

110TH CONGRESS  
1ST SESSION

# H. R. 4914

To amend the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 to provide for the integration of food security and nutrition activities into prevention, care, treatment, and support activities.

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## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 19, 2007

Mr. PAYNE (for himself, Ms. WATSON, Ms. WOOLSEY, Ms. JACKSON-LEE of Texas, and Mr. MILLER of North Carolina) introduced the following bill; which was referred to the Committee on Foreign Affairs

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## A BILL

To amend the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 to provide for the integration of food security and nutrition activities into prevention, care, treatment, and support activities.

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 “Global HIV/AIDS  
5       Food Security and Nutrition Support Act of 2007”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

1           (1) The spread of HIV/AIDS is exacerbated by  
2 poverty, and economic and social vulnerability,  
3 disempowerment, and inequality.

4           (2) Food insecurity has a direct detrimental im-  
5 pact on prevention, care, and treatment of HIV/  
6 AIDS.

7           (3) Programming for HIV/AIDS must address  
8 the underlying factors that contribute to the spread  
9 of the disease in order to be effective and sustain-  
10 able.

11           (4) The World Food Program estimates that  
12 6,400,000 people affected by HIV will need nutri-  
13 tional support by 2008.

14           (5) The highest rates of HIV infections are in  
15 countries with significant rates of malnutrition, es-  
16 pecially in sub-Saharan Africa.

17           (6) People living with HIV/AIDS are less pro-  
18 ductive due to illness, which contributes to food inse-  
19 curity for such individuals and their households  
20 through loss of wages and/or decreased agricultural  
21 production.

22           (7) People caring for HIV-infected persons are  
23 often less productive because of the demands of car-  
24 ing for those persons, which in turn can lead to food

1 insecurity for the infected person and the entire  
2 household.

3 (8) Adequate nutrition can extend the time that  
4 people infected with HIV are able to work and be  
5 productive.

6 (9) Food insecurity is often cited by people liv-  
7 ing with HIV/AIDS as their number one concern.

8 **SEC. 3. SENSE OF CONGRESS.**

9 It is the sense of Congress that—

10 (1) malnutrition, especially for people living  
11 with and affected by HIV/AIDS, is a clinical health  
12 issue with wider nutrition, health, and social implica-  
13 tions for HIV-infected individuals, their families,  
14 and communities that must be addressed by United  
15 States HIV/AIDS prevention, care, treatment, and  
16 support programs;

17 (2) international guidelines established by the  
18 World Health Organization should serve as the ref-  
19 erence standard for HIV/AIDS food and nutrition  
20 activities supported by the President’s Emergency  
21 Plan for AIDS Relief (PEPFAR);

22 (3) the Coordinator of United States Govern-  
23 ment Activities to Combat HIV/AIDS Globally (com-  
24 monly known as the “Global AIDS Coordinator”)  
25 should make it a priority to work with other United

1 States Government departments and agencies, do-  
2 nors, and multilateral institutions to increase the in-  
3 tegration of food and nutrition support and liveli-  
4 hood activities into prevention, care, and treatment  
5 activities funded by the United States and other gov-  
6 ernments and organizations;

7 (4) for the purposes of determining which HIV-  
8 infected individuals should be provided with nutri-  
9 tion and food support, a patient with a body mass  
10 index of 18.5 or less should be considered “malnour-  
11 ished” and should be given priority for nutrition and  
12 food support;

13 (5) programs funded by the United States Gov-  
14 ernment should include therapeutic and supple-  
15 mentary feeding, food, and nutrition support and  
16 should include strong links to development programs  
17 that focus on support for livelihoods; and

18 (6) the inability of HIV-infected individuals to  
19 access food for themselves or their families should  
20 not be allowed to impair or erode the therapeutic  
21 status of such individuals with respect to HIV or re-  
22 lated comorbidities.

23 **SEC. 4. STATEMENT OF POLICY.**

24 It is the policy of the United States to—

1           (1) address the food and nutrition needs of  
2           HIV-infected and affected individuals, including or-  
3           phans and vulnerable children;

4           (2) fully integrate food and nutrition support  
5           into care, treatment, and support programs carried  
6           out under the United States Leadership Against  
7           HIV/AIDS, Tuberculosis, and Malaria Act of 2003  
8           (Public Law 108–25; 22 U.S.C. 7601 et seq.);

9           (3) ensure that—

10           (A) care, treatment, and support providers  
11           and healthcare workers are adequately trained  
12           such that they can provide accurate and in-  
13           formed information regarding food and nutri-  
14           tion support to patients enrolled in treatment  
15           and care programs and those affected by HIV;  
16           and

17           (B) HIV-infected individuals identified as  
18           food insecure, as well as their households, are  
19           provided with adequate food and nutrition sup-  
20           port; and

21           (4) effectively link food and nutrition support to  
22           HIV-infected individuals and their households and  
23           communities provided under Public Law 108–25 to  
24           other food security and livelihood programs funded

1 by the United States Government and other donors  
2 and multilateral agencies.

3 **SEC. 5. INTEGRATION OF FOOD SECURITY AND NUTRITION**  
4 **ACTIVITIES INTO HIV/AIDS PREVENTION,**  
5 **CARE, TREATMENT, AND SUPPORT ACTIVI-**  
6 **TIES.**

7 Section 301 of the United States Leadership Against  
8 HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (Public  
9 Law 108–25; 22 U.S.C. 7631) is amended by striking sub-  
10 section (c) and inserting the following:

11 “(c) INTEGRATION OF FOOD SECURITY AND NUTRI-  
12 TION ACTIVITIES INTO PREVENTION, CARE, TREATMENT,  
13 AND SUPPORT ACTIVITIES.—

14 “(1) STATEMENT OF POLICY.—Congress de-  
15 clares that food security and nutrition directly im-  
16 pact a patient’s vulnerability to HIV infection, the  
17 progression of HIV to AIDS, a patient’s ability to  
18 begin an anti-retroviral medication treatment regi-  
19 men, the efficacy of an anti-retroviral medication  
20 treatment regimen once a patient begins such a regi-  
21 men, and the ability of communities to effectively  
22 cope with the HIV/AIDS epidemic and its impacts.

23 “(2) REQUIREMENTS.—Consistent with the  
24 statement of policy in paragraph (1), the Global  
25 AIDS Coordinator shall—

1           “(A) ensure that—

2                   “(i) an assessment, using validated  
3                   criteria, of the food security and nutri-  
4                   tional status of each patient enrolled in  
5                   anti-retroviral medication treatment pro-  
6                   grams supported with funds authorized  
7                   under this Act or any amendment made by  
8                   this Act is carried out; and

9                   “(ii) appropriate nutritional coun-  
10                  seling is provided to each patient described  
11                  in clause (i);

12               “(B) provide, as an essential component of  
13               anti-retroviral medication treatment programs  
14               supported with funds authorized under this Act  
15               or any amendment made by this Act, food and  
16               nutrition support to each HIV-infected indi-  
17               vidual who is determined to need such support  
18               by the assessing health professional, and the in-  
19               dividual’s household, for a period of not less  
20               than 180 days, either directly or through refer-  
21               ral to an assistance program or organization  
22               with demonstrable ability to provide such sup-  
23               port;

24               “(C) coordinate with the Administrator of  
25               the United States Agency for International De-

1           velopment, the Secretary of Agriculture, and  
2           heads of other relevant United States Govern-  
3           ment departments and agencies to—

4                   “(i) ensure that, in communities in  
5                   which a significant proportion of HIV-in-  
6                   fected individuals are in need of food and  
7                   nutrition support, a status and needs as-  
8                   sessment for such support employing vali-  
9                   dated criteria is conducted and a plan to  
10                  provide such support is developed and im-  
11                  plemented;

12                  “(ii) improve and enhance coordina-  
13                  tion between food security and livelihood  
14                  programs for HIV-infected individuals in  
15                  focus countries and food security and liveli-  
16                  hood programs that may already exist in  
17                  those countries;

18                  “(iii) establish effective linkages be-  
19                  tween the health and agricultural develop-  
20                  ment and livelihoods sectors in order to en-  
21                  hance food security; and

22                  “(iv) ensure, by providing increased  
23                  resources if necessary, effective coordina-  
24                  tion between activities authorized under  
25                  this Act or any amendment made by this



1 Act and activities carried out under other  
2 provisions of the Foreign Assistance Act of  
3 1961 when establishing new HIV/AIDS  
4 treatment sites;

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

11 “(E) support and expand partnerships and  
12 linkages between United States colleges and  
13 universities with colleges and universities in  
14 focus countries in order to provide training and  
15 build indigenous human and institutional capac-  
16 ity and expertise to respond to HIV/AIDS, and  
17 to improve capacity to address nutrition, food  
18 security and livelihood needs of HIV/AIDS-af-  
19 fected and impoverished communities.

20 “(3) REPORT.—Not later than 180 days after  
21 the date of the enactment of the Global HIV/AIDS  
22 Food Security and Nutrition Support Act of 2007,  
23 and annually thereafter, the Global AIDS Coordi-  
24 nator shall submit to Congress a report on the im-

1        plementation of this subsection for the prior fiscal  
2        year. The report shall include a description of—

3                “(A) the indicators described in paragraph  
4                (2)(D) and a description of the effectiveness of  
5                interventions carried out to improve the nutri-  
6                tional status of HIV-infected individuals;

7                “(B) the amount of funds provided for  
8                food and nutrition support for HIV-infected  
9                and affected individuals in the prior fiscal year  
10               and the projected amount of funds to be pro-  
11               vided for such purpose for next fiscal year; and

12               “(C) a strategy for improving the linkage  
13               between assistance provided with funds author-  
14               ized under this subsection and food security  
15               and livelihood programs under other provisions  
16               of law as well as activities funded by other do-  
17               nors and multilateral organizations.

18        “(4) DEFINITIONS.—In this subsection:

19               “(A) FOCUS COUNTRIES.—The term ‘focus  
20               countries’ means countries described in section  
21               1(f)(2)(B)(ii)(VII) of the State Department  
22               Basic Authorities Act of 1956 (as added by sec-  
23               tion 102(a) of this Act) and designated by the  
24               President pursuant to such section.

1           “(B) GLOBAL AIDS COORDINATOR.—The  
2           term ‘Global AIDS Coordinator’ means the Co-  
3           ordinator of United States Government Activi-  
4           ties to Combat HIV/AIDS Globally (as de-  
5           scribed in section 1(f) of the State Department  
6           Basic Authorities Act of 1956 (as added by sec-  
7           tion 102(a) of this Act)).

8           “(5) AUTHORIZATION OF APPROPRIATIONS.—  
9           To carry out this subsection, there are authorized to  
10          be appropriated to the Global AIDS Coordinator  
11          such sums as may be necessary for each of the fiscal  
12          years 2009 through 2014.”

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