SECTION 1.—AUTHORIZATION OF APPROPRIATIONS.

(a) In General.—Section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2003 is amended by striking ‘‘2004 through 2008’’ and inserting ‘‘2009 through 2013’’;

(b) Malaria Vaccine Development Programs.—Section 302(m) of the Foreign Assistance Act of 1961 (22 U.S.C. 2222(m)) is amended by striking ‘‘2004 through 2008’’ and inserting ‘‘2009 through 2013’’.

SEC. 3. Definitions.

SEC. 2. Findings.


SEC. 306. Clerical amendment.

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

TI TLE IV—FUN DING ALLO CATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

TITLE V—MISCELLANEOUS


SEC. 2. Findings.

SEC. 3. Definitions.

SEC. 4. Purpose.

SEC. 5. Authority to consolidate and combine reports.

T T ITLE I—POLIC Y PLANNING AND COORDINATION

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

Sec. 102. Interagency working group.

Sec. 103. Sense of Congress.

T T ITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

Sec. 201. Voluntary contributions to international vaccine funds.


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

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

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

Sec. 206. Facilitating vaccine development.

T T ITLE III—B I LATERAL EFFORTS

SUBTITLE A—General Assistance and Assistance to Combat Tuberculosis

Sec. 301. Assistance to combat HIV/AIDS.

Sec. 302. Assistance to combat tuberculosis.

Sec. 303. Assistance to combat malaria.

Sec. 304. Special Assistant for Tuberculosis and Malaria.

Sec. 305. Amendment to Immigration and Nationality Act.

SEC. 307. Reporting requirements.

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

TI TLE IV—FUN DING ALLO CATIONS

Sec. 401. Authorization of appropriations.

Sec. 402. Sense of Congress.

Sec. 403. Allocation of funds.

TI TLE V—MISCELLANEOUS

"(D) pledged ‘to set a target of allocating at least 15% of our annual budget to the improvement of the health sector’.

SEC. 3. DEFINITIONS.

Section 102 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602) is amended—

(1) in paragraph (2), by striking “Committee on Foreign Relations’’ and inserting “Committee on Foreign Affairs of the Senate, and the Committee on Appropriations’’;

(2) by redesigning paragraph (6) as paragraph (12);

(3) by redesigning paragraphs (3) through (5), and paragraphs (4) through (6), respectively;

(4) by inserting after paragraph (2) the following:

‘‘(8) OPERATIONS RESEARCH.—The term ‘operations research’ means the application of mathematical statistics and experimental analysis to measure the extent to which change in a population-based outcome can be attributed to program intervention instead of other environmental factors.’’

SEC. 5. AUTOMATION AND CONSOLIDATION OF REPORTS.

Section 5 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611) is amended by inserting ‘‘, with the exception of the 5-year strategy’’ before the period at the end.

TITLE I—POLICY PLANNING AND COORDINATION

SEC. 101. DEVELOPMENT OF AN UPDATED, COMPREHENSIVE, 5-YEAR, GLOBAL STRATEGY.

(a) STRATEGY.—Section 101(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611(a)) is amended to read as follows:

‘‘(a) STRATEGY.—The President shall establish a comprehensive, integrated, 5-year strategy to expand and improve efforts to combat global HIV/AIDS. This strategy shall—

(1) further strengthen the capability of the United States to be an effective leader of the international campaign against this disease and the capacities of nations with experiencing HIV/AIDS epidemics to combat this disease;

(2) maintain sufficient flexibility and remain responsive to—

(A) changes in the epidemic;

(B) challenges facing partner countries in developing and implementing an effective national response; and

(C) evidence-based improvements and innovations in the prevention, care, and treatment of HIV/AIDS;

(3) mitigate the United States efforts to combat HIV/AIDS, tuberculosis, and malaria within the broader United States global health and development agenda by—

(A) establishing comprehensive, coordinated, and integrated 5-year, global strategies to combat HIV/AIDS, tuberculosis, and malaria;

(B) building on progress and successes to date;

(C) improving harmonization of United States national strategies of partner governments and other public and private entities; and

‘‘(i) emphasizing capacity building initiatives in order to promote a transition toward greater sustainability through the support of country-driven efforts;

(ii) support for the expansion and development of new and existing initiatives and programs to combat global HIV/AIDS, tuberculosis, and malaria as integral components of United States development assistance;

(iii) intensifying efforts to—

(A) prevent HIV infection; and

(B) identify the continued support for, and expanded access to, treatment and care programs;

(iv) enhance the effectiveness of prevention, treatment, and care programs; and

(v) address the particular vulnerabilities of girls and women;

(vi) encourage the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS, tuberculosis, and malaria;

(b) STRATEGIC PARTNERING.—The term ‘partner government’ means a government with which the United States is working to support government-to-government technical assistance, prevention, or treatment of ill-

(c) STRATEGIC PARTNERING.—The term ‘paraprofessional’ means an individual who is trained and employed as a health agent for the provision of basic assistance in the identification, prevention, or treatment of illness or disability.

‘‘(10) PARTNER GOVERNMENT.—The term ‘partner government’ means a government with which the United States is working to provide assistance to combat HIV/AIDS, tuberculosis, or malaria on behalf of people living within the jurisdiction of such government.

‘‘(11) PROGRAM MONITORING.—The term ‘program monitoring’ means the collection, analysis, and use of routine program data to determine—

(A) how well a program is carried out; and

(B) how much the program costs.’’

SEC. 4. PURPOSE.

Section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7603) is amended to read as follows:

‘‘(a) STRATEGY.—The purpose of this Act is to strengthen and enhance United States leadership and the effectiveness of the United States response to the HIV/AIDS, tuberculosis, and malaria pandemics and other related and preventable infectious diseases as part of the overall United States health and development agenda by—

(1) establishing comprehensive, coordinated, and integrated 5-year, global strategies to combat HIV/AIDS, tuberculosis, and malaria;

(2) improving harmonization of United States national strategies of partner governments and other public and private entities; and

‘‘(C) emphasizing capacity building initiatives in order to promote a transition toward greater sustainability through the support of country-driven efforts;

(ii) support for the expansion and development of new and existing initiatives and programs to combat global HIV/AIDS, tuberculosis, and malaria as integral components of United States development assistance;

(iii) intensifying efforts to—

(A) prevent HIV infection; and

(B) provide a plan to—

(i) prevent 12,000,000 new HIV infections worldwide;

(ii) provide—

(A) treatment for 200,000 individuals infected with or affected by HIV/AIDS, including 5,000,000 orphans and vulnerable children affected by HIV/AIDS, with an emphasis on ensuring a comprehensive system of services to be integrated throughout the continuum of care;

(B) help partner countries in the effort to achieve goals of 80 percent access to counseling, testing, and treatment to prevent the transmission of HIV from mother to child, emphasizing a continuing commitment to support treatment technologies; and

(E) help partner countries to provide care and treatment services to children with HIV in proportion to their percentage within the HIV-affected population in each country;

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

(G) equip teachers with skills needed for HIV/AIDS prevention and support for persons infected or affected by HIV/AIDS;

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

(I) promote pediatric HIV/AIDS training for physicians, nurses, and other health care workers, through public-private partnerships if possible, including through the designation of appropriate, if appropriate, for the acceleration of reorientation for training in pediatric HIV/AIDS, care, and treatment in partner countries; and

(J) help partner countries to train and support retention of health care professionals and paraprofessionals, with the target of training and retaining at least 140,000 new health care professionals and paraprofessionals with an emphasis on training and in-country deployment of critically needed doctors and nurses to strengthen capacities in developing countries, especially in sub-Saharan Africa, to deliver primary health care with the objective of helping countries achieve staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population, as called for by the World Health Organization;

(K) include multisectoral approaches and specific strategies to treat individuals infected with HIV/AIDS and to prevent the further transmission of the disease, with a particular focus on the needs of families with children (including the prevention of mother-to-child transmission), women, young people, orphans, and vulnerable children;

(2) maintain sufficient flexibility and remain responsive to—

(A) changes in the epidemic;

(B) challenges facing partner countries in developing and implementing an effective national response; and

(C) evidence-based improvements and innovations in the prevention, care, and treatment of HIV/AIDS; and

(3) intensifying efforts to—

(A) prevent HIV infection; and

(B) identify the continued support for, and expanded access to, treatment and care programs;

(C) enhance the effectiveness of prevention, treatment, and care programs; and

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

(4) provide a plan to—

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

(B) support—

(i) the increases in the number of individuals with HIV/AIDS receiving antiretroviral treatment above the goal established under section 403(a)(3) and increased pursuant to paragraphs (1) through (3) of section 403(d); and

(ii) additional treatment through coordinated multilateral efforts;

(C) support care for at least 200,000 individuals infected with or affected by HIV/AIDS, including 5,000,000 orphans and vulnerable children affected by HIV/AIDS, with an emphasis on ensuring a comprehensive system of services to be integrated throughout the continuum of care.

SEC. 102. POLICY IMPLEMENTATION.

‘‘(C) providing and sharing best practices for combating HIV/AIDS with health professionals;

(D) including pediatric HIV/AIDS training for physicians, nurses, and other health care workers, through public-private partnerships if possible, including through the designation of appropriate, if appropriate, for the acceleration of reorientation for training in pediatric HIV/AIDS prevention, care, and treatment in partner countries; and

(E) helping partner countries to train and support retention of health care professionals and paraprofessionals, with the target of training and retaining at least 140,000 new health care professionals and paraprofessionals with an emphasis on training and in-country deployment of critically needed doctors and nurses to strengthen capacities in developing countries, especially in sub-Saharan Africa, to deliver primary health care with the objective of helping countries achieve staffing levels of at least 2.3 doctors, nurses, and midwives per 1,000 population, as called for by the World Health Organization;”
“(1) provide for consultation with local leaders and officials to develop prevention strategies and programs that are tailored to the unique needs of each country and community, and promote participation by those most at risk of acquiring HIV infection;

“(2) make the reduction of HIV/AIDS behavioral risks a priority of all prevention efforts by—

“(A) promoting abstinence from sexual activity and encouraging monogamy and faithfulness;

“(B) encouraging the correct and consistent use of male and female condoms and increasing the availability of, and access to, these commodities;

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

“(D) promoting education for discordant couples (where an individual is infected with HIV and the other individual is uninfected or whose status is unknown) about safer sex practices;

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

“(F) supporting national and regional programs, including—

“(i) the promotion of gender-related education, awareness, and the risks of procuring sex commercially and about the need to end violent behavior toward women;

“(G) supporting partner country and community efforts to identify and address social, economic, or cultural factors, such as migration, urbanization, conflict, gender-based violence, lack of empowerment for women, and transportation patterns, which directly contribute to the transmission of HIV;

“(H) promoting comprehensive programs to promote alternative livelihoods, safety, and social reintegration strategies for commercial sex workers and their families;

“(I) promoting cooperation with law enforcement to prosecute offenders of trafficking, rape, and sexual assault crimes with the goal of eliminating such crimes; and

“(J) working to eliminate rape, gender-based violence, sexual assault, and the sexual exploitation of women and children;

“(K) include programs to reduce the transmission of HIV/AIDS programs with development programs;

“(L) provide a framework for expanding or developing existing or new country or regional programs, including—

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

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

“(C) monitoring and evaluating such agreements;

“(D) provide a plan for national and regional priorities for resource distribution and a global investment plan by region;

“(E) to address the immediate and ongoing needs of women and girls, which—

“(A) addresses the vulnerabilities that contribute to their elevated risk of infection;

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

“(C) provides guidance to field missions to integrate gender across prevention, care, and treatment programs;

“(D) sets forth gender-specific indicators to monitor program outcomes and impacts of gender programs;

“(E) supports efforts in countries in which women or orphans lack inheritance rights and other mechanisms to promote the passage, implementation, and enforcement of such laws;

“(F) supports skills training, especially among women and girls, with the goal of reducing vulnerabilities to HIV/AIDS;

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

“(H) addresses the posttraumatic and psychosocial consequences and provides postexposure prophylaxis protecting against HIV infection to victims of gender-based violence and rape;

“(21) provide a plan to—

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

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

“(C) promote responsible male behavior; and

“(D) promote male participation and leadership at the community level in efforts to promote HIV prevention, reduce stigma, promote participation in voluntary counseling and testing, and provide care, treatment, and support for persons with HIV/AIDS;

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

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

“(24) provide a framework to work with international actors and partner countries toward universal access to HIV/AIDS prevention, treatment, and care programs, recognizing that prevention is of particular importance;

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

“(26) enhance the attention given to the national strategies of coalitions and networks receiving United States assistance by—

“(A) reviewing the planning and programmatic decisions associated with that assistance;

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

“(27) support activities described in the Global Framework for Action;

“(A) expanding and enhancing the coverage of the Directly Observed Treatment Short-course (DOTS) in order to treat individuals infected with tuberculosis and HIV, including multi-drug-resistant or extensively drug resistant tuberculosis; and

“(B) improving coordination and integration of HIV/AIDS and tuberculosis programming;

“(28) ensure coordination between the Global AIDS Coordinator and the Malaria Coordinator, including methodologies to promote abstinence, monogamy, faithfulness, the correct and consistent use of male and female condoms, reductions in concurrent sexual partners, ownership of children, support, and financial stability, and of integrated monitoring and evaluation approaches to promote the effectiveness of

“(29) include a description of, and rationale for, the Global Framework for Action, including methodologies to promote abstinence, monogamy, faithfulness, the correct and consistent use of male and female condoms, reductions in concurrent sexual partners, ownership of children, support, and financial stability, and of integrated monitoring and evaluation approaches to promote the effectiveness of
пфествио программ и ensure that they are targeted to appropriate audiences.

(2) Within the analysis required under subparagraph (K), an examination of additional planning and measures of preventing the transmission of HIV including medical male circumcision, maintenance of a safe blood supply, and other tools.

(3) A description of efforts to assist partner country and community to identify and address social, economic, or cultural factors, such as migration, urbanization, conflict, gender, and lack of empowerment for women, and transportation patterns, which directly contribute to the transmission of HIV.

(4) A description of the specific targets, goals, and strategies developed to address the needs and vulnerabilities of women and girls and HIV/AIDS, including—

(i) activities directed toward men and boys;

(ii) activities to enhance educational, microfinance, and livelihood opportunities for women and girls;

(iii) activities to promote and protect the legal empowerment of women, girls, and orphans and vulnerable children;

(iv) programs targeted toward gender-based violence and sexual coercion;

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

(vi) assistance for victims of rape, sexual abuse, assault, exploitation, and trafficking; and

(vii) programs to prevent alcohol abuse.

(5) A description of a strategy to address male norms and behaviors that contribute to the transmission of HIV, to promote responsible male behavior, and to promote male participation and leadership in HIV/AIDS prevention, care, treatment, and voluntary counseling and testing.

(6) A description of strategies—

(i) to address the needs of orphans and vulnerable children, including an analysis of—

(I) factors contributing to children’s vulnerability to HIV/AIDS; and

(ii) vulnerabilities caused by the impact of HIV/AIDS on children and their families; and

(ii) in areas of higher HIV/AIDS prevalence, to promote a community-based approach, maximizing community input into determining which children participate.

(7) A description of capacity-building efforts undertaken by countries themselves, including adherents of the Abuja Declaration and an assessment of the impact of international Monetary Fund macroeconomic and health strategies as well as other international efforts;

(8) An assessment of the impact of prevention, treatment, and care efforts that are supported by United States funding, including multilateral and bilateral programs involving joint operations.

(9) An assessment of the health and welfare of interventions authorized in this Act and programs referred to in subparagraph (A)(i).

(10) A description of the relationship between such compacts or agreements and the national HIV/AIDS and public health strategies and commitments of partner countries.

(11) A description of how to coordinate HIV/AIDS assistance with nutrition and food assistance programs.

(12) A description of transnational or regional frameworks to combat regionalized epidemics in highly affected areas such as the Caribbean.

(13) A description of planned resource distribution and global investment by region.

(14) A description of coordination efforts in order to better implement the Stop TB Strategy and to address the problem of co-infection of HIV/AIDS and tuberculosis and of projected challenges or barriers to successful implementation.

(15) A description of coordination efforts to address malaria and comorbidity with malaria and HIV/AIDS.

(16) A study—

(a) in general.—Not later than 4 years after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, the President shall submit to the appropriate congressional committees a study that includes—

(i) an assessment of the performance of United States-assisted global HIV/AIDS programs; and

(ii) an evaluation of the impact on health of prevention, treatment, and care efforts that are supported by United States funding, including multilateral and bilateral programs involving joint operations.

(b) CONTENT.—The study conducted under this paragraph shall include—

(I) an analysis of the steps taken toward prevention, treatment, and care targets;

(ii) an assessment of the effects on health systems, including on the financing and management of health systems and the quality of service delivery and staffing;

(iii) an assessment of the impact of prevention programs on HIV incidence in relevant population groups;

(iv) an evaluation of the impact on child health and well-being of interventions authorized under this Act on behalf of orphans and vulnerable children;

(v) an evaluation of the impact of programs and activities authorized in this Act on child mortality; and

(vi) recommendations for improving the programs referred to in subparagraph (A)(i).

(17) A description of the methodology, including random assignment methodologies as feasible. Qualitative data on processes, variables should be used for assessments and impact evaluations, whenever feasible.

(18) A description of the strategy to conduct the study under paragraph (2).

(19) AUTHORIZATION OF APPROPRIATIONS.—

There are authorized to be appropriated such sums as may be necessary to carry out the study under this subsection.

(20) REPORT.—Section 101 of such Act, as amended by this section, is further amended by adding at the end the following:

(21) COMPLIANCE REPORT.—

(a) In general.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, the President shall submit a report on the global HIV/AIDS programs of the United States to the appropriate congressional committees.

(b) CONTENT.—The report required under paragraph (1) shall include—

(i) a description and assessment of the monitoring and evaluation practices and policies in place for these programs;

(ii) an assessment of coordination within Federal agencies involved in these programs, including both intragovernmental and intergovernmental integration with the larger global health and development agenda of the United States;

(iii) an assessment of procurement policies and practices within these programs;

(iv) an assessment of harmonization with national government HIV/AIDS and public health strategies as well as other international efforts;

(v) an assessment of the impact of global HIV/AIDS funding and programs on other United States global health programming; and

(vi) recommendations for improving the global HIV/AIDS programs of the United States.

(22) Best Practices Report.—

(a) In general.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter, the Global AIDS Coordinator shall publish a best practices report that highlights the programs receiving financial assistance from the United States that have the potential for replication or adaptation, particularly at a low cost, across global AIDS programs, including those that focus on both generalized and localized epidemics.

(b) Dissemination and Outcomes.—The Global AIDS Coordinator shall disseminate the best practices report on the Internet website of the Office of the Global AIDS Coordinator.

(c) Dissemination Guidance.—The Global AIDS Coordinator shall develop guidelines to ensure timely submission and dissemination of significant information regarding best practices with respect to global AIDS programs.

(23) Inspectors General.—

(1) In general.—The Inspector General shall conduct an inspection of such programs and activities in accordance with the Inspector General Act of 1978.
“(A) DEVELOPMENT.—The Inspectors General of the Department of State and Broadcasting Board of Governors, the Department of Health and Human Services, and the United States Agency for International Development shall jointly develop 5 coordinated annual plans for oversight activity in each of the fiscal years 2009 through 2013, with the programs authorized under this Act and sections 104A, 104B, and 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2, 2151b–3, and 2151b–4).

(B) Plans developed under subparagraph (A) shall include a schedule for financial audits, inspections, and performance reviews, as appropriate.

(C) TERMINAL.——

(1) INITIAL PLAN.—The first plan developed under subparagraph (A) shall be completed not later than the later of—

(I) September 1, 2008; or

(II) 60 days after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

(2) SUBSEQUENT PLANS.—Each of the last four plans developed under subparagraph (A) shall be completed not later than 30 days before each of the fiscal years 2010 through 2013, respectively.

(2) COORDINATION.—In order to avoid duplication, improve program efficiency, the Inspectors General described in paragraph (1) shall coordinate their activities with—

(A) the Government Accountability Office; and

(B) the Inspectors General of the Department of Commerce, the Department of Defense, the Department of Labor, and the Peace Corps, as appropriate, pursuant to the 2004 Memorandum of Agreement Coordinating Audit Coverage of Programs and Activities Implementing the President’s Emergency Plan for AIDS Relief, or any successor agreement.

(3) FUNDING.—The Global AIDS Coordinator and the Coordinator of the United States Government Activities to Combat Malaria Globally shall make available necessary funds not exceeding $15,000,000 during the 5-year period beginning October 1, 2008 to the Inspectors General described in paragraph (1) for the audits, inspections, and reviews described in that paragraph.

(e) ANNUAL STUDY; MESSAGE.——Section 101 of such Act is amended by striking ''by not later than September 30, 2003'' and substituting ''by not later than September 30, 2013, the Global AIDS Coordinator shall complete a study of the treatment providers that—

(A) represents a range of countries and service environments;

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

(C) estimates per-patient costs across the program and in specific categories of service providers, including—

(i) urban and rural providers; and

(ii) country-specific providers; and

(iii) other subcategories, as appropriate.

(D) in subparagraph (B)(ii)—

(1) in subparagraph (A), by inserting '', and collaborating with, and complementary to, the delivery of related global health, food security, development, and education:'';

(e) in subparagraph (IX), as redesignated by subparagraph (C)—

(i) by inserting ‘‘Vietnam,’’ after ‘‘Uganda,’’;

(ii) by inserting after ‘‘of 2003’’ the following: —’’and other countries in which the United States is implementing HIV/AIDS programs as part of its foreign assistance programs, and

(iii) by adding at the end the following: ‘’In designating additional countries under this subparagraph, the President shall give priority to those countries in which there is a high prevalence of HIV or risk of significantly increasing incidence of HIV within the general population and inadequate financing of programs within the country.’’

(F) by inserting after subparagraph (IX), as redesignated by subparagraph (C), the following:

(X) Working with partner countries in which the HIV/AIDS epidemic is prevalent among injection drug users to establish, as a national priority, national HIV/AIDS prevention programs.

(XI) Working with partner countries in which the HIV/AIDS epidemic is prevalent among individuals involved in commercial sex acts to establish, as a national priority, national prevention programs, including education, voluntary testing, and counseling, and referral systems that link HIV/AIDS patients with programs to reduce trafficking in persons and support alternatives to prostitution.’’;

(G) in subparagraph (XII), as redesignated by subparagraph (C), by striking ‘‘funds section’’ and inserting ‘‘funds appropriated for HIV/AIDS assistance pursuant to the authorization of appropriations under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671)’’; and

(H) by adding at the end the following:

(1) Publicizing the updated drug pricing data to inform the purchasing decisions of pharmaceutical procurement partners.’’.

SEC. 103. SENSE OF CONGRESS. Section 102 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7672) is amended by adding at the end the following:

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

(1) full-time country level coordinators, preferably with management experience, should head each HIV/AIDS country team for United States missions overseas significant HIV/AIDS programs;

(2) foreign service nationals provide critically important services in the design and implementation of United States country-level HIV/AIDS programs and their skills and experience as public health professionals should be recognized within hiring and compensation practices; and

(3) staffing levels for United States country-level HIV/AIDS teams should be adequately maintained to fulfill oversight and other obligations of the organizations.

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

SEC. 201. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS. Section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended—

(1) by inserting after subsection (c) the following:

(d) TUBERCULOSIS VACCINE DEVELOPMENT PROGRAMS.—In addition to amounts otherwise available under this section, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013, which shall be used for United States contributions...
to tuberculosis vaccine development programs, which may include the Aeras Global TB Vaccine Foundation.

(2) in subsection (k)—

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

(B) by striking “Vaccine Fund” and inserting “GAVI Fund.”

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

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

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

(a) FINDINGS OF CONGRESS.—Section 202(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622(a)) is amended to read as follows:

“(a) FINDINGS; SENSE OF CONGRESS.—

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


“(ii) The Global Fund is an innovative financial mechanism that is crucial to the long-term success and viability of the Global Fund; and

“(iii) The Global Fund, its grantees, and Local Fund Agents are also important benchmarks for transparency and accountability.

“(B) by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013.”

“(C) in subparagraph (C)(ii), by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013.”

“(D) by striking “the fiscal years 2005–2008” and inserting “each of the fiscal years 2010 through 2013.”

“(E) by striking “$1,000,000,000 for the period of fiscal years 2004 through 2008” and inserting “$2,000,000,000 for fiscal year 2009.”

“(F) by striking “the fiscal years 2005–2008” and inserting “each of the fiscal years 2010 through 2013.”

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

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

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

“(ii) The Global Fund should not support activities involving the ‘Affordable Medicines Facility–Tuberculosis’ or similar entities pending compelling evidence of success from pilot programs as evaluated by the Inspector General of the Global Fund.

“(c) UNITED STATES FINANCIAL PARTICIPATION.—Section 202(d) of such Act (22 U.S.C. 7622(d)) is amended—

“(1) in paragraph (1)—

“(A) by striking “$1,000,000,000 for the period of fiscal years 2004 through 2008” and inserting “$2,000,000,000 for fiscal year 2009.”

“(B) by striking “the fiscal years 2005–2008” and inserting “each of the fiscal years 2010 through 2013.”

“(2) in paragraph (4)—

“(A) by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013.”

“(B) in clause (i), by striking “any of the fiscal years 2004 through 2008” and inserting “during any of the fiscal years 2009 through 2013.”

“(C) in clause (ii), by striking “any of the fiscal years 2004 through 2008” and inserting “during any of the fiscal years 2009 through 2013.”

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

“The President may waive the application of this clause with respect to assistance for Sudan that is overseen by the Southern Sudan Council Mechanism, including Southern Sudan, Southern Sudan, Southern Sudan, Southern State and Abyei, if the President determines that the national interest or humanitarian reasons justify such a waiver. The President shall publish each waiver of this clause in the Federal Register and, not later than 15 days before the waiver takes effect, submit a report to the Committees on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives containing the proposed waiver.”; and

“(iii) in clause (i), by striking “for the purposes” and inserting “For the purposes”;

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

“(v) by striking “prior to fiscal year 2009 and inserting “fiscal years 2009 through 2013”; and

“(C) by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013”;

“(D) by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013”; and

“(E) in clause (iv), by striking “$2,000,000,000” and inserting “$3,000,000,000”.

“(F) by striking “Local Fund Agents” and inserting “LFAs’);


“(B) by striking “Vaccine Fund” and inserting “GAVI Fund.”

“(C) by striking “fiscal years 2004 through 2008” and inserting “fiscal years 2009 through 2013.”

“(D) by striking “the fiscal years 2005–2008” and inserting “each of the fiscal years 2010 through 2013.”

“(E) by striking “the fiscal years 2005–2008” and inserting “each of the fiscal years 2010 through 2013.”

“(F) by striking “$1,000,000,000 for the period of fiscal years 2004 through 2008” and inserting “$2,000,000,000 for fiscal year 2009.”

“(G) by striking “the fiscal years 2005–2008” and inserting “each of the fiscal years 2010 through 2013.”

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

“The President may waive the application of this clause with respect to assistance for Sudan that is overseen by the Southern Sudan Council Mechanism, including Southern Sudan, Southern Sudan, Southern Sudan, Southern State and Abyei, if the President determines that the national interest or humanitarian reasons justify such a waiver. The President shall publish each waiver of this clause in the Federal Register and, not later than 15 days before the waiver takes effect, submit a report to the Committees on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives containing the proposed waiver.”; and

“(ii) the implementation of grants, as reflected in the proportion of resources allocated to different sector governments, civil society, and faith- and community-based organizations.
SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF PARTNER COUNTRIES.

(a) IN GENERAL.—The Director of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7621) is amended by adding at the end the following:

"SEC. 204. COMBATING HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF PARTNER COUNTRIES.

(a) IN GENERAL.—It shall be the policy of the United States to—

(1) to invest appropriate resources authorized under this Act—

(A) to carry out activities to strengthen HIV/AIDS, tuberculosis, and malaria health policies and health systems; and

(B) to provide workforce training and capacity-building consistent with the goals and objectives of this Act; and

(2) to support the development of a sound policy environment in partner countries to increase the ability of such countries—

(A) to maximize utilization of health care resources from donor countries;

(B) to increase national investments in health and to minimize the effectiveness of such investments;

(C) to improve national HIV/AIDS, tuberculosis, and malaria strategies;

(D) to deliver health services in an effective and efficient manner; and

(E) to reduce barriers that prevent recipients of services from achieving maximum benefit from such services.

(b) ASSISTANCE TO IMPROVE PUBLIC FINANCE MANAGEMENT SYSTEMS.—

(1) IN GENERAL.—Consistent with the authority under section 129 of the Foreign Assistance Act of 1961 (22 U.S.C. 2152), the Secretary of the Treasury, acting through the head of the Office of Technical Assistance, is authorized—

(A) to provide technical assistance to financial institutions and partner country finance, health, and other relevant ministries to improve the effectiveness of such investments; and

(B) to improve national HIV/AIDS, tuberculosis, and malaria strategies;

(2) to develop such human and institutional capacity as necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.

(c) PLAN REQUIRED.—The Global AIDS Coordinator, in collaboration with the Administrator of the United States Agency for International Development (USAID), shall develop and implement a plan to combat HIV/AIDS by strengthening health policies and health systems of partner countries, particularly in Africa, in collaboration with United States postsecondary educational institutions and other United States Government agencies involved in microbicide research, including historically black colleges and universities, to develop such human and institutional capacity and in the process further build their capacity to sustain the fight against these diseases.

(b) PLAN REQUIRED.—The Global AIDS Coordinator, in collaboration with the Administrator of the United States Agency for International Development (USAID), shall develop and implement a plan to combat HIV/AIDS by strengthening health policies and health systems of partner countries, particularly in Africa, in collaboration with United States postsecondary educational institutions and other United States Government agencies involved in microbicide research, including historically black colleges and universities, to develop such human and institutional capacity and in the process further build their capacity to sustain the fight against these diseases.
SEC. 206. FACILITATING VACCINE DEVELOPMENT.

(a) TECHNICAL ASSISTANCE FOR DEVELOPING COUNTRIES.—The Administrator of the United States Agency for International Development, utilizing public-private partnerships, as appropriate, and working in coordination with other international development agencies, is authorized to strengthen the capacity of developing countries’ governmental institutions to—

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

(ii) review protocols for clinical trials and impact studies and improve the implementation of clinical trials; and

(iii) ensure adequate supply chain and delivery systems.

(b) ADVANCED MARKET COMMITMENTS.—

(1) PURPOSE.—The purpose of this subsection is to improve global health by requiring the United States to participate in negotiations for advance market commitments for the development of future vaccines, including potential vaccines for HIV/AIDS, tuberculosis, and malaria, if such vaccines are determined to be safe and effective.

(2) NEGOTIATION REQUIREMENT.—The Secretary of the Treasury shall enter into negotiations with the appropriate officials of the International Bank for Reconstruction and Development (World Bank) and the GAVI Alliance, the member nations of such entities, and other interested parties to establish advanced market commitments to purchase vaccines to combat HIV/AIDS, tuberculosis, malaria, and other related infectious diseases.

(c) REQUIREMENTS.—In negotiating the United States participation in programs for advanced market commitments, the Secretary of the Treasury shall take into account whether programs for advance market commitments include—

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

(B) clearly defined and transparent rules of engagement for qualified developers and suppliers of the product;

(C) clearly defined requirements for eligible vaccines to ensure that they are safe and effective and can be delivered in developing country contexts;

(D) dispute settlement mechanisms; and

(E) sufficient flexibility to enable the contract to be adjusted in accordance with information related to projected market size and other factors while still maintaining the purchase commitment at a fair price.

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

(A) the Secretary of the Treasury shall submit a report to the appropriate congressional committees on the status of the United States negotiations to participate in programs for the advanced market commitments under this subsection; and

(B) the President shall produce a comprehensive report, written by a study group of qualified professionals from relevant Federal agencies and initiatives, nongovernmental organizations, and industry representatives, that sets forth a coordinated strategy to accelerate development of vaccines for infectious diseases, such as HIV/AIDS, tuberculosis, and malaria, which includes—

(i) initiatives to create economic incentives for the research, development, and manufacture of vaccines for HIV/AIDS, tuberculosis, malaria, and other infectious diseases;

(ii) an expansion of public-private partnerships and the leveraging of resources from other countries and the private sector; and

(iii) efforts to maximize United States capabilities for the clinical trials of vaccines in developing countries and to address the challenges of delivering vaccines in developing countries to minimize delays in access once vaccines are available.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

SEC. 201. ASSISTANCE TO COMBAT HIV/AIDS.

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

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

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

‘‘(b) POLICY.—

‘‘(1) OBJECTIVES.—It is a major objective of the foreign assistance program of the United States to provide assistance for the prevention and treatment of HIV/AIDS and the care of those affected by the disease. It is the policy objective of the United States, by 2013, to—

(A) assist partner countries to—

(i) prevent 12,000,000 new HIV infections worldwide; and

(ii) support—

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

(II) additional treatment through coordinated multilateral efforts;

(B) moving toward universal access to health care for the period after 2015;

(C) in subparagraph (B), by striking “foreign countries” and inserting “partner countries, other international actors,”; and

(D) by inserting “within the framework of the principles of the Three Ones” before the period at the end.

(c) ACTIVITIES SUPPORTED.—Section 104(d) of such Act is amended—

(1) in paragraph (1)—

(A)(i) by striking “and other countries and areas, particularly with respect to refugee populations or those in postconflict settings in such countries and areas with significant or increasing HIV incidence rates,”; and

(B) by striking “and other countries and areas affected by the HIV/AIDS pandemic” and inserting “and other countries and areas affected by the HIV/AIDS pandemic, particularly with respect to refugee populations or those in postconflict settings in such countries and areas with significant or increasing HIV incidence rates,”; and

(2) in paragraph (2), by striking “and other countries and areas affected by the HIV/AIDS pandemic” and inserting “other countries and areas”.

(d) ACTIVITIES SUPPORTED.—Section 104(d) of such Act is amended—

(1) in paragraph (3)—

(A) by striking “foreign countries” and inserting “partner countries, other international actors,”; and

(B) by inserting “within the framework of the principles of the Three Ones” before the period at the end.

(2) in paragraph (4), by striking “and other countries and areas” and inserting “Central America, Eastern Europe, Latin America, and other countries and areas”.

(3) in paragraph (4), by striking “countries and areas” and inserting “countries and areas affected by the HIV/AIDS pandemic, particularly with respect to refugee populations or those in postconflict settings in such countries and areas with significant or increasing HIV incidence rates.”; and

(4) in paragraph (6), by inserting “and other international actors,” after “casual sexual partnering”; and

(5) in paragraph (7), by striking “condoms” and inserting “male and female condoms”.

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

(A) the Secretary of the Treasury shall submit a report to the appropriate congressional committees on the status of the United States negotiations to participate in programs for the advanced market commitments under this subsection; and

(B) the President shall produce a comprehensive report, written by a study group of qualified professionals from relevant Federal agencies and initiatives, nongovernmental organizations, and industry representatives, that sets forth a coordinated strategy to accelerate development of vaccines for infectious diseases, such as HIV/AIDS, tuberculosis, and malaria, which includes—

(i) initiatives to create economic incentives for the research, development, and manufacture of vaccines for HIV/AIDS, tuberculosis, malaria, and other infectious diseases;
(i) counseling and other services for the prevention of reinfection of individuals with HIV/AIDS;

(ii) counseling to prevent sexual transmission of HIV, including:

(i) life skills development for practicing abstinence and faithfulness;

(ii) reducing the number of sexual partners;

(iii) delaying sexual debut; and

(iv) ensuring correct and consistent use of condoms;

(v) assistance to engage underlying vulnerabilities to HIV/AIDS, especially those of women and girls;

(vi) assistance for appropriate HIV/AIDS education programs and training targeted to prevent the transmission of HIV among men who have sex with men;

(vii) assistance to provide male and female condoms;

(viii) diagnosis and treatment of other sexually transmitted infections;

(ix) strategies to address the stigma and discrimination that impede HIV/AIDS prevention efforts; and

(x) assistance to facilitate widespread access to microbicides for HIV prevention, if safe and effective products become available, including financial and technical support for culturally appropriate interactive programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and postintroduction monitoring;

(b) by inserting at the end the following:

(2) in paragraph (2)—

(i) by inserting "pain management," after "opportunistic infections," and;

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

(c) by adding at the end the following:

(II) reducing the number of sexual partners;

(III) nutritional counseling;

(IV) income-generating activities and livelihood initiatives;

(V) maternal and child health care;

(VI) primary health care;

(VII) the diagnosis and treatment of other infectious or sexually transmitted diseases;

(VIII) substance abuse and treatment services; and

(IX) legal services;

(3) in paragraph (4)—

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

(B) by inserting at the end the following:

(A) the congressionally mandated Institute of Medicine report entitled 'PEPFAR Implementation: Progress and Promise'; and

(B) by adding at the end the following:

(III) assisted innovation activities to available and affordable products, including financial and technical support for culturally appropriate interactive programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and postintroduction monitoring; and

(C) by adding at the end the following:

(II) countries or regions—

(III) a quality assurance mechanism acceptable to the Secretary of Health and Human Services;

(IV) an assisted innovation activity to available and affordable products, including financial and technical support for culturally appropriate interactive programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and postintroduction monitoring; and

(D) by adding at the end the following:

(II) the diagnosis and treatment of other infectious or sexually transmitted diseases;

(III) substance abuse and treatment services; and

(IV) legal services;

(E) by adding at the end the following:

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

(iv) assistance to engage underlying vulnerabilities to HIV/AIDS, especially those of women and girls;

(v) assistance for appropriate HIV/AIDS education programs and training targeted to prevent the transmission of HIV among men who have sex with men;

(vi) assistance to provide male and female condoms;

(vii) diagnosis and treatment of other sexually transmitted infections;

(viii) strategies to address the stigma and discrimination that impede HIV/AIDS prevention efforts; and

(ix) assistance to facilitate widespread access to microbicides for HIV prevention, if safe and effective products become available, including financial and technical support for culturally appropriate interactive programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and postintroduction monitoring;
“(cc) that have inadequate financial means within such country or region.

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

“(i) may be made with other countries or regional entities served by an existing United States Agency for International Development or Department of Health and Human Services presence or regional platform;

“(ii) shall require significant investments in HIV prevention, care, and treatment services by the host country; and

“(iii) shall be time-limited in terms of United States Agency for International Development or Department of Health and Human Services presence or regional platform;

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

“(I) justifying the need for such compacts;

“(II) describing the expected investment by the country or regional entity; and

“(III) describing the scope, nature, expected total United States investment, and time frame of the limited technical assistance under the compact and its intended impact.

“(C) Compacts shall include provisions to—

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

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

“(D) Compacts shall take into account the overall national health and development and national HIV/AIDS and public health strategies of such country.

“(E) Compacts shall contain—

“(i) consideration of the specific objectives that the country and the United States expect to achieve during the term of a compact;

“(ii) consideration of the respective responsibilities of the country and the United States in the achievement of such objectives;

“(iii) consideration of regular benchmarks to measure progress toward achieving such objectives;

“(iv) an identification of the intended beneficiaries, disaggregated by gender and age, and including information on orphans and vulnerable children, to the maximum extent possible;

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

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

“(II) strengthen elements such as the economic, educational, and social status of women, girls, orphans, and vulnerable children and the human rights and safety of such individuals;

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

“(I) strengthen the health care capacity, including factors such as the training, retention, deployment, recruitment, and utilization of health care workers;

“(II) improve supply chain management; and

“(III) improve the health systems and infrastructure of the partner country, including the training of health care workers to maintain and operate equipment transferred or purchased as part of the compact;

“(vii) consideration of proposed mechanisms to mobilize resources;

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

“(ix) the number of federal, state, and local government and other donors in the achievement of such objectives, as appropriate; and

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

“(F) For regional compacts, priority shall be given to countries that are included in regional funds and programs in existence as of the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008.

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

“(A) takes into account the local perspectives of the rural and urban poor, including women, in each country; and

“(B) consults with private and voluntary organizations, including faith-based organizations, the business community, and other donors in the country.

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

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

“(I) the Committee on Foreign Relations of the Senate;

“(II) the Committee on Appropriations of the Senate;

“(III) the Committee on Foreign Affairs of the House of Representatives; and

“(IV) the Committee on Appropriations of the House of Representatives; and

“(B) publish such information in the Federal Register and on the Internet website of the Office of the Global AIDS Coordinator.

“(e) ANNUAL REPORT.—Section 104A(f) of such Act is amended by—

“(1) in paragraph (1), by striking "Committee on International Relations" and inserting "Committee on Foreign Affairs"; and

“(2) in paragraph (2) a, (B) in subparagraph (B), by striking "and" at the end; (B) by striking subparagraph (C) and inserting the following:

“(C) a detailed breakdown of funding allocations, by program and by country, for prevention activities; and

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

“(I) the effectiveness of such programs in reducing—

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

“(bb) mother-to-child transmission of HIV, including drug treatment and therapies, either directly or by referral; and

“(cc) mortality rates from HIV/AIDS;

“(II) the number of patients receiving treatment for AIDS in each country that receives assistance under this Act;

“(III) an assessment of progress towards the achievement of annual goals set forth in the time frame, and priorities, of the 5-year comprehensive strategy established under section 101 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 and, if annual goals are not in each country, the reasons for such failures; and

“(IV) retention and attrition data for programs receiving United States assistance, including mortality and loss to follow-up rates, organized overall and by country;

“(2) in paragraph (3), by striking "and" at the end; (B) by striking subparagraph (C) and inserting the following:

“(C) a detailed description of efforts to improve health status of persons with HIV/AIDS receiving food or nutritional support, including—

“(I) the amount spent on food and nutritional support; and

“(II) the types of activities supported; and

“(D) a description of the assessment of the effectiveness of interventions carried out to improve the health status of persons with HIV/AIDS receiving food or nutritional support; and

“(E) a description of efforts to improve harmonization, in terms of relevant executive branch agencies, coordination with other public and private entities, and coordination with partner countries’ national strategic plans as called for in the ‘Three Ones’;

“(F) a description of the efforts of partner countries that were signatories to the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases to achieve the goals of such Declaration in terms of investments in public health, including HIV/AIDS; and

“(G) a description of the HIV/AIDS investments of partner countries that were not signatories to such Declaration;

“(H) a detailed description of any compacts or framework agreements reached or planned between the United States and any partner countries, including a description of the elements of compacts described in subsection (e);

“(I) a description of programs serving women and girls, including—

“(i) HIV/AIDS prevention programs that address the vulnerabilities of girls and women to HIV/AIDS;

“(ii) information on the number of individual programs served by programs aimed at reducing the vulnerabilities of women and girls to HIV/AIDS and data on the types, objectives, and duration of programs to address these issues;

“(iii) information on programs to address the particular needs of adolescent girls and young women; and

“(iv) programs to prevent gender-based violence or to assist victims of gender based violence; and

“(J) a description of a strategies, goals, programs, and interventions to—

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

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

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

“(e) A NNUAL REPORT.—Section 104A(f) of such Act is amended by—

“(1) in paragraph (1), by striking "Com-
Section 301(c) of such Act is amended to read as follows:

''(1) shall not be required, as a condition of receiving such assistance—

(A) to endorse or utilize a multisectorial or comprehensive approach to combating HIV/AIDS; or

(B) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in, an activity to which the organization has a religious or moral objection; and

(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to meet any requirement described in paragraph (1).''

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) POLICY.—Section 104B(b) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-3(b)) is amended—

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

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

''(f) ASSISTANCE FOR THE WORLD HEALTH ORGANIZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide not less than 10 percent of foreign assistance for tuberculosis control purposes received by the World Health Organization and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing multiple drug resistant tuberculosis (MDR-TB) and extensively drug resistant tuberculosis (XDR-TB),''.

(b) ELIGIBILITY FOR ASSISTANCE.—An organization, including a faith-based organization, that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961, under this Act, or under any amendment made by this Act or by any amendment made by title X of the Global Health Initiative Act of 2008, to the United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Authorization Act of 2008, for HIV/AIDS prevention, treatment, and care—

(1) shall not be required, as a condition of receiving such assistance—

(A) to endorse or utilize a multisectorial or comprehensive approach to combating HIV/AIDS; or

(B) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in, an activity to which the organization has a religious or moral objection; and

(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to meet any requirement described in paragraph (1).''

SEC. 303. SUPPORT FOR TREATMENT FOR INFECTIONS WITH HIV/AIDS.

(a) POLICY.—Section 104B(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-3(c)) is amended—

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

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

''(f) ELIGIBILITY FOR ASSISTANCE.—An organization, including a faith-based organization, that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961, under this Act, or under any amendment made by this Act or by any amendment made by title X of the Global Health Initiative Act of 2008, to the United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Authorization Act of 2008, for HIV/AIDS prevention, treatment, and care—

(1) shall not be required, as a condition of receiving such assistance—

(A) to endorse or utilize a multisectorial or comprehensive approach to combating HIV/AIDS; or

(B) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in, an activity to which the organization has a religious or moral objection; and

(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to meet any requirement described in paragraph (1).''

SEC. 304. ASSISTANCE FOR THE WORLD HEALTH ORGANIZATION AND THE STOP TUBERCULOSIS PARTNERSHIP.

(a) ELIGIBILITY FOR ASSISTANCE.—An organization, including a faith-based organization, that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961, under this Act, or under any amendment made by this Act or by any amendment made by title X of the Global Health Initiative Act of 2008, to the United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Authorization Act of 2008, for HIV/AIDS prevention, treatment, and care—

(1) shall not be required, as a condition of receiving such assistance—

(A) to endorse or utilize a multisectorial or comprehensive approach to combating HIV/AIDS; or

(B) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in, an activity to which the organization has a religious or moral objection; and

(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to meet any requirement described in paragraph (1).''
(B) a reliable drug supply;
(C) a management strategy for public health systems;
(D) health system strengthening;
(E) promotion of the use of the International Standards for Tuberculosis Care by all care providers;
(F) bacteriology under an external quality assurance scheme; and
(H) sound reporting and recording systems.

(2) designating paragraph (5) as paragraph (6); and
(3) by inserting after paragraph (4) the following:

(b) STOP TB STRATEGY.—The term ‘Stop TB Strategy’ means the 6-point strategy to reduce tuberculosis developed by the World Health Organization, which is described in the Global Plan to Stop TB 2006-2015: Actions for Life, a comprehensive plan developed by the Stop TB Partnership that sets out the actions necessary to achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2015.

(f) AUTHORIZATION OF APPROPRIATIONS.—
Section 302 (b) of the United States Leadership Against Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632(b)) is amended—
(1) in paragraph (1), by striking ‘‘such sums as may be necessary for each of the fiscal years 2004 through 2008’’ and inserting ‘‘a total of $1,000,000,000 for the 5-year period beginning on October 1, 2008,’’ and
(2) in paragraph (3), by striking ‘‘fiscal years 2004 through 2008’’ and inserting ‘‘fiscal years 2009 through 2013.’’.

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

(a) PREVENTION TO THE FOREIGN ASSISTANCE ACT OF 1961.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–4(c)) is amended by inserting ‘‘treatment, prevention, and control’’ after ‘‘disease and’’.
(b) AUTHORIZATION OF APPROPRIATIONS.—
(1) in subsection (b)—
(A) in paragraph (1), by striking ‘‘such sums as may be necessary for each of the fiscal years 2004 through 2008’’ and inserting ‘‘$5,000,000,000 during the 5-year period beginning on October 1, 2008’’; and
(B) in paragraph (2), by striking ‘‘fiscal years 2004 through 2008’’ and inserting ‘‘fiscal years 2009 through 2013’’;
(2) by redesigning paragraph (5) as paragraph (6); and
(3) by inserting after paragraph (4) the following:

(c) DUTIES.—
(1) IN GENERAL.—There is established within the United States Agency for International Development a Coordinator of United States Government efforts with national malaria control plans of partner countries.

(2) CONTENTS.—The report required under paragraph (1) shall describe—
(4) the ability to closely coordinate United States Government efforts with national malaria control plans of partner countries.

(d) COORDINATION OF ASSISTANCE EFFORTS.—In carrying out this section and in accordance with section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–4), the Malaria Coordinator shall coordinate the provision of assistance by working with—
(1) relevant executive branch agencies, including—
(A) the Department of State (including the Office of the Global AIDS Coordinator);
(B) the Department of Health and Human Services;
(C) the Department of Defense; and
(D) the Office of the United States Trade Representative;
(2) relevant multilateral institutions, including—
(A) the World Health Organization;
(B) the United Nations Children’s Fund; and
(C) the United Nations Development Programme;
(3) the Global Fund;
(E) the World Bank; and
(F) the Roll Back Malaria Partnership;
(4) program delivery and efforts to lift barriers that would impede effective and comprehensive malaria control programs; and
(5) partner or recipient country governments and national entities including universities and civil society organizations (including faith- and community-based organizations).

(f) RESEARCH.—To carry out this section, the Malaria Coordinator, in accordance with section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–4), shall ensure that operations and implementation research conducted under this Act will closely complement the clinical and program research being undertaken by the National Institutes of Health. The Centers for Disease Control and Prevention should advise the Malaria Coordinator on priorities for operations and implementation research and should be a key implementer of this research.

(g) MONITORING.—To ensure that adequate malaria controls are established and implemented, the Centers for Disease Control and Prevention should advise the Malaria Coordinator on monitoring and evaluation activities and be a key implementer of such activities under this Act. Such activities shall complement, rather than duplicate, the work of the World Health Organization.

(h) ANNUAL REPORT.—
(1) SUBMISSION.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (22 U.S.C. 2151b–4) and annually thereafter, the President shall submit a report to the appropriate congressional committees that describes United States assistance for the prevention, treatment, and control, and elimination of malaria.
(2) CONTENTS.—The report required under paragraph (1) shall describe—
(6) clearly explains how outlined activities will interact with other United States Government global health activities, including the 5-year global AIDS strategy required under this Act; and
(7) coordinates among relevant Federal agencies and international organizations, and to reduce duplication among these agencies, foreign governments, and international organizations;
(8) coordinates with other international entities, including the Global Fund;
(9) maximizes United States capabilities in the areas of technical assistance and training and research, including vaccine research; and
(10) establishes priorities and selection criteria for the distribution of resources based on factors such as—
(A) the size and demographics of the population with malaria;
(B) the needs of that population;
(C) the country’s existing infrastructure; and
(D) the ability to closely coordinate United States Government efforts with national malaria control plans of partner countries.

SEC. 304. MALARIA RESPONSE COORDINATOR.

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

SEC. 304. MALARIA RESPONSE COORDINATOR.

(a) IN GENERAL.—There is established within the United States Agency for International Development a Coordinator of United States Government Activities to Combat Malaria Globally referred to in this section as the Malaria Coordinator, who shall be appointed by the President.

(b) AUTHORITIES.—The Malaria Coordinator shall—
(1) coordinate relevant executive branch agencies as may be necessary and appropriate to carry out this section, and
(2) coordinate relevant executive branch agencies with, nongovernmental organizations (including faith-based and community-based organizations), partner country finance, health, and other relevant ministries, and relevant executive branch agencies as may be necessary and appropriate to carry out this section, and
(3) transfer and allocate executive branch agency funds that have been appropriated for the purposes described in paragraphs (1) and (2).

(2) IN GENERAL.—There is established within the United States Agency for International Development a Coordinator of United States Government Activities to Combat Malaria Globally referred to in this section as the Malaria Coordinator, who shall be appointed by the President.

(3) CONTENTS.—The report required under paragraph (1) shall describe—
tries in which programs are administered; programs are provided with, or referred to, activities relating to global HIV/AIDS activities; and

(1) the number of personnel trained as health workers and the training levels achieved;".

SEC. 305. AMENDMENT TO IMMIGRATION AND NATIONALITY ACT.

Section 212(a)(3)(B)(iv) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(3)(B)(iv)) is amended by striking ". . . which shall include infec-
tional immunity deficiency syndrome," and inserting a semicolon.

SEC. 306. CLERICAL AMENDMENT.

Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 et seq.) is amended by striking the heading for subtitle B and inserting the following:

"Subtitle B—Assistance for Women, Children, and Families".

SEC. 307. REQUIREMENTS.

Section 312(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622(b)) is amended by striking paragraphs (1), (2), and (3) and inserting the following:

"(1) establish a target for the prevention and treatment of mother-to-child transmission of HIV that, by 2013, will reach at least 80 percent of pregnant women in the countries most affected by HIV/AIDS in which the United States has HIV/AIDS programs;

(2) establish a target that, by 2013, the proportion of children receiving care and treatment under this Act is proportionate to their numbers within the population of HIV infected individuals in each country;

(3) integrate care and treatment with prevention of mother-to-child transmission of HIV programs to improve outcomes for HIV-affected families as soon as is feasible and support strategies that promote successful follow-up and continuity of care of mother and child;

(4) expand programs designed to care for children orphaned by, affected by, or vulnerable to HIV/AIDS;

(5) ensure that women in prevention of mother-to-child transmission of HIV programs are provided with, or referred to, appropriate maternal and child services; and

(6) develop a timeline for expanding access to effective programs to prevent mother-to-child transmission of HIV, consistent with the national policies of countries in which programs are administered under this Act and the goal of achieving universal use of such regimes as soon as possible.".

SEC. 308. ANNUAL REPORT ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV.

Section 313 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7638(a)) is amended by striking "3 years" and inserting "10 years".

SEC. 309. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION EXPERT PANEL.

Section 312 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632) is amended by adding at the end the following:

"(c) PREVENTION OF MOTHER-TO-CHILD TRANSMISSION EXPERT PANEL.—

(1) ESTABLISHMENT.—The Global AIDS Coordi-
nator shall establish a panel of experts to be known as the Preventive Panel of Mother-to-
Child Transmission (referred to in this subsection as the 'Panel') to—

(A) provide an objective review of activities to prevent mother-to-child transmission of HIV; and

(B) provide recommendations to the Global AIDS Coordinator and to the appropriate congressional committees for scale-up of mother-to-child transmission prevention services under this Act in order to achieve the target established in subsection (b)(1).

(2) MEMBERSHIP.—The Panel shall be con-
voked and chaired by the Global AIDS Coordi-
nator, who shall serve as a nonvoting member. The Panel shall consist of not more than 15 members (excluding the Global AIDS Coordinator), to be appointed by the Global AIDS Coordinator not later than 1 year after the date of the enactment of this Act, in-
cluding—

(A) 2 members from the Department of Health and Human Services with expertise relating to the prevention of mother-to-child transmission activities;

(B) 2 members from the United States Agency for International Development with expertise relating to the prevention of mother-to-child transmission activities;

(C) 2 representatives from among health ministers of national governments of foreign countries in which programs under this Act are administered;

(D) 3 members representing organizations implementing prevention of mother-to-child transmission activities under this Act;

(E) 2 health care researchers with exper-
tise relating to global HIV/AIDS activities; and

(F) representatives from among patient advocate groups, health care professionals, persons living with HIV/AIDS, and non-gov-
ernmental organizations with expertise rel-
eting to the prevention of mother-to-child transmission activities, giving priority to in-
dividuals in foreign countries in which programs under this Act are administered.

(3) DUTIES OF PANEL.—The Panel shall—

(A) assess the effectiveness of current ac-
tivities in reaching the target described in subsection (b)(1);

(B) review scientific evidence related to the provision of mother-to-child transmission prevention services, including pro-
grammatic data and data from clinical trials;

(C) review and assess ways in which the Office of the United States Global AIDS Coor-
nordinator collaborates with international and multilateral entities on efforts to pre-
vent mother-to-child transmission of HIV in affected countries;

(D) identify barriers and challenges to in-
creasing access to mother-to-child trans-
mision prevention services and evaluate po-
tential mechanisms to alleviate those bar-
riers and challenges;

(E) identify the extent to which stigma has hindered pregnant women from obtain-
ing HIV counseling and testing or returning for results, and provide recommendations to address such stigma and its effects;

(F) identify opportunities to improve linkages between mother-to-child trans-
mision prevention services and care and treatment programs; and

(G) recommend specific activities to fa-
ilitate reaching the target described in sub-
section (b)(1).

(4) REPORT.—

(A) IN GENERAL.—Not later than 1 year after the date on which the Panel is first convened, the Panel shall submit a report containing a detailed statement of the recom-
mendations, findings, and conclusions of the Panel to the appropriate congressional committees.

(B) AVAILABILITY.—The report submitted under paragraph (A) shall be made avail-
able to the public.

(C) CONSIDERATION BY COORDINATOR.—The Coordinator shall—

(i) consider any recommendations con-
tained in the report submitted under sub-
paragraph (A); and

(ii) include in the annual report required under section 104A(f) of the Foreign Assist-
tance Act of 1961 a description of the activi-
ties conducted in response to the recom-
mendations made by the Panel and an ex-
planation of any recommendations not im-
pemented at the time of the report;

(D) AUTHORIZATION OF APPROPRIATIONS.—The Panel shall terminate on the date that is 60 days after the date on which the Panel submits the report to the appropriate congressional committees under paragraph (4).

TITe IV—FUNDING ALLOCATIONS

 SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—Section 312 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671(a)) is amended by striking "$3,000,000,000 for each of the fiscal years 2004 through 2008" and inserting "$5,000,000,000 for the 5-year period beginning on October 1, 2009".

(b) SENSE OF CONGRESS.—It is the sense of the Congress that the appropriations author-
ized under section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, as amended by subsection (a), should be allocated among fiscal years 2009 through 2014 that allows for the appropriations to be gradually increased in a manner that is consistent with program requirements, absorptive capacity, and priorities set forth in such Act, as amended by this Act.

SEC. 402. SENSE OF CONGRESS.

Section 402(b) of the United States Leader-
ship Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7672(b)) is amended by striking "an effective distribu-
tion of such amounts could be" and all that follows through "10 percent of such amounts" and inserting "10 percent should be used".

SEC. 403. ALLOCATION OF FUNDS.

Section 403 of the United States Leader-
ship Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673) is amended by adding subsection (a) to read as follows:

(a) BALANCED FUNDING REQUIREMENT.—

(1) IN GENERAL.—The Global AIDS Coordi-
nator shall—

(A) provide balanced funding for preven-
tion activities for sexual transmission of HIV/AIDS; and

(B) ensure that activities promoting ab-
stinence, delay of sexual debut, monogamy,
fidelity, and partner reduction are implemented and funded in a meaningful and equitable way in the strategy for each host country based on objective epidemiological evidence and the share of treatment needs being met by partner governments and other appropriate factors.

(2) REPORT.—In each host country described in subparagraph (A), if the strategy established under subparagraph (A) provides less than 50 percent of the funds described in subparagraph (A) for activities promoting abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction, the Global AIDS Coordinator shall, not later than 30 days after the issuance of this strategy, report to the appropriate congressional committees on the justification for this decision.
an Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)); and

(3) the Secretary of Health and Human Services, through the Director of the Indian Health Service, shall use 5 percent to provide domestic and community sanitation facilities serving members of Indian tribes (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)) pursuant to section 7 of the Act of August 5, 1964 (42 U.S.C. 2004a), directly or indirectly through contracts or compacts with Indian tribes under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

SA 5077. Mr. DEMINT proposed an amendment to the bill S. 2731, 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; as follows:

On page 130, line 1, strike “$50,000,000,000” and insert “$35,000,000,000.”

SA 5078. Mr. DEMINT proposed an amendment to the bill S. 2731, 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; as follows:

At the appropriate place, insert the following:

SEC. 3. FUNDING LIMITATION.

Notwithstanding any other provision of this Act, amounts authorized to be appropriated may only be targeted toward those countries authorized for funding under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (Public Law 108–199).

SA 5079. Mr. DEMINT proposed an amendment to amendment SA 5078 proposed by Mr. DeMint to the bill S. 2731, 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; as follows:

At the end of the amendment, strike the period and insert the following:

“and shall not be made available to such countries, or other countries through the Global Fund to Fight AIDS, Tuberculosis and Malaria, for any organization or program which supports or participates in the management of a program of coercive abortion or involuntary sterilization.”

NOTICE: REGISTRATION OF MASS MAILINGS

The filing date for 2008 second quarter mass mailings is Friday, July 25, 2008. If your office did no mass mailings during this period, please submit a form that states “none.”

Mass mailing registrations, or negative reports, should be submitted to the Senate Office of Public Records, 232 Hart Building, Washington, DC 20510–7116.

The Public Records office will be open from 9 a.m. to 6 p.m. on the filing date to accept these filings. For further information, please contact the Public Records office at (202) 224–0322.

OVER-THE-ROAD BUS TRANSPORTATION ACCESSIBILITY ACT OF 2007

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 829, H.R. 3985.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk reads as follows:

A bill (H.R. 3985) to amend title 49, United States Code, to direct the Secretary of Transportation to register a person providing transportation over-the-road as a motor carrier of passengers only if the person is willing and able to comply with certain accessibility requirements in addition to the other existing requirements, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Mr. President, I ask unanimous consent that the bill be read a third time, passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 3985) was ordered to a third reading, was read the third time, and passed.

CRISIS IN ZIMBABWE

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 611.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk reads as follows:

A resolution (S. Res. 611) expressing the sense of the Senate on the crisis in Zimbabwe, and for other purposes.

There being no objection, the Senate proceeded to consider the resolution.

Mr. REID. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and that all statements relating to this resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 611) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. Res. 611

Whereas, over the last eight years, the Zimbabwean African National Union–Patriotic Front (ZANU–PF), led by Robert Mugabe, has increasingly turned to violence and intimidation to maintain power amidst a deteriorating economy and rising unemployment;

Whereas the gross domestic product of Zimbabwe has decreased over 40 percent in the last decade, inflation is estimated by United Nations Deputy Secretary-General Asha-Rose Migiro at over 10,500,000 percent, unemployment is now over 80 percent, and more than 4,000,000 people have fled the country;

Whereas presidential and parliamentary elections were held on March 29, 2008, in Zimbabwe amidst widespread reports of voting irregularities and intimidation in favor of the ruling ZANU–PF party and Robert Mugabe;

Whereas the Zimbabwe Electoral Commission refused to release results, despite calls to do so by the African Union (AU), the European Union (EU), the Republic of South Africa, Southern African Development Community (SADC), United Nations Secretary-General Ban Ki-Moon, and the United States;

Whereas Mugabe's official results of the election, announced five weeks later, showed that Robert Mugabe won 43.2 percent of the vote, while Morgan Tsvangirai, leader of the opposition Movement for Democratic Change (MDC), won 47.9 percent of the vote;

Whereas, in the wake of the elections, Robert Mugabe launched a brutal campaign of state-sponsored violence against opposition members, supporters, and other civilians in an attempt to consolidate his power;

Whereas United States Ambassador to the United Nations Zalmay Khalilzad stated on April 16, 2008, that he was "gravely concerned over the escalating politically motivated violence perpetrated by security forces and ruling party militias"; and

Whereas Secretary of State Condoleezza Rice stated on April 17, 2008, that Robert Mugabe has "done more harm to his country than anyone else in Africa, the Southern African Development Community, and the regional and international community over the last years have been really an abomination" and called for the AU and SADC to strengthen efforts to achieve a political resolution to the crisis;

Whereas Human Rights Watch reported on April 19, 2008, that the Mugabe regime had developed a network of informal detention centers to intimidate, torture, and detain political opponents;

Whereas the Mugabe regime has, in violation of the Vienna Convention on Diplomatic Relations, done at Vienna April 18, 1961 (23 U.S.T. 3229), harassed United States and other diplomats in retaliation for their repeated protest of recent violence, including by detaining the United States ambassador's vehicle for several hours on May 13, 2008, and detaining five United States embassy staff and two local embassy workers on June 5, 2008, of whom three, unsurprisingly, declared Robert Mugabe, the only standing candidate, as the winner with 85 percent of the vote, and he was sworn into office;

Whereas reports of killings, abductions, beatings, torture, and sexual violence against civilians in Zimbabwe have continued, resulting in some cases of mass arrests, being assaulted and at least 30,000 displaced;

Whereas the MDC and Presidential candidate Tsvangirai withdrew from the June 27 presidential runoff election, citing intensified political repression and killings of their supporters;

Whereas the Mugabe regime persisted with the runoff election, despite the protest of many leaders in Africa, the EU, SADC, the United Nations Security Council, and the United States Government;

Whereas results from the runoff election unsurprisingly declared Robert Mugabe, the only standing candidate, as the winner with 85 percent of the vote, and he was sworn into office;

Whereas SADC, the Pan-African Parliament, and AU Observer missions to Zimbabwe made statements on June 29 and 30, 2008, finding that the short list of accepted African Union standards, did not give rise to fake, fair, or credible elections, and did not reflect the will of the people of Zimbabwe;

Whereas, on June 4, 2008, the Mugabe regime banned the operations of non-governmental organizations in Zimbabwe, including those providing millions of Zimbabweans suffering at the result of the ZANU–PF’s policies, exacerbating the

S. Res. 611