaningful results and are cost-effec-
25 tive. The challenge is to expand these interventions

1 from a pilot program basis to a national basis in a
2 coherent and sustainable manner.

3 (16) Appropriate treatment of individuals with
4 HIV/AIDS can prolong the lives of such individuals,
5 preserve their families, prevent children from becom-
6 ing orphans, and increase productivity of such indi-
7 viduals by allowing them to lead active lives and re-
8 duce the need for costly hospitalization for treatment
9 of opportunistic infections caused by HIV.

10 (17) United States nongovernmental organiza-
11 tions, including faith-based organizations, with expe-
12 rience in health care and HIV/AIDS counseling,
13 have proven effective in combating the HIV/AIDS
14 pandemic and can be a resource in assisting indige-
15 nous organizations in severely affected countries in
16 their efforts to provide treatment and care for indi-
17 viduals infected with HIV/AIDS.

18 (18) The magnitude and scope of the HIV/
19 AIDS crisis demands a comprehensive, long-term,
20 international response focused upon addressing the
21 causes, reducing the spread, and ameliorating the
22 consequences of the HIV/AIDS pandemic,
23 including—

24 (A) prevention and education, care and
25 treatment, basic and applied research, and

1 training of health care workers, particularly at
2 the community and provincial levels, and other
3 community workers and leaders needed to cope
4 with the range of consequences of the HIV/
5 AIDS crisis;

6 (B) development of health care infrastruc-
7 ture and delivery systems through cooperative
8 and coordinated public efforts and public and
9 private partnerships;

10 (C) development and implementation of
11 national and community-based multisector
12 strategies that address the impact of HIV/
13 AIDS on the individual, family, community, and
14 nation and increase the participation of at-risk
15 populations in programs designed to encourage
16 behavioral and social change and reduce the
17 stigma associated with HIV/AIDS; and

18 (D) coordination of efforts between inter-
19 national organizations such as the Global Fund
20 to Fight AIDS, Tuberculosis and Malaria, the
21 Joint United Nations Programme on HIV/
22 AIDS (UNAIDS), the World Health Organiza-
23 tion (WHO), national governments, and private
24 sector organizations.

1 (19) The United States has the capacity to lead
2 and enhance the effectiveness of the international
3 community's response by—

4 (A) providing substantial financial re-
5 sources, technical expertise, and training, par-
6 ticularly of health care personnel and commu-
7 nity workers and leaders;

8 (B) promoting vaccine and microbicide re-
9 search and the development of new treatment
10 protocols in the public and commercial pharma-
11 ceutical research sectors;

12 (C) making available pharmaceuticals and
13 diagnostics for HIV/AIDS therapy;

14 (D) encouraging governments and commu-
15 nity-based organizations to adopt policies that
16 treat HIV/AIDS as a multisectoral problem af-
17 fecting not only health but other areas such as
18 education, the economy, the family and society,
19 and assisting them to develop and implement
20 programs corresponding to these needs; and

21 (E) encouraging active involvement of the
22 private sector, including businesses, pharma-
23 ceutical and biotechnology companies, the med-
24 ical and scientific communities, charitable foun-
25 dations, private and voluntary organizations

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

4 **SEC. 3. DEFINITIONS.**

5 In this Act:

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

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

13 (3) DESIGNATED CONGRESSIONAL COMMIT-
14 TEES.—The term “designated congressional commit-
15 tees” means the Committee on Foreign Relations
16 and the Committee on Health, Education, Labor,
17 and Pensions of the Senate and the Committee on
18 International Relations and the Committee on En-
19 ergy and Commerce of the House of Representa-
20 tives.

21 (4) GLOBAL FUND.—The term “Global Fund”
22 means the public-private partnership known as the
23 Global Fund to Fight AIDS, Tuberculosis and Ma-
24 laria that was established upon the call of the
25 United Nations Secretary General in April 2001.

1 (5) HIV.—The term “HIV” means the human
2 immunodeficiency virus, the pathogen that causes
3 AIDS.

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

7 (7) RELEVANT EXECUTIVE BRANCH AGEN-
8 CIES.—The term “relevant Executive branch agen-
9 cies” means the Department of State, the United
10 States Agency for International Development, the
11 Department of Health and Human Services, and
12 any other department or agency of the United States
13 that participates in international HIV/AIDS activi-
14 ties or programs.

15 **SEC. 4. PURPOSE.**

16 The purpose of this Act is to strengthen United
17 States leadership and the effectiveness of the United
18 States response to certain global infectious diseases by—

19 (1) establishing a comprehensive, integrated
20 five-year, global strategy to fight HIV/AIDS that en-
21 compasses a plan for phased expansion of critical
22 programs and improved coordination among relevant
23 Executive branch agencies and between the United
24 States and foreign governments and international
25 organizations;

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

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

7 (4) encouraging the expansion of private sector
8 efforts and expanding public-private sector partner-
9 ships to combat HIV/AIDS; and

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

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

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

1 of the reports required by this Act to be submitted by the
2 President.

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

5 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-**
6 **YEAR, GLOBAL STRATEGY.**

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

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

21 (2) assign priorities for relevant Executive
22 branch agencies;

23 (3) improve coordination among relevant Exec-
24 utive branch agencies and foreign governments and
25 international organizations;

1 (4) project general levels of resources needed to
2 achieve the stated objectives;

3 (5) expand public-private partnerships and the
4 leveraging of resources; and

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

8 (b) REPORT.—

9 (1) IN GENERAL.—Not later than 270 days
10 after the date of enactment of this Act, the Presi-
11 dent shall submit to designated congressional com-
12 mittees a report setting forth the strategy described
13 in subsection (a).

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

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

24 (A) The objectives, general and specific, of
25 the strategy.

1 (B) A description of the criteria for deter-
2 mining success of the strategy.

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

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

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

24 (F) A description of the programs to be
25 undertaken to maximize United States con-

1 tributions in the areas of technical assistance,
2 training particularly of health care workers and
3 community-based leaders in affected sectors,
4 and research including the promotion of re-
5 search on vaccines.

6 (G) An identification of the relevant Exec-
7utive branch agencies that will be involved and
8 the assignment of priorities to those agencies.

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

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

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

1 cial institutions, and private sector organiza-
2 tions.

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

7 (L) A description of the mechanisms to be
8 established for monitoring and evaluating pro-
9 grams and for terminating unsuccessful pro-
10 grams.

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

18 (N) A description of the manner in which
19 the United States strategy for combating HIV/
20 AIDS relates to and promotes the goals and ob-
21 jectives of the United Nations General Assem-
22 bly's Declaration of Commitment on HIV/
23 AIDS.

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

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

14 (a) STATEMENT OF POLICY.—It is in the national in-
15 terest of the United States—

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

19 (2) to ensure that there are affordable effective
20 female controlled preventative technologies widely
21 available;

22 (3) to assist in providing adequate pre- and
23 post-natal care to women infected with HIV or living
24 with AIDS to prevent an increase in the number of
25 AIDS orphans; and

1 (4) to educate communities in order to lessen
2 the stigma facing women who are infected with HIV
3 or living with AIDS.

4 (b) DEVELOPMENT OF PLAN.—The United States
5 Agency for International Development, working in con-
6 junction with other relevant Executive branch agencies,
7 shall develop a comprehensive plan to empower women to
8 protect themselves against the spread of HIV/AIDS. The
9 plan shall include—

10 (1) immediately providing women greatly in-
11 creased access to and program support for currently
12 available prevention technologies for women and
13 microbicides when they become available;

14 (2) providing funding for research to develop
15 safe, effective, usable microbicides, including support
16 for—

17 (A) development and preclinical evaluation
18 of topical microbicides;

19 (B) the conduct of clinical studies of can-
20 didate microbicides to assess safety, accept-
21 ability, and effectiveness in reducing the HIV
22 infection and other sexually transmitted infec-
23 tions;

1 (C) behavioral and social science research
2 relevant to microbicide development, testing, ac-
3 ceptability, and use; and

4 (D) introductory studies of safe and effec-
5 tive microbicides in developing countries;

6 (3) increasing women's access to microfinance
7 programs;

8 (4) comprehensive education for women and
9 girls including health education that emphasizes
10 skills building on negotiation and the prevention of
11 sexually transmitted infections and other related re-
12 productive health risks and strategies that empha-
13 size the delay of sexual debut;

14 (5) community-based strategies to combat gen-
15 der-based violence and sexual coercion of women and
16 minors;

17 (6) expansion of peer education strategies for
18 men which emphasize responsible sexual behavior
19 and consultation with their wives and partners in
20 making decisions about sex and reproduction;

21 (7) resources for households headed by females
22 caring for AIDS orphans;

23 (8) followup monitoring of and care and sup-
24 port for post-natal women living with HIV or at
25 high risk of infection; and

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

4 (c) REQUIREMENT.—The plan shall specify, for the
5 assistance to achieve each of the objectives set forth in
6 paragraphs (1) through (9) of subsection (b), the section
7 of the Foreign Assistance Act of 1961 or other law that
8 authorizes such assistance.

9 (d) STAFFING.—The Administrator of the United
10 States Agency for International Development shall ensure
11 that the Agency dedicates a sufficient number of employ-
12 ees to implementing the plan described in subsection (b).

13 (e) REPORT.—Not later than 270 days after the date
14 of enactment of this Act and every year for the next 3
15 years thereafter, the Administrator of the United States
16 Agency for International Development shall submit to the
17 appropriate congressional committees a report on the plan
18 being implemented by the United States Agency for Inter-
19 national Development on empowering women in order to
20 prevent the spread of HIV/AIDS. The report shall include
21 a description of—

22 (1) the programs being carried out that are
23 specifically targeted at women and girls to educate
24 them about the spread of HIV/AIDS and the use
25 and availability of currently available prevention

1 technologies for women, together with the number of
2 women and girls reached through these programs;

3 (2) the steps taken to increase the availability
4 of such technologies; and

5 (3) the progress on developing a safe, effective,
6 user-friendly microbicide.

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

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

11 (1) by redesignating subsections (f) and (g) as
12 subsections (g) and (h), respectively; and

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

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

15 “(1) IN GENERAL.—There shall be within the
16 Department of State a Coordinator of United States
17 Government Activities to Combat HIV/AIDS Glob-
18 ally, who shall be appointed by the President, by and
19 with the advice and consent of the Senate. The Co-
20 ordinator shall report directly to the Secretary of
21 State and shall have the rank and status of ambas-
22 sador.

23 “(2) DUTIES.—

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

1 and coordination of all international activities of
2 the United States Government to combat the
3 HIV/AIDS pandemic, including all programs,
4 projects, and activities of the United States
5 Government under titles I through IV of the
6 United States Leadership Against HIV/AIDS,
7 Tuberculosis, and Malaria Act of 2002 or any
8 amendment made by those titles.

9 “(B) SPECIFIC DUTIES.—The duties of the
10 Coordinator shall specifically include the fol-
11 lowing:

12 “(i) Ensuring program and policy co-
13 ordination among the relevant Executive
14 branch agencies.

15 “(ii) Ensuring that each relevant Ex-
16 ecutive branch agency undertakes pro-
17 grams primarily in those areas where the
18 agency has the greatest expertise, technical
19 capabilities, and potential for success.

20 “(iii) Avoiding duplication of effort.

21 “(iv) Ensuring coordination of rel-
22 evant Executive branch agency activities in
23 the field.

24 “(v) Pursuing coordination with other
25 countries and international organizations.

1 “(vi) Resolving policy, program, and
2 funding disputes among the relevant Exec-
3 utive branch agencies.”.

4 (b) **FIRST COORDINATOR.**—The President may des-
5 ignate the incumbent Special Representative of the Sec-
6 retary of State for HIV/AIDS as of the date of enactment
7 of this Act as the first Coordinator of United States Gov-
8 ernment Activities to Combat HIV/AIDS Globally.

9 (c) **RESOURCES.**—Not later than 90 days after the
10 date of enactment of this Act, the President shall identify
11 the necessary financial and personnel resources that would
12 be assigned to the HIV/AIDS Response Coordinator to es-
13 tablish and sustain the duties and supporting activities as-
14 signed to the Coordinator by this Act.

15 **SEC. 104. REPORT ON REVERSING THE EXODUS OF CRIT-**
16 **ICAL TALENT.**

17 (a) **IN GENERAL.**—Not later than one year after the
18 date of enactment of this Act, the President shall submit
19 a report to designated congressional committees analyzing
20 the emigration of critically important medical and public
21 health personnel, including physicians, nurses, and super-
22 visors from sub-Saharan African countries that are acute-
23 ly impacted by HIV/AIDS.

24 (b) **ELEMENTS OF THE REPORT.**—The report shall
25 include—

1 (1) an analysis of the causes for the exodus of
2 such personnel, the present and projected trend
3 lines, and the impact on the stability of health infra-
4 structures; and

5 (2) a description of incentives and programs
6 that the United States could provide, in concert with
7 other private and public sector partners and inter-
8 national organizations, to stabilize health institu-
9 tions by encouraging critical personnel to remain in
10 their home countries.

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

15 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
16 **NERSHIPS.**

17 (a) FINDINGS.—Congress makes the following find-
18 ings:

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

1 (2) Public-private sector partnerships multiply
2 local and international capacities to strengthen the
3 delivery of health services in developing countries
4 and to accelerate research for vaccines and other
5 pharmaceutical products that are essential to combat
6 infectious diseases decimating the populations of
7 these countries.

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

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

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

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

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

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

7 (a) **AUTHORITY FOR UNITED STATES PARTICIPA-**
8 **TION.—**

9 (1) **UNITED STATES PARTICIPATION.—**The
10 United States is hereby authorized to participate in
11 the Global Fund to Fight AIDS, Tuberculosis and
12 Malaria.

13 (2) **PRIVILEGES AND IMMUNITIES.—**The Global
14 Fund shall be considered a public international orga-
15 nization for purposes of section 1 of the Inter-
16 national Organizations Immunities Act (22 U.S.C.
17 288).

18 (b) **REPORTS TO CONGRESS.—**Not later than one
19 year after the date of the enactment of this Act, and annu-
20 ally thereafter for the duration of the Global Fund, the
21 President shall submit to the appropriate congressional
22 committees a report on the Global Fund, including con-
23 tributions pledged, contributions received (including dona-
24 tions from the private sector), projects funded, and the

1 mechanisms established for transparency and account-
2 ability in the grant making process.

3 (c) UNITED STATES FINANCIAL PARTICIPATION.—

4 (1) AUTHORIZATION OF APPROPRIATIONS.—In
5 addition to funds otherwise available for such pur-
6 pose, there are authorized to be appropriated to the
7 President \$750,000,000 for the fiscal year 2003 and
8 \$1,200,000,000 for the fiscal year 2004 for con-
9 tributions to the Global Fund.

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

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

17 (A) are authorized to remain available
18 until expended; and

19 (B) shall be transferred to, merged with,
20 and made available for the same purposes as,
21 funds made available for fiscal year 2002 under
22 paragraph (1).

23 (4) STATUTORY CONSTRUCTION.—Nothing in
24 this Act may be construed to substitute for, or re-
25 duce resources provided under any other law for bi-

1 lateral and multilateral HIV/AIDS, tuberculosis, and
2 malaria programs.

3 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**
4 **NATIONAL VACCINE FUNDS.**

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

7 (1) by striking “\$50,000,000” and all that fol-
8 lows through “2002” and inserting “\$60,000,000
9 for the fiscal year 2003 and \$70,000,000 for the fis-
10 cal year 2004”; and

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

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

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

24 “(m) In addition to amounts otherwise available
25 under this section, there are authorized to be appropriated

1 to the President \$5,000,000 for the fiscal year 2003 and
 2 \$6,000,000 for the fiscal year 2004 to be available for
 3 United States contributions to the Malaria Vaccine Initia-
 4 tive of the Program for Appropriate Technologies in
 5 Health (PATH).”.

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

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

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

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

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

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

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

22 “(b) POLICY.—It is a major objective of the foreign
 23 assistance program of the United States to provide assist-
 24 ance for the prevention, treatment, and control of HIV/
 25 AIDS. The United States and other developed countries

1 should provide assistance to countries in sub-Saharan Af-
2 rica and other countries and areas to control this crisis
3 through HIV/AIDS prevention, treatment, monitoring,
4 and related activities, particularly activities focused on
5 women and youth, including strategies to prevent mother-
6 to-child transmission of the HIV infection.

7 “(c) AUTHORIZATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

23 “(E) research on microbicides which pre-
24 vent the spread of HIV/AIDS; and

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

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

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

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

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

1 ceuticals and therapies for the treatment of op-
2 portunistic infections, nutritional support, and
3 other treatment modalities.

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

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

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

14 “(4) PHARMACEUTICALS.—

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

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

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

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

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

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

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

6 “(e) ANNUAL REPORT.—

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

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

15 “(A) a description of efforts made to im-
16 plement the policies set forth in this section;

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

19 “(C) a detailed assessment of the impact
20 of programs established pursuant to this sec-
21 tion, including—

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

1 the HIV infection, and in reducing mor-
2 tality rates from HIV/AIDS; and

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

8 “(f) FUNDING LIMITATION.—Of the funds made
9 available to carry out this section in any fiscal year, not
10 more than 7 percent may be used for the administrative
11 expenses of the United States Agency for International
12 Development in support of activities described in this sec-
13 tion. Such amount shall be in addition to other amounts
14 otherwise available for such purposes.

15 “(g) DEFINITIONS.—In this section:

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

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

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

24 (b) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) IN GENERAL.—In addition to funds avail-
2 able under section 104(c) of the Foreign Assistance
3 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
4 or under any other provision of that Act, there are
5 authorized to be appropriated to the President
6 \$550,000,000 for the fiscal year 2003 and
7 \$900,000,000 for the fiscal year 2004 to carry out
8 section 104A of the Foreign Assistance Act of 1961,
9 as added by subsection (a).

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

13 (3) ALLOCATION OF FUNDS.—

14 (A) RESEARCH ON MICROBICIDES.—Of the
15 amounts authorized to be appropriated by para-
16 graph (1) for the fiscal years 2003 and 2004,
17 \$18,000,000 for the fiscal year 2003 and
18 \$24,000,000 for the fiscal year 2004 are au-
19 thorized to be available to carry out section
20 104A(d)(1)(D) of the Foreign Assistance Act of
21 1961 (as added by subsection (a)), relating to
22 research on microbicides which prevent the
23 spread of HIV/AIDS.

24 (B) PHARMACEUTICALS.—Of the amounts
25 authorized to be appropriated by paragraph (1)

1 for the fiscal years 2003 and 2004,
2 \$50,000,000 for the fiscal year 2003 and
3 \$120,000,000 for the fiscal year 2004 are au-
4 thorized to be available to carry out section
5 104A(d)(4) of the Foreign Assistance Act of
6 1961 (as added by subsection (a)), relating to
7 the procurement and distribution of HIV/AIDS
8 pharmaceuticals.

9 (4) **TRANSFER OF PRIOR YEAR FUNDS.**—Unob-
10 ligated balances of funds made available for the fis-
11 cal year 2001 or the fiscal year 2002 under section
12 104(c)(6) of the Foreign Assistance Act of 1961 (22
13 U.S.C. 2151b(c)(6) (as in effect immediately before
14 the date of enactment of this Act) shall be trans-
15 ferred to, merged with, and made available for the
16 same purposes as funds made available for fiscal
17 year 2003 under paragraph (1).

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

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

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

2 “(a) FINDINGS.—Congress makes the following find-
3 ings:

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

8 “(2) Congress further recognizes that the
9 means exist to control and treat tuberculosis
10 through expanded use of the DOTS (Directly Ob-
11 served Treatment Short-course) treatment strategy
12 and adequate investment in newly created mecha-
13 nisms to increase access to treatment, including the
14 Global Tuberculosis Drug Facility established in
15 2001 pursuant to the Amsterdam Declaration to
16 Stop TB.

17 “(b) POLICY.—It is a major objective of the foreign
18 assistance program of the United States to control tuber-
19 culosis, including the detection of at least 70 percent of
20 the cases of infectious tuberculosis, and the cure of at
21 least 85 percent of the cases detected, not later than De-
22 cember 31, 2005, in those countries classified by the
23 World Health Organization as among the highest tuber-
24 culosis burden, and not later than December 31, 2010,
25 in all countries in which the United States Agency for

1 International Development has established development
2 programs.

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

8 “(d) COORDINATION.—In carrying out this section,
9 the President shall coordinate with the World Health Or-
10 ganization, the Global Fund to Fight AIDS, Tuberculosis,
11 and Malaria, the Department of Health and Human Serv-
12 ices (including the Centers for Disease Control and Pre-
13 vention and the National Institutes of Health), and other
14 organizations with respect to the development and imple-
15 mentation of a comprehensive tuberculosis control pro-
16 gram.

17 “(e) ANNUAL REPORT.—Not later than January 31
18 of each year, the President shall submit a report to the
19 Committee on Foreign Relations of the Senate and the
20 Committee on International Relations of the House of
21 Representatives specifying the increases in the number of
22 people treated and the increases in number of tuberculosis
23 patients cured through each program, project, or activity
24 receiving United States foreign assistance for tuberculosis
25 control purposes.

1 “(f) PRIORITY TO DOTS COVERAGE.—In furnishing
2 assistance under subsection (c), the President shall give
3 priority to activities that increase directly observed treat-
4 ment shortcourse (DOTS) coverage, including funding for
5 the Global Tuberculosis Drug Facility and the Stop Tu-
6 berculosis Partnership.

7 “(g) DEFINITIONS.—In this section:

8 “(1) DOTS.—The term ‘DOTS’ or ‘Directly
9 Observed Treatment Short-course’ means the World
10 Health Organization-recommended strategy for
11 treating tuberculosis.

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

17 “(3) STOP TUBERCULOSIS PARTNERSHIP.—The
18 term ‘Stop Tuberculosis Partnership’ means the
19 partnership of the World Health Organization, do-
20 nors including the United States, high tuberculosis
21 burden countries, multilateral agencies, and non-
22 governmental and technical agencies committed to
23 short- and long-term measures required to control
24 and eventually eliminate tuberculosis as a public
25 health problem in the world.”.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—

2 (1) IN GENERAL.—In addition to funds avail-
3 able under section 104(c) of the Foreign Assistance
4 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
5 or under any other provision of that Act, there are
6 authorized to be appropriated to the President
7 \$85,000,000 for the fiscal year 2003 and
8 \$200,000,000 for the fiscal year 2004 to carry out
9 section 104B of the Foreign Assistance Act of 1961,
10 as added by subsection (a).

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

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

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

24 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT
25 OF 1961.—Chapter 1 of part I of the Foreign Assistance

1 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-
2 tions 301 and 302 of this Act, is further amended by in-
3 serting after section 104B the following new section:

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

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

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

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

21 “(d) COORDINATION.—In carrying out this section,
22 the President shall coordinate with the World Health Or-
23 ganization, the Global Fund to Fight AIDS, Tuberculosis,
24 and Malaria, the Department of Health and Human Serv-
25 ices (the Centers for Disease Control and Prevention and

1 the National Institutes of Health), and other organiza-
2 tions with respect to the development and implementation
3 of a comprehensive malaria control program.

4 “(e) ANNUAL REPORT.—Not later than January 31
5 of each year, the President shall submit a report to the
6 Committee on Foreign Relations of the Senate and the
7 Committee on International Relations of the House of
8 Representatives specifying the increases in the number of
9 people treated and the increases in number of malaria pa-
10 tients cured through each program, project, or activity re-
11 ceiving United States foreign assistance for malaria con-
12 trol purposes.”.

13 (b) AUTHORIZATION OF APPROPRIATIONS.—

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

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

1 (3) TRANSFER OF PRIOR YEAR FUNDS.—Unob-
2 ligated balances of funds made available for the fis-
3 cal year 2001 or the fiscal year 2002 under section
4 104(c) of the Foreign Assistance Act of 1961 (22
5 U.S.C. 2151b(c) (as in effect immediately before the
6 date of enactment of this Act) and made available
7 for the control of malaria shall be transferred to,
8 merged with, and made available for the same pur-
9 poses as funds made available for fiscal year 2003
10 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.—Assist-
16 ance made available under this subsection and sec-
17 tions 104A, 104B, and 104C, and assistance made
18 available under chapter 4 of part II to carry out the
19 purposes of this subsection and such other sections
20 of this Act, may be made available in accordance
21 with this subsection and such other provisions of
22 this Act notwithstanding any other provision of
23 law.”.

1 **SEC. 304. PILOT PROGRAM FOR THE PLACEMENT OF**
2 **HEALTH CARE PROFESSIONALS IN OVERSEAS**
3 **AREAS SEVERELY AFFECTED BY HIV/AIDS,**
4 **TUBERCULOSIS, AND MALARIA.**

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (g) INCENTIVES.—The President may offer such in-
2 centives as the President determines to be necessary to
3 encourage individuals to participate in the program, such
4 as partial payment of principal, interest, and related ex-
5 penses on government and commercial loans for edu-
6 cational expenses relating to professional health training
7 and, where possible, deferment of repayments on such
8 loans, the provision of retirement benefits that would oth-
9 erwise be jeopardized by participation in the program, and
10 other incentives.

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

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

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

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

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

25 (i) AUTHORIZATION OF APPROPRIATIONS.—

1 (C) the status of research into successful
2 treatment protocols for individuals in the devel-
3 oping world; and

4 (D) technical assistance and training of
5 local health care workers (in countries affected
6 by the pandemic) to administer antiretrovirals,
7 manage side effects, and monitor patients' viral
8 loads and immune status;

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

17 (3) an explanation of how those activities relate
18 to efforts to prevent the transmission of the HIV in-
19 fection.

20 **Subtitle B—Assistance for Children** 21 **and Families**

22 **SEC. 311. FINDINGS.**

23 Congress makes the following findings:

24 (1) Approximately 2,000 children around the
25 world are infected each day with HIV through moth-

1 er-to-child transmission. Transmission can occur
2 during pregnancy, labor, and delivery or through
3 breast feeding. Over ninety percent of these cases
4 are in developing nations with little or no access to
5 public health facilities.

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

10 (3) The drug nevirapine, reduces mother-to-
11 child transmission by nearly 50 percent. Universal
12 availability of this drug could prevent up to 400,000
13 infections per year and dramatically reduce the num-
14 ber of AIDS-related deaths.

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

1 (5) Several United States Government agencies
2 including the United States Agency for International
3 Development and the Centers for Disease Control
4 are already supporting programs to prevent mother-
5 to-child transmission in resource-poor nations and
6 have the capacity to expand these programs rapidly
7 by working closely with foreign governments and
8 nongovernmental organizations.

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

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

22 (8) HIV/AIDS also targets young people be-
23 tween the ages of 15 to 24, many of whom carry the
24 burden of caring for family members living with
25 HIV/AIDS. An estimated 10,300,000 young people

1 are now living with HIV/AIDS. One-half of all new
2 infections are occurring among this age group.

3 **SEC. 312. POLICY AND REQUIREMENTS.**

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

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

16 (1) provide for meeting or exceeding the goal
17 set by the United Nations General Assembly Dec-
18 laration of Commitment on HIV/AIDS to reduce the
19 rate of mother-to-child transmission of HIV by 20
20 percent by 2005 and by 50 percent by 2010;

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

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

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

6 (a) IN GENERAL.—Beginning 270 days after the date
7 of enactment of this Act, and annually thereafter for the
8 ensuing eight years, the President shall submit to des-
9 ignated congressional committees a report on the activities
10 of relevant Executive branch agencies during the reporting
11 period to assist in the prevention of mother-to-child trans-
12 mission of the HIV infection.

13 (b) REPORT ELEMENTS.—Each report shall
14 include—

15 (1) a statement of whether or not all relevant
16 Executive branch agencies have adopted the targets
17 set by the United Nations General Assembly at the
18 Special Session for HIV/AIDS, held June 25 to 27,
19 2001, with respect to mother-to-child transmission
20 of the HIV infection;

21 (2) a description of efforts made by the United
22 States Agency for International Development and
23 the Centers for Disease Control and Prevention to
24 expand those activities, including—

1 (A) information on the number of sites
2 supported for the prevention of mother-to-child
3 transmission of the HIV infection;

4 (B) the specific activities supported;

5 (C) the number of women tested and coun-
6 seled; and

7 (D) the number of women receiving pre-
8 ventative drug therapies;

9 (3) a statement of the percentage of funds ex-
10 pended out of the budget of each relevant Executive
11 branch agency for activities to prevent mother-to-
12 child transmission of the HIV infection and, in the
13 case of United States Agency for International De-
14 velopment, whether or not its expenditures on bilat-
15 eral assistance have met the 8.3 percent target in
16 section 104(c)(6)(D) of the Foreign Assistance Act
17 of 1961 (22 U.S.C. 2151b(c)(6)(D)), as in effect im-
18 mediately before the date of enactment of this Act,
19 with respect to strategies to prevent mother-to-child
20 transmission of the HIV infection;

21 (4) a discussion of the extent to which the pro-
22 grams of the relevant Executive branch agencies are
23 meeting targets set by the United Nations General
24 Assembly; and

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

4 (3) reduce the stigma of HIV/AIDS to encour-
5 age vulnerable children infected with HIV or living
6 with AIDS and their family members and caregivers
7 to avail themselves of voluntary counseling and test-
8 ing, and related programs, including treatments;

9 (4) 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 (5) provide nutritional support and food secu-
16 rity, and the improvement of overall family health;

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

20 (7) 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, acting

1 through the United States Agency for International Devel-
2 opment, shall submit a report on the implementation of
3 this section to the appropriate congressional committees.
4 The report shall include a plan for scaling up the program
5 over the following year.

6 (d) AUTHORIZATION OF APPROPRIATIONS.—

7 (1) IN GENERAL.—In addition to amounts oth-
8 erwise available for such purpose, there is authorized
9 to be appropriated to the President \$30,000,000 for
10 the fiscal year 2004 to carry out the program.

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

14 **TITLE IV—BUSINESS**

15 **PRINCIPLES**

16 **SEC. 401. PRINCIPLES FOR UNITED STATES FIRMS OPER-**
17 **ATING IN COUNTRIES AFFECTED BY THE HIV/**
18 **AIDS PANDEMIC.**

19 (a) FINDINGS.—Congress finds that the global
20 spread of HIV/AIDS presents not only a health crisis but
21 also a crisis in the workplace that affects—

22 (1) the productivity, earning power, and lon-
23 gevity of individual workers;

24 (2) the productivity, competitiveness, and finan-
25 cial solvency of individual businesses; and

1 (3) the economic productivity and development
2 of individual communities and the United States as
3 a whole.

4 (b) SENSE OF CONGRESS.—It is the sense of Con-
5 gress that United States firms operating in countries af-
6 fected by the HIV/AIDS pandemic can make significant
7 contributions to the United States effort to respond to this
8 pandemic through the voluntary adoption of the principles
9 and practices described in subsection (c).

10 (c) PRINCIPLES AND PRACTICES.—The principles
11 and practices referred to in subsection (b) are the fol-
12 lowing:

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

16 (2) The promotion of policies and practices that
17 eliminate discrimination and stigmatization against
18 employees on the basis of real or perceived HIV/
19 AIDS status, including—

20 (A) assessing employees on merit and abil-
21 ity to perform;

22 (B) not subjecting employees to personal
23 discrimination or abuse; and

24 (C) imposing disciplinary measures where
25 discrimination occurs.

1 (3) A prohibition on compulsory HIV/AIDS
2 testing for recruitment, promotion, or career devel-
3 opment.

4 (4) An assurance of the confidentiality of an
5 employee's HIV/AIDS status.

6 (5) Permission for employees with HIV/AIDS-
7 related illnesses to work as long as they are medi-
8 cally fit and, when they are no longer able to work
9 and sick leave has been exhausted, an assurance
10 that the employment relationship will be terminated
11 in accordance with antidiscrimination and labor laws
12 and respect for general procedures and full benefits.

13 (6) An assurance that employment practices
14 will comply, at a minimum, with national and inter-
15 national employment and labor laws and codes.

16 (7) The involvement of employees and individ-
17 uals infected with HIV or living with AIDS, drawn
18 from the workplace or the community, in the devel-
19 opment and assessment of HIV/AIDS policies and
20 programs for the workplace.

21 (8) An offer to all employees of access to cul-
22 turally appropriate preventive education programs
23 and services to support those programs.

24 (9) An assurance that programs offered in the
25 workplace will support and be integrated into larger

1 community-based responses to the problems posed
2 by HIV/AIDS.

3 (10) Work with community leaders to expand
4 the availability of treatment for those employees and
5 others infected with HIV or living with AIDS.

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