

107TH CONGRESS  
1ST SESSION

# S. 1032

To expanded assistance to countries seriously affected by HIV/AIDS, malaria,  
and tuberculosis.

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## IN THE SENATE OF THE UNITED STATES

JUNE 13, 2001

Mr. FRIST (for himself, Mr. KERRY, Mr. HELMS, Mr. LEAHY, Mr. DURBIN,  
and Mr. CHAFEE) introduced the following bill; which was read twice and  
referred to the Committee on Foreign Relations

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## A BILL

To expanded assistance to countries seriously affected by  
HIV/AIDS, malaria, and tuberculosis.

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 Infec-  
5       tious Diseases Control Act of 2001”.

6       **SEC. 2. DEFINITIONS.**

7       In this Act:

8               (1) AIDS.—The term “AIDS” means the ac-  
9       quired immune deficiency syndrome.

1           (2) EXECUTIVE AGENCY.—The term “Executive  
2       agency” has the meaning given the term in section  
3       105 of title 5, United States Code.

4           (3) GLOBAL FUND.—The term “global fund”  
5       means the global fund to fight HIV/AIDS, malaria,  
6       and tuberculosis established consistent with section  
7       4.

8           (4) HIV.—The term “HIV” means the human  
9       immunodeficiency virus, the pathogen that causes  
10      AIDS.

11          (5) HIV/AIDS.—The term “HIV/AIDS”  
12      means, with respect to an individual, an individual  
13      who is infected with HIV or living with AIDS.

14          (6) SECRETARY GENERAL.—The term “Sec-  
15      retary General” means the Secretary General of the  
16      United Nations.

17          (7) WORLD BANK.—The term “World Bank”  
18      means the International Bank for Reconstruction  
19      and Development.

20 **SEC. \_\_\_\_ 03. FINDINGS.**

21      Congress makes the following findings:

22          (1) HIV/AIDS, tuberculosis, and malaria dis-  
23      proportionately affect the world’s poorest countries  
24      and together will cost the lives of 6,000,000 people  
25      this year alone.

1           (2) According to the Joint United Nations Pro-  
2       gramme on HIV/AIDS (UNAIDS), more than  
3       58,000,000 people worldwide have already been in-  
4       fected with HIV/AIDS, a fatal disease that is dev-  
5       astating the health, economies, and social structures  
6       in dozens of countries in Africa, and increasingly in  
7       Asia, the Caribbean, and Eastern Europe.

8           (3) AIDS has wiped out decades of progress in  
9       improving the lives of families in the developing  
10      world. As the leading cause of death in Africa, AIDS  
11      has killed 17,000,000 and will claim the lives of one  
12      quarter of the population, mostly productive adults,  
13      in the next decade. In addition, 13,000,000 children  
14      have been orphaned by AIDS—a number that will  
15      rise to 40,000,000 by 2010.

16          (4) The World Health Organization (WHO) es-  
17      timates that 8,000,000 people each year become sick  
18      with tuberculosis, one of the most dangerous con-  
19      tagious diseases, easily transmitted through the air  
20      from those infected. Globally, tuberculosis kills at  
21      least 2,000,000 each year, is the leading killer of  
22      women between 15 and 44 years old, and is the most  
23      common cause of death in Africa in those with HIV/  
24      AIDS.

1           (5) More than 40 percent of tuberculosis cases  
2           in the United States result from importation of tu-  
3           berculosis from foreign-borne persons. Multidrug-re-  
4           sistant tuberculosis spreads because of inadequate  
5           control programs and inappropriate use of anti-tu-  
6           berculosis drugs—mostly in the developing world.  
7           Without a concerted international effort to increase  
8           the implementation of WHO-approved control strate-  
9           gies, the United States risks importation of this par-  
10          ticularly dangerous form of tuberculosis.

11          (6) Malaria is a third disease that saps the so-  
12          cial and economic strength tropical developing coun-  
13          tries. Malaria affects more than 500,000,000 people  
14          each year and undermines not only the health and  
15          productivity of the world's poorest countries; malaria  
16          kills at least 1,000,000 each year, about 3,000 each  
17          day. In Africa, malaria kills a child every 40 sec-  
18          onds.

19          (7) Beyond the human toll, the economic im-  
20          pact of AIDS, malaria, and tuberculosis on regional  
21          economies is severe. According to UNAIDS, HIV/  
22          AIDS alone will reduce gross domestic product  
23          (GDP) of South Africa by 17 percent, or  
24          \$22,000,000,000 over the next 10 years, and WHO  
25          estimates that sub-Saharan Africa's GDP would be

1       32 percent, or \$100,000,000,000 higher now if ma-  
2       laria had been conquered 35 years ago. The current  
3       short term economic loss and direct cost of malaria  
4       is estimated to be up to \$12,000,000,000 each year.

5           (8) The UNAIDS program estimates it will cost  
6       \$3,000,000,000 for basic AIDS prevention and care  
7       services in sub-Saharan Africa alone, and at least  
8       \$2,000,000,000 more if anti-retroviral drugs are  
9       provided widely. But in Africa, only \$500,000,000 is  
10      currently available from all donors, lending agencies,  
11      and African governments themselves.

12          (9) For tuberculosis control, WHO estimates  
13      that a total of \$1,000,000,000 per year will be nec-  
14      essary to effectively fight the tuberculosis epidemic,  
15      which will be spent to identify at least 70 percent of  
16      the cases and curing 85 percent of them. WHO indi-  
17      cates that an increase of \$400,000,000 per year  
18      could make this goal a reality.

19          (10) The Secretary General of the United Na-  
20      tions, Kofi Annan, has called for a global fund to  
21      halt and reverse the spread of HIV/AIDS, malaria,  
22      and tuberculosis. The Secretary General proposed a  
23      multibillion dollar “war chest” financed jointly by  
24      donor governments and private contributors and,  
25      equally important, called on leaders from developing

1 nations to give a much higher priority in their budg-  
2 ets to development of comprehensive health systems.

3 (11) The Secretary General has outlined the  
4 following five objectives for the fight against AIDS:

5 (A) To ensure that people everywhere  
6 know what to do to prevent infection.

7 (B) To prevent the transmission from  
8 mother to child.

9 (C) To provide care and treatment to those  
10 infected.

11 (D) To provide care to those affected by  
12 AIDS, especially orphans.

13 (E) To deliver scientific breakthroughs, es-  
14 pecially vaccines.

15 (12) Prevention of new infections is key, al-  
16 though treatment and care for those infected by  
17 HIV/AIDS is an increasingly critical component of  
18 the global response. Improving health systems, pro-  
19 viding home-based care, treating AIDS-associated  
20 diseases like tuberculosis, providing for family sup-  
21 port and orphan care, and making anti-retroviral  
22 drugs against HIV available will reduce social and  
23 economic damage to families and communities.

24 (13) Responding to the call from the Secretary  
25 General, the African heads of state meeting at the

1 African Summit on HIV/AIDS, tuberculosis, and  
2 other infectious diseases in Abuja, Nigeria, April  
3 25–27, committed to increasing to at least 15 per-  
4 cent the proportion of their budgets allocated to the  
5 health sector.

6 (14) Expanded United States financial support  
7 for new broad based international partnerships to  
8 control HIV/AIDS, malaria, and tuberculosis can  
9 help leverage substantial increases in global commit-  
10 ments to narrow the gap between need and currently  
11 available resources.

12 (15) The World Bank and WHO have dem-  
13 onstrated that investment in global public health ac-  
14 tivities to reduce HIV/AIDS, malaria, and tuber-  
15 culosis not only is a humanitarian imperative, it also  
16 helps bolster the economic and social development  
17 necessary to build political and trade alliances. Fur-  
18 ther, containment of international disease threats  
19 has beneficial ramifications for Americans who are  
20 increasingly susceptible to global infectious disease  
21 threats.

22 **SEC. 4. PURPOSES.**

23 The purposes of this Act are to provide for United  
24 States participation in a global effort to—

(1) mitigate the effects, and control the spread, of HIV/AIDS, malaria, and tuberculosis by supporting programs for the prevention of new infections and for the care and treatment of individuals infected with those diseases in countries seriously affected, especially programs that provide care for children orphaned by the HIV/AIDS epidemic; and

(2) provide the resources and leadership to control AIDS, malaria, and tuberculosis through support of programs that emphasize—

(A) a science-based integrated approach that includes prevention of new infections and the treatment and care of infected individuals;

(B) public-private partnerships; and

(C) good governance.

**SEC. 5. GLOBAL FUND TO FIGHT HIV/AIDS, MALARIA, AND TUBERCULOSIS.**

(a) EFFORTS TO REACH AGREEMENT FOR ESTABLISHMENT OF GLOBAL FUND.—

(1) IN GENERAL.—The President, in consultation with the Secretary General and the heads of relevant Executive agencies, shall work with foreign governments, the United Nations and its relevant specialized agencies, the World Bank, and the private sector to reach an agreement for the establish-



1       ment of a global fund to fight HIV/AIDS, malaria,  
2       and tuberculosis, to carry out the purposes of sec-  
3       tion 4 (1) and (2).

4               (2) DELEGATION OF AUTHORITY.—The Presi-  
5       dent shall exercise the authority of this subsection  
6       through the Secretary of State and the Secretary of  
7       Health and Human Services, except that, with re-  
8       spect to the World Bank, the President shall exer-  
9       cise such authority through the Secretary of the  
10      Treasury.

11      (b) DESCRIPTION OF GLOBAL FUND.—The global  
12      fund should—

13              (1) be a public-private partnership that includes  
14      participation of, and seeks contributions from, gov-  
15      ernments, foundations, the private sector, civil soci-  
16      ety, the United Nations system, nongovernmental or-  
17      ganizations, and other parties;

18              (2) pursue an integrated approach that includes  
19      the prevention of new infections and the treatment  
20      and care of infected individuals;

21              (3) focus on promotion of “best practices” in  
22      the prevention of new infections by funding a core  
23      group of programs that have been proven effective  
24      and then funding additional programs;

1           (4) promote scientific and medical account-  
 2           ability by requiring proposals to be reviewed and ap-  
 3           proved by medical and public health experts; and

4           (5) respect intellectual property rights as an  
 5           important incentive in the development of new  
 6           drugs.

7           (c) COMPOSITION.—The global fund should be com-  
 8           posed as follows:

9           (1) BOARD OF TRUSTEES.—The global fund  
 10          should be governed by a board of trustees, which  
 11          should be composed of representatives of donors, re-  
 12          cipients of funding, multilateral agencies, and such  
 13          other parties as may be authorized by the agreement  
 14          establishing the global fund.

15          (2) TECHNICAL ADVISORY GROUP.—The board  
 16          of trustees of the global fund should establish a  
 17          technical advisory group, consisting of persons with  
 18          demonstrated knowledge and experience in the fields  
 19          of public health, epidemiology, health care delivery,  
 20          health economics, and biomedical research, to advise  
 21          the board of trustees with respect to funding pro-  
 22          posals and other matters.

23          (3) SECRETARIAT AND OTHER BODIES.—Other  
 24          bodies, such as a small secretariat, should be estab-

lished to support the work of the board of trustees  
of the global fund.

(d) PROGRAM OBJECTIVES.—

(1) GRANT AUTHORITY.—

(A) IN GENERAL.—In carrying out the  
purposes of section 4 (1) and (2), the global  
fund, acting through its board of trustees with  
guidance from the technical advisory group,  
should provide only grants, including grants for  
technical assistance to support measures to  
build local capacity in national and local gov-  
ernment, civil society, and the private sector,  
with respect to the prevention of new infections  
and the care and treatment of individuals in-  
fected with disease.

(B) ELIGIBILITY FOR GRANTS.—Govern-  
ments and nongovernmental organizations shall  
be eligible to receive grants from the global  
fund. Emphasis should be given to facilitating  
the funding of nongovernmental organizations,  
including both faith-based and secular groups  
working in communities, except that national  
authorities should set the overall plan and agen-  
da for dealing with public health and infectious  
diseases in their countries.

1 (2) ACTIVITIES SUPPORTED.—

2 (A) IN GENERAL.—Activities supported  
3 under paragraph (1) should include efforts to  
4 lead and implement effective and affordable  
5 HIV/AIDS, malaria, and tuberculosis programs,  
6 including programs focused on prevention and  
7 health education and treatment and care serv-  
8 ices, including access to affordable drugs.

9 (B) EMPHASIS ON STRONG POLITICAL  
10 LEADERSHIP.—Emphasis should be given to en-  
11 suring strong political leadership in recipient  
12 countries, through the development and imple-  
13 mentation of effective strategies against HIV/  
14 AIDS, tuberculosis, and malaria; development  
15 of well managed, transparently administered  
16 health systems; and monitoring and evaluation  
17 of programs supported by the global fund.

18 (C) INITIAL PRIORITY ON COMBATING HIV/  
19 AIDS.—In view of the globalization of the AIDS  
20 epidemic, initial priority should be given to pro-  
21 grams to combat HIV/AIDS. Such programs  
22 should include the promotion of “best prac-  
23 tices” in the prevention of new infections, in-  
24 cluding education that emphasizes risk avoid-  
25 ance such as abstinence, measures to stop

1 mother-to-child transmission, and efforts to  
 2 provide for the support and education of AIDS  
 3 orphans and the families, communities, and in-  
 4 stitutions most affected by HIV/AIDS.

5 (e) REPORTS TO CONGRESS.—

6 (1) ANNUAL REPORTS BY THE PRESIDENT.—

7 Not later than one year after the date of the enact-  
 8 ment of this Act, and annually thereafter for the du-  
 9 ration of the global fund, the President shall submit  
 10 to the appropriate committees of Congress a report  
 11 on the global fund, including its structure, objec-  
 12 tives, contributions, funded projects, and assessment  
 13 of its effectiveness.

14 (2) APPROPRIATE COMMITTEES DEFINED.—In  
 15 paragraph (1), the term “appropriate committees of  
 16 Congress” means the Committee on Foreign Rela-  
 17 tions and the Committee on Appropriations of the  
 18 Senate and the Committee on International Rela-  
 19 tions and the Committee on Appropriations of the  
 20 House of Representatives.

21 (f) UNITED STATES FINANCIAL PARTICIPATION.—

22 (1) AUTHORIZATION OF APPROPRIATIONS.—In  
 23 addition to any other funds authorized for multilat-  
 24 eral or bilateral programs related to HIV/AIDS, ma-  
 25 laria, tuberculosis, or economic development, there is

1 authorized to be appropriated to the Department of  
2 State \$200,000,000 for fiscal year 2002 and  
3 \$500,000,000 for fiscal year 2003 for payment to  
4 the global fund.

5 (2) REPROGRAMMING OF FISCAL YEAR 2001  
6 FUNDS.—Funds made available for fiscal year 2001  
7 under section 141 of the Global AIDS and Tuber-  
8 culosis Relief Act of 2000 (as in effect immediately  
9 before the date of enactment of this Act)—

10 (A) are authorized to remain available  
11 until expended; and

12 (B) shall be transferred to, merged with,  
13 and made available for the same purposes as,  
14 funds made available for fiscal year 2002 under  
15 paragraph (1).

16 (3) CERTIFICATION REQUIREMENT.—

17 (A) IN GENERAL.—Before the initial obli-  
18 gation or expenditure of funds appropriated  
19 under paragraph (1) or reprogrammed under  
20 paragraph (2), the President shall certify that  
21 adequate procedures and standards have been  
22 established to ensure accountability for and  
23 monitoring of the use of funds contributed to  
24 the global fund, including the cost of admin-  
25 istering the global fund.

1 (B) TRANSMITTAL OF CERTIFICATION.—

2 The certification required by subparagraph (A),  
3 and the bases for that certification, shall be  
4 submitted by the President to Congress.

5 (4) STATUTORY CONSTRUCTION.—Nothing in  
6 this Act may be construed to substitute for, or re-  
7 duce resource levels otherwise appropriated by Con-  
8 gress for, bilateral and multilateral HIV/AIDS, ma-  
9 laria, and tuberculosis programs.

10 **SEC. 6. REPEAL.**

11 Subtitle B of title I of the Global AIDS and Tuber-  
12 culosis Relief Act of 2000 (22 U.S.C. 6821 et seq.) is here-  
13 by repealed.

○