

109TH CONGRESS  
2D SESSION

# S. 3775

To amend the Foreign Assistance Act of 1961 to assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and prevention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, and for other purposes.

---

## IN THE SENATE OF THE UNITED STATES

AUGUST 2, 2006

Mr. DURBIN (for himself, Mr. COLEMAN, Mr. DEWINE, Mr. FEINGOLD, and Mr. LEAHY) 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 assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and prevention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, 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.**

2       This Act may be cited as the “African Health Capac-  
3 ity Investment Act of 2006”.

4 **SEC. 2. DEFINITIONS.**

5       In this Act, the term “HIV/AIDS” has the meaning  
6 given such term in section 104A(g) of the Foreign Assist-  
7 ance Act of 1961 (22 U.S.C. 2151b–2(g)).

8 **SEC. 3. FINDINGS.**

9       Congress makes the following findings:

10           (1) The World Health Report, 2003, Shaping  
11 the Future, states, “The most critical issue facing  
12 health care systems is the shortage of people who  
13 make them work.”.

14           (2) The World Health Report, 2006, Working  
15 Together for Health, states, “The unmistakable im-  
16 perative is to strengthen the workforce so that  
17 health systems can tackle crippling diseases and  
18 achieve national and global health goals. A strong  
19 human infrastructure is fundamental to closing to-  
20 day’s gap between health promise and health reality  
21 and anticipating the health challenges of the 21st  
22 century.”.

23           (3) The shortage of health personnel, including  
24 doctors, nurses, pharmacists, counselors, paraprofes-  
25 sionals, and trained lay workers is one of the leading

1 obstacles to fighting HIV/AIDS in sub-Saharan Af-  
2 rica.

3 (4) The HIV/AIDS pandemic aggravates the  
4 shortage of health workers through loss of life and  
5 illness among medical staff, unsafe working condi-  
6 tions for medical personnel, and increased workloads  
7 for diminished staff, while the shortage of health  
8 personnel undermines efforts to prevent and provide  
9 care and treatment for those with HIV/AIDS.

10 (5) Workforce constraints and inefficient man-  
11 agement are limiting factors in the treatment of tu-  
12 berculosis, which infects over  $\frac{1}{3}$  of the global popu-  
13 lation.

14 (6) Over 1,200,000 people die of malaria each  
15 year. More than 75 percent of these deaths occur  
16 among African children under the age of 5 years old  
17 and the vast majority of these deaths are prevent-  
18 able. The Malaria Initiative of President George W.  
19 Bush seeks to reduce dramatically the disease bur-  
20 den of malaria through both prevention and treat-  
21 ment. Paraprofessionals can be instrumental in re-  
22 ducing mortality and economic losses associated with  
23 malaria and other health problems.

24 (7) For a woman in sub-Saharan Africa, the  
25 lifetime risk of maternal death is 1 out of 16. In

1 highly developed countries, that risk is 1 out of  
2 2,800. Increasing access to skilled birth attendants  
3 is essential to reducing maternal and newborn mor-  
4 tality in sub-Saharan Africa.

5 (8) The Second Annual Report to Congress on  
6 the progress of the President's Emergency Plan for  
7 AIDS Relief identifies the strengthening of essential  
8 health care systems through health care networks  
9 and infrastructure development as critical to the  
10 sustainability of funded assistance by the United  
11 States Government and states that "outside re-  
12 sources for HIV/AIDS and other development efforts  
13 must be focused on transformational initiatives that  
14 are owned by host nations". This report further  
15 states, "Alongside efforts to support community ca-  
16 pacity-building, enhancing the capacity of health  
17 care and other systems is also crucial for sustain-  
18 ability. Among the obstacles to these efforts in many  
19 nations are inadequate human resources and capac-  
20 ity, limited institutional capacity, and systemic  
21 weaknesses in areas such as: quality assurance; fi-  
22 nancial management and accounting; health net-  
23 works and infrastructure; and commodity distribu-  
24 tion and control."

1           (9) Vertical disease control programs represent  
2       vital components of United States foreign assistance  
3       policy, but human resources for health planning and  
4       management often demands a more systematic ap-  
5       proach.

6           (10) Implementation of capacity-building initia-  
7       tives to promote more effective human resources  
8       management and development may require an ex-  
9       tended horizon to produce measurable results, but  
10      such efforts are critical to fulfillment of many inter-  
11      nationally recognized objectives in global health.

12          (11) The November 2005 report of the Working  
13      Group on Global Health Partnerships for the High  
14      Level Forum on the Health Millennium Development  
15      Goals entitled “Best Practice Principles for Global  
16      Health Partnership Activities at Country Level”,  
17      raises the concern that the collective impact of var-  
18      ious global health programs now risks “undermining  
19      the sustainability of national development plans, dis-  
20      torting national priorities, diverting scarce human  
21      resources and/or establishing uncoordinated service  
22      delivery structures” in developing countries. This  
23      risk underscores the need to coordinate international  
24      donor efforts for these vital programs with one an-  
25      other and with recipient countries.

1           (12) The emigration of significant numbers of  
 2           trained health care professionals from sub-Saharan  
 3           African countries to the United States and other  
 4           wealthier countries exacerbates often severe short-  
 5           ages of health care workers, undermines economic  
 6           development efforts, and undercuts national and  
 7           international efforts to improve access to essential  
 8           health services in the region.

9           (13) Addressing this problem, commonly re-  
 10          ferred to as “brain drain”, will require increased in-  
 11          vestments in the health sector by sub-Saharan Afri-  
 12          can governments and by international partners seek-  
 13          ing to promote economic development and improve  
 14          health care and mortality outcomes in the region.

15          (14) Virtually every country in the world, in-  
 16          cluding the United States, is experiencing a shortage  
 17          of health workers. The Joint Learning Initiative on  
 18          Human Resources for Health and Development esti-  
 19          mates that the global shortage exceeds 4,000,000  
 20          workers. Shortages in sub-Saharan Africa, however,  
 21          are far more acute than in any other region of the  
 22          world. The World Health Report, 2006, states that  
 23          “[t]he exodus of skilled professionals in the midst of  
 24          so much unmet health need places Africa at the  
 25          epicentre of the global health workforce crisis.”.

1           (15) Ambassador Randall Tobias, now the Di-  
2           rector of United States Foreign Assistance and Ad-  
3           ministrators of the United States Agency for Inter-  
4           national Development, has stated that there are  
5           more Ethiopian trained doctors practicing in Chi-  
6           cago than in Ethiopia.

7           (16) According to the United Nations Develop-  
8           ment Programme, Human Development Report  
9           2003, approximately 3 out of 4 countries in sub-Sa-  
10          haran Africa have fewer than 20 physicians per  
11          100,000 people, the minimum ratio recommended by  
12          the World Health Organization, and 13 countries  
13          have 5 or fewer physicians per 100,000 people.

14          (17) Nurses play particularly important roles in  
15          sub-Saharan African health care systems, but ap-  
16          proximately  $\frac{1}{4}$  of sub-Saharan African countries  
17          have fewer than 50 nurses per 100,000 people or  
18          less than  $\frac{1}{2}$  the staffing levels recommended by the  
19          World Health Organization.

20          (18) Paraprofessionals can be trained more  
21          quickly than nurses or doctors and are critically  
22          needed in sub-Saharan Africa to meet immediate  
23          health care needs.

24          (19) Imbalances in the distribution of countries'  
25          health workforces represents a global problem, but

1 the impact is particularly acute in sub-Saharan Afri-  
2 ca.

3 (20) In Malawi, for example, more than 95 per-  
4 cent of clinical officers are in urban health facilities,  
5 and about 25 percent of nurses and 50 percent of  
6 physicians are in the 4 central hospitals of Malawi.  
7 Yet the population of Malawi is estimated to be 87  
8 percent rural.

9 (21) In parts of sub-Saharan Africa, such as  
10 Kenya, thousands of qualified health professionals  
11 are employed outside the health care field or are un-  
12 employed despite job openings in the health sector in  
13 rural areas because poor working and living condi-  
14 tions, including poor educational opportunities for  
15 children, transportation, and salaries, make such  
16 openings unattractive to candidates.

17 (22) The 2002 National Security Strategy of  
18 the United States stated, “The scale of the public  
19 health crisis in poor countries is enormous. In coun-  
20 tries afflicted by epidemics and pandemics like HIV/  
21 AIDS, malaria, and tuberculosis, growth and devel-  
22 opment will be threatened until these scourges can  
23 be contained. Resources from the developed world  
24 are necessary but will be effective only with honest



1 governance, which supports prevention programs and  
2 provides effective local infrastructure.”.

3 (23) Public health deficiencies in sub-Saharan  
4 Africa and other parts of the developing world re-  
5 duce global capacities to detect and respond to po-  
6 tential crises, such as an avian flu pandemic.

7 (24) On September 28, 2005, Secretary of  
8 State Condoleezza Rice declared that “HIV/AIDS is  
9 not only a human tragedy of enormous magnitude;  
10 it is also a threat to the stability of entire countries  
11 and to the entire regions of the world.”.

12 (25) Foreign assistance by the United States  
13 that expands local capacities, provides commodities  
14 or training, or builds on and enhances community-  
15 based and national programs and leadership can in-  
16 crease the impact, efficiency, and sustainability of  
17 funded efforts by the United States.

18 (26) African health care professionals immi-  
19 grate to the United States for the same set of rea-  
20 sons that have led millions of people to come to this  
21 country, including the desire for freedom, for eco-  
22 nomic opportunity, and for a better life for them-  
23 selves and their children, and the rights and motiva-  
24 tions of these individuals must be respected.

1           (27) Helping countries in sub-Saharan Africa  
2           increase salaries and benefits of health care profes-  
3           sionals, improve working conditions, including the  
4           adoption of universal precautions against workplace  
5           infection, improve management of health care sys-  
6           tems and institutions, increase the capacity of health  
7           training institutions, and expand education opportu-  
8           nities will alleviate some of the pressures driving the  
9           migration of health care personnel from sub-Saharan  
10          Africa.

11          (28) While the scope of the problem of dire  
12          shortfalls of personnel and inadequacies of infra-  
13          structure in the sub-Saharan African health systems  
14          is immense, effective and targeted interventions to  
15          improve working conditions, management, and pro-  
16          ductivity would yield significant dividends in im-  
17          proved health care.

18          (29) Failure to address the shortage of health  
19          care professionals and paraprofessionals, and the  
20          factors pushing individuals to leave sub-Saharan Af-  
21          rica will undermine the objectives of United States  
22          development policy and will subvert opportunities to  
23          achieve internationally recognized goals for the  
24          treatment and prevention of HIV/AIDS and other  
25          diseases, in the reduction of child and maternal mor-

1       tality, and for economic growth and development in  
2       sub-Saharan Africa.

3   **SEC. 4. SENSE OF CONGRESS.**

4       It is the sense of Congress that—

5           (1) the United States should help sub-Saharan  
6       African countries that have not already done so to  
7       develop national human resource plans within the  
8       context of comprehensive country health plans in-  
9       volving a wide range of stakeholders;

10          (2) comprehensive, rather than piecemeal ap-  
11       proaches to advance multiple sustainable interven-  
12       tions will better enable countries to plan for the  
13       number of health care workers they need, determine  
14       whether they need to reorganize their health work-  
15       force, integrate workforce planning into an overall  
16       strategy to improve health system performance and  
17       impact, better budget for health care spending, and  
18       improve the delivery of health services in rural and  
19       other underserved areas;

20          (3) in order to promote systemic, sustainable  
21       change, the United States should seek, where pos-  
22       sible, to strengthen existing national systems in sub-  
23       Saharan African countries to improve national ca-  
24       pacities in areas including fiscal management, train-  
25       ing, recruiting and retention of health workers, dis-

1       tribution of resources, attention to rural areas, and  
2       education;

3           (4) because foreign-funded efforts to fight HIV/  
4       AIDS and other diseases may also draw health per-  
5       sonnel away from the public sector in sub-Saharan  
6       African countries, the policies and programs of the  
7       United States should, where practicable, seek to  
8       work with national and community-based health  
9       structures and seek to promote the general welfare  
10      and enhance infrastructures beyond the scope of a  
11      single disease or condition;

12          (5) paraprofessionals and community-level  
13      health workers can play a key role in prevention,  
14      care, and treatment services, and in the more equi-  
15      table and effective distribution of health resources,  
16      and should be integrated into national health sys-  
17      tems;

18          (6) given the current personnel shortages in  
19      sub-Saharan Africa, paraprofessionals represent a  
20      critical potential workforce in efforts to reduce the  
21      burdens of malaria, tuberculosis, HIV/AIDS, and  
22      other deadly and debilitating diseases;

23          (7) it is critically important that the govern-  
24      ments of sub-Saharan African countries increase  
25      their own investments in education and health care;

1           (8) international financial institutions have an  
 2           important role to play in the achievement of inter-  
 3           nationally agreed upon health goals, and in helping  
 4           countries strike the appropriate balance in encour-  
 5           aging effective public investments in the health and  
 6           education sectors, particularly as foreign assistance  
 7           in these areas scales up, and promoting macro-  
 8           economic stability;

9           (9) public-private partnerships are needed to  
 10          promote creative contracts, investments in sub-Saha-  
 11          ran African educational systems, codes of conduct  
 12          related to recruiting, and other mechanisms to al-  
 13          leviate the adverse impacts on sub-Saharan African  
 14          countries caused by the migration of health profes-  
 15          sionals;

16          (10) colleges and universities of the United  
 17          States, as well as other members of the private sec-  
 18          tor, can play a significant role in promoting training  
 19          in medicine and public health in sub-Saharan Africa  
 20          by establishing or supporting in-country programs in  
 21          sub-Saharan Africa through twinning programs with  
 22          educational institutions in sub-Saharan Africa or  
 23          through other in-country mechanisms;

24          (11) given the substantial numbers of African  
 25          immigrants to the United States working in the

1 health sector, the United States should enact and  
2 implement measures to permit qualified aliens and  
3 their family members that are legally present in the  
4 United States to work temporarily as health care  
5 professionals in developing countries or in other  
6 emergency situations, as in S. 2611, of the 109th  
7 Congress, as passed by the Senate on May 25, 2006;

8 (12) the President, acting through the United  
9 States Permanent Representative to the United Na-  
10 tions, should exercise the voice and vote of the  
11 United States—

12 (A) to ameliorate the adverse impact on  
13 less developed countries of the migration of  
14 health personnel;

15 (B) to promote voluntary codes of conduct  
16 for recruiters of health personnel; and

17 (C) to promote respect for voluntary agree-  
18 ments in which individuals, in exchange for in-  
19 dividual educational assistance, have agreed ei-  
20 ther to work in the health field in their home  
21 countries for a given period of time or to repay  
22 such assistance;

23 (13) the United States, like countries in other  
24 parts of the world, is experiencing a shortage of  
25 medical personnel in many occupational specialties,

1 and the shortage is particularly acute in rural and  
 2 other underserved areas of the country; and

3 (14) the United States should expand training  
 4 opportunities for health personnel, expand incentive  
 5 programs such as student loan forgiveness for Amer-  
 6 icans willing to work in underserved areas, and take  
 7 other steps to increase the number of health per-  
 8 sonnel in the United States.

9 **SEC. 5. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**  
 10 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**  
 11 **CA.**

12 Chapter 1 of part I of the Foreign Assistance Act  
 13 of 1961 (22 U.S.C. 2151 et seq.) is amended by adding  
 14 at the end the following new section:

15 **“SEC. 135. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**  
 16 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**  
 17 **CA.**

18 “(a) ASSISTANCE.—

19 “(1) AUTHORITY.—The President is authorized  
 20 to provide assistance, including providing assistance  
 21 through international or nongovernmental organiza-  
 22 tions, for programs in sub-Saharan Africa to im-  
 23 prove human health care capacity.

24 “(2) TYPES OF ASSISTANCE.—Such programs  
 25 should include assistance—

1           “(A) to provide financial and technical as-  
2           sistance to sub-Saharan African countries in de-  
3           veloping and implementing new or strengthened  
4           comprehensive national health workforce plans;

5           “(B) to build and improve national and  
6           local capacities and sustainable health systems  
7           management in sub-Saharan African countries,  
8           including financial, strategic, and technical as-  
9           sistance for—

10           “(i) fiscal and health personnel man-  
11           agement;

12           “(ii) health worker recruitment sys-  
13           tems;

14           “(iii) the creation or improvement of  
15           computerized health workforce databases  
16           and other human resource information sys-  
17           tems;

18           “(iv) implementation of measures to  
19           reduce corruption in the health sector; and

20           “(v) monitoring, evaluation, and qual-  
21           ity assurance in the health field, including  
22           the utilization of national and district-level  
23           mapping of health care systems to deter-  
24           mine capacity to deliver health services;



1 “(C) to train and retain sufficient numbers  
2 of health workers, including paraprofessionals,  
3 to provide essential health services in sub-Saha-  
4 ran African countries, including financing, stra-  
5 tegic technical assistance for—

6 “(i) health worker safety and health  
7 care, including HIV/AIDS prevention and  
8 off-site testing and treatment programs for  
9 health workers;

10 “(ii) increased capacity for training  
11 health professionals and paraprofessionals  
12 in such subjects as human resources plan-  
13 ning and management, health program  
14 management, and quality improvement;

15 “(iii) expanded access to secondary  
16 level math and science education;

17 “(iv) expanded capacity for nursing  
18 and medical schools in sub-Saharan Africa,  
19 with particular attention to incentives or  
20 mechanisms to encourage graduates to  
21 work in the health sector in their country  
22 of residence;

23 “(v) incentives and policies to increase  
24 retention, including salary incentives;

1 “(vi) modern quality improvement  
2 processes and practices;

3 “(vii) continuing education, distance  
4 education, and career development oppor-  
5 tunities for health workers;

6 “(viii) mechanisms to promote produc-  
7 tivity within existing and expanding health  
8 workforces; and

9 “(ix) achievement of minimum infra-  
10 structure requirements for health facilities,  
11 such as access to clean water;

12 “(D) to support sub-Saharan African  
13 countries with financing, technical support, and  
14 personnel, including paraprofessionals and com-  
15 munity-based caregivers, to better meet the  
16 health needs of rural and other underserved  
17 populations by providing incentives to serve in  
18 these areas, and to more equitably distribute  
19 health professionals and paraprofessionals;

20 “(E) to support efforts to improve public  
21 health capacities in sub-Saharan Africa through  
22 education, leadership development, and other  
23 mechanisms;

24 “(F) to provide technical assistance, equip-  
25 ment, training, and supplies to assist in the im-

1       provement of health infrastructure in sub-Saha-  
 2       ran Africa;

3               “(G) to promote efforts to improve system-  
 4       atically human resource management and devel-  
 5       opment as a critical health and development  
 6       issue in coordination with specific disease con-  
 7       trol programs for sub-Saharan Africa; and

8               “(H) to establish a global clearinghouse or  
 9       similar mechanism for knowledge sharing re-  
 10      garding human resources for health, in con-  
 11      sultation, if helpful, with the Global Health  
 12      Workforce Alliance.

13      “(3) MONITORING AND EVALUATION.—

14              “(A) IN GENERAL.—The President shall  
 15      establish a monitoring and evaluation system to  
 16      measure the effectiveness of assistance by the  
 17      United States to improve human health care ca-  
 18      pacity in sub-Saharan Africa in order to maxi-  
 19      mize the sustainable development impact of as-  
 20      sistance authorized under this section and pur-  
 21      suant to the strategy required under subsection  
 22      (b).

23              “(B) REQUIREMENTS.—The monitoring  
 24      and evaluation system shall—

1 “(i) establish performance goals for  
2 assistance provided under this section;

3 “(ii) establish performance indicators  
4 to be used in measuring or assessing the  
5 achievement of performance goals;

6 “(iii) provide a basis for recommenda-  
7 tions for adjustments to the assistance to  
8 enhance the impact of the assistance; and

9 “(iv) to the extent feasible, utilize and  
10 support national monitoring and evaluation  
11 systems, with the objective of improved  
12 data collection without the imposition of  
13 unnecessary new burdens.

14 “(b) STRATEGY OF THE UNITED STATES.—

15 “(1) REQUIREMENT FOR STRATEGY.—Not later  
16 than 180 days after the date of enactment of this  
17 Act, the President shall develop and transmit to the  
18 appropriate congressional committees a strategy for  
19 coordinating, implementing, and monitoring assist-  
20 ance programs for human health care capacity in  
21 sub-Saharan Africa.

22 “(2) CONTENT.—The strategy required by  
23 paragraph (1) shall include—

24 “(A) a description of a coordinated strat-  
25 egy, including coordination among agencies and

1 departments of the Federal Government with  
2 other bilateral and multilateral donors, to pro-  
3 vide the assistance authorized in subsection (a);

4 “(B) a description of a coordinated strat-  
5 egy to consult with sub-Saharan African coun-  
6 tries and the African Union on how best to ad-  
7 vance the goals of this Act; and

8 “(C) an analysis of how international fi-  
9 nancial institutions can most effectively assist  
10 countries in their efforts to expand and better  
11 direct public spending in the health and edu-  
12 cation sectors in tandem with the anticipated  
13 scale up of international assistance to combat  
14 HIV/AIDS and other health challenges, while  
15 simultaneously helping these countries maintain  
16 prudent fiscal balance.

17 “(3) FOCUS OF ANALYSIS.—It is suggested that  
18 the analysis described in paragraph (2)(C) focus on  
19 2 or 3 selected countries in sub-Saharan Africa, in-  
20 cluding, if practical, 1 focus country as designated  
21 under the President’s Emergency Plan for AIDS Re-  
22 lief (authorized by the United States Leadership  
23 Against Global HIV/AIDS, Tuberculosis, and Ma-  
24 laria Act of 2003 (Public Law 108–25)) and 1 coun-  
25 try without such a designation.

1           “(4) CONSULTATION.—The President is encour-  
2           aged to develop the strategy required under para-  
3           graph (1) in consultation with the Secretary of  
4           State, the Administrator for the United States  
5           Agency for International Development, including em-  
6           ployees of its field missions, the Global HIV/AIDS  
7           Coordinator, the Chief Executive Officer of the Mil-  
8           lennium Challenge Corporation, the Secretary of the  
9           Treasury, the Director of the Bureau of Citizenship  
10          and Immigration Services, the Director of the Cen-  
11          ters for Disease Control and Prevention, and other  
12          relevant agencies to ensure coordination within the  
13          Federal Government.

14           “(5) COORDINATION.—

15           “(A) DEVELOPMENT OF STRATEGY.—To  
16           ensure coordination with national strategies and  
17           objectives and other international efforts, the  
18           President should develop the strategy described  
19           in paragraph (1) by consulting appropriate offi-  
20           cials of the United States Government and by  
21           coordinating with the following:

22                   “(i) Other donors.

23                   “(ii) Implementers.

24                   “(iii) International agencies.

1 “(iv) Nongovernmental organizations  
 2 working to increase human health capacity  
 3 in sub-Saharan Africa.

4 “(v) The World Bank.

5 “(vi) The International Monetary  
 6 Fund.

7 “(vii) The Global Fund to Fight  
 8 AIDS, Tuberculosis, and Malaria.

9 “(viii) The World Health Organiza-  
 10 tion.

11 “(ix) The International Labour Orga-  
 12 nization.

13 “(x) The United Nations Development  
 14 Programme.

15 “(xi) The United Nations Programme  
 16 on HIV/AIDS.

17 “(xii) The European Union.

18 “(xiii) The African Union.

19 “(B) ASSESSMENT AND COMPILATION.—  
 20 The President should make the assessments  
 21 and compilations required by subsection  
 22 (a)(3)(B)(v), in coordination with the entities  
 23 listed in subparagraph (A).

24 “(c) REPORT.—

1           “(1) IN GENERAL.—Not later than 1 year after  
 2           the date on which the President submits the strategy  
 3           required in subsection (b), the President shall sub-  
 4           mit to the appropriate congressional committees a  
 5           report on the implementation of this section.

6           “(2) ASSESSMENT OF MECHANISMS FOR  
 7           KNOWLEDGE SHARING.—The report described in  
 8           paragraph (1) shall be accompanied by a document  
 9           assessing best practices and other mechanisms for  
 10          knowledge sharing about human resources for health  
 11          and capacity building efforts to be shared with gov-  
 12          ernments of developing countries and others seeking  
 13          to promote improvements in human resources for  
 14          health and capacity building.

15          “(d) DEFINITIONS.—In this section:

16               “(1) APPROPRIATE CONGRESSIONAL COMMIT-  
 17               TEES.—The term ‘appropriate congressional com-  
 18               mittees’ means the Committee on Foreign Relations  
 19               and the Committee on Appropriations of the Senate  
 20               and the Committee on International Relations and  
 21               the Committee on Appropriations of the House of  
 22               Representatives.

23               “(2) BRAIN DRAIN.—The term ‘brain drain’  
 24               means the emigration of a significant proportion of  
 25               a country’s professionals working in the health field



1 to wealthier countries, with a resulting loss of per-  
 2 sonnel and often a loss in investment in education  
 3 and training for the countries experiencing the emi-  
 4 gration.

5 “(3) HEALTH PROFESSIONAL.—The term  
 6 ‘health professional’ means a person whose occupa-  
 7 tion or training helps to identify, prevent, or treat  
 8 illness or disability.

9 “(4) HIV/AIDS.—The term ‘HIV/AIDS’ has  
 10 the meaning given such term in section 104A(g) of  
 11 the Foreign Assistance Act of 1961 (22 U.S.C.  
 12 2151b–2(g)).

13 “(e) AUTHORIZATION OF APPROPRIATIONS.—

14 “(1) IN GENERAL.—There are authorized to be  
 15 appropriated to the President to carry out the provi-  
 16 sions of this section—

17 “(A) \$100,000,000 for fiscal year 2007;

18 “(B) \$150,000,000 for fiscal year 2008;

19 and

20 “(C) \$200,000,000 for fiscal year 2009.

21 “(2) AVAILABILITY OF FUNDS.—Amounts made  
 22 available under paragraph (1) are authorized to re-  
 23 main available until expended and are in addition to

- 1 amounts otherwise made available for the purpose of
- 2 carrying out this section.”.

