

106TH CONGRESS
2D SESSION

H. R. 4140

To amend the Foreign Assistance Act of 1961 to authorize appropriations for HIV/AIDS prevention efforts.

IN THE HOUSE OF REPRESENTATIVES

MARCH 30, 2000

Ms. MILLENDER-MCDONALD introduced the following bill; which was referred to the Committee on International Relations

A BILL

To amend the Foreign Assistance Act of 1961 to authorize appropriations for HIV/AIDS prevention efforts.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “International HIV/
5 AIDS Partnership Prevention Act of 2000”.

6 **SEC. 2. FINDINGS.**

7 The Congress makes the following findings:

8 (1)(A) AIDS is potentially the greatest health
9 catastrophe to humankind since the indigenous com-
10 munities of South and Central America were re-

1 duced from 110,000,000 to 4,500,000 in 15 years
2 when conquered by the Spanish in the 1500s.

3 (B) More than 16,000,000 men, women and
4 children have died of AIDS. More than 33,600,000
5 people are living with HIV, and nearly all of them
6 will die of AIDS-related complications within the
7 next 2 decades. UNAIDS estimated that there were
8 5,600,000 newly-infected people with HIV in 1999,
9 including an estimated 2,300,000 women and ap-
10 proximately 570,000 children.

11 (C) AIDS has orphaned more than 11,000,000
12 children worldwide and UNICEF estimates that
13 their number will reach 40,000,000 in the next dec-
14 ade.

15 (2) 95 percent of people worldwide living with
16 HIV live in the world's poorest countries. With poor
17 health systems, weak economies, poverty, and limited
18 access to resources, the epidemic will grow even fur-
19 ther over the next quarter century.

20 (3) It has been shown that HIV/AIDS does not
21 strike women and men equally. Heterosexual women
22 are 2 to 4 times more likely than their husbands or
23 partners to become infected with HIV. Many HIV-
24 infected women fear and experience domestic vio-
25 lence. Women's fertility also is impacted by this dis-

1 ease since once infected, a woman can be expected
2 to bear 20 percent fewer children than she otherwise
3 would. In cities throughout the world, voluntary and
4 involuntary prostitution among women and girls fur-
5 ther exposes them to HIV/AIDS and other sexually
6 transmitted diseases.

7 (4) In 1999, the United Nations estimated that
8 570,000 children age 14 or younger became infected
9 with HIV. More than 90 percent were babies born
10 to HIV-positive women. Almost nine-tenths of these
11 babies were born in sub-Saharan Africa.

12 (5) Sub-Saharan Africa continues to bear the
13 brunt of HIV and AIDS, with approximately 75 per-
14 cent of the global total of HIV-positive people. Most
15 of these people will die in the next 10 years.

16 (6) As of December 1999, the Asian continent
17 had about 6,500,000 people living with HIV. This is
18 5 times the number of people who have already died
19 of AIDS in the region. According to UNAIDS, a rise
20 of just 0.1 percent prevalence among adults in India
21 would add over 500,000 people to the national total
22 of adults living with HIV.

23 (7) The Russian Federation and other countries
24 of the former Soviet Union had the world's greatest

1 rate of increase in HIV infections in 1999 due pri-
2 marily to intravenous drug use.

3 (8) According to United Nations estimates, at
4 the end of December 1999 there were 1,300,000
5 adults and children living with HIV/AIDS in Latin
6 America and 360,000 in the Caribbean basin. Mex-
7 ico, our closest neighbor, had an estimated 180,000
8 new cases of HIV/AIDS at the end of 1999.

9 (9) Although statistics on HIV/AIDS prevalence
10 rates in North Africa and the Middle East are not
11 available, the insidious nature of the epidemic that
12 traverses geographic, social, and economic bound-
13 aries put Middle Eastern populations at risk.

14 (10) AIDS and secondary infectious diseases
15 like tuberculosis, are disproportionately draining na-
16 tional budgets and threatening development capac-
17 ity. The AIDS crisis has reversed decades of eco-
18 nomic and social development and threatens nascent
19 democratic institutions.

20 (11) There are potential security implications in
21 poor countries where the increase in HIV-infected
22 military personnel is gradually weakening the capac-
23 ity of militaries to defend their nations, maintain
24 civil order, and deploy peacekeepers. Child soldiers

1 and girl “wives”, some also HIV-infected, are a by-
2 product of a dwindling pool of adult recruits.

3 **SEC. 3. STATEMENTS OF POLICY.**

4 The Congress declares the following:

5 (1)(A) The Congress recognizes the threat that
6 the global HIV/AIDS epidemic poses to international
7 security, and the need for public and private com-
8 mitments to provide equal access to HIV/AIDS edu-
9 cation, prevention, testing, diagnosis, and treatment
10 services in all regions of the world affected by the
11 epidemic without regard to age, ancestry, color, dis-
12 ability, gender, national origin, race, religion, sexual
13 orientation, or political status.

14 (B) It is in the interest of the United States to
15 provide leadership to foreign governments, inter-
16 national organizations, and the global private sector
17 to counteract the negative effects of HIV/AIDS
18 worldwide.

19 (2) The Congress further recognizes the inex-
20 tricable link between the HIV/AIDS epidemic and
21 political and economic development in the poorest
22 countries of the world and the need for collaborative
23 partnerships between traditional aid and develop-
24 ment programs and HIV/AIDS program funding.

1 (3) A major purpose of this Act is to prevent
2 the transmission of HIV/AIDS, to treat persons in-
3 fected with HIV/AIDS, to assist persons affected by
4 this disease, and to keep the economically active
5 HIV-infected population viable. An individual with
6 AIDS, provided that he or she receives all necessary
7 treatment and care, can survive for many years, 3
8 or 4 times more than was previously possible.

9 (4)(A) While national coordination is required
10 to address the epidemic, funding priorities will also
11 seek more effective responses at the local level that
12 build upon local government and civil society's ca-
13 pacity to help relieve the enormous suffering caused
14 by HIV/AIDS and to prevent further spreading of
15 the epidemic.

16 (B) Critical efforts to contain the epidemic
17 must include primary prevention and psychological
18 and social support programs, clinical and medical
19 treatment, and programs that recognize the broader
20 social and economic dimensions of the disease.

21 (5) Behavior alone will not conquer this disease.
22 The world needs an affordable AIDS vaccine. Re-
23 search toward a safe, effective, affordable, and ac-
24 cessible vaccine to prevent the onset of the disease
25 is vital to our human survival. The best long-term

1 hope for eradicating AIDS is through the develop-
2 ment and widespread distribution of a preventive
3 vaccine. Vaccines have been effective in helping to
4 solve public health problems such as the smallpox
5 epidemic, polio, influenza and hepatitis B. Signifi-
6 cant advances in molecular biology and basic HIV
7 research have led to the development of several
8 promising strategies for designing safe and effective
9 vaccines for the prevention of HIV/AIDS.

10 (6) Human rights is a primary basis for caring
11 for individuals with HIV/AIDS and controlling the
12 spread of this disease. A program will be eligible for
13 funding under this Act only if the program does not
14 engage in compulsory testing, is nondiscriminatory,
15 and preserves privacy and confidentiality.

16 (7) The United States, through collaborative ef-
17 forts in education, prevention, treatment, and vac-
18 cine research with highly impacted countries, can
19 substantially reduce new HIV infections and provide
20 a continuum of appropriate services and support for
21 those individuals infected and affected by HIV/
22 AIDS.

23 (8) The Congress recognizes the need for con-
24 sultation and collaboration among the United States
25 Government, the private sector, and nongovern-

1 mental organizations, and with their counterparts
2 throughout the world, to further address the HIV/
3 AIDS epidemic.

4 **SEC. 4. AMENDMENT TO THE FOREIGN ASSISTANCE ACT OF**
5 **1961.**

6 Section 104(c) of the Foreign Assistance Act of 1961
7 (22 U.S.C. 2151b(c)) is amended by adding at the end
8 the following:

9 “(4)(A) The Congress declares that the United States
10 Agency for International Development shall undertake a
11 comprehensive, coordinated effort to combat HIV/AIDS
12 and mitigate the epidemic’s impact on sustainable develop-
13 ment through effective partnerships with international or-
14 ganizations, donors, national and local governments, and
15 nongovernmental organizations.

16 “(B)(i) In order to meet the requirement of subpara-
17 graph (A), the Administrator of the United States Agency
18 for International Development (hereinafter in this para-
19 graph referred to as the ‘Administrator’) shall establish
20 and carry out HIV/AIDS education, prevention, treat-
21 ment, and research programs in foreign countries, includ-
22 ing programs to build community capacity to slow the
23 spread of the epidemic. Such programs and activities shall
24 include strengthening existing programs and promoting
25 innovate community-based programs.

1 “(ii) The Administrator shall take all appropriate
2 steps to enhance cooperative efforts among foreign coun-
3 tries and to assist in fostering human rights with respect
4 to the establishment and conduct of programs and initia-
5 tives described in clause (i).

6 “(C)(i) In carrying out the programs and initiatives
7 described in subparagraph (B), the Administrator shall
8 make grants to national governments, units of local gov-
9 ernment, and nongovernmental and multilateral organiza-
10 tions to initiate, develop, expand, or strengthen HIV/AIDS
11 prevention and education programs.

12 “(ii) In determining eligibility for grants under clause
13 (i), a nongovernmental or multilateral organization shall
14 not be subject to requirements that are more restrictive
15 than requirements applicable to a foreign government.

16 “(iii) A government or organization may receive a
17 grant under clause (i) only if the government or organiza-
18 tion, as the case may be, certifies that its laws, policies,
19 and practices, as appropriate, do not punish or deny serv-
20 ices to victims based on age, ancestry, color, disability,
21 gender, national origin, race, religion, sexual orientation,
22 and political status.

23 “(iv) In making grants under clause (i), the Adminis-
24 trator shall provide technical assistance, evaluation, and

1 data collection with respect to the programs established
2 and carried out from amounts provided under such grants.

3 “(D) Amounts provided under a grant under sub-
4 paragraph (C)(i) shall be used for activities such as—

5 “(i) national and community-level AIDS pri-
6 mary prevention and education programs among sex-
7 ually vulnerable groups and the general population;

8 “(ii) voluntary testing and counseling services
9 (with or without testing) that address the needs of
10 susceptible client groups, for example, women, cou-
11 ples, care givers, children (particularly orphans and
12 those living with HIV/AIDS), youth, intravenous
13 drug users, and sex-workers;

14 “(iii) effective and economical treatment solu-
15 tions including new medications to prevent the
16 transmission of HIV/AIDS from mother to child;

17 “(iv) care services for those living with HIV/
18 AIDS that also promote and maintain the emotional
19 well-being of all care-givers providing support to per-
20 sons living with HIV/AIDS;

21 “(v) improved infrastructure and institutional
22 capacity to develop and manage education, preven-
23 tion, and treatment programs including the re-
24 sources to collect and maintain accurate HIV sur-

1 veillance data to target programs and measure the
2 effectiveness of interventions;

3 “(vi) sustained education, prevention, and treat-
4 ment programs for military personnel;

5 “(vii) city-to-city collaborative exchanges be-
6 tween United States municipal HIV/AIDS programs
7 and cities in highly impacted countries in order—

8 “(I) to share experiences and build local
9 capacity to respond to the disease;

10 “(II) to stimulate environments where
11 global partnerships can develop new problem-
12 solving strategies, with emphasis on prevention
13 and education; and

14 “(III) to foster opportunities for local eco-
15 nomic development and mutual trade;

16 “(viii) collaboration with multilateral and bina-
17 tional programs that have similar goals;

18 “(ix) vaccine research and development partner-
19 ship programs with specific plans of action to de-
20 velop a safe, effective, accessible, preventive HIV
21 vaccine for use throughout the world;

22 “(x) microbicide research, such as research to
23 develop new preventive technologies and products,
24 such as sexually-transmitted diseases and HIV diag-
25 nostic tools; and

1 “(xi) evaluation programs that will include
2 participatory self-evaluation methodology to analyze
3 issues of program effectiveness and short term im-
4 pact on specific populations designed to generate
5 high quality and useful data to inform further re-
6 search.

7 “(E) In providing assistance under this paragraph,
8 the Administrator shall give priority to those foreign coun-
9 tries with the highest incidence of HIV/AIDS cases.

10 “(F)(i) The Administrator is authorized to establish
11 HIV/AIDS Technical Support Centers (in this paragraph
12 referred to as “Centers”) in any country mission of the
13 United States Agency for International Development, as
14 determined to be appropriate by the Administrator, in
15 order to provide technical assistance to recipients of assist-
16 ance under this paragraph.

17 “(ii) The duties of a Center shall be the following:

18 “(I) Provide short-term technical and related
19 advisory services with respect to assistance provided
20 under this paragraph, including financial and mana-
21 gerial support (such as assistance relating to general
22 accounting principles and other bookkeeping prin-
23 ciples).

1 “(II) Provide services relating to monitoring
2 and reporting requirements with respect assistance
3 provided under this paragraph.

4 “(III) Provide access to comprehensive and reli-
5 able information on HIV/AIDS treatment, policy, re-
6 search, prevention, statistics, and epidemiology, in-
7 cluding such information provided in electronic for-
8 mat.

9 “(IV) Support community-based HIV/AIDS re-
10 search activities that—

11 “(aa) document best practices among HIV/
12 AIDS programs;

13 “(bb) demonstrate prevention, treatment,
14 and delivery strategies; and

15 “(cc) address issues of culture, religion,
16 and sexuality within the relevant socio-national
17 context.

18 “(V) Establish facilities, in conjunction with a
19 local private financial institution or other local fi-
20 nancial intermediary, to encourage, accept, and ad-
21 minister private gifts of real or personal property, or
22 any income therefrom, or other interest therein, for
23 the benefit of, or in support of, programs funded by
24 assistance under this paragraph.

1 “(G)(i) In addition to amounts otherwise available for
2 such purposes, there are authorized to be appropriated to
3 the Administrator to carry out this paragraph
4 \$150,000,000 for fiscal year 2001, \$175,000,000 for fis-
5 cal year 2002, \$200,000,000 for fiscal year 2003,
6 \$225,000,000 for fiscal year 2004, and \$250,000,000 for
7 fiscal year 2005.

8 “(ii) \$10,000,0000 made available each fiscal year
9 under clause (i) shall be used for vaccine research develop-
10 ment partnerships to accelerate the development of glob-
11 ally accessible AIDS vaccines.

12 “(iii) Not more than 8 percent of amounts made
13 available each fiscal year under clause (i) may be used for
14 administrative expenses of the United States Agency for
15 International Development for carrying out this para-
16 graph.

17 “(iv) Funds appropriated pursuant to the authoriza-
18 tion of appropriations under clause (i) are authorized to
19 remain available until expended.”.

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