

107TH CONGRESS
2^D SESSION

S. 2525

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

MAY 15 (legislative day, MAY 9), 2002

Mr. KERRY (for himself, Mr. FRIST, Mr. BIDEN, Mr. HELMS, Mr. DASCHLE, Mr. LEAHY, Mr. FEINGOLD, Mr. DODD, Mr. HAGEL, Mrs. BOXER, Mr. SARBANES, Mr. SMITH of Oregon, Mr. DEWINE, and Mr. WELLSTONE) 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”.

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

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

TITLE I—POLICY PLANNING AND COORDINATION

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

TITLE II—PUBLIC-PRIVATE PARTNERSHIPS

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

TITLE III—MULTILATERAL EFFORTS

- Sec. 301. Improvement of the Enhanced HIPC Initiative.
- Sec. 302. Reports on implementation of improvements to the Enhanced HIPC Initiative.

TITLE IV—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

- Sec. 401. Assistance to combat HIV/AIDS.
- Sec. 402. Assistance to combat tuberculosis.
- Sec. 403. Assistance to combat malaria.
- Sec. 404. Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.
- Sec. 405. Department of Defense HIV/AIDS prevention assistance program.
- Sec. 406. Report on treatment activities by relevant Executive branch agencies.

Subtitle B—Assistance for Children and Families

- Sec. 411. Findings.
- Sec. 412. Policy and requirements.
- Sec. 413. Annual reports on prevention of mother-to-child transmission of the HIV infection.
- Sec. 414. Pilot program of assistance for children and families affected by HIV/AIDS.

TITLE V—BUSINESS PRINCIPLES

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

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

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

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

1 nerable to sexual violence, thereby increasing the
2 possibility of HIV infection.

3 (4) As the leading cause of death in sub-Saha-
4 ran Africa, AIDS has killed more than 17,000,000
5 people (more than 3 times the number of AIDS
6 deaths in the rest of the world) and will claim the
7 lives of one-quarter of the population, mostly adults,
8 in the next decade.

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

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

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

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

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

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

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

24 (B) decreasing the capacity to resolve con-
25 flicts through the introduction of peacekeeping

1 forces because the environments into which
2 these forces are introduced pose a high risk for
3 the spread of HIV/AIDS.

4 (11) The devastation wrought by the HIV/
5 AIDS pandemic is compounded by the prevalence of
6 tuberculosis and malaria, particularly in developing
7 countries where the poorest and most vulnerable
8 members of society, including women, children, and
9 those living with HIV/AIDS, become infected. Ac-
10 cording to the World Health Organization (WHO),
11 HIV/AIDS, tuberculosis, and malaria accounted for
12 more than 5,700,000 deaths in 2001 and caused de-
13 bilitating illnesses in millions more.

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

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

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

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

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

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

22 (B) development of health care infrastruc-
23 ture and delivery systems through cooperative
24 and coordinated public efforts and public and
25 private partnerships;

1 (C) development and implementation of
2 national and community-based multisector
3 strategies that address the impact of HIV/
4 AIDS on the individual, family, community, and
5 nation and increase the participation of at-risk
6 populations in programs designed to encourage
7 behavioral and social change and reduce the
8 stigma associated with HIV/AIDS; and

9 (D) coordination of efforts between inter-
10 national organizations such as the Global Fund
11 to Fight AIDS, Tuberculosis and Malaria, the
12 Joint United Nations Programme on HIV/
13 AIDS (UNAIDS), the World Health Organiza-
14 tion (WHO), national governments, and private
15 sector organizations.

16 (17) The United States has the capacity to lead
17 and enhance the effectiveness of the international
18 community's response by—

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

23 (B) promoting vaccine and microbicide re-
24 search and the development of new treatment

1 protocols in the public and commercial pharma-
2 ceutical research sectors;

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

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

18 **SEC. 3. DEFINITIONS.**

19 In this Act:

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

22 (2) APPROPRIATE CONGRESSIONAL COMMIT-
23 TEES.—The term “appropriate congressional com-
24 mittees” means the Committee on Foreign Relations

1 of the Senate and the Committee on International
2 Relations of the House of Representatives.

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

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

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

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

22 (7) RELEVANT EXECUTIVE BRANCH AGEN-
23 CIES.—The term “relevant Executive branch agen-
24 cies” means the Department of State, the United
25 States Agency for International Development, the

1 Department of Health and Human Services (includ-
2 ing the Centers for Disease Control and Prevention,
3 the Health Resources and Services Administration,
4 the National Institutes of Health, the Agency for
5 Health Care Research and Quality, and the Food
6 and Drug Administration), the Department of
7 Labor, the Department of Commerce, the Depart-
8 ment of the Treasury, and the Department of De-
9 fense.

10 **SEC. 4. PURPOSE.**

11 The purpose of this Act is to strengthen United
12 States leadership and the effectiveness of the United
13 States response to certain global infectious diseases by—

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

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

23 (3) providing increased resources for United
24 States bilateral efforts, particularly for technical as-

1 sistance and training, to combat HIV/AIDS, tuber-
2 culosis, and malaria;

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

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

9 **TITLE I—POLICY PLANNING AND**
10 **COORDINATION**

11 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-**
12 **YEAR, GLOBAL STRATEGY.**

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

22 (1) include specific objectives, multisectoral ap-
23 proaches, and specific strategies to treat individuals
24 infected with HIV/AIDS and to prevent the further

1 spread of HIV infections, with a particular focus on
2 the needs of women, young people, and children;

3 (2) assign priorities for relevant Executive
4 branch agencies;

5 (3) improve coordination among relevant Exec-
6 utive branch agencies and foreign governments and
7 international organizations;

8 (4) project general levels of resources needed to
9 achieve the stated objectives;

10 (5) expand public-private partnerships and the
11 leveraging of resources; and

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

15 (b) REPORT.—

16 (1) IN GENERAL.—Not later than 180 days
17 after the date of enactment of this Act, the Presi-
18 dent shall submit to designated congressional com-
19 mittees a report setting forth the strategy described
20 in subsection (a).

21 (2) REPORT ELEMENTS.—The report required
22 by paragraph (1) shall include a discussion of the
23 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 nomicallly, 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 President shall submit to the appro-
16 priate congressional committees a report on the plan being
17 implemented by the United States Agency for Inter-
18 national Development on empowering women in order to
19 prevent the spread of HIV/AIDS. The report shall include
20 a description of—

21 (1) the programs being carried out that are
22 specifically targeted at women and girls to educate
23 them about the spread of HIV/AIDS and the use
24 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.—(A) The Coordinator shall have
24 primary responsibility for the oversight and coordi-
25 nation of all activities of the United States Govern-

1 ment to combat the international HIV/AIDS pan-
2 demic, including all programs, projects, and activi-
3 ties of the United States Government under this Act
4 or any amendment made by this Act.

5 “(B) The duties of the Coordinator shall spe-
6 cifically include the following:

7 “(i) Ensuring program and policy coordi-
8 nation among the relevant Executive branch
9 agencies.

10 “(ii) Ensuring that each relevant Executive
11 branch agency undertakes programs primarily
12 in those areas where the agency has the great-
13 est expertise, technical capabilities, and poten-
14 tial for success.

15 “(iii) Avoiding duplication of effort.

16 “(iv) Enhancing onsite coordination.

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

19 “(vi) Resolving policy, program, and fund-
20 ing disputes among the relevant Executive
21 branch agencies.”.

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

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

3 **SEC. 104. REPORT ON REVERSING THE EXODUS OF CRIT-**
4 **ICAL TALENT.**

5 (a) IN GENERAL.—Not later than one year after the
6 date of enactment of this Act, the President shall submit
7 a report to designated congressional committees analyzing
8 the out migration of critically important medical and pub-
9 lic health personnel, including physicians, nurses, and su-
10 pervisors from sub-Saharan African countries that are
11 acutely impacted by HIV/AIDS.

12 (b) ELEMENTS OF THE REPORT.—The report shall
13 include—

14 (1) an analysis of the causes for the exodus of
15 such personnel, the present and projected trend
16 lines, and the impact on the stability of health infra-
17 structures; and

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

1 **TITLE II—PUBLIC-PRIVATE**
2 **PARTNERSHIPS**

3 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
4 **NERSHIPS.**

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

7 (1) Innovative partnerships between govern-
8 ments and organizations in the private sector (in-
9 cluding foundations, universities, corporations, faith-
10 based and community-based organizations, and other
11 nongovernmental organizations) have proliferated in
12 recent years, particularly in the area of health.

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

20 (3) These partnerships maximize the unique ca-
21 pabilities of each sector while combining financial
22 and other resources, scientific knowledge, and exper-
23 tise toward common goals which neither the public
24 nor the private sector can achieve alone.

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

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

8 (1) the sustainment and promotion of public-
9 private partnerships should be a priority element of
10 the strategy pursued by the United States to combat
11 the HIV/AIDS pandemic and other global health cri-
12 ses; and

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

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

19 (a) AUTHORITY FOR UNITED STATES PARTICIPA-
20 TION.—

21 (1) UNITED STATES PARTICIPATION.—The
22 United States is hereby authorized to participate in
23 the Global Fund to Fight AIDS, Tuberculosis and
24 Malaria.

1 (2) PRIVILEGES AND IMMUNITIES.—The Global
2 Fund shall be considered a public international orga-
3 nization for purposes of section 1 of the Inter-
4 national Organizations Immunities Act (22 U.S.C.
5 288).

6 (b) REPORTS TO CONGRESS.—Not later than one
7 year after the date of the enactment of this Act, and annu-
8 ally thereafter for the duration of the Global Fund, the
9 President shall submit to the appropriate congressional
10 committees a report on the Global Fund, including con-
11 tributions pledged, contributions received (including dona-
12 tions from the private sector), projects funded, and the
13 mechanisms established for transparency and account-
14 ability in the grant making process.

15 (c) UNITED STATES FINANCIAL PARTICIPATION.—

16 (1) AUTHORIZATION OF APPROPRIATIONS.—In
17 addition to funds otherwise available for such pur-
18 pose, there are authorized to be appropriated to the
19 President \$1,000,000,000 for the fiscal year 2003
20 and \$1,200,000,000 for the fiscal year 2004 for con-
21 tributions to the Global Fund.

22 (2) AVAILABILITY OF FUNDS.—Amounts appro-
23 priated pursuant to paragraph (1) are authorized to
24 remain 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 Tubercu-
4 culosis Relief Act of 2000 (as in effect immediately
5 before the date of enactment of this Act)—

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

8 (B) shall be transferred to, merged with,
9 and made available for the same purposes as,
10 funds made available for fiscal year 2002 under
11 paragraph (1).

12 (4) STATUTORY CONSTRUCTION.—Nothing in
13 this Act may be construed to substitute for, or re-
14 duce resources provided under any other law for bi-
15 lateral and multilateral HIV/AIDS, tuberculosis, and
16 malaria programs.

17 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**
18 **NATIONAL VACCINE FUNDS.**

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

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

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

3 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—
4 Section 302(l) of the Foreign Assistance Act of 1961 (22
5 U.S.C. 2222(l)) is amended by striking “\$10,000,000”
6 and all that follows through “2002” and inserting
7 “\$12,000,000 for the fiscal year 2003 and \$15,000,000
8 for the fiscal year 2004”.

9 (c) MALARIA VACCINE INITIATIVE OF THE PROGRAM
10 FOR APPROPRIATE TECHNOLOGIES IN HEALTH
11 (PATH).—Section 302 of the Foreign Assistance Act of
12 1961 (22 U.S.C. 2222)) is amended by adding at the end
13 the following new subsection:

14 “(m) In addition to amounts otherwise available
15 under this section, there are authorized to be appropriated
16 to the President \$5,000,000 for the fiscal year 2003 and
17 \$6,000,000 for the fiscal year 2004 to be available only
18 for United States contributions to the Malaria Vaccine
19 Initiative of the Program for Appropriate Technologies in
20 Health (PATH).”.

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

1 **TITLE III—MULTILATERAL**
2 **EFFORTS**

3 **SEC. 301. IMPROVEMENT OF THE ENHANCED HIPC INITIA-**
4 **TIVE.**

5 Title XVI of the International Financial Institutions
6 Act (22 U.S.C. 262p–262p–5) is amended by adding at
7 the end the following new section:

8 **“SEC. 1625. IMPROVEMENT OF THE ENHANCED HIPC INI-**
9 **TIATIVE.**

10 “(a) **AUTHORITY.**—In order to ensure that the En-
11 hanced HIPC Initiative achieves the objective of substan-
12 tially increasing resources available for human develop-
13 ment and poverty reduction in heavily indebted poor coun-
14 tries, the Secretary of the Treasury is authorized and re-
15 quested to conclude as soon as possible an agreement with-
16 in the Paris Club of Official Creditors, as well as the Inter-
17 national Bank for Reconstruction and Development
18 (World Bank), the International Monetary Fund, and
19 other appropriate multilateral development institutions to
20 accomplish the modifications in the Enhanced HIPC Ini-
21 tiative described in subsection (b).

22 “(b) **AGREEMENT.**—The agreement referred to in
23 subsection (a) is an agreement that provides the following:

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

1 “(A) IN GENERAL.—The amount of debt
2 stock reduction approved for a country eligible
3 for debt relief under the Enhanced HIPC Ini-
4 tiative shall be sufficient to reduce, for at least
5 each of the first 3 years after the Decision
6 Point—

7 “(i) the net present value of the out-
8 standing public and publicly guaranteed
9 debt of the country to not more than 150
10 percent of the annual value of exports of
11 the country for the year preceding the De-
12 cision Point; and

13 “(ii) the annual payments due on such
14 public and publicly guaranteed debt to not
15 more than 10 percent or, in the case of a
16 country suffering a public health crisis (as
17 defined in subsection (c)), not more than 5
18 percent, of the amount of the annual cur-
19 rent revenues received by the country from
20 internal sources.

21 “(B) LIMITATION.—In financing the objec-
22 tives of the Enhanced HIPC Initiative, an
23 international financial institution shall give pri-
24 ority to using its own resources.

1 “(2) RELATION TO POVERTY AND THE ENVI-
2 RONMENT.—The debt cancellation under the En-
3 hanced HIPC Initiative shall not be conditioned on
4 any agreement by an impoverished country to imple-
5 ment or comply with policies that deepen poverty or
6 degrade the environment, including any policy
7 that—

8 “(A) implements or extends user fees on
9 primary education or primary health care, in-
10 cluding prevention and treatment efforts for
11 HIV/AIDS, tuberculosis, malaria, and infant,
12 child, and maternal well-being;

13 “(B) provides for increased cost recovery
14 from poor people to finance basic public services
15 such as education, health care, clean water, or
16 sanitation;

17 “(C) reduces the country’s minimum wage
18 to a level of less than \$2 per day or undermines
19 workers’ ability to exercise effectively their
20 internationally recognized worker rights, as de-
21 fined under section 526(e) of the Foreign Oper-
22 ations, Export Financing and Related Pro-
23 grams Appropriations Act, 1995 (22 U.S.C.
24 262p–4p); or

1 “(D) promotes unsustainable extraction of
2 resources or results in reduced budget support
3 for environmental programs.

4 “(3) FOREIGN GOVERNMENT POLICIES.—A
5 country shall not be eligible for cancellation of debt
6 under the Enhanced HIPC Initiative if the govern-
7 ment of the country—

8 “(A) has repeatedly provided support for
9 acts of international terrorism, as determined
10 by the Secretary of State under section 6(j)(1)
11 of the Export Administration Act of 1979 (50
12 U.S.C. App. 2405(j)(1)) or section 620A(a) of
13 the Foreign Assistance Act of 1961 (22 U.S.C.
14 2371(a)); and

15 “(B) engages in a consistent pattern of
16 gross violations of internationally recognized
17 human rights (including its military or other se-
18 curity forces).

19 “(4) PROGRAMS TO COMBAT HIV/AIDS, TUBER-
20 CULOSIS, AND MALARIA.—A country that is other-
21 wise eligible to receive cancellation of debt under the
22 Enhanced HIPC Initiative may receive such can-
23 cellation only if the country has agreed—

24 “(A) in the case of a country suffering a
25 public health crisis (as defined in subsection

1 (c)), to ensure that, where practicable, 10 to 20
2 percent of the financial benefits of debt can-
3 cellation are applied to programs to combat
4 HIV/AIDS, tuberculosis, and malaria in that
5 country;

6 “(B) to ensure that the financial benefits
7 of debt cancellation are applied to programs to
8 combat poverty (in particular through concrete
9 measures to improve basic services in education,
10 nutrition, and health), and to redress environ-
11 mental degradation;

12 “(C) to ensure that the financial benefits
13 of debt cancellation are in addition to the gov-
14 ernment’s total spending on programs to com-
15 bat HIV/AIDS and poverty reduction for the
16 previous year or the average total of such ex-
17 penditures for the previous 3 years, whichever
18 is greater;

19 “(D) to implement transparent and
20 participatory policymaking and budget proce-
21 dures, good governance, and effective
22 anticorruption measures; and

23 “(E) to broaden public participation and
24 popular understanding of the principles and
25 goals of poverty reduction.

1 “(c) DEFINITIONS.—In this section:

2 “(1) COUNTRY SUFFERING A PUBLIC HEALTH
3 CRISIS.—The term ‘country suffering a public health
4 crisis’ means—

5 “(A) a country in which HIV/AIDS, tuber-
6 culosis, or malaria is causing significant family,
7 community, or societal disruption; and

8 “(B) a country that has rapidly rising
9 rates of incidence of at least one of such dis-
10 eases that is likely to lead to conditions de-
11 scribed in subparagraph (A).

12 “(2) DECISION POINT.—The term ‘Decision
13 Point’ means the date on which the executive boards
14 of the World Bank and the International Monetary
15 Fund review the debt sustainability analysis for a
16 country and determine that the country is eligible
17 for debt relief under the Enhanced HIPC Initiative.

18 “(3) ENHANCED HIPC INITIATIVE.—The term
19 ‘Enhanced HIPC Initiative’ means the multilateral
20 debt initiative for heavily indebted poor countries
21 presented in the Report of G–7 Finance Ministers
22 on the Cologne Debt Initiative to the Cologne Eco-
23 nomic Summit, Cologne, June 18–20, 1999.”.

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

3 (a) INITIAL REPORT.—Not later than 180 days after
 4 the date of enactment of this Act, the Secretary of the
 5 Treasury shall submit to the appropriate congressional
 6 committees a report describing the progress made in con-
 7 cluding an agreement under section 1625(b) of the Inter-
 8 national Financial Institutions Act (as added by section
 9 301 of this Act) to modify the Enhanced HIPC Initiative.

10 (b) SUBSEQUENT REPORT.—Not later than one year
 11 after the date of submission of the initial report under
 12 subsection (a), the Secretary of the Treasury shall submit
 13 to the appropriate congressional committees a report de-
 14 scribing the actions taken by countries to satisfy the con-
 15 ditions set forth in the agreement referred to in subsection
 16 (a).

17 **TITLE IV—BILATERAL EFFORTS**
 18 **Subtitle A—General Assistance and**
 19 **Programs**

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

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

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

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

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

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

8 “(b) POLICY.—It is a major objective of the foreign
9 assistance program of the United States to provide assist-
10 ance for the prevention, treatment, and control of HIV/
11 AIDS. The United States and other developed countries
12 should provide assistance to countries in sub-Saharan Af-
13 rica and other countries and areas to control this crisis
14 through HIV/AIDS prevention, treatment, monitoring,
15 and related activities, particularly activities focused on
16 women and youth, including strategies to prevent mother-
17 to-child transmission of the HIV infection.

18 “(c) AUTHORIZATION.—

19 “(1) IN GENERAL.—Consistent with section
20 104(c), the President is authorized to furnish assist-
21 ance, on such terms and conditions as the President
22 may determine, to prevent, treat, and monitor HIV/
23 AIDS, and carry out related activities, in countries
24 in sub-Saharan Africa and other countries and
25 areas.

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

7 “(3) COORDINATION OF ASSISTANCE EF-
8 FORTS.—The President shall coordinate the provi-
9 sion of assistance under paragraph (1) with the pro-
10 vision of related assistance by the Joint United Na-
11 tions Programme on HIV/AIDS (UNAIDS), the
12 United Nations Children’s Fund (UNICEF), the
13 World Health Organization (WHO), the United Na-
14 tions Development Programme (UNDP), the Global
15 Fund to Fight AIDS, Tuberculosis and Malaria and
16 other appropriate international organizations (such
17 as the International Bank for Reconstruction and
18 Development), relevant regional multilateral develop-
19 ment institutions, national, state, and local govern-
20 ments of foreign countries, appropriate governmental
21 and nongovernmental organizations, and relevant
22 Executive branch agencies.

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

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

3 “(A) education, voluntary testing, and
4 counseling (including the incorporation of con-
5 fidentiality protections with respect to such
6 testing and counseling), including integration of
7 such programs into health programs and the in-
8 clusion in counseling programs of information
9 on methods of preventing transmission of the
10 HIV infection, including delaying sexual debut,
11 abstinence, reduction of casual sexual
12 partnering, and, where appropriate, the use of
13 condoms;

14 “(B) assistance for the purpose of pre-
15 venting mother-to-child transmission of the
16 HIV infection, including medications to prevent
17 such transmission and access to infant formula
18 and other alternatives for infant feeding;

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

21 “(i) post-exposure prophylaxis to vic-
22 tims of rape and sexual assault and in
23 cases of occupational exposure of health
24 care workers; and

1 “(ii) necessary commodities, including
2 test kits, pharmaceuticals, and condoms;

3 “(D) assistance through nongovernmental
4 organizations, including faith-based organiza-
5 tions, particularly those organizations that uti-
6 lize both professionals and volunteers with ap-
7 propriate skills and experience, to establish and
8 implement culturally appropriate HIV/AIDS
9 education and prevention programs;

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

12 “(F) bulk purchases of available prevention
13 technologies for women and for appropriate pro-
14 gram support for the introduction and distribu-
15 tion of these technologies, as well as education
16 and training on the use of the technologies.

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

19 “(A) assistance to establish and implement
20 programs to strengthen and broaden indigenous
21 health care delivery systems and the capacity of
22 such systems to deliver HIV/AIDS pharma-
23 ceuticals and otherwise provide for the treat-
24 ment of individuals with HIV/AIDS, including

1 clinical training for indigenous organizations
2 and health care providers;

3 “(B) assistance to strengthen and expand
4 hospice and palliative care programs to assist
5 patients debilitated by HIV/AIDS, their fami-
6 lies, and the primary caregivers of such pa-
7 tients, including programs that utilize faith-
8 based and community-based organizations; and

9 “(C) assistance for the purpose of the care
10 and treatment of individuals with HIV/AIDS
11 through the provision of pharmaceuticals, in-
12 cluding antiretrovirals and other pharma-
13 ceuticals and therapies for the treatment of op-
14 portunist infections, nutritional support, and
15 other treatment modalities.

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

19 “(A) monitoring to ensure that adequate
20 controls are established and implemented to
21 provide HIV/AIDS pharmaceuticals and other
22 appropriate medicines to poor individuals with
23 HIV/AIDS; and

24 “(B) appropriate evaluation and surveil-
25 lance activities.

1 “(4) PHARMACEUTICALS.—

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

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

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

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

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

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

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

18 “(D) the development and expansion of fi-
19 nancially sustainable microfinance institutions
20 and other income generation programs that
21 strengthen the economic and social viability of
22 communities afflicted by the HIV/AIDS pan-
23 demic, including support for the savings and
24 productive capacity of affected poor households
25 caring for orphans.

1 “(e) ANNUAL REPORT.—

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

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

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

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

14 “(C) a detailed assessment of the impact
15 of programs established pursuant to this sec-
16 tion, including—

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

23 “(ii) the progress made toward im-
24 proving health care delivery systems (in-
25 cluding the training of adequate numbers

1 of staff) and infrastructure to ensure in-
2 creased access to care and treatment.

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

10 “(g) DEFINITIONS.—In this section:

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

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

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

19 (b) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—In addition to funds avail-
21 able under section 104(c) of the Foreign Assistance
22 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
23 or under any other provision of that Act, there are
24 authorized to be appropriated to the President
25 \$800,000,000 for the fiscal year 2003 and

1 \$900,000,000 for the fiscal year 2004 to carry out
2 section 104A of the Foreign Assistance Act of 1961,
3 as added by subsection (a).

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

7 (3) ALLOCATION OF FUNDS.—

8 (A) RESEARCH ON MICROBICIDES.—Of the
9 amounts authorized to be appropriated by para-
10 graph (1) for the fiscal years 2003 and 2004,
11 \$20,000,000 for the fiscal year 2003 and
12 \$24,000,000 for the fiscal year 2004 are au-
13 thorized to be available to carry out section
14 104A(d)(1)(D) of the Foreign Assistance Act of
15 1961 (as added by subsection (a)), relating to
16 research on microbicides which prevent the
17 spread of HIV/AIDS.

18 (B) PHARMACEUTICALS.—Of the amounts
19 authorized to be appropriated by paragraph (1)
20 for the fiscal years 2003 and 2004,
21 \$100,000,000 for the fiscal year 2003 and
22 \$120,000,000 for the fiscal year 2004 are au-
23 thorized to be available to carry out section
24 104A(d)(4) of the Foreign Assistance Act of
25 1961 (as added by subsection (a)), relating to

1 the procurement and distribution of HIV/AIDS
2 pharmaceuticals.

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

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

13 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT
14 OF 1961.—Chapter 1 of part I of the Foreign Assistance
15 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-
16 tion 401 of this Act, is further amended by inserting after
17 section 104A the following new section:

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

19 “(a) FINDINGS.—Congress makes the following find-
20 ings:

21 “(1) Congress recognizes the growing inter-
22 national problem of tuberculosis and the impact its
23 continued existence has on those countries that had
24 previously largely controlled the disease.

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

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

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 tuberculosis.

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 (including the Centers for Disease Control and Pre-
6 vention and the National Institutes of Health), and other
7 organizations with respect to the development and imple-
8 mentation of a comprehensive tuberculosis control pro-
9 gram.

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

19 “(f) PRIORITY TO DOTS COVERAGE.—In furnishing
20 assistance under subsection (c), the President shall give
21 priority to activities that increase directly observed treat-
22 ment shortcourse (DOTS) coverage, including funding for
23 the Global Tuberculosis Drug Facility and the Stop Tu-
24 berculosis Partnership.

25 “(g) DEFINITIONS.—In this section:

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

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

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

19 (b) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—In addition to funds avail-
21 able under section 104(c) of the Foreign Assistance
22 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
23 or under any other provision of that Act, there are
24 authorized to be appropriated to the President
25 \$150,000,000 for the fiscal year 2003 and

1 \$200,000,000 for the fiscal year 2004 to carry out
2 section 104B of the Foreign Assistance Act of 1961,
3 as added by subsection (a).

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

7 (3) TRANSFER OF PRIOR YEAR FUNDS.—Unob-
8 ligated balances of funds made available for the fis-
9 cal year 2001 or the fiscal year 2002 under section
10 104(c)(7) of the Foreign Assistance Act of 1961 (22
11 U.S.C. 2151b(c)(7) (as in effect immediately before
12 the date of enactment of this Act) shall be trans-
13 ferred to, merged with, and made available for the
14 same purposes as funds made available for fiscal
15 year 2003 under paragraph (1).

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

17 (a) AMENDMENT OF THE FOREIGN ASSISTANCE ACT
18 OF 1961.—Chapter 1 of part I of the Foreign Assistance
19 Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sec-
20 tions 401 and 402 of this Act, is further amended by in-
21 serting after section 104B the following new section:

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

23 “(a) FINDING.—Congress finds that malaria kills
24 more people annually than any other communicable dis-
25 ease except tuberculosis, that more than 90 percent of all

1 malaria cases are in sub-Saharan Africa, and that children
2 and women are particularly at risk. Congress recognizes
3 that there are cost-effective tools to decrease the spread
4 of malaria and that malaria is a curable disease if prompt-
5 ly diagnosed and adequately treated.

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

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

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

22 “(e) ANNUAL REPORT.—Not later than January 31
23 of each year, the President shall submit a report to the
24 Committee on Foreign Relations of the Senate and the
25 Committee on International Relations of the House of

1 Representatives specifying the increases in the number of
2 people treated and the increases in number of malaria pa-
3 tients cured through each program, project, or activity re-
4 ceiving United States foreign assistance for malaria con-
5 trol purposes.”.

6 (b) AUTHORIZATION OF APPROPRIATIONS.—

7 (1) IN GENERAL.—In addition to funds avail-
8 able under section 104(c) of the Foreign Assistance
9 Act of 1961 (22 U.S.C. 2151b(c)) for such purpose
10 or under any other provision of that Act, there are
11 authorized to be appropriated to the President
12 \$70,000,000 for the fiscal year 2003 and
13 \$80,000,000 for the fiscal year 2004 to carry out
14 section 104C of the Foreign Assistance Act of 1961,
15 as added by subsection (a).

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

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

1 merged with, and made available for the same pur-
2 poses as funds made available for fiscal year 2003
3 under paragraph (1).

4 (c) CONFORMING AMENDMENT.—Section 104(c) of
5 the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)),
6 as amended by section 401 of this Act, is further amended
7 by adding inserting after paragraph (3) the following new
8 paragraph (4):

9 “(4) RELATIONSHIP TO OTHER LAWS.—Assist-
10 ance made available under this subsection and sec-
11 tions 104A, 104B, and 104C, and assistance made
12 available under chapter 4 of part II to carry out the
13 purposes of this subsection and such other sections
14 of this Act, may be made available in accordance
15 with this subsection and such other provisions of
16 this Act notwithstanding any other provision of
17 law.”.

18 **SEC. 404. PILOT PROGRAM FOR THE PLACEMENT OF**
19 **HEALTH CARE PROFESSIONALS IN OVERSEAS**
20 **AREAS SEVERELY AFFECTED BY HIV/AIDS,**
21 **TUBERCULOSIS, AND MALARIA.**

22 (a) IN GENERAL.—The President shall establish a
23 program to demonstrate the feasibility of facilitating the
24 service of American health care professionals in sub-Saha-

1 ran Africa and other parts of the world severely affected
2 by HIV/AIDS, tuberculosis, and malaria.

3 (b) REQUIREMENTS.—Participants in the program
4 shall—

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

8 (2) provide on-the-job training to medical and
9 other personnel in the area in which they are serving
10 to strengthen the basic health care system of the af-
11 fected countries;

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

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

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

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

19 (1) be a national of the United States who is
20 a trained health care professional and who meets the
21 educational and licensure requirements necessary to
22 be such a professional such as a physician, nurse,
23 nurse practitioner, pharmacist, or other individual
24 determined to be appropriate by the President; or

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

3 (d) RECRUITMENT.—The President shall ensure that
4 information on the program is widely distributed, includ-
5 ing the distribution of information to schools for health
6 professionals, hospitals, clinics, and nongovernmental or-
7 ganizations working in the areas of international health
8 and aid.

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

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

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

1 and, where possible, deferment of repayments on such
2 loans, the provision of retirement benefits that would oth-
3 erwise be jeopardized by participation in the program, and
4 other incentives.

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

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

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

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

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

19 (i) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) IN GENERAL.—In addition to amounts oth-
21 erwise available for such purpose, there is authorized
22 to be appropriated for the Department of State
23 \$10,000,000 for the fiscal year 2003 and
24 \$20,000,000 for the fiscal year 2004 to carry out
25 the program.

1 (2) to include HIV/AIDS-related voluntary
2 counseling and testing and HIV/AIDS-related sur-
3 veillance.

4 (d) **AUTHORIZATION OF APPROPRIATIONS.**—There is
5 authorized to be appropriated to the Department of De-
6 fense \$50,000,000 for fiscal year 2003 and \$55,000,000
7 for the fiscal year 2004 for carrying out the program de-
8 scribed in subsection (a) as expanded pursuant to this sec-
9 tion.

10 (e) **COUNTRY SUFFERING A PUBLIC HEALTH CRISIS**
11 **DEFINED.**—In this section, the term “country suffering
12 a public health crisis” means a country in which the HIV/
13 AIDS infection rate, as reported in the most recent epide-
14 miological data for that country compiled by the Joint
15 United Nations Program on HIV/AIDS, is at least 5 per-
16 cent among women attending prenatal clinics or more than
17 20 percent among individuals in groups with high-risk be-
18 havior.

19 **SEC. 406. REPORT ON TREATMENT ACTIVITIES BY REL-**
20 **EVANT EXECUTIVE BRANCH AGENCIES.**

21 (a) **IN GENERAL.**—Not later than 15 months after
22 the date of enactment of this Act, the President shall sub-
23 mit to designated congressional committees a report on
24 the programs and activities of the United States Agency
25 for International Development, the Centers for Disease

1 Control and Prevention, and other relevant Executive
2 branch agencies that are directed to the treatment of indi-
3 viduals in foreign countries infected with HIV or living
4 with AIDS.

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

6 (1) a description of the activities of relevant
7 Executive branch agencies with respect to—

8 (A) the treatment of opportunistic infec-
9 tions;

10 (B) the use of antiretrovirals;

11 (C) the status of research into successful
12 treatment protocols for individuals in the devel-
13 oping world; and

14 (D) technical assistance and training of
15 local health care workers (in countries affected
16 by the pandemic) to administer antiretrovirals,
17 manage side effects, and monitor patients' viral
18 loads and immune status;

19 (2) information on existing pilot projects, in-
20 cluding a discussion of why a given population was
21 selected, the number of people treated, the cost of
22 treatment, the mechanisms established to ensure
23 that treatment is being administered effectively and
24 safely, and plans for scaling up pilot projects (in-

1 including projected timelines and required resources);
2 and

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

6 **Subtitle B—Assistance for Children** 7 **and Families**

8 **SEC. 411. FINDINGS.**

9 Congress makes the following findings:

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

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

21 (3) The drug nevirapine, reduces mother-to-
22 child transmission by nearly 50 percent. Universal
23 availability of this drug could prevent up to 400,000
24 infections per year and dramatically reduce the num-
25 ber of AIDS-related deaths.

1 (4) At the United Nations Special Session on
2 HIV/AIDS in June 2001, the United States com-
3 mitted to the specific goals with respect to the pre-
4 vention of mother-to-child transmission, including
5 the goals of reducing the proportion of infants in-
6 fected with HIV by 20 percent by the year 2005 and
7 by 50 percent by the year 2010, as specified in the
8 Declaration of Commitment on HIV/AIDS adopted
9 by the United Nations General Assembly at the Spe-
10 cial Session.

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

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

24 (7) HIV/AIDS has devastated the lives of
25 countless children and families across the globe.

1 Since the epidemic began, an estimated 13,200,000
2 children under the age of 15 have been orphaned by
3 AIDS, that is they have lost their mother or both
4 parents to the disease. The Joint United Nations
5 Program on HIV/AIDS (UNAIDS) estimates that
6 this number will double by the year 2010.

7 (8) HIV/AIDS also targets young people be-
8 tween the ages of 15 to 24, many of whom carry the
9 burden of caring for family members living with
10 HIV/AIDS. An estimated 10,300,000 young people
11 are now living with HIV/AIDS. One-half of all new
12 infections are occurring among this age group.

13 **SEC. 412. POLICY AND REQUIREMENTS.**

14 (a) POLICY.—The United States Government's re-
15 sponse to the global HIV/AIDS pandemic should place
16 high priority on the prevention of mother-to-child trans-
17 mission, the care and treatment of family members and
18 caregivers, and the care of children orphaned by AIDS.
19 To the maximum extent possible, the United States Gov-
20 ernment should seek to leverage its funds by seeking
21 matching contributions from the private sector, other na-
22 tional governments, and international organizations.

23 (b) REQUIREMENTS.—The 5-year United States Gov-
24 ernment strategy required by section 101 of this Act
25 shall—

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

6 (2) include programs to make available testing
7 and treatment to HIV-positive women and their
8 family members, including drug treatment and
9 therapies to prevent mother-to-child transmission;
10 and

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

13 **SEC. 413. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
14 **TO-CHILD TRANSMISSION OF THE HIV INFEC-**
15 **TION.**

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

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

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

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

11 (A) information on the number of sites
12 supported for the prevention of mother-to-child
13 transmission of the HIV infection;

14 (B) the specific activities supported;

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

17 (D) the number of women receiving pre-
18 ventative drug therapies;

19 (3) a statement of the percentage of funds ex-
20 pended out of the budget of each relevant Executive
21 branch agency for activities to prevent mother-to-
22 child transmission of the HIV infection and, in the
23 case of United States Agency for International De-
24 velopment, whether or not its expenditures on bilat-
25 eral assistance have met the 8.3 percent target in

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

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

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

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

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

23 (a) IN GENERAL.—The Administrator of the United
24 States Agency for International Development shall estab-
25 lish a program of assistance that would demonstrate the

1 feasibility of the provision of care and treatment to or-
2 phans and other children and young people affected by
3 HIV/AIDS in foreign countries.

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

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

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

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

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

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

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

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

8 (c) REPORT.—Not later than 18 months after the
9 date of enactment of this Act, the Administrator shall sub-
10 mit a report on the implementation of this section to the
11 appropriate congressional committees. The report shall in-
12 clude a plan for scaling up the program over the following
13 year.

14 (d) AUTHORIZATION OF APPROPRIATIONS.—

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

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

1 **TITLE V—BUSINESS PRINCIPLES**

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

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

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

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

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

15 (b) SENSE OF CONGRESS.—It is the sense of Con-
16 gress that United States firms operating in countries af-
17 fected by the HIV/AIDS pandemic can make significant
18 contributions to the United States effort to respond to this
19 pandemic through the voluntary adoption of the principles
20 and practices described in subsection (c).

21 (c) PRINCIPLES AND PRACTICES.—The principles
22 and practices referred to in subsection (b) are the fol-
23 lowing:

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

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

8 (A) assessing employees on merit and abil-
9 ity to perform;

10 (B) not subjecting employees to personal
11 discrimination or abuse; and

12 (C) imposing disciplinary measures where
13 discrimination occurs.

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

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

19 (5) Permission for employees with HIV/AIDS-
20 related illnesses to work as long as they are medi-
21 cally fit and, when they are no longer able to work
22 and sick leave has been exhausted, an assurance
23 that the employment relationship will be terminated
24 in accordance with antidiscrimination and labor laws
25 and respect for general procedures and full benefits.

1 (6) An assurance that employment practices
2 will comply, at a minimum, with national and inter-
3 national employment and labor laws and codes.

4 (7) The involvement of employees and individ-
5 uals infected with HIV or living with AIDS, drawn
6 from the workplace or the community, in the devel-
7 opment and assessment of HIV/AIDS policies and
8 programs for the workplace.

9 (8) An offer to all employees of access to cul-
10 turally appropriate preventive education programs
11 and services to support those programs.

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

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

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