

GLOBAL ACCESS TO HIV/AIDS PREVENTION, AWARENESS,  
EDUCATION, AND TREATMENT ACT OF 2001

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JULY 12, 2001.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

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Mr. HYDE, from the Committee on International Relations,  
submitted the following

R E P O R T

[To accompany H.R. 2069]

[Including cost estimate of the Congressional Budget Office]

The Committee on International Relations, to whom was referred the bill (H.R. 2069) to amend the Foreign Assistance Act of 1961 to authorize assistance to prevent, treat, and monitor HIV/AIDS in sub-Saharan African and other developing countries, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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## THE AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001”.

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

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

(1) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) more than 58,000,000 people worldwide have already been infected with HIV/AIDS, a fatal disease that is devastating the health and economies in dozens of countries in Africa and increasingly in Asia, the Caribbean region, and Eastern Europe.

(2) The HIV/AIDS pandemic has erased decades of progress in improving the lives of families in the developing world and has claimed 22,000,000 lives since its inception.

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

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

(5) The HIV/AIDS pandemic is striking hardest among women and girls. According to UNAIDS, by the end of 2000, fifty-five percent of the HIV-positive population in sub-Saharan Africa and 40 percent of such population in North Africa and the Middle East were women, infected mainly through heterosexual transmission. In Africa, 6 out of 7 children who are HIV positive are girls.

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

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

(8) Counseling and voluntary testing are critical services to help infected women accept their HIV status and the risk it poses to their unborn child. Mothers who are aware of their status can make informed decisions about treatment, replacement feeding, and future child-bearing.

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

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

(11) In January 2000, the United States National Intelligence Council estimates that this dramatic increase in AIDS orphans will contribute to economic decay, social fragmentation, and political destabilization in already volatile and strained societies. Children without care or hope are often drawn into prostitution, crime, substance abuse or child soldiery. The Council also stated that, in addition to the reduction of economic activity caused by HIV/AIDS to date, the disease could reduce GDP by as much as 20 percent or more by 2010 in some countries in sub-Saharan Africa.

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

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

(14) A continuing priority for responding to the HIV/AIDS crisis should be to emphasize and encourage awareness, education, and prevention, including prevention activities that promote behavioral change, while recognizing that behavioral change alone will not conquer this disease. In so doing, priority and support should be given to building capacity in the local public health sector through technical assistance as well as through nongovernmental organizations, including faith-based organizations where practicable.

(15) Effective use should be made of existing health care systems to provide treatment for individuals suffering from HIV/AIDS.

(16) Many countries in Africa facing health crises, including high HIV/AIDS infection rates, already have well-developed and high functioning health care systems. Additional resources to expand and improve capacity to respond to these crises can easily be absorbed by the private and public sectors, as well as by nongovernmental organizations, community-based organizations, and faith-based organizations currently engaged in combatting the crises.

(17) An effective response to the HIV/AIDS pandemic must also involve assistance to stimulate the development of sound health care delivery systems and infrastructure in countries in sub-Saharan Africa and other developing countries, including assistance to increase the capacity and technical skills of local public health professionals and other personnel in such countries, and improved access to treatment and care for those already infected with HIV/AIDS.

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

(19) The HIV/AIDS crisis must be addressed by a robust, multilateral approach. The Secretary General of the United Nations has called for a global fund to halt and reverse the spread of HIV/AIDS and other infectious diseases. The Secretary General has also called for annual expenditures of \$7,000,000,000 to \$10,000,000,000, financed by donor governments and private contributors, for all efforts to combat the HIV/AIDS pandemic and, equally important, called on leaders from developing countries to give a much higher priority in their budgets to development of comprehensive health systems.

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

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

(22) Appropriate treatment of individuals with HIV/AIDS can prolong the lives of such individuals, preserve their families and prevent children from becoming orphans, and increase productivity of such individuals by allowing them to lead active lives and reduce the need for costly hospitalization for treatment of opportunistic infections caused by HIV.

(23) United States nongovernmental organizations, including faith-based organizations, with experience in health care and HIV/AIDS counseling, have proven effective in combatting the HIV/AIDS pandemic and can be a resource in assisting sub-Saharan African leaders of traditional, political, business, and women and youth organizations in their efforts to provide treatment and care for individuals infected with HIV/AIDS.

(24) Most of the HIV infected poor of the developing world die of deadly diseases such as tuberculosis and malaria. Accordingly, effective HIV/AIDS treatment programs should address the growing threat and spread of tuberculosis, malaria, and other infectious diseases in the developing world.

(25) Law enforcement and military personnel of foreign countries often have a high rate of prevalence of HIV/AIDS, and therefore, in order to be effective, HIV/AIDS awareness, prevention, and education programs must include education and related services to such law enforcement and military personnel.

(26) Microenterprise development and other income generation programs assist communities afflicted by the HIV/AIDS pandemic and increase the productive capacity of communities and afflicted households. Microenterprise programs are also an effective means to support the productive activities of healthy family members caring for the sick and orphaned. Such programs should give priority to women infected with the AIDS virus or in HIV/AIDS affected families, particularly women in high-risk categories.

(27) The exploding global HIV/AIDS pandemic has created new challenges for United States bilateral assistance programs and will require a substantial

increase in the capacity of the United States Agency for International Development and other agencies of the United States to manage and monitor bilateral HIV/AIDS programs and resources. To meet this challenge, the Agency will need to recruit and retain appropriate technical expertise in the United States as well as in foreign countries to help develop and implement HIV/AIDS strategies in concert with multilateral agencies, host country governments, and non-governmental organizations.

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

(1)(A) combatting the HIV/AIDS pandemic in countries in sub-Saharan Africa and other developing countries should be a global effort and include the financial support of all developed countries and the cooperation of governments and the private sector, including faith-based organizations; and

(B) the United States should provide additional funds for multilateral programs and efforts to combat HIV/AIDS and also seek to leverage public and private resources to combat HIV/AIDS on a global basis through the Global Development Alliance Initiative of the United States Agency for International Development and other public and private partnerships with an emphasis on HIV/AIDS awareness, education, prevention, and treatment programs;

(2)(A) in addition to HIV/AIDS awareness, education, and prevention programs, the United States Government should make its best efforts to support programs that safely make available to public and private entities in countries in sub-Saharan Africa and other developing countries pharmaceuticals and diagnostics for HIV/AIDS therapy in order—

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

(ii) to provide treatment for poor individuals with HIV/AIDS in such countries; and

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

(3)(A) combatting the HIV/AIDS pandemic requires that United States Government programs place a priority on the vulnerable populations at greatest risk for contracting HIV;

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

(C) such assessments should be included in national HIV/AIDS strategies;

(4) the United States should promote efforts to expand and develop programs that support the growing number of children orphaned by the HIV/AIDS pandemic;

(5) in countries where the United States Government is conducting HIV/AIDS awareness, prevention, and education programs, such programs should include education and related services to law enforcement and military personnel of foreign countries to prevent and control HIV/AIDS, malaria, and tuberculosis;

(6) prevention and treatment for HIV/AIDS should be a component of a comprehensive international effort to combat deadly infectious diseases, including malaria and tuberculosis, and opportunistic infections, that kill millions annually in the developing world;

(7) programs developed by the United States Agency for International Development to address the HIV/AIDS pandemic should preserve personal privacy and confidentiality, should not include compulsory HIV/AIDS testing, and should not be discriminatory;

(8)(A) the United States Agency for International Development should carry out HIV/AIDS awareness, prevention, and treatment programs in conjunction with effective international tuberculosis and malaria treatment programs and with programs that address the relationship between HIV/AIDS and a number of opportunistic diseases that include bacterial diseases, fungal diseases, viral diseases and HIV-associated malignancies, such as Kaposi sarcoma, lymphoma, and squamous cell carcinoma; and

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

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

(10) the United States Agency for International Development should substantially increase and improve its capacity to manage and monitor HIV/AIDS programs and resources;

(11) the United States Agency for International Development must recruit and retain appropriate technical expertise in the United States as well as in foreign countries to help develop and implement HIV/AIDS strategies in conjunction with multilateral agencies, host country governments, and nongovernmental organizations;

(12) the United States Agency for International Development must strengthen coordination and collaboration between the technical experts in its central and regional bureaus and foreign country missions in formulating country strategies and implementing HIV/AIDS programs;

(13) strong coordination among the various agencies of the United States, including the Department of State, the United States Agency for International Development, the Department of Health and Human Services, including the Centers for Disease Control and the National Institutes of Health, the Department of the Treasury, the Department of Defense, and other relevant Federal agencies must exist to ensure effective and efficient use of financial and technical resources within the United States Government; and

(14) to help alleviate human suffering, and enhance the dignity and quality of life for patients debilitated by HIV/AIDS, the United States should promote, both unilaterally and through multilateral initiatives, the use of palliative and hospice care, and provide financial and technical assistance to palliative and hospice care programs, including programs under which such care is provided by faith-based organizations.

### SEC. 3. ASSISTANCE TO COMBAT HIV/AIDS.

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

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

(2) by inserting after paragraph (3) the following:

“(4)(A) Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa and other developing countries is a major global health, national security, and humanitarian crisis. Accordingly, the United States and other developed countries should provide assistance to countries in sub-Saharan Africa and other developing countries to control this crisis through HIV/AIDS prevention, treatment, monitoring, and related activities, particularly activities focused on women and youth, including mother-to-child transmission prevention strategies.

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

“(ii) It is the sense of Congress that the Administrator should provide an appropriate level of assistance under clause (i) through nongovernmental organizations in countries in sub-Saharan Africa and other developing countries affected by the HIV/AIDS pandemic.

“(iii) The Administrator shall coordinate the provision of assistance under clause (i) with the provision of related assistance by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), other appropriate international organizations, national, state, and local governments of foreign countries, and other appropriate governmental and nongovernmental organizations.

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

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

“(I) education, voluntary testing, and counseling (including the incorporation of confidentiality protections with respect to such testing and counseling), including integration of such programs into women’s and children’s health programs; and

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

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

“(I) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the

treatment of individuals with HIV/AIDS, including clinical training for indigenous organizations and health care providers;

“(II) assistance aimed at the prevention of transmission of HIV/AIDS from mother to child, including medications to prevent such transmission; and

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

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

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

“(II) appropriate evaluation and surveillance activities.

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

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

“(II) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions;

“(III) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world; and

“(IV) the development and expansion of financially-sustainable micro-finance institutions and other income generation programs that strengthen the economic and social viability of communities afflicted by the HIV/AIDS pandemic, including support for the savings and productive capacity of affected poor households caring for orphans.

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

“(ii) Such report shall include—

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

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

“(III) a detailed assessment of the impact of programs established pursuant to this paragraph, including the effectiveness of such programs in reducing the spread of HIV infection, particularly in women and girls, in reducing HIV transmission from mother to child, in reducing mortality rates from HIV/AIDS, and the progress toward improving health care delivery systems and infrastructure to ensure increased access to care and treatment.

“(iii) The Administrator shall consult with the Global Health Advisory Board established under section 6 of the Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001 in the preparation of the report under clause (i) and on other global health activities carried out by the United States Agency for International Development.

“(E)(i) There is authorized to be appropriated to the President to carry out this paragraph \$560,000,000 for fiscal year 2002.

“(ii) Not more than six percent of the amount appropriated pursuant to the authorization of appropriations under clause (i) for fiscal year 2002, and not more than four percent of the amount made available to carry out this paragraph for any subsequent fiscal year, may be used for the administrative expenses of the Agency in carrying out this paragraph.

“(iii) Amounts appropriated pursuant to the authorization of appropriations under clause (i) are in addition to amounts otherwise available for such purposes and are authorized to remain available until expended.

“(F) In this paragraph:

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

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

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

(1) by redesignating paragraph (7) as paragraph (5); and

(2) by adding at the end the following:

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

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

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

(1) the procurement of HIV/AIDS pharmaceuticals, anti-viral therapies, and other appropriate medicines; and

(2) the distribution of such HIV/AIDS pharmaceuticals, anti-viral therapies, and other appropriate medicines to qualified national, regional, or local organizations for the treatment of individuals with HIV/AIDS in accordance with appropriate HIV/AIDS testing and monitoring requirements and for the prevention of transmission of HIV/AIDS from mother to child.

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

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

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

(a) ESTABLISHMENT.—The President shall establish an interagency task force (hereafter referred to as the “task force”) to ensure coordination of all Federal programs related to the prevention, treatment, and monitoring of HIV/AIDS in foreign countries.

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

(1) reviewing all Federal programs related to the prevention, treatment, and monitoring of HIV/AIDS in foreign countries to ensure proper coordination and compatibility of activities and policies of such programs;

(2) exchanging information regarding design and impact of such programs to ensure that the United States Government can catalogue the best possible practices for HIV/AIDS prevention, treatment, and monitoring and improve the effectiveness of such programs in the countries in which they operate; and

(3) fostering discussions with United States and foreign nongovernmental organizations to determine how United States Government programs can be improved, including by engaging in a dialogue with the Global Health Advisory Board established under section 6 of this Act.

(c) MEMBERSHIP.—

(1) COMPOSITION.—The task force shall be composed of the Secretary of State, the Administrator of the United States Agency for International Development, the Secretary of Health and Human Services, the Director of the National Institutes of Health, the Director of the Centers for Disease Control, the Secretary of Defense, and the head of any other agency that the President determines is appropriate.

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

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

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

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

(a) ESTABLISHMENT.—There is established a permanent Global Health Advisory Board (hereafter referred to as the “Board”) to assist the President and other Federal officials, including the Secretary of State and the Administrator of the United States Agency for International Development, in the administration and implementation of United States international health programs, particularly programs relating to the prevention, treatment, and monitoring of HIV/AIDS.

(b) DUTIES.—

(1) IN GENERAL.—The Board shall serve as a liaison between the United States Government and private and voluntary organizations, other nongovern-

mental organizations, and academic institutions in the United States that are active in international health issues, particularly prevention, treatment, and care with respect to HIV/AIDS and other infectious diseases.

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

(A) shall provide advice to the United States Agency for International Development and other Federal agencies on health and management issues relating to foreign assistance in which both the United States Government and private and voluntary organizations participate;

(B) shall provide advice on the formulation of basic policy, procedures, and criteria for the review, selection, and monitoring of project proposals for United States Government international health programs and for the establishment of transparency in the provision and implementation of grants made under such programs;

(C) shall provide advice on the establishment of evaluation and monitoring programs to measure the effectiveness of United States Government international health programs, including standards and criteria to assess the extent to which programs have met their goals and objectives and the development of indicators to track progress of specific initiatives;

(D) shall review and evaluate the overall health strategy for United States bilateral assistance for each country receiving significant United States bilateral assistance in the health sector;

(E) shall recommend which developing countries could benefit most from programs carried out under United States Government international health programs; and

(F) shall assess the impact and effectiveness of programs carried out under section 104(c)(4) of the Foreign Assistance Act of 1961, as amended by section 3(a) of this Act, in meeting the objectives set out in the HIV/AIDS country strategy established by the United States Agency for International Development.

(c) MEMBERSHIP.—

(1) COMPOSITION.—The Board shall be composed of 12 members—

(A)(i) all of whom shall have a substantial expertise and background in international health research, policy, or management, particularly in the area of prevention, treatment, and care with respect to HIV/AIDS and other infectious diseases; and

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

(B) of whom—

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

(ii) five members shall be individuals from nongovernmental organizations active in international health programs, particularly HIV/AIDS prevention, treatment and monitoring programs in foreign countries, of which not more than two members may be from faith-based organizations;

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

(iv) two members shall be individuals from private foundations that make substantial contributions to global health programs.

(2) APPOINTMENT.—The individuals referred to in paragraph (1) shall be appointed by the President, after consultation with the chairman and ranking member of the Committee on International Relations of the House of Representatives and the Committee on Foreign Relations of the Senate.

(3) TERMS.—

(A) IN GENERAL.—Except as provided in subparagraph (B), each member shall be appointed for a term of two years and no member or organization shall serve on the Advisory Board for more than two consecutive terms.

(B) TERMS OF INITIAL APPOINTEES.—As designated by the President at the time of appointment, of the members first appointed—

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

(ii) six members, to the extent practicable equally divided among the categories described in clauses (i) through (iv) of paragraph (1)(B), shall be appointed for a term of two years.

(4) CHAIRPERSON.—At the first meeting of the Board in each calendar year, a majority of the members of the Commission present and voting shall elect, from among the members of the Board, an individual to serve as chairperson of the Board.

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



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

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

(a) AUTHORIZATION.—There is authorized to be appropriated to the President \$750,000,000 for fiscal year 2002 for United States contributions to a global health fund or other multilateral efforts to prevent, treat, and monitor HIV/AIDS in countries in sub-Saharan Africa and other developing countries, including efforts to provide hospice and palliative care for individuals with HIV/AIDS.

(b) CHARACTERISTICS OF GLOBAL HEALTH FUND.—It is the sense of Congress that United States contributions should be provided to a global health fund under subsection (a) only if the fund—

(1) is a public-private partnership that includes participation of, and seeks contributions from, governments, foundations, corporations, nongovernmental organizations, organizations that are part of the United Nations system, and other entities or individuals;

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

(B) contains safeguards against conflicts of interest in the governance of the fund by the individuals and entities described in subparagraph (A);

(3) supports targeted initiatives to address HIV/AIDS, tuberculosis, and malaria through an integrated approach that includes prevention interventions, care and treatment programs, and infrastructure capacity-building;

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

(5) reserves a minimum of 5 percent of its grant funds to support scientific or medical research in connection with the projects it funds in developing countries;

(6) provides public disclosure with respect to—

(A) the membership and official proceedings of the mechanism established to manage and disburse amounts contributed to the fund; and

(B) grants and projects supported by the fund;

(7) authorizes and enforces requirements for the periodic financial and performance auditing of projects and makes future funding conditional upon the results of such audits; and

(8) provides public disclosure of the findings of all financial and performance audits of the fund.

**SEC. 8. DEFINITION.**

In this Act:

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

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

**PURPOSE AND SUMMARY**

H.R. 2069, the Global Access to HIV/AIDS Prevention, Awareness, Education and Treatment Act of 2001, as reported out of the Committee on International Relations with an amendment, authorizes substantial bilateral and multilateral assistance to combat the HIV/AIDS pandemic in countries in sub-Saharan Africa and other developing countries. Specifically, the bill amends provisions in the Foreign Assistance Act of 1961 that authorize assistance to prevent, treat, and monitor HIV/AIDS. The bill recognizes that the HIV/AIDS pandemic in sub-Saharan Africa is more than an international public health issue, but also a humanitarian, national security, and development crisis that threatens the stability and economy of affected developing countries. The threat is not confined to the region of sub-Saharan Africa, but is increasing rapidly in Southeast Asia, the Caribbean, and the Middle East.

The Secretary General of the United Nations has estimated an annual need of \$7 billion to \$10 billion to adequately respond to this global crisis. H.R. 2069 authorizes the allocation of \$560 million in bilateral assistance and \$750 million in multilateral assistance for fiscal year 2002 to control the HIV/AIDS crisis through prevention, treatment, monitoring, and related activities, such as the care and support of children orphaned by the disease, and improving health care delivery systems and infrastructure in developing countries. The bill also authorizes \$50 million for the procurement of HIV/AIDS pharmaceuticals, anti-viral therapies, and other appropriate medicines, as well as the distribution of such medicines to national, regional, or local organizations for the treatment of individuals with HIV/AIDS.

The bill supports the development and upgrade of health care delivery systems and infrastructure that includes hospitals, clinics, laboratories, storage facilities, equipment and capital to fund appropriate program efforts, and the upgrade of related basic infrastructure (e.g., access to water, power and transportation), needed to sustain the programs that address HIV/AIDS. The bill supports the development of effective delivery systems that include public and private organizations with appropriately trained health care providers and support personnel, and management systems. Effective delivery systems can assure accessibility, accountability, and the continuity of care needed to combat HIV/AIDS by coordinating education, prevention, treatment, and palliative and hospice care programs and monitoring and evaluation programs.

The bill establishes an interagency task force to ensure the coordination of all Federal programs related to the prevention, treatment, and monitoring of HIV/AIDS in foreign countries. This interagency task force is comprised of various department heads, and will be chaired by the Secretary of State. The bill also establishes a permanent Global Health Advisory Board to serve as a liaison between the United States Government and private and voluntary organizations, other non-governmental organizations, and academic institutions active in international health and infectious disease issues.

#### BACKGROUND AND NEED FOR THE LEGISLATION

The HIV/AIDS pandemic is no longer simply a health issue, but a humanitarian, national security developmental crisis that threatens the stability, economy, and democratic institutions of many nations. Recent statistics on the devastation of the disease are staggering. Since its inception, 58 million individuals have been infected with HIV/AIDS, and 22 million have lost their lives to the disease—of whom 17 million are from sub-Saharan Africa. The United States National Intelligence Council estimates that the disease could reduce Gross Domestic Product in some sub-Saharan African countries by as much as 20 percent or more by 2010.

Sub-Saharan Africa has been the hardest hit region and has been disproportionately affected by the disease. Though the region has only 10 percent of the world's population, it accounts for 70 percent of all HIV/AIDS cases and 80 percent of all HIV/AIDS-related deaths. The infection rates in some countries are numbing. Botswana has an estimated infection rate at 36 percent, the highest in the world. The infection rate is 25 percent in Zimbabwe, and 20

percent in South Africa. Yet, the threat is not confined to this region alone. HIV infection rates are rising rapidly in India, Brazil, Russia, Eastern Europe, South Asia, and the Caribbean.

Tragically women and children in developing societies are the hardest hit by the disease. According to UNAIDS, by the end of 2000, 55 percent of the HIV-positive population in sub-Saharan Africa and 40 percent of such population in North Africa and the Middle East, were women—infected mainly through heterosexual transmission. In Africa, 6 out of 7 children who are HIV-positive are girls. Over one million children under the age of 15 are living with the disease and most of these victims are from sub-Saharan Africa. Mother-to-child transmission is the largest source of infection for these children.

Not only is HIV/AIDS directly devastating children, but it is doing so indirectly as well. It is estimated that over 13 million children worldwide have lost one or both of their parents to HIV/AIDS, and by 2010, it is estimated that this number will rise to a staggering 40 million children. An alarmingly high rate of orphaned children is leading to the decay of many African societies. As a consequence of losing their parents to HIV/AIDS, children are drawn into prostitution, crime, substance abuse, and child soldiery.

Military and police forces in countries with high HIV/AIDS prevalence rates are among the highest risk populations in the world. There are national security implications where the increase in HIV-infected military personnel is weakening their capacity to defend their nations and deploy peacekeepers in crisis situations. High prevalence rates among police forces undermines their ability to maintain civil order. Any program of HIV/AIDS prevention treatment and care must address this population.

The Secretary General of the United Nations has called for annual expenditures of \$7 billion to \$10 billion to combat the disease. The United States has a strong national interest in making a significant contribution to this global effort to combat, and ultimately, eradicate the disease as it is destroying economies on every continent and affecting trade and productivity. The infection rate is inordinately high among many military personnel, thus also potentially affecting global security. Secretary of State Powell testified before the Committee that the United States has an obligation “. . . if we believe in democracy and freedom, to stop this catastrophe from destroying whole economies and families and societies and cultures and nations.”

The need for drug treatment is clearly necessary from a humanitarian perspective. However, the pilot program for drug therapy recognizes that prevention and treatment are inextricably intertwined. Without some expectation of hope that they will receive treatment, individuals who do not have the resources to pay for treatment have no reason to be tested for AIDS or to seek help. Simply stated, without treatment, there cannot be fully effective prevention.

H.R. 2069 will help combat the spread of HIV/AIDS by providing funds for the prevention, treatment, and education of the disease through a comprehensive bilateral and multilateral strategy. The bill authorizes funds to improve orphan care, encourage hospice and palliative care, strengthen existing health care systems, and to procure medicines and anti-viral therapies to treat the disease. The

bill has received strong bipartisan support, and also promotes the active participation of private and public entities in the global war against HIV/AIDS.

#### HEARINGS

The Committee held a hearing on AIDS entitled, "The United States' War on AIDS" on June 7, 2001. Testimony was received from: The Honorable Andrew Natsios, Administrator, U.S. Agency for International Development; His Excellency Mamadou Mansour Seck, Ambassador E. & P., Republic of Senegal; Mr. Stephen Hayes, President, Corporate Council on Africa; Mr. Rupert Schofield, Executive Director, Foundation for International Community Assistance; Mr. Charles Dokmo, President and Chief Executive Officer, Opportunities International-U.S.; and Paul Zeitz, M.D., Co-Director, Global AIDS Alliance.

#### COMMITTEE CONSIDERATION

On June 27, 2001, the International Relations Committee marked up the bill, H.R. 2069, pursuant to notice, in open session. The Committee adopted an amendment in the nature of a substitute, which was further amended by an amendment offered by Representative Smith of New Jersey (adopted by voice vote) relating to palliative care for persons afflicted by the disease. The Committee agreed to a motion offered by Chairman Hyde to favorably report the bill, as amended, to the House of Representatives, by a vote of 32 to 4, a quorum being present.

#### VOTES OF THE COMMITTEE

Clause (3)(b) of rule XIII of the Rules of the House of Representatives requires that the results of each record vote on an amendment or motion to report, together with the names of those voting for or against, be printed in the committee report.

Description of Amendment, Motion, Order, or Other Proposition:

*Vote 1 (12:06 p.m.) A motion to favorably report to the House H.R. 2069, as amended.*

Voting yes: Hyde, Gilman, Leach, Bereuter, Christopher H. Smith, Gallegly, Royce, Houghton, McHugh, Burr, Nick Smith, Issa, Cantor, Jo Ann Davis, Lantos, Ackerman, Payne, Menendez, Brown, Hilliard, Sherman, Wexler, Engel, Delahunt, Meeks, Lee, Crowley, Hoeffel, Berkley, Napolitano, Schiff, and Watson.

Voting no: Ballenger, Paul, Flake, and Kerns.

Ayes 32. Nays 4.

#### COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee reports that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

## NEW BUDGET AUTHORITY AND TAX EXPENDITURES

Clause 3(c)(2) of House Rule XIII is inapplicable because this legislation does not provide new budgetary authority or increased tax expenditures.

## CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

In compliance with clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the Committee sets forth, with respect to the bill, H.R. 2069, the following estimate and comparison prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, July 5, 2001.*

Hon. HENRY J. HYDE, *Chairman,*  
*Committee on International Relations,*  
*House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2069, the Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001.

If you wish further details on this estimate, we would be pleased to provide them. The CBO staff contact is Joseph C. Whitehill, who can be reached at 226-2840.

Sincerely,

DAN L. CRIPPEN, *Director.*

Enclosure

cc: Honorable Tom Lantos  
Ranking Democratic Member

*H.R. 2069—Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001.*

## SUMMARY

H.R. 2069 would authorize programs for the prevention, treatment, and monitoring of acquired immune deficiency syndrome (AIDS) caused by the human immunodeficiency virus (HIV) in sub-Saharan Africa and other developing countries. Specifically, the bill would authorize appropriations for bilateral assistance programs, for the purchase of medicines, and for contributions to a global fund or other multilateral efforts to prevent, treat, and monitor HIV/AIDS. It would establish a Global Health Advisory Board to assist the President and other federal officials in administering international health programs and an interagency task force for coordinating federal efforts related to fighting HIV/AIDS in foreign countries. Assuming the appropriation of the authorized amounts, CBO estimates implementing H.R. 2069 would cost \$81 million in 2002 and \$1.2 billion over the 2002–2006 period. The bill would not affect direct spending or receipts; therefore, pay-as-you-go procedures would not apply.

H.R. 2069 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA)

and would not affect the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 2069 is shown in the following table. The costs of this legislation fall within budget function 150 (international affairs).

By fiscal year, in millions of dollars

	2001	2002	2003	2004	2005	2006
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law for International HIV/AIDS Programs						
Budget Authority <sup>1</sup>	340	0	0	0	0	0
Estimated Outlays	178	241	84	44	27	19
Proposed Changes						
Authorization Level	0	1,360	0	0	0	0
Estimated Outlays	0	81	442	322	231	138
Spending Under H.R. 1646 for International HIV/AIDS Programs						
Authorization Level <sup>1</sup>	340	1,360	0	0	0	0
Estimated Outlays	178	322	526	366	258	157

<sup>1</sup> The 2001 level is the amount appropriated for that year.

BASIS OF ESTIMATE

H.R. 2069 would authorize the appropriation in 2002 of \$560 million for bilateral assistance programs and associated administrative expenses, \$50 million for the purchase of medicines, and \$750 million for a contribution to a global fund or other multilateral efforts to prevent, treat, and monitor HIV/AIDS. The bill would limit spending for administrative expenses from bilateral assistance to 6 percent of the amount made available in 2002. CBO assumes that the authorized amounts would be appropriated by October 1, 2001. CBO estimates outlays for bilateral assistance, administrative expenses, and the purchase of medicine would follow historical spending patterns and total \$66 million in 2002 and \$560 million over the 2002–2006 period.

Negotiations for the creation of a global HIV/AIDS fund are just beginning. Until negotiations are complete, CBO has no information on how this fund might operate. For the purpose of this estimate, CBO assumed the following:

- The schedule for beginning operation of the fund in 2002 will experience delays.
- Administration expenses would be paid out of contributions with some start-up costs paid in 2002.
- The contribution to the global fund would be in the form of a letter-of-credit drawn upon as needed for the timely disbursement of grants.
- The typical grant would cover a number of years with grant disbursements beginning in 2003 and drawn over a 3- to 4-year period.

CBO estimates that outlays from the contribution to a global HIV/AIDS fund would be \$15 million in 2002 and \$654 million over the 2002–2006 period, assuming appropriation of the authorized amounts.

## PAY-AS-YOU-GO CONSIDERATIONS:

None.

## INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 2069 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

## ESTIMATE PREPARED BY:

Federal Costs: Joseph C. Whitehill (226–2840)  
Impact on State, Local, and Tribal Governments: Elyse Goldman  
(225–3220)  
Impact on the Private Sector: Lauren Marks (226–2940)

## ESTIMATE APPROVED BY:

Peter H. Fontaine  
Deputy Assistant Director for Budget Analysis

## PERFORMANCE GOALS AND OBJECTIVES

The goals and objectives of this legislation are to decrease the rate of infection and alleviate human suffering in sub-Saharan Africa and other developing countries caused by the HIV/AIDS pandemic.

## CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds the authority for this legislation in article I, section 8, clause 18 of the Constitution (relating to making all laws necessary and proper for carrying into execution powers vested by the Constitution in the government of the United States).

## SECTION-BY-SECTION ANALYSIS AND DISCUSSION

*Section 1. Short Title*

Section 1 cites the act as the “Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001.”

*Section 2. Findings; Sense of Congress.*

*Subsection (a) Findings.* This subsection articulates numerous Congressional findings of fact, including that more than 58 million people worldwide have already been infected with the HIV/AIDS disease and that the pandemic has claimed the lives of over 22 million—17 million of whom were from sub-Saharan Africa. In Africa, 6 out of 7 children who are HIV positive are girls and 440,000 children out of an estimated 500,000 children who died as a consequence of AIDS in 2000 were living in sub-Saharan Africa. An estimated 13.2 million children worldwide have lost one or both of their parents to HIV/AIDS, most of whom are children from sub-Saharan Africa. Moreover, the largest source of HIV infection in children under age 15 is mother-to-child transmission, and the total number of births to HIV-infected pregnant women in developing countries is approximately 700,000. With respect to HIV in-

fection rates in the military, the armed forces of Angola and the Democratic Republic of Congo, for example, are estimated to be 40–60%, and with respect to Nigeria, 10–20%. Awareness of HIV status enables better decision-making for families. By 2010, 40 million children worldwide will have lost one or both of their parents to HIV/AIDS, and the disease has dramatically increased the number of orphans which will increase the instability in already volatile regions in the world.

By 2010, the disease could reduce Gross Domestic Product by as much as 20 percent or more in some sub-Saharan countries. It is the view of the Committee that the HIV/AIDS pandemic is more than a health crisis, and is directly related to developmental problems. Moreover, the Secretary of State strongly feels the United States has an obligation to stop the AIDS pandemic from destroying economies, nations, and families throughout the world and that it poses a threat to democracy and freedom. An effective response to the HIV/AIDS pandemic must also involve assistance to stimulate the development of sound health care delivery systems and infrastructure. In addition, as called for by the Secretary General of the United Nations, a global fund should be established, and contributions by both governments and private contributors will be required to combat the pandemic. An effective HIV/AIDS treatment program should also address the threat and spread of infectious diseases such as tuberculosis and malaria, as most victims of AIDS die from these diseases. In addition, microenterprise programs and other income-generating programs assist communities and individuals caring for the sick by increasing their productive activities and incomes, and therefore should be expanded. It is the sense of the Committee that the exploding growth of the HIV/AIDS pandemic will require a substantial increase in the capacity of the United States Agency for International Development (USAID) and other agencies to carry out and monitor bilateral HIV/AIDS programs.

In addition, microfinance programs and other income-generating programs assist individuals infected with the HIV/AIDS virus as well as communities and individuals caring for the sick by increasing their productive activities and incomes, and therefore should be expanded. There is growing consensus in the international community regarding the relationship between poverty and HIV/AIDS and other diseases. It is evident that the poor, particularly women, are most affected of HIV/AIDS. The Committee feels that microfinance programs and other income-generation programs are a key to alleviating poverty and mitigating the impact of HIV/AIDS on the most vulnerable populations. Therefore, the Committee feels that these microfinance programs should give priority to HIV affected populations particularly those groups and individuals which are at highest risk of being infected, including women.

*Subsection (b) Sense of Congress.* This subsection expresses the sense of Congress regarding the U.S. bilateral and multilateral efforts that are intended to guide the President's efforts. This section provides that HIV/AIDS pandemic should be fought through a global effort, and that the United States should provide additional funds for multilateral programs to achieve this purpose. The United States should also support programs that safely make available in developing countries pharmaceuticals and diagnostics for HIV/AIDS anti-viral therapies and treatment. Priority should be



placed on populations at greatest risk for contracting HIV. The United States should also promote programs that support the growing number of children orphaned by the HIV/AIDS pandemic. In addition, HIV/AIDS awareness, prevention, and education programs should include services for law enforcement and military personnel—since they tend to be at high risk. USAID programs should preserve privacy and confidentiality, and should not include compulsory HIV/AIDS testing. The Committee encourages strong coordination among the various agencies of the United States carrying out international HIV/AIDS programs to ensure the effective and efficient use of financial and technical resources provided by the United States Government. USAID should promote the use of and provide financial and technical assistance to palliative and hospice care programs to help alleviate human suffering and enhance the dignity and quality of life for those afflicted with HIV/AIDS.

### *Section 3. Assistance to Combat HIV/AIDS*

Section 3 amends section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c) by striking paragraphs (4) through (6) and by inserting a revised text strengthening and refining the program. The revised provision states that Congress recognizes HIV/AIDS as a major global health, national security, and humanitarian crisis. Accordingly, the United States should provide assistance to countries in sub-Saharan Africa and other developing countries to control the HIV/AIDS crisis through prevention, treatment, monitoring, and related activities, with particular focus on women and youth, including mother-to-child transmission interventions.

In providing HIV/AIDS assistance, priority should be given to the most vulnerable populations. HIV/AIDS programs should identify and take into account those factors that make individuals or groups particularly vulnerable to HIV infection, including poverty, lack of education, migration, social exclusion, illiteracy, discrimination, lack of information or commodities for self-protection. These programs should address the gender dimension of the epidemic, specify the actions that will be taken to address vulnerability and set targets for their achievement.

U.S. government agency strategies should encourage the development of national strategies, policies and programs, through a participatory approach, to promote and protect the health of those most vulnerable to, and at greatest risk of HIV infection. Such populations should include, but not be limited to children in especially difficult circumstances, women in low income house holds, particularly pregnant women, intravenous drug users and their sexual partners, persons confined in institutions and prison populations, refugees and internally displaced persons and people separated from their families due to work or conflict;

U.S. government strategies and programs, should recognize the importance of the family and take into consideration cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: promoting access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; expanding youth-friendly information and health services; strengthening women's and children's health education programs; and involving target groups in planning, implementing and evaluating HIV/AIDS prevention and care programs

The revised section 104(c) provides that the Administrator of USAID is authorized to carry out comprehensive HIV/AIDS education, prevention, and treatment programs to combat and monitor the HIV/AIDS pandemic. The provision directs that the Administrator should provide an appropriate level of this assistance through non-governmental organizations, including faith-based organizations, and should coordinate the provision of assistance with the provision of related assistance by other appropriate international entities.

Under the revised paragraph (4), assistance provided through this act shall be used to carry out:

(1) the prevention of HIV/AIDS, including education, voluntary testing, and counseling;

(2) the treatment and care of individuals with HIV/AIDS, including strengthening and broadening the capacity of indigenous health care systems, assistance aimed at mother-to-child transmission prevention, and strengthening and expanding hospice and palliative care programs;

(3) the monitoring of programs, projects, and activities to ensure adequate controls and appropriate evaluation and surveillance activities; and

(4) the conduct of related activities, including the care of children orphaned by HIV/AIDS, improved infrastructure, vaccine research, and the development and expansion of microfinance institutions and other income generation programs targeting assistance to HIV/AIDS affected population, particularly those groups and individuals who are at the highest risk of being infected, including women.

Not later than January 31 of each calendar year, the amended section 104(c)(4) requires the Administrator to submit to Congress an annual report on the implementation of HIV/AIDS programs during the prior fiscal year. The report shall include a description of efforts made to implement the policies, a description of the programs established, and a detailed assessment of the impact of programs established pursuant to this act. The Administrator must consult with the Global Health Advisory Board authorized by this act in the preparation of this report and on other global health activities. The Committee expects this report to contain specific objective measurements, such as evaluation of mortality and infection rates, in countries where the U.S. is providing assistance.

The act authorizes \$560 million to be appropriated for fiscal year 2002 to carry out the purposes of this legislation. Not more than 6 percent of this amount in fiscal year 2002, and not more than 4 percent of the amount available for any subsequent year, may be used for administrative expenses of USAID, and amounts appropriated are authorized to remain available until expended. While this represents a reduction percentage-wise from current law, the Committee expects increased funding for HIV/AIDS programs in the future and therefore believe there will be economies of scale.

Assistance authorized by this act should be provided primarily through non-governmental organizations, including faith-based organizations, and should support innovative approaches to combat the pandemic. As an example, the Committee strongly encourages the USAID to support and replicate programs, such as the Nyumbani Orphanage in Kenya, where young orphans and the el-

derly who have lost their own children to HIV/AIDS can be mutually supportive. The Nyumbani Orphanage is an example of a “village of hope” for the victims of HIV/AIDS, who are often helpless orphaned children and the elderly who have lost adult children who traditionally care for them. By supporting programs that bring these two generations together, a semblance of family structure is preserved for the victims of HIV/AIDS.

In addition, the Administrator of USAID is urged to coordinate the provision of assistance with entities such as the AIDS Healthcare Foundation, which demonstrate expertise in building and operating infrastructure for the delivery of anti-viral HIV medical care to the medically indigent, as well as training of medical staff experienced in HIV medical care. Such coordination should seek to develop replicable models for expanded access to medical care appropriate to the local area.

*Section 4. Assistance for Procurement and Distributorship of HIV/AIDS Pharmaceuticals and Related Medicines.*

This section authorizes the appropriation of \$50 million for the procurement of HIV/AIDS pharmaceuticals, anti-viral therapies, and other appropriate medicines and for the distribution of these pharmaceuticals to qualified national, regional, or local organizations to treat individuals infected with HIV/AIDS. The Committee strongly supports the development of pilot treatment programs by USAID as treatment is an integral part of any HIV/AIDS prevention strategy.

*Section 5. Interagency Task Force on HIV/AIDS.*

This section establishes an interagency task force to ensure coordination of all Federal programs related to the prevention, treatment, and monitoring of HIV/AIDS in foreign countries. In order to ensure overall policy coherence and sufficient programmatic coordination among the various agencies of the U.S. government involved in global HIV/AIDS programs, the Committee feels it is necessary to have a high-level interagency task force on HIV/AIDS. This task force shall review all Federal programs related to the prevention, treatment, and monitoring of HIV/AIDS in foreign countries and shall provide for the exchange of information regarding the design and impact of such programs in order to catalogue the best possible practices. In countries where there are multiple agencies of the U.S. government implementing HIV/AIDS programs, the task force shall ensure that there is coordination and complementarity between the agencies. The task force shall also endeavor to share information and coordinate programs and policies of U.S. government agencies with other international donors and with non-governmental organizations to facilitate an international consensus and maximize the effectiveness of programs to combat HIV/AIDS. The task force, chaired by the Secretary of State, shall also include the Administrator of USAID, the Secretary of Health and Human Services, the Director of the National Institutes of Health, the Director of the Centers for Disease Control, the Secretary of Defense, and the head of any other agency that the President determines is appropriate. At least once annually, the task force shall hold a public meeting and the Secretary of State shall maintain a record of each meeting on its activities, making the record available to the public.

The Committee believes that this interagency cooperation will serve to better coordinate U.S. efforts with international HIV/AIDS programs and strategies. Amounts available under section 104(c)(4)(E)(ii) of the Foreign Assistance Act of 1961, as amended by section 3(a) of this act, are authorized to be made available to carry out this section for such fiscal year.

*Section 6. Global Health Advisory Board.*

This section authorizes the establishment of a permanent Global Health Advisory Board to assist the President and other Federal officials in the administration and implementation of United States international health programs, particularly those relating to the prevention and treatment of HIV/AIDS. It is the intent of this committee that the Global Health Advisory Board serve as a bridge between USAID and the larger health and NGO community. The Committee feels that in the planning and implementation of its global health programs, the U.S. Agency for International Development, and other agencies of the U.S. government which carry out international health programs, should take into account the experience and expertise of private and voluntary organizations, non-governmental institutions, faith-based organizations, and academic institutions. The Board will provide advice and guidance to USAID and other Federal agencies on the formulation of basic policy, procedures, and criteria for the review, selection, and monitoring of project proposals and for the establishment of transparency in the provision and implementation of grants awarded to combat HIV/AIDS and other global health programs. The Board shall issue recommendations on which developing countries could benefit the most from aforementioned programs and assess the impact and effectiveness of programs carried out under section 104(c)(4) of the Foreign Assistance Act of 1961, as amended by section 3(a) of this Act.

This section authorizes the establishment of a board, composed of 12 members, all with substantial expertise and background in international health research, policy, or management, particularly related to HIV/AIDS. At least one member shall be an expert on women's and children's health issues, three members shall be from academic institutions, five members shall be from non-governmental institutions active in international health, but no more than two from faith-based organizations, and two members shall be from private foundations that make substantial contributions to global health issues. These members shall be appointed by the President, after consultation with the Chairman and Ranking Member of the Committee on International Relations of the House of Representatives and the Chairman and Ranking Member of the Committee on Foreign Relations of the Senate. The members shall be appointed for a term of 2 years with no member or organization serving for more than two consecutive terms. The initial members shall be appointed in such a manner that no more than six of the twelve members terms shall expire in any subsequent year.

Members of the Board shall be authorized to receive travel expenses and amounts made available under section 104(c)(4)(E)(ii) of the Foreign Assistance Act of 1961 to carry out this section.

*Section 7. Authorization of Appropriations for Multilateral efforts to Prevent, Treat, and Monitor HIV/AIDS.*

This section authorizes the appropriation of \$750 million for fiscal year 2002 for United States contributions to a global health fund or other multilateral efforts to prevent, treat, and monitor HIV/AIDS and other infectious diseases in countries in sub-Saharan Africa and other developing countries.

While the Committee understands that the fight against HIV/AIDS must include all segments of the international community including bilateral and multilateral efforts, private and public sector contributions, non-governmental actors as well as government commitments at the highest levels, prevention efforts as well as treatment and care, the Committee agrees that there must be a coordinated multilateral effort to spearhead this campaign if it is to be successful. The Global Health Fund established by the United Nations Secretary General seems to be the most likely vehicle for this multilateral effort.

The Committee believes that these contributions should only be provided if the global fund constitutes a public-private partnership with donors and recipients involved in its governance. In addition, the Committee believes that the fund must contain safeguards against conflicts of interest in its governance. Additionally, the fund should support targeted initiatives to address HIV/AIDS, tuberculosis, and malaria through an integrated approach that includes prevention interventions, care and treatment programs, and infrastructure capacity-building, and reserve a minimum of 5 percent of its grant fund to support scientific or medical research.

NEW ADVISORY COMMITTEES

H.R. 2069 does not establish or authorize any new advisory committees.

CONGRESSIONAL ACCOUNTABILITY ACT

H.R. 2069 does not apply to the legislative branch.

FEDERAL MANDATES

H.R. 2069 provides no Federal mandates.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

**SECTION 104 OF THE FOREIGN ASSISTANCE ACT OF 1961**

SEC. 104. POPULATION AND HEALTH.—(a) \* \* \*

\* \* \* \* \*

(c) ASSISTANCE FOR HEALTH AND DISEASE PREVENTION.—  
 (1) \* \* \*

\* \* \* \* \*

[(4)(A) Congress recognizes the growing international dilemma of children with the human immunodeficiency virus (HIV) and the merits of intervention programs aimed at this problem. Congress further recognizes that mother-to-child transmission prevention strategies can serve as a major force for change in developing regions, and it is, therefore, a major objective of the foreign assistance program to control the acquired immune deficiency syndrome (AIDS) epidemic.

[(B) The agency primarily responsible for administering this part shall—

[(i) coordinate with UNAIDS, UNICEF, WHO, national and local governments, and other organizations to develop and implement effective strategies to prevent vertical transmission of HIV; and

[(ii) coordinate with those organizations to increase intervention programs and introduce voluntary counseling and testing, antiretroviral drugs, replacement feeding, and other strategies.

[(5)(A) Congress expects the agency primarily responsible for administering this part to make the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) a priority in the foreign assistance program and to undertake a comprehensive, coordinated effort to combat HIV and AIDS.

[(B) Assistance described in subparagraph (A) shall include help providing—

[(i) primary prevention and education;

[(ii) voluntary testing and counseling;

[(iii) medications to prevent the transmission of HIV from mother to child; and

[(iv) care for those living with HIV or AIDS.

[(6)(A) In addition to amounts otherwise available for such purpose, there is authorized to be appropriated to the President \$300,000,000 for each of the fiscal years 2001 and 2002 to carry out paragraphs (4) and (5).

[(B) Of the funds authorized to be appropriated under subparagraph (A), not less than 65 percent is authorized to be available through United States and foreign nongovernmental organizations, including private and voluntary organizations, for-profit organizations, religious affiliated organizations, educational institutions, and research facilities.

[(C)(i) Of the funds authorized to be appropriated by subparagraph (A), not less than 20 percent is authorized to be available for programs as part of a multidonor strategy to address the support and education of orphans in sub-Saharan Africa, including AIDS orphans.

[(ii) Assistance made available under this subsection, and assistance made available under chapter 4 of part II to carry out the purposes of this subsection, may be made available notwithstanding any other provision of law that restricts assistance to foreign countries.

[(D) Of the funds authorized to be appropriated under subparagraph (A), not less than 8.3 percent is authorized to be avail-

able to carry out the prevention strategies for vertical transmission referred to in paragraph (4)(A).

【(E) Of the funds authorized to be appropriated by subparagraph (A), not more than 7 percent may be used for the administrative expenses of the agency primarily responsible for carrying out this part of this Act in support of activities described in paragraphs (4) and (5).】

【(F) Funds appropriated under this paragraph are authorized to remain available until expended.】

*(4)(A) Congress recognizes that the alarming spread of HIV/AIDS in countries in sub-Saharan Africa and other developing countries is a major global health, national security, and humanitarian crisis. Accordingly, the United States and other developed countries should provide assistance to countries in sub-Saharan Africa and other developing countries to control this crisis through HIV/AIDS prevention, treatment, monitoring, and related activities, particularly activities focused on women and youth, including mother-to-child transmission prevention strategies.*

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

*(ii) It is the sense of Congress that the Administrator should provide an appropriate level of assistance under clause (i) through nongovernmental organizations in countries in sub-Saharan Africa and other developing countries affected by the HIV/AIDS pandemic.*

*(iii) The Administrator shall coordinate the provision of assistance under clause (i) with the provision of related assistance by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Programme (UNDP), other appropriate international organizations, national, state, and local governments of foreign countries, and other appropriate governmental and nongovernmental organizations.*

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

*(i) Prevention of HIV/AIDS through activities including—*

*(I) education, voluntary testing, and counseling (including the incorporation of confidentiality protections with respect to such testing and counseling), including integration of such programs into women's and children's health programs; and*

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

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

*(I) assistance to establish and implement programs to strengthen and broaden indigenous health care delivery systems and the capacity of such systems to deliver HIV/AIDS pharmaceuticals and otherwise provide for the treat-*

ment of individuals with HIV/AIDS, including clinical training for indigenous organizations and health care providers;

(II) assistance aimed at the prevention of transmission of HIV/AIDS from mother to child, including medications to prevent such transmission; and

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

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

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

(II) appropriate evaluation and surveillance activities.

(iv) The conduct of related activities, including—

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

(II) improved infrastructure and institutional capacity to develop and manage education, prevention, and treatment programs, including the resources to collect and maintain accurate HIV surveillance data to target programs and measure the effectiveness of interventions;

(III) vaccine research and development partnership programs with specific plans of action to develop a safe, effective, accessible, preventive HIV vaccine for use throughout the world; and

(IV) the development and expansion of financially-sustainable microfinance institutions and other income generation programs that strengthen the economic and social viability of communities afflicted by the HIV/AIDS pandemic, including support for the savings and productive capacity of affected poor households caring for orphans.

(D)(i) Not later than January 31 of each calendar year, the Administrator shall submit to Congress an annual report on the implementation of this paragraph for the prior fiscal year.

(ii) Such report shall include—

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

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

(III) a detailed assessment of the impact of programs established pursuant to this paragraph, including the effectiveness of such programs in reducing the spread of HIV infection, particularly in women and girls, in reducing HIV transmission from mother to child, in reducing mortality rates from HIV/AIDS, and the progress toward improving health care delivery systems



*and infrastructure to ensure increased access to care and treatment.*

*(iii) The Administrator shall consult with the Global Health Advisory Board established under section 6 of the Global Access to HIV/AIDS Prevention, Awareness, Education, and Treatment Act of 2001 in the preparation of the report under clause (i) and on other global health activities carried out by the United States Agency for International Development.*

*(E)(i) There is authorized to be appropriated to the President to carry out this paragraph \$560,000,000 for fiscal year 2002.*

*(ii) Not more than six percent of the amount appropriated pursuant to the authorization of appropriations under clause (i) for fiscal year 2002, and not more than four percent of the amount made available to carry out this paragraph for any subsequent fiscal year, may be used for the administrative expenses of the Agency in carrying out this paragraph.*

*(iii) Amounts appropriated pursuant to the authorization of appropriations under clause (i) are in addition to amounts otherwise available for such purposes and are authorized to remain available until expended.*

*(F) In this paragraph:*

*(i) The term "HIV" means infection with the human immunodeficiency virus.*

*(ii) The term "AIDS" means acquired immune deficiency syndrome.*

**[(7)]** *(5)(A) Congress recognizes the growing international problem of tuberculosis and the impact its continued existence has on those nations that had previously largely controlled the disease. Congress further recognizes that the means exist to control and treat tuberculosis, and that it is therefore a major objective of the foreign assistance program to control the disease. To this end, Congress expects the agency primarily responsible for administering this part—*

*(i) \* \* \**

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*(6) Assistance made available under any paragraph of this subsection, and assistance made available under chapter 4 of part II of this Act to carry out the purposes of any paragraph of this subsection, may be made available notwithstanding any other provision of law.*

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