H. R. 5761

To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 19, 2002

Mr. HYDE (for himself and Mr. LANTOS) introduced the following bill; which was referred to the Committee on International Relations

A BILL

To provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2002”.

(b) Table of Contents.—The table of contents for this Act is as follows:

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Sec. 3. Definitions.
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TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of a comprehensive, five-year, global strategy.
Sec. 102. Comprehensive plan to empower women to prevent the spread of HIV/AIDS.
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TITLE IV—BUSINESS PRINCIPLES

Sec. 401. Principles for United States firms operating in countries affected by the HIV/AIDS pandemic.

1 SEC. 2. FINDINGS.

Congress makes the following findings:

(1) During the last 20 years, HIV/AIDS has assumed pandemic proportions, spreading from the most severely affected region, sub-Saharan Africa, to all corners of the world, and leaving an unprecedented path of death and devastation.
(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 60,000,000 people worldwide have been infected with HIV since the epidemic began; more than 22,000,000 of these have lost their lives to the disease; and more than 13,000,000 children have been orphaned by the disease. HIV/AIDS is the fourth-highest cause of death in the world.

(3) At the end of 2001, an estimated 40,000,000 people were infected with HIV or living with AIDS. Of these, more than 2,700,000 were children under the age of fifteen and more than 17,600,000 were women. Women are four times more vulnerable to infection than are men and are becoming infected at increasingly high rates because in many societies women lack control over sexual encounters and cannot insist on the use of protective measures. Women and children who are refugees or are internally displaced persons are especially vulnerable to sexual violence, thereby increasing the possibility of HIV infection.

(4) As the leading cause of death in sub-Saharan Africa, AIDS has killed more than 17,000,000 people (more than 3 times the number of AIDS deaths in the rest of the world) and will claim the
lives of one-quarter of the population, mostly adults, in the next decade.

(5) An estimated 1,800,000 people in Latin America and the Caribbean and another 7,100,000 people in Asia and the Pacific region are infected with HIV or living with AIDS. Infection rates are rising alarmingly in Eastern Europe (especially in the Russian Federation), Central Asia, and China.

(6) HIV/AIDS threatens personal security by affecting the health, lifespan, and productive capacity of the individual and the social cohesion and economic well-being of the family.

(7) HIV/AIDS undermines the economic security of a country and individual businesses in that country by weakening the productivity and longevity of the labor force across a broad array of economic sectors and by reducing the potential for economic growth over the long term.

(8) HIV/AIDS destabilizes communities by striking at the most mobile and educated members of society, many of whom are responsible for security at the local level and governance at the national and subnational levels as well as many teachers, health care personnel, and other community workers vital to community development and the effort to
combat HIV/AIDS. In some countries the overwhelming challenges of the HIV/AIDS epidemic are accelerating the outward migration of critically important health care professionals.

(9) HIV/AIDS weakens the defenses of countries severely affected by the HIV/AIDS crisis through high infection rates among members of their military forces. According to UNAIDS, in sub-Saharan Africa, many military forces have infection rates as much as five times that of the civilian population.

(10) HIV/AIDS poses a serious security issue for the international community by—

(A) increasing the potential for political instability and economic devastation, particularly in those countries and regions most severely affected by the disease; and

(B) decreasing the capacity to resolve conflicts through the introduction of peacekeeping forces because the environments into which these forces are introduced pose a high risk for the spread of HIV/AIDS.

(11) The devastation wrought by the HIV/AIDS pandemic is compounded by the prevalence of tuberculosis and malaria, particularly in developing countries where the poorest and most vulnerable
members of society, including women, children, and those living with HIV/AIDS, become infected. According to the World Health Organization (WHO), HIV/AIDS, tuberculosis, and malaria accounted for more than 5,700,000 deaths in 2001 and caused debilitating illnesses in millions more.

(12) Tuberculosis is the cause of death for one out of every three people with AIDS worldwide and is a highly communicable disease. HIV infection is the leading threat to tuberculosis control. Because HIV infection so severely weakens the immune system, individuals with HIV and latent tuberculosis infection have a 100 times greater risk of developing active tuberculosis diseases thereby increasing the risk of spreading tuberculosis to others. Tuberculosis, in turn, accelerates the onset of AIDS in individuals infected with HIV.

(13) Malaria, the most deadly of all tropical parasitic diseases, has been undergoing a dramatic resurgence in recent years due to increasing resistance of the malaria parasite to inexpensive and effective drugs. At the same time, increasing resistance of mosquitoes to standard insecticides makes control of transmission difficult to achieve. The World Health Organization estimates that between
300,000,000 and 500,000,000 new cases of malaria occur each year, and annual deaths from the disease number between 2,000,000 and 3,000,000. Persons infected with HIV are particularly vulnerable to the malaria parasite. The spread of HIV infection contributes to the difficulties of controlling resurgence of the drug resistant malaria parasite.

(14) Although HIV/AIDS is first and foremost a health problem, successful strategies to stem the spread of the pandemic will require not only medical interventions, the strengthening of health care delivery systems and infrastructure and determined national leadership and increased budgetary allocations for the health sector in countries affected by the epidemic but also measures to address the social and behavioral causes of the problem and its impact on families, communities, and societal sectors.

(15) Basic interventions to prevent new HIV infections and to bring care and treatment to people living with AIDS, such as voluntary counseling and testing and mother-to-child transmission programs, are achieving meaningful results and are cost-effective. The challenge is to expand these interventions from a pilot program basis to a national basis in a coherent and sustainable manner.
(16) Appropriate treatment of individuals with HIV/AIDS can prolong the lives of such individuals, preserve their families, prevent children from becoming orphans, and increase productivity of such individuals by allowing them to lead active lives and reduce the need for costly hospitalization for treatment of opportunistic infections caused by HIV.

(17) United States nongovernmental organizations, including faith-based organizations, with experience in health care and HIV/AIDS counseling, have proven effective in combating the HIV/AIDS pandemic and can be a resource in assisting indigenous organizations in severely affected countries in their efforts to provide treatment and care for individuals infected with HIV/AIDS.

(18) The magnitude and scope of the HIV/AIDS crisis demands a comprehensive, long-term, international response focused upon addressing the causes, reducing the spread, and ameliorating the consequences of the HIV/AIDS pandemic, including—

(A) prevention and education, care and treatment, basic and applied research, and training of health care workers, particularly at the community and provincial levels, and other
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community workers and leaders needed to cope
with the range of consequences of the HIV/
AIDS crisis;

(B) development of health care infrastruc-
ture and delivery systems through cooperative
and coordinated public efforts and public and
private partnerships;

(C) development and implementation of
national and community-based multisector
strategies that address the impact of HIV/
AIDS on the individual, family, community, and
nation and increase the participation of at-risk
populations in programs designed to encourage
behavioral and social change and reduce the
stigma associated with HIV/AIDS; and

(D) coordination of efforts between inter-
national organizations such as the Global Fund
to Fight AIDS, Tuberculosis and Malaria, the
Joint United Nations Programme on HIV/
AIDS (UNAIDS), the World Health Organiza-
tion (WHO), national governments, and private
sector organizations.

(19) The United States has the capacity to lead
and enhance the effectiveness of the international
community’s response by—
(A) providing substantial financial resources, technical expertise, and training, particularly of health care personnel and community workers and leaders;

(B) promoting vaccine and microbicide research and the development of new treatment protocols in the public and commercial pharmaceutical research sectors;

(C) making available pharmaceuticals and diagnostics for HIV/AIDS therapy;

(D) encouraging governments and community-based organizations to adopt policies that treat HIV/AIDS as a multisectoral problem affecting not only health but other areas such as education, the economy, the family and society, and assisting them to develop and implement programs corresponding to these needs; and

(E) encouraging active involvement of the private sector, including businesses, pharmaceutical and biotechnology companies, the medical and scientific communities, charitable foundations, private and voluntary organizations and nongovernmental organizations, faith-based organizations, community-based organizations, and other nonprofit entities.
SEC. 3. DEFINITIONS.

In this Act:

(1) AIDS.—The term “AIDS” means the acquired immune deficiency syndrome.

(2) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term “appropriate congressional committees” means the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives.

(3) DESIGNATED CONGRESSIONAL COMMITTEES.—The term “designated congressional committees” means the Committee on Foreign Relations and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on International Relations and the Committee on Energy and Commerce of the House of Representatives.

(4) GLOBAL FUND.—The term “Global Fund” means the public-private partnership known as the Global Fund to Fight AIDS, Tuberculosis and Malaria that was established upon the call of the United Nations Secretary General in April 2001.

(5) HIV.—The term “HIV” means the human immunodeficiency virus, the pathogen that causes AIDS.
(6) HIV/AIDS.—The term “HIV/AIDS” means, with respect to an individual, an individual who is infected with HIV or living with AIDS.

(7) Relevant Executive branch agencies.—The term “relevant Executive branch agencies” means the Department of State, the United States Agency for International Development, the Department of Health and Human Services, and any other department or agency of the United States that participates in international HIV/AIDS activities or programs.

SEC. 4. PURPOSE.

The purpose of this Act is to strengthen United States leadership and the effectiveness of the United States response to certain global infectious diseases by—

(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS that encompasses a plan for phased expansion of critical programs and improved coordination among relevant Executive branch agencies and between the United States and foreign governments and international organizations;

(2) providing increased resources for multilateral efforts to fight HIV/AIDS;
(3) providing increased resources for United States bilateral efforts, particularly for technical assistance and training, to combat HIV/AIDS, tuberculosis, and malaria;

(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

(5) intensifying efforts to support the development of vaccines and treatment for HIV/AIDS, tuberculosis, and malaria.

SEC. 5. AUTHORITY TO CONSOLIDATE AND COMBINE REPORTS.

With respect to the reports required by this Act to be submitted by the President, to ensure an efficient use of resources, the President may, in his discretion and notwithstanding any other provision of this Act, consolidate or combine any of these reports, except for the report required by section 101 of this Act, so long as the required elements of each report are addressed and reported within a 90-day period from the original deadline date for submission of the report specified in this Act. The President may also enter into contracts with organizations with relevant expertise to develop, originate, or contribute to any of the reports required by this Act to be submitted by the President.
TITLE I—POLICY PLANNING AND COORDINATION

SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-YEAR, GLOBAL STRATEGY.

(a) STRATEGY.—The President shall establish a comprehensive, integrated, five-year strategy to combat global HIV/AIDS that promotes the goals and objectives of the Declaration of Commitment on HIV/AIDS, adopted by the United Nations General Assembly at its Special Session on HIV/AIDS in June 2001, and strengthens the capacity of the United States to be an effective leader of the international campaign against HIV/AIDS. Such strategy shall—

(1) include specific objectives, multisectoral approaches, and specific strategies to treat individuals infected with HIV/AIDS and to prevent the further spread of HIV infections, with a particular focus on the needs of women, young people, and children;

(2) assign priorities for relevant Executive branch agencies;

(3) improve coordination among relevant Executive branch agencies and foreign governments and international organizations;

(4) project general levels of resources needed to achieve the stated objectives;
(5) expand public-private partnerships and the leveraging of resources; and

(6) maximize United States capabilities in the areas of technical assistance and training and research, including vaccine research.

(b) Report.—

(1) IN GENERAL.—Not later than 270 days after the date of enactment of this Act, the President shall submit to designated congressional committees a report setting forth the strategy described in subsection (a).

(2) REPORT CONTENTS.—The report required by paragraph (1) shall include a discussion of the elements described in paragraph (3) and may include a discussion of additional elements relevant to the strategy described in subsection (a). Such discussion may include an explanation as to why a particular element described in paragraph (3) is not relevant to such strategy.

(3) REPORT ELEMENTS.—The elements referred to in paragraph (2) are the following:

(A) The objectives, general and specific, of the strategy.

(B) A description of the criteria for determining success of the strategy.
(C) A description of the manner in which the strategy will address the fundamental elements of prevention and education; care and treatment, including increasing access to pharmaceuticals and to vaccines and microbicides when available; research, including incentives for vaccine development and new protocols; and training of health care workers, and the development of health care infrastructure and delivery systems.

(D) A description of the manner in which the strategy will promote the development and implementation of national and community-based multisectoral strategies and programs, including those designed to enhance leadership capacity particularly at the community level.

(E) A description of the specific strategies developed to meet the unique needs of women, including the empowerment of women in interpersonal situations, young people and children, including those orphaned by HIV/AIDS.

(F) A description of the programs to be undertaken to maximize United States contributions in the areas of technical assistance, training particularly of health care workers and
community-based leaders in affected sectors, and research including the promotion of research on vaccines.

(G) An identification of the relevant Executive branch agencies that will be involved and the assignment of priorities to those agencies.

(H) A description of the role of each relevant Executive branch agency and the types of programs that the agency will be undertaking.

(I) A description of the mechanisms that will be utilized to coordinate the efforts of the relevant Executive branch agencies, to avoid duplication of efforts, to enhance on-site coordination efforts, and to ensure that each agency undertakes programs primarily in those areas where the agency has the greatest expertise, technical capabilities, and potential for success.

(J) A description of the mechanisms that will be utilized to ensure greater coordination between the United States and foreign governments and international organizations including the Global Fund, UNAIDS, international financial institutions, and private sector organizations.
(K) The level of resources that will be needed on an annual basis and the manner in which those resources would generally be allocated among relevant Executive agencies.

(L) A description of the mechanisms to be established for monitoring and evaluating programs and for terminating unsuccessful programs.

(M) A description of the manner in which private, nongovernmental entities will factor into the United States Government-led effort and a description of the type of partnerships that will be created to maximize the capabilities of these private sector entities and to leverage resources.

(N) A description of the manner in which the United States strategy for combating HIV/AIDS relates to and promotes the goals and objectives of the United Nations General Assembly’s Declaration of Commitment on HIV/AIDS.

(O) A description of the ways in which United States leadership will be used to enhance the overall international response to the HIV/AIDS pandemic and particularly to height-
on the engagement of the member states of the
G–8 and to strengthen key financial and coordi-
nation mechanisms such as the Global Fund
and UNAIDS.

(P) A description of the manner in which
the United States strategy for combating HIV/
AIDS relates to and enhances other United
States assistance strategies in developing coun-
tries.

SEC. 102. COMPREHENSIVE PLAN TO EMPOWER WOMEN TO
PREVENT THE SPREAD OF HIV/AIDS.

(a) STATEMENT OF POLICY.—It is in the national in-
terest of the United States—

(1) to assist in empowering women socially, eco-
nomically, and intellectually to prevent coercive prac-
tices which contribute to the spread of HIV/AIDS;

(2) to ensure that there are affordable effective
female controlled preventative technologies widely
available;

(3) to assist in providing adequate pre- and
post-natal care to women infected with HIV or living
with AIDS to prevent an increase in the number of
AIDS orphans; and
(4) to educate communities in order to lessen
the stigma facing women who are infected with HIV
or living with AIDS.

(b) DEVELOPMENT OF PLAN.—The United States
Agency for International Development, working in con-
junction with other relevant Executive branch agencies,
shall develop a comprehensive plan to empower women to
protect themselves against the spread of HIV/AIDS. The
plan shall include—

(1) immediately providing women greatly in-
creased access to and program support for currently
available prevention technologies for women and
microbicides when they become available;

(2) providing funding for research to develop
safe, effective, usable microbicides, including support
for—

(A) development and preclinical evaluation
of topical microbicides;

(B) the conduct of clinical studies of can-
didate microbicides to assess safety, accept-
ability, and effectiveness in reducing the HIV
infection and other sexually transmitted infec-
tions;
(C) behavioral and social science research relevant to microbicide development, testing, acceptability, and use; and

(D) introductory studies of safe and effective microbicides in developing countries;

(3) increasing women’s access to microfinance programs;

(4) comprehensive education for women and girls including health education that emphasizes skills building on negotiation and the prevention of sexually transmitted infections and other related reproductive health risks and strategies that emphasize the delay of sexual debut;

(5) community-based strategies to combat gender-based violence and sexual coercion of women and minors;

(6) expansion of peer education strategies for men which emphasize responsible sexual behavior and consultation with their wives and partners in making decisions about sex and reproduction;

(7) resources for households headed by females caring for AIDS orphans;

(8) followup monitoring of and care and support for post-natal women living with HIV or at high risk of infection; and
(9) targeted plans to reduce the vulnerability of HIV/AIDS for women, young people, and children who are refugees or internally displaced persons.

(e) REQUIREMENT.—The plan shall specify, for the assistance to achieve each of the objectives set forth in paragraphs (1) through (9) of subsection (b), the section of the Foreign Assistance Act of 1961 or other law that authorizes such assistance.

(d) STAFFING.—The Administrator of the United States Agency for International Development shall ensure that the Agency dedicates a sufficient number of employees to implementing the plan described in subsection (b).

(e) REPORT.—Not later than 270 days after the date of enactment of this Act and every year for the next 3 years thereafter, the Administrator of the United States Agency for International Development shall submit to the appropriate congressional committees a report on the plan being implemented by the United States Agency for International Development on empowering women in order to prevent the spread of HIV/AIDS. The report shall include a description of—

(1) the programs being carried out that are specifically targeted at women and girls to educate them about the spread of HIV/AIDS and the use and availability of currently available prevention
technologies for women, together with the number of women and girls reached through these programs;

(2) the steps taken to increase the availability of such technologies; and

(3) the progress on developing a safe, effective, user-friendly microbicide.

SEC. 103. HIV/AIDS RESPONSE COORDINATOR.

(a) ESTABLISHMENT OF POSITION.—Section 1 of the State Department Basic Authorities Act of 1956 (22 U.S.C. 265(a)) is amended—

(1) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively; and

(2) by adding after subsection (e) the following:

“(f) HIV/AIDS RESPONSE COORDINATOR.—

“(1) IN GENERAL.—There shall be within the Department of State a Coordinator of United States Government Activities to Combat HIV/AIDS Globally, who shall be appointed by the President, by and with the advice and consent of the Senate. The Coordinator shall report directly to the Secretary of State and shall have the rank and status of ambassador.

“(2) DUTIES.—

“(A) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight
and coordination of all international activities of
the United States Government to combat the
HIV/AIDS pandemic, including all programs,
projects, and activities of the United States
Government under titles I through IV of the
United States Leadership Against HIV/AIDS,
Tuberculosis, and Malaria Act of 2002 or any
amendment made by those titles.

“(B) SPECIFIC DUTIES.—The duties of the
Coordinator shall specifically include the fol-
lowing:

“(i) Ensuring program and policy co-
ordination among the relevant Executive
branch agencies.

“(ii) Ensuring that each relevant Ex-
ecutive branch agency undertakes pro-
grams primarily in those areas where the
agency has the greatest expertise, technical
capabilities, and potential for success.

“(iii) Avoiding duplication of effort.

“(iv) Ensuring coordination of rel-
levant Executive branch agency activities in
the field.

“(v) Pursuing coordination with other
countries and international organizations.
“(vi) Resolving policy, program, and funding disputes among the relevant Executive branch agencies.”.

(b) **FIRST COORDINATOR.**—The President may designate the incumbent Special Representative of the Secretary of State for HIV/AIDS as of the date of enactment of this Act as the first Coordinator of United States Government Activities to Combat HIV/AIDS Globally.

(e) **RESOURCES.**—Not later than 90 days after the date of enactment of this Act, the President shall identify the necessary financial and personnel resources that would be assigned to the HIV/AIDS Response Coordinator to establish and sustain the duties and supporting activities assigned to the Coordinator by this Act.

**SEC. 104. REPORT ON REVERSING THE EXODUS OF CRITICAL TALENT.**

(a) **IN GENERAL.**—Not later than one year after the date of enactment of this Act, the President shall submit a report to designated congressional committees analyzing the emigration of critically important medical and public health personnel, including physicians, nurses, and supervisors from sub-Saharan African countries that are acutely impacted by HIV/AIDS.

(b) **ELEMENTS OF THE REPORT.**—The report shall include—
(1) an analysis of the causes for the exodus of such personnel, the present and projected trend lines, and the impact on the stability of health infrastructures; and

(2) a description of incentives and programs that the United States could provide, in concert with other private and public sector partners and international organizations, to stabilize health institutions by encouraging critical personnel to remain in their home countries.

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

**SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PARTNERSHIPS.**

(a) **FINDINGS.**—Congress makes the following findings:

(1) Innovative partnerships between governments and organizations in the private sector (including foundations, universities, corporations, faith-based and community-based organizations, and other nongovernmental organizations) have proliferated in recent years, particularly in the area of health.
(2) Public-private sector partnerships multiply local and international capacities to strengthen the delivery of health services in developing countries and to accelerate research for vaccines and other pharmaceutical products that are essential to combat infectious diseases decimating the populations of these countries.

(3) These partnerships maximize the unique capabilities of each sector while combining financial and other resources, scientific knowledge, and expertise toward common goals which neither the public nor the private sector can achieve alone.

(4) Sustaining existing public-private partnerships and building new ones are critical to the success of the international community’s efforts to combat HIV/AIDS and other infectious diseases around the globe.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the sustainment and promotion of public-private partnerships should be a priority element of the strategy pursued by the United States to combat the HIV/AIDS pandemic and other global health crises; and
(2) the United States should systematically track the evolution of these partnerships and work with others in the public and private sector to profile and build upon those models that are most effective.

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

(a) Authority for United States Participation.—

(1) United States participation.—The United States is hereby authorized to participate in the Global Fund to Fight AIDS, Tuberculosis and Malaria.

(2) Privileges and immunities.—The Global Fund shall be considered a public international organization for purposes of section 1 of the International Organizations Immunities Act (22 U.S.C. 288).

(b) Reports to Congress.—Not later than one year after the date of the enactment of this Act, and annually thereafter for the duration of the Global Fund, the President shall submit to the appropriate congressional committees a report on the Global Fund, including contributions pledged, contributions received (including donations from the private sector), projects funded, and the
mechanisms established for transparency and accountability in the grant making process.

(c) UNITED STATES FINANCIAL PARTICIPATION.—

(1) Authorization of Appropriations.—In addition to funds otherwise available for such purpose, there are authorized to be appropriated to the President $750,000,000 for the fiscal year 2003 and $1,200,000,000 for the fiscal year 2004 for contributions to the Global Fund.

(2) Availability of Funds.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(3) Reprogramming of Fiscal Year 2001 Funds.—Funds made available for fiscal year 2001 under section 141 of the Global AIDS and Tuberculosis Relief Act of 2000—

(A) are authorized to remain available until expended; and

(B) shall be transferred to, merged with, and made available for the same purposes as, funds made available for fiscal year 2002 under paragraph (1).

(4) Statutory Construction.—Nothing in this Act may be construed to substitute for, or reduce resources provided under any other law for bi-
lateral and multilateral HIV/AIDS, tuberculosis, and malaria programs.

SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS.

(a) VACCINE FUND.—Section 302(k) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(k)) is amended—

(1) by striking “$50,000,000” and all that follows through “2002” and inserting “$60,000,000 for the fiscal year 2003 and $70,000,000 for the fiscal year 2004”; and

(2) by striking “Global Alliance for Vaccines and Immunizations” and inserting “Vaccine Fund”.

(b) INTERNATIONAL AIDS VACCINE INITIATIVE.—Section 302(l) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(l)) is amended by striking “$10,000,000” and all that follows through “2002” and inserting “$12,000,000 for the fiscal year 2003 and $15,000,000 for the fiscal year 2004”.

(c) MALARIA VACCINE INITIATIVE OF THE PROGRAM FOR APPROPRIATE TECHNOLOGIES IN HEALTH (PATH).—Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222)) is amended by adding at the end the following new subsection:

“(m) In addition to amounts otherwise available under this section, there are authorized to be appropriated
to the President $5,000,000 for the fiscal year 2003 and
$6,000,000 for the fiscal year 2004 to be available for
United States contributions to the Malaria Vaccine Initia-
tive of the Program for Appropriate Technologies in
Health (PATH).”.

**TITLE III—BILATERAL EFFORTS**

**Subtitle A—General Assistance and Programs**

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

(a) Amendment of the Foreign Assistance Act
of 1961.—Chapter 1 of part I of the Foreign Assistance
Act of 1961 (22 U.S.C. 2151 et seq.) is amended—
(1) in section 104(c) (22 U.S.C. 2151b(c)), by
striking paragraphs (4) through (7); and
(2) by inserting after section 104 the following
new section:

“SEC. 104A. ASSISTANCE TO COMBAT HIV/AIDS.

“(a) Finding.—Congress recognizes that the alarm-
ing spread of HIV/AIDS in countries in sub-Saharan Afri-
can and other developing countries is a major global health,
national security, and humanitarian crisis.

“(b) Policy.—It is a major objective of the foreign
assistance program of the United States to provide assist-
ance for the prevention, treatment, and control of HIV/
AIDS. The United States and other developed countries
should provide assistance to countries in sub-Saharan Af-
rica and other countries and areas to control this crisis
through HIV/AIDS prevention, treatment, monitoring,
and related activities, particularly activities focused on
women and youth, including strategies to prevent mother-
to-child transmission of the HIV infection.

“(c) AUTHORIZATION.—

“(1) IN GENERAL.—Consistent with section
104(e), the President is authorized to furnish assist-
ance, on such terms and conditions as the President
may determine, to prevent, treat, and monitor HIV/
AIDS, and carry out related activities, in countries
in sub-Saharan Africa and other countries and
areas.

“(2) ROLE OF NGOS.—It is the sense of Con-
gress that the President should provide an appro-
priate level of assistance under paragraph (1)
through nongovernmental organizations in countries
in sub-Saharan Africa and other countries and areas
affected by the HIV/AIDS pandemic.

“(3) COORDINATION OF ASSISTANCE EF-
FORTS.—The President shall coordinate the provi-
sion of assistance under paragraph (1) with the pro-
vision of related assistance by the Joint United Na-
tions Programme on HIV/AIDS (UNAIDS), the
United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Global Fund to Fight AIDS, Tuberculosis and Malaria and other appropriate international organizations (such as the International Bank for Reconstruction and Development), relevant regional multilateral development institutions, national, state, and local governments of foreign countries, appropriate governmental and nongovernmental organizations, and relevant Executive branch agencies.

“(d) ACTIVITIES SUPPORTED.—Assistance provided under subsection (c) shall, to the maximum extent prac-
ticable, be used to carry out the following activities:

“(1) PREVENTION.—Prevention of HIV/AIDS through activities including—

“(A) education, voluntary testing, and counseling (including the incorporation of confi-
dentiality protections with respect to such testing and counseling), including integration of such programs into health programs and the in-
clusion in counseling programs of information on methods of preventing transmission of the HIV infection, including delaying sexual debut, abstinence, reduction of casual sexual
partnering, and, where appropriate, the use of condoms;

“(B) assistance for the purpose of preventing mother-to-child transmission of the HIV infection, including medications to prevent such transmission and access to infant formula and other alternatives for infant feeding;

“(C) assistance to ensure a safe blood supply, to provide—

“(i) post-exposure prophylaxis to victims of rape and sexual assault and in cases of occupational exposure of health care workers; and

“(ii) necessary commodities, including test kits, pharmaceuticals, and condoms;

“(D) assistance through nongovernmental organizations, including faith-based organizations, particularly those organizations that utilize both professionals and volunteers with appropriate skills and experience, to establish and implement culturally appropriate HIV/AIDS education and prevention programs;

“(E) research on microbicides which prevent the spread of HIV/AIDS; and
“(F) bulk purchases of available prevention technologies for women and for appropriate program support for the introduction and distribution of these technologies, as well as education and training on the use of the technologies.

“(2) TREATMENT.—The treatment and care of individuals with HIV/AIDS, including—

“(A) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the treatment of individuals with HIV/AIDS, including clinical training for indigenous organizations and health care providers;

“(B) assistance to strengthen and expand hospice and palliative care programs to assist patients debilitated by HIV/AIDS, their families, and the primary caregivers of such patients, including programs that utilize faith-based and community-based organizations; and

“(C) assistance for the purpose of the care and treatment of individuals with HIV/AIDS through the provision of pharmaceuticals, including antiretrovirals and other pharma-
cueticals and therapies for the treatment of opportunistic infections, nutritional support, and other treatment modalities.

“(3) MONITORING.—The monitoring of programs, projects, and activities carried out pursuant to paragraphs (1) and (2), including—

“(A) monitoring to ensure that adequate controls are established and implemented to provide HIV/AIDS pharmaceuticals and other appropriate medicines to poor individuals with HIV/AIDS; and

“(B) appropriate evaluation and surveillance activities.

“(4) PHARMACEUTICALS.—

“(A) PROCUREMENT.—The procurement of HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines, including medicines to treat opportunistic infections.

“(B) MECHANISMS FOR QUALITY CONTROL AND SUSTAINABLE SUPPLY.—Mechanisms to ensure that such HIV/AIDS pharmaceuticals, antiretroviral therapies, and other appropriate medicines are quality-controlled and sustainably supplied.
“(C) DISTRIBUTION.—The distribution of such HIV/AIDS pharmaceuticals, antiviral therapies, and other appropriate medicines (including medicines to treat opportunistic infections) to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and treatment protocols and for the prevention of mother-to-child transmission of the HIV infection.

“(5) RELATED ACTIVITIES.—The conduct of related activities, including—

“(A) the care and support of children who are orphaned by the HIV/AIDS pandemic, including services designed to care for orphaned children in a family environment which rely on extended family members;

“(B) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including training and the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions; and
“(C) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world.

“(e) ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than January 31 of each year, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives a report on the implementation of this section for the prior fiscal year.

“(2) REPORT ELEMENTS.—Each report shall include—

“(A) a description of efforts made to implement the policies set forth in this section;

“(B) a description of the programs established pursuant to this section; and

“(C) a detailed assessment of the impact of programs established pursuant to this section, including—

“(i) the effectiveness of such programs in reducing the spread of the HIV infection, particularly in women and girls, in reducing mother-to-child transmission of
the HIV infection, and in reducing mor-
tality rates from HIV/AIDS; and

“(ii) the progress made toward im-
proving health care delivery systems
(including the training of adequate num-
ers of staff) and infrastructure to ensure
increased access to care and treatment.

“(f) FUNDING LIMITATION.—Of the funds made
available to carry out this section in any fiscal year, not
more than 7 percent may be used for the administrative
expenses of the United States Agency for International
Development in support of activities described in this sec-
tion. Such amount shall be in addition to other amounts
otherwise available for such purposes.

“(g) DEFINITIONS.—In this section:

“(1) AIDS.—The term ‘AIDS’ means acquired
immunodeficiency syndrome.

“(2) HIV.—The term ‘HIV’ means the human
immunodeficiency virus, the pathogen that causes
AIDS.

“(3) HIV/AIDS.—The term ‘HIV/AIDS’
means, with respect to an individual, an individual
who is infected with HIV or living with AIDS.”.

(b) AUTHORIZATION OF APPROPRIATIONS.—
(1) IN GENERAL.—In addition to funds available under section 104(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(e)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President $550,000,000 for the fiscal year 2003 and $900,000,000 for the fiscal year 2004 to carry out section 104A of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(3) ALLOCATION OF FUNDS.—

(A) RESEARCH ON MICROBICIDES.—Of the amounts authorized to be appropriated by paragraph (1) for the fiscal years 2003 and 2004, $18,000,000 for the fiscal year 2003 and $24,000,000 for the fiscal year 2004 are authorized to be available to carry out section 104A(d)(1)(D) of the Foreign Assistance Act of 1961 (as added by subsection (a)), relating to research on microbicides which prevent the spread of HIV/AIDS.

(B) PHARMACEUTICALS.—Of the amounts authorized to be appropriated by paragraph (1)
for the fiscal years 2003 and 2004, $50,000,000 for the fiscal year 2003 and $120,000,000 for the fiscal year 2004 are authorized to be available to carry out section 104A(d)(4) of the Foreign Assistance Act of 1961 (as added by subsection (a)), relating to the procurement and distribution of HIV/AIDS pharmaceuticals.

(4) Transfer of prior year funds.—Unobligated balances of funds made available for the fiscal year 2001 or the fiscal year 2002 under section 104(c)(6) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)(6) (as in effect immediately before the date of enactment of this Act) shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal year 2003 under paragraph (1).

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) Amendment of the Foreign Assistance Act of 1961.—Chapter 1 of part I of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq.), as amended by section 301 of this Act, is further amended by inserting after section 104A the following new section:
“SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.

“(a) FINDINGS.—Congress makes the following findings:

“(1) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those countries that had previously largely controlled the disease.

“(2) Congress further recognizes that the means exist to control and treat tuberculosis through expanded use of the DOTS (Directly Observed Treatment Short-course) treatment strategy and adequate investment in newly created mechanisms to increase access to treatment, including the Global Tuberculosis Drug Facility established in 2001 pursuant to the Amsterdam Declaration to Stop TB.

“(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis, including the detection of at least 70 percent of the cases of infectious tuberculosis, and the cure of at least 85 percent of the cases detected, not later than December 31, 2005, in those countries classified by the World Health Organization as among the highest tuberculosis burden, and not later than December 31, 2010, in all countries in which the United States Agency for
International Development has established development programs.

“(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of tuberculosis.

“(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (including the Centers for Disease Control and Prevention and the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive tuberculosis control program.

“(e) ANNUAL REPORT.—Not later than January 31 of each year, the President shall submit a report to the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives specifying the increases in the number of people treated and the increases in number of tuberculosis patients cured through each program, project, or activity receiving United States foreign assistance for tuberculosis control purposes.
“(f) PRIORITY TO DOTS COVERAGE.—In furnishing assistance under subsection (e), the President shall give priority to activities that increase directly observed treatment shortcourse (DOTS) coverage, including funding for the Global Tuberculosis Drug Facility and the Stop Tuberculosis Partnership.

“(g) DEFINITIONS.—In this section:

“(1) DOTS.—The term ‘DOTS’ or ‘Directly Observed Treatment Short-course’ means the World Health Organization-recommended strategy for treating tuberculosis.

“(2) GLOBAL TUBERCULOSIS DRUG FACILITY.—The term ‘Global Tuberculosis Drug Facility (GDF)’ means the new initiative of the Stop Tuberculosis Partnership to increase access to high-quality tuberculosis drugs to facilitate DOTS expansion.

“(3) STOP TUBERCULOSIS PARTNERSHIP.—The term ‘Stop Tuberculosis Partnership’ means the partnership of the World Health Organization, donors including the United States, high tuberculosis burden countries, multilateral agencies, and non-governmental and technical agencies committed to short- and long-term measures required to control and eventually eliminate tuberculosis as a public health problem in the world.”
(b) Authorization of Appropriations.—

(1) In General.—In addition to funds available under section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President $85,000,000 for the fiscal year 2003 and $200,000,000 for the fiscal year 2004 to carry out section 104B of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) Availability of Funds.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

(3) Transfer of Prior Year Funds.—Unobligated balances of funds made available for the fiscal year 2001 or the fiscal year 2002 under section 104(c)(7) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)(7) (as in effect immediately before the date of enactment of this Act) shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal year 2003 under paragraph (1).

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

(a) Amendment of the Foreign Assistance Act of 1961.—Chapter 1 of part I of the Foreign Assistance
Act of 1961 (22 U.S.C. 2151 et seq.), as amended by sections 301 and 302 of this Act, is further amended by inserting after section 104B the following new section:

"SEC. 104C. ASSISTANCE TO COMBAT MALARIA.

"(a) FINDING.—Congress finds that malaria kills more people annually than any other communicable disease except tuberculosis, that more than 90 percent of all malaria cases are in sub-Saharan Africa, and that children and women are particularly at risk. Congress recognizes that there are cost-effective tools to decrease the spread of malaria and that malaria is a curable disease if promptly diagnosed and adequately treated.

"(b) POLICY.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention, control, and cure of malaria.

"(c) AUTHORIZATION.—To carry out this section and consistent with section 104(c), the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for the prevention, treatment, control, and elimination of malaria.

"(d) COORDINATION.—In carrying out this section, the President shall coordinate with the World Health Organization, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Department of Health and Human Services (the Centers for Disease Control and Prevention and...
the National Institutes of Health), and other organizations with respect to the development and implementation of a comprehensive malaria control program.

“(e) ANNUAL REPORT.—Not later than January 31 of each year, the President shall submit a report to the Committee on Foreign Relations of the Senate and the Committee on International Relations of the House of Representatives specifying the increases in the number of people treated and the increases in number of malaria patients cured through each program, project, or activity receiving United States foreign assistance for malaria control purposes.”.

(b) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to funds available under section 104(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(e)) for such purpose or under any other provision of that Act, there are authorized to be appropriated to the President $70,000,000 for the fiscal year 2003 and $80,000,000 for the fiscal year 2004 to carry out section 104C of the Foreign Assistance Act of 1961, as added by subsection (a).

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.
(3) Transfer of prior year funds.—Unobligated balances of funds made available for the fiscal year 2001 or the fiscal year 2002 under section 104(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(e) (as in effect immediately before the date of enactment of this Act) and made available for the control of malaria shall be transferred to, merged with, and made available for the same purposes as funds made available for fiscal year 2003 under paragraph (1).

(c) Conforming amendment.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)), as amended by section 301 of this Act, is further amended by adding after paragraph (3) the following:

“(4) Relationship to other laws.—Assistance made available under this subsection and sections 104A, 104B, and 104C, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection and such other sections of this Act, may be made available in accordance with this subsection and such other provisions of this Act notwithstanding any other provision of law.”
SEC. 304. PILOT PROGRAM FOR THE PLACEMENT OF
HEALTH CARE PROFESSIONALS IN OVERSEAS
AREAS SEVERELY AFFECTED BY HIV/AIDS,
TUBERCULOSIS, AND MALARIA.

(a) IN GENERAL.—The President shall establish a
program to demonstrate the feasibility of facilitating the
service of American health care professionals in sub-Saharan Africa and other parts of the world severely affected
by HIV/AIDS, tuberculosis, and malaria.

(b) REQUIREMENTS.—Participating in the program
shall—

(1) provide basic health care services for those
infected and affected by HIV/AIDS, tuberculosis,
and malaria in the area in which they are serving;

(2) provide on-the-job training to medical and
other personnel in the area in which they are serving
to strengthen the basic health care system of the af-
fected countries;

(3) provide health care educational training for
residents of the area in which they are serving;

(4) serve for a period of up to two years; and

(5) meet the eligibility requirements in sub-
section (d).

(e) ELIGIBILITY REQUIREMENTS.—To be eligible to
participate in the program, a candidate shall—
(1) be a national of the United States who is a trained health care professional and who meets the educational and licensure requirements necessary to be such a professional such as a physician, nurse, nurse practitioner, pharmacist, or other individual determined to be appropriate by the President; or

(2) a retired commissioned officer of the Public Health Service Corps.

(d) RECRUITMENT.—The President shall ensure that information on the program is widely distributed, including the distribution of information to schools for health professionals, hospitals, clinics, and nongovernmental organizations working in the areas of international health and aid.

(e) PLACEMENT OF PARTICIPANTS.—To the maximum extent practicable, participants in the program shall serve in the poorest areas of the affected countries, where health care needs are likely to be the greatest. The decision on the placement of a participant should be made in consultation with relevant officials of the affected country at both the national and local level as well as with local community leaders and organizations.

(f) EXTENDED PERIOD OF SERVICE.—The President may extend the period of service of a participant by an additional period of 6 to 12 months.
(g) INCENTIVES.—The President may offer such incentives as the President determines to be necessary to encourage individuals to participate in the program, such as partial payment of principal, interest, and related expenses on government and commercial loans for educational expenses relating to professional health training and, where possible, deferment of repayments on such loans, the provision of retirement benefits that would otherwise be jeopardized by participation in the program, and other incentives.

(h) REPORT.—Not later than 18 months after the date of enactment of this Act, the President shall submit a report to the designated congressional committees on steps taken to establish the program, including—

(1) the process of recruitment, including the venues for recruitment, the number of candidates recruited, the incentives offered, if any, and the cost of those incentives;

(2) the process, including the criteria used, for the selection of participants;

(3) the number of participants placed, the countries in which they were placed, and why those countries were selected; and

(4) the potential for expansion of the program.

(i) AUTHORIZATION OF APPROPRIATIONS.—
(1) IN GENERAL.—In addition to amounts otherwise available for such purpose, there is authorized to be appropriated to the President $20,000,000 for the fiscal year 2004 to carry out the program.

(2) AVAILABILITY OF FUNDS.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

SEC. 305. REPORT ON TREATMENT ACTIVITIES BY RELEVANT EXECUTIVE BRANCH AGENCIES.

(a) IN GENERAL.—Not later than 15 months after the date of enactment of this Act, the President shall submit to designated congressional committees a report on the programs and activities of the United States Agency for International Development, the Centers for Disease Control and Prevention, and other relevant Executive branch agencies that are directed to the treatment of individuals in foreign countries infected with HIV or living with AIDS.

(b) REPORT ELEMENTS.—The report shall include—

(1) a description of the activities of relevant Executive branch agencies with respect to—

(A) the treatment of opportunistic infections;

(B) the use of antiretrovirals;
(C) the status of research into successful
treatment protocols for individuals in the devel-
oping world; and

(D) technical assistance and training of
local health care workers (in countries affected
by the pandemic) to administer antiretrovirals,
manage side effects, and monitor patients’ viral
loads and immune status;

(2) information on existing pilot projects, in-
cluding a discussion of why a given population was
selected, the number of people treated, the cost of
treatment, the mechanisms established to ensure
that treatment is being administered effectively and
safely, and plans for scaling up pilot projects
(including projected timelines and required re-
sources); and

(3) an explanation of how those activities relate
to efforts to prevent the transmission of the HIV in-
fection.

Subtitle B—Assistance for Children
and Families

SEC. 311. FINDINGS.

Congress makes the following findings:

(1) Approximately 2,000 children around the
world are infected each day with HIV through moth-
er-to-child transmission. Transmission can occur
during pregnancy, labor, and delivery or through
breast feeding. Over ninety percent of these cases
are in developing nations with little or no access to
public health facilities.

(2) Mother-to-child transmission is largely pre-
ventable with the proper application of pharma-
ceuticals, therapies, and other public health interven-
tions.

(3) The drug nevirapine, reduces mother-to-
child transmission by nearly 50 percent. Universal
availability of this drug could prevent up to 400,000
infections per year and dramatically reduce the num-
ber of AIDS-related deaths.

(4) At the United Nations Special Session on
HIV/AIDS in June 2001, the United States com-
mitted to the specific goals with respect to the pre-
vention of mother-to-child transmission, including
the goals of reducing the proportion of infants in-
fected with HIV by 20 percent by the year 2005 and
by 50 percent by the year 2010, as specified in the
Declaration of Commitment on HIV/AIDS adopted
by the United Nations General Assembly at the Spe-
cial Session.
(5) Several United States Government agencies including the United States Agency for International Development and the Centers for Disease Control are already supporting programs to prevent mother-to-child transmission in resource-poor nations and have the capacity to expand these programs rapidly by working closely with foreign governments and nongovernmental organizations.

(6) Efforts to prevent mother-to-child transmission can provide the basis for a broader response that includes care and treatment of mothers, fathers, and other family members that are infected with HIV or living with AIDS.

(7) HIV/AIDS has devastated the lives of countless children and families across the globe. Since the epidemic began, an estimated 13,200,000 children under the age of 15 have been orphaned by AIDS, that is they have lost their mother or both parents to the disease. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that this number will double by the year 2010.

(8) HIV/AIDS also targets young people between the ages of 15 to 24, many of whom carry the burden of caring for family members living with HIV/AIDS. An estimated 10,300,000 young people...
are now living with HIV/AIDS. One-half of all new infections are occurring among this age group.

SEC. 312. POLICY AND REQUIREMENTS.

(a) POLICY.—The United States Government’s response to the global HIV/AIDS pandemic should place high priority on the prevention of mother-to-child transmission, the care and treatment of family members and caregivers, and the care of children orphaned by AIDS. To the maximum extent possible, the United States Government should seek to leverage its funds by seeking matching contributions from the private sector, other national governments, and international organizations.

(b) REQUIREMENTS.—The 5-year United States Government strategy required by section 101 of this Act shall—

(1) provide for meeting or exceeding the goal set by the United Nations General Assembly Declaration of Commitment on HIV/AIDS to reduce the rate of mother-to-child transmission of HIV by 20 percent by 2005 and by 50 percent by 2010;

(2) include programs to make available testing and treatment to HIV-positive women and their family members, including drug treatment and therapies to prevent mother-to-child transmission; and
(3) expand programs designed to care for children orphaned by AIDS.

SEC. 313. ANNUAL REPORTS ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF THE HIV INFECTION.

(a) In General.—Beginning 270 days after the date of enactment of this Act, and annually thereafter for the ensuing eight years, the President shall submit to designated congressional committees a report on the activities of relevant Executive branch agencies during the reporting period to assist in the prevention of mother-to-child transmission of the HIV infection.

(b) Report Elements.—Each report shall include—

(1) a statement of whether or not all relevant Executive branch agencies have adopted the targets set by the United Nations General Assembly at the Special Session for HIV/AIDS, held June 25 to 27, 2001, with respect to mother-to-child transmission of the HIV infection;

(2) a description of efforts made by the United States Agency for International Development and the Centers for Disease Control and Prevention to expand those activities, including—
(A) information on the number of sites supported for the prevention of mother-to-child transmission of the HIV infection;

(B) the specific activities supported;

(C) the number of women tested and counseled; and

(D) the number of women receiving preventative drug therapies;

(3) a statement of the percentage of funds expended out of the budget of each relevant Executive branch agency for activities to prevent mother-to-child transmission of the HIV infection and, in the case of United States Agency for International Development, whether or not its expenditures on bilateral assistance have met the 8.3 percent target in section 104(c)(6)(D) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)(6)(D)), as in effect immediately before the date of enactment of this Act, with respect to strategies to prevent mother-to-child transmission of the HIV infection;

(4) a discussion of the extent to which the programs of the relevant Executive branch agencies are meeting targets set by the United Nations General Assembly; and
(5) a description of efforts made by the Centers for Disease Control and Prevention and the United States Agency for International Development to expand care and treatment services for families at established sites for the prevention of mother-to-child transmission of HIV infection.

(c) REPORTING PERIOD DEFINED.—In this section, the term “reporting period” means, in the case of the initial report, the period since the date of enactment of this Act and, in the case of any subsequent report, the period since the date of submission of the most recent report.

SEC. 314. PILOT PROGRAM OF ASSISTANCE FOR CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS.

(a) IN GENERAL.—The President, acting through the United States Agency for International Development, shall establish a program of assistance that would demonstrate the feasibility of the provision of care and treatment to orphans and other children and young people affected by HIV/AIDS in foreign countries.

(b) PROGRAM REQUIREMENTS.—The program shall—

(1) build upon and be integrated into programs administered as of the date of enactment of this Act by the United States Agency for International Development for children affected by HIV/AIDS;
(2) work in conjunction with indigenous community-based programs and activities, particularly those that offer proven services for children;

(3) reduce the stigma of HIV/AIDS to encourage vulnerable children infected with HIV or living with AIDS and their family members and caregivers to avail themselves of voluntary counseling and testing, and related programs, including treatments;

(4) provide, in conjunction with other relevant Executive branch agencies, the range of services for the care and treatment, including the provision of antiretrovirals and other necessary pharmaceuticals, of children, parents, and caregivers infected with HIV or living with AIDS;

(5) provide nutritional support and food security, and the improvement of overall family health;

(6) work with parents, caregivers, and community-based organizations to provide children with educational opportunities; and

(7) provide appropriate counseling and legal assistance for the appointment of guardians and the handling of other issues relating to the protection of children.

(c) Report.—Not later than 18 months after the date of enactment of this Act, the President, acting
through the United States Agency for International Development, shall submit a report on the implementation of this section to the appropriate congressional committees. The report shall include a plan for scaling up the program over the following year.

(d) Authorization of Appropriations.—

   (1) In general.—In addition to amounts otherwise available for such purpose, there is authorized to be appropriated to the President $30,000,000 for the fiscal year 2004 to carry out the program.

   (2) Availability of funds.—Amounts appropriated pursuant to paragraph (1) are authorized to remain available until expended.

TITLE IV—BUSINESS PRINCIPLES

SEC. 401. PRINCIPLES FOR UNITED STATES FIRMS OPERATING IN COUNTRIES AFFECTED BY THE HIV/AIDS PANDEMIC.

   (a) Findings.—Congress finds that the global spread of HIV/AIDS presents not only a health crisis but also a crisis in the workplace that affects—

   (1) the productivity, earning power, and longevity of individual workers;

   (2) the productivity, competitiveness, and financial solvency of individual businesses; and
(3) the economic productivity and development
of individual communities and the United States as
a whole.

(b) SENSE OF CONGRESS.—It is the sense of Con-
gress that United States firms operating in countries af-
fected by the HIV/AIDS pandemic can make significant
contributions to the United States effort to respond to this
pandemic through the voluntary adoption of the principles
and practices described in subsection (c).

(c) PRINCIPLES AND PRACTICES.—The principles
and practices referred to in subsection (b) are the fol-
lowing:

(1) With respect to employment and health poli-
cies and practices, the treatment of HIV/AIDS in
the same manner as any other illness.

(2) The promotion of policies and practices that
eliminate discrimination and stigmatization against
employees on the basis of real or perceived HIV/
AIDS status, including—

(A) assessing employees on merit and abil-
ity to perform;

(B) not subjecting employees to personal
discrimination or abuse; and

(C) imposing disciplinary measures where
discrimination occurs.
(3) A prohibition on compulsory HIV/AIDS testing for recruitment, promotion, or career development.

(4) An assurance of the confidentiality of an employee’s HIV/AIDS status.

(5) Permission for employees with HIV/AIDS-related illnesses to work as long as they are medically fit and, when they are no longer able to work and sick leave has been exhausted, an assurance that the employment relationship will be terminated in accordance with antidiscrimination and labor laws and respect for general procedures and full benefits.

(6) An assurance that employment practices will comply, at a minimum, with national and international employment and labor laws and codes.

(7) The involvement of employees and individuals infected with HIV or living with AIDS, drawn from the workplace or the community, in the development and assessment of HIV/AIDS policies and programs for the workplace.

(8) An offer to all employees of access to culturally appropriate preventive education programs and services to support those programs.

(9) An assurance that programs offered in the workplace will support and be integrated into larger
community-based responses to the problems posed by HIV/AIDS.

(10) Work with community leaders to expand the availability of treatment for those employees and others infected with HIV or living with AIDS.