

In the Senate of the United States,

July 16, 2008.

Resolved, That the bill from the House of Representatives (H.R. 5501) entitled “An Act to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.”, do pass with the following

AMENDMENT:

Strike all after the enacting clause and insert the following:

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

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

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

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

Sec. 3. Definitions.

Sec. 4. Purpose.

Sec. 5. Authority to consolidate and combine reports.

TITLE I—POLICY PLANNING AND COORDINATION

Sec. 101. Development of an updated, comprehensive, 5-year, global strategy.

Sec. 102. Interagency working group.

Sec. 103. Sense of Congress.

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

Sec. 201. Voluntary contributions to international vaccine funds.

Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Sec. 203. Research on methods for women to prevent transmission of HIV and other diseases.

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

Sec. 205. Facilitating effective operations of the Centers for Disease Control.

Sec. 206. Facilitating vaccine development.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

Sec. 301. Assistance to combat HIV/AIDS.

Sec. 302. Assistance to combat tuberculosis.

Sec. 303. Assistance to combat malaria.

Sec. 304. Malaria Response Coordinator.

Sec. 305. Amendment to Immigration and Nationality Act.

Sec. 306. Clerical amendment.

Sec. 307. Requirements.

Sec. 308. Annual report on prevention of mother-to-child transmission of HIV.

Sec. 309. Prevention of mother-to-child transmission expert panel.

TITLE IV—FUNDING ALLOCATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

TITLE V—MISCELLANEOUS

Sec. 501. Machine readable visa fees.

TITLE VI—EMERGENCY PLAN FOR INDIAN SAFETY AND HEALTH

Sec. 601. Emergency plan for Indian safety and health.

1 SEC. 2. FINDINGS.

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

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

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

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

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

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

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

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

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

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

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

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

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

17 “(36) According to UNAIDS—

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

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

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

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

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

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

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

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

1 “(C) ‘have been counterproductive’;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 **SEC. 3. DEFINITIONS.**

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

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

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

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

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

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

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

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

13 “(8) *OPERATIONS RESEARCH.*—*The term ‘oper-*
14 *ations research’ means the application of social*
15 *science research methods, statistical analysis, and*
16 *other appropriate scientific methods to judge, com-*
17 *pare, and improve policies and program outcomes,*
18 *from the earliest stages of defining and designing pro-*
19 *grams through their development and implementa-*
20 *tion, with the objective of the rapid dissemination of*
21 *conclusions and concrete impact on programming.*

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

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

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

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

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

14 “(B) *how much the program costs.*”.

15 **SEC. 4. PURPOSE.**

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

19 **“SEC. 4. PURPOSE.**

20 *“The purpose of this Act is to strengthen and enhance*
21 *United States leadership and the effectiveness of the United*
22 *States response to the HIV/AIDS, tuberculosis, and malaria*
23 *pandemics and other related and preventable infectious dis-*
24 *eases as part of the overall United States health and devel-*
25 *opment agenda by—*

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

4 “(A) *building on progress and successes to*
5 *date;*

6 “(B) *improving harmonization of United*
7 *States efforts with national strategies of partner*
8 *governments and other public and private enti-*
9 *ties; and*

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

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

18 “(3) *intensifying efforts to—*

19 “(A) *prevent HIV infection;*

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

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

1 “(D) address the particular vulnerabilities
2 of girls and women;

3 “(4) encouraging the expansion of private sector
4 efforts and expanding public-private sector partner-
5 ships to combat HIV/AIDS, tuberculosis, and ma-
6 laria;

7 “(5) reinforcing efforts to—

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

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

13 “(6) helping partner countries to—

14 “(A) strengthen health systems;

15 “(B) expand health workforce; and

16 “(C) address infrastructural weaknesses.”.

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

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

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

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

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

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

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

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

20 *“(A) changes in the epidemic;*

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

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

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

13 “(4) provide a plan to—

14 “(A) prevent 12,000,000 new HIV infections
15 worldwide;

16 “(B) support—

17 “(i) the increase in the number of indi-
18 viduals with HIV/AIDS receiving
19 antiretroviral treatment above the goal es-
20 tablished under section 402(a)(3) and in-
21 creased pursuant to paragraphs (1) through
22 (3) of section 403(d); and

23 “(ii) additional treatment through co-
24 ordinated multilateral efforts;

1 “(C) support care for 12,000,000 individ-
2 uals infected with or affected by HIV/AIDS, in-
3 cluding 5,000,000 orphans and vulnerable chil-
4 dren affected by HIV/AIDS, with an emphasis
5 on promoting a comprehensive, coordinated sys-
6 tem of services to be integrated throughout the
7 continuum of care;

8 “(D) help partner countries in the effort to
9 achieve goals of 80 percent access to counseling,
10 testing, and treatment to prevent the trans-
11 mission of HIV from mother to child, empha-
12 sizing a continuum of care model;

13 “(E) help partner countries to provide care
14 and treatment services to children with HIV in
15 proportion to their percentage within the HIV-
16 infected population in each country;

17 “(F) promote preservice training for health
18 professionals designed to strengthen the capacity
19 of institutions to develop and implement policies
20 for training health workers to combat HIV/
21 AIDS, tuberculosis, and malaria;

22 “(G) equip teachers with skills needed for
23 HIV/AIDS prevention and support for persons
24 with, or affected by, HIV/AIDS;

1 “(H) provide and share best practices for
2 combating HIV/AIDS with health professionals;

3 “(I) promote pediatric HIV/AIDS training
4 for physicians, nurses, and other health care
5 workers, through public-private partnerships if
6 possible, including through the designation, if
7 appropriate, of centers of excellence for training
8 in pediatric HIV/AIDS prevention, care, and
9 treatment in partner countries; and

10 “(J) help partner countries to train and
11 support retention of health care professionals
12 and paraprofessionals, with the target of train-
13 ing and retaining at least 140,000 new health
14 care professionals and paraprofessionals with an
15 emphasis on training and in country deploy-
16 ment of critically needed doctors and nurses and
17 to strengthen capacities in developing countries,
18 especially in sub-Saharan Africa, to deliver pri-
19 mary health care with the objective of helping
20 countries achieve staffing levels of at least 2.3
21 doctors, nurses, and midwives per 1,000 popu-
22 lation, as called for by the World Health Organi-
23 zation;

24 “(5) include multisectoral approaches and spe-
25 cific strategies to treat individuals infected with HIV/

1 *AIDS and to prevent the further transmission of HIV*
2 *infections, with a particular focus on the needs of*
3 *families with children (including the prevention of*
4 *mother-to-child transmission), women, young people,*
5 *orphans, and vulnerable children;*

6 *“(6) establish a timetable with annual global*
7 *treatment targets with country-level benchmarks for*
8 *antiretroviral treatment;*

9 *“(7) expand the integration of timely and rel-*
10 *evant research within the prevention, care, and treat-*
11 *ment of HIV/AIDS;*

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

16 *“(9) support the in-country or intra-regional*
17 *training, preferably through public-private partner-*
18 *ships, of scientific investigators, managers, and other*
19 *staff who are capable of promoting the systematic up-*
20 *take of clinical research findings and other evidence-*
21 *based interventions into routine practice, with the*
22 *goal of improving the quality, effectiveness, and local*
23 *leadership of HIV/AIDS health care;*

24 *“(10) expand and accelerate research on and de-*
25 *velopment of HIV/AIDS prevention methods for*

1 *women, including enhancing inter-agency collabora-*
2 *tion, staffing, and organizational infrastructure dedi-*
3 *cated to microbicide research;*

4 *“(11) provide for consultation with local leaders*
5 *and officials to develop prevention strategies and pro-*
6 *grams that are tailored to the unique needs of each*
7 *country and community and targeted particularly to-*
8 *ward those most at risk of acquiring HIV infection;*

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

11 *“(A) promoting abstinence from sexual ac-*
12 *tivity and encouraging monogamy and faithful-*
13 *ness;*

14 *“(B) encouraging the correct and consistent*
15 *use of male and female condoms and increasing*
16 *the availability of, and access to, these commod-*
17 *ities;*

18 *“(C) promoting the delay of sexual debut*
19 *and the reduction of multiple concurrent sexual*
20 *partners;*

21 *“(D) promoting education for discordant*
22 *couples (where an individual is infected with*
23 *HIV and the other individual is uninfected or*
24 *whose status is unknown) about safer sex prac-*
25 *tices;*

1 “(E) promoting voluntary counseling and
2 testing, addiction therapy, and other prevention
3 and treatment tools for illicit injection drug
4 users and other substance abusers;

5 “(F) educating men and boys about the
6 risks of procuring sex commercially and about
7 the need to end violent behavior toward women
8 and girls;

9 “(G) supporting partner country and com-
10 munity efforts to identify and address social,
11 economic, or cultural factors, such as migration,
12 urbanization, conflict, gender-based violence, lack
13 of empowerment for women, and transportation
14 patterns, which directly contribute to the trans-
15 mission of HIV;

16 “(H) supporting comprehensive programs to
17 promote alternative livelihoods, safety, and social
18 reintegration strategies for commercial sex work-
19 ers and their families;

20 “(I) promoting cooperation with law en-
21 forcement to prosecute offenders of trafficking,
22 rape, and sexual assault crimes with the goal of
23 eliminating such crimes; and

1 “(J) working to eliminate rape, gender-
2 based violence, sexual assault, and the sexual ex-
3 ploitation of women and children;

4 “(13) include programs to reduce the trans-
5 mission of HIV, particularly addressing the height-
6 ened vulnerabilities of women and girls to HIV in
7 many countries; and

8 “(14) support other important means of pre-
9 venting or reducing the transmission of HIV, includ-
10 ing—

11 “(A) medical male circumcision;

12 “(B) the maintenance of a safe blood sup-
13 ply;

14 “(C) promoting universal precautions in
15 formal and informal health care settings;

16 “(D) educating the public to recognize and
17 to avoid risks to contract HIV through blood ex-
18 posures during formal and informal health care
19 and cosmetic services;

20 “(E) investigating suspected nosocomial in-
21 fections to identify and stop further nosocomial
22 transmission; and

23 “(F) other mechanisms to reduce the trans-
24 mission of HIV;

1 “(15) increase support for prevention of mother-
2 to-child transmission;

3 “(16) build capacity within the public health
4 sector of developing countries by improving health
5 systems and public health infrastructure and devel-
6 oping indicators to measure changes in broader pub-
7 lic health sector capabilities;

8 “(17) increase the coordination of HIV/AIDS
9 programs with development programs;

10 “(18) provide a framework for expanding or de-
11 veloping existing or new country or regional pro-
12 grams, including—

13 “(A) drafting compacts or other agreements,
14 as appropriate;

15 “(B) establishing criteria and objectives for
16 such compacts and agreements; and

17 “(C) promoting sustainability;

18 “(19) provide a plan for national and regional
19 priorities for resource distribution and a global in-
20 vestment plan by region;

21 “(20) provide a plan to address the immediate
22 and ongoing needs of women and girls, which—

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

1 “(B) includes specific goals and targets to
2 address these factors;

3 “(C) provides clear guidance to field mis-
4 sions to integrate gender across prevention, care,
5 and treatment programs;

6 “(D) sets forth gender-specific indicators to
7 monitor progress on outcomes and impacts of
8 gender programs;

9 “(E) supports efforts in countries in which
10 women or orphans lack inheritance rights and
11 other fundamental protections to promote the
12 passage, implementation, and enforcement of
13 such laws;

14 “(F) supports life skills training, especially
15 among women and girls, with the goal of reduc-
16 ing vulnerabilities to HIV/AIDS;

17 “(G) addresses and prevents gender-based
18 violence; and

19 “(H) addresses the posttraumatic and psy-
20 chosocial consequences and provides postexposure
21 prophylaxis protecting against HIV infection to
22 victims of gender-based violence and rape;

23 “(21) provide a plan to—

1 “(A) determine the local factors that may
2 put men and boys at elevated risk of contracting
3 or transmitting HIV;

4 “(B) address male norms and behaviors to
5 reduce these risks, including by reducing alcohol
6 abuse;

7 “(C) promote responsible male behavior;
8 and

9 “(D) promote male participation and lead-
10 ership at the community level in efforts to pro-
11 mote HIV prevention, reduce stigma, promote
12 participation in voluntary counseling and test-
13 ing, and provide care, treatment, and support
14 for persons with HIV/AIDS;

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

18 “(23) encourage partner countries to develop
19 health care curricula and promote access to training
20 tailored to individuals receiving services through, or
21 exiting from, existing programs geared to orphans
22 and vulnerable children;

23 “(24) provide a framework to work with inter-
24 national actors and partner countries toward uni-
25 versal access to HIV/AIDS prevention, treatment, and

1 *care programs, recognizing that prevention is of par-*
2 *ticular importance;*

3 *“(25) enhance the coordination of United States*
4 *bilateral efforts to combat global HIV/AIDS with*
5 *other major public and private entities;*

6 *“(26) enhance the attention given to the national*
7 *strategic HIV/AIDS plans of countries receiving*
8 *United States assistance by—*

9 *“(A) reviewing the planning and pro-*
10 *grammatic decisions associated with that assist-*
11 *ance; and*

12 *“(B) helping to strengthen such national*
13 *strategies, if necessary;*

14 *“(27) support activities described in the Global*
15 *Plan to Stop TB, including—*

16 *“(A) expanding and enhancing the coverage*
17 *of the Directly Observed Treatment Short-course*
18 *(DOTS) in order to treat individuals infected*
19 *with tuberculosis and HIV, including multi-drug*
20 *resistant or extensively drug resistant tuber-*
21 *culosis; and*

22 *“(B) improving coordination and integra-*
23 *tion of HIV/AIDS and tuberculosis program-*
24 *ming;*

1 “(28) ensure coordination between the Global
2 *AIDS Coordinator and the Malaria Coordinator and*
3 *address issues of comorbidity between HIV/AIDS and*
4 *malaria; and*

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

11 (b) *REPORT.—Section 101(b) of such Act (22 U.S.C.*
12 *7611(b)) is amended to read as follows:*

13 “(b) *REPORT.—*

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

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

21 “(A) *The purpose, scope, methodology, and*
22 *general and specific objectives of the strategy.*

23 “(B) *The problems, risks, and threats to the*
24 *successful pursuit of the strategy.*

1 “(C) *The desired goals, objectives, activities,*
2 *and outcome-related performance measures of the*
3 *strategy.*

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

6 “(E) *A delineation of United States Govern-*
7 *ment roles, responsibility, and coordination*
8 *mechanisms of the strategy.*

9 “(F) *A description of the strategy—*

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

14 *“(ii) to address existing challenges in*
15 *harmonization and alignment.*

16 “(G) *A description of the manner in which*
17 *the strategy will—*

18 *“(i) further the development and im-*
19 *plementation of the national multisectoral*
20 *strategic HIV/AIDS frameworks of partner*
21 *governments; and*

22 *“(ii) enhance the centrality, effective-*
23 *ness, and sustainability of those national*
24 *plans.*

1 “(H) A description of how the strategy will
2 seek to achieve the specific targets described in
3 subsection (a) and other targets, as appropriate.

4 “(I) A description of, and rationale for, the
5 timetable for annual global treatment targets
6 with country-level estimates of numbers of per-
7 sons in need of antiretroviral treatment, coun-
8 try-level benchmarks for United States support
9 for assistance for antiretroviral treatment, and
10 numbers of persons enrolled in antiretroviral
11 treatment programs receiving United States sup-
12 port. If global benchmarks are not achieved with-
13 in the reporting period, the report shall include
14 a description of steps being taken to ensure that
15 global benchmarks will be achieved and a de-
16 tailed breakdown and justification of spending
17 priorities in countries in which benchmarks are
18 not being met, including a description of other
19 donor or national support for antiretroviral
20 treatment in the country, if appropriate.

21 “(J) A description of how operations re-
22 search is addressed in the strategy and how such
23 research can most effectively be integrated into
24 care, treatment, and prevention activities in
25 order to—

- 1 “(i) improve program quality and effi-
2 ciency;
3 “(ii) ascertain cost effectiveness;
4 “(iii) ensure transparency and ac-
5 countability;
6 “(iv) assess population-based impact;
7 “(v) disseminate findings and best
8 practices; and
9 “(vi) optimize delivery of services.

10 “(K) An analysis of United States-assisted
11 strategies to prevent the transmission of HIV/
12 AIDS, including methodologies to promote absti-
13 nence, monogamy, faithfulness, the correct and
14 consistent use of male and female condoms, re-
15 ductions in concurrent sexual partners, and
16 delay of sexual debut, and of intended moni-
17 toring and evaluation approaches to measure the
18 effectiveness of prevention programs and ensure
19 that they are targeted to appropriate audiences.

20 “(L) Within the analysis required under
21 subparagraph (K), an examination of additional
22 planned means of preventing the transmission of
23 HIV including medical male circumcision,
24 maintenance of a safe blood supply, public edu-
25 cation about risks to acquire HIV infection from

1 *blood exposures, promotion of universal pre-*
2 *cautions, investigation of suspected nosocomial*
3 *infections and other tools.*

4 “(M) *A description of efforts to assist part-*
5 *ner country and community to identify and ad-*
6 *dress social, economic, or cultural factors, such*
7 *as migration, urbanization, conflict, gender-*
8 *based violence, lack of empowerment for women,*
9 *and transportation patterns, which directly con-*
10 *tribute to the transmission of HIV.*

11 “(N) *A description of the specific targets,*
12 *goals, and strategies developed to address the*
13 *needs and vulnerabilities of women and girls to*
14 *HIV/AIDS, including—*

15 “(i) *activities directed toward men and*
16 *boys;*

17 “(ii) *activities to enhance educational,*
18 *microfinance, and livelihood opportunities*
19 *for women and girls;*

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

23 “(iv) *programs targeted toward gender-*
24 *based violence and sexual coercion;*

1 “(v) strategies to meet the particular
2 needs of adolescents;

3 “(vi) assistance for victims of rape,
4 sexual abuse, assault, exploitation, and traf-
5 ficking; and

6 “(vii) programs to prevent alcohol
7 abuse.

8 “(O) A description of strategies to address
9 male norms and behaviors that contribute to the
10 transmission of HIV, to promote responsible
11 male behavior, and to promote male participa-
12 tion and leadership in HIV/AIDS prevention,
13 care, treatment, and voluntary counseling and
14 testing.

15 “(P) A description of strategies—

16 “(i) to address the needs of orphans
17 and vulnerable children, including an anal-
18 ysis of—

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

21 “(II) vulnerabilities caused by the
22 impact of HIV/AIDS on children and
23 their families; and

24 “(ii) in areas of higher HIV/AIDS
25 prevalence, to promote a community-based

1 *approach to vulnerability, maximizing com-*
2 *munity input into determining which chil-*
3 *dren participate.*

4 “(Q) *A description of capacity-building ef-*
5 *forts undertaken by countries themselves, includ-*
6 *ing adherents of the Abuja Declaration and an*
7 *assessment of the impact of International Mone-*
8 *tary Fund macroeconomic and fiscal policies on*
9 *national and donor investments in health.*

10 “(R) *A description of the strategy to—*

11 “(i) *strengthen capacity building with-*
12 *in the public health sector;*

13 “(ii) *improve health care in those*
14 *countries;*

15 “(iii) *help countries to develop and im-*
16 *plement national health workforce strate-*
17 *gies;*

18 “(iv) *strive to achieve goals in train-*
19 *ing, retaining, and effectively deploying*
20 *health staff;*

21 “(v) *promote the use of codes of con-*
22 *duct for ethical recruiting practices for*
23 *health care workers; and*

24 “(vi) *increase the sustainability of*
25 *health programs.*

1 “(S) *A description of the criteria for selec-*
2 *tion, objectives, methodology, and structure of*
3 *compacts or other framework agreements with*
4 *countries or regional organizations, including—*

5 “(i) *the role of civil society;*

6 “(ii) *the degree of transparency;*

7 “(iii) *benchmarks for success of such*
8 *compacts or agreements; and*

9 “(iv) *the relationship between such*
10 *compacts or agreements and the national*
11 *HIV/AIDS and public health strategies and*
12 *commitments of partner countries.*

13 “(T) *A strategy to better coordinate HIV/*
14 *AIDS assistance with nutrition and food assist-*
15 *ance programs.*

16 “(U) *A description of transnational or re-*
17 *gional initiatives to combat regionalized*
18 *epidemics in highly affected areas such as the*
19 *Caribbean.*

20 “(V) *A description of planned resource dis-*
21 *tribution and global investment by region.*

22 “(W) *A description of coordination efforts*
23 *in order to better implement the Stop TB Strat-*
24 *egy and to address the problem of coinfection of*
25 *HIV/AIDS and tuberculosis and of projected*

1 *challenges or barriers to successful implementa-*
 2 *tion.*

3 “(X) *A description of coordination efforts to*
 4 *address malaria and comorbidity with malaria*
 5 *and HIV/AIDS.”.*

6 (c) *STUDY.—Section 101(c) of such Act (22 U.S.C.*
 7 *7611(c)) is amended to read as follows:*

8 “(c) *STUDY OF PROGRESS TOWARD ACHIEVEMENT OF*
 9 *POLICY OBJECTIVES.—*

10 “(1) *DESIGN AND BUDGET PLAN FOR DATA EVAL-*
 11 *UATION.—The Global AIDS Coordinator shall enter*
 12 *into a contract with the Institute of Medicine of the*
 13 *National Academies that provides that not later than*
 14 *18 months after the date of the enactment of the Tom*
 15 *Lantos and Henry J. Hyde United States Global*
 16 *Leadership Against HIV/AIDS, Tuberculosis, and*
 17 *Malaria Reauthorization Act of 2008, the Institute, in*
 18 *consultation with the Global AIDS Coordinator and*
 19 *other relevant parties representing the public and pri-*
 20 *uate sector, shall provide the Global AIDS Coordi-*
 21 *nator with a design plan and budget for the evalua-*
 22 *tion and collection of baseline and subsequent data to*
 23 *address the elements set forth in paragraph (2)(B).*
 24 *The Global AIDS Coordinator shall submit the budget*

1 *and design plan to the appropriate congressional*
2 *committees.*

3 “(2) *STUDY.*—

4 “(A) *IN GENERAL.*—Not later than 4 years
5 *after the date of the enactment of the Tom Lan-*
6 *tos and Henry J. Hyde United States Global*
7 *Leadership Against HIV/AIDS, Tuberculosis,*
8 *and Malaria Reauthorization Act of 2008, the*
9 *Institute of Medicine of the National Academies*
10 *shall publish a study that includes—*

11 “(i) *an assessment of the performance*
12 *of United States-assisted global HIV/AIDS*
13 *programs; and*

14 “(ii) *an evaluation of the impact on*
15 *health of prevention, treatment, and care ef-*
16 *forts that are supported by United States*
17 *funding, including multilateral and bilat-*
18 *eral programs involving joint operations.*

19 “(B) *CONTENT.*—The study conducted
20 *under this paragraph shall include—*

21 “(i) *an assessment of progress toward*
22 *prevention, treatment, and care targets;*

23 “(ii) *an assessment of the effects on*
24 *health systems, including on the financing*

1 *and management of health systems and the*
2 *quality of service delivery and staffing;*

3 “(iii) *an assessment of efforts to ad-*
4 *dress gender-specific aspects of HIV/AIDS,*
5 *including gender related constraints to ac-*
6 *cessing services and addressing underlying*
7 *social and economic vulnerabilities of*
8 *women and men;*

9 “(iv) *an evaluation of the impact of*
10 *treatment and care programs on 5-year sur-*
11 *vival rates, drug adherence, and the emer-*
12 *gence of drug resistance;*

13 “(v) *an evaluation of the impact of*
14 *prevention programs on HIV incidence in*
15 *relevant population groups;*

16 “(vi) *an evaluation of the impact on*
17 *child health and welfare of interventions au-*
18 *thorized under this Act on behalf of orphans*
19 *and vulnerable children;*

20 “(vii) *an evaluation of the impact of*
21 *programs and activities authorized in this*
22 *Act on child mortality; and*

23 “(viii) *recommendations for improving*
24 *the programs referred to in subparagraph*
25 *(A)(i).*

1 “(C) *METHODOLOGIES.*—Assessments and
 2 *impact evaluations conducted under the study*
 3 *shall utilize sound statistical methods and tech-*
 4 *niques for the behavioral sciences, including ran-*
 5 *dom assignment methodologies as feasible. Quali-*
 6 *tative data on process variables should be used*
 7 *for assessments and impact evaluations, wherever*
 8 *possible.*

9 “(3) *CONTRACT AUTHORITY.*—The Institute of
 10 *Medicine may enter into contracts or cooperative*
 11 *agreements or award grants to conduct the study*
 12 *under paragraph (2).*

13 “(4) *AUTHORIZATION OF APPROPRIATIONS.*—
 14 *There are authorized to be appropriated such sums as*
 15 *may be necessary to carry out the study under this*
 16 *subsection.”.*

17 “(d) *REPORT.*—Section 101 of such Act, as amended by
 18 *this section, is further amended by adding at the end the*
 19 *following:*

20 “(d) *COMPTROLLER GENERAL REPORT.*—

21 “(1) *REPORT REQUIRED.*—Not later than 3
 22 *years after the date of the enactment of the Tom Lan-*
 23 *tos and Henry J. Hyde United States Global Leader-*
 24 *ship Against HIV/AIDS, Tuberculosis, and Malaria*
 25 *Reauthorization Act of 2008, the Comptroller General*

1 *of the United States shall submit a report on the glob-*
2 *al HIV/AIDS programs of the United States to the*
3 *appropriate congressional committees.*

4 “(2) *CONTENTS.—The report required under*
5 *paragraph (1) shall include—*

6 “(A) *a description and assessment of the*
7 *monitoring and evaluation practices and policies*
8 *in place for these programs;*

9 “(B) *an assessment of coordination within*
10 *Federal agencies involved in these programs, ex-*
11 *amining both internal coordination within these*
12 *programs and integration with the larger global*
13 *health and development agenda of the United*
14 *States;*

15 “(C) *an assessment of procurement policies*
16 *and practices within these programs;*

17 “(D) *an assessment of harmonization with*
18 *national government HIV/AIDS and public*
19 *health strategies as well as other international*
20 *efforts;*

21 “(E) *an assessment of the impact of global*
22 *HIV/AIDS funding and programs on other*
23 *United States global health programming; and*

24 “(F) *recommendations for improving the*
25 *global HIV/AIDS programs of the United States.*

1 “(e) *BEST PRACTICES REPORT.*—

2 “(1) *IN GENERAL.*—Not later than 1 year after
3 the date of the enactment of the Tom Lantos and
4 Henry J. Hyde United States Global Leadership
5 Against HIV/AIDS, Tuberculosis, and Malaria Reau-
6 thorization Act of 2008, and annually thereafter, the
7 Global AIDS Coordinator shall publish a best prac-
8 tices report that highlights the programs receiving fi-
9 nancial assistance from the United States that have
10 the potential for replication or adaption, particularly
11 at a low cost, across global AIDS programs, including
12 those that focus on both generalized and localized
13 epidemics.

14 “(2) *DISSEMINATION OF FINDINGS.*—

15 “(A) *PUBLICATION ON INTERNET*
16 *WEBSITE.*—The Global AIDS Coordinator shall
17 disseminate the full findings of the annual best
18 practices report on the Internet website of the Of-
19 fice of the Global AIDS Coordinator.

20 “(B) *DISSEMINATION GUIDANCE.*—The
21 Global AIDS Coordinator shall develop guidance
22 to ensure timely submission and dissemination
23 of significant information regarding best prac-
24 tices with respect to global AIDS programs.

25 “(f) *INSPECTORS GENERAL.*—

1 “(1) *OVERSIGHT PLAN.*—

2 “(A) *DEVELOPMENT.*—*The Inspectors Gen-*
3 *eral of the Department of State and Broad-*
4 *casting Board of Governors, the Department of*
5 *Health and Human Services, and the United*
6 *States Agency for International Development*
7 *shall jointly develop 5 coordinated annual plans*
8 *for oversight activity in each of the fiscal years*
9 *2009 through 2013, with regard to the programs*
10 *authorized under this Act and sections 104A,*
11 *104B, and 104C of the Foreign Assistance Act of*
12 *1961 (22 U.S.C. 2151b–2, 2151b–3, and 2151b–*
13 *4).*

14 “(B) *CONTENTS.*—*The plans developed*
15 *under subparagraph (A) shall include a schedule*
16 *for financial audits, inspections, and perform-*
17 *ance reviews, as appropriate.*

18 “(C) *DEADLINE.*—

19 “(i) *INITIAL PLAN.*—*The first plan de-*
20 *veloped under subparagraph (A) shall be*
21 *completed not later than the later of—*

22 “(I) *September 1, 2008; or*

23 “(II) *60 days after the date of the*
24 *enactment of the Tom Lantos and*
25 *Henry J. Hyde United States Global*

1 *Leadership Against HIV/AIDS, Tuber-*
2 *culosis, and Malaria Reauthorization*
3 *Act of 2008.*

4 “(ii) *SUBSEQUENT PLANS.—Each of*
5 *the last four plans developed under subpara-*
6 *graph (A) shall be completed not later than*
7 *30 days before each of the fiscal years 2010*
8 *through 2013, respectively.*

9 “(2) *COORDINATION.—In order to avoid duplica-*
10 *tion and maximize efficiency, the Inspectors General*
11 *described in paragraph (1) shall coordinate their ac-*
12 *tivities with—*

13 “(A) *the Government Accountability Office;*
14 *and*

15 “(B) *the Inspectors General of the Depart-*
16 *ment of Commerce, the Department of Defense,*
17 *the Department of Labor, and the Peace Corps,*
18 *as appropriate, pursuant to the 2004 Memo-*
19 *randum of Agreement Coordinating Audit Cov-*
20 *erage of Programs and Activities Implementing*
21 *the President’s Emergency Plan for AIDS Relief,*
22 *or any successor agreement.*

23 “(3) *FUNDING.—The Global AIDS Coordinator*
24 *and the Coordinator of the United States Government*
25 *Activities to Combat Malaria Globally shall make*

1 *available necessary funds not exceeding \$15,000,000*
2 *during the 5-year period beginning on October 1,*
3 *2008 to the Inspectors General described in para-*
4 *graph (1) for the audits, inspections, and reviews de-*
5 *scribed in that paragraph.”.*

6 *(e) ANNUAL STUDY; MESSAGE.—Section 101 of such*
7 *Act, as amended by this section, is further amended by add-*
8 *ing at the end the following:*

9 *“(g) ANNUAL STUDY.—*

10 *“(1) IN GENERAL.—Not later than September 30,*
11 *2009, and annually thereafter through September 30,*
12 *2013, the Global AIDS Coordinator shall complete a*
13 *study of treatment providers that—*

14 *“(A) represents a range of countries and*
15 *service environments;*

16 *“(B) estimates the per-patient cost of*
17 *antiretroviral HIV/AIDS treatment and the care*
18 *of people with HIV/AIDS not receiving*
19 *antiretroviral treatment, including a comparison*
20 *of the costs for equivalent services provided by*
21 *programs not receiving assistance under this Act;*

22 *“(C) estimates per-patient costs across the*
23 *program and in specific categories of service pro-*
24 *viders, including—*

25 *“(i) urban and rural providers;*

1 “(ii) country-specific providers; and
 2 “(iii) other subcategories, as appro-
 3 priate.

4 “(2) *PUBLICATION.*—Not later than 90 days
 5 after the completion of each study under paragraph
 6 (1), the Global AIDS Coordinator shall make the re-
 7 sults of such study available on a publicly accessible
 8 Web site.

9 “(h) *MESSAGE.*—The Global AIDS Coordinator shall
 10 develop a message, to be prominently displayed by each pro-
 11 gram receiving funds under this Act, that—

12 “(1) demonstrates that the program is a commit-
 13 ment by citizens of the United States to the global
 14 fight against HIV/AIDS, tuberculosis, and malaria;
 15 and

16 “(2) enhances awareness by program recipients
 17 that the program is an effort on behalf of the citizens
 18 of the United States.”.

19 **SEC. 102. INTERAGENCY WORKING GROUP.**

20 Section 1(f)(2) of the State Department Basic Authori-
 21 ties Act of 1956 (22 U.S.C. 2651a(f)(2)) is amended—

22 (1) in subparagraph (A), by inserting “, partner
 23 country finance, health, and other relevant min-
 24 istries,” after “community based organizations)” each
 25 place it appears;

1 (2) in subparagraph (B)(ii)—

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

3 (B) by inserting after subclause (III) the
4 following:

5 “(IV) Establishing an interagency
6 working group on HIV/AIDS headed
7 by the Global AIDS Coordinator and
8 comprised of representatives from the
9 United States Agency for International
10 Development and the Department of
11 Health and Human Services, for the
12 purposes of coordination of activities
13 relating to HIV/AIDS, including—

14 “(aa) meeting regularly to
15 review progress in partner coun-
16 tries toward HIV/AIDS preven-
17 tion, treatment, and care objec-
18 tives;

19 “(bb) participating in the
20 process of identifying countries to
21 consider for increased assistance
22 based on the epidemiology of HIV/
23 AIDS in those countries, includ-
24 ing clear evidence of a public
25 health threat, as well as govern-

1 *ment commitment to address the*
2 *HIV/AIDS problem, relative need,*
3 *and coordination and joint plan-*
4 *ning with other significant actors;*

5 *“(cc) assisting the Coordi-*
6 *nator in the evaluation, execution,*
7 *and oversight of country oper-*
8 *ational plans;*

9 *“(dd) reviewing policies that*
10 *may be obstacles to reaching tar-*
11 *gets set forth for HIV/AIDS pre-*
12 *vention, treatment, and care; and*

13 *“(ee) consulting with rep-*
14 *resentatives from additional rel-*
15 *evant agencies, including the Na-*
16 *tional Institutes of Health, the*
17 *Health Resources and Services*
18 *Administration, the Department*
19 *of Labor, the Department of Agri-*
20 *culture, the Millennium Challenge*
21 *Corporation, the Peace Corps, and*
22 *the Department of Defense.*

23 *“(V) Coordinating overall United*
24 *States HIV/AIDS policy and pro-*
25 *grams, including ensuring the coordi-*

1 *nation of relevant executive branch*
2 *agency activities in the field, with ef-*
3 *forts led by partner countries, and*
4 *with the assistance provided by other*
5 *relevant bilateral and multilateral aid*
6 *agencies and other donor institutions*
7 *to promote harmonization with other*
8 *programs aimed at preventing and*
9 *treating HIV/AIDS and other health*
10 *challenges, improving primary health,*
11 *addressing food security, promoting*
12 *education and development, and*
13 *strengthening health care systems.”;*

14 *(C) by redesignating subclauses (VII) and*
15 *VIII) as subclauses (IX) and (XII), respectively;*

16 *(D) by inserting after subclause (VI) the fol-*
17 *lowing:*

18 *“(VII) Holding annual consulta-*
19 *tions with nongovernmental organiza-*
20 *tions in partner countries that provide*
21 *services to improve health, and advo-*
22 *cating on behalf of the individuals*
23 *with HIV/AIDS and those at par-*
24 *ticular risk of contracting HIV/AIDS,*

1 *including organizations with members*
2 *who are living with HIV/AIDS.*

3 “(VIII) *Ensuring, through inter-*
4 *agency and international coordination,*
5 *that HIV/AIDS programs of the*
6 *United States are coordinated with,*
7 *and complementary to, the delivery of*
8 *related global health, food security, de-*
9 *velopment, and education.”;*

10 *(E) in subclause (IX), as redesignated by*
11 *subparagraph (C)—*

12 *(i) by inserting “Vietnam,” after*
13 *“Uganda,”;*

14 *(ii) by inserting after “of 2003” the*
15 *following: “and other countries in which the*
16 *United States is implementing HIV/AIDS*
17 *programs as part of its foreign assistance*
18 *program”;* and

19 *(iii) by adding at the end the fol-*
20 *lowing: “In designating additional coun-*
21 *tries under this subparagraph, the President*
22 *shall give priority to those countries in*
23 *which there is a high prevalence of HIV or*
24 *risk of significantly increasing incidence of*
25 *HIV within the general population and in-*

1 adequate financial means within the coun-
2 try.”;

3 (F) by inserting after subclause (IX), as re-
4 designated by subparagraph (C), the following:

5 “(X) Working with partner coun-
6 tries in which the HIV/AIDS epidemic
7 is prevalent among injection drug
8 users to establish, as a national pri-
9 ority, national HIV/AIDS prevention
10 programs.

11 “(XI) Working with partner coun-
12 tries in which the HIV/AIDS epidemic
13 is prevalent among individuals in-
14 volved in commercial sex acts to estab-
15 lish, as a national priority, national
16 prevention programs, including edu-
17 cation, voluntary testing, and coun-
18 seling, and referral systems that link
19 HIV/AIDS programs with programs to
20 eradicate trafficking in persons and
21 support alternatives to prostitution.”;

22 (G) in subclause (XII), as redesignated by
23 subparagraph (C), by striking “funds section”
24 and inserting “funds appropriated for HIV/
25 AIDS assistance pursuant to the authorization of

1 *appropriations under section 401 of the United*
 2 *States Leadership Against HIV/AIDS, Tuber-*
 3 *culosis, and Malaria Act of 2003 (22 U.S.C.*
 4 *7671)”; and*

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

6 *“(XIII) Publicizing updated drug*
 7 *pricing data to inform the purchasing*
 8 *decisions of pharmaceutical procure-*
 9 *ment partners.”.*

10 **SEC. 103. SENSE OF CONGRESS.**

11 *Section 102 of the United States Leadership Against*
 12 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*
 13 *U.S.C. 7612) is amended by adding at the end the following:*

14 *“(d) SENSE OF CONGRESS.—It is the sense of Congress*
 15 *that—*

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

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

1 “(3) staffing levels for United States country-
 2 level HIV/AIDS teams should be adequately main-
 3 tained to fulfill oversight and other obligations of the
 4 positions.”.

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

9 **SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL**
 10 **VACCINE FUNDS.**

11 Section 302 of the Foreign Assistance Act of 1961 (22
 12 U.S.C. 2222) is amended—

13 (1) by inserting after subsection (c) the fol-
 14 lowing:

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

23 (2) in subsection (k)—

1 (A) by striking “fiscal years 2004 through
2 2008” and inserting “fiscal years 2009 through
3 2013”; and

4 (B) by striking “Vaccine Fund” and insert-
5 ing “GAVI Fund”.

6 (3) in subsection (l), by striking “fiscal years
7 2004 through 2008” and inserting “fiscal years 2009
8 through 2013”; and

9 (4) in subsection (m), by striking “fiscal years
10 2004 through 2008” and inserting “fiscal years 2009
11 through 2013”.

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

14 (a) *FINDINGS; SENSE OF CONGRESS.*—Section 202(a)
15 *of the United States Leadership Against HIV/AIDS, Tuber-*
16 *culosis, and Malaria Act of 2003 (22 U.S.C. 7622(a)) is*
17 *amended to read as follows:*

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

19 “(1) *FINDINGS.*—Congress makes the following
20 *findings:*

21 “(A) *The establishment of the Global Fund*
22 *in January 2002 is consistent with the general*
23 *principles for an international AIDS trust fund*
24 *first outlined by Congress in the Global AIDS*

1 *and Tuberculosis Relief Act of 2000 (Public Law*
2 *106–264).*

3 *“(B) The Global Fund is an innovative fi-*
4 *nancing mechanism which—*

5 *“(i) has made progress in many areas*
6 *in combating HIV/AIDS, tuberculosis, and*
7 *malaria; and*

8 *“(ii) represents the multilateral compo-*
9 *nent of this Act, extending United States ef-*
10 *forts to more than 130 countries around the*
11 *world.*

12 *“(C) The Global Fund and United States*
13 *bilateral assistance programs—*

14 *“(i) are demonstrating increasingly ef-*
15 *fective coordination, with each possessing*
16 *certain comparative advantages in the fight*
17 *against HIV/AIDS, tuberculosis, and ma-*
18 *laria; and*

19 *“(ii) often work most effectively in con-*
20 *cert with each other.*

21 *“(D) The United States Government—*

22 *“(i) is the largest supporter of the*
23 *Global Fund in terms of resources and tech-*
24 *nical support;*

1 “(ii) made the founding contribution
2 to the Global Fund; and

3 “(iii) is fully committed to the success
4 of the Global Fund as a multilateral public-
5 private partnership.

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

8 “(A) transparency and accountability are
9 crucial to the long-term success and viability of
10 the Global Fund;

11 “(B) the Global Fund has made significant
12 progress toward addressing concerns raised by
13 the Government Accountability Office by—

14 “(i) improving risk assessment and
15 risk management capabilities;

16 “(ii) providing clearer guidance for
17 and oversight of Local Fund Agents; and

18 “(iii) strengthening the Office of the
19 Inspector General for the Global Fund;

20 “(C) the provision of sufficient resources
21 and authority to the Office of the Inspector Gen-
22 eral for the Global Fund to ensure that office has
23 the staff and independence necessary to carry out
24 its mandate will be a measure of the commit-

1 *ment of the Global Fund to transparency and*
2 *accountability;*

3 *“(D) regular, publicly published financial,*
4 *programmatic, and reporting audits of the Fund,*
5 *its grantees, and Local Fund Agents are also im-*
6 *portant benchmarks of transparency;*

7 *“(E) the Global Fund should establish and*
8 *maintain a system to track—*

9 *“(i) the amount of funds disbursed to*
10 *each subrecipient on the grant’s fiscal cycle;*
11 *and*

12 *“(ii) the distribution of resources, by*
13 *grant and principal recipient, for preven-*
14 *tion, care, treatment, drug and commodity*
15 *purchases, and other purposes;*

16 *“(F) relevant national authorities in recipi-*
17 *ent countries should exempt from duties and*
18 *taxes all products financed by Global Fund*
19 *grants and procured by any principal recipient*
20 *or subrecipient for the purpose of carrying out*
21 *such grants;*

22 *“(G) the Global Fund, UNAIDS, and the*
23 *Global AIDS Coordinator should work together*
24 *to standardize program indicators wherever pos-*
25 *sible;*

“(H) for purposes of evaluating total amounts of funds contributed to the Global Fund under subsection (d)(4)(A)(i), the timetable for evaluations of contributions from sources other than the United States should take into account the fiscal calendars of other major contributors; and

“(I) the Global Fund should not support activities involving the ‘Affordable Medicines Facility-Malaria’ or similar entities pending compelling evidence of success from pilot programs as evaluated by the Coordinator of United States Government Activities to Combat Malaria Globally.”.

(b) *STATEMENT OF POLICY.*—Section 202(b) of such Act is amended by adding at the end the following:

“(3) *STATEMENT OF POLICY.*—The United States Government regards the imposition by recipient countries of taxes or tariffs on goods or services provided by the Global Fund, which are supported through public and private donations, including the substantial contribution of the American people, as inappropriate and inconsistent with standards of good governance. The Global AIDS Coordinator or other representatives of the United States Government shall

1 *work with the Global Fund to dissuade governments*
2 *from imposing such duties, tariffs, or taxes.”.*

3 (c) *UNITED STATES FINANCIAL PARTICIPATION.—Sec-*
4 *tion 202(d) of such Act (22 U.S.C. 7622(d)) is amended—*

5 *(1) in paragraph (1)—*

6 *(A) by striking “\$1,000,000,000 for the pe-*
7 *riod of fiscal year 2004 beginning on January 1,*
8 *2004” and inserting “\$2,000,000,000 for fiscal*
9 *year 2009,”; and*

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

13 *(2) in paragraph (4)—*

14 *(A) in subparagraph (A)—*

15 *(i) in clause (i), by striking “fiscal*
16 *years 2004 through 2008” and inserting*
17 *“fiscal years 2009 through 2013”;*

18 *(ii) in clause (ii)—*

19 *(I) by striking “during any of the*
20 *fiscal years 2004 through 2008” and*
21 *inserting “during any of the fiscal*
22 *years 2009 through 2013”;* and

23 *(II) by adding at the end the fol-*
24 *lowing: “The President may waive the*
25 *application of this clause with respect*

1 *to assistance for Sudan that is overseen*
2 *by the Southern Country Coordinating*
3 *Mechanism, including Southern*
4 *Sudan, Southern Kordofan, Blue Nile*
5 *State, and Abyei, if the President de-*
6 *termines that the national interest or*
7 *humanitarian reasons justify such a*
8 *waiver. The President shall publish*
9 *each waiver of this clause in the Fed-*
10 *eral Register and, not later than 15*
11 *days before the waiver takes effect,*
12 *shall consult with the Committee on*
13 *Foreign Relations of the Senate and*
14 *the Committee on Foreign Affairs of*
15 *the House of Representatives regarding*
16 *the proposed waiver.”; and*
17 *(iii) in clause (vi)—*

18 *(I) by striking “for the purposes”*
19 *and inserting “For the purposes”;*

20 *(II) by striking “fiscal years 2004*
21 *through 2008” and inserting “fiscal*
22 *years 2009 through 2013”; and*

23 *(III) by striking “prior to fiscal*
24 *year 2004” and inserting “before fiscal*
25 *year 2009”;*

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

4 (C) in subparagraph (C)(ii), by striking
5 “Committee on International Relations” and in-
6 serting “Committee on Foreign Affairs”; and
7 (3) by adding at the end the following:

8 “(5) *WITHHOLDING FUNDS.*—Notwithstanding
9 any other provision of this Act, 20 percent of the
10 amounts appropriated pursuant to this Act for a con-
11 tribution to support the Global Fund for each of the
12 fiscal years 2010 through 2013 shall be withheld from
13 obligation to the Global Fund until the Secretary of
14 State certifies to the appropriate congressional com-
15 mittees that the Global Fund—

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

19 “(B) is undertaking a systematic assessment
20 of the performance of LFAs;

21 “(C) has adopted, and is implementing, a
22 policy to publish on a publicly available Web
23 site—

24 “(i) grant performance reviews;

1 “(ii) all reports of the Inspector Gen-
2 eral of the Global Fund, in a manner that
3 is consistent with the Policy for Disclosure
4 of Reports of the Inspector General, ap-
5 proved at the 16th Meeting of the Board of
6 the Global Fund;

7 “(iii) decision points of the Board of
8 the Global Fund;

9 “(iv) reports from Board committees to
10 the Board; and

11 “(v) a regular collection and analysis
12 of performance data and funding of grants
13 of the Global Fund, which shall cover all
14 principal recipients and all subrecipients;

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

17 “(i) reports directly to the Board of the
18 Global Fund; and

19 “(ii) compiles regular, publicly pub-
20 lished audits of financial, programmatic,
21 and reporting aspects of the Global Fund,
22 its grantees, and LFAs;

23 “(E) has established, and is reporting pub-
24 licly on, standard indicators for all program
25 areas;

1 “(F) has established a methodology to track
2 and is publicly reporting on—

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

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

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

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

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

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

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

1 “(ii) the implementation of grants, as
2 reflected in the proportion of resources allo-
3 cated to different sectors, including govern-
4 ments, civil society, and faith- and commu-
5 nity-based organizations; and

6 “(K) has established procedures providing
7 access by the Office of Inspector General of the
8 Department of State and Broadcasting Board of
9 Governors, as cognizant Inspector General, and
10 the Inspector General of the Health and Human
11 Services and the Inspector General of the United
12 States Agency for International Development, to
13 Global Fund financial data, and other informa-
14 tion relevant to United States contributions (as
15 determined by the Inspector General in consulta-
16 tion with the Global AIDS Coordinator).

17 “(6) SUMMARIES OF BOARD DECISIONS AND
18 UNITED STATES POSITIONS.—Following each meeting
19 of the Board of the Global Fund, the Coordinator of
20 United States Government Activities to Combat HIV/
21 AIDS Globally shall report on the public website of
22 the Coordinator a summary of Board decisions and
23 how the United States Government voted and its posi-
24 tions on such decisions.”.

1 **SEC. 203. RESEARCH ON METHODS FOR WOMEN TO PRE-**
 2 **VENT TRANSMISSION OF HIV AND OTHER DIS-**
 3 **EASES.**

4 (a) *SENSE OF CONGRESS.*—Congress recognizes the
 5 need and urgency to expand the range of interventions for
 6 preventing the transmission of human immunodeficiency
 7 virus (HIV), including nonvaccine prevention methods that
 8 can be controlled by women.

9 (b) *NIH OFFICE OF AIDS RESEARCH.*—Subpart 1 of
 10 part D of title XXIII of the Public Health Service Act (42
 11 U.S.C. 300cc–40 et seq.) is amended by inserting after sec-
 12 tion 2351 the following:

13 **“SEC. 2351A. MICROBICIDE RESEARCH.**

14 “(a) *FEDERAL STRATEGIC PLAN.*—The Director of the
 15 Office shall—

16 “(1) expedite the implementation of the Federal
 17 strategic plans required by section 403(a) of the Pub-
 18 lic Health Service Act (42 U.S.C. 283(a)(5)) regard-
 19 ing the conduct and support of research on, and de-
 20 velopment of, a microbicide to prevent the trans-
 21 mission of the human immunodeficiency virus; and

22 “(2) review and, as appropriate, revise such plan
 23 to prioritize funding and activities relative to their
 24 scientific urgency and potential market readiness.

25 “(b) *COORDINATION.*—In implementing, reviewing,
 26 and prioritizing elements of the plan described in subsection

1 (a), the Director of the Office shall consult, as appropriate,
 2 with—

3 “(1) representatives of other Federal agencies in-
 4 volved in microbicide research, including the Coordi-
 5 nator of United States Government Activities to Com-
 6 bat HIV/AIDS Globally, the Director of the Centers
 7 for Disease Control and Prevention, and the Adminis-
 8 trator of the United States Agency for International
 9 Development;

10 “(2) the microbicide research and development
 11 community; and

12 “(3) health advocates.”.

13 (c) NATIONAL INSTITUTE OF ALLERGY AND INFEC-
 14 TIOUS DISEASES.—Subpart 6 of part C of title IV of the
 15 Public Health Service Act (42 U.S.C. 285f et seq.) is amend-
 16 ed by adding at the end the following:

17 **“SEC. 447C. MICROBICIDE RESEARCH AND DEVELOPMENT.**

18 “The Director of the Institute, acting through the head
 19 of the Division of AIDS, shall, consistent with the peer-re-
 20 view process of the National Institutes of Health, carry out
 21 research on, and development of, safe and effective methods
 22 for use by women to prevent the transmission of the human
 23 immunodeficiency virus, which may include microbicides.”.

1 (d) CDC.—Part B of title III of the Public Health
 2 Service Act (42 U.S.C. 243 et seq.) is amended by inserting
 3 after section 317S the following:

4 **“SEC. 317T. MICROBICIDE RESEARCH.**

5 “(a) *IN GENERAL.*—The Director of the Centers for
 6 Disease Control and Prevention is strongly encouraged to
 7 fully implement the Centers’ microbicide agenda to support
 8 research and development of microbicides for use to prevent
 9 the transmission of the human immunodeficiency virus.

10 “(b) *AUTHORIZATION OF APPROPRIATIONS.*—There
 11 are authorized to be appropriated such sums as may be nec-
 12 essary for each of fiscal years 2009 through 2013 to carry
 13 out this section.”.

14 (e) *UNITED STATES AGENCY FOR INTERNATIONAL DE-*
 15 *VELOPMENT.*—

16 (1) *IN GENERAL.*—The Administrator of the
 17 United States Agency for International Development,
 18 in coordination with the Coordinator of United States
 19 Government Activities to Combat HIV/AIDS Glob-
 20 ally, may facilitate availability and accessibility of
 21 microbicides, provided that such pharmaceuticals are
 22 approved, tentatively approved, or otherwise author-
 23 ized for use by—

24 (A) the Food and Drug Administration;

1 (B) a stringent regulatory agency acceptable
2 to the Secretary of Health and Human Services;
3 or

4 (C) a quality assurance mechanism accept-
5 able to the Secretary of Health and Human
6 Services.

7 (2) *AUTHORIZATION OF APPROPRIATIONS.*—Of
8 the amounts authorized to be appropriated under sec-
9 tion 401 of the United States Leadership Against
10 HIV/AIDS, Tuberculosis, and Malaria Act of 2003
11 (22 U.S.C. 7671) for HIV/AIDS assistance, there are
12 authorized to be appropriated to the President such
13 sums as may be necessary for each of the fiscal years
14 2009 through 2013 to carry out this subsection.

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

19 (a) *IN GENERAL.*—Title II of the United States Lead-
20 ership Against HIV/AIDS, Tuberculosis, and Malaria Act
21 of 2003 (22 U.S.C. 7621) is amended by adding at the end
22 the following:

1 **“SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MA-**
2 **LARIA BY STRENGTHENING HEALTH POLI-**
3 **CIES AND HEALTH SYSTEMS OF PARTNER**
4 **COUNTRIES.**

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

7 “(1) *to invest appropriate resources authorized*
8 *under this Act—*

9 “(A) *to carry out activities to strengthen*
10 *HIV/AIDS, tuberculosis, and malaria health*
11 *policies and health systems; and*

12 “(B) *to provide workforce training and ca-*
13 *capacity-building consistent with the goals and ob-*
14 *jectives of this Act; and*

15 “(2) *to support the development of a sound pol-*
16 *icy environment in partner countries to increase the*
17 *ability of such countries—*

18 “(A) *to maximize utilization of health care*
19 *resources from donor countries;*

20 “(B) *to increase national investments in*
21 *health and education and maximize the effective-*
22 *ness of such investments;*

23 “(C) *to improve national HIV/AIDS, tuber-*
24 *culosis, and malaria strategies;*

25 “(D) *to deliver evidence-based services in an*
26 *effective and efficient manner; and*

1 “(E) to reduce barriers that prevent recipi-
2 ents of services from achieving maximum benefit
3 from such services.

4 “(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE MAN-
5 AGEMENT SYSTEMS.—

6 “(1) IN GENERAL.—Consistent with the author-
7 ity under section 129 of the Foreign Assistance Act of
8 1961 (22 U.S.C. 2152), the Secretary of the Treasury,
9 acting through the head of the Office of Technical As-
10 sistance, is authorized to provide assistance for advi-
11 sors and partner country finance, health, and other
12 relevant ministries to improve the effectiveness of pub-
13 lic finance management systems in partner countries
14 to enable such countries to receive funding to carry
15 out programs to combat HIV/AIDS, tuberculosis, and
16 malaria and to manage such programs.

17 “(2) AUTHORIZATION OF APPROPRIATIONS.—Of
18 the amounts authorized to be appropriated under sec-
19 tion 401 for HIV/AIDS assistance, there are author-
20 ized to be appropriated to the Secretary of the Treas-
21 ury such sums as may be necessary for each of the fis-
22 cal years 2009 through 2013 to carry out this sub-
23 section.

24 “(c) PLAN REQUIRED.—The Global AIDS Coordi-
25 nator, in collaboration with the Administrator of the

1 *United States Agency for International Development*
 2 *(USAID), shall develop and implement a plan to combat*
 3 *HIV/AIDS by strengthening health policies and health sys-*
 4 *tems of partner countries as part of USAID’s ‘Health Sys-*
 5 *tems 2020’ project. Recognizing that human and institu-*
 6 *tional capacity form the core of any health care system that*
 7 *can sustain the fight against HIV/AIDS, tuberculosis, and*
 8 *malaria, the plan shall include a strategy to encourage*
 9 *postsecondary educational institutions in partner countries,*
 10 *particularly in Africa, in collaboration with United States*
 11 *postsecondary educational institutions, including histori-*
 12 *cally black colleges and universities, to develop such human*
 13 *and institutional capacity and in the process further build*
 14 *their capacity to sustain the fight against these diseases.”.*

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

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

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

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

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

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

5 *“(1) biomedical research, health care technology,*
6 *and the health services research and statistical anal-*
7 *ysis authorized under section 306 and title IX; and*

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

15 (2) in subsection (b)—

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

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

22 (C) in paragraph (8), by striking “*for any*
23 *purpose.”* and inserting “*for the purpose of any*
24 *law administered by the Office of Personnel*
25 *Management;”; and*

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

2 “(9) provide such funds by advance or reim-
3 bursement to the Secretary of State, as may be nec-
4 essary, to pay the costs of acquisition, lease, construc-
5 tion, alteration, equipping, furnishing or manage-
6 ment of facilities outside of the United States; and

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

14 (3) in subsection (c)—

15 (A) by striking “1990” and inserting
16 “1980”; and

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

20 **SEC. 206. FACILITATING VACCINE DEVELOPMENT.**

21 (a) *TECHNICAL ASSISTANCE FOR DEVELOPING COUN-*
22 *TRIES.—The Administrator of the United States Agency for*
23 *International Development, utilizing public-private part-*
24 *ners, as appropriate, and working in coordination with*
25 *other international development agencies, is authorized to*

1 *strengthen the capacity of developing countries' govern-*
2 *mental institutions to—*

3 (1) *collect evidence for informed decision-making*
4 *and introduction of new vaccines, including potential*
5 *HIV/AIDS, tuberculosis, and malaria vaccines, if*
6 *such vaccines are determined to be safe and effective;*

7 (2) *review protocols for clinical trials and im-*
8 *pact studies and improve the implementation of clin-*
9 *ical trials; and*

10 (3) *ensure adequate supply chain and delivery*
11 *systems.*

12 *(b) ADVANCED MARKET COMMITMENTS.—*

13 (1) *PURPOSE.—The purpose of this subsection is*
14 *to improve global health by requiring the United*
15 *States to participate in negotiations for advance mar-*
16 *ket commitments for the development of future vac-*
17 *cines, including potential vaccines for HIV/AIDS, tu-*
18 *berculosis, and malaria.*

19 (2) *NEGOTIATION REQUIREMENT.—The Secretary*
20 *of the Treasury shall enter into negotiations with the*
21 *appropriate officials of the International Bank of Re-*
22 *construction and Development (World Bank) and the*
23 *GAVI Alliance, the member nations of such entities,*
24 *and other interested parties to establish advanced*
25 *market commitments to purchase vaccines to combat*

1 *HIV/AIDS, tuberculosis, malaria, and other related*
2 *infectious diseases.*

3 (3) *REQUIREMENTS.—In negotiating the United*
4 *States participation in programs for advanced mar-*
5 *ket commitments, the Secretary of the Treasury shall*
6 *take into account whether programs for advance mar-*
7 *ket commitments include—*

8 (A) *legally binding contracts for product*
9 *purchase that include a fair market price for up*
10 *to a maximum number of treatments, creating a*
11 *strong market incentive;*

12 (B) *clearly defined and transparent rules of*
13 *program participation for qualified developers*
14 *and suppliers of the product;*

15 (C) *clearly defined requirements for eligible*
16 *vaccines to ensure that they are safe and effective*
17 *and can be delivered in developing country con-*
18 *texts;*

19 (D) *dispute settlement mechanisms; and*

20 (E) *sufficient flexibility to enable the con-*
21 *tracts to be adjusted in accord with new infor-*
22 *mation related to projected market size and other*
23 *factors while still maintaining the purchase com-*
24 *mitment at a fair price.*

1 (4) *REPORT.*—Not later than 1 year after the
2 date of the enactment of this Act—

3 (A) the Secretary of the Treasury shall sub-
4 mit a report to the appropriate congressional
5 committees on the status of the United States ne-
6 gotiations to participate in programs for the ad-
7 vanced market commitments under this sub-
8 section; and

9 (B) the President shall produce a com-
10 prehensive report, written by a study group of
11 qualified professionals from relevant Federal
12 agencies and initiatives, nongovernmental orga-
13 nizations, and industry representatives, that sets
14 forth a coordinated strategy to accelerate devel-
15 opment of vaccines for infectious diseases, such
16 as HIV/AIDS, malaria, and tuberculosis, which
17 includes—

18 (i) initiatives to create economic incen-
19 tives for the research, development, and
20 manufacturing of vaccines for HIV/AIDS,
21 tuberculosis, malaria, and other infectious
22 diseases;

23 (ii) an expansion of public-private
24 partnerships and the leveraging of resources

1 *from other countries and the private sector;*

2 *and*

3 *(iii) efforts to maximize United States*
 4 *capabilities to support clinical trials of vac-*
 5 *cines in developing countries and to address*
 6 *the challenges of delivering vaccines in de-*
 7 *veloping countries to minimize delays in ac-*
 8 *cess once vaccines are available.*

9 ***TITLE III—BILATERAL EFFORTS***

10 ***Subtitle A—General Assistance and***
 11 ***Programs***

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

13 *(a) AMENDMENTS TO THE FOREIGN ASSISTANCE ACT*
 14 *OF 1961.—*

15 *(1) FINDING.—Section 104A(a) of the Foreign*
 16 *Assistance Act of 1961 (22 U.S.C. 2151b–2(a)) is*
 17 *amended by inserting “Central Asia, Eastern Europe,*
 18 *Latin America” after “Caribbean,”.*

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

21 ***“(b) POLICY.—***

22 ***“(1) OBJECTIVES.—It is a major objective of the***
 23 ***foreign assistance program of the United States to***
 24 ***provide assistance for the prevention and treatment of***
 25 ***HIV/AIDS and the care of those affected by the dis-***

1 *ease. It is the policy objective of the United States, by*
2 *2013, to—*

3 *“(A) assist partner countries to—*

4 *“(i) prevent 12,000,000 new HIV infec-*
5 *tions worldwide;*

6 *“(ii) support—*

7 *“(I) the increase in the number of*
8 *individuals with HIV/AIDS receiving*
9 *antiretroviral treatment above the goal*
10 *established under section 402(a)(3) and*
11 *increased pursuant to paragraphs (1)*
12 *through (3) of section 403(d); and*

13 *“(II) additional treatment*
14 *through coordinated multilateral ef-*
15 *forts;*

16 *“(iii) support care for 12,000,000 indi-*
17 *viduals infected with or affected by HIV/*
18 *AIDS, including 5,000,000 orphans and*
19 *vulnerable children affected by HIV/AIDS,*
20 *with an emphasis on promoting a com-*
21 *prehensive, coordinated system of services to*
22 *be integrated throughout the continuum of*
23 *care;*

24 *“(iv) provide at least 80 percent of the*
25 *target population with access to counseling,*

1 *testing, and treatment to prevent the trans-*
2 *mission of HIV from mother-to-child;*

3 “(v) *provide care and treatment serv-*
4 *ices to children with HIV in proportion to*
5 *their percentage within the HIV-infected*
6 *population of a given partner country; and*

7 “(vi) *train and support retention of*
8 *health care professionals, paraprofessionals,*
9 *and community health workers in HIV/*
10 *AIDS prevention, treatment, and care, with*
11 *the target of providing such training to at*
12 *least 140,000 new health care professionals*
13 *and paraprofessionals with an emphasis on*
14 *training and in country deployment of*
15 *critically needed doctors and nurses;*

16 “(B) *strengthen the capacity to deliver pri-*
17 *mary health care in developing countries, espe-*
18 *cially in sub-Saharan Africa;*

19 “(C) *support and help countries in their ef-*
20 *forts to achieve staffing levels of at least 2.3 doc-*
21 *tors, nurses, and midwives per 1,000 population,*
22 *as called for by the World Health Organization;*
23 *and*

24 “(D) *help partner countries to develop inde-*
25 *pendent, sustainable HIV/AIDS programs.*

1 “(2) *COORDINATED GLOBAL STRATEGY.*—*The*
2 *United States and other countries with the sufficient*
3 *capacity should provide assistance to countries in*
4 *sub-Saharan Africa, the Caribbean, Central Asia,*
5 *Eastern Europe, and Latin America, and other coun-*
6 *tries and regions confronting HIV/AIDS epidemics in*
7 *a coordinated global strategy to help address general-*
8 *ized and concentrated epidemics through HIV/AIDS*
9 *prevention, treatment, care, monitoring and evalua-*
10 *tion, and related activities.*

11 “(3) *PRIORITIES.*—*The United States Govern-*
12 *ment’s response to the global HIV/AIDS pandemic*
13 *and the Government’s efforts to help countries assume*
14 *leadership of sustainable campaigns to combat their*
15 *local epidemics should place high priority on—*

16 “(A) *the prevention of the transmission of*
17 *HIV;*

18 “(B) *moving toward universal access to*
19 *HIV/AIDS prevention counseling and services;*

20 “(C) *the inclusion of cost sharing assur-*
21 *ances that meet the requirements under section*
22 *110; and*

23 “(D) *the inclusion of transition strategies to*
24 *ensure sustainability of such programs and ac-*
25 *tivities, including health care systems, under*

1 *other international donor support, or budget*
2 *support by respective foreign governments.”.*

3 (b) *AUTHORIZATION.—Section 104A(c) of such Act is*
4 *amended—*

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

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

20 (3) *in paragraph (3)—*

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

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

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

6 (1) in paragraph (1)—

7 (A) in subparagraph (A)—

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

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

13 (B) in subparagraph (B)—

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

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

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

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

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

6 “(F) assistance to—

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

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

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

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

22 (G) by adding at the end the following:

23 “(K) assistance for counseling, testing,
24 treatment, care, and support programs, includ-
25 ing—

1 “(i) counseling and other services for
2 the prevention of reinfection of individuals
3 with HIV/AIDS;

4 “(ii) counseling to prevent sexual
5 transmission of HIV, including—

6 “(I) life skills development for
7 practicing abstinence and faithfulness;

8 “(II) reducing the number of sex-
9 ual partners;

10 “(III) delaying sexual debut; and

11 “(IV) ensuring correct and con-
12 sistent use of condoms;

13 “(iii) assistance to engage underlying
14 vulnerabilities to HIV/AIDS, especially
15 those of women and girls;

16 “(iv) assistance for appropriate HIV/
17 AIDS education programs and training
18 targeted to prevent the transmission of HIV
19 among men who have sex with men;

20 “(v) assistance to provide male and fe-
21 male condoms;

22 “(vi) diagnosis and treatment of other
23 sexually transmitted infections;

1 “(vii) strategies to address the stigma
2 and discrimination that impede HIV/AIDS
3 prevention efforts; and

4 “(viii) assistance to facilitate wide-
5 spread access to microbicides for HIV pre-
6 vention, if safe and effective products be-
7 come available, including financial and
8 technical support for culturally appropriate
9 introductory programs, procurement, dis-
10 tribution, logistics management, program
11 delivery, acceptability studies, provider
12 training, demand generation, and
13 postintroduction monitoring.”; and

14 (2) in paragraph (2)—

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

17 (B) in subparagraph (C)—

18 (i) by inserting “pain management,”
19 after “opportunistic infections,”; and

20 (ii) by striking the period at the end
21 and inserting a semicolon; and

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

23 “(D) as part of care and treatment of HIV/
24 AIDS, assistance (including prophylaxis and
25 treatment) for common HIV/AIDS-related oppor-

1 *tunistic infections for free or at a rate at which*
2 *it is easily affordable to the individuals and pop-*
3 *ulations being served;*

4 *“(E) as part of care and treatment of HIV/*
5 *AIDS, assistance or referral to available and*
6 *adequately resourced service providers for nutri-*
7 *tional support, including counseling and where*
8 *necessary the provision of commodities, for per-*
9 *sons meeting malnourishment criteria and their*
10 *families;”;*

11 *(3) in paragraph (4)—*

12 *(A) in subparagraph (C), by striking “and”*
13 *at the end;*

14 *(B) in subparagraph (D), by striking the*
15 *period at the end and inserting a semicolon; and*

16 *(C) by adding at the end the following:*

17 *“(E) carrying out and expanding program*
18 *monitoring, impact evaluation research and*
19 *analysis, and operations research and dissemi-*
20 *nating data and findings through mechanisms to*
21 *be developed by the Coordinator of United States*
22 *Government Activities to Combat HIV/AIDS*
23 *Globally, in coordination with the Director of the*
24 *Centers for Disease Control, in order to—*

“(i) improve accountability, increase transparency, and ensure the delivery of evidence-based services through the collection, evaluation, and analysis of data regarding gender-responsive interventions, disaggregated by age and sex;

“(ii) identify and replicate effective models; and

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

“(F) establishing appropriate systems to—

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

“(ii) evaluate the effectiveness of prevention efforts among men who have sex with men, with due consideration to stigma and risks associated with disclosure.”;

(4) in paragraph (5)—

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

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

“(C) MECHANISM TO ENSURE COST-EFFECTIVE DRUG PURCHASING.—Subject to subpara-

graph (B), mechanisms to ensure that safe and effective pharmaceuticals, including antiretrovirals and medicines to treat opportunistic infections, are purchased at the lowest possible price at which such pharmaceuticals may be obtained in sufficient quantity on the world market, provided that such pharmaceuticals are approved, tentatively approved, or otherwise authorized for use by—

“(i) the Food and Drug Administration;

“(ii) a stringent regulatory agency acceptable to the Secretary of Health and Human Services; or

“(iii) a quality assurance mechanism acceptable to the Secretary of Health and Human Services.”;

(5) in paragraph (6)—

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

“(6) *RELATED AND COORDINATED ACTIVITIES.*—

”;

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

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

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

4 “(D) coordinated or referred activities to—

5 “(i) enhance the clinical impact of
6 HIV/AIDS care and treatment; and

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

13 “(I) nutritional and food support;

14 “(II) safe drinking water and
15 adequate sanitation;

16 “(III) nutritional counseling;

17 “(IV) income-generating activities
18 and livelihood initiatives;

19 “(V) maternal and child health
20 care;

21 “(VI) primary health care;

22 “(VII) the diagnosis and treat-
23 ment of other infectious or sexually
24 transmitted diseases;

1 “(VIII) substance abuse and treat-
2 ment services; and

3 “(IX) legal services;

4 “(E) coordinated or referred activities to
5 link programs addressing HIV/AIDS with pro-
6 grams addressing gender-based violence in areas
7 of significant HIV prevalence to assist countries
8 in the development and enforcement of women’s
9 health, children’s health, and HIV/AIDS laws
10 and policies that—

11 “(i) prevent and respond to violence
12 against women and girls;

13 “(ii) promote the integration of screen-
14 ing and assessment for gender-based vio-
15 lence into HIV/AIDS programming;

16 “(iii) promote appropriate HIV/AIDS
17 counseling, testing, and treatment into gen-
18 der-based violence programs; and

19 “(iv) assist governments to develop
20 partnerships with civil society organiza-
21 tions to create networks for psychosocial,
22 legal, economic, or other support services;

23 “(F) coordinated or referred activities to—

1 “(i) address the frequent coinfection of
2 HIV and tuberculosis, in accordance with
3 World Health Organization guidelines;

4 “(ii) promote provider-initiated or
5 ‘opt-out’ HIV/AIDS counseling and testing
6 and appropriate referral for treatment and
7 care to individuals with tuberculosis or its
8 symptoms, particularly in areas with sig-
9 nificant HIV prevalence; and

10 “(iii) strengthen programs to ensure
11 that individuals testing positive for HIV re-
12 ceive tuberculosis screening and to improve
13 laboratory capacities, infection control, and
14 adherence; and

15 “(G) activities to—

16 “(i) improve the effectiveness of na-
17 tional responses to HIV/AIDS;

18 “(ii) strengthen overall health systems
19 in high-prevalence countries, including sup-
20 port for workforce training, retention, and
21 effective deployment, capacity building, lab-
22 oratory development, equipment mainte-
23 nance and repair, and public health and re-
24 lated public financial management systems
25 and operations; and

1 “(iii) encourage fair and transparent
2 procurement practices among partner coun-
3 tries; and

4 “(iv) promote in-country or intra-re-
5 gional pediatric training for physicians
6 and other health professionals, preferably
7 through public-private partnerships involv-
8 ing colleges and universities, with the goal
9 of increasing pediatric HIV workforce ca-
10 pacity.”; and

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

12 “(8) *COMPACTS AND FRAMEWORK AGREE-*
13 *MENTS.—The development of compacts or framework*
14 *agreements, tailored to local circumstances, with na-*
15 *tional governments or regional partnerships in coun-*
16 *tries with significant HIV/AIDS burdens to promote*
17 *host government commitment to deeper integration of*
18 *HIV/AIDS services into health systems, contribute to*
19 *health systems overall, and enhance sustainability, in-*
20 *cluding—*

21 “(A) cost sharing assurances that meet the
22 requirements under section 110; and

23 “(B) transition strategies to ensure sustain-
24 ability of such programs and activities, includ-
25 ing health care systems, under other inter-

1 *national donor support, or budget support by re-*
 2 *spective foreign governments.”.*

3 *(d) COMPACTS AND FRAMEWORK AGREEMENTS.—Sec-*
 4 *tion 104A of such Act is amended—*

5 *(1) by redesignating subsections (e) through (g)*
 6 *as subsections (f) through (h); and*

7 *(2) by inserting after subsection (d) the fol-*
 8 *lowing:*

9 *“(e) COMPACTS AND FRAMEWORK AGREEMENTS.—*

10 *“(1) FINDINGS.—Congress makes the following*
 11 *findings:*

12 *“(A) The congressionally mandated Insti-*
 13 *tute of Medicine report entitled ‘PEPFAR Imple-*
 14 *mentation: Progress and Promise’ states: ‘The*
 15 *next strategy [of the U.S. Global AIDS Initia-*
 16 *tive] should squarely address the needs and chal-*
 17 *lenges involved in supporting sustainable coun-*
 18 *try HIV/AIDS programs, thereby transitioning*
 19 *from a focus on emergency relief.’.*

20 *“(B) One mechanism to promote the transi-*
 21 *tion from an emergency to a public health and*
 22 *development approach to HIV/AIDS is through*
 23 *compacts or framework agreements between the*
 24 *United States Government and each partici-*
 25 *pating nation.*

1 “(2) *ELEMENTS.*—*Compacts on HIV/AIDS au-*
2 *thorized under subsection (d)(8) shall include the fol-*
3 *lowing elements:*

4 “(A) *Compacts whose primary purpose is to*
5 *provide direct services to combat HIV/AIDS are*
6 *to be made between—*

7 “(i) *the United States Government;*

8 *and*

9 “(ii)(I) *national or regional entities*
10 *representing low-income countries served by*
11 *an existing United States Agency for Inter-*
12 *national Development or Department of*
13 *Health and Human Services presence or re-*
14 *gional platform; or*

15 “(II) *countries or regions—*

16 “(aa) *experiencing significantly*
17 *high HIV prevalence or risk of signifi-*
18 *cantly increasing incidence within the*
19 *general population;*

20 “(bb) *served by an existing United*
21 *States Agency for International Devel-*
22 *opment or Department of Health and*
23 *Human Services presence or regional*
24 *platform; and*

1 “(cc) that have inadequate finan-
2 cial means within such country or re-
3 gion.

4 “(B) Compacts whose primary purpose is to
5 provide limited technical assistance to a country
6 or region connected to services provided within
7 the country or region—

8 “(i) may be made with other countries
9 or regional entities served by an existing
10 United States Agency for International De-
11 velopment or Department of Health and
12 Human Services presence or regional plat-
13 form;

14 “(ii) shall require significant invest-
15 ments in HIV prevention, care, and treat-
16 ment services by the host country;

17 “(iii) shall be time-limited in terms of
18 United States contributions; and

19 “(iv) shall be made only upon prior
20 notification to Congress—

21 “(I) justifying the need for such
22 compacts;

23 “(II) describing the expected in-
24 vestment by the country or regional en-
25 tity; and

1 “(III) describing the scope, na-
2 ture, expected total United States in-
3 vestment, and time frame of the lim-
4 ited technical assistance under the
5 compact and its intended impact.

6 “(C) Compacts shall include provisions to—

7 “(i) promote local and national efforts
8 to reduce stigma associated with HIV/
9 AIDS; and

10 “(ii) work with and promote the role of
11 civil society in combating HIV/AIDS.

12 “(D) Compacts shall take into account the
13 overall national health and development and na-
14 tional HIV/AIDS and public health strategies of
15 each country.

16 “(E) Compacts shall contain—

17 “(i) consideration of the specific objec-
18 tives that the country and the United States
19 expect to achieve during the term of a com-
20 pact;

21 “(ii) consideration of the respective re-
22 sponsibilities of the country and the United
23 States in the achievement of such objectives;

1 “(iii) consideration of regular bench-
2 marks to measure progress toward achieving
3 such objectives;

4 “(iv) an identification of the intended
5 beneficiaries, disaggregated by gender and
6 age, and including information on orphans
7 and vulnerable children, to the maximum
8 extent practicable;

9 “(v) consideration of the methods by
10 which the compact is intended to—

11 “(I) address the factors that put
12 women and girls at greater risk of
13 HIV/AIDS; and

14 “(II) strengthen elements such as
15 the economic, educational, and social
16 status of women, girls, orphans, and
17 vulnerable children and the inheritance
18 rights and safety of such individuals;

19 “(vi) consideration of the methods by
20 which the compact will—

21 “(I) strengthen the health care ca-
22 pacity, including factors such as the
23 training, retention, deployment, re-
24 cruitment, and utilization of health
25 care workers;

1 “(II) improve supply chain man-
2 agement; and

3 “(III) improve the health systems
4 and infrastructure of the partner coun-
5 try, including the ability of compact
6 participants to maintain and operate
7 equipment transferred or purchased as
8 part of the compact;

9 “(vii) consideration of proposed mecha-
10 nisms to provide oversight;

11 “(viii) consideration of the role of civil
12 society in the development of a compact and
13 the achievement of its objectives;

14 “(ix) a description of the current and
15 potential participation of other donors in
16 the achievement of such objectives, as appro-
17 priate; and

18 “(x) consideration of a plan to ensure
19 appropriate fiscal accountability for the use
20 of assistance.

21 “(F) For regional compacts, priority shall
22 be given to countries that are included in re-
23 gional funds and programs in existence as of the
24 date of the enactment of the Tom Lantos and
25 Henry J. Hyde United States Global Leadership

1 *Against HIV/AIDS, Tuberculosis, and Malaria*
2 *Reauthorization Act of 2008.*

3 “(G) Amounts made available for compacts
4 described in subparagraphs (A) and (B) shall be
5 subject to the inclusion of—

6 “(i) cost sharing assurances that meet
7 the requirements under section 110; and

8 “(ii) transition strategies to ensure
9 sustainability of such programs and activi-
10 ties, including health care systems, under
11 other international donor support, and
12 budget support by respective foreign govern-
13 ments.

14 “(3) LOCAL INPUT.—In entering into a compact
15 on HIV/AIDS authorized under subsection (d)(8), the
16 Coordinator of United States Government Activities
17 to Combat HIV/AIDS Globally shall seek to ensure
18 that the government of a country—

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

22 “(B) consults with private and voluntary
23 organizations, including faith-based organiza-
24 tions, the business community, and other donors
25 in the country.

1 “(4) CONGRESSIONAL AND PUBLIC NOTIFICATION
 2 AFTER ENTERING INTO A COMPACT.—Not later than
 3 10 days after entering into a compact authorized
 4 under subsection (d)(8), the Global AIDS Coordinator
 5 shall—

6 “(A) submit a report containing a detailed
 7 summary of the compact and a copy of the text
 8 of the compact to—

9 “(i) the Committee on Foreign Rela-
 10 tions of the Senate;

11 “(ii) the Committee on Appropriations
 12 of the Senate;

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

15 “(iv) the Committee on Appropriations
 16 of the House of Representatives; and

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

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

22 (1) in paragraph (1), by striking “Committee on
 23 International Relations” and inserting “Committee
 24 on Foreign Affairs”; and

25 (2) in paragraph (2)—

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

3 (B) by striking subparagraph (C) and in-
4 serting the following:

5 “(C) a detailed breakdown of funding allo-
6 cations, by program and by country, for preven-
7 tion activities; and

8 “(D) a detailed assessment of the impact of
9 programs established pursuant to such sections,
10 including—

11 “(i)(I) the effectiveness of such pro-
12 grams in reducing—

13 “(aa) the transmission of HIV,
14 particularly in women and girls;

15 “(bb) mother-to-child transmission
16 of HIV, including through drug treat-
17 ment and therapies, either directly or
18 by referral; and

19 “(cc) mortality rates from HIV/
20 AIDS;

21 “(II) the number of patients receiving
22 treatment for AIDS in each country that re-
23 ceives assistance under this Act;

24 “(III) an assessment of progress to-
25 wards the achievement of annual goals set

1 *forth in the timetable required under the 5-*
2 *year strategy established under section 101*
3 *of the United States Leadership Against*
4 *HIV/AIDS, Tuberculosis, and Malaria Act*
5 *of 2003 and, if annual goals are not being*
6 *met, the reasons for such failure; and*

7 *“(IV) retention and attrition data for*
8 *programs receiving United States assist-*
9 *ance, including mortality and loss to follow-*
10 *up rates, organized overall and by country;*

11 *“(ii) the progress made toward—*

12 *“(I) improving health care deliv-*
13 *ery systems (including the training of*
14 *health care workers, including doctors,*
15 *nurses, midwives, pharmacists, labora-*
16 *tory technicians, and compensated*
17 *community health workers, and the use*
18 *of codes of conduct for ethical recruit-*
19 *ing practices for health care workers);*

20 *“(II) advancing safe working con-*
21 *ditions for health care workers; and*

22 *“(III) improving infrastructure to*
23 *promote progress toward universal ac-*
24 *cess to HIV/AIDS prevention, treat-*
25 *ment, and care by 2013;*

1 “(iii) a description of coordination ef-
2 forts with relevant executive branch agencies
3 to link HIV/AIDS clinical and social serv-
4 ices with non-HIV/AIDS services as part of
5 the United States health and development
6 agenda;

7 “(iv) a detailed description of inte-
8 grated HIV/AIDS and food and nutrition
9 programs and services, including—

10 “(I) the amount spent on food and
11 nutrition support;

12 “(II) the types of activities sup-
13 ported; and

14 “(III) an assessment of the effec-
15 tiveness of interventions carried out to
16 improve the health status of persons
17 with HIV/AIDS receiving food or nu-
18 tritional support;

19 “(v) a description of efforts to improve
20 harmonization, in terms of relevant execu-
21 tive branch agencies, coordination with
22 other public and private entities, and co-
23 ordination with partner countries’ national
24 strategic plans as called for in the ‘Three
25 Ones’;

1 “(vi) a description of—

2 “(I) the efforts of partner coun-
3 tries that were signatories to the Abuja
4 Declaration on HIV/AIDS, Tuber-
5 culosis and Other Related Infectious
6 Diseases to adhere to the goals of such
7 Declaration in terms of investments in
8 public health, including HIV/AIDS;
9 and

10 “(II) a description of the HIV/
11 AIDS investments of partner countries
12 that were not signatories to such Dec-
13 laration;

14 “(vii) a detailed description of any
15 compacts or framework agreements reached
16 or negotiated between the United States and
17 any partner countries, including a descrip-
18 tion of the elements of compacts described in
19 subsection (e);

20 “(viii) a description of programs serv-
21 ing women and girls, including—

22 “(I) HIV/AIDS prevention pro-
23 grams that address the vulnerabilities
24 of girls and women to HIV/AIDS;

1 “(II) information on the number
2 of individuals served by programs
3 aimed at reducing the vulnerabilities
4 of women and girls to HIV/AIDS and
5 data on the types, objectives, and dura-
6 tion of programs to address these
7 issues;

8 “(III) information on programs to
9 address the particular needs of adoles-
10 cent girls and young women; and

11 “(IV) programs to prevent gender-
12 based violence or to assist victims of
13 gender based violence as part of, or in
14 coordination with, HIV/AIDS pro-
15 grams;

16 “(ix) a description of strategies, goals,
17 programs, and interventions to—

18 “(I) address the needs and
19 vulnerabilities of youth populations;

20 “(II) expand access among young
21 men and women to evidence-based
22 HIV/AIDS health care services and
23 HIV prevention programs, including
24 abstinence education programs; and

1 “(III) expand community-based
2 services to meet the needs of orphans
3 and of children and adolescents affected
4 by or vulnerable to HIV/AIDS without
5 increasing stigmatization;

6 “(x) a description of—

7 “(I) the specific strategies funded
8 to ensure the reduction of HIV infec-
9 tion among injection drug users;

10 “(II) the number of injection drug
11 users, by country, reached by such
12 strategies; and

13 “(III) medication-assisted drug
14 treatment for individuals with HIV or
15 at risk of HIV;

16 “(xi) a detailed description of program
17 monitoring, operations research, and im-
18 pact evaluation research, including—

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

21 “(II) an analysis of cost-effective-
22 ness models; and

23 “(III) conclusions regarding the
24 efficiency, effectiveness, and quality of
25 services as derived from previous or

1 ongoing research and monitoring ef-
2 forts;

3 “(xii) building capacity to identify,
4 investigate, and stop nosocomial trans-
5 mission of infectious diseases, including
6 HIV and tuberculosis; and

7 “(xiii) a description of staffing levels
8 of United States government HIV/AIDS
9 teams in countries with significant HIV/
10 AIDS programs, including whether or not a
11 full-time coordinator was on staff for the
12 year.”.

13 (f) *AUTHORIZATION OF APPROPRIATIONS.*—Section
14 301(b) of the *United States Leadership Against HIV/AIDS,*
15 *Tuberculosis, and Malaria Act of 2003* (22 U.S.C. 7631(b))
16 is amended—

17 (1) in paragraph (1), by striking “fiscal years
18 2004 through 2008” and inserting “fiscal years 2009
19 through 2013”; and

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

23 (g) *RELATIONSHIP TO ASSISTANCE PROGRAMS TO EN-*
24 *HANCE NUTRITION.*—Section 301(c) of such Act is amended
25 to read as follows:

1 “(c) *FOOD AND NUTRITIONAL SUPPORT.*—

2 “(1) *IN GENERAL.*—As indicated in the report
3 produced by the Institute of Medicine, entitled
4 ‘*PEPFAR Implementation: Progress and Promise*’,
5 inadequate caloric intake has been clearly identified
6 as a principal reason for failure of clinical response
7 to antiretroviral therapy. In recognition of the impact
8 of malnutrition as a clinical health issue for many
9 persons living with *HIV/AIDS* that is often associated
10 with health and economic impacts on these individ-
11 uals and their families, the *Global AIDS Coordinator*
12 and the *Administrator of the United States Agency*
13 for *International Development* shall—

14 “(A) follow *World Health Organization*
15 guidelines for *HIV/AIDS* food and nutrition
16 services;

17 “(B) integrate nutrition programs with
18 *HIV/AIDS* activities through effective linkages
19 among the health, agricultural, and livelihood
20 sectors and establish additional services in cir-
21 cumstances in which referrals are inadequate or
22 impossible;

23 “(C) provide, as a component of care and
24 treatment programs for persons with *HIV/AIDS*,
25 food and nutritional support to individuals in-

1 *fected with, and affected by, HIV/AIDS who meet*
 2 *established criteria for nutritional support (in-*
 3 *cluding clinically malnourished children and*
 4 *adults, and pregnant and lactating women in*
 5 *programs in need of supplemental support), in-*
 6 *cluding—*

7 *“(i) anthropometric and dietary assess-*
 8 *ment;*

9 *“(ii) counseling; and*

10 *“(iii) therapeutic and supplementary*
 11 *feeding;*

12 *“(D) provide food and nutritional support*
 13 *for children affected by HIV/AIDS and to com-*
 14 *munities and households caring for children af-*
 15 *ected by HIV/AIDS; and*

16 *“(E) in communities where HIV/AIDS and*
 17 *food insecurity are highly prevalent, support*
 18 *programs to address these often intersecting*
 19 *health problems through community-based assist-*
 20 *ance programs, with an emphasis on sustainable*
 21 *approaches.*

22 *“(2) AUTHORIZATION OF APPROPRIATIONS.—Of*
 23 *the amounts authorized to be appropriated under sec-*
 24 *tion 401, there are authorized to be appropriated to*
 25 *the President such sums as may be necessary for each*

1 *of the fiscal years 2009 through 2013 to carry out this*
2 *subsection.”.*

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

5 *“(d) ELIGIBILITY FOR ASSISTANCE.—An organization,*
6 *including a faith-based organization, that is otherwise eligi-*
7 *ble to receive assistance under section 104A of the Foreign*
8 *Assistance Act of 1961, under this Act, or under any*
9 *amendment made by this Act or by the Tom Lantos and*
10 *Henry J. Hyde United States Global Leadership Against*
11 *HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act*
12 *of 2008, for HIV/AIDS prevention, treatment, or care—*

13 *“(1) shall not be required, as a condition of re-*
14 *ceiving such assistance—*

15 *“(A) to endorse or utilize a multisectoral or*
16 *comprehensive approach to combating HIV/*
17 *AIDS; or*

18 *“(B) to endorse, utilize, make a referral to,*
19 *become integrated with, or otherwise participate*
20 *in any program or activity to which the organi-*
21 *zation has a religious or moral objection; and*

22 *“(2) shall not be discriminated against in the so-*
23 *licitation or issuance of grants, contracts, or coopera-*
24 *tive agreements under such provisions of law for re-*

1 *fusing to meet any requirement described in para-*
2 *graph (1).”.*

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

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

7 *“(b) POLICY.—It is a major objective of the foreign as-*
8 *sistance program of the United States to control tuber-*
9 *culosis. In all countries in which the Government of the*
10 *United States has established development programs, par-*
11 *ticularly in countries with the highest burden of tuber-*
12 *culosis and other countries with high rates of tuberculosis,*
13 *the United States should support the objectives of the Global*
14 *Plan to Stop TB, including through achievement of the fol-*
15 *lowing goals:*

16 *“(1) Reduce by half the tuberculosis death and*
17 *disease burden from the 1990 baseline.*

18 *“(2) Sustain or exceed the detection of at least*
19 *70 percent of sputum smear-positive cases of tuber-*
20 *culosis and the successful treatment of at least 85 per-*
21 *cent of the cases detected in countries with established*
22 *United States Agency for International Development*
23 *tuberculosis programs.*

24 *“(3) In support of the Global Plan to Stop TB,*
25 *the President shall establish a comprehensive, 5-year*

1 *United States strategy to expand and improve United*
 2 *States efforts to combat tuberculosis globally, includ-*
 3 *ing a plan to support—*

4 *“(A) the successful treatment of 4,500,000*
 5 *new sputum smear tuberculosis patients under*
 6 *DOTS programs by 2013, primarily through di-*
 7 *rect support for needed services, commodities,*
 8 *health workers, and training, and additional*
 9 *treatment through coordinated multilateral ef-*
 10 *forts; and*

11 *“(B) the diagnosis and treatment of 90,000*
 12 *new multiple drug resistant tuberculosis cases by*
 13 *2013, and additional treatment through coordi-*
 14 *nated multilateral efforts.”.*

15 *(b) PRIORITY TO STOP TB STRATEGY.—Section*
 16 *104B(e) of such Act is amended to read as follows:*

17 *“(e) PRIORITY TO STOP TB STRATEGY.—In fur-*
 18 *nishing assistance under subsection (c), the President shall*
 19 *give priority to—*

20 *“(1) direct services described in the Stop TB*
 21 *Strategy, including expansion and enhancement of*
 22 *Directly Observed Treatment Short-course (DOTS)*
 23 *coverage, rapid testing, treatment for individuals in-*
 24 *fectured with both tuberculosis and HIV, and treatment*
 25 *for individuals with multi-drug resistant tuberculosis*

1 (MDR–TB), strengthening of health systems, use of
 2 the International Standards for Tuberculosis Care by
 3 all providers, empowering individuals with tuber-
 4 culosis, and enabling and promoting research to de-
 5 velop new diagnostics, drugs, and vaccines, and pro-
 6 gram-based operational research relating to tuber-
 7 culosis; and

8 “(2) funding for the Global Tuberculosis Drug
 9 Facility, the Stop Tuberculosis Partnership, and the
 10 Global Alliance for TB Drug Development.”.

11 (c) ASSISTANCE FOR THE WORLD HEALTH ORGANIZA-
 12 TION AND THE STOP TUBERCULOSIS PARTNERSHIP.—Sec-
 13 tion 104B of such Act is amended—

14 (1) by redesignating subsection (f) as subsection
 15 (h); and

16 (2) by inserting after subsection (e) the following:

17 “(f) ASSISTANCE FOR THE WORLD HEALTH ORGANI-
 18 ZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—In
 19 carrying out this section, the President, acting through the
 20 Administrator of the United States Agency for Inter-
 21 national Development, is authorized to provide increased
 22 resources to the World Health Organization and the Stop
 23 Tuberculosis Partnership to improve the capacity of coun-
 24 tries with high rates of tuberculosis and other affected coun-
 25 tries to implement the Stop TB Strategy and specific strate-

1 *gies related to addressing multiple drug resistant tuber-*
2 *culosis (MDR-TB) and extensively drug resistant tuber-*
3 *culosis (XDR-TB).”.*

4 *(d) ANNUAL REPORT.—Section 104B of such Act is*
5 *amended by inserting after subsection (f), as added by sub-*
6 *section (c) of this section, the following:*

7 *“(g) ANNUAL REPORT.—The President shall submit an*
8 *annual report to Congress that describes the impact of*
9 *United States foreign assistance on efforts to control tuber-*
10 *culosis, including—*

11 *“(1) the number of tuberculosis cases diagnosed*
12 *and the number of cases cured in countries receiving*
13 *United States bilateral foreign assistance for tuber-*
14 *culosis control purposes;*

15 *“(2) a description of activities supported with*
16 *United States tuberculosis resources in each country,*
17 *including a description of how those activities specifi-*
18 *cally contribute to increasing the number of people di-*
19 *agnosed and treated for tuberculosis;*

20 *“(3) in each country receiving bilateral United*
21 *States foreign assistance for tuberculosis control pur-*
22 *poses, the percentage provided for direct tuberculosis*
23 *services in countries receiving United States bilateral*
24 *foreign assistance for tuberculosis control purposes;*

1 “(4) a description of research efforts and clinical
2 *trials to develop new tools to combat tuberculosis, in-*
3 *cluding diagnostics, drugs, and vaccines supported by*
4 *United States bilateral assistance;*

5 “(5) the number of persons who have been diag-
6 *nosed and started treatment for multidrug-resistant*
7 *tuberculosis in countries receiving United States bi-*
8 *lateral foreign assistance for tuberculosis control pro-*
9 *grams;*

10 “(6) a description of the collaboration and co-
11 *ordination of United States anti-tuberculosis efforts*
12 *with the World Health Organization, the Global*
13 *Fund, and other major public and private entities*
14 *within the Stop TB Strategy;*

15 “(7) the constraints on implementation of pro-
16 *grams posed by health workforce shortages and capac-*
17 *ities;*

18 “(8) the number of people trained in tuberculosis
19 *control; and*

20 “(9) a breakdown of expenditures for direct pa-
21 *tient tuberculosis services, drugs and other commod-*
22 *ities, drug management, training in diagnosis and*
23 *treatment, health systems strengthening, research, and*
24 *support costs.”.*

1 (e) *DEFINITIONS.*—Section 104B(h) of such Act, as re-
 2 designated by subsection (c), is amended—

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

5 “(A) low-cost and effective diagnosis, treat-
 6 ment, and monitoring of tuberculosis;

7 “(B) a reliable drug supply;

8 “(C) a management strategy for public
 9 health systems;

10 “(D) health system strengthening;

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

14 “(F) bacteriology under an external quality
 15 assessment framework;

16 “(G) short-course chemotherapy; and

17 “(H) sound reporting and recording sys-
 18 tems.”; and

19 (2) by redesignating paragraph (5) as para-
 20 graph (6); and

21 (3) by inserting after paragraph (4) the fol-
 22 lowing:

23 “(5) *STOP TB STRATEGY.*—The term ‘Stop TB
 24 Strategy’ means the 6-point strategy to reduce tuber-
 25 culosis developed by the World Health Organization,

1 *which is described in the Global Plan to Stop TB*
 2 *2006–2015: Actions for Life, a comprehensive plan*
 3 *developed by the Stop TB Partnership that sets out*
 4 *the actions necessary to achieve the millennium devel-*
 5 *opment goal of cutting tuberculosis deaths and disease*
 6 *burden in half by 2015.”.*

7 (f) *AUTHORIZATION OF APPROPRIATIONS.—Section*
 8 *302 (b) of the United States Leadership Against HIV/AIDS,*
 9 *Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632(b))*
 10 *is amended—*

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

16 (2) *in paragraph (3), by striking “fiscal years*
 17 *2004 through 2008” and inserting “fiscal years 2009*
 18 *through 2013.”.*

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

20 (a) *AMENDMENT TO THE FOREIGN ASSISTANCE ACT*
 21 *OF 1961.—Section 104C(b) of the Foreign Assistance Act*
 22 *of 1961 (22 U.S.C. 2151–4(b)) is amended by inserting*
 23 *“treatment,” after “control.”.*

24 (b) *AUTHORIZATION OF APPROPRIATIONS.—Section*
 25 *303 of the United States Leadership Against HIV/AIDS,*

1 *Tuberculosis, and Malaria Act of 2003, and Malaria Act*
2 *of 2003 (22 U.S.C. 7633) is amended—*

3 *(1) in subsection (b)—*

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

9 *(B) in paragraph (3), by striking “fiscal*
10 *years 2004 through 2008” and inserting “fiscal*
11 *years 2009 through 2013”; and*

12 *(2) by adding at the end the following:*

13 *“(c) STATEMENT OF POLICY.—Providing assistance*
14 *for the prevention, control, treatment, and the ultimate*
15 *eradication of malaria is—*

16 *“(1) a major objective of the foreign assistance*
17 *program of the United States; and*

18 *“(2) 1 component of a comprehensive United*
19 *States global health strategy to reduce disease burdens*
20 *and strengthen communities around the world.*

21 *“(d) DEVELOPMENT OF A COMPREHENSIVE 5-YEAR*
22 *STRATEGY.—The President shall establish a comprehensive,*
23 *5-year strategy to combat global malaria that—*

1 “(1) strengthens the capacity of the United
2 States to be an effective leader of international efforts
3 to reduce malaria burden;

4 “(2) maintains sufficient flexibility and remains
5 responsive to the ever-changing nature of the global
6 malaria challenge;

7 “(3) includes specific objectives and multisectoral
8 approaches and strategies to reduce the prevalence,
9 mortality, incidence, and spread of malaria;

10 “(4) describes how this strategy would contribute
11 to the United States’ overall global health and devel-
12 opment goals;

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

17 “(6) expands public-private partnerships and le-
18 verage of resources;

19 “(7) coordinates among relevant Federal agencies
20 to maximize human and financial resources and to
21 reduce duplication among these agencies, foreign gov-
22 ernments, and international organizations;

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

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

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

7 “(A) the size and demographics of the popu-
8 lation with malaria;

9 “(B) the needs of that population;

10 “(C) the country’s existing infrastructure;
11 and

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

15 **SEC. 304. MALARIA RESPONSE COORDINATOR.**

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

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

20 “(a) *IN GENERAL.*—There is established within the
21 United States Agency for International Development a Co-
22 ordinator of United States Government Activities to Com-
23 bat Malaria Globally (referred to in this section as the ‘Ma-
24 laria Coordinator’), who shall be appointed by the Presi-
25 dent.

1 “(b) *AUTHORITIES.*—*The Malaria Coordinator, acting*
 2 *through nongovernmental organizations (including faith-*
 3 *based and community-based organizations), partner coun-*
 4 *try finance, health, and other relevant ministries, and rel-*
 5 *evant executive branch agencies as may be necessary and*
 6 *appropriate to carry out this section, is authorized to—*

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

11 “(2) *provide grants to, and enter into contracts*
 12 *and cooperative agreements with, nongovernmental*
 13 *organizations (including faith-based organizations) to*
 14 *carry out this section; and*

15 “(3) *transfer and allocate executive branch agen-*
 16 *cy funds that have been appropriated for the purposes*
 17 *described in paragraphs (1) and (2).*

18 “(c) *DUTIES.*—

19 “(1) *IN GENERAL.*—*The Malaria Coordinator*
 20 *has primary responsibility for the oversight and co-*
 21 *ordination of all resources and international activi-*
 22 *ties of the United States Government relating to ef-*
 23 *forts to combat malaria.*

24 “(2) *SPECIFIC DUTIES.*—*The Malaria Coordi-*
 25 *nator shall—*

1 “(A) *facilitate program and policy coordi-*
2 *nation of antimalarial efforts among relevant ex-*
3 *ecutive branch agencies and nongovernmental or-*
4 *ganizations by auditing, monitoring, and evalu-*
5 *ating such programs;*

6 “(B) *ensure that each relevant executive*
7 *branch agency undertakes antimalarial pro-*
8 *grams primarily in those areas in which the*
9 *agency has the greatest expertise, technical capa-*
10 *bility, and potential for success;*

11 “(C) *coordinate relevant executive branch*
12 *agency activities in the field of malaria preven-*
13 *tion and treatment;*

14 “(D) *coordinate planning, implementation,*
15 *and evaluation with the Global AIDS Coordi-*
16 *nator in countries in which both programs have*
17 *a significant presence;*

18 “(E) *coordinate with national governments,*
19 *international agencies, civil society, and the pri-*
20 *vate sector; and*

21 “(F) *establish due diligence criteria for all*
22 *recipients of funds appropriated by the Federal*
23 *Government for malaria assistance.*

24 “(d) *ASSISTANCE FOR THE WORLD HEALTH ORGANI-*
25 *ZATION.—In carrying out this section, the President may*

1 *provide financial assistance to the Roll Back Malaria Part-*
 2 *nership of the World Health Organization to improve the*
 3 *capacity of countries with high rates of malaria and other*
 4 *affected countries to implement comprehensive malaria con-*
 5 *trol programs.*

6 “(e) *COORDINATION OF ASSISTANCE EFFORTS.—In*
 7 *carrying out this section and in accordance with section*
 8 *104C of the Foreign Assistance Act of 1961 (22 U.S.C.*
 9 *2151b–4), the Malaria Coordinator shall coordinate the pro-*
 10 *vision of assistance by working with—*

11 “(1) *relevant executive branch agencies, includ-*
 12 *ing—*

13 “(A) *the Department of State (including the*
 14 *Office of the Global AIDS Coordinator);*

15 “(B) *the Department of Health and Human*
 16 *Services;*

17 “(C) *the Department of Defense; and*

18 “(D) *the Office of the United States Trade*
 19 *Representative;*

20 “(2) *relevant multilateral institutions, includ-*
 21 *ing—*

22 “(A) *the World Health Organization;*

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

24 “(C) *the United Nations Development Pro-*
 25 *gramme;*

1 “(D) the Global Fund;

2 “(E) the World Bank; and

3 “(F) the Roll Back Malaria Partnership;

4 “(3) program delivery and efforts to lift barriers
5 that would impede effective and comprehensive ma-
6 laria control programs; and

7 “(4) partner or recipient country governments
8 and national entities including universities and civil
9 society organizations (including faith- and commu-
10 nity-based organizations).

11 “(f) RESEARCH.—To carry out this section, the Ma-
12 laria Coordinator, in accordance with section 104C of the
13 Foreign Assistance Act of 1961 (22 U.S.C. 1151d–4), shall
14 ensure that operations and implementation research con-
15 ducted under this Act will closely complement the clinical
16 and program research being undertaken by the National In-
17 stitutes of Health. The Centers for Disease Control and Pre-
18 vention should advise the Malaria Coordinator on priorities
19 for operations and implementation research and should be
20 a key implementer of this research.

21 “(g) MONITORING.—To ensure that adequate malaria
22 controls are established and implemented, the Centers for
23 Disease Control and Prevention should advise the Malaria
24 Coordinator on monitoring, surveillance, and evaluation
25 activities and be a key implementer of such activities under

1 *this Act. Such activities shall complement, rather than du-*
2 *plicate, the work of the World Health Organization.*

3 “(h) *ANNUAL REPORT.*—

4 “(1) *SUBMISSION.*—Not later than 1 year after
5 the date of the enactment of the Tom Lantos and
6 Henry J. Hyde United States Global Leadership
7 Against HIV/AIDS, Tuberculosis, and Malaria Reau-
8 thorization Act of 2008, and annually thereafter, the
9 President shall submit a report to the appropriate
10 congressional committees that describes United States
11 assistance for the prevention, treatment, control, and
12 elimination of malaria.

13 “(2) *CONTENTS.*—The report required under
14 paragraph (1) shall describe—

15 “(A) *the countries and activities to which*
16 *malaria resources have been allocated;*

17 “(B) *the number of people reached through*
18 *malaria assistance programs, including data on*
19 *children and pregnant women;*

20 “(C) *research efforts to develop new tools to*
21 *combat malaria, including drugs and vaccines;*

22 “(D) *the collaboration and coordination of*
23 *United States antimalarial efforts with the*
24 *World Health Organization, the Global Fund,*

1 *the World Bank, other donor governments, major*
 2 *private efforts, and relevant executive agencies;*

3 *“(E) the coordination of United States anti-*
 4 *malarial efforts with the national malarial strat-*
 5 *egies of other donor or partner governments and*
 6 *major private initiatives;*

7 *“(F) the estimated impact of United States*
 8 *assistance on childhood mortality and morbidity*
 9 *from malaria;*

10 *“(G) the coordination of antimalarial ef-*
 11 *forts with broader health and development pro-*
 12 *grams; and*

13 *“(H) the constraints on implementation of*
 14 *programs posed by health workforce shortages or*
 15 *capacities; and*

16 *“(I) the number of personnel trained as*
 17 *health workers and the training levels achieved.”.*

18 **SEC. 305. AMENDMENT TO IMMIGRATION AND NATIONALITY**

19 **ACT.**

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

1 **SEC. 306. CLERICAL AMENDMENT.**

2 *Title III of the United States Leadership Against HIV/*
3 *AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.*
4 *7631 et seq.) is amended by striking the heading for subtitle*
5 *B and inserting the following:*

6 **“Subtitle B—Assistance for Women,**
7 **Children, and Families”.**

8 **SEC. 307. REQUIREMENTS.**

9 *Section 312(b) of the United States Leadership*
10 *Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*
11 *(22 U.S.C. 7652(b)) is amended by striking paragraphs (1),*
12 *(2), and (3) and inserting the following:*

13 *“(1) establish a target for the prevention and*
14 *treatment of mother-to-child transmission of HIV*
15 *that, by 2013, will reach at least 80 percent of preg-*
16 *nant women in those countries most affected by HIV/*
17 *AIDS in which the United States has HIV/AIDS pro-*
18 *grams;*

19 *“(2) establish a target that, by 2013, the propor-*
20 *tion of children receiving care and treatment under*
21 *this Act is proportionate to their numbers within the*
22 *population of HIV infected individuals in each coun-*
23 *try;*

24 *“(3) integrate care and treatment with preven-*
25 *tion of mother-to-child transmission of HIV programs*
26 *to improve outcomes for HIV-affected women and*

1 *families as soon as is feasible and support strategies*
2 *that promote successful follow-up and continuity of*
3 *care of mother and child;*

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

7 “(5) ensure that women in prevention of mother-
8 to-child transmission of HIV programs are provided
9 with, or referred to, appropriate maternal and child
10 services; and

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

17 **SEC. 308. ANNUAL REPORT ON PREVENTION OF MOTHER-**
18 **TO-CHILD TRANSMISSION OF HIV.**

19 *Section 313(a) of the United States Leadership*
20 *Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*
21 *(22 U.S.C. 7653(a)) is amended by striking “5 years” and*
22 *inserting “10 years”.*

1 **SEC. 309. PREVENTION OF MOTHER-TO-CHILD TRANS-**
 2 **MISSION EXPERT PANEL.**

3 *Section 312 of the United States Leadership Against*
 4 *HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22*
 5 *U.S.C. 7652) is amended by adding at the end the following:*

6 “(c) *PREVENTION OF MOTHER-TO-CHILD TRANS-*
 7 *MISSION EXPERT PANEL.—*

8 “(1) *ESTABLISHMENT.—The Global AIDS Coor-*
 9 *dinator shall establish a panel of experts to be known*
 10 *as the Prevention of Mother-to-Child Transmission*
 11 *Panel (referred to in this subsection as the ‘Panel’)*
 12 *to—*

13 “(A) *provide an objective review of activi-*
 14 *ties to prevent mother-to-child transmission of*
 15 *HIV; and*

16 “(B) *provide recommendations to the Global*
 17 *AIDS Coordinator and to the appropriate con-*
 18 *gressional committees for scale-up of mother-to-*
 19 *child transmission prevention services under this*
 20 *Act in order to achieve the target established in*
 21 *subsection (b)(1).*

22 “(2) *MEMBERSHIP.—The Panel shall be con-*
 23 *vened and chaired by the Global AIDS Coordinator,*
 24 *who shall serve as a nonvoting member. The Panel*
 25 *shall consist of not more than 15 members (excluding*
 26 *the Global AIDS Coordinator), to be appointed by the*

1 *Global AIDS Coordinator not later than 1 year after*
2 *the date of the enactment of this Act, including—*

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

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

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

15 “(D) 3 members representing organizations
16 implementing prevention of mother-to-child
17 transmission activities under this Act;

18 “(E) 2 health care researchers with expertise
19 relating to global HIV/AIDS activities; and

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

1 *eign countries in which programs under this Act*
2 *are administered.*

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

4 “(A) *assess the effectiveness of current ac-*
5 *tivities in reaching the target described in sub-*
6 *section (b)(1);*

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

11 “(C) *review and assess ways in which the*
12 *Office of the United States Global AIDS Coordi-*
13 *nator collaborates with international and multi-*
14 *lateral entities on efforts to prevent mother-to-*
15 *child transmission of HIV in affected countries;*

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

20 “(E) *identify the extent to which stigma has*
21 *hindered pregnant women from obtaining HIV*
22 *counseling and testing or returning for results,*
23 *and provide recommendations to address such*
24 *stigma and its effects;*

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

5 “(G) recommend specific activities to facili-
6 tate reaching the target described in subsection
7 (b)(1).

8 “(4) REPORT.—

9 “(A) IN GENERAL.—Not later than 1 year
10 after the date on which the Panel is first con-
11 vened, the Panel shall submit a report con-
12 taining a detailed statement of the recommenda-
13 tions, findings, and conclusions of the Panel to
14 the appropriate congressional committees.

15 “(B) AVAILABILITY.—The report submitted
16 under subparagraph (A) shall be made available
17 to the public.

18 “(C) CONSIDERATION BY COORDINATOR.—
19 The Coordinator shall—

20 “(i) consider any recommendations
21 contained in the report submitted under
22 subparagraph (A); and

23 “(ii) include in the annual report re-
24 quired under section 104A(f) of the Foreign
25 Assistance Act of 1961 a description of the

activities conducted in response to the recommendations made by the Panel and an explanation of any recommendations not implemented at the time of the report.

“(5) *AUTHORIZATION OF APPROPRIATIONS.*—

There are authorized to be appropriated to the Panel such sums as may be necessary for each of the fiscal years 2009 through 2011 to carry out this section.

“(6) *TERMINATION.*—The Panel shall terminate on the date that is 60 days after the date on which the Panel submits the report to the appropriate congressional committees under paragraph (4).”.

TITLE IV—FUNDING ALLOCATIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

(a) *IN GENERAL.*—Section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671(a)) is amended by striking “\$3,000,000,000 for each of the fiscal years 2004 through 2008” and inserting “\$48,000,000,000 for the 5-year period beginning on October 1, 2008”.

(b) *SENSE OF CONGRESS.*—It is the sense of the Congress that the appropriations authorized under section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, as amended by sub-

1 *section (a), should be allocated among fiscal years 2009*
 2 *through 2013 in a manner that allows for the appropria-*
 3 *tions to be gradually increased in a manner that is con-*
 4 *sistent with program requirements, absorptive capacity,*
 5 *and priorities set forth in such Act, as amended by this*
 6 *Act.*

7 **SEC. 402. SENSE OF CONGRESS.**

8 *Section 402(b) of the United States Leadership*
 9 *Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*
 10 *(22 U.S.C. 7672(b)) is amended by striking “an effective*
 11 *distribution of such amounts would be” and all that follows*
 12 *through “10 percent of such amounts” and inserting “10*
 13 *percent should be used”.*

14 **SEC. 403. ALLOCATION OF FUNDS.**

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

18 *(1) by amending subsection (a) to read as fol-*
 19 *lows:*

20 *“(a) **BALANCED FUNDING REQUIREMENT.**—*

21 *“(1) **IN GENERAL.**—The Global AIDS Coordi-*
 22 *nator shall—*

23 *“(A) provide balanced funding for preven-*
 24 *tion activities for sexual transmission of HIV/*
 25 *AIDS; and*

1 “(B) ensure that activities promoting absti-
2 nence, delay of sexual debut, monogamy, fidelity,
3 and partner reduction are implemented and
4 funded in a meaningful and equitable way in the
5 strategy for each host country based on objective
6 epidemiological evidence as to the source of infec-
7 tions and in consultation with the government of
8 each host county involved in HIV/AIDS preven-
9 tion activities.

10 “(2) PREVENTION STRATEGY.—

11 “(A) ESTABLISHMENT.—In carrying out
12 paragraph (1), the Global AIDS Coordinator
13 shall establish an HIV sexual transmission pre-
14 vention strategy governing the expenditure of
15 funds authorized under this Act to prevent the
16 sexual transmission of HIV in any host country
17 with a generalized epidemic.

18 “(B) REPORT.—In each host country de-
19 scribed in subparagraph (A), if the strategy es-
20 tablished under subparagraph (A) provides less
21 than 50 percent of the funds described in sub-
22 paragraph (A) for activities promoting absti-
23 nence, delay of sexual debut, monogamy, fidelity,
24 and partner reduction, the Global AIDS Coordi-
25 nator shall, not later than 30 days after the

1 *issuance of this strategy, report to the appro-*
2 *priate congressional committees on the justifica-*
3 *tion for this decision.*

4 “(3) *EXCLUSION.—Programs and activities that*
5 *implement or purchase new prevention technologies or*
6 *modalities, such as medical male circumcision, public*
7 *education about risks to acquire HIV infection from*
8 *blood exposures, promoting universal precautions, in-*
9 *vestigating suspected nosocomial infections, pre-expo-*
10 *sure pharmaceutical prophylaxis to prevent trans-*
11 *mission of HIV, or microbicides and programs and*
12 *activities that provide counseling and testing for HIV*
13 *or prevent mother-to-child prevention of HIV, shall*
14 *not be included in determining compliance with*
15 *paragraph (2).*

16 “(4) *REPORT.—Not later than 1 year after the*
17 *date of the enactment of the Tom Lantos and Henry*
18 *J. Hyde United States Global Leadership Against*
19 *HIV/AIDS, Tuberculosis, and Malaria Reauthoriza-*
20 *tion Act of 2008, and annually thereafter as part of*
21 *the annual report required under section 104A(e) of*
22 *the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–*
23 *2(e)), the President shall—*

24 “(A) *submit a report on the implementation*
25 *of paragraph (2) for the most recently concluded*

1 *fiscal year to the appropriate congressional com-*
2 *mittees; and*

3 *“(B) make the report described in subpara-*
4 *graph (A) available to the public.”;*
5 *(2) in subsection (b)—*

6 *(A) by striking “fiscal years 2006 through*
7 *2008” and inserting “fiscal years 2009 through*
8 *2013”; and*

9 *(B) by striking “vulnerable children affected*
10 *by” and inserting “other children affected by, or*
11 *vulnerable to,”; and*

12 *(3) by adding at the end the following:*

13 *“(c) FUNDING ALLOCATION.—For each of the fiscal*
14 *years 2009 through 2013, more than half of the amounts*
15 *appropriated for bilateral global HIV/AIDS assistance pur-*
16 *suant to section 401 shall be expended for—*

17 *“(1) antiretroviral treatment for HIV/AIDS;*

18 *“(2) clinical monitoring of HIV-seropositive peo-*
19 *ple not in need of antiretroviral treatment;*

20 *“(3) care for associated opportunistic infections;*

21 *“(4) nutrition and food support for people living*
22 *with HIV/AIDS; and*

23 *“(5) other essential HIV/AIDS-related medical*
24 *care for people living with HIV/AIDS.*

1 “(d) *TREATMENT, PREVENTION, AND CARE GOALS.*—

2 *For each of the fiscal years 2009 through 2013—*

3 “(1) *the treatment goal under section 402(a)(3)*
4 *shall be increased above 2,000,000 by at least the per-*
5 *centage increase in the amount appropriated for bi-*
6 *lateral global HIV/AIDS assistance for such fiscal*
7 *year compared with fiscal year 2008;*

8 “(2) *any increase in the treatment goal under*
9 *section 402(a)(3) above the percentage increase in the*
10 *amount appropriated for bilateral global HIV/AIDS*
11 *assistance for such fiscal year compared with fiscal*
12 *year 2008 shall be based on long-term requirements,*
13 *epidemiological evidence, the share of treatment needs*
14 *being met by partner governments and other sources*
15 *of treatment funding, and other appropriate factors;*

16 “(3) *the treatment goal under section 402(a)(3)*
17 *shall be increased above the number calculated under*
18 *paragraph (1) by the same percentage that the aver-*
19 *age United States Government cost per patient of pro-*
20 *viding treatment in countries receiving bilateral HIV/*
21 *AIDS assistance has decreased compared with fiscal*
22 *year 2008; and*

23 “(4) *the prevention and care goals established in*
24 *clauses (i) and (iv) of section 104A(b)(1)(A) of the*
25 *Foreign Assistance Act of 1961 (22 U.S.C. 2151b—*

1 2(b)(1)(A)) shall be increased consistent with epide-
 2 miological evidence and available resources.”.

3 **TITLE V—MISCELLANEOUS**

4 **SEC. 501. MACHINE READABLE VISA FEES.**

5 (a) *FEE INCREASE.*—Notwithstanding any other pro-
 6 vision of law—

7 (1) not later than October 1, 2010, the Secretary
 8 of State shall increase by \$1 the fee or surcharge au-
 9 thorized under section 140(a) of the Foreign Relations
 10 Authorization Act, Fiscal Years 1994 and 1995 (Pub-
 11 lic Law 103–236; 8 U.S.C. 1351 note) for processing
 12 machine readable nonimmigrant visas and machine
 13 readable combined border crossing identification
 14 cards and nonimmigrant visas; and

15 (2) not later than October 1, 2013, the Secretary
 16 shall increase the fee or surcharge described in para-
 17 graph (1) by an additional \$1.

18 (b) *DEPOSIT OF AMOUNTS.*—Notwithstanding section
 19 140(a)(2) of the Foreign Relations Authorization Act, Fis-
 20 cal Years 1994 and 1995 (Public Law 103–236; 8 U.S.C.
 21 1351 note), fees collected under the authority of subsection
 22 (a) shall be deposited in the Treasury.

1 **TITLE VI—EMERGENCY PLAN**
2 **FOR INDIAN SAFETY AND**
3 **HEALTH**

4 **SEC. 601. EMERGENCY PLAN FOR INDIAN SAFETY AND**
5 **HEALTH.**

6 (a) *ESTABLISHMENT OF FUND.*—There is established
7 in the Treasury of the United States a fund, to be known
8 as the “Emergency Fund for Indian Safety and Health”
9 (referred to in this section as the “Fund”), consisting of
10 such amounts as are appropriated to the Fund under sub-
11 section (b).

12 (b) *TRANSFERS TO FUND.*—

13 (1) *IN GENERAL.*—There is authorized to be ap-
14 propriated to the Fund, out of funds of the Treasury
15 not otherwise appropriated, \$2,000,000,000 for the 5-
16 year period beginning on October 1, 2008.

17 (2) *AVAILABILITY OF AMOUNTS.*—Amounts de-
18 posited in the Fund under this section shall—

19 (A) be made available without further ap-
20 propriation;

21 (B) be in addition to amounts made avail-
22 able under any other provision of law; and

23 (C) remain available until expended.

24 (c) *EXPENDITURES FROM FUND.*—On request by the
25 Attorney General, the Secretary of the Interior, or the Sec-

1 *retary of Health and Human Services, the Secretary of the*
2 *Treasury shall transfer from the Fund to the Attorney Gen-*
3 *eral, the Secretary of the Interior, or the Secretary of Health*
4 *and Human Services, as appropriate, such amounts as the*
5 *Attorney General, the Secretary of the Interior, or the Sec-*
6 *retary of Health and Human Services determines to be nec-*
7 *essary to carry out the emergency plan under subsection*
8 *(f).*

9 (d) *TRANSFERS OF AMOUNTS.—*

10 (1) *IN GENERAL.—The amounts required to be*
11 *transferred to the Fund under this section shall be*
12 *transferred at least monthly from the general fund of*
13 *the Treasury to the Fund on the basis of estimates*
14 *made by the Secretary of the Treasury.*

15 (2) *ADJUSTMENTS.—Proper adjustment shall be*
16 *made in amounts subsequently transferred to the ex-*
17 *tent prior estimates were in excess of or less than the*
18 *amounts required to be transferred.*

19 (e) *REMAINING AMOUNTS.—Any amounts remaining*
20 *in the Fund on September 30 of an applicable fiscal year*
21 *may be used by the Attorney General, the Secretary of the*
22 *Interior, or the Secretary of Health and Human Services*
23 *to carry out the emergency plan under subsection (f) for*
24 *any subsequent fiscal year.*

1 (f) *EMERGENCY PLAN*.—Not later than 1 year after the
2 date of enactment of this Act, the Attorney General, the Sec-
3 retary of the Interior, and the Secretary of Health and
4 Human Services, in consultation with Indian tribes (as de-
5 fined in section 4 of the Indian Self-Determination and
6 Education Assistance Act (25 U.S.C. 450b)), shall jointly
7 establish an emergency plan that addresses law enforcement,
8 water, and health care needs of Indian tribes under which,
9 for each of fiscal years 2010 through 2019, of amounts in
10 the Fund—

11 (1) the Attorney General shall use—

12 (A) 18.5 percent for the construction, reha-
13 bilitation, and replacement of Federal Indian de-
14 tention facilities;

15 (B) 1.5 percent to investigate and prosecute
16 crimes in Indian country (as defined in section
17 1151 of title 18, United States Code);

18 (C) 1.5 percent for use by the Office of Jus-
19 tice Programs for Indian and Alaska Native pro-
20 grams; and

21 (D) 0.5 percent to provide assistance to—

22 (i) parties to cross-deputization or
23 other cooperative agreements between State
24 or local governments and Indian tribes (as
25 defined in section 102 of the Federally Rec-

1 *ognized Indian Tribe List Act of 1994 (25*
2 *U.S.C. 479a)) carrying out law enforcement*
3 *activities in Indian country; and*

4 *(ii) the State of Alaska (including po-*
5 *litical subdivisions of that State) for car-*
6 *rying out the Village Public Safety Officer*
7 *Program and law enforcement activities on*
8 *Alaska Native land (as defined in section 3*
9 *of Public Law 103–399 (25 U.S.C. 3902));*

10 *(2) the Secretary of the Interior shall—*

11 *(A) deposit 15.5 percent in the public safety*
12 *and justice account of the Bureau of Indian Af-*
13 *fairs for use by the Office of Justice Services of*
14 *the Bureau in providing law enforcement or de-*
15 *tention services, directly or through contracts or*
16 *compacts with Indian tribes under the Indian*
17 *Self-Determination and Education Assistance*
18 *Act (25 U.S.C. 450 et seq.); and*

19 *(B) use 50 percent to implement require-*
20 *ments of Indian water settlement agreements*
21 *that are approved by Congress (or the legislation*
22 *to implement such an agreement) under which*
23 *the United States shall plan, design, rehabilitate,*
24 *or construct, or provide financial assistance for*
25 *the planning, design, rehabilitation, or construc-*

1 *tion of, water supply or delivery infrastructure*
2 *that will serve an Indian tribe (as defined in*
3 *section 4 of the Indian Self-Determination and*
4 *Education Assistance Act (25 U.S.C. 450b)); and*
5 *(3) the Secretary of Health and Human Serv-*
6 *ices, acting through the Director of the Indian Health*
7 *Service, shall use 12.5 percent to provide, directly or*
8 *through contracts or compacts with Indian tribes*
9 *under the Indian Self-Determination and Education*
10 *Assistance Act (25 U.S.C. 450 et seq.)—*

11 *(A) contract health services;*

12 *(B) construction, rehabilitation, and re-*
13 *placement of Indian health facilities; and*

14 *(C) domestic and community sanitation fa-*
15 *cilities serving members of Indian tribes (as de-*
16 *finied in section 4 of the Indian Self-Determina-*
17 *tion and Education Assistance Act (25 U.S.C.*
18 *450b)) pursuant to section 7 of the Act of August*
19 *5, 1954 (42 U.S.C. 2004a).*

Attest:

Secretary.

110TH CONGRESS
2D SESSION

H.R. 5501

AMENDMENT