

Calendar No. 698110TH CONGRESS
2^D SESSION**S. 2731****[Report No. 110-325]**

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 7, 2008

Mr. BIDEN (for himself, Mr. LUGAR, Mr. KENNEDY, Mr. SUNUNU, Mr. HAGEL, Mr. KERRY, Mr. DODD, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

APRIL 15, 2008

Reported by Mr. BIDEN, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

A BILL

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat 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 “Tom Lantos and Henry J. Hyde United States Global
 4 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
 5 Reauthorization Act of 2008”.

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

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

TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of an updated, comprehensive, 5-year, global strategy.
- Sec. 102. Interagency working group.
- Sec. 103. Sense of Congress.

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

- Sec. 201. Voluntary contributions to international vaccine funds.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sec. 203. Program to facilitate availability of microbicides to prevent transmission of HIV and other diseases.
- Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.
- Sec. 205. Facilitating effective operations of the Centers for Disease Control.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

- Sec. 301. Assistance to combat HIV/AIDS.
- Sec. 302. Assistance to combat tuberculosis.
- Sec. 303. Assistance to combat malaria.
- Sec. 304. Malaria Response Coordinator.
- Sec. 305. Amendment to Immigration and Nationality Act.
- Sec. 306. Clerical amendment.
- Sec. 308. Requirements.
- Sec. 309. Annual report on prevention of mother-to-child transmission of HIV.

TITLE IV—FUNDING ALLOCATIONS

- Sec. 401. Authorization of appropriations.
- Sec. 402. Sense of Congress.
- Sec. 403. Allocation of funds.

1 **SEC. 2. FINDINGS.**

2 Section 2 of the United States Leadership Against
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
4 U.S.C. 7601) is amended by adding at the end the fol-
5 lowing:

6 “(29) On May 27, 2003, the President signed
7 this Act into law, launching the largest international
8 public health program of its kind ever created.

9 “(30) Between 2003 and 2008, the United
10 States, through the President’s Emergency Plan for
11 AIDS Relief (PEPFAR) and in conjunction with
12 other bilateral programs and the multilateral Global
13 Fund has helped to—

14 “(A) provide antiretroviral therapy for over
15 1,900,000 people;

16 “(B) ensure that over 150,000 infants,
17 most of whom would have likely been infected
18 with HIV during pregnancy or childbirth, were
19 not infected; and

20 “(C) provide palliative care and HIV pre-
21 vention assistance to millions of other people.

22 “(31) While United States leadership in the
23 battles against HIV/AIDS, tuberculosis, and malaria
24 has had an enormous impact, these diseases con-
25 tinue to take a terrible toll on the human race.

1 “(32) According to the 2007 AIDS Epidemic
2 Update of the Joint United Nations Programme on
3 HIV/AIDS (UNAIDS)—

4 “(A) an estimated 2,100,000 people died
5 of AIDS-related causes in 2007; and

6 “(B) an estimated 2,500,000 people were
7 newly infected with HIV during that year.

8 “(33) According to the World Health Organiza-
9 tion, malaria kills more than 1,000,000 people per
10 year, 70 percent of whom are children under 5 years
11 of age.

12 “(34) According to the World Health Organiza-
13 tion, 1/3 of the world’s population is infected with the
14 tuberculosis bacterium, and tuberculosis is 1 of the
15 greatest infectious causes of death of adults world-
16 wide, killing 1,600,000 people per year.

17 “(35) Efforts to promote abstinence, fidelity,
18 the correct and consistent use of condoms, the delay
19 of sexual debut, and the reduction of concurrent sex-
20 ual partners represent important elements of strate-
21 gies to prevent the transmission of HIV/AIDS.

22 “(36) According to UNAIDS—

23 “(A) women and girls make up nearly 60
24 percent of persons in sub-Saharan Africa who
25 are HIV positive;

1 “(B) women and girls are more bio-
2 logically, economically, and socially vulnerable
3 to HIV infection; and

4 “(C) gender issues are critical components
5 in the effort to prevent HIV/AIDS and to care
6 for those affected by the disease.

7 “(37) Children who have lost a parent to HIV/
8 AIDS, who are otherwise directly affected by the dis-
9 ease, or who live in areas of high HIV prevalence
10 may be vulnerable to the disease or its socioeconomic
11 effects.

12 “(38) Lack of health capacity, including insuffi-
13 cient personnel and inadequate infrastructure, in
14 sub-Saharan Africa and other regions of the world
15 is a critical barrier that limits the effectiveness of ef-
16 forts to combat HIV/AIDS, tuberculosis, and ma-
17 laria, and to achieve other global health goals.

18 “(39) On March 30, 2007, the Institute of
19 Medicine of the National Academies released a re-
20 port entitled ‘PEPFAR Implementation: Progress
21 and Promise’, which found that budget allocations
22 setting percentage levels for spending on prevention,
23 care, and treatment and for certain subsets of activi-
24 ties within the prevention category—

1 “(A) have ‘adversely affected implementa-
2 tion of the U.S. Global AIDS Initiative’;

3 “(B) have inhibited comprehensive, inte-
4 grated, evidence based approaches;

5 “(C) ‘have been counterproductive’;

6 “(D) ‘may have been helpful initially in en-
7 suring a balance of attention to activities within
8 the 4 categories of prevention, treatment, care,
9 and orphans and vulnerable children’;

10 “(E) ‘have also limited PEPFAR’s ability
11 to tailor its activities in each country to the
12 local epidemic and to coordinate with the level
13 of activities in the countries’ national plans’;
14 and

15 “(F) should be removed by Congress and
16 replaced with more appropriate mechanisms
17 that—

18 “(i) ‘ensure accountability for results
19 from Country Teams to the U.S. Global
20 AIDS Coordinator and to Congress’; and

21 “(ii) ‘ensure that spending is directly
22 linked to and commensurate with nec-
23 essary efforts to achieve both country and
24 overall performance targets for prevention,

1 treatment, care, and orphans and vulner-
2 able children’.

3 “(40) The United States Government has en-
4 dored the principles of harmonization in coordi-
5 nating efforts to combat HIV/AIDS commonly re-
6 ferred to as the ‘Three Ones’, which includes—

7 “(A) † agreed HIV/AIDS action frame-
8 work that provides the basis for coordination of
9 the work of all partners;

10 “(B) † national HIV/AIDS coordinating
11 authority, with a broadbased multisectoral man-
12 date; and

13 “(C) † agreed HIV/AIDS country-level
14 monitoring and evaluating system.

15 “(41) In the Abuja Declaration on HIV/AIDS,
16 Tuberculosis and Other Related Infectious Diseases,
17 of April 26–27, 2001 (referred to in this Act as the
18 ‘Abuja Declaration’), the Heads of State and Gov-
19 ernment of the Organization of African Unity
20 (OAU)—

21 “(A) declared that they would ‘place the
22 fight against HIV/AIDS at the forefront and as
23 the highest priority issue in our respective na-
24 tional development plans’;

1 “(B) committed ‘TO TAKE PERSONAL
2 RESPONSIBILITY AND PROVIDE LEAD-
3 ERSHIP for the activities of the National
4 AIDS Commissions/Councils’;

5 “(C) resolved ‘to lead from the front the
6 battle against HIV/AIDS, Tuberculosis and
7 Other Related Infectious Diseases by personally
8 ensuring that such bodies were properly con-
9 vened in mobilizing our societies as a whole and
10 providing focus for unified national policy-
11 making and programme implementation, ensur-
12 ing coordination of all sectors at all levels with
13 a gender perspective and respect for human
14 rights, particularly to ensure equal rights for
15 people living with HIV/AIDS’; and

16 “(D) pledged ‘to set a target of allocating
17 at least 15% of our annual budget to the im-
18 provement of the health sector’.”.

19 **SEC. 3. DEFINITIONS.**

20 Section 3 of the United States Leadership Against
21 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
22 U.S.C. 7602) is amended—

23 (1) in paragraph (2), by striking “Committee
24 on International Relations” and inserting “Com-
25 mittee on Foreign Affairs of the House of Rep-

1 representatives, the Committee on Appropriations of the
2 Senate, and the Committee on Appropriations”;

3 (2) by redesignating paragraph (6) as para-
4 graph (11);

5 (3) by redesignating paragraphs (3) through
6 (5), as paragraphs (4) through (6), respectively;

7 (4) by inserting after paragraph (2) the fol-
8 lowing:

9 “(3) GLOBAL AIDS COORDINATOR.—The term
10 ‘Global AIDS Coordinator’ means the Coordinator of
11 United States Government Activities to Combat
12 HIV/AIDS Globally.”; and

13 (5) by inserting after paragraph (6), as redesign-
14 ated, the following:

15 “(7) IMPACT EVALUATION RESEARCH.—The
16 term ‘impact evaluation research’ means the applica-
17 tion of research methods and statistical analysis to
18 measure the extent to which change in a population-
19 based outcome can be attributed to program inter-
20 vention instead of other environmental factors.

21 “(8) OPERATIONS RESEARCH.—The term ‘oper-
22 ations research’ means the application of social
23 science research methods and statistical analysis to
24 judge, compare, and improve policies and program
25 outcomes, from the earliest stages of defining and

1 designing programs through their development and
 2 implementation, with the objective of the rapid dis-
 3 semination of conclusions and concrete impact on
 4 programming.

5 “(9) PARTNER GOVERNMENT.—The term ‘part-
 6 ner government’ means a government with which the
 7 United States is working to provide assistance to
 8 combat HIV/AIDS, tuberculosis, or malaria on be-
 9 half of people living within the jurisdiction of such
 10 government.

11 “(10) PROGRAM MONITORING.—The term ‘pro-
 12 gram monitoring’ means the collection, analysis, and
 13 use of routine program data to determine—

14 “(A) how well a program is carried out;
 15 and

16 “(B) how much the program costs.”

17 **SEC. 4. PURPOSE.**

18 Section 4 of the United States Leadership Against
 19 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
 20 U.S.C. 7603) is amended to read as follows:

21 **“SEC. 4. PURPOSE.**

22 “The purpose of this Act is to strengthen and en-
 23 hance United States leadership and the effectiveness of
 24 the United States response to the HIV/AIDS, tuber-
 25 culosis, and malaria pandemics and other related and pre-

1 ventable infectious diseases as part of the overall United
2 States health and development agenda by—

3 “(1) establishing comprehensive, coordinated,
4 and integrated 5-year, global strategies to combat
5 HIV/AIDS, tuberculosis, and malaria by—

6 “(A) building on progress and successes to
7 date;

8 “(B) improving harmonization of United
9 States efforts with national strategies of part-
10 ner governments and other public and private
11 entities; and

12 “(C) emphasizing capacity building initia-
13 tives in order to promote a transition toward
14 greater sustainability through the support of
15 country-driven efforts;

16 “(2) providing increased resources for bilateral
17 and multilateral efforts to fight HIV/AIDS, tuber-
18 culosis, and malaria as integrated components of
19 United States development assistance;

20 “(3) intensifying efforts to—

21 “(A) prevent HIV infection;

22 “(B) ensure the continued support for, and
23 expanded access to, treatment and care pro-
24 grams;

1 “(C) enhance the effectiveness of preven-
2 tion, treatment, and care programs; and

3 “(D) address the particular vulnerabilities
4 of girls and women;

5 “(4) encouraging the expansion of private sec-
6 tor efforts and expanding public-private sector part-
7 nerships to combat HIV/AIDS, tuberculosis, and
8 malaria;

9 “(5) reinforcing efforts to—

10 “(A) develop safe and effective vaccines,
11 microbicides, and other prevention and treat-
12 ment technologies; and

13 “(B) improve diagnostics capabilities for
14 HIV/AIDS, tuberculosis, and malaria; and

15 “(6) helping partner countries to—

16 “(A) strengthen health systems;

17 “(B) improve human health capacity; and

18 “(C) address infrastructural weaknesses.”.

19 **SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE RE-**
20 **PORTS.**

21 Section 5 of the United States Leadership Against
22 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
23 U.S.C. 7604) is amended by inserting “, with the excep-
24 tion of the 5-year strategy” before the period at the end.

1 **TITLE I—POLICY PLANNING AND**
2 **COORDINATION**

3 **SEC. 101. DEVELOPMENT OF AN UPDATED, COMPREHEN-**
4 **SIVE, 5-YEAR, GLOBAL STRATEGY.**

5 (a) STRATEGY.—Section 101(a) of the United States
6 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
7 Act of 2003 (22 U.S.C. 7611(a)) is amended to read as
8 follows:

9 “(a) STRATEGY.—The President shall establish a
10 comprehensive, integrated, 5-year strategy to expand and
11 improve efforts to combat global HIV/AIDS. This strategy
12 shall—

13 “(1) further strengthen the capability of the
14 United States to be an effective leader of the inter-
15 national campaign against this disease and strength-
16 en the capacities of nations experiencing HIV/AIDS
17 epidemics to combat this disease;

18 “(2) maintain sufficient flexibility and remain
19 responsive to—

20 “(A) changes in the epidemic;

21 “(B) challenges facing partner countries in
22 developing and implementing an effective na-
23 tional response; and

1 “(C) evidence-based improvements and in-
2 novations in the prevention, care, and treatment
3 of HIV/AIDS;

4 “(3) situate United States efforts to combat
5 HIV/AIDS, tuberculosis, and malaria within the
6 broader United States global health and development
7 agenda, establishing a roadmap to link investments
8 in specific disease programs to the broader goals of
9 strengthening health systems and infrastructure and
10 to integrate and coordinate HIV/AIDS, tuberculosis,
11 or malaria programs with other health or develop-
12 ment programs, as appropriate;

13 “(4) provide a plan to—

14 “(A) prevent 12,000,000 new HIV infec-
15 tions worldwide;

16 “(B) support treatment of at least
17 3,000,000 individuals with HIV/AIDS and sup-
18 port additional treatment through coordinated
19 multilateral efforts;

20 “(C) support care for 12,000,000 individ-
21 uals with HIV/AIDS, including 5,000,000 or-
22 phans and vulnerable children affected by HIV/
23 AIDS, with an emphasis on promoting a com-
24 prehensive, coordinated system of services to be
25 integrated throughout the continuum of care;

1 “(D) help partner countries in the effort to
2 achieve goals of 80 percent access to counseling,
3 testing, and treatment to prevent the trans-
4 mission of HIV from mother to child, empha-
5 sizing a continuum of care model;

6 “(E) help partner countries to achieve ac-
7 cess for children with HIV to care and treat-
8 ment services in proportion to their percentage
9 within the HIV-infected population in each
10 country; and

11 “(F) help partner countries to train health
12 care professionals and workers, with a goal of
13 training and retaining at least 140,000 new
14 health care professionals and workers and to
15 strengthen capacities in developing countries,
16 especially in sub-Saharan Africa, to deliver pri-
17 mary health care with the objective of helping
18 countries achieve staffing levels of at least 2.3
19 doctors, nurses, and midwives per 1,000 popu-
20 lation, as called for by the World Health Orga-
21 nization;

22 “(5) include multisectoral approaches and spe-
23 cific strategies to treat individuals infected with
24 HIV/AIDS and to prevent the further transmission
25 of HIV infections, with a particular focus on the

1 needs of families with children (including the preven-
2 tion of mother-to-child transmission), women, young
3 people, orphans, and vulnerable children;

4 “(6) establish a timetable with annual global
5 treatment targets;

6 “(7) expand the integration of timely and rel-
7 evant research within the prevention, care, and
8 treatment of HIV/AIDS;

9 “(8) include a plan for program monitoring, op-
10 erations research, and impact evaluation and for the
11 dissemination of a best practices report to highlight
12 findings;

13 “(9) provide for consultation with local leaders
14 and officials to develop prevention strategies and
15 programs that are tailored to the unique needs of
16 each country and community and targeted particu-
17 larly toward those most at risk of acquiring HIV in-
18 fection;

19 “(10) make the reduction of HIV/AIDS behav-
20 ioral risks a priority of all prevention efforts by—

21 “(A) promoting abstinence from sexual ac-
22 tivity and encouraging monogamy and faithful-
23 ness;

24 “(B) encouraging the correct and con-
25 sistent use of male and female condoms and in-

1 creasing the availability of, and access to, these
2 commodities;

3 “(C) promoting the delay of sexual debut
4 and the reduction of multiple concurrent sexual
5 partners;

6 “(D) promoting education for discordant
7 couples (where an individual is infected with
8 HIV and the other individual is uninfected or
9 whose status is unknown) about safer sex prac-
10 tices;

11 “(E) promoting voluntary counseling and
12 testing, addiction therapy, and other prevention
13 and treatment tools for illicit injection drug
14 users and other substance abusers;

15 “(F) educating men and boys about the
16 risks of procuring sex commercially and about
17 the need to end violent behavior toward women
18 and girls;

19 “(G) supporting comprehensive programs
20 to promote alternative livelihoods, safety, and
21 social reintegration strategies for commercial
22 sex workers and their families;

23 “(H) promoting cooperation with law en-
24 forcement to prosecute offenders of trafficking;

1 rape, and sexual assault crimes with the goal of
2 eliminating such crimes; and

3 “(I) working to eliminate rape, gender-
4 based violence, sexual assault, and the sexual
5 exploitation of women and children;

6 “(11) include programs to reduce the trans-
7 mission of HIV through structural prevention ef-
8 forts, particularly addressing the heightened
9 vulnerabilities of women and girls to HIV in many
10 countries; and

11 “(12) support other important means of pre-
12 venting or reducing the transmission of HIV, includ-
13 ing—

14 “(A) medical male circumcision;

15 “(B) the maintenance of a safe blood sup-
16 ply; and

17 “(C) other nonbehavior change mecha-
18 nisms to reduce the transmission of HIV;

19 “(13) increase support for prevention of moth-
20 er-to-child transmission;

21 “(14) build capacity within the public health
22 sector of developing countries by improving health
23 systems and public health infrastructure and devel-
24 oping indicators to measure changes in broader pub-
25 lic health sector capabilities;

1 “(15) increase the coordination of HIV/AIDS
2 programs with development programs;

3 “(16) provide a framework for expanding or de-
4 veloping existing or new country or regional pro-
5 grams, including—

6 “(A) drafting compacts or other agree-
7 ments, as appropriate;

8 “(B) establishing criteria and objectives for
9 such compacts and agreements; and

10 “(C) promoting sustainability;

11 “(17) provide a plan for national and regional
12 priorities for resource distribution and a global in-
13 vestment plan by region;

14 “(18) provide a plan to address the immediate
15 and ongoing needs of women and girls, which—

16 “(A) addresses the vulnerabilities that con-
17 tribute to their elevated risk of infection;

18 “(B) includes specific goals and targets to
19 address these factors;

20 “(C) provides clear guidance to field mis-
21 sions to integrate gender across prevention,
22 care, and treatment programs;

23 “(D) sets forth gender-specific indicators
24 to monitor progress on outcomes and impacts of
25 gender programs;

1 “(E) supports efforts in countries in which
2 women or orphans lack inheritance rights and
3 other fundamental protections to promote the
4 passage, implementation, and enforcement of
5 such laws;

6 “(F) supports life skills training and other
7 structural prevention activities, especially
8 among women and girls, with the goal of reduc-
9 ing vulnerabilities to HIV/AIDS;

10 “(G) addresses and prevents gender-based
11 violence; and

12 “(H) addresses the posttraumatic and psy-
13 chosocial consequences and provides
14 postexposure prophylaxis protecting against
15 HIV infection to victims of gender-based vio-
16 lence and rape;

17 “(19) provide a plan to address the
18 vulnerabilities and needs of orphans and children
19 who are vulnerable to, or affected by, HIV/AIDS;

20 “(20) provide a framework to work with inter-
21 national actors and partner countries toward uni-
22 versal access to HIV/AIDS prevention, treatment,
23 and care programs, recognizing that prevention is of
24 particular importance in terms of sequencing;

1 “(21) enhance the coordination of United
2 States bilateral efforts to combat global HIV/AIDS
3 with other major public and private entities;

4 “(22) enhance the attention given to the na-
5 tional strategic HIV/AIDS plans of countries receiv-
6 ing United States assistance by—

7 “(A) reviewing the planning and pro-
8 grammatic decisions associated with that assist-
9 ance; and

10 “(B) helping to strengthen such national
11 strategies, if necessary;

12 “(23) support activities described in the Global
13 Plan to Stop TB, including—

14 “(A) expanding and enhancing the cov-
15 erage of the Directly Observed Treatment
16 Short-course (DOTS) in order to treat individ-
17 uals infected with tuberculosis and HIV, includ-
18 ing multi-drug resistant or extensively drug re-
19 sistant tuberculosis; and

20 “(B) improving coordination and integra-
21 tion of HIV/AIDS and tuberculosis program-
22 ming;

23 “(24) ensure coordination between the Global
24 AIDS Coordinator and the Malaria Coordinator and

1 address issues of comorbidity between HIV/AIDS
2 and malaria; and

3 “(25) include a longer term estimate of the pro-
4 jected resource needs, progress toward greater sus-
5 tainability and country ownership of HIV/AIDS pro-
6 grams, and the anticipated role of the United States
7 in the global effort to combat HIV/AIDS during the
8 10-year period beginning on October 1, 2013.”.

9 (b) REPORT.—Section 101(b) of such Act (22 U.S.C.
10 7611(b)) is amended to read as follows:

11 “(b) REPORT.—

12 “(1) IN GENERAL.—Not later than October 1,
13 2009, the President shall submit a report to the ap-
14 propriate congressional committees that sets forth
15 the strategy described in subsection (a).

16 “(2) CONTENTS.—The report required under
17 paragraph (1) shall include a discussion of the fol-
18 lowing elements:

19 “(A) The purpose, scope, methodology, and
20 general and specific objectives of the strategy.

21 “(B) The problems, risks, and threats to
22 the successful pursuit of the strategy.

23 “(C) The desired goals, objectives, activi-
24 ties, and outcome-related performance measures
25 of the strategy.

1 “(D) A description of future costs and re-
2 sources needed to carry out the strategy.

3 “(E) A delineation of United States Gov-
4 ernment roles, responsibility, and coordination
5 mechanisms of the strategy.

6 “(F) A description of the strategy—

7 “(i) to promote harmonization of
8 United States assistance with that of other
9 international, national, and private actors
10 as elucidated in the ‘Three Ones’; and

11 “(ii) to address existing challenges in
12 harmonization and alignment.

13 “(G) A description of the manner in which
14 the strategy will—

15 “(i) further the development and im-
16 plementation of the national multisectoral
17 strategic HIV/AIDS frameworks of partner
18 governments; and

19 “(ii) enhance the centrality, effective-
20 ness, and sustainability of those national
21 plans.

22 “(H) A description of how the strategy will
23 seek to achieve the specific targets described in
24 subsection (a) and other targets, as appro-
25 priate.

1 “(I) A description of, and rationale for, the
2 timetable for annual global treatment targets.

3 “(J) A description of how operations re-
4 search is addressed in the strategy and how
5 such research can most effectively be integrated
6 into care, treatment, and prevention activities
7 in order to—

8 “(i) improve program quality and effi-
9 ciency;

10 “(ii) ascertain cost effectiveness;

11 “(iii) ensure transparency and ac-
12 countability;

13 “(iv) assess population-based impact;

14 “(v) disseminate findings and best
15 practices; and

16 “(vi) optimize delivery of services.

17 “(K) An analysis of United States-assisted
18 strategies to prevent the transmission of HIV/
19 AIDS, including behavior change methodologies
20 to promote abstinence, monogamy, faithfulness,
21 the correct and consistent use of male and fe-
22 male condoms, reductions in concurrent sexual
23 partners, and delay of sexual debut, and of in-
24 tended monitoring and evaluation approaches to
25 measure the effectiveness of prevention pro-

1 grams and ensure that they are targeted to ap-
2 propriate audiences.

3 “(L) Within the analysis required under
4 subparagraph (J), an examination of additional
5 planned means of preventing the transmission
6 of HIV including medical male circumcision,
7 maintenance of a safe blood supply, and other
8 tools.

9 “(M) A description of the specific targets,
10 goals, and strategies developed to address the
11 needs and vulnerabilities of women and girls to
12 HIV/AIDS, including—

13 “(i) structural prevention activities;

14 “(ii) activities directed toward men
15 and boys;

16 “(iii) activities to enhance educational,
17 microfinance, and livelihood opportunities
18 for women and girls;

19 “(iv) activities to promote and protect
20 the legal empowerment of women, girls,
21 and orphans and vulnerable children;

22 “(v) programs targeted toward gen-
23 der-based violence and sexual coercion;

24 “(vi) strategies to meet the particular
25 needs of adolescents;

1 “(vii) assistance for victims of rape,
2 sexual abuse, assault, exploitation, and
3 trafficking; and

4 “(viii) programs to prevent alcohol
5 abuse.

6 “(N) A description of strategies—

7 “(i) to address the needs of orphans
8 and vulnerable children, including an anal-
9 ysis of—

10 “(I) factors contributing to chil-
11 dren’s vulnerability to HIV/AIDS; and

12 “(II) vulnerabilities caused by
13 the impact of HIV/AIDS on children
14 and their families; and

15 “(ii) in areas of higher HIV/AIDS
16 prevalence, to promote a community-based
17 approach to vulnerability, maximizing com-
18 munity input into determining which chil-
19 dren participate.

20 “(O) A description of capacity-building ef-
21 forts undertaken by countries themselves, in-
22 cluding adherents of the Abuja Declaration and
23 an assessment of the impact of International
24 Monetary Fund macroeconomic and fiscal poli-

1 eies on national and donor investments in
2 health.

3 “(P) A description of the strategy to—

4 “(i) strengthen capacity building with-
5 in the public health sector;

6 “(ii) improve health care in those
7 countries;

8 “(iii) help countries to develop and
9 implement national health workforce strat-
10 egies;

11 “(iv) strive to achieve goals in train-
12 ing, retaining, and effectively deploying
13 health staff;

14 “(v) promote ethical recruiting prac-
15 tices for health care workers; and

16 “(vi) increase the sustainability of
17 health programs.

18 “(Q) A description of the criteria for selec-
19 tion, objectives, methodology, and structure of
20 compacts or other framework agreements with
21 countries or regional organizations, including—

22 “(i) the role of civil society;

23 “(ii) the degree of transparency;

24 “(iii) benchmarks for success of such
25 compacts or agreements; and

1 “(iv) the relationship between such
2 compacts or agreements and the national
3 HIV/AIDS and public health strategies
4 and commitments of partner countries:

5 “(R) A strategy to better coordinate HIV/
6 AIDS assistance with nutrition and food assist-
7 ance programs.

8 “(S) A description of transnational or re-
9 gional initiatives to combat regionalized
10 epidemics.

11 “(T) A description of planned resource dis-
12 tribution and global investment by region.

13 “(U) A description of coordination efforts
14 in order to better implement the Stop TB
15 Strategy and to address the problem of coinfe-
16 ction of HIV/AIDS and tuberculosis and of pro-
17 jected challenges or barriers to successful imple-
18 mentation.

19 “(V) A description of coordination efforts
20 to address malaria and comorbidity with ma-
21 laria and HIV/AIDS.”.

22 (e) STUDY.—Section 101(e) of such Act (22 U.S.C.
23 7611(e)) is amended to read as follows:

24 “(e) STUDY OF PROGRESS TOWARD ACHIEVEMENT
25 OF POLICY OBJECTIVES.—

1 “(1) DESIGN AND BUDGET PLAN FOR DATA
2 EVALUATION.—The Global AIDS Coordinator shall
3 enter into a contract with the Institute of Medicine
4 of the National Academies that provides that not
5 later than 18 months after the date of the enact-
6 ment of the Tom Lantos and Henry J. Hyde United
7 States Global Leadership Against HIV/AIDS, Tu-
8 berculosis, and Malaria Reauthorization Act of
9 2008, the Institute, in consultation with the Global
10 AIDS Coordinator and other relevant parties rep-
11 resenting the public and private sector, shall provide
12 the Global AIDS Coordinator with a design plan and
13 budget for the evaluation and collection of baseline
14 and subsequent data to address the elements set
15 forth in paragraph (2)(B). The Global AIDS Coordi-
16 nator shall submit the budget and design plan to the
17 appropriate congressional committees.

18 “(2) STUDY.—

19 “(A) IN GENERAL.—Not later than 4 years
20 after the date of the enactment of the Tom
21 Lantos and Henry J. Hyde United States Glob-
22 al Leadership Against HIV/AIDS, Tuberculosis,
23 and Malaria Reauthorization Act of 2008, the
24 Institute of Medicine of the National Academies
25 shall publish a study that includes—

1 “(i) an assessment of the performance
2 of United States-assisted global HIV/AIDS
3 programs; and

4 “(ii) an evaluation of the impact on
5 health of prevention, treatment, and care
6 efforts that are supported by United States
7 funding, including multilateral and bilat-
8 eral programs involving joint operations.

9 “(B) CONTENT.—The study conducted
10 under this paragraph shall include—

11 “(i) an assessment of progress toward
12 prevention, treatment, and care targets;

13 “(ii) an assessment of the effects on
14 health systems, including on the financing
15 and management of health systems and
16 the quality of service delivery and staffing;

17 “(iii) an assessment of efforts to ad-
18 dress gender-specific aspects of HIV/AIDS,
19 including gender related constraints to ac-
20 cessing services and addressing underlying
21 social and economic vulnerabilities of
22 women and men;

23 “(iv) an evaluation of the impact of
24 treatment and care programs on 5-year

1 survival rates, drug adherence, and the
2 emergence of drug resistance;

3 “(v) an evaluation of the impact of
4 prevention programs on HIV incidence in
5 relevant population groups;

6 “(vi) an evaluation of the impact on
7 child health and welfare of interventions
8 authorized under this Act on behalf of or-
9 phans and vulnerable children;

10 “(vii) an evaluation of the impact of
11 programs and activities authorized in this
12 Act on child mortality; and

13 “(viii) recommendations for improving
14 the programs referred to in subparagraph
15 (A)(i).

16 “(C) METHODOLOGIES.—Assessments and
17 impact evaluations conducted under the study
18 shall utilize sound statistical methods and tech-
19 niques for the behavioral sciences, including
20 random assignment methodologies as feasible.
21 Qualitative data on process variables should be
22 used for assessments and impact evaluations,
23 wherever possible.

24 “(3) CONTRACT AUTHORITY.—The Institute of
25 Medicine may enter into contracts or cooperative

1 agreements or award grants to conduct the study
2 under paragraph (2).

3 “(4) AUTHORIZATION OF APPROPRIATIONS.—

4 There are authorized to be appropriated such sums
5 as may be necessary to carry out the study under
6 this subsection.”.

7 (d) REPORT.—Section 101 of such Act, as amended
8 by this section, is further amended by adding at the end
9 the following:

10 “(d) COMPTROLLER GENERAL REPORT.—

11 “(1) REPORT REQUIRED.—Not later than 3
12 years after the date of the enactment of the Tom
13 Lantos and Henry J. Hyde United States Global
14 Leadership Against HIV/AIDS, Tuberculosis, and
15 Malaria Reauthorization Act of 2008, the Comp-
16 troller General of the United States shall submit a
17 report on the global HIV/AIDS programs of the
18 United States to the appropriate congressional com-
19 mittees.

20 “(2) CONTENTS.—The report required under
21 paragraph (1) shall include—

22 “(A) a description and assessment of the
23 monitoring and evaluation practices and policies
24 in place for these programs;

1 “(B) an assessment of coordination within
2 Federal agencies involved in these programs;
3 examining both internal coordination within
4 these programs and integration with the larger
5 global health and development agenda of the
6 United States;

7 “(C) an assessment of procurement policies
8 and practices within these programs;

9 “(D) an assessment of harmonization with
10 national government HIV/AIDS and public
11 health strategies as well as other international
12 efforts;

13 “(E) an assessment of the impact of global
14 HIV/AIDS funding and programs on other
15 United States global health programming; and

16 “(F) recommendations for improving the
17 global HIV/AIDS programs of the United
18 States.

19 “(e) BEST PRACTICES REPORT.—

20 “(1) IN GENERAL.—Not later than 1 year after
21 the date of the enactment of the Tom Lantos and
22 Henry J. Hyde United States Global Leadership
23 Against HIV/AIDS, Tuberculosis, and Malaria Re-
24 authorization Act of 2008, and annually thereafter,
25 the Global AIDS Coordinator shall publish a best

1 practices report that highlights the programs receiv-
2 ing financial assistance from the United States that
3 have the potential for replication or adaption, par-
4 ticularly at a low cost, across global AIDS programs,
5 including those that focus on both generalized and
6 localized epidemics.

7 “(2) DISSEMINATION OF FINDINGS.—

8 “(A) PUBLICATION ON INTERNET
9 WEBSITE.—The Global AIDS Coordinator shall
10 disseminate the full findings of the annual best
11 practices report on the Internet website of the
12 Office of the Global AIDS Coordinator.

13 “(B) DISSEMINATION GUIDANCE.—The
14 Global AIDS Coordinator shall develop guid-
15 ance to ensure timely submission and dissemi-
16 nation of significant information regarding best
17 practices with respect to global AIDS programs.

18 “(f) INSPECTORS GENERAL.—

19 “(1) OVERSIGHT PLAN.—

20 “(A) DEVELOPMENT.—The Inspectors
21 General of the Department of State, the De-
22 partment of Health and Human Services, and
23 the United States Agency for International De-
24 velopment shall jointly develop 5 coordinated
25 annual plans for oversight activity in each of

1 the fiscal years 2009 through 2013, with regard
2 to the programs authorized under this Act and
3 section 104A of the Foreign Assistance Act of
4 1961 (22 U.S.C. 2151b-2).

5 “(B) CONTENTS.—The plans developed
6 under subparagraph (A) shall include a sched-
7 ule for financial audits and performance re-
8 views, as appropriate.

9 “(C) SUBMISSION DEADLINE.—

10 “(i) INITIAL PLAN.—The first plan
11 developed under subparagraph (A) shall be
12 submitted to the appropriate congressional
13 committees not later than the later of—

14 “(I) September 1, 2008; or

15 “(II) 60 days after the date of
16 the enactment of the Tom Lantos and
17 Henry J. Hyde United States Global
18 Leadership Against HIV/AIDS, Tu-
19 berculosis, and Malaria Reauthoriza-
20 tion Act of 2008.

21 “(ii) SUBSEQUENT PLANS.—Each of
22 the last four plans developed under sub-
23 paragraph (A) shall be submitted 30 days
24 before each of the fiscal years 2010 and
25 2013, respectively.

1 “(2) COORDINATION.—In order to avoid dupli-
2 cation and maximize efficiency, the Inspectors Gen-
3 eral described in paragraph (1) shall coordinate their
4 activities with—

5 “(A) the Government Accountability Of-
6 fice; and

7 “(B) the Inspectors General of the Depart-
8 ment of Commerce, the Department of Defense,
9 the Department of Labor, and the Peace Corps,
10 as appropriate, pursuant to the 2004 Memo-
11 randum of Agreement Coordinating Audit Cov-
12 erage of Programs and Activities Implementing
13 the President’s Emergency Plan for AIDS Re-
14 lief, or any successor agreement.

15 “(3) FUNDING.—The Global AIDS Coordinator
16 and the Coordinator of the United States Govern-
17 ment Activities to Combat Malaria Globally shall
18 make available necessary funds not exceeding
19 \$10,000,000 during the 5-year period beginning on
20 October 1, 2008 to the Inspectors General described
21 in paragraph (1) for the audits and reviews de-
22 scribed in that paragraph.”.

1 **SEC. 102. INTERAGENCY WORKING GROUP.**

2 Section 1(f)(2) of the State Department Basic Au-
3 thorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amend-
4 ed—

5 (1) in subparagraph (A), by inserting “, part-
6 ner country finance, health, and other relevant min-
7 istries,” after “community based organizations)”
8 each place it appears;

9 (2) in subparagraph (B)(ii)—

10 (A) by striking subclauses (IV) and (V);

11 (B) by inserting after subclause (III) the
12 following:

13 “(IV) Establishing an inter-
14 agency working group on HIV/AIDS
15 headed by the Global AIDS Coordi-
16 nator and comprised of representa-
17 tives from the United States Agency
18 for International Development and the
19 Department of Health and Human
20 Services; for the purposes of coordina-
21 tion of activities relating to HIV/
22 AIDS, including—

23 “(aa) meeting regularly to
24 review progress in partner coun-
25 tries toward HIV/AIDS preven-

1 tion, treatment, and care objec-
2 tives;

3 “(bb) participating in the
4 process of identifying countries to
5 consider for increased assistance
6 based on the epidemiology of
7 HIV/AIDS in those countries, in-
8 cluding clear evidence of a public
9 health threat, as well as govern-
10 ment commitment to address the
11 HIV/AIDS problem, relative
12 need, and coordination and joint
13 planning with other significant
14 actors;

15 “(cc) assisting the Coordi-
16 nator in the evaluation, execu-
17 tion, and oversight of country
18 operational plans;

19 “(dd) reviewing policies that
20 may be obstacles to reaching tar-
21 gets set forth for HIV/AIDS pre-
22 vention, treatment, and care; and

23 “(ee) consulting with rep-
24 resentatives from additional rel-
25 evant agencies, including the Na-

1 tional Institutes of Health, the
2 Health Resources and Services
3 Administration, the Department
4 of Labor, the Department of Ag-
5 riculture, the Millennium Chal-
6 lenge Corporation, the Peace
7 Corps, and the Department of
8 Defense.

9 “(V) Coordinating overall United
10 States HIV/AIDS policy and pro-
11 grams, including ensuring the coordi-
12 nation of relevant executive branch
13 agency activities in the field, with ef-
14 forts led by partner countries, and
15 with the assistance provided by other
16 relevant bilateral and multilateral aid
17 agencies and other donor institutions
18 to promote harmonization with other
19 programs aimed at preventing and
20 treating HIV/AIDS and other health
21 challenges, improving primary health,
22 addressing food security, promoting
23 education and development, and
24 strengthening health care systems.”;

1 (C) by redesignating subclauses (VII) and
2 VIII) as subclauses (IX) and (XII), respec-
3 tively;

4 (D) by inserting after subclause (VI) the
5 following:

6 “(VII) Holding annual consulta-
7 tions with nongovernmental organiza-
8 tions in partner countries that provide
9 services to improve health, and advo-
10 eating on behalf of the individuals
11 with HIV/AIDS and those at par-
12 ticular risk of contracting HIV/AIDS,
13 including organizations with members
14 who are living with HIV/AIDS.

15 “(VIII) Ensuring, through inter-
16 agency and international coordination,
17 that HIV/AIDS programs of the
18 United States are coordinated with,
19 and complementary to, the delivery of
20 related global health, food security,
21 development, and education.”;

22 (E) in subclause (IX), as redesignated by
23 subparagraph (C)—

24 (i) by inserting “Vietnam,” after
25 “Uganda,”;

1 (ii) by inserting after “of 2003” the
2 following: “and other countries in which
3 the United States is implementing HIV/
4 AIDS programs as part of its foreign as-
5 sistance program”; and

6 (iii) by adding at the end the fol-
7 lowing: “In designating additional coun-
8 tries under this subparagraph, the Presi-
9 dent shall give priority to those countries
10 in which there is a high prevalence or sig-
11 nificantly rising incidence of HIV/AIDS,
12 countries with large populations and inad-
13 equate health infrastructure, countries in
14 which a concentrated HIV/AIDS epidemic
15 could become generalized to the entire pop-
16 ulation of the country, and in countries
17 whose governments demonstrate a commit-
18 ment to combating HIV/AIDS.”;

19 (F) by inserting after subclause (IX), as
20 redesignated by subparagraph (C), the fol-
21 lowing:

22 “(X) Working with partner coun-
23 tries in which the HIV/AIDS epidemic
24 is prevalent among injection drug
25 users to establish, as a national pri-

1 ority, national HIV/AIDS prevention
2 programs, including education and
3 services demonstrated to be effective
4 in reducing the transmission of HIV
5 infection among injection drug users
6 without increasing illicit drug use.

7 “(XI) Working with partner
8 countries in which the HIV/AIDS epi-
9 demic is prevalent among individuals
10 involved in commercial sex acts to es-
11 tablish, as a national priority, national
12 prevention programs, including edu-
13 cation, voluntary testing, and coun-
14 seling, and referral systems that link
15 HIV/AIDS programs with programs
16 to eradicate trafficking in persons and
17 support alternatives to prostitution.”;

18 (G) in subclause (XII), as redesignated by
19 subparagraph (C), by striking “funds section”
20 and inserting “funds appropriated for HIV/
21 AIDS assistance pursuant to the authorization
22 of appropriations under section 401 of the
23 United States Leadership Against HIV/AIDS,
24 Tuberculosis, and Malaria Act of 2003 (22
25 U.S.C. 7671)”;

1 (H) by adding at the end the following:

2 “(XIII) Publicizing updated drug
3 pricing data to inform the purchasing
4 decisions of pharmaceutical procure-
5 ment partners.”.

6 **SEC. 103. SENSE OF CONGRESS.**

7 Section 102 of the United States Leadership Against
8 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
9 U.S.C. 7612) is amended by adding at the end the fol-
10 lowing:

11 “(d) SENSE OF CONGRESS.—It is the sense of Con-
12 gress that—

13 “(1) full-time country level coordinators, pref-
14 erably with management experience, should head
15 each HIV/AIDS country team for United States
16 missions overseeing significant HIV/AIDS programs;

17 “(2) foreign service nationals provide critically
18 important services in the design and implementation
19 of United States country-level HIV/AIDS programs
20 and their skills and experience as public health pro-
21 fessionals should be recognized within hiring and
22 compensation practices; and

23 “(3) staffing levels for United States country-
24 level HIV/AIDS teams should be adequately main-

1 tained to fulfill oversight and other obligations of the
2 positions.”.

3 **TITLE II—SUPPORT FOR MULTI-**
4 **LATERAL FUNDS, PROGRAMS,**
5 **AND PUBLIC-PRIVATE PART-**
6 **NERSHIPS**

7 **SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTER-**
8 **NATIONAL VACCINE FUNDS.**

9 Section 302 of the Foreign Assistance Act of 1961
10 (~~22 U.S.C. 2222~~) is amended—

11 (1) by inserting after subsection (e) the fol-
12 lowing:

13 “(d) TUBERCULOSIS VACCINE DEVELOPMENT PRO-
14 GRAMS.—In addition to amounts otherwise available under
15 this section, there are authorized to be appropriated to
16 the President such sums as may be necessary for each of
17 the fiscal years 2009 through 2013, which shall be used
18 for United States contributions to tuberculosis vaccine de-
19 velopment programs, which may include the Aeras Global
20 TB Vaccine Foundation.”;

21 (2) in subsection (k), by striking “fiscal years
22 2004 through 2008” and inserting “fiscal years
23 2009 through 2013”;

1 (3) in subsection (l), by striking “fiscal years
2 2004 through 2008” and inserting “fiscal years
3 2009 through 2013”; and

4 (4) in subsection (m), by striking “fiscal years
5 2004 through 2008” and inserting “fiscal years
6 2009 through 2013”.

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

9 (a) **FINDINGS; SENSE OF CONGRESS.**—Section
10 202(a) of the United States Leadership Against HIV/
11 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
12 7622(a)) is amended to read as follows:

13 “(a) **FINDINGS; SENSE OF CONGRESS.**—

14 “(1) **FINDINGS.**—Congress makes the following
15 findings:

16 “(A) The establishment of the Global
17 Fund in January 2002 is consistent with the
18 general principles for an international AIDS
19 trust fund first outlined by Congress in the
20 Global AIDS and Tuberculosis Relief Act of
21 2000 (Public Law 106–264).

22 “(B) The Global Fund is an innovative fi-
23 nancing mechanism which—

1 “(i) has made progress in many areas
2 in combating HIV/AIDS, tuberculosis, and
3 malaria; and

4 “(ii) represents the multilateral com-
5 ponent of this Act, extending United
6 States efforts to more than 130 countries
7 around the world.

8 “(C) The Global Fund and United States
9 bilateral assistance programs—

10 “(i) are demonstrating increasingly ef-
11 fective coordination, with each possessing
12 certain comparative advantages in the fight
13 against HIV/AIDS, tuberculosis, and ma-
14 laria; and

15 “(ii) often work most effectively in
16 concert with each other.

17 “(D) The United States Government—

18 “(i) is the largest supporter of the
19 Global Fund in terms of resources and
20 technical support;

21 “(ii) made the founding contribution
22 to the Global Fund; and

23 “(iii) is fully committed to the success
24 of the Global Fund as a multilateral pub-
25 lic-private partnership.

1 “(2) SENSE OF CONGRESS.—It is the sense of
2 Congress that—

3 “(A) transparency and accountability are
4 crucial to the long-term success and viability of
5 the Global Fund;

6 “(B) the Global Fund has made significant
7 progress toward addressing concerns raised by
8 the Government Accountability Office by—

9 “(i) improving risk assessment and
10 risk management capabilities;

11 “(ii) providing clearer guidance for
12 and oversight of Local Fund Agents; and

13 “(iii) strengthening the Office of the
14 Inspector General for the Global Fund;

15 “(C) the provision of sufficient resources
16 and authority to the Office of the Inspector
17 General for the Global Fund to ensure that of-
18 fice has the staff and independence necessary to
19 carry out its mandate will be a measure of the
20 commitment of the Global Fund to trans-
21 parency and accountability;

22 “(D) regular, publicly published financial,
23 programmatic, and reporting audits of the
24 Fund, its grantees, and Local Fund Agents are
25 also important benchmarks of transparency;

1 “(E) the Global Fund should establish and
2 maintain a system to track—

3 “(i) the amount of funds disbursed to
4 each subrecipient on the grant’s fiscal
5 eyele; and

6 “(ii) the distribution of resources, by
7 grant and principal recipient, for preven-
8 tion, care, treatment, drug and commodity
9 purchases; and other purposes;

10 “(F) relevant national authorities in recipi-
11 ent countries should exempt from duties and
12 taxes all products financed by Global Fund
13 grants and procured by any principal recipient
14 or subrecipient for the purpose of carrying out
15 such grants;

16 “(G) the Global Fund, UNAIDS, and the
17 Global AIDS Coordinator should work together
18 to standardize program indicators wherever pos-
19 sible; and

20 “(H) for purposes of evaluating total
21 amounts of funds contributed to the Global
22 Fund under subsection (d)(4)(A)(i), the time-
23 table for evaluations of contributions from
24 sources other than the United States should

1 take into account the fiscal calendars of other
2 major contributors.”.

3 (b) UNITED STATES FINANCIAL PARTICIPATION.—

4 Section 202(d) of such Act (~~22~~ U.S.C. 7622(d)) is amend-
5 ed—

6 (1) in paragraph (1)—

7 (A) by striking “\$1,000,000,000 for the
8 period of fiscal year 2004 beginning on January
9 1, 2004” and inserting “\$2,000,000,000 for fis-
10 cal year 2009,”; and

11 (B) by striking “the fiscal years 2005–
12 2008” and inserting “each of the fiscal years
13 2010 through 2013”;

14 (2) in paragraph (4)—

15 (A) in subparagraph (A)—

16 (i) in clause (i), by striking “At any
17 time during fiscal years 2004 through
18 2008,” and inserting “During each of the
19 fiscal years 2009 through 2013, at an ap-
20 propriate time of measure, as determined
21 by the Global AIDS Coordinator,”;

22 (ii) in clause (ii), by striking “during
23 any of the fiscal years 2004 through
24 2008” and inserting “during any of the
25 fiscal years 2009 through 2013”; and

1 (iii) in clause (vi)—

2 (I) by striking “for the purposes”
3 and inserting “For the purposes”;

4 (II) by striking “fiscal years
5 2004 through 2008” and inserting
6 “fiscal years 2009 through 2013”;
7 and

8 (III) by striking “prior to fiscal
9 year 2004” and inserting “before fis-
10 cal year 2009”;

11 (B) in subparagraph (B)(iv), by striking
12 “fiscal years 2004 through 2008” and inserting
13 “fiscal years 2009 through 2013”; and

14 (C) in subparagraph (C)(ii), by striking
15 “Committee on International Relations” and in-
16 serting “Committee on Foreign Affairs”; and
17 (3) by adding at the end the following:

18 “(5) WITHHOLDING FUNDS.—Notwithstanding
19 any other provision of this Act, 20 percent of the
20 amounts appropriated pursuant to this Act for a
21 contribution to support the Global Fund for each of
22 the fiscal years 2010 through 2013 shall be withheld
23 from obligation to the Global Fund until the Sec-
24 retary of State certifies to the appropriate congres-
25 sional committees that the Global Fund—

1 “(A) has established an evaluation frame-
2 work for the performance of Local Fund Agents
3 (referred to in this paragraph as ‘LFAs’);

4 “(B) is undertaking a systematic assess-
5 ment of the performance of LFAs;

6 “(C) is making available for public review,
7 according to the Fund Board’s policies and
8 practices on disclosure of information, a regular
9 collection and analysis of performance data of
10 Fund grants, which shall cover principal recipi-
11 ents and subrecipients;

12 “(D) is maintaining an independent, well-
13 staffed Office of the Inspector General that—

14 “(i) reports directly to the Board of
15 the Global Fund; and

16 “(ii) is responsible for regular, pub-
17 licly published audits of financial, pro-
18 grammatic, and reporting aspects of the
19 Global Fund, its grantees, and LFAs;

20 “(E) has established, and is reporting pub-
21 licly on, standard indicators for all program
22 areas;

23 “(F) has established a methodology to
24 track and is reporting on—

1 “(i) all subrecipients and the amount
2 of funds disbursed to each subrecipient on
3 the grant’s fiscal cycle; and

4 “(ii) the distribution of resources; by
5 grant and principal recipient, for preven-
6 tion, care, treatment, drugs and commod-
7 ities purchase; and other purposes;

8 “(G) has established a policy on tariffs im-
9 posed by national governments on all goods and
10 services financed by the Global Fund;

11 “(H) through its Secretariat, has taken
12 meaningful steps to prevent national authorities
13 in recipient countries from imposing taxes or
14 tariffs on goods or services provided by the
15 Fund;

16 “(I) is maintaining its status as a financ-
17 ing institution focused on programs directly re-
18 lated to HIV/AIDS, malaria, and tuberculosis;
19 and

20 “(J) is maintaining and making progress
21 on—

22 “(i) sustaining its multisectoral ap-
23 proach, through country coordinating
24 mechanisms; and

1 “(ii) the implementation of grants, as
2 reflected in the proportion of resources al-
3 located to different sectors, including gov-
4 ernments, civil society, and faith- and com-
5 munity-based organizations.”.

6 **SEC. 203. PROGRAM TO FACILITATE AVAILABILITY OF**
7 **MICROBICIDES TO PREVENT TRANSMISSION**
8 **OF HIV AND OTHER DISEASES.**

9 (a) **STATEMENT OF POLICY.**—Congress recognizes
10 the need and urgency to expand the range of interventions
11 for preventing the transmission of human immuno-
12 deficiency virus (HIV), including nonvaccine prevention
13 methods that can be controlled by women.

14 (b) **PROGRAM AUTHORIZED.**—The Administrator of
15 the United States Agency for International Development,
16 in coordination with the Coordinator of United States
17 Government Activities to Combat HIV/AIDS Globally,
18 shall develop and implement a program to facilitate
19 widescale availability of microbicides that prevent the
20 transmission of HIV after such microbicides are proven
21 safe and effective.

22 (c) **AUTHORIZATION OF APPROPRIATIONS.**—Of the
23 amounts authorized to be appropriated under section 401
24 of the United States Leadership Against HIV/AIDS, Tu-
25 berculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for

1 HIV/AIDS assistance, there are authorized to be appro-
 2 priated to the President such sums as may be necessary
 3 for each of the fiscal years 2009 through 2013 to carry
 4 out this section.

5 **SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**
 6 **LARIA BY STRENGTHENING HEALTH POLI-**
 7 **CIES AND HEALTH SYSTEMS OF PARTNER**
 8 **COUNTRIES.**

9 (a) IN GENERAL.—Title II of the United States
 10 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
 11 Act of 2003 (22 U.S.C. 7621) is amended by adding at
 12 the end the following:

13 **“SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**
 14 **LARIA BY STRENGTHENING HEALTH POLI-**
 15 **CIES AND HEALTH SYSTEMS OF PARTNER**
 16 **COUNTRIES.**

17 **“(a) STATEMENT OF POLICY.—**It shall be the policy
 18 of the United States Government—

19 **“(1)** to invest appropriate resources authorized
 20 under this Act—

21 **“(A)** to carry out activities to strengthen
 22 HIV/AIDS, tuberculosis, and malaria health
 23 policies and health systems; and

1 “(B) to provide workforce training and ca-
2 capacity-building consistent with the goals and
3 objectives of this Act; and

4 “(2) to support the development of a sound pol-
5 icy environment in partner countries to increase the
6 ability of such countries—

7 “(A) to maximize utilization of health care
8 resources from donor countries;

9 “(B) to increase national investments in
10 health and education and maximize the effec-
11 tiveness of such investments;

12 “(C) to improve national HIV/AIDS, tu-
13 berculosis, and malaria strategies;

14 “(D) to deliver evidence-based services in
15 an effective and efficient manner; and

16 “(E) to reduce barriers that prevent recipi-
17 ents of services from achieving maximum ben-
18 efit from such services.

19 “(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE
20 MANAGEMENT SYSTEMS.—

21 “(1) IN GENERAL.—Consistent with the author-
22 ity under section 129 of the Foreign Assistance Act
23 of 1961 (22 U.S.C. 2152), the Secretary of the
24 Treasury, acting through the head of the Office of
25 Technical Assistance, is authorized to provide assist-

1 ance for advisors and partner country finance,
 2 health, and other relevant ministries to improve the
 3 effectiveness of public finance management systems
 4 in partner countries to enable such countries to re-
 5 ceive funding to carry out programs to combat HIV/
 6 AIDS, tuberculosis, and malaria and to manage
 7 such programs.

8 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of
 9 the amounts authorized to be appropriated under
 10 section 401 for HIV/AIDS assistance, there are au-
 11 thorized to be appropriated to the Secretary of the
 12 Treasury such sums as may be necessary for each
 13 of the fiscal years 2009 through 2013 to carry out
 14 this subsection.”.

15 (b) CLERICAL AMENDMENT.—The table of contents
 16 for the United States Leadership Against HIV/AIDS, Tu-
 17 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
 18 is amended by inserting after the item relating to section
 19 203, as added by section 203 of this Act, the following:

“Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening
 health policies and health systems of partner countries.”.

20 **SEC. 205. FACILITATING EFFECTIVE OPERATIONS OF THE**
 21 **CENTERS FOR DISEASE CONTROL.**

22 Section 307 of the Public Health Service Act (42
 23 U.S.C. 242*l*) is amended—

1 (1) by amending subsection (a) to read as fol-
2 lows:

3 “(a) The Secretary may participate with other coun-
4 tries in cooperative endeavors in—

5 “(1) biomedical research, health care tech-
6 nology, and the health services research and statis-
7 tical analysis authorized under section 306 and title
8 IX; and

9 “(2) biomedical research, health care services,
10 health care research, or other related activities in
11 furtherance of the activities, objectives or goals au-
12 thorized under the Tom Lantos and Henry J. Hyde
13 United States Global Leadership Against HIV/
14 AIDS, Tuberculosis, and Malaria Reauthorization
15 Act of 2008.”; and

16 (2) in subsection (b)—

17 (A) in paragraph (7), by striking “and”
18 after the semicolon at the end;

19 (B) by striking “The Secretary may not, in
20 the exercise of his authority under this section,
21 provide financial assistance for the construction
22 of any facility in any foreign country.”

23 (C) in paragraph (8), by striking “for any
24 purpose.” and inserting “for the purpose of any

1 law administered by the Office of Personnel
2 Management;” and

3 ~~(D)~~ by adding at the end the following:

4 “(9) provide such funds by advance or reim-
5 bursement to the Secretary of State, as may be nec-
6 essary, to pay the costs of acquisition, lease, con-
7 struction, alteration, equipping, furnishing or man-
8 agement of facilities outside of the United States;
9 and

10 “(10) in consultation with the Secretary of
11 State, through grant or cooperative agreement, make
12 funds available to public or nonprofit private institu-
13 tions or agencies in foreign countries in which the
14 Secretary is participating in activities described
15 under subsection (a) to acquire, lease, construct,
16 alter, or renovate facilities in those countries.”

17 ~~(3)~~ in subsection (c)—

18 (A) by striking “1990” and inserting
19 “1980”; and

20 (B) by inserting or “or section 903 of the
21 Foreign Service Act of 1980 (22 U.S.C. 4083)”
22 after “Code”.

1 **TITLE III—BILATERAL EFFORTS**
 2 **Subtitle A—General Assistance and**
 3 **Programs**

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

5 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE
 6 ACT OF 1961.—

7 (1) FINDING.—Section 104A(a) of the Foreign
 8 Assistance Act of 1961 (22 U.S.C. 2151b-2(a)) is
 9 amended by inserting “Central Asia, Eastern Eu-
 10 rope, Latin America” after “Caribbean.”

11 (2) POLICY.—Section 104A(b) of such Act is
 12 amended to read as follows:

13 “(b) POLICY.—

14 “(1) OBJECTIVES.—It is a major objective of
 15 the foreign assistance program of the United States
 16 to provide assistance for the prevention and treat-
 17 ment of HIV/AIDS and the care of those affected by
 18 the disease. It is the policy objective of the United
 19 States, by 2013, to—

20 “(A) assist partner countries to—

21 “(i) prevent 12,000,000 new HIV in-
 22 fections worldwide;

23 “(ii) support treatment of at least
 24 3,000,000 individuals with HIV/AIDS;

1 “(iii) support additional treatment
2 through coordinated multilateral efforts;

3 “(iv) support care for 12,000,000 in-
4 dividuals with HIV/AIDS, including
5 5,000,000 orphans and vulnerable children
6 affected by HIV/AIDS, with an emphasis
7 on promoting a comprehensive, coordinated
8 system of services to be integrated
9 throughout the continuum of care;

10 “(v) provide at least 80 percent of the
11 target population with access to coun-
12 seling, testing, and treatment to prevent
13 the transmission of HIV from mother-to-
14 child;

15 “(vi) provide access for children with
16 HIV to care and treatment services in pro-
17 portion to their percentage within the
18 HIV-infected population of a given partner
19 country; and

20 “(vii) train health care professionals
21 and workers in HIV/AIDS prevention,
22 treatment, and care, with a goal of pro-
23 viding such training to at least 140,000
24 new health care professionals and workers;

1 “(B) strengthen the capacity to deliver pri-
2 mary health care in developing countries, espe-
3 cially in sub-Saharan Africa; and

4 “(C) help countries achieve staffing levels
5 of at least 2.3 doctors, nurses, and midwives
6 per 1,000 population, as called for by the World
7 Health Organization.

8 “(2) COORDINATED GLOBAL STRATEGY.—The
9 United States and other countries with the sufficient
10 capacity should provide assistance to countries in
11 sub-Saharan Africa, the Caribbean, Central Asia,
12 Eastern Europe, and Latin America, and other
13 countries and regions confronting HIV/AIDS
14 epidemics in a coordinated global strategy to help
15 address generalized and concentrated epidemics
16 through HIV/AIDS prevention, treatment, care,
17 monitoring and evaluation, and related activities.

18 “(3) PRIORITIES.—The United States Govern-
19 ment’s response to the global HIV/AIDS pandemic
20 and the Government’s efforts to help countries as-
21 sume leadership of sustainable campaigns to combat
22 their local epidemics should place high priority on—

23 “(A) the prevention of the transmission of
24 HIV; and

1 “(B) moving toward universal access to
2 HIV/AIDS prevention counseling and serv-
3 ices.”

4 (b) AUTHORIZATION.—Section 104A(e) of such Act
5 is amended—

6 (1) in paragraph (1), by striking “and other
7 countries and areas.” and inserting “Central Asia,
8 Eastern Europe, Latin America, and other countries
9 and areas, particularly with respect to refugee popu-
10 lations or those in postconflict settings in such coun-
11 tries and areas with significant or increasing HIV
12 incidence rates.”;

13 (2) in paragraph (2), by striking “and other
14 countries and areas affected by the HIV/AIDS pan-
15 demic” and inserting “Central Asia, Eastern Eu-
16 rope, Latin America, and other countries and areas
17 affected by the HIV/AIDS pandemic, particularly
18 with respect to refugee populations or those in post-
19 conflict settings in such countries and areas with
20 significant or increasing HIV incidence rates.”; and

21 (3) in paragraph (3)—

22 (A) by striking “foreign countries” and in-
23 serting “partner countries, other international
24 actors,”; and

1 (B) by inserting “within the framework of
2 the principles of the Three Ones” before the pe-
3 riod at the end.

4 (e) ACTIVITIES SUPPORTED.—Section 104A(d) of
5 such Act is amended—

6 (1) in paragraph (1)—

7 (A) in subparagraph (A)—

8 (i) by inserting “and multiple concu-
9 rent sexual partnering,” after “casual sex-
10 ual partnering”; and

11 (ii) by striking “condoms” and insert-
12 ing “male and female condoms”;

13 (B) in subparagraph (B)—

14 (i) by striking “programs that” and
15 inserting “programs that are designed with
16 local input and”; and

17 (ii) by striking “those organizations”
18 and inserting “those locally based organi-
19 zations”;

20 (C) in subparagraph (D), by inserting
21 “and promoting the use of provider-initiated or
22 ‘opt-out’ voluntary testing in accordance with
23 World Health Organization guidelines” before
24 the semicolon at the end;

1 (D) by redesignating subparagraphs (F),
2 (G), and (H) as subparagraphs (H), (I), and
3 (J), respectively;

4 (E) by inserting after subparagraph (E)
5 the following:

6 “(F) assistance to—

7 “(i) achieve the goal of reaching 80
8 percent of pregnant women for prevention
9 and treatment of mother-to-child trans-
10 mission of HIV in countries in which the
11 United States is implementing HIV/AIDS
12 programs by 2013; and

13 “(ii) promote infant feeding options
14 and treatment protocols that meet the
15 most recent criteria established by the
16 World Health Organization;

17 “(G) medical male circumcision programs
18 as part of national strategies to combat the
19 transmission of HIV/AIDS;”;

20 (F) in subparagraph (I), as redesignated,
21 by striking “and” at the end;

22 (G) in subparagraph (H), as redesi-
23 gnated—

24 (i) by striking the period at the end
25 and inserting “, including education and

1 services demonstrated to be effective in re-
2 ducing the transmission of HIV infection
3 without increasing illicit drug use; and”;
4 and

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

6 “(K) assistance for counseling, testing,
7 treatment, care, and support programs, includ-
8 ing—

9 “(i) counseling and other services for
10 the prevention of reinfection of individuals
11 with HIV/AIDS;

12 “(ii) counseling to prevent sexual
13 transmission of HIV, including—

14 “(I) life skills development for
15 practicing abstinence and faithfulness;

16 “(II) reducing the number of sex-
17 ual partners;

18 “(III) delaying sexual debut; and

19 “(IV) ensuring correct and con-
20 sistent use of condoms;

21 “(iii) assistance to engage underlying
22 vulnerabilities to HIV/AIDS, especially
23 those of women and girls, through struc-
24 tural prevention programs;

1 “(iv) assistance for appropriate HIV/
2 AIDS education programs and training
3 targeted to prevent the transmission of
4 HIV among men who have sex with men;

5 “(v) assistance to provide male and
6 female condoms;

7 “(vi) diagnosis and treatment of other
8 sexually transmitted infections;

9 “(vii) strategies to address the stigma
10 and discrimination that impede HIV/AIDS
11 prevention efforts; and

12 “(viii) assistance to facilitate wide-
13 spread access to microbicides for HIV pre-
14 vention, if safe and effective products be-
15 come available, including financial and
16 technical support for culturally appropriate
17 introductory programs; procurement, dis-
18 tribution, logistics management, program
19 delivery; acceptability studies; provider
20 training; demand generation; and
21 postintroduction monitoring.”; and

22 (2) in paragraph (2)—

23 (A) in subparagraph (B), by striking
24 “and” at the end;

25 (B) in subparagraph (C)—

1 (i) by inserting “pain management,”
2 after “opportunistic infections,”; and

3 (ii) by striking the period at the end
4 and inserting a semicolon; and

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

6 “(D) as part of care and treatment of
7 HIV/AIDS; assistance (including prophylaxis
8 and treatment) for common HIV/AIDS-related
9 opportunistic infections for free or at a rate at
10 which it is easily affordable to the individuals
11 and populations being served;

12 “(E) as part of care and treatment of
13 HIV/AIDS; assistance or referral to available
14 and adequately resourced service providers for
15 nutritional support, including counseling and
16 where necessary the provision of commodities,
17 for persons meeting malnourishment criteria
18 and their families;”;

19 (3) in paragraph (4)—

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

22 (B) in subparagraph (D), by striking the
23 period at the end and inserting a semicolon;
24 and

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

1 “(E) carrying out and expanding program
2 monitoring, impact evaluation research and
3 analysis, and operations research and dissemi-
4 nating data and findings through mechanisms
5 to be developed by the Coordinator of United
6 States Government Activities to Combat HIV/
7 AIDS Globally, in coordination with the Direc-
8 tor of the Centers for Disease Control, in order
9 to—

10 “(i) improve accountability, increase
11 transparency, and ensure the delivery of
12 evidence-based services through the collec-
13 tion, evaluation, and analysis of data re-
14 garding gender-responsive interventions,
15 disaggregated by age and sex;

16 “(ii) identify and replicate effective
17 models; and

18 “(iii) develop gender indicators to
19 measure outcomes and the impacts of
20 interventions; and

21 “(F) establishing appropriate systems to—

22 “(i) gather epidemiological and social
23 science data on HIV; and

24 “(ii) evaluate the effectiveness of pre-
25 vention efforts among men who have sex

1 with men, with due consideration to stigma
2 and risks associated with disclosure.”;

3 (4) in paragraph (5)—

4 (A) by redesignating subparagraph (C) as
5 subparagraph (D); and

6 (B) by inserting after subparagraph (B)
7 the following:

8 “(C) MECHANISM TO ENSURE COST-EF-
9 FECTIVE DRUG PURCHASING.—Subject to sub-
10 paragraph (B), mechanisms to ensure that safe
11 and effective pharmaceuticals, including
12 antiretrovirals and medicines to treat opportu-
13 nistic infections, are purchased at the lowest pos-
14 sible price at which such pharmaceuticals may
15 be obtained in sufficient quantity on the world
16 market.”;

17 (5) in paragraph (6)—

18 (A) by amending the paragraph heading to
19 read as follows:

20 “(6) RELATED AND COORDINATED ACTIVI-
21 TIES.—”;

22 (B) in subparagraph (B), by striking
23 “and” at the end;

24 (C) in subparagraph (C), by striking the
25 period at the end and inserting “; and”;

1 ~~(D)~~ by adding at the end the following:

2 ~~“(D) coordinated or referred activities to—~~

3 ~~“(i) enhance the clinical impact of~~
4 ~~HIV/AIDS care and treatment; and~~

5 ~~“(ii) ameliorate the adverse social and~~
6 ~~economic costs often affecting AIDS-im-~~
7 ~~acted families and communities through~~
8 ~~the direct provision, as necessary, or~~
9 ~~through the referral, if possible, of support~~
10 ~~services; including—~~

11 ~~“(I) nutritional and food support;~~

12 ~~“(II) nutritional counseling;~~

13 ~~“(III) income-generating activi-~~
14 ~~ties and livelihood initiatives;~~

15 ~~“(IV) maternal and child health~~
16 ~~care;~~

17 ~~“(V) primary health care;~~

18 ~~“(VI) the diagnosis and treat-~~
19 ~~ment of other infectious or sexually~~
20 ~~transmitted diseases;~~

21 ~~“(VII) substance abuse and~~
22 ~~treatment services; and~~

23 ~~“(VIII) legal services;~~

24 ~~“(E) coordinated or referred activities to~~
25 link programs addressing HIV/AIDS with pro-

1 grams addressing gender-based violence in
2 areas of significant HIV prevalence to assist
3 countries in the development and enforcement
4 of women’s health, children’s health, and HIV/
5 AIDS laws and policies that—

6 “(i) prevent and respond to violence
7 against women and girls;

8 “(ii) promote the integration of
9 screening and assessment for gender-based
10 violence into HIV/AIDS programming;

11 “(iii) promote appropriate HIV/AIDS
12 counseling, testing, and treatment into
13 gender-based violence programs; and

14 “(iv) assist governments to develop
15 partnerships with civil society organiza-
16 tions to create networks for psychosocial,
17 legal, economic, or other support services;
18 “(F) coordinated or referred activities to—

19 “(i) address the frequent coinfection
20 of HIV and tuberculosis, in accordance
21 with World Health Organization guide-
22 lines;

23 “(ii) promote provider-initiated or
24 ‘opt-out’ HIV/AIDS counseling and testing
25 and appropriate referral for treatment and

1 care to individuals with tuberculosis or its
2 symptoms, particularly in areas with sig-
3 nificant HIV prevalence; and

4 “(iii) strengthen programs to ensure
5 that individuals testing positive for HIV
6 receive tuberculosis screening and appro-
7 priate screening and to improve laboratory
8 capacities, infection control, and adher-
9 ence; and

10 “(G) activities to—

11 “(i) improve the effectiveness of na-
12 tional responses to HIV/AIDS; and

13 “(ii) strengthen overall health systems
14 in high-prevalence countries, including sup-
15 port for workforce training, retention, and
16 effective deployment, capacity building,
17 laboratory development, equipment mainte-
18 nance and repair, and public health and
19 related public financial management sys-
20 tems and operations.”; and

21 (6) by adding at the end the following:

22 “(8) COMPACTS AND FRAMEWORK AGREE-
23 MENTS.—The development of compacts or frame-
24 work agreements, tailored to local circumstances,
25 with national governments or regional partnerships

1 in countries with significant HIV/AIDS burdens to
 2 promote host government commitment to deeper in-
 3 tegration of HIV/AIDS services into health systems;
 4 contribute to health systems overall; and enhance
 5 sustainability.”.

6 (d) COMPACTS AND FRAMEWORK AGREEMENTS.—

7 Section 104A of such Act is amended—

8 (1) by redesignating subsections (e) through (g)
 9 as subsections (f) through (h); and

10 (2) by inserting after subsection (d) the fol-
 11 lowing:

12 “(e) COMPACTS AND FRAMEWORK AGREEMENTS.—

13 “(1) FINDINGS.—Congress makes the following
 14 findings:

15 “(A) The congressionally mandated Insti-
 16 tute of Medicine report entitled ‘PEPFAR Im-
 17 plementation: Progress and Promise’ states:
 18 ‘The next strategy [of the U.S. Global AIDS
 19 Initiative] should squarely address the needs
 20 and challenges involved in supporting sustain-
 21 able country HIV/AIDS programs; thereby
 22 transitioning from a focus on emergency relief.’.

23 “(B) One mechanism to promote the tran-
 24 sition from an emergency to a public health and
 25 development approach to HIV/AIDS is through

1 compacts or framework agreements between the
2 United States Government and each partici-
3 pating nation.

4 “(C) Key components of a transition to-
5 ward a more sustainable approach toward fight-
6 ing HIV/AIDS, tuberculosis, and malaria and
7 thus priorities for such compacts include—

8 “(i) building capacity to expand the
9 size of the trained health care workforce in
10 partner countries and improve its reten-
11 tion, safety, deployment, and utilization of
12 skills and to improve public health infra-
13 structure and systems;

14 “(ii) partner governments increasing
15 their national investments in health and
16 education systems, as called for in the
17 Abuja Declaration;

18 “(iii) increasing the focus of United
19 States government efforts to address the
20 factors that put women and girls at great-
21 er risk of HIV/AIDS and to strengthen the
22 legal, economic, educational, and social sta-
23 tus of women, girls, orphans, and vulner-
24 able children and encouraging partner gov-
25 ernments to do the same;

1 “(iv) building on the New Partners
2 Initiative and other efforts currently un-
3 derway to strengthen the capacities of
4 community- and faith-based organizations
5 and civil society in partner countries to
6 contribute to country efforts to prevent or
7 manage the effects of HIV/AIDS, tuber-
8 culosis, and malaria epidemics and to im-
9 prove health care delivery;

10 “(v) improving the coordination of ef-
11 forts to combat HIV/AIDS, tuberculosis,
12 and malaria with broader national health
13 and development strategies;

14 “(vi) promoting HIV/AIDS-related
15 laws, regulations, and policies that support
16 voluntary diagnostic counseling and rapid
17 testing, pediatric diagnosis, rapid, tariff-
18 free regulatory procedures for drugs and
19 commodities, and full inclusion of people
20 living with HIV/AIDS in a multisectoral
21 national response.

22 “(vii) sharing and implementing find-
23 ings based on program evaluations and op-
24 erations research; and

1 “(viii) reducing the disease burden of
2 HIV/AIDS, tuberculosis, and malaria
3 through improved prevention efforts.

4 “(D) Such compacts should also take into
5 account the overall national health and develop-
6 ment and national HIV/AIDS and public health
7 strategies of each country and should contain
8 provisions including—

9 “(i) the specific objectives that the
10 country and the United States expect to
11 achieve during the term of a compact;

12 “(ii) the respective responsibilities of
13 the country and the United States in the
14 achievement of such objectives;

15 “(iii) regular benchmarks to measure,
16 where appropriate, progress toward achiev-
17 ing such objectives;

18 “(iv) an identification of the intended
19 beneficiaries, disaggregated by gender and
20 age, and including information on orphans
21 and vulnerable children, to the maximum
22 extent practicable;

23 “(v) the methods by which the com-
24 pact is intended to address the factors that
25 put women and girls at greater risk of

1 HIV/AIDS and to strengthen the legal,
2 economic, educational, and social status of
3 women, girls, orphans, and vulnerable chil-
4 dren;

5 “(vi) the methods by which the com-
6 pact will strengthen the health care capae-
7 ity, including the training, retention, de-
8 ployment, and utilization of health care
9 workers, improve supply chain manage-
10 ment, and improve the health systems and
11 infrastructure of the partner country, in-
12 cluding the ability of compact participants
13 to maintain and operate equipment trans-
14 ferred or purchased as part of the com-
15 pact;

16 “(vii) proposed mechanisms to provide
17 oversight;

18 “(viii) the role of civil society in the
19 development of a compact and the achieve-
20 ment of its objectives;

21 “(ix) a description of the current and
22 potential participation of other donors in
23 the achievement of such objectives, as ap-
24 propriate; and

1 “(x) a plan to ensure appropriate fis-
2 cal accountability for the use of assistance.

3 “(2) LOCAL INPUT.—In entering into a com-
4 pact authorized under subsection (d)(8), the Coordi-
5 nator of United States Government Activities to
6 Combat HIV/AIDS Globally shall seek to ensure
7 that the government of a country—

8 “(A) takes into account the local perspec-
9 tives of the rural and urban poor, including
10 women, in each country; and

11 “(B) consults with private and voluntary
12 organizations, including faith-based organiza-
13 tions, the business community, and other do-
14 nors in the country.

15 “(3) CONGRESSIONAL AND PUBLIC NOTIFICA-
16 TION AFTER ENTERING INTO A COMPACT.—Not later
17 than 10 days after entering into a compact author-
18 ized under subsection (d)(8), the Global AIDS Coordi-
19 nator shall—

20 “(A) submit a report containing a detailed
21 summary of the compact and a copy of the text
22 of the compact to—

23 “(i) the Committee on Foreign Rela-
24 tions of the Senate;

1 “(ii) the Committee on Appropriations
2 of the Senate;

3 “(iii) the Committee on Foreign Af-
4 fairs of the House of Representatives; and

5 “(iv) the Committee on Appropria-
6 tions of the House of Representatives; and

7 “(B) publish such information in the Fed-
8 eral Register and on the Internet website of the
9 Office of the Global AIDS Coordinator.”.

10 (e) ANNUAL REPORT.—Section 104A(f) of such Act,
11 as redesignated, is amended—

12 (1) in paragraph (1), by striking “Committee
13 on International Relations” and inserting “Com-
14 mittee on Foreign Affairs”; and

15 (2) in paragraph (2)—

16 (A) in subparagraph (B), by striking
17 “and” at the end;

18 (B) by striking subparagraph (C) and in-
19 serting the following:

20 “(C) a detailed breakdown of funding allo-
21 cations, by program and by country, for preven-
22 tion activities; and

23 “(D) a detailed assessment of the impact
24 of programs established pursuant to such sec-
25 tions, including—

1 “(i)(I) the effectiveness of such pro-
2 grams in reducing—

3 “(aa) the transmission of HIV,
4 particularly in women and girls;

5 “(bb) mother-to-child trans-
6 mission of HIV, including through
7 drug treatment and therapies, either
8 directly or by referral; and

9 “(cc) mortality rates from HIV/
10 AIDS;

11 “(II) the number of patients receiving
12 treatment for AIDS in each country that
13 receives assistance under this Act;

14 “(III) an assessment of progress to-
15 wards the achievement of annual goals set
16 forth in the timetable required under the
17 5-year strategy established under section
18 101 of the United States Leadership
19 Against HIV/AIDS, Tuberculosis, and Ma-
20 laria Act of 2003 and, if annual goals are
21 not being met, the reasons for such failure;
22 and

23 “(IV) retention and attrition data for
24 programs receiving United States assist-
25 ance, including mortality and loss to fol-

1 low-up rates, organized overall and by
2 country;

3 “(ii) the progress made toward—

4 “(I) improving health care deliv-
5 ery systems (including the training of
6 health care workers, including doctors,
7 nurses, midwives, pharmacists, labora-
8 tory technicians, and compensated
9 community health workers);

10 “(II) advancing safe working
11 conditions for health care workers;
12 and

13 “(III) improving infrastructure
14 to promote progress toward universal
15 access to HIV/AIDS prevention, treat-
16 ment, and care by 2013;

17 “(iii) with respect to tuberculosis—

18 “(I) the increase in the number
19 of people treated and the number of
20 tuberculosis patients cured through
21 each program, project, or activity re-
22 ceiving United States foreign assist-
23 ance for tuberculosis control purposes
24 through, or in coordination with, HIV/
25 AIDS programs;

1 “(II) a description of drug resist-
2 ance rates among persons treated;

3 “(III) the percentage of such
4 United States foreign assistance pro-
5 vided for diagnosis and treatment of
6 individuals with tuberculosis in coun-
7 tries with the highest burden of tuber-
8 culosis, as determined by the World
9 Health Organization; and

10 “(IV) a detailed description of ef-
11 forts to integrate HIV/AIDS and tu-
12 berculosis prevention, treatment, and
13 care programs; and

14 “(iv) a description of coordination ef-
15 forts with relevant executive branch agen-
16 cies to link HIV/AIDS clinical and social
17 services with non-HIV/AIDS services as
18 part of the United States health and devel-
19 opment agenda;

20 “(v) a detailed description of inte-
21 grated HIV/AIDS and food and nutrition
22 programs and services, including—

23 “(I) the amount spent on food
24 and nutrition support;

1 “(II) the types of activities sup-
2 ported; and

3 “(III) an assessment of the effec-
4 tiveness of interventions carried out to
5 improve the health status of persons
6 with HIV/AIDS receiving food or nu-
7 tritional support;

8 “(vi) a description of efforts to im-
9 prove harmonization, in terms of relevant
10 executive branch agencies, coordination
11 with other public and private entities, and
12 coordination with partner countries’ na-
13 tional strategic plans as called for in the
14 ‘Three Ones’;

15 “(vii) a description of—

16 “(I) the efforts of partner coun-
17 tries that were signatories to the
18 Abuja Declaration on HIV/AIDS, Tu-
19 berculosis and Other Related Infec-
20 tious Diseases to adhere to the goals
21 of such Declaration in terms of invest-
22 ments in public health, including HIV/
23 AIDS; and

24 “(II) a description of the HIV/
25 AIDS investments of partner coun-

1 tries that were not signatories to such
2 Declaration;

3 “(viii) a detailed description of any
4 compacts or framework agreements
5 reached or negotiated between the United
6 States and any partner countries, including
7 a description of the elements of compacts
8 described in subsection (e);

9 “(ix) a description of programs serv-
10 ing women and girls, including—

11 “(I) HIV/AIDS prevention pro-
12 grams that address the vulnerabilities
13 of girls and women to HIV/AIDS;

14 “(II) information on the number
15 of individuals served by programs
16 aimed at reducing the vulnerabilities
17 of women and girls to HIV/AIDS and
18 data on the types, objectives, and du-
19 ration of programs to address these
20 issues;

21 “(III) information on programs
22 to address the particular needs of ad-
23 olescent girls and young women; and

24 “(IV) programs to prevent gen-
25 der-based violence or to assist victims

1 of gender based violence as part, of or
2 in coordination with, HIV/AIDS pro-
3 grams;

4 “(x) a description of strategies, goals,
5 programs, and interventions to—

6 “(I) address the needs and
7 vulnerabilities of youth populations;

8 “(II) expand access among young
9 men and women to evidence-based
10 HIV/AIDS health care services and
11 HIV prevention programs, including
12 abstinence education programs; and

13 “(III) expand community-based
14 services to meet the needs of orphans
15 and of children and adolescents af-
16 fected by or vulnerable to HIV/AIDS
17 without increasing stigmatization;

18 “(xi) a description of—

19 “(I) the specific strategies funded
20 to ensure the reduction of HIV infec-
21 tion among injection drug users;

22 “(II) the number of injection
23 drug users, by country, reached by
24 such strategies;

1 “(III) medication-assisted drug
2 treatment for individuals with HIV or
3 at risk of HIV; and

4 “(IV) HIV prevention programs
5 demonstrated to be effective in reduc-
6 ing HIV transmission without increas-
7 ing drug use;

8 “(xii) a detailed description of pro-
9 gram monitoring, operations research, and
10 impact evaluation research, including—

11 “(I) the amount of funding pro-
12 vided for each research type;

13 “(II) an analysis of cost-effective-
14 ness models; and

15 “(III) conclusions regarding the
16 efficiency, effectiveness, and quality of
17 services as derived from previous or
18 ongoing research and monitoring ef-
19 forts; and

20 “(xiii) a description of staffing levels
21 of United States government HIV/AIDS
22 teams in countries with significant HIV/
23 AIDS programs, including whether or not
24 a full-time coordinator was on staff for the
25 year.”.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—Section
2 301(b) of the United States Leadership Against HIV/
3 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
4 7631(b)) is amended—

5 (1) in paragraph (1), by striking “fiscal years
6 2004 through 2008” and inserting “fiscal years
7 2009 through 2013”; and

8 (2) in paragraph (2), by striking “fiscal years
9 2004 through 2008” and inserting “fiscal years
10 2009 through 2013”.

11 (g) RELATIONSHIP TO ASSISTANCE PROGRAMS TO
12 ENHANCE NUTRITION.—Section 301(e) of such Act is
13 amended to read as follows:

14 “(e) FOOD AND NUTRITIONAL SUPPORT.—

15 “(1) IN GENERAL.—As indicated in the report
16 produced by the Institute of Medicine, entitled
17 ‘PEPFAR Implementation: Progress and Promise’,
18 inadequate caloric intake has been clearly identified
19 as a principal reason for failure of clinical response
20 to antiretroviral therapy. In recognition of the im-
21 pact of malnutrition as a clinical health issue for
22 many persons living with HIV/AIDS that is often
23 associated with health and economic impacts on
24 these individuals and their families, the Global AIDS

1 Coordinator and the Administrator of the United
2 States Agency for International Development shall—

3 “(A) follow World Health Organization
4 guidelines for HIV/AIDS food and nutrition
5 services;

6 “(B) integrate nutrition programs with
7 HIV/AIDS activities through effective linkages
8 among the health, agricultural, and livelihood
9 sectors and establish additional services in cir-
10 cumstances in which referrals are inadequate or
11 impossible;

12 “(C) provide, as a component of care and
13 treatment programs for persons with HIV/
14 AIDS, food and nutritional support to individ-
15 uals infected with, and affected by, HIV/AIDS
16 who meet established criteria for nutritional
17 support (including clinically malnourished chil-
18 dren and adults, and pregnant and lactating
19 women in programs in need of supplemental
20 support), including—

21 “(i) anthropometric and dietary as-
22 sessment;

23 “(ii) counseling; and

24 “(iii) therapeutic and supplementary
25 feeding;

1 “(D) provide food and nutritional support
2 for children affected by HIV/AIDS and to com-
3 munities and households caring for children af-
4 fected by HIV/AIDS; and

5 “(E) in communities where HIV/AIDS and
6 food insecurity are highly prevalent, support
7 programs to address these often intersecting
8 health problems through community-based as-
9 sistance programs, with an emphasis on sus-
10 tainable approaches.

11 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of
12 the amounts authorized to be appropriated under
13 section 401, there are authorized to be appropriated
14 to the President such sums as may be necessary for
15 each of the fiscal years 2009 through 2013 to carry
16 out this subsection.”.

17 (h) ELIGIBILITY FOR ASSISTANCE.—Section 301(d)
18 of such Act is amended to read as follows:

19 “(d) ELIGIBILITY FOR ASSISTANCE.—An organiza-
20 tion, including a faith-based organization, that is other-
21 wise eligible to receive assistance under section 104A of
22 the Foreign Assistance Act of 1961, under this Act, or
23 under any amendment made by this Act or by the Tom
24 Lantos and Henry J. Hyde United States Global Leader-
25 ship Against HIV/AIDS, Tuberculosis, and Malaria Reau-

1 thORIZATION Act of 2008, to prevent, treat, or monitor HIV/
2 AIDS—

3 “(1) shall not be required, as a condition of re-
4 ceiving such assistance—

5 “(A) to endorse or utilize a multisectoral
6 or comprehensive approach to combating HIV/
7 AIDS; or

8 “(B) to endorse, utilize, make a referral to,
9 become integrated with, or otherwise participate
10 in a prevention method or treatment program
11 to which the organization has a religious or
12 moral objection; and

13 “(2) shall not be discriminated against in the
14 solicitation or issuance of grants, contracts, or coop-
15 erative agreements under such provisions of law for
16 refusing to meet any requirement described in para-
17 graph (1).”.

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

19 (a) **POLICY.**—Section 104B(b) of the Foreign Assist-
20 ance Act of 1961 (22 U.S.C. 2151b–3(b)) is amended to
21 read as follows:

22 “(b) **POLICY.**—It is a major objective of the foreign
23 assistance program of the United States to control tuber-
24 culosis. In all countries in which the Government of the
25 United States has established development programs, par-

1 ticularly in countries with the highest burden of tuber-
2 culosis and other countries with high rates of tuberculosis;
3 the United States Government should prioritize the
4 achievement of the following goals by not later than De-
5 cember 31, 2015:

6 “(1) Reduce by half the tuberculosis death and
7 disease burden from the 1990 baseline.

8 “(2) Sustain or exceed the detection of at least
9 70 percent of sputum smear-positive cases of tuber-
10 culosis and the cure of at least 85 percent of those
11 cases detected.”.

12 (b) ~~PRIORITY TO STOP TB STRATEGY.~~—Section
13 104B(e) of such Act is amended to read as follows:

14 “(e) ~~PRIORITY TO STOP TB STRATEGY.~~—In fur-
15 nishing assistance under subsection (c), the President
16 shall give priority to—

17 “(1) activities described in the Stop TB Strat-
18 egy, including expansion and enhancement of Di-
19 rectly Observed Treatment Short-course (DOTS)
20 coverage, rapid testing, treatment for individuals in-
21 fected with both tuberculosis and HIV, and treat-
22 ment for individuals with multi-drug resistant tuber-
23 culosis (MDR-TB), strengthening of health systems,
24 use of the International Standards for Tuberculosis
25 Care by all providers, empowering individuals with

1 tuberculosis, and enabling and promoting research to
2 develop new diagnostics, drugs, and vaccines, and
3 program-based operational research relating to tu-
4 berculosis; and

5 “(2) funding for the Global Tuberculosis Drug
6 Facility, the Stop Tuberculosis Partnership, and the
7 Global Alliance for TB Drug Development.”.

8 (e) ASSISTANCE FOR THE WORLD HEALTH ORGANI-
9 ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—
10 Section 104B of such Act is amended—

11 (1) by redesignating subsection (f) as sub-
12 section (g); and

13 (2) by inserting after subsection (e) the fol-
14 lowing:

15 “(f) ASSISTANCE FOR THE WORLD HEALTH ORGANI-
16 ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—

17 In carrying out this section, the President, acting through
18 the Administrator of the United States Agency for Inter-
19 national Development, is authorized to provide increased
20 resources to the World Health Organization and the Stop
21 Tuberculosis Partnership to improve the capacity of coun-
22 tries with high rates of tuberculosis and other affected
23 countries to implement the Stop TB Strategy and specific
24 strategies related to addressing multiple drug resistant tu-

1 tuberculosis (MDR-TB) and extensively drug resistant tu-
2 tuberculosis (XDR-TB).”.

3 (d) DEFINITIONS.—Section 104B(g) of such Act, as
4 redesignated, is amended—

5 (1) in paragraph (1), by striking the period at
6 the end and inserting the following: “including—

7 “(A) low-cost and effective diagnosis,
8 treatment, and monitoring of tuberculosis;

9 “(B) a reliable drug supply;

10 “(C) a management strategy for public
11 health systems;

12 “(D) health system strengthening;

13 “(E) promotion of the use of the Inter-
14 national Standards for Tuberculosis Care by all
15 care providers;

16 “(F) bacteriology under an external quality
17 assessment framework;

18 “(G) short-course chemotherapy; and

19 “(H) sound reporting and recording sys-
20 tems.”; and

21 (2) by redesignating paragraph (5) as para-
22 graph (6); and

23 (3) by inserting after paragraph (4) the fol-
24 lowing:

1 “(5) STOP TB STRATEGY.—The term ‘Stop TB
2 Strategy’ means the 6-point strategy to reduce tu-
3 berculosis developed by the World Health Organiza-
4 tion, which is described in the Global Plan to Stop
5 TB 2006–2015: Actions for Life, a comprehensive
6 plan developed by the Stop TB Partnership that sets
7 out the actions necessary to achieve the millennium
8 development goal of cutting tuberculosis deaths and
9 disease burden in half by 2015.”.

10 (e) AUTHORIZATION OF APPROPRIATIONS.—Section
11 302 (b) of the United States Leadership Against HIV/
12 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
13 7632(b)) is amended—

14 (1) in paragraph (1), by striking “such sums as
15 may be necessary for each of the fiscal years 2004
16 through 2008” and inserting “a total of
17 \$4,000,000,000 for the 5-year period beginning on
18 October 1, 2008.”; and

19 (2) in paragraph (3), by striking “fiscal years
20 2004 through 2008” and inserting “fiscal years
21 2009 through 2013.”.

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

23 (a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT
24 OF 1961.—Section 104C(b) of the Foreign Assistance Act

1 of 1961 (22 U.S.C. 2151-4(b)) is amended by inserting
2 “treatment,” after “control.”

3 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
4 303 of the United States Leadership Against HIV/AIDS,
5 Tuberculosis, and Malaria Act of 2003, and Malaria Act
6 of 2003 (22 U.S.C. 7633) is amended—

7 (1) in subsection (b)—

8 (A) in paragraph (1), by striking “such
9 sums as may be necessary for fiscal years 2004
10 through 2008” and inserting “\$5,000,000,000
11 during the 5-year period beginning on October
12 1, 2008”; and

13 (B) in paragraph (3), by striking “fiscal
14 years 2004 through 2008” and inserting “fiscal
15 years 2009 through 2013”; and

16 (2) by adding at the end the following:

17 “(c) STATEMENT OF POLICY.—Providing assistance
18 for the prevention, control, treatment, and the ultimate
19 eradication of malaria is—

20 “(1) a major objective of the foreign assistance
21 program of the United States; and

22 “(2) 1 component of a comprehensive United
23 States global health strategy to reduce disease bur-
24 dens and strengthen communities around the world.

1 “(d) DEVELOPMENT OF A COMPREHENSIVE 5-YEAR
2 STRATEGY.—The President shall establish a comprehen-
3 sive, 5-year strategy to combat global malaria that—

4 “(1) strengthens the capacity of the United
5 States to be an effective leader of international ef-
6 forts to reduce malaria burden;

7 “(2) maintains sufficient flexibility and remains
8 responsive to the ever-changing nature of the global
9 malaria challenge;

10 “(3) includes specific objectives and multise-
11 toral approaches and strategies to reduce the preva-
12 lence, mortality, incidence, and spread of malaria;

13 “(4) describes how this strategy would con-
14 tribute to the United States’ overall global health
15 and development goals;

16 “(5) clearly explains how outlined activities will
17 interact with other United States Government global
18 health activities, including the 5-year global AIDS
19 strategy required under this Act;

20 “(6) expands public-private partnerships and le-
21 verage of resources;

22 “(7) coordinates among relevant Federal agen-
23 cies to maximize human and financial resources and
24 to reduce duplication among these agencies, foreign
25 governments, and international organizations;

1 “(8) coordinates with other international enti-
2 ties, including the Global Fund;

3 “(9) maximizes United States capabilities in the
4 areas of technical assistance and training and re-
5 search, including vaccine research; and

6 “(10) establishes priorities and selection criteria
7 for the distribution of resources based on factors
8 such as—

9 “(A) the size and demographics of the pop-
10 ulation with malaria;

11 “(B) the needs of that population;

12 “(C) the country’s existing infrastructure;
13 and

14 “(D) the ability to closely coordinate
15 United States Government efforts with national
16 malaria control plans of partner countries.”.

17 **SEC. 304. MALARIA RESPONSE COORDINATOR.**

18 Section 304 of the United States Leadership Against
19 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
20 U.S.C. 7634) is amended to read as follows:

21 **“SEC. 304. MALARIA RESPONSE COORDINATOR.**

22 “(a) **IN GENERAL.**—There is established within the
23 United States Agency for International Development a Co-
24 ordinator of United States Government Activities to Com-
25 bat Malaria Globally (referred to in this section as the

1 ‘Malaria Coordinator’), who shall be appointed by the
2 President.

3 “(b) **AUTHORITIES.**—The Malaria Coordinator, act-
4 ing through nongovernmental organizations (including
5 faith-based and community-based organizations), partner
6 country finance, health, and other relevant ministries, and
7 relevant executive branch agencies as may be necessary
8 and appropriate to carry out this section, is authorized
9 to—

10 “(1) operate internationally to carry out preven-
11 tion, care, treatment, support, capacity development,
12 and other activities to reduce the prevalence, mor-
13 tality, and incidence of malaria;

14 “(2) provide grants to, and enter into contracts
15 and cooperative agreements with, nongovernmental
16 organizations (including faith-based organizations)
17 to carry out this section; and

18 “(3) transfer and allocate executive branch
19 agency funds that have been appropriated for the
20 purposes described in paragraphs (1) and (2).

21 “(c) **DUTIES.**—

22 “(1) **IN GENERAL.**—The Malaria Coordinator
23 has primary responsibility for the oversight and co-
24 ordination of all resources and international activi-

1 ties of the United States Government relating to ef-
2 forts to combat malaria.

3 “(2) SPECIFIC DUTIES.—The Malaria Coordi-
4 nator shall—

5 “(A) facilitate program and policy coordi-
6 nation of antimalaria efforts among relevant ex-
7 ecutive branch agencies and nongovernmental
8 organizations by auditing, monitoring, and eval-
9 uating such programs;

10 “(B) ensure that each relevant executive
11 branch agency undertakes antimalarial pro-
12 grams primarily in those areas in which the
13 agency has the greatest expertise, technical ca-
14 pability, and potential for success;

15 “(C) coordinate relevant executive branch
16 agency activities in the field of malaria preven-
17 tion and treatment;

18 “(D) coordinate planning, implementation,
19 and evaluation with the Global AIDS Coordi-
20 nator in countries in which both programs have
21 a significant presence;

22 “(E) coordinate with national govern-
23 ments, international agencies, civil society, and
24 the private sector; and

1 “(F) establish due diligence criteria for all
2 recipients of funds appropriated by the Federal
3 Government for malaria assistance.

4 “(d) ASSISTANCE FOR THE WORLD HEALTH ORGA-
5 NIZATION.—In carrying out this section, the President
6 may provide financial assistance to the Roll Back Malaria
7 Partnership of the World Health Organization to improve
8 the capacity of countries with high rates of malaria and
9 other affected countries to implement comprehensive ma-
10 laria control programs.

11 “(e) COORDINATION OF ASSISTANCE EFFORTS.—In
12 carrying out this section and in accordance with section
13 104C of the Foreign Assistance Act of 1961 (22 U.S.C.
14 2151b-4), the Malaria Coordinator shall coordinate the
15 provision of assistance by working with—

16 “(1) relevant executive branch agencies, includ-
17 ing—

18 “(A) the Department of State (including
19 the Office of the Global AIDS Coordinator);

20 “(B) the Department of Health and
21 Human Services;

22 “(C) the Department of Defense; and

23 “(D) the Office of the United States Trade
24 Representative;

1 “(2) relevant multilateral institutions, includ-
2 ing—

3 “(A) the World Health Organization;

4 “(B) the United Nations Children’s Fund;

5 “(C) the United Nations Development Pro-
6 gramme;

7 “(D) the Global Fund;

8 “(E) the World Bank; and

9 “(F) the Roll Back Malaria Partnership;

10 “(3) program delivery and efforts to lift bar-
11 riers that would impede effective and comprehensive
12 malaria control programs; and

13 “(4) partner or recipient country governments
14 and national entities including universities and civil
15 society organizations (including faith- and commu-
16 nity-based organizations).

17 “(f) RESEARCH.—To carry out this section and in ac-
18 cordance with section 104C of the Foreign Assistance Act
19 of 1961 (22 U.S.C. 1151d-4), the Secretary of Health and
20 Human Services, through the Centers for Disease Control
21 and Prevention and the National Institutes of Health,
22 shall conduct appropriate programmatically relevant clin-
23 ical and operational research to identify and evaluate new
24 diagnostics, treatment regimens, and interventions to pre-
25 vent and control malaria.

1 “(g) MONITORING.—To ensure that adequate ma-
2 laria controls are established and implemented, the Cen-
3 ters for Disease Control and Prevention shall carry out
4 appropriate surveillance and evaluation activities to mon-
5 itor global malaria trends and assess environmental and
6 health impacts of malarial control efforts.

7 “(h) ANNUAL REPORT.—

8 “(1) SUBMISSION.—Not later than 1 year after
9 the date of the enactment of the Tom Lantos and
10 Henry J. Hyde United States Global Leadership
11 Against HIV/AIDS, Tuberculosis, and Malaria Re-
12 authorization Act of 2008, and annually thereafter,
13 the President shall submit a report to the appro-
14 priate congressional committees that describes
15 United States assistance for the prevention, treat-
16 ment, control, and elimination of malaria.

17 “(2) CONTENTS.—The report required under
18 paragraph (1) shall describe—

19 “(A) the countries and activities to which
20 malaria resources have been allocated;

21 “(B) the number of people reached
22 through malaria assistance programs, including
23 data on children and pregnant women;

1 “(C) research efforts to develop new tools
2 to combat malaria, including drugs and vac-
3 cines;

4 “(D) the collaboration and coordination of
5 United States antimalarial efforts with the
6 World Health Organization, the Global Fund,
7 the World Bank, other donor governments,
8 major private efforts, and relevant executive
9 agencies;

10 “(E) the coordination of United States
11 antimalarial efforts with the national malarial
12 strategies of other donor or partner govern-
13 ments and major private initiatives;

14 “(F) the estimated impact of United
15 States assistance on childhood mortality and
16 morbidity from malaria;

17 “(G) the coordination of antimalarial ef-
18 forts with broader health and development pro-
19 grams; and

20 “(H) the constraints on implementation of
21 programs posed by health workforce shortages
22 or capacities; and

23 “(I) the number of personnel trained as
24 health workers and the training levels
25 achieved.”.

1 **SEC. 305. AMENDMENT TO IMMIGRATION AND NATION-**
 2 **ALITY ACT.**

3 Section 212(a)(1)(A)(i) of the Immigration and Na-
 4 tionality Act (8 U.S.C. 1182(a)(1)(A)(i)) is amended by
 5 striking “, which shall include infection with the etiologic
 6 agent for acquired immune deficiency syndrome,” and in-
 7 serting a semicolon.

8 **SEC. 306. CLERICAL AMENDMENT.**

9 Title III of the United States Leadership Against
 10 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
 11 U.S.C. 7631 et seq.) is amended by striking the heading
 12 for subtitle B and inserting the following:

13 **“Subtitle B—Assistance for Women,**
 14 **Children, and Families”.**

15 **SEC. 308. REQUIREMENTS.**

16 Section 312(b) of the United States Leadership
 17 Against HIV/AIDS, Tuberculosis, and Malaria Act of
 18 2003 (22 U.S.C. 7652(b)) is amended by striking para-
 19 graphs (1), (2), and (3) and inserting the following:

20 “(1) establish a target for the prevention and
 21 treatment of mother-to-child transmission of HIV
 22 that, by 2013, will reach at least 80 percent of preg-
 23 nant women in those countries most affected by
 24 HIV/AIDS in which the United States has HIV/
 25 AIDS programs;

1 “(2) establish a target that, by 2013, the pro-
2 portion of children receiving care and treatment
3 under this Act is proportionate to their numbers
4 within the population of HIV infected individuals in
5 each country;

6 “(3) integrate care and treatment with preven-
7 tion of mother-to-child transmission of HIV pro-
8 grams to improve outcomes for HIV-affected women
9 and families as soon as is feasible and support strat-
10 egies that promote successful follow-up and con-
11 tinuity of care of mother and child;

12 “(4) expand programs designed to care for chil-
13 dren orphaned by, affected by, or vulnerable to HIV/
14 AIDS;

15 “(5) ensure that women in prevention of moth-
16 er-to-child transmission of HIV programs are pro-
17 vided with, or referred to, appropriate maternal and
18 child services; and

19 “(6) develop a timeline for expanding access to
20 more effective regimes to prevent mother-to-child
21 transmission of HIV, consistent with the national
22 policies of countries in which programs are adminis-
23 tered under this Act and the goal of achieving uni-
24 versal use of such regimes as soon as possible.”.

1 **SEC. 309. ANNUAL REPORT ON PREVENTION OF MOTHER-**
 2 **TO-CHILD TRANSMISSION OF HIV.**

3 Section 313(a) of the United States Leadership
 4 Against HIV/AIDS, Tuberculosis, and Malaria Act of
 5 2003 (22 U.S.C. 7653(a)) is amended by striking “5
 6 years” and inserting “10 years”.

7 **TITLE IV—FUNDING**
 8 **ALLOCATIONS**

9 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

10 Section 401(a) of the United States Leadership
 11 Against HIV/AIDS, Tuberculosis, and Malaria Act of
 12 2003 (22 U.S.C. 7671(a)) is amended by striking
 13 “\$3,000,000,000 for each of the fiscal years 2004 through
 14 2008” and inserting “\$50,000,000,000 for the 5-year pe-
 15 riod beginning on October 1, 2008”.

16 **SEC. 402. SENSE OF CONGRESS.**

17 Section 402(b) of the United States Leadership
 18 Against HIV/AIDS, Tuberculosis, and Malaria Act of
 19 2003 (22 U.S.C. 7672(b)) is amended by striking “an ef-
 20 fective distribution of such amounts would be” and all that
 21 follows through “10 percent of such amounts” and insert-
 22 ing “10 percent should be used”.

23 **SEC. 403. ALLOCATION OF FUNDS.**

24 Section 403 of the United States Leadership Against
 25 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
 26 U.S.C. 7673) is amended—

1 (1) by amending subsection (a) to read as fol-
2 lows:

3 “(a) ~~BALANCED FUNDING REQUIREMENT.~~—

4 “~~(1) IN GENERAL.~~—The Global AIDS Coordi-
5 nator shall—

6 “~~(A) provide balanced funding for preven-~~
7 ~~tion activities for sexual transmission of HIV/~~
8 ~~AIDS; and~~

9 “~~(B) ensure that behavioral change pro-~~
10 ~~grams, including abstinence, delay of sexual~~
11 ~~debut, monogamy, fidelity, and partner reduc-~~
12 ~~tion, are implemented and funded in a mean-~~
13 ~~ingful and equitable way in the strategy for~~
14 ~~each host country based on objective epidemio-~~
15 ~~logical evidence as to the source of infections~~
16 ~~and in consultation with the government of~~
17 ~~each host county involved in HIV/AIDS preven-~~
18 ~~tion activities.~~

19 “~~(2) PREVENTION STRATEGY.~~—

20 “~~(A) ESTABLISHMENT.~~—In carrying out
21 paragraph (1), the Global AIDS Coordinator
22 shall establish a HIV sexual transmission pre-
23 vention strategy governing the expenditure of
24 funds authorized under this Act to prevent the

1 sexual transmission of HIV in any host country
2 with a generalized epidemic.

3 “(B) REPORT.—In each host country de-
4 scribed in subparagraph (A), if the strategy es-
5 tablished under subparagraph (A) provides less
6 than 50 percent of the funds described in sub-
7 paragraph (A) for behavioral change programs,
8 including abstinence, delay of sexual debut, mo-
9 nogamy, fidelity, and partner reduction, the
10 Global AIDS Coordinator shall, not later than
11 30 days after the issuance of this strategy, re-
12 port to the appropriate congressional commit-
13 tees on the justification for this decision.

14 “(3) EXCLUSION.—Programs and activities that
15 implement or purchase new prevention technologies
16 or modalities, such as medical male circumcision,
17 pre-exposure pharmaceutical prophylaxis to prevent
18 transmission of HIV, or microbicides and programs
19 and activities that provide counseling and testing for
20 HIV or prevent mother-to-child prevention of HIV,
21 shall not be included in determining compliance with
22 paragraph (2).

23 “(4) REPORT.—Not later than 1 year after the
24 date of the enactment of the Tom Lantos and Henry
25 J. Hyde United States Global Leadership Against

1 HIV/AIDS, Tuberculosis, and Malaria Reauthoriza-
 2 tion Act of 2008, and annually thereafter as part of
 3 the annual report required under section 104A(c) of
 4 the Foreign Assistance Act of 1961 (22 U.S.C.
 5 2151b-2(e)), the President shall—

6 “(A) submit a report on the implementa-
 7 tion of paragraph (2) for the most recently con-
 8 cluded fiscal year to the appropriate congress-
 9 sional committees; and

10 “(B) make the report described in sub-
 11 paragraph (A) available to the public.”; and
 12 (2) in subsection (b)—

13 (A) by striking “fiscal years 2006 through
 14 2008” and inserting “fiscal years 2009 through
 15 2013”; and

16 (B) by striking “vulnerable children af-
 17 fected by” and inserting “other children af-
 18 fected by, or vulnerable to,”.

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

20 (a) *SHORT TITLE.*—*This Act may be cited as the*
 21 *“Tom Lantos and Henry J. Hyde United States Global*
 22 *Leadership Against HIV/AIDS, Tuberculosis, and Malaria*
 23 *Reauthorization Act of 2008”.*

24 (b) *TABLE OF CONTENTS.*—*The table of contents for*
 25 *this Act is as follows:*

Sec. 1. Short title; table of contents.

- Sec. 2. Findings.*
Sec. 3. Definitions.
Sec. 4. Purpose.
Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of an updated, comprehensive, 5-year, global strategy.*
Sec. 102. Interagency working group.
Sec. 103. Sense of Congress.

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

- Sec. 201. Voluntary contributions to international vaccine funds.*
Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
Sec. 203. Research on methods for women to prevent transmission of HIV and other diseases.
Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of partner countries.
Sec. 205. Facilitating effective operations of the Centers for Disease Control.
Sec. 206. Facilitating vaccine development.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

- Sec. 301. Assistance to combat HIV/AIDS.*
Sec. 302. Assistance to combat tuberculosis.
Sec. 303. Assistance to combat malaria.
Sec. 304. Malaria Response Coordinator.
Sec. 305. Amendment to Immigration and Nationality Act.
Sec. 306. Clerical amendment.
Sec. 307. Requirements.
Sec. 308. Annual report on prevention of mother-to-child transmission of HIV.
Sec. 309. Prevention of mother-to-child transmission expert panel.

TITLE IV—FUNDING ALLOCATIONS

- Sec. 401. Authorization of appropriations.*
Sec. 402. Sense of Congress.
Sec. 403. Allocation of funds.

1 SEC. 2. FINDINGS.

- 2** *Section 2 of the United States Leadership Against*
3 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*
4 *U.S.C. 7601) is amended by adding at the end the following:*

1 “(29) On May 27, 2003, the President signed
2 this Act into law, launching the largest international
3 public health program of its kind ever created.

4 “(30) Between 2003 and 2008, the United States,
5 through the President’s Emergency Plan for AIDS
6 Relief (PEPFAR) and in conjunction with other bi-
7 lateral programs and the multilateral Global Fund
8 has helped to—

9 “(A) provide antiretroviral therapy for over
10 1,900,000 people;

11 “(B) ensure that over 150,000 infants, most
12 of whom would have likely been infected with
13 HIV during pregnancy or childbirth, were not
14 infected; and

15 “(C) provide palliative care and HIV pre-
16 vention assistance to millions of other people.

17 “(31) While United States leadership in the bat-
18 tles against HIV/AIDS, tuberculosis, and malaria has
19 had an enormous impact, these diseases continue to
20 take a terrible toll on the human race.

21 “(32) According to the 2007 AIDS Epidemic
22 Update of the Joint United Nations Programme on
23 HIV/AIDS (UNAIDS)—

24 “(A) an estimated 2,100,000 people died of
25 AIDS-related causes in 2007; and

1 “(B) an estimated 2,500,000 people were
2 newly infected with HIV during that year.

3 “(33) According to the World Health Organiza-
4 tion, malaria kills more than 1,000,000 people per
5 year, 70 percent of whom are children under 5 years
6 of age.

7 “(34) According to the World Health Organiza-
8 tion, $\frac{1}{3}$ of the world’s population is infected with the
9 tuberculosis bacterium, and tuberculosis is 1 of the
10 greatest infectious causes of death of adults world-
11 wide, killing 1,600,000 people per year.

12 “(35) Efforts to promote abstinence, fidelity, the
13 correct and consistent use of condoms, the delay of
14 sexual debut, and the reduction of concurrent sexual
15 partners represent important elements of strategies to
16 prevent the transmission of HIV/AIDS.

17 “(36) According to UNAIDS—

18 “(A) women and girls make up nearly 60
19 percent of persons in sub-Saharan Africa who
20 are HIV positive;

21 “(B) women and girls are more biologically,
22 economically, and socially vulnerable to HIV in-
23 fection; and

1 “(C) gender issues are critical components
2 in the effort to prevent HIV/AIDS and to care
3 for those affected by the disease.

4 “(37) Children who have lost a parent to HIV/
5 AIDS, who are otherwise directly affected by the dis-
6 ease, or who live in areas of high HIV prevalence may
7 be vulnerable to the disease or its socioeconomic ef-
8 fects.

9 “(38) Lack of health capacity, including insuffi-
10 cient personnel and inadequate infrastructure, in sub-
11 Saharan Africa and other regions of the world is a
12 critical barrier that limits the effectiveness of efforts
13 to combat HIV/AIDS, tuberculosis, and malaria, and
14 to achieve other global health goals.

15 “(39) On March 30, 2007, the Institute of Medi-
16 cine of the National Academies released a report enti-
17 tled ‘PEPFAR Implementation: Progress and Prom-
18 ise’, which found that budget allocations setting per-
19 centage levels for spending on prevention, care, and
20 treatment and for certain subsets of activities within
21 the prevention category—

22 “(A) have ‘adversely affected implementa-
23 tion of the U.S. Global AIDS Initiative’;

24 “(B) have inhibited comprehensive, inte-
25 grated, evidence based approaches;

1 “(C) ‘have been counterproductive’;

2 “(D) ‘may have been helpful initially in en-
3 suring a balance of attention to activities within
4 the 4 categories of prevention, treatment, care,
5 and orphans and vulnerable children’;

6 “(E) ‘have also limited PEPFAR’s ability
7 to tailor its activities in each country to the
8 local epidemic and to coordinate with the level of
9 activities in the countries’ national plans’; and

10 “(F) should be removed by Congress and re-
11 placed with more appropriate mechanisms
12 that—

13 “(i) ‘ensure accountability for results
14 from Country Teams to the U.S. Global
15 AIDS Coordinator and to Congress’; and

16 “(ii) ‘ensure that spending is directly
17 linked to and commensurate with necessary
18 efforts to achieve both country and overall
19 performance targets for prevention, treat-
20 ment, care, and orphans and vulnerable
21 children’.

22 “(40) The United States Government has en-
23 dorsed the principles of harmonization in coordi-
24 nating efforts to combat HIV/AIDS commonly re-
25 ferred to as the ‘Three Ones’, which includes—

1 “(A) 1 agreed HIV/AIDS action framework
2 that provides the basis for coordination of the
3 work of all partners;

4 “(B) 1 national HIV/AIDS coordinating
5 authority, with a broadbased multisectoral man-
6 date; and

7 “(C) 1 agreed HIV/AIDS country-level
8 monitoring and evaluating system.

9 “(41) In the Abuja Declaration on HIV/AIDS,
10 *Tuberculosis and Other Related Infectious Diseases*, of
11 April 26–27, 2001 (referred to in this Act as the
12 ‘Abuja Declaration’), the Heads of State and Govern-
13 ment of the Organization of African Unity (OAU)—

14 “(A) declared that they would ‘place the
15 fight against HIV/AIDS at the forefront and as
16 the highest priority issue in our respective na-
17 tional development plans’;

18 “(B) committed *‘TO TAKE PERSONAL*
19 *RESPONSIBILITY AND PROVIDE LEADER-*
20 *SHIP for the activities of the National AIDS*
21 *Commissions/Councils’;*

22 “(C) resolved ‘to lead from the front the bat-
23 tle against HIV/AIDS, Tuberculosis and Other
24 Related Infectious Diseases by personally ensur-
25 ing that such bodies were properly convened in

1 *mobilizing our societies as a whole and pro-*
 2 *viding focus for unified national policymaking*
 3 *and programme implementation, ensuring co-*
 4 *ordination of all sectors at all levels with a gen-*
 5 *der perspective and respect for human rights,*
 6 *particularly to ensure equal rights for people liv-*
 7 *ing with HIV/AIDS’; and*

8 *“(D) pledged ‘to set a target of allocating at*
 9 *least 15% of our annual budget to the improve-*
 10 *ment of the health sector’.”.*

11 **SEC. 3. DEFINITIONS.**

12 *Section 3 of the United States Leadership Against*
 13 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*
 14 *U.S.C. 7602) is amended—*

15 *(1) in paragraph (2), by striking “Committee on*
 16 *International Relations” and inserting “Committee*
 17 *on Foreign Affairs of the House of Representatives,*
 18 *the Committee on Appropriations of the Senate, and*
 19 *the Committee on Appropriations”;*

20 *(2) by redesignating paragraph (6) as para-*
 21 *graph (12);*

22 *(3) by redesignating paragraphs (3) through (5),*
 23 *as paragraphs (4) through (6), respectively;*

24 *(4) by inserting after paragraph (2) the fol-*
 25 *lowing:*

1 “(3) *GLOBAL AIDS COORDINATOR.*—*The term*
2 *‘Global AIDS Coordinator’ means the Coordinator of*
3 *United States Government Activities to Combat HIV/*
4 *AIDS Globally.’*;

5 (5) *by inserting after paragraph (6), as redesign-*
6 *ated, the following:*

7 “(7) *IMPACT EVALUATION RESEARCH.*—*The term*
8 *‘impact evaluation research’ means the application of*
9 *research methods and statistical analysis to measure*
10 *the extent to which change in a population-based out-*
11 *come can be attributed to program intervention in-*
12 *stead of other environmental factors.*

13 “(8) *OPERATIONS RESEARCH.*—*The term ‘oper-*
14 *ations research’ means the application of social*
15 *science research methods and statistical analysis to*
16 *judge, compare, and improve policies and program*
17 *outcomes, from the earliest stages of defining and de-*
18 *signing programs through their development and im-*
19 *plementation, with the objective of the rapid dissemi-*
20 *nation of conclusions and concrete impact on pro-*
21 *gramming.*

22 “(9) *PARAPROFESSIONAL.*—*The term ‘para-*
23 *professional’ means an individual who is trained and*
24 *employed as a health agent for the provision of basic*

1 *assistance in the identification, prevention, or treat-*
2 *ment of illness or disability.*

3 “(10) *PARTNER GOVERNMENT.*—*The term ‘part-*
4 *ner government’ means a government with which the*
5 *United States is working to provide assistance to*
6 *combat HIV/AIDS, tuberculosis, or malaria on behalf*
7 *of people living within the jurisdiction of such govern-*
8 *ment.*

9 “(11) *PROGRAM MONITORING.*—*The term ‘pro-*
10 *gram monitoring’ means the collection, analysis, and*
11 *use of routine program data to determine—*

12 “(A) *how well a program is carried out;*
13 *and*

14 “(B) *how much the program costs.’; and*

15 (6) *by inserting after paragraph (12), as redesign-*
16 *ated, the following:*

17 “(13) *STRUCTURAL HIV PREVENTION.*—*The term*
18 *‘structural HIV prevention’ means activities or pro-*
19 *grams designed to—*

20 “(A) *address environmental factors that*
21 *could create conditions conducive to the spread of*
22 *HIV; and*

23 “(B) *determine the best ways to remedy*
24 *such factors by enhancing life skills and pro-*

1 *moting changes in laws, policies, and social*
2 *norms.”.*

3 **SEC. 4. PURPOSE.**

4 *Section 4 of the United States Leadership Against*
5 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*
6 *U.S.C. 7603) is amended to read as follows:*

7 **“SEC. 4. PURPOSE.**

8 *“The purpose of this Act is to strengthen and enhance*
9 *United States leadership and the effectiveness of the United*
10 *States response to the HIV/AIDS, tuberculosis, and malaria*
11 *pandemics and other related and preventable infectious dis-*
12 *eases as part of the overall United States health and devel-*
13 *opment agenda by—*

14 *“(1) establishing comprehensive, coordinated,*
15 *and integrated 5-year, global strategies to combat*
16 *HIV/AIDS, tuberculosis, and malaria by—*

17 *“(A) building on progress and successes to*
18 *date;*

19 *“(B) improving harmonization of United*
20 *States efforts with national strategies of partner*
21 *governments and other public and private enti-*
22 *ties; and*

23 *“(C) emphasizing capacity building initia-*
24 *tives in order to promote a transition toward*

1 *greater sustainability through the support of*
2 *country-driven efforts;*

3 “(2) *providing increased resources for bilateral*
4 *and multilateral efforts to fight HIV/AIDS, tuber-*
5 *culosis, and malaria as integrated components of*
6 *United States development assistance;*

7 “(3) *intensifying efforts to—*

8 “(A) *prevent HIV infection;*

9 “(B) *ensure the continued support for, and*
10 *expanded access to, treatment and care pro-*
11 *grams;*

12 “(C) *enhance the effectiveness of prevention,*
13 *treatment, and care programs; and*

14 “(D) *address the particular vulnerabilities*
15 *of girls and women;*

16 “(4) *encouraging the expansion of private sector*
17 *efforts and expanding public-private sector partner-*
18 *ships to combat HIV/AIDS, tuberculosis, and ma-*
19 *laria;*

20 “(5) *reinforcing efforts to—*

21 “(A) *develop safe and effective vaccines,*
22 *microbicides, and other prevention and treat-*
23 *ment technologies; and*

24 “(B) *improve diagnostics capabilities for*
25 *HIV/AIDS, tuberculosis, and malaria; and*

1 “(6) helping partner countries to—
 2 “(A) strengthen health systems;
 3 “(B) improve human health capacity; and
 4 “(C) address infrastructural weaknesses.”.

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

7 Section 5 of the United States Leadership Against
 8 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
 9 U.S.C. 7604) is amended by inserting “, with the exception
 10 of the 5-year strategy” before the period at the end.

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

13 **SEC. 101. DEVELOPMENT OF AN UPDATED, COMPREHEN-**
 14 **SIVE, 5-YEAR, GLOBAL STRATEGY.**

15 (a) *STRATEGY*.—Section 101(a) of the United States
 16 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
 17 Act of 2003 (22 U.S.C. 7611(a)) is amended to read as fol-
 18 lows:

19 “(a) *STRATEGY*.—The President shall establish a com-
 20 prehensive, integrated, 5-year strategy to expand and im-
 21 prove efforts to combat global HIV/AIDS. This strategy
 22 shall—

23 “(1) further strengthen the capability of the
 24 United States to be an effective leader of the inter-
 25 national campaign against this disease and strength-

1 *en the capacities of nations experiencing HIV/AIDS*
2 *epidemics to combat this disease;*

3 “(2) *maintain sufficient flexibility and remain*
4 *responsive to—*

5 “(A) *changes in the epidemic;*

6 “(B) *challenges facing partner countries in*
7 *developing and implementing an effective na-*
8 *tional response; and*

9 “(C) *evidence-based improvements and in-*
10 *novations in the prevention, care, and treatment*
11 *of HIV/AIDS;*

12 “(3) *situate United States efforts to combat HIV/*
13 *AIDS, tuberculosis, and malaria within the broader*
14 *United States global health and development agenda,*
15 *establishing a roadmap to link investments in specific*
16 *disease programs to the broader goals of strengthening*
17 *health systems and infrastructure and to integrate*
18 *and coordinate HIV/AIDS, tuberculosis, or malaria*
19 *programs with other health or development programs,*
20 *as appropriate;*

21 “(4) *provide a plan to—*

22 “(A) *prevent 12,000,000 new HIV infections*
23 *worldwide;*

24 “(B) *support treatment of at least 3,000,000*
25 *individuals with HIV/AIDS and support addi-*

1 *tional treatment through coordinated multilat-*
2 *eral efforts;*

3 “(C) *support care for 12,000,000 individ-*
4 *uals with HIV/AIDS, including 5,000,000 or-*
5 *phans and vulnerable children affected by HIV/*
6 *AIDS, with an emphasis on promoting a com-*
7 *prehensive, coordinated system of services to be*
8 *integrated throughout the continuum of care;*

9 “(D) *help partner countries in the effort to*
10 *achieve goals of 80 percent access to counseling,*
11 *testing, and treatment to prevent the trans-*
12 *mission of HIV from mother to child, empha-*
13 *sizing a continuum of care model;*

14 “(E) *help partner countries to provide care*
15 *and treatment services to children with HIV in*
16 *proportion to their percentage within the HIV-*
17 *infected population in each country;*

18 “(F) *promote preservice training for health*
19 *professionals designed to strengthen the capacity*
20 *of institutions to develop and implement policies*
21 *for training health workers to combat HIV/*
22 *AIDS, tuberculosis, and malaria;*

23 “(G) *equip teachers with skills needed for*
24 *HIV/AIDS prevention, treatment, and care;*

1 “(H) provide and share best practices for
2 combating HIV/AIDS with health professionals;
3 and

4 “(I) help partner countries to train and
5 support retention of health care professionals
6 and paraprofessionals, with the target of train-
7 ing and retaining at least 140,000 new health
8 care professionals and paraprofessionals and to
9 strengthen capacities in developing countries, es-
10 pecially in sub-Saharan Africa, to deliver pri-
11 mary health care with the objective of helping
12 countries achieve staffing levels of at least 2.3
13 doctors, nurses, and midwives per 1,000 popu-
14 lation, as called for by the World Health Organi-
15 zation;

16 “(5) include multisectoral approaches and spe-
17 cific strategies to treat individuals infected with HIV/
18 AIDS and to prevent the further transmission of HIV
19 infections, with a particular focus on the needs of
20 families with children (including the prevention of
21 mother-to-child transmission), women, young people,
22 orphans, and vulnerable children;

23 “(6) establish a timetable with annual global
24 treatment targets;

1 “(7) *expand the integration of timely and rel-*
2 *evant research within the prevention, care, and treat-*
3 *ment of HIV/AIDS;*

4 “(8) *include a plan for program monitoring, op-*
5 *erations research, and impact evaluation and for the*
6 *dissemination of a best practices report to highlight*
7 *findings;*

8 “(9) *provide for consultation with local leaders*
9 *and officials to develop prevention strategies and pro-*
10 *grams that are tailored to the unique needs of each*
11 *country and community and targeted particularly to-*
12 *ward those most at risk of acquiring HIV infection;*

13 “(10) *make the reduction of HIV/AIDS behav-*
14 *ioral risks a priority of all prevention efforts by—*

15 “(A) *promoting abstinence from sexual ac-*
16 *tivity and encouraging monogamy and faithful-*
17 *ness;*

18 “(B) *encouraging the correct and consistent*
19 *use of male and female condoms and increasing*
20 *the availability of, and access to, these commod-*
21 *ities;*

22 “(C) *promoting the delay of sexual debut*
23 *and the reduction of multiple concurrent sexual*
24 *partners;*

1 “(D) promoting education for discordant
2 couples (where an individual is infected with
3 HIV and the other individual is uninfected or
4 whose status is unknown) about safer sex prac-
5 tices;

6 “(E) promoting voluntary counseling and
7 testing, addiction therapy, and other prevention
8 and treatment tools for illicit injection drug
9 users and other substance abusers;

10 “(F) educating men and boys about the
11 risks of procuring sex commercially and about
12 the need to end violent behavior toward women
13 and girls;

14 “(G) supporting comprehensive programs to
15 promote alternative livelihoods, safety, and social
16 reintegration strategies for commercial sex work-
17 ers and their families;

18 “(H) promoting cooperation with law en-
19 forcement to prosecute offenders of trafficking,
20 rape, and sexual assault crimes with the goal of
21 eliminating such crimes; and

22 “(I) working to eliminate rape, gender-
23 based violence, sexual assault, and the sexual ex-
24 ploitation of women and children;

1 “(11) include programs to reduce the trans-
2 mission of HIV through structural prevention efforts,
3 particularly addressing the heightened vulnerabilities
4 of women and girls to HIV in many countries; and

5 “(12) support other important means of pre-
6 venting or reducing the transmission of HIV, includ-
7 ing—

8 “(A) medical male circumcision;

9 “(B) the maintenance of a safe blood sup-
10 ply; and

11 “(C) other mechanisms to reduce the trans-
12 mission of HIV;

13 “(13) increase support for prevention of mother-
14 to-child transmission;

15 “(14) build capacity within the public health
16 sector of developing countries by improving health
17 systems and public health infrastructure and devel-
18 oping indicators to measure changes in broader pub-
19 lic health sector capabilities;

20 “(15) increase the coordination of HIV/AIDS
21 programs with development programs;

22 “(16) provide a framework for expanding or de-
23 veloping existing or new country or regional pro-
24 grams, including—

1 “(A) drafting compacts or other agreements,
2 as appropriate;

3 “(B) establishing criteria and objectives for
4 such compacts and agreements; and

5 “(C) promoting sustainability;

6 “(17) provide a plan for national and regional
7 priorities for resource distribution and a global in-
8 vestment plan by region;

9 “(18) provide a plan to address the immediate
10 and ongoing needs of women and girls, which—

11 “(A) addresses the vulnerabilities that con-
12 tribute to their elevated risk of infection;

13 “(B) includes specific goals and targets to
14 address these factors;

15 “(C) provides clear guidance to field mis-
16 sions to integrate gender across prevention, care,
17 and treatment programs;

18 “(D) sets forth gender-specific indicators to
19 monitor progress on outcomes and impacts of
20 gender programs;

21 “(E) supports efforts in countries in which
22 women or orphans lack inheritance rights and
23 other fundamental protections to promote the
24 passage, implementation, and enforcement of
25 such laws;

1 “(F) supports life skills training and other
2 structural prevention activities, especially among
3 women and girls, with the goal of reducing
4 vulnerabilities to HIV/AIDS;

5 “(G) addresses and prevents gender-based
6 violence; and

7 “(H) addresses the posttraumatic and psy-
8 chosocial consequences and provides postexposure
9 prophylaxis protecting against HIV infection to
10 victims of gender-based violence and rape;

11 “(19) provide a plan to address the
12 vulnerabilities and needs of orphans and children who
13 are vulnerable to, or affected by, HIV/AIDS;

14 “(20) provide a framework to work with inter-
15 national actors and partner countries toward uni-
16 versal access to HIV/AIDS prevention, treatment, and
17 care programs, recognizing that prevention is of par-
18 ticular importance in terms of sequencing;

19 “(21) enhance the coordination of United States
20 bilateral efforts to combat global HIV/AIDS with
21 other major public and private entities;

22 “(22) enhance the attention given to the national
23 strategic HIV/AIDS plans of countries receiving
24 United States assistance by—

1 “(A) reviewing the planning and pro-
2 grammatic decisions associated with that assist-
3 ance; and

4 “(B) helping to strengthen such national
5 strategies, if necessary;

6 “(23) support activities described in the *Global*
7 *Plan to Stop TB, including—*

8 “(A) expanding and enhancing the coverage
9 of the *Directly Observed Treatment Short-course*
10 *(DOTS)* in order to treat individuals infected
11 with tuberculosis and HIV, including multi-drug
12 resistant or extensively drug resistant tuber-
13 culosis; and

14 “(B) improving coordination and integra-
15 tion of HIV/AIDS and tuberculosis program-
16 ming;

17 “(24) ensure coordination between the *Global*
18 *AIDS Coordinator and the Malaria Coordinator and*
19 *address issues of comorbidity between HIV/AIDS and*
20 *malaria; and*

21 “(25) include a longer term estimate of the pro-
22 jected resource needs, progress toward greater sustain-
23 ability and country ownership of HIV/AIDS pro-
24 grams, and the anticipated role of the United States

1 *in the global effort to combat HIV/AIDS during the*
2 *10-year period beginning on October 1, 2013.”.*

3 **(b) REPORT.**—*Section 101(b) of such Act (22 U.S.C.*
4 *7611(b)) is amended to read as follows:*

5 **“(b) REPORT.**—

6 **“(1) IN GENERAL.**—*Not later than October 1,*
7 *2009, the President shall submit a report to the ap-*
8 *propriate congressional committees that sets forth the*
9 *strategy described in subsection (a).*

10 **“(2) CONTENTS.**—*The report required under*
11 *paragraph (1) shall include a discussion of the fol-*
12 *lowing elements:*

13 **“(A)** *The purpose, scope, methodology, and*
14 *general and specific objectives of the strategy.*

15 **“(B)** *The problems, risks, and threats to the*
16 *successful pursuit of the strategy.*

17 **“(C)** *The desired goals, objectives, activities,*
18 *and outcome-related performance measures of the*
19 *strategy.*

20 **“(D)** *A description of future costs and re-*
21 *sources needed to carry out the strategy.*

22 **“(E)** *A delineation of United States Govern-*
23 *ment roles, responsibility, and coordination*
24 *mechanisms of the strategy.*

25 **“(F)** *A description of the strategy—*

1 “(i) to promote harmonization of
2 United States assistance with that of other
3 international, national, and private actors
4 as elucidated in the ‘Three Ones’; and

5 “(ii) to address existing challenges in
6 harmonization and alignment.

7 “(G) A description of the manner in which
8 the strategy will—

9 “(i) further the development and im-
10 plementation of the national multisectoral
11 strategic HIV/AIDS frameworks of partner
12 governments; and

13 “(ii) enhance the centrality, effective-
14 ness, and sustainability of those national
15 plans.

16 “(H) A description of how the strategy will
17 seek to achieve the specific targets described in
18 subsection (a) and other targets, as appropriate.

19 “(I) A description of, and rationale for, the
20 timetable for annual global treatment targets.

21 “(J) A description of how operations re-
22 search is addressed in the strategy and how such
23 research can most effectively be integrated into
24 care, treatment, and prevention activities in
25 order to—

1 “(i) improve program quality and effi-
2 ciency;

3 “(ii) ascertain cost effectiveness;

4 “(iii) ensure transparency and ac-
5 countability;

6 “(iv) assess population-based impact;

7 “(v) disseminate findings and best
8 practices; and

9 “(vi) optimize delivery of services.

10 “(K) An analysis of United States-assisted
11 strategies to prevent the transmission of HIV/
12 AIDS, including methodologies to promote absti-
13 nence, monogamy, faithfulness, the correct and
14 consistent use of male and female condoms, re-
15 ductions in concurrent sexual partners, and
16 delay of sexual debut, and of intended moni-
17 toring and evaluation approaches to measure the
18 effectiveness of prevention programs and ensure
19 that they are targeted to appropriate audiences.

20 “(L) Within the analysis required under
21 subparagraph (J), an examination of additional
22 planned means of preventing the transmission of
23 HIV including medical male circumcision,
24 maintenance of a safe blood supply, and other
25 tools.

1 “(M) A description of the specific targets,
2 goals, and strategies developed to address the
3 needs and vulnerabilities of women and girls to
4 HIV/AIDS, including—

5 “(i) structural prevention activities;

6 “(ii) activities directed toward men
7 and boys;

8 “(iii) activities to enhance educational,
9 microfinance, and livelihood opportunities
10 for women and girls;

11 “(iv) activities to promote and protect
12 the legal empowerment of women, girls, and
13 orphans and vulnerable children;

14 “(v) programs targeted toward gender-
15 based violence and sexual coercion;

16 “(vi) strategies to meet the particular
17 needs of adolescents;

18 “(vii) assistance for victims of rape,
19 sexual abuse, assault, exploitation, and traf-
20 ficking; and

21 “(viii) programs to prevent alcohol
22 abuse.

23 “(N) A description of strategies—

1 “(i) to address the needs of orphans
2 and vulnerable children, including an anal-
3 ysis of—

4 “(I) factors contributing to chil-
5 dren’s vulnerability to HIV/AIDS; and

6 “(II) vulnerabilities caused by the
7 impact of HIV/AIDS on children and
8 their families; and

9 “(ii) in areas of higher HIV/AIDS
10 prevalence, to promote a community-based
11 approach to vulnerability, maximizing com-
12 munity input into determining which chil-
13 dren participate.

14 “(O) A description of capacity-building ef-
15 forts undertaken by countries themselves, includ-
16 ing adherents of the Abuja Declaration and an
17 assessment of the impact of International Mone-
18 tary Fund macroeconomic and fiscal policies on
19 national and donor investments in health.

20 “(P) A description of the strategy to—

21 “(i) strengthen capacity building with-
22 in the public health sector;

23 “(ii) improve health care in those
24 countries;

1 “(iii) help countries to develop and im-
2 plement national health workforce strate-
3 gies;

4 “(iv) strive to achieve goals in train-
5 ing, retaining, and effectively deploying
6 health staff;

7 “(v) promote ethical recruiting prac-
8 tices for health care workers; and

9 “(vi) increase the sustainability of
10 health programs.

11 “(Q) A description of the criteria for selec-
12 tion, objectives, methodology, and structure of
13 compacts or other framework agreements with
14 countries or regional organizations, including—

15 “(i) the role of civil society;

16 “(ii) the degree of transparency;

17 “(iii) benchmarks for success of such
18 compacts or agreements; and

19 “(iv) the relationship between such
20 compacts or agreements and the national
21 HIV/AIDS and public health strategies and
22 commitments of partner countries.

23 “(R) A strategy to better coordinate HIV/
24 AIDS assistance with nutrition and food assist-
25 ance programs.

1 “(S) *A description of transnational or re-*
2 *gional initiatives to combat regionalized*
3 *epidemics in highly affected areas such as the*
4 *Caribbean.*

5 “(T) *A description of planned resource dis-*
6 *tribution and global investment by region.*

7 “(U) *A description of coordination efforts in*
8 *order to better implement the Stop TB Strategy*
9 *and to address the problem of coinfection of HIV/*
10 *AIDS and tuberculosis and of projected chal-*
11 *lenges or barriers to successful implementation.*

12 “(V) *A description of coordination efforts to*
13 *address malaria and comorbidity with malaria*
14 *and HIV/AIDS.”.*

15 (c) *STUDY.—Section 101(c) of such Act (22 U.S.C.*
16 *7611(c)) is amended to read as follows:*

17 “(c) *STUDY OF PROGRESS TOWARD ACHIEVEMENT OF*
18 *POLICY OBJECTIVES.—*

19 “(1) *DESIGN AND BUDGET PLAN FOR DATA EVAL-*
20 *UATION.—The Global AIDS Coordinator shall enter*
21 *into a contract with the Institute of Medicine of the*
22 *National Academies that provides that not later than*
23 *18 months after the date of the enactment of the Tom*
24 *Lantos and Henry J. Hyde United States Global*
25 *Leadership Against HIV/AIDS, Tuberculosis, and*

1 *Malaria Reauthorization Act of 2008, the Institute, in*
2 *consultation with the Global AIDS Coordinator and*
3 *other relevant parties representing the public and pri-*
4 *vate sector, shall provide the Global AIDS Coordi-*
5 *nator with a design plan and budget for the evalua-*
6 *tion and collection of baseline and subsequent data to*
7 *address the elements set forth in paragraph (2)(B).*
8 *The Global AIDS Coordinator shall submit the budget*
9 *and design plan to the appropriate congressional*
10 *committees.*

11 “(2) *STUDY.*—

12 “(A) *IN GENERAL.*—Not later than 4 years
13 *after the date of the enactment of the Tom Lan-*
14 *tos and Henry J. Hyde United States Global*
15 *Leadership Against HIV/AIDS, Tuberculosis,*
16 *and Malaria Reauthorization Act of 2008, the*
17 *Institute of Medicine of the National Academies*
18 *shall publish a study that includes—*

19 “(i) *an assessment of the performance*
20 *of United States-assisted global HIV/AIDS*
21 *programs; and*

22 “(ii) *an evaluation of the impact on*
23 *health of prevention, treatment, and care ef-*
24 *forts that are supported by United States*

1 *funding, including multilateral and bilat-*
2 *eral programs involving joint operations.*

3 “(B) *CONTENT.—The study conducted*
4 *under this paragraph shall include—*

5 “(i) *an assessment of progress toward*
6 *prevention, treatment, and care targets;*

7 “(ii) *an assessment of the effects on*
8 *health systems, including on the financing*
9 *and management of health systems and the*
10 *quality of service delivery and staffing;*

11 “(iii) *an assessment of efforts to ad-*
12 *dress gender-specific aspects of HIV/AIDS,*
13 *including gender related constraints to ac-*
14 *cessing services and addressing underlying*
15 *social and economic vulnerabilities of*
16 *women and men;*

17 “(iv) *an evaluation of the impact of*
18 *treatment and care programs on 5-year sur-*
19 *vival rates, drug adherence, and the emer-*
20 *gence of drug resistance;*

21 “(v) *an evaluation of the impact of*
22 *prevention programs on HIV incidence in*
23 *relevant population groups;*

24 “(vi) *an evaluation of the impact on*
25 *child health and welfare of interventions au-*

1 *thorized under this Act on behalf of orphans*
2 *and vulnerable children;*

3 *“(vii) an evaluation of the impact of*
4 *programs and activities authorized in this*
5 *Act on child mortality; and*

6 *“(viii) recommendations for improving*
7 *the programs referred to in subparagraph*
8 *(A)(i).*

9 *“(C) METHODOLOGIES.—Assessments and*
10 *impact evaluations conducted under the study*
11 *shall utilize sound statistical methods and tech-*
12 *niques for the behavioral sciences, including ran-*
13 *dom assignment methodologies as feasible. Quali-*
14 *tative data on process variables should be used*
15 *for assessments and impact evaluations, wherever*
16 *possible.*

17 *“(3) CONTRACT AUTHORITY.—The Institute of*
18 *Medicine may enter into contracts or cooperative*
19 *agreements or award grants to conduct the study*
20 *under paragraph (2).*

21 *“(4) AUTHORIZATION OF APPROPRIATIONS.—*
22 *There are authorized to be appropriated such sums as*
23 *may be necessary to carry out the study under this*
24 *subsection.”.*

1 (d) *REPORT.*—Section 101 of such Act, as amended by
2 this section, is further amended by adding at the end the
3 following:

4 “(d) *COMPTROLLER GENERAL REPORT.*—

5 “(1) *REPORT REQUIRED.*—Not later than 3
6 years after the date of the enactment of the Tom Lan-
7 tos and Henry J. Hyde United States Global Leader-
8 ship Against HIV/AIDS, Tuberculosis, and Malaria
9 Reauthorization Act of 2008, the Comptroller General
10 of the United States shall submit a report on the glob-
11 al HIV/AIDS programs of the United States to the
12 appropriate congressional committees.

13 “(2) *CONTENTS.*—The report required under
14 paragraph (1) shall include—

15 “(A) a description and assessment of the
16 monitoring and evaluation practices and policies
17 in place for these programs;

18 “(B) an assessment of coordination within
19 Federal agencies involved in these programs, ex-
20 amining both internal coordination within these
21 programs and integration with the larger global
22 health and development agenda of the United
23 States;

24 “(C) an assessment of procurement policies
25 and practices within these programs;

1 “(D) an assessment of harmonization with
2 national government HIV/AIDS and public
3 health strategies as well as other international
4 efforts;

5 “(E) an assessment of the impact of global
6 HIV/AIDS funding and programs on other
7 United States global health programming; and

8 “(F) recommendations for improving the
9 global HIV/AIDS programs of the United States.

10 “(e) *BEST PRACTICES REPORT.*—

11 “(1) *IN GENERAL.*—Not later than 1 year after
12 the date of the enactment of the Tom Lantos and
13 Henry J. Hyde United States Global Leadership
14 Against HIV/AIDS, Tuberculosis, and Malaria Reau-
15 thorization Act of 2008, and annually thereafter, the
16 Global AIDS Coordinator shall publish a best prac-
17 tices report that highlights the programs receiving fi-
18 nancial assistance from the United States that have
19 the potential for replication or adaption, particularly
20 at a low cost, across global AIDS programs, including
21 those that focus on both generalized and localized
22 epidemics.

23 “(2) *DISSEMINATION OF FINDINGS.*—

24 “(A) *PUBLICATION ON INTERNET*
25 *WEBSITE.*—The Global AIDS Coordinator shall

1 *disseminate the full findings of the annual best*
2 *practices report on the Internet website of the Of-*
3 *fice of the Global AIDS Coordinator.*

4 “(B) DISSEMINATION GUIDANCE.—*The*
5 *Global AIDS Coordinator shall develop guidance*
6 *to ensure timely submission and dissemination*
7 *of significant information regarding best prac-*
8 *tices with respect to global AIDS programs.*

9 “(f) INSPECTORS GENERAL.—

10 “(1) OVERSIGHT PLAN.—

11 “(A) DEVELOPMENT.—*The Inspectors Gen-*
12 *eral of the Department of State and Broad-*
13 *casting Board of Governors, the Department of*
14 *Health and Human Services, and the United*
15 *States Agency for International Development*
16 *shall jointly develop 5 coordinated annual plans*
17 *for oversight activity in each of the fiscal years*
18 *2009 through 2013, with regard to the programs*
19 *authorized under this Act and sections 104A,*
20 *104B, and 104C of the Foreign Assistance Act of*
21 *1961 (22 U.S.C. 2151b–2, 2151b–3, and 2151b–*
22 *4).*

23 “(B) CONTENTS.—*The plans developed*
24 *under subparagraph (A) shall include a schedule*

1 *for financial audits, inspections, and perform-*
2 *ance reviews, as appropriate.*

3 “(C) *DEADLINE.*—

4 “(i) *INITIAL PLAN.*—*The first plan de-*
5 *veloped under subparagraph (A) shall be*
6 *completed not later than the later of—*

7 “(I) *September 1, 2008; or*

8 “(II) *60 days after the date of the*
9 *enactment of the Tom Lantos and*
10 *Henry J. Hyde United States Global*
11 *Leadership Against HIV/AIDS, Tuber-*
12 *culosis, and Malaria Reauthorization*
13 *Act of 2008.*

14 “(ii) *SUBSEQUENT PLANS.*—*Each of*
15 *the last four plans developed under subpara-*
16 *graph (A) shall be completed not later than*
17 *30 days before each of the fiscal years 2010*
18 *through 2013, respectively.*

19 “(2) *COORDINATION.*—*In order to avoid duplica-*
20 *tion and maximize efficiency, the Inspectors General*
21 *described in paragraph (1) shall coordinate their ac-*
22 *tivities with—*

23 “(A) *the Government Accountability Office;*
24 *and*

1 “(B) *the Inspectors General of the Depart-*
2 *ment of Commerce, the Department of Defense,*
3 *the Department of Labor, and the Peace Corps,*
4 *as appropriate, pursuant to the 2004 Memo-*
5 *randum of Agreement Coordinating Audit Cov-*
6 *erage of Programs and Activities Implementing*
7 *the President’s Emergency Plan for AIDS Relief,*
8 *or any successor agreement.*

9 “(3) *FUNDING.—The Global AIDS Coordinator*
10 *and the Coordinator of the United States Government*
11 *Activities to Combat Malaria Globally shall make*
12 *available necessary funds not exceeding \$10,000,000*
13 *during the 5-year period beginning on October 1,*
14 *2008 to the Inspectors General described in para-*
15 *graph (1) for the audits, inspections, and reviews de-*
16 *scribed in that paragraph.”.*

17 **SEC. 102. INTERAGENCY WORKING GROUP.**

18 *Section 1(f)(2) of the State Department Basic Authori-*
19 *ties Act of 1956 (22 U.S.C. 2651a(f)(2)) is amended—*

20 (1) *in subparagraph (A), by inserting “, partner*
21 *country finance, health, and other relevant min-*
22 *istries,” after “community based organizations)” each*
23 *place it appears;*

24 (2) *in subparagraph (B)(ii)—*

25 (A) *by striking subclauses (IV) and (V);*

1 (B) by inserting after subclause (III) the
2 following:

3 “(IV) Establishing an interagency
4 working group on HIV/AIDS headed
5 by the Global AIDS Coordinator and
6 comprised of representatives from the
7 United States Agency for International
8 Development and the Department of
9 Health and Human Services, for the
10 purposes of coordination of activities
11 relating to HIV/AIDS, including—

12 “(aa) meeting regularly to
13 review progress in partner coun-
14 tries toward HIV/AIDS preven-
15 tion, treatment, and care objec-
16 tives;

17 “(bb) participating in the
18 process of identifying countries to
19 consider for increased assistance
20 based on the epidemiology of HIV/
21 AIDS in those countries, includ-
22 ing clear evidence of a public
23 health threat, as well as govern-
24 ment commitment to address the
25 HIV/AIDS problem, relative need,

1 *and coordination and joint plan-*
2 *ning with other significant actors;*

3 *“(cc) assisting the Coordi-*
4 *nator in the evaluation, execution,*
5 *and oversight of country oper-*
6 *ational plans;*

7 *“(dd) reviewing policies that*
8 *may be obstacles to reaching tar-*
9 *gets set forth for HIV/AIDS pre-*
10 *vention, treatment, and care; and*

11 *“(ee) consulting with rep-*
12 *resentatives from additional rel-*
13 *evant agencies, including the Na-*
14 *tional Institutes of Health, the*
15 *Health Resources and Services*
16 *Administration, the Department*
17 *of Labor, the Department of Agri-*
18 *culture, the Millennium Challenge*
19 *Corporation, the Peace Corps, and*
20 *the Department of Defense.*

21 *“(V) Coordinating overall United*
22 *States HIV/AIDS policy and pro-*
23 *grams, including ensuring the coordi-*
24 *nation of relevant executive branch*
25 *agency activities in the field, with ef-*

1 *forts led by partner countries, and*
2 *with the assistance provided by other*
3 *relevant bilateral and multilateral aid*
4 *agencies and other donor institutions*
5 *to promote harmonization with other*
6 *programs aimed at preventing and*
7 *treating HIV/AIDS and other health*
8 *challenges, improving primary health,*
9 *addressing food security, promoting*
10 *education and development, and*
11 *strengthening health care systems.”;*

12 *(C) by redesignating subclauses (VII) and*
13 *VIII) as subclauses (IX) and (XII), respectively;*

14 *(D) by inserting after subclause (VI) the fol-*
15 *lowing:*

16 *“(VII) Holding annual consulta-*
17 *tions with nongovernmental organiza-*
18 *tions in partner countries that provide*
19 *services to improve health, and advo-*
20 *cating on behalf of the individuals*
21 *with HIV/AIDS and those at par-*
22 *ticular risk of contracting HIV/AIDS,*
23 *including organizations with members*
24 *who are living with HIV/AIDS.*

1 “(VIII) Ensuring, through inter-
2 agency and international coordination,
3 that HIV/AIDS programs of the
4 United States are coordinated with,
5 and complementary to, the delivery of
6 related global health, food security, de-
7 velopment, and education.”;

8 (E) in subclause (IX), as redesignated by
9 subparagraph (C)—

10 (i) by inserting “Vietnam,” after
11 “Uganda,”;

12 (ii) by inserting after “of 2003” the
13 following: “and other countries in which the
14 United States is implementing HIV/AIDS
15 programs as part of its foreign assistance
16 program”;

17 (iii) by adding at the end the fol-
18 lowing: “In designating additional coun-
19 tries under this subparagraph, the President
20 shall give priority to those countries in
21 which there is a high prevalence or signifi-
22 cantly rising incidence of HIV/AIDS, coun-
23 tries with large populations and inadequate
24 health infrastructure, countries in which a
25 concentrated HIV/AIDS epidemic could be-

1 *come generalized to the entire population of*
2 *the country, and in countries whose govern-*
3 *ments demonstrate a commitment to com-*
4 *bating HIV/AIDS.”;*

5 *(F) by inserting after subclause (IX), as re-*
6 *designated by subparagraph (C), the following:*

7 *“(X) Working with partner coun-*
8 *tries in which the HIV/AIDS epidemic*
9 *is prevalent among injection drug*
10 *users to establish, as a national pri-*
11 *ority, national HIV/AIDS prevention*
12 *programs, including education and*
13 *services demonstrated to be effective in*
14 *reducing the transmission of HIV in-*
15 *fection among injection drug users*
16 *without increasing illicit drug use.*

17 *“(XI) Working with partner coun-*
18 *tries in which the HIV/AIDS epidemic*
19 *is prevalent among individuals in-*
20 *volved in commercial sex acts to estab-*
21 *lish, as a national priority, national*
22 *prevention programs, including edu-*
23 *cation, voluntary testing, and coun-*
24 *seling, and referral systems that link*
25 *HIV/AIDS programs with programs to*

1 *eradicate trafficking in persons and*
2 *support alternatives to prostitution.”;*

3 *(G) in subclause (XII), as redesignated by*
4 *subparagraph (C), by striking “funds section”*
5 *and inserting “funds appropriated for HIV/*
6 *AIDS assistance pursuant to the authorization of*
7 *appropriations under section 401 of the United*
8 *States Leadership Against HIV/AIDS, Tubercu-*
9 *losis, and Malaria Act of 2003 (22 U.S.C.*
10 *7671)”;* and

11 *(H) by adding at the end the following:*

12 *“(XIII) Publicizing updated drug*
13 *pricing data to inform the purchasing*
14 *decisions of pharmaceutical procure-*
15 *ment partners.”.*

16 **SEC. 103. SENSE OF CONGRESS.**

17 *Section 102 of the United States Leadership Against*
18 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*
19 *U.S.C. 7612) is amended by adding at the end the following:*

20 *“(d) SENSE OF CONGRESS.—It is the sense of Congress*
21 *that—*

22 *“(1) full-time country level coordinators, pref-*
23 *erably with management experience, should head each*
24 *HIV/AIDS country team for United States missions*
25 *overseeing significant HIV/AIDS programs;*

1 “(2) *foreign service nationals provide critically*
 2 *important services in the design and implementation*
 3 *of United States country-level HIV/AIDS programs*
 4 *and their skills and experience as public health pro-*
 5 *essionals should be recognized within hiring and*
 6 *compensation practices; and*

7 “(3) *staffing levels for United States country-*
 8 *level HIV/AIDS teams should be adequately main-*
 9 *tained to fulfill oversight and other obligations of the*
 10 *positions.”.*

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

15 ***SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL***
 16 ***VACCINE FUNDS.***

17 *Section 302 of the Foreign Assistance Act of 1961 (22*
 18 *U.S.C. 2222) is amended—*

19 (1) *by inserting after subsection (c) the fol-*
 20 *lowing:*

21 “(d) *TUBERCULOSIS VACCINE DEVELOPMENT PRO-*
 22 *GRAMS.—In addition to amounts otherwise available under*
 23 *this section, there are authorized to be appropriated to the*
 24 *President such sums as may be necessary for each of the*
 25 *fiscal years 2009 through 2013, which shall be used for*

1 *United States contributions to tuberculosis vaccine develop-*
2 *ment programs, which may include the Aeras Global TB*
3 *Vaccine Foundation.”;*

4 (2) *in subsection (k), by striking “fiscal years*
5 *2004 through 2008” and inserting “fiscal years 2009*
6 *through 2013”;*

7 (3) *in subsection (l), by striking “fiscal years*
8 *2004 through 2008” and inserting “fiscal years 2009*
9 *through 2013”;* and

10 (4) *in subsection (m), by striking “fiscal years*
11 *2004 through 2008” and inserting “fiscal years 2009*
12 *through 2013”.*

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

15 (a) *FINDINGS; SENSE OF CONGRESS.—Section 202(a)*
16 *of the United States Leadership Against HIV/AIDS, Tubercu-*
17 *losis, and Malaria Act of 2003 (22 U.S.C. 7622(a)) is*
18 *amended to read as follows:*

19 “(a) *FINDINGS; SENSE OF CONGRESS.—*

20 “(1) *FINDINGS.—Congress makes the following*
21 *findings:*

22 “(A) *The establishment of the Global Fund*
23 *in January 2002 is consistent with the general*
24 *principles for an international AIDS trust fund*
25 *first outlined by Congress in the Global AIDS*

1 *and Tuberculosis Relief Act of 2000 (Public Law*
2 *106–264).*

3 “(B) *The Global Fund is an innovative fi-*
4 *ancing mechanism which—*

5 “(i) *has made progress in many areas*
6 *in combating HIV/AIDS, tuberculosis, and*
7 *malaria; and*

8 “(ii) *represents the multilateral compo-*
9 *nent of this Act, extending United States ef-*
10 *forts to more than 130 countries around the*
11 *world.*

12 “(C) *The Global Fund and United States*
13 *bilateral assistance programs—*

14 “(i) *are demonstrating increasingly ef-*
15 *fective coordination, with each possessing*
16 *certain comparative advantages in the fight*
17 *against HIV/AIDS, tuberculosis, and ma-*
18 *laria; and*

19 “(ii) *often work most effectively in con-*
20 *cert with each other.*

21 “(D) *The United States Government—*

22 “(i) *is the largest supporter of the*
23 *Global Fund in terms of resources and tech-*
24 *nical support;*

1 “(ii) made the founding contribution
2 to the Global Fund; and

3 “(iii) is fully committed to the success
4 of the Global Fund as a multilateral public-
5 private partnership.

6 “(2) SENSE OF CONGRESS.—It is the sense of
7 Congress that—

8 “(A) transparency and accountability are
9 crucial to the long-term success and viability of
10 the Global Fund;

11 “(B) the Global Fund has made significant
12 progress toward addressing concerns raised by
13 the Government Accountability Office by—

14 “(i) improving risk assessment and
15 risk management capabilities;

16 “(ii) providing clearer guidance for
17 and oversight of Local Fund Agents; and

18 “(iii) strengthening the Office of the
19 Inspector General for the Global Fund;

20 “(C) the provision of sufficient resources
21 and authority to the Office of the Inspector Gen-
22 eral for the Global Fund to ensure that office has
23 the staff and independence necessary to carry out
24 its mandate will be a measure of the commit-

1 *ment of the Global Fund to transparency and*
2 *accountability;*

3 *“(D) regular, publicly published financial,*
4 *programmatic, and reporting audits of the Fund,*
5 *its grantees, and Local Fund Agents are also im-*
6 *portant benchmarks of transparency;*

7 *“(E) the Global Fund should establish and*
8 *maintain a system to track—*

9 *“(i) the amount of funds disbursed to*
10 *each subrecipient on the grant’s fiscal cycle;*
11 *and*

12 *“(ii) the distribution of resources, by*
13 *grant and principal recipient, for preven-*
14 *tion, care, treatment, drug and commodity*
15 *purchases, and other purposes;*

16 *“(F) relevant national authorities in recipi-*
17 *ent countries should exempt from duties and*
18 *taxes all products financed by Global Fund*
19 *grants and procured by any principal recipient*
20 *or subrecipient for the purpose of carrying out*
21 *such grants;*

22 *“(G) the Global Fund, UNAIDS, and the*
23 *Global AIDS Coordinator should work together*
24 *to standardize program indicators wherever pos-*
25 *sible; and*

1 “(H) for purposes of evaluating total
2 amounts of funds contributed to the Global Fund
3 under subsection (d)(4)(A)(i), the timetable for
4 evaluations of contributions from sources other
5 than the United States should take into account
6 the fiscal calendars of other major contributors.”.

7 (b) UNITED STATES FINANCIAL PARTICIPATION.—Sec-
8 tion 202(d) of such Act (22 U.S.C. 7622(d)) is amended—

9 (1) in paragraph (1)—

10 (A) by striking “\$1,000,000,000 for the pe-
11 riod of fiscal year 2004 beginning on January 1,
12 2004” and inserting “\$2,000,000,000 for fiscal
13 year 2009,”; and

14 (B) by striking “the fiscal years 2005–
15 2008” and inserting “each of the fiscal years
16 2010 through 2013”;

17 (2) in paragraph (4)—

18 (A) in subparagraph (A)—

19 (i) in clause (i), by striking “fiscal
20 years 2004 through 2008” and inserting
21 “fiscal years 2009 through 2013”;

22 (ii) in clause (ii), by striking “during
23 any of the fiscal years 2004 through 2008”
24 and inserting “during any of the fiscal
25 years 2009 through 2013”; and

1 (iii) in clause (vi)—

2 (I) by striking “for the purposes”
3 and inserting “For the purposes”;

4 (II) by striking “fiscal years 2004
5 through 2008” and inserting “fiscal
6 years 2009 through 2013”; and

7 (III) by striking “prior to fiscal
8 year 2004” and inserting “before fiscal
9 year 2009”;

10 (B) in subparagraph (B)(iv), by striking
11 “fiscal years 2004 through 2008” and inserting
12 “fiscal years 2009 through 2013”; and

13 (C) in subparagraph (C)(ii), by striking
14 “Committee on International Relations” and in-
15 serting “Committee on Foreign Affairs”; and

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

17 “(5) *WITHHOLDING FUNDS.*—Notwithstanding
18 any other provision of this Act, 20 percent of the
19 amounts appropriated pursuant to this Act for a con-
20 tribution to support the Global Fund for each of the
21 fiscal years 2010 through 2013 shall be withheld from
22 obligation to the Global Fund until the Secretary of
23 State certifies to the appropriate congressional com-
24 mittees that the Global Fund—

1 “(A) has established an evaluation frame-
2 work for the performance of Local Fund Agents
3 (referred to in this paragraph as ‘LFAs’);

4 “(B) is undertaking a systematic assessment
5 of the performance of LFAs;

6 “(C) is making available for public review,
7 according to the Fund Board’s policies and prac-
8 tices on disclosure of information, a regular col-
9 lection and analysis of performance data of
10 Fund grants, which shall cover principal recipi-
11 ents and subrecipients;

12 “(D) is maintaining an independent, well-
13 staffed Office of the Inspector General that—

14 “(i) reports directly to the Board of the
15 Global Fund; and

16 “(ii) is responsible for regular, publicly
17 published audits of financial, pro-
18 grammatic, and reporting aspects of the
19 Global Fund, its grantees, and LFAs;

20 “(E) has established, and is reporting pub-
21 licly on, standard indicators for all program
22 areas;

23 “(F) has established a methodology to track
24 and is reporting on—

1 “(i) all subrecipients and the amount
2 of funds disbursed to each subrecipient on
3 the grant’s fiscal cycle; and

4 “(ii) the distribution of resources, by
5 grant and principal recipient, for preven-
6 tion, care, treatment, drugs and commod-
7 ities purchase, and other purposes;

8 “(G) has established a policy on tariffs im-
9 posed by national governments on all goods and
10 services financed by the Global Fund;

11 “(H) through its Secretariat, has taken
12 meaningful steps to prevent national authorities
13 in recipient countries from imposing taxes or
14 tariffs on goods or services provided by the Fund;

15 “(I) is maintaining its status as a financ-
16 ing institution focused on programs directly re-
17 lated to HIV/AIDS, malaria, and tuberculosis;
18 and

19 “(J) is maintaining and making progress
20 on—

21 “(i) sustaining its multisectoral ap-
22 proach, through country coordinating mech-
23 anisms; and

24 “(ii) the implementation of grants, as
25 reflected in the proportion of resources allo-

1 cated to different sectors, including govern-
 2 ments, civil society, and faith- and commu-
 3 nity-based organizations.”.

4 **SEC. 203. RESEARCH ON METHODS FOR WOMEN TO PRE-**
 5 **VENT TRANSMISSION OF HIV AND OTHER DIS-**
 6 **EASES.**

7 (a) *SENSE OF CONGRESS.*—Congress recognizes the
 8 need and urgency to expand the range of interventions for
 9 preventing the transmission of human immunodeficiency
 10 virus (HIV), including nonvaccine prevention methods that
 11 can be controlled by women.

12 (b) *NIH OFFICE OF AIDS RESEARCH.*—Subpart 1 of
 13 part D of title XXIII of the Public Health Service Act (42
 14 U.S.C. 300cc–40 et seq.) is amended by inserting after sec-
 15 tion 2351 the following:

16 **“SEC. 2351A. MICROBICIDE RESEARCH.**

17 “(a) *FEDERAL STRATEGIC PLAN.*—

18 “(1) *IN GENERAL.*—The Director of the Office
 19 shall—

20 “(A) expedite the implementation of the
 21 Federal strategic plans for the conduct and sup-
 22 port of research on, and development of, a
 23 microbicide for use in developing countries to
 24 prevent the transmission of the human immuno-
 25 deficiency virus; and

1 “(B) annually review and, as appropriate,
2 revise such plan to prioritize funding and activi-
3 ties relative to their scientific urgency and po-
4 tential market readiness.

5 “(2) COORDINATION.—In implementing, review-
6 ing, and prioritizing elements of the plan described in
7 paragraph (1), the Director of the Office shall consult
8 with—

9 “(A) representatives of other Federal agen-
10 cies involved in microbicide research, including
11 the Coordinator of United States Government
12 Activities to Combat HIV/AIDS Globally, the
13 Director of the Centers for Disease Control and
14 Prevention, and the Administrator of the United
15 States Agency for International Development;

16 “(B) the microbicide research and develop-
17 ment community; and

18 “(C) health advocates.

19 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated such sums as may be nec-
21 essary for each of the fiscal years 2009 through 2013 to
22 carry out this section.”.

23 (c) NATIONAL INSTITUTE OF ALLERGY AND INFEC-
24 TIOUS DISEASES.—Subpart 6 of part C of title IV of the

1 *Public Health Service Act (42 U.S.C. 285f et seq.) is amend-*
2 *ed by adding at the end the following:*

3 **“SEC. 447C. MICROBICIDE RESEARCH AND DEVELOPMENT.**

4 *“The Director of the Institute, acting through the head*
5 *of the Division of AIDS, shall carry out research on, and*
6 *development of, a microbicide for use in developing coun-*
7 *tries to prevent the transmission of the human immuno-*
8 *deficiency virus. The Director shall ensure that there are*
9 *a sufficient number of employees and structure dedicated*
10 *to carrying out such activities.”.*

11 *(d) CDC.—Part B of title III of the Public Health*
12 *Service Act (42 U.S.C. 243 et seq.) is amended by inserting*
13 *after section 317S the following:*

14 **“SEC. 317T. MICROBICIDE RESEARCH.**

15 *“(a) IN GENERAL.—The Director of the Centers for*
16 *Disease Control and Prevention shall fully implement the*
17 *Centers’ microbicide agenda to support research and devel-*
18 *opment of microbicides for use in developing countries to*
19 *prevent the transmission of the human immunodeficiency*
20 *virus.*

21 *“(b) AUTHORIZATION OF APPROPRIATIONS.—There*
22 *are authorized to be appropriated such sums as may be nec-*
23 *essary for each of fiscal years 2009 through 2013 to carry*
24 *out this section.”.*

1 (e) *UNITED STATES AGENCY FOR INTERNATIONAL DE-*
2 *VELOPMENT.*—

3 (1) *IN GENERAL.*—*The Administrator of the*
4 *United States Agency for International Development,*
5 *in coordination with the Coordinator of United States*
6 *Government Activities to Combat HIV/AIDS Glob-*
7 *ally, shall develop and implement a program to fa-*
8 *facilitate availability and accessibility of microbicides*
9 *that prevent the transmission of HIV if such*
10 *microbicides are proven safe and effective.*

11 (2) *AUTHORIZATION OF APPROPRIATIONS.*—*Of*
12 *the amounts authorized to be appropriated under sec-*
13 *tion 401 of the United States Leadership Against*
14 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003*
15 *(22 U.S.C. 7671) for HIV/AIDS assistance, there are*
16 *authorized to be appropriated to the President such*
17 *sums as may be necessary for each of the fiscal years*
18 *2009 through 2013 to carry out this subsection.*

19 **SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**
20 **LARIA BY STRENGTHENING HEALTH POLI-**
21 **CIES AND HEALTH SYSTEMS OF PARTNER**
22 **COUNTRIES.**

23 (a) *IN GENERAL.*—*Title II of the United States Lead-*
24 *ership Against HIV/AIDS, Tuberculosis, and Malaria Act*

1 of 2003 (22 U.S.C. 7621) is amended by adding at the end
2 the following:

3 **“SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**
4 **LARIA BY STRENGTHENING HEALTH POLI-**
5 **CIES AND HEALTH SYSTEMS OF PARTNER**
6 **COUNTRIES.**

7 *“(a) STATEMENT OF POLICY.—It shall be the policy*
8 *of the United States Government—*

9 *“(1) to invest appropriate resources authorized*
10 *under this Act—*

11 *“(A) to carry out activities to strengthen*
12 *HIV/AIDS, tuberculosis, and malaria health*
13 *policies and health systems; and*

14 *“(B) to provide workforce training and ca-*
15 *capacity-building consistent with the goals and ob-*
16 *jectives of this Act; and*

17 *“(2) to support the development of a sound pol-*
18 *icy environment in partner countries to increase the*
19 *ability of such countries—*

20 *“(A) to maximize utilization of health care*
21 *resources from donor countries;*

22 *“(B) to increase national investments in*
23 *health and education and maximize the effective-*
24 *ness of such investments;*

1 “(C) to improve national HIV/AIDS, tuber-
2 culosis, and malaria strategies;

3 “(D) to deliver evidence-based services in an
4 effective and efficient manner; and

5 “(E) to reduce barriers that prevent recipi-
6 ents of services from achieving maximum benefit
7 from such services.

8 “(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE MAN-
9 AGEMENT SYSTEMS.—

10 “(1) IN GENERAL.—Consistent with the author-
11 ity under section 129 of the Foreign Assistance Act of
12 1961 (22 U.S.C. 2152), the Secretary of the Treasury,
13 acting through the head of the Office of Technical As-
14 sistance, is authorized to provide assistance for advi-
15 sors and partner country finance, health, and other
16 relevant ministries to improve the effectiveness of pub-
17 lic finance management systems in partner countries
18 to enable such countries to receive funding to carry
19 out programs to combat HIV/AIDS, tuberculosis, and
20 malaria and to manage such programs.

21 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of
22 the amounts authorized to be appropriated under sec-
23 tion 401 for HIV/AIDS assistance, there are author-
24 ized to be appropriated to the Secretary of the Treas-
25 ury such sums as may be necessary for each of the fis-

1 *cal years 2009 through 2013 to carry out this sub-*
2 *section.”.*

3 (b) *CLERICAL AMENDMENT.—The table of contents for*
4 *the United States Leadership Against HIV/AIDS, Tubercu-*
5 *culosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is*
6 *amended by inserting after the item relating to section 203,*
7 *as added by section 203 of this Act, the following:*

“Sec. 204. Combating HIV/AIDS, tuberculosis, and malaria by strengthening
 health policies and health systems of partner countries.”.

8 **SEC. 205. FACILITATING EFFECTIVE OPERATIONS OF THE**
9 **CENTERS FOR DISEASE CONTROL.**

10 *Section 307 of the Public Health Service Act (42*
11 *U.S.C. 242l) is amended—*

12 (1) *by amending subsection (a) to read as fol-*
13 *lows:*

14 *“(a) The Secretary may participate with other coun-*
15 *tries in cooperative endeavors in—*

16 *“(1) biomedical research, health care technology,*
17 *and the health services research and statistical anal-*
18 *ysis authorized under section 306 and title IX; and*

19 *“(2) biomedical research, health care services,*
20 *health care research, or other related activities in fur-*
21 *therance of the activities, objectives or goals author-*
22 *ized under the Tom Lantos and Henry J. Hyde*
23 *United States Global Leadership Against HIV/AIDS,*

1 *Tuberculosis, and Malaria Reauthorization Act of*
2 *2008.”; and*

3 *(2) in subsection (b)—*

4 *(A) in paragraph (7), by striking “and”*
5 *after the semicolon at the end;*

6 *(B) by striking “The Secretary may not, in*
7 *the exercise of his authority under this section,*
8 *provide financial assistance for the construction*
9 *of any facility in any foreign country.”*

10 *(C) in paragraph (8), by striking “for any*
11 *purpose.” and inserting “for the purpose of any*
12 *law administered by the Office of Personnel*
13 *Management;”; and*

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

15 *“(9) provide such funds by advance or reim-*
16 *bursement to the Secretary of State, as may be nec-*
17 *essary, to pay the costs of acquisition, lease, construc-*
18 *tion, alteration, equipping, furnishing or manage-*
19 *ment of facilities outside of the United States; and*

20 *“(10) in consultation with the Secretary of*
21 *State, through grant or cooperative agreement, make*
22 *funds available to public or nonprofit private institu-*
23 *tions or agencies in foreign countries in which the*
24 *Secretary is participating in activities described*

1 *under subsection (a) to acquire, lease, construct, alter,*
2 *or renovate facilities in those countries.”.*

3 *(3) in subsection (c)—*

4 *(A) by striking “1990” and inserting*
5 *“1980”; and*

6 *(B) by inserting or “or section 903 of the*
7 *Foreign Service Act of 1980 (22 U.S.C. 4083)”*
8 *after “Code”.*

9 **SEC. 206. FACILITATING VACCINE DEVELOPMENT.**

10 *(a) TECHNICAL ASSISTANCE FOR DEVELOPING COUN-*
11 *TRIES.—The Administrator of the United States Agency for*
12 *International Development, utilizing public-private part-*
13 *ners, as appropriate, and working in coordination with*
14 *other international development agencies, is authorized to*
15 *strengthen the capacity of developing countries’ govern-*
16 *mental institutions to—*

17 *(1) collect evidence for informed decision-making*
18 *and introduction of new vaccines, including potential*
19 *HIV/AIDS, tuberculosis, and malaria vaccines, if*
20 *such vaccines are determined to be safe and effective;*

21 *(2) review protocols for clinical trials and im-*
22 *pact studies and improve the implementation of clin-*
23 *ical trials; and*

24 *(3) ensure adequate supply chain and delivery*
25 *systems.*

1 **(b) ADVANCED MARKET COMMITMENTS.**—

2 **(1) PURPOSE.**—*The purpose of this subsection is*
3 *to improve global health by requiring the United*
4 *States to participate in negotiations for advance mar-*
5 *ket commitments for the development of future vac-*
6 *cines, including potential vaccines for HIV/AIDS, tu-*
7 *berculosis, and malaria.*

8 **(2) NEGOTIATION REQUIREMENT.**—*The Secretary*
9 *of the Treasury shall enter into negotiations with the*
10 *appropriate officials of the International Bank of Re-*
11 *construction and Development (World Bank) and the*
12 *GAVI Alliance, the member nations of such entities,*
13 *and other interested parties to establish advanced*
14 *market commitments to purchase vaccines to combat*
15 *HIV/AIDS, tuberculosis, malaria, and other related*
16 *infectious diseases.*

17 **(3) REQUIREMENTS.**—*In negotiating the United*
18 *States participation in programs for advanced mar-*
19 *ket commitments, the Secretary of the Treasury shall*
20 *take into account whether programs for advance mar-*
21 *ket commitments include—*

22 **(A)** *legally binding contracts for product*
23 *purchase that include a fair market price for up*
24 *to a maximum number of treatments, creating a*
25 *strong market incentive;*

1 (B) clearly defined and transparent rules of
2 program participation for qualified developers
3 and suppliers of the product;

4 (C) clearly defined requirements for eligible
5 vaccines to ensure that they are safe and effective
6 and can be delivered in developing country con-
7 texts;

8 (D) dispute settlement mechanisms; and

9 (E) sufficient flexibility to enable the con-
10 tracts to be adjusted in accord with new infor-
11 mation related to projected market size and other
12 factors while still maintaining the purchase com-
13 mitment at a fair price.

14 (4) *REPORT.*—Not later than 1 year after the
15 date of the enactment of this Act—

16 (A) the Secretary of the Treasury shall sub-
17 mit a report to the appropriate congressional
18 committees on the status of the United States ne-
19 gotiations to participate in programs for the ad-
20 vanced market commitments under this sub-
21 section; and

22 (B) the President shall produce a com-
23 prehensive report, written by a study group of
24 qualified professionals from relevant Federal
25 agencies and initiatives, nongovernmental orga-

1 *nizations, and industry representatives, that sets*
2 *forth a coordinated strategy to accelerate devel-*
3 *opment of vaccines for infectious diseases, such*
4 *as HIV/AIDS, malaria, and tuberculosis, which*
5 *includes—*

6 *(i) initiatives to create economic incen-*
7 *tives for the research, development, and*
8 *manufacturing of vaccines for HIV/AIDS,*
9 *tuberculosis, malaria, and other infectious*
10 *diseases;*

11 *(ii) an expansion of public-private*
12 *partnerships and the leveraging of resources*
13 *from other countries and the private sector;*
14 *and*

15 *(iii) efforts to maximize United States*
16 *capabilities to support clinical trials of vac-*
17 *cines in developing countries and to address*
18 *the challenges of delivering vaccines in de-*
19 *veloping countries to minimize delays in ac-*
20 *cess once vaccines are available.*

1 **TITLE III—BILATERAL EFFORTS**
2 **Subtitle A—General Assistance and**
3 **Programs**

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

5 (a) *AMENDMENTS TO THE FOREIGN ASSISTANCE ACT*
6 *OF 1961.*—

7 (1) *FINDING.*—*Section 104A(a) of the Foreign*
8 *Assistance Act of 1961 (22 U.S.C. 2151b–2(a)) is*
9 *amended by inserting “Central Asia, Eastern Europe,*
10 *Latin America” after “Caribbean,”.*

11 (2) *POLICY.*—*Section 104A(b) of such Act is*
12 *amended to read as follows:*

13 “(b) *POLICY.*—

14 “(1) *OBJECTIVES.*—*It is a major objective of the*
15 *foreign assistance program of the United States to*
16 *provide assistance for the prevention and treatment of*
17 *HIV/AIDS and the care of those affected by the dis-*
18 *ease. It is the policy objective of the United States, by*
19 *2013, to—*

20 “(A) *assist partner countries to—*

21 “(i) *prevent 12,000,000 new HIV infec-*
22 *tions worldwide;*

23 “(ii) *support treatment of at least*
24 *3,000,000 individuals with HIV/AIDS;*

1 “(iii) support additional treatment
2 through coordinated multilateral efforts;

3 “(iv) support care for 12,000,000 indi-
4 viduals with HIV/AIDS, including
5 5,000,000 orphans and vulnerable children
6 affected by HIV/AIDS, with an emphasis on
7 promoting a comprehensive, coordinated
8 system of services to be integrated through-
9 out the continuum of care;

10 “(v) provide at least 80 percent of the
11 target population with access to counseling,
12 testing, and treatment to prevent the trans-
13 mission of HIV from mother-to-child;

14 “(vi) provide care and treatment serv-
15 ices to children with HIV in proportion to
16 their percentage within the HIV-infected
17 population of a given partner country; and

18 “(vii) train and support retention of
19 health care professionals, paraprofessionals,
20 and community health workers in HIV/
21 AIDS prevention, treatment, and care, with
22 the target of providing such training to at
23 least 140,000 new health care professionals
24 and paraprofessionals;

1 “(B) *strengthen the capacity to deliver pri-*
2 *mary health care in developing countries, espe-*
3 *cially in sub-Saharan Africa; and*

4 “(C) *help countries achieve staffing levels of*
5 *at least 2.3 doctors, nurses, and midwives per*
6 *1,000 population, as called for by the World*
7 *Health Organization.*

8 “(2) *COORDINATED GLOBAL STRATEGY.—The*
9 *United States and other countries with the sufficient*
10 *capacity should provide assistance to countries in*
11 *sub-Saharan Africa, the Caribbean, Central Asia,*
12 *Eastern Europe, and Latin America, and other coun-*
13 *tries and regions confronting HIV/AIDS epidemics in*
14 *a coordinated global strategy to help address general-*
15 *ized and concentrated epidemics through HIV/AIDS*
16 *prevention, treatment, care, monitoring and evalua-*
17 *tion, and related activities.*

18 “(3) *PRIORITIES.—The United States Govern-*
19 *ment’s response to the global HIV/AIDS pandemic*
20 *and the Government’s efforts to help countries assume*
21 *leadership of sustainable campaigns to combat their*
22 *local epidemics should place high priority on—*

23 “(A) *the prevention of the transmission of*
24 *HIV; and*

1 “(B) moving toward universal access to
2 HIV/AIDS prevention counseling and services.”.

3 (b) *AUTHORIZATION*.—Section 104A(c) of such Act is
4 amended—

5 (1) in paragraph (1), by striking “and other
6 countries and areas.” and inserting “Central Asia,
7 Eastern Europe, Latin America, and other countries
8 and areas, particularly with respect to refugee popu-
9 lations or those in postconflict settings in such coun-
10 tries and areas with significant or increasing HIV
11 incidence rates.”;

12 (2) in paragraph (2), by striking “and other
13 countries and areas affected by the HIV/AIDS pan-
14 demic” and inserting “Central Asia, Eastern Europe,
15 Latin America, and other countries and areas affected
16 by the HIV/AIDS pandemic, particularly with respect
17 to refugee populations or those in post-conflict settings
18 in such countries and areas with significant or in-
19 creasing HIV incidence rates.”; and

20 (3) in paragraph (3)—

21 (A) by striking “foreign countries” and in-
22 serting “partner countries, other international
23 actors,”; and

1 (B) by inserting “within the framework of
2 the principles of the Three Ones” before the pe-
3 riod at the end.

4 (c) *ACTIVITIES SUPPORTED*.—Section 104A(d) of such
5 *Act is amended—*

6 (1) *in paragraph (1)—*

7 (A) *in subparagraph (A)—*

8 (i) by inserting “and multiple concu-
9 rent sexual partnering,” after “casual sex-
10 ual partnering”; and

11 (ii) by striking “condoms” and insert-
12 ing “male and female condoms”;

13 (B) *in subparagraph (B)—*

14 (i) by striking “programs that” and
15 inserting “programs that are designed with
16 local input and”; and

17 (ii) by striking “those organizations”
18 and inserting “those locally based organiza-
19 tions”;

20 (C) *in subparagraph (D), by inserting “and*
21 *promoting the use of provider-initiated or ‘opt-*
22 *out’ voluntary testing in accordance with World*
23 *Health Organization guidelines” before the semi-*
24 *colon at the end;*

1 (D) by redesignating subparagraphs (F),
2 (G), and (H) as subparagraphs (H), (I), and
3 (J), respectively;

4 (E) by inserting after subparagraph (E) the
5 following:

6 “(F) assistance to—

7 “(i) achieve the goal of reaching 80
8 percent of pregnant women for prevention
9 and treatment of mother-to-child trans-
10 mission of HIV in countries in which the
11 United States is implementing HIV/AIDS
12 programs by 2013; and

13 “(ii) promote infant feeding options
14 and treatment protocols that meet the most
15 recent criteria established by the World
16 Health Organization;

17 “(G) medical male circumcision programs
18 as part of national strategies to combat the
19 transmission of HIV/AIDS;”;

20 (F) in subparagraph (I), as redesignated,
21 by striking “and” at the end;

22 (G) in subparagraph (H), as redesignated—

23 (i) by striking the period at the end
24 and inserting “, including education and
25 services demonstrated to be effective in re-

1 *ducing the transmission of HIV infection*
2 *without increasing illicit drug use; and”;*
3 *and*

4 *(H) by adding at the end the following:*

5 *“(K) assistance for counseling, testing,*
6 *treatment, care, and support programs, includ-*
7 *ing—*

8 *“(i) counseling and other services for*
9 *the prevention of reinfection of individuals*
10 *with HIV/AIDS;*

11 *“(ii) counseling to prevent sexual*
12 *transmission of HIV, including—*

13 *“(I) life skills development for*
14 *practicing abstinence and faithfulness;*

15 *“(II) reducing the number of sex-*
16 *ual partners;*

17 *“(III) delaying sexual debut; and*

18 *“(IV) ensuring correct and con-*
19 *sistent use of condoms;*

20 *“(iii) assistance to engage underlying*
21 *vulnerabilities to HIV/AIDS, especially*
22 *those of women and girls, through structural*
23 *prevention programs;*

24 *“(iv) assistance for appropriate HIV/*
25 *AIDS education programs and training*

1 *targeted to prevent the transmission of HIV*
2 *among men who have sex with men;*

3 “(v) *assistance to provide male and fe-*
4 *male condoms;*

5 “(vi) *diagnosis and treatment of other*
6 *sexually transmitted infections;*

7 “(vii) *strategies to address the stigma*
8 *and discrimination that impede HIV/AIDS*
9 *prevention efforts; and*

10 “(viii) *assistance to facilitate wide-*
11 *spread access to microbicides for HIV pre-*
12 *vention, if safe and effective products be-*
13 *come available, including financial and*
14 *technical support for culturally appropriate*
15 *introductory programs, procurement, dis-*
16 *tribution, logistics management, program*
17 *delivery, acceptability studies, provider*
18 *training, demand generation, and*
19 *postintroduction monitoring.”; and*

20 (2) *in paragraph (2)—*

21 (A) *in subparagraph (B), by striking “and”*
22 *at the end;*

23 (B) *in subparagraph (C)—*

24 (i) *by inserting “pain management,”*
25 *after “opportunistic infections,”; and*

1 (ii) by striking the period at the end
2 and inserting a semicolon; and

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

4 “(D) as part of care and treatment of HIV/
5 AIDS, assistance (including prophylaxis and
6 treatment) for common HIV/AIDS-related oppor-
7 tunistic infections for free or at a rate at which
8 it is easily affordable to the individuals and pop-
9 ulations being served;

10 “(E) as part of care and treatment of HIV/
11 AIDS, assistance or referral to available and
12 adequately resourced service providers for nutri-
13 tional support, including counseling and where
14 necessary the provision of commodities, for per-
15 sons meeting malnourishment criteria and their
16 families;”;

17 (3) in paragraph (4)—

18 (A) in subparagraph (C), by striking “and”
19 at the end;

20 (B) in subparagraph (D), by striking the
21 period at the end and inserting a semicolon; and

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

23 “(E) carrying out and expanding program
24 monitoring, impact evaluation research and
25 analysis, and operations research and dissemi-

1 *nating data and findings through mechanisms to*
2 *be developed by the Coordinator of United States*
3 *Government Activities to Combat HIV/AIDS*
4 *Globally, in coordination with the Director of the*
5 *Centers for Disease Control, in order to—*

6 *“(i) improve accountability, increase*
7 *transparency, and ensure the delivery of*
8 *evidence-based services through the collec-*
9 *tion, evaluation, and analysis of data re-*
10 *garding gender-responsive interventions,*
11 *disaggregated by age and sex;*

12 *“(ii) identify and replicate effective*
13 *models; and*

14 *“(iii) develop gender indicators to*
15 *measure outcomes and the impacts of inter-*
16 *ventions; and*

17 *“(F) establishing appropriate systems to—*

18 *“(i) gather epidemiological and social*
19 *science data on HIV; and*

20 *“(ii) evaluate the effectiveness of pre-*
21 *vention efforts among men who have sex*
22 *with men, with due consideration to stigma*
23 *and risks associated with disclosure.”;*

24 *(4) in paragraph (5)—*

1 (A) by redesignating subparagraph (C) as
2 subparagraph (D); and

3 (B) by inserting after subparagraph (B) the
4 following:

5 “(C) *MECHANISM TO ENSURE COST-EFFEC-*
6 *TIVE DRUG PURCHASING.*—Subject to subpara-
7 graph (B), mechanisms to ensure that safe and
8 effective pharmaceuticals, including
9 antiretrovirals and medicines to treat opportun-
10 istic infections, are purchased at the lowest pos-
11 sible price at which such pharmaceuticals may
12 be obtained in sufficient quantity on the world
13 market.”;

14 (5) in paragraph (6)—

15 (A) by amending the paragraph heading to
16 read as follows:

17 “(6) *RELATED AND COORDINATED*
18 *ACTIVITIES.*—”;

19 (B) in subparagraph (B), by striking “and”
20 at the end;

21 (C) in subparagraph (C), by striking the
22 period at the end and inserting “; and”; and

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

24 “(D) coordinated or referred activities to—

1 “(i) enhance the clinical impact of
2 HIV/AIDS care and treatment; and

3 “(ii) ameliorate the adverse social and
4 economic costs often affecting AIDS-im-
5 pacted families and communities through
6 the direct provision, as necessary, or
7 through the referral, if possible, of support
8 services, including—

9 “(I) nutritional and food support;

10 “(II) nutritional counseling;

11 “(III) income-generating activi-
12 ties and livelihood initiatives;

13 “(IV) maternal and child health
14 care;

15 “(V) primary health care;

16 “(VI) the diagnosis and treatment
17 of other infectious or sexually trans-
18 mitted diseases;

19 “(VII) substance abuse and treat-
20 ment services; and

21 “(VIII) legal services;

22 “(E) coordinated or referred activities to
23 link programs addressing HIV/AIDS with pro-
24 grams addressing gender-based violence in areas
25 of significant HIV prevalence to assist countries

1 *in the development and enforcement of women’s*
2 *health, children’s health, and HIV/AIDS laws*
3 *and policies that—*

4 “(i) *prevent and respond to violence*
5 *against women and girls;*

6 “(ii) *promote the integration of screen-*
7 *ing and assessment for gender-based vio-*
8 *lence into HIV/AIDS programming;*

9 “(iii) *promote appropriate HIV/AIDS*
10 *counseling, testing, and treatment into gen-*
11 *der-based violence programs; and*

12 “(iv) *assist governments to develop*
13 *partnerships with civil society organiza-*
14 *tions to create networks for psychosocial,*
15 *legal, economic, or other support services;*

16 “(F) *coordinated or referred activities to—*

17 “(i) *address the frequent coinfection of*
18 *HIV and tuberculosis, in accordance with*
19 *World Health Organization guidelines;*

20 “(ii) *promote provider-initiated or*
21 *‘opt-out’ HIV/AIDS counseling and testing*
22 *and appropriate referral for treatment and*
23 *care to individuals with tuberculosis or its*
24 *symptoms, particularly in areas with sig-*
25 *nificant HIV prevalence; and*

1 “(iii) strengthen programs to ensure
2 that individuals testing positive for HIV re-
3 ceive tuberculosis screening and appropriate
4 screening and to improve laboratory capac-
5 ities, infection control, and adherence; and
6 “(G) activities to—

7 “(i) improve the effectiveness of na-
8 tional responses to HIV/AIDS; and

9 “(ii) strengthen overall health systems
10 in high-prevalence countries, including sup-
11 port for workforce training, retention, and
12 effective deployment, capacity building, lab-
13 oratory development, equipment mainte-
14 nance and repair, and public health and re-
15 lated public financial management systems
16 and operations.”; and

17 (6) by adding at the end the following:

18 “(8) COMPACTS AND FRAMEWORK AGREE-
19 MENTS.—The development of compacts or framework
20 agreements, tailored to local circumstances, with na-
21 tional governments or regional partnerships in coun-
22 tries with significant HIV/AIDS burdens to promote
23 host government commitment to deeper integration of
24 HIV/AIDS services into health systems, contribute to
25 health systems overall, and enhance sustainability.”.

1 (d) *COMPACTS AND FRAMEWORK AGREEMENTS.*—*Sec-*
2 *tion 104A of such Act is amended—*

3 (1) *by redesignating subsections (e) through (g)*
4 *as subsections (f) through (h); and*

5 (2) *by inserting after subsection (d) the fol-*
6 *lowing:*

7 “(e) *COMPACTS AND FRAMEWORK AGREEMENTS.*—

8 “(1) *FINDINGS.*—*Congress makes the following*
9 *findings:*

10 “(A) *The congressionally mandated Insti-*
11 *tute of Medicine report entitled ‘PEPFAR Imple-*
12 *mentation: Progress and Promise’ states: ‘The*
13 *next strategy [of the U.S. Global AIDS Initia-*
14 *tive] should squarely address the needs and chal-*
15 *lenges involved in supporting sustainable coun-*
16 *try HIV/AIDS programs, thereby transitioning*
17 *from a focus on emergency relief.’.*

18 “(B) *One mechanism to promote the transi-*
19 *tion from an emergency to a public health and*
20 *development approach to HIV/AIDS is through*
21 *compacts or framework agreements between the*
22 *United States Government and each partici-*
23 *pating nation.*

24 “(C) *Key components of a transition toward*
25 *a more sustainable approach toward fighting*

1 *HIV/AIDS, tuberculosis, and malaria and thus*
2 *priorities for such compacts include—*

3 “(i) *building capacity to expand the*
4 *size of the trained health care workforce in*
5 *partner countries and improve its retention,*
6 *safety, deployment, and utilization of skills*
7 *and to improve public health infrastructure*
8 *and systems;*

9 “(ii) *partner governments increasing*
10 *their national investments in health and*
11 *education systems, as called for in the*
12 *Abuja Declaration;*

13 “(iii) *increasing the focus of United*
14 *States government efforts to address the fac-*
15 *tors that put women and girls at greater*
16 *risk of HIV/AIDS and to strengthen the*
17 *legal, economic, educational, and social sta-*
18 *tus of women, girls, orphans, and vulnerable*
19 *children and encouraging partner govern-*
20 *ments to do the same;*

21 “(iv) *building on the New Partners*
22 *Initiative and other efforts currently under-*
23 *way to strengthen the capacities of*
24 *community- and faith-based organizations*
25 *and civil society in partner countries to*

1 *contribute to country efforts to prevent or*
2 *manage the effects of HIV/AIDS, tuber-*
3 *culosis, and malaria epidemics and to im-*
4 *prove health care delivery;*

5 *“(v) improving the coordination of ef-*
6 *forts to combat HIV/AIDS, tuberculosis,*
7 *and malaria with broader national health*
8 *and development strategies;*

9 *“(vi) promoting HIV/AIDS-related*
10 *laws, regulations, and policies that support*
11 *voluntary diagnostic counseling and rapid*
12 *testing, pediatric diagnosis, rapid, tariff-*
13 *free regulatory procedures for drugs and*
14 *commodities, and full inclusion of people*
15 *living with HIV/AIDS in a multisectoral*
16 *national response.*

17 *“(vii) sharing and implementing find-*
18 *ings based on program evaluations and op-*
19 *erations research; and*

20 *“(viii) reducing the disease burden of*
21 *HIV/AIDS, tuberculosis, and malaria*
22 *through improved prevention efforts.*

23 *“(D) Such compacts should also take into*
24 *account the overall national health and develop-*
25 *ment and national HIV/AIDS and public health*

1 *strategies of each country and should contain*
2 *provisions including—*

3 “(i) *the specific objectives that the*
4 *country and the United States expect to*
5 *achieve during the term of a compact;*

6 “(ii) *the respective responsibilities of*
7 *the country and the United States in the*
8 *achievement of such objectives;*

9 “(iii) *regular benchmarks to measure,*
10 *where appropriate, progress toward achiev-*
11 *ing such objectives;*

12 “(iv) *an identification of the intended*
13 *beneficiaries, disaggregated by gender and*
14 *age, and including information on orphans*
15 *and vulnerable children, to the maximum*
16 *extent practicable;*

17 “(v) *the methods by which the compact*
18 *is intended to address the factors that put*
19 *women and girls at greater risk of HIV/*
20 *AIDS and to strengthen the legal, economic,*
21 *educational, and social status of women,*
22 *girls, orphans, and vulnerable children;*

23 “(vi) *the methods by which the com-*
24 *compact will strengthen the health care capac-*
25 *ity, including the training, retention, de-*

1 *ployment, and utilization of health care*
2 *workers, improve supply chain manage-*
3 *ment, and improve the health systems and*
4 *infrastructure of the partner country, in-*
5 *cluding the ability of compact participants*
6 *to maintain and operate equipment trans-*
7 *ferred or purchased as part of the compact;*

8 *“(vii) proposed mechanisms to provide*
9 *oversight;*

10 *“(viii) the role of civil society in the*
11 *development of a compact and the achieve-*
12 *ment of its objectives;*

13 *“(ix) a description of the current and*
14 *potential participation of other donors in*
15 *the achievement of such objectives, as appro-*
16 *priate; and*

17 *“(x) a plan to ensure appropriate fis-*
18 *cal accountability for the use of assistance.*

19 *“(2) LOCAL INPUT.—In entering into a compact*
20 *authorized under subsection (d)(8), the Coordinator of*
21 *United States Government Activities to Combat HIV/*
22 *AIDS Globally shall seek to ensure that the govern-*
23 *ment of a country—*

1 “(A) takes into account the local perspec-
2 tives of the rural and urban poor, including
3 women, in each country; and

4 “(B) consults with private and voluntary
5 organizations, including faith-based organiza-
6 tions, the business community, and other donors
7 in the country.

8 “(3) CONGRESSIONAL AND PUBLIC NOTIFICATION
9 AFTER ENTERING INTO A COMPACT.—Not later than
10 10 days after entering into a compact authorized
11 under subsection (d)(8), the Global AIDS Coordinator
12 shall—

13 “(A) submit a report containing a detailed
14 summary of the compact and a copy of the text
15 of the compact to—

16 “(i) the Committee on Foreign Rela-
17 tions of the Senate;

18 “(ii) the Committee on Appropriations
19 of the Senate;

20 “(iii) the Committee on Foreign Af-
21 fairs of the House of Representatives; and

22 “(iv) the Committee on Appropriations
23 of the House of Representatives; and

1 “(B) publish such information in the Fed-
2 eral Register and on the Internet website of the
3 Office of the Global AIDS Coordinator.”.

4 (e) ANNUAL REPORT.—Section 104A(f) of such Act, as
5 redesignated, is amended—

6 (1) in paragraph (1), by striking “Committee on
7 International Relations” and inserting “Committee
8 on Foreign Affairs”; and

9 (2) in paragraph (2)—

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

12 (B) by striking subparagraph (C) and in-
13 serting the following:

14 “(C) a detailed breakdown of funding allo-
15 cations, by program and by country, for preven-
16 tion activities; and

17 “(D) a detailed assessment of the impact of
18 programs established pursuant to such sections,
19 including—

20 “(i)(I) the effectiveness of such pro-
21 grams in reducing—

22 “(aa) the transmission of HIV,
23 particularly in women and girls;

24 “(bb) mother-to-child transmission
25 of HIV, including through drug treat-

1 *ment and therapies, either directly or*
2 *by referral; and*

3 *“(cc) mortality rates from HIV/*
4 *AIDS;*

5 *“(II) the number of patients receiving*
6 *treatment for AIDS in each country that re-*
7 *ceives assistance under this Act;*

8 *“(III) an assessment of progress to-*
9 *wards the achievement of annual goals set*
10 *forth in the timetable required under the 5-*
11 *year strategy established under section 101*
12 *of the United States Leadership Against*
13 *HIV/AIDS, Tuberculosis, and Malaria Act*
14 *of 2003 and, if annual goals are not being*
15 *met, the reasons for such failure; and*

16 *“(IV) retention and attrition data for*
17 *programs receiving United States assist-*
18 *ance, including mortality and loss to follow-*
19 *up rates, organized overall and by country;*

20 *“(ii) the progress made toward—*

21 *“(I) improving health care deliv-*
22 *ery systems (including the training of*
23 *health care workers, including doctors,*
24 *nurses, midwives, pharmacists, labora-*

1 *tory technicians, and compensated*
2 *community health workers);*

3 *“(II) advancing safe working con-*
4 *ditions for health care workers; and*

5 *“(III) improving infrastructure to*
6 *promote progress toward universal ac-*
7 *cess to HIV/AIDS prevention, treat-*
8 *ment, and care by 2013;*

9 *“(iii) with respect to tuberculosis—*

10 *“(I) the increase in the number of*
11 *people treated and the number of tu-*
12 *berculosis patients cured through each*
13 *program, project, or activity receiving*
14 *United States foreign assistance for tu-*
15 *berculosis control purposes through, or*
16 *in coordination with, HIV/AIDS pro-*
17 *grams;*

18 *“(II) a description of drug resist-*
19 *ance rates among persons treated;*

20 *“(III) the percentage of such*
21 *United States foreign assistance pro-*
22 *vided for diagnosis and treatment of*
23 *individuals with tuberculosis in coun-*
24 *tries with the highest burden of tuber-*

1 *culosis, as determined by the World*
2 *Health Organization; and*

3 “*(IV) a detailed description of ef-*
4 *forts to integrate HIV/AIDS and tuber-*
5 *culosis prevention, treatment, and care*
6 *programs; and*

7 “*(iv) a description of coordination ef-*
8 *forts with relevant executive branch agencies*
9 *to link HIV/AIDS clinical and social serv-*
10 *ices with non-HIV/AIDS services as part of*
11 *the United States health and development*
12 *agenda;*

13 “*(v) a detailed description of inte-*
14 *grated HIV/AIDS and food and nutrition*
15 *programs and services, including—*

16 “*(I) the amount spent on food and*
17 *nutrition support;*

18 “*(II) the types of activities sup-*
19 *ported; and*

20 “*(III) an assessment of the effec-*
21 *tiveness of interventions carried out to*
22 *improve the health status of persons*
23 *with HIV/AIDS receiving food or nu-*
24 *tritional support;*

1 “(vi) a description of efforts to improve
2 harmonization, in terms of relevant execu-
3 tive branch agencies, coordination with
4 other public and private entities, and co-
5 ordination with partner countries’ national
6 strategic plans as called for in the ‘Three
7 Ones’;

8 “(vii) a description of—

9 “(I) the efforts of partner coun-
10 tries that were signatories to the Abuja
11 Declaration on HIV/AIDS, Tuber-
12 culosis and Other Related Infectious
13 Diseases to adhere to the goals of such
14 Declaration in terms of investments in
15 public health, including HIV/AIDS;
16 and

17 “(II) a description of the HIV/
18 AIDS investments of partner countries
19 that were not signatories to such Dec-
20 laration;

21 “(viii) a detailed description of any
22 compacts or framework agreements reached
23 or negotiated between the United States and
24 any partner countries, including a descrip-

1 *tion of the elements of compacts described in*
2 *subsection (e);*

3 *“(ix) a description of programs serving*
4 *women and girls, including—*

5 *“(I) HIV/AIDS prevention pro-*
6 *grams that address the vulnerabilities*
7 *of girls and women to HIV/AIDS;*

8 *“(II) information on the number*
9 *of individuals served by programs*
10 *aimed at reducing the vulnerabilities*
11 *of women and girls to HIV/AIDS and*
12 *data on the types, objectives, and dura-*
13 *tion of programs to address these*
14 *issues;*

15 *“(III) information on programs to*
16 *address the particular needs of adoles-*
17 *cent girls and young women; and*

18 *“(IV) programs to prevent gender-*
19 *based violence or to assist victims of*
20 *gender based violence as part, of or in*
21 *coordination with, HIV/AIDS pro-*
22 *grams;*

23 *“(x) a description of strategies, goals,*
24 *programs, and interventions to—*

1 “(I) address the needs and
2 vulnerabilities of youth populations;

3 “(II) expand access among young
4 men and women to evidence-based
5 HIV/AIDS health care services and
6 HIV prevention programs, including
7 abstinence education programs; and

8 “(III) expand community-based
9 services to meet the needs of orphans
10 and of children and adolescents affected
11 by or vulnerable to HIV/AIDS without
12 increasing stigmatization;

13 “(xi) a description of—

14 “(I) the specific strategies funded
15 to ensure the reduction of HIV infec-
16 tion among injection drug users;

17 “(II) the number of injection drug
18 users, by country, reached by such
19 strategies;

20 “(III) medication-assisted drug
21 treatment for individuals with HIV or
22 at risk of HIV; and

23 “(IV) HIV prevention programs
24 demonstrated to be effective in reducing

1 *HIV transmission without increasing*
2 *drug use;*

3 “(xii) a detailed description of pro-
4 gram monitoring, operations research, and
5 impact evaluation research, including—

6 “(I) the amount of funding pro-
7 vided for each research type;

8 “(II) an analysis of cost-effective-
9 ness models; and

10 “(III) conclusions regarding the
11 efficiency, effectiveness, and quality of
12 services as derived from previous or
13 ongoing research and monitoring ef-
14 forts; and

15 “(xiii) a description of staffing levels
16 of United States government HIV/AIDS
17 teams in countries with significant HIV/
18 AIDS programs, including whether or not a
19 full-time coordinator was on staff for the
20 year.”.

21 (f) *AUTHORIZATION OF APPROPRIATIONS.*—Section
22 301(b) of the *United States Leadership Against HIV/AIDS,*
23 *Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631(b))*
24 is amended—

1 (1) *in paragraph (1), by striking “fiscal years*
2 *2004 through 2008” and inserting “fiscal years 2009*
3 *through 2013”;* and

4 (2) *in paragraph (3), by striking “fiscal years*
5 *2004 through 2008” and inserting “fiscal years 2009*
6 *through 2013”.*

7 (g) *RELATIONSHIP TO ASSISTANCE PROGRAMS TO EN-*
8 *HANCE NUTRITION.—Section 301(c) of such Act is amended*
9 *to read as follows:*

10 “(c) *FOOD AND NUTRITIONAL SUPPORT.—*

11 “(1) *IN GENERAL.—As indicated in the report*
12 *produced by the Institute of Medicine, entitled*
13 *‘PEPFAR Implementation: Progress and Promise’,*
14 *inadequate caloric intake has been clearly identified*
15 *as a principal reason for failure of clinical response*
16 *to antiretroviral therapy. In recognition of the impact*
17 *of malnutrition as a clinical health issue for many*
18 *persons living with HIV/AIDS that is often associated*
19 *with health and economic impacts on these individ-*
20 *uals and their families, the Global AIDS Coordinator*
21 *and the Administrator of the United States Agency*
22 *for International Development shall—*

23 “(A) *follow World Health Organization*
24 *guidelines for HIV/AIDS food and nutrition*
25 *services;*

1 “(B) integrate nutrition programs with
2 HIV/AIDS activities through effective linkages
3 among the health, agricultural, and livelihood
4 sectors and establish additional services in cir-
5 cumstances in which referrals are inadequate or
6 impossible;

7 “(C) provide, as a component of care and
8 treatment programs for persons with HIV/AIDS,
9 food and nutritional support to individuals in-
10 fected with, and affected by, HIV/AIDS who meet
11 established criteria for nutritional support (in-
12 cluding clinically malnourished children and
13 adults, and pregnant and lactating women in
14 programs in need of supplemental support), in-
15 cluding—

16 “(i) anthropometric and dietary assess-
17 ment;

18 “(ii) counseling; and

19 “(iii) therapeutic and supplementary
20 feeding;

21 “(D) provide food and nutritional support
22 for children affected by HIV/AIDS and to com-
23 munities and households caring for children af-
24 fected by HIV/AIDS; and

1 “(E) in communities where HIV/AIDS and
2 food insecurity are highly prevalent, support
3 programs to address these often intersecting
4 health problems through community-based assist-
5 ance programs, with an emphasis on sustainable
6 approaches.

7 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of
8 the amounts authorized to be appropriated under sec-
9 tion 401, there are authorized to be appropriated to
10 the President such sums as may be necessary for each
11 of the fiscal years 2009 through 2013 to carry out this
12 subsection.”.

13 (h) ELIGIBILITY FOR ASSISTANCE.—Section 301(d) of
14 such Act is amended to read as follows:

15 “(d) ELIGIBILITY FOR ASSISTANCE.—An organization,
16 including a faith-based organization, that is otherwise eligi-
17 ble to receive assistance under section 104A of the Foreign
18 Assistance Act of 1961, under this Act, or under any
19 amendment made by this Act or by the Tom Lantos and
20 Henry J. Hyde United States Global Leadership Against
21 HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act
22 of 2008, to prevent, treat, or monitor HIV/AIDS—

23 “(1) shall not be required, as a condition of re-
24 ceiving such assistance—

1 “(A) to endorse or utilize a multisectoral or
2 comprehensive approach to combating HIV/
3 AIDS; or

4 “(B) to endorse, utilize, make a referral to,
5 become integrated with, or otherwise participate
6 in any program or activity to which the organi-
7 zation has a religious or moral objection; and

8 “(2) shall not be discriminated against in the so-
9 licitation or issuance of grants, contracts, or coopera-
10 tive agreements under such provisions of law for re-
11 fusing to meet any requirement described in para-
12 graph (1).”.

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

14 (a) *POLICY.*—Section 104B(b) of the *Foreign Assist-*
15 *ance Act of 1961 (22 U.S.C. 2151b–3(b))* is amended to read
16 *as follows:*

17 “(b) *POLICY.*—*It is a major objective of the foreign as-*
18 *sistance program of the United States to control tuber-*
19 *culosis. In all countries in which the Government of the*
20 *United States has established development programs, par-*
21 *ticularly in countries with the highest burden of tuber-*
22 *culosis and other countries with high rates of tuberculosis,*
23 *the United States Government should prioritize the achieve-*
24 *ment of the following goals by not later than December 31,*
25 *2015:*

1 “(1) Reduce by half the tuberculosis death and
2 disease burden from the 1990 baseline.

3 “(2) Sustain or exceed the detection of at least
4 70 percent of sputum smear-positive cases of tuber-
5 culosis and the cure of at least 85 percent of those
6 cases detected.”.

7 (b) *PRIORITY TO STOP TB STRATEGY*.—Section
8 104B(e) of such Act is amended to read as follows:

9 “(e) *PRIORITY TO STOP TB STRATEGY*.—In fur-
10 nishing assistance under subsection (c), the President shall
11 give priority to—

12 “(1) activities described in the Stop TB Strat-
13 egy, including expansion and enhancement of Di-
14 rectly Observed Treatment Short-course (DOTS) cov-
15 erage, rapid testing, treatment for individuals in-
16 fected with both tuberculosis and HIV, and treatment
17 for individuals with multi-drug resistant tuberculosis
18 (MDR-TB), strengthening of health systems, use of
19 the International Standards for Tuberculosis Care by
20 all providers, empowering individuals with tuber-
21 culosis, and enabling and promoting research to de-
22 velop new diagnostics, drugs, and vaccines, and pro-
23 gram-based operational research relating to tuber-
24 culosis; and

1 “(2) *funding for the Global Tuberculosis Drug*
2 *Facility, the Stop Tuberculosis Partnership, and the*
3 *Global Alliance for TB Drug Development.*”.

4 (c) *ASSISTANCE FOR THE WORLD HEALTH ORGANIZA-*
5 *TION AND THE STOP TUBERCULOSIS PARTNERSHIP.*—*Sec-*
6 *tion 104B of such Act is amended—*

7 (1) *by redesignating subsection (f) as subsection*
8 *(g); and*

9 (2) *by inserting after subsection (e) the following:*

10 “(f) *ASSISTANCE FOR THE WORLD HEALTH ORGANI-*
11 *ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.*—*In*
12 *carrying out this section, the President, acting through the*
13 *Administrator of the United States Agency for Inter-*
14 *national Development, is authorized to provide increased*
15 *resources to the World Health Organization and the Stop*
16 *Tuberculosis Partnership to improve the capacity of coun-*
17 *tries with high rates of tuberculosis and other affected coun-*
18 *tries to implement the Stop TB Strategy and specific strate-*
19 *gies related to addressing multiple drug resistant tuber-*
20 *culosis (MDR-TB) and extensively drug resistant tuber-*
21 *culosis (XDR-TB).*”.

22 (d) *DEFINITIONS.*—*Section 104B(g) of such Act, as re-*
23 *designated, is amended—*

24 (1) *in paragraph (1), by striking the period at*
25 *the end and inserting the following: “including—*

1 “(A) *low-cost and effective diagnosis, treat-*
2 *ment, and monitoring of tuberculosis;*

3 “(B) *a reliable drug supply;*

4 “(C) *a management strategy for public*
5 *health systems;*

6 “(D) *health system strengthening;*

7 “(E) *promotion of the use of the Inter-*
8 *national Standards for Tuberculosis Care by all*
9 *care providers;*

10 “(F) *bacteriology under an external quality*
11 *assessment framework;*

12 “(G) *short-course chemotherapy; and*

13 “(H) *sound reporting and recording sys-*
14 *tems.”; and*

15 (2) *by redesignating paragraph (5) as para-*
16 *graph (6); and*

17 (3) *by inserting after paragraph (4) the fol-*
18 *lowing:*

19 “(5) *STOP TB STRATEGY.—The term ‘Stop TB*
20 *Strategy’ means the 6-point strategy to reduce tuber-*
21 *culosis developed by the World Health Organization,*
22 *which is described in the Global Plan to Stop TB*
23 *2006–2015: Actions for Life, a comprehensive plan*
24 *developed by the Stop TB Partnership that sets out*
25 *the actions necessary to achieve the millennium devel-*

1 *opment goal of cutting tuberculosis deaths and disease*
2 *burden in half by 2015.”.*

3 *(e) AUTHORIZATION OF APPROPRIATIONS.—Section*
4 *302 (b) of the United States Leadership Against HIV/AIDS,*
5 *Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632(b))*
6 *is amended—*

7 *(1) in paragraph (1), by striking “such sums as*
8 *may be necessary for each of the fiscal years 2004*
9 *through 2008” and inserting “a total of*
10 *\$4,000,000,000 for the 5-year period beginning on Oc-*
11 *tober 1, 2008.”; and*

12 *(2) in paragraph (3), by striking “fiscal years*
13 *2004 through 2008” and inserting “fiscal years 2009*
14 *through 2013.”.*

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

16 *(a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT*
17 *OF 1961.—Section 104C(b) of the Foreign Assistance Act*
18 *of 1961 (22 U.S.C. 2151–4(b)) is amended by inserting*
19 *“treatment,” after “control.”.*

20 *(b) AUTHORIZATION OF APPROPRIATIONS.—Section*
21 *303 of the United States Leadership Against HIV/AIDS,*
22 *Tuberculosis, and Malaria Act of 2003, and Malaria Act*
23 *of 2003 (22 U.S.C. 7633) is amended—*

24 *(1) in subsection (b)—*

1 (A) in paragraph (1), by striking “such
2 sums as may be necessary for fiscal years 2004
3 through 2008” and inserting “\$5,000,000,000
4 during the 5-year period beginning on October 1,
5 2008”; and

6 (B) in paragraph (3), by striking “fiscal
7 years 2004 through 2008” and inserting “fiscal
8 years 2009 through 2013”; and

9 (2) by adding at the end the following:

10 “(c) *STATEMENT OF POLICY.—Providing assistance*
11 *for the prevention, control, treatment, and the ultimate*
12 *eradication of malaria is—*

13 “(1) *a major objective of the foreign assistance*
14 *program of the United States; and*

15 “(2) *1 component of a comprehensive United*
16 *States global health strategy to reduce disease burdens*
17 *and strengthen communities around the world.*

18 “(d) *DEVELOPMENT OF A COMPREHENSIVE 5-YEAR*
19 *STRATEGY.—The President shall establish a comprehensive,*
20 *5-year strategy to combat global malaria that—*

21 “(1) *strengthens the capacity of the United*
22 *States to be an effective leader of international efforts*
23 *to reduce malaria burden;*

1 “(2) maintains sufficient flexibility and remains
2 responsive to the ever-changing nature of the global
3 malaria challenge;

4 “(3) includes specific objectives and multisectoral
5 approaches and strategies to reduce the prevalence,
6 mortality, incidence, and spread of malaria;

7 “(4) describes how this strategy would contribute
8 to the United States’ overall global health and devel-
9 opment goals;

10 “(5) clearly explains how outlined activities will
11 interact with other United States Government global
12 health activities, including the 5-year global AIDS
13 strategy required under this Act;

14 “(6) expands public-private partnerships and le-
15 verage of resources;

16 “(7) coordinates among relevant Federal agencies
17 to maximize human and financial resources and to
18 reduce duplication among these agencies, foreign gov-
19 ernments, and international organizations;

20 “(8) coordinates with other international enti-
21 ties, including the Global Fund;

22 “(9) maximizes United States capabilities in the
23 areas of technical assistance and training and re-
24 search, including vaccine research; and

1 “(10) establishes priorities and selection criteria
2 for the distribution of resources based on factors such
3 as—

4 “(A) the size and demographics of the popu-
5 lation with malaria;

6 “(B) the needs of that population;

7 “(C) the country’s existing infrastructure;
8 and

9 “(D) the ability to closely coordinate United
10 States Government efforts with national malaria
11 control plans of partner countries.”.

12 **SEC. 304. MALARIA RESPONSE COORDINATOR.**

13 Section 304 of the United States Leadership Against
14 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
15 U.S.C. 7634) is amended to read as follows:

16 **“SEC. 304. MALARIA RESPONSE COORDINATOR.**

17 “(a) *IN GENERAL.*—There is established within the
18 United States Agency for International Development a Co-
19 ordinator of United States Government Activities to Com-
20 bat Malaria Globally (referred to in this section as the ‘Ma-
21 laria Coordinator’), who shall be appointed by the Presi-
22 dent.

23 “(b) *AUTHORITIES.*—The Malaria Coordinator, acting
24 through nongovernmental organizations (including faith-
25 based and community-based organizations), partner coun-

1 *try finance, health, and other relevant ministries, and rel-*
2 *evant executive branch agencies as may be necessary and*
3 *appropriate to carry out this section, is authorized to—*

4 “(1) *operate internationally to carry out preven-*
5 *tion, care, treatment, support, capacity development,*
6 *and other activities to reduce the prevalence, mor-*
7 *tality, and incidence of malaria;*

8 “(2) *provide grants to, and enter into contracts*
9 *and cooperative agreements with, nongovernmental*
10 *organizations (including faith-based organizations) to*
11 *carry out this section; and*

12 “(3) *transfer and allocate executive branch agen-*
13 *cy funds that have been appropriated for the purposes*
14 *described in paragraphs (1) and (2).*

15 “(c) *DUTIES.—*

16 “(1) *IN GENERAL.—The Malaria Coordinator*
17 *has primary responsibility for the oversight and co-*
18 *ordination of all resources and international activi-*
19 *ties of the United States Government relating to ef-*
20 *forts to combat malaria.*

21 “(2) *SPECIFIC DUTIES.—The Malaria Coordi-*
22 *nator shall—*

23 “(A) *facilitate program and policy coordi-*
24 *nation of antimalaria efforts among relevant ex-*
25 *ecutive branch agencies and nongovernmental or-*

1 *ganizations by auditing, monitoring, and evalu-*
2 *ating such programs;*

3 *“(B) ensure that each relevant executive*
4 *branch agency undertakes antimalarial pro-*
5 *grams primarily in those areas in which the*
6 *agency has the greatest expertise, technical capa-*
7 *bility, and potential for success;*

8 *“(C) coordinate relevant executive branch*
9 *agency activities in the field of malaria preven-*
10 *tion and treatment;*

11 *“(D) coordinate planning, implementation,*
12 *and evaluation with the Global AIDS Coordi-*
13 *nator in countries in which both programs have*
14 *a significant presence;*

15 *“(E) coordinate with national governments,*
16 *international agencies, civil society, and the pri-*
17 *ivate sector; and*

18 *“(F) establish due diligence criteria for all*
19 *recipients of funds appropriated by the Federal*
20 *Government for malaria assistance.*

21 *“(d) ASSISTANCE FOR THE WORLD HEALTH ORGANI-*
22 *ZATION.—In carrying out this section, the President may*
23 *provide financial assistance to the Roll Back Malaria Part-*
24 *nership of the World Health Organization to improve the*
25 *capacity of countries with high rates of malaria and other*

1 *affected countries to implement comprehensive malaria con-*
2 *trol programs.*

3 “(e) *COORDINATION OF ASSISTANCE EFFORTS.—In*
4 *carrying out this section and in accordance with section*
5 *104C of the Foreign Assistance Act of 1961 (22 U.S.C.*
6 *2151b–4), the Malaria Coordinator shall coordinate the pro-*
7 *vision of assistance by working with—*

8 “(1) *relevant executive branch agencies, includ-*
9 *ing—*

10 “(A) *the Department of State (including the*
11 *Office of the Global AIDS Coordinator);*

12 “(B) *the Department of Health and Human*
13 *Services;*

14 “(C) *the Department of Defense; and*

15 “(D) *the Office of the United States Trade*
16 *Representative;*

17 “(2) *relevant multilateral institutions, includ-*
18 *ing—*

19 “(A) *the World Health Organization;*

20 “(B) *the United Nations Children’s Fund;*

21 “(C) *the United Nations Development Pro-*
22 *gramme;*

23 “(D) *the Global Fund;*

24 “(E) *the World Bank; and*

25 “(F) *the Roll Back Malaria Partnership;*

1 “(3) program delivery and efforts to lift barriers
2 that would impede effective and comprehensive ma-
3 laria control programs; and

4 “(4) partner or recipient country governments
5 and national entities including universities and civil
6 society organizations (including faith- and commu-
7 nity-based organizations).

8 “(f) RESEARCH.—To carry out this section and in ac-
9 cordance with section 104C of the Foreign Assistance Act
10 of 1961 (22 U.S.C. 1151d–4), the Secretary of Health and
11 Human Services, through the Centers for Disease Control
12 and Prevention and the National Institutes of Health, shall
13 conduct appropriate programmatically relevant clinical
14 and operational research to identify and evaluate new
15 diagnostics, treatment regimens, and interventions to pre-
16 vent and control malaria.

17 “(g) MONITORING.—To ensure that adequate malaria
18 controls are established and implemented, the Centers for
19 Disease Control and Prevention shall carry out appropriate
20 surveillance and evaluation activities to monitor global ma-
21 laria trends and assess environmental and health impacts
22 of malarial control efforts. Such activities shall complement
23 the work of the World Health Organization, rather than du-
24 plicate such work.

25 “(h) ANNUAL REPORT.—

1 “(1) *SUBMISSION.*—Not later than 1 year after
2 *the date of the enactment of the Tom Lantos and*
3 *Henry J. Hyde United States Global Leadership*
4 *Against HIV/AIDS, Tuberculosis, and Malaria Reau-*
5 *thorization Act of 2008, and annually thereafter, the*
6 *President shall submit a report to the appropriate*
7 *congressional committees that describes United States*
8 *assistance for the prevention, treatment, control, and*
9 *elimination of malaria.*

10 “(2) *CONTENTS.*—The report required under
11 *paragraph (1) shall describe—*

12 “(A) *the countries and activities to which*
13 *malaria resources have been allocated;*

14 “(B) *the number of people reached through*
15 *malaria assistance programs, including data on*
16 *children and pregnant women;*

17 “(C) *research efforts to develop new tools to*
18 *combat malaria, including drugs and vaccines;*

19 “(D) *the collaboration and coordination of*
20 *United States antimalarial efforts with the*
21 *World Health Organization, the Global Fund,*
22 *the World Bank, other donor governments, major*
23 *private efforts, and relevant executive agencies;*

24 “(E) *the coordination of United States anti-*
25 *malarial efforts with the national malarial strat-*

1 egies of other donor or partner governments and
2 major private initiatives;

3 “(F) the estimated impact of United States
4 assistance on childhood mortality and morbidity
5 from malaria;

6 “(G) the coordination of antimalarial ef-
7 forts with broader health and development pro-
8 grams; and

9 “(H) the constraints on implementation of
10 programs posed by health workforce shortages or
11 capacities; and

12 “(I) the number of personnel trained as
13 health workers and the training levels achieved.”.

14 **SEC. 305. AMENDMENT TO IMMIGRATION AND NATIONALITY**
15 **ACT.**

16 Section 212(a)(1)(A)(i) of the Immigration and Na-
17 tionality Act (8 U.S.C. 1182(a)(1)(A)(i)) is amended by
18 striking “, which shall include infection with the etiologic
19 agent for acquired immune deficiency syndrome,” and in-
20 serting a semicolon.

21 **SEC. 306. CLERICAL AMENDMENT.**

22 Title III of the United States Leadership Against HIV/
23 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
24 7631 et seq.) is amended by striking the heading for subtitle
25 B and inserting the following:

1 **“Subtitle B—Assistance for Women,**
2 **Children, and Families”.**

3 **SEC. 307. REQUIREMENTS.**

4 *Section 312(b) of the United States Leadership*
5 *Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*
6 *(22 U.S.C. 7652(b)) is amended by striking paragraphs (1),*
7 *(2), and (3) and inserting the following:*

8 *“(1) establish a target for the prevention and*
9 *treatment of mother-to-child transmission of HIV*
10 *that, by 2013, will reach at least 80 percent of preg-*
11 *nant women in those countries most affected by HIV/*
12 *AIDS in which the United States has HIV/AIDS pro-*
13 *grams;*

14 *“(2) establish a target that, by 2013, the propor-*
15 *tion of children receiving care and treatment under*
16 *this Act is proportionate to their numbers within the*
17 *population of HIV infected individuals in each coun-*
18 *try;*

19 *“(3) integrate care and treatment with preven-*
20 *tion of mother-to-child transmission of HIV programs*
21 *to improve outcomes for HIV-affected women and*
22 *families as soon as is feasible and support strategies*
23 *that promote successful follow-up and continuity of*
24 *care of mother and child;*

1 “(4) expand programs designed to care for chil-
2 dren orphaned by, affected by, or vulnerable to HIV/
3 AIDS;

4 “(5) ensure that women in prevention of mother-
5 to-child transmission of HIV programs are provided
6 with, or referred to, appropriate maternal and child
7 services; and

8 “(6) develop a timeline for expanding access to
9 more effective regimes to prevent mother-to-child
10 transmission of HIV, consistent with the national
11 policies of countries in which programs are adminis-
12 tered under this Act and the goal of achieving uni-
13 versal use of such regimes as soon as possible.”.

14 **SEC. 308. ANNUAL REPORT ON PREVENTION OF MOTHER-**
15 **TO-CHILD TRANSMISSION OF HIV.**

16 Section 313(a) of the United States Leadership
17 Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003
18 (22 U.S.C. 7653(a)) is amended by striking “5 years” and
19 inserting “10 years”.

20 **SEC. 309. PREVENTION OF MOTHER-TO-CHILD TRANS-**
21 **MISSION EXPERT PANEL.**

22 Section 312 of the United States Leadership Against
23 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
24 U.S.C. 7652) is amended by adding at the end the following:

1 “(c) *PREVENTION OF MOTHER-TO-CHILD TRANS-*
2 *MISSION EXPERT PANEL.*—

3 “(1) *ESTABLISHMENT.*—*The Global AIDS Coor-*
4 *ordinator shall establish a panel of experts to be known*
5 *as the Prevention of Mother-to-Child Transmission*
6 *Panel (referred to in this subsection as the ‘Panel’)*
7 *to—*

8 “(A) *provide an objective review of activi-*
9 *ties to prevent mother-to-child transmission of*
10 *HIV; and*

11 “(B) *provide recommendations to the Global*
12 *AIDS Coordinator and to the appropriate com-*
13 *mittees of Congress for scale-up of mother-to-*
14 *child transmission prevention services under this*
15 *Act in order to achieve the target established in*
16 *subsection (b)(1).*

17 “(2) *MEMBERSHIP.*—*The Panel shall be con-*
18 *vened and chaired by the Global AIDS Coordinator,*
19 *who shall serve as a nonvoting member. The Panel*
20 *shall consist of not more than 15 members (excluding*
21 *the Global AIDS Coordinator), to be appointed by the*
22 *Global AIDS Coordinator not later than 1 year after*
23 *the date of the enactment of this Act, including—*

24 “(A) *2 members from the Department of*
25 *Health and Human Services with expertise re-*

1 *lating to the prevention of mother-to-child trans-*
2 *mission activities;*

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

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

11 “(D) 3 members representing organizations
12 *implementing prevention of mother-to-child*
13 *transmission activities under this Act;*

14 “(E) 2 health care researchers with expertise
15 *relating to global HIV/AIDS activities; and*

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

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

1 “(A) assess the effectiveness of current ac-
2 tivities in reaching the target described in sub-
3 section (b)(1);

4 “(B) review scientific evidence related to the
5 provision of mother-to-child transmission preven-
6 tion services, including programmatic data and
7 data from clinical trials;

8 “(C) review and assess ways in which the
9 Office of the United States Global AIDS Coordi-
10 nator collaborates with international and multi-
11 lateral entities on efforts to prevent mother-to-
12 child transmission of HIV in affected countries;

13 “(D) identify barriers and challenges to in-
14 creasing access to mother-to-child transmission
15 prevention services and evaluate potential mech-
16 anisms to alleviate those barriers and challenges;

17 “(E) identify the extent to which stigma has
18 hindered pregnant women from obtaining HIV
19 counseling and testing or returning for results,
20 and provide recommendations to address such
21 stigma and its effects;

22 “(F) identify opportunities to improve link-
23 ages between mother-to-child transmission pre-
24 vention services and care and treatment pro-
25 grams; and

1 “(G) recommend specific activities to facili-
2 tate reaching the target described in subsection
3 (b)(1).

4 “(4) REPORT.—

5 “(A) IN GENERAL.—Not later than 1 year
6 after the date on which the Panel is first con-
7 vened, the Panel shall submit a report con-
8 taining a detailed statement of the recommenda-
9 tions, findings, and conclusions of the Panel to
10 the appropriate congressional committees.

11 “(B) AVAILABILITY.—The report submitted
12 under subparagraph (A) shall be made available
13 to the public.

14 “(C) CONSIDERATION BY COORDINATOR.—
15 The Coordinator shall—

16 “(i) consider any recommendations
17 contained in the report submitted under
18 subparagraph (A); and

19 “(ii) include in the annual report re-
20 quired under section 104A(f) of the Foreign
21 Assistance Act of 1961 a description of the
22 activities conducted in response to the rec-
23 ommendations made by the Panel and an
24 explanation of any recommendations not
25 implemented at the time of the report.

1 “(5) *AUTHORIZATION OF APPROPRIATIONS.*—
 2 *There are authorized to be appropriated to the Panel*
 3 *such sums as may be necessary for each of the fiscal*
 4 *years 2009 through 2011 to carry out this section.*

5 “(6) *TERMINATION.*—*The Panel shall terminate*
 6 *on the date that is 60 days after the date on which*
 7 *the Panel submits the report to the appropriate con-*
 8 *gressional committees under paragraph (4).”.*

9 **TITLE IV—FUNDING**
 10 **ALLOCATIONS**

11 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

12 (a) *IN GENERAL.*—*Section 401(a) of the United States*
 13 *Leadership Against HIV/AIDS, Tuberculosis, and Malaria*
 14 *Act of 2003 (22 U.S.C. 7671(a)) is amended by striking*
 15 *“\$3,000,000,000 for each of the fiscal years 2004 through*
 16 *2008” and inserting “\$50,000,000,000 for the 5-year period*
 17 *beginning on October 1, 2008”.*

18 (b) *SENSE OF CONGRESS.*—*It is the sense of the Con-*
 19 *gress that the appropriations authorized under section*
 20 *401(a) of the United States Leadership Against HIV/AIDS,*
 21 *Tuberculosis, and Malaria Act of 2003, as amended by sub-*
 22 *section (a), should be allocated among fiscal years 2009*
 23 *through 2013 in a manner that allows for the appropria-*
 24 *tions to be gradually increased in a manner that is con-*
 25 *sistent with program requirements, absorptive capacity,*

1 *and priorities set forth in such Act, as amended by this*
2 *Act.*

3 **SEC. 402. SENSE OF CONGRESS.**

4 *Section 402(b) of the United States Leadership*
5 *Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*
6 *(22 U.S.C. 7672(b)) is amended by striking “an effective*
7 *distribution of such amounts would be” and all that follows*
8 *through “10 percent of such amounts” and inserting “10*
9 *percent should be used”.*

10 **SEC. 403. ALLOCATION OF FUNDS.**

11 *Section 403 of the United States Leadership Against*
12 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*
13 *U.S.C. 7673) is amended—*

14 *(1) by amending subsection (a) to read as fol-*
15 *lows:*

16 *“(a) BALANCED FUNDING REQUIREMENT.—*

17 *“(1) IN GENERAL.—The Global AIDS Coordi-*
18 *nator shall—*

19 *“(A) provide balanced funding for preven-*
20 *tion activities for sexual transmission of HIV/*
21 *AIDS; and*

22 *“(B) ensure that behavioral change pro-*
23 *grams, including abstinence, delay of sexual*
24 *debut, monogamy, fidelity, and partner reduc-*
25 *tion, are implemented and funded in a meaning-*

1 *ful and equitable way in the strategy for each*
2 *host country based on objective epidemiological*
3 *evidence as to the source of infections and in*
4 *consultation with the government of each host*
5 *country involved in HIV/AIDS prevention activi-*
6 *ties.*

7 *“(2) PREVENTION STRATEGY.—*

8 *“(A) ESTABLISHMENT.—In carrying out*
9 *paragraph (1), the Global AIDS Coordinator*
10 *shall establish a HIV sexual transmission pre-*
11 *vention strategy governing the expenditure of*
12 *funds authorized under this Act to prevent the*
13 *sexual transmission of HIV in any host country*
14 *with a generalized epidemic.*

15 *“(B) REPORT.—In each host country de-*
16 *scribed in subparagraph (A), if the strategy es-*
17 *tablished under subparagraph (A) provides less*
18 *than 50 percent of the funds described in sub-*
19 *paragraph (A) for behavioral change programs,*
20 *including abstinence, delay of sexual debut, mo-*
21 *nogamy, fidelity, and partner reduction, the*
22 *Global AIDS Coordinator shall, not later than*
23 *30 days after the issuance of this strategy, report*
24 *to the appropriate congressional committees on*
25 *the justification for this decision.*

1 “(3) *EXCLUSION.*—*Programs and activities that*
2 *implement or purchase new prevention technologies or*
3 *modalities, such as medical male circumcision, pre-*
4 *exposure pharmaceutical prophylaxis to prevent*
5 *transmission of HIV, or microbicides and programs*
6 *and activities that provide counseling and testing for*
7 *HIV or prevent mother-to-child prevention of HIV,*
8 *shall not be included in determining compliance with*
9 *paragraph (2).*

10 “(4) *REPORT.*—*Not later than 1 year after the*
11 *date of the enactment of the Tom Lantos and Henry*
12 *J. Hyde United States Global Leadership Against*
13 *HIV/AIDS, Tuberculosis, and Malaria Reauthoriza-*
14 *tion Act of 2008, and annually thereafter as part of*
15 *the annual report required under section 104A(e) of*
16 *the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-*
17 *2(e)), the President shall—*

18 “(A) *submit a report on the implementation*
19 *of paragraph (2) for the most recently concluded*
20 *fiscal year to the appropriate congressional com-*
21 *mittees; and*

22 “(B) *make the report described in subpara-*
23 *graph (A) available to the public.”; and*
24 *(2) in subsection (b)—*

1 (A) by striking “fiscal years 2006 through
2 2008” and inserting “fiscal years 2009 through
3 2013”; and

4 (B) by striking “vulnerable children affected
5 by” and inserting “other children affected by, or
6 vulnerable to,”.

Calendar No. 698

110TH CONGRESS
2^D SESSION

S. 2731

[Report No. 110-325]

A BILL

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

APRIL 15, 2008

Reported with an amendment