

107TH CONGRESS
1ST SESSION

H. R. 2069

IN THE SENATE OF THE UNITED STATES

DECEMBER 12, 2001

Received; read twice and referred to the Committee on Foreign Relations

AN ACT

To amend the Foreign Assistance Act of 1961 and the Global AIDS and Tuberculosis Relief Act of 2000 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries.

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 “Global Access to HIV/
3 AIDS Prevention, Awareness, Education, and Treatment
4 Act of 2001”.

5 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

6 (a) FINDINGS.—Congress makes the following find-
7 ings:

8 (1) According to the Joint United Nations Pro-
9 gramme on HIV/AIDS (UNAIDS) more than
10 58,000,000 people worldwide have already been in-
11 fected with HIV/AIDS, a fatal disease that is dev-
12 astating the health and economies in dozens of coun-
13 tries in Africa and increasingly in Asia, the Carib-
14 bean region, and Eastern Europe.

15 (2) The HIV/AIDS pandemic has erased dec-
16 ades of progress in improving the lives of families in
17 the developing world and has claimed 22,000,000
18 lives since its inception.

19 (3) More than 17,000,000 individuals have died
20 from HIV/AIDS in sub-Saharan Africa alone.

21 (4) The HIV/AIDS pandemic in sub-Saharan
22 Africa has grown beyond an international public
23 health issue to become a humanitarian, national se-
24 curity, and developmental crisis.

25 (5) The HIV/AIDS pandemic is striking hard-
26 est among women and girls. According to UNAIDS,

1 by the end of 2000, fifty-five percent of the HIV-
2 positive population in sub-Saharan Africa and 40
3 percent of such population in North Africa and the
4 Middle East were women, infected mainly through
5 heterosexual transmission. In Africa, 6 out of 7 chil-
6 dren who are HIV positive are girls.

7 (6) An estimated 1,400,000 children under age
8 15 were living with HIV/AIDS at the end of 2000,
9 of which 1,100,000 were children living in sub-Saha-
10 ran Africa. An estimated 500,000 children died of
11 AIDS during 2000, of which 440,000 were children
12 in sub-Saharan Africa. In addition there are an esti-
13 mated 13,200,000 children worldwide who have lost
14 one or both of their parents to HIV/AIDS, of which
15 12,100,000 are children in sub-Saharan Africa.

16 (7) Mother-to-child transmission is the largest
17 source of HIV infection in children under age 15
18 and the only source for very young children. The
19 total number of births to HIV-infected pregnant
20 women each year in developing countries is approxi-
21 mately 700,000.

22 (8) Counseling and voluntary testing are critical
23 services to help infected women accept their HIV
24 status and the risk it poses to their unborn child.
25 Mothers who are aware of their status can make in-

1 formed decisions about treatment, replacement feed-
2 ing, and future child-bearing.

3 (9) Although the HIV/AIDS pandemic has im-
4 pacted the sub-Saharan Africa disproportionately,
5 HIV infection rates are rising rapidly in India and
6 other South Asian countries, Brazil, Russia, Eastern
7 European countries, and Caribbean countries, and
8 pose a serious threat to the security and stability in
9 those countries.

10 (10) By 2010, it is estimated that approxi-
11 mately 40,000,000 children worldwide will have lost
12 one or both of their parents to HIV/AIDS.

13 (11) In January 2000, the United States Na-
14 tional Intelligence Council estimates that this dra-
15 matic increase in AIDS orphans will contribute to
16 economic decay, social fragmentation, and political
17 destabilization in already volatile and strained soci-
18 eties. Children without care or hope are often drawn
19 into prostitution, crime, substance abuse or child sol-
20 diery. The Council also stated that, in addition to
21 the reduction of economic activity caused by HIV/
22 AIDS to date, the disease could reduce GDP by as
23 much as 20 percent or more by 2010 in some coun-
24 tries in sub-Saharan Africa.

1 (12) The HIV/AIDS epidemic is not just a
2 health crisis but is directly linked to development
3 problems, including chronic poverty, food security
4 and personal debt that are reflected in the capacity
5 of affected households, often headed by elders or or-
6 phaned children, to meet basic needs. Similarly,
7 heavily-indebted countries are stripped of the re-
8 sources necessary to improve health care delivery
9 systems and infrastructure and to prevent, treat,
10 and care for individuals affected by HIV/AIDS.

11 (13) On March 7, 2001, the United States Sec-
12 retary of State testified before Congress that the
13 United States has an obligation “ . . . if we believe
14 in democracy and freedom, to stop this catastrophe
15 from destroying whole economies and families and
16 societies and cultures and nations”.

17 (14) A continuing priority for responding to the
18 HIV/AIDS crisis should be to emphasize and en-
19 courage awareness, education, and prevention, in-
20 cluding prevention activities that promote behavioral
21 change, while recognizing that behavioral change
22 alone will not conquer this disease. In so doing, pri-
23 ority and support should be given to building capac-
24 ity in the local public health sector through technical
25 assistance as well as through nongovernmental orga-

1 nizations, including faith-based organizations where
2 practicable.

3 (15) Effective use should be made of existing
4 health care systems to provide treatment for individ-
5 uals suffering from HIV/AIDS.

6 (16) Many countries in Africa facing health cri-
7 ses, including high HIV/AIDS infection rates, al-
8 ready have well-developed and high functioning
9 health care systems. Additional resources to expand
10 and improve capacity to respond to these crises can
11 easily be absorbed by the private and public sectors,
12 as well as by nongovernmental organizations, com-
13 munity-based organizations, and faith-based organi-
14 zations currently engaged in combatting the crises.

15 (17) An effective response to the HIV/AIDS
16 pandemic must also involve assistance to stimulate
17 the development of sound health care delivery sys-
18 tems and infrastructure in countries in sub-Saharan
19 Africa and other developing countries, including as-
20 sistance to increase the capacity and technical skills
21 of local public health professionals and other per-
22 sonnel in such countries, and improved access to
23 treatment and care for those already infected with
24 HIV/AIDS.

1 (18) Access to effective treatment for HIV/
2 AIDS is determined by issues of price, health care
3 delivery system and infrastructure, and sustainable
4 financing and such access can be inhibited by the
5 stigma and discrimination associated with HIV/
6 AIDS.

7 (19) The HIV/AIDS crisis must be addressed
8 by a robust, multilateral approach such as the one
9 envisioned by the Congress in the Global AIDS and
10 Tuberculosis Relief Act of 2000, which directed the
11 United States Government to seek to negotiate the
12 creation of an international HIV/AIDS trust fund
13 involving the World Bank.

14 (20) The Secretary General of the United Na-
15 tions has called for a global fund to halt and reverse
16 the spread of HIV/AIDS and other infectious dis-
17 eases. The Secretary General has also called for an-
18 nual expenditures of \$7,000,000,000 to
19 \$10,000,000,000, financed by donor governments
20 and private contributors, for all efforts to combat
21 the HIV/AIDS pandemic and, equally important,
22 called on leaders from developing countries to give a
23 much higher priority in their budgets to development
24 of comprehensive health systems.

1 (21) The Administration has advocated a fidu-
2 ciary role for the World Bank in the Global Fund
3 to Fight AIDS, Tuberculosis, and Malaria and the
4 Transitional Working Group for that fund has de-
5 cided to invite the World Bank to play such a role.

6 (22) An effective United States response to the
7 HIV/AIDS crisis must also focus on the development
8 of HIV/AIDS vaccines to prevent the spread of the
9 disease as well as the development of microbicides,
10 effective diagnostics, and simpler treatments.

11 (23) The innovative capacity of the United
12 States in the commercial and public pharmaceutical
13 research sectors is among the foremost in the world,
14 and the active participation of both these sectors
15 should be supported as it is critical to combat the
16 global HIV/AIDS pandemic.

17 (24) Appropriate treatment of individuals with
18 HIV/AIDS can prolong the lives of such individuals,
19 preserve their families and prevent children from be-
20 coming orphans, and increase productivity of such
21 individuals by allowing them to lead active lives and
22 reduce the need for costly hospitalization for treat-
23 ment of opportunistic infections caused by HIV.

24 (25) United States nongovernmental organiza-
25 tions, including faith-based organizations, with expe-

1 rience in healthcare and HIV/AIDS counseling, have
2 proven effective in combatting the HIV/AIDS pan-
3 demic and can be a resource in assisting sub-Saha-
4 ran African leaders of traditional, political, business,
5 and women and youth organizations in their efforts
6 to provide treatment and care for individuals in-
7 fected with HIV/AIDS.

8 (26) Most of the HIV infected poor of the de-
9 veloping world die of deadly diseases such as tuber-
10 culosis and malaria. Accordingly, effective HIV/
11 AIDS treatment programs should address the grow-
12 ing threat and spread of tuberculosis, malaria, and
13 other infectious diseases in the developing world.

14 (27) Law enforcement and military personnel of
15 foreign countries often have a high rate of preva-
16 lence of HIV/AIDS, and therefore, in order to be ef-
17 fective, HIV/AIDS awareness, prevention, and edu-
18 cation programs must include education and related
19 services to such law enforcement and military per-
20 sonnel.

21 (28) Microenterprise development and other in-
22 come generation programs assist communities af-
23 flicted by the HIV/AIDS pandemic and increase the
24 productive capacity of communities and afflicted
25 households. Microenterprise programs are also an ef-

1 fective means to support the productive activities of
2 healthy family members caring for the sick and or-
3 phaned. Such programs should give priority to
4 women infected with the AIDS virus or in HIV/
5 AIDS affected families, particularly women in high-
6 risk categories.

7 (29) The exploding global HIV/AIDS pandemic
8 has created new challenges for United States bilat-
9 eral assistance programs and will require a substan-
10 tial increase in the capacity of the United States
11 Agency for International Development and other
12 agencies of the United States to manage and mon-
13 itor bilateral HIV/AIDS programs and resources. To
14 meet this challenge, the Agency will need to recruit
15 and retain appropriate technical expertise in the
16 United States as well as in foreign countries to help
17 develop and implement HIV/AIDS strategies in con-
18 cert with multilateral agencies, host country govern-
19 ments, and nongovernmental organizations.

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

22 (1)(A) combatting the HIV/AIDS pandemic in
23 countries in sub-Saharan Africa and other devel-
24 oping countries should be a global effort and include
25 the financial support of all developed countries and

1 the cooperation of governments and the private sec-
2 tor, including faith-based organizations; and

3 (B) the United States should provide additional
4 funds for multilateral programs and efforts to com-
5 bat HIV/AIDS and also seek to leverage public and
6 private resources to combat HIV/AIDS on a global
7 basis through the Global Development Alliance Ini-
8 tiative of the United States Agency for International
9 Development and other public and private partner-
10 ships with an emphasis on HIV/AIDS awareness,
11 education, prevention, and treatment programs;

12 (2)(A) in addition to HIV/AIDS awareness,
13 education, and prevention programs, the United
14 States Government should make its best efforts to
15 support programs that safely make available to pub-
16 lic and private entities in countries in sub-Saharan
17 Africa and other developing countries pharma-
18 ceuticals and diagnostics for HIV/AIDS therapy in
19 order—

20 (i) to effectively and safely assist such
21 countries in the delivery of HIV/AIDS therapy
22 pharmaceuticals through the establishment of
23 adequate health care delivery systems and
24 treatment monitoring programs; and

1 (ii) to provide treatment for poor individ-
2 uals with HIV/AIDS in such countries; and

3 (B) in carrying out such programs, priority
4 consideration for participation should be given to
5 countries in sub-Saharan Africa;

6 (3)(A) combatting the HIV/AIDS pandemic re-
7 quires that United States Government programs
8 place a priority on the vulnerable populations at
9 greatest risk for contracting HIV;

10 (B) these populations should be determined
11 through qualitative and quantitative assessments at
12 the local level by local government, nongovernmental
13 organizations, people living with HIV/AIDS, and
14 other relevant sectors of civil society; and

15 (C) such assessments should be included in na-
16 tional HIV/AIDS strategies;

17 (4) the United States should promote efforts to
18 expand and develop programs that support the grow-
19 ing number of children orphaned by the HIV/AIDS
20 pandemic;

21 (5) in countries where the United States Gov-
22 ernment is conducting HIV/AIDS awareness, pre-
23 vention, and education programs, such programs
24 should include education and related services to law
25 enforcement and military personnel of foreign coun-

1 tries to prevent and control HIV/AIDS, malaria, and
2 tuberculosis;

3 (6) prevention and treatment for HIV/AIDS
4 should be a component of a comprehensive inter-
5 national effort to combat deadly infectious diseases,
6 including malaria and tuberculosis, and opportu-
7 nistic infections, that kill millions annually in the de-
8 veloping world;

9 (7) programs developed by the United States
10 Agency for International Development to address the
11 HIV/AIDS pandemic should preserve personal privacy
12 and confidentiality, should not include compulsory
13 HIV/AIDS testing, and should not be discrimina-
14 tory;

15 (8)(A) the United States Agency for Inter-
16 national Development should carry out HIV/AIDS
17 awareness, prevention, and treatment programs in
18 conjunction with effective international tuberculosis
19 and malaria treatment programs and with programs
20 that address the relationship between HIV/AIDS
21 and a number of opportunistic diseases that include
22 bacterial diseases, fungal diseases, viral diseases and
23 HIV-associated malignancies, such as Kaposi sar-
24 coma, lymphoma, and squamous cell carcinoma; and

1 (B) effective intervention against opportunistic
2 diseases requires not only the appropriate drug or
3 other medication for a given medical condition, but
4 also the infrastructure necessary to diagnose the
5 condition, monitor the intervention, and provide
6 counseling services; and

7 (9) the United States Agency for International
8 Development should expand and replicate successful
9 microenterprise programs in Uganda, Zambia,
10 Zimbabwe, and other African countries that provide
11 poor families affected by HIV/AIDS with the means
12 to care for themselves, their children, and orphans;

13 (10) the United States Agency for International
14 Development should substantially increase and im-
15 prove its capacity to manage and monitor HIV/
16 AIDS programs and resources;

17 (11) the United States Agency for International
18 Development must recruit and retain appropriate
19 technical expertise in the United States as well as in
20 foreign countries to help develop and implement
21 HIV/AIDS strategies in conjunction with multilat-
22 eral agencies, host country governments, and non-
23 governmental organizations;

24 (12) the United States Agency for International
25 Development must strengthen coordination and col-

1 laboration between the technical experts in its cen-
2 tral and regional bureaus and foreign country mis-
3 sions in formulating country strategies and imple-
4 menting HIV/AIDS programs;

5 (13) strong coordination among the various
6 agencies of the United States, including the Depart-
7 ment of State, the United States Agency for Inter-
8 national Development, the Department of Health
9 and Human Services, including the Centers for Dis-
10 ease Control and the National Institutes of Health,
11 the Department of the Treasury, the Department of
12 Defense, and other relevant Federal agencies must
13 exist to ensure effective and efficient use of financial
14 and technical resources within the United States
15 Government; and

16 (14) to help alleviate human suffering, and en-
17 hance the dignity and quality of life for patients de-
18 bilitated by HIV/AIDS, the United States should
19 promote, both unilaterally and through multilateral
20 initiatives, the use of palliative and hospice care, and
21 provide financial and technical assistance to pallia-
22 tive and hospice care programs, including programs
23 under which such care is provided by faith-based or-
24 ganizations.

1 **SEC. 3. ASSISTANCE TO COMBAT HIV/AIDS.**

2 (a) ASSISTANCE.—Section 104(c) of the Foreign As-
3 sistance Act of 1961 (22 U.S.C. 2151b(c)) is amended—

4 (1) by striking paragraphs (4) through (6); and

5 (2) by inserting after paragraph (3) the fol-
6 lowing:

7 “(4)(A) Congress recognizes that the alarming spread
8 of HIV/AIDS in countries in sub-Saharan Africa and
9 other developing countries is a major global health, na-
10 tional security, and humanitarian crisis. Accordingly, the
11 United States and other developed countries should pro-
12 vide assistance to countries in sub-Saharan Africa and
13 other developing countries to control this crisis through
14 HIV/AIDS prevention, treatment, monitoring, and related
15 activities, particularly activities focused on women and
16 youth, including mother-to-child transmission prevention
17 strategies.

18 “(B)(i) The Administrator of the United States
19 Agency for International Development is authorized to
20 provide assistance to prevent, treat, and monitor HIV/
21 AIDS, and carry out related activities, in countries in sub-
22 Saharan Africa and other developing countries.

23 “(ii) It is the sense of Congress that the Adminis-
24 trator should provide an appropriate level of assistance
25 under clause (i) through nongovernmental organizations

1 in countries in sub-Saharan Africa and other developing
2 countries affected by the HIV/AIDS pandemic.

3 “(iii) The Administrator shall coordinate the provi-
4 sion of assistance under clause (i) with the provision of
5 related assistance by the Joint United Nations Pro-
6 gramme on HIV/AIDS (UNAIDS), the United Nations
7 Children’s Fund (UNICEF), the World Health Organiza-
8 tion (WHO), the United Nations Development Programme
9 (UNDP), other appropriate international organizations,
10 such as the World Bank and the relevant regional multi-
11 lateral development institutions, national, state, and local
12 governments of foreign countries, and other appropriate
13 governmental and nongovernmental organizations.

14 “(C) Assistance provided under subparagraph (B)
15 shall, to the maximum extent practicable, be used to carry
16 out the following activities:

17 “(i) Prevention of HIV/AIDS through activities
18 including—

19 “(I) education, voluntary testing, and
20 counseling (including the incorporation of con-
21 fidentiality protections with respect to such
22 testing and counseling), including integration of
23 such programs into women’s and children’s
24 health programs;

1 “(II) assistance to ensure a safe blood sup-
2 ply and to provide post-exposure prophylaxis to
3 victims of rape and sexual assault; and

4 “(III) assistance through nongovernmental
5 organizations, including faith-based organiza-
6 tions, particularly those organizations that uti-
7 lize both professionals and volunteers with ap-
8 propriate skills and experience, to establish and
9 implement culturally appropriate HIV/AIDS
10 education and prevention programs.

11 “(ii) The treatment and care of individuals with
12 HIV/AIDS, including—

13 “(I) assistance to establish and implement
14 programs to strengthen and broaden indigenous
15 health care delivery systems and the capacity of
16 such systems to deliver HIV/AIDS pharma-
17 ceuticals and otherwise provide for the treat-
18 ment of individuals with HIV/AIDS, including
19 clinical training for indigenous organizations
20 and health care providers;

21 “(II) assistance aimed at the prevention of
22 transmission of HIV/AIDS from mother to
23 child, including medications to prevent such
24 transmission and access to infant formula and
25 other alternatives for infant feeding; and

1 “(III) assistance to strengthen and expand
2 hospice and palliative care programs to assist
3 patients debilitated by HIV/AIDS, their fami-
4 lies, and the primary caregivers of such pa-
5 tients, including programs that utilize faith-
6 based organizations.

7 “(iii) The monitoring of programs, projects, and
8 activities carried out pursuant to clauses (i) and (ii),
9 including—

10 “(I) monitoring to ensure that adequate
11 controls are established and implemented to
12 provide HIV/AIDS pharmaceuticals and other
13 appropriate medicines to poor individuals with
14 HIV/AIDS; and

15 “(II) appropriate evaluation and surveil-
16 lance activities.

17 “(iv) The conduct of related activities,
18 including—

19 “(I) the care and support of children who
20 are orphaned by the HIV/AIDS pandemic, in-
21 cluding services designed to care for orphaned
22 children in a family environment which rely on
23 extended family members;

24 “(II) improved infrastructure and institu-
25 tional capacity to develop and manage edu-

1 cation, prevention, and treatment programs, in-
2 cluding the resources to collect and maintain
3 accurate HIV surveillance data to target pro-
4 grams and measure the effectiveness of inter-
5 ventions;

6 “(III) vaccine research and development
7 partnership programs with specific plans of ac-
8 tion to develop a safe, effective, accessible, pre-
9 ventive HIV vaccine for use throughout the
10 world; and

11 “(IV) the development and expansion of fi-
12 nancially-sustainable microfinance institutions
13 and other income generation programs that
14 strengthen the economic and social viability of
15 communities afflicted by the HIV/AIDS pan-
16 demic, including support for the savings and
17 productive capacity of affected poor households
18 caring for orphans.

19 “(D)(i) Not later than January 31 of each calendar
20 year, the Administrator shall submit to Congress an an-
21 nual report on the implementation of this paragraph for
22 the prior fiscal year.

23 “(ii) Such report shall include—

24 “(I) a description of efforts made to implement
25 the policies set forth in this paragraph;

1 “(II) a description of the programs established
2 pursuant to this paragraph and section 4 of the
3 Global Access to HIV/AIDS Prevention, Awareness,
4 Education, and Treatment Act of 2001; and

5 “(III) a detailed assessment of the impact of
6 programs established pursuant to this paragraph, in-
7 cluding the effectiveness of such programs in reduc-
8 ing the spread of HIV infection, particularly in
9 women and girls, in reducing HIV transmission from
10 mother to child, in reducing mortality rates from
11 HIV/AIDS, and the progress toward improving
12 health care delivery systems and infrastructure to
13 ensure increased access to care and treatment.

14 “(iii) The Administrator shall consult with the Global
15 Health Advisory Board established under section 6 of the
16 Global Access to HIV/AIDS Prevention, Awareness, Edu-
17 cation, and Treatment Act of 2001 in the preparation of
18 the report under clause (i) and on other global health ac-
19 tivities carried out by the United States Agency for Inter-
20 national Development.

21 “(E)(i) There is authorized to be appropriated to the
22 President to carry out this paragraph \$485,000,000 for
23 fiscal year 2002.

24 “(ii) Not more than six percent of the amount appro-
25 priated pursuant to the authorization of appropriations

1 under clause (i) for fiscal year 2002, and not more than
2 four percent of the amount made available to carry out
3 this paragraph for any subsequent fiscal year, may be used
4 for the administrative expenses of the Agency in carrying
5 out this paragraph.

6 “(iii) Amounts appropriated pursuant to the author-
7 ization of appropriations under clause (i) are in addition
8 to amounts otherwise available for such purposes and are
9 authorized to remain available until expended.

10 “(F) In this paragraph:

11 “(i) The term ‘HIV’ means infection with the
12 human immunodeficiency virus.

13 “(ii) The term ‘AIDS’ means acquired immune
14 deficiency syndrome.”.

15 (b) AVAILABILITY OF ASSISTANCE UNDER SECTION
16 104(c).—Section 104(c) of the Foreign Assistance Act of
17 1961 (22 U.S.C. 2151b(c)) is amended—

18 (1) by redesignating paragraph (7) as para-
19 graph (5); and

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

21 “(6) Assistance made available under any paragraph
22 of this subsection, and assistance made available under
23 chapter 4 of part II of this Act to carry out the purposes
24 of any paragraph of this subsection, may be made avail-
25 able notwithstanding any other provision of law.”.

1 **SEC. 4. ASSISTANCE FOR PROCUREMENT AND DISTRIBUTION OF HIV/AIDS PHARMACEUTICALS AND**
2 **RELATED MEDICINES.**

4 (a) ASSISTANCE.—The Administrator of the United
5 States Agency for International Development shall provide
6 assistance to countries in sub-Saharan Africa and other
7 developing countries for—

8 (1) the procurement of HIV/AIDS pharma-
9 ceuticals, anti-viral therapies, and other appropriate
10 medicines; and

11 (2) the distribution of such HIV/AIDS pharma-
12 ceuticals, anti-viral therapies, and other appropriate
13 medicines to qualified national, regional, or local or-
14 ganizations for the treatment of individuals with
15 HIV/AIDS in accordance with appropriate HIV/
16 AIDS testing and monitoring requirements and for
17 the prevention of transmission of HIV/AIDS from
18 mother to child.

19 (b) ADDITIONAL AUTHORITY.—The authority con-
20 tained in section 104(c)(6) of the Foreign Assistance Act
21 of 1961, as amended by section 3(b) of this Act, shall
22 apply to assistance made available under subsection (a).

23 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to the President to carry
25 out this section \$50,000,000 for fiscal year 2002.

1 **SEC. 5. INTERAGENCY TASK FORCE ON HIV/AIDS.**

2 (a) ESTABLISHMENT.—The President shall establish
3 an interagency task force (hereafter referred to as the
4 “task force”) to ensure coordination of all Federal pro-
5 grams related to the prevention, treatment, and moni-
6 toring of HIV/AIDS in foreign countries.

7 (b) DUTIES.—The duties of the task force shall
8 include—

9 (1) reviewing all Federal programs related to
10 the prevention, treatment, and monitoring of HIV/
11 AIDS in foreign countries to ensure proper coordi-
12 nation and compatibility of activities and policies of
13 such programs;

14 (2) exchanging information regarding design
15 and impact of such programs to ensure that the
16 United States Government can catalogue the best
17 possible practices for HIV/AIDS prevention, treat-
18 ment, and monitoring and improve the effectiveness
19 of such programs in the countries in which they op-
20 erate; and

21 (3) fostering discussions with United States
22 and foreign nongovernmental organizations to deter-
23 mine how United States Government programs can
24 be improved, including by engaging in a dialogue
25 with the Global Health Advisory Board established
26 under section 6 of this Act.

1 (c) MEMBERSHIP.—

2 (1) COMPOSITION.—The task force shall be
3 composed of the Secretary of State, the Adminis-
4 trator of the United States Agency for International
5 Development, the Secretary of Health and Human
6 Services, the Secretary of the Treasury, the Director
7 of the National Institutes of Health, the Director of
8 the Centers for Disease Control, the Secretary of
9 Defense, and the head of any other agency that the
10 President determines is appropriate.

11 (2) CHAIRPERSON.—The Secretary of State
12 shall serve as chairperson of the task force.

13 (d) PUBLIC MEETINGS.—At least once each calendar
14 year, the task force shall hold a public meeting in order
15 to afford an opportunity for any person to present views
16 regarding the activities of the United States Government
17 with respect to the prevention, treatment, and monitoring
18 of HIV/AIDS in foreign countries. The Secretary of State
19 shall maintain a record of each meeting and shall make
20 the record available to the public.

21 (e) AVAILABILITY OF FUNDS.—Amounts made avail-
22 able for a fiscal year pursuant to section 104(c)(4)(E)(ii)
23 of the Foreign Assistance Act of 1961, as amended by sec-
24 tion 3(a) of this Act, are authorized to be made available
25 to carry out this section for such fiscal year.

1 **SEC. 6. GLOBAL HEALTH ADVISORY BOARD.**

2 (a) ESTABLISHMENT.—There is established a perma-
3 nent Global Health Advisory Board (hereafter referred to
4 as the “Board”) to assist the President and other Federal
5 officials, including the Secretary of State and the Adminis-
6 trator of the United States Agency for International De-
7 velopment, in the administration and implementation of
8 United States international health programs, particularly
9 programs relating to the prevention, treatment, and moni-
10 toring of HIV/AIDS.

11 (b) DUTIES.—

12 (1) IN GENERAL.—The Board shall serve as a
13 liaison between the United States Government and
14 private and voluntary organizations, other non-
15 governmental organizations, and academic institu-
16 tions in the United States that are active in inter-
17 national health issues, particularly prevention, treat-
18 ment, and care with respect to HIV/AIDS and other
19 infectious diseases.

20 (2) SPECIFIC ACTIVITIES.—In carrying out
21 paragraph (1), the Board—

22 (A) shall provide advice to the United
23 States Agency for International Development
24 and other Federal agencies on health and man-
25 agement issues relating to foreign assistance in

1 which both the United States Government and
2 private and voluntary organizations participate;

3 (B) shall provide advice on the formulation
4 of basic policy, procedures, and criteria for the
5 review, selection, and monitoring of project pro-
6 posals for United States Government inter-
7 national health programs and for the establish-
8 ment of transparency in the provision and im-
9 plementation of grants made under such pro-
10 grams;

11 (C) shall provide advice on the establish-
12 ment of evaluation and monitoring programs to
13 measure the effectiveness of United States Gov-
14 ernment international health programs, includ-
15 ing standards and criteria to assess the extent
16 to which programs have met their goals and ob-
17 jectives and the development of indicators to
18 track progress of specific initiatives;

19 (D) shall review and evaluate the overall
20 health strategy for United States bilateral as-
21 sistance for each country receiving significant
22 United States bilateral assistance in the health
23 sector;

24 (E) shall recommend which developing
25 countries could benefit most from programs

1 carried out under United States Government
2 international health programs; and

3 (F) shall assess the impact and effective-
4 ness of programs carried out under section
5 104(c)(4) of the Foreign Assistance Act of
6 1961, as amended by section 3(a) of this Act,
7 in meeting the objectives set out in the HIV/
8 AIDS country strategy established by the
9 United States Agency for International Devel-
10 opment.

11 (c) MEMBERSHIP.—

12 (1) COMPOSITION.—The Board shall be com-
13 posed of 12 members—

14 (A)(i) all of whom shall have a substantial
15 expertise and background in international
16 health research, policy, or management, par-
17 ticularly in the area of prevention, treatment,
18 and care with respect to HIV/AIDS and other
19 infectious diseases; and

20 (ii) of whom at least one member shall be
21 an expert on women's and children's health
22 issues; and

23 (B) of whom—

24 (i) three members shall be individuals
25 from academic institutions;

1 (ii) five members shall be individuals
2 from nongovernmental organizations active
3 in international health programs, particu-
4 larly HIV/AIDS prevention, treatment and
5 monitoring programs in foreign countries,
6 of which not more than two members may
7 be from faith-based organizations;

8 (iii) two members shall be individuals
9 from health policy and advocacy institutes;
10 and

11 (iv) two members shall be individuals
12 from private foundations that make sub-
13 stantial contributions to global health pro-
14 grams.

15 (2) APPOINTMENT.—The individuals referred to
16 in paragraph (1) shall be appointed by the Presi-
17 dent, after consultation with the chairman and rank-
18 ing member of the Committee on International Rela-
19 tions of the House of Representatives and the Com-
20 mittee on Foreign Relations of the Senate.

21 (3) TERMS.—

22 (A) IN GENERAL.—Except as provided in
23 subparagraph (B), each member shall be ap-
24 pointed for a term of two years and no member

1 or organization shall serve on the Advisory
2 Board for more than two consecutive terms.

3 (B) TERMS OF INITIAL APPOINTEES.—As
4 designated by the President at the time of ap-
5 pointment, of the members first appointed—

6 (i) six members shall be appointed for
7 a term of three years; and

8 (ii) six members, to the extent prac-
9 ticable equally divided among the cat-
10 egories described in clauses (i) through (iv)
11 of paragraph (1)(B), shall be appointed for
12 a term of two years.

13 (4) CHAIRPERSON.—At the first meeting of the
14 Board in each calendar year, a majority of the mem-
15 bers of the Commission present and voting shall
16 elect, from among the members of the Board, an in-
17 dividual to serve as chairperson of the Board.

18 (d) TRAVEL EXPENSES.—Each member of the Board
19 shall receive travel expenses, including per diem in lieu
20 of subsistence, in accordance with applicable provisions
21 under subchapter I of chapter 57 of title 5, United States
22 Code.

23 (e) AVAILABILITY OF FUNDS.—Amounts made avail-
24 able for a fiscal year pursuant to section 104(c)(4)(E)(ii)
25 of the Foreign Assistance Act of 1961, as amended by sec-

tion 3(a) of this Act, are authorized to be made available to carry out this section for such fiscal year.

SEC. 7. AUTHORIZATION OF APPROPRIATIONS FOR MULTILATERAL EFFORTS TO PREVENT, TREAT, AND MONITOR HIV/AIDS.

(a) AUTHORIZATION.—There is authorized to be appropriated to the President \$750,000,000 for fiscal year 2002 for United States contributions to a global health fund negotiated by the United States consistent with the general principles in the Global AIDS and Tuberculosis Relief Act of 2000 and the initiative of the Secretary General of the United Nations or other multilateral efforts to prevent, treat, and monitor HIV/AIDS in countries in sub-Saharan Africa and other developing countries, including efforts to provide hospice and palliative care for individuals with HIV/AIDS.

(b) CHARACTERISTICS OF GLOBAL HEALTH FUND.—It is the sense of Congress that, consistent with the general principles outlined in the Global AIDS and Tuberculosis Relief Act of 2000, United States contributions should be provided to a global health fund under subsection (a) only if the fund—

(1) is a public-private partnership that includes participation of, and seeks contributions from, governments, foundations, corporations, nongovern-

1 mental organizations, organizations that are part of
2 the United Nations system, and other entities or in-
3 dividuals;

4 (2) has the World Bank serving as the fiduciary
5 agent of the fund and in any other capacity deemed
6 appropriate by the international community;

7 (3)(A) includes donors, recipient countries, civil
8 society, and other relevant parties in the governance
9 of the fund; and

10 (B) contains safeguards against conflicts of in-
11 terest in the governance of the fund by the individ-
12 uals and entities described in subparagraph (A);

13 (4) supports targeted initiatives to address
14 HIV/AIDS, tuberculosis, and malaria through an in-
15 tegrated approach that includes prevention interven-
16 tions, care and treatment programs, and infrastruc-
17 ture capacity-building;

18 (5) permits strategic targeting of resources to
19 address needs not currently met by existing bilateral
20 and multilateral efforts and includes separate sub-
21 accounts for different activities allowing donors to
22 designate funds for specific categories of programs
23 and activities;

24 (6) reserves a minimum of 5 percent of its
25 grant funds to support scientific or medical research

1 in connection with the projects it funds in developing
2 countries;

3 (7) provides public disclosure with respect to—

4 (A) the membership and official pro-
5 ceedings of the mechanism established to man-
6 age and disburse amounts contributed to the
7 fund; and

8 (B) grants and projects supported by the
9 fund;

10 (8) authorizes and enforces requirements for
11 the periodic financial and performance auditing of
12 projects and makes future funding conditional upon
13 the results of such audits; and

14 (9) provides public disclosure of the findings of
15 all financial and performance audits of the fund.

16 **SEC. 8. DEFINITION.**

17 In this Act:

18 (1) HIV.—The term “HIV” means infection
19 with the human immunodeficiency virus.

20 (2) AIDS.—The term “AIDS” means acquired
21 immune deficiency syndrome.

22 **SEC. 9. EXTENSION OF TIME FOR GAO REPORT ON TRUST**
23 **FUND EFFECTIVENESS.**

24 Section 131(b) of the Global AIDS and Tuberculosis
25 Relief Act of 2000 (22 U.S.C. 6831(b)) is amended by

- 1 striking “of the enactment of this Act” and inserting “the
- 2 Trust Fund is established”.

Passed the House of Representatives December 11,
2001.

Attest:

JEFF TRANDAHL,

Clerk.