

110TH CONGRESS
1ST SESSION

S. 805

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

IN THE SENATE OF THE UNITED STATES

MARCH 7, 2007

Mr. DURBIN (for himself, Mr. COLEMAN, Mr. FEINGOLD, Mr. DODD, Mr. KERRY, and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Foreign Relations

A BILL

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

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “African Health Capac-
3 ity Investment Act of 2007”.

4 **SEC. 2. DEFINITIONS.**

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

8 **SEC. 3. FINDINGS.**

9 Congress makes the following findings:

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

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

23 (3) The shortage of health personnel, including
24 doctors, nurses, pharmacists, counselors, laboratory
25 staff, paraprofessionals, and trained lay workers is

1 one of the leading obstacles to fighting HIV/AIDS in
2 sub-Saharan Africa.

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

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

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

1 (7) For a woman in sub-Saharan Africa, the
2 lifetime risk of maternal death is 1 out of 16. In
3 highly developed countries, that risk is 1 out of
4 2,800. Increasing access to skilled birth attendants
5 and access to emergency obstetrical care is essential
6 to reducing maternal and newborn mortality in sub-
7 Saharan Africa.

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

1 works and infrastructure; and commodity distribu-
2 tion and control.”.

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

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

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

1 donor efforts for these vital programs with one an-
2 other and with recipient countries.

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

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

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

1 so much unmet health need places Africa at the
2 epicentre of the global health workforce crisis.”.

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

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

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

22 (18) Paraprofessionals and community health
23 workers can be trained more quickly than nurses or
24 doctors and are critically needed in sub-Saharan Af-
25 rica to meet immediate health care needs.

1 (19) Imbalances in the distribution of countries'
2 health workforces represents a global problem, but
3 the impact is particularly acute in sub-Saharan Afri-
4 ca.

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

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

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

1 are necessary but will be effective only with honest
2 governance, which supports prevention programs and
3 provides effective local infrastructure.”.

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

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

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

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

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

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

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

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

3 **SEC. 4. SENSE OF CONGRESS.**

4 It is the sense of Congress that—

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

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

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

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

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

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

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

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

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

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

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

1 educational institutions in sub-Saharan Africa or
2 through other in-country mechanisms;

3 (11) given the substantial numbers of African
4 immigrants to the United States working in the
5 health sector, the United States should enact and
6 implement measures to permit qualified aliens and
7 their family members that are legally present in the
8 United States to work temporarily as health care
9 professionals in developing countries or in other
10 emergency situations, as in S. 2611, of the 109th
11 Congress, as passed by the Senate on May 25, 2006;

12 (12) the President, acting through the United
13 States Permanent Representative to the United Na-
14 tions, should exercise the voice and vote of the
15 United States—

16 (A) to ameliorate the adverse impact on
17 less developed countries of the migration of
18 health personnel;

19 (B) to promote voluntary codes of conduct
20 for recruiters of health personnel; and

21 (C) to promote respect for voluntary agree-
22 ments in which individuals, in exchange for in-
23 dividual educational assistance, have agreed ei-
24 ther to work in the health field in their home

1 countries for a given period of time or to repay
2 such assistance;

3 (13) the United States, like countries in other
4 parts of the world, is experiencing a shortage of
5 medical personnel in many occupational specialties,
6 and the shortage is particularly acute in rural and
7 other underserved areas of the country; and

8 (14) the United States should expand training
9 opportunities for health personnel, expand incentive
10 programs such as student loan forgiveness for people
11 of the United States willing to work in underserved
12 areas, and take other steps to increase the number
13 of health personnel in the United States.

14 **SEC. 5. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**
15 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**
16 **CA.**

17 Chapter 1 of part I of the Foreign Assistance Act
18 of 1961 (22 U.S.C. 2151 et seq.) is amended—

19 (1) by redesignating the section 135 that was
20 added by section 5 of the Senator Paul Simon Water
21 for the Poor Act of 2005 (Public Law 109–121; 22
22 U.S.C. 2152h note) as section 136; and

23 (2) by adding at the end the following new sec-
24 tion:

1 **“SEC. 137. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**
2 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**
3 **CA.**

4 “(a) ASSISTANCE.—

5 “(1) AUTHORITY.—The President is authorized
6 to provide assistance, including providing assistance
7 through international or nongovernmental organiza-
8 tions, for programs in sub-Saharan Africa to im-
9 prove human health care capacity.

10 “(2) TYPES OF ASSISTANCE.—Such programs
11 should include assistance—

12 “(A) to provide financial and technical as-
13 sistance to sub-Saharan African countries in de-
14 veloping and implementing new or strengthened
15 comprehensive national health workforce plans;

16 “(B) to build and improve national and
17 local capacities and sustainable health systems
18 management in sub-Saharan African countries,
19 including financial, strategic, and technical as-
20 sistance for—

21 “(i) fiscal and health personnel man-
22 agement;

23 “(ii) health worker recruitment sys-
24 tems;

25 “(iii) the creation or improvement of
26 computerized health workforce databases

1 and other human resource information sys-
2 tems;

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

5 “(v) monitoring, evaluation, and qual-
6 ity assurance in the health field, including
7 the utilization of national and district-level
8 mapping of health care systems to deter-
9 mine capacity to deliver health services;

10 “(C) to train and retain sufficient numbers
11 of health workers, including paraprofessionals
12 and community health workers, to provide es-
13 sential health services in sub-Saharan African
14 countries, including financing, strategic tech-
15 nical assistance for—

16 “(i) health worker safety and health
17 care, including HIV/AIDS prevention and
18 off-site testing and treatment programs for
19 health workers;

20 “(ii) increased capacity for training
21 health professionals and paraprofessionals
22 in such subjects as human resources plan-
23 ning and management, health program
24 management, and quality improvement;

1 “(iii) expanded access to secondary
2 level math and science education;

3 “(iv) expanded capacity for nursing
4 and medical schools in sub-Saharan Africa,
5 with particular attention to incentives or
6 mechanisms to encourage graduates to
7 work in the health sector in their country
8 of residence;

9 “(v) incentives and policies to increase
10 retention, including salary incentives;

11 “(vi) modern quality improvement
12 processes and practices;

13 “(vii) continuing education, distance
14 education, and career development oppor-
15 tunities for health workers;

16 “(viii) mechanisms to promote produc-
17 tivity within existing and expanding health
18 workforces; and

19 “(ix) achievement of minimum infra-
20 structure requirements for health facilities,
21 such as access to clean water;

22 “(D) to support sub-Saharan African
23 countries with financing, technical support, and
24 personnel, including paraprofessionals and com-
25 munity-based caregivers, to better meet the

1 health needs of rural and other underserved
2 populations by providing incentives to serve in
3 these areas, and to more equitably distribute
4 health professionals and paraprofessionals;

5 “(E) to support efforts to improve public
6 health capacities in sub-Saharan Africa through
7 education, leadership development, and other
8 mechanisms;

9 “(F) to provide technical assistance, equip-
10 ment, training, and supplies to assist in the im-
11 provement of health infrastructure in sub-Saha-
12 ran Africa;

13 “(G) to promote efforts to improve system-
14 atically human resource management and devel-
15 opment as a critical health and development
16 issue in coordination with specific disease con-
17 trol programs for sub-Saharan Africa; and

18 “(H) to establish a global clearinghouse or
19 similar mechanism for knowledge sharing re-
20 garding human resources for health, in con-
21 sultation, if helpful, with the Global Health
22 Workforce Alliance.

23 “(3) MONITORING AND EVALUATION.—

24 “(A) IN GENERAL.—The President shall
25 establish a monitoring and evaluation system to

1 measure the effectiveness of assistance by the
2 United States to improve human health care ca-
3 pacity in sub-Saharan Africa in order to maxi-
4 mize the sustainable development impact of as-
5 sistance authorized under this section and pur-
6 suant to the strategy required under subsection
7 (b).

8 “(B) REQUIREMENTS.—The monitoring
9 and evaluation system shall—

10 “(i) establish performance goals for
11 assistance provided under this section;

12 “(ii) establish performance indicators
13 to be used in measuring or assessing the
14 achievement of performance goals;

15 “(iii) provide a basis for recommenda-
16 tions for adjustments to the assistance to
17 enhance the impact of the assistance; and

18 “(iv) to the extent feasible, utilize and
19 support national monitoring and evaluation
20 systems, with the objective of improved
21 data collection without the imposition of
22 unnecessary new burdens.

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

24 “(1) REQUIREMENT FOR STRATEGY.—Not later
25 than 180 days after the date of the enactment of

1 this Act, the President shall develop and transmit to
2 the appropriate congressional committees a strategy
3 for coordinating, implementing, and monitoring as-
4 sistance programs for human health care capacity in
5 sub-Saharan Africa.

6 “(2) CONTENT.—The strategy required by
7 paragraph (1) shall include—

8 “(A) a description of a coordinated strat-
9 egy, including coordination among agencies and
10 departments of the Federal Government with
11 other bilateral and multilateral donors, to pro-
12 vide the assistance authorized in subsection (a);

13 “(B) a description of a coordinated strat-
14 egy to consult with sub-Saharan African coun-
15 tries and the African Union on how best to ad-
16 vance the goals of this Act; and

17 “(C) an analysis of how international fi-
18 nancial institutions can most effectively assist
19 countries in their efforts to expand and better
20 direct public spending in the health and edu-
21 cation sectors in tandem with the anticipated
22 scale up of international assistance to combat
23 HIV/AIDS and other health challenges, while
24 simultaneously helping these countries maintain
25 prudent fiscal balance.

1 “(3) FOCUS OF ANALYSIS.—The analysis de-
2 scribed in paragraph (2)(C) should focus on 2 or 3
3 selected countries in sub-Saharan Africa, including,
4 if practical, 1 focus country as designated under the
5 President’s Emergency Plan for AIDS Relief (au-
6 thorized by the United States Leadership Against
7 Global HIV/AIDS, Tuberculosis, and Malaria Act of
8 2003 (Public Law 108–25)) and 1 country without
9 such a designation.

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

23 “(5) COORDINATION.—

24 “(A) DEVELOPMENT OF STRATEGY.—To
25 ensure coordination with national strategies and

1 objectives and other international efforts, the
2 President should develop the strategy described
3 in paragraph (1) by consulting appropriate offi-
4 cials of the United States Government and by
5 coordinating with the following:

- 6 “(i) Other donors.
- 7 “(ii) Implementers.
- 8 “(iii) International agencies.
- 9 “(iv) Nongovernmental organizations
10 working to increase human health capacity
11 in sub-Saharan Africa.
- 12 “(v) The World Bank.
- 13 “(vi) The International Monetary
14 Fund.
- 15 “(vii) The Global Fund to Fight
16 AIDS, Tuberculosis, and Malaria.
- 17 “(viii) The World Health Organiza-
18 tion.
- 19 “(ix) The International Labour Orga-
20 nization.
- 21 “(x) The United Nations Development
22 Programme.
- 23 “(xi) The United Nations Programme
24 on HIV/AIDS.
- 25 “(xii) The European Union.

1 “(xiii) The African Union.

2 “(B) ASSESSMENT AND COMPILATION.—

3 The President should make the assessments
4 and compilations required by subsection
5 (a)(3)(B)(v), in coordination with the entities
6 listed in subparagraph (A).

7 “(c) REPORT.—

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

13 “(2) ASSESSMENT OF MECHANISMS FOR
14 KNOWLEDGE SHARING.—The report described in
15 paragraph (1) shall be accompanied by a document
16 assessing best practices and other mechanisms for
17 knowledge sharing about human resources for health
18 and capacity building efforts to be shared with gov-
19 ernments of developing countries and others seeking
20 to promote improvements in human resources for
21 health and capacity building.

22 “(3) FOLLOW-UP REPORT.—Not later than 3
23 years after the date on which the President submits
24 the strategy required in subsection (b), the president
25 shall submit to the appropriate congressional com-

1 mittees a further report on the implementation of
2 this section.

3 “(d) DEFINITIONS.—In this section:

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

11 “(2) BRAIN DRAIN.—The term ‘brain drain’
12 means the emigration of a significant proportion of
13 a country’s professionals working in the health field
14 to wealthier countries, with a resulting loss of per-
15 sonnel and often a loss in investment in education
16 and training for the countries experiencing the emi-
17 gration.

18 “(3) HEALTH PROFESSIONAL.—The term
19 ‘health professional’ means a person whose occupa-
20 tion or training helps to identify, prevent, or treat
21 illness or disability.

22 “(4) HIV/AIDS.—The term ‘HIV/AIDS’ has
23 the meaning given such term in section 104A(g) of
24 the Foreign Assistance Act of 1961 (22 U.S.C.
25 2151b–2(g)).

1 “(5) PARAPROFESSIONAL.—The term ‘para-
 2 professional’ means an individual who is trained and
 3 employed as a health agent for the provision of basic
 4 assistance in the identification, prevention, or treat-
 5 ment of illness or disability.

6 “(6) COMMUNITY HEALTH WORKERS.—The
 7 term ‘community health worker’ means a community
 8 based caregiver who has received instruction and is
 9 employed to provide basic health services in specific
 10 catchment areas, most often the areas where they
 11 themselves live.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—

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

16 “(A) \$150,000,000 for fiscal year 2008;

17 “(B) \$200,000,000 for fiscal year 2009;

18 and

19 “(C) \$250,000,000 for fiscal year 2010.

20 “(2) AVAILABILITY OF FUNDS.—Amounts made
 21 available under paragraph (1) are authorized to re-
 22 main available until expended and are in addition to
 23 amounts otherwise made available for the purpose of
 24 carrying out this section.”.

○