

110TH CONGRESS
2D SESSION

H. R. 5501

IN THE SENATE OF THE UNITED STATES

APRIL 3, 2008

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

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.

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

1 **SECTION 1. SHORT TITLE AND 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 and table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.
- Sec. 4. Purpose.

TITLE I—POLICY PLANNING AND COORDINATION

- Sec. 101. Development of a comprehensive, five-year, global strategy.
- Sec. 102. HIV/AIDS Response Coordinator.

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

- Sec. 201. Sense of Congress on public-private partnerships.
- Sec. 202. Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sec. 203. Voluntary contributions to international vaccine funds.
- Sec. 204. Program to facilitate availability of microbicides to prevent transmission of HIV and other diseases.
- Sec. 205. Plan to combat HIV/AIDS, tuberculosis, and malaria by strengthening health policies and health systems of host countries.

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. Health care partnerships to combat HIV/AIDS.

Subtitle B—Assistance for Women, Children, and Families

- Sec. 311. Policy and requirements.
- Sec. 312. Annual reports on prevention of mother-to-child transmission of the HIV infection.
- Sec. 313. Strategy to prevent HIV infections among women and youth.
- Sec. 314. Clerical amendment.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

- Sec. 401. Authorization of appropriations.
- Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

Sec. 404. Prohibition on taxation by foreign governments.

TITLE V—SUSTAINABILITY AND STRENGTHENING OF HEALTH
CARE SYSTEMS

Sec. 501. Sustainability and strengthening of health care systems.

Sec. 502. Clerical amendment.

1 SEC. 2. FINDINGS.

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

6 “(29) The HIV/AIDS pandemic continues to
7 pose a major threat to the health of the global com-
8 munity, from the most severely-affected regions of
9 sub-Saharan Africa and the Caribbean, to the
10 emerging epidemics of Eastern Europe, Central
11 Asia, South and Southeast Asia, and Latin America.

12 “(30) According to UNAIDS’ 2007 global esti-
13 mates, there are 33.2 million individuals with HIV/
14 AIDS worldwide, including 2.5 million people newly-
15 infected with HIV. Of those infected with HIV, 2.5
16 million are children under 15 who also account for
17 460,000 of the newly-infected individuals.

18 “(31) Sub-Saharan Africa continues to be the
19 region most affected by the HIV/AIDS pandemic.
20 More than 68 percent of adults and nearly 90 per-
21 cent of children with HIV/AIDS live in sub-Saharan

1 Africa, and more than 76 percent of AIDS deaths
2 in 2007 occurred in sub-Saharan Africa.

3 “(32) Although sub-Saharan Africa carries the
4 heaviest disease burden of HIV/AIDS, the HIV/
5 AIDS pandemic continues to affect virtually every
6 world region. While prevalence rates are relatively
7 low in Eastern Europe, Central Asia, South and
8 Southeast Asia, and Latin America, without effective
9 prevention strategies, HIV prevalence rates could
10 rise quickly in these regions.

11 “(33) By world region, according to UNAIDS’
12 2007 global estimates—

13 “(A) in sub-Saharan Africa, there were
14 22.5 million adults and children infected with
15 HIV, up from 20.9 million in 2001, with 1.7
16 million new HIV infections, a 5 percent preva-
17 lence rate, and 1.6 million deaths;

18 “(B) in South and Southeast Asia, there
19 were 4 million adults and children infected with
20 HIV, up from 3.5 million in 2001, with
21 340,000 new HIV infections, a 0.3 percent
22 prevalence rate, and 270,000 deaths;

23 “(C) in East Asia, there were 800,000
24 adults and children infected with HIV, up from
25 420,000 in 2001, with 92,000 new HIV infec-

1 tions, a 0.1 percent prevalence rate, and 32,000
2 deaths;

3 “(D) in Eastern and Central Europe, there
4 were 1.6 million adults and children infected
5 with HIV, up from 630,000 in 2001, with
6 150,000 new HIV infections, a 0.9 percent
7 prevalence rate, and 55,000 deaths; and

8 “(E) in the Caribbean, there were 230,000
9 adults and children infected with HIV, up from
10 190,000 in 2001, with 17,000 new HIV infec-
11 tions, a 1 percent prevalence rate, and 11,000
12 deaths.

13 “(34) Tuberculosis is the number one killer of
14 individuals with HIV/AIDS and is responsible for up
15 to one-half of HIV/AIDS deaths in Africa.

16 “(35) The wide extent of drug resistant tuber-
17 culosis, including both multi-drug resistant tuber-
18 culosis (MDR-TB) and extensively drug resistant
19 tuberculosis (XDR-TB), driven by the HIV/AIDS
20 pandemic in sub-Saharan Africa, has hampered both
21 HIV/AIDS and tuberculosis treatment services. The
22 World Health Organization (WHO) has declared the
23 prevalence of tuberculosis to be at emergency levels
24 in sub-Saharan Africa.

1 “(36) Forty percent of the world’s population,
2 mostly poor, live in malarial zones, and malaria,
3 which is highly preventable, kills more than 1 million
4 individuals worldwide each year. Ninety percent of
5 malaria’s victims are in sub-Saharan Africa and 70
6 percent of malaria’s victims are children under the
7 age of 5. Additionally, hunger and malnutrition kill
8 another 6 million individuals worldwide each year.

9 “(37) Assistance to combat HIV/AIDS must
10 address the nutritional factors associated with the
11 disease in order to be effective and sustainable. The
12 World Food Program estimates that 6.4 million indi-
13 viduals affected by HIV will need nutritional support
14 by 2008.

15 “(38) Women and girls continue to be vulner-
16 able to HIV, in large part, due to gender-based cul-
17 tural norms that leave many women and girls power-
18 less to negotiate social relationships.

19 “(39) Women make up 50 percent of individ-
20 uals infected with HIV worldwide. In sub-Saharan
21 Africa, where the HIV/AIDS epidemic is most se-
22 vere, women make up 57 percent of individuals in-
23 fected with HIV, and 75 percent of young people in-
24 fected with HIV in sub-Saharan Africa are young
25 women ages 15 to 24.

1 “(40) Women and girls are biologically, socially,
2 and economically more vulnerable to HIV infection.
3 Gender disparities in the rate of HIV infection are
4 the result of a number of factors, including the fol-
5 lowing:

6 “(A) Cross-generational sex with older men
7 who are more likely to be infected with HIV,
8 and a lack of choice regarding when and whom
9 to marry, leading to early marriages and high
10 rates of child marriages with older men. About
11 one-half of all adolescent females in sub-Saha-
12 ran Africa and two-thirds of adolescent females
13 in Asia are married by age 18.

14 “(B) Studies show that married women
15 and married and unmarried girls often are un-
16 able or find it difficult to negotiate the fre-
17 quency and timing of sexual intercourse, ensure
18 their partner’s faithfulness, or insist on condom
19 use. Under these circumstances, women often
20 run the risk of being infected by husbands or
21 male partners in societies where men in rela-
22 tionships have more than one partner. Behavior
23 change is particularly important in societies in
24 which this is a common practice.

1 “(C) Because young married women and
2 girls are more likely to have unprotected sex
3 and have more frequent sex than their unmar-
4 ried peers, and women and girls who are faith-
5 ful to their spouses can be placed at risk of
6 HIV/AIDS through a husband’s infidelity or
7 prior infection, marriage is not always a guar-
8 antee against HIV infection, although it is a
9 protective factor overall.

10 “(D) Social and economic inequalities
11 based largely on gender limit access for women
12 and girls to education and employment opportu-
13 nities and prevent them from asserting their in-
14 heritance and property rights. For many
15 women, a lack of independent economic means
16 combines with socio-cultural practices to sustain
17 and exacerbate their fear of abandonment, evic-
18 tion, or ostracism from their homes and com-
19 munities and can leave many more women
20 trapped within relationships where they are vul-
21 nerable to HIV infection.

22 “(E) A lack of educational opportunities
23 for women and girls is linked to younger sexual
24 debut, earlier childhood marriage, earlier child-

1 bearing, decreased child survival, worsening nu-
2 trition, and increased risk of HIV infection.

3 “(F) High rates of gender-based violence,
4 rape, and sexual coercion within and outside
5 marriage contribute to high rates of HIV infec-
6 tion. According to the World Health Organiza-
7 tion, between one-sixth and three-quarters of
8 women in various countries and settings have
9 experienced some form of physical or sexual vio-
10 lence since the age of 15 within or outside of
11 marriage. Women who are unable to protect
12 themselves from such violence are often unable
13 to protect themselves from being infected with
14 HIV through forced sexual contact.

15 “(G) Fear of domestic violence and the
16 continuing stigma and discrimination associated
17 with HIV/AIDS prevent many women from ac-
18 cessing information about HIV/AIDS, getting
19 tested, disclosing their HIV status, accessing
20 services to prevent mother-to-child transmission
21 of HIV, or receiving treatment and counseling
22 even when they already know they have been in-
23 fected with HIV.

24 “(H) According to UNAIDS, the vulner-
25 ability of individuals involved in commercial sex

1 acts to HIV infection is heightened by stig-
2 matization and marginalization, limited eco-
3 nomic options, limited access to health, social,
4 and legal services, limited access to information
5 and prevention means, gender-related dif-
6 ferences and inequalities, sexual exploitation
7 and trafficking, harmful or non-protective laws
8 and policies, and exposure to risks associated
9 with commercial sex acts, such as violence, sub-
10 stance abuse, and increased mobility.

11 “(I) Lack of access to basic HIV preven-
12 tion information and education and lack of co-
13 ordination with existing primary health care to
14 reduce stigma and maximize coverage.

15 “(J) Lack of access to currently available
16 female-controlled HIV prevention methods, such
17 as the female condom, and lack of training on
18 proper use of either male or female condoms.

19 “(K) High rates of other sexually trans-
20 mitted infections and complications during
21 pregnancies and childbirth.

22 “(L) An absence of functioning legal
23 frameworks to protect women and girls and,
24 where such frameworks exist, the lack of ac-

1 countable and effective enforcement of such
2 frameworks.

3 “(41) In addition to vulnerabilities to HIV in-
4 fection, women in sub-Saharan Africa face a 1-in-13
5 chance of dying in childbirth compared to a 1-in-16
6 chance in least-developed countries worldwide, a 1-
7 in-60 chance in developing countries, and a 1-in-
8 4,100 chance in developed countries.

9 “(42) Due to these high maternal mortality
10 rates and high HIV prevalence rates in certain coun-
11 tries, special attention is needed in these countries
12 to help HIV-positive women safely deliver healthy
13 babies and save women’s lives.

14 “(43) Unprotected sex within or outside of mar-
15 riage is the single greatest factor in the transmission
16 of HIV worldwide and is responsible for 80 percent
17 of new HIV infections in sub-Saharan Africa.

18 “(44) Multiple randomized controlled trials
19 have established that male circumcision reduces a
20 man’s risk of contracting HIV by 60 percent or
21 more. Twelve acceptability studies have found that
22 in regions of sub-Saharan Africa where circumcision
23 is not traditionally practiced, a majority of men
24 want the procedure. Broader availability of male cir-
25 cumcision services could prevent millions of HIV in-

1 fections not only in men but also in their female
2 partners.

3 “(45)(A) Youth also face particular challenges
4 in receiving services for HIV/AIDS.

5 “(B) Nearly one-half of all orphans who have
6 lost one parent and two-thirds of those who have lost
7 both parents are ages 12 to 17. These orphans are
8 in particular need of services to protect themselves
9 against sexually-transmitted infections, including
10 HIV.

11 “(C) Research indicates that many youth ben-
12 efit from full disclosure of medically accurate, age-
13 appropriate information about abstinence, partner
14 reduction, and condoms. Providing comprehensive
15 information about HIV, including delay of sexual
16 debut and the ABC model: ‘Abstain, Be faithful, use
17 Condoms’, and linking such information to health
18 care can help improve awareness of safe sex prac-
19 tices and address the fact that only 1 in 3 young
20 men and 1 in 5 young women ages 15 to 24 can cor-
21 rectly identify ways to prevent HIV infection.

22 “(D) Surveys indicate that no country has suc-
23 ceeded in fully educating more than one-half of its
24 youth about the prevention and transmission of
25 HIV.

1 “(46) According to the United Nations High
2 Commissioner for Refugees (UNHCR), HIV/AIDS
3 prevalence rates among refugees are generally lower
4 than the HIV/AIDS prevalence rates for their host
5 communities, though perceptions run counter to this
6 fact. However, peacekeeping operations that no
7 longer deploy HIV/AIDS-positive troops still face
8 vulnerabilities to sexual transmission of HIV with
9 HIV-positive individuals in refugee camps. Host
10 countries generally do not provide HIV/AIDS pre-
11 vention, treatment, and care services for refugees.

12 “(47) Continuing progress to reach the millions
13 of impoverished individuals who need voluntary test-
14 ing, counseling, treatment, and care for HIV/AIDS
15 requires increased efforts to strengthen health care
16 delivery systems and infrastructure, rebuild and ex-
17 pand the health care workforce, and strengthen al-
18 lied and support services in countries receiving
19 United States global HIV/AIDS assistance.

20 “(48) While HIV/AIDS poses the greatest
21 health threat of modern times, it also poses the
22 greatest development challenge for developing coun-
23 tries with fragile economies and weak public finan-
24 cial management systems that are ill equipped to
25 shoulder the burden of this disease. International

1 donors will have to play a critical role in providing
2 resources for HIV/AIDS programs far into the fu-
3 ture.

4 “(49) The emerging partnerships between coun-
5 tries most affected by HIV/AIDS and the United
6 States must include stronger coordination between
7 HIV/AIDS programs and other United States for-
8 eign assistance programs, and stronger collaboration
9 with other donors in the areas of economic develop-
10 ment and growth strategies.

11 “(50) The future control of HIV/AIDS de-
12 mands coordination between international organiza-
13 tions such as the Global Fund to Fight AIDS, Tu-
14 berculosis and Malaria, UNAIDS, the World Health
15 Organization (WHO), the World Bank and the
16 International Monetary Fund (IMF), the inter-
17 national donor community, national governments,
18 and private sector organizations, including commu-
19 nity and faith-based organizations.

20 “(51) The future control of HIV/AIDS further
21 requires effective and transparent public finance
22 management systems in developing countries to ad-
23 vance the ability of such countries to manage public
24 revenues and donor funds aimed at combating HIV/
25 AIDS and other diseases.

1 “(52) The HIV/AIDS pandemic contributes to
2 the shortage of health care personnel through loss of
3 life and illness, unsafe working conditions, increased
4 workloads for diminished staff, and resulting stress
5 and burnout, while the shortage of health care per-
6 sonnel undermines efforts to prevent and provide
7 care and treatment for individuals with HIV/AIDS.

8 “(53) The shortage of health care personnel, in-
9 cluding doctors, nurses, pharmacists, counselors, lab-
10 oratory staff, paraprofessionals, trained lay workers,
11 and researchers is one of the leading obstacles to
12 combating HIV/AIDS in sub-Saharan Africa.

13 “(54) Since 2003, important progress has been
14 made in combating HIV/AIDS, yet there is more to
15 be done. The number of new HIV infections is still
16 increasing at an alarming rate. According to the
17 United States National Institute of Allergy and In-
18 fectious Diseases, globally, for every 1 individual put
19 on antiretroviral therapy, 6 individuals are newly in-
20 fected with HIV.

21 “(55) The United States Government continues
22 to be the world’s leader in the fight against HIV/
23 AIDS and the unsurpassed partner with developing
24 countries in their efforts to control this disease.

1 “(56) By September 2007, the United States,
2 through the United States Leadership Against HIV/
3 AIDS, Tuberculosis, and Malaria Act of 2003 (22
4 U.S.C. 7601 et seq.), had provided services to pre-
5 vent mother-to-child-transmission of HIV to women
6 during 10 million pregnancies; provided
7 antiretroviral prophylaxis for women during over
8 827,300 pregnancies; prevented an estimated
9 157,240 HIV infections in infants; cared for over
10 6.6 million individuals, including over 2.7 million or-
11 phans and vulnerable children; supported lifesaving
12 antiretroviral therapies for approximately 1.4 million
13 men, women, and children in sub-Saharan Africa,
14 Asia, and the Carribean; and provided counseling
15 and testing to over 33.7 million men, women, and
16 children in developing countries.

17 “(57) These numbers were achieved because of
18 the commitment of substantial resources and sup-
19 port of the United States Government to our part-
20 ners on the front lines—the dedicated and com-
21 mitted women and men, communities, and nations
22 who are taking control of the HIV/AIDS epidemics
23 in their own countries.”.

1 **SEC. 3. DEFINITIONS.**

2 Section 3(2) of the United States Leadership Against
3 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22
4 U.S.C. 7602(2)) is amended by striking “Committee on
5 International Relations” and inserting “Committee on
6 Foreign Affairs”.

7 **SEC. 4. PURPOSE.**

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

11 **“SEC. 4. PURPOSE.**

12 “The purpose of this Act is to strengthen and en-
13 hance United States global leadership and the effective-
14 ness of the United States response to the HIV/AIDS, tu-
15 berculosis, and malaria pandemics and other related and
16 preventable infectious diseases in developing countries
17 by—

18 “(1) establishing a comprehensive, integrated
19 five-year, global strategy to fight HIV/AIDS, tuber-
20 culosis, and malaria that encompasses a plan for
21 continued expansion and coordination of critical pro-
22 grams and improved coordination among relevant
23 executive branch agencies and between the United
24 States and foreign governments and international
25 organizations;

1 “(2) providing increased resources for United
2 States bilateral efforts to combat HIV/AIDS, tuber-
3 culosis, and malaria, particularly for prevention,
4 treatment, and care (including nutritional support),
5 technical assistance and training, the strengthening
6 of health care systems, health care workforce devel-
7 opment, monitoring and evaluations systems, and
8 operations research;

9 “(3) providing increased resources for multilat-
10 eral efforts to combat HIV/AIDS, tuberculosis, and
11 malaria;

12 “(4) encouraging the expansion of private sec-
13 tor efforts and expanding public-private sector part-
14 nerships to combat HIV/AIDS; and

15 “(5) intensifying efforts to support the develop-
16 ment of vaccines, microbicides, and other prevention
17 technologies and improved diagnostics treatment for
18 HIV/AIDS, tuberculosis, and malaria.”.

19 **TITLE I—POLICY PLANNING AND** 20 **COORDINATION**

21 **SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-** 22 **YEAR, GLOBAL STRATEGY.**

23 (a) STRATEGY.—Subsection (a) of section 101 of the
24 United States Leadership Against HIV/AIDS, Tuber-

1 culosis, and Malaria Act of 2003 (22 U.S.C. 7611) is
2 amended—

3 (1) in the first sentence of the matter preceding
4 paragraph (1), by striking “to combat” and insert-
5 ing “to develop efforts further to combat”;

6 (2) by amending paragraph (4) to read as fol-
7 lows:

8 “(4) provide that the reduction of HIV/AIDS
9 behavioral risks shall be a priority of all prevention
10 efforts in terms of funding, scientifically-accurate
11 educational services, and activities by—

12 “(A) designing prevention strategies and
13 programs based on sound epidemiological evi-
14 dence, tailored to the unique needs of each
15 country and community, and reaching those
16 populations found to be most at risk for acquir-
17 ing HIV infection;

18 “(B) promoting abstinence from sexual ac-
19 tivity and substance abuse;

20 “(C) encouraging delay of sexual debut,
21 monogamy, fidelity, and partner reduction;

22 “(D) promoting the effective use of male
23 and female condoms;

24 “(E) promoting the use of measures to re-
25 duce the risk of HIV transmission for discord-

1 ant couples (where one individual has HIV/
2 AIDS and the other individual does not have
3 HIV/AIDS or whose status is unknown);

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

8 “(G) promoting the rapid expansion of safe
9 and voluntary male circumcision services;

10 “(H) promoting life skills training and de-
11 velopment for children and youth;

12 “(I) supporting advocacy for child and
13 youth community-based protective social serv-
14 ices;

15 “(J) eradicating trafficking in persons and
16 creating alternatives to prostitution;

17 “(K) promoting cooperation with law en-
18 forcement to prosecute offenders of trafficking,
19 rape, and sexual assault crimes with the goal of
20 eliminating such crimes;

21 “(L) promoting services demonstrated to
22 be effective in reducing the transmission of HIV
23 infection among injection drug users without in-
24 creasing illicit drug use;

1 “(M) promoting policies and programs to
2 end the sexual exploitation of and violence
3 against women and children; and

4 “(N) promoting prevention and treatment
5 services for men who have sex with men;”;

6 (3) by redesignating paragraphs (5) through
7 (10) as paragraphs (6) through (11), respectively;

8 (4) by inserting after paragraph (4) (as amend-
9 ed by paragraph (2) of this subsection) the fol-
10 lowing:

11 “(5) include specific plans for linkage to, and
12 referral systems for nongovernmental organizations
13 that implement multisectoral approaches, including
14 faith-based and community-based organizations,
15 for—

16 “(A) nutrition and food support for indi-
17 viduals with HIV/AIDS and affected commu-
18 nities;

19 “(B) child health services and development
20 programs;

21 “(C) HIV/AIDS prevention and treatment
22 services for injection drug users;

23 “(D) access to HIV/AIDS education and
24 testing in family planning and maternal health

1 programs supported by the United States Gov-
2 ernment; and

3 “(E) medical, social, and legal services for
4 victims of violence;”;

5 (5) by redesignating paragraphs (10) and (11)
6 (as redesignated by paragraph (3) of this sub-
7 section) as paragraphs (11) and (12), respectively;
8 and

9 (6) by inserting after paragraph (9) (as redesign-
10 nated by paragraph (3) of this subsection) the fol-
11 lowing:

12 “(10) maximize host country capacities in train-
13 ing and research, particularly operations research;”.

14 (b) REPORT.—Subsection (b) of such section is
15 amended—

16 (1) in paragraph (1), by striking “this Act” and
17 inserting “the Tom Lantos and Henry J. Hyde
18 Global Leadership Against HIV/AIDS, Tuberculosis,
19 and Malaria Reauthorization Act of 2008”; and

20 (2) in paragraph (3)—

21 (A) by amending subparagraph (C) to read
22 as follows:

23 “(C) A description of the manner in which
24 the strategy will address the following:

1 “(i) The fundamental elements of pre-
2 vention and education, care and treatment,
3 including increasing access to pharma-
4 ceuticals, vaccines, and microbicides, as
5 they become available, screening, prophylaxis,
6 and treatment of major opportunistic
7 infections, including tuberculosis, and in-
8 creasing access to nutrition and food for
9 individuals on antiretroviral therapies.

10 “(ii) The promotion of delay of sexual
11 debut, abstinence, monogamy, fidelity, and
12 partner reduction.

13 “(iii) The promotion of correct and
14 consistent use of male and female condoms
15 and other strategies and skills development
16 to reduce the risk of HIV transmission.

17 “(iv) Increasing voluntary access to
18 safe male circumcision services.

19 “(v) Life-skills training.

20 “(vi) The provision of information and
21 services to encourage young people to delay
22 sexual debut and ensure access to HIV/
23 AIDS prevention information and services.

24 “(vii) Prevention of sexual violence
25 leading to transmission of HIV and assist-

1 ance for victims of violence who are at risk
2 of HIV transmission.

3 “(viii) HIV/AIDS prevention, care,
4 and treatment services for injection drug
5 users.

6 “(ix) Research, including incentives
7 for HIV vaccine development and new pro-
8 tocols.

9 “(x) Advocacy for community-based
10 child and youth protective services.

11 “(xi) Training of health care workers.

12 “(xii) The development of health care
13 infrastructure and delivery systems.

14 “(xiii) Prevention efforts for sub-
15 stance abusers.

16 “(xiv) Prevention, treatment, care,
17 and outreach efforts for men who have sex
18 with men.”;

19 (B) in subparagraph (D), by adding at the
20 end before the period the following: “, including
21 through faith-based and other nongovernmental
22 organizations”;

23 (C) in subparagraph (E), by inserting “ac-
24 cess to HIV/AIDS education and testing in
25 family planning and maternal and child health

1 programs supported by the United States Gov-
2 ernment and” after “the unique needs of
3 women, including”;

4 (D) in subparagraph (F), by inserting
5 “(including by accessing voluntary clinical cir-
6 cumcision services)” after “in their sexual be-
7 havior”;

8 (E) in subparagraph (G), by inserting
9 “and men’s” after “women’s”;

10 (F) by redesignating subparagraphs (M)
11 through (W) as subparagraphs (N) through
12 (X);

13 (G) by inserting after subparagraph (L)
14 the following:

15 “(M) A description of efforts to be under-
16 taken to strengthen the public finance manage-
17 ment systems of selected host countries to en-
18 sure transparent, efficient, and effective man-
19 agement of national and donor financial invest-
20 ments in health.”;

21 (H) in subparagraph (O) (as redesignated
22 by subparagraph (F) of this paragraph), by
23 striking “evaluating programs,” and inserting
24 “evaluating programs to ensure medical accu-
25 racy, operations research,”;

1 (I) in subparagraph (Q) (as redesignated
2 by subparagraph (F) of this paragraph), by in-
3 serting “, strengthen national health care deliv-
4 ery systems, and increase national health work-
5 force capacities,” after “HIV/AIDS pandemic”;

6 (J) in subparagraph (R) (as redesignated
7 by subparagraph (F) of this paragraph), by in-
8 serting at the end before the period the fol-
9 lowing: “, including strategies relating to agri-
10 cultural development, trade and economic
11 growth, and education”;

12 (K) in subparagraph (T) (as redesignated
13 by subparagraph (F) of this paragraph), by in-
14 serting “efforts of intergenerational caregivers
15 and” after “, including”;

16 (L) by redesignating subparagraphs (V)
17 through (X) (as redesignated by subparagraph
18 (F) of this paragraph), as subparagraphs (W)
19 through (Y), respectively;

20 (M) by inserting after subparagraph (U)
21 (as redesignated by subparagraph (F) of this
22 paragraph) the following:

23 “(V) A plan to strengthen and implement
24 health care workforce strategies to enable coun-
25 tries to increase the supply and retention of all

1 cadres of trained professional and paraprofes-
2 sional health care workers by numbers that
3 move toward global health program needs and
4 toward targets established by the World Health
5 Organization, while enabling health systems to
6 expand coverage consistent with national and
7 international targets and goals.”; and

8 (N) by striking subparagraph (Y) (as re-
9 designated by subparagraphs (F) and (L) of
10 this paragraph) and inserting the following:

11 “(Y) A description of the specific strate-
12 gies, developed in coordination with existing
13 health programs, to prevent mother-to-child
14 transmission of HIV, including the extent to
15 which HIV-positive women and men in treat-
16 ment, care, and support programs and HIV-
17 negative women and men are counseled about
18 methods of preventing HIV transmission and
19 the extent to which HIV prevention methods
20 are provided on-site or by referral in treatment,
21 care, and support programs.

22 “(Z) A description of the specific strategies
23 developed to maximize the capacity of health
24 care providers, including faith-based and other
25 nongovernmental organizations, and family

1 planning providers supported by the United
2 States Government to ensure access to nec-
3 essary and comprehensive information about re-
4 ducing sexual transmission of HIV among
5 women, men, and young people, including strat-
6 egies to ensure HIV/AIDS prevention training
7 for such providers.

8 “(AA) A strategy to work with inter-
9 national and host country partners toward uni-
10 versal access to HIV/AIDS prevention, treat-
11 ment, and care programs.”.

12 (c) STRATEGIC PLAN FOR PROGRAM MONITORING,
13 OPERATIONS RESEARCH, AND IMPACT EVALUATION RE-
14 SEARCH.—

15 (1) IN GENERAL.—Not later than 1 year after
16 the date of the enactment of this Act, the Coordi-
17 nator of United States Government Activities to
18 Combat HIV/AIDS Globally shall develop a 5-year
19 strategic plan for program monitoring, operations
20 research, and impact evaluation research of United
21 States HIV/AIDS, tuberculosis, and malaria pro-
22 grams.

23 (2) ELEMENTS OF PLAN.—The strategic plan
24 developed under this subsection shall include—

1 (A) the amount of funding provided for
2 program monitoring, operations research, and
3 impact evaluation research under sections
4 104A, 104B, and 104C of the Foreign Assist-
5 ance Act of 1961 (22 U.S.C. 2151b–2, 2151b–
6 3, and 2151b–4) and the United States Leader-
7 ship Against HIV/AIDS, Tuberculosis, and Ma-
8 laria Act of 2003 (22 U.S.C. 7601 et seq.)
9 available through fiscal year 2009;

10 (B) strategies to—

11 (i) improve the efficiency, effective-
12 ness, quality, and accessibility of services
13 provided under the provisions of law de-
14 scribed in subparagraph (A);

15 (ii) establish the cost-effectiveness of
16 program models;

17 (iii) ensure the transparency and ac-
18 countability of services provided under the
19 provisions of law described in subpara-
20 graph (A);

21 (iv) disseminate and promote the utili-
22 zation of evaluation findings, lessons, and
23 best practices in services provided under
24 the provisions of law described in subpara-
25 graph (A); and

1 (v) encourage and evaluate innovative
2 service models and strategies to optimize
3 the delivery of care, treatment, and preven-
4 tion programs financed by the United
5 States Government;

6 (C) priorities for program monitoring, op-
7 erations research, and impact evaluation re-
8 search and a time line for completion of activi-
9 ties associated with such priorities; and

10 (D) other information that the Coordinator
11 determines to be necessary.

12 (3) CONSULTATION.—In developing the stra-
13 tegic plan under this subsection and implementing,
14 disseminating, and promoting the use of program
15 monitoring, operations research, and impact evalua-
16 tion research, the Coordinator shall consult with rep-
17 resentatives of relevant executive branch agencies,
18 other appropriate executive branch agencies, multi-
19 lateral institutions involved in providing HIV/AIDS
20 assistance, nongovernmental organizations involved
21 in implementing HIV/AIDS programs, and the gov-
22 ernments of host countries.

23 (4) DEFINITIONS.—In this subsection—

24 (A) the terms “program monitoring”, “op-
25 erations research”, and “impact evaluation re-

1 search”, have the meanings given such terms in
 2 section 104A(d)(4)(B) of the Foreign Assist-
 3 ance Act of 1961 (as added by section
 4 301(a)(4)(C) of this Act); and

5 (B) the term “relevant executive branch
 6 agencies” has the meaning given the term in
 7 section 3 of the United States Leadership
 8 Against HIV/AIDS, Tuberculosis, and Malaria
 9 Act of 2003 (22 U.S.C. 7602).

10 **SEC. 102. HIV/AIDS RESPONSE COORDINATOR.**

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

14 (1) in subparagraph (A)—

15 (A) in the matter preceding clause (i), by
 16 inserting “, host country finance, health, and
 17 other relevant ministries” after “community-
 18 based organizations””; and

19 (B) in clause (iii), by inserting “and host
 20 country finance, health, and other relevant min-
 21 istries” after “community-based organiza-
 22 tions””; and

23 (2) in subparagraph (B)(ii)—

24 (A) by striking subclauses (IV) and (V)
 25 and inserting the following:

1 “(IV) Establishing an inter-
2 agency working group on HIV/AIDS
3 that is comprised of, but not limited
4 to, representatives from the United
5 States Agency for International Devel-
6 opment, the Department of Health
7 and Human Services (including the
8 Centers for Disease Control and Pre-
9 vention, the National Institutes of
10 Health, and the Health Resources and
11 Services Administration), the Depart-
12 ment of Labor, the Department of
13 Agriculture, the Millennium Challenge
14 Corporation, the Department of De-
15 fense, and the Office of the Coordi-
16 nator of United States Government
17 Activities to Combat Malaria Globally,
18 for the purposes of coordination of ac-
19 tivities relating to HIV/AIDS. The
20 interagency working group shall—

21 “(aa) meet regularly to re-
22 view progress in host countries
23 toward HIV/AIDS prevention,
24 treatment, and care objectives;

1 “(bb) participate in the
2 process of identifying countries in
3 need of increased assistance
4 based on the epidemiology of
5 HIV/AIDS in those countries;
6 and

7 “(cc) review policies that
8 may be obstacles to reaching ob-
9 jectives set forth for HIV/AIDS
10 prevention, treatment, and care.

11 “(V) Coordinating overall United
12 States HIV/AIDS policy and pro-
13 grams with efforts led by host coun-
14 tries and with the assistance provided
15 by other relevant bilateral and multi-
16 lateral aid agencies and other donor
17 institutions to achieve
18 complementarity with other programs
19 aimed at improving child and mater-
20 nal health, and food security, pro-
21 moting education, and strengthening
22 health care systems.”;

23 (B) by redesignating subclauses (VII) and
24 (VIII) as subclauses (IX) and (X), respectively;

1 (C) by inserting after subclause (VI) the
2 following:

3 “(VII) Holding annual consulta-
4 tions with host country nongovern-
5 mental organizations providing serv-
6 ices to improve health, and advocating
7 on behalf of the individuals with HIV/
8 AIDS and those at particular risk of
9 contracting HIV/AIDS.

10 “(VIII) Ensuring, through inter-
11 agency and international coordination,
12 that United States HIV/AIDS pro-
13 grams are coordinated with and com-
14plementary to the delivery of related
15 global health, food security, and edu-
16 cation services, including—

17 “(aa) maternal and child
18 health care;

19 “(bb) services for other ne-
20glected and easily preventable
21 and treatable infectious diseases,
22 such as tuberculosis;

23 “(cc) treatment and care
24 services for injection drug users;
25 and

1 “(dd) programs and services
2 to improve legal, social, and eco-
3 nomic status of women and
4 girls.”;

5 (D) in subclause (IX) (as redesignated by
6 subparagraph (B) of this paragraph)—

7 (i) by inserting “Vietnam, Antigua
8 and Barbuda, the Bahamas, Barbados,
9 Belize, Dominica, Grenada, Jamaica,
10 Montserrat, Saint Kitts and Nevis, Saint
11 Vincent and the Grenadines, Saint Lucia,
12 Suriname, Trinidad and Tobago, the Do-
13 minican Republic, Malawi, Swaziland, Le-
14 sotho” after “Zambia,”;

15 (ii) by adding at the end before the
16 period the following: “and other countries
17 in which the United States is implementing
18 HIV/AIDS programs”; and

19 (iii) by adding at the end the fol-
20 lowing: “In designating countries under
21 this subclause, the President shall give pri-
22 ority to those countries in which there is a
23 high prevalence of HIV/AIDS and coun-
24 tries with large populations that have a
25 concentrated HIV/AIDS epidemic.”;

1 (E) by redesignating subclause (X) (as re-
2 designated by subparagraph (B) of this para-
3 graph) as subclause (XII);

4 (F) by inserting after subclause (IX) (as
5 redesignated by subparagraph (B) and amended
6 by subparagraph (D) of this paragraph) the fol-
7 lowing:

8 “(X) Working, in partnership with
9 host countries in which the HIV/AIDS epi-
10 demic is prevalent among injection drug
11 users, to establish, as a national priority,
12 national HIV/AIDS prevention programs,
13 including education, and services dem-
14 onstrated to be effective in reducing the
15 transmission of HIV infection among injec-
16 tion drug users without increasing drug
17 use.

18 “(XI) Working, in partnership with
19 host countries in which the HIV/AIDS epi-
20 demic is prevalent among individuals in-
21 volved in commercial sex acts, to establish,
22 as a national priority, national prevention
23 programs, including education, voluntary
24 testing, and counseling, and referral sys-
25 tems that link HIV/AIDS programs with

1 programs to eradicate trafficking in per-
2 sons and create alternatives to prostitu-
3 tion.”;

4 (G) in subclause (XII) (as redesignated by
5 subparagraphs (B) and (E) of this paragraph),
6 by striking “funds section” and inserting
7 “funds appropriated pursuant to the authoriza-
8 tion of appropriations under section 401 of the
9 United States Leadership Against HIV/AIDS,
10 Tuberculosis, and Malaria Act of 2003 for HIV/
11 AIDS assistance”; and

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

13 “(XIII) Publicizing updated drug
14 pricing data to inform pharmaceutical
15 procurement partners’ purchasing de-
16 cisions.

17 “(XIV) Working in partnership
18 with host countries in which the HIV/
19 AIDS epidemic is prevalent among
20 men who have sex with men, to estab-
21 lish, as a national priority, national
22 HIV/AIDS prevention programs, in-
23 cluding education and services dem-
24 onstrated to be effective in reducing

1 the transmission of HIV among men
2 who have sex with men.”.

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

7 **SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PART-**
8 **NERSHIPS.**

9 Section 201(a) of the United States Leadership
10 Against HIV/AIDS, Tuberculosis, and Malaria Act of
11 2003 (22 U.S.C. 7621(a)) is amended—

12 (1) in paragraph (2), by striking “infectious
13 diseases” and inserting “easily preventable and
14 treatable infectious diseases”; and

15 (2) in paragraph (4), by striking “infectious
16 diseases” and inserting “easily preventable and
17 treatable infectious diseases”.

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

20 (a) FINDINGS.—Subsection (a) of section 202 of the
21 United States Leadership Against HIV/AIDS, Tuber-
22 culosis, and Malaria Act of 2003 (22 U.S.C. 7622) is
23 amended—

24 (1) by redesignating paragraphs (1) through
25 (3) as paragraphs (7) through (9), respectively; and

1 (2) by inserting before paragraph (7) (as reded-
2 ignated by paragraph (1) of this subsection) the fol-
3 lowing:

4 “(1) The Global Fund to Fight AIDS, Tuber-
5 culosis and Malaria is the multilateral component of
6 this Act, extending United States efforts to a total
7 of 136 countries around the world.

8 “(2) Created in 2002, the Global Fund has
9 played a leading role in the fight against HIV/AIDS,
10 tuberculosis, and malaria around the world and has
11 grown into an organization that currently provides
12 nearly a quarter of all international financing to
13 combat HIV/AIDS and two-thirds of all inter-
14 national financing to combat tuberculosis and ma-
15 laria.

16 “(3) By 2010, it is estimated that the demand
17 for funding by the Global Fund will grow in size to
18 between \$6 and \$8 billion annually, requiring signifi-
19 cant contributions from donors around the world, in-
20 cluding at least \$2 billion annually from the United
21 States.

22 “(4) The Global Fund is an innovative financ-
23 ing mechanism to combat HIV/AIDS, tuberculosis,
24 and malaria, and has made progress in many areas.

1 “(5) The United States Government is the larg-
 2 est supporter of the Global Fund, both in terms of
 3 resources and technical support.

4 “(6) The United States made the initial con-
 5 tribution to the Global Fund and is fully committed
 6 to its success.”.

7 (b) UNITED STATES FINANCIAL PARTICIPATION.—

8 (1) AUTHORIZATION OF APPROPRIATIONS.—
 9 Subsection (d)(1) of such section is amended—

10 (A) by striking “\$1,000,000,000” and in-
 11 serting “\$2,000,000,000”;

12 (B) by striking “for the period of fiscal
 13 year 2004 beginning on January 1, 2004,” and
 14 inserting “for each of the fiscal years 2009 and
 15 2010,”; and

16 (C) by striking “the fiscal years 2005–
 17 2008” and inserting “each of the fiscal years
 18 2011 through 2013”.

19 (2) LIMITATION.—Subsection (d)(4) of such
 20 section is amended—

21 (A) in subparagraph (A)—

22 (i) in clause (i), by striking “fiscal
 23 years 2004 through 2008” and inserting
 24 “fiscal years 2009 through 2013”;

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

4 (iii) in clause (vi)—

5 (I) by striking “for the purposes”
6 and inserting “For the purposes”;

7 (II) by striking “fiscal years
8 2004 through 2008” and inserting
9 “fiscal years 2009 through 2013”;

10 and

11 (III) by striking “fiscal year
12 2004” and inserting “fiscal year
13 2009”;

14 (B) in subparagraph (B)(iv)—

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

18 (ii) by adding at the end before the
19 period the following: “, unless such amount
20 is made available for more than one fiscal
21 year, in which case such amount is author-
22 ized to be made available for such purposes
23 after December 31 of the fiscal year fol-
24 lowing the fiscal year in which such funds
25 first became available.”; and

1 (C) in subparagraph (C)(ii) by striking
2 “Committee on International Relations” and in-
3 serting “Committee on Foreign Affairs”.

4 (3) STATEMENT OF POLICY.—The following
5 shall be the policy of the United States:

6 (A) Support for the Global Fund to Fight
7 AIDS, Tuberculosis and Malaria should be
8 based upon achievement of the following bench-
9 marks related to transparency and account-
10 ability:

11 (i) As recommended by the Govern-
12 ment Accountability Office, the Fund Sec-
13 retariat has established standardized ex-
14 pectations for the performance of Local
15 Fund Agents (LFAs), is undertaking a
16 systematic assessment of the performance
17 of LFAs, and is making available for pub-
18 lic review, according to the Fund Board’s
19 policies and practices on disclosure of in-
20 formation, a regular collection and analysis
21 of performance data of Fund grants, which
22 shall cover both Principal Recipients and
23 sub-recipients.

24 (ii) A well-staffed, independent Office
25 of the Inspector General reports directly to

1 the Board and is responsible for regular,
2 publicly published audits of both financial
3 and programmatic and reporting aspects of
4 the Fund, its grantees, and LFAs, includ-
5 ing both Principal Recipients and sub-re-
6 cipients.

7 (iii) The Fund Secretariat has estab-
8 lished and is reporting publicly on stand-
9 ard indicators for all program areas.

10 (iv) The Fund Secretariat has estab-
11 lished a database that tracks all subrecipi-
12 ents and the amounts of funds disbursed
13 to each, as well as the distribution of re-
14 sources, by grant and Principal Recipient,
15 for prevention, care, treatment, the pur-
16 chases of drugs and commodities, and
17 other purposes.

18 (v) The Fund Board has established a
19 penalty to offset tariffs imposed by na-
20 tional governments on all goods and serv-
21 ices provided by the Fund.

22 (vi) The Fund Board has successfully
23 terminated its Administrative Services
24 Agreement with the World Health Organi-
25 zation and completed the Fund Secretar-

1 iat's transition to a fully independent sta-
2 tus under the Headquarters Agreement the
3 Fund has established with the Government
4 of Switzerland.

5 (B) Support for the Global Fund to Fight
6 AIDS, Tuberculosis and Malaria should be
7 based upon achievement of the following bench-
8 marks related to the founding principles of the
9 Fund:

10 (i) The Fund must maintain its status
11 as a financing institution.

12 (ii) The Fund must remain focused on
13 programs directly related to HIV/AIDS,
14 malaria, and tuberculosis.

15 (iii) The Fund must maintain its
16 Comprehensive Funding Policy, which re-
17 quires confirmed pledges to cover the full
18 amount of new grants before the Board
19 approves them.

20 (iv) The Fund must maintain and
21 make progress on sustaining its multise-
22 ctoral approach, through Country Coordi-
23 nating Mechanisms (CCMs) and in the im-
24 plementation of grants, as reflected in per-
25 cent and resources allocated to different

1 sectors, including governments, civil soci-
2 ety, and faith- and community-based orga-
3 nizations.

4 (4) SENSE OF CONGRESS.—Congress—

5 (A) notes that section 625 of Public Law
6 110–161 establishes a requirement to withhold
7 20 percent of funds appropriated for the Global
8 Fund if the Global Fund fails to meet certain
9 benchmarks; and

10 (B) will continue to review the implementa-
11 tion of the benchmarks to ensure accountability
12 and transparency of the Global Fund.

13 **SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTER-**
14 **NATIONAL VACCINE FUNDS.**

15 (a) VACCINE FUND.—Subsection (k) of section 302
16 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222)
17 is amended by striking “fiscal years 2004 through 2008”
18 and inserting “fiscal years 2009 through 2013”.

19 (b) INTERNATIONAL AIDS VACCINE INITIATIVE.—
20 Subsection (l) of such section is amended by striking “fis-
21 cal years 2004 through 2008” and inserting “fiscal years
22 2009 through 2013”.

23 (c) MALARIA VACCINE DEVELOPMENT PROGRAMS.—
24 Subsection (m) of such section is amended by striking

1 “fiscal years 2004 through 2008” and inserting “fiscal
2 years 2009 through 2013”.

3 (d) RESEARCH AND DEVELOPMENT OF A TUBER-
4 CULOSIS VACCINE.—Such section is further amended by
5 adding at the end the following:

6 “(n) In addition to amounts otherwise available under
7 this section, there are authorized to be appropriated to
8 the President such sums as may be necessary for each of
9 the fiscal years 2009 through 2013 to be available for
10 United States contributions to research and development
11 of a tuberculosis vaccine.”.

12 **SEC. 204. PROGRAM TO FACILITATE AVAILABILITY OF**
13 **MICROBICIDES TO PREVENT TRANSMISSION**
14 **OF HIV AND OTHER DISEASES.**

15 (a) STATEMENT OF POLICY.—Congress recognizes
16 the need and urgency to expand the range of interventions
17 for preventing the transmission of human immuno-
18 deficiency virus (HIV), including nonvaccine prevention
19 methods that can be controlled by women.

20 (b) PROGRAM AUTHORIZED.—The Administrator of
21 the United States Agency for International Development,
22 in coordination with the Coordinator of United States
23 Government Activities to Combat HIV/AIDS Globally,
24 shall develop and implement a program to facilitate wide-
25 scale availability of microbicides that prevent the trans-

1 mission of HIV after such microbicides are proven safe
2 and effective.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—Of the
4 amounts authorized to be appropriated under section 401
5 of the United States Leadership Against HIV/AIDS, Tu-
6 berculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for
7 HIV/AIDS assistance, there are authorized to be appro-
8 priated to the President such sums as may be necessary
9 for each of the fiscal years 2009 through 2013 to carry
10 out this section.

11 **SEC. 205. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND**
12 **MALARIA BY STRENGTHENING HEALTH POLI-**
13 **CIES AND HEALTH SYSTEMS OF HOST COUN-**
14 **TRIES.**

15 (a) IN GENERAL.—Title II of the United States
16 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
17 Act of 2003 (22 U.S.C. 7621 et seq.) is amended by add-
18 ing at the end the following:

19 **“SEC. 204. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS,**
20 **AND MALARIA BY STRENGTHENING HEALTH**
21 **POLICIES AND HEALTH SYSTEMS OF HOST**
22 **COUNTRIES.**

23 “(a) FINDINGS.—Congress makes the following find-
24 ings:

1 “(1) One of the most significant barriers to
2 achieving universal access to HIV/AIDS treatment
3 and prevention in developing countries is the lack of
4 health infrastructure, particularly in sub-Saharan
5 Africa.

6 “(2) In addition to HIV/AIDS programs, other
7 treatable and preventable infectious diseases could
8 be treated concurrently and easily if health care de-
9 livery systems in developing countries were signifi-
10 cantly improved.

11 “(3) More public investment in basic primary
12 health care should be a priority in public spending
13 in developing countries.

14 “(b) STATEMENT OF POLICY.—It shall be the policy
15 of the United States Government—

16 “(1) to invest appropriate resources authorized
17 under this Act and the amendments made by this
18 Act to carry out activities to strengthen HIV/AIDS
19 health policies and health systems and provide work-
20 force training and capacity-building consistent with
21 the goals and objectives of this Act and the amend-
22 ments made by this Act; and

23 “(2) to support the development of a sound pol-
24 icy environment in host countries to increase the
25 ability of such countries to maximize utilization of

1 health care resources from donor countries, deliver
2 services to the people of such host countries in an
3 effective and efficient manner, and reduce barriers
4 that prevent recipients of services from achieving
5 maximum benefit from such services.

6 “(c) PLAN REQUIRED.—The Coordinator of United
7 States Government Activities to Combat HIV/AIDS Glob-
8 ally, in collaboration with the Administrator of the United
9 States Agency for International Development, shall de-
10 velop and implement a plan to combat HIV/AIDS by
11 strengthening health policies and health systems of host
12 countries as part of the United States Agency for Inter-
13 national Development’s ‘Health Systems 2020’ project.
14 Recognizing that human and institutional capacity form
15 the core of any health care system that can sustain the
16 fight against HIV/AIDS, tuberculosis, and malaria, the
17 plan shall include a strategy to encourage postsecondary
18 educational institutions in host countries, particularly in
19 Africa, in collaboration with United States postsecondary
20 educational institutions, historically black colleges and
21 universities, to develop such human and institutional ca-
22 pacity and in the process further build their capacity to
23 sustain the fight against these diseases.

24 “(d) ASSISTANCE TO IMPROVE PUBLIC FINANCE
25 MANAGEMENT SYSTEMS.—

1 “(1) IN GENERAL.—The Secretary of the
2 Treasury, acting through the head of the Office of
3 Technical Assistance, is authorized to provide assist-
4 ance for advisors and host country finance, health,
5 and other relevant ministries to improve the effec-
6 tiveness of public finance management systems in
7 host countries to enable such countries to receive
8 funding to carry out programs to combat HIV/
9 AIDS, tuberculosis, and malaria and to manage
10 such programs.

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

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

 “Sec. 204. Plan to combat HIV/AIDS by strengthening health policies and
 health systems of host countries.”.

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

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

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

7 (1) FINDING.—Subsection (a) of section 104A
8 of the Foreign Assistance Act of 1961 (22 U.S.C.
9 2151b–2) is amended by inserting “, South and
10 Southeast Asia, Central and Eastern Europe” after
11 “the Caribbean”.

12 (2) POLICY.—Subsection (b) of such section is
13 amended—

14 (A) in the first sentence—

15 (i) by striking “It is a major” and in-
16 serting the following:

17 “(1) GENERAL POLICY.—It is a major”;

18 (ii) by striking “control” and insert-
19 ing “care”; and

20 (iii) by adding at the end before the
21 period the following: “and to fulfill United
22 States commitments to move toward the
23 goal of universal access to prevention,
24 treatment, and care of HIV/AIDS”;

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

2 “The United States and other developed coun-
3 tries should provide assistance for the preven-
4 tion, treatment, and care of HIV/AIDS to coun-
5 tries in sub-Saharan Africa, the Caribbean,
6 South and Southeast Asia and Central and
7 Eastern Europe, addressing both generalized
8 epidemics and epidemics concentrated among
9 populations at high risk of infection.”; and

10 (C) by further adding at the end the fol-
11 lowing:

12 “(2) SPECIFIC POLICY.—It is therefore the pol-
13 icy of the United States, by 2013, to—

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

16 “(B) support treatment of at least
17 3,000,000 individuals with HIV/AIDS with the
18 goal of treating 450,000 children;

19 “(C) provide care for 12,000,000 individ-
20 uals affected by HIV/AIDS, including
21 5,000,000 orphans and vulnerable children in
22 communities affected by HIV/AIDS, including
23 orphans with HIV/AIDS; and

1 “(D) train at least 140,000 new health
2 care professionals and workers for HIV/AIDS
3 prevention, treatment and care.”.

4 (3) AUTHORIZATION.—Subsection (c) of such
5 section is amended—

6 (A) in paragraph (1)—

7 (i) by inserting “, South and South-
8 east Asia, Central and Eastern Europe”
9 after “the Caribbean”; and

10 (ii) by adding at the end before the
11 period the following: “, and particularly
12 with respect to refugee populations in such
13 countries and areas”;

14 (B) in paragraph (2)—

15 (i) by inserting “, South and South-
16 east Asia, Central and Eastern Europe”
17 after “the Caribbean”; and

18 (ii) by adding at the end before the
19 period the following: “, and particularly
20 with respect to refugee populations in such
21 countries and areas”;

22 (C) by redesignating paragraph (3) as
23 paragraph (4);

24 (D) by inserting after paragraph (2) the
25 following:

1 “(3) ROLE OF PUBLIC HEALTH CARE DELIVERY
2 SYSTEMS.—It is the sense of Congress that—

3 “(A) the President should provide an ap-
4 propriate level of assistance under paragraph
5 (1) to help strengthen public health care deliv-
6 ery systems financed by host countries; and

7 “(B) the President, acting through the Co-
8 ordinator of United States Government Activi-
9 ties to Combat HIV/AIDS Globally, should sup-
10 port the development of a policy framework in
11 such host countries for the long-term sustain-
12 ability of HIV/AIDS prevention, treatment, and
13 care programs, and for strengthening health
14 care delivery systems and increasing health
15 workforces through recruitment, training, and
16 policies that allows the devolution of clinical re-
17 sponsibilities to increase the work force able to
18 deliver prevention, treatment, and care services,
19 as necessary, with clearly identified objectives
20 and reporting strategies for such services.”;

21 (E) in paragraph (4) (as redesignated by
22 subparagraph (C) of this paragraph), by strik-
23 ing “foreign countries” and inserting “host
24 countries and donor countries”; and

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

1 “(5) SENSE OF CONGRESS.—

2 “(A) IN GENERAL.—It is the sense of Con-
3 gress that the Coordinator of United States
4 Government Activities to Combat HIV/AIDS
5 Globally and the heads of relevant executive
6 branch agencies (as such term is defined in sec-
7 tion 3 of the United States Leadership Against
8 HIV/AIDS, Tuberculosis, and Malaria Act of
9 2003) should operate in a manner consistent
10 with the ‘Three Ones’ goals of UNAIDS.

11 “(B) ‘THREE ONES’ GOALS OF UNAIDS DE-
12 FINED.—In this paragraph, the term “‘Three
13 Ones” goals of UNAIDS’ means—

14 “(i) the goal of one agreed HIV/AIDS
15 action framework that provides the basis
16 for coordinating the work of all partners in
17 host countries;

18 “(ii) the goal of one national HIV/
19 AIDS coordinating authority, with a
20 broad-based multisectoral mandate; and

21 “(iii) the goal of one agreed country-
22 level data-collection, monitoring, and eval-
23 uation system.”.

24 (4) ACTIVITIES SUPPORTED.—

1 (A) PREVENTION.—Subsection (d)(1) of
2 such section is amended—

3 (i) in subparagraph (A)—

4 (I) by inserting “efforts by faith-
5 based and other nongovernmental or-
6 ganizations and” after “infection, in-
7 cluding”;

8 (II) by inserting “, including ac-
9 cess to such programs and efforts in
10 family planning programs supported
11 by the United States Government,”
12 after “health programs”; and

13 (III) by inserting “male and fe-
14 male” before “condoms”;

15 (ii) in subparagraph (B)—

16 (I) by inserting “relevant and”
17 after “culturally”;

18 (II) by inserting “and programs”
19 after “those organizations”; and

20 (III) by inserting “, level of sci-
21 entific and fact-based knowledge”
22 after “experience”;

23 (iii) in subparagraph (D), by inserting
24 “and nonjudgmental approaches” after
25 “protections”;

1 (iv) by amending subparagraph (E) to
2 read as follows:

3 “(E) assistance to achieve the target of
4 reaching 80 percent of pregnant women for pre-
5 vention and treatment of mother-to-child trans-
6 mission of HIV in countries in which the
7 United States is implementing HIV/AIDS pro-
8 grams by 2013, as described in section
9 312(b)(1) of the United States Leadership
10 Against HIV/AIDS, Tuberculosis, and Malaria
11 Act of 2003, and to promote infant feeding op-
12 tions that meet the criteria described in the
13 World Health Organization’s Global Strategy
14 for Infant and Young Child Feeding;”;

15 (v) in subparagraph (G)—

16 (I) by adding at the end before
17 the semicolon the following: “, includ-
18 ing education and services dem-
19 onstrated to be effective in reducing
20 the transmission of HIV infection
21 without increasing illicit drug use”;
22 and

23 (II) by striking “and” at the end;

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

4 (vii) by adding at the end the fol-
5 lowing:

6 “(I)(i) assistance for counseling, testing,
7 treatment, care, and support programs for pre-
8 vention of re-infection of individuals with HIV/
9 AIDS;

10 “(ii) counseling to prevent sexual trans-
11 mission of HIV, including skill development for
12 practicing abstinence, reducing the number of
13 sexual partners, and providing information on
14 correct and consistent use of male and female
15 condoms;

16 “(iii) assistance to provide male and female
17 condoms;

18 “(iv) diagnosis and treatment of other sex-
19 ually-transmitted infections;

20 “(v) strategies to address the stigma and
21 discrimination that impede HIV/AIDS preven-
22 tion efforts; and

23 “(vi) assistance to facilitate widespread ac-
24 cess to microbicides for HIV prevention, as safe
25 and effective products become available, includ-

1 ing financial and technical support for cul-
2 turally appropriate introductory programs, pro-
3 curement, distribution, logistics management,
4 program delivery, acceptability studies, provider
5 training, demand generation, and post-introduc-
6 tion monitoring; and

7 “(J) assistance for HIV/AIDS education
8 targeted to reach and prevent the spread of
9 HIV among men who have sex with men.”.

10 (B) TREATMENT.—Subsection (d)(2) of
11 such section is amended—

12 (i) in subparagraph (B), by striking “;
13 and” at the end and inserting a semicolon;

14 (ii) in subparagraph (C), by striking
15 the period at the end and inserting a semi-
16 colon; and

17 (iii) by adding at the end the fol-
18 lowing:

19 “(D) assistance specifically to address bar-
20 riers that might limit the start of and adher-
21 ence to treatment services, especially in rural
22 areas, through such measures as mobile and de-
23 centralized distribution of treatment services,
24 and where feasible and necessary, direct link-
25 ages with nutrition, safe drinking water, and in-

1 come security programs, referrals to services for
2 victims of violence, support groups for individ-
3 uals with HIV/AIDS, and efforts to combat
4 stigma and discrimination against all such indi-
5 viduals;

6 “(E) assistance to support comprehensive
7 HIV/AIDS treatment (including free prophylaxis and treatment for common HIV/AIDS-re-
8 lated opportunistic infections) for at least one-
9 third of individuals with HIV/AIDS in the poor-
10 est countries worldwide who are in clinical need
11 of antiretroviral treatment; and

12 “(F) assistance to improve access to psy-
13 chosocial support systems and other necessary
14 services for youth who are infected with HIV to
15 ensure the start of and adherence to treatment
16 services.”.

17 (C) MONITORING.—Subsection (d)(4) of
18 such section is amended—
19

20 (i) by striking “The monitoring” and
21 inserting the following:

22 “(A) IN GENERAL.—The monitoring”;

23 (ii) by inserting “and paragraph (8)”
24 after “paragraphs (1) through (3)”;

1 (iii) by redesignating subparagraphs
2 (A) through (D) as clauses (i) through
3 (iv), respectively;

4 (iv) in clause (iii) (as redesignated by
5 clause (iii) of this subparagraph), by strik-
6 ing “and” at the end;

7 (v) in clause (iv) (as redesignated by
8 clause (iii) of this subparagraph), by strik-
9 ing the period at the end and inserting “;
10 and”;

11 (vi) by adding at the end the fol-
12 lowing:

13 “(v) carrying out and expanding pro-
14 gram monitoring, impact evaluation re-
15 search, and operations research (including
16 research and evaluations of gender-respon-
17 sive interventions, disaggregated by age
18 and sex, in order to identify and replicate
19 effective models, develop gender indicators
20 to measure both outcomes and impacts of
21 interventions, especially interventions de-
22 signed to reduce gender inequalities, and
23 collect lessons learned for dissemination
24 among different countries) in order to—

1 “(I) improve the coverage, effi-
2 ciency, effectiveness, quality and ac-
3 cessibility of services provided under
4 this section;

5 “(II) establish the cost-effective-
6 ness of program models;

7 “(III) assess the population-level
8 impact of programs, projects, and ac-
9 tivities implemented;

10 “(IV) ensure the transparency
11 and accountability of services provided
12 under this section;

13 “(V) disseminate and promote
14 the utilization of evaluation findings,
15 lessons, and best practices in the im-
16 plementation of programs, projects,
17 and activities supported under this
18 section; and

19 “(VI) encourage and evaluate in-
20 novative service models and strategies
21 to optimize functionality of programs,
22 projects, and activities.”; and

23 (vii) by further adding at the end the
24 following:

1 “(B) DEFINITIONS.—For purposes of sub-
2 paragraph (A)(v)—

3 “(i) the term ‘impact evaluation re-
4 search’ means the application of research
5 methods and statistical analysis to meas-
6 ure the extent to which a change in a pop-
7 ulation-based outcome can be attributed to
8 a program, project, or activity as opposed
9 to other factors in the environment;

10 “(ii) the term ‘program monitoring’
11 means the collection, analysis, and use of
12 routine data with respect to a program,
13 project, or activity to determine how well
14 the program, project, or activity is carried
15 out and at what cost; and

16 “(iii) the term ‘operations research’
17 means the application of social science re-
18 search methods and statistical analysis to
19 judge, compare, and improve policy out-
20 comes and outcomes of a program, project,
21 or activity, from the earliest stages of de-
22 fining and designing the program, project,
23 or activity through the development and
24 implementation of the program, project, or
25 activity.”.

1 (D) PHARMACEUTICALS.—Subsection
2 (d)(5) of such section is amended—

3 (i) by redesignating subparagraph (C)
4 as subparagraph (D); and

5 (ii) by inserting after subparagraph
6 (B) the following:

7 “(C) MECHANISMS TO ENSURE COST-EF-
8 FECTIVE DRUG PURCHASING.—Mechanisms to
9 ensure that pharmaceuticals, including
10 antiretrovirals and medicines to treat opportu-
11 nistic infections, are purchased at the lowest pos-
12 sible price at which such pharmaceuticals may
13 be obtained in sufficient quantity on the world
14 market.”.

15 (E) REFERRAL SYSTEMS AND COORDINA-
16 TION WITH OTHER ASSISTANCE PROGRAMS.—

17 (i) FINDING.—The effectiveness of all
18 HIV/AIDS prevention, treatment, and care
19 programs and the survival of individuals
20 with HIV/AIDS would be enhanced by en-
21 suring that such individuals are referred to
22 appropriate support programs, including
23 education, income generation, HIV/AIDS
24 support group and food and nutrition pro-
25 grams, and by providing assistance directly

1 to such programs to the extent such pro-
2 grams would further the purposes of ex-
3 panding access to and the success of HIV/
4 AIDS prevention, treatment, and care.

5 (ii) AMENDMENT.—Subsection (d) of
6 such section is further amended by adding
7 at the end the following:

8 “(8) REFERRAL SYSTEMS AND COORDINATION
9 WITH OTHER ASSISTANCE PROGRAMS.—

10 “(A) REFERRAL SYSTEMS.—Assistance to
11 ensure that a continuum of care is available to
12 individuals participating in HIV/AIDS preven-
13 tion, treatment, and care programs through the
14 development of referral systems for such indi-
15 viduals to community-based programs that,
16 where practicable, are co-located with such
17 HIV/AIDS programs, and that provide support
18 activities for such individuals, including HIV/
19 AIDS treatment adherence, HIV/AIDS support
20 groups, food and nutrition support, maternal
21 health services, substance abuse prevention and
22 treatment services, income-generation pro-
23 grams, legal services, and other program sup-
24 port.

1 “(B) COORDINATION WITH OTHER ASSIST-
2 ANCE PROGRAMS.—

3 “(i)(I) Assistance to integrate HIV/AIDS
4 testing with testing for other easily detectable
5 and treatable infectious diseases, such as ma-
6 laria, tuberculosis, and respiratory infections,
7 and to provide treatment if possible or referral
8 to appropriate treatment programs.

9 “(II) Assistance to provide, whenever pos-
10 sible, as a component of HIV/AIDS prevention,
11 treatment, and care services, and co-treatment
12 of curable diseases, such as other sexually
13 transmitted diseases.

14 “(III) Assistance and other activities to en-
15 sure, through interagency and international co-
16 ordination, that United States global HIV/
17 AIDS programs are integrated and complemen-
18 tary to delivering related health services.

19 “(ii) Assistance to support schools and re-
20 lated programs for children and youth that in-
21 crease the effectiveness of programs described
22 in this subsection by providing the infrastruc-
23 ture, teachers, and other support to such pro-
24 grams.

1 “(iii) Assistance and other activities to
2 provide access to HIV/AIDS prevention, treat-
3 ment, and care programs in family planning
4 and maternal and child health programs sup-
5 ported by the United States Government.

6 “(iv) Assistance to United States and host
7 country nonprofit development organizations
8 that directly support livelihood initiatives in
9 HIV/AIDS-affected countries that provide op-
10 portunities for direct lending to microentre-
11 preneurs by United States citizens or opportu-
12 nities for United States citizens to purchase
13 livestock and plants for families to provide nu-
14 trition and generate income for individual
15 households and communities.

16 “(v) Assistance to coordinate and provide
17 linkages between HIV/AIDS prevention, treat-
18 ment, and care programs with efforts to im-
19 prove the economic and legal status of women
20 and girls.

21 “(vi) Technical assistance coordinated
22 across implementing agencies, offered on a reg-
23 ular basis, and made available upon request, for
24 faith-based and community-based organizations,
25 especially indigenous organizations and new

1 partners who do not have extensive experience
2 managing United States foreign assistance pro-
3 grams, including for training and logistical sup-
4 port to establish financial mechanisms to track
5 program receipts and expenditures and data
6 management systems to ensure data quality
7 and strengthen reporting.

8 “(vii) In accordance with the World Health
9 Organization’s Interim Policy on TB/HIV Ac-
10 tivities (2004), assistance to individuals with or
11 symptomatic of tuberculosis, and assistance to
12 implement the following:

13 “(I) Provide opt-out HIV/AIDS coun-
14 seling and testing and appropriate referral
15 for treatment and care to individuals with
16 or symptomatic of tuberculosis, and work
17 with host countries to ensure that such in-
18 dividuals in host countries are provided
19 such services.

20 “(II) Ensure, in coordination with
21 host countries, that individuals with HIV/
22 AIDS receive tuberculosis screening and
23 other appropriate treatment.

24 “(III) Provide increased funding for
25 HIV/AIDS and tuberculosis activities, by

1 increasing total resources for such activi-
2 ties, including lab strengthening and infec-
3 tion control.

4 “(IV) Improve the management and
5 dissemination of knowledge gained from
6 HIV/AIDS and tuberculosis activities to
7 increase the replication of best practices.”.

8 (5) ANNUAL REPORT.—Subsection (e) of such
9 section is amended—

10 (A) in paragraph (1), by striking “Com-
11 mittee on International Relations” and insert-
12 ing “Committee on Foreign Affairs”;

13 (B) in paragraph (2)—

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

16 (ii) in subparagraph (C)—

17 (I) in the matter preceding clause
18 (i), by striking “including” and insert-
19 ing “including—”;

20 (II) by striking clauses (i) and
21 (ii) and inserting the following:

22 “(i)(I) the effectiveness of such pro-
23 grams in reducing the transmission of
24 HIV, particularly in women and girls, in
25 reducing mother-to-child transmission of

1 HIV, including through drug treatment
2 and therapies, either directly or by refer-
3 ral, and in reducing mortality rates from
4 HIV/AIDS, including through drug treat-
5 ment, and addiction therapies;

6 “(II) a description of strategies, goals,
7 programs, and interventions to address the
8 specific needs and vulnerabilities of young
9 women and young men; the progress to-
10 ward expanding access among young
11 women and young men to evidence-based,
12 comprehensive HIV/AIDS health care serv-
13 ices and HIV prevention and sexuality and
14 abstinence education programs at the indi-
15 vidual, community, and national levels; and
16 clear targets for integrating adolescents
17 who are orphans, including adolescents
18 who are infected with HIV, into programs
19 for orphans and vulnerable children; and

20 “(III) the amount of United States
21 funding provided under the authorities of
22 this Act to procure drugs for HIV/AIDS
23 programs in countries described in section
24 1(f)(2)(B)(IX) of the State Department
25 Basic Authorities Act of 1956 (22 U.S.C.

1 2651a(f)(2)(B)(VIII)), including a detailed
2 description of anti-retroviral drugs pro-
3 cured, including—

4 “(aa) the total amount expended
5 for each generic and name brand
6 drug;

7 “(bb) the price paid per unit of
8 each drug; and

9 “(cc) the vendor from which each
10 drug was purchased; and

11 “(ii) the progress made toward im-
12 proving health care delivery systems (in-
13 cluding the training of adequate numbers
14 of health care professionals) and infra-
15 structure to ensure increased access to
16 care and treatment, including a description
17 of progress toward—

18 “(I)(aa) the training and reten-
19 tion of adequate numbers of health
20 care professionals in order to meet a
21 nationally-determined ratio of doctors,
22 nurses, and midwives to patients,
23 based on the target of the 2.3 per-
24 thousand ratio established by the
25 World Health Organization (WHO);

1 “(bb) increases in the number of
2 other health care professions, such as
3 pharmacists and lab technicians, as
4 necessary; and

5 “(cc) the improvement of infra-
6 structure needed to ensure universal
7 access to HIV/AIDS prevention, treat-
8 ment, and care by 2015;

9 “(II) national health care work-
10 force strategy benchmarks, as re-
11 quired by section 202(d)(5)(B) of the
12 United States Leadership Against
13 HIV/AIDS, Tuberculosis, and Malaria
14 Act of 2003, United States contribu-
15 tions to developing and implementing
16 the benchmarks, and main challenges
17 to implementing the benchmarks;

18 “(III) ensuring, to the extent
19 practicable, that health care workers
20 providing services under this Act have
21 safe working conditions and are re-
22 ceiving health care services, including
23 services relating to HIV/AIDS;

24 “(IV) activities to strengthen
25 health care systems in order to over-

1 come obstacles and barriers to the
2 provision of HIV/AIDS, tuberculosis,
3 and malaria services;

4 “(V) improving integration and
5 coordination of HIV/AIDS programs
6 with related health care services and
7 supporting the capacity of health care
8 programs to refer individuals to com-
9 munity-based services; and

10 “(VI) strengthening procurement
11 and supply chain management sys-
12 tems of host countries;”;

13 (III) in clause (iii), by adding at
14 the end before the semicolon the fol-
15 lowing: “, including the percentage of
16 such United States foreign assistance
17 provided for diagnosis and treatment
18 of individuals with tuberculosis in
19 countries with the highest burden of
20 tuberculosis, as determined by the
21 World Health Organization (WHO)”;
22 and

23 (IV) in clause (iv), by striking
24 the period at the end and inserting a
25 semicolon; and

1 (iii) by adding at the end the fol-
2 lowing:

3 “(D) a description of efforts to integrate
4 HIV/AIDS and tuberculosis prevention, treat-
5 ment, and care programs, including—

6 “(i) the number and percentage of
7 HIV-infected individuals receiving HIV/
8 AIDS treatment or care services who are
9 also receiving screening and subsequent
10 treatment for tuberculosis;

11 “(ii) the number and percentage of in-
12 dividuals with tuberculosis who are receiv-
13 ing HIV/AIDS counseling and testing, and
14 appropriate referral to HIV/AIDS services;

15 “(iii) the number and location of lab-
16 oratories with the capacity to perform tu-
17 berculosis culture tests and tuberculosis
18 drug susceptibility tests;

19 “(iv) the number and location of lab-
20 oratories with the capacity to perform ap-
21 propriate tests for multi-drug resistant tu-
22 berculosis (MDR-TB) and extensively drug
23 resistant tuberculosis (XDR-TB); and

24 “(v) the number of HIV-infected indi-
25 viduals suspected of having tuberculosis

1 who are provided tuberculosis culture diag-
2 nosis or tuberculosis drug susceptibility
3 testing;

4 “(E) a description of coordination efforts
5 with relevant executive branch agencies (as such
6 term is defined in section 3 of the United
7 States Leadership Against HIV/AIDS, Tuber-
8 culosis, and Malaria Act of 2003) and at the
9 global level in the effort to link HIV/AIDS serv-
10 ices with non-HIV/AIDS services;

11 “(F) a description of programs serving
12 women and girls, including—

13 “(i) a description of HIV/AIDS pre-
14 vention programs that address the
15 vulnerabilities of girls and women to HIV/
16 AIDS; and

17 “(ii) information on the number of in-
18 dividuals served by programs aimed at re-
19 ducing the vulnerabilities of women and
20 girls to HIV/AIDS;

21 “(G) a description of the specific strategies
22 funded to ensure the reduction of HIV infection
23 among injection drug users, and the number of
24 injection drug users, by country, reached by
25 such strategies, including medication-assisted

1 drug treatment for individuals with HIV or at
2 risk of HIV, and HIV prevention programs
3 demonstrated to be effective in reducing HIV
4 transmission without increasing drug use; and

5 “(H) a detailed description of monitoring,
6 impact evaluation research, and operations re-
7 search of programs, projects, and activities car-
8 ried out pursuant to subsection (d)(4)(A)(v).”;
9 and

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

11 “(3) PUBLIC AVAILABILITY.—The Coordinator
12 of United States Government Activities to Combat
13 HIV/AIDS Globally shall make publicly available on
14 the Internet website of the Office of the Coordinator
15 the information contained in paragraph (2)(H) of
16 each report and, in addition, the individual evalua-
17 tions and other reports that were the basis of such
18 information, including lessons learned and collected
19 in such evaluations and reports.”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Sub-
21 section (b) of section 301 of the United States Leadership
22 Against HIV/AIDS, Tuberculosis, and Malaria Act of
23 2003 (22 U.S.C. 7631) is amended—

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

4 (2) in paragraph (3), by striking “fiscal years
5 2004 through 2008” and inserting “fiscal years
6 2009 through 2013”.

7 (c) FOOD SECURITY AND NUTRITION SUPPORT.—
8 Subsection (c) of such section is amended to read as fol-
9 lows:

10 “(c) FOOD SECURITY AND NUTRITION SUPPORT.—

11 “(1) FINDINGS.—Congress finds the following:

12 “(A) The United States provides more
13 than 60 percent of all food assistance world-
14 wide.

15 “(B) According to the United Nations
16 World Food Program and other United Nations
17 agencies, food insecurity of individuals with
18 HIV/AIDS is a major problem in countries with
19 large populations of such individuals, particu-
20 larly in sub-Saharan African countries.

21 “(C) Individuals infected with HIV have
22 higher nutritional requirements than individuals
23 who are not infected with HIV, particularly
24 with respect to the need for protein. Also, there
25 is evidence to suggest that the full benefit of

1 therapy to treat HIV/AIDS may not be
2 achieved in individuals who are malnourished,
3 particularly in pregnant and lactating women.

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

6 “(A) malnutrition, especially for individ-
7 uals with HIV/AIDS, is a clinical health issue
8 with wider nutrition, health, and social implica-
9 tions for such individuals, their families, and
10 their communities that must be addressed by
11 United States HIV/AIDS prevention, treat-
12 ment, and care programs;

13 “(B) food security and nutrition directly
14 impact an individual’s vulnerability to HIV in-
15 fection, the progression of HIV to AIDS, an in-
16 dividual’s ability to begin an antiretroviral
17 medication treatment regimen, the efficacy of
18 an antiretroviral medication treatment regimen
19 once an individual begins such a regimen, and
20 the ability of communities to effectively cope
21 with the HIV/AIDS epidemic and its impacts;

22 “(C) international guidelines established by
23 the World Health Organization (WHO) should
24 serve as the reference standard for HIV/AIDS

1 food and nutrition activities supported by this
2 Act and the amendments made by this Act;

3 “(D) the Coordinator of United States
4 Government Activities to Combat HIV/AIDS
5 Globally and the Administrator of the United
6 States Agency for International Development
7 should make it a priority to work together and
8 with other United States Government agencies,
9 donors, and multilateral institutions to increase
10 the integration of food and nutrition support
11 and livelihood activities into HIV/AIDS preven-
12 tion, treatment, and care activities funded by
13 the United States and other governments and
14 organizations;

15 “(E) for purposes of determining which in-
16 dividuals infected with HIV should be provided
17 with nutrition and food support—

18 “(i) children with moderate or severe
19 malnutrition, according to WHO stand-
20 ards, shall be given priority for such nutri-
21 tion and food support; and

22 “(ii) adults with a body mass index
23 (BMI) of 18.5 or less, or at the prevailing
24 WHO-approved measurement for BMI,
25 should be considered ‘malnourished’ and

1 should be given priority for such nutrition
2 and food support;

3 “(F) programs funded by the United
4 States should include therapeutic and supple-
5 mentary feeding, food, and nutrition support
6 and should include strong links to development
7 programs that provide support for livelihoods;
8 and

9 “(G) the inability of individuals with HIV/
10 AIDS to access food for themselves or their
11 families should not be allowed to impair or
12 erode the therapeutic status of such individuals
13 with respect to HIV/AIDS or related co-
14 morbidities.

15 “(3) STATEMENT OF POLICY.—It is the policy
16 of the United States to—

17 “(A) address the food and nutrition needs
18 of individuals with HIV/AIDS and affected in-
19 dividuals, including orphans and vulnerable
20 children;

21 “(B) fully integrate food and nutrition
22 support into HIV/AIDS prevention, treatment,
23 and care programs carried out under this Act
24 and the amendments made by this Act;

1 “(C) ensure, to the extent practicable,
2 that—

3 “(i) HIV/AIDS prevention, treatment,
4 and care providers and health care workers
5 are adequately trained so that such pro-
6 viders and workers can provide accurate
7 and informed information regarding food
8 and nutrition support to individuals en-
9 rolled in treatment and care programs and
10 individuals affected by HIV/AIDS; and

11 “(ii) individuals with HIV/AIDS who,
12 with their households, are identified as
13 food insecure are provided with adequate
14 food and nutrition support; and

15 “(D) effectively link food and nutrition
16 support provided under this Act and the
17 amendments made by this Act to individuals
18 with HIV/AIDS, their households, and their
19 communities, to other food security and liveli-
20 hood programs funded by the United States
21 and other donors and multilateral agencies.

22 “(4) INTEGRATION OF FOOD SECURITY AND
23 NUTRITION ACTIVITIES INTO HIV/AIDS PREVENTION,
24 TREATMENT, AND CARE ACTIVITIES.—

1 “(A) REQUIREMENTS RELATING TO GLOB-
2 AL AIDS COORDINATOR.—Consistent with the
3 statement of policy described in paragraph (3),
4 the Coordinator of United States Government
5 Activities to Combat HIV/AIDS Globally
6 shall—

7 “(i) ensure, to the extent practicable,
8 that—

9 “(I) an assessment, using vali-
10 dated criteria, of the food security and
11 nutritional status of each individual
12 enrolled in antiretroviral medication
13 treatment programs supported with
14 funds authorized under this Act or
15 any amendment made by this Act is
16 carried out; and

17 “(II) appropriate nutritional
18 counseling is provided to each indi-
19 vidual described in subclause (I);

20 “(ii) coordinate with the Adminis-
21 trator of the United States Agency for
22 International Development, the Secretary
23 of Agriculture, and the heads of other rel-
24 evant executive branch agencies to—

1 “(I) ensure, to the extent prac-
2 ticable, that, in communities in which
3 a significant proportion of individuals
4 with HIV/AIDS are in need of food
5 and nutrition support, a status and
6 needs assessment for such support
7 employing validated criteria is con-
8 ducted and a plan to provide such
9 support is developed and implemented;

10 “(II) improve and enhance co-
11 ordination between food security and
12 livelihood programs for individuals in-
13 fected with HIV in host countries and
14 food security and livelihood programs
15 that may already exist in such coun-
16 tries;

17 “(III) establish effective linkages
18 between the health and agricultural
19 development and livelihoods sectors in
20 order to enhance food security; and

21 “(IV) ensure, by providing in-
22 creased resources if necessary, effec-
23 tive coordination between activities
24 authorized under this Act and the
25 amendments made by this Act and ac-

1 tivities carried out under other provi-
2 sions of the Foreign Assistance Act of
3 1961 when establishing new HIV/
4 AIDS treatment sites;

5 “(iii) develop effective, validated indi-
6 cators that measure outcomes of nutrition
7 and food security interventions carried out
8 under this section and use such indicators
9 to monitor and evaluate the effectiveness
10 of such interventions; and

11 “(iv) evaluate the role of and, to the
12 extent appropriate, support and expand
13 partnerships and linkages between United
14 States postsecondary educational institu-
15 tions with postsecondary educational insti-
16 tutions in host countries in order to pro-
17 vide training and build indigenous human
18 and institutional capacity and expertise to
19 respond to HIV/AIDS, and to improve ca-
20 pacity to address nutrition, food security,
21 and livelihood needs of HIV/AIDS-affected
22 and impoverished communities.

23 “(B) REQUIREMENTS RELATING TO USAID
24 ADMINISTRATOR.—Consistent with the state-
25 ment of policy described in paragraph (3), the

1 Administrator of the United States Agency for
2 International Development, in coordination with
3 the Coordinator of United States Government
4 Activities to Combat HIV/AIDS Globally and
5 the Secretary of Agriculture, shall provide, to
6 the extent practicable, as an essential compo-
7 nent of antiretroviral medication treatment pro-
8 grams supported with funds authorized under
9 this Act and the amendments made by this Act,
10 food and nutrition support to each individual
11 with HIV/AIDS who is determined to need such
12 support by the assessing health professional,
13 based on a body mass index (BMI) of 18.5 or
14 less, or at the prevailing WHO-approved meas-
15 urement for BMI, and the individual's house-
16 hold, for a period of not less than 180 days, ei-
17 ther directly or through referral to an assist-
18 ance program or organization with demon-
19 strable ability to provide such support.

20 “(C) REPORT.—Not later than October 31,
21 2010, and annually thereafter, the Coordinator
22 of United States Government Activities to Com-
23 bat HIV/AIDS Globally, in consultation with
24 the Administrator of the United States Agency
25 for International Development, shall submit to

1 the appropriate congressional committees a re-
2 port on the implementation of this subsection
3 for the prior fiscal year. The report shall in-
4 clude a description of—

5 “(i) the effectiveness of interventions
6 carried out to improve the nutritional sta-
7 tus of individuals with HIV/AIDS;

8 “(ii) the amount of funds provided for
9 food and nutrition support for individuals
10 with HIV/AIDS and affected individuals in
11 the prior fiscal year and the projected
12 amount of funds to be provided for such
13 purpose for next fiscal year; and

14 “(iii) a strategy for improving the
15 linkage between assistance provided with
16 funds authorized under this subsection and
17 food security and livelihood programs
18 under other provisions of law as well as ac-
19 tivities funded by other donors and multi-
20 lateral organizations.

21 “(D) AUTHORIZATION OF APPROPRIA-
22 TIONS.—Of the amounts authorized to be ap-
23 propriated under section 401 for HIV/AIDS as-
24 sistance, there are authorized to be appro-
25 priated to the President such sums as may be

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

3 (d) ELIGIBILITY FOR ASSISTANCE.—Subsection (d)
4 of such section is amended to read as follows:

5 “(d) ELIGIBILITY FOR ASSISTANCE.—An organiza-
6 tion, including a faith-based organization, that is other-
7 wise eligible to receive assistance under section 104A of
8 the Foreign Assistance Act of 1961 (as added by sub-
9 section (a)) or under any other provision of this Act (or
10 any amendment made by this Act or the Tom Lantos and
11 Henry J. Hyde Global Leadership Against HIV/AIDS,
12 Tuberculosis, and Malaria Reauthorization Act of 2008)
13 to prevent, treat, or monitor HIV/AIDS—

14 “(1) shall not be required, as a condition of re-
15 ceiving the assistance, to endorse or utilize a multi-
16 sectoral approach to combating HIV/AIDS, or to en-
17 dorse, utilize, make a referral to, become integrated
18 with or otherwise participate in any program or ac-
19 tivity to which the organization has a religious or
20 moral objection; and

21 “(2) shall not be discriminated against in the
22 solicitation or issuance of grants, contracts, or coop-
23 erative agreements under such provisions of law for
24 refusing to do so.”.

1 (e) SENSE OF CONGRESS.—Such section is further
2 amended by striking subsection (g).

3 (f) REPORT.—

4 (1) IN GENERAL.—Not later than 270 days
5 after the date of the enactment of this Act, the Co-
6 ordinator of United States Government Activities to
7 Combat HIV/AIDS Globally shall submit to the ap-
8 propriate congressional committees a report identi-
9 fying a target for the number of additional health
10 professionals and workers needed in host countries
11 to provide HIV/AIDS prevention, treatment, and
12 care and the training needs of such health profes-
13 sionals and workers. The target should reflect avail-
14 able data and should identify the need for United
15 States Government contributions to meet the target.

16 (2) DEFINITION.—In this subsection, the term
17 “appropriate congressional committees” has the
18 meaning given the term in section 3 of the United
19 States Leadership Against HIV/AIDS, Tuberculosis,
20 and Malaria Act of 2003 (22 U.S.C. 7602).

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

22 (a) AMENDMENTS TO THE FOREIGN ASSISTANCE
23 ACT OF 1961.—

24 (1) FINDINGS.—Subsection (a) of section 104B
25 of the Foreign Assistance Act of 1961 (22 U.S.C.

1 2151b–3) is amended by striking paragraphs (1)
2 and (2) and inserting the following:

3 “(1) Tuberculosis is one of the greatest infec-
4 tious causes of death of adults worldwide, killing 1.6
5 million individuals per year—one person every 20
6 seconds.

7 “(2) Tuberculosis is the leading infectious cause
8 of death among individuals who are infected with
9 HIV due to their weakened immune systems, and it
10 is estimated that one-third of such individuals have
11 tuberculosis. Tuberculosis is also a leading killer of
12 women of reproductive age.

13 “(3) Driven by the HIV/AIDS pandemic, inci-
14 dence rates of tuberculosis in sub-Saharan Africa
15 have more than doubled on average since 1990. The
16 problem is so pervasive that in August 2005, African
17 health ministers and the World Health Organization
18 (WHO) declared tuberculosis to be an emergency in
19 sub-Saharan Africa.

20 “(4)(A) The wide extent of drug resistance, in-
21 cluding both multi-drug resistant tuberculosis
22 (MDR–TB) and extensively drug resistant tuber-
23 culosis (XDR–TB), represents both a critical chal-
24 lenge to the global control of tuberculosis and a seri-
25 ous worldwide public health threat.

1 “(B) XDR–TB, which is a form of MDR–TB
2 with additional resistance to multiple second-line
3 anti-tuberculosis drugs, is associated with worst
4 treatment outcomes of any form of tuberculosis.

5 “(C) XDR–TB is converging with the HIV/
6 AIDS epidemic, undermining gains in HIV/AIDS
7 prevention and treatment programs and requires ur-
8 gent interventions.

9 “(D) Drug resistance surveillance reports have
10 confirmed the serious scale and spread of tuber-
11 culosis, with XDR–TB strains confirmed on six con-
12 tinents.

13 “(E) Demonstrating the lethality of XDR–TB,
14 an initial outbreak in Tugela Ferry, South Africa, in
15 2006 killed 52 of 53 patients with hundreds more
16 cases reported since that time.

17 “(F) Of the world’s regions, sub-Saharan Afri-
18 ca, faces the greatest gap in capacity to prevent,
19 treat, and care for individuals with XDR–TB.”.

20 (2) POLICY.—Subsection (b) of such section is
21 amended to read as follows:

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

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

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

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

12 (3) ACTIVITIES SUPPORTED.—Such section is
13 further amended—

14 (A) by redesignating subsections (d)
15 through (f) as subsections (e) through (g); and

16 (B) by inserting after subsection (c) the
17 following:

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

21 “(1) Provide diagnostic counseling and testing
22 to individuals with HIV/AIDS for tuberculosis (in-
23 cluding a culture diagnosis to rule out multi-drug re-
24 sistant tuberculosis (MDR-TB) and extensively drug
25 resistant tuberculosis (XDR-TB) and provide HIV/

1 AIDS voluntary counseling and testing to individuals
2 with any form of tuberculosis.

3 “(2) Provide tuberculosis treatment to individ-
4 uals receiving treatment and care for HIV/AIDS
5 who have active tuberculosis and provide prophylactic
6 treatment to individuals with HIV/AIDS who
7 also have a latent tuberculosis infection.

8 “(3) Link individuals with both HIV/AIDS and
9 tuberculosis to HIV/AIDS treatment and care services,
10 including antiretroviral therapy and
11 cotrimoxazole therapy.

12 “(4) Ensure that health care workers trained to
13 diagnose, treat, and provide care for HIV/AIDS are
14 also trained to diagnose, treat, and provide care for
15 individuals with both HIV/AIDS and tuberculosis.

16 “(5) Ensure that individuals with active pulmonary
17 tuberculosis are provided a culture diagnosis, including drug
18 susceptibility testing to rule out multi-drug resistant tuberculosis (MDR-TB)
19 and extensively drug resistant tuberculosis (XDR-TB) in areas with high prevalence of tuberculosis
20 drug resistance.”.

23 (4) PRIORITY TO STOP TB STRATEGY.—Sub-
24 section (f) of such section (as redesignated by paragraph (3) of this subsection) is amended—
25

1 (A) by amending the heading to read as
2 follows: “PRIORITY TO STOP TB STRATEGY”;

3 (B) in the first sentence, by striking “In
4 furnishing” and all that follows through “, in-
5 cluding funding” and inserting the following:

6 “(1) PRIORITY.—In furnishing assistance under
7 subsection (c), the President shall give priority to—

8 “(A) activities described in the Stop TB
9 Strategy, including expansion and enhancement
10 of Directly Observed Treatment Short-course
11 (DOTS) coverage, treatment for individuals in-
12 fected with both tuberculosis and HIV and
13 treatment for individuals with multi-drug resist-
14 ant tuberculosis (MDR–TB), strengthening of
15 health systems, use of the International Stand-
16 ards for Tuberculosis Care by all care pro-
17 viders, empowering individuals with tuber-
18 culosis, and enabling and promoting research to
19 develop new diagnostics, drugs, and vaccines,
20 and program-based operational research relat-
21 ing to tuberculosis; and

22 “(B) funding”; and

23 (C) in the second sentence—

1 (i) by striking “In order to” and all
2 that follows through “not less than” and
3 inserting the following:

4 “(2) AVAILABILITY OF AMOUNTS.—In order to
5 meet the requirements of paragraph (1), the Presi-
6 dent—

7 “(A) shall ensure that not less than”;

8 (ii) by striking “for Directly Observed
9 Treatment Short-course (DOTS) coverage
10 and treatment of multi-drug resistant tu-
11 berculosis using DOTS-Plus,” and insert-
12 ing “to implement the Stop TB Strategy;
13 and”; and

14 (iii) by striking “including” and all
15 that follows and inserting the following:

16 “(B) should ensure that not less than
17 \$15,000,000 of the amount made available to
18 carry out this section for a fiscal year is used
19 to make a contribution to the Global Tuber-
20 culosis Drug Facility.”.

21 (5) ASSISTANCE FOR WHO AND THE STOP TU-
22 BERCULOSIS PARTNERSHIP.—Such section is further
23 amended—

1 (A) by redesignating subsection (g) (as re-
2 designated by paragraph (3) of this subsection)
3 as subsection (h); and

4 (B) by inserting after subsection (f) (as re-
5 designated by paragraph (4) and amended by
6 paragraph (5) of this subsection) the following
7 new subsection:

8 “(g) ASSISTANCE FOR WHO AND THE STOP TUBER-
9 CULOSIS PARTNERSHIP.—In carrying out this section, the
10 President, acting through the Administrator of the United
11 States Agency for International Development, is author-
12 ized to provide increased resources to the World Health
13 Organization (WHO) and the Stop Tuberculosis Partner-
14 ship to improve the capacity of countries with high rates
15 of tuberculosis and other affected countries to implement
16 the Stop TB Strategy and specific strategies related to
17 addressing extensively drug resistant tuberculosis (XDR-
18 TB).”.

19 (6) DEFINITIONS.—Subsection (h) of such sec-
20 tion (as redesignated by paragraph (5)(A) of this
21 subsection) is amended—

22 (A) in paragraph (1), by adding at the end
23 before the period the following: “, including low
24 cost and effective diagnosis and evaluation of
25 treatment regimes, vaccines, and monitoring of

tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems”; and

(B) by adding after paragraph (5) the following new paragraph:

“(6) STOP TB STRATEGY.—The term ‘Stop TB Strategy’ means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.”.

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

1 (1) in paragraph (1), by striking “such sums as
2 may be necessary for each of the fiscal years 2004
3 through 2008” and inserting “\$4,000,000,000 for
4 fiscal years 2009 through 2013”; and

5 (2) in paragraph (3), by striking “fiscal years
6 2004 through 2008” and inserting “fiscal years
7 2009 through 2013”.

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

9 (a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT
10 OF 1961.—Section 104C(b) of the Foreign Assistance Act
11 of 1961 (22 U.S.C. 21516–4(b)) is amended by striking
12 “control, and cure” and inserting “treatment, and care”.

13 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
14 303(b) of the United States Leadership Against HIV/
15 AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C.
16 7633(b)) is amended—

17 (1) in paragraph (1), by striking “such sums as
18 may be necessary for fiscal years 2004 through
19 2008” and inserting “\$5,000,000,000 for fiscal
20 years 2009 through 2013”; and

21 (2) in paragraph (3), by striking “fiscal years
22 2004 through 2008” and inserting “fiscal years
23 2009 through 2013”.

24 (c) DEVELOPMENT OF A COMPREHENSIVE FIVE-
25 YEAR STRATEGY.—Section 303 of the United States

1 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
2 Act of 2003 (22 U.S.C. 7633) is amended by adding at
3 the end the following:

4 “(d) DEVELOPMENT OF A COMPREHENSIVE FIVE-
5 YEAR STRATEGY.—The President shall establish a com-
6 prehensive, five-year strategy to combat global malaria
7 that strengthens the capacity of the United States to be
8 an effective leader of international efforts to reduce the
9 global malaria disease burden. Such strategy shall main-
10 tain sufficient flexibility and remain responsive to the
11 ever-changing nature of the global malaria challenge and
12 shall—

13 “(1) include specific objectives, multisectoral
14 approaches and strategies to treat and provide care
15 to individuals infected with malaria, to prevent the
16 further spread of malaria;

17 “(2) describe how this strategy would con-
18 tribute to the United States’ overall global health
19 and development goals;

20 “(3) clearly explain how proposed activities to
21 combat malaria will be coordinated with other
22 United States global health activities, including the
23 five-year global HIV/AIDS and tuberculosis strate-
24 gies developed pursuant to section 101 of this Act;

1 “(4) expand public-private partnerships and
2 leveraging of resources to combat malaria, including
3 private sector resources;

4 “(5) coordinate among relevant executive
5 branch agencies providing assistance to combat ma-
6 laria in order to maximize human and financial re-
7 sources and reduce unnecessary duplication among
8 such agencies and other donors;

9 “(6) maximize United States capabilities in the
10 areas of technical assistance, training, and research,
11 including vaccine research, to combat malaria; and

12 “(7) establish priorities and selection criteria
13 for the distribution of resources to combat malaria
14 based on factors such as the size and demographics
15 of the population with malaria, the needs of that
16 population, the host countries’ existing infrastruc-
17 ture, and the host countries’ ability to complement
18 United States efforts with strategies outlined in na-
19 tional malaria control plans.

20 “(e) MALARIA RESPONSE COORDINATOR.—

21 “(1) IN GENERAL.—There should be established
22 within the United States Agency for International
23 Development a Coordinator of United States Gov-
24 ernment Activities to Combat Malaria Globally, who
25 should be appointed by the President.

1 “(2) AUTHORITIES.—The Coordinator, acting
2 through such nongovernmental organizations and
3 relevant executive branch agencies as may be nec-
4 essary and appropriate to effect the purposes of sec-
5 tion 104C of the Foreign Assistance Act of 1961 (22
6 U.S.C. 2151b–4), is authorized—

7 “(A) to operate internationally to carry out
8 prevention, treatment, care, support, capacity
9 development of health systems, and other activi-
10 ties for combating malaria;

11 “(B) to transfer and allocate funds to rel-
12 evant executive branch agencies;

13 “(C) to provide grants to, and enter into
14 contracts with, nongovernmental organizations
15 to carry out the purposes of such section 104C;

16 “(D) to enter into contracts and transfer
17 and allocate funds to international organiza-
18 tions to carry out the purposes of such section
19 104C; and

20 “(E) to coordinate with a public-private
21 partnership to discover and develop effective
22 new antimalarial drugs, including drugs for
23 multi-drug resistant malaria and malaria in
24 pregnant women.

25 “(3) DUTIES.—

1 “(A) IN GENERAL.—The Coordinator shall
2 have primary responsibility for the oversight
3 and coordination of all resources and global
4 United States government activities to combat
5 malaria.

6 “(B) SPECIFIC DUTIES.—The Coordinator
7 shall—

8 “(i) facilitate program and policy co-
9 ordination among relevant executive
10 branch agencies and nongovernmental or-
11 ganizations, including auditing, monitoring
12 and evaluation of such programs;

13 “(ii) ensure that each relevant execu-
14 tive branch agency has sufficient resources
15 to execute programs in areas in which the
16 agency has the greatest expertise, technical
17 capability, and potential for success;

18 “(iii) coordinate with the Office of the
19 Coordinator of United States Government
20 Activities to Combat HIV/AIDS Globally
21 and equivalent managers of other relevant
22 executive branch agencies that are imple-
23 menting global health programs to develop
24 and implement program plans, country-
25 level interactions, and recipient administra-

1 tive requirements in countries in which
2 more than one program operates;

3 “(iv) coordinate relevant executive
4 branch agency activities in the field, in-
5 cluding coordination of planning, imple-
6 mentation, and evaluation of malaria pro-
7 grams with HIV/AIDS programs in coun-
8 tries in which both programs are being
9 carried out;

10 “(v) pursue coordinate program im-
11 plementation with host governments, other
12 donors, and the private sector; and

13 “(vi) establish due diligence criteria
14 for all recipients of funds appropriated
15 pursuant to the authorizations of appro-
16 priations under section 401 for malaria as-
17 sistance.

18 “(f) ASSISTANCE TO WHO.—In carrying out this sec-
19 tion, the President is authorized to make a United States
20 contribution to the Roll Back Malaria Partnership and the
21 World Health Organization (WHO) to improve the capac-
22 ity of countries with high rates of malaria and other af-
23 fected countries to implement comprehensive malaria con-
24 trol programs.

25 “(g) ANNUAL REPORT.—

1 “(1) IN GENERAL.—Not later than 270 days
2 after the date of the enactment of the Tom Lantos
3 and Henry J. Hyde Global Leadership Against HIV/
4 AIDS, Tuberculosis, and Malaria Reauthorization
5 Act of 2008, and annually thereafter, the President
6 shall transmit to the appropriate congressional com-
7 mittees a report on United States assistance for the
8 prevention, treatment, control, and elimination of
9 malaria.

10 “(2) MATTERS TO BE INCLUDED.—The report
11 required under paragraph (1) shall include a de-
12 scription of—

13 “(A) the countries and activities to which
14 malaria assistance has been allocated;

15 “(B) the number of people reached
16 through malaria assistance programs;

17 “(C) the percentage and number of chil-
18 dren and mothers reached through malaria as-
19 sistance programs;

20 “(D) research efforts to develop new tools
21 to combat malaria, including drugs and vac-
22 cines;

23 “(E) collaboration with the World Health
24 Organization (WHO), the Global Fund to Fight
25 AIDS, Tuberculosis and Malaria, other donor

1 governments, and relevant executive branch
2 agencies to combat malaria;

3 “(F) quantified impact of United States
4 assistance on childhood morbidity and mor-
5 tality;

6 “(G) the number of children who received
7 immunizations through malaria assistance pro-
8 grams; and

9 “(H) the number of women receiving ante-
10 natal care through malaria assistance pro-
11 grams.”.

12 **SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**
13 **AIDS.**

14 (a) IN GENERAL.—Title III of the United States
15 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
16 Act of 2003 (22 U.S.C. 7631 et seq.) is amended by strik-
17 ing section 304 and inserting the following:

18 **“SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/**
19 **AIDS.**

20 “(a) SENSE OF CONGRESS.—It is the sense of Con-
21 gress that the use of health care partnerships that link
22 United States and host country health care institutions
23 create opportunities for sharing of knowledge and exper-
24 tise among individuals with significant experience in
25 health-related fields and build local capacity to combat

1 HIV/AIDS and increase scientific understanding of the
2 progression of HIV/AIDS and the HIV/AIDS epidemic.

3 “(b) AUTHORITY TO FACILITATE HEALTH CARE
4 PARTNERSHIPS TO COMBAT HIV/AIDS.—The President,
5 acting through the Coordinator of United States Govern-
6 ment Activities to Combat HIV/AIDS Globally, shall fa-
7 cilitate the development of health care partnerships de-
8 scribed in subsection (a) by—

9 “(1) supporting short- and long-term institu-
10 tional partnerships, including partnerships that build
11 human and institutional capacity in ministries of
12 health, central- and district-level health agencies,
13 medical facilities, health education and training in-
14 stitutions, academic centers, and faith- and commu-
15 nity-based organizations involved in prevention,
16 treatment, and care of HIV/AIDS;

17 “(2) supporting the development of consultation
18 services using appropriate technologies, including on-
19 line courses, DVDs, telecommunications services,
20 partnerships, and other technologies to eliminate the
21 barriers that prevent host country professionals from
22 accessing high quality health care services informa-
23 tion, particularly providers located in rural areas;

24 “(3) supporting the placements of highly quali-
25 fied individuals to strengthen human and organiza-

1 tional capacity through the use of health care profes-
2 sionals to facilitate skills transfer, building local ca-
3 pacity, and to expand rapidly the pool of providers,
4 managers, and other health care staff delivering
5 HIV/AIDS services in host countries; and

6 “(4) meeting individual country needs and,
7 where possible, insisting on the implementation of a
8 national strategic plan, by providing training and
9 mentoring to strengthen human and organizational
10 capacity among local health care service organiza-
11 tions.

12 “(c) AUTHORIZATION OF APPROPRIATIONS.—Of the
13 amounts authorized to be appropriated under section 401
14 for HIV/AIDS assistance, there are authorized to be ap-
15 propriated to the President such sums as may be nec-
16 essary for each of the fiscal years 2009 through 2013 to
17 carry out this section.”.

18 (b) CLERICAL AMENDMENT.—The table of contents
19 for the United States Leadership Against HIV/AIDS, Tu-
20 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
21 is amended by striking the item relating to section 304
22 and inserting the following new item:

 “Sec. 304. Health care partnerships to combat HIV/AIDS.”.

1 **Subtitle B—Assistance for Women,**
2 **Children, and Families**

3 **SEC. 311. POLICY AND REQUIREMENTS.**

4 (a) POLICY.—Subsection (a) of section 312 of the
5 United States Leadership Against HIV/AIDS, Tuber-
6 culosis, and Malaria Act of 2003 (22 U.S.C. 7652) is
7 amended—

8 (1) in the first sentence, by striking “The
9 United States Government’s” and inserting the fol-
10 lowing:

11 “(1) IN GENERAL.—The United States”; and

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

13 “(2) COLLABORATION.—The United States
14 should work in collaboration with governments, do-
15 nors, the private sector, nongovernmental organiza-
16 tions, and other key stakeholders to carry out the
17 policy described in paragraph (1).”.

18 (b) REQUIREMENTS.—Subsection (b) of such section
19 is amended to read as follows:

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

22 “(1) establish a target for prevention and treat-
23 ment of mother-to-child transmission of HIV that by
24 2013 will reach at least 80 percent of pregnant

1 women in those countries most affected by HIV/
2 AIDS;

3 “(2) establish a target requiring that by 2013
4 up to 15 percent of individuals receiving care and up
5 to 15 percent of individuals receiving treatment
6 under this Act and the amendments made by this
7 Act are children;

8 “(3) integrate care and treatment with preven-
9 tion of mother-to-child transmission of HIV pro-
10 grams in order to improve outcomes for HIV-af-
11 fected women and families as soon as is feasible,
12 consistent with the national government policies of
13 countries in which programs under this Act are ad-
14 ministered, and including support for strategies to
15 ensure successful follow-up and continuity of care;

16 “(4) expand programs designed to care for chil-
17 dren orphaned by HIV/AIDS;

18 “(5) develop a timeline for expanding access to
19 more effective regimes to prevent mother-to-child
20 transmission of HIV, consistent with the national
21 government policies of countries in which programs
22 under this Act are administered and the goal of
23 achieving universal use of such regimens as soon as
24 possible;

1 “(6) ensure that women receiving voluntary
2 contraceptive counseling, services, or commodities in
3 programs supported by the United States Govern-
4 ment have access to the full range of HIV/AIDS
5 services; and

6 “(7) ensure that women in prevention of moth-
7 er-to-child transmission of HIV programs are pro-
8 vided with appropriate maternal and child services,
9 either directly or by referral.”.

10 **SEC. 312. ANNUAL REPORTS ON PREVENTION OF MOTHER-**
11 **TO-CHILD TRANSMISSION OF THE HIV INFECTION.**
12 **TION.**

13 Section 313(a) of the United States Leadership
14 Against HIV/AIDS, Tuberculosis, and Malaria Act of
15 2003 (22 U.S.C. 7653(a)) is amended by striking “5
16 years” and inserting “10 years”.

17 **SEC. 313. STRATEGY TO PREVENT HIV INFECTIONS AMONG**
18 **WOMEN AND YOUTH.**

19 (a) IN GENERAL.—Title III of the United States
20 Leadership Against HIV/AIDS, Tuberculosis, and Malaria
21 Act of 2003 (22 U.S.C. 7631 et seq.) is amended by add-
22 ing at the end the following:

1 **“SEC. 316. STRATEGY TO PREVENT HIV INFECTIONS AMONG**
2 **WOMEN AND YOUTH.**

3 “(a) STATEMENT OF POLICY.—In order to meet the
4 United States Government’s goal of preventing
5 12,000,000 new HIV infections worldwide, it shall be the
6 policy of the United States to pursue a global HIV/AIDS
7 prevention strategy that emphasizes the immediate and
8 ongoing needs of women and youth and addresses the fac-
9 tors that lead to gender disparities in the rate of HIV in-
10 fection.

11 “(b) STRATEGY.—

12 “(1) IN GENERAL.—The President shall formu-
13 late a comprehensive, integrated, and culturally-ap-
14 propriate global HIV/AIDS prevention strategy that,
15 to the extent epidemiologically appropriate, address-
16 es the vulnerabilities of women and youth to HIV in-
17 fection and seeks to reduce the factors that lead to
18 gender disparities in the rate of HIV infection.

19 “(2) ELEMENTS.—The strategy required under
20 paragraph (1) shall include specific goals and tar-
21 gets under the 5-year strategy outlined in section
22 101 and shall include comprehensive HIV/AIDS pre-
23 vention education at the individual and national level
24 including the ABC (‘Abstain, Be faithful, use
25 Condoms’) model as a means to reduce HIV infec-
26 tions and shall include the following:

1 “(A) Specific goals under the five-year
2 strategy outlined in section 101.

3 “(B) Empowering women and youth to
4 avoid cross-generational sex and to decide when
5 and whom to marry in order to reduce the inci-
6 dence of early or child marriage.

7 “(C) Dramatically increasing access to cur-
8 rently available female-controlled prevention
9 methods and including investments in training
10 to increase the effective and consistent use of
11 both male and female condoms.

12 “(D) Accelerating the de-stigmatization of
13 HIV/AIDS among women and youth as a major
14 risk factor for the transmission of HIV.

15 “(E) Addressing and preventing post-trau-
16 matic and psycho-social consequences and pro-
17 viding post-exposure prophylaxis to victims of
18 gender-based violence and rape against women
19 and youth through appropriate medical, social,
20 educational, and legal assistance and through
21 prosecutions and legal penalties to address such
22 violence.

23 “(F) Promoting changes in male attitudes
24 and behavior that respect the human rights of

1 women and youth and that support and foster
2 gender equality.

3 “(G) Supporting the development of micro-
4 enterprise initiatives, job training programs,
5 and other such efforts to assist women in devel-
6 oping and retaining independent economic
7 means.

8 “(H) Supporting universal basic education
9 and expanded educational opportunities for
10 women and youth.

11 “(I) Protecting the property and inherit-
12 ance rights of women.

13 “(J) Coordinating inclusion of HIV/AIDS
14 prevention information and education services
15 and programs for individuals with HIV/AIDS
16 with existing health care services targeted to
17 women and youth, such as ensuring access to
18 HIV/AIDS education and testing in family
19 planning programs supported by the United
20 States Government and programs to reduce
21 mother-to-child transmission of HIV, and ex-
22 panding the reach of such HIV/AIDS health
23 services.

24 “(K) Promoting gender equality by sup-
25 porting the development of nongovernmental or-

ganizations, including faith-based and community-based organizations, that support the needs of women and utilizing such organizations that are already empowering women and youth at the community level.

“(L) Encouraging the creation and effective enforcement of legal frameworks that guarantee women equal rights and equal protection under the law.

“(M) Encouraging the participation and involvement of women in drafting, coordinating, and implementing the national HIV/AIDS strategic plans of their countries.

“(N) Responding to other economic and social factors that increase the vulnerability of women and youth to HIV infection.

“(3) TRANSMISSION TO CONGRESS AND PUBLIC AVAILABILITY.—Not later than 180 days after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, the President shall transmit to the appropriate congressional committees and make available to the public the strategy required under paragraph (1).

1 “(c) COORDINATION.—In formulating and imple-
2 menting the strategy required under subsection (b), the
3 President shall ensure that the United States coordinates
4 its overall HIV/AIDS policy and programs with the na-
5 tional governments of the countries for which the United
6 States provides assistance to combat HIV/AIDS and, to
7 the extent practicable, with international organizations,
8 other donor countries, and indigenous organizations, in-
9 cluding faith-based and community-based organizations
10 specifically for the purposes of ensuring gender equality
11 and promoting respect of the human rights of women that
12 impact their susceptibility to HIV/AIDS, improving wom-
13 en’s health, and expanding education for women and
14 youth, and organizations, including faith-based and other
15 nonprofit organizations, providing services to and advo-
16 cating on behalf of individuals with HIV/AIDS and indi-
17 viduals affected by HIV/AIDS.

18 “(d) GUIDANCE.—

19 “(1) IN GENERAL.—The President shall provide
20 clear guidance to field missions of the United States
21 Government in countries for which the United States
22 provides assistance to combat HIV/AIDS, based on
23 the strategy required under subsection (b).

24 “(2) TRANSMISSION TO CONGRESS AND PUBLIC
25 AVAILABILITY.—The President shall transmit to the

1 appropriate congressional committees and make
2 available to the public a description of the guidance
3 required under paragraph (1).

4 “(e) REPORT.—

5 “(1) IN GENERAL.—Not later than 1 year after
6 the date of the enactment of the Tom Lantos and
7 Henry J. Hyde Global Leadership Against HIV/
8 AIDS, Tuberculosis, and Malaria Reauthorization
9 Act of 2008, and annually thereafter as part of the
10 annual report required under section 104A(e) of the
11 Foreign Assistance Act of 1961 (22 U.S.C. 2151b–
12 2(e)), the President shall transmit to the appro-
13 priate congressional committees and make available
14 to the public a report on the implementation of this
15 section for the prior fiscal year.

16 “(2) MATTERS TO BE INCLUDED.—The report
17 required under paragraph (1) shall include the fol-
18 lowing:

19 “(A) A description of the prevention pro-
20 grams designed to address the vulnerabilities of
21 women and youth to HIV/AIDS.

22 “(B) A list of nongovernmental organiza-
23 tions in each country that receive assistance
24 from the United States to carry out HIV pre-

1 vention activities, including the amount and the
2 source of funding received.”.

3 (b) CLERICAL AMENDMENT.—The table of contents
4 for the United States Leadership Against HIV/AIDS, Tu-
5 berculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note)
6 is amended by inserting after the item relating to section
7 315 the following:

“Sec. 316. Strategy to prevent HIV infections among women and youth.”.

8 **SEC. 314. CLERICAL AMENDMENT.**

9 The table of contents for the United States Leader-
10 ship Against HIV/AIDS, Tuberculosis, and Malaria Act
11 of 2003 (22 U.S.C. 7601 note) is amended by striking
12 the item relating to subtitle B of title III and inserting
13 the following:

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

14 **TITLE IV—AUTHORIZATION OF**
15 **APPROPRIATIONS**

16 **SEC. 401. AUTHORIZATION OF APPROPRIATIONS.**

17 Section 401(a) of the United States Leadership
18 Against HIV/AIDS, Tuberculosis, and Malaria Act of
19 2003 (22 U.S.C. 7671(a)) is amended—

20 (1) by striking “\$3,000,000,000” and inserting
21 “\$10,000,000,000”; and

22 (2) by striking “fiscal years 2004 through
23 2008” and inserting “fiscal years 2009 through
24 2013”.

1 **SEC. 402. SENSE OF CONGRESS.**

2 Section 402(b) of the United States Leadership
3 Against HIV/AIDS, Tuberculosis, and Malaria Act of
4 2003 (22 U.S.C. 7672) is amended—

5 (1) by striking paragraph (1);

6 (2) by redesignating paragraphs (2) through
7 (4) as paragraphs (1) through (3), respectively; and

8 (3) in paragraph (2) (as redesignated by para-
9 graph (2) of this section), by striking “, of which”
10 and all that follows through “programs”.

11 **SEC. 403. ALLOCATION OF FUNDS.**

12 (a) HIV/AIDS PREVENTION ACTIVITIES.—Sub-
13 section (a) of section 403 of the United States Leadership
14 Against HIV/AIDS, Tuberculosis, and Malaria Act of
15 2003 (22 U.S.C. 7673) is amended to read as follows:

16 “(a) HIV/AIDS PREVENTION ACTIVITIES.—

17 “(1) IN GENERAL.—For each of the fiscal years
18 2009 through 2013, not less than 20 percent of the
19 amounts appropriated pursuant to the authorization
20 of appropriations under section 401 for HIV/AIDS
21 assistance for each such fiscal year shall be ex-
22 pended for HIV/AIDS prevention activities con-
23 sistent with section 104A(d) of the Foreign Assist-
24 ance Act of 1961.

25 “(2) BALANCED FUNDING REQUIREMENT.—(A)

26 The Coordinator of United States Government Ac-

1 tivities to Combat HIV/AIDS Globally shall provide
2 balanced funding for prevention activities for sexual
3 transmission of HIV/AIDS and shall ensure that be-
4 havioral change programs, including abstinence,
5 delay of sexual debut, monogamy, fidelity and part-
6 ner reduction, are implemented and funded in a
7 meaningful and equitable way in the strategy for
8 each host country based on objective epidemiological
9 evidence as to the source of infections and in con-
10 sultation with the government of each host country
11 involved in HIV/AIDS prevention activities.

12 “(B) In fulfilling the requirement under sub-
13 paragraph (A), the Coordinator shall establish a
14 HIV sexual transmission prevention strategy gov-
15 erning the expenditure of funds authorized by the
16 Act used to prevent the sexual transmission of HIV
17 in any host country with a generalized epidemic. In
18 each such host country, if this strategy provides less
19 than 50 percent of such funds for behavioral change
20 programs, including abstinence, delay of sexual
21 debut, monogamy, fidelity, and partner reduction,
22 the Coordinator shall, within 30 days of the issuance
23 of this strategy, report to the appropriate congres-
24 sional committees on the justification for this deci-
25 sion.

1 “(C) Programs and activities that implement or
2 purchase new prevention technologies or modalities
3 such as medical male circumcision, pre-exposure pro-
4 phylaxis, or microbicides and programs and activities
5 that provide counseling and testing for HIV or pre-
6 vent mother-to-child prevention of HIV shall not be
7 included in determining compliance with this para-
8 graph.

9 “(3) REPORT.—Not later than 1 year after the
10 date of the enactment of the Tom Lantos and Henry
11 J. Hyde Global Leadership Against HIV/AIDS, Tu-
12 berculosis, and Malaria Reauthorization Act of
13 2008, and annually thereafter as part of the annual
14 report required under section 104A(e) of the For-
15 eign Assistance Act of 1961 (22 U.S.C. 2151b–
16 2(e)), the President shall transmit to the appro-
17 priate congressional committees and make available
18 to the public a report on the implementation of
19 paragraph (2) for the prior fiscal year.”.

20 (b) ORPHANS AND VULNERABLE CHILDREN.—Sub-
21 section (b) of such section is amended by striking “fiscal
22 years 2006 through 2008” and inserting “fiscal years
23 2009 through 2013”.

1 **SEC. 404. PROHIBITION ON TAXATION BY FOREIGN GOV-**
2 **ERNMENTS.**

3 (a) PROHIBITION ON TAXATION.—None of the funds
4 appropriated pursuant to the authorization of appropria-
5 tions under section 401 of the United States Leadership
6 Against HIV/AIDS, Tuberculosis, and Malaria Act of
7 2003 (22 U.S.C. 7671) may be made available to provide
8 assistance for a foreign country under a new bilateral
9 agreement governing the terms and conditions under
10 which such assistance is to be provided unless such agree-
11 ment includes a provision stating that assistance provided
12 by the United States shall be exempt from taxation, or
13 reimbursed, by the foreign government, and the Secretary
14 of State shall expeditiously seek to negotiate amendments
15 to existing bilateral agreements, as necessary, to conform
16 with this requirement.

17 (b) DE MINIMUS EXCEPTION.—Foreign taxes of a de
18 minimus nature shall not be subject to the provisions of
19 subsection (a).

20 (c) REPROGRAMMING OF FUNDS.—Funds withheld
21 from obligation for each country or entity pursuant to sub-
22 section (a) shall be reprogrammed for assistance to coun-
23 tries which do not assess taxes on United States assistance
24 or which have an effective arrangement that is providing
25 substantial reimbursement of such taxes.

26 (d) DETERMINATIONS.—

1 (1) IN GENERAL.—The provisions of this sec-
2 tion shall not apply to any country or entity the Sec-
3 retary of State determines—

4 (A) does not assess taxes on United States
5 assistance or which has an effective arrange-
6 ment that is providing substantial reimburse-
7 ment of such taxes; or

8 (B) the foreign policy interests of the
9 United States outweigh the policy of this sec-
10 tion to ensure that United States assistance is
11 not subject to taxation.

12 (2) CONSULTATION.—The Secretary of State
13 shall consult with the Committees on Foreign Af-
14 fairs and Appropriations at least 15 days prior to
15 exercising the authority of this subsection with re-
16 gard to any country or entity.

17 (e) IMPLEMENTATION.—The Secretary of State shall
18 issue rules, regulations, or policy guidance, as appropriate,
19 to implement the prohibition against the taxation of assist-
20 ance contained in this section.

21 (f) DEFINITIONS.—As used in this section—

22 (1) the terms “taxes” and “taxation” refer to
23 value added taxes and customs duties imposed on
24 commodities financed with United States assistance

1 for programs for which funds are authorized by this
2 Act; and

3 (2) the term “bilateral agreement” refers to a
4 framework bilateral agreement between the Govern-
5 ment of the United States and the government of
6 the country receiving assistance that describes the
7 privileges and immunities applicable to United
8 States foreign assistance for such country generally,
9 or an individual agreement between the Government
10 of the United States and such government that de-
11 scribes, among other things, the treatment for tax
12 purposes that will be accorded the United States as-
13 sistance provided under that agreement.

14 **TITLE V—SUSTAINABILITY AND**
15 **STRENGTHENING OF HEALTH**
16 **CARE SYSTEMS**

17 **SEC. 501. SUSTAINABILITY AND STRENGTHENING OF**
18 **HEALTH CARE SYSTEMS.**

19 The United States Leadership Against HIV/AIDS,
20 Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601
21 et seq.) is amended by adding at the end the following:

1 **“TITLE VI—SUSTAINABILITY AND**
2 **STRENGTHENING OF HEALTH**
3 **CARE SYSTEMS**

4 **“SEC. 601. FINDINGS.**

5 “Congress makes the following findings:

6 “(1) The shortage of health personnel, includ-
7 ing doctors, nurses, pharmacists, counselors, labora-
8 tory staff, and paraprofessionals, is one of the lead-
9 ing obstacles to fighting HIV/AIDS in sub-Saharan
10 Africa.

11 “(2) The HIV/AIDS pandemic aggravates the
12 shortage of health workers through loss of life and
13 illness among medical staff, unsafe working condi-
14 tions for medical personnel, and increased workloads
15 for diminished staff, while the shortage of health
16 personnel undermines efforts to prevent and provide
17 care and treatment for individuals with HIV/AIDS.

18 “(3) Failure to address the shortage of health
19 care professionals and paraprofessionals, and the
20 factors forcing such individuals to leave sub-Saharan
21 Africa, will undermine the objectives of United
22 States development policy and will subvert opportu-
23 nities to achieve internationally-recognized goals for
24 the prevention, treatment, and care of HIV/AIDS
25 and other diseases, the reduction of child and mater-

1 nal mortality, and for economic growth and develop-
2 ment in sub-Saharan Africa.

3 **“SEC. 602. NATIONAL HEALTH WORKFORCE STRATEGIES**
4 **AND OTHER POLICIES.**

5 “(a) NATIONAL HEALTH WORKFORCE STRATE-
6 GIES.—

7 “(1) STATEMENT OF POLICY.—It shall be the
8 policy of the United States Government to support
9 countries receiving United States assistance to com-
10 bat HIV/AIDS, tuberculosis, and malaria, and other
11 health programs in developing, strengthening, and
12 implementing 5-year health workforce strategies.

13 “(2) TECHNICAL AND FINANCIAL ASSIST-
14 ANCE.—The Administrator of the United States
15 Agency for International Development, in coordina-
16 tion with the Coordinator of United States Govern-
17 ment Activities to Combat HIV/AIDS Globally, is
18 authorized to provide technical and financial assist-
19 ance to countries described in paragraph (1) to en-
20 able such countries, in conjunction with other fund-
21 ing sources, to develop, strengthen, and implement
22 health workforce strategies.

23 “(3) ACTIVITIES SUPPORTED.—Assistance pro-
24 vided under paragraph (2) shall, to the maximum

1 extent practicable, be used to carry out the fol-
2 lowing:

3 “(A) Activities to promote an inclusive
4 process that includes nongovernmental organi-
5 zations and individuals with HIV/AIDS in de-
6 veloping health workforce strategies.

7 “(B) Activities to achieve and sustain a
8 health workforce sufficient in numbers, skill,
9 and capacity to meet United States and host-
10 country international health commitments, in-
11 cluding the Millennium Development Goals and
12 universal access to HIV/AIDS prevention, treat-
13 ment, and care. In particular, such health work-
14 force strategies should include plans for
15 progress toward achieving the minimum ratio of
16 health professionals required to achieve these
17 goals by 2015, estimated by the World Health
18 Organization to require at least 2.3 doctors,
19 nurses, and midwives per 1,000 population, and
20 additional health workers such as pharmacists
21 and lab technicians.

22 “(C) Activities to ensure that health work-
23 force strategies are aimed at creating appro-
24 priate distribution of health workers and
25 prioritizing activities required to ensure rural,

1 marginalized, and other underserved popu-
2 lations are able to access skilled and equipped
3 health workers.

4 “(D) Activities to expand the capacity of
5 public and private medical, nursing, pharma-
6 ceutical, and other health training institutions.

7 “(b) POSITIVE BROADER HEALTH IMPACT.—It shall
8 be the policy of the United States to ensure to expand
9 the capacity of the health workforce engaged in HIV/AIDS
10 programming in ways that contribute to, and do not de-
11 tract from, the capacity of countries to meet other health
12 needs, particularly child survival and maternal health.

13 “(c) SAFETY FOR HEALTH WORKERS.—It is the
14 sense of Congress that the United States should ensure
15 that all health workers participating in programs that re-
16 ceive assistance under this Act and the amendments made
17 by this Act have the proper training to create safe and
18 sanitary working conditions in accordance with universal
19 precautions and other forms of infection prevention and
20 control.

21 “(d) HEALTH CARE FOR HEALTH WORKERS.—The
22 Coordinator of United States Government Activities to
23 Combat HIV/AIDS Globally shall ensure that comprehen-
24 sive and confidential health services shall be provided to
25 all health workers participating in programs that receive

1 assistance under this Act and the amendments made by
2 this Act, including—

3 “(1) testing and counseling for all such employ-
4 ees;

5 “(2) providing HIV/AIDS treatment to HIV-
6 positive employees; and

7 “(3) taking measures to reduce HIV-related
8 stigma in the workplace.

9 “(e) TRAINING AND COMPENSATION FINANCE.—
10 Where the Coordinator determines such financial support
11 is essential to fulfill the purposes of this Act, the Coordi-
12 nator shall finance training and provide compensation or
13 other benefits for health workers in order to enhance re-
14 cruitment and retention of such workers.

15 **“SEC. 603. EXEMPTION OF INVESTMENTS IN HEALTH FROM**
16 **LIMITS SOUGHT BY INTERNATIONAL FINAN-**
17 **CIAL INSTITUTIONS.**

18 “(a) COORDINATION WITHIN THE UNITED STATES
19 GOVERNMENT.—The Coordinator of United States Gov-
20 ernment Activities to Combat HIV/AIDS Globally shall
21 work with the Secretary of the Treasury to reform Inter-
22 national Monetary Fund macroeconomic and fiscal policies
23 that result in limitations on national and donor invest-
24 ments in health.

1 “(b) POSITION OF THE UNITED STATES AT THE
2 IMF.—The Secretary of the Treasury shall instruct the
3 United States Executive Director at the International
4 Monetary Fund to use the voice, vote, and influence of
5 the United States to oppose any loan, project, agreement,
6 memorandum, instrument, plan, or other program of the
7 International Monetary Fund that does not exempt in-
8 creased government spending on health care from national
9 budget caps or restraints, hiring or wage bill ceilings, or
10 other limits sought by any international financial institu-
11 tion.

12 **“SEC. 604. PUBLIC-SECTOR PROCUREMENT, DRUG REG-**
13 **ISTRATION, AND SUPPLY CHAIN MANAGE-**
14 **MENT SYSTEMS.**

15 “(a) IN GENERAL.—The Coordinator of United
16 States Government Activities to Combat AIDS Globally
17 shall work with the Partnership for Supply Chain Manage-
18 ment Systems, host countries, and nongovernmental orga-
19 nizations to develop effective, reliable host country-owned
20 and operated public-sector procurement and supply chain
21 management systems, including regional distribution, with
22 ongoing technical assistance and sustained support to en-
23 sure the function of such systems, as well as the function
24 of existing non-public sector supply chains, including those

1 operated by faith-based and other humanitarian organiza-
2 tions that procure and distribute medical supplies.

3 “(b) AVAILABILITY OF EQUIPMENT AND SUP-
4 PLIES.—The public-sector procurement and supply chain
5 management systems developed pursuant to subsection (a)
6 should ensure that adequate laboratory equipment and
7 supplies commonly needed to fight HIV/AIDS, including
8 diagnostic tests for CD4 and viral load counts, x-ray ma-
9 chines, mobile and facility-based rapid HIV test kits and
10 other necessary assays, reagents and basic supplies such
11 as sterile syringes and gloves, are available and distributed
12 in a manner that is accessible to urban and rural popu-
13 lations.

14 “(c) DRUG REGISTRATION.—The Coordinator shall
15 work with host country partners and development partners
16 to support efficient and effective drug approval and reg-
17 istration systems that allow expeditious access to safe and
18 effective drugs, including antiretroviral drugs.

19 “(d) REPORT.—The Coordinator shall submit to the
20 appropriate congressional committees an annual report on
21 the implementation of this section, including progress to-
22 ward specific benchmarks established by the Partnership
23 for Supply Chain Management Systems, and the projec-
24 tion of when host countries can fully sustain their own
25 procurement and supply chain management and distribu-

1 tion systems at a scale necessary for national primary
2 health needs.

3 **“SEC. 605. AUTHORIZATION OF APPROPRIATIONS.**

4 “(a) IN GENERAL.—Of the amounts authorized to be
5 appropriated under section 401 for HIV/AIDS assistance,
6 there are authorized to be appropriated to the President
7 such sums as may be necessary for each of the fiscal years
8 2009 through 2013 to carry out this title.

9 “(b) AVAILABILITY.—Amounts appropriated pursu-
10 ant to the authorization of appropriations under sub-
11 section (a) are authorized to remain available until ex-
12 pended.”.

13 **SEC. 502. CLERICAL AMENDMENT.**

14 The table of contents for the United States Leader-
15 ship Against HIV/AIDS, Tuberculosis, and Malaria Act
16 of 2003 (22 U.S.C. 7601 note) is amended by inserting
17 after the items relating to title V the following:

“TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH
CARE SYSTEMS

“Sec. 601. Findings.

“Sec. 602. National health workforce strategies and other policies.

“Sec. 603. Exemption of investments in health from limits sought by inter-
national financial institutions.

“Sec. 604. Public-sector procurement, drug registration, and supply chain management systems.

“Sec. 605. Authorization of appropriations.”.

Passed the House of Representatives April 2, 2008.

Attest: LORRAINE C. MILLER,
Clerk.