

110TH CONGRESS
2D SESSION

H. R. 5237

To amend the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 6, 2008

Mr. McDERMOTT (for himself and Ms. GRANGER) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To amend the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Pediatric HIV/
5 AIDS Prevention and Treatment Act”.

6 **SEC. 2. FINDINGS.**

7 Section 2 of the United States Leadership Against
8 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (26
9 U.S.C. 7601) is amended—

1 (1) in paragraph (3), by adding at the end the
2 following:

3 “(D) In 2007, the rate at which children
4 accessed treatment failed to keep pace with new pe-
5 diatric infections. While children account for almost
6 16 percent of all new HIV infections, they make up
7 only 9 percent of those receiving treatment under
8 this Act.”;

9 (2) by amending paragraph (16) to read as fol-
10 lows:

11 “(16) Basic interventions to prevent new HIV
12 infections and to bring care and treatment to people
13 living with AIDS, such as voluntary counseling and
14 testing, are achieving meaningful results and are
15 cost-effective. The challenge is to expand these inter-
16 ventions to a national basis in a coherent and sus-
17 tainable manner.”; and

18 (3) by amending paragraph (20) to read as fol-
19 lows:

20 “(20) With no medical intervention, mothers in-
21 fected with HIV have a 25 to 30 percent chance of
22 passing the virus to their babies during pregnancy
23 and childbirth. A simple and effective intervention
24 can significantly reduce mother to child transmission
25 of HIV. A single dose of an anti-retroviral drug

1 given once to the mother at the onset of labor, and
2 once to the baby during the first 3 days of life re-
3 duces transmission by approximately 50 percent.
4 Other more complex drug regimens can further re-
5 duce transmission from mother-to-child. A dramatic
6 expansion of access to prevention of mother-to-child
7 transmission services is critical to preventing thou-
8 sands of new pediatric HIV infections.”.

9 **SEC. 3. POLICY PLANNING AND COORDINATION.**

10 Section 101(b)(3) of the United States Leadership
11 Against HIV/AIDS, Tuberculosis, and Malaria Act of
12 2003 (22 U.S.C. 7611(b)(3)) is amended by adding at the
13 end the following:

14 “(X) A description of the activities that
15 will be conducted to achieve the targets de-
16 scribed in paragraphs (1) and (2) of section
17 312(b).”.

18 **SEC. 4. BILATERAL EFFORTS.**

19 (a) ASSISTANCE TO COMBAT HIV/AIDS.—Section
20 104A of the Foreign Assistance Act of 1961 (22 U.S.C.
21 2151b–2) is amended—

22 (1) in subsection (d)(1)—

23 (A) by amending subparagraph (E) to read
24 as follows:

25 “(E) assistance to—

1 “(i) achieve the target described in
2 section 312(b)(1) of the United States
3 Leadership Against HIV/AIDS, Tuber-
4 culosis, and Malaria Act of 2003; and

5 “(ii) promote infant feeding options
6 for HIV positive mothers that are con-
7 sistent with the most recent infant feeding
8 recommendations and guidelines supported
9 by the World Health Organization;”;

10 (B) in subparagraph (G), by striking
11 “and” at the end;

12 (C) in subparagraph (H), by striking the
13 period at the end and inserting “; and”; and

14 (D) by adding at the end the following:

15 “(I) assistance to achieve the target de-
16 scribed in section 312(b)(2) of the United
17 States Leadership Against HIV/AIDS, Tuber-
18 culosis, and Malaria Act of 2003.”; and

19 (2) in subsection (e)(2)(C)—

20 (A) in clause (iii), by striking “and” at the
21 end;

22 (B) in clause (iv), by striking the period at
23 the end and inserting “; and”; and

24 (C) by adding at the end the following:

1 “(v) the number of HIV-infected chil-
2 dren currently receiving antiretroviral
3 medications in each country under the
4 United States Leadership Against HIV/
5 AIDS, Tuberculosis, and Malaria Act of
6 2003.”.

7 (b) ASSISTANCE TO CHILDREN AND FAMILIES.—
8 Subtitle B of Title III of the United States Leadership
9 Against HIV/AIDS, Tuberculosis, and Malaria Act of
10 2003 (22 U.S.C. 7651 et seq.) is amended by striking sec-
11 tions 311 and 312 and inserting the following:

12 **“SEC. 311. FINDINGS.**

13 “Congress makes the following findings:

14 “(1) Every day, approximately 1,100 children
15 around the world are infected with HIV, the vast
16 majority through mother-to-child transmission dur-
17 ing pregnancy, labor or delivery or soon after
18 through breast-feeding. Approximately 90 percent of
19 these infections occur in Africa.

20 “(2) With no medical intervention, mothers in-
21 fected with HIV have a 25 to 30 percent chance of
22 passing the virus to their babies during pregnancy
23 and childbirth. A single dose of an anti-retroviral
24 drug given once to the mother at the onset of labor,

1 and once to the baby during the first 3 days of life
2 reduces transmission by approximately 50 percent.

3 “(3) Providing the full range of interventions,
4 as is the standard of care in the United States,
5 could reduce the rate of mother-to-child transmission
6 of HIV to as little as 2 percent.

7 “(4) Global coverage of services to prevent
8 transmission from mother-to-child remains unaccept-
9 ably low. The Joint United Nations Program on
10 HIV/AIDS (UNAIDS) reports that fewer than 10
11 percent of pregnant women with HIV in resource-
12 poor countries have access to prevention of mother-
13 to-child transmission services.

14 “(5) Prevention of mother-to-child transmission
15 programs provide health benefits for women and
16 children beyond preventing the vertical transmission
17 of HIV. They serve as an entry point for mothers
18 to access treatment for their own HIV infection, al-
19 lowing them to stay healthy and to care for their
20 children. Efforts to connect and integrate prevention
21 of mother-to-child transmission and HIV care, treat-
22 ment and prevention programs are crucial to achiev-
23 ing improved outcomes for HIV-affected and HIV-
24 infected women and families.

1 “(6) Access to comprehensive HIV prevention
2 services must be drastically scaled-up among preg-
3 nant women infected with HIV and pregnant women
4 not infected with HIV to further protect themselves
5 and their partners against the sexual transmission of
6 HIV/AIDS.

7 “(7) Preventing unintended pregnancy among
8 HIV-infected women is recognized by the World
9 Health Organization and the Office of the United
10 States Global AIDS Coordinator to be an integral
11 component of prevention of mother-to-child trans-
12 mission programs. To further reduce infection rates,
13 women accessing prevention of mother-to-child
14 transmission services must have access to a range of
15 high-quality family planning and reproductive health
16 care, so they can make informed decisions about fu-
17 ture pregnancies and contraception.

18 “(8) In 2007, the rate at which children were
19 accessing treatment failed to keep pace with new pe-
20 diatric infections. While children account for almost
21 16 percent of all new HIV infections, they make up
22 only 9 percent of those on treatment under this Act.

23 “(9) Of the more than 2,500,000 people who
24 were newly infected with HIV in 2007, more than
25 420,000 were children.

1 “(10) Without proper care and treatment, half
2 of newly HIV-infected children will die before they
3 reach 2 years of age, and 75 percent will die before
4 5 years of age.

5 “(11) Because children are not just small
6 adults, providing HIV care and treatment presents
7 special challenges, including—

8 “(A) limited access to reliable HIV testing
9 for the youngest children;

10 “(B) a shortage of providers trained in de-
11 livering pediatric care;

12 “(C) weak linkages between services to
13 prevent mother-to-child transmission and care
14 and treatment programs; and

15 “(D) the need for low-cost pediatric formu-
16 lations of HIV/AIDS medications.

17 **“SEC. 312. POLICY AND REQUIREMENTS.**

18 “(a) POLICY.—

19 “(1) IN GENERAL.—The United States Govern-
20 ment’s response to the global HIV/AIDS pandemic
21 should place high priority on—

22 “(A) the prevention of mother-to-child
23 transmission of HIV/AIDS; and

1 “(B) the care and treatment of all children
2 affected by HIV/AIDS, including children or-
3 phaned by AIDS.

4 “(2) COLLABORATION.—The United States
5 Government should work in collaboration with for-
6 eign governments, donors, the private sector, non-
7 governmental organizations, and other key stake-
8 holders.

9 “(b) REQUIREMENTS.—The comprehensive, 5-year,
10 global strategy required under section 101 shall—

11 “(1) establish a target for prevention of moth-
12 er-to-child transmission efforts that by 2013, in
13 those countries most affected by HIV—

14 “(A) 80 percent of pregnant women receive
15 HIV counseling and testing; and

16 “(B) all of the pregnant women receiving
17 HIV counseling and testing who test positive
18 for HIV receive anti-retroviral medications for
19 prevention of mother-to-child transmission of
20 HIV;

21 “(2) establish a target requiring that by 2013,
22 children account for at least 15 percent of those re-
23 ceiving treatment under this Act;

24 “(3) integrate prevention, care, and treatment
25 with prevention of mother-to-child transmission pro-

1 grams, as soon as feasible and consistent with the
2 national government policies of the foreign countries
3 in which programs under this Act are administered,
4 to improve outcomes for HIV-affected women and
5 families and to promote follow-up and continuity of
6 care;

7 “(4) expand programs designed to care for chil-
8 dren orphaned by AIDS; and

9 “(5) develop a time line for expanding access to
10 more effective mother-to-child transmission preven-
11 tion regimens, consistent with the national govern-
12 ment policies of the foreign countries in which pro-
13 grams under this Act are administered and the goal
14 of moving towards universal use of such regimens as
15 rapidly as possible.

16 “(c) APPLICATION OF REQUIREMENTS.—All strategic
17 planning documents and bilateral funding agreements de-
18 veloped under the authority of the Office of the United
19 States Global AIDS Coordinator, including country oper-
20 ating plans and any subsequent mechanisms through
21 which funding under this Act is obligated, shall be con-
22 sistent with, and in furtherance of, the requirements under
23 subsection (b).

24 “(d) PREVENTION OF MOTHER-TO-CHILD TRANS-
25 MISSION EXPERT PANEL.—

1 “(1) ESTABLISHMENT.—The Coordinator of
2 United States Government Activities to Combat
3 HIV/AIDS Globally (referred to in this section as
4 the ‘Coordinator’) shall establish a panel of experts
5 to be known as the Prevention of Mother to Child
6 Transmission Panel (referred to in this section as
7 the ‘Panel’) to—

8 “(A) provide an objective review of activi-
9 ties to prevent mother-to-child transmission of
10 HIV that receive financial assistance under this
11 Act; and

12 “(B) provide recommendations to the Co-
13 ordinator and to the appropriate committees of
14 Congress for scale-up of mother-to-child trans-
15 mission prevention services under this Act in
16 order to achieve the target established in sub-
17 section (b)(1).

18 “(2) MEMBERSHIP.—The Panel shall be con-
19 vened and chaired by the Coordinator, who shall
20 serve as a nonvoting member. The Panel shall con-
21 sist of not more than 15 members (excluding the Co-
22 ordinator), to be appointed by the Coordinator not
23 later than 60 days after the date of the enactment
24 of this Act, including—

1 “(A) 2 members from the Department of
2 Health and Human Services with expertise re-
3 lating to the prevention of mother-to-child
4 transmission activities;

5 “(B) 2 members from the United States
6 Agency for International Development with ex-
7 pertise relating to the prevention of mother-to-
8 child transmission activities;

9 “(C) 2 representatives from among health
10 ministers of national governments of foreign
11 countries in which programs under this Act are
12 administered;

13 “(D) 3 members representing organiza-
14 tions implementing prevention of mother-to-
15 child transmission activities under this Act;

16 “(E) 2 health care researchers with exper-
17 tise relating to global HIV/AIDS activities; and

18 “(F) representatives from among patient
19 advocate groups, health care professionals, per-
20 sons living with HIV/AIDS, and non-govern-
21 mental organizations with expertise relating to
22 the prevention of mother-to-child transmission
23 activities, giving priority to individuals in for-
24 eign countries in which programs under this
25 Act are administered.

1 “(3) DUTIES OF PANEL.—The Panel shall—

2 “(A) review activities receiving financial
3 assistance under this Act to prevent mother-to-
4 child transmission of HIV and assess the effec-
5 tiveness of current activities in reaching the
6 target described in subsection (b)(1);

7 “(B) review scientific evidence related to
8 the provision of mother-to-child transmission
9 prevention services, including programmatic
10 data and data from clinical trials;

11 “(C) review and assess ways in which the
12 Office of the United States Global AIDS Coor-
13 dinator and programs funded under this Act
14 collaborate with international and multilateral
15 entities on efforts to prevent mother-to-child
16 transmission of HIV in affected countries;

17 “(D) identify barriers and challenges to in-
18 creasing access to mother-to-child transmission
19 prevention services and evaluate potential mech-
20 anisms to alleviate those barriers and chal-
21 lenges;

22 “(E) identify the extent to which stigma
23 has hindered pregnant women from obtaining
24 HIV counseling and testing or returning for re-

1 sults, and provide recommendations to address
2 such stigma and its effects;

3 “(F) identify opportunities to improve link-
4 ages between mother-to-child transmission pre-
5 vention services and care and treatment pro-
6 grams;

7 “(G) evaluate the adequacy of financial as-
8 sistance provided under this Act for mother-to-
9 child transmission of HIV prevention services;
10 and

11 “(H) recommend levels of financial assist-
12 ance and specific activities to facilitate reaching
13 the target described in subsection (b)(1).

14 “(4) REPORT.—

15 “(A) IN GENERAL.—Not later than 14
16 months after the date of the enactment of this
17 Act, the Panel shall submit a report containing
18 a detailed statement of the recommendations,
19 findings, and conclusions of the Panel to the
20 appropriate congressional committees.

21 “(B) AVAILABILITY.—The report sub-
22 mitted under subparagraph (A) shall be made
23 available to the public.

24 “(C) CONSIDERATION BY COORDINATOR.—
25 The Coordinator shall—

1 “(i) consider any recommendations
2 contained in the report submitted under
3 subparagraph (A); and

4 “(ii) include in the annual report re-
5 quired under section 104A(e) of the For-
6 eign Assistance Act of 1961 (22 U.S.C.
7 2151b–2(e)) a description of the activities
8 conducted in response to the recommenda-
9 tions made by the Panel and an expla-
10 nation of any recommendations not imple-
11 mented at the time of the report.

12 “(5) AUTHORIZATION OF APPROPRIATIONS.—
13 There are authorized to be appropriated to the
14 Panel such sums as may be necessary for each of
15 the fiscal years 2009 through 2011 to carry out this
16 section.

17 “(6) TERMINATION.—The Panel shall terminate
18 on the date that is 60 days after the date on which
19 the Panel submits the report to Congress under
20 paragraph (4).”.

21 “(c) ANNUAL REPORT ELEMENTS.—Section 313(b)(2)
22 of the United States Leadership Against HIV/AIDS, Tu-
23 berculosis, and Malaria Act of 2003 (22 U.S.C.
24 7653(b)(2)) is amended—

1 (1) in subparagraph (C), by striking “and” at
2 the end;

3 (2) in subparagraph (D), by striking the period
4 at the end and inserting a semicolon; and

5 (3) by adding at the end the following:

6 “(E) coordination and collaboration with
7 governments, donors, the private sector, non-
8 governmental organizations, and other key
9 stakeholders to achieve the target described in
10 section 312(b)(1); and

11 “(F) the number of women offered and re-
12 ceiving the 4 components of a comprehensive
13 strategy to prevent mother-to-child transmission
14 of HIV, as recommended by the World Health
15 Organization.”.

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