

Calendar No. 88108TH CONGRESS
1ST SESSION**S. 1009**

To amend the Foreign Assistance Act of 1961 and the State Department Basic Authorities Act of 1956 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 7, 2003

Mr. LUGAR (for himself, Mr. BIDEN, Mr. KERRY, Mr. DASCHLE, and Mr. SARBANES) introduced the following bill; which was read the first time

MAY 8, 2003

Read the second time and placed on the calendar

A BILL

To amend the Foreign Assistance Act of 1961 and the State Department Basic Authorities Act of 1956 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,*

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

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “United States Emergency Plan for AIDS Relief Act of
 4 2003”.

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

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

TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of a comprehensive, five-year, global strategy.
- Sec. 102. HIV/AIDS response coordinator.
- Sec. 103. Coordination with foreign policy.
- Sec. 104. Reporting requirements.
- Sec. 105. Authorization of appropriations.
- Sec. 106. Authority to consolidate and combine reports.

TITLE II—PUBLIC-PRIVATE PARTNERSHIPS

- Sec. 201. Sense of Congress regarding 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. Authority for debt relief for qualified HIPC countries.
- Sec. 302. Sense of Congress regarding the enhanced HIPC initiative.
- Sec. 303. Definitions.
- Sec. 304. Authorization of appropriations.

TITLE IV—BILATERAL EFFORTS

- Sec. 401. Assistance to combat HIV/AIDS.
- Sec. 402. Assistance to combat tuberculosis.
- Sec. 403. Assistance to combat malaria.
- Sec. 404. Department of Defense HIV/AIDS prevention assistance program.

TITLE V—BUSINESS PRINCIPLES

- Sec. 501. Findings.
- Sec. 502. Sense of Congress regarding principles for United States firms oper-
 ating in countries affected by the HIV/AIDS pandemic.
- Sec. 503. Principles and practices.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) During the last 20 years, the HIV/AIDS
4 pandemic has spread from the most severely affected
5 regions, sub-Saharan Africa and the Caribbean, to
6 all corners of the world, leaving an unprecedented
7 path of death and devastation. Sub-Saharan Africa
8 remains the hardest hit region in the world.

9 (2) According to 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 AIDS,
13 and more than 13,000,000 children have been or-
14 phaned by that disease.

15 (3) HIV/AIDS is the fourth-highest cause of
16 death in the world.

17 (4) At the end of 2002, an estimated
18 42,000,000 people were infected with HIV or were
19 living with AIDS. More than 75 percent of those
20 people live in Africa or the Caribbean region, and
21 more than 3,000,000 were children under the age of
22 15 and more than 17,600,000 were women.

23 (5) Fifty percent of the total number of individ-
24 uals infected with HIV or living with AIDS world-
25 wide and 70 percent of such individuals living in Af-
26 rica reside in one of the following fourteen countries:

1 Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti,
2 Kenya, Mozambique, Namibia, Nigeria, Rwanda,
3 South Africa, Tanzania, Uganda, and Zambia.

4 (6) An estimated 2,000,000 people in Latin
5 America and the Caribbean region and another
6 7,200,000 people in Asia and the Pacific region are
7 infected with HIV or living with AIDS.

8 (7) Infection rates are rising alarmingly in
9 Eastern Europe (especially in the Russian Federa-
10 tion), Central Asia, China, and India.

11 (8) Rape, sexual assault, sexual abuse, and
12 prostitution place women and children at heightened
13 risk for HIV infection and other health risks in
14 many countries. Women and children who are refu-
15 gees or are internally displaced persons are espe-
16 cially vulnerable to sexual violence. Spouses or part-
17 ners of men who solicit prostitutes are also put at
18 risk as a result of the sex trade.

19 (9) Effective measures are needed to empower
20 women, including discouraging the sex industry and
21 the trafficking of individuals in that industry which
22 contributes to the spread of and devastation caused
23 by HIV/AIDS.

24 (10) HIV/AIDS has a devastating impact on
25 the social cohesion and economic well-being of the

1 family. When a family member infected with HIV
2 develops AIDS, limited family resources are ex-
3 pended on care and treatment. The economic impact
4 is more severe if the infected family member is the
5 primary source of income for the family. Other fam-
6 ily members are forced to work to support the family
7 and children often drop out of school to serve as
8 caregivers. Care, treatment, and support of families
9 affected by AIDS are critical elements of an effective
10 strategy to reduce the spread and impact of HIV/
11 AIDS.

12 (11) HIV/AIDS undermines the economic secu-
13 rity of a country and the vitality of individual busi-
14 nesses by weakening the productivity and longevity
15 of the labor force across a broad array of economic
16 sectors and by reducing the potential for economic
17 growth over the long term.

18 (12) HIV/AIDS destabilizes communities by
19 striking at the most mobile and educated members
20 of society.

21 (13) HIV/AIDS weakens national defenses of
22 countries that are severely affected by the pandemic
23 through high infection rates among members of their
24 military forces. According to UNAIDS, in sub-Saha-
25 ran Africa, many military forces have infection rates

1 as much as five times the rates of the civilian popu-
2 lation.

3 (14) The devastation wrought by the HIV/
4 AIDS pandemic is compounded by the prevalence of
5 tuberculosis and malaria, particularly in developing
6 countries where the poorest and most vulnerable
7 members of society, including women, children, and
8 those with HIV/AIDS, become infected with tuber-
9 culosis or malaria. According to the World Health
10 Organization HIV, AIDS, tuberculosis, and malaria
11 accounted for approximately 6,000,000 deaths in
12 2002 and caused debilitating illnesses in millions
13 more.

14 (15) Tuberculosis is the cause of death for one
15 out of every three persons who have AIDS worldwide
16 and is a highly communicable disease. HIV infection
17 is the leading threat to control of tuberculosis. Be-
18 cause HIV infection so severely weakens the immune
19 system, individuals with HIV and latent tuberculosis
20 infection have a 100 times higher 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 (16) 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, effective
5 drugs and, concurrently, increasing resistance of
6 mosquitoes to standard insecticides. The World
7 Health Organization estimates that between
8 300,000,000 and 500,000,000 new cases of malaria
9 occur each year, and annual deaths from the disease
10 number between 2,000,000 and 3,000,000. Persons
11 infected with HIV are particularly vulnerable to the
12 malaria parasite. The spread of HIV infection con-
13 tributes to the difficulties of controlling resurgence
14 of the drug resistant malaria parasite.

15 (17) The HIV/AIDS pandemic is first and fore-
16 most a public health problem. Successful strategies
17 to stem the spread of the pandemic will require di-
18 rect medical interventions, as well as the strength-
19 ening of health care delivery systems and infrastruc-
20 ture, determined national leadership, and increased
21 budgetary allocations for the health sector in coun-
22 tries affected by the pandemic. Effective prevention
23 measures are also needed to address the social and
24 behavioral factors that contribute to the spread of
25 HIV/AIDS.

1 (18) Effective HIV prevention activities require
2 a variety of strategies, including those that eliminate
3 the risk of infection and those that reduce it.

4 (19) Uganda has implemented a successful
5 strategy to prevent the spread of HIV that includes
6 a nationwide education campaign, the use of a model
7 that encourages individuals to practice abstinence,
8 be faithful, and use condoms (the “ABC” model),
9 and the provision of care and treatment. The ABC
10 model emphasizes behavior change, including sexual
11 abstinence, delaying sexual debut, fidelity to one’s
12 partner, limiting the number of sexual partners, and
13 using condoms. As a result, Uganda has experienced
14 the most significant decline in HIV infection rates of
15 any country in Africa. Other nations, including Ja-
16 maica, Zambia, Ethiopia, and Senegal, have imple-
17 mented the ABC model with positive results. Ugan-
18 da’s success demonstrates that the ABC model can
19 be an effective approach to prevent HIV infection in
20 some countries and is, therefore, an important com-
21 ponent of a global strategy to prevent the sexual
22 transmission of HIV.

23 (20) In 2002, the President initiated a mother-
24 to-child transmission prevention program to combat
25 the global tragedy of HIV/AIDS being transmitted

1 to newborns by their mothers. The President's pro-
2 gram recognizes that approximately 2,000 children
3 around the world are infected each day with HIV
4 through mother-to-child transmission and that moth-
5 er-to-child transmission is largely preventable with
6 the proper application of pharmaceuticals, therapies,
7 and other public health interventions. The United
8 States Government is already supporting programs
9 to prevent mother-to-child transmission in resource-
10 poor nations.

11 (21) Efforts to prevent mother-to-child trans-
12 mission have provided the basis for a broader re-
13 sponse that includes care and treatment of mothers,
14 fathers, other family members, and the population-
15 at-large, that are infected with HIV or living with
16 AIDS.

17 (22) Advances in treatment for HIV/AIDS pro-
18 vide the opportunity, for the first time, for meaning-
19 ful clinical interventions on a large scale in devel-
20 oping countries. Experience in Uganda and Haiti
21 shows that interventions based upon a progressive,
22 tiered model of health care delivery emanating from
23 a central health care facility that is extended
24 through expanding circles of delivery using local
25 mechanisms and local capacity, thus allowing deliv-

1 ery of care and treatment through basic levels of ex-
2 pertise, are critical to increasing access to treatment
3 in resource-poor countries. Such a model is highly
4 cost-effective and maximizes utilization of local re-
5 sources.

6 (23) The magnitude and scope of the HIV/
7 AIDS crisis demands a comprehensive, long-term,
8 international response that is focused on providing
9 an integrated program of treatment, care, and pre-
10 vention that recognizes recent medical insights and
11 includes—

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

19 (B) development of health care infrastruc-
20 ture and delivery systems through cooperative
21 and coordinated public efforts, and public and
22 private partnerships;

23 (C) development and implementation of
24 national and community-based multisector
25 strategies that address the impact of HIV/

1 AIDS on the individual, family, community, and
2 nation and increase the participation of at-risk
3 populations in programs designed to encourage
4 behavioral and social change and reduce the
5 stigma associated with infection with HIV and
6 living with AIDS;

7 (D) use of all available expertise and expe-
8 rience within the United States Government to
9 assist in the development of an international re-
10 sponse to the HIV/AIDS crisis; and

11 (E) coordination of efforts between inter-
12 national organizations such as the Global Fund
13 to Fight AIDS, Tuberculosis and Malaria,
14 UNAIDS, the World Health Organization, na-
15 tional governments, and private sector organiza-
16 tions (including nonprofit, community-based, or
17 faith-based organizations).

18 (24) Leadership of the international commu-
19 nity's response to the HIV/AIDS pandemic requires
20 the United States—

21 (A) to continue to provide substantial fi-
22 nancial resources, technical expertise, and train-
23 ing;

24 (B) to promote vaccine and microbicide re-
25 search and the development of new treatment

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

3 (C) to encourage governments and commu-
4 nity-based organizations to adopt policies that
5 treat HIV/AIDS as a public health problem
6 with multisectoral impacts, including impacts
7 on education, the economy, the family, and soci-
8 ety;

9 (D) to ensure that—

10 (i) the particular vulnerabilities of
11 women are addressed when designing ap-
12 propriate HIV/AIDS prevention and treat-
13 ment programs, given the fact that women
14 face a high risk of HIV infection due, in
15 part, to rape, sexual assault, prostitution,
16 the sex trade, and the sexual exploitation
17 of women; and

18 (ii) no microbicide is procured or dis-
19 tributed until such microbicide is proven
20 both effective to reduce a woman's risk of
21 contracting HIV or other sexually trans-
22 mitted disease and safe for human use;
23 and

24 (E) to encourage active involvement of the
25 private sector, including businesses, pharma-

1 ceutical and biotechnology companies, the med-
2 ical and scientific communities, charitable foun-
3 dations, private and voluntary organizations,
4 nongovernmental organizations (including non-
5 profit, community-based, or faith-based organi-
6 zations) and other nonprofit entities.

7 (25) The Emergency Plan for AIDS Relief, an-
8 nounced by the President in January 2003, presents
9 a bold, new bilateral initiative to help countries in
10 Africa and the Caribbean region address the HIV/
11 AIDS pandemic by providing substantial financial
12 resources, technical expertise and training. The
13 Emergency Plan for AIDS Relief recognizes the crit-
14 ical link between HIV/AIDS care, treatment, preven-
15 tion, and education efforts, and the need for health
16 care systems with the capacity to provide treatment.

17 **SEC. 3. DEFINITIONS.**

18 In this Act:

19 (1) AIDS, HIV, HIV/AIDS.—

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

22 (B) HIV.—The term “HIV” means the
23 human immunodeficiency virus, the pathogen
24 that causes AIDS.

1 (C) HIV/AIDS.—The term “HIV/AIDS”
2 means the disease characterized by HIV infec-
3 tion, or by HIV infection and onset of AIDS.

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

9 (3) GLOBAL FUND.—The term “Global Fund”
10 means the public-private partnership known as the
11 Global Fund to Fight AIDS, Tuberculosis and Ma-
12 laria that was established under the laws of Switzer-
13 land in January 2002.

14 (4) RELEVANT EXECUTIVE BRANCH AGEN-
15 CIES.—The term “relevant executive branch agen-
16 cies” means the Department of State, the United
17 States Agency for International Development, the
18 Department of Health and Human Services, the De-
19 partment of Labor, the Department of Commerce,
20 the Department of the Treasury, and the Depart-
21 ment of Defense.

22 (5) UNAIDS.—The term “UNAIDS” means
23 the Joint United Nations Program on HIV/AIDS.

1 **SEC. 4. PURPOSE.**

2 The purpose of this Act is to strengthen United
3 States leadership and the effectiveness of the United
4 States response to global HIV/AIDS, tuberculosis, and
5 malaria by—

6 (1) providing resources for United States bilat-
7 eral efforts to combat HIV/AIDS, in order to pro-
8 vide, during the five-fiscal year period beginning
9 with fiscal year 2004—

10 (A) antiretroviral treatment for HIV infec-
11 tion, symptoms of HIV/AIDS, and opportun-
12 istic infections associated with HIV/AIDS to at
13 least 2,000,000 individuals;

14 (B) support services to at least 10,000,000
15 individuals affected by HIV/AIDS, including
16 the caregivers of individuals infected with HIV
17 or living with AIDS, and children orphaned by
18 HIV/AIDS and the caregivers of such children;
19 and

20 (C) strategies to prevent at least 7,000,000
21 individuals from becoming infected with HIV,
22 including strategies to prevent the transmission
23 of HIV from mothers to infants;

24 (2) improving coordination among relevant ex-
25 ecutive branch agencies to combat the HIV/AIDS
26 pandemic;

1 (3) providing resources for United States bilat-
2 eral efforts to combat tuberculosis and malaria;

3 (4) providing resources for multilateral efforts
4 to fight HIV/AIDS, tuberculosis, and malaria;

5 (5) encouraging private sector efforts and pub-
6 lic-private partnerships to combat HIV/AIDS, tuber-
7 culosis, and malaria; and

8 (6) providing resources for the development
9 and, when feasible, distribution of safe and effective
10 microbicides and vaccines for HIV/AIDS, and vac-
11 cines for tuberculosis and malaria.

12 **TITLE I—POLICY PLANNING AND** 13 **COORDINATION**

14 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-** 15 **YEAR, GLOBAL STRATEGY.**

16 (a) IN GENERAL.—The President shall develop a
17 comprehensive, integrated five-year strategy to strengthen
18 the capacity of the United States to be an effective leader
19 of the international campaign against HIV/AIDS and to
20 promote the stabilization or reduction of the global inci-
21 dence of HIV/AIDS and the morbidity and mortality re-
22 lated to HIV/AIDS. The strategy should include programs
23 to prevent HIV infection (including preventing mother-to-
24 child transmission), and to provide care and treatment of
25 individuals infected with HIV, and care of children or-

1 phaned by AIDS. The strategy should be designed to re-
2 spond to the changing nature of the HIV/AIDS pandemic
3 and to the specific needs of countries impacted by the pan-
4 demic.

5 (b) CONTENT.—The strategy required by subsection
6 (a) shall—

7 (1) include specific objectives, multisectoral ap-
8 proaches, and strategies to treat individuals infected
9 with HIV and to prevent the further spread of HIV
10 infections, with a particular focus, where appro-
11 priate, on clinical interventions based upon a tiered
12 approach to direct delivery of care and treatment
13 through a system that is based upon central facili-
14 ties and is augmented by expanding circles of local
15 delivery of care and treatment through local systems
16 and capacity;

17 (2) provide for the use of effective and proven
18 models that address the specific characteristics of
19 the spread of the HIV/AIDS pandemic in countries
20 that will receive assistance pursuant to the strategy;

21 (3) use all available expertise and experience
22 within the United States Government to develop an
23 effective response to the global HIV/AIDS crisis,
24 and assign priorities to activities related to HIV/

1 AIDS that will be carried out by the relevant execu-
2 tive branch agencies;

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

6 (5) require agencies to project the level of re-
7 sources that will be needed to implement such strat-
8 egy;

9 (6) expand public-private partnerships and ef-
10 forts to combine funds from the Federal Government
11 with funds from other sources to carry out programs
12 related to HIV/AIDS;

13 (7) maximize United States capabilities in the
14 areas of direct delivery of care and treatment, tech-
15 nical assistance, training, and research;

16 (8) emphasize behavioral changes to reduce the
17 risk of HIV infection including utilizing a model that
18 encourages individuals to practice abstinence, be
19 faithful, and use condoms (the “ABC” model);

20 (9) address the vulnerabilities of women to
21 HIV/AIDS, including through prevention and edu-
22 cation programs that protect women against HIV/
23 AIDS; and

1 (10) provide for tracking measurable results
2 and outcomes from the activities carried out under
3 the strategy.

4 (c) REPORT.—

5 (1) REQUIREMENT.—Not later than 180 days
6 after the date of the enactment of this Act, the Co-
7 ordinator of United States Government Activities to
8 Combat HIV/AIDS Globally appointed by the Presi-
9 dent under section 1(f) of the State Department
10 Basic Authorities Act of 1956 (22 U.S.C. 2651a), as
11 added by section 102, shall submit a report to the
12 appropriate congressional committees setting forth
13 the five-year strategy required by subsection (a).

14 (2) CONTENT.—The report shall describe the
15 programs and activities that will be implemented
16 under the strategy to address the requirements set
17 out in paragraphs (1) through (10) of subsection
18 (b).

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

20 (a) ESTABLISHMENT OF POSITION.—Section 1 of the
21 State Department Basic Authorities Act of 1956 (22
22 U.S.C. 2651a) is amended—

23 (1) by redesignating subsection (f) as sub-
24 section (g); and

1 (2) by inserting after subsection (e) the fol-
2 lowing new subsection (f):

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

4 “(1) IN GENERAL.—There shall be established
5 within the Department of State, in the immediate
6 office of the Secretary of State, the position of Coor-
7 dinator of United States Government Activities to
8 Combat HIV/AIDS Globally (the ‘Coordinator’). The
9 Coordinator shall be appointed by the President, by
10 and with the advice and consent of the Senate, shall
11 report directly to the Secretary of State, and shall
12 have the rank and status of ambassador.

13 “(2) AUTHORITIES.—The Coordinator is au-
14 thorized—

15 “(A) to coordinate the prevention, care,
16 treatment, support, capacity development, and
17 other activities for combatting the global HIV/
18 AIDS pandemic;

19 “(B) to designate specific countries to re-
20 ceive assistance related to HIV/AIDS author-
21 ized under this Act;

22 “(C) to transfer and allocate funds in the
23 account established by section 102(e) of the
24 United States Emergency Plan for AIDS Relief

1 Act of 2003 to relevant executive branch agen-
2 cies; and

3 “(D) to award grants and contracts, in ac-
4 cordance with Federal law and policy governing
5 the awarding of grants and contracts, to non-
6 governmental organizations (including non-
7 profit, community-based, or faith-based organi-
8 zations) to carry out the duties of the Coordi-
9 nator.

10 “(3) DUTIES.—

11 “(A) IN GENERAL.—The Coordinator shall
12 have primary responsibility for the oversight
13 and coordination of all activities of the United
14 States Government to combat the international
15 HIV/AIDS pandemic, including all programs,
16 projects, and activities of the United States
17 Government related to HIV/AIDS under the
18 United States Emergency Plan for HIV/AIDS
19 Relief Act of 2003 or any amendment made by
20 such Act.

21 “(B) SPECIFIC DUTIES.—The duties of the
22 Coordinator shall include the following:

23 “(i) INTERAGENCY COORDINATION.—
24 Ensuring program and policy coordination
25 among the relevant executive branch agen-

1 cies, including audit and evaluation of all
2 such programs.

3 “(ii) NONGOVERNMENTAL ORGANIZA-
4 TIONS.—Ensuring that any nongovern-
5 mental organization (including a faith-
6 based organization) seeking to participate
7 in a program subject to the authority of
8 the Coordinator—

9 (I) is not required to support or
10 perform elements of the program that
11 are contrary to the principles of such
12 organization and that such organiza-
13 tion will not be precluded, by not par-
14 ticipating in one aspect of a program,
15 from participating in any other aspect
16 of such program as long as the failure
17 of such organization to participate in
18 one aspect of the program does not
19 prejudice the comprehensiveness and
20 effectiveness of the program or of the
21 overall United States effort to combat
22 global HIV/AIDS; and

23 (II) provides services on a non-
24 discriminatory basis to persons who

1 are eligible to participate in the pro-
2 gram.

3 “(iii) AGENCY EXPERTISE.—Ensuring
4 that each relevant executive branch agency
5 undertakes programs primarily in those
6 areas where the agency has the most ex-
7 pertise, technical capabilities, and potential
8 for success relative to other executive
9 branch agencies.

10 “(iv) EFFICIENCY.—Avoiding duplica-
11 tion of effort.

12 “(v) INTERNATIONAL COORDINA-
13 TION.—Pursuing coordination with other
14 countries and international organizations.

15 “(vi) DISPUTES RESOLUTION.—Re-
16 solving policy, program, and funding dis-
17 putes among the relevant executive branch
18 agencies.

19 “(vii) FINANCIAL OVERSIGHT.—Es-
20 tablishing appropriate financial accounting
21 criteria for oversight of funds in the ac-
22 count established by section 102(c) of the
23 United States Emergency Plan for AIDS
24 Relief Act of 2003.

1 “(viii) MONITORING AND EVALUATION
2 OF OUTCOMES.—Establishing appropriate
3 monitoring and evaluation criteria to as-
4 sess the measurable outcomes of all activi-
5 ties subject to the authority of the Coordi-
6 nator.

7 “(4) DEFINITIONS.—In this subsection:

8 “(A) AIDS.—The term ‘AIDS’ means ac-
9 quired immune deficiency syndrome.

10 “(B) HIV.—The term ‘HIV’ means the
11 human immunodeficiency virus, the pathogen
12 that causes AIDS.

13 “(C) HIV/AIDS.—The term ‘HIV/AIDS’
14 means the disease characterized by HIV infec-
15 tion, or by HIV infection and onset of AIDS.

16 “(D) RELEVANT EXECUTIVE BRANCH
17 AGENCIES.—The term ‘relevant executive
18 branch agencies’ means the Department of
19 State, the United States Agency for Inter-
20 national Development, the Department of
21 Health and Human Services, the Department of
22 Labor, the Department of Commerce, the De-
23 partment of the Treasury, and the Department
24 of Defense.”.

1 (b) RESOURCES.—Not later than 90 days after the
2 date of the enactment of this Act, the Secretary of State
3 shall designate the necessary financial resources from
4 funds authorized to be appropriated under this Act, to-
5 gether with the personnel resources, that should be as-
6 signed to and under the direct control of the Coordinator
7 of United States Government Activities to Combat HIV/
8 AIDS Globally.

9 (c) ESTABLISHMENT OF SEPARATE ACCOUNT.—
10 There is established on the books of the Treasury an ac-
11 count to be known as the Activities to Combat HIV/AIDS
12 Globally Fund, which shall be administered by the Coordi-
13 nator of United States Government Activities to Combat
14 HIV/AIDS Globally. There shall be deposited into the ac-
15 count all amounts made available pursuant to section 105.
16 Amounts in the Fund shall be available for the purposes
17 of this Act, and may be transferred to other relevant exec-
18 utive branch agencies under the authority of section 632
19 of the Foreign Assistance Act of 1961 (22 U.S.C. 2392).

20 (d) USE OF FUNDS.—Amounts authorized to be ap-
21 propriated under section 105 shall be distributed by the
22 Coordinator of United States Government Activities to
23 Combat HIV/AIDS Globally in a manner so that—

24 (1) not less than 55 percent of such amounts
25 are used for activities related to the treatment of

1 HIV with antiretroviral therapies and treatment of
2 symptoms and infections related to HIV/AIDS; and
3 (2) any amounts not distributed for the activi-
4 ties described in paragraph (1) are used for other
5 activities related to the provision of care, treatment,
6 or support services for individuals affected by HIV/
7 AIDS, including children orphaned by HIV/AIDS
8 and caregivers of such children, and activities re-
9 lated to the preventing the transmission of HIV in-
10 fection, including assistance to prevent the such
11 transmission from mothers to infants by providing
12 medications and infant formula or other alternatives
13 for infant feeding that prevent such transmission.

14 **SEC. 103. COORDINATION WITH FOREIGN POLICY.**

15 Nothing contained in this Act shall be construed to
16 infringe upon the powers and functions of the Secretary
17 of State.

18 **SEC. 104. REPORTING REQUIREMENTS.**

19 (a) ANNUAL REPORT.—

20 (1) IN GENERAL.—Not later than one year
21 after the date of the enactment of this Act, and an-
22 nually thereafter, the Coordinator of the United
23 States Government Activities to Combat HIV/AIDS
24 Globally shall submit to the appropriate congres-
25 sional committees a report on the activities of the

1 United States Government to combat the global
2 HIV/AIDS pandemic.

3 (2) CONTENT.—The report shall include the
4 following matters:

5 (A) An assessment of the progress made
6 toward implementing the strategy required by
7 section 101.

8 (B) A discussion of the specific policies,
9 programs, and activities undertaken to imple-
10 ment the strategy, including activities relevant
11 to treatment and to prevention of mother-to-
12 child transmission of HIV.

13 (C) An evaluation of the effectiveness of
14 United States assistance in achieving the pur-
15 pose of the assistance, including a discussion of
16 any modifications that should be made to the
17 strategy required by section 101 to enhance its
18 effectiveness.

19 (D) The amounts obligated, and the spe-
20 cific programs and activities undertaken, by
21 each relevant executive branch agency to com-
22 bat the global HIV/AIDS pandemic, including
23 entities receiving assistance under section 104A
24 of the Foreign Assistance Act of 1961, as
25 added by section 401(a)(2).

1 (E) The amounts of any grants awarded or
2 funds provided under a contract to nongovern-
3 mental organizations (including nonprofit, com-
4 munity-based, or faith-based organizations) by
5 the Coordinator, pursuant to section 1(f) of the
6 State Department Basic Authorities Act, as
7 added by section 102(a)(2), and a description of
8 the use of such grants or funds.

9 (3) PUBLIC DISSEMINATION.—The Coordinator
10 shall make available to the public, through electronic
11 media and other publication mechanisms, a descrip-
12 tion of the use of assistance received by a person
13 pursuant to an application approved under section
14 104A of the Foreign Assistance Act of 1961, as
15 added by section 401(a)(2), and any grant awarded
16 or contract entered into by the Coordinator under
17 section 1 of the State Department Basic Authorities
18 Act, as amended by section 102(a), as follows:

19 (A) For an application approved, grant
20 awarded, or contract entered into during the 9-
21 month period beginning on the date of the en-
22 actment of this Act, not later than one year
23 after such date.

24 (B) For an application approved, grant
25 awarded, or contract entered into after the 9-

1 month period beginning on the date of the en-
2 actment of this Act, not later than 180 days
3 after such application is approved.

4 (b) REPORT ON TREATMENT ACTIVITIES.—

5 (1) IN GENERAL.—Not later than 15 months
6 after the date of the enactment of this Act, the Co-
7 ordinator of the United States Government Activities
8 to Combat HIV/AIDS Globally shall submit to the
9 appropriate congressional committees a report on
10 the programs and activities of the relevant executive
11 branch agencies that are directed to the treatment
12 of individuals in foreign countries who are infected
13 with HIV or living with AIDS.

14 (2) REPORT ELEMENTS.—The report described
15 in paragraph (1) shall include—

16 (A) a description of the activities of the
17 relevant executive branch agencies with respect
18 to—

19 (i) the treatment of opportunistic in-
20 fections;

21 (ii) the use of antiretrovirals;

22 (iii) the status of research into suc-
23 cessful treatment protocols for individuals
24 in the developing world; and

1 (iv) technical assistance and training
2 of health care workers in foreign countries
3 to administer antiretrovirals, manage side
4 effects, and monitor patients viral loads
5 and immune status;

6 (B) information on existing demonstration
7 projects, including for each project a discussion
8 of the reasons a given population was selected
9 to participate in the project, the number of peo-
10 ple treated, the cost of treatment, the mecha-
11 nisms established to ensure that treatment is
12 being administered effectively and safely, and
13 plans, if any, for expanding the demonstration
14 project, including projected schedules and the
15 necessary resources; and

16 (C) an explanation of how the activities
17 and projects described in subparagraphs (A)
18 and (B) relate to efforts to prevent the trans-
19 mission of HIV infection.

20 **SEC. 105. AUTHORIZATION OF APPROPRIATIONS.**

21 There are authorized to be appropriated
22 \$1,460,000,000 for fiscal year 2004 and \$1,610,000,000
23 for fiscal year 2005 for United States Government pro-
24 grams and activities to combat HIV/AIDS globally, includ-
25 ing activities to carry out the Emergency Plan for AIDS

1 Relief announced by the President in January 2003.
2 Funds made available under this section may remain
3 available until expended.

4 **SEC. 106. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**
5 **PORTS.**

6 Notwithstanding any other provision of this Act, the
7 President may consolidate or combine any report provided
8 for under this Act, other than the report required by sec-
9 tion 101(c), with any other such report in order to ensure
10 an efficient use of resources. The President may enter into
11 contracts with organizations with relevant expertise to de-
12 velop, originate, or contribute to any such report.

13 **TITLE II—PUBLIC-PRIVATE**
14 **PARTNERSHIPS**

15 **SEC. 201. SENSE OF CONGRESS REGARDING PUBLIC-PRIV-**
16 **VATE PARTNERSHIPS.**

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, non-
22 profit, community-based, or faith-based organiza-
23 tions, or other nongovernmental organizations) have
24 proliferated, particularly in the area of health.

1 (2) Public-private partnerships multiply local
2 and international capacities to strengthen the deliv-
3 ery of health services in foreign countries and to ac-
4 celerate research for vaccines and other pharma-
5 ceutical products that are essential to combat infec-
6 tious diseases that can decimate populations.

7 (3) Public-private partnerships maximize the
8 unique capabilities of each of the public and private
9 sectors while combining financial and other re-
10 sources, scientific knowledge, and expertise toward
11 common goals which neither the public nor the pri-
12 vate 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 (5) The Global Fund is a means for signifi-
19 cantly supplementing United States bilateral assist-
20 ance programs by funding programs and activities to
21 combat HIV/AIDS, tuberculosis, and malaria world-
22 wide.

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

1 (1) the sustainment and promotion of public-
2 private partnerships should be an important element
3 of the strategy pursued by the United States to com-
4 bat the HIV/AIDS pandemic and other global health
5 crises;

6 (2) the United States should systematically
7 track the evolution of these partnerships and work
8 with others in the public and private sectors, includ-
9 ing nonprofit, community-based, or faith-based orga-
10 nizations, to profile and build upon partnership mod-
11 els that are most effective;

12 (3) the United States must demonstrate leader-
13 ship in multilateral efforts to fight the HIV/AIDS
14 pandemic through significant financial participation
15 in the Global Fund and other public-private partner-
16 ships;

17 (4) public-private partnerships should ensure
18 that any decisions of the partnerships that relate to
19 the provision or funding of health services are made
20 in a manner that is open and accountable to the
21 public and to any governmental entity that provides
22 funding or assistance to the partnership; and

23 (5) the Global Fund should continue to have
24 independent audits that employ widely acceptable

1 auditing standards and practices of contributions to
2 the Fund.

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

5 (a) AUTHORITY FOR UNITED STATES PARTICIPA-
6 TION.—

7 (1) UNITED STATES PARTICIPATION.—The
8 United States is authorized to participate in the
9 Global Fund.

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

15 (b) PUBLIC DISSEMINATION.—Not later than 180
16 days after the date of the enactment of this Act, and regu-
17 larly thereafter for the duration of the Global Fund, the
18 Coordinator of the United States Government Activities
19 to Combat HIV/AIDS Globally shall make available to the
20 public, through electronic media and other publication
21 mechanisms, the following documents:

22 (1) Any proposal approved for funding by the
23 Global Fund.

1 (2) A list of all organizations that comprise
2 each country coordinating mechanism, as such mech-
3 anism is recognized by the Global Fund.

4 (3) A list of all organizations that received
5 funds from the Global Fund, including the amount
6 of such funds received by each organization.

7 (c) ANNUAL REPORT.—Not later than one year after
8 the date of the enactment of this Act, and annually there-
9 after, the Coordinator of the United States Government
10 Activities to Combat HIV/AIDS Globally shall submit to
11 the appropriate congressional committees a report on the
12 Global Fund. The report shall include, for the reporting
13 period, the following elements:

14 (1) Contributions pledged to or received by the
15 Global Fund (including donations from the private
16 sector).

17 (2) Efforts made by the Global Fund to in-
18 crease contributions from all sources other than the
19 United States.

20 (3) Programs funded by the Global Fund.

21 (4) An evaluation of the effectiveness of such
22 programs.

23 (5) Recommendations regarding the adequacy
24 of such programs.

25 (d) UNITED STATES FINANCIAL PARTICIPATION.—

1 (1) AUTHORIZATION OF APPROPRIATIONS.—

2 There are authorized to be appropriated for United
3 States contributions to the Global Fund, in addition
4 to any other amounts authorized to be appropriated
5 under any other provision of law for such purpose,
6 \$1,000,000,000 for fiscal year 2004 and
7 \$1,200,000,000 for fiscal year 2005.

8 (2) AVAILABILITY OF FUNDS.—

9 (A) CERTAIN FISCAL YEAR 2004 FUNDS.—

10 Of the amount authorized to be appropriated by
11 paragraph (1) for fiscal year 2004,
12 \$500,000,000 shall be available only if the
13 Global Fund receives, during the period begin-
14 ning on April 1, 2003, and ending on March
15 31, 2004, pledges from all donors other than
16 the United States for funding new grant pro-
17 posals in an amount not less than
18 \$2,000,000,000.

19 (B) CERTAIN FISCAL YEAR 2005 FUNDS.—

20 Of the amount authorized to be appropriated by
21 paragraph (1) for fiscal year 2005,
22 \$600,000,000 shall be available only if the
23 Global Fund receives, during the period begin-
24 ning on April 1, 2004, and ending on March
25 31, 2005, pledges from all donors other than

1 the United States for funding new grant pro-
2 posals in an amount not less than
3 \$2,400,000,000.

4 (C) RECEIPT OF PLEDGES BEFORE PERIOD
5 END.—If the Global Fund receives in a period
6 described in subparagraph (A) or (B) the
7 pledges described in such subparagraph in the
8 amount required by such subparagraph as of a
9 date before the end of such period, the United
10 States contribution specified in such subpara-
11 graph shall be available as of such date.

12 (D) AVAILABILITY OF AMOUNTS.—
13 Amounts authorized to be appropriated by
14 paragraph (1), and available under that para-
15 graph or this paragraph, shall remain available
16 until expended.

17 (3) PRIOR FISCAL YEAR FUNDS.—Any unobli-
18 gated balances of funds made available for fiscal
19 years 2001 and 2002 under section 141 of the Glob-
20 al AIDS and Tuberculosis Relief Act of 2000 (22
21 U.S.C. 6841)—

22 (A) are authorized to remain available
23 until expended; and

1 (B) shall be merged with, and made avail-
2 able for the same purposes as, the funds au-
3 thorized to be appropriated by paragraph (1).

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

6 (a) VACCINE FUND.—Section 302 of the Foreign As-
7 sistance Act of 1961 (22 U.S.C. 2222) is amended by
8 striking subsection (k) and inserting the following:

9 “(k) There are authorized to be appropriated
10 \$70,000,000 for fiscal year 2004 and \$75,000,000 for fis-
11 cal year 2005 for United States contributions to the Vac-
12 cine Fund.”.

13 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—
14 Section 302 of the Foreign Assistance Act of 1961 (22
15 U.S.C. 2222) is amended by striking subsection (l) and
16 inserting the following:

17 “(l) There are authorized to be appropriated
18 \$20,000,000 for fiscal year 2004 and \$25,000,000 for fis-
19 cal year 2005 for United States contributions to the Inter-
20 national AIDS Vaccine Initiative.”.

21 (c) MALARIA VACCINE INITIATIVE OF THE PROGRAM
22 FOR APPROPRIATE TECHNOLOGIES IN HEALTH
23 (PATH).—Section 302 of the Foreign Assistance Act of
24 1961 (22 U.S.C. 2222) is amended by adding at the end
25 the following new subsection:

1 “(m) There are authorized to be appropriated
2 \$5,000,000 for fiscal year 2004 and \$5,000,000 for fiscal
3 year 2005 for United States contributions to the Malaria
4 Vaccine Initiative of the Program for Appropriate Tech-
5 nologies in Health (PATH) are authorized to be made
6 available for that purpose.”.

7 **TITLE III—MULTILATERAL**
8 **EFFORTS**

9 **SEC. 301. AUTHORITY FOR DEBT RELIEF FOR QUALIFIED**
10 **HIPC COUNTRIES.**

11 The Secretary of the Treasury should immediately
12 commence efforts within the Paris Club of Official Credi-
13 tors, the International Bank for Reconstruction and De-
14 velopment, the International Monetary Fund, and other
15 appropriate multilateral development institutions to mod-
16 ify the Enhanced HIPC Initiative so that the amount of
17 debt stock reduction approved for a country eligible for
18 debt relief under the Enhanced HIPC Initiative is suffi-
19 cient to reduce, for each of the first 3 years after the date
20 of the enactment of this Act or the Decision Point, which-
21 ever is later—

22 (1) the net present value of the outstanding
23 public and publicly guaranteed debt of the country
24 to not more than 150 percent of the annual value

1 of exports of the country for the year preceding the
2 Decision Point; and

3 (2) the annual payments due on such public
4 and publicly guaranteed debt to not more than—

5 (A) 10 percent or, in the case of a country
6 suffering a public health crisis, five percent of
7 the amount of the annual current revenues re-
8 ceived by the country from internal resources;
9 or

10 (B) a percentage of the gross national
11 product, or another benchmark, that will yield
12 a result substantially equivalent to that which
13 would be achieved through application of sub-
14 paragraph (A).

15 **SEC. 302. SENSE OF CONGRESS REGARDING THE EN-**
16 **HANCED HIPC INITIATIVE.**

17 (a) SENSE OF CONGRESS REGARDING PROGRAMS TO
18 COMBAT HIV/AIDS AND POVERTY.—It is the sense of
19 Congress that a country otherwise eligible to receive can-
20 cellation of debt under the modifications to the Enhanced
21 HIPC Initiative described in section 301 should receive
22 such cancellation only if the country has agreed—

23 (1) to ensure that the financial benefits of debt
24 cancellation are applied to programs to combat HIV/
25 AIDS and poverty, in particular through concrete

1 measures to improve basic services in health, edu-
2 cation, nutrition, and other development priorities,
3 and to redress environmental degradation; and

4 (2) to ensure that the financial benefits of debt
5 cancellation are in addition to the higher of—

6 (A) the total amount spent by the govern-
7 ment of that country for poverty reduction for
8 the year preceding the year of the debt cancella-
9 tion; or

10 (B) the amount equal to the average of the
11 total of the amounts spent annually by such
12 government for each of the 3 years preceding
13 such year of debt cancellation.

14 (b) SENSE OF CONGRESS REGARDING SOURCE OF
15 FINANCING BY INTERNATIONAL FINANCIAL INSTITU-
16 TIONS.—It is the sense of Congress that, in financing the
17 objectives of the Enhanced HIPC Initiative, an inter-
18 national financial institution should give priority to using
19 its own resources for such purpose.

20 (c) SENSE OF CONGRESS REGARDING CONDITIONS
21 FOR CANCELLATION.—It is the sense of Congress that a
22 country should not be eligible for cancellation of debt
23 under modifications to the Enhanced HIPC Initiative de-
24 scribed in section 301 if the government of the country—

1 (1) has an excessive level of military expendi-
2 tures;

3 (2) has repeatedly provided support for acts of
4 international terrorism, as determined by the Sec-
5 retary of State under section 6(j)(1) of the Export
6 Administration Act of 1979 (50 U.S.C. App.
7 2405(j)(1)) or section 620A(a) of the Foreign As-
8 sistance Act of 1961 (22 U.S.C. 2371(a));

9 (3) is failing to cooperate on international nar-
10 cotics control matters; or

11 (4) engages in a consistent pattern of gross vio-
12 lations of internationally recognized human rights,
13 including violations by its military or other security
14 forces.

15 **SEC. 303. DEFINITIONS.**

16 In this title:

17 (1) COUNTRY SUFFERING A PUBLIC HEALTH
18 CRISIS.—The term “country suffering a public
19 health crisis” means a country in which the HIV in-
20 fection rate, as reported in the most recent epide-
21 miological data for that country compiled by
22 UNAIDS, is at least five percent among women at-
23 tending prenatal clinics or more than 20 percent
24 among individuals in groups with high-risk behavior.

1 (2) DECISION POINT.—The term “Decision
2 Point”, with respect to a country, means the date on
3 which the executive boards of the International
4 Bank for Reconstruction and Development and the
5 International Monetary Fund review the debt sus-
6 tainability analysis for a country and determine that
7 the country is eligible for debt relief under the En-
8 hanced HIPC Initiative.

9 (3) ENHANCED HIPC INITIATIVE.—The term
10 “Enhanced HIPC Initiative” means the multilateral
11 debt initiative for heavily indebted poor countries
12 presented in the Report of G–7 Finance Ministers
13 on the Cologne Debt Initiative to the Cologne Eco-
14 nomic Summit, Cologne, held June 18–20, 1999.

15 **SEC. 304. AUTHORIZATION OF APPROPRIATIONS.**

16 (a) IN GENERAL.—There are authorized to be appro-
17 priated for fiscal year 2004 and for fiscal year 2005 such
18 sums as may be necessary to carry out this title.

19 (b) AVAILABILITY OF FUNDS.—Funds authorized to
20 be appropriated under subsection (a) may remain available
21 until expended.

1 **TITLE IV—BILATERAL EFFORTS**

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

3 (a) AUTHORITY UNDER THE FOREIGN ASSISTANCE
4 ACT OF 1961.—Chapter 1 of part I of the Foreign Assist-
5 ance Act of 1961 (22 U.S.C. 2151 et seq.) is amended—

6 (1) in section 104(e) (22 U.S.C. 2151b(e))—

7 (A) by striking paragraphs (4) through
8 (7); and

9 (B) by adding at the end the following new
10 paragraphs:

11 “(4) Of the total amount made available to carry out
12 this subsection and sections 104A, 104B, and 104C in any
13 fiscal year, not more than 7 percent of such amount may
14 be used for administrative expenses. Amounts available for
15 such expenses under the preceding sentence shall be in ad-
16 dition to other amounts otherwise available for such pur-
17 poses.

18 “(5) Section 604(a) and all regulations and adminis-
19 trative rules issued pursuant to that section do not apply
20 to activities carried out under this subsection and sections
21 104A, 104B, and 104C.

22 “(6) Assistance made available under this subsection
23 and sections 104A, 104B, and 104C, and assistance made
24 available under chapter 4 of part II to carry out the pur-
25 poses of this subsection and sections 104A, 104B, and

1 104C, may be made available in accordance with this sub-
2 section and such other sections notwithstanding any other
3 provision of law.”; and

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

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

7 “(a) FINDING.—Congress recognizes that the alarm-
8 ing spread of HIV/AIDS in countries in sub-Saharan Afri-
9 ca and the Caribbean region and other countries is a pan-
10 demic that is a major global health, national security, and
11 humanitarian crisis.

12 “(b) POLICY.—It is a major objective of the foreign
13 HIV/AIDS assistance program of the United States to
14 provide assistance for the prevention, care, treatment, and
15 control of HIV/AIDS. The United States and other coun-
16 tries should provide assistance to countries in sub-Saharan
17 Africa and the Caribbean region and other countries and
18 areas to control the HIV/AIDS pandemic through HIV/
19 AIDS prevention, care, treatment, monitoring, and related
20 activities, including activities focused on women and
21 youth, and strategies to prevent mother-to-child trans-
22 mission of the HIV infection.

23 “(c) AUTHORITY.—

24 “(1) IN GENERAL.—Consistent with section
25 104(c), the President is authorized to furnish assist-

1 ance related to HIV/AIDS, on such terms and condi-
2 tions as the President may determine, including as-
3 sistance to prevent, care for, treat, and monitor
4 HIV/AIDS, and to carry out related activities, in
5 countries in sub-Saharan Africa and the Caribbean
6 region and in other countries and areas.

7 “(2) ROLE OF NGOS.—It is the sense of Con-
8 gress that the President should provide an appro-
9 priate level of assistance under paragraph (1)
10 through nongovernmental organizations (including
11 nonprofit, community-based, or faith-based organiza-
12 tions).

13 “(3) COORDINATION OF ASSISTANCE EF-
14 FORTS.—The President should coordinate the provi-
15 sion of assistance under paragraph (1) with the pro-
16 vision of related assistance by the Joint United Na-
17 tions Programme on HIV/AIDS, the United Nations
18 Children’s Fund, the World Health Organization,
19 the United Nations Development Programme, the
20 Global Fund to Fight AIDS, Tuberculosis and Ma-
21 laria, and other appropriate international organiza-
22 tions (such as the International Bank for Recon-
23 struction and Development), relevant regional multi-
24 lateral development institutions, national, state, and
25 local governments of foreign countries, appropriate

1 governmental and nongovernmental organizations
2 (including nonprofit, community-based, or faith-
3 based organizations), and relevant executive branch
4 agencies.

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

8 “(1) PREVENTION.—Activities for the preven-
9 tion of HIV/AIDS, including—

10 “(A) education, voluntary testing, and
11 counseling programs with confidentiality protec-
12 tions, including—

13 “(i) education related to avoiding sex-
14 ual transmission of HIV infection, includ-
15 ing the use of the ‘ABC’ model (absti-
16 nence, be faithful, use condoms);

17 “(ii) education related to avoiding
18 nonsexual transmission of HIV infection,
19 including education that encourages ab-
20 stention from injection drug use and pro-
21 tection from exposure to the virus from un-
22 safe health-related injections and other un-
23 safe medical practices; and

24 “(iii) voluntary HIV testing using
25 rapid testing protocols and the integration

1 of such testing activities into health care
2 facilities and programs;

3 “(B) assistance to ensure a safe blood sup-
4 ply and the safety of health care workers, in-
5 cluding—

6 “(i) the provision of, and training re-
7 garding, appropriate testing materials and
8 pharmaceuticals;

9 “(ii) training in medical injection
10 safety procedures; and

11 “(iii) promotion of adherence to uni-
12 versal precautions in medical settings;

13 “(C) the provision of post-exposure HIV
14 infection prophylaxis to victims of rape and sex-
15 ual assault and in cases of occupational expo-
16 sure to health care workers;

17 “(D) the provision of supplies, including
18 test kits, pharmaceuticals, and condoms;

19 “(E) assistance provided through non-
20 governmental organizations (including non-
21 profit, community-based, or faith-based organi-
22 zations and, particularly, organizations that uti-
23 lize both professionals and volunteers with ap-
24 propriate skills and experience) to establish and

1 implement culturally appropriate HIV/AIDS
2 education and prevention programs;

3 “(F) programs to prevent the spread of
4 HIV/AIDS by focusing on the prevention or dis-
5 couragement of rape, sexual assault, prostitu-
6 tion, sex trafficking, the sex industry, and the
7 sexual exploitation of women;

8 “(G) assistance to prevent transmission of
9 HIV from mothers to infants, including the pro-
10 vision of medications and infant formula and
11 other alternatives for infant feeding to prevent
12 such transmission;

13 “(H) research on microbicides that prevent
14 the spread of HIV/AIDS; and

15 “(I) bulk purchases of safe and effective
16 prevention technologies for women, and the ap-
17 propriate program support for introduction and
18 distribution of such technologies, and education
19 and training on the use of the technologies.

20 “(2) CARE AND TREATMENT.—The treatment
21 and care of individuals with HIV/AIDS, including—

22 “(A) assistance to establish and implement
23 programs to strengthen and broaden indigenous
24 health care delivery systems and the capacity of
25 such systems to deliver HIV/AIDS pharma-

1 ceuticals and otherwise provide for the treat-
2 ment of individuals with HIV/AIDS, including
3 clinical training for indigenous organizations
4 and health care providers;

5 “(B) assistance to strengthen and expand
6 hospice and palliative care programs to assist
7 patients debilitated by HIV/AIDS, their fami-
8 lies, and the primary caregivers of such pa-
9 tients, including programs that utilize non-
10 profit, community-based, or faith-based organi-
11 zations; and

12 “(C) assistance for the provision of care
13 and treatment for individuals with HIV/AIDS
14 through the distribution of pharmaceuticals, in-
15 cluding antiretrovirals and other pharma-
16 ceuticals and therapies for the treatment of op-
17 portunistic infections, nutritional support, and
18 other treatment modalities.

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

22 “(A) monitoring to ensure the adequacy of
23 controls established and implemented to provide
24 HIV/AIDS pharmaceuticals and other appro-

1 appropriate medicines to individuals with HIV/AIDS;
2 and

3 “(B) appropriate evaluation and surveil-
4 lance activities.

5 “(4) PHARMACEUTICALS.—

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

10 “(B) MECHANISMS FOR QUALITY CONTROL
11 AND SUSTAINMENT OF SUPPLY.—The establish-
12 ment of mechanisms to ensure the quality of
13 the HIV/AIDS pharmaceuticals, antiretroviral
14 therapies, and other appropriate medicines, and
15 the sustainability of the supply of such pharma-
16 ceuticals, therapies, and medicines.

17 “(C) DISTRIBUTION.—The distribution of
18 HIV/AIDS pharmaceuticals, antiviral therapies,
19 and other appropriate medicines (including
20 medicines to treat opportunistic infections) to
21 qualified national, regional, or local organiza-
22 tions for the treatment of individuals with HIV/
23 AIDS in accordance with appropriate HIV/
24 AIDS testing and monitoring requirements and
25 treatment protocols and for the prevention of

1 mother-to-child transmission of the HIV infec-
2 tion.

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

5 “(A) care and support for children who are
6 orphaned by the HIV/AIDS pandemic, includ-
7 ing services that are designed to care for or-
8 phaned children in a family environment and
9 rely on extended family members;

10 “(B) improved infrastructure and institu-
11 tional capacity to develop and manage edu-
12 cation, prevention, and treatment programs, in-
13 cluding training and the resources for collecting
14 and maintaining accurate HIV surveillance data
15 to target programs and measure the effective-
16 ness of interventions; and

17 “(C) vaccine research and development
18 partnership programs with specific plans of ac-
19 tion for the development of a safe, effective, ac-
20 cessible, preventive HIV vaccine for use
21 throughout the world.

22 “(e) DEFINITIONS.—In this section:

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

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

4 “(3) HIV/AIDS.—The term ‘HIV/AIDS’ means
5 the disease characterized by HIV infection, or by
6 HIV infection and onset of AIDS.

7 “(4) RELEVANT EXECUTIVE BRANCH AGEN-
8 CIES.—The term ‘relevant executive branch agencies’
9 means the Department of State, the United States
10 Agency for International Development, the Depart-
11 ment of Health and Human Services, the Depart-
12 ment of Labor, the Department of Commerce, the
13 Department of the Treasury, and the Department of
14 Defense.”.

15 (b) AVAILABILITY OF FUNDS.—

16 (1) IN GENERAL.—Of the funds authorized to
17 be appropriated under section 105, \$750,000,000
18 for fiscal year 2004 and \$800,000,000 for fiscal
19 year 2005 are authorized to be made available to
20 carry out section 104A of the Foreign Assistance
21 Act of 1961, as added by subsection (a).

22 (2) AVAILABLE UNTIL EXPENDED.—Funds
23 made available under paragraph (1) may remain
24 available until expended.

1 (3) PRIOR FISCAL YEAR FUNDS.—Any unobli-
2 gated balances of funds made available for fiscal
3 years 2001, 2002, and 2003 under section 104(c)(6)
4 of the Foreign Assistance Act of 1961 (22 U.S.C.
5 2151b(c)(6)), as in effect immediately before the
6 date of the enactment of this Act, shall be merged
7 with and made available for the same purposes as
8 the amounts made available under paragraph (1).

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

10 (a) AUTHORITY UNDER THE FOREIGN ASSISTANCE
11 ACT OF 1961.—Chapter 1 of part I of the Foreign Assist-
12 ance Act of 1961 (22 U.S.C. 2151 et seq.), as amended
13 by section 401, is further amended by inserting after sec-
14 tion 104A the following new section:

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

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

18 “(1) Tuberculosis and the impact its continued
19 existence has on countries that had previously con-
20 trolled the disease to a substantial extent is a grow-
21 ing international problem.

22 “(2) The means exist to control and treat tu-
23 berculosis through—

24 “(A) expanded use of the treatment strat-
25 egy recommended by the World Health Organi-

1 zation and known as ‘Directly Observed Treat-
2 ment Shortcourse’; and

3 “(B) adequate investment in newly created
4 mechanisms to increase access to treatment, in-
5 cluding the Global Tuberculosis Drug Facility.

6 “(b) POLICY.—

7 “(1) IN GENERAL.—It is a major objective of
8 the foreign assistance program of the United States
9 to control tuberculosis—

10 “(A) in those countries classified by the
11 World Health Organization as having among
12 the highest tuberculosis burden by December
13 31, 2005; and

14 “(B) in all countries in which the United
15 States Agency for International Development
16 has established development programs, by De-
17 cember 31, 2010.

18 “(2) CONTROL OF TUBERCULOSIS DEFINED.—
19 For the purposes of paragraph (1), the term ‘con-
20 trol’, with respect to tuberculosis includes—

21 “(A) detection of at least 70 percent of the
22 cases of infectious tuberculosis; and

23 “(B) cure of at least 85 percent of the de-
24 tected cases of tuberculosis.

1 “(c) AUTHORIZATION.—To carry out this section and
2 consistent with section 104(c), the President is authorized
3 to furnish assistance, on such terms and conditions as the
4 President determines appropriate, including assistance for
5 the prevention, treatment, control, and elimination of tu-
6 berculosis.

7 “(d) PRIORITY TO DOTS COVERAGE.—In furnishing
8 assistance under subsection (c), the President shall give
9 priority to activities that increase the use of the Directly
10 Observed Treatment Shortcourse coverage, including
11 funding for the Global Tuberculosis Drug Facility and the
12 Stop Tuberculosis Partnership.

13 “(e) COORDINATION.—In carrying out this section,
14 the President should coordinate with the World Health
15 Organization, the Global Fund, the Department of Health
16 and Human Services, and other organizations to develop
17 and implement a comprehensive tuberculosis control pro-
18 gram.

19 “(f) ANNUAL REPORT.—Not later than January 31
20 of each year, the President shall submit to the Committee
21 on Foreign Relations of the Senate and the Committee
22 on International Relations of the House of Representa-
23 tives a report that specifies any increase in the number
24 of persons treated for tuberculosis, and any increase in
25 the number of tuberculosis patients cured through each

1 program, project, and activity receiving United States for-
2 eign assistance for tuberculosis control purposes.

3 “(g) DEFINITIONS.—In this section:

4 “(1) GLOBAL FUND.—The term ‘Global Fund’
5 means the public-private partnership known as the
6 Global Fund to Fight AIDS, Tuberculosis and Ma-
7 laria that was established under the laws of Switzer-
8 land in January 2002.

9 “(2) GLOBAL TUBERCULOSIS DRUG FACIL-
10 ITY.—The term ‘Global Tuberculosis Drug Facility’
11 means the initiative of the Stop Tuberculosis Part-
12 nership established in 2001 to increase access to
13 high-quality tuberculosis drugs and to facilitate ex-
14 pansion of the Directly Observed Treatment
15 Shortcourse pursuant to the Amsterdam Declaration
16 to Stop TB, adopted at Amsterdam March 24, 2000.

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 taking the short-term and long-term measures nec-
24 essary to control and eventually eliminate tuber-
25 culosis as a public health problem in the world.”.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—

2 (1) IN GENERAL.—There are authorized to be
3 appropriated \$150,000,000 for fiscal year 2004 and
4 \$170,000,000 for fiscal year 2005 to carry out sec-
5 tion 104B of the Foreign Assistance Act of 1961, as
6 added by subsection (a).

7 (2) AVAILABLE UNTIL EXPENDED.—Funds au-
8 thorized to be appropriated under paragraph (1)
9 may remain available until expended.

10 (3) PRIOR FISCAL YEAR FUNDS.—Any unobli-
11 gated balances of funds made available for fiscal
12 years 2001, 2002, and 2003 under section 104(c)(7)
13 of the Foreign Assistance Act of 1961 (22 U.S.C.
14 2151b(c)(7)), as in effect immediately before the
15 date of the enactment of this Act, shall be merged
16 with and made available for the same purposes as
17 the amounts authorized to be appropriated under
18 paragraph (1).

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

20 (a) AUTHORITY UNDER THE FOREIGN ASSISTANCE
21 ACT OF 1961.—Chapter 1 of part I of the Foreign Assist-
22 ance Act of 1961 (22 U.S.C. 2151 et seq.), as amended
23 by sections 401 and 402, is further amended by inserting
24 after section 104B the following new section:

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

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

4 “(1) Malaria kills more people annually than
5 any other communicable disease except tuberculosis.

6 “(2) More than 90 percent of all malaria cases
7 are in sub-Saharan Africa.

8 “(3) Children and women have a particularly
9 high risk of contracting malaria.

10 “(4) Malaria is a curable disease if promptly di-
11 agnosed and adequately treated.

12 “(5) There are cost-effective tools for decreas-
13 ing the spread of malaria.

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

17 “(c) AUTHORITY.—To carry out this section and con-
18 sistent with section 104(c), the President is authorized to
19 furnish assistance, on such terms and conditions as the
20 President determines appropriate, including assistance for
21 the prevention, treatment, control, and elimination of ma-
22 laria.

23 “(d) COORDINATION.—In carrying out this section,
24 the President should coordinate with the World Health
25 Organization, the Global Fund, the Department of Health
26 and Human Services, and other organizations (including

1 nonprofit, community-based, or faith-based organizations)
2 with respect to the development and implementation of a
3 comprehensive malaria control program.

4 “(e) GLOBAL FUND DEFINED.—The term ‘Global
5 Fund’ has the meaning give than term in subsection (g)
6 of section 104B.”.

7 (b) AUTHORIZATION OF APPROPRIATIONS.—

8 (1) IN GENERAL.—There are authorized to be
9 appropriated \$95,000,000 for fiscal year 2004 and
10 \$115,000,000 for fiscal year 2005 to carry out sec-
11 tion 104C of the Foreign Assistance Act of 1961, as
12 added by subsection (a).

13 (2) AVAILABLE UNTIL EXPENDED.—Funds au-
14 thorized to be appropriated under paragraph (1)
15 may remain available until expended.

16 (3) PRIOR FISCAL YEAR FUNDS.—Any unobli-
17 gated balances of funds made available for fiscal
18 years 2001, 2002, and 2003 under section 104(c) of
19 the Foreign Assistance Act of 1961 (22 U.S.C.
20 2151b(c)), as in effect immediately before the date
21 of the enactment of this Act, for the purpose of com-
22 battling malaria shall be merged with and made
23 available for the same purposes as the amounts au-
24 thorized to be appropriated under paragraph (1).

1 **SEC. 404. DEPARTMENT OF DEFENSE HIV/AIDS PREVEN-**
2 **TION ASSISTANCE PROGRAM.**

3 (a) EXPANSION OF PROGRAM.—The Secretary of De-
4 fense, with the approval of the Coordinator of the United
5 States Government Activities to Combat HIV/AIDS Glob-
6 ally, is authorized to expand, in accordance with this sec-
7 tion, the Department of Defense program of HIV/AIDS
8 prevention educational activities that are undertaken in
9 connection with the conduct of military training, military
10 exercises, and humanitarian assistance activities by the
11 United States Armed Forces.

12 (b) ELIGIBLE COUNTRIES.—A country shall be eligi-
13 ble for activities under this section if the country—

14 (1) is a country suffering a public health crisis;
15 and

16 (2) participates in the military-to-military con-
17 tacts program of the Department of Defense.

18 (c) PROGRAM ACTIVITIES.—The Secretary of De-
19 fense shall ensure that the activities under the program—

20 (1) focus, to the extent practicable, on units of
21 the Armed Forces that participate in peacekeeping
22 operations; and

23 (2) include HIV/AIDS-related voluntary coun-
24 seling and testing and HIV/AIDS-related surveil-
25 lance.

1 (d) COUNTRY SUFFERING A PUBLIC HEALTH CRISIS
2 DEFINED.—In this section, the term “country suffering
3 a public health crisis” means a country that has a rapidly
4 rising rates of incidence of HIV/AIDS or in which HIV/
5 AIDS is causing significant family, community, or societal
6 disruption, as determined by the Coordinator of the
7 United States Government Activities to Combat HIV/
8 AIDS Globally.

9 **TITLE V—BUSINESS PRINCIPLES**

10 **SEC. 501. FINDINGS.**

11 Congress finds that the global spread of HIV/AIDS
12 presents not only a health crisis but also a crisis in the
13 workplace that affects—

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

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

18 (3) the economic productivity and development
19 of communities and the world as a whole.

20 **SEC. 502. SENSE OF CONGRESS REGARDING PRINCIPLES**

21 **FOR UNITED STATES FIRMS OPERATING IN**
22 **COUNTRIES AFFECTED BY THE HIV/AIDS PAN-**
23 **DEMIC.**

24 It is the sense of Congress that United States firms
25 operating in countries affected by the HIV/AIDS pan-

1 demic are in a position to make significant contributions
2 to the United States effort to respond to the HIV/AIDS
3 pandemic through the voluntary adoption of the principles
4 and practices described in section 503.

5 **SEC. 503. PRINCIPLES AND PRACTICES.**

6 The principles and practices referred to in section
7 502 are as follows:

8 (1) The application of the same employment
9 and health policies and practices to persons infected
10 with HIV or living with AIDS as apply to persons
11 afflicted with any other illness.

12 (2) The promotion of policies and practices that
13 eliminate discrimination and stigmatization against
14 employees on the basis of real or perceived HIV/
15 AIDS status, including policies and practices that
16 provide for—

17 (A) assessing employees on merit and abil-
18 ity to perform;

19 (B) not subjecting employees to personal
20 discrimination or abuse; and

21 (C) imposing disciplinary measures where
22 discrimination occurs.

23 (3) A prohibition on compulsory HIV/AIDS
24 testing as a condition for employment, recruitment,
25 promotion, or career development.

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

3 (5) Permission for an employee with an HIV/
4 AIDS-related illness to work as long as the employee
5 is medically fit and, when no longer able to work
6 and sick leave has been exhausted, an assurance
7 that the employment relationship is to be terminated
8 in accordance with applicable antidiscrimination and
9 labor laws and the general procedures and benefit
10 policies of the employer.

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

14 (7) Involvement of employees and individuals
15 infected with HIV or living with AIDS, drawn from
16 the workplace or the community, in the development
17 and assessment of HIV/AIDS policies and programs
18 for the workplace.

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

22 (9) An assurance that programs offered in the
23 workplace support and are integrated into larger
24 community-based responses to the problems posed
25 by HIV/AIDS.

- 1 (10) Cooperation with community leaders to ex-
- 2 pand the availability of treatment for employees and
- 3 others infected with HIV or living with AIDS.

Calendar No. 88

108TH CONGRESS
1ST SESSION

S. 1009

A BILL

To amend the Foreign Assistance Act of 1961 and the State Department Basic Authorities Act of 1956 to increase assistance for foreign countries seriously affected by HIV/AIDS, tuberculosis, and malaria, and for other purposes.

MAY 8, 2003

Read the second time and placed on the calendar